

# TYLER *Times*

A publication for the employees of Tyler Memorial Hospital

October, 2004

Please welcome these new Tyler employees:

Knolles, Kay, Housekeeping

Giberson, Ashley Dietary

Traver, Nikki Business Office

Life, Anna Lab

## Thank You

I would like to thank everyone who was there for my family and myself during the lengthy illness of my husband and after his passing

To Dr. Mattei and all the hospital staff and volunteers, I want you to know your sincere thoughtfulness and caring has not gone unnoticed and will always be remembered. Again, thank you.

Ruth Heft  
Business Office



"Although Saturday Night Fever on Tuesdays is rare, it is not unheard of in Wyoming County."

## Bug of the Month

Kathy Ritter, RN, *infection control manager*



By Roger P. Freeman, DDS

You really think your recent

bunch of ICT lite-robos qualify for icon status? Have you no sense of history? YOU CAN'T HANDLE HISTORY! 'Cause if you could, you wouldn't have waited this long for my close-up. (I am only responding now because of your offer of a nice, warm rodent.) Oh sure, those other B-class bugs can do some pathology, but we're talking history here ...and heading the hx column, there can be ... only ONE!

What else do I need to do? Three pandemics in the first 2K, not to mention a 1994 outbreak in India. First, in the fifth century, where I managed to wipe out half of Europe and ravage Asia, the Middle East and Africa. Heck, the "Dark Ages" were just a PR ploy to recuperate from my grand tour! Next, the lucky 13th (The Black Death), thanks to the tin hats and big rats. Just loved Venice, first "quarantine" and all. And lastly, in the 17th century, where I humbly accepted the title of The Great ----- of 1665. Pestilence! What a gig!

I'm a gram-neg, aerobic bacillus (unlike some of the imbacilli you have interviewed!) but really, what's in a lineage, anyway? No-pride epizot that I am, I'll ménage real time with both rodent and H. erectus. I typically room with my burrowing buddies, until I kill 'em off. That's when I jump ship and fly direct. The rat-fleas grab an amuse-bouche from their furry host, then inject me into one of you vertical types. Free to be me, this is where I sink to the occasion. I head for the pits and groin (not a lot of applicants for my job), where I cause some pretty ugly bumps, not to

mention monster fever, prostration, hypotension, even bleeding into the skin.

I am deadly for half of all untreated victims, and can morph into pneumonic and septicemic modes, ratcheting up to 95 percent M. I can kill in a half day, live on in carcasses, in soil or in sputum for longer than you'd care to know. I'm rare in the United States, but I still can (and do) wax domestic. I remain on the A list for serious biowarfare buffs. In my honor, the CDC has crafted this reassuring message for American travelers abroad: "avoid rats."

For FDA approval of your new drug, or a really nice gift, whichever takes less time ... name my exalted bacterial self, name my disease and name my characteristic bumps.

Roger P. Freeman, DDS, is a dental infection control consultant and president of Infectious Awareables.

Well, last month's Bug seems to have been much too easy. Hopefully this one will be a challenge. Those employees with the correct answer, Hepatitis, included Maureen Newheart, Amy Cook, Donna Sturdevant, Barb Pompei and Dottie Nally.

Hope I didn't forget anyone. As always, thanks for reading and playing. If you think you have this month's answer please contact Kathy Ritter at extension 242.

ALREADY?  
JOINT  
COMMISSION  
SURVEY  
JULY  
2005

## INSIDE THIS ISSUE

- 2 Wine Country Tour
- 2 Win \$25
- 3 Spotlight on PT
- 4 Nurses Notes
- 5 Ivan Showers
- 6 Tyler at the Fair
- 7 Milligan Minute
- 8 Bug of Month

## Preparing for the worst



If you happened to peak in the Blue Room last week, you might have seen people dressed up like space invaders. But rest assured - they were harmless.

40 staff members attended a full-day training program to prepare Tyler to adequately respond in the event of a chemical or biological attack. Donning one of the six protective ensembles, Sue Brigham, nursing, above left and Jackie Davis, maintenance, was part of the training.

Funded this year by a \$36,000 HRSA grant, the program is designed to raise hospi-

tal skill levels and create of a core group of individuals who are trained and ready to respond to a terrorist or natural event, according to Mike Castellano, chairperson of the Health and Safety Committee.

The first round of state and federal funds was received in 2003 for \$10,000. That money was used to purchase six protective suits and over a dozen radios. This year's money builds on that start by providing funds for the training and to purchase a portable negative air system

(cont'd on

# Wine Country Tour a Success



Over 40 Tyler employees, volunteers, family and friends traveled to Seneca Lake, NY for a wine tour. last month sponsored by the Tyler Activities Committee. The weather was beautiful, which allowed everyone to take in the gorgeous scenery of wine country. The group visited six wineries, and had the opportunity to sample wines of their choice and see how wine is made. A boxed lunch was provided by the Nutrition Department, and everyone was very pleased with the quality of the food. During the trip, raffles were run and movies were shown to pass the time. We even had the opportunity to view some cars, as the Grand Prix Rally was in town. Everyone had a great time! We hope to do it again maybe in the spring.

Submitted by Pam Shields  
Activity Committee

## Blue Cross rate hikes denied again

According to a recent Citizen Voice article, health insurance providers are attempting to raise rates once again. Geisinger spokesperson, Lisa Hartman said: "We are seeing an increase in the use of services. The cost of services is going up and providers are charging us more. "Labor costs also are going up in addition to the cost of technology and malpractice and other things. In turn, we have to pass along those cost increases to our cus-

tomers," she said.

An article of even greater interest to Tyler employees was reported in the Scranton Tribune last month. State regulators in September denied another request for an insurance rate increase by Blue Cross of Northeastern Pennsylvania.

The request would have increased rates for Access Care II community-rated groups, affecting about 26,500 members. The hospital portion would have been

increased by 21.9 percent, for an overall increase of 11.5 percent.

The increase that was requested was excessive and not actuarially justified, said Melissa Fox, spokeswoman for the Pennsylvania Department of Insurance. The request, was disapproved.

State regulators denied two other Blue Cross requests recently, and denied several others in late 2003.

# CAUGHT in the ACT

The Customer Service Council is launching the new **Caught in the Act** program on Monday, October 4.

To nominate a co-worker or volunteer for Caught in the Act, please fill out the brief nomination form available from every department manager. Managers also have instant recognition stickers that you can give to the nominee. This alerts the nominee he or she is being recognized.

Please remember that it is the **DEED**, *that is being honored, not the fact that the employee may be a great person who does a great job. Give an example of this behavior.*

*For example: "Joan made arrangements for the dog of an emergency room patient to be cared for by a junior volunteer while the patient was being treated at Tyler. The patient was from out-of-town and was involved in an accident while travelling through town."*

Please send all nomination forms to the public relations office. From there, the deed will be summarized and placed on a flower that will be placed in the basket of good deeds and displayed in the front lobby.

Every month a nominee will be picked at random to receive a \$25 gift certificate. Good luck!

Any questions, please call Gladys Bernet @ 301, e-mail to: [ggbernet@tylerhospital.com](mailto:ggbernet@tylerhospital.com), or contact Patty Race, evening supervisor.

# A Minute with Milligan

**H**ealthcare, as described by the media, is in disarray. The cost is growing at a faster rate than society, and 40 million people are now without insurance. On top of that, we are told that 78,000 people die from medication errors each year. One only has to look at the atmosphere in which we work to be able to identify that for all the accusations about healthcare, American hospitals are far superior to any other country. Take England or Canada, where the average individual waits months or years to get into a hospital for a hip replacement, and where, if you have the funds, you can obtain instant service.

Last week I was told by a friend that one of his relatives was just put on the waiting list for bypass surgery and is scheduled for three years away. One would expect that the individual would probably not be around when the event is to occur. I raise this issue mainly to point out that hospitals in the U.S. and our hospital staffs are asked to work in the most complex organizations in existence today, (as Peter Drunker a noted author of modern management stated years ago).

Today health care is even more complex with the expansion of technology, medical practice and the burden of bureaucracy. Last week a professor from Ohio State University told me that next to nuclear waste, hospitals are the most regulated organizations in America. Each one of us is confronted daily with the events of these regulations as we carry out our daily work schedules. When I reflect on these facts, I am proud to be identified with such a hard working and dedicated staff. Thanks for your efforts.

On another front healthcare is ever changing and the dynamics of these changes will be more evident within the next ten years. Even today, for example, 40% of women who are 50 years of age today will live to be 100. What this means of course is that Americans are graying at an ever-increasing rate, resulting in the expansion of chronic diseases and the need for extended and more health services.



*Women in their middle years have a good chance of living to a ripe old age. Of course retaining your sense of humor helps too.*

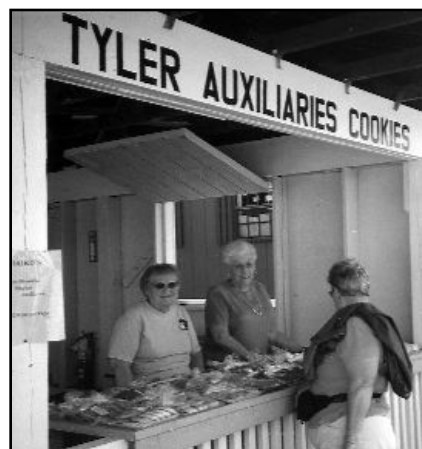
Another interesting proclamation is that that within ten years half of all college freshmen will work at jobs that don't exist today; and in 20 years people will have five or six different careers by the time they retire. This means that they will change totally what they do on their jobs each time they change.

What does this mean to Tyler Hospital and our employees? It obviously means that change will be a constant for us as well as all of healthcare. Just to give you a brief view of some of the future expectations that prognosticators are suggesting, I am listing them below:

1. All medical records will be electronic in 10 years
2. Alternative medicine and providers will be prevalent in most institutions
3. DNA testing will increase substantially in hospitals
4. Drugs will be designed to your specific genetics
5. Customer satisfaction will continue to be a major force
6. Health care cost will continue to increase
7. National laws will be passed to solve the malpractice issue
8. The ethical question on cost of health care vs. the last thirty days of life will continue to be debated
9. More physicians will be in management of clinical services
10. Clinical pathways will be the norm for a majority of diseases

# Tyler employees *fair* very well

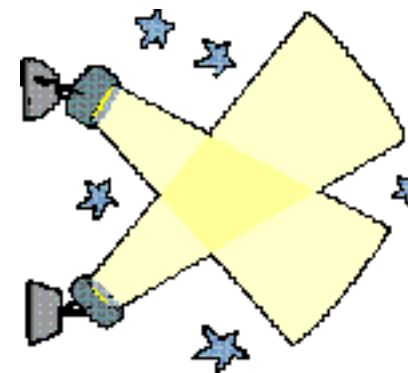
Left: Edna Gatzke poses with her winning honey; right top: Bertha Zona and Rita Zang serving up their delicious cookies. Dianne Lewis' red ribbon quilt; and bottom: Jim Burns has his blood pressure checked by Rhaegan Hugo, RN. Rhaegan is accompanied by Spring Oberbeck, RN and husband Dave.



The 2004 Wyoming County Fair Committee reports another successful year for the Tyler booth. Over 50 employees, their families and volunteers took 1,150 blood pressures during the six days of the fair. According to Diana Norieka, fair committee chairperson, one third of the blood pressures were higher than 140/90, which correlates with the national incidence of high blood pressure. Two persons were sent by ambulance to the hospital for care. In addition a new photo display featuring Tyler services was debuted. The Tyler auxiliaries sold cookies which generated \$749 in sales; a raffle for an auto cooler was held, and a variety of health information was made available. In addition to a sincere thank you to employees who helped, the committee thanks Bennie's Nursery, Creative Enterprises and Endless Mts. Water Co. for their contributions.

## Ribbons Ribbons

Another aspect of the fair for some Tyler employees was the competition for ribbons. The following employees were honored with ribbons: Edna Gatzke, imaging, won 20 ribbons for honey, flowers, vinegars and dried herbs; Lisa Townsend, RT, imaging took home awards for canned goods. Cindy Lechleitner, imaging dazzled the judges with her afghan depicting the American flag; Michele Hirkey, respiratory, garnered a ribbon for her gladiolus; and LuAnn Gorman, RN, scored ribbons for floral arrangements and photography. Dianne Lewis, nursing, landed a red ribbon for a quilt created in memory of her brother Dale; Cindy Holdridge, RN, ICU took home the blue ribbon for her quilt. Melissa Henn, RN, won a variety of ribbons for her outstanding photography; and Ruth Heft, business office, took a second place for her art work. Volunteer winners included: Doris Brown and Eleanore Palmer.



## Department Spotlight

This month's Department Spotlight shines on Physical Therapy and Rehabilitation.

The optimal goal of any physical therapy or rehabilitation center is to decrease pain and increase patient function, according to Gene Geeza, director Tyler Physical Therapy and Rehabilitation (PT).

Physical therapy is challenging in many ways, but the caring, experienced professionals of Tyler PT do everything they can to make the stretch, push, pull, lift, rotate... routines a positive experience for patients.

Because PT is hard work, it can be frustrating, tiring, and at times, downright painful. But under the staff's caring support and guidance, the end result of increased strength, improved range of motion, and overall flexibility are well worth the temporary discomfort.

Tyler Physical Therapy and Rehabilitation (PT) has earned an excellent reputation in the Endless Mountains region. Serving over 10,000 patients a year, both outpatient and inpatient services are offered five days per week. Evening outpatient hours are also offered.

Previously located in the orthopedic office on Tyler's first floor, and before that, in the space now occupied by the lab, the outpatient component moved to its present location on Kim Avenue, behind the hospital in 1995.

The center has five treatment rooms, and a spacious gym. The gym features state-of-the-art equipment, including a MedX Lumbar Extension Machine used for back conditioning. The MedX was purchased with money donated four years ago by the Tyler Auxiliary, and is one of only a handful used in Pennsylvania.

# PHYSICAL THERAPY

Although there is considerable competition in the area from Riverside, Allied, etc. Tyler PT remains very busy.

"We offer specialized, individual treatment at our facility, spending 45 minutes of one-on-one time with each patient; there is little to no group therapy involved," Gene explained. "We believe these qualities set us apart from the competition," he said.

The center sees a variety of patients, from children to the elderly, and treats conditions from neurological to orthopedic. Patients as far away as Honesdale and Uniondale make the long jaunt to receive the special brand of care that only Tyler offers.

Although inpatient physical therapy services are still performed at Tyler, most PT services are now performed on an outpatient basis. The transition from inpatient to outpatient services started around 1983 - 1984, when the DRG (diagnostic related groups) system was first implemented.

Since there is no longer a dedicated PT room available for inpatient use, inpatient PT is done in patient rooms, with an occasional stroll down the second floor hallways. There is also an inpatient PT office on the second floor where patient charts and paperwork are completed.

When asked what challenges are faced by PT, Gene explained that in addition to area competition, attracting new staff to such a rural area can sometimes be tricky. In the future, Gene hopes to ride the wave of the ever-changing climate of insurance, and be able to continue to provide all the



Robin Pinches, PT and Charles Mensinger, PT demonstrate use of the MedX Lumbar Extension Machine which is used for lower back conditioning.

services needed by the community.

Affiliations: Tyler Physical Therapy and Rehabilitation is proud to have student training affiliations with both College Misericordia and the University of Scranton.

**The Staff:** At present, Tyler Physical Therapy and Rehabilitation employs four full-time licensed therapists, two part-time licensed therapists, one full-time physical therapist assistant, and one multi-talented receptionist. All therapists have at least five years experience, with two practicing for over 30 years. Each therapist has earned a master's degree in Physical Therapy; one therapist is a physician's assistant (PA-C) candidate, and one holds a Doctor of Physical Therapy (DPT) from Temple University (one of the first people in this area to receive this new title). Also, two therapists teach physical therapy at local universities.

Next month's Spotlight will focus on Tyler Home Health Services.

# 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 2004. Next to the goal are some examples of implementation at Tyler. Please share any ideas that you may have, related to the goals, or other areas of Patient Safety, with me. Next month we will review goals for 2005.

## National Patient Safety Goals – 2004

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

a. Use at least two patient identifiers (we use patient name and date of birth) whenever taking blood samples or administering medications or blood products.

b. Prior to the start of any surgical or invasive procedure, conduct a "time out" to confirm correct patient, procedure and site. (We have a policy and use 'time out'.)

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

a. Implement a process for taking verbal or telephone orders or critical test results that require verification "read-back" of the complete order or test result. (We have a policy requiring a "read-back" of orders.)

b. Standardize abbreviations, acronyms and symbols and include a "do not use" list. (We have books on each unit, and a "do not use" list.)

### 3. Improve the safety of using high-alert medications.

a. Remove concentrated electrolytes from patient care units. (Concentrated KCL is no longer in nursing units.)

b. Standardize and limit the number of drug concentrations available in the organization. (We have standardized KCL concentrations.)

### 4. Eliminate wrong-site, wrong-patient, wrong-procedure surgery.

a. Create and use a preoperative verification process, (we use a checklist), to confirm that appropriate documents are available.

b. Implement a process to mark the surgical site and involve the patient in the marking process. (We have a process that involves the patient in marking the correct site.)

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

a. Ensure free-flow protection on all intravenous infusion pumps. (All of our pumps have free-flow protection.)

### 6. Improve the effectiveness of clinical alarm systems.

a. Implement regular preventative maintenance and testing of alarm systems. (Regular PM is done through the Purchasing Department.)

b. Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit. (We document alarm activation on the Med/Surg Flow Sheet)

### 7. Reduce the risk of health care-acquired infections.

a. Comply with current CDC hand hygiene guidelines. (We do comply.)

b. Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-acquired infection.

(decon cont'd from front page)

that goes into a designated window and scrubs the air within a defined environment, and discharges the cleaned air like a dryer vent, Mike explained.

The hospital also bought a three-line decontamination tent. Three-line means that two lines of ambulatory victims and one line of stretcher cases can be accommodated. Vests to identify incident command personnel completes this year's purchases.

Here in rural America, it is hard to imagine being touched by terror, but being prepared to care for our community is the hospital's responsibility.

"A terror event may be remote, but we have hazardous chemicals travelling through our county all the time," Mike pointed out. "By getting ourselves prepared and working closely with our local EMA (Emergency Management System), and our regional counter-terrorism organization, we will be better equipped to meet any possible challenges."

Michael explained that the state is divided into regions and we are part of the Central Region, which extends into seven counties from Wyoming and Luzerne to Columbia and Montour. The hospital has MOUs (memorandums of understanding) with the regional group that outlines procedures for the transfer of personnel and equipment between counties and regions as needed. The Pennsylvania Department of Health is also a key player in this planning.

"Terror preparedness is really a very multi-layered system, which is dependent upon good communication and cooperation between groups and communities," Michael said. "This training and the new equipment is an important step in getting us ready for whatever the future holds."

Michael stressed that being prepared for an attack or an event can involve employees from all areas of the hospital. "Clinical people are important because they can be used for triage and other medical care decisions, but everyone has an important role to play," he emphasized.

## Taking a little bit of Tyler to the children

On Wed August 4, I was privileged to present a program to the Children's Development Program in Larksville. In essence I took the Teddy Tyler Tour on the road. I spoke to a small group of boys about safety issues, and the steps involved in a trip to the hospital. After a round of introductions, we did role-play. We presumed one of the boys, Jim, happened across one of their friends, Scott, laying on the sidewalk and bleeding after a bike accident.

Of course Scott wasn't wearing a helmet, mistake # 1, and riding on the sidewalk, mistake # 2, and probably hot doggin', mistake # 3. Jim checked on his friend and sent another buddy, Harry, to phone 911 and tell Scott's parents. We discussed how to make the call, to give clear directions and to stay on the line until the dispatcher told them it was OK to hang up. We also talked about what Scott could do before the ambulance arrived, such as not moving him on the chance that he may have serious injuries, and using towels to contain the bleeding.

Then we talked about what the ambulance personnel would be doing and what would happen when they arrived at the hospital. We thought about what types of equipment might be used on Scott: the blood pressure cuff, plus-oximeter, and various restraints. What tests might need: x-rays, blood tests, perhaps a CT scan.

When all was said and done we talked about ways to prevent the accident. First and foremost would be to wear a helmet, and we talked about ways to get one: by earning it, or contacting the police department.

(see children cont'd on page 5)

## Ivan: too much-too fast

Hurricane Ivan wrapped up its march up the East Coast with a stop in Wyoming County last month. Although the hospital only experienced a few leaks here and there, a handful of employees and volunteers suffered from the unexpected deluge.

Peg and Paul Gravell, volunteers, who live in Meshoppen on the river, had over six feet of water in their basement, and lost many valuables. The Gravells were hit very hard in January of 1996 when the region had an early thaw and lots of rain. "We made a lot of changes



Flooded roads, like this intersection of Route 29 and Lakewood Road caused by rains from Ivan, made getting to the hospital a challenge for many Tyler employees.

then. We moved the breaker box and the washer and dryer upstairs, so this was a real surprise," Peg explained. Freshly cut firewood and other personal belongings were swept away in the Susquehanna.

Newlywed, Rachael Glahn, RN, ER cancelled her hon-

eymoon to Cape Cod because of damage from the storm. Rachel, and husband, Kory, MICU, only had the electricity restored to their Laceyville home on 9.26, after three feet of water in their yard swamped their basement.

Paula Moeller, HIM, also Laceyville, had two-feet of water in her basement and lost precious Christmas decorations and other memorabilia. Judy Christ, HIM also was flooded. Rachel Noone, cardiac rehab, had waist-deep water in her Dalton home and lost a refrigerator and air conditioners. She praised the Dalton Fire Department which arrived to pump out her basement as her family prepared to move to safer ground.

Mike Castellano, pharmacy, had ground water in his basement, but he focused more on how the hospital reacted to the flooding. "As usual, our folks performed very well," he said. "The local EMA honored our name badges and let our people through without any problems." With Route 6 closed, getting in was the biggest challenge according to Mike and Denise Gieski, director of nursing. "I want to thank everyone who came in early, stayed late or pitched in to help in any way," Ms. Gieski said. We have a great staff and we all appreciate the wonderful spirit of cooperation shown that day."

As we go to press, Tropical Storm Jeanne is showering Wyoming County once again. Folks like Doris Pickett, P&G Credit Union, who was flooded with Ivan, are hoping to escape this time around. "Considering what's going on in Florida, I guess we really can't complain," Doris said.

(children cont'd)

And we talked about other ways to be safe in play, on the playground, at school, and in our neighborhoods. We talked about taking care of our classmates, friends and family.

I truly enjoyed spending time with them. I miss the interaction with students

I had when I worked at the school. I look forward to going back next summer and being able to take the video, "Teddy Tyler Goes to the Hospital" with me. The names of the boys in the story were changed to protect their privacy.

Maria E. Thorne