

# TYLER *Times*

A publication for the employees of Tyler Memorial Hospital

November, 2004

(cont'd from front page)

maintenance employees on the radio and relayed the message to contact 911.

I then suggested that Bill stay with him until help arrived, since Bill had a radio and it was the only communication in case something happened."

According to Ron Coolbaugh, plant manager, Penelec was making repairs on a power line supply to the hospital. It became necessary to shut all power down to the hospital resulting in the emergency generator being utilized until power was restored at 1:35 P.M. All systems worked as planned. No patients had to be moved.

Pam and Bill were recognized through the Caught in the Act program, and Pam was chosen to receive the \$25 gift certificate for October.

Congratulations and thanks to both of these great employees!

## Bug of the Month

Kathy Ritter, RN, *infection control manager*

By Roger P. Freeman, DDS



Microbe of the Month  
By Roger P. Freeman, DDS

Surgeon in-general warning: Some parts of this column may conflict with ... lunch. (Life, as usual, on the infection patrol!)

Epi dermis ubiquitum, or as they say, "I'm on it." I'm a hands-on/on-hands commensal, surfing scales until I can go parasitic on you. Brother Al and I have been accused of being shallow sorts, beauty being only skin deep. Nary a nares we don't nuzzle, especially in you carriage-trade HCW types. Al's your basic vanilla type, just a commuter in the micromanagement game. I, on the other hand, style-on in chic jaune, and demand some serious "control." Preferring the lull-and-launch approach, my poetic excesses lean toward purulence, abscesses, boils, pimples, exudate, bacteremias and septicemias. As if that weren't enough, there are our two uncles, -carb and fur-! I'm a non-motile, spherical, golden globe candidate, a veritable cluster of luster and just your luck ... I've got you covered!

I work your pathogenic pagodas and (too) often give new meaning to "in-dwelling," if you "cath" my drift. I'm the second most pto-main man at the picnic table, so you may want to mix a little SPF 30 in your mayo. Psst, I can shock your, uh, socks off, when I go toxic.

Time was, Pen G-men had my number. Now I'm a penicillin-ace, currently batting .900 against the best of 'em. Give my best to the MRSA, will ya, and while you're at

it, keep in mind I'm beginning to seriously accept VISA, so be sure to leave home without it. Wear out my welcome by tending to "toidy" habits and advocating good ... ahem... personal hygiene, meticulous drainage detail and lots of soap and water.

My favorite TV program is Wheel of Fortune, and I'm not only quick, I'm fester, too. And obviously shameless. For a flight to the south of France, or a really nice gift, whichever takes fewer security checks, name me, my pigment-challenged bro and my mighty toxic self.

Roger P. Freeman, DDS, is a dental infection control consultant and president of Infectious Awareables, at [www.iawareables.com](http://www.iawareables.com).

The answer to last month's Bug was bubonic plague, Yersinia Pestis, and bubos. Some of the correct answerers were Emily Geras, Dottie Nally, Barb Pompey, Amy Cooke, Maureen Newhart, Melanie Killian, and Barb Lees. I have misplaced my official list, so if I forgot someone I'm very sorry.

Please continue to play our game and call me at 242 with your answers. Thank you for your continued attention to "Bug of the Month".



"You need more cholesterol. The oat bran level in your body is too high."

## ANNUAL TYLER MEMORIAL SERVICE

Thursday,  
November 4,  
4:00 PM

Tunkhannock UMC  
Church & Warren  
Streets

All are welcome

## INSIDE THIS ISSUE

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Every respectable emergency should have at least one hero - and for a recent Tyler event, we had two: Pam Shields, administration and Bill Wickizer, maintenance.

On October 14, Pam was outside near the smoke shack enjoying what was left of her lunch hour, when suddenly she heard someone screaming "help.. somebody help me."

An account of the event follows in Pam's own words:

"I couldn't figure out where it (the scream) was coming from, and walked into the parking lot. I bumped into Bill Wickizer coming across the parking lot and asked if he heard screaming.

We listened for a moment and then heard it again, and realized it was coming from behind the hospital. We ran up the hill and towards the woods. Bill yelled and assured the person that help was coming.

Beyond the trees was a Penelec



Pam Shields and Bill Wickizer responded to calls for help from a Penelec worker repairing electrical lines.

worker (later identified as Frank Brown) holding a long set of wire prongs. I asked if he was OK, and he said yes, but to please call 911 and have them get a hold of his dispatcher to get a crew out here asap.

The line he was working on broke, and if he moved, it could fall and catch fire or hit him since it was a live line.

Bill spoke with other Tyler

(cont'd on pg. 8)

# Important Information Regarding Insurance

## VOLUNTARY SHORT TERM DISABILITY

Your premium for Short Term Disability will remain the same until November 1, 2005. If you are interested in making changes to your current plan or enrolling into this plan, Open Enrollment will be on November 11, 2004 from 7:00 AM. to 1:00 PM. and 3:00 PM. to 5:00 PM. in the Blue Room.

## HEALTH INSURANCE STUDENT CERTIFICATION

Employees who have dependent children ages 19 through 23 on their health insurance plan, will be receiving a Student Certification form from Blue Cross of Northeastern PA. This form is to verify that your dependent child is actively enrolled in school and is eligible to remain on your health insurance plan. Please complete this form and return it upon receipt. We recommend that you make a copy of the completed form for your records. If this form is not returned by the requested date your dependent child will be automatically terminated from your plan.

## EVERYONE WILL RECEIVE NEW HEALTH INSURANCE IDENTIFICATION CARDS.

Currently your health insurance card uses your Social Security Number as an identification number. New laws are being passed to correct the confidentiality of customers by eliminating public use of these numbers. Beginning next year, your health insurance cards will be replaced with a new identification number. The new number will include a three digit alpha prefix (like we currently have) and will consist of 14 to 17 positions, depending on the type of health insurance you have. When you receive your new health insurance card(s) please destroy your old card and immediately begin using the new one.

*(Home Health cont'd from page 3)*

Prior to 1997, payment was received per visit (with unlimited visits), allowing a flat rate of \$1,500 per patient. Between 1997 and 2000, about 35% of home health agencies nationally went bankrupt, and another 40% were purchased by hospitals or large corporations. Visits per year dropped considerably. Luckily, THHS was able to weather the storm.

In 2000, HHRGs came into effect, which is the home health equivalent of the DRG. The payment rate was based on multiple factors. An oasis data system was put into effect by the government that, based on how certain questions were answered, determined what THHS would be reimbursed for each patient. At that time, THHS growth began to plateau, with visits averaging between 6,000 - 7,000 a year.

More government changes came along in the beginning of 2003, when a system called Home Health Care Compare was launched. Now, THHS is ranked against other state agen-

cies according to its ability to improve patient care in 15 different categories. This information can be viewed by the general public by visiting the CMS website.

Future plans for THHS include continuation of the same quality of care and patient community education, and growth of their patient base.

When asked what plans he had for bringing hospice to our area, Bob answered that he is working on identifying grants to get a hospice started in this area. However, securing startup funds and identifying an experienced professional to direct a hospice agency pose significant challenges.

For now, he said, many people in our service area use hospice programs from outside the county.

Even with all of these challenges, THHS' biggest reward is seeing patient improvement and developing close, positive relationships with patients and their families. "Seeing a patient recover and enjoy life again is really our best reward," Bob added.

**NOVEMBER IS  
NATIONAL HOME  
HEALTH MONTH  
THE STAFF OF  
TYLER HOME  
HEALTH SERVICES  
INVITE ALL TYLER  
EMPLOYEES TO JOIN  
THEM FOR AN**

**OPEN HOUSE  
NOVEMBER 18,  
10 A.M. TO 2 P.M.**

**Blood pressure checks  
will be offered and  
refreshments provided.**

Please welcome these new Tyler employees:

*Jennifer Purdy - HIMS*

*Joan Deeken - HIMS*

*John Mahalek - Surgical*

## ONE-LINER MANIA

Always remember that you are unique, just like everyone else.

Change is inevitable, except from a vending machine.

Corduroy pillows make headlines.

Honk if you like peace and quiet.

Sometimes I wake up grumpy; other times I let him sleep.

The more people I meet, the more I like my dog.

Gravity gets me down.

Atheism is a non-prophet organization.

Despite the cost of living, it remains popular.

I intend to live forever. So far so good.

If everything is coming your way, you're in the wrong lane.

You can't have everything. Where would you put it?

# A Minute with Milligan

**T**wo weeks ago, the hospital's forty-second antique show was held, and once again it was a very successful event, supporting the hospital and its endeavors.

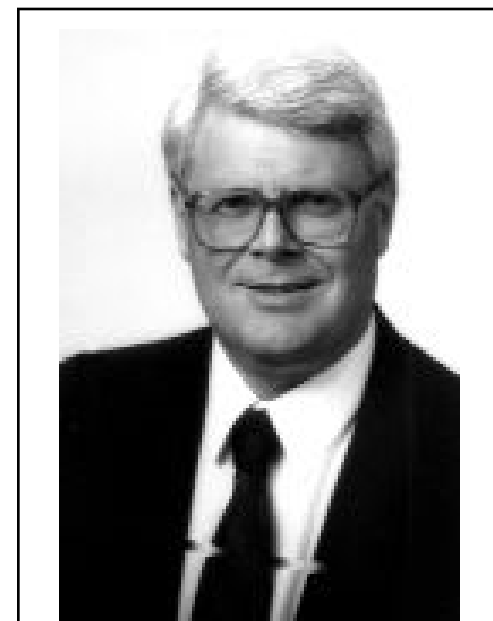
Over the past few years, many of our hospital employees have assumed major roles in making this event successful. Jill Smith and Maria Thorne co-chaired this event, and then of course we had Tikki Lyons with her mighty effort in the nature niche. Gayle Gipson helped grow the show this year by attracting additional dealers and increasing revenue. There were others of course, but too numerous to mention.

It goes without saying that all of these individuals, and many others who worked, show a dedication to our hospital and to the community we serve. We owe these folks our gratitude for their tremendous efforts.

On another front, I had a friend in Illinois contact me last week. She was concerned about the infection rate in the hospital where she serves as a board member. Her concerns dealt with the impression that hospitals are a center for acquired infections, and are the major cause of deaths, as reported in the national press last year.

It just so happened that I had received, from the Pennsylvania health data collection agency, the first quarter report for hospital-acquired infections in Pennsylvania. I am listing the results below, as you might find them interesting. In the first quarter of 2004 there were 474,572 patient discharges in PA. There were 56,966 infections reported, and 2,253 of these were hospital acquired.

This means that approximately .005, or one half of one percent of infections were acquired in the hospital. The overall mortality numbers were 11,734, for a percentage of 2.5. If this is accurate, and we extend the 2.5 to hospital acquired infections, it would amount to approximately 56 deaths in hospitals from acquired infections.



However, there is no indication that any of the hospital-acquired infections actually were the cause of deaths. So often the public is given the pronouncement that hospitals are the cause of many deaths, either through errors or infections, without the actual facts to back up the comments.

To me this means that we often get a bum rap for things that are out of our control. Another report, which tracks serious events in hospitals, states that 35,000 serious events occurred in hospitals during the first quarter of this year. As yet the information explaining what this data means has not been released. It does demonstrate that hospitals are reporting events big or small, and that efforts are underway to improve patient safety and the overall quality of care.

Thus as we continue to educate and work with our staff in assuring the quality and safety of our patients, I ask all staff members to be vigilant on behalf of our patients' safety.

From my perspective, our staff continually demonstrates their caring efforts on behalf of the hospital - and for that I am thankful.

Happy Thanksgiving to all.

# Successfully Caught in the Act

It seems that many employees were just waiting for an opportunity to recognize a colleague for a job well done.

Since the Caught in the Act program's launch in early October, almost two dozen employees and volunteers have been honored by their peers, managers or patients for a special act of kindness.

First to be recognized was Betty Urpack, MSN, utilization review, for a special deed on Tyler Wing. Betty's flower in the Basket of Good Deeds was soon joined by flowers representing acts of kindness throughout the hospital.

For example: Michaelle Cox, emergency department, who after starting an IV on a five-year-old, offered to take the child in a wheel chair to see the ambulance. The child, according to the narrative, was elated.

Amy Docalavich and Laura Layou laboratory, who helped rescue a patient from the bathroom during the power failure on October 14.

Judy Truesdale, NT, who promised to do jumping jacks for a very ill patient if the patient would eat. After each bite, Judy could be seen with arms outstretched and feet in the air fulfilling her promise and bringing a smile to the patient's face.

Theresa Zola, volunteer, who planned and executed a surprise 80th birthday celebration for volunteers, Paul Gravell and Alice Williams.

Megan Murray respiratory, who went out of her way to cheer up a patient to the point where the patient stated, "I felt as if I wasn't even sick at all."

These are just a handful of the special folks who



*Betty Urpack, RN, utilization review, was the first Tyler employee to receive a Caught in the Act recognition flower.*

everyday knock themselves out providing exceptional patient and customer care. We appreciate your efforts and look forward to hearing many more stories of service that rise above expectations.

As promised, the Customer Service Council selected a name at random from everyone who was nominated for a Caught in the Act flower. The winner was Pam Shields, administration, who was a hero during the recent power outage. (See story on page one) Congratulations Pam!

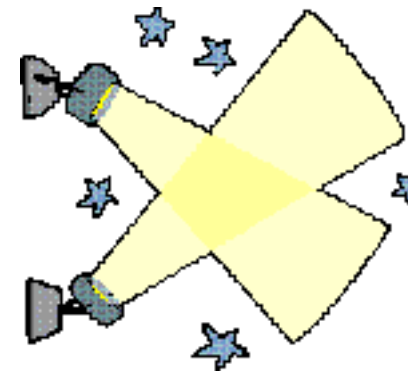
Please keep those nominations coming. Send nominations to Public Relations, Education or Volunteer Offices.

A little bit of Tyler may be going into space if some bright and enthusiastic students from the Tunkhannock Middle School have their way.

Ben Puza, (left,) grade five, and Zack Kosack, grade six, recently visited Tyler to collect articles to be placed in a capsule and possibly sent into space.

Denise Gieski, director of nursing (right) and Gayle Gipson, RN (not pictured), gave the students betadine, suture material, plaster, and nail polish remover dipped in gauze, as Tyler's contribution.

The students are studying how materials may be altered during zero gravity conditions. Accompanying the students was Julie Savage, gifted & talented support teacher.



## Department Spotlight

When a loved one is discharged from the hospital, but requires additional care to achieve complete recovery, Tyler Home Health Services can help.

Families facing this challenge often struggle with the competing demands of providing appropriate care to the loved one, juggling the needs of other family members and meeting the responsibilities of a job.

According to Robert (Bob) Cooney, LCSW, and executive director of Tyler Home Health, home health care is defined as an intermittent, in-home, skilled care service that is based on a physician's order.

Sometimes a physician may see a patient in the office and realize that home care is needed; but often patients are referred following a hospital stay. At Tyler, inpatient cases are evaluated by the Utilization Review and Social Services departments, who carefully review patient charts and make recommendations to physicians regarding the need for continued patient care after discharge. Often this care includes a referral to home health.

Tyler Home Health Services, (THHS) an affiliate of Tyler Memorial Hospital, is a licensed and certified home health agency that is covered under Medicare, Medicaid and other major insurances.

Located in the Warner Complex on Kim Avenue, THHS provides quality, compassionate in-home medical care to people of all ages recovering from an illness or injury, as well as those challenged by a chronic or terminal illness.

Created in 1993, THHS grew out of the work of the Rural Health Task Force. William Milligan, Tyler president and CEO, was a member of that group, and set a goal of creating a local home health agency to meet the continuity of care needs of the community.

# TYLER HOME HEALTH

In July of that same year, THHS was born, with Bob Cooney as its director and Brenna Evans, RN, currently Director of Quality Management at Tyler, as its first nurse. By September, THHS became licensed and certified and added a second nurse and a physical therapist to the team.

Today, THHS employs 25 licensed professionals and certified aides. Each must possess a valid driver's license, the ability to work independently, their own liability insurance, and experience in their respective fields.

The range of services provided by THHS includes monitoring of vitals, intense wound care, administering IV antibiotics, occupational and physical therapy, social services, and nutrition counseling.

To supplement this care, home health aides provide assistance with bathing, exercises, and managing care of the sick room. Combined, these services maximize the patient recovery process.

Bob explained that in addition to providing direct, hands-on care to patients, a major focus of home health is patient education. "From the very first visit, we begin educating the patient, family, and any other caregivers," he added.

According to Bob, THHS' primary area of coverage includes 40,000 people, and stretches from the Bradford County line, east to Rt. 81, and from the New York border south to Luzerne County - with a few visits in Lackawanna, Bradford, Luzerne, and Sullivan counties.

"Our employees often travel 50 miles to visit a patient," Bob noted. Visits range from 30 minutes to one hour, and the average time a patient receives services is 42 days.



*Home Health patient, Caroline Pomeroy, Tunkhannock, is assisted by Chip Mensinger, PT during a recent visit.*

Bob stresses that he and his staff are always conscious of the fact that they are guests in the patient's home, so the wishes of the patient always prevail. If a patient doesn't want certain things done, then the staff must abide by their wishes.

According to Bob, competition is a challenge in this area. Many out of county agencies try to say they cover our region, but THHS has a very good relationship with two competitors, Barnes-Kasson and Towanda Memorial, with which Tyler often refer patients back and forth.

But the biggest challenge affecting all home health agencies is government roadblocks. When DRGs were first established in hospitals, home health agencies flourished, since the care they offered was not affected by the DRG. THHS itself went from 2000 visits a year in 1993 to 10,000 visits a year in 1997.

Then in 1997, the federal government implemented the Balanced Budget Act, which instituted the Interim Payment System (IPS).

(cont'd on page 2)

# Nurses Notes

Denise Gieski  
Director of Nursing

This month's column is focused on Patient Safety. Listed below are the JCAHO National Patient Safety Goals for 2005. Again, please share any ideas that you may have with the Patient Safety Committee. Members of the committee include: Dr. Edward Zurad, Mike Castellano, Brenna Evans, Darlene Drake, Patty Race, Natalie Sickler, Kathy Ritter, Gerri Zionkowski, Carol Berry, Gayle Gipson, George Brick, Rod Azar, Elna Nordahl, and Denise Gieski.

## National Patient Safety Goals – 2005

New Goals and Requirements are indicated in bold. Only new requirements are listed below the goal – however, we must be in compliance with all goals from 2004 and the new goals and requirements for 2005.

### 1. Improve the accuracy of patient identification.

Use a least two patient identifiers when administered medications or blood products; taking blood samples **and other specimens for clinical testing, or providing any treatments or procedures.**

### 2. Improve the effectiveness of communication among caregivers.

**Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.**

### 3. Improve the safety of using medications.

**Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.**

### 4. Improve the safety of using infusion pumps.

### 5. Reduce the risk of health care-associated infections.

### 6. Accurately and completely reconcile medications across the continuum of care.

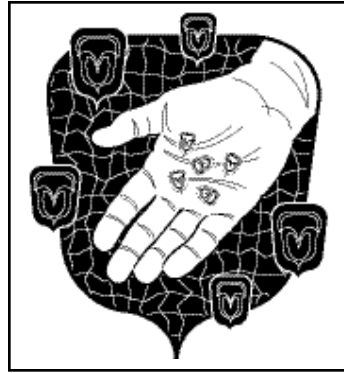
**During 2005, for full implementation by January 2006, develop a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.**

**A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.**

### 7. Reduce the risk of patient harm resulting from falls.

**Assess and periodically reassess each patient's risk for falling, including the potential risk associated with the patient's medication regimen, and take action to address any identified risks.**

## FIVE GRAINS OF CORN



The Pilgrims and their benefactors from Massasoit's tribe feasted for several days at the first Thanksgiving. It was a time of plenty, but the days before that harvest were far different. Five grains of corn was the daily ration during that desperate time.

Legend says that the Pilgrims placed five grains of corn beside each plate on Thanksgiving Day so they wouldn't forget.

The corn also reminded them of difficult days on the tiny Mayflower and of a time when there were only seven healthy colonists to care for the sick.

Some people follow that custom today. They say each grain of corn has a special significance. The first reminds us to be thankful because the earth is good and our land is free.

The second acknowledges Indians who befriended the Pilgrims and helped them survive their first winter.

The third stands for our own courage and how it helps us to do great things for others and for ourselves.

The fourth is to give thanks to the Pilgrims who came to the New World and established a land of religious freedom.

The fifth stands for our gratitude which leads to joy. That joy leads us to a renewed commitment to family and country.

# A labor of love for Aggie

**W**hen Aggie Shafer died most of the money donated in her memory was given to the Tyler Labyrinth Project. Karen Welch, PT, coordinator of the committee working on the project, offers a huge thank you to everyone who contributed.

Because Aggie usually worked on the second floor and enjoyed seeing what was going on out at the labyrinth, the committee purchased a variety of trees and shrubs: Two flowering crab; a weeping willow; an azalia and a dark purple lilac bush.

There was also a butterfly garden planted around the arbor which was donated by Tikki Lyons, and built by her brother, Art Bunnell {Diane's husband}, in memory of their parents.

Some of the plants used are: coreopsis, daylily, phlox, liatris, echinacea, yarrow, aster, sedum, clematis vines and a butterfly bush.

Thanks to some members of the Endless Mountain Gardeners for plant donations as well as for weeding, trimming, digging and planting. A thank you also to student volunteers for their help on *Make a Difference Day*. And last but not least, thank-you Geri Zionkowski and everyone from maintenance who were so helpful.



## What workers want from management

At Rainmaker Thinking, a New Haven, Conn., consulting firm, they say that whenever they ask employees what they want from the people above them, a raise is never the answer.

Founder Bruce Tulgan says people tell them they want more coaching, more guidance, clearer goals, more constructive criticism, and more recognition for achievements. This is a departure from the loose management style that has prevailed in the U.S. during the last 20 years. During that time, managers and supervisors were told that people did better without interference from the boss.

As it turns out, the only managers who succeed in giving their

best people great flexibility are those who are highly engaged. They are hands-on managers who want accountability for results.

Quoted in Fortune, Tulgan says their interviews with managers show an "epidemic of undermanagement" (*you can visit rainmakertalking.com to see the results of the survey*).

Rainmaker defines these five management basics: clear statements of what's expected of each employee, explicit and measurable goals and deadlines, detailed evaluation of each person's work, clear feedback, and rewards fairly given. Their surveys show that only 10 percent of managers provide people who report to them with all five of the basics at least once a week. Only 25 percent

do so once a month. A third of managers get to the basics once a year or not at all.

This information is consistent with what other surveys have shown. Although employees want to be paid for their work, they also need regular validation that their work is valued and appreciated.

In one national survey employees rated a thank you note from the boss as more meaningful than a small bonus.

Research shows that employees work harder and identify themselves as happier in their jobs when they receive regular positive feedback from management.