



Dear Friends of DECH,

In our last edition of Good Medicine I wrote about the six pillars of organizational performance: People, Quality, Growth, Finance, Service and Community. Since that time we have conducted what is called a SWOT analysis of each pillar. SWOT stands for Strengths, Weaknesses, Opportunities and Threats. In performing the analysis we gathered together many members of our hospital community with different members on each team. Our goal was to ensure that this information would be prepared as an educational tool for the new Board of Trustees so that they would know our strengths, weaknesses, opportunities and threats as it applies to each pillar.

For example, in regard to Quality, we looked at our strengths and identified, among other things, a completely revised quality improvement process that was recognized by the state as one of the best they had seen in a small hospital and as good as some in many larger hospitals. As a weakness we recognized that we continue to need better access to primary care to help reduce over utilization of expensive emergency department services. In terms of opportunities, we know that showing our citizens how we have made meaningful changes can only increase confidence in our community hospital. And among the threats we identified was the continued funding of our hospital so that meaningful staff education would continue. While this is just a sampling of the kinds of discussions that we had, it seems important that community members know that we continue to critically evaluate the hospital and work to ensure that our new Board of Trustees is fully aware of the issues facing our hospital.

These exercises created long lists that will be put into our binders and presented to our board members before the meeting. This will give them an opportunity to think about issues, both positive and negative, and come prepared to our strategic planning sessions for meaningful, governance discussions designed to build accountability and direction within the organization.

Our hospital has made tremendous progress since the establishment of the emergency receivership in July 2009. As the end of the receivership is now close at hand, it remains important that we keep our culture of improvement and not lose the momentum in our work.

During 2011 our board has already elected its officers: Eric Burke, MD, as chair, Cynthia Huggins, PhD, as vice chair, John Church as treasurer and Greg Campbell, PhD, as secretary. We have conducted six SWOT exercises, taken a deep look at what our hospital means to our community and developed a two day strategic planning program for our Board of Trustees in March. Next steps will include a strengthened evaluation program for the CEO and organizational vice presidents and the creation of the four Citizens Advisory Councils that were developed as part of the governance plan designed to strengthen community accountability and transparency.

This will be an exciting year for our hospital. We look forward to continually building on our accomplishments and showing the community that we are listening carefully, responding to complaints and addressing community concerns. One concern that consistently came out of our SWOT exercises was the use of a series of temporary physicians to provide pediatric care. We heard clearly from parents that they wanted to know the person that was caring for their children. We are pleased that we have signed a contract with a recently trained pediatrician who will be moving here with her family this summer!

With best regards always,

Douglas T. Jones, FACHE  
President & CEO



## Caring and Quality for You

Rarely when someone is in the hospital are they asked “Are you a satisfied patient?” But patients or their loved ones usually know when they are dissatisfied about care or services at a hospital – whether it is an issue related to the environment (such as room temperature) or directly related to care (such as receiving medication on time).

All Down East Community Hospital staff members want our patients to be satisfied with our services. We appreciate your compliments – here is a recent appreciation from a patient: *“Everyone that helped me had great concern about helping me and made me feel at ease.”* Your comments let us know *“you are a satisfied patient”*. Our job, after all, is to support your health and care for you in time of need. You will notice the core of care giving at DECH from your nurses, doctors, technologists and all our staff – people work here because they believe in caring, in this hospital and the community.

When you are a patient, we are here to help you. If you have a need or concern, we encourage you and or your support person to speak up and let us know your concern. Like any service provider, *“we can’t fix it if you don’t tell us”*; and we assure you - we listen. If we can resolve your concern *“on the spot”* we will. This is our commitment to our patients.

When we are unable to resolve an issue on the spot, the complaint or concern is directed to the *Quality Improvement Director* – that’s me. Your concern is my concern... and in the end the concern of all the staff at DECH. I work to resolve your concern and take action when necessary. In my new role at DECH I work with all staff to continuously improve our services, helping to coordinate multiple efforts at all levels – so that we can be the best caregivers possible.

As a small rural hospital, we provide only those services that are appropriate to our size and ability. Sometimes patients are at the hospital for just a few hours or a few days. As community members we understand the frustration patients and their families can feel when having to be transferred to a more comprehensive facility. Our job is to provide you, the patient, with the best transition possible should you need to be transferred to another hospital. In the meantime, we want to give you the best possible attention.

Along with voicing your compliments and concerns while in the hospital, we ask that you complete our Satisfaction Survey. These surveys are sent out to a percentage of our inpatient and emergency department patients. If you would like to call the hospital to voice a concern, you may call me at 255-0452 and I will respond quickly. At DECH we work to resolve concerns, clarify information and meet your needs. Our Patient Satisfaction Team works to resolve those times when our service could have been better and shares compliments with our staff. Our Board keeps informed about patient satisfaction through the Quality Improvement/Patient Safety Committee which meets monthly. Board of Trustee members, Physicians, Chief Executive Officer Doug Jones, Chief Nursing Officer Karen Labonte, Case Manager Laurie Hayward and myself serve on this committee. Patient complaints and compliments are forwarded to this group for review. The committee also examines action steps taken to resolve patient concerns and hold all personnel accountable for contributing to the continuous improvement of our services. In other words, quality of care matters greatly to all of us here at DECH.

*Karen Burke RN MS is the new Quality Improvement Director at DECH. She can be reached at 255-0452 or [kburke@dech.org](mailto:kburke@dech.org).*



Karen Burke, RN, MS  
Quality Improvement Director  
at DECH

*“Your concern is my concern... and in the end the concern of all the staff at DECH.”*



# Healing Voices in Washington County



Down East Community Hospital now has the technology available to provide Videostroboscopy examinations for its patients. Videostroboscopy is a state-of-the-art technique that permits examination of the vocal cords and surrounding structures, and allows us to see how the vocal cords actually function.

The set-up consists of a stroboscopic unit (rapid flashing light source and microphone), video camera, video recorder, and endoscope combined with a computer.

Although the naked eye can see the vocal cords, the vibrations of the cords are too rapid to see. Videostroboscopy provides not only valuable information concerning normal vocal cord movements but can detect irregular movements, structural abnormalities, and other conditions that might not be visible under continuous light. Careful examination of the recorded movements of the vocal folds may determine the cause of an abnormal voice, define the severity of the problem, and assist with planning a treatment program.

It is a valuable tool to diagnose and educate patients about speech and vocal cord disorders. When patients view their vocal cords in action, they can have a better understanding of how their vocal cords work and what adjustments to make to treat their problems. A greater understanding of the way voice is produced, the nature and extent of the voice disorder, and how to change laryngeal movement patterns can enhance recovery and facilitate a voice program.

For more information on videostroboscopies at DECH, call Heather Dodsworth in our Rehabilitation Department at 255-0258.

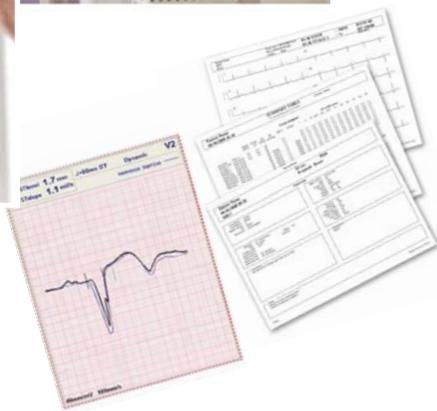


## For Your Heart

Down East Community Hospital's Cardiopulmonary Department has upgraded technology for patients in need of treadmill testing. The recently installed Philips StressVue treadmill is high-tech technology that utilizes ECG tracings and blood pressure monitoring to evaluate any changes in the patient's heart rhythm indicating any degree of narrowing or blockages in the coronary arteries. And it does so with a wireless module for patient comfort - - no long lead wires.

While the patient walks on the treadmill at various grades and speeds, the electrical activity of the heart is measured to evaluate chest pain and the level of cardiac functioning. The small wireless patient module not only ensures patient comfort it also ensures quick transition to other areas in the department or hospital and reduces motion artifact because of the elimination of long, unwieldy cables. This advanced technology provides clear indication of stress test anomalies and morphology changes. It provides fast diagnosis with clear ECG tracings and continued patient assessment after the post-recovery monitoring.

For more information on treadmill services at DECH, call 255-3356 and ask to speak to someone in our Cardiopulmonary Department.





## Full Time Pediatrician at DECH

We are excited to announce that our full time Pediatrician, Mackenzie Loughland, M.D., will arrive in June. Mackenzie has committed to practice in Machias for two years while she contemplates a pediatric ICU fellowship.

Dr. Loughland received her doctorate at Emory University School of Medicine in Atlanta, Georgia and her B.S. at the University of Notre Dame in Indiana. She did her Pediatric residency at the Medical Center of Central Georgia/ Mercer University, in Macon, Georgia. Dr. Loughland is affiliated with many organizations such as the American Academy of Pediatrics, American Medical Association, Bibb County Medical Society, Society of Critical Care Medicine, and the Wilderness Medical Society. She has had volunteer experience with the Habitat for Humanity, FURever Friends Humane Society, Good Samaritan Clinic, Trees of Atlanta, Eating Disorder Information Network, and the Leukemia and Lymphoma Society.

Dr. Loughland's many hobbies include her dogs, travel, camping, hiking, kayaking, dancing, running, and alternative medicine. With hobbies such as these its not surprising that she and her husband could picture living and working in Downeast Maine. When you see Dr. Loughland and her husband Jack, be sure to give them a warm welcome to our community.

*"As a mother of a young child, I found Dr. Loughland to be caring, compassionate and extremely knowledgeable; she displays the qualities that a parent needs to trust in the care of their most important possessions. As a Senior Manager, I have found her to be professional, conscientious of quality, and focused on team work and understanding. We look forward to her being a part of our DECH family and the community and are honored that she has chosen to work with us."* - Nicole Shaw, VP Physician Practices and Ancillary Services.

*To make an appointment with Dr. Loughland, call our Pediatric office at 255-0403.*

## My Doctor has told me I have shingles....

### *What does this mean?*

by Donna Stanley-Kelley, RN Infection Prevention Nurse

About half of all cases of shingles occur in men and women 60 years or older. However, anyone who has recovered from chickenpox may develop shingles; even children can get shingles. Almost 1 out of every 3 people in the United States will develop shingles. Shingles is caused by the Varicella zoster virus, which is the same virus that causes chickenpox. After you recover from a bout of chickenpox the virus stays in the body in an inactive (dormant) state. Years later, for unknown reasons the virus can be reactivated which causes shingles.

Shingles usually starts as a painful rash on one side of the face or body. Typically the rash will form blisters that scab over in 7 to 10 days; these scabs usually clear up within 2 to 4 weeks. Before the rash appears, there is often pain, itching, or tingling in the area where the rash eventually develops. These symptoms may happen 1 to 5 days before the rash actually appear. The rash is often associated with extreme pain. Other symptoms of shingles can include fever, headache, chills and an upset stomach. Shingles can also affect the eye and cause loss of vision.

Shingles cannot be passed from one person to another. However, the virus which causes shingles can be passed from someone with shingles to a person who has never had the chickenpox. The virus is spread from direct contact with the fluid from the rash blisters. The person cannot pass along the virus before the blisters appear, once the rash has developed crusts, the person is no longer considered contagious.

***What can I do if I have the shingles?*** Keep the rash covered and this will help to avoid spreading the virus to anyone who has not had the chickenpox. Ask any family member or visitors if they have ever had the chickenpox, if they answer no, advise them to stay away until the blisters have crusted over. Do not touch or scratch the rash as it may lead to a skin infection.

***There is good news about shingles!*** If you develop the shingles your physician may prescribe antivirals to help minimize nerve damage and speed up the healing process. Also, there is now available a vaccine called Zostavax which will help reduce the risk of shingles and the pain associated with shingles. For more information on shingles and the vaccination, and to discuss your options, talk with your family physician.

***For more information on shingles go to: <http://www.cdc.gov/shingles/about/index.html>***



# More on Fall Prevention

The DECH Nursing Department is undertaking a comprehensive Fall Prevention Program this spring in line with our patient centered care. Research provides guidance for widespread fall-prevention programs including identification of patients most at risk for falls and those at risk for injury from falls.

In April, nurses are scheduled to start using a new Falls Risk Assessment Tool to screen patients and identify the level of risk for falling. Nurses have decision making tools available to them to help them decide on the best intervention options. Prevention measures are individualized for each patient at risk. Factors placing patients at risk for falls in an acute care setting such as the hospital include confusion, impaired functional status and multiple diagnoses. While research has shown that age may not be a factor, when it comes to injury from a fall age is a factor.

Safety measures including a low to the floor bed and bed alarms are being trialed at the hospital. Toileting regimens for confused patients have been shown to decrease fall risk and are another nursing measure. Additional nursing interventions include adjusting the patient's environment as needed and monitoring medications for side effects.

Creating a focus on fall prevention also includes hospital wide safety education so all employees will be more aware of prevention measures and safety.

The Nursing Department, using evidence-based practice standards to implement the Fall Prevention Program, took the initiative to study, institute and implement the focused program which is aligned with national standards. The goal of DECH's Fall Prevention Program is to decrease adverse outcomes for the patients who are most vulnerable to falling.

Community members may want to consider balance and leg strengthening programs which research has shown to be effective in preventing falls. You may want to speak to your healthcare provider about monitoring Vitamin D levels, medication monitoring and disease issues which might put you at risk for falls.

*“The goal of DECH’s Fall Prevention Program is to decrease adverse outcomes for the patients who are most vulnerable to falling.”*



## Tribute

The staff of Down East Community Hospital pays our respect to the passing of George W. Avery. Mr. Avery dedicated a total of 11 years running our hospital. He became CEO when the hospital was in its infancy in 1965 and remained in that position until 1969. He was asked to once again be the CEO in 1988 and remained until April 1995. He worked with past Medical Presidents such as Dr. MacBride, Dr. Gaddis, Dr. Rioux, and Dr. Evans. Many board presidents also worked with Mr. Avery such as James Bailey, Leonard Sprague, Richard Ficket, William Bush Jr., John Romei, Esq. and Carolyn Foster.

While here he touched many lives at DECH and the community we serve, he remains an important part of our history.



# Palliative Care

Palliative care is care that moves along a continuum from curative care to death. In the beginning of a chronic illness, we do everything we can to provide “curative” treatments. When the chronic illness progresses to a place where fewer and fewer treatments provide any measurable relief of symptoms, we move more toward “*end of life*” care.

Within our hospital, our aim is for palliative care services to provide comprehensive, compassionate and coordinated care for inpatients and emergency department patients and their families. With a spirit of hope and celebration, the palliative care team assists patients and their families to have a comfortable, positive, meaningful experience throughout the progression of the illness in an environment of openness, compassion and caring.

- ♥ The patient and the family together represent the unit of care.
- ♥ Each patient and family unit is unique and requires an individualized plan of care that addresses their specialized needs.
- ♥ The patient and family unit actively participate in development and implementation of the plan.
- ♥ Palliative care is best provided through a multidisciplinary team of care givers who assess and respond to the physical, psychosocial and spiritual needs of the patient and family unit.
- ♥ Inpatient palliative care is appropriate for patients and families requiring assistance beyond the scope of home care for temporary symptom control, respite care or end of life care.
- ♥ Palliative care services may be requested by an inpatient or their family regardless of their involvement.

## *What Palliative care is:*

- Excellent, evidence-based medical treatment
- Vigorous care of pain and symptoms throughout illness
- Care that patients want at the same time as efforts to cure or to prolong life

## *What Palliative care is NOT:*

- “*giving up*” on a patient
- in place of curative or life-prolonging care
- the same as hospice

*“With a spirit of hope and celebration, the Palliative care team assists patients and their families to have a comfortable, positive, meaningful experience throughout the progression of illness...”*



# 30 Years of Caring Service

from Barbara Barnett/ Director of Volunteer Services

*Down East Hospice Volunteers of Washington County is beginning its 30th year!* This would not be possible without those of you in our community who support our compassionate work in many different ways. Back in 1981, Mary Lane one of the original founders of Down East Hospice, saw a need for the special service hospice volunteers and nurses could provide and did not give up on making it happen. Today, Down East Hospice volunteers provide free comfort care for the terminally ill, their families and care givers in Washington County along with continued contact during bereavement. We work closely with nursing agencies, hospitals, and other facilities, providing volunteer visits to the home, the hospital, nursing home, wherever the need. We are grateful for office space that is provided to us by Down East Community Hospital, and for the support we receive from administration, staff and the auxiliary.

*What does a Down East Hospice volunteer do?* They provide companionship, emotional support, and respite for the care giver. Volunteers will do some errands & help coordinate outside resources. We have made soup, taken someone to a doctor's appointment and stacked firewood. But mostly, we do a lot of listening. You can do this too.

Over the years, I have had the privilege to work side by side with so many caring hospice volunteers. When our annual Volunteer Recognition Brunch took place on January 29th I looked around at the faces I have known for over 20 years along with those who have joined us along the way. The support and generosity of time given by people in our community makes Washington County a special place. But most of all, without our volunteers, we would not be able to exist. Whether a volunteer is caring for clients, helping with fund raising, stuffing envelopes, selling raffle tickets or spreading the word about what we do - it is our volunteers who make us what we are. We have a saying on our brochure - 'Down East Hospice Makes a Difference Because of the Spirit of Its Volunteers' which is oh so true. We have training for new volunteers every fall. Think about joining us and becoming a Down East Hospice volunteer here in Washington County.

About 14 years ago a young woman named Beth C. Wright, while dealing with her own cancer diagnosis, asked me to help her start up a cancer support group right here at DECH. That group which now meets monthly at St. Aidan's Church in Machias has grown to 4 separate groups. This would not be possible without the support and dedication from the Beth C. Wright Cancer Resource Center that was founded in 2004 in Beth's memory. We have had informative speakers join us to provide much needed information for people seeking treatment, etc. Specifically, administration and staff from Down East Community Hospital have put aside time to listen to, and to discuss, issues that are important to people who attend these cancer support and resource meetings.

As our 30th year unfolds, we continue to provide compassionate hospice volunteer care to our community in Washington County, hopefully making people feel more cared for and less alone. Think about getting involved as a volunteer, board member, or helping with fund raising. Down East Hospice is non-profit and does not receive any funding from the state or federal governments. Our funding comes from donations, grants and fund raising events. If you would like more information about us, we can be reached at 255-3356 ext. 324 / 454-7521 ext. 126 / or e-mail at [downeasthospice@yahoo.com](mailto:downeasthospice@yahoo.com).



Barbara Barnett  
Director of Volunteer  
Services at  
Down East Hospice



*"The Volunteer Gift" Author unknown  
A helping hand, a willing heart, sometimes that's all it takes -  
A simple gesture on someone's part, but what a difference it makes.*

## Support Groups & Classes

### Gastric Bypass Support Group

MacBride Building at DECH

5:00 pm

April 4 & 18, May 2 & 16,  
June 6 & 20, July 18

Provides on-going support to those who have gone through gastric bypass surgery as well as their family and friends. Topics include healthy eating and nutrition, impulse control, exercise. On-going emotional support is provided around the day-to-day challenges encountered post surgery. For more information, contact Janet Monaghan at 255-0485.

### Diabetes Support Group

Women's Health Resource Library in Milbridge in the Milbridge Medical Center Annex  
Down East Community Hospital

April 15, May 20  
April 2, May 6

The Down East Community Hospital group and the Milbridge group will meet at the  
Women's Health Resource Library in Milbridge

June 17

Provides on-going support to people with diabetes as well as their family and friends. Topics include nutrition, prevention of acute complications, managing high and low blood sugar, disease process, among others. On-going emotional support is provided around the day-to-day challenges faced by persons with diabetes. If you would like to attend a support group, please register with Tamara Wilder at 255-0221. For more information, contact Jesse Burns, RN at 546-2391 or Julie Hixson, Community Relations & Marketing Coordinator at 255-0244.

*Please visit our calendar of events on our website at [www.dech.org](http://www.dech.org) for updates.*

## Events

### Relay for Life

April 22

Please support DECH's Relay Teams as they raise money to support the American Cancer Society's research programs and services to cancer patients and their families. For more information, please contact Lori Yensan, RN at 255-0276.

### Dental Outreach Program

April 11, 12

8:30 am to 5:00 pm

April 15

8:30 am to 5:00 pm

April 13

8:30 am to 6:30 pm

April 16

8:30 am to 1:00 pm

April 14 Closed

A team of dental providers from NYU College of Dentistry will be in Machias at the Lee Pellon Center to offer free dental services to children. **This program is for anyone with difficulty accessing dental care. If you have regular dental care, please continue with your provider.** This program provides complete care for children and offers dental examinations, Fluoride treatments, Sealants, Fillings, Extractions, Stainless steel crowns, and X-rays on a walk-in basis. It also provides for free emergency dental care for adults including dental examinations, x-rays, sealants, fillings, root canals, and extractions. For more information, contact Teresa Alley at 255-3426.

### DECH Volunteer Recognition Event

April 14

3 to 5:00 pm

All DECH and DECH Auxiliary Volunteers are invited to attend this recognition event in celebration of your gifts of time and talent to the hospital. Please call Sharon Hext at 255-0430 for more information.

### Cancer Survivor's Day Celebration

June 4

2 to 4:00 pm

Held at DECH, this yearly event celebrates cancer survivorship and provides information and resources for cancer survivors and their family and friends. Whether you are newly diagnosed or a long-time cancer survivor, we hope you will join us for this special occasion to hear survivors and other special guest speakers. Please call 255-0244 to register.



**Good Medicine** is published quarterly for Down East Community Hospital. We welcome comments and suggestions from readers. The information contained herein is intended to educate the community about subjects pertinent to their health, not as a substitute for consultation with a physician.

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**Julie Hixson**, Community Relations & Marketing Coordinator  
**Hook Design**, *Good Medicine* Editor/Designer · 888-353-6348  
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For more information: call **Down East Community Hospital** at 207-255-3356, FAX 207-255-0427 or write 11 Hospital Drive, Machias, Maine 04654, Attn: Julie Hixson.  
[www.dech.org](http://www.dech.org)