

Winter 2011 Issue #1:

Always Reaching Higher Supporting Lewistown In So Many Ways

A Healthier Life Just A Heartbeat Away

Amy Long, Director of Quality Management

Rehabilitation and Human Services degree

at the Penn State Learning Center



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—Angela Manbeck of Lewistown, rehabilitation and human services
major at The Penn State Learning Center in Lewistown

The path to a counseling career

Angela Manbeck went back to school at the Lewistown Center as an adult learner. Now this proud mom of three has her associate degree in letters, arts, and sciences and is working on a bachelor's degree in rehabilitation and human services. Someday she hopes to get her master's degree in psychology.

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Angela loves the fact that The Learning Center in Lewistown gives her access to Penn State without having to spend too much time away from her children.

"It is really convenient when you have a family," she shared. "The classes are small, and you get a lot of individualized attention. The faculty and staff are very dedicated to the students and want to see us succeed."

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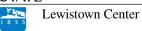
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A word from the **president**



Thank you for taking time to read our magazine. With each issue we continue to receive positive comments and useful suggestions. It confirms that this is a valuable source of information for our community.

In this issue, you will read about the steps we take to ensure that we deliver a consistent level of quality healthcare. As a registered nurse, I am most concerned about quality patient care. It is at the core of our mission, and it is central to every decision I make.

The reason this topic is in the news is because the Centers for Medicare & Medicaid Services (CMS) and other organizations such as the Joint Commission have established programs that compare our quality scores with the scores of hospitals across the country. Their goal is to improve the overall level of quality care by providing guidelines that hospitals can follow.

Our director of quality management serves as the champion of quality measures and works with our clinical staff to guide them through the processes that improve our quality scores. This allows our patient care specialists to remain focused on patient care, as they should be, while accomplishing the quality guidelines. I am proud of the results we have achieved.

February is National Heart Month, so you will read about the wonderful staff of nurses and cardiologists in our Cardiac Rehab program. They do great work for our patients. I get compliments about them every week. I also want to take this opportunity to remind the community about the importance of heart health. Prevention is always the best route, and you can help yourself with a healthy lifestyle of proper nutrition, rest and exercise. Also, it is critically important to visit a primary care provider regularly to catch any problem as early as possible.

Enjoy this issue of *Right Here* magazine. I look forward to hearing your comments. Go to **www.lewistownhospital.com/feedback/** and let us know what you think.

Kay Hamilton President and CEO Lewistown Hospital



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Always Reaching Higher

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March is Colorectal Cancer Awareness Month

Lewistown Hospital (717) 248-5411 (800) 248-0505 Cardiac Rehabilitation (717) 242-7131 12



ALWAYS H GHER REACHING H GHER

elivering quality. It's basic to practically any business. For a hospital it has a special impact. There's more than business success at stake. When a hospital provides quality care, it protects the well-being and lives of its patients.

Lewistown Hospital puts quality performance among its highest priorities, and there's a process that helps fulfill goals of constant quality improvement. It's fairly simple to describe, but its positive effects are far-reaching.

The first step is identifying an area for improvement. This can arise from examining bad outcomes and near-miss events, comparing ourselves with state and national benchmarks or listening to suggestions from patients and staff. The Hospital then reaches out to a variety of resources for possible solutions. The Hospital questions other facilities, posts items on professional list serves and finds recent research articles on the topic. An action team is then formed. Members include representatives from any department that is impacted by the issue. The action team develops an improvement plan then tests this plan in one small area and makes adjustments to the plan as needed. The plan is then implemented Hospital-wide and the effectiveness of the plan is monitored over time.

PLAN-DO-CHECK-ACT

Amy Long is Lewistown Hospital's director of quality management. She has a name for this process. "We call it Plan–Do–Check–Act," she said. (This isn't new. It's also known as the Deming process. It's been a quality mainstay for many years.)

It's a cycle of improvement and it works. It's crucial in providing excellent care.

National quality and satisfaction standards provide a solid basis for comparison. Medicare requires all participating hospitals to report how well they are doing on specific measures that are important to patient safety and quality.

The method is an effective, ongoing process that produces continual improvement. As a result, Lewistown Hospital scores well on quality measures.

QUALITY IN MAJOR DEPARTMENTS

Lewistown Hospital's patient care directors are intensely involved in the process. They know its value as a tool for assuring customer safety and satisfaction.

Roxie Reynolds, patient care director of surgical services, swears by the process. It affects many aspects of the work she oversees. Some examples are pre-admission testing, sterile processing, same-day surgery and recovery room.

Some of the work covers matters of significant patient safety. Some is about pure satisfaction issues. No one wants to wait for hours before a procedure. So controlling those times is one way to keep patients happy.

Roxie says it's helpful to script the experiences that patients can expect. What is the procedure? How painful is it? What

medications will they take? How will they feel after they've been intubated? (Scripting has been developed for Spanish-speaking and -understanding patients.) With learning tools such as posters and brochures, all this contributes to patient satisfaction. And the survey element of the programs tests performance. It also suggests a basis for improvement.

"Patients all see our work differently," Roxie said. "Surgical care is a high-skills area of the Hospital. So they expect a lot. And they give us very good grades generally."

Sherri Ard is the nursing patient care director for the intensive care and intermediate care units. "The process creates a closed circle of improvement," she said. "We follow best practices and evidence-based practices. The core measures come from national standards."

As elsewhere, patterns of complaints might appear in the survey results. "If that happens, we ask if it's a departmental issue or something broader," she said. Is it a nursing, computer or public information issue?" The nature of the problem is nailed down. Then the means for improvement are worked out. It might entail training, process changes or new equipment. Whatever it takes, Sherri is sure of one thing.

"It works," she said. "We've seen Hospital scores go up. They've improved up to 10 percent in one month."

A third director is Karen Napikoski. She heads patient nursing care for two medical-surgical units. "Our staff is deeply involved in quality measures and initiatives," she explained. "They're aware and committed."

Of course, Karen's units use the same quality tools as other parts of the Hospital. These include satisfaction surveys and the basic quality process. Her units also take part in a surgical care improvement project through Quality Insights of Pennsylvania. And they pursue quality, safety and patient satisfaction on many other fronts.

Karen said staff input is key. "They define and sustain best practices. It's a culture of patient care and optimal quality."

The Hospital Association of Pennsylvania (HAP) recognized the Hospital for its improvement efforts in surgical care by asking Karen to share success strategies with others at a recent conference. For surgical-site infections, Lewistown Hospital's rates are better than the nation averages (information available at www.ihi.org).

"We have a mantra here," she said. "This is it: 'Make it easier to do the right thing.'"

5 Million Lives

Lewistown Hospital takes part in the Institute for Healthcare Improvement's 5 Million Lives Campaign. It's another important program to promote quality care. The campaign supports the use of evidence-based practices. It also entails constant improvement.

The following interventions are current areas of focus:

- Reduce surgical complications.
- Deliver reliable, evidence-based care for congestive heart failure.
- Deploy Rapid Response Teams
- Deliver reliable, evidence-based care for acute myocardial infarction (heart attack).
- Prevent central-line infections.
- Prevent surgical-site infections
- Prevent ventilator-associated pneumonia.

To learn more about the 5 Million Lives Campaign, visit www.ihi.org



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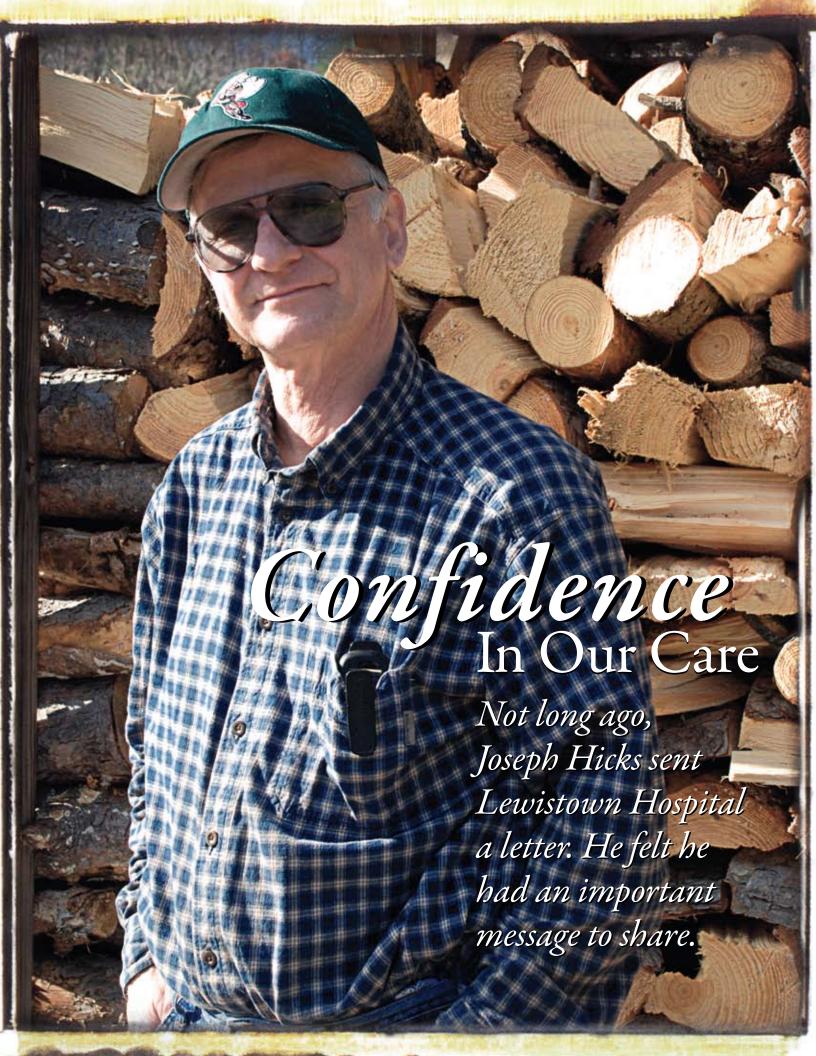
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he Spring Mills resident had a major operation last September. A large polyp had been found on his cecum (the connection between the large and small intestines).

The 60-year-old has a family history of colon cancer. His health is tracked with colonoscopies every three years. Last year the polyp was found.

This growth was as big as a silver dollar. In the end, 15 inches of intestine were removed and so was his appendix.

Lewistown Hospital general surgeon Edward Ridings, DO, performed the operation. Things went well during Joseph's four-day hospital stay.

"So far so good," Joseph said in a recent interview. "There haven't been any issues at all. I've seen Dr. Ridings twice since then. I'm not scheduled to see him any more."

"During the pre-op phase interview, the subject of hospital infections came up," he noted. "I know that they keep numbers on them. So I asked them what they were."

The answer, he said, was a confidence builder. Lewistown Hospital's performance on this critical measure is one-fifth the national average. "One-fifth," Joseph said. "That says something about management."

Joseph's experience prompted a letter of thanks.

"I've never spent much time in the hospital," he wrote. "I'm used to the level of service at airlines, banks, insurance companies, car dealers and most retail establishments. There the very idea of service is abhorrent. It was a great surprise to find the warm, caring, service-oriented people at the Hospital.

"While I can't say the stay was pleasant, it was enjoyable from that vantage."

Joseph is always careful about his health. He stays active, reaping the benefits of exercise. He's also tuned in to the value of eating well. Along with his wife, he follows a vegan diet. "We're both very sensitive to health issues," he said. "It's reflected in the way we live."

Joseph's confidence in the quality of care was decisive. He was able to find what he needed just 25 miles from his home. As he wrote, "The people of Lewistown should be proud of this jewel among them."

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Supporting Lewistown In So Many Ways

I here are many ways to support a community hospital. One pair of doctors at Lewistown Hospital seems to have found most of them.

Gurpreet Bhalla, MD, heads anesthesiology at the Hospital and his wife, Jyotish Grover, MD, has worked in the same department for a decade. As doctors, they've been a mainstay of the staff. As good citizens, they've been just as influential.

"We're proponents of the Hospital and the community," Dr. Bhalla said. "We feel we've found our niche and our home here. We've gotten attached to the place. And we know you should be giving back to the organization." They have lived by those words.

"The survival of the Hospital depends on all of us doing what we can," said Dr. Grover. "And that's very important. Lewistown Hospital serves a large area. When people can donate their time and money, it's a big thing."

Perhaps the family's most generous gift has been a recurring one. Each year for five years, they contributed \$20,000 to support the development of new operating rooms at the Hospital.

And there is so much more. In the past, they opened their home to a benefit wine tasting, an event that raised nearly \$25,000. When her husband was president of the medical staff, Dr. Grover said, they would invite prospective physician candidates to their home. Annually, they have taken part in the Hospital's golf tournament and assist with cancer awareness efforts.

The couple has financed scholarships to benefit both high school and college students. Their pledges have supported the Math Club at Lewistown Area High School, a local community college and the Hospital's School of Nursing.

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"You need to support the hand that feeds you," Dr. Grover said.

Both doctors were city raised. Still, they are happy living in a rural place. "We go to New York often," Dr. Bhalla said. "We love the culture, the flavor, the energy. But we're very content to live in a rural setting."

A vibrant hospital makes Lewistown an attractive home. "Here's an example," Dr. Bhalla said. "Why should elderly people or those who lack resources have to travel 100 miles for care? We have outstanding, board-certified physicians here. The same is true of administrators, trustees, the president of the medical staff and nurses. The people here excel at every level."

"People here care about family. What American values used to be are still here." For the Bhalla family, encouraging those values by example has been of the essence.



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"It's not just an exercise program" said Louise Frymoyer, RN, in the Cardiac Rehabilitation program at Lewistown Hospital, and important research supports her statement.

ne example is a study by Duke and Thomas Jefferson Universities. Patients who attended 36 cardiac rehab sessions had the lowest risk of death or future heart attacks.

At Lewistown Hospital, Louise believes, results parallel those findings. Patients who choose the program—and stay with it—often see excellent results. And they achieve these results without traveling long distances.

A Healthier Lifestyle

Why is cardiac rehab better than exercise alone? "With us, there is a big emphasis on making lifestyle changes," Louise said. "We provide time for the patient to exercise, but education is also important. We want

to build skills. We provide the patient the know-how that leads to a healthier life."

Patients diagnosed with heart disease are educated on the factors that increase their risk of having a heart attack. These include lack of heart-healthy exercise, high blood pressure, smoking, high-fat/high-cholesterol diet, overweight/obesity, diabetes and stress.

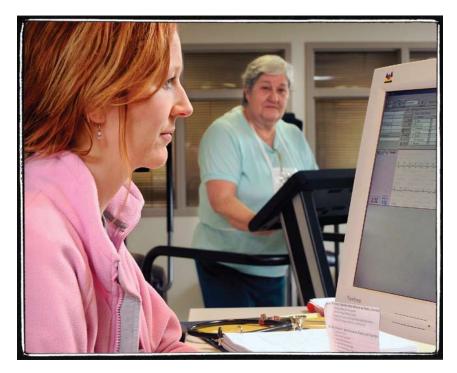
A healthy future for these patients requires changing their daily life, which isn't always easy, but those who take it to heart often do better.

Given the strength of Lewistown Hospital's Cardiac Rehab program and others like it, it is a mystery why more recovering heart patients do not try them. "Based on studies, the national referral rate is only about 18

percent," said Melissa Brytczuk, Cardiac Rehab nurse. "Pennsylvania's rate is about the same." Those who skip the program miss out on a real chance at a better and healthier life.

"The exercise and education are personalized to each patient," said Stacie Ross, another RN in the program. The patients wear an EKG monitor during exercise, and there is always an RN at their side. "Many patients feel very weak when they are first sent to the program by their doctor," she explained. "So we start slowly and gradually increase their exercise workout. It is so rewarding for the Cardiac Rehab nurses to see the patients start to feel better and to have more energy."

The rehab nurses are especially pleased with the variety of exercise machines available in



Nurse Melissa Brytczuk with a Cardio Rehab patient.

the exercise room. These machines help any patient to get stronger and to get the exercise that is needed for a healthy heart.

"Making the sessions fun is what counts. They stay with it if it's enjoyable," said Melissa. "They love the group setting. We get rave comments about the staff being so kind and helpful." The patients also receive help and encouragement in setting up their home exercise programs. Getting the patients started with a home exercise program while they are coming into rehab helps them to stick with the newly learned routine once they graduate from the program.

Education in the program covers patients' risk factors. Most of the learning happens in small group sessions. "The patients become friends and in turn motivate and support each other. If the patient needs individual help, that is also arranged," said Cardiac Rehab nurse Erma Knarr.

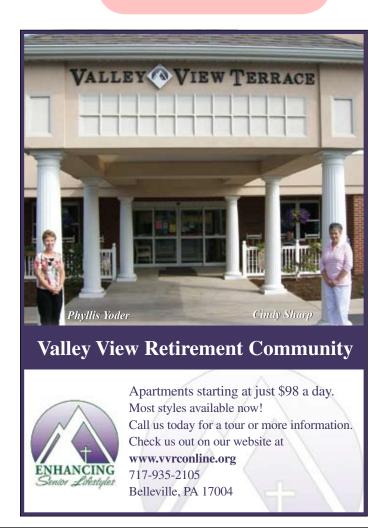
When you present this information," Erma said, "you have to do more than hand out a brochure. You need to explain how they can adopt this healthy habit into their life. We also try to make the patients accountable for their own progress; we ask the patients each day if they exercised at home yesterday. We have found that this helps to improve the outcome. And this is what they are here for."

For more information on the Cardiac Rehab Program at Lewistown Hospital, call (717) 242-7171 or go to www.lewistownhospital.org.

The Payoff of Cardiac Rehab

Evidence-based research shows that cardiac rehab supports improved outcomes. Among the favorable effects (according to information gathered at the start and close of the program):

- Improved quality of life
- Better eating patterns
- Improved endurance
- Lower stress levels
- Smoking cessation
- Improvements in depression
- Better management of diabetes, cholesterol and high blood pressure





Insiders:

Understanding The Role Of Hospitalists

Since 2008, Lewistown Hospital has featured a hospitalist program. The benefits to our patients are real. The program also helps the Hospital and our community's doctors. Yet it isn't well understood.

hospitalist is a doctor who cares for hospitalized patients. These specialists provide most inpatient care here. This focus yields good results. It also frees primary care doctors to be more available to see patients in their offices. They're spared rounds at the hospital. The hospitalists handle that instead, and these "inside" doctors devote maximum attention to individual cases.

Hospital medicine is the fastest growing medical profession. According to the American Medical Association, it now accounts for two-thirds of inpatient care at the majority of U.S. hospitals.

The Program in Action

A key to the program's success is information sharing. Electronic health records are always available. The hospitalist can access them, and so can the primary care doctor. All lab tests are part of the record. The hospitalist reports to the primary care doctor frequently. Continuity of care is important, and communication between physicians helps to maintain it.

Before any patient is discharged, a follow-up visit is scheduled with the primary care doctor. Maintaining this connection is vital. Without it, readmission rates go up and complications might result. Once more, the system builds in continuity.

Better for Patients, Doctors and the Hospital

How does the hospitalist approach improve care for patients? Here are some of the many ways:

- Length of stay is reduced.
- Core quality measures improve. At Lewistown Hospital, special progress has been noted in:
 - » Pneumonia.
 - » Congestive heart failure.
 - » Acute myocardial infarction (heart attack).
 - » Chronic Obstructive Pulmonary Disease (COPD).
 - » Renal (kidney) failure.
- Staff doctors are always present and available.
- Care is more consistent in managing any disease.
- Coordination among nursing, social services, and other Hospital departments is streamlined.

Patients clearly benefit from the program. So do physicians. The program allows more doctor-friendly scheduling. Primary care doctors don't have to take calls at night, nor must they interrupt their in-office daytime practices. All this is thanks to the work of the hospitalists.

Primary care doctors who want to can still see patients in the Hospital. Most prefer to focus patient contact through their office practices.

For the Hospital, the program also has major value. It helps in recruiting new doctors and helps in retaining current staff. On the administrative side, billing and coding are improved. That's a result of better documentation.

A Learning Process

The hospitalist program represents a change in how the Hospital provides care. Thus the first two years have been a time of adjustment, and the learning process continues.

Scott Girard, DO, is the site director for the hospitalist program at Lewistown Hospital. "As we talked with the private doctors over the last two years," he said, "they wanted to do less and we offered to do more of the Hospital-based care. Some of them are still getting used to us being here. Some are still learning what value we can bring. But the relationship is constantly evolving."

It's a learning process for patients also. They're recognizing the teamwork between hospitalists and their personal physicians. Many patients appreciate the phone calls and emails that coordinate their care. "There's been more and more acceptance," Dr. Girard said. "But some patients still want their regular doctor, and some doctors still want that relationship." In all likelihood, the better patients get to know and understand the hospitalist program, the more comfortable they'll be with it. ■



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March is Colorectal Cancer Awareness Month

Colorectal cancer is the third leading cause of cancer-related deaths in the United States when men and women are considered separately, and the second leading cause when both sexes are combined, according to the American Cancer Society. Overall, the lifetime risk in men for developing colorectal cancer is about 1 in 19. This risk is slightly lower in women (1 in 20). A number of other risk factors might also affect a person's likelihood of developing colorectal cancer.

Risk Factors

A risk factor is anything that affects your chance of getting a disease such as cancer. But risk factors don't tell us everything. Having a risk factor, or even several risk factors, does not mean that you will get the disease. And some people who get the disease might not have any known risk factors. Even if a person with colorectal cancer has a risk factor, it is often very hard to know how much that risk factor might have contributed to the cancer.

Researchers have found that the following risk factors might increase a person's chance of developing colorectal polyps or colorectal cancer: age, personal history of colorectal polyps, personal history of inflammatory bowel disease, family history of colorectal cancer, inherited syndromes, a diet high in red meats and processed meats, physical inactivity, obesity, smoking, heavy alcohol use and Type 2 diabetes.

Prevention

"One of the most powerful weapons for preventing colorectal cancer is regular colorectal screenings," said gastroenterologist Dr. Charles Everhart.

From the time the first abnormal cells start to grow into polyps, it usually takes about 10 to 15 years for them to develop into colorectal cancer. Regular screening can, in many cases, prevent colorectal cancer altogether. This is because most polyps can be found and removed before they have the chance to turn into cancer. Screening can also result in finding colorectal cancer early, when it is highly curable.

People who have no identified risk factors (other than age) should begin regular screening at age 50. Those who have a family history or other risk factors for colorectal polyps or cancer, such as inflammatory bowel disease, should talk with their doctor about starting screening at a younger age and/or getting screened more frequently.

For more information call Juniata Valley Gastroenterology Associates at (717) 242-2531.





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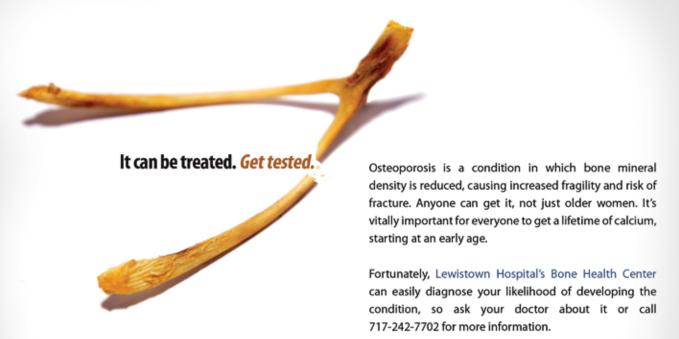
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