

JOINT COMMISSION CORNER

Brenna Evans, director of quality

As many of you know, we no longer have the luxury of knowing the dates of our triennial surveys. Our next Joint Commission survey, which can occur as early as tomorrow or as late as June of 2008 will be unannounced. Listed below are several tips taken from November issue of Briefings on JCAHO which can help us all during a survey.

- 1. LOOK TO LEARN.** Keep your approach to the survey educational. We can always learn from the surveyors. If they find a non-compliant issue, ask them what have they seen work in other hospitals.
- 2. DON'T ARGUE.** Arguing is a no win situation. If you disagree with what a surveyor has said or found, let someone from the administrative team know. *(The administrative team will be assigned the morning of the survey.)*
- 3. CLARIFY.** If what the surveyor is asking is not clear, ask him/her to clarify or rephrase the question.
- 4. DON'T VOLUNTEER!** Answer only the question. Do not volunteer any extra information.
- 5. KEEP THEM CLEAR.** Hallways, exits, and stairwells must be clear.
- 6. Identify Yourself.** All employees must have on visible identification.
- 7. SECURE MEDICATIONS.** Medication carts, boxes and rooms must be locked.
- 8. KEEP THEM COVERED.** All linen and supply carts must be covered.
- 9. CHECK YOUR LOGS.** Logs must be current. *(This includes, refrigerator temperatures, crash cart, any maintenance log).*

LAST AND PROBABLY MUST IMPORTANT:

- 10. DON'T GUESS.** If you don't know the answer, say you don't. Tell the surveyor you know where you can find the answer or who you can ask.

DR. DOOLITTLE WANABES BEWARE

At the recent Health & Safety Committee meeting, a concern was raised about feeding animals around the hospital, which is not acceptable. The numerous types of animals being fed has brought about the naming of a rat.

The staff does not wish to have any rats establish a home on the hospital grounds. It is unhealthy to have animals on hospital property. Therefore, to have these animals transition to other areas, away from the hospital, please don't feed the animals. It is the only way to divert them to other areas. Your assistance and cooperation is appreciated. Thank you.

Raoul Walsh

Traveling this season?

Over the past year, I have had a few plane trips - some for fun, some not. But travel sure ain't what it used to be. I share the following tips:

Rules for carry-on bags

Passengers can carry liquids on airplanes under new security rules prompted by FBI tests that show it's highly unlikely that terrorists could bring down a jet with a bomb made of small amounts of fluid.

The new rule, called 3-1-1 (3 ounces, one bag, for every one passenger) allows:

- ⇒ 3-ounce bottles of toiletries, gels, and liquids are permitted, including toothpaste, makeup, and other travel-size toiletries, but items must fit into a clear, one-quart plastic bag. This is strictly enforced.

- ⇒ Plastic bag must go in a separate bin for checkpoint X-ray screening.

- ⇒ Passengers can carry on drinks and other liquids bought in stores and shops that are available after the security checkpoints, so don't bring your own. It will definitely be tossed.

Long lines & crowds

Because of all the new restrictions, people are checking more bags and the percentage of bags being lost has doubled. The check-in and security lines are very long, so leave enough time - especially if you are using an e-ticket. On a recent trip, a couple traveling with us, almost missed the plane because of long lines.

- ⇒ Try to book your seat ahead - especially if you have a seat preference. The days when there were lots of empty seats are gone.

- ⇒ For a long flight, eat before you board or buy a sandwich to bring with you. Meals are scarce and some airlines charge for snacks.

Send your bags ahead

To avoid long waits, the fear of overweight luggage - and just the hassle factor, some travelers are shipping their bags ahead by UPS or FedEx ground. Luggage Co. will pick up a bag and have it waiting for you at your hotel. It costs \$100 - \$150 for second day delivery from our area to the west coast.

UROLOGISTS DEBUT NEW PROCEDURE

More than half of all men over age 60 will develop BPH (Benign Prostatic Hyperplasia), more commonly known as Enlarged Prostate. The incidence rises to 80% for men in their 70s and 80s. Symptoms of this common disorder include: frequent urination, especially at night; urgency; the need to strain and push; a feeling that the bladder never completely empties, dribbling or leaking and a weak urine stream.

“This, almost painless, procedure is really improving the quality of life for men experiencing this condition,”

Dr. Walter DelGaudio

Until recently, the treatment options for men facing this challenge all had troubling side effects, such as: weeks or months of recuperation,

prolonged need for a catheter, incontinence and blood in the urine. A new procedure, GreenLightPVP (Photoselective Vaporization of the Prostate), now in use at Tyler, can often relieve urinary symptoms without compromising the patient's lifestyle.

According to Dr. Walter DelGaudio, urologist, who uses this procedure, patients report fewer complications and return more quickly to a normal lifestyle. “This, almost painless, procedure is really improving the quality of life for men experiencing this condition,” Dr. DelGaudio explained. “In the past, our treatment options were medication, surgery, heat therapies and older laser technologies. Each had side-effects, including up to a four-day hospital stay for those being treated surgically,” he said.

GreenLightPVP is an outpatient procedure that uses a very high-powered laser to immediately vaporize and precisely remove enlarged prostate tissue. “Most patients return home in just a few hours, according to Urologist Haragopal



Urologist, Walter DelGaudio, MD, (above) is one of two Tyler urologists performing the GreenLightPVP at Tyler.

Penugonda, MD. “And in a few days, the majority of my patients return to non-strenuous activity and are able to stop medications for enlarged prostate,” he added.

Both urologists pointed out that results for individual patients will vary, but most patients experience a quick recovery and minimal side effects, as compared to other treatment options. “Most, if not all, patients return home on the day of surgery without a catheter,” Dr. DelGaudio explained.

For more information on the treatment of BPH, visit the Tyler web site at: www.tylerhospital.com.

NO BUTTS ABOUT IT

Smoking only allowed in Smoke Shack

According to Jill Smith, HR director, a new policy, recently distributed, bans smoking on every shift, anywhere on hospital grounds - except the Smoke Shack. This includes all employees, physicians, students, Comm Center employees, staff of physicians, contracted staff, vendors, etc. The Smoke Shack now has lights.

Visitors should be encouraged to also use this area, but staff is advised to use discretion when dealing with visitors. Patients' smoking needs will be addressed on an individual basis. Jill explained that smoking has been acknowledged to be both a fire and a health hazard, including the dangers to non-smokers from second-hand smoke. “We also need to remind everyone to use the appropriate receptacles when disposing of smoking materials. We don't want the hospital grounds littered with cigarette butts,” she said. If there are any questions concerning this policy, please call the Human Resources Department at extension 105.