

West Virginia Hospitals

Generations of Community Growth



WVHA Members Magazine 2015

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GREETINGS FROM GOVERNOR TOMBLIN

As Governor, it's my privilege to welcome you to the 2015 *Hospital Day at the Legislature*. It's sure to be a great experience!

With a theme of "West Virginia Hospitals - Generations of Community Growth," this week's WVHA presence at the legislature highlights the symbiotic relationship between our hospitals and the communities they serve. These facilities not only provide outstanding patient care, but have a profound economic impact on the communities themselves.

Quality health at a local level is of fundamental importance to all West Virginians, and our hospitals offer just that. Offering up to date medicine and "hometown" compassion, Mountain State hospitals are prepared for anything.

On behalf of the citizens of West Virginia, I commend everyone involved in this event. They have worked very hard, and I offer my congratulations on their success.

Again, welcome to the 2015 *Hospital Day at the Legislature*.

Sincerely,

A handwritten signature in blue ink that reads "Earl Ray Tomblin". The signature is written in a cursive, flowing style.

Earl Ray Tomblin
Governor

From the Chair ...

SUE JOHNSON-PHILLIPPE, CEO, FACHE
St. Joseph's Hospital
Chair, WVHA Board of Trustees

West Virginia has deep family ties, with generations making their homes in the same area and often the same communities for decades. Hospitals across the state have responded over the years



to the healthcare needs of these families. With its mountainous terrain, West Virginia hospitals are truly community-based, providing needed care throughout generations. They are committed to providing the very best in healthcare to the communities and families they serve.

From the first hospital established here in 1850, West Virginia hospitals have developed over time in direct response to the needs of their communities. St. Joseph's Hospital of Buckhannon is a prime example. The Pallottine Missionary Sisters first opened St. Joseph's in 1921, in what was then the Barlow estate — a large private home on a hill overlooking Buckhannon. They did so with the help and support of the community, often trading healthcare services for livestock that provided sustenance during its early years.

Throughout the generations, St. Joseph's Hospital has grown from an eight-bed hospital to a hospital that not only provides inpatient, outpatient and emergency care, but employs a physician group that provides family medicine and specialty care, including general surgery, obstetrics and gynecology, cardiology, orthopedics and urology. The specialists employed by St. Joseph's provide essential care for the community, allowing them access to excellent care near to home.

The advanced technology at St. Joseph's — including Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Nuclear Medicine Imaging, Digital Mammography, 3/4D Ultrasound, Ultrasound Unit for the heart (echo), arteries and venous systems of the Circulatory System and Peripheral Vascular Diagnostic System — has allowed us to provide services in a rural location that would have not been possible even 10 years ago.

In addition, St. Joseph's is one of only 10 hospitals in the state utilizing a Handheld Brain Hematoma Scanner through a grant from the Rural Emergency Trauma Institute. This is a portable device that can immediately

The Pallottine Missionary Sisters first opened St. Joseph's in 1921, in what was then the Barlow estate — a large private home on a hill overlooking Buckhannon. They did so with the help and support of the community, often trading healthcare services for livestock that provided sustenance during its early years.

scan the brain for bleeding in the case of head trauma, giving critical information to physicians in a short time. It is to be utilized as part of a statewide study to improve response to and care of traumatic brain bleeds.

With the aging population, St. Joseph's has also recognized the need in its community for short-term and long-term care. We offer families a caring environment for their loved ones, keeping generations of family members close to home. We recently opened a 10-bed Skilled Nursing Unit, which allows for short-term rehabilitative care right here in Buckhannon.

The dedication to St. Joseph's is also evident by the numbers of years many of our staff has given in service. We hold annual celebrations recognizing employees who have been here for 20 to 35 years — staff that have cared for generations of the community. They truly exhibit the values the Pallottine Missionary Sisters brought to the hospital so many years ago. I often wonder if the Sisters in 1921 could have imagined what an integral part of the community their hospital would become.

As St. Joseph's moves forward, we remain committed to our strategic initiative and leadership imperatives of quality and safety, financial soundness, access to services, people and customer service and growth. These goals guide us to ensure we maintain a sustainable organization while retaining the core values and faith-based culture of service, nurturing organizational and individual well-being.

Today, hospitals face many challenges in healthcare as they deal with changes in reimbursement, requirements of the *Affordable Care Act (ACA)*, and differing population needs. I know that hospitals across West Virginia are facing these challenges to find the best ways to address them as they look toward long-term sustainability.

The West Virginia Hospital Association and its members are dedicated to ensuring that we have a strong hospital system across the state. By focusing on mission, enhancing the quality of care, and working throughout our communities, we will continue to provide the very best in healthcare to the generations of West Virginians we serve.

From the President's Desk

WV Hospitals: Generations of Community Growth

The depth of giving, the breadth of caring and the lengths that West Virginia hospitals go never fails to amaze me. I'm referring to the more than 44,500 compassionate caregivers and their unwavering



mission to improve the health and lives of the people living in their communities — all built on a tradition of service to others. They are who form our 67 member hospitals and health systems across the state...the professionals and their families that have grown with us over generations. Together, we are **WV Hospitals: Generations of Community Growth.**

I travel the state frequently to visit with administrators, medical staffs and the professionals that comprise our hospitals to share information and to learn more about how the Association can help them in health-care advocacy, education, information and technical assistance. Along my travels, it's readily apparent how rooted our hospitals are in their communities. They are top employers and significant contributors to the local economy, *as celebrated throughout the pages of this publication.* They are also unique centers of help, hope and healing — serving generations of families, neighbors and friends in times of need for soothing compassion and professional care.

Another unique aspect of our hospitals is that they are dotted with family members working alongside each other in the same hospital for several generations. This part of "our story" serves as a reminder that West Virginia hospitals are established by and for their communities.

We frequently hear stories, *many of which are reflected in this publication,* of our caregivers having spent their entire adult lives working in the same facility. In fact, it's not unusual for two or three generations

of families to have held positions at their community hospital — grandparents, parents, and young adults — oftentimes performing different tasks in various areas of the facility.

A family of healthcare professionals is not necessarily unique or even exclusive to an industry. Carrying on the healthcare tradition is a strong component in the Letnaunchyn family. While I have pursued healthcare management as my profession, my daughter is a pediatric nurse. I also have two nieces working in their community hospitals in the nursing profession. And who knows, one or more of my grandchildren may embark on a path that will lead them to healthcare careers.

The opportunities are endless. The healthcare industry as a whole is expected to continue to add a substantial number of jobs to the economy through 2022, according to the latest projections from the Bureau of Labor Statistics. Employment in this sector actually grew over the last recession, seemingly unaffected by adverse economic conditions. The increase in jobs is largely driven by an aging population and demand for qualified healthcare workers, among other evolving factors in our field.

In what other profession can you touch lives the way you can in the healthcare industry? Our professionals help bring a new life into the world, change a life for the better, or save a life from ending... and they've been doing it for generations.

But don't just take my word for it. Hospital and healthcare stories are often best told by the people who embody them. In the pages that follow, there are personal stories — the real impact that West Virginia hospitals and health systems are having on people living and growing in their communities. On behalf of the WVHA, thank you for the opportunity to share our story of *Generations of Community Growth.*

Joseph M. Letnaunchyn
President & CEO
West Virginia Hospital Association

The West Virginia Hospital Association: Who We Are

The West Virginia Hospital Association (WVHA) is a not-for-profit statewide organization representing 67 hospitals and health systems across the continuum of care. The WVHA supports its members in achieving a strong, healthy West Virginia by providing leadership in healthcare advocacy, education, information and technical assistance, and by being a catalyst for effective change through collaboration, consensus building and a focus on desired outcomes. Members of the Association believe it is essential, in the interest of West Virginia citizens, to have a strong healthcare system that supports and improves the health status of those people served by our hospitals, as well as the economic condition of the state. West Virginia's hospitals seek to establish and maintain trust among providers, policymakers and the public through actions, sensitivity, professionalism and community-minded commitment to service.

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This publication was created through the efforts of WVHA member hospitals and associates, Tony Gregory, VP Legislative Affairs, Lori Henshey, Publications Coordinator, and Tina Rymer, Coordinator, Legislative and Media Affairs.

WVHA • 100 Association Drive • Charleston, WV 25311 • 304-344-9744 • wvha.org

Advocacy: Key Focus of WVHA

Like good schools, safe streets, and good jobs - strong hospitals are vital to the quality of life of West Virginia's communities.

Across the state, West Virginia's hospitals care for their communities 24 hours a day, seven days a week and 365 days a year. Our hospitals serve as the safety net for all residents, treating and caring for EVERYONE regardless of their insurance status OR ability to pay. West Virginia hospitals are dedicated to improving the health of West Virginia residents by supporting vital public health initiatives and enhancing the quality of care and patient safety through:

- Access to coverage and care;
- A strong, compassionate and caring workforce to ease the impact of shortages of healthcare professionals, at a time when our population is aging;
- Safety initiatives and data analysis that promote and cultivate a culture of safety and quality improvement;
- Education and training; and
- Partnerships and collaborations

These are just a few of the basic building blocks for our Advocacy Agenda in 2015, some of which includes:

- Protecting current state funding for care provided to hospital patients and seeking fair and adequate payments from Medicaid and PEIA more in line with the cost of providing such care;
- Identifying opportunities to modernize the hospital regulatory environment in WV;
- Preserving and strengthening the integrity of the *WV Medical Professional Liability Reform Act (MPLA)* to ensure available and affordable professional liability insurance for physicians and other providers; and
- Supporting employer community issues related to economic and job development; budget and fiscal stability; judicial/tort reform; and tax modernization, among other issues impacting employers from the operational and fiscal perspectives.

Throughout the pages of this publication, various aspects of these and other advocacy healthcare issues on the state and federal levels are featured to demonstrate the unified voice of hospitals in West Virginia.

West Virginia Hospitals: Generations of Community Growth



Hospitals are among the state's top employers.

Hospitals employ more than 44,500 people statewide.

Hospitals contribute \$8.9 billion to our state's economy.

Hospitals are a vital part of the infrastructure needed to support economic development.

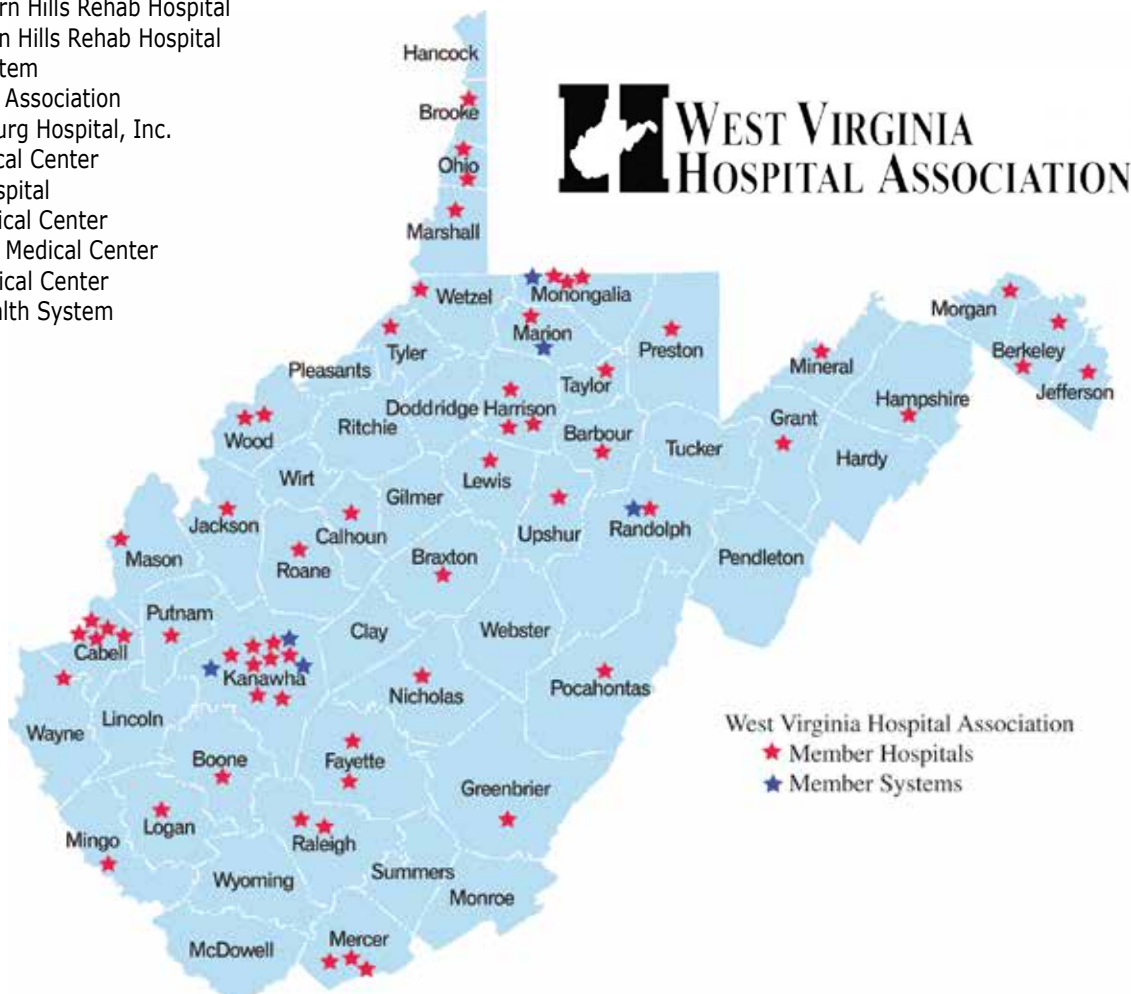
Hospitals are a major deciding factor for new businesses to relocate in West Virginia.

West Virginia Hospital Association Member Hospitals and Health Systems

Beckley VA Medical Center
 Bluefield Regional Medical Center
 Boone Memorial Hospital
 Braxton County Memorial Hospital
 Cabell Huntington Hospital
 CAMC Health System
 CAMC General Hospital
 CAMC Memorial Hospital
 CAMC Teays Valley Hospital
 CAMC Women and Children's Hospital
 Charleston Surgical Hospital
 Cornerstone Hospital of Huntington
 Davis Health System
 Broaddus Hospital
 Davis Medical Center
 Fairmont Regional Medical Center
 Grafton City Hospital
 Grant Memorial Hospital
 Greenbrier Valley Medical Center
 Hampshire Memorial Hospital
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 Martinsburg VA Medical Center
 Minnie Hamilton Health System

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 Princeton Community Hospital
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 Reynolds Memorial Hospital
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 St. Joseph's Hospital
 St. Mary's Medical Center
 Select Specialty Hospital
 Sistersville General Hospital
 Stonewall Jackson Memorial Hospital

Summersville Regional Medical Center
 Thomas Health System
 Saint Francis Hospital
 Thomas Memorial Hospital
 War Memorial Hospital
 Weirton Medical Center
 West Virginia United Health System
 Camden Clark Medical Center
 Potomac Valley Hospital
 United Hospital Center
 University Healthcare/Berkeley Medical Center
 University Healthcare/Jefferson Medical Center
 West Virginia University Hospitals
 Wetzel County Hospital
 Wheeling Hospital
 Williamson Memorial Hospital



Cabell Huntington Hospital: Healthy Kids. Healthy Families. Healthy Communities.

By Doug Sheils
Director of Marketing & PR
Cabell Huntington Hospital

It's no secret that Cabell Huntington Hospital (CHH) is committed to community service.

As a recipient of the 2010 National Hospital Charitable Services Award and a 2012 Governor's Service Award for its efforts to reduce obesity-related disease, Cabell Huntington has earned a national reputation for serving its community in important and meaningful ways.

And after a Community Health Needs Assessment (CHNA) identified obesity, nutrition and exercise as its community's top priorities, the hospital has no intentions of letting up on efforts to address those issues. In fact, CHH is more committed than ever to fighting obesity-related disease, and it's focusing on three major outreach programs to do it.

HUNTINGTON'S KITCHEN

For four years, Huntington's Kitchen, a beautiful, spacious kitchen classroom in downtown Huntington, was operated by Ebenezer Medical Outreach (EMO) with the financial support and guidance of CHH. In 2013, when EMO decided to focus more on its core mission of providing healthcare services to Huntington's underserved



population, Cabell Huntington took over management and operations of the kitchen, offering a variety of cooking classes, demonstrations, nutrition seminars and food-related educational events to promote healthy cooking and eating.

Last year, Huntington's Kitchen hosted more than 130 classes and events attended about 2,500 people. And with the recent hiring of Veronica Hordubay, an energetic and outgoing kitchen manager with

more than 17 years of marketing and community outreach experience, Cabell Huntington is now expecting an even bigger year.

"Huntington's Kitchen is the only hospital-operated community kitchen classroom in the nation that is tackling the problem of obesity-related disease through cooking education," said Hordubay. "Because so many of the health problems that plague our communities are related to food choices, and because obesity is so prevalent throughout our region, we have made it our mission to make cooking education available, affordable and enjoyable for everyone in our community."

KIDS IN MOTION

In recent years, childhood obesity has reached an all-time high. According to the Centers for Disease Control and Prevention (CDC), in 2010 more than one-third of children and adolescents in the U.S. were considered overweight or obese. The CDC also reports that in the past 30 years, childhood obesity has more than doubled in children and tripled in adolescents.

To stop those numbers from rising higher in the Huntington area, the Huntington YMCA teamed up with CHH, St. Mary's Medical Center, Marshall University Joan C. Edwards School of Medicine and Cabell County Schools to launch Kids in Motion, an innovative program designed to make exercise fun through the use of exergaming equipment that combines video games and exercise.

"It has to be interesting and fun for kids to stay involved," said George Smailes, executive director of the Huntington YMCA. "The kids get so caught up in these games that they don't even realize the impact it's having on their health."

Participants and their parents or



guardians also receive important nutrition education through activities, including grocery store tours and classes at Huntington's Kitchen.

SCHOOL LUNCHES

In 2010, as part of the Emmy Award winning ABC Television series *Jamie Oliver's Food Revolution*, CHH contributed \$100,000 to Cabell County Schools to help make student lunches healthier. That money paid for consultants from Connecticut-based Sustainable Food Systems to conduct an audit of school lunch menus, make healthy substitutions and train each school cook how to prepare the new lunch offerings from scratch, using as few processed foods as possible.

Today, those healthier lunches are still served in Cabell County schools. And beyond that, school cooks in Cabell County have conducted training sessions in other school systems across the state to help them provide healthier options for their students.

To determine if those menu changes have had a measurable impact on student health, CHH is currently involved in a research project with Marshall University Joan C. Edwards School of Medicine and Cabell County schools, looking at six years of student health data.

For many years, Cabell Huntington's mantra has been *Your Partners for Life*. And with its sustained focus on reducing obesity-related disease, it could justify changing that slogan to *Your Partners for a Healthier Life*.

The Economic Impact of Hospitals on Communities

By David Darden, CEO
Raleigh General Hospital

Concerns about the economy have become more prevalent and are impacting the political landscape of



our nation and great state. The results of the recent elections are a testimony to this influence. West Virginia's economy is in a state of change with the influence of the energy industry transforming the dynamics within our state. The once economically-strong southern coal fields are losing their predominance to different forms of energy, some of which are very promising for the northern portion of the state.

One can easily question the stability of the local economy throughout the state with these changing dynamics. The effort to attract new business is, in many areas, more challenging and of greater importance now in order to replace the waning impact of coal and related businesses. But one dia-

mond in the rough that is often overlooked is the impact of local hospitals on the economy. Based on the *West Virginia Workforce Report* released in early 2014, 10 of the 50 largest West Virginia employers are hospitals and health systems; 17 of the 100 largest West Virginia employers are hospitals and health systems. In fact, West Virginia hospitals collectively employ more people than mining, manufacturing and construction combined.

The impact of a local hospital on its community is significant. Accessible quality healthcare for an employer's workforce is a common question asked during business recruitment efforts. Potential new employers desire reassurance that their employees will be able to receive quality, timely and affordable health services.

Another impact of a local hospital is economic in nature. Recent reports reflect that a dollar spent on an employee by a local employer multiplies if this employee or his/her family spends earned dollars within the local community and state. This multiple effect ranges from a low of 1.2 times to a high of 3.67 times. When we consider more than 44,500 people employed

by hospitals with an overall payroll of \$3.7 billion, this multiple effect is astounding — conservatively resulting in nearly \$10 billion in overall direct and indirect impact.

Every year, West Virginia hospitals, on average, treat close to five million people in their outpatient departments. We care for 275,000 people as inpatients and perform nearly a quarter of a million surgeries. More than 20,000 new Mountaineers are born in West Virginia hospitals annually.

In times of crisis, West Virginians count on their local hospital's emergency department more than one million times every year. While it's easy to lock onto the statistics and numbers, the more compelling story is the direct impact local West Virginia hospitals have on the lives of the patients we serve. We offer life and limb saving services. We provide the human touch that brings comfort and relief to a patient in crisis. This is where our impact is greatest, and it is from that person-to-person contact over many generations that we achieve our greatest satisfaction.

Hospitals & Healthcare in the U.S. and WV: Economic Impact

Healthcare is a major force in the U.S. economy and in West Virginia. In fact, hospital care is the largest component of the healthcare sector as a whole both nationally and in the Mountain State.

While patient care is the most visible priority for hospitals, less recognized are the significant connections and contributions that hospitals make within the community and broader regional economy. No question that hospitals are a catalyst for economic development and their effect extends far beyond their walls.

In 2014 America's Hospitals:

- Employed 5.6 million people;
- Contributed \$757 billion to our nation's economy;
- Were the second largest source of private sector jobs; and
- Supported nearly \$2,491 billion in economic activity.
- Admitted over 33 million patients;
- Provided care for 675 million outpatients;
- Treated 133.2 million people in their emergency departments;
- Performed 17.3 million outpatient surgeries; and
- Welcomed over 3.9 million newborns into the world.

In 2014 West Virginia's Hospitals:

- Are among West Virginia's top employers;
- Employ more than 44,500 people statewide;
- Contribute \$8.9 billion to our state's economy;
- Account for 17 of the top 100 employers;
- Are a vital part of the infrastructure needed to support economic development; and
- Are a major deciding factor for new businesses to relocate in West Virginia.
- Admitted over 275,000 patients;
- Provided care for 4.8 million outpatients;
- Treated 1.2 million people in their emergency departments;
- Performed 240,000 outpatient surgeries; and
- Welcomed over 23,000 newborns into the world.

Source: American Hospital Association December 2014

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Jeffrey Lilley
Chief Operating Officer
Princeton Community Hospital
Princeton, WV

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Patient Advocates: Enhancing Patient Care

By Paige Johnson,
Director of Marketing & PR
Thomas Health System

Caring for patients goes beyond meeting their medical, surgical and nursing needs. It's vital to offer service and care that seek to preserve the rights and dignity of each person who enters the doors of Saint Francis Hospital (SFH).

Saint Francis was built on that faith. Through the dedication of the Sisters of Saint Joseph, the keystone was put in place for decades of "extending Christ's mission of healing with justice and charity toward the sick and all who care for them." Saint Francis' commitment to putting patients first has earned the hospital a reputation for compassionate, high-quality healthcare enhanced with a compassionate and a human touch.

When the hospital opened its doors, the priority was to care for its first patient, an orphan girl, alone and with no one to help her. Caring for this child was the purest representation of patient advocacy and is a tradition that contin-

ues to current hospital practices.

Today, Sister Barbara McCartney and Reverend Barbara Starling are both patient advocates for SFH. They oversee patient rights, matters of privacy, confidentiality and informed consent, patient representation, as well as the support and education of patients and their caregivers.

"As patient family representatives," said Sister Barbara McCartney, "we help to ensure the continuum of care is delivered with dignity. We visit with patients and their families to inquire about care issues. We listen to their concerns and act as liaison between patients and staff. Our purpose is to seek solutions to problems, concerns and unmet needs as quickly as we can and in a professional manner."

Part of the patient advocacy program means following up on complaints and suggestions from patients, their families, medical staff and other hospital guests. Patient satisfaction surveys are employed as a way for patients to provide any comments or suggestions regarding their care. This data is used to gen-

erate reports to track areas for improving patient care and satisfaction.

At Thomas Memorial Hospital, the patient advocate practice has always been present, specifically through its chaplain program. The hospital has 11 active volunteer chaplains visiting new patients each and every day. There are different ways the chaplain program shines its light. Every Friday at noon, a chaplain's comforting voice projects through the hospital-wide intercom system and delivers a reassuring prayer of peace. With every new baby born, the parents are gifted with a small white Bible. Chaplains talk to each patient dealing with a difficult diagnosis, offering support and prayers.

Patient advocacy and the satisfaction of patients isn't necessarily the responsibility of just one person or one department. It's everyone's job. It's team work. We want to keep our patients happy and satisfied to help ensure that if they again need care, either hospital within Thomas Health System, Thomas Memorial or Saint Francis, will be their first choice to provide that care.

THE ROLE OF PATIENT ADVOCATES

The wide-sweeping, catch-all job description of a hospital patient advocate is the patient advocate is a liaison between the patient and any other person or department the patient has contact with during their hospital stay. Each hospital will have its own job description. Duties vary from hospital to hospital. The advocate may be employed by the risk management department, financial services or any specific department in the hospital. Here are just a few of the specific duties generally required of a patient advocate employed by a hospital.

• INTERACT WITH NEWLY ADMITTED PATIENTS

Advocates are expected to meet and introduce themselves to patients who have just been admitted to the hospital. They provide patient rights information and explain how the patient can contact the advocate if any problems are encountered. Some hospitals delegate this task to a volunteer; however, it is becoming more common for this to be the job of an employed patient advocate.

• DOCUMENT, INVESTIGATE AND TAKE STEPS TO RESOLVE ALL PATIENT COMPLAINTS

Complaints run the gamut from a patient complaining that someone on staff was rude to allegations of medical malpractice. The advocate must have excellent listening skills, as well as patience. Sometimes, just listening to the family or patient's

complaint is enough to diffuse the situation. But, no matter how minor a complaint may seem, all complaints must be documented, investigated and resolved.

Steps must be taken to resolve the complaint and all resolution attempts must be documented. This may be as simple as talking to a staff member who was allegedly rude to notifying the legal department that action may be pending due to allegations of medical malpractice.

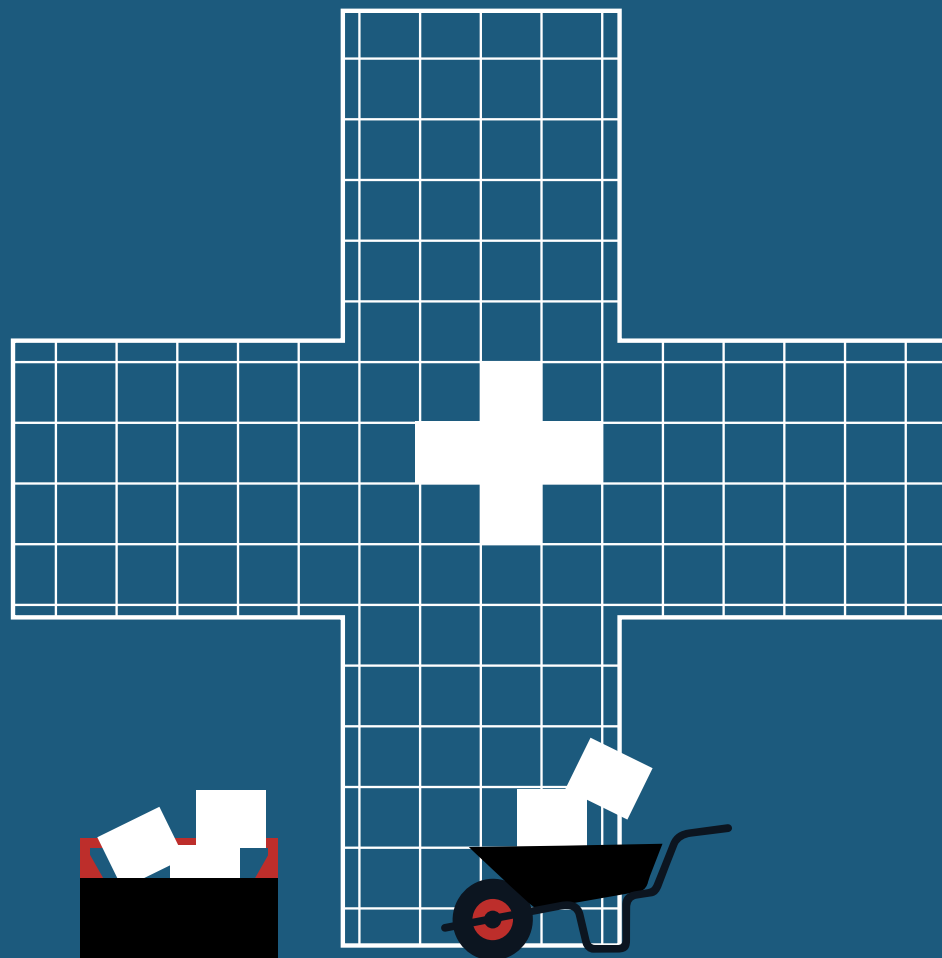
• FOLLOW-UP ON ALL COMPLAINTS

The advocate follows up on all complaints. The advocate may believe the problem was resolved, but the patient is still vexed. Checking with patients to be sure the problem has been satisfactorily resolved is important. This includes making a phone call to the patient after discharge to see if there are any remaining issues that need to be investigated and resolved.

• DOCUMENTS AND ANALYZES COMPLAINTS TO IMPROVE OVERALL QUALITY OF CARE

The patient advocate studies the nature of complaints to determine if there is a pattern indicating a need for a change in a policy or procedures. The advocate works with other departments and the administration to implement any changes that need to be made to minimize future similar complaints.

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Medicaid and West Virginia Hospitals

By Tony Gregory, VP
Legislative Affairs
West Virginia Hospital Association

Below are some helpful facts related to WV Medicaid based on recent data gathered by WVHA and information from the state Bureau for Medical Services (BMS). The data illustrates the dynamics and interaction of the Medicaid Program with WV Hospitals and represents a snapshot of estimated figures as of this publication.

- Medicaid is a state/federal partnership; the state administers the program and generally pays 30% of the cost while the federal government pays about 70% of the costs. In a typical year, that means for every \$1 WV puts into the program, the federal government will match it with about \$2.80.
- When state government underfunds the program, or worse, makes cuts, the negative impact on hospitals is amplified 180%. In other words, a \$100 cut in state Medicaid funding is actually a \$380 cut to Medicaid providers.
- The program in WV is a health-care safety net for approximately 500,000 residents — 1 out of 4 WV residents is a Medicaid recipient.
- Medicaid eligibility is determined on income and other factors, depending on eligibility category. According to the state, populations enrolled in Medicaid include:
 - Supplemental Security Income (SSI) beneficiaries;
 - Pregnant women;
 - Children under age 19;
 - Very low income families;
 - Individuals who are aged/blind/disabled;
 - Medically needy; and
 - Adults 19-64.
 - Under the program's federal rules, the state's share of Medicaid funding can come from a number of sources, including: general fund revenues, special revenues and other funding transfers; and provider taxes.
- To help fund the state Medicaid program, WV hospitals, nursing facilities and others currently pay \$225 million per year in provider taxes. This broad based provider tax, implemented in 1993, is imposed on the gross receipts of healthcare providers in support of WV's Medicaid program. Together with the federal match on these payments, approximately 23% of WV's \$3.2 billion Medicaid budget is financed by the provider tax.
- Of that portion, hospitals pay approximately \$130 million annually in broad based provider taxes, which finance about 88% of the \$511 million in Medicaid payments to hospitals. Based on recent data, WV hospitals pay 53% of the provider taxes collected, yet only receive approximately 16% of the program expenditures.
- In order to maintain and even increase payments to hospitals, the WVHA in 2011 advanced and continued thereafter with broad support of the Administration and the Legislature, a special Acute Care Hospital Tax. This special Tax supports what's called a Medicaid Upper Payment Limit (UPL) Program. This Program, which involves a slight increase in the existing Hospital Provider Tax on gross revenues, maximizes federal matching dollars and provides increased reimbursement to 23 eligible acute care hospitals by allowing these providers to receive from Medicaid what Medicare would have paid.
- The way it works: Hospitals are assessed an amount based on their gross patient revenue. In FY 2015, that rate was approximately 0.62%. The state uses the dollars generated by the assessment in two ways. First, some of the money goes to the Medicaid Trust Fund. When matched with federal funds, over \$80 million annually is generated to help fund the Medicaid program. Second, the state uses a major portion of the assessment dollars along with federal matching dollars to increase Medicaid payments to hospitals. These hospital access payments are distributed based on Medicaid volume and thus help to ensure that Medicaid recipients have access to healthcare services through the state.
- Statutory continuation of this program is critical to sustain the economic benefit for eligible hospitals; it increases payments for WV hospitals for the first time in over a decade; and helps stabilize funding in the Medicaid program. With WV's history of underfunding the Medicaid program in general and hospital payments in particular, this special Acute Care Hospital Tax has become an important tool.



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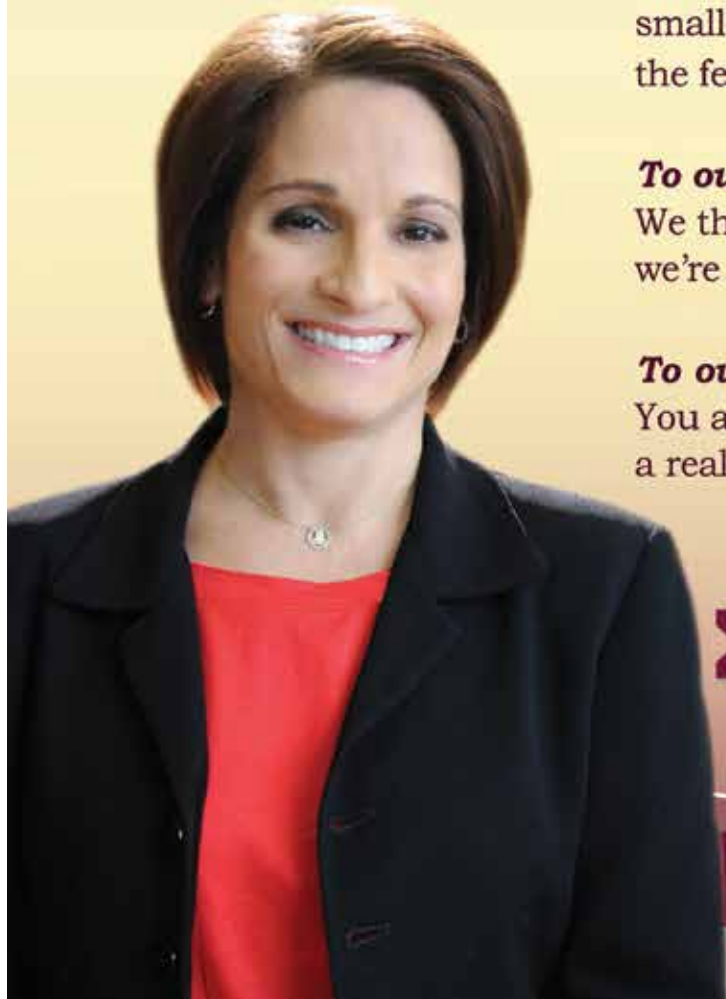
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To our staff and physicians:

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JGH Celebrates Half-Century Mark

By Rhonda Davis
Director of Marketing
Jackson General Hospital

The Community Health Association, aka Jackson General Hospital (JGH), recently celebrated its 50-Year Anniversary of providing quality healthcare in Jackson and surrounding counties. The all-day celebration was held last November, beginning with guided hospital tours and followed by a reception held in the adjacent HealthNet Hanger.

In attendance were long-time supporters of JGH, including retirees, volunteers, providers, boards of directors, leadership team, staff, collaborative partners, and state and local representatives. A proclamation was read by the mayors of Ripley and Ravenswood commemorating November 7, 2014 as Jackson General Hospital Day in both cities. U.S. Congresswoman Shelley Moore Capito's office provided a flag that was flown over the U.S. Capitol for the special occasion and representatives from both Senator Manchin's and Governor Tomblin's offices offered congratulatory remarks. JGH CEO Stephanie McCoy and Board of Director's Chairman Rob Fisher welcomed the attendees and introduced the speakers at the event.

One of the hospital's original Board of Director's, Jeanne Hunter, was on-hand to thank the community for their continued support. At the Annual Foundation Gala Event in January 2014, Hunter was honored with a Pioneer Award for her vision and dedication in bringing the community together for a common cause — the

creation of JGH. Her legacy of supporting the hospital has continued through her son, Luke, who currently serves on the Board of Directors and her granddaughter, Sarah Keyer, who is a recent addition to the JGH Foundation Board. Generations of family who are devoted to JGH are very common; 18 employees have worked here for 30 year or more!

The Morad-Hughes Health Center is named after two of Jackson General's long-time physicians, Dr. Ali Morad and Dr. James Hughes. Both were on-hand at the celebration to offer fond recollections of their time at the hospital. Dr. James Hughes, now retired, read over the list of all the improvements in medicine since he and the hospital began. He credited the success of Jackson General to the loyal and dedicated employees, along with the leadership team.

Dr. Ali Morad, a retired surgeon of 37 years, reminisced about his days at JGH and recalled being the first person to walk through the doors of the new hospital. He shared the following memory: "Everybody showed up to look at our beautiful hospital and the entire county was so proud to have it. I could not have chosen a better place to start a practice, raise a family, and spend all my years. Even though I grew up in Iran, Ripley is my home and Jackson General Hospital is my family."

Dr. Morad is a published author of a memoir, *A Surgeon's Incredible Life Journey*, which has also been translated to his native language and sold overseas.

JGH truly is community collaboration. The local churches, civic

organizations, businesses, individuals, employees and 4-H groups all came together and raised the funds necessary to build the hospital. One example was the Kaiser Aluminum Plant in Ravenswood. They donated the metal for the exterior and encouraged its employees to donate from their paychecks for the cause. Everyone in the county had a vested interest in bringing a healthcare facility to the community and pitched in to make that vision a reality.

The hospital was founded by the Community Health Association, formed in 1960, after a group of concerned citizens gathered at Gilmore High School to first discuss the need for improved healthcare in the area. Just four short years later, the first patient was admitted to the new hospital on November 19, 1964.

Many things have changed in the hospital over the past 50 years, including the addition of the surgical suite, two outpatient clinics, and therapy and sports care. Other services include: emergency care, nutrition, radiology, laboratory, nuclear medicine, respiratory therapy, nursing, general surgery, gynecology, family practice, internal medicine, ophthalmology, podiatry, urology, orthopedics, pathology, ENT, and mental health.

Still a half-century later JGH is carrying on its original mission of saving lives, changing lives through quality healthcare, one family at a time. As it continues to strive towards excellence in healthcare, the hospital hopes to serve many more generations to come.



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Grafton City Hospital and WVHIN Partner for Patient Care

By Tammy Barcus, RN, BSN
Director of Quality & Patient Safety
Grafton City Hospital

The year 2015 marks a milestone accomplishment for Grafton City Hospital (GCH) — its 100th year anniversary. For a century, GCH has been the epicenter for healthcare in Grafton and Taylor counties. Throughout the generations, GCH has remained committed to providing the best possible care available to our patients and to work diligently to meet the needs of those we serve. In an effort to continue this mission and to ensure the most efficient use of technology, which translates into a more user-friendly environment to share patient information, GCH has teamed up with the West Virginia Health Information Network (WVHIN).

WVHIN, chaired by WVHA President and CEO Joe Letnaunchyn, is West Virginia's designated entity responsible for establishing a statewide, fully interoperable network to facilitate the public and private use of healthcare information and data. WVHIN services allow healthcare providers to securely exchange patient health information electronically, giving providers quicker access to patient data before treatment decisions are made. This is also known as a health information exchange. Studies have shown this leads to improved quality of care, a reduction in healthcare costs, and greater efficiencies within the healthcare system.

GCH was one of the early adopter hospitals in the state to begin using this new system. Now doctors are able to safely and securely send patients' medical records to other hospitals or to physicians' offices around the state and, eventually, nationwide. Hospital officials say this will make both patient care and health services more efficient.

"Patient care, sometimes it's all about expediency, as well as data protection. So the quicker you can get that data to another healthcare provider, the better. And certainly, you want to do that in a secure environ-

ment," said Patrick Shaw, CEO of GCH.

WVHIN services replace antiquated data sharing methods like fax and mail. For healthcare providers, having an electronic health record (EHR) system is an important first step in healthcare transformation, but data still resides in an electronic silo. Exchanging data electronically among disparate systems is where WVHIN brings value. WVHIN's participating providers with EHR systems can electronically share patient data with each other for treatment, as well as for public health reporting purposes via a secure query-based network. This means providers can access a patient's health history in a matter of seconds, creating a win-win for both providers and patients.

"Instead of sending something in a hard copy with the patient themselves, or to send it through a fax or a courier service, it will allow them to send a secure message directly," said Phil Weikle, WVHIN COO.

Some of the benefits for patients include a reduction in duplicate tests, resulting in reduced costs for patients, and improved quality of care due to providers having a patient's most current medical information available. Patients who have

their health records kept in an electronic format have a recoverable record in case of a natural disaster.

As of the end of the third quarter of 2014, there were 12 hospitals and over 100 hospital-owned physician practices connected to the WVHIN's query based network; 22 hospitals were in the onboarding phase of connecting to the query-based network and seven hospitals had signed participation agreements. In addition, over 300 organizations utilized WVDirect, WVHIN's secure, encrypted and HIPAA-compliant direct messaging service, and nearly 90 organizations have access to the West Virginia e-Directive Registry for end-of-life-care documents through the WVHIN.

Rural hospitals, such as GCH, are a necessary component and part of a comprehensive healthcare delivery system. Our hospital provides many mainstream services, as well as more specialized services. It truly takes a team approach from all staff members to provide a service that is available 24 hours a day, seven days a week, 365 days a year. GCH is the cornerstone of healthcare in our community and we look forward to meeting that challenge for many years to come.



Patient Safety: A Priority for Critical Access Hospitals

By Mary Beth Barr, CEO
Grant Memorial Hospital

Over a decade ago, the Institute of Medicine (IOM) urged healthcare organizations to adopt and implement evidence-based organizational models and strategies from other high-risk industries to minimize error and reduce harm to patients. A call for a consistent standard of patient safety was emitted to all that provide healthcare. These issues of patient safety and quality are still relevant today.



Hospital leaders face increasing pressure to cultivate an organizational culture of safety that eliminates harm for the patients we serve. As leaders, we scrupulously understand that we are required and expected to continue to travel the road of quality improvement to meet the needs of our community.

Like our sister hospitals, Grant Memorial Hospital (GMH) heard the call and continued our sometimes bumpy road on the quality improvement and safety trail. During this journey, we have recognized that improving safety and eliminating harm for the patients we serve is our number one priority. Healthcare quality and improving safety performance are critical to every healthcare system, but perhaps even more critical to the viability of small and rural and Critical Access Hospitals (CAHs) like GMH.

A CAH is a hospital certified under a set of Medicare Conditions of Participation (CoP), which are structured differently than acute care hospitals. Some of the requirements for CAH certification include: having no more than 25 inpatient beds; maintaining an annual average length of stay of no more than 96 hours for acute inpatient care; offering 24-hour, seven-day-a-week

National hospital and safety goal/initiatives do not always take into account the unique characteristics of small rural hospitals. Most of the current patient safety standards have been developed based on the research conducted in larger urban healthcare settings.

emergency care; and being located in a rural area, at least a 35-mile drive away from any other hospital or CAH (or fewer in some circumstances).

National hospital and safety goal/initiatives do not always take into account the unique characteristics of small rural hospitals. Most of the current patient safety standards have been developed based on the research conducted in larger urban healthcare settings. Larger institutions have resources to address many patient safety challenges and possess an acceptable volume of incidents to examine and act upon. As a result of these initiatives applied in larger urban settings, many small and rural hospitals have been exempt from numerous patient safety expectations. This exemption may cause a misperception that rural health facilities and professionals deliver less safe care although nothing could be farther from the truth!

Because rural and CAHs often face technological, staffing, financial and other organizational limitations that may inhibit implementation of patient safety interventions, it is important that CAHs pursue a diversified strategy for improving patient safety to overcome these constraints. Being small lends to less bureaucracy, so frequently it is easier for CAHs to adopt a comprehensive patient safety program that includes measurable objectives, patient safety educational opportunities, and a user-friendly system for reporting and responding to errors.

Our Chief Quality Officer, Gayann Veach, BSN, recently informed me that she felt change was easier to implement in our small hospital setting. She elaborated by stating, "When we identify something that is

detrimental to patient care/safety, we can make changes quickly without all the bureaucracy that is involved in the larger facilities when a change is desired."

Research reveals a positive correlation between organizational culture and outcomes for both patients and employees. When a hospital possesses strong safety beliefs, as well as attitudes and values supported by consistent and safe practices, policies and controls, it will ultimately enhance the patient safety culture and lower adverse outcomes. Hospitals with high levels of teamwork effectiveness have experienced fewer patient falls resulting in injury, lower readmission rates and decreased lengths of stay. Conversely, hospitals with poorer safety climates will have in-hospital complications and adverse events for both patients and employees.

Implementation of patient safety initiatives is imperative and definitely effective in rural hospital settings. In order to sustain this positive culture of patient safety, reduce patient harm and efficiently and effectively support patient safety activities, hospitals must recognize the importance of collaboration with their healthcare employees and providers, their quality improvement coordinators, their payers, associated academic institutions, the West Virginia Hospital Association and the American Hospital Association.

At GMH, we are strongly dedicated to providing high standards of patient safety and sound service standards to our patients. As we look to the future, our hospital will continue to serve its community just as it has for generations past.

The Vial of Life Program

By Doug Bentz, CEO
Roane General Hospital

Roane General Hospital (RGH) is committed to the health of its community and our hospital offers many programs to keep residents safe and healthy. One of the services we proudly promote is the Vial of Life program. As CEO of RGH, I feel the Vial of Life Program



is vital for protecting seniors and others in need.

Vial of Life allows individuals to have their complete medical information ready in their home for reference during an emergency. It's used to provide the patient's medical information when a patient is unable to speak or remember this information.

While the program is used by senior citizens, this life-saving program can be used by anyone in need. The decals, medical information forms and other materials may be downloaded and printed from the Internet, or ordered through the mail — all for free. The American Senior Safety Agency has donated over four million decals nationwide, which has

helped the program to continue.

All you have to do is fill out the blank medical card in pencil with your name, your medical history, your prescription information, and emergency contact numbers, and place this card in a magnetic pocket on your refrigerator. You may also add a photograph of yourself; a Photostat of your last EKG; your living will (if you have one); any Do Not Resuscitate (DNR) orders; and any other information you deem important. Then, attach the decal to your front door or window to create awareness of your Vial of Life information for emergency personnel to access. Be sure to keep your medical card up-to-date with new information or prescriptions. You can also save and store your Vial of Life information online at www.VialofLife.com.

I strongly encourage everyone to take advantage of the Vial of Life program. RGH offers a link on our website to familiarize oneself with the program and to download or order materials. It's a smart way to have your medical information on-hand in case of a medical emergency. Seniors especially need this because of their constant medical changes and medications. Also keep one in your wallet, your car glove compartment and even in your child's pocket. The Vial of Life program saves lives!



"Emergency personnel would love to know what your last EKG looked like," says, Jeffrey C. Miller, Director, Vial of Life Project. "This gives them critical information on any current heart event you may be having.

"A good example of the value of a copy of your EKG is me. I have what is known as an inverted T-wave. Don't ask me what it means, I don't know. For me this is normal and I'm fine. However, if I were not able to speak for myself and tell the medical personnel that I have a weird T-wave, they would have great concern over nothing. They would most likely treat me, by lack of knowledge, incorrectly...The Vial of Life speaks for you when you can't speak or don't feel well. Protect yourself and all of your family members. All it will cost you is a little time. And it could save your life!"

Roane General's Vial of Life webpage is located at www.roanegenralhospital.com/patient.html.

Facts about West Virginia Hospitals

- There are 67 West Virginia WVHA member hospitals and health systems in WV
- Acute Care hospitals located in 42 of 55 counties in WV
- 34 general acute care community hospitals
- 20 Critical Access Hospitals (CAH) – rural, 25 or fewer beds, length of stay less than 96 hours
- 13 Specialty facilities, including Psych, rehab, long term acute and Veterans Affairs facilities
- 30 counties have 1 hospital; 9 counties have two or more hospitals
- 19 WV hospitals have closed since the mid-1980's

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Director of HR, WVHS Medical Center:

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Protecting Patients from Infectious Diseases

By Amy Johns
Director of Public Affairs
WVU Hospitals

Ruby Memorial Hospital has created an Infection Protection Control Unit (IPCU) as the hospital has been monitoring and following the Centers for Disease Control and Prevention (CDC) protocols on Ebola testing and management — as well as for other infectious diseases.

A designated area in Ruby Memorial's emergency room (ER) is used for the screening and management of potentially infected patients. The area that currently serves as vertical care has been adapted to be an IPCU with five isolation rooms. The IPCU includes a bio hood, lab services, and specific rooms for donning and doffing protective clothing and equipment.

Medical staff protection procedures are in place, Roger Osbourn, Director of WVU HealthCare, said in an interview with *MetroNews*. Osbourn said the donning and doffing process alone takes multiple people and at least 20 minutes before and after treating a patient.

The units were made to contain and treat highly infectious, as well as contagious, deadly diseases, such as those that can easily spread through the air. (Ebola is highly infectious in that patients displaying symptoms shed many virus particles, but it is not considered highly contagious since it can only be spread through bodily fluids of symptomatic patients.) Among the diseases these highly-specialized facilities can handle are bird flu (avian influenza), drug-resistant tuberculosis, mon-

keypox, plague, SARS, smallpox and tularemia.

Patients who arrive at the ER are screened in the IPCU using protocols recommended by the CDC, Kathryn Moffett, M.D., Chief of the WVU Section of Pediatric Infectious Diseases, said.

"We have to remember that patients who come from West Africa may have other conditions and not have Ebola," Dr. Moffett said. "This is not just an Ebola unit; we have to be prepared for malaria, typhoid, influenza — whatever comes along.

"If a patient does have Ebola, the CDC will be here immediately," Moffett continued. "We would likely make plans to transfer that patient, and they would get their long-term care somewhere else."

An ebola task force, led by Rashida Khakoo, M.D., includes key people in emergency medicine, infectious diseases, nursing, and other departments throughout the hospital. Teams work together to educate and prepare staff at all levels on the latest protocols.

"Our people are very committed, coming from all the various fields that we need for proper patient care and safety of our healthcare workers," Dr. Khakoo explained. "We have built upon the experience we gained dealing with the influenza pandemic of 2009, where we did not have transmission of influenza within our facility.

"I hope what we have done will continue to help us in the future if something else comes up, especially another influenza outbreak, which is far more likely," she added. "A lot of the components of dealing with



Sunshine Wiles / MetroNews
Roger Osbourn, director of safety, WVU Hospitals, shows reporters protective equipment in the IPCU.

various infectious diseases are very similar. There may be some variation, depending on how the disease is transmitted, but the majority of the process is similar."

Hospital experts are also working with county and state health departments, area hospitals, and emergency management officials to manage the potential for cases here.

The physicians, nurses and other health professionals are experienced and trained in emergency preparedness. The goal is to care for patients with the utmost compassion and professionalism — and to ensure the safety and health of employees and members of the community.

WVHA's Emergency Preparedness

The Hospital Preparedness Program (HPP) is a statewide network of emergency management positions, such as safety, risk management, facilities, and emergency department personnel at participating hospitals in West Virginia. The HPP has been in existence since 2002 and is supported by federal grant funds received through the state DHHR Center for Threat Preparedness. Hospitals are grouped into seven regional areas across the state, and have developed Regional Response Plans to support each other in emergency and disaster events. WVHA disseminates relevant information statewide and directs program activities to assist hospitals in meeting eight national preparedness and response capabilities for healthcare organizations through emergency preparedness equipment and supplies, training, and functional exercises.

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For more information, visit camc.org/OnlyOneWV.



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Laparoscopy: A Father and Son Legacy at PCH

By Wayne B. Griffith, CEO, FACHE
Princeton Community Hospital

Laparoscopy, the surgical procedure in which a fiber-optic instrument is inserted through the abdominal wall to view the organs or to perform surgery, was in its infancy in the late 1980s. The technology was being developed for general surgery, with an emphasis on gall-



bladder removal. The procedure was extremely controversial – even considered heretical – since it represented a complete paradigm shift from traditional open surgery.

In 1969, Dr. Generoso D. Duremdes was practicing as a general surgeon at Princeton Community Hospital (PCH). Dr. Duremdes, his wife and young son came to the U.S. from the Philippines in the early 1960s. His wife Dr. Janelle Duremdes is a pediatrician. His general surgery residency was completed at Albert Einstein Medical Center, New York City, followed by five years of general surgery.

The family moved to Chicago where Dr. Duremdes trained in pediatric surgery under Dr. Mark Ravitch, one of the leaders in pediatric surgery. Dr. Ravitch was instrumental in bringing the surgical stapling device to the U.S. from Russia in the late 1960s to early 1970s.

After completing surgical training in Chicago, Dr. Duremdes and his family planned to return to the Philippines, but because of political unrest under the Marcos regime they decided to stay in this country until things calmed down at home. Dr. Duremdes learned that a small town in southern West Virginia was building a new hospital and needed a well-trained surgeon. When the family moved to Princeton, they anticipated remaining in the area for two to three years before returning to the Philippines permanently.

Having lived in New York City and Chicago, the family was unaccustomed to the open, friendly nature of

West Virginians. After a few years of practicing at PCH and living in Princeton, the Duremdes realized they could not find a better place in which to raise their son. They knew Princeton would become their permanent home.

In the fall of 1988, Dr. Duremdes attended a lecture at the American College of Surgeons by Drs. Eddie Reddick and Richard Saye that would change the Princeton doctor's medical career forever. The two men spoke of a new procedure they had just begun to perform: laparoscopic cholecystectomy (gallbladder removal). They were, in fact, the first surgeons in the U.S. to embrace the controversial new procedure.

Dr. Duremdes, his interest piqued, consulted his former professors, Drs. Mark Ravitch and Felicien Steichen, who advised, "Gene, pay attention to this because it is the future of surgery."

Dr. Duremdes followed their advice. He completed training and was performing laparoscopic gallbladder surgery at PCH by June 1989, and became the first surgeon in southern West Virginia to operate using the new technology.

In 1993, Dr. Duremdes' son, Dr. Gene B. Duremdes, joined him at PCH as a general surgeon. Dr. Gene had completed his medical school training and residency at the WVU School of Medicine. With the two Dr. Duremdes working so closely, they soon became known hospital-wide as Dr. Dad and Dr. Gene. By the time his son came onboard, Dr. Dad had performed over 3,000 laparoscopic gallbladder surgeries at PCH.

For many years, Dr. Gene performed traditional laparoscopy alongside his father. He recently took the procedure to the next level, however, with the aid of the da Vinci Robotic Surgical System. The da Vinci Surgical System is a sophisticated robotic platform designed

to expand the surgeon's capabilities and offer a state-of-the-art minimally invasive option for major surgery. With the da Vinci, small incisions are used to insert miniaturized wristed instruments and a high-definition 3-D camera.

Although the technology for the robotic system was developed over a decade ago, only recently has emphasis been placed on a platform for general surgery. PCH invested in the da Vinci Surgical System in June 2013. Dr. Gene and the other da Vinci surgeons were soon certified and began using the device with great success.



Dr. Gene with the daVinci Surgical System.

In August 2013, Dr. Gene received training and certification in Hartford, Connecticut, for Single-Site da Vinci Surgery. Single-Site enables surgeons to operate through a single incision in or near the patient's navel. Shortly after his training, Dr. Gene performed the first Single-Site gallbladder removal at PCH, as well as the first south of Charleston.

It took two generations to bring a sophisticated surgical technique to PCH. Dr. Dad introduced laparoscopy to the hospital, while Dr. Gene built upon his father's foundation, advancing the technique to incorporate the latest in robotic technology. Their community has been well-served by this uniquely close father and son collaboration.



WVU Healthcare

Ruby Memorial Hospital



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To get the latest on updates for the expansion, please visit wvuhealthcare.com and scroll down to the About Us section.



Proposed rendering

WVU Hospitals is a member of the WV United Health System.

Connecting the Docs: Creating Healthy Communities

By Tim Brunicardi
Director of Marketing & PR and
Joyce Hubner
Lifetime Partners
Program Manager
Camden Clark Medical Center

Fostering a sense of engagement between the community and local physicians is the focus of two highly successful programs at Camden Clark Medical Center (CCMC).

Camden Clark's Dinner with a Doc and Walk with a Doc allow physicians to provide healthcare information in a relaxed setting where the emphasis is on dialogue between physicians and members of the community.

For some patients, the formality of the doctor's office may hamper communication. Whether it's a matter of feeling rushed or anxious, patients can sometimes be reluctant to ask questions or to fully engage with their doctors. Dinner with a Doc and Walk with a Doc allow the hospital's physicians to engage with the community away from the typical clinical setting. This creates a sense of informality, which helps to break

down the barriers that can be created by a visit to the doctor's office.

Both programs were created under the auspices of Camden Clark's Lifetime Partners, a free wellness program for those 55 and older. Members learn about good health, take advantage of members' benefits and enjoy a host of interesting activities. Program benefits include: educational seminars, discounted health screenings, fitness programs, and free activation for Lifeline personal emergency response system, as well as social activities. Members receive a bimonthly newsletter, which keeps them informed about upcoming events and provides valuable healthcare information. The program began in November 1996 and currently has almost 9,000 members.

Dinner with a Doc began in November 2011. This program allows participants to enjoy a meal, followed by an educational presentation from a physician. Those in attendance receive an informational handout, and are also given an opportunity to ask questions.

Currently, the hospital has sched-

uled about seven to eight presentations per year, and averages 70-75 in attendance at each event. Participants appreciate the opportunity to receive valuable healthcare information and interact with physicians in a more intimate setting. Topics have included skin cancer, diabetes, dementia, medication safety, and electronic medical records.

In April of last year, Camden Clark introduced the Walk with a Doc program in conjunction with SoleMates, which is Lifetime Partners' senior walking club. Each month, participants are able to walk laps at the local mall with one of the hospital's physicians on the morning of the meeting. Then, that physician gives a brief presentation on a health-related topic to those in attendance. Participants, including the physician, receive a T-shirt that can be worn each month for the walk.

Both programs continue to grow as members of the community appreciate the educational aspect, as well as the informality and opportunity of spending time with physicians. A wide range of physicians have participated in both programs representing such specialties as primary care, vascular surgery, cardiology, cancer, orthopedics and endocrinology.

According to Dr. Michael Cheshire, a primary care physician who has participated at both Dinner with a Doc and Walk with a Doc, the programs are an important aspect of community outreach and education.

"As a physician, I feel a responsibility to not only provide care for my patients but to help those in my community become more informed about their health," said Dr. Cheshire. "The Walk with a Doc and Dinner with a Doc programs have been great opportunities to teach others about health and to help bridge the gap between patients and physicians. When it comes to health, knowledge is truly powerful, and I am happy to be a part of Camden Clark's efforts to empower the community to be active participants in their health."



Photo courtesy of The Parkersburg News and Sentinel

Camden Clark Medical Center SoleMates Walking Club members Jeff Newton, left, and Barbara Nichols, right, walk through Grand Central Mall with Dr. Michael Cheshire, center, during the group's first Walk with a Doc event.



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Telemedicine: The Doctor Will See You (Virtually) Now

By Mark Doak, CEO
Davis Health System

For Davis Health System (DHS) telemedicine is not a new enterprise. Efforts date back more than two decades ago when Davis Memorial Hospital was partnered with West Virginia University's Mountaineer Doctor Television. In fact, the group garnered media attention in the late 1980s when it showcased a live teleconnection during a senatorial hearing in which West Virginia Senator Jay Rockefeller chaired a subcommittee on telehealth.



Today, Davis has a renewed interest in telemedicine's role in rural areas where convenient access to physicians and specialists is difficult. It has developed an E-care Center, which has a fulltime coordinator and a private patient consultation room in Davis Medical Center's (DMC) new outpatient facility. Investing in telemedicine is an important strategic focus for the organization.

Our service area includes some of the most mountainous terrain in the state, which complicates travel for many of our populations, especially during the winter months. We view telemedicine as a way for patients to access specialized care without the burden of unnecessary and costly travel.

With increasing pressure for cost savings, penalties for readmission rates, and more push for coordinated care management, we're identifying opportunities for telemedicine centered on improved patient outcomes, efficiencies and better use of our medical resources.

An important part of using a telemedicine strategy to improve access and reduce unnecessary costs is to align the services most needed and least accessible with specialists prepared to provide remote medical care. Access to

broadband networks and the funding for the technology infrastructure is a barrier we must continue to work through.

Davis currently collaborates with medical providers from Community Care of West Virginia for diabetes education and dietitian consultations. A video connection between the Pocahontas and Lewis County clinics and DHS dietitian Jim Severino, RD, LD, CDE in Elkins, enables a real-time, face-to-face encounter between patient and specialist.

"The personal relationship with the patient isn't compromised," said Severino. "I think we're all more comfortable with technology, so the conversation is just as if we were in the same room. The patients appreciate the availability of the service without repeated trips to Elkins. It's especially valuable for those challenged with a chronic disease, which requires continual monitoring and evaluation."

Pam Smithson, RN, is director of Clinical Programs for DMC. She leads Davis' telemedicine efforts and coordinates the E-care Center. She also sits on the board of the West Virginia Telehealth Alliance.

"We're working with providers



Baby Jasper was born nine weeks early at Davis Memorial Hospital. Transportation to specialized newborn care at WVU Hospital was delayed because of heavy snow and freezing rain. Telemedicine via audio and video technology aided in the development of an interim care plan for Jasper until a four-wheel drive ambulance was able to make it to Elkins.

state-wide for care in nephrology, diabetes and nutrition, pain management, surgical oncology, nursing home and perinatal care," said Smithson. "We're also looking to expand into telepsych, wound care, infectious disease, rheumatology, endocrinology and others."

In 2014, the DHS Foundation provided financial support to purchase necessary technology for a pilot web-based telemedicine nursing home program at Cortland Acres, a long-term care skilled nursing facility located 40 miles away in Thomas, Tucker County.

Steve Toney, M.D. is a family practitioner and hospitalist for DMC. He is one of several telemedicine champions on staff and helps coordinate care for Cortland's residents and rehabilitation patients.

"Telemedicine can be the important link between patients and providers a distance away," said Toney. "If I can help prevent someone taking time away from work, or save them the cost of a trip to my office, I'm certainly going to do that for my patients."

"It works both ways for us at Davis. We have resources that other providers utilize for their patients, and our patients benefit from specialists at West Virginia University Hospitals, Charleston Area Medical Center and others," he added.

"Telemedicine has advanced tremendously in West Virginia in recent years thanks to greater collaboration among our hospitals and health systems. Challenges like technology and reimbursement still exist, but we're seeing real successes in moving forward," said Smithson.

The Mid-Atlantic Telehealth Resource Center (MATRC) Summit is held annually. MATRC represents eight states, plus the District of Columbia.

The MATRC Summit brings together providers, insurers, legislators and other telehealth advocates. Smithson said. It's an opportunity for all the groups to continue bridging the gaps.

Edwards Comprehensive Cancer Center

KNOWLEDGE SAVES.

MEDICAL ONCOLOGY/HEMATOLOGY TEAM



Maria Tria Tirona, MD
Medical Oncologist



Aneel Chowdhary, MD
Medical Oncologist



Mohamad K. Khasawneh, MD
Medical Oncologist/
Hematologist



Toni Pacioles, MD
Medical Oncologist/
Hematologist



Yehuda Z. Lebowicz, MD
Medical Oncologist/
Hematologist



Grace Dixon, MD
Radiation Oncologist



Mark Mogul, MD
Pediatric Oncologist/
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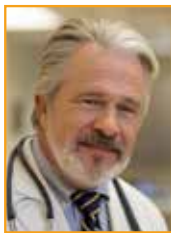
SURGICAL ONCOLOGY TEAM



Gerard Oakley, MD
Gynecologic Oncologist/
ECCC Medical Director



Nadim Bou Zgheib, MD
Gynecologic Oncologist



James C. Jensen, MD
Urologic Oncologist/



Felix Cheung, MD
Orthopedic Oncologist



Terrence Julien, MD
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St. Mary's Center for Medical Education

By Dr. Sheila Kyle, VP
Schools of Nursing &
Health Professions
St. Mary's Medical Center

In 1924, the Pallottine Missionary Sisters founded St. Mary's Hospital, and, as the hospital grew to become an important part of the community, the Sisters realized the nursing staff needed to be increased. To fill that demand for nurses, the St. Mary's School of Nursing was opened in 1926. The St. Mary's School of Nursing now has the oldest operating RN program in West Virginia and the only nursing school in the state still operated by a hospital. Over 3,700 students have graduated from the school.

However, as time passed another healthcare staffing need arose. As technology continued to improve, the sisters sought to fulfill another staffing need - medical imaging. Thus, in 1964, the St. Mary's School of Medical Imaging opened its doors to the community; and, in 2005, the St. Mary's School of Respiratory Care was created.

The three schools shared an eight-bed skills lab and a limited medical library in a 1947-built facility until 2009 when the St. Mary's Center for Education was opened. Now, all three schools are housed within the walls of the 58,000 square foot, \$10 million facility, which includes all of the teaching and practicum of today's healthcare needs.

The Center provided St. Mary's the opportunity to increase enrollment at a time when another nursing shortage was looming. It currently serves as a center for distance learning and offers students the latest in training technologies, such as incredibly lifelike human patient simulators. These simulators enhance the traditional methods of teaching and develop students' clinical and critical thinking skills in a safe environment without risk to real patients. Faculty can transmit their own voices through these high-fidelity mannequins to respond to students' questions. There is also a birthing mannequin to simulate the birthing experience for students.

The Center for Education was truly a community effort as it was made possible in large part through thousands of donations to the St. Mary's Foundation. The community continues to play an important role through donations to support the purchase of equipment, as well as to fund a successful peer tutoring program.

Students not only graduate from the St. Mary's Center for Education, but they also—through a cooperative agreement with Marshall University—graduate from Marshall School of Nursing. Students earn an associate degree, while Medical Imaging and Respiratory Care students receive a baccalaureate degree. The healthcare courses are taught at St. Mary's, while the support courses are taught at Marshall. St. Mary's graduates are highly coveted with over 93 percent of them finding jobs in the area after they graduate.

St. Mary's also recognizes that the decision to enter the healthcare field starts much earlier than the freshman year of college. That's why, through the support of the Foundation, the Center for Education hosts the Health Professions Academy each summer for selected high school sophomores and juniors. Over three days, the students get a firsthand, behind-the-scenes look at the multi-fac-



eted world of healthcare. As they rotate through different areas of the Center, they shadow RNs, respiratory therapists, and medical imaging faculty while observing their responsibilities in the healthcare setting. They are also taught emergency preparedness to be trained in the event of a potential disaster. Experienced faculty help students begin to plan for a healthcare career as they learn about the education necessary for becoming a healthcare professional. Activities also include sessions for learning basic healthcare skills, first aid and CPR certification training.

For nearly 90 years, St. Mary's has provided the Tri-State area with the highest quality of healthcare professionals. With the continued support of our community, the St. Mary's Center for Education will continue to do so far into the future.



Hospitals Get Connected for Patients

By Dale Witte
Marketing & Public Affairs
Charleston Area Medical Center

Our small state is getting a little closer, and that's a good thing for patients in rural communities.

In the past, a patient who went to the emergency room in his hometown might receive an X-ray, CT scan or MRI. If that same patient was transferred to Charleston Area Medical Center (CAMC), he or she might undergo more medical imaging, increasing that patient's exposure to radiation and increasing costs.

Previously, emergency departments would send a CD or DVD with the patient being transferred to CAMC. This involved a number of different disc formats and viewing software configurations.

Now, CAMC is working with some hospitals and medical practices in southern West Virginia to improve communication between facilities.

A site-to-site virtual private net-

work (VPN) has been created between CAMC and 10 facilities.

"A VPN can be described as a tunnel established through the Internet that provides the capability to exchange data in a secure manner," said Bradley Young, CAMC information services. "The effect is similar to having point-to-point data circuits from the phone company, except it is less expensive and more flexible."

Patient information is encrypted so that it is invisible to those not on the secure system. This guarantees patient privacy.

"The network connection has proved very useful with the exchange of mammography images and other outpatient imaging studies," said Gregory Zornes, RT (R) (CT), director of radiology services at Boone Memorial Hospital (BMH).

"Patients who are being transferred from the BMH emergency room can have their imaging studies electronically forwarded to CAMC. Images obtained here can also be sent up for consultation with spe-

cialists," Zornes added.

An emergency room doctor in a connected outlying facility can now send a medical imaging study to CAMC to give doctors a heads-up of an inbound patient's condition or to request a consult to see if the patient should be sent to CAMC.

Connected facilities currently include: BMH, Braxton Memorial Hospital, Greenbrier Valley Medical Center, Logan General Hospital, Raleigh General Hospital, Summersville Memorial Hospital, WVU Hospitals, Pulmonary Associates, Thomas Memorial Hospital, St. Francis Hospital and Princeton Community Hospital.

The result of all of this ongoing work is better care coordination by sharing relevant medical images earlier in a patient's care. The system is a good example of how the advance in today's technology is improving healthcare, allowing hospitals to better serve the needs of their communities and bringing services closer to home.

Hospitals among Top Employers In West Virginia for 2014

Of the top 100 largest private employers in West Virginia for last year, 17 were hospitals. Three were in the top 10; six are in the top 20; and 10 were in the top 50.

- 2 – West Virginia United Health System
- 3 – Charleston Area Medical Center, Inc.
- 7 – St. Mary's Medical Center, Inc.
- 11 – Cabell Huntington Hospital, Inc.
- 12 – Wheeling Hospital, Inc.
- 14 – Camden Clark Memorial Hospital, Inc.
- 24 – Monongalia General Hospital, The
- 32 – Weirton Medical Center
- 33 – Herbert J Thomas Memorial Hospital Association
- 42 – Raleigh General Hospital, LLC
- 51 – West Virginia University Medical Co. (University Health Associates)
- 52 – University Physicians & Surgeons, Inc.
- 54 – Ohio Valley Medical Center, Inc.
- 71 – Davis Memorial Hospital
- 76 – Charleston Hospital, Inc. (Saint Francis Hospital)
- 79 – Pleasant Valley Hospital, Inc.
- 84 – Logan General Hospital, LLC

Source: Workforce West Virginia March 2014

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- Pulmonary Rehabilitation
- Radiology and Interventional Radiology
- The Sleep Disorders Center
- Surgical Services
- The Women's Center



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Responding to Substance Abuse in WV

By Hoyt J. Burdick, MD
Chief Medical Officer
Cabell Huntington Hospital

Last year the drug overdose mortality rate for West Virginians was 28.9 deaths per 100,000 — primarily from self-administration of prescription pain medicine (opioids). The cost of providing care for illness related to substance abuse takes precious resources from all the other areas of need and the loss in human potential is enormous.

At Cabell Huntington Hospital (CHH), we have various approaches to the problem. One is more responsible prescribing of opiate medications while compassionately treating pain. Healthcare workers remain compliant with continuing medical education requirements for responsible opiate prescribing and accessing the State Prescription Drug Monitoring Program for any patients under treatment for chronic pain. The Cabell Huntington Pain Management Center has expanded to treat both chronic pain and opioid dependence or abuse.

Many people with substance abuse disorder have complex psychiatric problems. Thus, in collaboration with the Marshall University School of Medicine, a new department of psychiatry was formed. To support this department, CHH is renovating a large ambulatory space for treatment, education and research. This also complements the main campus doctoral programs in clinical psychology. Although CHH is not an inpatient behavioral health facility, more and better-trained behavioral health specialists will help properly treat community members.

Prescription opiate abuse is both prevalent and particularly devastating for women of child-bearing age and their babies. According to Trust for America's Health (TFAH), maternal opiate use occurs in 5.6 of every 1,000 births; however, our experience at CHH suggests a significantly higher incidence. Nationally, postnatal drug withdrawal syndrome, also known as Neonatal Abstinence Syndrome (NAS), has tripled over the past decade.

Elimination or controlled management of maternal opioid medications

during pregnancy is a logical first step. Our Department of Obstetrics maintains an addiction management program for mothers with opioid dependency to reduce the severity and duration of NAS for the newborn baby.

For newborn NAS babies, CHH and the MU Department of Pediatrics continue to pioneer both pharmacologic and non-pharmacologic treatment. Unfortunately, NAS still requires a protracted and very expensive course of treatment. Optimal management of NAS is a subject of ongoing research by Marshall Neonatologists, CHH NICU nurses and pharmacists. The Neonatal Treatment Unit (NTU) at CHH is a dedicated unit for babies with NAS. Despite a capacity of 15-18 babies, there always seems to be a waiting list.

One solution is to continue to expand the NTU unit to accommodate the demand. Another is to get the babies safely out of the hospital through innovative transition of care models. This has been the commitment of an outstanding group of physicians, nurses, community leaders and legislators in developing a unit outside the hospital for earlier transition to non-hospital care. Despite seemingly insurmountable regulatory barriers, Lily's Place was able to open last year in a pilot phase as a residential infant recovery center.

Providing better and more innovative healthcare is an important part of responding to substance abuse. This may include more responsible opioid prescribing and tracking, better medical management of substance abuse, more psychiatrists and behavioral health programs, more hospital beds for addicted babies or more innovative care transition models. However, more and better healthcare alone can't solve the complex issue of substance abuse any better than more prisons solve crime.

Community support systems help reinforce healthcare programs for those suffering from substance abuse. For example, The Healing Place is a long-term residential program for up to 70-100 men who struggle with alcohol and drug addiction. Their interventions are based upon unconditional love and personal

accountability, and they have many success stories. H.E.R. Place fosters hope, provides education, and supports recovery for women suffering from addiction. Their Women's Addictions Recovery Outreach Center is a place where women, children, and families can find a safe and nurturing environment that will offer free access to peer support services and education. They are now working in conjunction with Lily's Place to focus on the special needs of these new moms.

Public health policy and legislation is imperative in fighting substance abuse. TFAH recently identified 10 strategies that states are effectively using to curb the substance abuse epidemic. West Virginia was ranked positive on eight of the 10, including important measures such as our Pharmacy Data Management Program with mandatory utilization, doctor-shopping laws, support for substance abuse treatment, prescriber education requirements, physical exam requirements for doctor-patient relationship, and proper identification for dispensing controlled substances.

The two remaining strategies were submitted as bills last session and include Good Samaritan laws granting some level of immunity for persons requesting medical help for drug-related emergencies and laws enabling wider access to rescue drugs, such as reversal agents like naloxone. Good public health policy and legislation don't happen by accident. They require active participation in advocacy through organizations like the West Virginia Hospital Association and other professional associations.

Local governance and law enforcement must also play a substantial role in successfully responding to substance abuse. Huntington Mayor Steve Williams asked the City Council to approve \$500,000 in additional funding for the city's police department to combat drug trafficking and related crimes.

We are responding to substance abuse on many levels in West Virginia through providing better and more innovative healthcare, improved healthcare policy and legislation, local governance and law.

Tommy Mullins: Fifty Years of Rural Healthcare Service

By Karlie Belle Price
Director, PR & Marketing
Boone Memorial Hospital

Boone Memorial Hospital (BMH) was built with the philosophy of People Serving People, and Tommy Mullins, CEO of BMH, has been a part of that philosophy since the beginning.

Mullins joined the hospital staff as a bookkeeper when the hospital first opened its doors in May 1964. At that time, they had 38 employees and five doctors on the medical staff. By 1989, the hospital had tripled in personnel size and expanded three times and by 2000 BMH had increased personnel to over 100, with a medical staff of 10 physicians, along with more than two dozen consulting courtesy and emergency medical physicians available to serve patients' needs. In the '70s, '80s, and '90s, many new services were added and expanded to meet the growing demands of the community.

"The comfort and care of our patients is and always has been our major goal. Connecting to our community is extremely important to our success. Boone Memorial Hospital provides the community with the tools needed to educate and increase health awareness," said Mullins.

Many new and exciting programs have been implemented over the years under Mullin's direction. Before breast cancer awareness became well-known, BMH had already begun a local mammography program and continues to offer half-price digital mammograms each year during the month of October. Prior to tobacco awareness initiatives becoming prevalent, BMH became the first smoke-free hospital in the state and was among the first to implement electronic health records.

However, perhaps one of its most important accomplishments is the formal association of BMH Partners in Health Network (PIHN). BMH was

The comfort and care of our patients is and always has been our major goal. Connecting to our community is extremely important to our success.

a founding member of the organization and 15 years later consists of over 10 hospitals, clinics and county health departments – all of which are considered members of PIHN.

Mullins has been the only remaining original employee of BMH and the longest running CEO in West Virginia employed at the same hospital. He has received state and national recognition for his role as a small rural hospital CEO, including being named a Distinguished West Virginian, the state's highest honor, twice for his community and rural health accomplishments.

Mullins has been a leader through many difficult years of healthcare reform, yet has made every effort to maintain a solid work environment for the employees of BMH.



Mullins led the process to convert BMH to a 501(c)3 nonprofit hospital.

The hospital has continued to survive and prosper at a time even during poor economic conditions.

During his tenure as CEO, Mullins has watched the facility triple in personnel growth and overseen numerous expansions. Two years ago, Mullins led the process to convert BMH to a 501(c)3 nonprofit hospital and helped secure a nearly \$32 million dollar loan from the USDA to build a new hospital. Mullins was instrumental in the overall process. He may very well end up being the only CEO in the state to have been a key player in opening two new hospitals at the same location within 50 years of one another.

Throughout all these efforts, Mullins still found time to serve his community in a personal way. He is a member of the Madison Rotary Club as a Paul Harris Fellow, and has served as past Chairman and the Rotary District Governor for 2001-02. He is a member of the Hospital Financial Managers Association, has served on the American Hospital Association section for Small Rural Hospitals, the American Hospital Association Regional Policy Board and the Advisory Committee to the Federal office of Rural Health Policy. Those are just a few of his many service projects.

With a dedicated and hard-working staff, a talented medical group, a caring board of directors and a CEO filled with vision and devotion, BMH is seen as being focused on preparing for the future, while continually providing the outstanding rural healthcare.

Mullins has met many challenges during his time at BMH, continuing to grow and keep pace with the increasing demands of providing healthcare within his community.

Mullins retired from BMH late last year. However, the solid foundation he has built will stand in memory of his contributions and dedication to excellence. Mullins has truly been a servant to his community.



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UNIVERSITY HEALTHCARE - JEFFERSON MEDICAL CENTER RANSON, WV
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University Healthcare: Technical Trends in Nursing Care

By Teresa McCabe, Vice President
Marketing & Development
University Healthcare

Advances in technology impact the way that most people do their jobs, and nursing is certainly no different. With innovations in medical devices, software, tablet computers and mobile charts, these technological improvements are literally changing the way that nurses practice.

In West Virginia's Eastern Panhandle, nurses at University Healthcare – Berkeley Medical Center (BMC) and Jefferson Medical Center (JMC) – are no strangers to the benefits of nursing technology. University Healthcare introduced the industry-leading Epic electronic medical record (EMR) software in August 2011.

Implementation of the Epic system provided many benefits, including improved quality of patient care, enhanced communication and coordination between all members of a patient's care team, and allowing patients to securely access their own medical records 24/7.

"Electronic medical record systems are now the gold standard in healthcare settings, replacing outdated paper records," said Mark Combs, Assistant Vice President/Assistant Chief Information Officer, West Virginia United Health System. "We are also starting to automatically populate the EMR with vital sign information directly from the biomedical equipment, which

cuts down on the amount of information that the nurse has to key into the system."

According to Combs, many see technology as a key component to improving patient care and outcomes with features such as sensors, mobile and tablet technology and instant alerts to changes in patient status. "Ultimately, technology improves response time, increases accuracy, and ensures safety," he added, "increasing the time that nurses have to spend on direct patient care."

In addition to the Epic system, nursing and clinical staff at University Healthcare are also using other forms of technology to improve patient care and outcomes. A new interpreter service that is accessed via mobile tablets has just been implemented at BMC. Plans are also underway to provide patient education at both hospitals using a tablet.

Parents and family members of newborns in the Neonatal Intensive Care Unit (NICU) can keep an eye on their little ones via the Nic View camera system. This system allows parents and family members to view their babies at all times from the comfort of their own homes via mobile devices or computers.

"We are also exploring a web-based paging system that will allow nursing and other clinical staff to page physicians directly from their computers versus going through the switchboard operator," Combs commented. This, said Combs, will help staff access physicians quicker when needed.

Nursing technology includes an array of devices, systems and software designed to reduce the amount of time that nurses must spend on tasks, such as tracking down equipment, locating and collaborating with other staff, and updating patient charts. Other technology serves to improve accuracy and patient safety by reducing medical errors and preventing unauthorized people from entering a facility or accessing sensitive patient records.

"The integration and advancement of technology utilized by our nurses within University Healthcare has helped us with the insurmountable challenges we face daily in today's healthcare," stated Linda Blanc, RN, administrative director of nursing at JMC.

According to Blanc, technology allows nursing leadership to better identify what the nursing staff actually does and determine the impact nurses have on patient outcomes. "Intuitively, the nursing profession has long known that the increased use of nurses improves the quality of care and also patient outcomes, and the use of technology has allowed us to do this more efficiently," Blanc said.

In the end, the ultimate goal is to provide the tools to introduce greater efficiencies in clinical workflow to allow staff to spend more time concentrating on delivering the best possible patient care.

HEALTHY INITIATIVES

The West Virginia Hospital Association is home for healthy initiatives, two of which are the **West Virginia Breastfeeding Alliance (WVBA)** and **Day One**. The WVBA is a statewide coalition of health and social services providers and other breastfeeding advocates. It seeks to improve the health of West Virginians by working collaboratively to protect, promote, and educate our community about breastfeeding. The Day One program is designed to reach new parents with educational information related to infant brain development and the need and opportunities for appropriate sensory stimulation to enhance brain development and future learning ability.

Healthy Initiatives also houses the **Coalition for a Tobacco-Free West Virginia**, a statewide group that helps advance public policy to protect citizens from exposure to secondhand tobacco smoke, encourage and support tobacco users to quit, and prevent youth from becoming tobacco users. Also included is tobacco cessation trainings for healthcare providers, which helps them educate patients about the dangers of tobacco use and encourage and assist them in quitting. Various continuing education trainings are offered to healthcare providers throughout the state, free of charge, and are funded by the WVDHHR/Division of Tobacco Prevention.

The Journey from Concept to Reality

Mike Casdorff, Secretary
Board of Directors
Highland-Clarksburg Hospital

Highland-Clarksburg Hospital is a private, non-profit hospital dedicated to providing the best care for persons with mental disorders. It has established an integrated system of high quality behavioral health services, including mental health treatment services for children, adolescents and forensic patients. A relatively new psychiatric facility that began taking patients in August 2013, it was formerly the site of United Hospital Center (UHC), primarily a medical hospital. The hospital is growing and continues to expand our clinical programs and community initiatives every year.

Highland-Clarksburg Hospital's history shows a strong desire to provide care to patients in the community. On February 1, 2010 the announcement was made that UHC would donate its 21-acre, 415,000 square foot, 350-bed facility to Highland Hospital after it moved

into its new facility. We immediately set out to plan the operation of a behavioral health facility in the building.

On September 8, 2010, 250 people squeezed into a standing-room-only area at the facility to listen to our plan for the future. There was an overwhelming sense of excitement and optimism as Highland's management team and board of trustees laid out the plan and the timeline for the new Highland-Clarksburg Hospital. After working with city, county and state officials for nearly two years, the project was finally coming to fruition.

The construction materials used were specifically designed for a psychiatric hospital. High impact resistant drywall was utilized throughout the facility, as well as special security light fixtures, interlocking metal ceiling panels and security plumbing fixtures. Upgrades were made to the fire alarm and sprinkler systems, and a state-of-the-art card access system was installed to monitor and

control movement throughout the facility. Installation of approximately 250 cameras in the public areas of the facility provides continued monitoring of patients. A patient monitoring and tracking system was also installed for forensic patients.

The staff at Highland-Clarksburg understands mental health issues, which is why we are devoted to educating the community on signs and symptoms of mental illness, services and accessing treatment. Our community education department provides training to various groups throughout the state. Not knowing what a family member goes through or the turmoil a loved one is experiencing can be frightening. The uncertainty is what makes the experience so fearful. Psychiatric illness is just that — an illness that is treatable. We want family members, employers, colleagues, judges, attorneys, and elected officials to have knowledge of disorders, treatments available and how to access them.

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Hospital Partnerships: Bringing Highly-Specialized Medicine to Mason County

By Glen Washington, CEO, FACHE
Pleasant Valley Hospital

Pleasant Valley Hospital (PVH), Cabell Huntington Hospital (CHH), and the Marshall University (MU)



Joan C. Edwards School of Medicine are working together to make highly-specialized medicine available to patients in Mason County and surrounding communities. In early

2014, the hospitals formed an affiliation that aligns the two communities to improve access to healthcare options. This affiliation has resulted in those patients receiving unprecedented and timely access to specialists at PVH, as well as streamlined access to tertiary care at CHH.

In addition to the affiliation, the PVH and CHH boards formed the Pleasant Valley Medical Group, a joint venture between the two hospitals. The group consists of 12 physicians, which will grow to 25 over the next three years. The recruitment priorities include primary care physicians, along with needed

specialists in general surgery, orthopedics and obstetrics.

Marshall Health plays a major role in the affiliation and the development of the group by providing highly-skilled and highly-specialized care onsite at PVH. Dr. Alan Koester, along with Dr. Zach Tankersley with the Department of Orthopaedics at the MU School of Medicine, began providing care at PVH Orthopaedics in April 2014. Additional advanced services key to development are also now available at PVH, including cardiology, oncology, hematology, and pulmonology. Dr. Mohamed Khasawneh and Dr. Toni Pacioles, fellowship-trained medical oncologists and hematologists from the Edwards Comprehensive Cancer Center (ECCC), are seeing patients at PVH with all types of cancers, providing comprehensive state-of-the-art therapies and leading-edge clinical trials. The most recent addition to the medical staff includes Marshall Health Pulmonologists Dr. Saad Khan and Dr. Mohammed AL-Ourani. We look forward to announcing the addition of other specialty physicians from Marshall Health in the near future.

"PVH is having a remarkable year

and our confidence in CHH and Marshall Health leadership continues to grow and has gained strength since the signing of our partnership agreement," said Pete Allinder, Chairman of the PVH Board of Trustees. "Leadership from both organizations continues to build upon PVH's strong base of physicians and broadens the depth of specialty physician services for the patients in our community.

"Since signing the affiliation agreement, PVH has added 24 physicians to its medical staff and now offers specialized services in cardiology, extended care in Mason County, the ECCC, pulmonology, OB/GYN, general surgery, hospitalist services and expanded orthopaedics and pathology," Allinder said.

"One of the long-term goals of the Pleasant Valley Medical Group is to seamlessly link information systems with CHH and Marshall Health so that patient access to needed specialties within the system is easy and convenient. As the group develops, patients in Mason, Jackson, Meigs and Gallia counties will have a broad range of physician specialists locally and easy accessible to CHH, a major tertiary center, when needed."

Timeline of Medical Liability Reform in West Virginia

2001 – After a five-week special session, the Legislature passed *HB 601*. This bill included numerous components designed to be tools to help put the medical liability insurance market back on track. Those were: a tax credit aimed to assist physicians with their rising premiums and the creation of a state-run insurance program for physicians who could not obtain medical liability insurance from the private market. The bill also included several medical liability reform measures, including: prohibiting third-party bad-faith claims; requiring notice of claims and a certificate of merit 30 days prior to the filing of a medical malpractice claim; and expansion of the juries in medical malpractice cases from six members to 12, among other items. *HB 601* was a significant first step toward addressing availability and affordability within the medical liability environment.

2003 – The legislature once again tackled the crisis with the passage of *HB 2122*. This legislation was the first comprehensive medical liability reform that had passed in West Virginia for more than 20 years. The landmark legislation greatly mirrored successful reforms in California, and placed West Virginia at the forefront of many states in regard to such laws. *HB 2122* included: a \$250,000 non-economic damages cap; a \$500,000 trauma cap; collateral source offset; elimination of joint liability; creation of a patient injury compensation fund; and more stringent medical expert witness requirements. Additionally, the legislation provided capital in the form of a loan and a mechanism for the creation of a physicians' mutual insurance company.

Ongoing Benefits of Medical Liability Reform

- Premiums for doctors have been dramatically reduced;
- Active licensed physicians in West Virginia have increased;
- Competition has increased in the marketplace;
- Medical malpractice claims have been reduced; and
- Patient safety has been increased.

HENs Sprint to Reduce Harm

Jim Kranz, VP
Professional Activities
West Virginia Hospital Association

Hospitals in West Virginia and the U.S. have participated in a federally-funded program to rapidly increase improvements in healthcare delivery using tools and techniques that have already proven successful.

The program, the Hospital Engagement Network (HEN), started in December 2011 and was designed to show results by the end of 2013. However, the program was so successful that the Centers for Medicare & Medicaid Services (CMS) funded HEN through 2014.

The funding — \$218 million — came from the *Affordable Care Act* (ACA), through the U.S. Department of Health and Human Services to the CMS Innovation Center. HEN funding was awarded to 26 state, regional and national hospital systems and organizations across the country.

West Virginia is one of only a few states with 100 percent participation in a HEN by West Virginia Hospital Association member hospitals. The goals of the HEN program were the same as the two-fold goal of the *Partnership for Patients: to reduce inpatient harm by 40 percent and hospital readmissions by 20 percent by the end of the program (compared with data from 2010).

The largest HEN in the country was operated by the Health Research & Educational Trust (HRET), an affiliate of the American Hospital Association. The HRET-HEN includes 31 state hospital associations, including West Virginia, and represents approximately 1,600 hospitals, of which almost half are small — 25 to 75 beds or less.

In today's environment, with value-based purchasing, meaningful use, and preventing readmissions, hospitals have been working on these top-

ics for some time now, however the HEN has been a great way to help support that work and gives the hospitals a forum to share successes. Everyone would like to see *best practice* become *common practice*.

The HEN program has meant that more hospitals have more staff at all levels of the organization trained in improvement and safety science; hospitals and individuals have shared their questions and stories with new colleagues near and far; and the safety and quality of healthcare continues to improve. Because of the success of the three-year project, it is anticipated that CMS will announce HEN 2.0 early this year.

**On April 12, 2011, CMS announced Partnership for Patients, which aimed to bring together leaders of major hospitals, employers, physicians, nurses, and patient advocates, along with state and federal governments in a shared effort to make hospital care safer, more reliable, and less costly.*

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*Chief Administrative Officer
Braxton County Memorial Hospital*



Hospitalists Improve Patient Experience

By Peggy Coster, CEO, RN, MSN
Fairmont Regional Medical Center

Over the past decade, many hospitals across America began using hospitalist programs for inpatient care. At Fairmont Regional Medical Center (FRMC), formerly Fairmont General Hospital, MedBridge hospitalists provide around-the-clock inpatient care.



The Society of Hospital Medicine defines a hospitalist as a physician whose primary professional focus is the general medical care of hospitalized patients. Their activities include patient care, teaching, research, and leadership related to hospital medicine.

The demand for hospitalists continues to grow and many hospitals and hospital medicine groups are responding by hiring more physicians.

FRMC has established a partnership with MedBridge, led by CEO Sanjay Bharti, M.D. MedBridge provides inpatient care to patients. It also has an innovative transition clinic created to provide follow-up care to patients after they have been discharged from the hospital until they see their primary care provider. MedBridge is a resource for patients who cannot see a physician as quickly as desired, patients who do not have a primary care physician, patients who have been readmitted to the hospital, and patients who do not have insurance.

"I believe that the hospitalist service came into existence due to changes by both the government and hospitals in the national health-care structure towards the movement of quality and value-based reimbursement. As opposed to a fee-for-service relationship, it became imperative that the model had to be changed," said Dr. Bharti. "We actively engage in producing superior clinical outcomes, patient satisfaction, a decrease in medical mishaps, an increase in safety and

a reduction in readmissions."

MedBridge started out in 2006 at Monongalia General Hospital. Since then, it has grown to provide care to inpatients at Preston Memorial Hospital, Health South Mountainview Hospital and FRMC. MedBridge also provides additional support to patients through a clinic and a dedicated 24/7 call center so patients and physicians can call at any time for any issue.

Prior to the creation of hospitalists programs, physicians would be on-call offsite and at times, travel time and accessibility posed a delay to patient care. Now, hospitalists are available onsite providing continuous care, which allows the admitting physician more time to care for other patients in an office setting.

"Our effort is to provide service to improve the total patient experience. We strive to provide total coordination of care between the hospitalist and the primary care physician," said Dr. Bharti. "By being in the hospital 24/7, we are able to serve our patients in a more efficient and timely manner. In addition, we can provide a better flow of care from the emergency department to the floors and coordinate with various agencies, such as

nursing homes, home health agencies, rehabilitation centers, and home care for patients who require that service."

Hospitalists provide prompt and thorough care when dealing with patient needs. This care includes diagnosis, treatment and administering medical procedures. These physicians also work diligently to improve processes that affect the overall quality of care. Part of this experience includes transitioning a patient safely out of the hospital and back into the community, which may involve oversight of care in post-acute care facilities.

MedBridge, as a hospitalist group, takes pride in continuity of care by having the same provider from admission to discharge, reducing hand-offs and avoiding shift-based services, said Dr. Bharti.

The hospitalist program provides a quick and seamless transition from outpatient to inpatient care and allows more flexibility for the admitting physician to continue to care for patients in the outpatient setting. In addition, the partnership with MedBridge is cost-efficient, allowing FRMC to provide the best quality of care in a fiscally responsible manner.



Courtesy of MedBridge
CEO Sanjay Bharti, M.D., MedBridge (far left), with the FRMC hospitalist team.

Collaborative Care Agreement Unique in WV

By Darryl Duncan
President & CEO
Monongalia Health System

There are more than 140 MedExpress urgent care clinics around the nation, but the newly-opened center in the Suncrest neighborhood of Morgantown is slightly different. Right beneath the MedExpress logo on the building, the sign says "in collaboration with Mon Health System."



MedExpress and Mon Health system have launched a collaborative care initiative. MedExpress is coordinating care with Mon General Hospital and Mon Health System's network of physicians if more advanced care is needed by patients while continuing to respect patient choice.

For example, we know that 40

percent of our patient population does not have an ongoing relationship with a primary care physician (PCP). If one such patient is treated at MedExpress, and follow up care is needed by a PCP, the patient can be referred to a Mon Health System physician. Of course, patient choice is always respected and the patient is free to accept the referral or not. The agreement extends to specialty care, including orthopedics, cardiac care, and pulmonary care.

The collaborative care partnership is something new and innovative for this region, and it's one I'm especially proud of. It's an ideal model of two like-minded organizations coming together to leverage existing resources in the community. Moreover, it reflects the common value system and unwavering commitment to patient-centered care at the center of both organizations. Neither MedExpress nor Mon Health System has any ownership stake in the other; they remain

completely separate entities.

While MedExpress has forged collaborative care agreements with healthcare institutions in other states, the one with Mon Health System is the only one in West Virginia. Morgantown Chamber President Dan Kimble said it best when addressing the crowd at the grand opening of the MedExpress Suncrest clinic: "This relationship represents, individually and collaboratively, the best of Morgantown, West Virginia."

"We are very pleased to be collaborating and coordinating with Mon Health System, which shares our passion for patient centered care," said Frank Alderman, M.D., CEO of MedExpress. "With this collaborative care initiative, we truly feel we will increase value for our patients and our community."

I know I speak for all of us at Mon Health System when I say that we are well on our way to a great relationship and a successful partnership with MedExpress.

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Highland Hospital Association: A Rich Tradition and a New Era

By Jim Strawn, Director of Marketing & Community Education Highland Hospital Association

Dr. T.P. Mantz and Dr. William Rossman met and served together in the U.S. Army during World War II. In 1945, after a 26-month military duty, they both returned to their homes in America. In a recent interview with Dr. Rossman, he explains how he came to live and practice in Charleston.

Dr. Mantz, who was a surgeon, convinced his good friend, Dr. Rossman, a psychiatrist, to visit Charleston. After that first visit, Dr. and Mrs. Rossman were "begged to come and practice here." So, all the way from Cairo, Illinois, they decided to "give it a try," he says.

Dr. Rossman talks about his part in helping to bring about the birth of Highland Hospital. For 10 years he tried to get his patients into area hospitals, but was always told no.

"It wasn't hard to make that decision because in 1950 there was only one psychiatrist in the Kanawha Medical Society, and dozens of patients who needed hospitalization had no place to go, as we were not allowed to admit them to the then-established hospitals," he explained.

"So Pete <Dr. Mantz> and I opened our own hospital," explains Rossman. "They just didn't understand the need," he added. "That's what gave rise to the idea of Highland. It was not what you would call your concept of a hospital. It was more like a home, with chairs, beds and places to eat and sleep."

Originally opened at 1113 Quarrier Street in downtown Charleston, Dr. Rossman said it was "a little crude." Regardless, a rich tradition of

offering compassionate family-focused mental health inpatient treatment had begun.

As the need for inpatient treatment continued to grow, the Boairsky Hospital, built as a medical hospital in the 1920s, became available. The Board of Trustees of Highland raised \$250,000, allowing them to purchase the facility and move in January of 1960. The Children's Unit of Highland was added in 1982 and the Adolescent Unit began operations in the mid-1990s.

Dr. Rossman remained Chief of the Medical Staff at Highland until his retirement in 1986. Dr. Rossman, who turned 100 years young on November 4, 2014, was honored at the Highland Hospital Founda-

Highland Hospital has been, to me, a boon to this community because Highland serves a definite role in the medical milieu.

tion Gala last year with the Distinguished West Virginian Award from Governor Tomblin.

The spry, bright-eyed centenarian enjoys talking about the remarkable progress, expansion and the diversification of services that has grown from what he and Dr. Mantz started. "Highland Hospital has been, to me, a boon to this community because Highland serves a definite role in the medical milieu," he said. "Highland might have had a humble beginning, but it is no longer humble."

Much has changed in the field of behavioral health since Dr. Mantz and Dr. Rossman founded Highland - better medicines, more understanding and fewer stigmas. But one thing has not: patients are still treated with the utmost respect and compassion possible.

Now that treatment is being provided in a new specially-designed 73,000-square-foot-facility unveiled in 2012. From its humble beginnings, Highland and its family of companies treated 6,000 patients last year. The facility treats patients from all 55 counties in West Virginia.

Highland stands on the shoulders of its forefathers, men who have earned the utmost respect and gratitude for their vision and foresight. With a rich, historical and successful 60 years of operation, the hospital has its sights set firmly on the future.



Courtesy of Highland Hospital

Dr. William Rossman was one of the founding fathers of Highland Hospital. He established the facility to fill a then unmet need in the field of behavioral health.



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A New Law for LTACHs

By Frank Weber, CEO
Select Special Hospital

New regulations from Centers for Medicare and Medicaid Services (CMS)



have brought clarity to the role Long Term Acute Care Hospitals (LTACHs)

play in our healthcare system. In short, LTACHs supplement hospital services by providing essential, ongoing care to post-intensive care unit (ICU) patients, as well as other medically complex patients that need more time to recover. Patient stays in LTACHs typically

last about 25 days.

A new law dealing with LTACHs was signed by President Obama in December 2013. It established a quality reporting requirement and new criteria outlining a minimum three-day Intensive Care Unit (ICU) stay before most patients can go to an LTACH.

Select Medical, which is the nation's leading provider of LTACH care, supported the legislation because it brought much needed clarity and certainty about the future regulation of LTACHs. Because LTACHs are a relatively new venue of care, Select Medical understood that new regulations were necessary to assist Medicare with its decisions about who should be admitted and when. These new regulations also represent an opportunity to expand the role



of these vital facilities within the West Virginia hospital network and its continuum of care.

Even before the regulations were put into place, Select Medical had established a set of best practices for LTACHs. Select has been ahead of the curve when it comes to measuring patient satisfaction and managing infections in its LTACH facilities.

In addition, Select Medical has identified patient outcomes as an important set of quality measures. Patient satisfaction is a key indicator of how well LTACHs meet acute care needs. The Select Medical Patient Perception of Care survey identifies patient satisfaction trends and, happily, the overall average LTACH positive raw score percentage since the first quarter of 2011 has been 92 percent or higher.

Given the highly vulnerable state of patients eligible for LTACH care, another key focus area is infection control. With the exception of one quarter, Select Medical's average Ventilator Associated Pneumonia (VAP) rate was 36 to 71 percentage points lower than the Centers for Disease Control (CDC) LTACH mean VAP

rate through 2013. Seventy-five percent of Select Medical Hospitals have 0.0 VAP infections.

Because patients come to Select Medical LTACHs in such a fragile condition, and often with compromised immune systems, the CDC has now benchmarked three infection measures for LTACHs: central line associated blood stream infection (CLABSI); catheter-associated urinary tract infection (UTI); and, beginning in 2016, ventilator-associated events. Select Medical LTACHs submit infection data through the National Health Safety Network, which is the report arm of the CDC.

The company's current LTACH, Select Specialty Hospital, is located in Charleston. If LTACHs become more common in West Virginia, the new federal regulations will help hospitals determine how best to integrate this critical component into their healthcare continuum. Select Medical stands ready to help West Virginia hospitals add LTACHs to the mix and thus provide the best possible care for patients and their families. Service to our community remains our number one priority.

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