

# Leading the Way

- FALL 2020 -

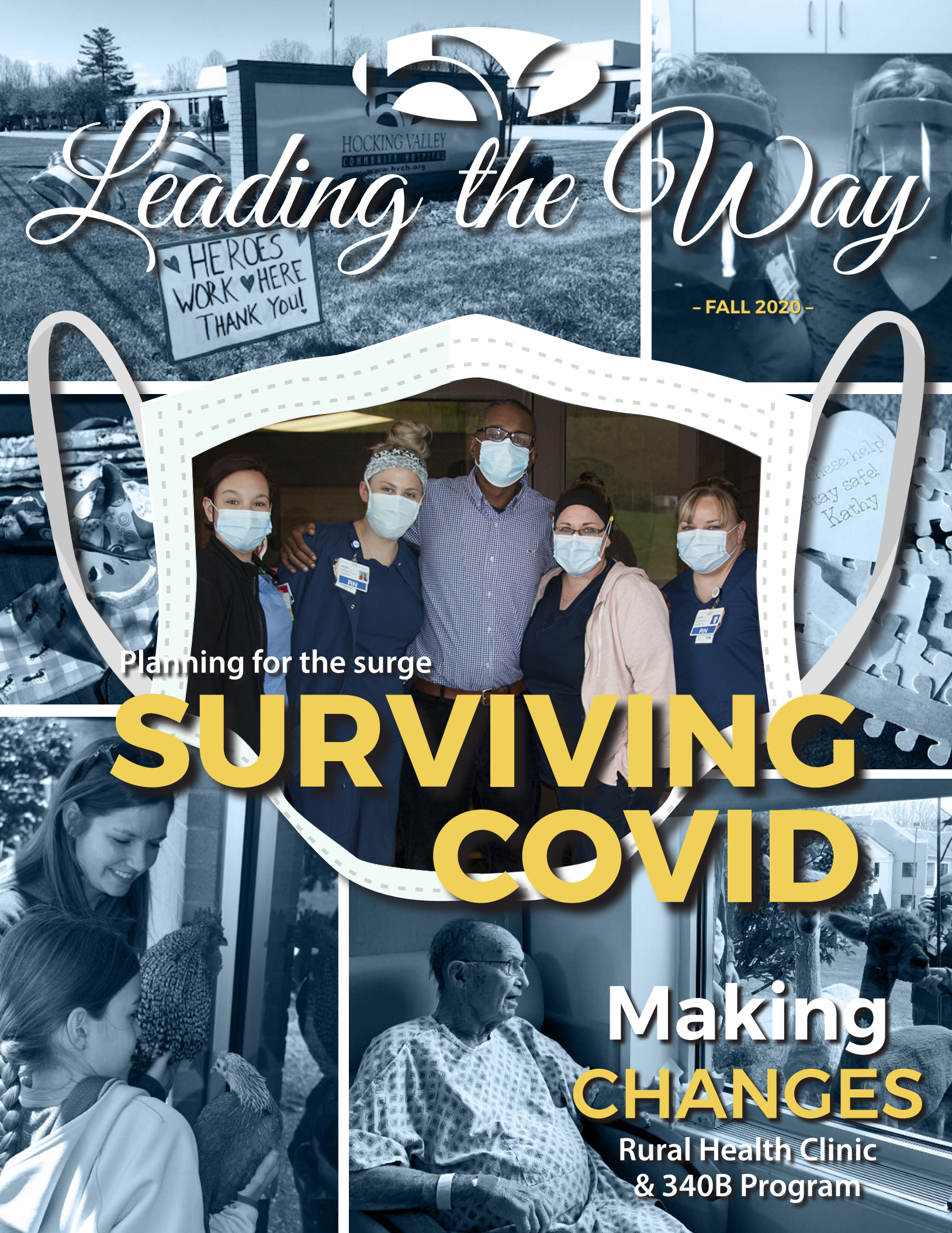
HEROES  
WORK HERE  
THANK YOU!

Planning for the surge

# SURVIVING COVID

Making  
CHANGES

Rural Health Clinic  
& 340B Program



# TAKING ON 2020



**STACEY GABRIEL**  
HVCH President & CEO

2020 has certainly been filled with its fair share of uncertainty — from the start of a pandemic to unrest across our country, this year has been challenging to say the least. Our community has been nothing short of amazing as we've navigated 2020, never quite sure what would be waiting around the corner. Memes of making it to the next level of Jumanji filled social media feeds, all the while we have continued to prepare and respond to the needs of our patients. We have created spaces for our patients to safely receive the care they need and we screen our staff and patients as they enter the building. We continue to work with our community partners to ensure we are all moving in the same direction — keeping the focus on maintaining a healthy community.

Now that we are in November, several opportunities are upon us. First is the opportunity to celebrate rural healthcare. The National Association of State Offices of Rural Health has dedicated the third Thursday in November as National Rural Health Day. The theme this year is “Focusing on the Power of Rural.” I believe the pandemic has shed light on the importance of rural health, and how gaps in healthcare would be detrimental to the health and well-being of our community. I have worked in a rural setting my entire career. For a short time, I ventured out to a larger facility; but after a few months, I found my way back home. Using the word “home” might sound cliché, but it's truly what it feels like to work at Hocking Valley Community Hospital. We provide care to our friends, family, and neighbors. Too many rural health facilities are closing their doors — approximately 130 since 2010. HVCH remains committed to meeting the needs of our great community.

November also brings about an opportunity to be thankful. I am thankful to live in a community that has demonstrated what it means to be supportive. The outpouring of love and compassion for what we are all going through (both personally and professionally) has been astounding. I know this year has been the most challenging in my almost 26 years in healthcare — everything we have had to endure is worth it. We have had some tough days, but HVCH is filled with employees who are ready to face the challenges. We are dedicated to taking care of your healthcare needs, no matter what may be going on around us. Thank you for choosing Hocking Valley Community Hospital.

# Planning for the Surge

*From Beth Kluding, Chief Nursing Officer*

Late February, we started hearing about “Coronavirus” in the states, and the rapid spread and mortality associated with it. As experts started chiming in on what we now call COVID-19, there was speculation about overwhelming healthcare facilities. We all bore witness to some of the urban hospitals being overrun with not enough resources to care for patients. That was when HVCH started to get daily briefings from Ohio Governor Mike DeWine and Dr. Amy Acton. On March 27th, we got the word that we, Hocking Valley Community Hospital, could expect to see 91 inpatients by April 17th. We are a critical access hospital with 25 medical beds and 10 psychiatric beds. Our first thoughts were, “where are we going to put them all?” and, “who will take care of them?”

We met daily with representatives from within the facility, the county, the region, and the state. Looking back now, those were long days, and we were all pretty tired, but the esprit de corps was alive and well in our neck of the woods. Everyone had great, innovative ideas for how we would meet the needs of our community should the worst-case scenario play out with our expected surge.

We put our heads together to decide where we would put these patients. Previous surge plans indicated off-site locations such as gyms or community centers that could be used as areas to “surge to.” But this was not going to work for patients with COVID, because they need to be hospitalized for longer periods of time. In addition, this would split our staff and resources. The structure of the hospital building allowed us the space we need to safely divide patients into different locations. We decided we should focus on levels of care and turned our outpatient surgery area into an extended ICU.

This brought the number of critical patients that safely could be cared for up to 20. The hospital keeps three ventilators at all times, and we borrowed an additional two ventilators from the national stockpile. We also met with our biomedical and anesthesia team to discuss how we could turn two of our anesthesia machines into ventilators. That gave us equipment for seven patients on the vent and 13 patients critical but breathing on their own or with a bi-pap. We then looked at our outpatient clinics space. This was a former skilled nursing unit that had been re-purposed. We decided this space could hold 20 patients. Between this space and our medical unit, we found we could place 46 patients that were medically ill, but assumed stable in these locations. We learned that as COVID patients progress through their illness, they require a longer period of recovery. For our surge plan, we were going to utilize our behavioral health unit for those who were recovered, but not strong enough to go home. At the time, most hospitals were having a hard time finding discharge facilities for those who had tested positive for COVID. This would give us an additional 10 beds to safely care for recovering patients.



During our planning time, we also were still caring for patients who were sick from things other than COVID. We decided that in the event of the surge, our pain management clinic, previously an OB unit, would be re-purposed for non-COVID patients. This was an additional 10 beds. This got us to 86 patients each with a room and a place to sleep located in different areas based on severity of their illness.

Thinking about places to sleep, we needed to think about beds. We had 40 already. We have cots that are kept on hand for disasters; this definitely could count as that, and we requested additional beds from the American Red Cross. Efforts to obtain beds through EMA took us to a rather interesting solution. We were able to get a court order to retrieve hospital beds from a local nursing home that was no longer open. Volunteers from the hospital, EMS, schools, and sheriff’s office showed up with work clothes on and trucks and trailers in tow. We were able to get 19 hospital beds to add to our existing cache.

Having the beds, we then turned to people. Who would we get to take care of these patients? Without even being asked, several providers and nurses in the area volunteered their services should we need them. Our specialists and surgeons volunteered to wear different hats and even began practicing their COVID intubation techniques using our COVID simulation lab. Between physicians and nurse practitioners, we had staffing to accommodate the skill set necessary for the severity of each new unit and 24-hour coverage without overwhelming any one provider. We had the same plan with our nursing care, respiratory therapists, and physical therapists.

There were a great many unknowns with the course of this pandemic. We were not exactly sure if we would get the surge, so we were faced with determining when to initiate

**CONTINUED ON PAGE 7**



**HVCH has made some changes this past year that greatly benefit patients and the community. The family practice and pediatric offices of the Hocking Valley Medical Group converted to a Rural Health Clinic, which allows patients to qualify for the 340B prescription drug program.**

### **What is a Rural Health Clinic?**

A Rural Health Clinic (RHC) is a designation by the federal government that allows medical offices in rural, underserved areas to receive enhanced reimbursements from Medicare and Medicaid, allowing providers to offer more comprehensive services to patients. President Jimmy Carter signed this designation into effect in 1977 with the rules that govern all practices.

### **Who are we?**

We are a dedicated team of providers and staff that have a proven track record of taking care of patients from the Hocking Valley region. Press Ganey recently provided patient satisfaction scores showing our RHC as being equal to our competitors across the nation in family and pediatric medicine. Many survey responders commented on the speed of appointments and being on time to how the providers listen to their patients like lifetime friends.

HVCH RHC Medical Director Dr. Brian Still, D.O., stated, "This is by far the best job I've ever had. I just love how everybody is focused on the patient first and works as a team. Our goal is to combine small-town customer service with modern technology to provide everyone with great care."

### **How did we become a RHC?**

We were inspected by a national accreditation firm that approved us to operate since December 18, 2019. The inspection made sure our building met strict safety standards for the protection of patients and employees, that we provide certain tests, and our staff and providers are fully trained and able to take care of patients and their families. The RHC will be inspected every three years to ensure we keep our high standards.

### **What does it mean to you, the patient?**

- The RHC can keep care local and the medical records system is the same as Hocking Valley Community Hospital, so any test a patient has performed at the hospital will immediately be available in their medical records.
- If the RHC cannot resolve your medical condition at the clinic, we have a broad referral system and can refer you to a specialist that will care for your needs.
- RHC and HVCH patients are now eligible for 340B drug program, which can save our patients money on prescription drug costs.

We are just getting started but you can see the difference this program will make in the lives of our patients.

### **How to get in touch with us?**

You can reach our family practice at 740-385-0202 or pediatric office at 740-385-3069. We are located at 1383 W. Hunter St., Logan. All of our providers are accepting new patients.

We also moved the Hocking Valley Community Hospital Coumadin Clinic to this location for easier access for patients. It can be reached at 740-385-0202.



Pictured are the providers and staff of the HVCH Rural Health Clinic on Hunter Street in Logan. Our family practice and pediatric staff are here to serve you! Providers include (from left): Jennifer Shull, NP, Family Practice; Fallon Magdich-Ritchey, NP, Pediatrics; Dr. Charles Keller, Family Practice; Dr. Brian Still, Family Practice; Dr. Mark Scarmack, Pediatrics; and Amanda Downs-Davis, NP, Family Practice.

### What is the Medicare 340B Program?

The 340B program is a US Federal Government program created in 1992 requiring drug manufacturers to provide outpatient drugs to eligible health care organizations at a significantly reduced rate. Eligible healthcare organizations generally include those caring for underserved populations and the savings generated by the decreased drug costs are used to assist in providing treatment to underinsured and uninsured patients.

### Am I required to have Medicare to be eligible?

NO! Any patient, regardless of who your insurance provider is, or even if you have no insurance at all, may be eligible to participate. Any patient with out-of-pocket expenses for their medications should look into whether or not they could benefit from the 340B program.

### How do I participate in HVCH's 340B program?

While there are other 340B providers in the community, HVCH patients with a prescription written at the hospital by providers in the Urgent Care, Emergency Department, General Surgery, Pain Management, Ophthalmology, Urology, Orthopedic Surgery, Inpatient Dept., or Psychiatry would qualify for the 340B program. Also, any patient with a prescription seen at one of our Outpatient Clinics – including our Rural Health Clinic family and pediatric offices – would qualify. The 340B program is provider specific, meaning you must see one of our contracted physicians to qualify for HVCH's 340B program.

### Am I required to get my prescription filled at a certain pharmacy?

Yes. The Health Resources and Services Administration (HRSA) requires 340B covered entities (HVCH) to contract with specific pharmacies to provide services on our behalf. HVCH felt that

contracting with Shrivvers Pharmacy would best meet the needs of the patients we serve. Currently, only prescriptions filled at Shrivvers Pharmacies in Logan and Nelsonville will receive the benefits of potential drug savings. If you have a current monthly prescription that you would like to switch to Shrivvers to receive the discounts, please reach out to your healthcare provider and they can assist you with moving the prescription.

### Is it worth it?

Maybe. Not all drugs qualify for 340B pricing, but a large majority of them do. Sometimes the difference in a patient's out-of-pocket costs can be a savings of hundreds of dollars or more. Medicare patients who have hit their "coverage gap" or "donut hole" could also see significant out-of-pocket savings by utilizing our 340B contract pharmacy. Your potential savings is on a case-by-case basis depending on your insurance coverage, out-of-pocket costs, type of prescription and if it is available as a 340B-covered drug. That is why it is important to reach out to your healthcare provider or Shrivvers to determine what is best for you. For example:

- One patient went from a \$500 copay on Januvia down to \$10.
- A steroid inhaler for someone with asthma went from \$250 per month down to \$2.50 (two dollars and fifty cents!)
- Multiple people have had co-pays go from \$25 down to zero.

As consumers it is important to evaluate all possible ways of decreasing our out-of-pocket spending. Sometimes, a little bit of work up front to research and make changes pays off in dividends in the end. We encourage every HVCH patient with a prescription to take a moment to look into the 340B program and see if it can save you money in the future. The 340B program is a win-win for our hospital and our patients and each prescription filled by Shrivvers, our partner pharmacy, assists us in our mission to care for our community now and into the future. Shrivvers can be contacted at 740-216-4496.

<sup>5</sup> C <sup>6</sup> H O O S I N G

V  
C  
H

<sup>7</sup> R E C O V E R Y



each day and they were fantastic. The unit staff took care of my colostomy, and would check to make sure I was eating properly each day. If I didn't care for what was on the menu, they would go out of their way to find something else for me to eat. I've had people ask me about my stay at HVCH and how was the food. I tell them the food is great!

They also have an amazing activities coordinator who would take me out each day to the courtyard. We would spend time doing various activities, or even just sitting amongst the flowers and watching the birds. Even the staff who cleaned my room all were really nice. During the day, an aide would bring things for me to do, too. And she would put things in the window to decorate for various occasions."

In all, Madelynn lacked six days from being gone from her home a total of six months.

"If anyone is needing a place to recover I really recommend Hocking Valley Community Hospital," she said. "I can't thank the staff and my family enough for helping through recovery."

Madelynn is a long-time resident of the Logan area having lived here all of her life except for four years while attending a business school in Columbus. The 77-year-old is mother to two sons. Her oldest is a Battalion Chief for the Indianapolis Fire Department, while her youngest lives locally and travels to various locations working on environmental projects.

Known especially for her no bake cookies, Madelynn also is a 50-year-member of Sigma Phi Gamma Sorority Psi Chapter. When asked what she is doing now that she is home and getting along much better, she shared she spends her time "chasing dust bunnies around," attending church in Union Furnace, enjoying puzzle books and traveling with her family.

Although she stayed at HVCH for 100 days, it took only a few of them to realize patient Madelynn Redd is a real trooper.

Back up a year. Having just lost her husband of 54-1/2 years in 2019, Madelynn developed an infection in a knee that had been operated on in 2010. "I went to a (surgical) facility and they took fluid out two different times. They could never tell me what the infection was," she said. So on January 6th, she returned to the same place where they took her knee cap out and put in a spacer.

She was discharged on antibiotics expecting to have a full recovery. Unfortunately, the antibiotic she was given, "ate my colon," she stated. "I was not able to eat or drink, so I lost a tremendous amount of weight and became dehydrated."

Madelynn was admitted to a hospital in her area at the time for placement of a feeding tube and later was transferred to another facility to receive a colostomy. When it came time to choose a place for rehabilitation, she arrived at Hocking Valley Community Hospital.

"I wanted to be close to my family," she said. And, so it was in February of this year she became a patient of HVCH.

"I was at HVCH 100 days, midst the pandemic, for rehabilitation. Everyone was wonderful to me while there. I had a wheelchair, so I would wheel down to rehab by myself for therapy

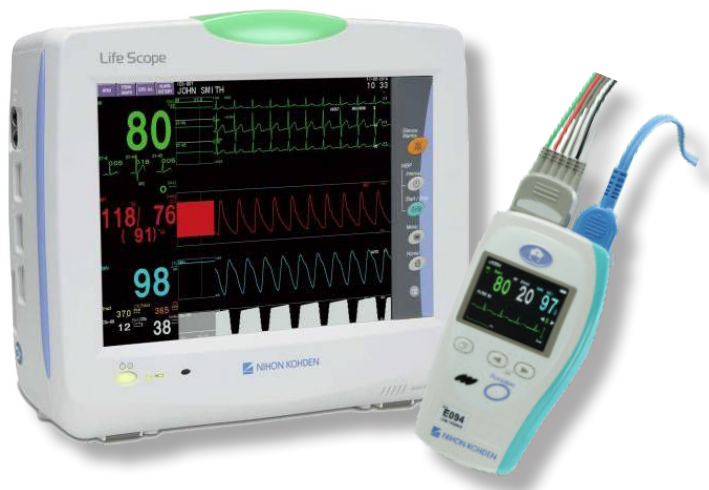
The **Inpatient Transitional Unit** is a short-term stay program designed to serve patients who are transitioning from a phase of illness or recovery and no longer require acute care services. These patients continue to need services that cannot be easily provided in their homes. The unit's average length of stay is generally one to two weeks.

The goal is to successfully transition patients from the hospital back to their home or community living. We accomplish this by utilizing nursing and rehabilitative therapies to support the patient medically and strengthen them physically. If you are planning to have surgery and anticipate the need for rehabilitation, our Inpatient Transitional Unit may be right for you. Call us at 740-380-8247.

# GETTING INTO THE RHYTHM

A recent HVCH Foundation employee giving campaign raised more than \$20,000 to assist the hospital with the replacement of aging telemetry systems in the emergency department, special care unit, and the medical-surgical department. The new system will connect directly with the hospital's electronic medical records and can be looked at remotely by providers. The new state-of-the-art system comes equipped with intuitive software that can adjust to individual patients with an alarm system that picks up subtle changes in a person's condition.

The Nihon-Kohden system monitors heart rate, rhythm, blood pressure, oxygen level and carbon dioxide level, and can perform an EKG right from the monitor. It will notify staff with any changes in heart waveform including arrhythmias and atrial fibrillation. The new system also is paperless and all information can travel electronically, saving on thousands of pieces of paper every year. This year-long replacement project has allowed HVCH to provide the community a more advanced system to care for patients for years to come.



## SURGE

the plan. We decided to do it in phases. These phases would be triggered by patient volume. It was reasonable to assume that 91 patients would not come through the doors in one day, but rather volume would begin to escalate as admissions began to happen faster than discharges. Our surge plan would begin when we got more than 10 COVID patients. Between 11-20 patients, we would open an additional unit and increase our staffing and supplies by 25% in the different areas. We planned to continue to increase incrementally based on the number of COVID patients. While we wanted to be prepared for managing all of these patients safely, we still had an obligation to be good stewards of our supplies and make sure our staff were adequately rested for when they were needed.

Some of the plans were not as pleasant as others. We convened an ethics committee to have discussions regarding how we would proceed in the presence of scarcity of resources. Everyone in the room decided we would make every effort to ensure our patients had access to everything we had within our power to provide, but we would need to have contingencies. So we began creating alliances. Among those was with Fairfield Medical Center, which worked on a plan to take some of our more critical patients should we have a ventilator shortage. In return, we would take their less critical patients who required longer hospitalizations. This would enable us to provide our community with the best chance of getting the quality care they deserved. We also researched what other area hospitals would have capacity if needed, and coordinated transfer arrangements with our local EMS crews.

We shared our surge plans with employees, medical staff, and other organizations to make sure we thought of all variables that may arise, and edited the plan as new facts or ideas came up. By April 3rd, we felt strongly that we had a solid plan, and our team felt better knowing we did. The good news is, we never needed to implement this plan. By April 17th, we had not taken care of one COVID patient. Later predictions showed our COVID patient rate to be about nine inpatients.

HVCH has had emergency preparedness plans in place for close to 20 years. This is something routinely discussed, practiced, and revised as needed. When planning for any disaster, you hope to never have to actually use your plans. We are all thankful that our community has done their part in keeping the spread of the virus low, which has helped keep everyone safer. I am thankful we had the opportunity to create a plan for a surge, mostly because of the people I got to work with throughout the process. People stepped up and showed who they are: our friends, neighbors, and coworkers. They showed they will be there when times get tough.

### ON THE COVER:

No one was expecting the changes 2020 would bring. With the support of our community, HVCH adapted to the COVID pandemic and made changes to ensure the safety and wellbeing of our patients, both mentally and physically.

### BOARD OF TRUSTEES

Ruth Ann Spatar, Chair  
Maria Galanti, Vice Chair  
Bobbi Bishop, Secretary  
Mike Walsh  
Brice Frasure  
Rick Webb  
Amy Black  
Blaine Davidson

### FOUNDATION BOARD

Kyle Walker, Chair  
Matt Mahaffey, Vice Chair  
Carrie Cook Porter, Treasurer  
Laurel Danes-Webb  
Greg Vermillion  
Jeff Miller  
Brad Little  
Shad Mace

### SENIOR LEADERSHIP

Stacey Gabriel, CEO  
Beth Kluding, CNO  
Julie Grow, CFO  
Laticia Johnston, CPRO  
Megan Wright, HR Director  
Roy Davis,  
Director of Operations  
Ginger Johnson,  
Administrative Assistant

### LEADING THE WAY

#### EDITORIAL STAFF

*Editor-in-Chief:*  
Laticia Johnston  
*Managing Editor:*  
Leslie Stebelton  
*Contributing Writers/*  
*Photographers:*  
Laticia Johnston  
Leslie Stebelton  
Stacey Gabriel  
Julie Grow  
Roy Davis



# HOCKING VALLEY Community Hospital

601 State Route 664 N.  
Logan, OH 43138  
[www.hvch.org](http://www.hvch.org)

## CELEBRATION OF LIGHTS December 8, 2020

The HVCH Auxiliary is pleased to announce our virtual 2020 Celebration of Lights Ceremony will be broadcast on Facebook on December 8 at 7:15 p.m. This ceremony is an opportunity for you to remember and honor your loved ones around the holidays, so we welcome you to make an honorable tribute in his or her name.

If you wish to participate by making a \$10 donation to the Auxiliary in honor/memory of an individual, couple or family, or \$25 in recognition of a business, call 740-380-8110.

Your gift will make an important contribution to enhancing healthcare services at our hospital. We appreciate the support of our community for this special event. For more information, please call 740-380-8110 or e-mail [lstebelton@hvch.org](mailto:lstebelton@hvch.org).



HOCKING VALLEY  
Community Hospital  
FOUNDATION

# VIRTUAL AUCTION

HVCH Foundation is hosting a virtual progressive auction this year with new items being posted throughout the winter. Follow along on the HVCH Facebook page or the hospital website at [www.hvch.org](http://www.hvch.org) for information about each item and how you can place your bid. All proceeds benefit HVCH Foundation for hospital improvements, patient amenities and other services.

