

Healthy LIVING



**EXCELLENT CARE LEADS
TO SUCCESSFUL OUTCOME**

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Needless to say, 2020 has been a tumultuous year for many of us. Terry Davenport will tell you that 2020 has been unlike any other he has experienced in his lifetime.

In January 2020, Terry was diagnosed with prostate cancer. His forty-four radiation treatments ended on July 1st. Just a few weeks later, he ate something that irritated his digestive system. It was soon discovered that the radiation he had just completed shrank tissue and essentially closed off his colon. His healthcare provider prescribed antibiotics and steroids with the expectation that the condition would clear up.

Terry's pain persisted, so on August 3rd he contacted Sharon Mead, Patient Navigator at Daviess Community Hospital. Sharon contacted Dr. Rostas's nurse, Katie, and relayed her concerns. Katie scheduled Terry immediately for an urgent appointment. "Sharon and Katie listened to what was going on and helped me get in to Dr. Jack Rostas's office the very next day," Terry recalled.

Terry was seen by nurse practitioner Valerie Dyer at Washington Surgical Associates. A CT scan was ordered and performed that same afternoon. "My wife and I went home after the CT scan. We received a phone call that same day advising me to come back to the hospital," Terry said.

Terry was admitted that evening under Dr. Rostas's care for an endoscopic procedure during which a tube was inserted to relieve pressure in his bowel. The next day, he underwent another endoscopic procedure to place a stent to open his colon, but the procedure was unsuccessful. The pressure in his abdomen had become so great that he needed immediate surgery to open his abdomen. Dr. Rostas took him to the OR and performed an emergent small and large bowel resection.

"It was a serious situation," recalled Terry's wife, Teresa. "They gave him eight units of blood."

Terry went from surgery to the Intensive Care Unit (ICU) where he was closely monitored. His incision was left open due to the need for additional surgery once Terry was more stable.

On Saturday, Dr. Rostas took Terry back into surgery to perform a partial sigmoid colectomy and colostomy creation. A colostomy is a surgical procedure that brings one end of the large intestine out through the abdominal wall. During this procedure, one end of the colon is diverted through an incision in the abdominal wall. Terry's incision remained unclosed.

First thing Monday morning, Dr. Rostas consulted a liver specialist. On Tuesday, he was finally able to close Terry's incision.

Teresa recalls how critical Terry's condition was during this time. "The staff were so good to us and were honest with me to the point that they said "you may be going home without him."

Terry's memory of his hospital experience those first few days is a bit foggy. "I do remember waking up in the ICU with

"The only reason I healed as well as I did was because of the great care I received."

TERRY DAVENPORT

a tube in my nose, on a ventilator, and IV in my neck and many other tubes coming out of my body," he said.

After four days in ICU, Terry was transferred to the Med/Surg unit at DCH where he spent four more days. "I remember the staff removing one tube each day," Terry recalled. "They worked their butts off for me so I was determined to work my butt off for them."

On Wednesday, Terry was discharged to home with a liquid diet and limited restrictions. "I had lost around 40 pounds throughout this whole ordeal, so I had to make myself eat to gain some of the weight and strength back."

Terry had been feeling better in the following weeks until September 13th when he noticed that the skin on his stomach felt hot. A trip to the DCH Emergency Department revealed that Terry had an infection. Monday morning, Terry was once again back in surgery to address the infection. This was his fifth major surgery in five weeks.

"The staff was awesome in every department, every time," Teresa remarked. "We can't say enough good things about the care Terry received. There are so many who deserve recognition that we may not remember all of their names. Molly in ICU and Logan in Med Surg really went above and beyond the call of duty."

Terry recalls a particular instance where nurse Logan really stood out. "One night, Logan asked what I would like for dinner," he said. "I had heard that the cafeteria had a really good chicken parmesan and asked Logan to order it for me. Around 6:30pm, I started wondering where my dinner was when Annie from ICU delivered an order of chicken parmesan from a restaurant in Jasper! Turns out that the cafeteria did not have it that day, but the nurses took it upon themselves to get it for me elsewhere."

Terry Davenport at a follow up appointment with Dr. Rostas.



Throughout his ordeal, Terry had discussed with Teresa what they could do to repay the staff for the wonderful care he received. They thought of their favorite restaurant in Washington (Mi Pueblo) and talked with Jerry Torres about options. They ultimately decided to invite the DCH caregivers who were part of Terry's care to a meal at Mi Pueblo the end of September as a token of their appreciation.

The couple was grateful to be able to thank the DCH team in person. "I barely recognized the staff when they came to the restaurant and took off their masks to eat," Terry chuckled.

Before his follow up appointment in October, Teresa and Terry stopped by the Med Surg unit to visit the staff. At his follow up appointment, Terry reported to Dr. Rostas that he was still sore but getting better day by day. His stomach muscles ached when he transitioned from sitting to standing. Terry also was walking 1 – 2 miles per day and steadily regaining his strength.

Next steps for Terry include colorectal surgery to reverse his colostomy in a few months when scar tissue from previous surgeries has softened.

"We are so grateful for the doctors, nurses and other staff who got us through this tough time," said Terry. "We continue to pray that God guides their hands and watches over them."

A retired Navy veteran, Terry (and his wife, Teresa) moved to Odon several years ago when he was hired to work at Crane Naval Surface Warfare Center. "The first time I met Dr. Brian Porter (my primary care physician) was when I was admitted to Daviess Community Hospital in 2005 with pneumonia," Terry said. "Everyone took good care of me then, and I feel that the care now is even better."



Jace Sama, RN; Teresa and Terry Davenport; Hannah McCarty, RN.

COVER PHOTO

Terry Davenport with Dr. Jack Rostas

EXCELLENCE IN INFANT AND MATERNAL HEALTH

Daviess Community Hospital was recognized this week by the Indiana Hospital Association (IHA), in partnership with Governor Eric J. Holcomb and State Health Commissioner Kris Box, M.D., FACOG, for their commitment to infant and maternal health at the first annual INspire Hospital of Distinction recognition program.

INspire, funded by the Indiana Department of Health's Safety PIN grant, was developed to implement the delivery of best practice care for Hoosier moms and babies and recognize hospitals for excellence in addressing key drivers of infant and maternal health.

Daviess Community Hospital earned a Category of Excellence recognition based on implementing best practices in five key areas, including infant safe sleep, breastfeeding, tobacco prevention and cessation, perinatal substance use, and obstetric hemorrhage.

"We would like to thank not only the individuals who worked to abstract, collect and submit the data for this award, but also those who performed quality care with a personal touch on a daily basis," said Shawna O'Kelley Brinson, Director of OB Services at Daviess Community Hospital.

"Indiana's birthing hospitals are critical partners as we work to drive down infant mortality," Gov. Holcomb said. "Thanks to their efforts, Indiana's infant mortality rate has fallen to the lowest level in state recorded history. Together we will continue this important work to save even more lives and give every Hoosier newborn the best opportunity ahead."

"I am inspired by the work and passion our birthing hospitals bring to make sure all babies born in Indiana have the best start at life," Dr. Box said. "Reducing infant and maternal mortality requires a multi-pronged approach over the course of many years to see impactful change. We're seeing that change happen, but we can't stop now. We must continue to adopt best practices so that we can celebrate more first birthdays in Indiana."

Box noted that among many successes, Indiana has seen a nearly 30 percent drop in Indiana's black infant mortality rate in just two years.

"Indiana hospitals are grateful for the leadership of Governor Holcomb and Dr. Box and are thrilled to be a partner in Indiana's successful effort to reduce infant mortality," said IHA President Brian Tabor. "We look forward to building on the progress we've made and achieving Governor Holcomb's goal for Indiana to have the lowest rate of infant mortality in the Midwest by 2024."

Indiana Hospital Association serves as the professional trade association for more than 170 acute care, critical access, behavioral health, and other specialized hospitals in Indiana.



Front Row: Shawna O'Kelley Brinson, BSN, RN, Director OB/Nursery; Desiree' Lewis, BSN, RN, Perinatal Nurse Navigator; Stacy Wilson, FNP-C; Miranda Schneider, FNP; Dr. Tanya de la Vergne.

Second Row: Dr. Dennis Atienza, Melissa Schroeder, RNC, IBCLC, CPST; Dr. Jonathan Frances, Dr. John Stafford.

FROM THE CEO'S DESK

I think we all agree that 2020 is a year that we will never forget due to the global pandemic that was declared March 11, 2020. I don't think any of us believed that we would still be fighting this invisible enemy in January 2021. We must remain diligent with masking, social distancing, and frequent hand hygiene to reduce the spread of COVID-19. Many of the hospitals have experienced both a shortage of beds and staff to care for the overwhelming number of COVID positive patients. Governor Holcomb stated, "We must do all we can to protect our hospital capacity so they can protect patients and care for them-not only those who have COVID, but for the cancer patient, the heart patient, and other Hoosier patients who need care." Pandemic fatigue is real and effects all of us. I think we all know we have a few tough months ahead of us, but the COVID-19 vaccines offer hope and promise for a brighter 2021.



At Daviess Community Hospital, we are taking every precaution to ensure the safety of our patients, families, providers, employees, and visitors. I am very proud of how the employees have responded to this healthcare crisis. Let's all do our part and follow the recommendations of masking at all times, social distancing, frequent hand washing, and staying home when sick. The DCH COVID hotline number is 812-254-2764 and is answered 24/7.

I know it is hard to stay positive during this difficult and challenging time when so many have been impacted by this deadly virus, but I have been inspired by the numerous examples of our community coming together, businesses providing support to those in need, and neighbors caring for each other. I have confidence that we will get through this together and be ready to celebrate the effectiveness of the vaccines, so life can return to normal.

Tracy Conroy
Chief Executive Officer
Daviess Community Hospital

A COVID-19 VACCINE HAS ARRIVED IN INDIANA

The U.S. Food and Drug Administration has issued an Emergency Use Authorization (EUA) allowing the first shipments of COVID-19 vaccine to be shipped to Indiana and other states. Only people who received a link directly from their employers can register for vaccination at this time. That includes hospital-based employees and long-term care staff. A medical ID will be required.

Who will be eligible to receive vaccine first?

Initial doses will be limited, so the first priority for vaccine will go to healthcare workers and residents of long-term care facilities.

If you answer yes to any of these questions, you are among the first group of healthcare workers who will be eligible to receive the COVID-19 vaccine. Please make sure that your email address is current with the Indiana Professional Licensing Agency so that you will receive updates when registration is open.

- Do you work or volunteer in healthcare and have (physical or close) contact or face to face interactions with patients? Examples include:
 - Inpatient, outpatient, provider office setting, nursing homes, residential care facilities, assisted living facilities, in-home services
- This includes all clinical and non-clinical positions: clinicians, dietary, environmental services,

administrators who have direct contact with patients, clergy who see patients in the healthcare setting, non-clinicians who assist in procedures, transportation staff, etc.

- This also includes local health department staff who interact with patients at test sites, health clinics or provide direct patient care
- Do you have exposure to COVID-19 infectious material? (Examples include cleaning of rooms or material from COVID-19 patients, performing COVID-19 testing, other exposure to infected tissue, performing autopsies or other post-mortem examinations of COVID-19 patients)
- Do you reside in a long-term care facility (nursing home, residential care, assisted living)?

Only people who received a link directly from their employers can register for vaccination at this time. As of Dec. 15, only hospital-based employees, long-term care staff, and emergency medical service providers are eligible to receive the vaccine. A facility ID will be required. Additional healthcare personnel will be notified of their eligibility as more vaccine becomes available.

The timeline for additional phases of vaccine administration is yet to be determined. **Check the state website ([coronavirus.in.gov/vaccine](https://www.coronavirus.in.gov/vaccine)) for updates.**

FALL LEADS TO GREAT EXPERIENCE AT DCH

In November of 2019, Chris Gwaltney was on vacation in Texas when she had an unfortunate accident.

"While walking back from a trip to the museum, I fell and caught myself with my arm," she recalled. "I was very sore for the rest of the trip."

When she returned home, she contacted the Vincennes University Primary Care Center who referred her to Wabash Diagnostic Imaging and then to Dr. Thorne who did follow up MRI, xrays, and catscan at DCH and his office. Soon after the MRI, she met Dr. Marcus Thorne for the first time. "I had heard great things about Dr. Thorne," Chris explained. I work part-time at Vincennes University and knew that he was part of the Sports Medicine team who treats athletes at VU."

After reviewing the MRI and discussing options with Chris, Dr. Thorne recommended a reverse total shoulder replacement. "Dr. Thorne explained that I had completely shredded two tendons and arthritis was present in my joint," Chris recalled. "He explained that when a rotator cuff is not repairable, the reverse total shoulder is the best option. He was great to explain how the procedure will go and what the outcome would be. To me, it was a "no brainer" to schedule the surgery."

Chris was very comfortable with her decision to have surgery at DCH. "I was born in this hospital, gave birth to my children here and have had surgeries here as well."

Chris' surgery was originally scheduled in February. Delays were a result of Dr. Thorne's schedule and Chris contracting bronchitis. Surgery took place March 9. "I was actually quite lucky to be one of the last surgeries performed prior to shut down by the pandemic," she recalled.

Following her surgery, Chris spent two night in the hospital and started therapy before going home. Just two days after she was discharged, Chris received her first outpatient therapy session at the DCH Core Center. "I had twenty Occupational Therapy sessions and six physical therapy sessions (including dry needling)," she said. "The therapists were all very professional, respectful, and passionate about helping me get stronger. Angie and Shanelle were great at determining how best to accomplish the goals. They worked as a team with me to accomplish my goals by pushing me but not pushing too hard."

Chris soon graduated to using weights, pulleys and resistance bands. "I am stronger now than I was before my fall," Chris explained.

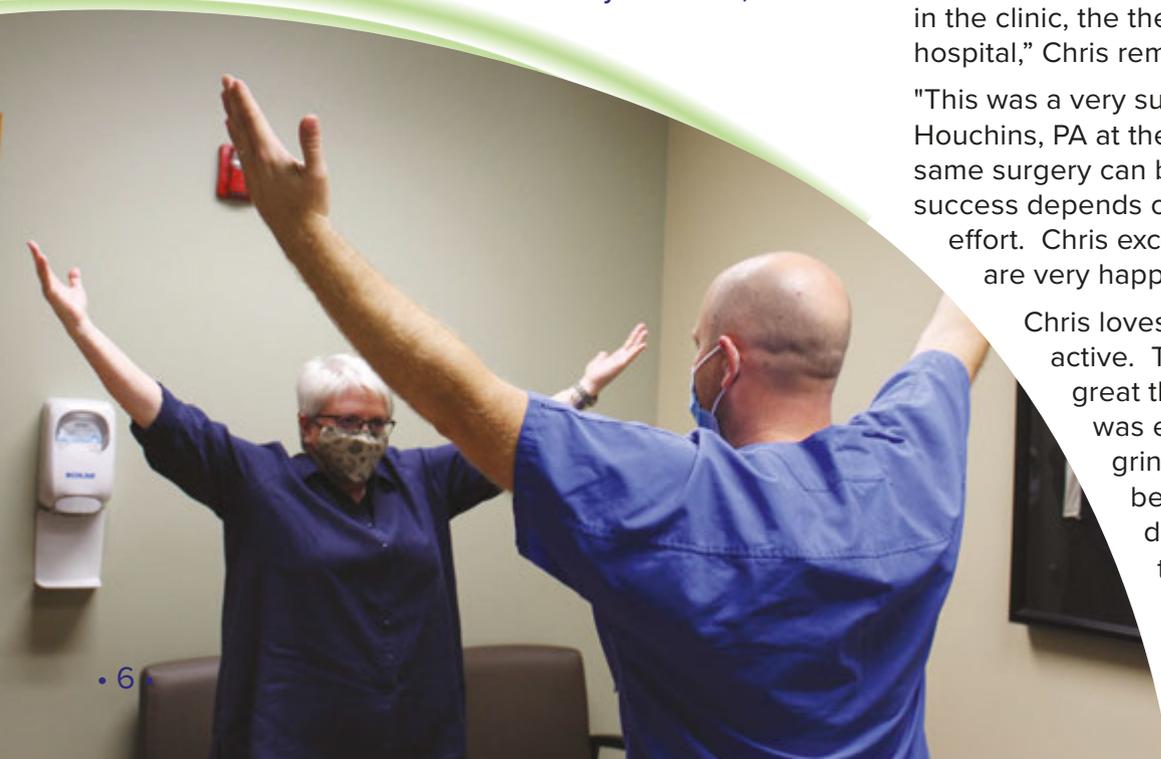
Chris continued her therapy at home after being released from the therapy department. "Even though I have limitations, I am stronger than before I fell," she said. "I am lifting up to 15 pounds and can do most of my usual activities."

"Everyone who worked with me before, during and after surgery was very upbeat, caring and professional," Chris said. "Cathy Ochs (DCH Surgical Navigator) was great to communicate with me before and after my surgery," she said. "I have nothing but positive things to say about Dr. Thorne and his staff in the clinic, the therapy staff and the team at the hospital," Chris remarked.

"This was a very successful surgery," said Andy Houchins, PA at the DCH Orthopedic practice. "The same surgery can be done on many people, but the success depends on the patient's commitment and effort. Chris exceeded our expectations and we are very happy with her progress."

Chris loves to cook, walk her dog and be active. The pain before surgery was so great that she could barely lift a pan. "It was even a struggle to use the pepper grinder," she recalled. "I am grateful to be able to enjoy the things I love to do and to sleep comfortably without the pain."

Chris Gwaltney at a follow up appointment with Andy Houchins, PA-C.



DAVISS COMMUNITY HOSPITAL WELCOMES NEW SURGEON

Daviess Community Hospital is pleased to announce that Michael Boyd, MD has joined our General Surgery team and will provide surgical services here in Washington. Dr. Boyd joins Dr. Jack Rostas III and Valerie Dyer, FNP-C at the Washington Surgical office where both surgeons provide various general surgery procedures for the residents of Daviess County and the surrounding area.

A graduate of the University of South Alabama Medical School, Dr. Boyd completed his residency in General Surgery at St. Elizabeth Hospital Medical Center in Youngstown, OH.

Dr. Boyd is a Fellow of the American College of Surgeons and is a Diplomate of the National Board of Medical Examiners.

Dr. Boyd has practiced in Tennessee, Kentucky and Alabama. His community involvement includes serving as a medical examiner and medical director for EMS and fire in his community for nineteen years. He has also been a Federal Aviation Administration Medical Examiner for the last twenty-eight years and has served as a board member for his local Chamber of Commerce and Airport Board.

Dr. Boyd and Dr. Rostas are both accepting new patients. To learn more about our general surgery services or to schedule an appointment, you may contact the office by calling 812-254-8856.



DAVISS COMMUNITY HOSPITAL WELCOMES NEW PODIATRIST

Daviess Community Hospital is pleased to welcome Dr. David Northcutt, Podiatrist, who is now providing outpatient surgical procedures in Washington.

Dr. Northcutt received his Bachelor of Science degree from Purdue University. He



attended Des Moines University College of Podiatric Medicine and Surgery where he earned his doctor of podiatric medicine. He completed his podiatric surgical residency at Hunt Regional Medical Center (Greenville, TX).

Dr. Northcutt is board certified by the American Board of Foot and Ankle Surgery and the American

Board of Podiatric Medicine. He is a member of the American Podiatric Medical Association, American College of Foot and Ankle Surgeons, Texas podiatric Medical Association, American Association of Podiatric Practice Management, American College of Foot and Ankle Pediatrics and Dallas County Podiatric Medical Society.

He recently joined Dr. Kevin Powers and practices in Bloomington, Bedford and Washington. A native of Indiana, Dr. Northcutt and his family are excited to be living in the Bloomington area.

For more information about Dr. Northcutt or to schedule an appointment, please call Powers Foot and Ankle at 812-254-2911.

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NEW PHYSICIAN GROUP TO LEAD EMERGENCY SERVICES

Daviness Community Hospital is pleased to announce its new Emergency Medicine partnership with Paradigm, whose providers will be providing patient care in the hospital's Emergency Department (ED) effective February 1, 2021.

Dr. Otto Susec is the President of the group and will be the ED Medical Director at DCH. Dr. Susec is Board certified in Emergency Medicine receiving his Medical Degree from Ohio State. He has been employed by TeamHealth since 2012 and has served as Medical Director at both St. Vincent Evansville and St. Vincent Warrick. We are excited about this unique opportunity to have a very consistent local group provide services at DCH. All of the providers will live within an hour of DCH and engage with the community.

"We are delighted to be partnering with Paradigm to bring a new level of Emergency Medicine to the community," said Tracy Conroy, CEO of Daviness Community Hospital. "Their experience and focus on quality, service, and patient satisfaction will continue to enhance and improve our current services offered in our ED."

Paradigm is a physician-owned practice whose providers have been creating a culture of care for patients in southern Indiana for many years. They have established an impressive reputation for providing exceptional emergency care and leadership through effective integration not only within hospitals, but also the communities in which they serve.

"We are privileged to provide the highest quality emergency care to the citizens of Daviness County and surrounding communities," shared Dr. Otto Susec, President of Paradigm. "Our providers are committed to delivering clinical safety and excellence, optimizing operations and enhancing the patient experience."

"We are fortunate to be working with an organization that shares our values and passion to provide excellent, compassionate care to each and every patient we see," said Conroy.

The existing agreement for emergency services between Daviness Community Hospital and Envision will terminate on January 31, 2021. Envision has provided services at Daviness Community Hospital for over twelve years.