2012 Recognition Awardees

50 Years
Bill Williams, construction management

45 Years
Alvena Boggs, cytology lab
Robert Gardiner, in-house transport
Phyllis Hastings, radiology administration
Barbara King, EEG
Ruth Moore, EKG
Anna Thompson, med rehab

40 Years
Tiny Arthur, administration
Carol Bridges, automated procedures lab
Connie Chambers, transfusion services
Cassie Chenoweth, lab administration
Dora Clark, med rehab
Helen Cottrill, health information management
Judy Harold, OR
James Hatfield, housekeeping
Patricia Hess, 5 South
Holly Jeffers, Pediatric ICU
Mickey Jeffrey, Siemens
Linda Kuhmann, l/S administration
Trances Kirtley, pastoral care
Jamie O’Malley, PACU
Judith Peters, lab
Eugene Piroon, clinical engineering
Katrina Riling, automated procedures lab
Kathy Simms, transcription
Patricia Skerins, cytology lab
Shelia Stevens, OR
Pamela Walker, radiology

2012 Award of Excellence in Professional Nursing

With Ron Moore, vice president for professional practice & chief nursing officer.

*Award recipients and their managers are invited to attend their hospital’s luncheon:

General Hospital: Monday, May 7 – noon to 1:30 p.m. – rooms 101-102

Memorial Hospital: Wednesday, May 9 – noon to 1:30 p.m. – WVU building, 4th floor

Women and Children’s Hospital: Thursday, May 10 – noon to 1:30 p.m. – boardroom

Teays Valley Hospital: Thursday, May 10 – 7 to 9 a.m. – Education Room

Award recipients and managers: Please RSVP by Monday, April 30 to Marcie Hodge at (304) 388-4343 or marcie.hodge@camc.org.

All awardees will be entered in a drawing for a $1,000 continuing education award.

CAMC helps flood victims

Storms caused flooding and mudslides in several areas of southern West Virginia March 15. The recovery is ongoing. Based on the needs of the victims, CAMC sent some supplies to help in the recovery efforts.

 Biggest loser

Employees of CAMC and WVU-Charleston Division competed in a “Biggest Loser” contest that started in January. Winners were announced April 10, and the contestants gathered to celebrate a total weight loss of 2,600 pounds!

Some of the Biggest Loser contestants pose with a Volvo to signify the total amount of weight lost – 2,600 pounds!

Cutting waste, cutting costs

It’s a win, win situation: CAMC is reducing waste and saving money at the same time.

Recent efforts and ongoing initiatives have resulted in tons of items being recycled instead of filling up the landfill.

For instance, the cafeterias have switched from Styrofoam takeout containers to paper takeout boxes and bags when possible to lower the volume of waste.

“The paper boxes are more biodegradable than the Styrofoam container so the long-term effect on the environment is less,” said Mike Marinario, nutrition services general manager. “Each paper takeout box and bag takes up 70 percent less space in the trash than a Styrofoam takeout container. Currently the cafeterias use more than 1,870,000 takeout boxes a year.”

CAMC recycles each year more than 2 million pounds of trash (which is as much or more as some communities in our area).

CAMC recycles the same materials some households do: paper and plastic bottles. CAMC also has expanded its program to include items such as light bulbs, batteries and cooking oils, among other things.

But the big efforts and numbers come from CAMC’s reprocessing program. CAMC uses Hygia and Sterilmed to clean and sterilize equipment for reuse that hospitals used to throw away after only one use. All reprocessed devices must be reprocessed using compliant processes to ensure they are cleaned and decontaminated, refurbished, tested for functionality and then packaged and sterilized for another use.

“Last summer we started an initiative with Hygia in which all of the nursing areas have bins to collect disposable used, non-invasive items such as blood pressure cuffs, sequential compression device sleeves, pulse oximeter probes and neck collars,” said Derrick Billeps, director of purchasing/value analysis.

“In addition to better utilizing our existing device resources, Sterilmed reclaims and recycles the metal and plastic from used devices that are not reprocessed,” Billeps said. “For example, plastics are re-ground, or ‘pelletized’ and sold to manufacturers to create new products.”

CAMC Reprocessing

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youtube.com/usec/camchealthsystem
Physicians enjoyed a special lunch on Doctors’ Day. March 30 - a day set aside to honor physicians. CAMC and CAMC Teays Valley thank physicians for putting their heart and soul into the care of our patients and our community.

Mike Williams, vice president/administrator, General Hospital, Allan Snader, MD and William Wood, MD

March match-ness

One-third of the medical students at West Virginia University School of Medicine spend their third and fourth years in Charleston. For graduating medical students, no day is more exciting than Match Day (this year, held March 16). It’s the annual day where fourth-year medical students learn where they’ll be going for their residency training. After receiving a medical degree, physicians enter a residency program for another three to seven years of training. Students opened envelopes with their match letter inside. The event was filled with handshakes, hugs and pictures with family and friends.

There are 172 residents, fellows and interns at CAMC in 10 allopathic and six osteopathic programs. Of those, 42 percent graduated from a West Virginia school, 26 percent from outside West Virginia and 32 percent are from international schools. From 2002 to 2011, 35 percent of the physicians who completed their residency at CAMC went on to practice medicine in West Virginia. Congratulations new physicians!

Nine ways ICD-10 will improve quality of care

HIPAA (Health Insurance Portability and Accountability Act) mandates that all health care providers begin using new diagnosis and procedure coding systems effective Oct. 1, 2013. While CMS (Centers for Medicare and Medicaid Reimbursement) have announced intent to delay that implementation, CAMC and other providers are moving forward as if the delay is not happening. Why? The changes associated with this impact every computer system at CAMC and changes the way physicians document information and how the coders assign the appropriate codes. Some say this project is bigger than Y2K.

So what’s in it for health care? Simply put, ICD-10 will improve our understanding of why we get sick, how we give care, and the quality of care given.

Following are some of the positive aspects:

1. Improved current terminology and specificity is improved over ICD-9.

2. ICD-10 improves the ability of public health officials to track diseases and threats, dangerous settings and even acts of bioterrorism that might otherwise go unrecognized.

3. The specificity of ICD-10 discourages upcoding and fraud.

4. ICD-10 provides specific reasons for patient non-compliance which can move accountability for poor outcomes when a patient fails to follow a recommended regimen of care and gets sicker as a result. ICD-10 provides at least eight codes including intentional and unintentional dosing due to financial hardship or age-related debility.

5. ICD-10 provides for more detailed data on injuries and accidents. One of the most interesting quality improvement potentials of ICD-10 is what it reveals about injuries such as where the accident happens, what part of the body was injured and what implements were used during the injury.

6. ICD-10 provides for greater explanation and accountability for adverse events that occur within health care institutions. There are at least 50 categories for a foreign object, whether the patient came in with it or not. For falls within the hospital, it can be specified by where the fall took place (i.e. bathroom, cafeteria, corridor, the operating room, patient’s room, etc.).

7. ICD-10 specifies procedures by the degree of difficulty. For example, in ICD-9 there is only one code for suture of an artery, regardless of the complexity of the procedure. In ICD-10 there are 195 codes that describe four different approaches and 67 possible arteries. This allows for representation of the differences in difficulty of suture of a coronary artery via an open approach from suture of an artery in the hand.

8. ICD-10 allows for precision in reporting complications from medical devices. In ICD-9, one code represents the malfunction of a vascular device, implant or graft. ICD-10 allows for specificity about the nature of the malfunction as it differentiates whether there is a mechanical breakdown of a vascular dialysis catheter, an arteriovenous shunt, balloon counter pulsation device or an umbrella device.

9. Implementation of ICD-10 aligns with EHR and assures that electronic medical records, value-based purchasing metrics and meaningful use incentive programs all speak the same language.

If you have any questions about how ICD-10 might impact you or your department, please email Ebenetta Rhinehart at ebenetta.rhinehart@camc.org.

WELCOME
NEW PHYSICIAN

Jeremy T. Powers, MD, joins the department of pathology. Powers received his medical degree from the West Virginia University School of Medicine. He completed a pathology residency at the West Virginia University Department of Pathology.

Center celebrates 25 years of restoring patients

Recovering from an accident, major surgery or illness can be a life changing experience. More than ever, a patient needs a team of rehabilitation professionals with the skills and dedication necessary for overcoming such a shattering event.

For more than 25 years, CAMC’s Medical Rehabilitation Center has served its community with just such a team.

CAMC’s rehabilitation center is one of only two hospital-based rehabilitation programs in West Virginia. It has earned Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation in brain injury, spinal cord rehabilitation, stroke rehabilitation and comprehensive inpatient rehabilitation. It is West Virginia’s only medical rehabilitation program with physiatrists who have certification in spinal cord rehabilitation.

Patients in the center are recovering from a wide range of physical disabilities, including spinal cord and traumatic brain injuries, strokes, amputations and orthopedic injuries.

The center’s interdisciplinary team includes physiatrists, rehabilitation nursing, physical therapy, occupational therapy, speech therapy, recreational therapy, social services, neuropsychology, and ancillary support (dietary, respiratory services, counseling/pastoral care, etc.). This team has consistently achieved outcomes that rank among the best in the nation.

“Our goal is to support activities that help patients integrate adaptations to physical challenges into their lifestyle,” said Kenneth Wright, MD, medical director of the rehabilitation center. “We work closely with other treating physicians and families to set a plan for achieving a patient’s goals.”

Peter Americo, corporate director of rehabilitation services, said, “The medical rehabilitation center, located at CAMC General Hospital, is accredited by both CARF and The Joint Commission – a unique combination of accredited programs not found in any other hospital in West Virginia.”

VOLUNTEERS NEEDED! ATHLETES WELCOME!

CAMC Medical Rehabilitation Center’s
West Virginia Challenged Sports Championships

Sanctioned by Wheelchair & Ambulatory Sports USA
May 2 to May 5 – Charleston
Featuring competitions in Track & Field, Swimming, Archery, Weightlifting and Marksmen (sanctioned by the NRA).
Open to athletes of all ages with physical disabilities.

REGISTRATION REQUIRED
To register (as an athlete) or volunteer to help with any of the events, contact Jeremiah Gagnon at (304) 388-7608 or jeremiah.gagnon@camc.org.
For more information or athlete entry forms, visit camc.org/challengedsports.
Less radiation, more comfort

CAMC Women and Children’s Hospital has unveiled its newest CT machine. It is an upgrade that makes faster scans and is equipped with low-dose technology that allows much less radiation to be used — while a computer program boosts the quality of the image.

An important aspect of the system is the patient actually chooses the room theme before their scan using a special control pad. This interaction between patient and equipment is designed to make people more relaxed and move their attention away from any anxiety caused by the impending procedure.

The renovated CT room also features an ambient experience which creates a friendly atmosphere for both children and adults.

The room is specially designed with curved walls for projecting images, providing a movie theatre-like experience without glasses or headphones needed. It also teaches patients about the critical aspects of getting a CT scan like holding their breath and remaining still at certain times. It may tell them to act like a blowfish, inhale and hold their breath as an animated blowfish is projected on the wall providing an illustration.

Vital Signs

David Howard, social worker, was nominated by staff on 5 South, General Hospital for going above and beyond in assisting a patient in becoming independent.

The patient is in his 50s and had never lived on his own due to an illness.

The patient’s mother had always cared for him, but she became ill and could not care for him any longer.

Howard made arrangements for housing, rental assistance, medical care, medications, furniture and even grocery shopping.

But most of all Howard assisted the patient with the confidence to begin living independently.

Since the transition, Howard has met with this patient on numerous occasions, including taking him to tour his apartment, and has also assisted the patient with clothing.

The patient is in his 50s and had never lived on his own due to an illness. The patient is in his 50s and had never lived on his own due to an illness.

When someone requires hospitalization, there are countless aspects of his or her care that make a huge impact on that patient’s short and long-term medical, mental, physical, social and functional outcomes.

Observation, informal patient mobility surveys of staff and patients, focused data collection in the MICU and feedback from clinicians has demonstrated that Memorial Hospital can improve the consistent and routine mobilization of patients.

Ensuring that a patient is progressed off “bed rest” as soon as medically stable is vital to the patient’s recovery and prevention of unnecessary complications, such as new onset DVT/PE, pressure sores, pneumonia, joint contractures, delirium and excessive loss of strength and function. Benefits include a higher level of care at hospital discharge while helping to decrease length of stay, rate of readmission and overall cost of care.

To achieve these benefits and to limit complications of inactivity, Memorial Hospital is in the process of implementing a hospital wide “mobility initiative.”

The ultimate goal of this initiative is for all patients to be mobilized daily at their highest functional capacity by the appropriate staff. The physical therapy (PT)/occupational therapy (OT) department is in the process of formulating a training program for safe patient handling and mobilization.

“Mobility champions” will soon be selected from each nursing unit to attend the training and to be a resource for all direct care staff on their units.

Memorial mobility initiative

“When we want all direct care staff to be empowered to safely and consistently assist their patients with mobility, because direct care nursing staff members are caring for every patient in the hospital 24 hours a day,” said Anna Gensler, physical therapist.

“The role of direct care staff is vital in mobilizing our patients: even at maximal hospital capacity and PT/OT census on any given day, skilled therapy is typically not indicated for, or involved in the care of, more than 25 percent of our hospital’s census,” Gensler said. “That’s 75 percent of our patients who are solely relying on direct care staff to help them mobilize. For the patients who are appropriate for skilled services and are on PT/OT caseload, they typically have 23 hours a day spent not participating in therapy, during which time they still need to be moving at their highest level.”

Patients who are medically stable to be off bed rest should be assisted to mobilize at their highest level routinely, whether this is simply being seated at the edge of the bed, sitting in a chair for all meals or ambulating down the hallway. Walkers have been issued to several units to help facilitate increased ambulation, and the PT/OT staff is working to obtain walkers for every unit in the hospital.

“We need assessment of staffing and other equipment will be ongoing by the mobility team,” Gensler said.

“We appreciate any feedback or insight from staff to help our patients. Physical and occupational therapy will continue to play an important role for patients who demonstrate an acute loss of function due to their illness, when this loss is not expected to resolve spontaneously as the

Continued on page 4

Earl BIRD BONUS!

If you complete your April race, pick one of the early bird prizes listed on the My Health website! Go to myhealth.motivation.cc to enter. Started today!

Get moving in April with My Health and Matt Young’s “Couch to 5K.”

Matt Young, RRCA Certified Running Coach, inspired employees to take the next step toward hopping off the couch and prepping their minds and bodies for a 5K run / walk in his “A Beginners Guide to Running” classes. These classes were hosted by CAMC’s My Health Program in February.

As a coach, Matt hopes to attract people to the sport of running and to teach runners how to train intelligently, so they will be able to extend their running careers, have more fun running, and minimize the risk of unnecessary injuries. If you missed Matt’s inspiring course, you can watch a video of the session at myhealth.motivation.cc or click My Health from CAMnet.

Young will kick off his spring Couch to 5K program on Tuesday, April 24 at 6:30 p.m. at Magic Island. The Couch to 5K program is designed for all levels—walkers, beginner runners and advanced runners. Training lasts for nine weeks and culminates with Charleston’s Independence Day 5K on Friday, June 29. Team members can also get in a practice run or walk in the Foundation’s “Run for Your Life” race on June 16.

If you’ve ever wanted to ease into walking or running but were not sure how to start, this program is custom made for you. Go to the first group session and try it out.

For more information and registration forms, visit myhealth.motivation.cc. 

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Supply chain management congratulates Donna Adkins, material handling center, for being chosen as employee of the quarter for the fourth quarter of 2011.

Coding and data registries congratulates Susan Thompson and Melissa Roebuck for passing their Certified Tumor Registrar examination.

Accounting congratulates Heather Brunton for advancing to the Accountant III position and Kyle Krigbaum for passing the certified public accountant exam.

Congratulations to Samantha Moore for passing echo boards and becoming RDGs.

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**Nursing News and Notes**

OHRI congratulates Traci Axier, Ryan Bailey, Courtney Clark, Bethany Daniel, Carrie Jarrell, Joshua Jordan, Gayle Pauley, Nichole Stowers and Erica Wieneke for advancing the career ladder to CN II.

OHRI welcomes back Susan Dick and welcomes new staff members: Todd Wagner, RN, Hannah Sparks, RN, Amy Vance, HUC, and Tonya White, HUC.

4 East congratulates Crystal Kimble and Jennifer Snodgrass for advancing to CN II.

SurgiCare welcomes Rhonda Crede.

3 South Memorial welcomes Brooke Mays, RN, Stephanie Barker, RN, Shawn Blankenship, RN, Jennifer Napper, RN, Sandra Fix, RN, and welcomes back Greg McCloud, HUC, and Kim Keffer, HUC.

Surgical services, General welcomes Crystal Gould, RN, Elizabeth Welch, RN, and Bryan Hastings, ST. Congratulations to Alex Cornell, RN, for advancing to CN III. Congratulations to Rebecca Drake, RN, CN IV, CCRN, Tammy Day, RN, CN III, CNOR, and Jenean Jones, RN, CN III, CNOR for maintaining their specialty certifications for 20 years.

PACU, General welcomes Karen Buchanan, RN.

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**Memorial mobility**

Continued

patient resumes normal activities with direct care staff."

Skilled therapy can facilitate transfer and ADL training, progressive graded strengthening and activity progression, gait and balance training, neuromuscular re-education, assisting with discharge planning and making recommendations for home equipment among many other skilled interventions. Therapists can also assist direct care staff on the nursing units with problem-solving the most appropriate means of assisting complicated patients to mobilize at their highest level, while preserving patient and staff safety.

Direct care staff interested in taking on or sharing the role of “mobility champion” for your unit can speak with a charge nurse and nurse manager about attending an upcoming training session led by the PT/OT department.

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**Run for Your Life**

The annual 5-mile run is scheduled for 8:30 a.m., Saturday, June 16

Held in conjunction with FestivalALL and the Smoke on the Water Cook-Off, the run begins at Haddad Riverfront Park, follows Court Street through downtown, travels up to and around historic Hill Cemetery and comes back to the cook-off site.

All entry fees from Run for Your Life go to the CAMC Foundation to support colorectal cancer awareness and screening.

Call (304) 388-9864 for more information.

“A Year’s Process” workshop, which depicts the transition of the newly graduated RNs from the academic setting through their first year of professional clinical nursing practice, was presented to the December 2011 graduate nurses, many of whom graduated from the RVCTC/CAMC collaborative nursing program.