

A Message from Our CEO



Dear Friends of Down East Community,

I am often asked about whether ObamaCare would be good for our hospital. The answer is yes. Many more people, including the uninsurable, unemployed, and young people under 26 will be given the financial opportunity to obtain health insurance. I expect that our patient load will increase, perhaps quite significantly, as those newly insured seek the medical care they felt they could not afford.

This simply underscores the critical importance of having Down East Community continue to expand its' capacity to meet the medical needs of those who live, work, or visit in our community.

We do this by making sure that we can provide the highest possible care right here in Machias for anyone seeking medical assistance. For example, we have the same CAT scanner that Maine Coast and most major hospitals have. We have a 1.5 tesla MRI machine – yes, the same as Maine Coast and 90% of the other hospitals in our country. We have Emergency Room physicians who are board certified in emergency medicine – that's better than most of hospitals in the US! Our hospitalists, radiologists, OB/GYNs, orthopedic surgeon, ENT and primary care doctors are all board certified and meet the highest medical standard.

We can immediately identify those patients who can benefit from additional medical care provided by hospitals with greater caregiving capacity than we offer. They are transferred rapidly and with full medical supervision to those facilities. It is a seamless operation designed to provide the highest possible medical care in a timely fashion for all who enter our system.

Yes, the Patient Protection and Affordable Care Act, better known as ObamaCare, enlarges the net. More will be served. And, yes, costs may rise. The role for Down East Community is clear – provide the finest local medical care possible right here. And, if supporting assistance is available elsewhere, we will help to assure access.

On your behalf, our life saving mission is important to all of us at Down East Community. Thank you for your support.

With best regards always,



*Douglas T. Jones, FACHE
President & CEO*

*Thank you
for
your
support.*

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Electronic Medical Records to Better Serve Our Patients

Electronic Medical Records (EMRs) are coming soon to the Physician Practices of Down East Community!

The Down East Community Physician Practices are moving to an *Electronic Medical Record (EMR)* system that will allow our providers to better serve the people of Washington County. *“How will an EMR help to better serve you?”* The new system will give your provider quick assistance to better manage your medications and treatment through “real time” access to reports and clinic notes. The scheduling system and EMR will improve communication between Down East Community providers and specialists.

As we make this transition, you may notice a few differences during your visit. We may ask you for more information than you are accustomed to and there may be a slight delay while we assist you. While we will be well trained, it takes time to become expert users! The providers and staff will be using computers in the exam rooms. This is part of the EMR system that will offer increased accessibility to your health record allowing your provider to review his or her notes from a previous visit, as well as, access to past laboratory and radiology results.

This transition is a two-step process. The first step begins with installation of the new scheduling system which is expected to start in January 2013. The second step in this project will be the migration from paper records to the Electronic Medical Record which we expect to *“Go Live!”* in March 2013.



Mammography – Excellence for Patients

“Congratulations to the Down East Community Imaging Department on an incredibly successful American College of Radiology Mammography Accreditation Survey. This intense process occurs every 3 years and looks at mammography image quality, mammography reports, equipment, quality control, quality assurance, radiation dose and peer review. As you can see, there are several areas that this critique takes into consideration and I’m pleased that out of all of these areas, not one had an area of concern or note.

A special thank you to our entire Mammography Team; Dr. Madigan, Dr. Krigman, Susan Huber, Renee Dinsmore, Jennifer Jones and Carla Jundt. Thanks for the excellent work that you do and providing our patients with superb service.” Nicole Shaw, VP Physician Practices and Ancillary Services

Other Radiology Services available at Down East Community Hospital include: X-Ray / Computed Radiography, Ultrasound, Nuclear Medicine Scans, Digital Fluoroscopy, Computed Tomography (CT Scanning), MRI, and Bone Density.

Back: Reneé Dinsmore, RT(R)(CT)(M), Jennifer Jones, RTR, Susan Huber, RT(R)(M). Front: Radiologist Dr. Stephen Madigan.



“...Thanks for the excellent work that you do and providing our patients with superb service.”

Nicole Shaw, VP Physician Practices and Ancillary Services



Cough Cold and Influenza Season- When Antibiotic Use is Ill Advised

By Donna Stanley-Kelley, RN, BSN, CIC

Who would believe after close to one hundred years since the discovery of penicillin that modern medicine would continue to look for an antibiotic which would kill some of our more common bacteria?

If antibiotics are used too often for illnesses which are viral they (the antibiotic) can become ineffective against a bacterial infection when one occurs. The inability of an antibiotic to kill the bacteria it is intended for is called **antibiotic resistance**. With the overuse of antibiotics, sensitive bacteria are killed but resistant bacteria may be left to grow and multiply therefore, leading to an increase in drug resistant bacteria. One such example is **MRSA**. Many people have heard the phrase MRSA, which instills fear in just about everyone. **Methicillin resistant staph aureus** aka (MRSA) has emerged due to the overuse of antibiotics and resistance has resulted, which dramatically decreases the selection of antibiotics available to treat a bacterial infection. **Antibiotic resistance is one of the world's most pressing public health threats and decreasing inappropriate use of antibiotics is the best method to control resistance.** The medical community does have a very narrow selection of antibiotics if a person does have a MRSA infection, however, cautious use of antibiotics can help to prevent this resistance from occurring.

While you may feel miserable when you contact your physician for an office visit, you may be sent home with only wise advice once you see your physician. Based upon your symptoms, a physical exam, and testing (such as a throat swab), your physician may send you home with instructions to drink plenty of fluids, get plenty of rest, take over-the-counter pain relievers, and wait out the symptoms as your diagnosis is probably a viral infection.

There are several actions you can take to help keep yourself healthy during cold and flu season. Promptly getting your flu shot is “key” to the prevention of influenza and research supports a decrease in the severity of symptoms for patients who have had their flu shot should they become ill with the common cold. Frequent hand washing when indicated, keeping your hands away from your face as transmission of viruses can occur from something you may have touched prior to touching your face, practicing great respiratory etiquette such as sneezing into your elbow, covering your cough and, finally, avoiding others who are ill along with staying home when you are ill.

Practicing a few simple measures at home along with consulting with your healthcare provider as needed, should keep you healthy during cough, cold and influenza season.

Source: Centers for Disease Control and Prevention

*The inability of an antibiotic to kill the bacteria it is intended for is called **antibiotic resistance**.*

Antibiotic resistance is one of the world's most pressing public health threats and decreasing inappropriate use of antibiotics is the best method to control resistance.



A Medical Emergency

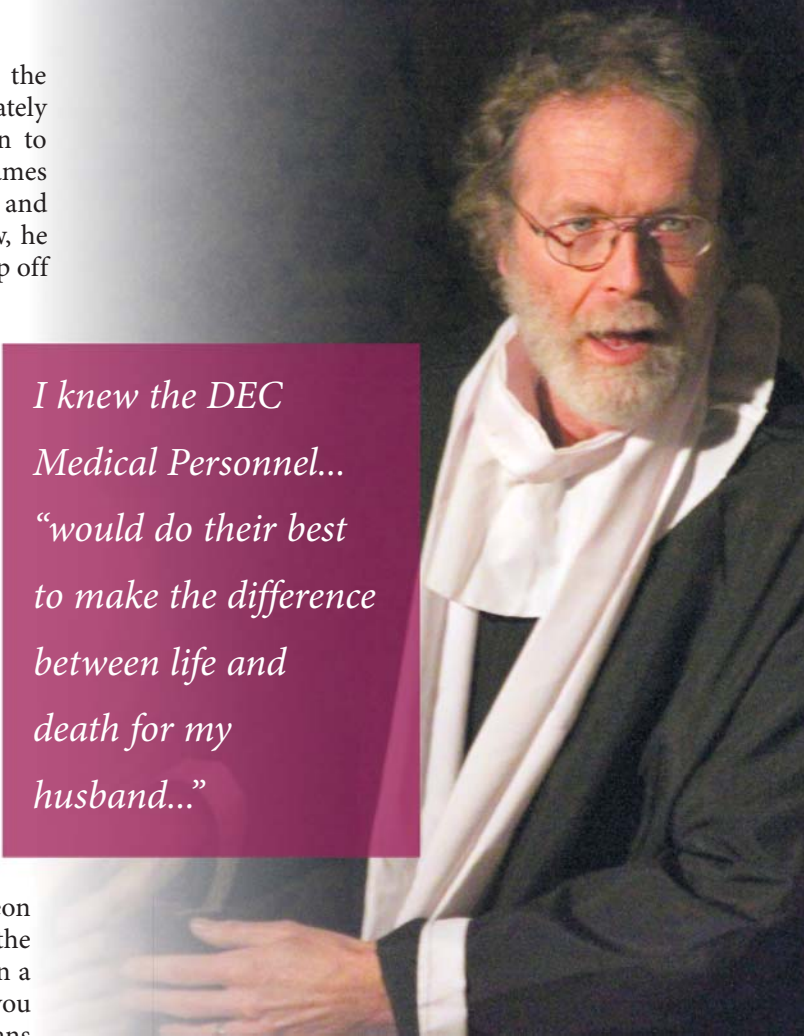
When a medical emergency occurs, the focus is naturally on the individual and his or her family members. One doesn't immediately think about how the crisis affects the medical team called upon to respond. On the afternoon of Sunday, March 25th, my husband James was struck by a random snag while clearing a trail of small trees and brush. Bent over, wearing ear protection and running a chain saw, he never saw or heard what hit him. He turned off his chain saw, got up off of the ground, called the dogs and walked nearly half a mile out the woods, saw in hand. Upon entering the house he felt shaken, mystified, and decided he had had a near miss. He spent the next four hours reading quietly and speaking on the phone with our son. Beyond a headache and some stiffness, he seemed otherwise fine.

We were later told that neurosurgeons call this injury "walk, talk and die." Hidden from sight many small bleeds cause a build-up of blood beneath the skull. A hematoma forms, which gradually compresses the brain, causing further damage. Eventually the body begins to shut down and organ failure and death follow in rapid succession. More than four hours after his bizarre experience in the woods, my husband began to vomit, one of the warning signs of a concussion. I immediately called DECH. The progression of his symptoms from that moment onward was rapid and terrifying. By the time he arrived at emergency his heart rate was dropping, his right arm was failing, his speech was garbled and immediate intervention was necessary. With no life-flights flying that night and no time to transport a neurosurgeon from Bangor, the emergency staff at DECH were thrust into the middle of an escalating crisis and had to make decisions quickly. In a small, regional hospital, when the usual plan of action is closed to you and a patient is dying, this is when you find out what it really means to be a medical team in the fullest sense of the word. Every player counts, every decision is critical, every moment is precious. This story had a happy ending. Our family will be forever grateful.

Faced with ever shrinking options the emergency doctor on duty called in Dr. Massaad. From the moment I knew he was on his way, I had hope. He had been my surgeon twice in the past; I knew him to be clever, skilled, careful and not afraid to work outside of the box when necessary. He is also one of the kindest men on the face of the earth, even under duress. I knew that whatever the outcome, he would do everything he could and I would be able to live with the results. I would only later learn the details of how he opened a hole in my husband's skull large enough to drain the hematoma and relieve the pressure on his brain, and of the tools he did and did not have at his disposal to do this. As I waited, I watched additional staff arrive through the emergency entrance with intent faces, knowing they would do their best to make the difference between life and death for my husband although we would probably never know who they were. Staff came that were not even called just in case they could somehow be of use. In the quiet room, I asked for so I could think, support staff checked in on me regularly, kindly seeing to it I had anything I might need and that I was not alone until support arrived. This kind of experience is not unreal at all; it is real with an immediacy that can only be compared to childbirth. I frequently wondered what this night felt like to all of those who were working so hard against the odds for a good outcome.

DECH stands for Down East Community Hospital and community is the operative word, no pun intended. It is easy to forget the support services upon which we depend when life is unfolding normally. In a crisis, suddenly the support of community becomes critical; most especially the medical community that is put on call in an instant to perform a miracle. The emergency and surgical team that saved my husband's life performed above and beyond the call of duty on March 25, 2012 and pulled off a medical feat that should be known and celebrated in the community at large. This could be any of us, any day, suddenly needing help in an unimaginable situation. That day it happened to be my husband.

James would be transferred to EMMC for equally devoted and skilled care and eventually return to DECH's rehabilitation team to continue with his intensive recovery, but none of this would have been possible if each and every one of the medical personnel that helped that night in March hadn't steadfastly and courageously gone through the same terrible stress and anxiety that I did. They did so with grace, determination and great kindness. For this, our family thanks them from the bottom of our hearts. ~Joanne Ausprey



*I knew the DEC
Medical Personnel...
"would do their best
to make the difference
between life and
death for my
husband..."*

James Ausprey in a recent play at Washington Academy.

How a Colonoscopy Saved My Life



Martin Blaney, CRNA and Carlene Holmes

... And Not How You Might Think

At the end of March 2012, I went to Down East Community Hospital for a routine colonoscopy. While Certified Registered Nurse Anesthetist Martin Blaney was doing my assessment for the anesthesia that was necessary for the exam, he found a heart murmur. He immediately called in Dr. Brodsky and Dr. Ten, who are both Anesthesiologists, and they both confirmed his finding. Martin ordered me an Echocardiogram test and I received the results on June 18th and the results were bad. The results showed that I had a need for more tests so I was scheduled for a Trans Esophageal Cardiogram in Bangor. During this test I had to swallow a scope that would look at the back side of my heart. This test confirmed what they expected and more. I had a 5.4 centimeter Aortic aneurism that was ready to burst. On September 18 at Beth Israel in Boston, I had my bicuspid aortic valve replaced with a St. Jude mechanical valve; my aorta was also replaced. This is what had to be done to save my life.

When I went back for my checkup on October 24 the doctors said I was doing great. I have had to adjust what I eat because I need to be on Coumadin to keep my blood thin to help my body accept my artificial heart valve and that's OK. The key to my positive outcome was Martin Blaney hearing the murmur on the day of my scheduled colonoscopy and following it up by ordering the Echocardiogram and me following up with his orders.

I want to say that the outpouring of care from the hospital and the people in the community was heartwarming. Thank you everyone.

~Carlene Holmes

DEC Receives National Recognition

We are pleased to announce that we recently earned the *CNOR® Strong* designation from the *Competency & Credentialing Institute*. This designation is given to facilities having at least 50% of its OR nursing staff CNOR (Certified Nurse Operating Room) certified.

The CNOR certification program is for perioperative nurses interested in improving and validating their knowledge and skills, and providing the highest quality care to their patients. Certification also recognizes a nurse's commitment to professional development. It is an objective, measurable way of acknowledging the achievement of specialty knowledge beyond basic nursing preparation and RN licensure.

"Patient safety and positive surgical outcomes are of the utmost importance to our hospital and we are proud of our nurses who have gone on to exceed expectations by achieving the perioperative nursing certification," Doug Jones, CEO

CNORs top left to right: Erin Ingalls, Anna Baskerville, Gail Roberts
Bottom: Heidi Schwinn, Donna Renshaw, Val Carter

*"...we are proud of our nurses
who have gone on to exceed
expectations ..."*

~ Doug Jones, CEO



Through the Generosity of Our Community

Through the generous donation of over \$40,000 from the estate of Howard C. Deshon, a long awaited project has come to fruition.

Beginning November 2, the carpeted area in Med/Surg/Peds up to the main entrance and the ED was replaced. This project was chosen because of the following reasons:

1. To respond to nursing and ancillary staff concerns about moving beds, med carts and computers on wheels
2. To respond to concerns about sanitizing the carpet
3. To create a better first impression to an area that appears dark and dreary
4. To eliminate asbestos from parts of the MSP area.

Because asbestos is only safe if it is undisturbed, we needed to take out the carpet and the asbestos tiles to which the carpet is attached. We contracted with a company that specializes in such removals and also contracted with a company that performed continuous environmental monitoring to assure that asbestos would not enter the environment.

The carpeting and asbestos tiles were replaced with a much more modern, cheery simulated wood flooring. With the new paint and cove base, the corridors on MedSurg and the hallways that approach MedSurg and the Emergency Department almost look like a brand-new facility. Feedback from staff and patients has been extremely positive.

"I fully understand the disruption this project caused, but know that reasons for the project that are listed above are important and, also know, this project will have a lasting and positive impact upon our hospital." Doug Jones, CEO.



Palliative Care Suite Now Complete

Two existing hospital rooms have been combined and renovated to make a comfortable, homelike suite; one room for the patient and one for their family members. A comfortable pull-out couch, recliner, kitchen, eating nook, and flat screen TV are some of the amenities that are provided for the family. The patient room has been remodeled and has new furniture, a flat screen TV, and a new bathroom.

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 towards "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. 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 new Palliative Care Suite is dedicated to the comfort and caring of these patients and their families.

This project was fully funded through the generosity of our community, staff, and physicians.



in the Community

Annual Health Fair

The Down East Community annual health fair and flu shot clinic took place on October 16 at the Lee Pellon Center. Over 600 flu shots were provided to our community free of charge. Informational booths were provided by Down East Community Departments and by local agencies. Flu shot clinics were also provided by DEC Pediatrics and Milbridge Medical Center during October and November.



Annual Light A Life

The annual Light A Life celebration took place on December 10. All funds raised through the dedication of ornaments will help support the purchase of a new call system for OB and Med/Surg. The proceeds from last year's Light A Life went to support the renovation of two hospital rooms into a Palliative Care Suite which was completed in November 2012. An open house for that Palliative Care Suite took place during Light A Life.



Take Back Your Life

Down East Community provided televideo and technical support for "Take Back Your Life" educational training for future support workers for families with adult children who are addicts.

EMT Classes

Washington County Community College in conjunction with Atlantic Partners EMS held EMT classes at Down East Community Hospital in the Hospital Conference Room.

Continued on page 8...

Volunteering – A Part of Wellness

No Way!!! That was what I thought the day our Marketing Director asked me to be the Down East Community Hospital Team Captain for the American Cancer Society (ACS) Relay For Life back in early March of 2009. I had just become the Nurse in the Oncology/Infusion Clinic and was busy learning all that new information and besides, I had a life outside of the Hospital, which did not include volunteering for something so time consuming! However, she was just so positive and excited about it and I was having a hard time saying no, soooo.... here I am going on my 5th year as Team Captain and I really enjoy it. Yes, it is time consuming, but it is worth the effort. Many of the hospital employees over the years have been an integral part of this event and we have raise thousands of dollars. Over the last four years Linda Albee was my co-captain and a motivating force behind the Relay. Even though she has retired, she continues to be involved; as I'm sure many of my co-workers will be also.

As the Team Captain, I attend monthly meetings from January through early April to coordinate the efforts for a successful Relay. It is held the third weekend in April at the UMM Gym from 5 p.m. Friday night to 9 a.m. Saturday morning. Each hour of the walk has a "theme" and some of the outfits are so outrageously funny. The Relay for Life event will also have a theme and last year it was "Fight Back Against Cancer". We had our area decorated in red, white and blue and we displayed the "Wreaths Across America" scrap book. Also, it just so happened my niece, SPC Holly Murrow was on a leave of absence from her deployment in Afghanistan and was visiting, so she joined in and helped us out.

I'll be looking for volunteers again for the 2013 Relay, so please consider coming to the UMM Gym on the third Friday evening of April to walk, talk, eat, laugh, cry and just have a wonderful time raising money for the American Cancer Society... the official sponsor of birthdays!

SPC Holly Murrow and her aunt, Lori Yensan sharing a fun time at the 2012 American Cancer Society Relay for Life.



Dental Clinic

DEC provided equipment sterilization and disposal of red bag waste for the NYU School of Dentistry outreach that took place in November as we did for the 4 previous visits. There has been a total of 3032 dental visits to the clinics which equals many hours of great care to our community and lots of equipment to sterilize. We are pleased to be a part of such a crucial public service and give a huge thank you to Gloria Woodward in our sterilization department for her determination to have the dental equipment ready for each day of service.



Calendar of Events



Support Groups & Classes

Look Good Feel Better

DEC is hosting "Look Good Feel Better" group sessions for the American Cancer Society. These group sessions will provide education, information, and support to those living with cancer. Attendees can practice make-up techniques with skin-care products and become informed about free wigs and turbans. Sessions will be held at DEC on December 1, February 9, April 13, June 8, August 10, October 12, and December 14.

Maine Families Playgroup

Maine Families has Playgroup every 1st & 3rd Wednesday of the month at Community of Christ Church in Jonesport from 11am - 12p. New families are welcome (for babies, toddlers up to 3 years old). **For more information, call Anneke Waag at 255-0481.**

Childbirth Classes

Maine Families is holding free Childbirth Classes for any expecting parent at DECH on Saturday, January 14 and Saturday, March 10. Call Nicole Stauffer at 255-0438 to sign up.

Get Screened

Cervical cancer affects approximately 10,000 women in the United States each year. Cervical cancer is the second most common type of cancer for women worldwide, but because it develops over time, it is also one of the most preventable types of cancer. Deaths from cervical cancer in the United States continue to decline by approximately 2 percent a year. This decline is primarily due to the widespread use of the Pap test to detect cervical abnormalities and allow for early treatment. Most women who have abnormal cervical cell changes that progress to cervical cancer have never had a Pap test or have not had one in the previous three to five years.

Cancer of the cervix tends to occur during midlife. Half of the women diagnosed with the disease are between 35 and 55 years of age. It rarely affects women under age 20, and approximately 20 percent of diagnoses are made in women older than 65. For this reason, it is important for women to continue cervical cancer screening until at least the age of 70.

If you would like to schedule an appointment for a Pap test, please contact the Down East Community Women's Center at 255-0400.



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.

Douglas T. Jones, Chief Executive Officer
Julie Hixson, Executive Assistant and Public Relations Manager

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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



Drs. Christian Inegbenjije and Kara Dwight

Please visit our calendar of events on our website at www.dech.org for updates.