



OAKBEND[®]

MEDICAL CENTER

FIFTEENTH EDITION | SPRING 2011

CONNECTIONS

your community hospital



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AWARD WINNING CARE

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ADVANCES IN OBSTETRICS, REDUCING TRAUMA OF POSTPARTUM COMPLICATIONS

*Identified Risk Factors
and New Procedure for
Reducing Postpartum
Hemorrhage*



No mother-to-be wants to consider that there may be complications before, during or after the birth of her baby. But knowing that advances within the field of obstetrics are minimizing risks and the trauma that complications can have on an already vulnerable body will help put even the most anxious at ease.

While advances in obstetrics and gynecology have been made on all fronts, among the most recent and most exciting is changing the way postpartum hemorrhaging (affecting approximately one in 20 women) is managed.

Today, we recognize that diabetes and obesity place expecting women in a high risk category for this complication. This helps us better prepare. We not only put together a plan to help women achieve optimal health for delivery – including proper nutrition, exercise and weight management – we are also on high alert during and after delivery to identify early warning signs.

Other high risk cases include women attempting to have a vaginal birth following a Caesarian and those experiencing either a rapid delivery or a prolonged one. Infections can also put women at risk for postpartum hemorrhaging.

While postpartum hemorrhage generally takes place immediately after delivery, it can also happen more than 24 hours after delivery. It can even be delayed by weeks. In these cases, it is important for women to know that bleeding that gets worse rather than better and pain that intensifies rather than subsides following childbirth should be a concern and prompt a phone call to their physician.

We know that an important factor in reducing risk of postpartum hemorrhage is immediate uterine contraction. The sooner we can get the uterus to begin contracting following childbirth the better. This is why we encourage mothers to breastfeed immediately after



Dr. Henry Garza III
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Dr. Henry Garza III is a board-certified physician of obstetrics and gynecology. He is a graduate of Baylor College of Medicine and has been in private practice for over 12 years. He is currently the Chairman of the OB-GYN department at OakBend Medical Center. Dr. Garza has a particular interest in minimally invasive gynecology and office-based procedures.

birth. The suckling of their infant causes the release of Oxitocin in the brain, which helps the uterus to begin contracting.

It is also standard protocol now to administer a small amount of medication that prompts this process as well. There are a number of new ones that are very effective in initiating this process.

When we recognize that, despite all precautions, a woman is hemorrhaging, we assemble a team to manage the situation before surgical intervention is required.

An innovative new procedure that represents a significant advance in this area involves an intrauterine balloon. This balloon is placed into the uterus to compress blood vessels from within. This procedure is reducing the trauma previous surgical procedures posed. This is a really big advance in managing postpartum hemorrhaging.

OAKBEND MEDICAL CENTER OPENS NEW

Senior Care Center

Now providing full-service family care in Fort Bend, new OakBend Senior Care Center is staffed with specialized teams to treat complete patient and provide family support

OakBend Medical Center opened the doors of their new Senior Care Center in January 2011, now making the leading Richmond medical facility a full-service family care center within the Fort Bend Community.

The 16-bed facility is equipped not only with the latest technology and a specialized medical team, but also the warmth and supportive environment associated with family care giving. Physicians specializing in the psychological, physical and emotional disorders and conditions many seniors face today work together to establish a plan back to better overall health. Geriatric and Psychiatric physicians will be available at all times to serve the needs of the patients.

According to OakBend Senior Care Center Unit Director Judy Storms, the center is designed with seniors and their specific needs in mind – and guided by the goal to achieve optimal well-being for each and every patient.

“Our first priority is to assess their situation and determine if current treatments and standard of care match their unique needs. Too often we find that this is not the case,” said Storms.

“Unfortunately, we often find that the wrong or unnecessary medications are prescribed – resulting in adverse physical and psychological issues. For example, the early stages of Alzheimer’s can resemble depression and may be incorrectly diagnosed and treated as such. We first determine the right diagnosis and adjust treatment accordingly. We then help our seniors achieve a state of physical, mental and emotional well-being through therapy, exercise programs and nutrition. Our team treats the whole person while also providing families with valuable resources and support,” added Storms.

According to OakBend Medical Center Chief Executive Officer Joe Freudenberger, the new senior care center now rounds out the comprehensive care that OakBend Medical Center’s elite staff of specialists offers the Fort Bend Community from birth



to adulthood. The center now provides seniors and their care givers easy access to a fully staffed medical psych unit as well as geriatricians and physical and rehabilitation therapists specializing in senior care.

“We are pleased to be able to fill a void that has existed in our community. The senior care center offers valuable support to our seniors and their families. We are proud of the program offered at the center,” said Freudenberger.

In addition to the inpatient care the new OakBend Senior Care Center offers, senior-focused programs include Activity, Goals and Health Education Groups to help address and overcome challenges seniors face.

Officially opening with 51 beds in 1950, OakBend is today one of the largest full-service medical facilities in Fort Bend County, ready to respond to growing community needs and a mission to achieve the highest quality of life, health and well-being for every patient for whom they have the privilege to care.

To learn more about the new Senior Care Center and other OakBend Medical Center services, log onto www.oakbendmedcenter.org or call (281) 238-7880.



IN THE SPOTLIGHT: *Breast Cancer*

Breast cancer is one of the most prevalent cancers among women in the United States so OakBend Medical Center's Cancer Committee decided to conduct a focus study. In 2009, OakBend's Cancer Registry reported 123 new cancer cases. Of the new cases, the top five cancer sites were breast, lung, colorectal, lymphoma and uterus. Breast cancer was most prevalent at 21% of all cancers for that year. There were a total of 39 breast cases reported and 17 qualified for our focus study.

Our focus study revealed 16 females and 1 male diagnosed with breast cancer. The incidence of male breast cancer is low in comparison to women, but men can get breast cancer too as seen in our study. The American Cancer Society estimated that in 2009, 192,370 new cases of invasive cancer would be diagnosed as well as 62,280 additional cases of in situ breast cancer. OakBend reported 16 invasive cancers and 1 in situ cancer. The invasive (infiltrating) breast cancer starts in the ducts and lobules of the breast and break through the walls to invade surrounding tissue in the breast. In situ cancers are confined within the duct or lobules of breast. Nearly all cancers at this stage can be cured. Invasive cancers are more serious and are influenced by cancer stage. The cancer stage is the mechanism used throughout the country to categorize cancers based on specific features like size and extent of disease. The main staging system used has 5 stages. Stage 0 is early stage cancer. Stage 1 and 2 are usually localized cancer. Stage 3 cancers have spread to regional tissue and stage 4 cancers have spread to distant sites throughout the body. OakBend's focus study revealed 1 early stage breast cancer and 13 localized cancers. These cancers typically will have a better prognosis. We also had 1 stage

3 and 2 stage 4 cancers. When comparing our data to state and national statistics, we found that our data is about the same percentage for stage distribution; however, OakBend did have a much higher incidence of stage 1 cancer with 53% while state data reported 30% and national data reported 38%.

Race and age are also important factors for treating breast cancer. Our data showed 6 white, 6 Spanish, 3 Asian and 2 black patients with breast cancer. We compared this to the National Cancer Data Base statistics and found that we have more Spanish and Asian patients and fewer white patients as compared to Texas and U.S. data. For age distribution, OakBend reported 2 patients in their 30s, 4 in their 40s, 5 in their 50s, 1 in their 60s, 3 in their 70s and 2 in their 80s. When compared to national data, we found a higher percentage of our patients diagnosed between 30-50 years as compared to Texas and U.S. statistics. Patients diagnosed between the age of 70 and 80 were statistically the same for OakBend, Texas and the U.S.

As a quality measure, we also researched whether or not our patients received core biopsies as part of their diagnosis which is the standard of care and we found that 16 patients did have a core biopsy with the exception of the male patient who had another method of diagnosis. This study helped us reinforce that as an accredited cancer program, we are providing high quality cancer services and we can also target specific age and race populations to better serve our community through screening and early detection. Our Cancer Committee will continue to monitor breast and all cancers to ensure that patients receive optimal care as we promote cancer treatment guidelines, multidisciplinary approach and support services.



May W. Tape, DDS, Ted Volf, Kelly Harris, Himesh Ghandi, Cliff Terrell, Keri Schmidt, Allison Wen, Ron McCann, Chris Breaux, Joe Freudenberger, Bruce Mercer, R. C. Brown, III, Steven Metzenthin, Gail Parker, Tommy Kuykendall, Kevin Patton, Jeff Council, Cheryl Stalinsky, Robert Quarles

OPENING *Celebration*

OakBend Medical Center recently celebrated the opening of a new Emergency Department on the Grand Parkway, with a joint ribbon cutting attended by both the Central Fort Bend Chamber Alliance and the Fort Bend Chamber. The center is located at 7830 W. Grand Parkway (at West Bellfort). Also located within the OakBend Professional Building at this location are Plex Sports Therapy and Texas Sports Medicine Institute. It is also the future site for an additional location of the OakBend Medical Group. For additional information call (281) 341-3023.



Barry Beard, May W. Tape, DDS, Allison Wen, Ann Council

Fort Bend's OAKBEND MEDICAL CENTER RECEIVES *American Heart Association's* GOLD PLUS PERFORMANCE ACHIEVEMENT AWARD *2010-2011*



The American Heart Association and American Stroke Association recognize this hospital for achieving 85% or higher adherence to all Get With The Guidelines® Stroke Performance Achievement indicators for consecutive 12 month intervals and 75% or higher compliance with 6 of 10 Get With The Guidelines Stroke Quality Measures to improve quality of patient care and outcomes.

The Rapidly Expanding OakBend Medical Center Responds to Need for Community Cardiovascular Care - Provides Recognized Specialists, State-of-the-Art Technology to Fort Bend County

OakBend Medical Center receives recognition for excellence in cardiovascular care and their state-of-the-art Stroke Center with the American Heart Association/American Stroke Association's Get with the Guidelines® Stroke Gold Plus Performance Achievement Award.

Providing the latest technology and treatment options to the Fort Bend community, OakBend Medical Center has the only designated primary stroke center in Fort Bend County.

As a recognized Gold Plus Performance Achievement Award Hospital, OakBend Medical Center has met the Gold Plus Performance standards established by the American Heart Association and American Stroke Association - achieving 85 percent or higher adherence to all Get with the Guidelines® Stroke Performance Achievement indicators for consecutive 12 month intervals and 75 percent or higher compliance with six of 10 Get with the Guidelines® Stroke Quality Measures to improve quality of patient care and outcomes.

According to OakBend Medical Center Chief Executive Officer Joe Freudenberger, the award confirms the commitment that OakBend has made to the Fort Bend county and serves as a standard for all areas of care the center brings to the community.

"We are pleased to be recognized by the American Heart Association and the American Stroke Association. We are working hard to provide the highest standard of care to families in our community and are pleased when the excellent work of our center is recognized," said Freudenberger.

In order to better serve the needs of the community, OakBend Medical Center now has two campuses in Fort Bend county and a new Emergency Care facility at Grand Parkway and West Bellfort.

The center has provided healthcare to Fort Bend families for over 50 years and today has Fort Bend's only accredited Cancer Center, an advanced Trauma Center and multi-disciplinary Wound Care program with Hyperbaric treatment. The hospital also has a recognized Women's Center with full-service pediatric care, an integrated Health and Wellness Center and a top-rated laboratory onsite.

To learn more about OakBend or schedule an appointment call 281-341-3000, or go to www.oakbendmedcenter.org.

New Balloon Sinuplasty

OFFERING LESS INVASIVE PAIN-FREE OPTION FOR THOSE WITH CHRONIC SINUS PROBLEMS



While one of the most anticipated times of year with its bursts of color and brilliant blooms, Spring also represents to many debilitating pain and sinus pressure - as allergies exacerbate sinus inflammation.

Those who suffer from chronic sinusitis and associated sinus headaches, nasal congestion and facial pressure equip themselves with symptom-relieving medication and an exit strategy. Long time sufferers unable to take it any longer contemplate surgical intervention - weighing the postoperative pain and lengthy recovery against the sinus pain impacting their life.

Until now, this decision was an often difficult one to make.

Today, a new less-invasive and pain-free procedure for chronic sinusitis known as Balloon Sinuplasty (Acclarent) is providing permanent relief to sinus sufferers without the harsh intervention, bleeding and painful nasal packing, and lengthy recovery time associated with traditional sinus surgery.

This new low risk, outpatient procedure is generally safe for most adults as well as children. It entails the insertion of a small flexible balloon catheter through a nostril and into the blocked sinus passageway. The balloon is then inflated with liquid to dilate the small drainage ports from the sinuses and gently restructure and open the sinus passageway. This inflation under pressure assists the release of blockages without the need for removal of tissue or bone - decreasing recurring risk of inflammation and infection.

The procedure lasts approximately one hour with very little downtime and is proving to provide permanent relief for most patients. Patients are able to return to their daily activities in just a few days.

OakBend Medical Group is one of the few medical facilities in Fort Bend County with the advanced endoscopic balloon technology and

Otolaryngologist specially trained to perform this innovative new procedure.

According to Dr. David Sycamore, Otolaryngology specialist at the OakBend Medical Group, helping patients find sinus relief and a fresh new perspective this Spring, the procedure is a real breakthrough and an exciting new option for longtime sinus sufferers.

"This procedure is far less invasive than conventional sinus surgery and removes all of the harsh aspects that have for so long created fear and apprehension among chronic sinus sufferers," said Dr. Sycamore.

"Today, there is no reason a patient should continue to suffer. In just an hour's time, we can dramatically improve their quality of life," added Sycamore.

Dr. David Sycamore

A member of the OakBend Medical Group, Dr. Sycamore completed his Bachelor of Science degree in Molecular Biology at Brigham Young University. He received his MD from the University of Texas Health Science Center at San Antonio Medical School in 2005 after which he performed an internship in General Surgery at Indiana University. Dr. Sycamore completed his residency in Otolaryngology at Indiana University in 2010.



TYPE 2 DIABETES TO AFFECT *One in Three Americans* BY 2050, EXPECTED TO *Shorten Lifespan* OF NEXT GENERATION



Small changes today can alter the course and create a different future for today's youth

One of the most preventable but increasingly diagnosed diseases affecting Americans today, Type 2 Diabetes, shows no sign of slowing according to recent numbers – and the medical community is putting patients on notice.

The problem actually starts with children who are overweight or obese, as this is a risk factor for developing diabetes. If this trend does not change, this generation of children will be the first in decades not expected to live to the age of their parents.

The numbers today are staggering enough at one in 10 Americans, but at the current rate of the growing number of cases this is expected to be one in three over the next forty years – one third of our population. We have to do something.

Though the disease itself does not instill the same fear as, say, cancer, the end result can be just as damaging....just as deadly. Part of the reason it does not seem as intimidating as some of the diseases in our society is the fact that in its early stages patients may not even be aware that there is a problem. Symptoms can be very mild (tingling in feet and hands, frequent thirst and urination, fatigue) and go unnoticed until they advance into more serious problems.

Type 2 Diabetes is a condition in which the body either does not produce sufficient insulin to promote the proper breakdown required for glucose to fuel the cells, or the cells become resistant to the insulin – allowing glucose to build up in the blood. This build up in the blood can lead to severe organ damage (pancreas, kidneys), heart disease, stroke, blindness, peripheral arterial disease and more ...if not addressed early.

The sooner someone comes in, the better their outcome will be. While our goal is prevention through the understanding of predispositions that may exist in a patient's family, or genetics, as well as in the lifestyle choices they make early on

- we vigorously engage patients once diagnosed in proactively working to reverse their situation and the impact that Type 2 Diabetes can have on them.

This is best done by working collectively to reduce weight and increase activity, as the majority of the patients diagnosed with this condition have been so as a result of their excess weight. While some genetic factors are also believed to be involved in such high-risk groups as the Hispanic population (Mexican-American) and others, the vast majority of cases are the direct result of excess weight.

Hispanic-Americans are especially vulnerable, as they are almost twice as likely to have diabetes as non-Hispanic whites.

If patients are willing to change even slightly the way they eat and the amount of exercise they get in a week, they can dramatically change their outcome. Very small changes will yield significant rewards, when it comes to Type 2 Diabetes.

We're not asking patients to join a health club and train for a marathon. We're asking that they eat healthfully and take a walk 30 minutes a day....five days a week. These are small lifestyle modifications that can literally save lives and improve overall quality of life for the entire family.

Dr. Joe Anzaldúa is a board certified physician who specializes in family medicine. He has hospital privileges at OakBend Medical Center.



Diabetic Recipe

PENNE WITH GREENS AND CANNELLINI BEANS

Makes 6 servings

Calories: 336

Protein: 16g

Digestible Carbohydrate: 22g*

Fiber: 11g

Fat: 6g

- 1 box Dreamfields® Penne Rigate
- 2 tablespoons olive oil
- ½ cup diced red bell pepper
- 1 tablespoon minced garlic
- ¼ to ½ teaspoon crushed red pepper flakes
- 1 cup reduced-sodium, fat-free chicken broth
- 1 pound fresh collard or mustard greens, washed, trimmed and cut into large bite-size pieces
- 1 can (15 ounces) cannellini beans, rinsed and drained (or other white beans)
- Kosher salt and freshly ground black pepper to taste
- Grated Parmesan cheese (optional)
- 1 pound boneless, skinless chicken breasts, grilled or broiled, carved into ¼ inch slices (optional)

**1. Cook pasta according to package directions.
Drain and return to pan.**

**2. Meanwhile, in large skillet, heat oil over medium-high heat.
Add bell pepper, garlic and red pepper flakes; cook 1 to 2
minutes, stirring constantly. Add broth; bring to boil.**

**3. Add greens; return to boil. Cook 1 to 2 minutes, uncovered,
until greens are just crisp-tender, stirring occasionally.
Add greens with liquid to pasta; toss to coat. Add beans;
toss gently. Season with salt and pepper. Top with grated
Parmesan cheese, if desired.**

NOTES: Any dark, leafy greens such as kale, spinach or chard can be substituted for the collard greens. 1 ½ cups cooked cannellini beans can be substituted for the canned beans.

* If traditional pasta is used in this recipe, there is a total of 63g carbohydrate.
For more information, go to www.Dreamfieldsfoods.com.



WOUND CARE CRITICAL TO OVERALL WELL BEING

Chronic Wounds Should be Treated as Seriously as the Underlying Cause

Chronic wounds affect approximately 5-7 million Americans each year - many stemming from an underlying condition and some from an external irritation related to a repetitive activity or trauma. Left untreated, these wounds can become severely infected, gangrenous, and result in amputation as well as have other damaging affects on the body.

A chronic wound is defined as a wound that does not heal within three months.

The three most common types of chronic wounds are venous, diabetic, and pressure. Other types of wounds include arterial, cancerous, and traumatic.

Venous stasis ulcers are the most common type of leg ulcer and account for 70% to 90% of chronic ulcers. They result from poor venous circulation also known as venous insufficiency.

Signs of venous insufficiency include swelling of the legs and a brown to purple discoloration of the lower legs. Treatment for venous stasis ulcers typically requires compression wraps. More serious cases may require surgical intervention.

Approximately 2.5 million diabetics will develop at least one foot ulcer in their lifetime - 14% to 24% of which will require an amputation. Early intervention is key in preventing amputation.

Diabetic ulcers usually occur on the feet or legs as a result of poor circulation and nerve damage associated with the disease. Ulcers on the bottom of the foot may have callous formation as a result of pressure to the area.

Treatment for diabetic ulcers generally includes preventing infection, carefully monitoring blood sugars, and "off-loading" the ulcer. Off-loading is accomplished by shifting the load impact on the ulcer with the use of special shoes, a walker, or a wheelchair.

Pressure ulcers develop from sustained pressure on an area of the body. The most common areas are over bony prominences, which do not have much padding from underlying muscle or fat.

These areas include the heels, hips, elbows, shoulder blades and tailbone. Less obvious areas are the ears and back of the head. The ulcer develops as oxygen and nutrients are cut off from the tissue that is trapped between the bone area and a mattress or wheelchair, which is often seen in those restricted in movement and confined for long periods in beds and wheelchairs.

People at greatest risk for developing pressure ulcers are those suffering from a bed-ridden illness or paralysis. These wounds are exacerbated by other conditions such as diabetes. Shifting weight and frequent turning is the key to pressure ulcer prevention.

There are several factors that may prevent a wound from healing and cause it to become chronic; poor circulation, advanced age, immune suppression, neuropathy, and infection. Weight, poor nutrition and poor habits such as smoking can also interfere with the healing process.

Attempting to heal a chronic wound starts with identifying the underlying cause and contributing behavioral and environmental patterns.

In addition to addressing the underlying conditions and other contributing factors, management of

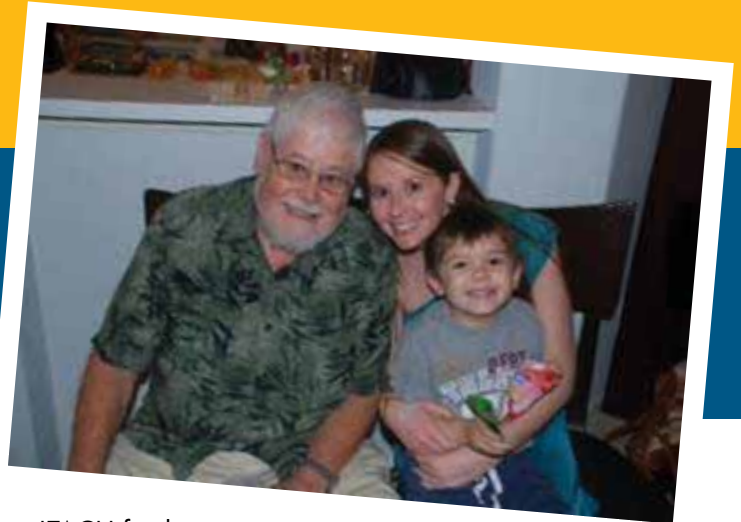
the wound environment is also needed. This includes removing any dead or necrotic skin and tissue (wound debridement) interfering with the healing process. This is performed on an outpatient basis at a specialized wound care center and entails the use of a topical anesthetic. This may be performed weekly or bi-weekly depending on the severity of the wound and rate of healing.

Another critical component in wound management is wound dressing.

Today trained wound care professionals have an array of specialized wound care products from which to choose - and select the wound care dressing based on the type of wound.



"At long last, I found the Skilled Care Unit that could provide it all for him at OakBend Medical Center in Richmond, Texas."



My husband had an AVR (Aortic Valve Replacement) several months ago. With many complications we had to transfer him to an LTACH facility on a ventilator. My husband was in a critical state. With great attention from the doctors and staff he finally was taken off the ventilator.

At this point he had to be transferred to a skilled nursing facility (SNF). One week before he was to be transferred to an SNF, and prior to him being taken off the ventilator, my mission was to find the SNF that could take care of him on a ventilator and also administer blood transfusions which he was sure to have.

I found out that not only does Houston not have many options in this area but that the state of Texas on the whole also lacks greatly in this type of SNF. At last I found a facility in Katy but if a blood transfusion was needed, my husband would have to be transported to and from by ambulance to a hospital - this expense for a unit of blood!! I was shocked.

At long last, I found the SNF that could provide it all for him at OakBend Medical Center in Richmond, Texas.

The OakBend SNF had bright large rooms. The nursing staff, occupational and physical therapy staffs were happy, smiling and wonderful. I just knew my husband would make his final recovery here.

From the day he arrived I could see the determination in his eyes. He was learning to speak again with his tracheostomy and finally getting to eat real food. Here he would have extensive rehabilitation to prepare for home.

Yes, he made it.

Finally, having spent sixteen weeks and four days in three different hospitals, he recently waved goodbye to the wonderful staff at Oakbend.

My family is grateful for all of their support as well as the support and prayers given to us from so many.

Anne Venza



OAKBEND MEDICAL CENTER'S *Cardiopulmonary Department*

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The Cardiopulmonary Department is a vital part of the healthcare team at OakBend Medical Center. The department consists of Registered Cardiac Sonographers and Licensed Respiratory Care Practitioners who provide care to patients ranging from premature infants whose cardiopulmonary systems are not yet fully developed at birth, to elderly patients who may be affected by one or more of the many types of cardiopulmonary diseases. These highly trained individuals possess a specialized database of knowledge and training in the areas of prevention, education, treatment, and emergency intervention of these cardiopulmonary conditions.



The Cardiopulmonary Department at OakBend Medical Center provides care and services to patients in every area of the hospital. They provide services such as Echocardiography, Stress Testing, EEG testing, administration of therapeutic gases and medications, pulmonary function testing and arterial blood gas collection, analysis, and interpretation.

In the Emergency Care Center, the team plays an active key role as a part of the Trauma Activation Team as well as the Cardiopulmonary Resuscitation Team. In the Intensive Care Unit they work closely with the Physicians and Nursing staff in providing life-supporting services such as mechanical ventilation for patients with more serious medical conditions. Frequently the Cardiopulmonary Team is the front line healthcare provider treating patients who find themselves in critical or emergent medical situations. Often, when a patient is in respiratory crisis, their next breath or heartbeat may depend on the Cardiopulmonary Team.

OakBend Medical Center is proud to recognize the outstanding group of individuals that make up the Cardiopulmonary Department and their role in providing the highest quality services to the patients at OakBend Medical Center.

OakBend Medical Center has earned Quality Respiratory Care Recognition (QRCR) for five consecutive years, from a national program aimed at helping patients and families make informed decisions about the quality of the respiratory care services available in hospitals.

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