

Income Tax

O T T A P C N O I S N E P
 I D I P N S A Y R A L A S
 E N P D S N I S G O T R S
 M O C O E R U A U D O T S
 O I L R R R I I S A A P P
 C T R E D N C D T T L E I
 N C O A X E N S U Y S T T
 I U T D L E P S I U N S Y
 E D D S D A M E O N U A W
 H E S I E E C P N R G A A
 W D V A S R S I T D G L G
 I I P E N G E H D I E O E
 D N R O Y A L T Y E O N S
 O A L I M O N Y N N M N T
 W A D E I R R A M I K A S
 T N I O J E G A G T R O M

Alimony	Interest	Single
Annuity	Ira	Spouse
Casualty	Joint	Status
Credit	Loss	Tips
Deduction	Married	Trust
Dependent	Medical	Wages
Dividends	Mortgage	Widow
Exemptions	Pension	
Gain	Royalty	
Income	Salary	

Are you really ready to downsize?

About 78 million baby boomers are entering their empty-nest years. Many are already there, and there's a whole cadre of people who have had the empty nest for several years. Many are wondering whether they should sell their home and get something more in line with their current needs.

With interest rates for mortgages still at a 40-year low, some think this could be the time to do it. Others are confused by the real estate market. They may be attracted by a bargain price or two in the area of their choice but wonder how much they could get from their present home.

Daniel Kadlec, author of *The Power Years: A User's Guide to the Rest of Your Life* (Wiley), says the most important question you need to answer is this: Are you truly ready to downsize?

It's not easy to give up the home where you raised your children, one that is filled with many years of memories.

Financial planners say giving up a large house is always a profitable decision in a financial sense. Living in a house that's too big ties up capital and imposes extra taxes and upkeep costs.

The large house can also involve a great deal of yard work and housework.

Your decision should have little to do with an up and down market, say these planners. The right time to downsize is whenever you are emotionally ready.

TYLER *Times*

A publication for the employees of Tyler Memorial Hospital

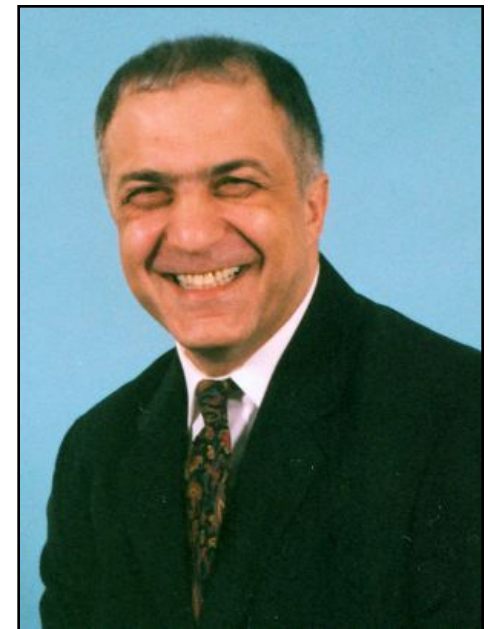
April, 2007

Welcome Dr. Art Asrian

Dr. Ramesh Shah,

a pulmonologist, (specializing in conditions of the respiratory system) will begin practice at Tyler on Monday, April 2, also on the fourth floor. More on Dr. Shah next month. Tyler welcomes both these new physicians.

Raul Walsh, president and CEO of Tyler, announced the appointment of Artour (Art) Asrian, general surgeon, to the hospital's medical staff. Dr. Asrian performs general, diagnostic and minimally invasive surgical procedures for conditions of the abdomen and pelvis. Dr. Asrian comes to Tyler from Fulton Medical Center, Ohio.



A native of Russia,

Dr. Asrian is a 1983 graduate of Pirogov Medical School, Moscow and completed a four-year surgical residency, also in Moscow. Following his residency, Dr. Asrian joined the staff of the Institution of Transplantology and Artificial Organs in Moscow, where he served for four years, specializing in liver transplants. In 1991 he was awarded a Ph.D. in Transplantology from the same institution and performed the first liver transplant in Russia.

After moving to the United States in 1991, Dr. Asrian spent four years as a Visiting Surgeon and Instructor in the Liver Transplant program at the University of Pittsburgh Medical College in Pittsburgh, PA. During that time Dr. Asrian participated in over 300 liver transplants and authored seven articles published in various American medical journals.

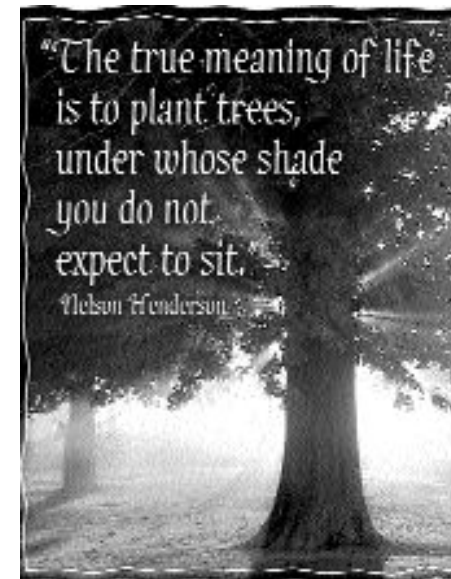
Dr. Asrian completed an additional General Surgery Residency program at Wake Forest University in Winston-Salem, NC. While there, he performed

over 1,400 surgical cases, far surpassing the average procedure rate of between 600 to 800.

A member of the American Society of Colon and Rectal Surgery and the American College of Surgeons, Dr. Asrian is the first to occupy the newly renovated fourth floor offices.

He is the father of a son, George Matthew, 14. In his spare time he enjoys sports of all kinds, especially hockey and soccer. Other interests include chess, history and reading historical novels. He is in the process of purchasing a new home in the Tunkhannock area.

He has been busy in the OR and welcomes new patients, who may contact him at ext. 134.



What's Inside

- 2 Volunteer Week
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NOTICE:

On Tuesday April 3, at 1:30 PM we will be doing update to the Lab system. For approximately one hour the lab will not be capable of receiving orders or transmitting results through Dairyland. This update also requires a server restart which will result in the entire network being down for approximately 10 minutes for all users.

Jay M Lane, MS HCA, manager, information systems

Thank a Volunteer Today

Have you had your mail delivered today? Have copies of forms been made or charts compiled? Have you been served with coffee in the Kozy Korner? Have your patients and their families been comforted?

If any of these apply, you have probably been in contact with a Tyler Volunteer! The week of April 15 through April 21, 2007 has been designated National Volunteer Week, with Monday, April 16th designated solely for hospital Volunteers.

When asked, Raoul Walsh, president and CEO stated that the Tyler Volunteers are an invaluable resource to the hospital and he was honored to have them as special members of

the "Tyler family".

According to Susan Reese, volunteer director, volunteers at Tyler give over 15,000 hours of service a year, and she appreciates all their contributions. "Our volunteers play an essential role in the hospital," Susan said. "By greeting visitors, providing clerical support and working in the gift shop, to name just a few of their duties, Tyler volunteers enable the professional staff to concentrate on caring for the patients."

The Tyler volunteers will be recognized at a luncheon on April 16, at the Tunkhannock United Methodist church, but Susan asked staff to take time during the week of April 15 to 21 to say a personal "Thank you" to the volunteers for a job well done.

Quality Corner

Brenna Evans, RN director of quality

Pneumonia

A Last month I introduced the Quality Initiatives set forth by CMS (*The Centers for Medicare and Medicaid*) and discussed the measures for patients with the diagnosis of Congestive Heart Failure. This month I would like to discuss the measures for patients with a diagnosis of Pneumonia.

The measures for Pneumonia include:

* Oxygenation Assessment: During the patient's hospital stay their level of oxygen must be assessed and documented in the medical record.

* Pneumococcal Vaccination: Patients must be screened for the Pneumococcal vaccination, and receive if indicated.

* Blood Cultures: If a patient is admitted from the Emergency Department, blood cultures are performed prior to receiving antibiotics(s). (There are time limits in place for patients that are admitted or transferred to ICU).

* Initial Antibiotic Received: The initial dose of an antibiotic should be received within 4 hours of arrival to the hospital.

* Adult Smoking Cessation: Patients who smoke are advised to quit.

* Initial Antibiotic Selection: The appropriate antibiotic is use for patients who are immunocompromised and have a pneumonia that was not acquired in the hospital.

* Influenza Vaccination: During flu season, patients must be screened for the Influenza Vaccination and receive if indicated.

Currently, we have a performance improvement process in place to improve the overall compliance with both the Pneumococcal and Flu Vaccinations. Several months ago our overall compliance with the Pneumococcal Vaccination averaged 40%. More recent data reveals compliance to be just above 70%, close to both the state and national averages.

The Influenza Vaccination measure was just introduced, therefore no data is yet available. However, when we started the improvement process for the Pneumonia Vaccine, there was anticipation that CMS would soon include the Influenza Vaccine so we included it in the improvement process. We are optimistic that the initial data will be in line with, or above, state and national averages.

We are doing well complying with all the other measures with the exception of the Adult Smoking Cessation measure. The most recent data reveals the state average to be 86%, ours only 36%. A performance improvement process will soon be initiated to improve overall compliance with this measure.

To follow up on last months article regarding the compliance with left ventricular function assessment for those patients with congestive heart failure, February data revealed a compliance rate of 100%. Again, thanks to the physicians and case managers for their participation in the improvement project. Your persistence has paid off!

(The Quality Initiative measures currently apply to all patients over the age of 18).

STAFF EDUCATION

LUNCHTIME LEARNING.

APRIL 4, 2007 11:30 - 12:30

CARBS 101 - FACT VS FICTION

CARLA MORGESE - DIETITIAN

APRIL 5, 2007 11:30 - 12:30

EYE DISEASES

COLLEEN GAWLES, PREVENTION FOR BLINDNESS

APRIL 12, 2007 11:30 - 12:30

COLORECTAL CANCER - MEGAN TRICHILO

NEPA CANCER INSTITUTE

APRIL 26, 2007 11:30 - 12:30

EYE TISSUE DONATION

JOCELYN BELLOWS - PA EYE BANK

HEALTHCARE PROVIDER BLS COURSE

JUNE 19, 2007 8 - 11AM OR 12:30 - 3:30PM

JULY 12, 2007 8 - 11AM OR 12:30 - 3:30PM

ACLS COURSE

APRIL 24, 2007 7:30AM - 5:00PM

FREE CANCER SCREENING FOR NON-INSURED OR UNDER-INSURED PEOPLE

APRIL 11, 2007 TYLER - 3RD FLOOR 6 - 9 PM

To Register for any of these programs, call Gayle at ext 281.

YANKEE BASEBALL

Starting this month, and running throughout the baseball season, everyone nominated for a **Caught-in-the-Act** will have their name entered into a drawing to receive two, free Scranton/WB Yankee tickets. Everyone nominated since January 2007 is eligible. Only one win per person.



Congratulations to the following employees & volunteers who were **CAUGHT IN THE ACT:**

March

Betty Platt

Jim Williams

Derick Smith

Bobby Holley

Mary Sickler ✓

Jay Lane

Onalea Lane

✓ Denotes winner



Patient Safety Cell Phone Use

The Patient Safety Committee recently reviewed the literature regarding the use of cell phones within a hospital. We reviewed both results of independent studies and information obtained from Space Labs, the manufacturer of our telemetry units. The Committee has determined that the use of cell phones in the hospital will not interfere with our telemetry system. Therefore, there is no longer any need to prohibit the use of cell phones within the hospital.

If you have any questions or concerns please feel free to contact any member of the Patient Safety Committee.

Brenna Evans