

Community Hospitals and Wellness Centers  
Archbold Medical Center  
Bryan Hospital  
Montpelier Critical Access Hospital

# **PRESIDENT'S ANNUAL REPORT 2016-2017**

**for  
FISCAL YEAR ENDING  
SEPTEMBER 30, 2017**

## **Our Mission**

To provide quality patient care at every point of service;  
to respect the dignity and uniqueness of all patients;  
to promote safe medical practices;  
to encourage medical research;  
to permit access to all seeking healthcare; and  
to maintain fiscal soundness.

Presented to CHWC Board of Directors  
January 17, 2018  
by  
Philip L. Ennen  
President/CEO

## *Table of Contents*

<b>TOPIC</b>	<b>PAGE</b>
State of Ohio Bed Registration Information	3
Medical Staff Information	3
Patient Census Historical Comparisons	4
Selected Department/Service Historical Procedures Comparisons	5
Sources of Our Revenues & and the Impact of Medicaid Expansion	6
Charity Care Historical Perspective	7
CHWC SHARE Foundation	8
Major Capital Investments	8
Human Resources Employee Turnover Assessment	8
Progress Report on Addressing Community Health	9
Preventing Harm & Improving Safety	
Stopping Blood Stream Infections	10
Reducing/Eliminating Ventilator Associated Pneumonia	10
16 Examples of creating a culture of safety at CHWC	11
Improving the Customer Experience	
Getting Women to Breast Diagnosis Faster	15
Improving Patient Choices for Testing	15
Working for Cancer Survivors	15
Prompt Payment Discounts	15
Helping Self-Pay Patients with Large Surgery Bills	16
Laboratory Direct Access Testing for Patients	16
Accurate Pricing for Common Services	16
Pushing Forward on Price Transparency	16
A True Story of Success in Commitment to Personal Patient Navigation	17
Nutrition Food Services Report	18

## **STATE OF OHIO: BED REGISTRATION DATA**

*Community Hospitals and Wellness Centers is registered with the Ohio Department of Health as one hospital system with two inpatient care hospitals and one ambulatory care center (Archbold). As of August 1, 2016, the beds are allocated as follows:*

	<u>Bryan</u>	<u>Montpelier</u>	<u>Total</u>
<i>Med/Surg Beds</i>	54	25	79
<i>Telemetry Beds</i>	10	0	10
<i>Intensive Care Beds</i>	6	0	6
<i>Obstetrical Beds</i>	9	0	9
<u><i>Pediatrics Beds</i></u>	<u>6</u>	<u>0</u>	<u>6</u>
	85	25	110
<u><i>Newborn Bassinets</i></u>	<u>13</u>	<u>0</u>	<u>13</u>
	98	25	123

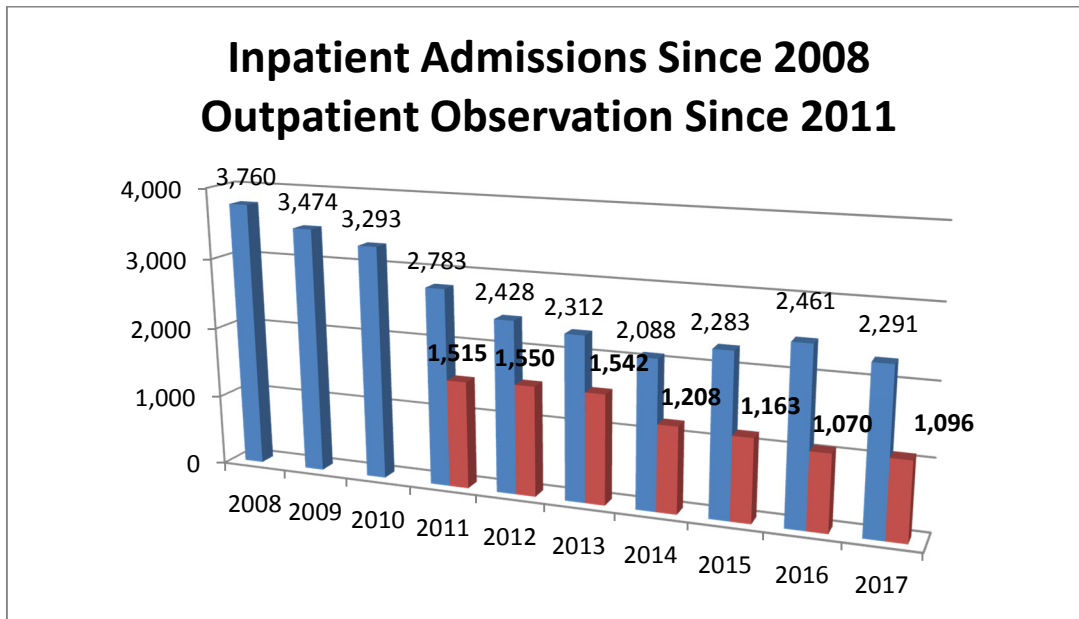
## **OUR MEDICAL STAFF**

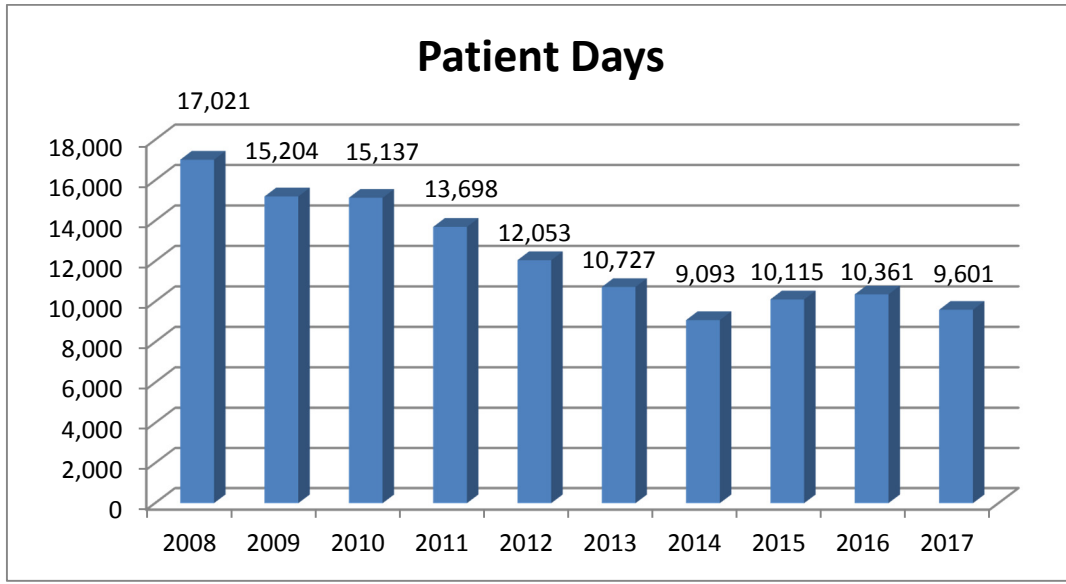
*During calendar year 2016, Glen T. Seaman , MD, served as Chief of Staff and Peggy Watson, MD, as Vice Chief of Staff. During this twelve-month period we had:*

- 26 Medical Professionals on Active Medical Staff*
- 94 Medical Professionals on Courtesy Medical Staff*
- 19 Allied Health Professionals on Medical Staff*
- 41 Medical Professionals on Courtesy; Emergency Department Staff*

**PATIENT CENSUS HISTORICAL COMPARISON**

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Patients Admitted</b>	<b>3,501</b>	<b>3,760</b>	<b>3,474</b>	<b>3,293</b>	<b>2,783</b>	<b>2,428</b>	<b>2,312</b>	<b>2,088</b>	<b>2,283</b>	<b>2,461</b>	<b>2,291</b>
Bryan – Med/Surg	1,340	1,432	1,329	1,184	1,129	1,051	935	814	812	884	779
Bryan - Pediatric	74	86	65	73	68	55	46	22	22	3	-
Bryan – ICU & TU	913	1,032	962	814	654	692	751	689	796	882	884
Montpelier (CAH)	436	425	479	483	354	334	304	256	343	371	305
Bryan - Newborn	269	302	216	269	284	296	276	307	310	321	323
<b>Observation</b>					1,515	1,550	1,542	1,208	1,163	1,070	1,096
<b>2016</b>											
<b>Patient Days</b>	<b>16,346</b>	<b>17,021</b>	<b>15,204</b>	<b>15,137</b>	<b>13,698</b>	<b>12,053</b>	<b>10,727</b>	<b>9,093</b>	<b>10,115</b>	<b>10,361</b>	<b>9,601</b>
Bryan – Med/Surg	6,218	6,444	5439	5,111	4,901	4,398	3,872	2,798	2,967	2,987	2,502
Bryan - Pediatric	255	234	145	166	139	155	99	47	57	8	-
Bryan – ICU & TU	2,680	3,034	2,850	2,504	2,383	1,387	2,423	2,034	2,477	2,627	2,628
Montpelier (CAH)	5,291	5,331	5,131	5,419	4,722	4,481	3,657	3,450	3,862	4,022	3,780
Bryan - Newborn	708	655	478	646	657	632	676	764	752	717	691





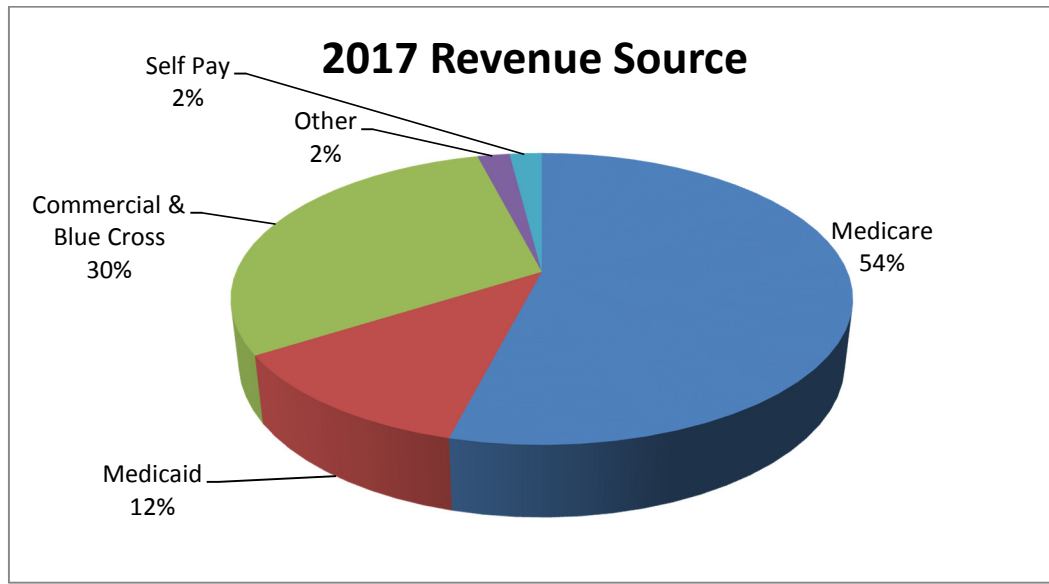
### SELECTED SERVICES HISTORICAL COMPARISON

		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Radiology	Inpatient	4,440	4,236	4,098	4,011	3,370	3,036	2,571	2,795	3,096	2,899
	Outpatient	14,864	15,206	13,545	14,559	13,831	13,053	13,385	14,408	14,625	15,687
Radiation Oncology		11,690	13,245	10,407	9,090	10,141	10,359	11,087	10,710	9,837	9,436
Laboratory	Inpatient	123,842	119,58	109,749	112,431	102,846	101,922	85,522	91,825	102,610	114,386
	Outpatient	191,497	180,50	163,270	181,579	196,254	196,175	182,553	187,184	201,867	213,837
Surgery	Inpatient	1,404	1,449	1,330	732	742	686	600	589	625	504
	Outpatient	6,037	5,990	5,635	5,005	5,175	4,970	4,260	3,806	4,323	4,643
Emergency Department		21,274	18,180	18,454	16,409	17,622	17,521	16,686	18,452	18,542	18,253
Caths/Peripheral		432	428	381	274	447	469	496	508	529	643
Cath Stents/Devices					226	235	243	211	240	228	274
Pain Management Clinic*							1,248	2,196	2,301	2,325	2,490

\* CHWC implemented a Pain Management Joint Venture with Pain Management Group in 2013

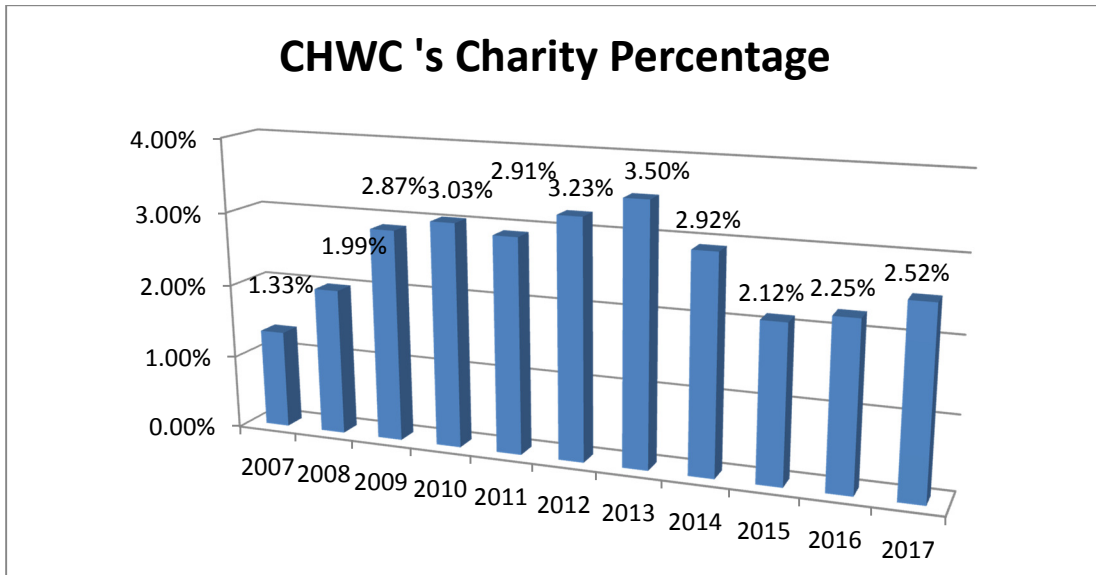
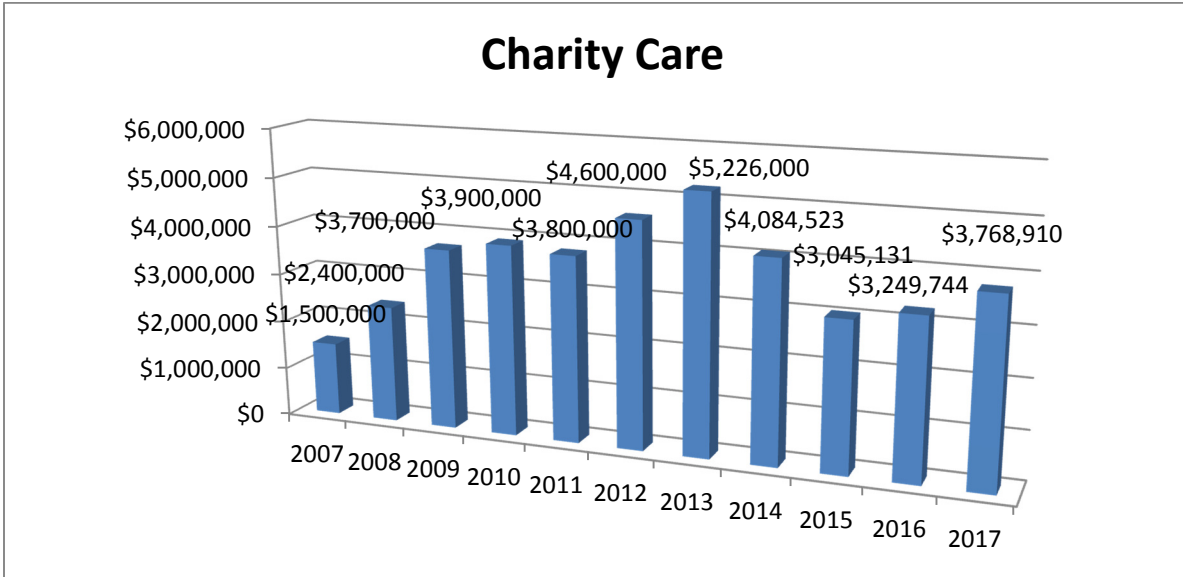
**THE SOURCES OF OUR REVENUES**

	<b>GROSS 2014 Revenue</b>	<b>%</b>	<b>GROSS 2015 Revenue</b>	<b>%</b>	<b>GROSS 2016 Revenue</b>	<b>%</b>	<b>GROSS 2017 Revenue</b>	<b>%</b>
Medicare	\$68,580,006	49.11%	\$72,798,448	50.85%	\$74,462,578	51.64%	\$79,834,129	53.55%
Medicaid	\$16,705,746	11.96%	\$19,823,938	13.84%	\$19,186,539	13.30%	\$18,505,474	12.41%
Commercial	\$46,037,073	32.97%	\$43,894,928	30.66%	\$43,959,356	30.48%	\$44,807,244	30.05%
Other	\$3,337,237	2.39%	\$3,028,249	2.11%	\$3,269,417	2.26%	\$2,272,568	1.55%
Self-Pay	\$4,986,821	3.57%	\$3,598,039	2.54%	\$3,304,651	2.32%	\$3,647,847	2.44%
<b>TOTAL</b>	<b>\$139,646,883</b>	<b>100.00%</b>	<b>\$143,143,602</b>	<b>100.00%</b>	<b>\$144,182,541</b>	<b>100.00%</b>	<b>\$149,067,262</b>	<b>100.00%</b>



### **CHARITY CARE PROVIDED BY CHWC**

The hospital maintains records to identify and monitor the level of charity care provided. These records include the amount of charges forgone for services and supplies rendered under its charity care policy. The following information measures the level of charity care provided. The first graph shows charges foregone (based on established rates). The second graph shows the equivalent percentage of charity care (reductions to total charges). This work is conducted under the accordance of the Charitable Care Policy of Community Hospitals and Wellness Centers, supported in part by the SHARE Foundation.



**CHWC SHARE FOUNDATION**

For the past 26 years, the SHARE Foundation of CHWC has received contributions, gifts, and bequests for the specific purpose of providing healthcare for those persons who have become financially disadvantaged. The total assets of the SHARE Foundation, as of September 30, 2016, were approximately \$6.7 million. The SHARE Foundation works hand in hand with the Charitable Care Policy as established by the Hospital Board of Directors.

**Major Capital Investments During 2016-2017**

The major equipment investments during this fiscal year were done through combined efforts of individuals, hospital auxiliaries, and hospital operations. The primary breakdown of investments is:

- \$497,606.67 was invested to renovate and create West Tower 2<sup>nd</sup> Floor Clinics; Bryan Campus
- \$448,929.36 was invested to renovate and create the Women's Health Clinic; Bryan Campus
- \$159,729.72 was invested for a new Ultrasound System
- \$117,834.00 was invested to repave and improve Bryan Campus west lot parking
- \$105,290.00 was invested for new Video Processors for Surgical Services

**OUR HOSPITAL EMPLOYEE TURNOVER INFORMATION**  
*OCTOBER 1, 2016 thru SEPTEMBER 30, 2017*

Employees	CHWC	National Comparison Benchmark (Advisory Board)
All Staff (Overall Rate)	13%	21.3%
Voluntary (resigned, relocated, another job, retired)	78%	75%
Involuntary (terminated for cause, deceased)	22%	25%
<i>Vacancy Rate Comparisons</i>		
Overall CHWC Vacancy Rate	5.6%	7.2%
RN/LPN	24%	28%
<i>Special Concern</i>		
First Year of Service – RN/LPN	78.5%	43%

**Commentary:**

Comparisons with the national benchmark are acceptable, with the very notable exception of the turnover rate for RNs and LPNs hired into their first year of service. Human Resources and Nursing Leadership have noted the dilemma and have already engaged in multiple efforts, including a Failure Mode Assessment, to determine the root causes of the high rate of loss. We will report on this specific issue in the next annual report.



## A PROGRESS REPORT ON ADDRESSING COMMUNITY HEALTH

### Community Health Needs Assessment (CHNA)

In 2013 and 2016 the Bryan and Montpelier hospitals provided substantial funding and our leadership commitment toward a Comprehensive Community Health Needs Assessment for **Williams County**. **This effort was carried out in partnership with the Williams County Health Department, Williams County Schools, various area and regional social welfare organizations and Parkview Physicians Group Ohio.** Once the data was compiled the Williams County Health Department formed and facilitated a community assessment group (K-12 schools, non-profit mental health providers, faith-based groups, local law enforcement and the Williams County YMCA and CHWC) to discuss and make plans for interventions. Our reports are posted at the hospital web site for public review ([www.chwchospital.com](http://www.chwchospital.com)). The survey results made clear the community continues to have the same health status issues that are a national dilemma.

In September 2016; the CHWC Board of Directors approved three-year strategic implementation plans for both Montpelier Critical Access Hospital and Bryan Hospital. CHWC's specific efforts will focus on:

- Continued efforts to adopt and implement the Healthy Hospitals Initiative promoted by the American Hospital Association.
- Confronting the issue of access the mental health therapy for school aged children. In 2016, the CHWC Board of Directors approved an initiative to recruit children's therapy specialists and place these professional directly inside Williams County School Districts. The therapy program is a collaboration with the Williams County Safe Schools Healthy Students (SSHS) project, led by the Williams County Educational Service Center. Care Coordinators working in the schools identify and refer at risk children to the CHWC counselor. CHWC does not charge any fee for therapy. As of November 2017, CHWC therapists are working in six Williams County School Districts.
- We are attempting to address the issue of food insecurity. For the food insecurity effort we are working with the Promedica Health System in Toledo, Ohio to adopt the primary elements of their hunger initiative. We are working to create a sustainable effort that will address some of the immediate food insecurity needs of our patients and to also find a path toward continuous availability of food to families.

# **PREVENTING HARM** & **IMPROVING SAFETY**

---

## **Over 96 Months of Sustained Excellence**

### **Stop Blood Stream Infections**

Thousands of central-line associated bloodstream infections (CLABSI) occur in hospitals each year. The infections harm patients and in some cases result in deaths. In the summer of 2009, CHWC joined a national initiative led by Johns Hopkins Hospital in conjunction with the Ohio Patient Safety Institute with the goal to reduce CLABSIs. The specific goals of this initiative are to vastly reduce the CLABSI rate in the United States.

CHWC's caregivers fully embraced the effort. The result is that CHWC has not experienced a CLABSI infection since December 2009.

### **Reducing/Eliminating Ventilator-Associated Pneumonia**

At the same time as the CLABSI effort our Bryan Hospital Intensive Care Unit staff focused on reducing/eliminating ventilator-associated pneumonia (VAP). This is a very dangerous condition that can be prevented with vigilance. In the fall of 2009, the Intensive Care Unit nurses, cardiopulmonary respiratory care staff and all physicians made the commitment to adopt and uphold a set of evidence-based best practices (known nationally as the "Ventilator Bundle") created by national and international research groups. Then we began measuring VAP rates. The result is that CHWC has kept a ZERO rate of VAP since October 2009.

---

*...16 examples of creating a culture of safety at CHWC...*

### CEILING LIFT SYSTEMS INSTALLED

We continued our efforts to install ceiling lift systems in patient care areas. With patients becoming heavier the lift systems help caregivers to avoid lifting injuries that cause personal hardship and missed work time.

### INCREASED SECURITY MEASURES

We installed unit security systems in the New Beginnings Birthing Center and the Intensive Care Unit. The systems help to control the flow of visitors and give staff additional ability to focus on patients. The system is a combination of secured entry doors and video monitoring.

We launched onsite security in the summer of 2017 for both the Montpelier and Bryan campuses. Professionally trained and carefully screened women and men are helping to sustain a calm environment for patients, staff and visitors.

### EMERGENCY DEPARTMENT

Emergency Department has set a goal to be a top 10% hospital for **door-to-EKG time for chest pain patients**. This means we need to try and get EKGs done in 3 minutes or less. At competency day we had a respiratory staff member review with all ED nurses the proper lead placement. Nursing staff in the ED is doing most of the initial EKGs on chest pain patients. For our STEMI patients our door to EKG time is down to 3 minutes.

We added a **sepsis screening** tab to our patient assessment. Nurses have been trained to screen all adult medical (not injury) patients for sepsis. This is a work in progress, but we are doing much better in screening all patients who come to the ED for a medical complaint. Also, we worked with the inpatient units and MIS to develop **Sepsis Bridge orders** so if the ED physician uses these orders when admitting a sepsis patient the repeat labs that are needed will be ordered.

### CARDIOPULMONARY RESPIRATORY CARE

Our Respiratory Therapy professionals carried out a complete reorganization of their mobile workstation carts. The carts are now organized uniformly so staff knows the exact location of supplies. This provides safety to the patient as supplies can be located quickly in emergency situations. An unexpected improvement was that the reorganization reduced the weight of the carts by 12 pounds. RT staff is now maneuvering lighter carts resulting in less stress on the back and shoulders

### ANTIBIOTIC STEWARDSHIP

We created a cross departmental committee and enlisted the talents of Parkview Health System's Infectious Disease staff to carry out a comprehensive effort with the primary goal of educating our Pharmacists, Nurses, Physicians and Advance Practice Professionals to better utilize our available antibacterial agents. The education covers: when not to treat; the best drug to treat; the best route to use, and; the correct length of time to administer medications. The goal is the best drug, for the shortest duration and to prevent adverse reactions.

### *DANGEROUS DRUG SAFETY*

We started work on meeting federal USP 800 regulations which deal with protecting our staff from a wide range of potentially hazardous drugs. We have administered oncology agents with great care for years and now we are going after agents which have been shown in studies to potentially cause toxic reactions in low doses to animals or humans. This includes care and administration of the drug from the time it enters our door until it leaves the property.

### *EVIDENCE-BASED MEDICATION ADMINISTRATION*

Pharmacists were given privileges by Medical Staff to convert patients from *intravenous* H2 antagonists (e.g. Pepcid) and proton pump inhibitors (e.g. Protonix) gastrointestinal drugs to the *oral administration*, by protocol if the patient is an appropriate candidate. Both drug classes are well absorbed by the GI tract. This is safer for the patient, less expensive, and helps to speed discharge.

### *REDUCING PATIENT FALLS*

Bryan Hospital's Medical-Surgical team has had a focus on preventing inpatient falls since 2013, as we were at a high for inpatient falls by topping off the fiscal year at 22 falls (or, 3.8 falls per 1000 patient care days). Our goal is to be at or below a rate of 3.1 per 1000. With many team efforts, process improvements and multiple staff reminders, we have been able to reduce our fall rate each year since 2013. We closed out our 2016-2017 fiscal year at a fall rate of 2.80/1000. We are pleased with a fall rate below the benchmark, but also recognize that more fall interventions can still be done to improve safety for our patients.

This past fiscal year our unit had several patient falls related to being up in a bedside chair. This prompted us to look into different fall preventions techniques to stop falls from occurring out of a bedside chair. With the help of a second shift staff nurse, we created Activity Carts for the unit. The goal of the Activity Cart was to allow patients to have something to do, which in turn will distract them from getting up and falling. The unit has two carts; one cart is for a patient who has minimal to no confusion and the other cart is for a patient that is moderately to severely confused. The cart for minimum to no confusion has games, coloring books, word find books, puzzles and craft making supplies in it. The cart for a moderately to severely confused patient has coloring books, puzzles, building blocks, washcloths to fold, socks to fold, ropes to string beads on and other items that can be used for tactile stimulation in it.

### *ARCHBOLD THERAPY SERVICES*

#### **Fall Reduction**

We have brought up concerns about the uneven concrete sidewalk at the northwest entrance to our building. This is the main entrance for our patients and does create a tripping hazard, especially for those using walkers or other assistive devices. Maintenance has painted a yellow stripe on the raised edge of the sidewalk near the sliding door and has initiated repairs to an area where the asphalt has settled near the sidewalk.

#### **Injury Prevention**

Christy Smith PT, met with the CHWC Maintenance Department for their quarterly corporate training meeting and discussed Body Mechanics and Material Handling, including instruction on a stretching program.

## ENTERIC PRECAUTIONS FOR INFECTION PREVENTION

*When a patient has a type of germ that can spread to others through contact*

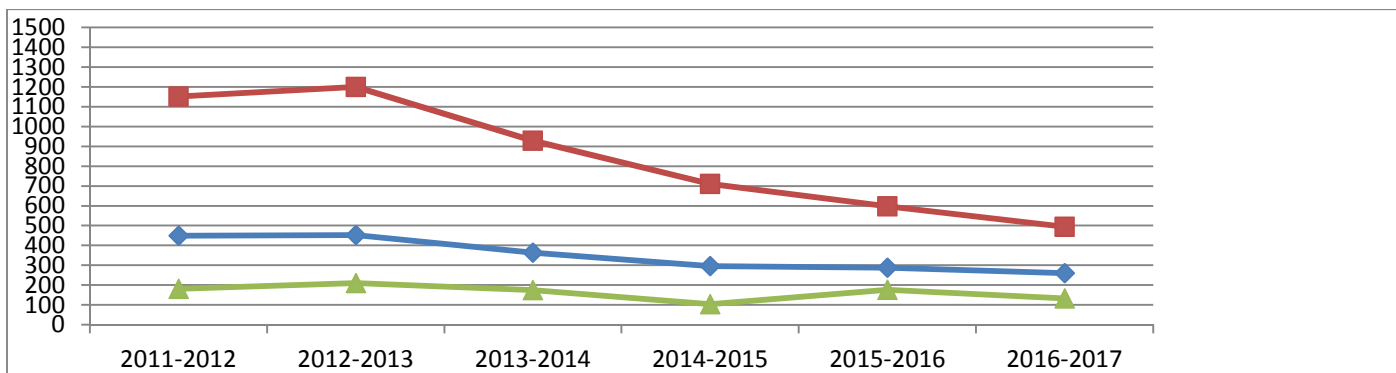
We launched new *Enteric Precautions* in an effort to better confront nasty bugs like *C. difficile*, rotavirus, and norovirus. Enteric Isolation requires **bleach** as the surface disinfectant for patient equipment and environmental surfaces. Enteric Isolation requires **terminal cleaning of the patient room if enteric isolation is discontinued during the patient's hospital stay**. Enteric Isolation reminds staff that **soap and water hand washing** is the preferred method to use vs an alcohol-based hand rub when exiting the Enteric Isolation room. Alcohol is not effective in removing these pathogens from hands. **Visitors** are asked to **gown and glove** each time they enter the Enteric Isolation room and **use soap and water hand hygiene upon exiting from the room**, due to the highly transmissible nature of the disease-causing organisms.

## NEW TECHNOLOGY FOR STAFF SAFETY

Surgical services implemented the Steris System 1E for sterilization of endoscopes after use. These replace the glutaraldehyde-based system (a high level disinfection process, using a dangerous chemical). Now the endoscopes are sterilized. The new system provides a higher standard of endoscope processing for our patients. The Steris System 1E also is much safer for the surgical staff by eliminating exposure to harmful chemical, mixing, testing and discarding along with elimination of harmful vapors.

## TRANSFUSION BLOOD WITH EVIDENCE BASED GUIDELINES

Starting in 2014 CHWC began efforts to commit to use of evidence based standards for blood administration. Blood and all blood products are resources in short supply. Evident based standards help us to make sure we are giving blood when it is truly needed, thereby saving blood for when we need it. The table below documents that we have greatly reduced blood administration while our patient populations have held relatively stable. Less blood transfusion also means reducing risk of blood typing and/or transfusion errors.



The RED line (top line) shows total blood units transfused by year.

The BLUE line (middle line) shows total hospitalized patients transfused by year.

The GREEN line (bottom line) shows total patients transfused at our Montpelier Hospital Outpatient Clinic.

### *POISON PREVENTION EDUCATION FOR CHILDREN*

Our Pharmacy Department, led by Pharmacist Amy Eriksen, carried out its annual Poison Prevention talks to Kindergarten and Preschoolers. Amy gave 41 presentations and passed out 579 bags of poison prevention information to the children. This is a labor of love for Amy. She gives dozens of hours of her personal time to help children and families avoid tragedy.

### *ENSURING PRIVACY OF PATIENT INFORMATION*

Extensive HIPAA patient privacy audits are conducted monthly and for-cause (when we are concerned an actual information breach has happened). The audits are completed to ensure that CHWC records are secure and there has been no inappropriate access to the records. We take privacy seriously and investigate every privacy concern. We conduct staff education to help staff to remember this, especially in a small community like ours, privacy is paramount.

### *GROWING A CULTURE OF SAFETY*

A Culture of Safety Survey was carried out with over 375 staff members participating. Results from the survey are being shared with senior leadership and staff. The Corporate Safety Committee will analyze the results and develop an action plan to address issues. The overall goal is to promote being a proactive organization instead of a reactive one. We want to use information obtained from the Culture of Safety survey to better address 'near miss' or 'good catch' reports to improve processes or work flow to promote accurate and thorough work.

# **IMPROVING THE CUSTOMER EXPERIENCE**

## **GETTING WOMEN TO DIAGNOSIS FASTER**

After taking patient feedback CHWC organized a process improvement team specifically focused on reducing *the time it takes us to go from breast ultrasound to biopsy*. Our team conducted time and process studies and based on that learning they engaged our partner organizations (Parkview Physicians Group – Ohio; and Fort Wayne Radiology). Our pre-data showed that we were at 16.5 days and after several improvements were made we reduced this to 14.3 days. As we continued to work on the process we were able to reduce the time to 10.5 days. As we worked on this project there were a couple changes made in pathology to improve the time of receiving results. Pre-data showed it took an average of 6.4 days for the biopsy results to be reported from Pathology. After the improvements were initiated, that time was reduced to 3.5 days. As we continued to perfect the process we are now at 2.7 days for the biopsy results to be reported.

## **IMPROVING PATIENT CHOICES FOR TESTING**

Bryan Hospital Radiology & Imaging redesigned MRI scheduling to create expanded hours of service (until 9:30 p.m. 4 nights/ week). We also revised scheduling for Ultrasound to give patients an option to schedule testing in the evenings. We added an option for ultrasound appointments at Montpelier Hospital 4 days per week. These new appointment options are a response to feedback that people wanted to avoid taking time away from work to get testing done.

## **WORKING FOR CANCER SURVIVORS**

CHWC has two dedicated Cancer Navigation Specialists who are in place to give support to all people in our community who have a cancer diagnosis. The Navigators work with patients regardless of where the patient is receiving cancer care. This past year the Navigators initiated *Survivorship Careplans*. These specialized plans have been developed and are provided to all cancer patients. The careplan includes all information about what cancer treatment was received and information to begin a normal lifestyle again.

## **Prompt Payment Discounts**

CHWC offers patients a prompt payment discount of 15% when a bill is paid in full within 30 days of the first statement date. If a patient wants a larger discount these requests are advanced to CHWC Administration for consideration. If payment in full is not possible, the guarantor is asked to make monthly payments to pay the account in full within 18 months, and with a minimum payment of \$50.00 per month. Exceptions can be made to these payment guidelines to allow a smaller payment or extended time to pay off the bill.

### *Helping self-pay patients deal with large surgery bills*

For self pay elective procedures in surgery, CHWC will accept a substantial discount but will require two-thirds of the discounted fee to be paid before the surgery is scheduled and the remaining one-third within 30 days of the statement. As a first step our Case management professionals will verify with patient accounts if the patient has qualified for charity care within the past three months and if so will apply the charity discount to the service, which could be at 100% and thus require no prepayment.

### *Direct access testing (DAT); another method to save patients money*

Ohio Law allows patients to request and pay for lab tests without a physician order. Results are sent directly to the patient and follow up of the test results are the sole responsibility of the patient. A specific list of Lab tests has been approved by CHWC to be offered to patients under this provision. DAT testing is available at all CHWC locations during staffed hours, no appointment is needed. Lab staff will assist the patient in choosing the tests desired, giving direction to avoid duplication of results. The order form indicates the need for fasting status.

Critical results will be called to the patient, with instruction to seek immediate medical attention from their health care provider or the closest emergency department. When all results are complete, a hardcopy set of results will be mailed to the patient.

### *Accurate Pricing for Common Services*

In 2016 (and again in 2017) CHWC published a brochure that gives the correct pricing for our most common outpatient services. We send the brochures to area employers...to share with their covered employees. CHWC learned in 2016 that major insurance companies (like Anthem and Aetna) were giving covered employee wrong information about CHWC prices. In some cases CHWC learned that employees and families were driving 40 to 60 miles for outpatient testing...based on wrong comparison information. The brochure gives families the facts of CHWC pricing. Now they can make an informed decision based on accurate information from CHWC. We are not always the lowest charge, especially when our service is being compared to a center that is only open daytime hours. But we know that people with insurance are more and more responsible for payments due to greatly increased deductibles in their policies.

### *Pushing Forward on Pricing Transparency*

CHWC greatly supports the idea that all patients should be aware of the cost of healthcare. We support that knowledge of health care costs will help patients to make more informed decisions about the services they choose and where they choose to have the services performed. When we are aware of programs and services that can give accurate and timely information we will always lend support. Current Ohio Law about pricing transparency does not provide for accurate and timely information. This is why CHWC is the lead plaintiff in a lawsuit (Williams County Common Pleas Court) to overturn the Ohio Law. We are not at all opposed to transparency. We are opposed to laws that make it impossible for us to comply.



## *A True Story of Success in Commitment to Patients*

### **Orthopedic Navigation REALLY Can Make a Difference**

The best possible patient navigation is an all inclusive process that assists the patient through each step of their care process and providing support and education along their journey. What happens when planning is difficult and navigation is not truly a clear path for some patients? We plan, we flex and we learn...

During this past summer, CHWC's dedicated Orthopedic Navigator learned that a patient who was scheduled for a total hip replacement would be in need of extensive and continuous communication and support. After being educated on the patient's specific needs the navigator quickly determined this patient would be best served in constant one-on-one navigation. Participation in group sessions would not work. Even the selection of meeting places and room layout was important to keep the patient's stress level down.

The patient responded well to the personalized sessions and built a respect for the navigator that greatly enhanced conversations. The patient talked about the many failed attempts at other medical institutions to get hip surgery, and that pain has overtaken this patient's life. The patient commented that each day is difficult, and the patient fully acknowledged his behavioral/mood changes as each day progresses due to the increased pain as the hours of the day tick away.

We determined to organize a working group that would manage every moment of the patient's entire experience. We involved every clinical program that would provide services during surgery and recovery. The ensuing conversations created a team-based solution for this patient. We even determined to have planned group meetings during the patient's stay; along with a post-discharge assessment of the entire effort.

Our navigator stayed in contact with this patient. With bumps along the way with doctor visits and transportation concerns, the navigator pushed through to get us to surgery day.

The day of surgery, the navigator, was present at admissions and stayed with the patient until the time for surgery arrived. The navigator reconnected with the patient in post-op recovery. The day of surgery went well along with the majority of first day post op, though towards the end of the day, the patient was having more pain along with lack of sleep causing the patient to become stressed. A team approach of staff and the surgeon allowed for the patient to express his stress and provided a calming influence. Postoperative day three, the navigator made phone calls getting approval for the patient to be taken to rehab and the navigator also assisted with the discharge.

Overall, with ability to pre-plan this patient's hospital stay we were able to overcome some potential serious issues prior to the patient coming to the hospital, and to manage the issues as they arose while the patient was in the hospital. In follow up communications the patient reported a wonderful recovery. He was able to take a 2 mile walk with his granddaughters. He expressed appreciation to the entire care team. He shared with our navigator; "I have total faith in you guys...remember how I didn't trust you". She replied that she was happy to hear he was doing so well. We made a difference in this gentleman's life.

## NUTRITION FOOD SERVICES...BY THE NUMBERS...

The NFS Department Staff are proud to have served a total of 221,962 meals, in the past fiscal year. The meals were served as follows:

MEALS	BRYAN	MONTPELIER	ARCHBOLD
Total Meals Served	170,184	39,925	11,853
Cafeteria Meals	138,036	25,001	
Patient Meals	17,035	11,652	
Tube Feeding	173	31	
OB Celebration Meals	639		
Catering Meals	9,630		
Meals on Wheels	4,671	3,241	

## Process Improvement Leads to Quick Charge Register System

In May of 2017 the Quick Charge (QC) Register System was implemented. The QC system interfaces with the CHWC computer payroll Kronos system to automatically deduct purchases from the employee's next paycheck replacing the old paper meal ticket system. The QC Register system has been a huge success reducing the time it takes to pay in the cafeteria line. Customer satisfaction with pay/check-out has risen as a result. This project was the result of a process improvement initiated by NFS leaders, who were responding to staff frustrations with the old process.

## Wellness Accomplishment CHWC - LIVE IT :

A very popular community activity presented by one of our dietitians, Andrea Miller has been cooking demonstrations. Our Wellness Committee wanted worked with Bryan Municipal Utilities Communications Department staff to record the cooking demonstrations for BMU television. With this idea the CHWC – LIVE IT series was born. On the first Thursday of each month a new program / cooking demonstration is taped in front of a live audience. Each month's program has a unique name, theme and a different sous chef. Andrea teaches the sous chef how to prepare the product while discussing the health benefits of the items prepared. The audience gets to sample the dish, receives a copy of the recipes and a small gift of food or spices to use when preparing the dish at home. The program is now in it's second season on BMU TV.