I remember a comment made years ago by a classmate in a course I was taking in college. For years I wrestled with the comment; making it an argument in my own mind and then again, in more formal dialogue in my studies of health care ethics. This classmate, with great confidence announced, and citing several examples, that mechanical skills and knowledge were the only things really needed to provide quality health care. Saying that an appendix could be removed successfully without caring about the person from whom it was taken. I was able to rationalize that this was a logical conclusion- then. It wasn't until years later (and without intention) that I stumbled upon an article written in a major law/ethics journal in where the author (unrelated to my classmate) made a similar claim - That the crucial tasks associated with health care could be carried out in the absence of compassion. Citing that a person can empty a bed pan without caring about the patient who filled it or that a care taker could provide food without caring about the patient who will eat it. By this time, I had some health care experience under my belt. I had seen the very best of care, and at times, some not so good. No longer could I rationalize the original argument in its entirety as it could not explain why so many people are attracted to health care careers in the first place, or why so many people would work long and awkward hours and regularly place themselves in an environment where stress is the routine - Where being around pain, suffering, and even tragedy are part of the job.

Compassion can be defined in part as "the feeling or emotion, when a person is moved by the suffering or distress of another, and by the desire to relieve it..." [Oxford English Dictionary]. I see things differently- now. At least from where I sit, I see that health care delivery draws special people to it. I see that those people who are the best at it are people who see their roles as not merely a mechanical process, but a presented opportunity to relieve the suffering of others. These people see compassion as a manner of treating patients. While no one can argue that knowledge, skill, competence and guidance are of utmost importance in the delivery of health care, it is skill and compassion, in concert with one another, that constitutes great patient care. Multiple studies have demonstrated that those organizations who have embedded compassion into their organizational culture of care, receive higher patient satisfaction and patient experience scores. A growing evidence base demonstrates the extreme importance of compassion in driving high-quality, high-value care - Compassion improves patient outcomes and quality of life. We also know that quality health care drives cost containment. This is particularly important as our health care delivery system faces intense pressures to improve quality while containing or even reducing costs.

In the end, this is what those of us in health care delivery do. In fact, it's exactly why we're attracted to it. We want to make a difference. We want to relieve suffering and make people better - Not because we have to, but because we care. There are many roles and faces that our patients see in the daily delivery of care. There are many who contribute behind the scenes. There are those who are not seen by our patients who contribute greatly to the delivery of care and in the overall patient experience. We all have the opportunity to be compassionate on a daily basis. We have the opportunity to make a difference. By doing so, we make a difference in the lives of many and work to ensure that our organization will continue to serve the needs of the community well into the future.

With best regards always,

Dennis Welsh, CEO
A bad fall in the hospital can turn a short visit into a long stay.

Some Thought-Provoking Statistics

- Hospital falls are a serious patient safety problem, accounting for nearly 84% of all inpatient incidents.
- Statistics indicate that patient falls occur in approximately 1.9% to 3% of all acute care hospitalizations with an estimated 30% of resulting in serious injury.
- According to the Institute for Healthcare Improvement (IHI), falls are a leading cause of death in people 65 years of age or older and 10% of fatal falls for the elderly occur in hospitals.
- Falls in the elderly can contribute to a downward spiral, negatively impacting physical and emotional health, long term function, and quality of life.

What Are We Doing About It?

Deeply committed to patient safety, Down East Community Hospital has shined a light on this subject by setting the lofty goal of decreasing inpatient falls to less than 1% by the end of 2016. How did we achieve this? Read on….

Those most knowledgeable about cause and prevention of falls are the nurses and other clinical staff who work directly with our patients; their engagement in every step of the process is key. Through their experiences, we were able to identify strategies to reduce the risk of falling. Some examples include enhancing the assessment process, modifying the environment to eliminate clutter and obstacles, a visual system for identifying patients at risk, tools such as alarms and equipment, and educating our patients and their families.

To keep this important safety initiative at the forefront, a bulletin board is located in the main hallway of the inpatient wing that includes the number of consecutive days without a fall. Benchmarks of “days without a fall” were set, which gives the staff goals to reach. Each time a goal is attained, we recognize their marvelous achievement with a celebration. After all, what could be more worthy of recognition than the safety of our patients!

What kind of results have we seen?

In the first 3 quarters of 2015, we had 15 inpatient falls at DECH, compared to 6 for the first 3 quarters of 2016. This is a staggering reduction of 60% in just 9 months!

Fall Prevention Week

September 26 through 30 was Fall Prevention Week. Each staff member of the inpatient unit sported their red T-shirt with the winning slogan “Don’t Let Me Down” submitted by Dr. Leonid Brodsky of the Anesthesia Department. A luncheon was organized by Starr Sweeney, RN, Nurse Educator, and included various community organizations to address fall prevention techniques in a unique “burst” of education. DECH Board members participated in activities on a daily basis throughout the week. It was a great success!

Our Promise to You

DECH will continue its commitment to patient safety by maintaining fall prevention as a top priority.
Be the LEADER of YOUR Fall Prevention Team

Falls are the leading cause of injury and accidental death in adults over the age of 65 years. New or unfamiliar surroundings, improper footwear, clutter and other tripping hazards, poor balance and distractions all can cause a person to accidentally stumble and fall, causing serious injury and even death. By taking control of your health and utilizing the resources available to you, you can reduce your risk of falls and continue to participate in the activities that you enjoy.

Facts about Falls- According to the CDC

- More than one out of four older people fall each year, but less than half tell their doctor.
- Falling once doubles your chances of falling again.
- Every 20 minutes, an older adult dies from a fall in the United States. Many more are injured.
- Falls are the most common cause of traumatic brain injury.
- More than 95% of hip fractures are caused by falling, usually by falling sideways.
- Women fall more often than men.

Conditions that may make you more likely to fall:

- Lower body weakness
- Vitamin D deficiency (not enough vitamin D in your system)
- Difficulties with walking and balance
- Use of medications, such as tranquilizers, sedatives, antidepressants or medications for blood pressure
- Vision problems
- Foot pain or poor footwear
- Home hazards or dangers

Simple things you can do to keep yourself from falling:

1. Have your health care provider or pharmacist review your medications. As you get older, the way medicines work in your body can change. Some medicines or combinations of medicines can make you sleepy or dizzy and increase your chances of falling.

2. Have your doctor evaluate your risk of falling. Be sure to get screened for osteoporosis and treated if needed. Ask your doctor about taking vitamin D supplements with calcium.

3. Do Strength and Balance Exercises. Exercises focusing on leg strength and balance can help prevent falls.

4. Have your Eyes Checked. Routine eye exams are important in detecting conditions that may limit your vision. Poor vision can increase your chances of falling.

5. Make your Home Safer
   - Remove things you can trip over from stairs and places you walk
   - Remove small throw rugs or use double-sided tape to keep rugs in place
   - Keep items you use often in cabinets that you can reach easily without using a step stool
   - Install grab bars inside the tub and next to the toilet
   - Utilize non-slip mats in the bathtub and on shower floors
   - Improve the lighting. Consider light-weight curtains or shades to reduce glare.
   - Ensure all staircases have lights and handrails
   - Wear shoes both inside and outside. Avoid going barefoot or wearing slippers or floppy shoes.

Falls can be prevented. By taking charge of your health and utilizing the resources that are available to you, you can lower your chance of falls. You are the LEADER of YOUR fall prevention team!!!
Patient Story

I came to Down East Community Hospital on September 19, 2016 to receive a hip replacement. I was made to feel as if I was the most important patient ever, from the moment I arrived. I usually am full of anxiety when I have to have a medical procedure, but never was at DECH.

Dr. Ten performed her magic in safely anesthetizing an individual with an aging heart, me. Dr. Crowe performed his magic as well. The nursing staff was the best, bar none. Some of the most outstanding nurses I’ve come across were Heidi Schwinn, Cheryl Peele, Martha Brewer, Donna Renshaw, Nicole Lyons, Kelly McCoubry and Wanda Matthews. But everyone I came in contact with was just wonderful.

After the surgery, I did my rehabilitation in the swing bed program in the hospital and the nurses, doctors, and rehabilitation therapists were all delightful. I had such a great time with Jim Corliss, Paula Checker, and Dr. Sparks. Colin was the rehabilitation therapists, such a nice young man. While in the hospital, I was visited by Dr. Crowe, Dr. Massaad and Dr. Ten. Dr. Massaad had been my surgeon on another occasion and he stopped by just to see how I was doing and say hello.

Not only was the staff great in every way, the food was very good. I especially liked the daily specials.

We are so fortunate to have such a marvelous facility in so small a town as Machias.

A most satisfied patient, Linda Frank

Patient safety leaders honored with 2016 Rising Tide Awards

The annual Maine Patient Safety Academy — a University of Southern Maine-led event to help workers in Maine hospitals, nursing homes and physician practices keep their patients safe — honored exceptional workers with the 2016 Rising Tide Awards.

Erin Ingalls, the quality improvement nurse and patient safety officer at Down East Hospital, was honored for unwavering commitment to patient care and safety. Erin led efforts that reduced the number of patient falls by two-thirds.

The awards were presented during the day-long Maine Patient Safety Academy, held at the Abromson Community Education Center on USM’s Portland Campus. Hundreds of caregivers from across the state gathered for the event.

“The Maine Patient Safety Academy grew out of a collaboration of small, rural Maine hospitals in a USM research project,” said Judy Tupper, the managing director of Population Health & Health Policy at USM’s Muskie School of Public Service. “Our unique annual event now reaches across a variety of healthcare settings and consumer organizations to engage interdisciplinary participants in discussions of patient safety best practices.”

The Rising Tide Award became an expression of the academy’s goals. “This peer-nominated award is a very special recognition of patient safety champions,” Tupper said. “Their exemplary leadership is inspiring.”

We are so fortunate to have such a marvelous facility in so small a town as Machias.”
For many years, in all environments of health care, the care was given to patients and clients. When you came to the doctor, clinic or hospital, the health care providers did things to you, to assess, diagnosis and promote your health. As health care has moved to a much more patient focused or client centered environment, we began to provide care for the patient and client. The basis was that we as health care providers are in the office, clinic or hospital for us to care for you and about you. We are now evolving to a new and higher level of caring that is beyond the pervious views of providing care to you or even for you. Now, we are providing care with you. You are the most important member of the health care team and at the center of all that we are doing. One of the ways this is happening in the hospital environment is through nurses holding their end of shift and beginning of shift reports in the form of a bedside handoff which takes place in the patient room and with you involved. This process is called a patient bedside handoff.

Bedside handoff between nurses at change of shift is an important process in clinical nursing practice which allows nurses to exchange necessary patient information to ensure continuity of care and patient safety. Bedside handoff allows you to contribute to your plan of care. The plan discussed with you includes the doctor’s plan for your care as well as other health care staff plans such as pharmacy, dietary, physical therapy and many others that the nurses are coordinating with you.

Bedside handoff also allows the oncoming nurse an opportunity to see and assess you and ask questions to the off going nurse with you present to clarify anything that might have changed. This process encourages you to be involved with your care and helps to standardize the handoff communication between nursing shifts. Bedside handoff promotes patient safety and allows an opportunity for you to correct any misconceptions. As the patient, you benefit from the handoff by listening to the information, learning about the plan of care, and setting your goals for the day/stay. The handoff process acknowledges you as a partner in your care and makes sure the nurses are getting the information from you and family members that they need to know to care for you more completely. This can help to decrease your anxiety and improve your understanding and satisfaction with our care to, for and with you.

The Agency for Health Care Research and Quality (AHRQ), has described bedside handoffs as “an opportunity to make sure there is effective communication between patients and families and nursing staff.” This process creates a regularly schedule time each day where patients, families, clinicians and hospital staff work together to improve the quality and safety of care. Research has shown that when patients are that third voice engaging in decisions that impact their health, measurable improvement in safety and quality result. (AHQR, 2013)

We want to involve you and your family members in your care to better plan care and set goals with you and not just merely to you or for you. When you come to the hospital for whatever reason and there is a change of nursing staff, you can and should expect a handoff to occur at your bedside and with you at the center. Please help us to ensure that you are involved in Your Care.

Submitted by Kevin K McEwan, MSN, RN, NEA-BC
Chief Nursing Officer, Down East Community Hospital
Emergency Department Expansion

The first phase of the Emergency Department Expansion has officially begun! Immediately outside of the department, fencing has been installed and the ground excavation is in full swing. General Contractor, Nickerson O’Day is on site and Hanscom Construction has dug up the old concrete and cleared the area to get ready to pour a concrete slab. Within the next month, work will begin on underground utilities and the first part of the new structure will be erected that will allow for the contractors to do inside work during the winter months.

The Emergency Department patients will enter through the main entrance of the hospital for the duration of the project. This is a different process than our patients and staff are accustomed to, but it is a process that keeps the safety of our patients and staff a priority. We appreciate everyone’s understanding and patience during the construction of the new Emergency Department.

The campaign for Down East Community Hospital’s new Emergency Department will transform emergency care in our community. Through the generosity of individuals, businesses and organizations, Machias will soon have a larger, modern, patient-friendly emergency department that facilitates our physicians and nurses in providing high-quality care. This community needs and deserves an Emergency Department that will better accommodate current volume, meet patient privacy and comfort needs, and is a modern and safe place to work. The design prioritizes the care and comfort of patients and their families, as well as the need to accommodate modern equipment and technology. While a trip to the emergency room is not an experience anyone anticipates, we all want to have a well-equipped and modern facility close to home when the need arises.

Having a first class Emergency Department in Machias is extremely important to keep our community safe. You never know when you or someone close to you will be in desperate need of the critical services this facility will provide. Every gift, no matter the amount, is important. Please help us make this dream a reality by making a contribution to the capital campaign. You’ll be proud that you participated in doing what you could to make our Down East community a better place to live.

To learn more about the Emergency Room Capital Campaign and how you can be a part of it, please contact Julie Hixson at 207-255-0433, or jhixson@dech.org

I wish to Support the Down East Community Hospital Emergency Department Expansion!

My Donation is: $___________________

Method of Payment: ☐ Check (Payable to Down East Community Hospital) ☐ Visa ☐ Mastercard ☐ Discover

Credit Card #: ____________________________ CSV Code: __________ Exp. Date: __________

Signature: ________________________________

Please mail completed form to the address below, or deliver to the DECH reception desk.

DOWN EAST COMMUNITY HOSPITAL
11 Hospital Drive
Machias, ME 04654
207-255-0433

Your Name: __________________________________________

Address: ____________________________ City: __________ State: ________ Zip: __________

Email: ____________________________ Phone: ________

☐ Please mail me my tax receipt
Survivor Makes First Donation to Community Phase of DECH Capital Campaign

On Wednesday, October 26, Down East Community Hospital and Machias Savings Bank came together to announce the community phase of the capital campaign to build the new Emergency Department. The much anticipated moment of announcing the second phase of the campaign became even more meaningful when Damon Barker became part of the ceremony. There was barely a dry eye as Damon Barker, an 18 year old high school senior in East Machias, handed $500 from his personal savings account to Down East Community Hospital’s Board President, Mr. David Whitney. Damon is the first, and youngest, donor to the community phase of the Hospital’s campaign for an Emergency Department expansion. Damon is leading by example, setting the pace for a rural community that relies heavily on its hospital for critical care.

We all start our day not expecting the unexpected. In May of 2006, Larry Barker, President of Machias Savings Bank, never anticipated that he would spend his day pacing the emergency room waiting for the life and death verdict on his then seven year-old son, Damon. Following a traumatic head injury due to a fall, Damon was rushed to the emergency room. The close proximity of the ER and expertise at the hospital ultimately saved Damon’s life. DECH staff stabilized Damon and quickly determined the critical nature of his injury. Damon was Lifeflighted to Bangor where he would spend the next 5 weeks in critical care followed by 2 weeks in recovery and rehab.

Facing your greatest fears will forever change your character. It can break you or spark your passion. For Mr. Barker, it has sparked a passion and that passion has translated into great success for DECH’s capital campaign. The Emergency Department, which serves 9,000 people annually, has not seen renovations since 1989.

Partnering with life-long friends and co-chairs, David Whitney, of the Whitney Family of Companies, and Robert Foster of RH Foster, they, and the Capital Campaign Committee, have already raised over $1.2 million toward the hospital’s $1.5 million goal. States Mr. Barker, "When I was asked to play a role in the fund raising effort, I jumped at the opportunity. Not only is our family forever indebted, but as a community advocate, my responsibility goes further. The future of our community depends on timely access to quality care."

Larry Barker, President of Machias Savings Bank, stands beside his son, Damon Barker, as Damon delivers his personal donation of $500 to the ED Expansion project to DECH Board Chair and Campaign Co-Chair David Whitney.
Down East Community’s Rehabilitation Department has outgrown its space on the hospital campus and will be moving to Dublin Street (behind McDonald’s building). The move to this much larger space will provide a better patient and work experience. The new space will have 7 private treatment rooms, a pediatric treatment/multi-purpose room, a large gym area, and a roomy waiting area. The new space will provide increased privacy and, with the 4 additional treatment rooms, less waiting. The new location also provides improved parking and building access.

Recently, our Occupational Therapist, Carlie Wolf OTR/L, CLT completed extensive training to become a Certified Lymphedema Therapist. She attended the training in Boston, MA after considerable home studies. This certification indicates that she has knowledge regarding the anatomical and physiologic considerations of the lymph system. In addition, she acquired proficiency in manual lymph drainage, decongestive therapy, and wrapping techniques to assist in the treatment of conditions affecting the lymphatic system.

Down East Community Hospital is excited to, once again, offer this specialized program to our community utilizing the most current research and techniques to deliver quality treatment. Conditions affecting the lymphatic system can result in swelling, pain, and skin abnormalities. Carlie is now certified to provide treatment and care for the conditions of lymphedema (both primary and secondary), lipedema, phlebo-lymphostatic edema, chronic venous insufficiencies, and post traumatic edema/swelling. Patients who may benefit from lymphedema therapy may have had a diagnosis of cancer, circulation disorders or have had chronic swelling. Please contact us for more information or to schedule an appointment at 255-0258.
Our inpatient rehabilitation program allows our community members to stay close by their loved ones while they get the services they need. There is a growing need for short-term, skilled nursing care in rural communities and we are able to utilize hospital beds already available, to help meet that need.

Our inpatient rehabilitation program provides short term care in a hospital setting for a variety of patients who need care after hospitalization for an acute problem. For instance, if a patient’s condition has stabilized but they are not well enough to go home yet, they may be eligible for the Swing Bed Program - meaning they can stay in the hospital for further rehabilitation. Another example is someone who has had orthopedic surgery. Whether they had the surgery at DECH or another facility, they can have inpatient rehabilitation at DECH. This program exists to meet the needs of patients who are in a transition phase of illness or recovery, but whose condition no longer requires admission to an acute care unit. The program provides rehabilitation and recovery services based on each patient’s individual needs.

After a thorough evaluation by our licensed professionals, you will receive daily therapy to meet self-care goals set by you and your care team. While you are a rehabilitation patient, you are encouraged to wear your own clothes so you will feel more comfortable and more at home. Our physicians will monitor your progress and visit you throughout your stay and, if necessary, you can return to acute care.

Appropriate members of the team will meet, as necessary, with you and your family to discuss rehabilitation goals and discharge plans. When those goals have been met, you will be discharged from the program – either to your home or to another facility for longer rehabilitation.

**Inpatient Rehabilitation Provides:**

- Physical therapy
- Occupational therapy
- Speech therapy
- Respiratory therapy
- Nutritional therapy

Our nursing team provides daily, ongoing assessment and treatment to restore you to optimal health and our Social Workers provide assistance with discharge planning and offers supportive counseling to help meet other identified needs.

Our Activities Director will provide individual or group activities that allow for promotion of independence and assistance in returning to daily life.

How is Inpatient Rehabilitation Care Paid For?

Inpatient rehabilitation care is often covered by Medicare, MaineCare, and many private insurances. Our hospital Social Worker will discuss your coverage before your transfer to the inpatient rehabilitation program.
Down East Community Hospital provides cardiology, pulmonology, endocrinology, hematology, neurology and sleep medicine services through state-of-the-art telemedicine technology at the Reid Emery Building in Machias. This service provides the people of Washington County the opportunity to receive quality multi-specialty services practically at their doorstep. Board Certified New England Telemedicine physicians are in-network with 16 insurance companies in Maine including Medicare and all major private insurance companies.

You can make an appointment with any of the specialist by calling 438-8124 or through a referral from your primary care provider.

TRUSTIN ENNACHERIL, MD
Board Certified, Pulmonology and Sleep Medicine

HIMANI CHANDRA, MD
Board Certified, Endocrinology

LORI SCHLEICHER, MD
Board Certified, Hematology

GREGORY LAM, MD
Board Certified, Cardiology

BASSEL SHNEKER, MD
Board Certified, Neurology

On December 2 and December 3 come and share in the excitement of "Hoops for Health", the basketball tournament to help support the DECH Emergency Department expansion project.

Join our local high school students including the girls and boys teams from the Machias High School Bulldogs, Washington Academy Raiders, Narraguagus Knights, and the Jonesport Beals Royals.

The games will be held at the UMM gymnasium. The first game will begin at 4:30pm on Friday afternoon and the games on Saturday will begin at 10am.

We look forward to this action packed event and the community spirit.

One Goal, One Community, Everybody Wins! See you there!
DECH Point of Service Collections Program

Why Point of Service collections:
DECH strives to build an improved relationship with our patients by assisting them to understand what coverage they have or do not have and to understand what insurances will pay and cover, including co-pays, deductibles, and coinsurance.

When is the program effective:
January 1, 2017

What will be expected:
In many cases, uninsured and commercially insured patients will be contacted before the service is provided by a DECH financial counselor to communicate the financial obligation according to the services that will be provided.
  • The estimated total obligation will be identified
  • The patient will be asked to make a deposit payment at time of registration for the service
  • In some cases, the patient will be asked to make monthly payment arrangements prior to services being provided

Sites of service where collections will be implemented:
• All DECH physician office practices
• Hospital registration
  • Imaging services
  • Surgical services
  • Other diagnostic tests
• Rehabilitation Services
• Cardiac Rehabilitation
• Emergency Department: Coming in 2018

New discounts:
Patients will now have access to formalized discounts.
  • At time of service when estimate is paid in full
  • Upon payment within 30 days first bill after service
  • Uninsured patients will gain access to comparable insured discounts

Who to contact:
If you have more questions, please contact our Director of Patient Financial Services at 207-255-0460.
On Wednesday, October 12, Down East Community Hospital and Arnold Memorial Medical Center signed a partnership agreement. With the agreement, Dr. Weisberger’s primary care practice will become a department of Down East Community Hospital and he and his staff will become part of the DECH family. The transition of Dr. Weisberger and his staff to become employees of Down East Community Hospital is in process with an expected go-live date of February 1, 2017. Dr. Weisberger will continue to see patients at Arnold Memorial Medical Center.

AMMC is located at 70 Snare Creek in Jonesport and Dr. Weisberger has provided healthcare to area residents and visitors since 1985. DECH is located in Machias and has served the healthcare needs of the people of Washington County for over 50 years. DECH employees 250 people and has physician practices at the Reid Emery Building in Machias, on the hospital campus, and Milbridge Medical Center in Milbridge. Sunrise Care Facility, a long term nursing facility located in Jonesport, is also part of the DECH family.

Arnold Memorial Medical Center’s name will continue to be used under the new partnership. “Both organizations have a rich history of serving our communities and we will continue to build upon that strength,” said DECH CEO, Dennis Welsh. “We share a long-term strategy to improve efficiencies and advance quality. Healthcare is an ever changing marketplace and, by working together, we can better meet the challenges. Dr. Weisberger is a significant addition to our employed physician group and it demonstrates DECH’s dedication to partner with exceptional providers to meet the growing needs of our patients. I’m very excited about this opportunity to partner with AMMC and Dr. Weisberger to provide health care to our communities. Dr. Weisberger and his remarkable team have been providing quality services to many of the people in this area for a long time and DECH has done the same. I think that both of our organizations have set high organizational standards to provide efficacious patient-centered health care and I believe that our partnership will further continue this tradition; expanding on the continuum of care for the people in the Down East Region who depend on us for great health care.”

“I am excited about the changes coming and the alliance with DECH. I have been on staff at DECH since 1985 and feel that becoming a partner with DECH will better serve the needs of the communities that I serve. Healthcare is becoming more and more about partnership and working together and less about independence. I feel the timing is right to connect with DECH to strengthen the healthcare in Washington County,” Dr. Steven Weisberger.