



ASPEN VALLEY HOSPITAL



HEALTH MATTERS

SPRING 2017



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# Strategic Plan, 2017

Each fall, board members from the hospital and foundation, medical staff leadership, and the hospital's executive team formulate a strategic plan for the upcoming year. This plan is based on our mission and vision and serves as a guide for all decisions.

## Components of the plan

Our patients are the center of attention, with six "critical success factors" contributing to the delivery of extraordinary care. Within each of these factors are numerous tactics to help us achieve success.

Consistent with years past, we strive to be a "high reliability organization." This requires recognition that healthcare delivery is a complex process with inherent risk for errors. And when mistakes occur, patients can be harmed.

Therefore, we must be uncompromising in our focus on systems and processes that will prevent errors. It is critical to hardwire consistent behaviors that are based on best

practices in the industry and to continually strive for zero defects in everything we do.

In addition, we place great emphasis on our staff, our community relationships, and partnerships with other agencies. While financial matters are secondary to all of the above, they are essential for our sustainability as a high quality organization and require financial discipline. Without sufficient financial strength, we won't have the resources to accomplish our mission.

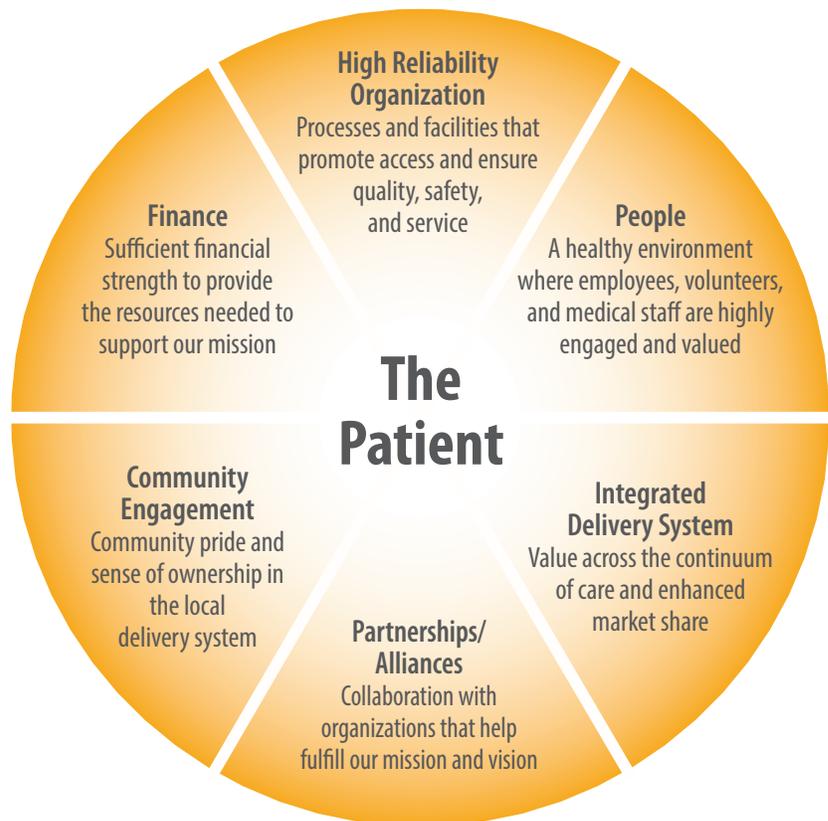
## New this year

New in our 2017 plan is the development of an integrated delivery system. For many years, hospitals, doctors, and social and behavioral health agencies have functioned independently — in our community and across the country. As decreasing costs and increasing quality across the population we serve becomes more important for a sustainable healthcare system, we must align our services and be held accountable for the health and well-being of our

## Aspen Valley Hospital non-discrimination statement

With regards to employment, access to, or provision of care, Aspen Valley Hospital (AVH) shall provide all individuals with the full and equal enjoyment of the services, privileges, facilities, advantages, and accommodations without discrimination, as required by Section 1557 of the Affordable Care Act of 2010. AVH shall not discriminate on the basis of race, color, national origin, sex (which includes gender-based discrimination), disability, religion, age, or veteran status. Gender-based discrimination includes discrimination based on gender identity, gender expression, and nonconformity with sex stereotypes.

## 2017 STRATEGIC SUCCESS FACTORS



community. Fragmentation — which negatively impacts quality, cost, and outcomes — is no longer an option.

Dave Ressler, Aspen Valley Hospital's (AVH) rehired CEO, created two Accountable Care Organizations and a management company for logistical support prior to returning to AVH. "Our goal with an integrated delivery system is to prevent disease, improve healthcare quality and outcomes, and reduce costs — especially for patients with complex conditions," he said. "These objectives are aligned with our industry's transformation to a value-based system and require all of us in health and human services to work together."

Valley Health Alliance (comprised of four of Aspen's largest employers) has been working collaboratively for several years to promote wellness and improve access to healthcare. In the future, we will focus more on disease prevention and improved health outcomes for our combined 4,000 employees and their dependents.

AVH is excited about our community's already-demonstrated commitment to personal health, and we look forward to further developing a system of care that will move us even closer to becoming the healthiest community in the nation.

"Our goal with an integrated delivery system is to prevent disease, improve healthcare quality and outcomes, and reduce costs — especially for patients with complex conditions."

— Dave Ressler, AVH CEO

### **Our mission:**

To deliver extraordinary healthcare in an environment of excellence, compassion, and trust.

### **Our vision:**

To be the leader in fostering our community as the healthiest in the nation.



ASPEN VALLEY HOSPITAL

# For joint replacement patient, AVH experience was 'amazing'

Richard Stevens had no special reason to think he'd ever need surgery to replace his shoulder joint. Though he played lacrosse and worked construction jobs in college, he had never suffered a traumatic shoulder injury worse than a dislocation and had never even torn his rotator cuff.

Over a lifetime of being physically active, however, he gradually started to see signs that his shoulder was not 100 percent healthy. And as time went on, the symptoms became worse. Pain kept him from sleeping comfortably on his left side. He found himself favoring his right side. He could feel his shoulder "catch" and hear it pop.

For years, he had worked with Aspen Valley Hospital (AVH) orthopedic surgeon Tomas Pevny, MD, to pursue conservative treatments, such as physical therapy and medications. By fall of 2016, however, he realized that the time was right for a permanent fix.

"The shoulder was often sore. Driving really aggravated it. Even putting on a shirt or jacket was difficult," he said. "It was just more pain than I wanted to live with."

**"The shoulder was often sore. Driving really aggravated it. Even putting on a shirt or jacket was difficult. It was just more pain than I wanted to live with."**

## A lesson in good timing

His decision came at a fortuitous time, as it coincided with the arrival at AVH of Namdar Kazemi, MD, an orthopedic surgeon who specializes in shoulder care. When Dr. Pevny recommended that Richard meet with the new surgeon, he agreed — and was impressed.

"Dr. Kazemi was very disciplined about explaining everything to me, setting my expectations, and telling what I'd need to do in order to have a great recovery," Richard said. "And he did it in a way that motivated me, that made me want to follow his instructions."

Other factors were important, too. Richard had a strong support network and a care team he trusted; he was prepared mentally and physically to move forward; and he admits that his shoulder had "gotten to the point where it was so annoying that I probably would have decided to do it anyway."

Dr. Kazemi performed the surgery in early January, and all went well. After two days in the hospital, Richard went home with his arm in a

sling. He began physical therapy a few days later, starting with two sessions a week and then increasing to three as he tackled more advanced stretching, strengthening, and range of motion exercises.

## 'Smooth as silk'

"Amazing," Richard said of the results. "Before surgery, my shoulder moved like a ratchet. When I started moving it after the surgery, my first sensation was that it was completely smooth, as smooth as silk. At this point, I'm a couple of weeks ahead of where I expected to be, my range of motion is pretty good, and I don't have any pain. The whole experience has exceeded my expectations."

**"At this point, I'm a couple of weeks ahead of where I expected to be, my range of motion is pretty good, and I don't have any pain. The whole experience has exceeded my expectations."**

"Up here, referrals are very important. If you need a knee replacement, you ask 10 people," Richard added. "Since my surgery, I've had three or four people tell me they have the same kind of shoulder issues I had, and I've been sending them to Dr. Kazemi and Aspen Valley Hospital."



*Basalt resident Richard Stevens is extremely pleased with the shoulder surgery and physical therapy he underwent at Aspen Valley Hospital.*

# Shouldering responsibility

Mobility is this joint's greatest strength — and weakness

Think of a golf ball sitting on a tee. The top of the tee is deep enough to keep the ball stationary and shallow enough so the ball flies freely when hit.

That's a good analogy for the shoulder. Like the hip, the shoulder is a ball-and-socket joint. Yet the hip socket is deep, providing excellent stability and somewhat limited range of motion. Conversely, the shoulder is shallow; its stability comes mainly from tendons and other soft tissue, offering great range of motion while increasing the risk of injury.

So it's no surprise that shoulder problems are very common. In fact, according to Namdar Kazemi, MD, an orthopedic surgeon with OrthoAspen at Aspen Valley Hospital (AVH), about half of all people over age 70 with asymptomatic shoulders have a rotator cuff tear.

The rotator cuff comprises four tendons that keep the ball centered against the socket as your shoulder moves. While trauma can cause tears, most rotator cuff injuries are wear-and-tear injuries that occur over years of normal use. Certain repetitive activities, such as throwing a baseball or hitting serves in tennis, may also cause damage.

"Often, there is no known injury," Dr. Kazemi said. "The person just wakes up in the morning with shoulder pain that gets worse when you reach up into a cabinet or put on a jacket."

Treatment depends on factors such as the patient's age and the size of the tear. With younger patients, treatment may be more aggressive, because tears can become larger over time. "But in a town like Aspen," Dr. Kazemi noted, "you have people whose chronological age is 75 but their physiologic age is 55 because they are so healthy, and you take that into consideration."

Frozen shoulder (adhesive capsulitis), another common ailment, occurs when the shoulder capsule becomes thick and rubbery. Frozen shoulder disproportionately affects middle-aged women, as well as people who have endocrine problems, such as diabetes. Symptoms usually include pain and limited range of motion. Most patients see improvement with physical therapy.

Osteoarthritis, rheumatoid arthritis, and post-traumatic arthritis can also cause shoulder pain and other symptoms. Activity modification, physical therapy, and injections may be enough to address mild arthritis pain. For more severe symptoms, joint replacement surgery may be needed.

Dr. Kazemi sees patients in AVH's Aspen and Basalt clinics. For an appointment, call **970.544.1289**.

**TIP:** To avoid shoulder injury, perform exercises to keep your shoulder muscles and rotator cuff tendons healthy and strong.



*Namdar Kazemi, MD, orthopedic surgeon and shoulder specialist*



# Hip-hip hooray!

Your hips do a lot of lifting but are also subject to injury and disease

Your hips are among your body's largest and most important joints. They support your weight, maintain balance, and perform many other functions — all thanks to a relatively small ball-and-socket structure and its web of stabilizing muscles and tendons.

"The hip does more than allow you to sit, stand, and walk," said Thea Wojtkowski, MD, orthopedic surgeon and hip and trauma specialist with OrthoAspen at Aspen Valley Hospital (AVH). "It connects your back and abdominal core to your lower extremities, so it is involved in a wide range of motions."

Because of its complexity, utility, and location, the hip is subject to disease and injury.

Osteoarthritis of the hip, as in other joints, is typically caused by the breakdown of protective cartilage that leaves bone rubbing bone. Rheumatoid arthritis, a similar condition, is caused by inflammation that breaks down cartilage. Bursitis, muscle strains, and labral tears are other complaints that can cause hip pain, stiffness, and other debilitating symptoms.

Among common hip injuries, fractures are of special concern locally because of the popularity of high-impact, high-speed activities. "Especially here in our valley, where we have a lot active people, hip fractures are a concern," Dr. Wojtkowski said.

## Conservative therapies to replacement

Treatment for a fracture depends on factors such as the type and location of the injury within the hip, and the patient's age and overall health. Surgical placement of a plate and screw may be appropriate for a young athlete, while an active retiree may need joint replacement.

To treat hip disease, Dr. Wojtkowski typically begins with conservative therapies: medication, cortisone injections, rehabilitation, applications of heat or cold, or use of a cane or walking stick. Exercise can also help manage symptoms.

"Even if it hurts a little, exercise can be good," Dr. Wojtkowski said. "Exercise helps maintain functionality, strengthens the hip's muscles, encourages production of lubricating fluid, and may let you avoid surgery. Plus, many people just feel better when they exercise."

If pain becomes unmanageable, hip replacement may be necessary. Surgical techniques have improved significantly over the years and now include robotic-assisted procedures, which are available at AVH. After hip replacement, most patients are encouraged to start walking almost immediately, and many go home the day after surgery.

"In the days after the surgery, the patient will still experience pain," Dr. Wojtkowski noted. "But when you've been living with the severe pain of arthritis, for example, post-surgical pain may be an improvement."

Dr. Wojtkowski sees patients in AVH's Aspen and Basalt clinics. For an appointment, call **970.544.1289**.



*Thea Wojtkowski, MD, orthopedic surgeon and hip and trauma specialist*

# Extraordinary enhancements being made by extraordinary people —

a look back and a look forward on the progress at Aspen Valley Hospital

By Deborah S. Breen, President & CEO, Aspen Valley Hospital Foundation



*On January 24, Aspen Valley Hospital celebrated the grand opening of the Marian and Ralph Melville Oncology and Infusion Center. Made possible through a significant anonymous gift in the Melville's honor, this wonderful dedication was a special way to honor the Melville family and also provide this important expanded service to our most vulnerable patient population.*

After reflecting on the past year, it's clear that interest and momentum continue to build for Aspen Valley Hospital (AVH) and Aspen Valley Hospital Foundation. We are very proud that our Foundation, only in existence for four years, has secured nearly \$40 million in gifts and pledges to date. The final \$20 million needed to bring this campaign and project to fruition is within reach — if we can continue to count on our philanthropic community.

We have enjoyed great fundraising success thus far, fueled by the quality care that AVH is known for. The hospital's long list of recognitions, including being the only critical access hospital to make Becker's **Top 100 Great Hospitals**, a **5-Star Rating for patient satisfaction** from Centers for Medicare & Medicaid Services, and **overall excellence in patient satisfaction and financial stability** all point to a quality organization. Further, with Dave Ressler's return as CEO, just in time for our 125th anniversary last fall, we continue to see a strong and enthusiastic leader at the helm with a powerful vision for the hospital's continued forward momentum.

**During 2016, with gratitude to our wonderful donors, several key clinical areas were brought online, including:**

- The Resnick Family Emergency Department, with trauma treatment suite and rooftop helipad
- Center for Diagnostic Imaging, including an upgraded MRI and Women's Imaging Center

- State-of-the-art surgical center, including three new operative suites with robotic technology
- The Marian and Ralph Melville Oncology and Infusion Center

All of these were significant accomplishments, made possible by our very engaged and generous community.

With the hospital's building and modernization project now 75 percent complete, we are eager to bring the campaign and the building project to full fruition. Consider participating in this quality-of-life project and being part of this extraordinary and historic moment in AVH's history.

For more information on giving opportunities, contact Aspen Valley Hospital Foundation at **970.544.1302**, [avhf@aspenhospital.org](mailto:avhf@aspenhospital.org), or visit our website at [supportaspensvalleyhospital.org](http://supportaspensvalleyhospital.org).

To make a donation to Aspen Valley Hospital Foundation, please use the envelope found here or visit [supportaspensvalleyhospital.org](http://supportaspensvalleyhospital.org).

# Welcome to the Doctors Murphy!

The Roaring Fork Valley gets double benefits with the relocation of Mike and Heather Murphy to the Aspen area. The Murphys are both physicians in much-needed specialties.

Mike Murphy, MD, is a board-certified, fellowship-trained ophthalmologist. Heather Murphy, MD, is a board-certified otolaryngologist (specialist in care of the ear, nose, and throat). Both have full-time practices with offices at Aspen Valley Hospital.

Prior to moving to the Roaring Fork Valley, they lived in Oconomowoc, Wisconsin. "We had vacationed here and fell in love with the town and the community," said Dr. Heather. "After visiting the hospital, we were impressed by a vibrant medical community focused on quality."

According to Dr. Mike, they were both immersed in very busy, established practices in Wisconsin. "We liked the idea of starting a new practice in a community that had a need for both of our areas of expertise," he said. "We are very happy to be here and appreciate the warm welcome we've received throughout the community."

Dr. Heather offers services to both adults and children, ranging from chronic sinusitis to ear infections and disorders, head and neck

surgery, voice and swallowing disorders, and pediatric ENT (tonsils, adenoids, ear tubes, and more). She earned her medical degree at the University of Iowa and completed her residency at the University of Wisconsin. She is board certified by the American Board of Otolaryngology.

Dr. Mike also cares for people of all ages, including cataracts, glaucoma, macular degeneration, diabetes, and routine eye exams. He is a graduate of the Medical College of Wisconsin which is where his residency was also done. He then completed a fellowship at the University of Iowa in ophthalmic plastic reconstructive lacrimal and orbital surgery. In addition to comprehensive ophthalmology, he offers cosmetic and reconstructive surgery of the eyelids and eye socket, as well as treatment of blocked tear ducts.

The Murphys are avid outdoor enthusiasts and enjoy hiking and skiing. They are happy to be part of a dog-friendly community, as they have three shelter dogs that have made the move with them and are settling into their new home.

For an appointment with either doctor, call **544.1460**.



Meet the Doctors Murphy team. Back row: Jamie Holler, PA-C; Stuart Eynon, MA; and Mike Murphy, MD. Front row: Jessica Workman, RN; Johnna Modene, COT; and Heather Murphy, MD.

# Focus on ophthalmology

## Dry eye may be more than an annoyance

The most active muscles in your body aren't in your legs, arms, or hands. They are the muscles that control your eyes. Measuring about one inch across and weighing only about a quarter of an ounce each, your eyes help you negotiate and interpret the world.

In an extremely low-humidity environment such as Aspen, one of the most common — and potentially dangerous — ocular concerns is dry eye. "For a lot of people, dry eye is just a nuisance; for others, it can be very severe and lead to vision loss," said Mike Murphy, MD, FACS, ophthalmologist at Aspen Valley Hospital (AVH). "People in Aspen are biking, hiking, and skiing in an environment that is very dry, windy, and sunny, and that sometimes has lots of allergens in the air."

### More than air

Environmental factors are only part of the story, though. Medical conditions and even lifestyle choices can also contribute to dry eye. For example, Dr. Murphy noted that when we stare at a computer or cellphone screen, we blink less often than normal, accelerating tear evaporation.

### Dry eye is also more common among people who:

- Have rheumatologic diseases, such as rheumatoid arthritis or lupus
- Have undergone Lasik eye surgery
- Have worn contact lenses for an extended time
- Take diuretics, antihistamines, or certain other types of medication

Unfortunately, the leading cause of dry eye — aging — is not preventable. Dry eye is particularly prevalent in peri- and post-menopausal women.

### Quantity and quality matter

Dry eye can be the result of a reduction in the quantity or the quality of tears. However, dry eye usually involves the tears your body produces for lubrication, rather than the reflexive tears that gush forth when an insect flies into your eye or a cold gust of wind blows in your face.

The most familiar symptoms of dry eye are stinging and scratching sensations, as well as lack of vision clarity. Excessive mucus, especially in the morning hours, can also be a sign of dry eye.

The American Academy of Ophthalmology recommends a baseline eye disease screening at age 40 for adults with no signs or elevated risk of eye disease. The academy notes that "early signs of disease and changes in vision may start to occur" around age 40.

### Finding relief

For the everyday case of dry eye, Dr. Murphy recommends simply closing and resting your eyes briefly. For chronic dry eye, an examination by a qualified eye care professional can often pinpoint a cause. Conservative treatment options such as using preservative-free artificial tears several times a day, increasing dietary intake of fatty acids such as those found in salmon and sardines, wearing wraparound sunglasses to reduce glare and wind exposure, and using a humidifier at home are often effective in reducing symptoms.

For stubborn cases, anti-inflammatory medications and various minor, in-office surgical options are available.

## Fun eye facts

1. You blink about 12 times every minute.
2. The average blink lasts for about 1/10th of a second.
3. About 80 percent of all vision problems worldwide are avoidable or curable.
4. Globally, an estimated 39 million people are blind and 234 million have some vision impairment.

Source: VSP



Mike Murphy, MD, FACS,  
ophthalmologist

# All about sinusitis

Finding relief from a common — and miserable — condition

As an Aspen area resident, you probably know firsthand the misery of a sinus infection. Aspen's wintry air and low humidity dry out the nasal passages and sinuses, allowing viruses to invade with symptoms such as congestion, facial pain or pressure, and fatigue.

"Sinusitis is a huge problem nationally and one of the most common complaints we hear in our practice," said Heather Murphy, MD, otolaryngologist at Aspen Valley Hospital (AVH). "Chronic sinusitis is especially difficult to live with, but the advances in care over the past five years promise real relief."

## Symptoms and solutions

Because allergies, inflammation, and infections can all cause similar symptoms, diagnosis is the first step to identifying the path ahead. If the problem is an acute sinus infection, it is probably viral and therefore immune to antibiotic therapy. So instead, Dr. Murphy usually recommends saline rinses, nonsteroidal medications, rest, and hydration for the first week to 10 days. If symptoms persist or worsen, the problem may have progressed to acute bacterial sinusitis, which can be treated with antibiotics.

Once the illness is under control, the patient should pay attention to recurrences. Having more than four sinus infections a year may be a sign that an otolaryngologist needs to get involved.

"At that point, we need to delve into the reasons that the problem keeps coming back," Dr. Murphy said. "Maybe the person is immuno-compromised and can't fight off the infection, maybe seasonal allergies play a role — what exactly is the root cause?"

## Fixing the 'plumbing'

The average person produces one liter of mucus daily, and a healthy body drains those fluids away. When the sinuses are blocked

by inflammation or polyps, the system backs up, and the warm, moist sinuses become a bacterial breeding ground. "It's all about the plumbing," Dr. Murphy said. "Everything we do is aimed at increasing the sinuses' natural ability to drain properly."

**FACT:** According to its most recent figures, the Centers for Disease Control and Prevention estimates that 12.3 percent of all U.S. adults — nearly 30 million individuals — have been diagnosed with sinusitis.

Saline rinses can revive the cilia that help remove mucus from the sinuses and break up biofilms that limit the effectiveness of antibiotics. Intranasal steroids are another treatment option, especially for chronic sinusitis.

An option of last resort, surgical treatments are much less unpleasant than they were even five years ago. Image-guided sinus surgery, offered at AVH, allows the physician to see the structures and soft tissue inside the head, as well as the surgical instruments during the procedure. Benefits include enhanced safety and efficacy of the procedure. Dissolvable packing contributes to a more comfortable recovery and quicker return to activities.

"Our goal is to make patients comfortable again," Dr. Murphy said. "We want them to get back to their activities and life as soon and as safely as possible."



Having more than four sinus infections a year may be a sign that an otolaryngologist needs to get involved.

Heather Murphy, MD, otolaryngologist  
(ear, nose and throat specialist)

# Ear tubes can be a simple solution for ear infections

Each year, hundreds of thousands of children — and their families — become all too familiar with the symptoms of ear infections.

"It's a major burden on our families and our healthcare system," said Heather Murphy, MD, otolaryngologist at Aspen Valley Hospital. "Ear infections are not only uncomfortable for patients but also can affect hearing and speech development."

When infections become too frequent or persistent, ear tubes are often a safe, highly effective treatment option.

Ear tubes are tiny tubes inserted into the tympanic membrane to drain fluids from the middle ear space. Current national guidelines recommend that physicians talk with families about ear tubes when a child has had three infections within six months or four infections within 12 months, or has had fluid that persists in the middle ear longer than three months, especially if accompanied by learning impairments or delayed speech development.

While these guidelines are helpful, Dr. Murphy said each case requires individual assessment, with even the time of year often influencing treatment decisions because ear

infections are more common during colder months.

"If we're at the beginning of winter and we've already exhausted a lot of our other options, we might proceed sooner to ear tubes," Dr. Murphy said. "If we're closer to spring, I might recommend watchful waiting."

When ear tubes are needed, the procedure usually takes about three minutes. The child can then go home and immediately resume normal activities, including bathing and swimming.

The tube is designed to last 6 months to 2 years before it is naturally forced out of the ear. Typically, the eardrum will heal naturally, and the child will experience a significant decrease — or even elimination — in future ear infections. Infections that do occur can usually be treated with a topical rather than systemic antibiotic.





This publication in no way seeks to diagnose or treat illness or serve as a substitute for professional medical care. Please see your physician if you have a health problem.

# Traditional health fairs return . . .

with expanded scope of discounted health fair lab testing

There is much in the medical literature to support Aspen Valley Hospital's decision in 2016 to offer only a few discounted laboratory tests for screening purposes (lipid profile and fasting blood sugar). But after a year's worth of experience with a new system and a limited scope of testing, the decision has been made to expand laboratory testing and return to the traditional format — that which was offered for many years prior to 2016.

"Your feedback was heard and weighed heavily on the minds of all involved," said Ginny Dyche, director of community relations. "We will be emphasizing that all who participate in the health fairs follow up with their primary care provider to discuss their results, as lab tests must be evaluated in the context of a person's total health."

As the enlarged scope of testing returns, remember that false negatives and false positives are possible. False positives can result in over testing. Your physician will apply his/her best judgment to determine, with you, if further evaluation is necessary. False negatives can provide undue assurances of good health. Be sure to see your doctor after getting health fair results!

"When you attend a health fair, take advantage of all the other valuable screenings offered too," advised Ginny.

Summer and fall health fair dates are still to be determined. Watch for "Save the Dates" ads in local papers. Dates will also be posted on our website at [avhaspen.org](http://avhaspen.org).

## Re-accreditation

Every three years, Aspen Valley Hospital (AVH) is guaranteed a visit by The Joint Commission, the country's premier healthcare accrediting agency. It's a multi-day, unannounced, and intense survey of day-to-day functions at the hospital and its off-site facilities.

Surveyors focus on patient safety and the delivery of care including the physical environment, patient education, infection control, medication management, preventing medical errors, competency of staff, emergency management, quality improvement, leadership, and more. They randomly select patients and trace their experience, either directly or through the medical record. The surveyors also talk to doctors, nurses, and other staff who are involved in the patient's care, and they even observe care as it is provided, often speaking to the patients themselves.

We are pleased to report that our 2016 survey was successful, and accreditation has been awarded for another three years. Kudos to all of our staff for their daily contributions, as accreditation is achieved not just during the survey, but throughout the year as we care for our patients.