

HealthPoint

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WCCH History

Wythe County Community Hospital Celebrates
40 years of Service to the Community

The history of Wythe County Community Hospital (WCCH) can be traced back to 1933 when Dr. E. M. Chitwood, Sr., and Dr. C. D. Moore, Sr., founded the Chitwood-Moore Hospital. It was located in the upstairs of the building now occupied by Baldwin's Store. At that time this was the only facility in Wythe County to provide care for inpatients; it had 10 beds and six baby bassinets.

In October 1947 the Chitwood-Moore Hospital moved into a more modern facility on the second floor of the Leggett building. Inpatient care was made available for twenty-five adult patients and eight babies. Dr. W. R. Chitwood joined his father and Dr. Moore in June 1948. In December 1952, Dr. Moore sold his interest in the hospital and the name of the facility was changed to Chitwood Memorial Clinic. The name was given as a memorial to Patty Tipton Chitwood, daughter of Dr. & Mrs. E. M. Chitwood, Sr.

The Drs. Chitwood practiced jointly until Dr. E. M. Chitwood's death in 1959. Dr. W. R. Chitwood continued to be administrator of the facility until June 1965 when, due to ill health, the Chitwood Memorial Clinic was sold to Drs. C. E. Stark, C. D. Moore, Jr., and P.C. Hendrix. This group expanded the facility to provide care for 33 patients and ten babies. They gave excellent modern medical care to the citizens of this area and unselfishly agreed to close the clinic when the newer facility was opened. Thus, on July 18, 1972, when WCCH opened, all of the patients at Chitwood Memorial Clinic were transferred to the new hospital.

When the doors of the new hospital were opened to receive these patients, it was the end of efforts begun in 1965 when the Wytheville-Wythe County Chamber of Commerce initiated plans for a new hospital. In 1965, a committee was appointed by Paul Heuser, president of the Wythe County Chamber of Commerce, to study the possibilities of erecting a county hospital. Stephen A. Lester served as Chairman of the committee along with Paul McDowell, John Pless, A.B. Graybeal, Jr., and Mrs. Elizabeth Simmerman. The Chamber of Commerce made the first contribution to the hospital project when it appropriated \$3,000 out of its budget to be used for a study to determine the feasibility of a new hospital. The Chamber of Commerce scheduled an organizational meeting at which time 27 directors were named, and the Articles of Incorporation were signed.

(continued on page 2)



Artist's rendering for original building



Hospital adds ICU in 1978



INSIDE THIS ISSUE:
Colorectal Cancer
Urgency of Emergency
Stereotactic Breast Biopsy

1992 Expansion to include adjoining medical offices



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(continued from cover)

WCCH became a non-stock, non-profit charitable organization. Robert Eley Johnson was elected president by the Board of Directors. During 1967, the present site was acquired. The Wythe County Board of Supervisors authorized a bond referendum. The bond issued in the amount of \$950,000 was a success with 95.6 percent of the voters expressing approval.

In 1968, the Virginia Advisory Hospital Council approved the hospital's request for Hill-Burton Funds. Vern Lentz was elected as the new president of the Board. A special gifts campaign was launched in 1969, spear-headed by the Board of Directors. The contract for construction was awarded to the J.M. Turner Company of Salem, VA, and construction was begun on a 50-bed hospital.

In 1970, Mrs. Richard Wetzel of Reading, PA, made a gift of \$50,000 in memory of her husband and her father, former residents of Wytheville. Later in 1970, a pledge of \$50,000 was made by Dr. Robert E. Withers and Kent C. Withers in memory of their parents, Mr. and Mrs. Robert E. Withers, Sr. With these two substantial donations, consideration could be given to completing the fourth floor, which had been planned as a shelled-in area for future expansion. This would provide 100 beds rather than the original 50. A new fundraising drive was started to collect contributions from the civic minded people of the area.

Mr. James L. Sherwood was employed in early 1971 as administrator of the hospital. On May 13, 1972, Dr. Nelson Bell spoke at the official dedication of the hospital and on July 19, the hospital opened its doors to the public offering quality health care to the citizens of Wythe and Bland counties. In May 1978, the Board of Directors of WCCH entered into an agreement with Roanoke Memorial Hospitals for a management contract. Mr. John E. Cowhig was appointed the hospital administrator with Mr. Tom Rice, Assistant Administrator.

In February 1978, after almost two years of study a two-phase \$3.2 million expansion program was approved by the hospital board. Phase I included relocation of medical records, temporary space for personnel offices, auditor's work space and expansion of the accounting department. In September of that year work was begun on Phase II of the expansion program. This phase included construction of a six-bed intensive care unit, new delivery rooms, labor rooms, nursery, laboratory, pharmacy, physical therapy department, emergency department, business office, expanded radiology department, administrative offices and lobby.

In 1984, Scott Adams was named administrator of WCCH. The hospital flourished under his administration until his resignation.

(continued on next page)



Six Steps to Help Prevent Colorectal Cancer

According to the American Cancer Society, the disease is both the third most commonly diagnosed cancer and the third leading cause of cancer death in men and women in the United States. The risk of developing colorectal cancer in a lifetime is about 1 in 19 for men; for women, it is about 1 in 20. More than 90 percent of cases are diagnosed in those over age 50.

“Unfortunately, colorectal cancer has no early warning signs, which means screenings are critical in diagnosing the disease,” says Dr. Beth Taylor, Gastroenterologist at Wythe County Community Hospital. “When symptoms do occur, they may include blood in the stool, abdominal pain, a change in bowel habits (constipation or diarrhea), unexplained weight loss or extreme fatigue.”

Colorectal cancer develops from precancerous polyps in the colon or rectum, and occurs as a result of errors in the way cells grow and repair the lining of the colon.

To learn more about preventing and treating colorectal cancer, visit www.cancer.org and click on Cancer Topics, then Colon and Rectal Cancer.

Beth Taylor, M.D.



Dr. Taylor recommends the following preventative steps:

Get Screened. Beginning at age 50, make a commitment to regular screenings for colorectal cancer. If you have a close relative who has suffered from colorectal polyps or colorectal cancer, or if you have inflammatory bowel disease, talk to your doctor about getting screened today. There are several different types of screening tests that may be combined or used alone, including:

- Colonoscopy
- High-sensitivity fecal occult blood test
- Flexible Sigmoidoscopy

Eat Smart. Medical experts agree that one of the best ways to reduce the risk of colorectal cancer is to maintain a diet low in animal fats and high in fruits, vegetables and whole grains.

Get Moving. Studies show that those who are physically active are 24 percent less likely to develop colorectal cancer. Exercise at least 30 minutes a day, several days per week, whenever possible.

Maintain a Healthy Weight. Studies have shown that body type can influence your risk for developing colorectal cancer. Carrying extra weight around the waist puts you at the greatest risk.

Take Your Vitamin D. The American Cancer Society suggests that Vitamin D can reduce the risk of developing colorectal cancer by helping the body get rid of its own highly toxic digestive acid. Oral calcium supplements can also help reduce the risk.

Commit to Being Tobacco Free. Research shows a link between tobacco use and colorectal cancer.

(from previous page)

tion in 1992. At that time, Mr. Howard Ainsley was appointed CEO. WCCH implemented home health services in 1993. Wythe County Community Hospital established a clinic with two physicians in Fort Chiswell in 1994, and opened Wythe Bland Pediatrics in 1995 with one pediatrician.

In March of 1997 Lawrence H. Chewning, III was named CEO. Under his administration an \$8.3 million master facility plan was completed. A new façade was added to the hospital, a new four floor elevator and renovation of the second floor, including addition of an operating room and conversion to Labor Delivery Recovery and Postpartum rooms in the obstetric area. WCCH also acquired Southwest Virginia Hospice in 1998.

In 2000, The Women's Outpatient Imaging Center opened on the campus of WCCH and the Hospital purchased 24.5 acres of land on the north side of the campus. The Hospital opened a Hospitality House to be used for traveling nurses, locum tenens and new physicians coming to the area.

In 2005, WCCH signed an agreement with LifePoint Hospitals, Inc., located in Brentwood, Tennessee, and John McLain was named CEO. Within two years the hospital announced an emergency room expansion and renovation project and by 2009 this five million dollar project was completed. Eric Deaton was CEO.

Today, Timothy A. Bess holds the CEO position at WCCH. The hospital continues to grow and keep abreast of the latest medical techniques and the use of modern equipment. Because of the dedication of the Medical and Hospital staffs and the untiring efforts of the Board, the citizens of Wythe County, Bland County and surrounding areas are being duly provided the best quality of care available in a community hospital.



Physicians:	Employees:
1972: 7 active staff	1972: 80
2012: 37 active staff	2012: 450

Upcoming Events

Hospital Week – May 7-11

Childbirth Classes Sponsored by WCCH Women's Center
Call 228-1756 to register or for more information

Diabetes Management Classes
Contact Barbara Patton, RN, CDE at 228-1762 for more information or to register.

Community Health Fair
Saturday, June 9, 2012
Location: George Wythe High School
Time: 9:00 am – 1:00 pm

WCCH 40th Anniversary Celebration
Sunday, July 22, 2012
Location: Front Lawn @ WCCH
Time: 2:00 pm – 4:00 pm

Camp Wishing Well
Children's Bereavement Camp
Location: Hungry Mother Lutheran Retreat Center
Marion, VA
Date: September 15, 2012
Time: 11:00 a.m. – 7:30 pm
Contact: Jennifer Dempsey at 228-1710

Rural Retreat Health Fair
Location: Rural Retreat Squad Bldg
Date: Saturday, September 22, 2012
Time: 9:00 a.m. – 1:00 pm

The Urgency of Emergency: How Our Hometown ER Saves Lives

We hope it never happens to you or a loved one, but our hospital's Emergency Department can be a real life saver. For heart attacks, strokes, life-threatening injuries and a host of other serious medical conditions, fast access to emergency medical care is critical. For example, in cases of heart attacks or strokes, there is a three-hour window from the start of the symptoms in which the arteries must be unblocked. After that, medications are much less effective.

Our hospital's Emergency Department features expert physician specialists, state-of-the-art equipment, comprehensive surgical capabilities and the resources of a full-service hospital close to home. Unfortunately, all that medical care doesn't do any good if you don't take advantage of it in an emergency. It is estimated that 500,000 Americans die unnecessarily every year because they don't receive the required medical care quickly enough from a physician or Emergency Room. In many cases, people simply don't take their symptoms seriously. They make the mistake of thinking the pain, bleeding or difficulty breathing will simply go away. Some people don't want to appear foolish rushing to the hospital on a false alarm. Others don't want to bother or worry loved ones by telling them about their symptoms, especially in the middle of the night.

So when do you need to go to the ER?

Signs that someone may need immediate medical care:

- Sudden or severe pain that doesn't go away, including headache or abdominal pain
- Chest pain
- Difficulty in breathing or shortness of breath
- Sudden changes in mental status
- Uncontrolled bleeding
- Headaches with a stiff neck or fever

And remember, if you're not sure whether someone needs immediate medical care, it is always better to play it safe and go to your local ER, even if you find out your trip was unnecessary.





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HealthPoint

WYTHE COUNTY COMMUNITY HOSPITAL

HealthPoint is published as a community service by Wythe County Community Hospital. It in no way seeks to diagnose or treat illness or to serve as a substitute for professional medical care. For individual guidance, consult your physician. For more information about Wythe County Community Hospital or anything found in this publication, please call 276-228-0200.

Important News and Helpful Advice for a Healthier Life inside:

- Colorectal Cancer
- Urgency of Emergency
- Stereotactic Breast Biopsy

Stereotactic Breast Biopsy at WCCH

Wythe County Community Hospital is offering women faced with a suspicious mammogram or small breast lump a less invasive breast biopsy that keeps women out of the operating room and avoids the stitches and scarring associated with a traditional open surgical biopsy.

Biopsies are used to obtain a sample of suspicious tissue that will be examined by a pathologist. There are several techniques for a physician to carry out a breast biopsy. Techniques include minimally invasive breast biopsy (MIBB) or open excisional biopsy. Minimally invasive approaches include fine needle aspiration, a core needle biopsy with or without imaging such as mammography, MRI or ultrasound, or a vacuum-assisted biopsy. A minimally invasive biopsy is recommended by breast cancer experts as the preferred method.

The minimally invasive breast biopsy procedure performed at Wythe County Community Hospital is done with a vacuum-assisted Stereotactic Breast Biopsy device that allows doctors to biopsy suspicious tissue through a tiny incision in less than 15 minutes with an immediate recovery. Studies show biopsies performed as a Stereotactic procedure are as diagnostically reliable as open surgical biopsies in determining if a woman has breast cancer.

“Whenever possible, a minimally invasive breast biopsy should be performed rather than an open surgical biopsy,” said William R. Deal, MD. “Now women can get an accurate diagnosis with an office or outpatient procedure that is less invasive, less traumatic and easier on a woman’s body. It’s also a way to avoid the operating room altogether if it’s not breast cancer, which is the case for about 80 percent of women.”

“Mammograms are not enough in many cases to make a definitive diagnosis,” said Dr. Deal. “And now with the advent of minimally invasive breast biopsies, there should be no reason for women to avoid a biopsy that can help them detect breast cancer at its earliest stages, when it’s most curable.”

As with any breast biopsy procedure, procedures may present risks. Patients should consult with their doctors to see which type of breast biopsy procedure is appropriate for them.

William Deal, M.D.



May 14-18 WCCH Celebrates Mothers and Daughters
Schedule a Mammogram and receive a gift
Convenient scheduling call 228-228-1715
Experience the new MammoPad cushion for comfort.