On a Mission
Mammographer has Quest to Take the Best Images for Optimal Patient Outcomes

Lead Mammographer
Cathy Campbell RT (R), (M)
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Mammographer Has Quest to Take the Best Images for Optimal Patient Outcomes

Lead Mammographer Cathy Campbell RT (R), (M), has a compassionate, soft spoken way of putting a woman at ease in what could be a very uncomfortable situation, yet also has the tenacity to take charge and make sure the appropriate care is given to that patient.

Serving Fisher-Titus and the community for 44 years, Cathy has seen many changes in imaging technology and has adapted to each new process in her quest to take the best “pictures” for optimal patient outcomes.

Recently, Cathy was honored by the Ohio Hospital Association as one of 56 outstanding health-care professionals nominated for the 2015 Albert E. Dyckes Health Care Worker of the Year Award.

PROVIDING OPTIMAL PATIENT CARE
Cathy began her career in 1971 as one of two technologists in the Fisher-Titus Imaging Services Department. As the department expanded, so did Cathy’s expertise. Since 1997, her focus has been mammography and in 2007 she was named Lead Mammographer. Cathy now leads a team of four technologists and sets high standards.

ABOUT FISHER-TITUS IMAGING SERVICES
Under the leadership of the Medical Director of Imaging Services, Dr. William Ferber, more than 60,000 imaging procedures are performed each year. The Imaging Services Department is staffed 24 hours a day, seven days a week to provide imaging services to the community. The team of imaging professionals, including highly trained and experienced physicians and technologists, perform and interpret all imaging procedures with the utmost precision so patients receive the most accurate diagnosis possible.

Diagnostic and therapeutic imaging services include:
• MRI, CT, Mammography, and Nuclear Medicine accredited by the American College of Radiology
• Ultrasound accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL)
In 2014, Cathy and her staff captured 11,000 mammography images. Daily, she helps her team with hands-on clinical work; guides them through a schedule that begins at 7 a.m. with patients every 15 minutes; and trains them on techniques for getting the “best” image possible.

Technologist Angie Fitch talks about her leader’s personal mission. “Cathy is dedicated to the modality and knows it inside and out.”

CATHY’S DAILY GOAL

For Cathy, her goal is about getting the best image and best outcome for the patient. That means leaving her personal life at the door and bringing the work ethic her parents instilled in her to Fisher-Titus as she punches in at 6:23 a.m. – seven minutes before she is scheduled to work!

Well-versed on regulations and armed with compassion and patience, Cathy is ready to provide care whether it’s a routine screening mammogram or a follow-up with a patient diagnosed with an abnormal finding.

As a patient advocate, Cathy ensures an extra call is made to physician offices if patients have positive findings. Reminders are also sent to physicians to get patients back for follow-ups.

Her patients are at the heart of everything Cathy does including routine tasks like calibrating the machine and ensuring the department meets quality control standards.

“Cathy is diligent about maintaining standards,” said Dr. William Ferber, Medical Director of Imaging Services. “She is invaluable in our accreditation process with the American College of Radiologists every three years. She also interacts with Ohio Department of Health inspectors for the annual Mammography Quality Standards Act accreditation.”

CATHY’S PASSION

Cathy has a passion for her career that goes beyond her job’s technical aspects. Having a family history of cancer, she wants to help detect it early for others. Although she can’t diagnose or read images, she tries to get the best images to aid the radiologists in their jobs.

“She knows the basics of getting a good image and also takes extra measures so that we can ‘see’ even better,” Dr. Ferber said.

Cathy has a special way of nurturing patients and adapting to each situation. “She is always aware of what patients are going through and makes them as comfortable as possible,” said Dr. Ferber. Angies added, “Cathy sees many patients year after year and builds relationships with them. Some have battled breast cancer. Each patient has a story and knowing that helps Cathy provide the right encouragement.”

“If I have a new patient, I take her under my wing and really explain what will happen,” Cathy said. “I use humor to make patients feel more comfortable.”

SERVING THE COMMUNITY

To make sure no woman falls through the cracks, Cathy is involved in many community outreach events through her job as lead mammography technologist. One significant activity she helps to coordinate is the Susan Komen screening program. Komen events are held regularly throughout the year for women who are underinsured or uninsured. Since 2011, the Susan G. Komen Fund has helped provide an estimated 100 free mammogram screenings annually for persons without insurance. The mammograms are funded by Northwest Ohio Affiliate of Susan G. Komen for the Cure through the Hospital Council of Northwest Ohio. To schedule a free mammogram screening, call 419-660-2646.

NEW POLICIES PUT IN PLACE DUE TO BREAST DENSITY NOTIFICATION ACT

The Breast Density Notification Act, recently enacted into Ohio law, now requires hospitals to notify patients whose mammograms show that they have dense breast tissue, as defined by the American College of Radiology. To help patients understand this change:

• All patients receive a letter when they have their mammogram to tell them of the requirement for notification of dense breast. An educational brochure about dense breast is included.

• After having a mammogram, every patient receives a follow-up letter with a summary of the written report containing the results of the mammogram. Patients with dense breast tissue will receive additional information in the summary.

In 2014, The Fisher-Titus Imaging Services Department performed 5,500 mammograms. For more information, call Karen Darr, Director of Imaging Services, at 419-668-8101.
Jim Jones, suffering with chronic obstructive pulmonary disease (COPD), is at home and becomes short of breath. COPD is a lung disease that makes it hard to breathe. It is caused by damage to the lungs over many years, usually from smoking. Jim tries all his home meds as prescribed by his physician including nebulizers and is still having difficulty breathing.

A family member calls 9-1-1 and North Central Emergency Medical Services (EMS) is dispatched to Jim’s home. EMS personnel assess Jim and get him stabilized. The Emergency Medical Technician (EMT) immediately calls the Triage Nurse in the Fisher-Titus Emergency Department. She takes notes on the patient and alerts the ER Physician on the patient’s condition and approximate time of arrival. Since Jim has a history of COPD, Pulmonary Medicine is called and Respiratory Therapists prepare to help the Emergency Department team with care.

Upon Jim’s arrival at the Emergency Department, the ER Physician attends to the impending crisis of Respiratory Failure by performing Emergency Airway Management Techniques on him, including Endotracheal Intubation. Intubation is a procedure involving sedation of the patient and placement of a plastic tube into the mouth connecting to the throat and the breathing passage. The tube is then connected to a Mechanical Ventilator that will breathe for Jim who has been adequately sedated during the entire process for comfort and anxiety relief. Next, the ER Physician orders blood tests to measure Jim’s blood gases to manage his oxygen needs and monitor his carbon-dioxide levels. (An X-Ray and/or CT of the chest may also be done to determine if there is an underlying infection, collapsed lung or blood clot in the lung.)

Once the test results are in, the ER Physician makes a diagnosis: Jim has an acute exacerbation of his COPD and needs to be admitted to the hospital.

The ER Physician calls the Hospitalist, a board-certified physician whose primary focus is the general medical care of hospitalized patients. Jim is admitted and transferred to the Medical Intensive Care Unit (ICU) under the care of the Fisher-Titus Hospitalist Team.

A Medication History Technician interviews Jim and his family to compile the most accurate list of medications and enter them into his Electronic Medical Record. The technician also obtains further medication information from Jim’s Family Physician and other sources such as his Pharmacy by following a standardized work instruction set.

Jim is met in his room by the admitting team, which includes a Hospitalist and a Primary Nurse, who has been assigned to care for him. At the time of admission, a three-day plan is initiated to treat the COPD exacerbation.
During Jim’s entire stay, a Hospitalist supervises his care, providing continuous care 24/7. If the Hospitalist feels the need to consult a specialist for Jim’s care, he will contact a specialist to examine Jim and make treatment recommendations. In Jim’s case, this could be a Pulmonologist and even a Cardiologist if needed.

Every morning, a Multidisciplinary Bedside Rounding Team visits Jim and any family present to conduct collaborative rounds at the bedside. The team is led by a Hospitalist and also includes the Clinical Resource Manager, Pharmacist and Jim’s Primary Nurse. This team works collaboratively to provide care while keeping Jim and his family at the center of all clinical and care decisions. The Clinical Resource Manager is in charge of discharge care and begins the process of setting up any follow-up care such as Pulmonary Rehabilitation therapy, Home Health Services, a Skilled Nursing Facility or equipment for home oxygen.

As Jim begins to feel better, he transitions from ICU to the inpatient medical floor. This Inpatient Team continues to follow Jim’s case daily during this transition.

On the day of discharge, Jim is provided a final diagnosis, information about medications and any other information about follow-up care. Jim and his family are an integral part of the day-by-day plan of care and are especially crucial at the time of discharge. Because Jim is considered to be homebound, the Clinical Resource Manager will set up home care with the Fisher-Titus Home Health Center where a nurse, physical therapist and occupational therapist will work with Jim to increase his strength and help him transition back home. The Hospitalist calls the patient’s Primary Care Physician (PCP) to convey the plan of care at discharge. A follow-up appointment will be made as needed with specialists or PCP to complete the care plans.

A Home Health Nurse, Occupational Therapist and Physical Therapist are assigned to provide assessment, education and care for Jim in his home during a 60-day period. During that time, a skilled nurse will visit two to three times per week to provide assessment, medication reconciliation and oversight, and help to establish a plan and goals to help Jim feel better so that he can transition to outpatient physical therapy and pulmonary rehabilitation. Occupational Therapy will work with Jim to assess his home and look for ways to set it up so it is more accommodating for disease management and energy conservation. Physical Therapy also will assess Jim and work with him to build up his strength.

Once goals are met and Jim is doing well enough to transition to outpatient services, he will “graduate” from Home Health and appointments will be made with the Walcher Rehabilitation Center for Physical Therapy and Occupational Therapy. He also will be enrolled in Fisher-Titus Pulmonary Rehabilitation, a 12-week program that is designed for those who experience lung and breathing problems such as COPD.

Jim will continue visits with his Primary Care Physician to monitor his progress.
Providing Care Where You Need It, When You Need It
Caring for the Communities You Call Home

Fisher-Titus Medical Care is a group of dedicated physicians and allied health professionals with multiple offices throughout North Central Ohio and at Fisher-Titus Medical Center. Our collaborative approach to patient care means that we work together to make sure you and your family get the care you need, when you need it. And because we’re affiliated with Fisher-Titus Medical Center, you can trust you have access to all the resources you need to enjoy a healthy life.

Expanding Services in Willard

BUILDING ON TRADITION: WILLARD HEALTH CENTER
Building on the long tradition of quality family care from Drs. Eric and Amy Prack and Drs. Chris and Vicki Brown, the new Willard Health Center at 315 Crestwood Drive is offering expanded services and convenient access to specialists in Women’s Health and General Surgery.

FAMILY MEDICINE
The Pracks and Browns, all Board Certified in Family Medicine, have treated generations of families in Willard and look forward to continuing their tradition of keeping families healthy at the Willard Health Center. Dr. Chris Brown also continues to see patients in Greenwich at 13 Tilton St.

WOMEN’S HEALTH
Dr. Amy Wilber, Board Certified in Obstetrics and Gynecology, and Stephanie Steinmetz-Hoffman, Women’s Health Nurse Practitioner, bring the highest level of specialized care and compassion to area women. Dr. Wilber also offers patients the option of robotic surgical techniques, a state-of-the-art tool that can minimize post-surgical pain and speed recovery time. Hometown connections are important to both with Stephanie having roots in Willard and Dr. Wilber in Sandusky.

GENERAL SURGERY
Dr. Michael Nill, a Board Certified General Surgeon, who has recently returned to the area, is skilled in the latest surgical techniques including minimally invasive and robotic-assisted surgeries. Procedures performed by Dr. Nill include appendectomy, biopsy, breast surgery, diagnostic laparoscopy and robotic-assisted gallbladder and hernia surgeries.

NEW PATIENTS WELCOME!
Behavioral Health services will be coming this fall.

Willard Health Center
315 Crestwood Drive
419-935-0196
For more information, visit fisher-titus.org/willard.

The Willard Health Center team includes from left Christopher R. Brown, M.D., FAAFP, Vicki J. Brown, M.D., FAAFP, Michael Nill, M.D., FACS, Amy S. Prack, M.D., FAAFP, Eric G. Prack, M.D., FAAFP, Amy E. Wilber, D.O., FACOOG and Stephanie Steinmetz-Hoffman, WHNP.
Expanding Our Services in Women’s Health

Dedicated to advancing women’s health in our communities, the Fisher-Titus Medical Care Women’s Health team provides a full continuum of care for women throughout their lives. This team of specialists is providing care at locations throughout the area.

SHARON DORMAN, D.O., FACOOG
The newest member of our team is Dr. Dorman, who is Board Certified in Obstetrics and Gynecology. Dr. Dorman has been named Medical Director for Women’s Health. She has been a member of the Fisher-Titus medical staff since 2004 and has served in a private practice in Milan. She recently joined the Fisher-Titus Medical Care team and will see patients in Milan.

AMY WILBER, D.O., FACOOG
Dr. Wilber focuses on the special health needs of women from pregnancy and birth through all the stages of their lives. Dr. Wilber sees patients in Norwalk and Willard.

TARA KERSEY-BARRETT, D.O.
Dr. Kersey-Barrett, Board Certified in Family Practice, specializes in women’s primary care and other health issues including nutrition counseling and weight loss. She sees patients in Norwalk and Wakeman.

STEPHANIE STEINMETZ-HOFFMAN, WHNP
Stephanie Hoffman specializes in women’s health, obstetrics, gynecology, contraception, pregnancy and prenatal care. She sees patients in Norwalk, Milan and Willard.

Our Women’s Health Team is supported by the comprehensive resources available at Fisher-Titus Medical Center which includes a family-friendly Birthing Center, state-of-the art Women’s Imaging Center offering the latest imaging technologies including breast MRIs and digital mammography, and Rehabilitation Services that focuses on the unique needs of women.

For more information on Women’s Health, visit fisher-titus.org/women.
The Hospitalist Team includes (front, from left): Charlene Breedlove, Adult-Gerontology Primary Care Nurse Practitioner–Board Certified, Allied Health Professional; Renee Osborn, Adult-Gerontology Primary Care Nurse Practitioner–Board Certified; Diana Rodriguez, Doctor of Nursing Practice; Kristin Gennari, M.D.; (back, from left) Juan Estupinan, M.D.; Mohamed A. Saab, D.O.; Hasan Amir, M.D.; Mbanefo Ojukwu, M.D.; and Patrick A. Breslin, D.O. Not pictured: Timothy W. Mummert, D.O.

Hospitalists work as a team to care for patients in the hospital 24-hours-a-day to address concerns and questions of patients and their families. When discharged, patients and their updated medical records are returned to the primary care physician. If a patient doesn’t have a primary care physician, we can help find one.

And remember... CONVENIENT CARE

For minor injuries and illnesses, visit Fisher-Titus Convenient Care open days, evenings and weekends. No appointment is necessary. Walk-ins are welcome.

In most cases, you’ll be charged the same co-pay as an office visit, not the high out-of-pocket fees usually charged at Urgent Cares.

Fisher-Titus Convenient Care
North Side Medical Office
368 Milan Avenue
419-663-6464

Hours:
9 a.m. – 9 p.m. Tuesday – Friday
3 p.m. – 9 p.m. Saturday – Sunday

Outpatient Laboratory Services also available during these hours. Physical Therapy Services are also available by appointment.
New Physicians and Allied Health Professionals

**NATHANIEL ENDERS** M.D.
Fisher-Titus Medical Care, Norwalk Internal Medicine

Dr. Nathaniel Enders has joined the Internal Medicine team of John Hughes, M.D. and Lori Wade, CNP. A graduate of the University of Toledo College of Medicine, he most recently completed his residency at Summa Akron City Hospital. He has been a member of the American College of Physicians since 2012. In his free time, he enjoys going to museums, zoos and amusement parks with his family.

For Appointments:
419-663-8808

**RENEE LEBER** MSSA, LISW-S
Fisher-Titus Medical Care, Behavioral Health

Renee Leber of Milan has joined Upender Gehlot, M.D. and Rachel Velishek, LPCC as part of the Fisher-Titus Medical Care Behavioral Health team. Most recently, Leber worked with children and adults in her role supervising family violence programs at Family Service of Northwest Ohio, Toledo. Leber will provide counseling and psychotherapy services to all age groups in a private, confidential outpatient setting.

For Appointments:
419-929-4357 (New London)
419-839-2226 (Wakeman)

**AMANDA HORN** CNP
Fisher-Titus Medical Care, Family Medicine

Amanda Horn, CNP has joined the Family Medicine teams in New London and Wakeman. A graduate of the University of Cincinnati, she most recently cared for patients as an intensive care nurse at Fisher-Titus Medical Center. She is a native of Collins and is looking forward to providing care to local families.

For Appointments:
419-929-4357 (New London)
419-839-2226 (Wakeman)

**ASHLEY SCHOEN** MSN, NP-C
Fisher-Titus Medical Care, Convenient Care

Ashley Schoen has joined the Convenient Care team in the North Side Medical Office in Norwalk. Schoen, of Norwalk, graduated from the University of Cincinnati’s Family Nurse Practitioner Program with a master of science in nursing in May. Prior to joining Fisher-Titus Medical Care, Schoen worked in the Fisher-Titus Emergency Department as a staff nurse.

For Information:
419-663-6464
When Time Matters
Fisher-Titus Joins the University of Toledo Medical Center to Offer Telestroke

Stroke can strike suddenly, and, without rapid intervention, it can lead to potentially profound disability and death. The American Stroke Association says stroke is the number one cause of disability in this country, and the number four cause of death.

To enhance its highly skilled stroke care, Fisher-Titus Medical Center has joined The University of Toledo Stroke Network, a collaborative network of hospitals connected to a central hub hospital, The University of Toledo Medical Center (UTMC), which has expertise in all aspects of stroke management. Using high-quality teleconferencing equipment, members of the UTMC Stroke Network team are able to work in tandem with emergency department physicians to:

- Perform a virtual examination on a stroke patient
- View radiological studies
- Talk with family members
- Develop a treatment plan

Dr. Mouhammad Juma (above left) and Dr. Syed Zaidi (above right), vascular and interventional neurologists, direct the UTMC Stroke Network and neurointerventional services. These physicians work directly with Fisher-Titus Emergency Department physicians and hospitalists in treating stroke patients.

STROKE CERTIFICATION

Fisher-Titus has maintained Primary Stroke Certification from the Healthcare Facilities Accreditation Program (HFAP) since 2011, and prior to that, through the Joint Commission. This signifies the capacity to stabilize and treat stroke patients, provide acute care and administer acute therapies safely and efficiently.
Call 9-1-1! ACT FAST at the First Sign of a Stroke.

"We always want to provide our patients with the best available health care," said Dr. Shankar Kurra, Fisher-Titus Medical Center’s Senior Vice President of Medical Affairs. "The best health care is collaborative – expert providers working together to achieve the best possible outcome for the patient. This network is designed to do just that: we can expand patient access to university-level care and research. And, when time is of the essence, our patients can be treated quickly if direct intervention is required without having to be transferred to a larger hospital."

A minority of strokes require surgical intervention, explained Dr. Kurra. "Time matters in these cases. Using this technology, the UTMC interventional neurologist is part of the triage process and helps determine if a patient would benefit from surgery or if the stroke could be treated without surgery. If surgery is needed, the patient can be transferred to UTMC, where a team already involved in their treatment, will be ready to care for them.

"If no surgery is needed, the patient will be treated by a hospitalist, who is trained to treat non-surgical strokes. Once the patient is discharged, a local neurologist will care for him/her."

How the UTMC Stroke Network Works

The University of Toledo Medical Center (UTMC) Stroke Network provides on-demand remote consultation with UTMC neurologists as soon as a patient arrives at Fisher-Titus Medical Center. Connecting via a control station using secure Internet connection, a UTMC Stroke Network neurologist is able to speak with physicians, review patient records and diagnostic results, examine the patient, and talk with family members to help determine the best course of treatment.

We are committed to keeping care local whenever appropriate and can provide follow-up consultations from our comprehensive team, which includes rehabilitation experts.

AT THE UTMC STROKE NETWORK CENTER

- Rapid, all-hour access to a highly experienced stroke neurologist is provided.
- The UTMC Stroke Network neurologist remotely performs an examination and reviews data and CT scans to determine the presence or severity of stroke.
- The UTMC Stroke Network neurologist performs a formal consultation and confers directly with local physicians, the patient, and their family to determine the best treatment plan.
- The UTMC Stroke Network neurologist can provide consultation on follow-up treatment throughout recovery.
- If necessary, transfer to advanced stroke care is available.

AT FISHER-TITUS MEDICAL CENTER

- Patient arrives in Emergency Department.
- An emergency physician evaluates the patient and determines if a UTMC Stroke Network evaluation is needed.
- The UTMC Stroke Network mobile unit is moved to the patient’s bedside.
- The physician, patient, and family members speak directly to the UTMC Stroke Network neurologist.
- Emergency staff members confer with the UTMC Stroke Network neurologist, and determine treatment, admission, or transfer if necessary.
- We are committed to keeping care local whenever appropriate and can provide follow-up consultations from our comprehensive team, which includes rehabilitation experts.
Preventing Sepsis Through Technology

In 2006, Neal Patterson, CEO of Cerner Corporation (Fisher-Titus’ information technology partner), lost his sister-in-law Linda to sepsis, a severe bloodstream infection, also known as blood poisoning.

He attributed his sister-in-law’s death to being seen in a rural hospital that lacked the diagnostic and treatment abilities she needed, according to a story in the Kansas City Star. Patterson believed that her death could have been prevented if the hospital she was in had a system that could detect septic shock early.

While Patterson knew he couldn’t bring back Linda or others who have died from sepsis, the CEO challenged his corporation to develop a system to help alert clinicians that a patient’s condition is deteriorating.

So, Patterson put his Cerner team to work and developed the St. John Sepsis Rescue Agent. The St. John Sepsis Rescue Agent is a complicated plug-in computer application that uses the data in a patient’s Electronic Health Records (EHRs) – vitals, history, bed information, etc. – and alerts nursing staff of the possibility of sepsis in patients. This is key because when sepsis is detected and diagnosed early, it is highly treatable.

ABOUT SEPSIS

Sepsis – also known as blood poisoning – is an infection that takes over a patient’s entire body. This infection causes an inflammatory response limiting blood flow to vital organs. It can cause long term physical disabilities or death. Sepsis is often the result of other medical conditions such as infections in the lungs, skin or abdomen and many of the symptoms – like fever, rash and difficulty breathing – are similar to those of other medical conditions making it even more difficult to diagnose.

It affects more than 750,000 patients per year in the U.S. alone and is responsible for almost $17 billion in annual health care costs in the U.S., according to a recent study. Although it is highly treatable when detected early, it’s the 10th leading cause of death in the U.S. with only a 35 percent to 50 percent chance of survival.
In 2004, the Institute for Healthcare Improvement created initial guidelines for identifying and treating sepsis patients. Cerner used these guidelines to create the St. John Sepsis Rescue Agent that automatically and constantly monitors a patient’s condition and alerts the nursing staff if there is potential for sepsis. A nurse then looks over the patient’s condition and refers to the physician if he/she feels there is a possibility for sepsis.

Because Patterson and Cerner believed heavily in the importance of this technology to save patients’ lives, they provided the software to all clients free of charge. The only cost was an installation fee.

The St. John Sepsis Rescue Agent was implemented at Fisher-Titus Medical Center in April. The $17,000 installation fee was donated by the Fisher-Titus Auxiliary.

That month there were 70 alerts from the agent notifying nursing staff of potential sepsis cases. Of these alerts, 54 (77 percent) were confirmed cases in which the clinical team was able to diagnose patients with sepsis early and treat them more effectively.

FISHER-TITUS JOINS OHA TO FIGHT SEPSIS

In 2014, Centers for Medicare and Medicaid Services (CMS) launched an initiative called the Partnership for Patients in an effort to reduce preventable harm and hospital readmissions for patients. As part of this, hospitals around the country joined to form Hospital Engagement Networks (HEN). In Ohio, the Ohio Hospital Association (OHA) serves as a leading HEN for the nation.

This year, OHA set forth a statewide sepsis initiative to reduce sepsis mortality and incidence of sepsis. Fisher-Titus has joined this initiative and with the help of the St. John Sepsis Rescue Agent hope to reduce the sepsis incidence by the end of this year.

Sepsis incidence represents over 50,000 patients per year in Ohio. In 2014, Fisher-Titus saw a total of 272 cases of sepsis.

Many of these patients continue to require additional health-care services after surviving sepsis due to complications. Early recognition and treatment can reduce the morbidity and mortality of sepsis.

ABOUT FISHER-TITUS AUXILIARY

Since 1956, the Fisher-Titus Auxiliary has been raising money to support the Fisher-Titus Medical Center through its volunteer fund-raising efforts.

Projects include an annual classic car show, cookie walks, spring plant sale, hosting various outside vendor sales and providing the Fisher-Titus Gift Shop for our staff and visitors. Over the past five years, the Auxiliary raised funds for a digital message sign at the hospital’s Benedict Avenue entrance, a digital mammography machine, CPR mannequins, a camera for the pediatric therapy programs, the refreshing/remodeling of the Benedict Avenue entrance, and now the installation fee for the St. John Sepsis Rescue Agent.

The Auxiliary is composed of members who pay an annual $5 fee for their membership. Membership is made up mostly of volunteers, but is also open to Fisher-Titus employees as well as community members. Currently the Auxiliary has approximately 100 members.

For more information on how to join the Fisher-Titus Auxiliary, call 419-660-2556.

A CHIEVEMENT

STRAIGHT A’S FOR SAFETY

Fisher-Titus was one of just 782 U.S. hospitals to receive an “A” for hospital safety in the Leapfrog Group’s seventh round of Hospital Safety Scores released in April. The Leapfrog Group assigned letter grades — A, B, C, D, or F — to 2,523 hospitals based on their performance on 28 safety measures.

Fisher-Titus Medical Center has earned an A grade every rating period since fall of 2012, when the Medical Center began participating in the survey. This was the first time Leapfrog displayed every grade hospitals have received.

The Hospital Safety Score uses national performance measures from various sources to produce a single score representing a hospital’s overall performance in keeping patients safe from preventable harm and medical errors. Leapfrog Hospital Survey is voluntary and reports are issued twice a year. For more information visit hospitalsafetyscore.com

THE LEAPFROG GROUP

HOSPITAL SAFETY SCORE

SEE “STAR RATINGS” STORY ON PAGE 14.
HCAHPS Star Ratings
Helping Consumers Evaluate Care

More than a decade ago, the Centers for Medicare & Medicaid Services (CMS) and the Hospital Quality Alliance launched Hospital Compare—a website designed to provide the public with quality of care information from hospitals. The first set of 10 “core” care measures were displayed on topics such as heart attack, heart failure, pneumonia and surgical care. Over the years, additional measures were added, and today more than 100 measures appear on the site.

In 2008, HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey results were added to report a patient’s experience while in a hospital. Data is gathered from adult patients who are randomly surveyed after they leave the hospital on 11 facets of their patient experience including how well doctors and nurses communicated, how well they believed their pain was addressed, and whether they would recommend the hospital to others. Survey results are displayed as “top box” percentages—that is, the percentage of patients who gave the most favorable response to each question.

In April, CMS introduced a star rating system for HCAHPS that is displayed in addition to the Top Box percentages. CMS uses a complex methodology to convert the survey data into star ratings, with 5 stars being the highest.

In assigning stars, Medicare compares hospitals with each other. During this first reporting period, Fisher-Titus earned a four-star ranking along with 1,205 other hospitals or 34 percent of the 3,553 hospitals surveyed. Only 7 percent, 251 hospitals, were ranked with five stars. New Star Rankings were issued in July with Fisher-Titus again earning 4 stars.

Rankings are updated quarterly but are reported for discharges that occur almost a year prior to the posting. The current star ratings on Hospital Compare are based on HCAHPS survey data for patients discharged between July 1, 2013 and June 30, 2014.

HCAHPS Star Ratings are the first star ratings to appear on Hospital Compare. CMS is developing a star rating approach to apply to most measures on the website in the future to make the data more consumer-friendly.

VALUE BASED PURCHASING
In addition to providing a source of information for consumers, patient experience and clinical quality measures are used to calculate Medicare reimbursements to hospitals through a program called Value Based Purchasing. If a hospital performs well for the items measured, Medicare reimbursements are greater. If a hospital performs poorly, it is reimbursed less.

HOW TO CHOOSE
Consumers should consider multiple factors when choosing a hospital. The new HCAHPS Star Ratings summarize one aspect of hospital quality: patients’ experience of care. Other data that are publicly reported on Hospital Compare can be very useful. In addition, consumers should discuss hospital quality with their health-care professionals when selecting a hospital.

To visit the site, go to medicare.gov/HospitalCompare.
New Anti-Gravity Treadmill Offered to Physical Therapy Patients to Improve Mobility

The Rehabilitation Department has a new anti-gravity treadmill that offers patients who need to improve their mobility a new option in therapy — unweighted physical therapy.

According to Mary Helton, Director of Rehabilitation Services, the AlterG Anti-Gravity Treadmill is the first and only unweighted treadmill in the area. “The AlterG Anti-Gravity treadmill is a great therapy tool for patients recovering from orthopedic surgery or stroke to those with Parkinson’s disease and cerebral palsy,” Helton said.

The AlterG Anti-Gravity Treadmill uses “unweighting” technology. It works by inflating an air chamber to reduce stress on the body’s lower extremities.

“Patients can walk or run while supporting as little as 20 percent of their actual body weight,” Helton said. “It is also an excellent resource for bariatric patients by increasing exercise tolerance and decreasing pain during exercise.”

Access to the AlterG Anti-Gravity treadmill is part of the treatment plan designed by a patient’s therapist. There is no additional cost and is part of a patient’s physical therapy charges.

Physical Therapists provide assessments and treatments to individuals to develop, maintain, and restore maximum movement and function throughout life. Based on an individual’s need, licensed physical therapists (PTs) and physical therapy assistants (PTAs), design and implement treatment plans to help restore function, relieve pain, and prevent injury.

REMINDER: If you are visiting a patient at Fisher-Titus Medical Center, you will need to park at the Benedict Avenue Entrance, Parking Lot B. As you enter the building, you will be greeted by staff in yellow shirts or our volunteers who will guide you to your destination in the Fisher-Titus Patient Pavilion.

The Benedict Avenue door is open from 6:30 a.m. to 8:30 p.m. Monday through Sunday. During non-business hours, visitors should use the Emergency/Admitting Entrance.

The Fisher-Titus Patient Pavilion Main Entrance and Parking Lot C are closed until the fall to accommodate renovations to the parking lot, entranceway, lobby and Shady Lane Café. During this time, there is access to the Patient Pavilion elevators that transport visitors to patient rooms, the Shady Lane Café, and the entrance to the new Endoscopy Center.
Palliative care services are now available at Fisher-Titus Medical Center in partnership with Stein Palliative Medicine of Sandusky.

Palliative medicine is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness – whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

The team at Fisher-Titus is led by Sara Graham, D.O., who specializes in pain and symptom management. Also on the team are James Preston, D.O., Larry Robinson, D.O. and Katy McGraw, NP-C.

“Palliative care is provided by a trained team of doctors, nurses, and other specialists who work together with a patient’s other doctors to provide an extra layer of support,” explained Dr. Graham. “It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.”

Dr. Graham explained that many people confuse palliative care with hospice care. “The core of palliative care and hospice care are the same: to provide comfort, as well as pain and symptom management while optimizing quality of life,” she said. “However, hospice care is for someone with a terminal illness while palliative care is available to anyone with a serious illness regardless of life expectancy or prognosis.”

Patients undergoing cancer treatments, suffering from the symptoms of congestive heart failure or COPD might be candidates for palliative medicine.

Services at Fisher-Titus include in-patient consultations and out-patient consultations through a weekly clinic.

“We are pleased to work with Stein to bring this important component of patient care to our community,” said Lorna Strayer, Fisher-Titus President. “It is another example of teaming up with regional experts to bring the highest quality of care to patients who need it, where they need it, without having to travel.”

“Our palliative care team provides interdisciplinary consultation for patients at the request of an attending physician, focused on expert symptom control, clear communication about goals of care and treatment decisions, and referral to community resources.” Dr. Graham said. The patient’s physician continues to oversee the patient’s care.

In addition to the consultation with a physician or nurse practitioner and pain and symptom control, emotional and spiritual counseling is provided to patients and families, as well as guided imagery and other holistic programs.

Patients must have a referral from their physician for palliative medicine services.