

Spirit of Halifax

The Community Newsletter of Halifax Regional



Outpatient Project on Schedule.



Top: Construction workers expand parking lot next to Emergency Care Center.

Bottom: Reviewing the progress of construction are (l. to r.) Rick Armstrong, Superintendent, Riley Contracting Group; Charley Reed, Project Manager, HDR Architecture, Inc.; Lou Hudson, Director of Engineering, Halifax Regional; and Ricky Andrews, BB&T.

Construction is moving on schedule for the modernization and expansion of outpatient services at the Medical Center.

The parking lot adjacent to the Emergency Care Center/Outpatient entrances is the first task and is approximately 50 percent complete. When finished, the lot will have 47 additional spaces.

With the construction, spaces are limited in this lot, so overflow parking has been arranged in the visitors' lot. Patients are being discharged through the main entrance of the Medical Center to increase safety.

Construction has begun inside the building as well:

- The family waiting room for surgical

patients is complete and is temporarily being used as the reception area for the lab.

- The new area for surgery — both preparation and recovery — is progressing. When complete, there will be a total of 16 beds for preparation and 8 bays for recovery.

- Steel is being erected for construction of the new registration area, which is the site of the current atrium.

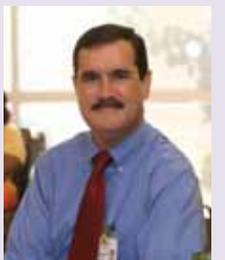
"The project is centered on comfort, convenience, privacy and safety for patients," says Barbara Moore, RN, project manager.

The project involves constructing or renovating 15,200 square feet and is scheduled for completion in the fall of 2012.

In My View

We're all in this together.

Recently I read an article in a newspaper about who had the tougher job, doctors and nurses who provide the care or patients who receive the care.



It's an interesting question. Looking at it from the perspective of doctors and nurses, you think their job is pretty challenging. You expect them to be available and perfect while working with uncertainty. They must protect your health and life, despite your lack of exercise, eating habits, and car wrecks.

Looking at it from the patient's perspective is different. Lying on that exam table is not relaxing. According to a physician who was having surgery, "Allowing myself to be put to sleep for a major operation with a surgeon I had only spoken to for 30 seconds" is stressful.

At Halifax Regional, we believe communication goes a long way to improving care. Both patients and doctors/nurses have to ask questions to reduce medical errors and improve outcomes.

Our recommendation: ask questions.

Prioritize your top concerns and questions before you see the doctor or nurse. In turn, they should ask their patients about their health priorities. It's like all good communication—a two-way street.

We're working hard to provide patients with the best experience.

Our program is named, "REACT," standing for responsiveness, effective communication, accountability, compassion and team work.

The next time you see a doctor or come to the Medical Center, we invite you to join our team. We're all in this together.

Will Mahone, President
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Dr. Rajan Named Chief of Medical Staff.



*Natarajan Rajan, M.D.
Chief of Staff*

Continuous improvement is the goal of the medical staff and the administration of Halifax Regional.

Leading that effort this year for physicians is Natarajan Rajan, M.D., Chief of the Medical Staff.

A urologist, Dr. Rajan is a highly respected member of the medical community in the Roanoke Valley. He came to Roanoke Rapids in 1998 after completing his residency at

the State University of New York. His office, Sai Urology, is at 117 Professional Drive in Roanoke Rapids.

"The Chief of Staff represents the medical staff and the opinions of physicians," explains Dr. Rajan. "Along with administration, we work to identify community healthcare needs and provide continuous improvement to services for our patients.

"We define strategies and implement procedures to provide the best possible service, always placing the Patient First," he adds.

Dr. Rajan commends Halifax Regional for its progress despite difficult economic conditions. "It's a real challenge to provide

cost-effective medical care in our community."

Outside work, Dr. Rajan enjoys life in the Roanoke Valley. "I like to work in a smaller community where I can build personal relationships with colleagues," he says. "People in our community are very friendly and have welcomed me and my family." He enjoys biking, kite flying and traveling.

His wife, Saratha, is his office manager. Their son is in his fourth year of medical school, and his daughter recently graduated from Harvard and is teaching high school in Chapel Hill.

Dr. Byrd Joins Halifax Regional.

Internal Medicine Physician Has Completed Medical Book.

When Dr. Bill Byrd comes home after a long day of seeing patients, he relaxes in his own way.

The internal medicine physician who specializes in rheumatology may work on his book, listen to classical piano or read a biography.

After 29 years of treating patients in Roanoke Rapids as an independent physician, Dr. Byrd is moving in the direction of many physicians by joining a hospital organization. His practice, Roanoke Valley Internal Medicine and Rheumatology is now part of Halifax Regional and has moved to Building 4 of Halifax Medical Plaza.

"This change will benefit my patients," he says. "Our office is larger and more convenient, and I can refer them to other specialists with ease."

Dr. Byrd is welcoming new patients at his new office. Call 252 535-1082 for an appointment.

Dr. Byrd has finished one medical book, which contains 36 stories of cases, and is looking for a publisher. "Of course the names are fictitious, but the stories will be useful for those in medical training and the general public."

A graduate of the UNC School of Medicine, Dr. Byrd completed a fellowship in rheumatology at Duke.



Dr. Byrd discusses results of exam with patient.

Dr. Byrd and his wife, Rachel, who works with him, have two adult children, one a nurse practitioner in Richmond and the other a news producer at a TV station in Houston.

Dr. Brown Joins Old Friend in Roanoke Rapids.



Robert Brown, M.D.

When he learned that Dr. Richard Minielly was practicing medicine in the Roanoke Valley, Robert A. Brown's interest in moving to Roanoke Rapids picked up.

The two trained together at the University of

Western Ontario, so it is natural that they would enjoy practicing together. Now, they and Lawrence Singer, M.D., are working together at Smith Church Obstetrics and Gynecology at 63 Office Park Road in Roanoke Rapids.

"Dr. Minielly was my Chief Resident in medical training," recalls Dr. Brown who has moved from Dahlonega, in the mountains of North Georgia.

"After visiting Roanoke Rapids, I was impressed with the level of care offered by Halifax Regional and the friendly people who have made me feel welcome," added Dr. Brown. "I always have been attracted to smaller communities."

Dr. Brown has practiced OB-GYN for 19 years in America after immigrating from Ontario, Canada where he practiced initially.

"I am thrilled that Dr. Brown is in our community. He is personable and a very skilled physician," said Dr. Minielly.

After only one year of undergraduate

study, Dr. Brown was accepted into medical school as one of only six applicants accepted from a total of 2000. Dr. Brown received the Gold Medals in Radiology and Pediatrics. He was accepted into residency in the Department of Obstetrics and Gynecology. During his residency, Dr. Brown was the lead author on research that is still quoted in professional literature.

Dr. Brown's leisure time activities revolve around his church and family. He and his wife, Nadine, have been married for more than 30 years and have three adult children.

To make an appointment to see Dr. Brown, call Smith Church Obstetrics and Gynecology at 252 535-4343.

8 Things to Know Before Having Joint Replacement Surgery.

Today, more people in their 40s and 50s in addition to “boomers” are considering knee replacement. “Sometimes they are suffering from osteoarthritis,” says Richard Holm, M.D., who has performed more than 2,000 joint replacement surgeries at Halifax Regional. “Others want to continue to run, dance and play sports like they did in their 20s.”

For those considering the knee, hip or shoulder replacement, here is some basic information from Mick Olesnevich, RN, manager of the Joint Care Center.

1. What is the surgery? It is surgery to replace the weight-bearing surfaces of a knee- or hip-joint or the arthritic ball and socket joint of a shoulder. The surgeon cuts away damaged bone and cartilage and replaces them with an artificial joint made of an alloy of cobalt, chrome or titanium, and a plastic compound called polyethylene. The implants create a new, smoothly functioning joint that prevents painful bone-on-bone contact.

2. Why should I have the surgery? You should have the surgery to reduce pain and improve mobility which is caused by arthritis or injury to the joint.

3. Plan on the help of others, especially after discharge. After surgery, the staff of the Joint Care Center will work with you to prepare you to go

home. The staff will teach you how to be as independent as possible; however, there are still some things that you may need assistance with during your first week or two at home. For example, you may need some assistance with preparing meals and other household chores. You should also have somebody at home to assist you when you are doing your exercises to keep you on your road to recovery. Make arrangements ahead of time to have somebody stay with you the first week after your discharge from the hospital.

4. Take pain medications. To get the most out of your stay and to jump start your recovery from the surgery, we recommend that you take pain medication and keep your level of pain at or below a 4 on a scale of 1-10, with 1 being very low pain and 10 being the worst pain you’ve ever experienced. By keeping your pain under control you will exercise and walk more, which will get you on the fast track to recovery.

5. Plan on walking—a lot! At the Joint Care Center, we think the best exercise you can do for your new joint is to break it in, so we want you to walk a lot! We will assist you out of bed on the day of surgery. The morning after surgery, you will have a one-on-one session with the Physical Therapist in your room. After the Physical Therapist works with you, you are free to walk. We request that initially you walk with a staff member of

either the Joint Care Center or Physical Therapy. Eventually, you will be able to walk on your own and as much as you would like. We have a board on the unit to help keep track of how far you and the other patients have walked.

6. Have a positive attitude! Recent literature suggests that people with positive attitudes heal quicker and have better outcomes after surgical procedures. At the Joint Care Center, we fully believe this to be true and do everything in our power to assist you in keeping a positive attitude. We like to laugh and joke to keep everyone in good spirits and have seen that people who are happy just seem to walk a little more, exercise a little harder and have better outcomes with their new joint.

7. Prepare for Physical Therapy. Realize that physical therapy and your post-op exercises are critical for a successful outcome. We want you to imagine that each exercise you are performing is a stepping stone toward improved strength, improved range of motion and improved function. No pain, no gain!

8. How long? Your hospital stay will be about three days. You will be admitted and have your surgery on Monday. You will stay with us for therapy and pain control Tuesday and Wednesday. On Thursday, you will be discharged from the hospital after the morning physical therapy group exercise. You can expect to be out of work between three weeks to 8 weeks, based upon how well you are walking.

For more information, please visit: www.halifaxjointcare.com

Electronic Records Improve Emergency Care Center.

In just three months, the electronic medical records technology is proving beneficial in the Emergency Care Center at Halifax Regional.

“We have a more complete profile of patients and better documentation,” says Karen Daniels, RN, vice president of nursing. “The benefits include increased legibility and better time management.

“With better documentation all in one place, we believe our conclusions are more accurate for patients,” added Daniels. “Error rates are decreasing and communication is more accurate.”

The electronic system provides improved instructions for patients when they are discharged from the Emergency

Care Center.

Approximately 30 new computers are in use in the Emergency Care Center and miles of wiring have been installed. Many of the computers are laptops.

The U.S. government is requiring hospitals and doctors to implement electronic medical records, defined as a digital and portable version of the current paper file system of a patient’s health information that is accessible to doctors, nurses and technicians. Halifax Regional already has electronic medical records in most departments.

The Emergency Care Center will treat approximately 41,000 patients this year, an increase of one percent over last year.



Pam Scheurich, M.D., enters information about a patient she has treated in the Emergency Care Center.

Approximately 50 employees and 20 physicians and providers work in the Emergency Care Center.

Swallowing Easier.



Erin White, Certified Speech Language Pathologist, applies VitalStim Therapy to a patient.

Having trouble swallowing impacts as many as 15 million Americans, generally after throat surgery or a stroke.

Halifax Regional is meeting the need to combat swallowing difficulty in our community by employing the latest technology. Called VitalStim Therapy, the technology is an external electrical stimulation applied to the neck.

“The therapy stimulates the nerves and muscles, helping patients re-learn how to swallow,” says Brandi Ross, manager of therapy services at Halifax Regional. “The result is patients recovering from the swallowing difficulty much faster.”

Erin White is a Certified Speech Language Pathologist. “VitalStim Therapy represents a significant savings by reducing

Sign Up Today.

Halifax Regional wants you to have more information about how to take care of your health. We are expanding our health education program and would like to send you information via email.

When you sign up for HealthEd, you'll receive emails with tips for a healthy lifestyle, information about special events at Halifax HealthLink and news about the services at Halifax Regional.

To sign up, go to www.halifaxregional.org and click on the “Sign up for HealthEd” icon.

the burden of feeding tubes and improving patient outcomes,” she says.

Halifax Regional is the only healthcare provider in the area offering the VitalStim Therapy on an outpatient basis.

Patients need a referral from their physician to receive the therapy, which generally is covered by insurance. Call 252 535-8268 for information.

Twenty-first Edition. *Spirit of Halifax* is the newsletter of Halifax Regional, published quarterly to inform residents of the Roanoke Valley about the advancements at the Medical Center. If you have questions or comments, please contact Gail Wade at 252 535-8111 or gwade@halifaxrhc.org. © 2011, Halifax Regional Medical Center.

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