CHATHAM HOSPITAL
SURGERY

SHELLEY WARNER
ATTRACTIONS IN SILER CITY

• Numerous road side farms
• Strawberry picking fields
• Fresh produce
• Boutiques
UNIQUE ATTRACTIONS

• Mt Vernon springs
• Celebrity goat dairy farm and restaurant
• Silkhope- July 4th sawmill/pull horses
EVENTS

• OASIS OUTFARMERS MARKET
• STREET VENDORS
• MAINSTREET ART EXHIBITS
• THIRD FRIDAY ART WALKS
DEVIL’S TRAMPING GROUND
WECAHN

- Founded in rural Chatham County in 1991
- Began as an HIV/AIDS Council of Chatham
- Now called Chatham Social Health Council
- Prevention education, testing, access to care, and support services
- Condom distribution sites
- Businesses allow WECAHN to stock educational and safety materials
WHAT GOES ON AT CHATHAM HOSPITAL?

• All performed by one general surgeon 2-3 days/week
• Colonoscopies/endoscopies = 36-67/month
• General surgeries = 22/month
• Over a 10 month period - 660 patients received surgery
EFFICIENCY OF EQUIPMENT

• My summer observations
  • 1 scope malfunction-caused to have to use old scope-inc procedure time by about 5 minutes
  • CO2 machine malfunction delayed surgery
  • 3 referrals after colonoscopy procedure because not equipped at chatham to further screen
  • Manual scrub distribution and hanging by nurse on staff
  • Missing sharp tip scope trocars
PATIENT POPULATION

- A colleague was operated on by us
- Cousin of a colleague received a colonoscopy
- A nurse’s son received his appendectomy from the surgeon she works with
OUTCOMES AT CHATHAM
FROM JULY 2016-APRIL 2017

- Return to surgery within 48 hours = 0
- Complications during surgery = 2
- Readmission as an acute inpatient within 30 days post-surgery
  - Readmission to Chatham = avg 5%
  - Readmission to any UNC hospital = AVG 8%
READMISSION RATES

• Chatham patients have a very low readmission rate
• Average of 5% readmission rate to Chatham hospital every month
• Average of 8% admission rate to UNC within 30 days of being discharged from Chatham
• Comparitavely 2.9% more patients are readmitted to UNC then back Chatham
SO WHAT?

- Patients transferred increases financial and emotional stress on patients and their family.
- It takes more time and planning away from their jobs, gas costs, hospital stay is longer, families will not be staying at home.
LOOKING FORWARD

• Can a rural hospital help to minimize transfers for surgical patients?
  • Surgical transfers from Chatham to UNC are largely because of a lack of resources
• Is there any equipment that could be invested in to minimize some of these transfers?