Visitor restrictions due to the flu

Just before Christmas, CAMC placed signs in the lobbies and entrances of its hospitals to alert visitors of restrictions due to the flu. Due to the continued above-normal flu activity in our community and the probability that flu activity will remain at an elevated level for the next several weeks, CAMC is asking that families keep children 12 years old and younger in the lobbies while visiting loved ones. Only children in need of medical attention or treatment should be brought to the hospital. Younger people tend to have a greater chance of exposure to flu at schools, etc. Therefore, they are at-risk of spreading viruses to loved ones, other patients and visitors.

Other restrictions already in place include:
- No more than 2 visitors per patient at any time.
- All visitors to patients should be healthy.
- Persons with fever (100°F or more), cough, sore throat or other symptoms should not visit.
- If there is a chance you could be coming down with an illness, you should not visit.

Pillows for patients

The CAMC Memorial Hospital Auxiliary was recently recognized for a project it began in 2014. Last January, the auxiliary began providing a complimentary pillow to each patient in the open heart recovery unit. The pillows provide therapy when used for sternal support, reducing pain during coughing, deep breathing and simply moving about post-surgery. The heart pillow becomes very personal to the patients, making them more willing to do their post-operative deep breathing and coughing exercises.

"It also comes with a pen for physicians to describe procedures and can be autographed by doctors, nurses and unit staff," said Brenda Powell, CAMC Memorial Auxiliary past-president. The pillow is washable, contains no latex and is individually wrapped.

"The pillow helps to reduce stress before the procedure and helps with the recovery afterwards," said Kristy Fidler, volunteer services director. "The pillow serves as a reminder of all those who participated in the patient’s care during the procedure and recovery."

The CAMC Memorial Hospital Auxiliary was recognized as the Auxiliary of West Virginia Hospital Association Project of the Year among hospitals of similar size to CAMC. "Clinical excellence has long been a top priority at CAMC," said Dave Ramsey, president and CEO of CAMC. "To be named among the top 5 percent of hospitals in the nation is an honor. We’re proud to be recognized for our high level of performance across a number of departments and specialties. This award is important validation that we strive to provide the highest quality care for all our patients."

CAMC recognized as the only hospital in WV named among top 5% in nation for clinical excellence

For the second year in a row, Charleston Area Medical Center has been named among the nation’s top 5 percent of hospitals for overall clinical excellence, according to an independent study of mortality and complication rates for nearly 4,500 hospitals nationwide as released by Healthgrades, the nation’s leading health care ratings company. CAMC is the only hospital in West Virginia and one of only 261 hospitals nationwide to achieve the 2015 Distinguished Hospital Award for Clinical Excellence™ (DHACE) based on its outstanding clinical quality performance.

"Many hospitals claim to be the best," said Dale Wood, CAMC’s chief quality officer. "That's why it's important to read the fine print associated with some of those claims, which often reflects only specific areas of expertise or high-quality outcomes in certain areas.”

The Healthgrades analysis, unlike other hospital quality ratings, is based solely on clinical outcomes data across a broad spectrum of services, which is more reflective of overall quality. Healthgrades also does not include opinion surveys of doctors or patients, or any other subjective measures that can lack objectivity.

"Healthgrades' national database comparison is based on what matters most to patients – low rates of injury and mortality,” Wood said. “Although every hospital aims to provide the highest quality care, only some manage to achieve superior performance across many common treatments.”

From 2011-2013, if all hospitals, as a group, performed similarly to hospitals receiving the DHACE, an average of 163,488 lives could potentially have been saved.

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Cough, cough, sneeze, sneeze – think twice before taking antibiotics, please

It’s cold and flu season. People are coughing, sneezing, wiping their runny noses and spreading nasty germs all around. Then it happens...you get it (or even worse, your child gets it). You don’t have time to be sick, so you go to the doctor wanting antibiotics. But what if you don’t really need medication – is there any harm in taking it?

The answer is more serious than you may think.

Taking antibiotics too often for things they can’t treat – like colds, flu or other viral infections – is fueling a growing problem of antibiotic resistance, which the Centers for Disease Control and Prevention (CDC) has placed at the top of its list of major health concerns in the United States.

The CDC estimates that as much as 50 percent of all prescribed antibiotics are unnecessary, which has led to a dangerous and growing problem of bacteria building defenses against medicine. This means doctors have fewer means to treat infections, which can lead to longer lasting illnesses, more doctor visits, longer hospital stays, and the need for more expensive and toxic medications.

This also means there could come a time when antibiotics won’t work at all.

“Antibiotics are not keeping up with germs,” said Glenn Ridenour, MD, an infectious disease specialist at CAMC.

Viruses or Bacteria
What’s got you sick?

“Antibiotics only treat bacterial infections. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.”

CAMC, in association with the Center for Organ Recovery and Education (CORE), has created an educational program specifically targeted to critical care nurses for the care and management of donor patients and their families. The CAMC Certified Donor Management Nurse program is organized as a certification review course.

Certification is a benchmark for recognizing clinical expertise among nursing professionals. The American Nurses Association, American Nurses Credentialing Center and the American Association of Critical Care Nurses are among the groups that advocate certification as a means to recognize knowledge and competence, improve patient outcomes, and empower and engage nurses in their areas of practice. A review of the literature does not represent a specialty certification in organ donation management for critical care nurses.

The program was recognized regionally as a best practice by CAMC’s CORE Donor Services and a collaborative, which represents hospitals from WV, Pennsylvania and New York. Teresa Hill from quality served on a panel to discuss the program. The program also was presented nationally in New Orleans during the Organ Donation and Transplant Alliance Conference in October 2014. Sande Egnor and Holly Mitchell represented CAMC and CORE at the conference.

The conference consisted of speakers from the listed disciplines, group activities including case studies and question-and-answer sessions, and a special session with donor families.

“Educational interventions are an integral part of efforts to promote best practice, inform providers and improve patient care,” said Sande Egnor, nurse manager, NSCU and MCLC at CAMC General Hospital. Educational interventions alone do not recognize and validate expertise.”

The certification serves as a validation of the clinical knowledge and expertise of these nurses.

The program was developed in an effort to correct process breakdowns that can lead to CMS failures and loss of donation opportunity for the patient. This is the only program of its kind nationally.

The course outline and materials were compiled by faculty representing medicine, nursing, quality management, organ and tissue recovery, transplant and administration. The activity was built around critical domains, caring for the patient and family, education, patients, and the assessment of these standards.

Following the classes, improvement data are monitored including number of referrals, management of the donor patient, organ yield per donor, and conversion rates.

CAMC will explore offering the class to partner hospitals in the future.

Hospital-based organ donation certification

Continued on page 4

Patients are more likely to listen to me and trust me as their pediatrician when I tell them they don’t need an antibiotic.

“A doctor who you’ve never seen before may be more likely to prescribe an antibiotic, even when you may not need it, because they don’t know your history,” Upton said.

“Patients are more likely to listen to me and trust me as their pediatrician when I tell them they don’t need an antibiotic.”

Upton says going to your family doctor when you’re sick is the best way to avoid the dangers of unnecessary antibiotic use.

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Soarian Beta benefits
- Linked orders - Certain orders will be able to be linked together, so it can be clearly identified what tests and medications would need to be continued or discontinued together.
- Orders - The new orders display will have three panes instead of two different screens, so users will be able to see current and unsigned orders and search in the same window. Users will also be able to highlight and accumulate orders to move them to the unsigned list, which will alleviate unnecessary clicks.
- Pending activation order sets - entire sets of orders can be marked pending activation, which is a cleaner, easier process.

Smart Pump integration
- The Smart Pump integration will allow for a better process for nursing staff and enhanced communication between pharmacy and nursing. Instead of manually programming the pump, the nurse will scan the medication, scan the patient's wristband, then scan the infusion pump. The nurse will then start the infusion and confirm the order at the pump.
- The integration also allows for real-time information to be transferred back to the pharmacy. The pharmacy will be able to monitor and accurately know when the next dose will be.

For information about Soarian Beta or Smart Pump integration, contact Teresa Robinson, project manager, at (304) 388-4797.

CAMC’s clinical engineering department tests and repairs more than 3,000 pieces of equipment at CAMC facilities. While the department only has 18 employees, it makes a huge impact on the community as a whole.

Clinical engineering has 15 biomedical technicians who are on the front lines every day making sure equipment is operating properly. There is a technician on call 24/7 in case something goes wrong overnight or on weekends. Biomedical technicians must have a minimum of an associate degree in electronic equipment technology, and once hired they go through extensive on-the-job training.

Clinical engineering maintains everything from thermometers and blood pressure monitors to ventilators and defibrillators.

“We take care of the whole spectrum of equipment, from the instrument used to look inside your ears to things that keep you alive,” said John Pennington, director of clinical engineering.

Each hospital has equipment that the others don’t. For example, at Women and Children’s Hospital there are incubators, bottle warmers and breast machines. While Memorial Hospital has specialized cardiac equipment, Clinical engineering has also provided the equipment, from the instrument used to look inside your ears to things that keep you alive,” said John Pennington, director of clinical engineering.

Each hospital has equipment that the others don’t. For example, at Women and Children’s Hospital there are incubators, bottle warmers and breast pumps, while Memorial Hospital has specialized cardiac equipment. Clinical engineering is also responsible for the equipment at all outpatient CAMC locations, and they maintain equipment at other facilities, including many local physical therapy offices, Highland Hospital, University of Charleston and Braxton County Memorial Hospital, to name a few.

Before clinical engineering was a department, CAMC relied on third-party vendors to maintain machines, however, the process was inefficient, and it took at least 24 hours for someone to be deployed to look at equipment. In the early 1990s, the clinical engineering department at CAMC was created and has made a huge difference in response time.

It also made a huge impact on CAMC’s bottom line—before clinical engineering was created, CAMC used to have to bring technicians in from out of state to fix equipment. This meant paying for travel and high consultation fees. Now that the functionality is in-house, those costs are eliminated.

All of the equipment is tied to a preventative maintenance system that notifies the technicians when each machine needs to be checked. Most machines are checked at least annually, while many are checked much more frequently.

“We want to catch issues before the machine fails,” said Tina Juzwik, a biomed tech II, who has worked in the department for 15 years.

When CAMC purchases new equipment, clinical engineering staff is trained on how to maintain and repair it. Some training is conducted through videos provided by the vendor, reading manuals on the item and sometimes in-person training from the equipment vendor. For machines that are much more involved, like ventilators, the technicians must be sent for more extensive training.

There is no typical day in clinical engineering, which is one of the things Matt Willis, the department’s newest technician, likes best about the job.

“The variety is what keeps it interesting,” Willis said. “I like being able to help people.”

A tech could spend the day doing everything from checking MAK carts and calibrating blood pressure machines to stepping into the operating room to check an infusion pump or anesthesia machine. The job requires versatility and flexibility.

Bob Morrison, a biomed tech II who has been with the department for 13 years, said he likes his role because he feels like he’s making a difference.

CAMC has been selected as a site for the Soarian Beta project, which will bring improvements to the system to make it more intuitive. The Smart Pump project is also part of the Soarian Beta. Users can expect to see changes in late March and early April for these new functions.

In addition to the event information on the CAMnet calendar, there is also a weekly calendar email that goes out to all users. Upcoming events can be accessed anytime by clicking on the calendar graphic or the “upcoming events” link on the homepage. Educational events are also entered into the applicable Vitals sections.

All employees should check the Vitals section each day for important information.

The redesigned CAMnet site launched Jan. 6, 2014. Since then, the site has had more than 2.6 million sessions, and 4.2 million pageviews. There have been several improvements since the launch, including adjustments to the Vitals homepage section to allow for messages to remain up to 3 days at a time, programming for emergency/disaster communications, and adjustments to the homepage based on employer feedback.

These pages have consistently maintained the greatest number of pageviews:
- Department listing page
- Calendar
- Human Resources Vitals section
- Unit listing page
- Physicians page
- Physicians Vitals section
- Administration Vitals section
- Information Services Vitals section
- Clinicians Vitals section

FREE snacks and giveaways if you can show us your smile! Join the Service Excellence Team in the hospital cafeterias on Tuesday, Jan. 27 from 11 a.m. to 1 p.m. for FUN photos of your smile as one way you can make a personal connection with your customers – patients, families and fellow employees.

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CAMnet – one year later

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When clinical engineering gets a call from a clinical unit about a piece of equipment that isn’t working properly, there is a sense of urgency. The techs work to make sure equipment is fixed as quickly as possible, but they must prioritize and get to the most critical items first.

The department must continue to learn as technology changes and advances. For example, they are starting to tie some of the patient monitoring machines into the electronic medical record system, meaning the technicians must have an understanding of the software they’re working with to ensure that it parses with the patient’s other records.

Clinical engineering quite literally keeps the hospitals running, and without an in-house clinical engineering department, CAMC would not be able to provide the same level of patient care.
Congratulations to Bryan Cummings, senior development officer for the CAMC Foundation, for recently passing the Certified Fundraising Executive International exam and certification. The CFRE credential is the global standard for the fundraising profession.

Nutrition services congratulates Cindy Franz, RD, LD, for recently passing the National Board exam for Nutrition Support Certification. She is designated use the credentials of Certified Nutrition Support Clinician (CNSC). Nutrition services also congratulates Beverly Mann, RD, LD (clinical dietitian in the Weight Loss Clinic) for successfully completing the Level II Certificate of Training in Adult (clinical dietitian in the Weight Loss Clinic).

Congratulations to Bernard Haynes, data management, supply chain management’s employee of the fourth quarter 2014.

JOY OF LIVING

Please join Charleston Area Medical Center for The Joy of Living event, as we celebrate more than a decade of transforming lives through the Dr. Dean Ornish Program for Reversing Heart DiseaseSM. Connect with current and past program participants, sample Ornish-approved foods, and get to know your CAMC program delivery team.

Speakers will include CAMC President and CEO David Ramsey and past participants who transformed their lives through the Dr. Dean Ornish Program.

What: CAMC presents The Joy of Living
Where: Clay Center for the Arts and Sciences of West Virginia
When: Thursday, Feb. 19
5:30 to 7:30 p.m.
RSVP: Call 1-877-888-3091 to reserve your spot. Space is limited.

For more information, please visit camc.org/ornish.

antibiotics

Continued from page 2

antibiotic because I have a relationship with them and I know their medical history. The shift in antibiotic necessity and accessibility requires healthcare providers to spend more time with patients helping them understand the changes.

“There’s more education about drug resistant bacteria now and the long-term effects of taking antibiotics when they aren’t needed,” Upton said. “Drug-resistant bacteria is a serious issue because when you get an infection, medications are less likely to respond. So when you really do need them, they may not work, which then leads to other problems. We have to talk that through with parents when they think an antibiotic is best but it really may not be.”

Upton says especially at this time of year, it’s best to be proactive and do everything you can to keep you and your children from catching what’s going around.

“Hand washing is important to help stop the spread of germs, but the number one way to avoid sickness is by not touching your face. Cold and flu viruses enter your body through the eyes, nose or mouth, so don’t chew your fingernails, pick your eyes or put your fingers anywhere around your face.”

Even though being sick can be miserable and inconvenient, a quick fix of unnecessary antibiotics can do more harm than good and disrupt the balance of nature.

“The body is pretty amazing, so let it do its own work,” Upton said. “It’s better for your immune system to fight off infection and build over time.”

Nursing News and Notes

Kim Bird is the new nurse manager of the Outpatient Care Center. Bird has been with CAMC since 1976. She will graduate from WVU in May 2015 with a doctorate of Nursing Practice degree.

Amber Shinn, RN, BSN, is the new nurse manager for 4 North, Memorial. She has previously been the clinical management coordinator, temporary charge nurse and staff nurse.

Jennifer Imler is the new nurse manager for 5 South, General. Most recently, she served as the clinical management coordinator and the interim nurse manager for 4 South.

MICU, General congratulates the following employees on their recent advancements: Josh Chapman to clinical nurse III; Kisha James to clinical nurse III; and Claudia Pickett to clinical nurse III.

Coronary ICU congratulates Katie Hunt for advancing to a charge nurse III, and Jackie Boyce-Cheshire for advancing to a clinical nurse III.

Surgical vascular intermediate care, Memorial congratulates Kate Herndon, RN for passing Progressive Care Certified Nurse exam.

PhysicianMatch

CAMC no longer offers the PhysicianMatch program.

Calls to the PhysicianMatch line have decreased in recent years, and many calls CAMC receives are for things that cannot be scheduled due to a lack of physicians who can take them (such as workers’ compensation and pain management).

During the past year, the call center has continued to pick up more responsibility and now makes follow-up appointments with primary care physicians for all hospitalist patient discharges. The call center has also been scheduling appointments for many CAMC Physicians Group offices.

Patients can visit camc.org/physicians for a complete physician directory.