

SCOPE

FALL 2018

**CDC Director Visits Huntington –
Regional Health Summit**

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Medical Association Delegate**



Robert Redfield, MD
Director, Centers for Disease
Control and Prevention

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Editorial credit: Bishop Nash, Herald Dispatch



Regional Health Summit

WEST VIRGINIA • KENTUCKY • OHIO



Cabell Huntington Hospital's Regional Health Summit welcomed Centers for Disease Control and Prevention Director Dr. Robert Redfield to Huntington on Monday, Aug. 27, to discuss the opioid epidemic and the local response.

In addition to providing the keynote presentation Redfield toured Lily's Place with founder U.S. Rep. Evan Jenkins, R-WV.

"A national crisis like the opioid epidemic requires a national response, and West Virginia and Appalachia have been hit particularly hard by this crisis," Jenkins stated. "CDC Director Redfield spoke with state and local leaders about how to work together to combat this national crisis."



Redfield has called the opioid epidemic, "the public health crisis of our time," according to a *Washington Post* report published just after his appointment to the directorship in March, adding that the crisis is a medical issue rather than moral failing and must be addressed as such.

"If any of you have tried to access care for addiction in this nation, I can guarantee you it's complicated," he said in an agency-wide address in March. "It needs not be complicated."

Redfield's visit follows U.S. Surgeon General Jerome Adams, who headlined the last Regional Health Summit in May.

Following Redfield's address a panel of five community leaders discussed their organization's programs and services that have led the way to reducing the impact of the opioid epidemic in the community. Dr Kevin Yingling, chairman of the Cabell Huntington Board and professor of Internal Medicine at Marshall University Joan C. Edwards School of Medicine served as the moderator of the discussion.



Cabell Huntington Hospital Focuses on Sepsis Prevention, Creates Response Team

Sepsis, a potentially life-threatening complication, occurs when the body's response to infection causes inflammation to tissues and organs. This inflammation can trigger a cascade of changes that can damage multiple organ systems, causing them to fail. Risk of death increases up to eight percent for each hour treatment is delayed. Early treatment of sepsis, usually with antibiotics and large amounts of intravenous fluids, improves chances for survival.

Sepsis occurs in three stages starting with sepsis and progressing through severe sepsis to septic shock. By implementing a team process using an alert system and a fast response process, sepsis can be treated during its early stage, before it becomes life threatening.

During National Sepsis Awareness Month in September, Cabell Huntington Hospital (CHH) has placed a strong focus on sepsis response and treatment with continual process improvement and tracking to provide quality outcomes in care.

Cabell Huntington Hospital uses InSight, a machine learning algorithm for sepsis prediction to forecast sepsis. CHH is the first hospital in West Virginia to use this system.

"Because the early clinical diagnosis of sepsis can be challenging and time is so critical, we turned to Insight to assist nurses and physicians with an earlier electronic alerting system. We are already seeing a positive impact for patients," said Hoyt J. Burdick, MD, senior vice president and chief medical officer at CHH. "By coupling this system with a team dedicated to quick response specifically for sepsis, we continue to see an improvement in positive outcomes."

Developed by Dascena, Inc., InSight analyzes routinely collected data in the electronic health record to forecast sepsis and provide nurses and physicians with much earlier notice that sepsis may be occurring. Since implementing this system over a year ago, CHH has seen a significant improvement in early sepsis identification and treatment. Since the launch of a dedicated Sepsis Response Team in June, CHH has been able to achieve even greater response time.



"We continually monitor the national best standards for sepsis and use benchmark indicators to push us to find new and better ways of providing the highest quality of care," said Jeremy Tidd, RN, nurse manager of the Intensive Care Unit at CHH. "The new Sepsis Response Team provides faster response and treatment to sepsis alerts."

"The team is made up of six nursing staff members who rotate an on-call schedule for sepsis alerts. When a sepsis alert page is sent, the nurse quickly responds and assesses the patient to provide immediate information to the attending physician," Tidd explained. "The physician begins treatment based on the individual patient's needs. We will continue to monitor outcomes and improve processes to treat sepsis earlier."

New program offers prescription discounts to low-income Cabell Huntington Hospital and Marshall Health patients

Through its newly created CHHRx program, Marshall Pharmacy, in collaboration with Cabell Huntington Hospital, is offering discounted prescription pricing for patients with low incomes.

The CHHRx program is designed to provide prescription discounts to individuals with incomes below the 200% federal poverty level, including those who:

- are uninsured or underinsured;
- are within a Medicare coverage gap;
- have a medical hardship or need copay assistance; and/or
- require specialty drugs with large copays.

"Medication adherence is critical to patients' health, particularly those with chronic conditions. This program was created to help remove financial barriers that may be preventing patients from taking their medication as directed," said Jeffrey A. Fenerty, R.Ph., director of pharmacy services at Marshall Health.

To qualify for the program, an individual must be an established patient at either Marshall Health or Cabell Huntington Hospital. Patients must apply in person at the Marshall Pharmacy located inside the Marshall University Medical Center, 1600 Medical Center Drive, Huntington. Patient discounts are effective immediately upon program approval; however, proof of income must be provided to receive validation status for one year. If proof of income is not provided within seven days, the discount card will expire.

Through the program, approved patients pay the discounted cost of the prescription plus a \$10 dispensing fee. Pricing varies based on the type of medication. All of a cardholder's household members who are established patients can also receive discounts through the program. The card may be used at either the Marshall Pharmacy at the Marshall University Medical Center or the Erma Ora Byrd Clinical Center, 1249 15th Street, Huntington.

Marshall Pharmacy is open 24 hours a day, seven days a week. For more information about the program call 304.691.6872.



Burdick Elected to Serve as American Medical Association Delegate

Hoyt Burdick, MD, senior vice president and chief medical officer at Cabell Huntington Hospital, has been elected by acclamation to serve a two-year term as one of West Virginia's two delegates to the American Medical Association (AMA). He will represent West Virginia physicians in the 2018 AMA Interim Session in Washington, D.C. in November.

"The focus of the 2018 Interim is health care policy and advocacy," said Dr. Burdick. "I am proud to be a representative of the great state of West Virginia on these topics."

Burdick has recently completed six years of service as an elected alternate delegate to the West Virginia AMA. He also completed an elected term to the national office of the AMA, serving on the Organized Medical Staff Section Governing Council.

The AMA House of Delegates is a democratic forum representing the views and interests of a diverse group of member physicians from more than 170 societies. These delegates meet twice per year to establish policy on health, medical, professional and governance matters, as well as the principles within which the AMA's business activities are conducted.

For more information call 800.621.8335.

Rock Steady Boxing Helps Patients Reduce Parkinson's Disease Symptoms



Approximately 60,000 Americans are diagnosed with Parkinson's disease each year. Although there is no cure for this progressive nervous system disorder that affects movement, research has shown

that regular aerobic exercise might reduce the symptoms of the disease. Cabell Huntington Hospital's Senior Services has partnered with the Huntington YMCA to offer an opportunity to fight back against Parkinson's disease through the Rock Steady Boxing program.

Rock Steady Boxing, a unique exercise program, based on training used by boxing pros, and adapted to people with all levels of Parkinson's disease, involves regular exercises such as stretching, bicycling, running, jump-roping, balancing and non-contact boxing, led by experienced trainers.

"This program serves both men and women and can be modified to fit each patient's needs," said Teresa Sexton RN, MSNeD, director of Nursing and Senior Services at Cabell Huntington Hospital. "We are fortunate to bring this program to our patients as a fun way to stay active and help reduce the symptoms of Parkinson's disease."

The Rock Steady Boxing Method was developed in Indianapolis in 2006 and now has more than 470 Rock Steady Boxing programs around the world.

"Two members of Senior Services and two YMCA trainers are now certified coaches of Rock Steady," Sexton explained. "Although the class itself is designed for people with Parkinson's disease, this is a good opportunity for caregivers and family members to provide encouragement as corner coaches during the program to keep their loved one motivated and engaged so they get the full benefit of the classes."

Rock Steady Boxing takes place at the Phil Cline YMCA on Mondays and Wednesdays at 2 p.m. Participants are asked to wear comfortable, loose-fitting clothing. Boxing gloves and equipment will be provided for use during the class. Physicians can refer patients by calling 304.526.2695.

JUMP

Joining Users from Multiple Platforms



We are JUMPing with excitement as we move to the Ambulatory phase of the JUMP project. Project JUMP is the creation of a shared electronic medical record between Cabell and Marshall Health that joins users from multiple platforms. The implementation continues the design, build, and validation phase of the project. Up and coming key events include the early adoption of optimized documentation for specific provider groups. The goal for the select groups is to help streamline the process of reviewing the chart, creating documentation and communicating the plan of care allowing for more time with the patient. Also, some nursing departments will be adding iView (documentation) and all will add Care Compass (organization/patient overview). Additionally, ED staff will be adding Launch Point. Continue to look for future communication about our progress.

For more information, please contact Kelli Dyer at Kelli.Dyer@chhi.org or Tim Buckenmyer at buckenmyer@marshall.edu

Screening Guidelines for Breast Cancer

By Mary T. Legenza, MD FACS Breast Surgeon at ECCC

In the past few years, there has been considerable controversy about screening guidelines for breast cancer. This has raised questions of what age to begin mammogram screening and how often, as well as when to stop screening.

There is a lot of data showing that early detection of breast cancer can result in earlier stage at diagnosis. Survival is usually excellent if breast cancer is found at an early stage. A mammogram is the only imaging modality reasonable for screening. Other modalities such as MRI and ultrasound are time consuming, more costly and have higher false positive rates. Results from randomized clinical trials and other studies show that screening mammography can help reduce the number of deaths from breast cancer among women ages 40 to 74, especially for those over age 50. However, there are significant false positive rates for mammograms. This means, that the mammogram shows a lesion that may require a biopsy or close observation and the lesion is not cancerous or even precancerous. This can result in significant anxiety as well as increased cost.

The randomized studies mentioned above were done at a time when digital and 3D mammograms were not widely available. Both of these modalities have been shown to improve early detection and decrease false positives. The American College of Radiology adheres to the guidelines of a yearly mammogram starting at age 40 for women with an average risk of breast cancer. That means there is not a strong family history of breast cancer or ovarian cancer or previous radiation to the chest.

The risk of breast cancer increases with age so decreasing screening after age 55 is not recommended. The Edwards Comprehensive Cancer Center recommends women stop screening if they have multiple medical problems that may end their lives within the next 5 years. Age cutoff is extremely difficult, since there are some very healthy 80-year-old women who may live another 10 to 15 years.



Some women have a very strong family history of breast or ovarian cancer, and may need to start screening much earlier. They should consider mammograms about 10 years prior to their youngest relative. If their mother was 40 when she was diagnosed, the woman should start screening at 30. Also, this person should be evaluated by a genetics counselor, as well as a breast surgeon. She may also benefit from MRIs at regular intervals, since this is much better at detecting cancer in younger women with normally very fibrous, dense breasts.

A screening mammogram is only indicated if a woman has no complaints that could be indicative of breast cancer. She has no palpable mass, no skin changes and no nipple discharge. Cyclic breast pain is not included in this exclusion list. If a person feels a lump (patient or care provider), they should have a diagnostic mammogram and ultrasound. The main difference in the technique is that a radiologist will review the films while the patient is in the imaging center and recommend further testing while she is still there. This avoids calling the patient back for additional imaging as well as alerting the radiologist that there may be a problem in a specific area of the breast.

Dermatopathologist joins Cabell Pathology Department



Jonathan D. Cuda, MD, a board-certified dermatopathologist has joined the pathology department at Cabell Huntington Hospital. Dr. Cuda specializes in diagnosing all skin conditions at the microscopic level, with special interests in dermatitis, skin cancer, melanocytic nevi, melanoma, cutaneous lymphoma and alopecia.

Dr. Cuda completed medical school at Marshall University, followed by an anatomic pathology residency and a surgical pathology fellowship at Johns Hopkins University School of Medicine, where he served as chief resident. He completed his dermatopathology fellowship at Stanford University. A West

Virginia native, Dr. Cuda is currently an associate professor in the department of pathology at the Marshall University Joan C. Edwards School of Medicine, where he serves as director of dermatopathology services.

His dermatopathology services are available to all community physicians, including dermatologists, dermatologic surgeons, family and general practitioners, gynecologists, urologists, podiatrists and plastic surgeons. For instructions on how to submit your patient's specimen(s) to Dr. Cuda, please contact him at 304.526.2155 or cuda2@marshall.edu.



Cabell Huntington Hospital Awards and Accreditations



Cabell Huntington Hospital Receives Get With The Guidelines® Award

The Hoops Family Children's Hospital and Cabell Huntington Hospital (CHH) has received the **Get With The Guidelines® - Resuscitation Silver Plus Quality Achievement** award for the **Neonate/ Infant Patient Population** and the **Resuscitation Bronze Award** for the **Adult Population** from the American Heart Association (AHA). These awards are presented for implementing specific quality improvement measures outlined by the AHA for the treatment of patients who suffer cardiac arrests while in the hospital.



Cabell Huntington Hospital Receives Get With The Guidelines® - Stroke Gold Plus

Cabell Huntington Hospital (CHH) has received the Get With The Guidelines®-Stroke Gold Plus, Honor Roll Elite award from the American Heart Association and the American Stroke Association. This is the fifth year in a row that CHH has received this designation and the fourth year receiving Gold Plus and Honor Roll Elite status.



Cabell Huntington Hospital receives Mission: Lifeline® NSTEMI Bronze Quality Achievement Award

Cabell Huntington Hospital (CHH) has received the Mission: Lifeline® NSTEMI Bronze Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer heart attacks.

Every year, more than 250,000 people experience an ST elevation myocardial infarction (STEMI), the deadliest type of heart attack, caused by a blockage of blood flow to the heart that requires timely treatment.

CHH earned the award by meeting specific criteria and standards of performance for the quick and appropriate treatment of NSTEMI (Non-ST-elevation myocardial infarction) heart attack and providing emergency procedures to re-establish blood flow to blocked arteries.



Cabell Huntington Hospital's Nuclear Medicine and PET/CT Receive Accreditation

Following an extensive review of hospital procedures and safety measures, Cabell Huntington Hospital has received a three-year accreditation from the American College of Radiology for its Nuclear Medicine and PET/CT (positron emission tomography - computed tomography) services used to diagnose and treat cancer and other diseases.

"The ACR Gold Seal of Accreditation represents the highest level of quality and safety, and we are proud to meet these standards and guidelines in Nuclear Medicine and PET/CT," said Nancy Godby, director of the Radiology Department at Cabell Huntington Hospital.

The ACR gold seal of accreditation is awarded only to facilities meeting ACR Practice Parameters and Technical Standards after a peer-review evaluation by board-certified physicians and medical physicists who are experts in the field.

Wound Healing Center Receives RestorixHealth's Center of Excellence Award

Cabell Huntington Hospital's Wound Healing Center is a recipient of RestorixHealth's Center of Excellence Award. Only centers that meet or exceed national wound care quality benchmarks, in areas including healing outcomes and safety, along with a patient satisfaction rate of 96 percent or higher, can achieve this prestigious designation.

"This accreditation reaffirms the quality of care that the Wound Healing Center provides its patients every day," said David Denning, MD, FACS, medical director of the Wound Healing Center and professor in the Department of Surgery at the Marshall University Joan C. Edwards School of Medicine. "We are proud to be a recipient of an award that recognizes the excellent work and dedication of our staff."

Welcome New Physicians to CHH and Marshall Health



Andrew Vaughan, MD, MBA
Cardiology
Marshall Cardiology -
Teays Valley
304.691.8500



Rajesh Gopalarathinam, MD
Internal Medicine
Marshall Internal
Medicine
304.691.1000

Xavier Villa, MD
Pediatric Gastroenterology
Marshall Pediatrics
304.691.1300



Scott Murphy, MD
Adult Psychiatry
Marshall Psychiatry
304.691.1500



William Myers, DDS
Dentistry
Marshall Denistry & Oral
Surgery
304.691.1247

Ronald Innerfield, MD, FACE
Endocrinology
Marshall Internal Medicine
304.691.1000



Michael Gibbs, MD
Family Medicine
CHH Family Practice –
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Alexander Caughran, MD
Orthopedic Surgery
Marshall Orthopaedics
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Farzad Amiri, MD
Surgery
Marshall Surgery
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Matthew Harris, MD
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Shawna Grimm, DO
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Lora Fetty, MD
Internal Medicine
Marshall Internal
Medicine – Teays Valley
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Casey Patick, MD
Pediatrics
Marshall Pediatrics
304.691.1300



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Yinglings Establish Marshall University Scholarships



The affinity Dr. Kevin W. and Mrs. Mary Alice Yingling have for the Marshall University schools of medicine and pharmacy and academic medicine runs deep.

The couple has made a gift that established two endowed scholarship funds honoring each

of their parents. The N.A. "Buzz" Nash Jr. and Norma Nash Scholarship is designated for an entering first-year medical student with financial need. First preference will be given to students from Cabell, Wayne, Mason, Logan or Lincoln counties in West Virginia. Second preference will be given to students from West Virginia.

The D. Joanne and F. Gordon Yingling Scholarship is designated for an entering first-year pharmacy student with financial need. First preference will be given to students from

Cabell County. Second preference will be given to students from West Virginia. Both awards are renewable pending normal academic progress.

Kevin W. Yingling, RPh, MD, is a 1985 graduate of the Marshall University Joan C. Edwards School of Medicine, former chair of the department of internal medicine, founding dean of the Marshall University School of Pharmacy and a practicing physician with Marshall Health. He is also the current chair of the Cabell Huntington Hospital board of directors. Mary Alice Nash Yingling, M.A., is a lifelong Cabell County resident and a 1981 graduate of Marshall University with a Master of Arts in Speech and Language Pathology.

"Kevin and I have both been blessed with loving parents who have worked tirelessly to support and nurture their families," said Mary Alice Nash Yingling. "It is a joy for us to name scholarships in their honor and to encourage the success of health sciences students. Marshall University; our home state of West Virginia; and the endeavor to provide quality education, healthcare and public service are firmly rooted in our lives and that of our extended family. We thank God for planting us in this institution, this region and this heritage."