

To Your Health!

INSIDE

Jefferson Healthcare
Services on the Move

New Physician at
Olympic Primary Care

Community Forum on
January 13

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Healthcare

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There's a Doctor in the House

Gary Forbes, MD, had just finished responding to a patient emergency in Jefferson Healthcare's Acute Care Unit when he was called into another patient's room to answer a question from a family member. He then stopped at the nursing station to dictate notes, and later returned to his office next to the Intensive Care Unit to call one of the patient's primary care physicians. If it sounds like Forbes spends a lot of time at the hospital, that's because he is one of Jefferson Healthcare's five regularly scheduled hospitalists.

Hospitalists are physicians who specialize in the management of hospitalized patients. They are available to patients, staff, and families 24 hours a day, seven days a week. Working exclusively in the hospital setting, hospitalists ensure that patients are given the close attention and focused care they need.

Today, fewer patients are hospitalized, but those who are tend to be sicker and to require

care that is more complex. Hospitalists benefit patients in a number of ways. Studies indicate that hospitalist programs such as Jefferson Healthcare's contribute to improved clinical outcomes, shorter hospital stays, and fewer readmissions. Hospitalists provide comprehensive evaluation and management services for patients, streamlining the continuum of care, and are immediately available to respond to changes in condition and test results in the hospital setting.

According to Forbes, hospitalist programs focus on round-the-clock coordination of care. The full-time job of a hospitalist, he said, is to closely monitor a patient's condition and to respond to any changes while he or she is hospitalized. In doing so, hospitalists maintain close communication with the patient's primary physician, informing him or her of any changes in the patient's condition or treatment.

"Because we are based at the hospital, we are more accessible not only to the patient, for his or her medical needs, but also to the nursing staff," Forbes said.

Forbes, who is a fellow of American College of Physicians and board certified in both internal medicine and pediatrics, said he enjoys being a full-time hospital medicine specialist.

Gary Forbes, MD, and Richard Meadows, MD.



"When you do something all the time, you get pretty good at it," he said. "I've always enjoyed working in an inpatient setting, and I appreciate the extra time I have to spend with patients during what is often a difficult and frightening time in their lives."

Forbes indicated that another major aspect of his job is to ensure that Jefferson Healthcare provides the best possible care by utilizing not only the resources of the local medical community but also those outside the community, when necessary.

"I can do this well because, after 11 years in practice, I have strong relationships here and with providers throughout the region. Coordination of care is what it is all about," he said.

According to Forbes, hospitalists do not replace a patient's primary care physician, and hospitalists have access to all of a





There's a Doctor in the House (from page 1)

patient's electronic medical records, as long as the patient is part of the Jefferson Healthcare system.

"We work together," he said, "with the hospitalist tending to acute medical situations."

Steve Richards, MD, also board certified in internal medicine, is another of the hospitalists at Jefferson Healthcare. Richards

plex and generally requires the hospitalist to interact with them throughout the day and night.

"These patients cannot get the best care unless a hospitalist is present and paying close attention. I feel like I can really be of benefit to them by being right there, without competing distractions and demands," he said.

Richards said that, when he looks back at his days in private practice, he wonders how he ever managed his sickest patients in the hospital while at the same time seeing patients in the office.

"It was a constant struggle," he said. "With the demands of a busy office, I felt that the really

third floor. The team, she said, is made up of a case manager, a pharmacist, a social worker, and a charge nurse, all of whom are there to support the hospitalist in the care of the patient. "We meet every day to work on the care plan for each of our patients," she said.

Forbes noted that the multidisciplinary approach to care mentioned by Roggli is what ensures that the patient's medical, social, and financial needs are met.

According to Jefferson Healthcare COO Paula Dowdle, hospitalist programs are a growing trend nationwide. "It is so critical for hospitalized patients to have easy access to a doctor. The hospitalist can spend more time with patients and their families and offer a quick response to emergencies," she said.

Dowdle indicated that hospitalists are an extension of the care given by a primary care physician. "They are in constant communication," she said. The five full-time hospitalists and a small team of rotating primary care physicians arrange their schedules so that every shift is covered. "There aren't many negatives to it," she said. "It works out for the patients and everyone else, too." Dowdle stressed that there is no additional charge to the patient for this service.

As more patients today are managed for chronic conditions on an outpatient basis, the hospitalist service allows primary care physicians to concentrate on their outpatient practices, and that is a major benefit to them, according to Dowdle. "I recruit and work closely with primary care physicians," she said. "Many physicians coming out of medical school today won't practice in hospitals that don't have a hospitalist program. Most doctors expect to have either a clinic practice or a

hospital practice, not both," she said.

Claus Janssen, MD, who practices at Port Townsend Family Physicians, agreed with Dowdle about the benefit to primary care physicians. He said that, because of the hospitalist program, he can better focus on his office patients. Janssen believes it is important that the Jefferson Healthcare clinics have enough providers available in the clinics. "The hospitalist program is helpful in that regard," he said.

Carrie Day, MD, who practices at Jefferson Medical and Pediatric Group, said that she is reassured by knowing that there is a physician available—right at the hospital—to respond immediately if her hospitalized patients develop an acute crisis. Day also commented that the hospitalist can obtain the necessary discharge data earlier in the day. "Before, my patients would have to wait until the evening, when my office hours were over," she said.

In November, Port Ludlow resident Graham Newell had a surgical procedure at Jefferson Healthcare. Newell believed he was doing well following surgery. In fact, he had eaten two meals and was playing three-handed cribbage with his daughters when something went terribly wrong. He experienced sudden onset of a number of symptoms, including vomiting and a fever, and was suddenly a very sick man. Newell was transferred to the Intensive Care Unit and spent a night, he believes, fighting for his life.

Newell, who has now recovered from what may have been a severe allergic reaction to antibiotics, said that he believes that having a hospitalist available at the hospital saved his life. "It seems unlikely that my personal physician would have been present when I was having this proce-



Steven Richards, MD, and Linda Matthews, RN

is very positive and enthusiastic about his decision to become a hospitalist, because he can now focus all of his attention on working with the sickest patients. Richards indicated that he likes his field because he prefers the hospital setting and enjoys seeing patients get better during the span of their stay. And if they don't, he finds it satisfying to make a patient's final days as comfortable as possible and to work closely with his or her family members.

"It's very rewarding for me," he said.

According to Richards, most hospitalized patients tend to be older people with multiple health problems. He indicated that it isn't always an achievable goal to keep these patients out of the hospital, and if they are sick enough to be hospitalized, then they need a doctor right now, not when someone is on rounds or is called in from his or her office. The care of these patients, Richards said, can be very com-

sick patients didn't get the focused care they needed, and when I was caring for them, my waiting room was filling up with patients waiting to see me."

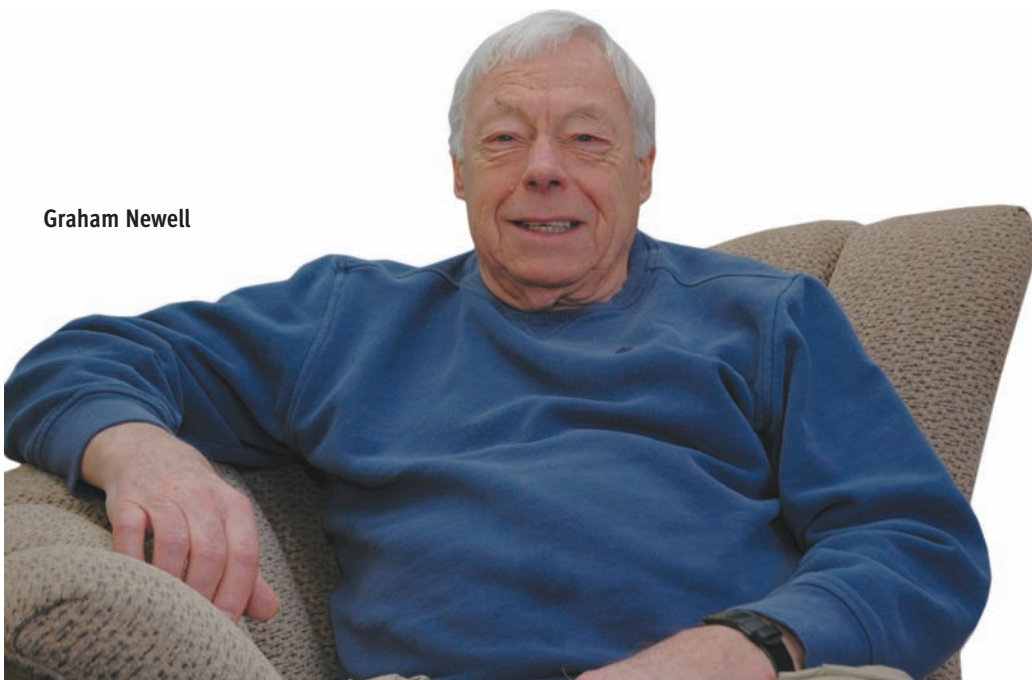
Teamwork and cooperative effort are cornerstones of a good hospitalist program, according to both Forbes and Richards, but they noted that they have never seen such a positive, cooperative, and helpful team as the one at Jefferson Healthcare.

"Port Townsend is a unique community," Richards said, "and that extends to the community of caregivers on the third floor."

Patricia Roggli, RN, a case manager (see inset) in Jefferson Healthcare's Acute Care Unit, said the hospitalists are a great resource.

"It's nice that they're right here on the floor if we have a question," she said. "And they are on the spot for emergencies. It really gives all of us confidence to have an expert here at all times."

Roggli, like Richards, feels good about the teamwork on the



Graham Newell

ture,” he said. “That means there could have been a serious delay between the event and the educated assessment and actions that reversed the crisis.”

Newell explained that Richards was present when the crisis happened and was right on top of the situation. He apparently talked to someone at the University of Washington, and together the professionals decided that a drug reaction was a possible cause. When the antibiotic was stopped, according to Newell, he began to improve.

The hospitalist program at Jefferson Healthcare began about ten years ago with clinic physicians taking rotating shifts. Since that time, the program has matured and has become a full-time program. There are five full-time hospitalists: Chris Duarte, PA; By Pham, MD; and Linda Thompson, MD; in addition to Forbes and Richards. The rotating team of primary care physicians who take shifts as hospitalist are Rachel Bickling, MD; Todd Carlson, MD; David Harris, MD; Molly Hong, MD; Shannan Kirchner, MD; and Richard Meadows, MD.

The reaction from patients and physicians alike has been very positive, according to Dowdle. “Patients feel very comfortable knowing that the hospitalists are here for them,” she said. More and more hospitals

nationwide are adopting hospitalist programs, and Jefferson Healthcare will continue to provide this service to patients as part of an overall goal to increase treatment quality, patient safety, comfort, and satisfaction.

There are an estimated 28,000 hospitalists practicing in the United States, according to the Society of Hospital Medicine. Like Jefferson Healthcare, many critical access hospitals across the country have adopted hospitalist programs. The Illinois Critical Access Hospital Network surveyed its members to determine their satisfaction with their respective hospitalist programs. Virtually every CEO interviewed by the network thought hospitalists enhance the quality of patient care.

A study conducted in February 2009, by Alan Himmelstein, FACMPE, president of Hospital Care Consultants, provided information to back up the CEOs’ positive impression. When hospitalist programs were compared to the traditional hospital care model, Himmelstein’s data showed a 14 percent reduction in cost per case; a reduction in medical errors; and a sustainable reduction in inpatient length of stay, readmission rates, and in-hospital mortality.

Source: Illinois Critical Access Hospital Network Medicare Rural Hospital Flexibility Grant Program (May 2009)

Case Managers

Case managers are specially trained registered nurses who coordinate a patient’s medical care, first by developing an overall plan of care and then by establishing short- and long-term health care goals. A care plan may involve medications, therapies, special diets, or tests. The case manager helps a patient and family sort through and prioritize information and make informed decisions.

Case managers communicate on a daily basis with the hospitalist, nurses, therapists, dieticians, and all caregivers involved with the patient, coordinating the customized plan of care. The plan is discussed with the patient and family so that everyone concerned knows what to expect.

While patients are in the hospital, case managers serve as an advocate for the patient. They work directly with patients and their families to provide information and emotional support. These special nurses are a valuable resource for patients and families who feel overwhelmed or confused by the hospital system. They also help coordinate financial assistance for families who require services but do not have the financial resources to obtain them.

Case managers also coordinate a patient’s discharge. They assist patients and their caregivers in identifying the services, supplies, and equipment required to continue care outside the hospital. Case managers can anticipate the need for support equipment and supplies, visiting nurses, medication administrations, wound care, and more. Case managers coordinate referrals to the agencies that provide these services and equipment so that everything is arranged by the time the patient is ready to go home.

NEW THIS YEAR

On the Move

Four Jefferson Healthcare services are moving to the newly remodeled specialty services facilities during the first two quarters of this year. The services, which include the sleep lab, the Coumadin clinic, Kitsap Cardiology, and the Medical Short-Stay Unit, will be housed in the space formerly occupied by Jefferson Medical and Pediatric Group. The entrance is on the Sheridan Street side of the building, near the corner of Seventh Street in Port Townsend.

Sleep Lab

The sleep lab moved from its Silverdale location to its new location in the hospital building. The new lab has two hotel-style rooms with state-of-the-art technology. Services include physician consultations and sleep studies for all sleep-related disorders.

Coumadin Clinic

The anticoagulation (Coumadin) clinic also has moved into this wing of the hospital. The downtown Port Townsend clinic, on Water Street, closed at the end of December, and

services resumed at the new location on Monday, January 4. The clinic hours and phone numbers remain the same.

Kitsap Cardiology

Kitsap Cardiology also moved into the specialty services hospital wing. Kitsap Cardiology offers outpatient consultations, echocardiograms, stress echocardiograms, pacemaker interrogations, Holter monitors, event monitors, and routine follow-ups.

Medical Short-Stay Unit

Sometime during the second quarter of 2010, the Medical Short-Stay Unit will move to the specialty services wing of the hospital building. The Medical Short-Stay Unit is an outpatient department dedicated to caring for individuals who require intravenous infusions of blood products or various medications. The department administers chemotherapy, antibiotics, steroids, allergy injections, and many other medications, as well as offering central line care and wound care.

An additional move: Home Health and Hospice

Sometime early in the first quarter of 2010, the Home Health and Hospice offices also will move, to new offices located at 2500 Sims Way, Port Townsend. Home Health offers a variety of medical services in the home; hospice offers care for patients at end of life.

New Physician at Olympic Primary Care

Molly Parker, MD, began practice at Olympic Primary Care this month. Parker is a family practice physician specializing in obstetrics and trained to perform cesarean sections. Parker received both a master’s degree in public health (1998) and a medical degree (2003) from the University of Washington, and she completed her family medicine residency there in 2006. She completed a fellowship in obstetrics at Seattle’s Swedish Medical Center in 2008.

2010

We're Coming Your Way in 2010



- Hospital In-patient and Acute Care
- Emergency Medicine
- Surgery
- Sleep Medicine
- Family Birth Center
- Laboratory Services
- Primary Care Clinics
- Diagnostic Imaging
- Home Health Services
- Hospice
- Gynecology/ Women's Health
- Wellness Programs
- Physical, Speech & Occupational Therapy
- Sports Medicine
- Orthopedics
- Urology
- Medical Short Stay Outpatient Infusion/ Wound Care/ Chemotherapy
- Anticoagulation Services

Jefferson Healthcare Commissioners will reach out to our community in 2010, bringing community forums to your area. We want to hear your ideas about future health care needs and trends.

The first forum is scheduled for January 13, at 6 p.m., at the Jefferson County Library. Watch the *Leader* and future issues of *To Your Health* for announcements of upcoming forums, which will be scheduled in April, July and October.

**Jefferson
Healthcare**

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A place for information about your local hospital, every day, all the time.

Simply log on and go to the section that contains the information you seek, or enter a search word. For current classes and events, see the calendar section.

**To Your
Health!**

To Your Health! is a publication of Jefferson Healthcare. Jefferson Healthcare operates under the authority of Jefferson County Public Hospital District #2, and is governed by a publicly elected board of commissioners: Jill Buhler, Chair; Marc Mauney, MD., Secretary; Tony De Leo, Marie Dressler, and Chuck Russell. Victor Dirksen is Chief Executive Officer.

Jefferson Healthcare is an integrated delivery system that operates a 25-bed hospital and five physicians clinics, home health and hospice, outpatient diagnostic services, rehabilitation services and wellness and community education.

Jefferson Healthcare employs 500 people and has an annual operating budget of \$60 million. Jefferson County tax support is \$1.1 million, most of which goes to pay for voter-approved facility bonds.

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