

NASCAR

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

Blaney
 Blount
 Burton
 Busch
 Chaffin
 Cope
 Earnhardt
 Edwards
 Gilliland
 Gordon
 Green
 Harvick

Jarrett
 Johnson
 Kahne
 Kenseth
 Kvapil
 Labonte
 Lepage
 McMurray
 Nemechek
 Newman
 Riggs
 Schrader

Shepherd
 Skinner
 Stewart
 Vickers
 Wallace
 Waltrip

Wrong Address

A Chicago man got to Florida for vacation on the day before his wife was to arrive. He thought he'd send her an email. Unfortunately, he missed one letter in the address.

His message went to an elderly preacher's wife whose husband had passed away the day before. When she opened the email, she screamed and fell to the floor in a dead faint.

Her family rushed into the room and saw this on the monitor, "Dearest Wife, Just got checked in. Everything prepared for your arrival tomorrow. Sure is hot down here."

Drive-Through Confessional

The old priest admitted that the young priest's ideas had filled the church. Bucket seats in the first four rows keep them filled, and upbeat music brought young people back into the church. But the old priest said he didn't like the drive-through confessional.

"But, Father," he protested, "my confessions and donations have nearly doubled since I started that!"

"Yes," replied the elderly priest, and I appreciate that.

"But the flashing neon sign, 'Toot 'n Tell or Go to Hell' cannot stay on the church roof!"

TYLER *Times*

A publication for the employees of Tyler Memorial Hospital

February 2006



DOH to Tyler:

"We See a Big Improvement!"

Denise Gieski, vice-president of nursing, and Brenna Evans, quality manager, announced at the January 31 Department Head Meeting that the PA Department of Health Inspection went very well.

"We had some problems," explained Ms. Gieski, "but for the most part, the inspectors were delighted with the improvements they found." The last licensure examination was two years ago and most of the deficiencies identified then have been rectified.

In recognition of the hospital staff's hard work, Raoul Walsh, CEO, treated all Tyler employees to a free pizza, wings and salad lunch following the four-day inspection. "I want to thank everyone for the extraordinary effort; it really paid off," he emphasized.

(see Nurses' Notes, page two for more on the DOH)

Are You Prepared For Winter ?

Winter has finally arrived; and along with the cold and the ice comes a reminder from Tyler Memorial Hospital's Emergency Department to stay safe while enjoying this season. Every year patients come to the Tyler because of winter-related problems. Often a little prevention can go a long way in keeping you and your family safe.

In addition to the usual winter cautions about shoveling snow and falling on icy sidewalks, Karen Killian, RN and a member of the Tyler Mobile Intensive Care Unit (MICU), Tyler 601, suggests that everyone also prepare a winter survival kit to keep in the car.

"The roads in Wyoming, Bradford and Susquehanna Counties are among the most dangerous in the state, Ms. Killian said. "It doesn't take much ice or snow to create very hazardous conditions and families, especially those with children, need to be prepared for the unexpected. If you slide off one of our remote roads, it may be hours before you are rescued."

Ms. Killian suggests the following be

placed in your winter auto emergency pack:

- ✓ Blanket: If you have car trouble and the engine isn't running, a blanket will help keep you warm until help arrives.
- ✓ Water: For hydration and may be used to clean wounds. Pack at least one bottle for each family member.
- ✓ Light: A flashlight to assist in getting attention and perhaps finding your way in remote areas.
- ✓ Snack Food: Have a few granola bars or other non-perishable food items available.
- ✓ Cell Phone: An inexpensive cell phone to call for help may be a smart investment for any family. Remember to always keep it charged.
- ✓ First Aid Kit: containing antiseptic, bandages and scissors, at a minimum.

Another tip offered by Ms. Killian is to always stay sheltered in a winter emergency. "Our first instinct is sometimes to go off and find help," she said.

(cont'd on page 5)

What's Inside

- 2 Nurses Notes
- 3 Words of Praise
- 4 Women Heart Health
- 6 Don't Drink the H2O
- 8 Puzzle Page

NURSES' NOTES

Denise Gieski, RN director of nursing

DOH Survey

As you all know, we had our licensure survey from the DOH in January. Overall, things went much better than our last full survey two years ago. Departments were cleaner, staff attitudes were better (a direct quote from surveyors), and this is reflected in the survey results. There are some areas we need to work on, but you came through with the things we have been focusing on in nursing – especially things like locked med carts, secured needles and syringes, and general cleanliness. Thank you for all of your efforts. Remember, we need to be in continual compliance with all of these regulations – the surveyors can, and will, return for an unannounced survey, and the Environmental Rounds group will continue to visit each department, unannounced.

ClinDoc

Congratulations on the success of Go-Live on vitals and intake and output in Med/Surg and ICU. Implementation has gone very well, and we are gearing up to go-live with the other sections of ClinDoc. Several other departments have also expressed interest in using the Clinical Documentation section of Dairyland, which I think is very exciting. This will definitely result in a more comprehensive electronic record.

Medication Reconciliation

We are continuing to look at our current Medication Reconciliation process and the forms we use. Our goal is to make the whole process more user-friendly. We need your input and suggestions to make this successful, so please share your thoughts your Nurse Manager.

JOINT COMMISSION CORNER

Brenna Evans, RN, director of quality

The Joint Commission recently released the 2007 National Patient Safety Goals for all accredited organizations. All 2006 goals remain effective for 2007 with the following additions:

- added to Goal 8B regarding communication of patient medications: **The complete list of medications is also provided to the patient on discharge from the facility.**
- Goal 13: Encourage patient's active involvement in their own care as a patient safety strategy.**
- 13A: Define and communicate the means for**

patients and their families to report concerns about safety and encourage them to do so.

- Goal 15: The organization identifies safety risks inherent in its patient population.**
- Goal 15A: The organization identifies patients at risk for suicide. {Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.}**

The Patient Safety Committee will be working towards meeting these goals. We will keep staff informed of any changes in process and our progress toward these goals.

Do you know someone who uninsured or underinsured?

What: FREE CANCER SCREENING CLINIC
When: February 19, 2007
Time: 5:30 - 9:00 PM (appointment necessary)
Where: Tyler Memorial Hospital (Third Floor)

Screenings provided will include: Prostate (PSA), Colon (Hemocult), Skin, Breast, and Cervical (PAP) exams. Eligibility requirements: Under or un-insured Wyoming County residents. **To register call Gayle at extension 281.**



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

December

- Rosemarie (Rosie) Fritz
- Doreen Banos
- Donna Guman ✓
- Glenn Shoemaker
- Linda Sheldon

January

- Rachel Noone
- Judy Truesdale
- Heidi Brown
- Kathleen Wood ✓

✓ Denotes winner

The annual employee recognition banquet will be held on Friday, April 27, at the Carriage Inn. Approximately 44 employees are eligible to receive awards this year and will be receiving their "prize" packets soon.

STAFF EDUCATION

SMOKING CESSATION PROGRAM
Fridays, February 2 - March 9, 2007
1:00 PM Each session is one (1) hour.

LUNCHTIME LEARNING
BATTLING SUPERBUGS: MRSA & VRE
February 7, 2007
11:30 & 12:30

HEALTHCARE PROVIDER - CPR
Feb 8, 2007 8 -11 AM
Sign up for all the above programs through Gayle Gipson at ext 281

HOODIE HOO DAY
February 20, 2007
A day of fun to chase away winter & make ready for spring.
Programs in Blue Room 9 & 10 AM
Hoodie Hoo Party (complete with prizes) in the Cafeteria at 2 PM
Bring your Springtime Smile!

COMMUNITY EDUCATION
February 27, 2007
Dr. Samir Panchoy:
Congestive Heart Failure
Tunkhannock Library 7 PM

RISKY BUSINESS

Kathy Ritter, infection control manager

As I prepare for my own trip to Haiti in mid February, I have been made keenly aware of something we all take for

tions are also labeled as high risk in terms of water quality. These include popular locals such as China, Portugal, Hungary, Poland, Egypt, Mexico, Turkey, Thailand Malaysia,

the seal or closure on bottled water and insist that bottles be opened in your presence.

To stay safe while traveling, here are a few additional recommendations:

Boil water for one minute (or three minutes at higher elevations) to kill pathogens
Avoid ice cubes, salads, fruits you don't peel yourself, and uncooked foods
Use bottled or treated water even for brushing your teeth
Drink canned soft drinks, coffee or tea if clean water isn't available, but always wipe down any wet cans before opening.

BUG	SYMPTOMS	PROGNOSIS
Cholera Bacteria that cause an infection in the intestine.	Nausea, vomiting and diarrhea.	Can be fatal if the patient isn't rehydrated quickly. Usually lasts six days.
Cryptosporidium A microscopic parasite that lives in human intestine and is resistant to chlorine-based disinfectants.	Diarrhea, weight loss, stomach cramps or pain, fever, nausea and vomiting.	Most healthy people recover without treatment in approximately two weeks.
Hepatitis A A virus that attacks the liver; easily prevented with vaccine.	Fever, malaise, Loss of appetite, nausea, and abdominal discomfort followed within a few days by jaundice.	No treatment is available. Symptoms may persist from one week to several months.
Giardia A microscopic parasite similar to cryptosporidium.	Diarrhea, gas, stomach cramps and nausea, greasy stools.	Antimicrobial medication. Symptoms can last two to six weeks.
Rotavirus and norovirus Viruses that are highly contagious. Norovirus outbreaks are particularly common on cruise ships.	Nausea and vomiting	No treatment is available. Usually lasts a few days.
Enterotoxigenic e. coli A bacterium that is the number one cause of travelers' diarrhea.	Cramps, diarrhea and sometimes a slight fever.	Most people recover without treatment within five to ten days.

granted, water.

My instructions in regards to water in a third world country include a warning to drink nothing but sealed bottled water and to keep my mouth closed while showering. After all, I don't want to acquire even one of many potential waterborne bacteria, viruses or parasites that can cause life threatening illness.

Before you mistakenly think that this is only a problem in poor, remote countries, consider that many of the world's top twenty tourist destina-

Russia and the Ukraine. Each year it is estimated that ten million overseas travelers become ill with diarrhea and other illnesses caused by "bugs" in drinking water.

Bottled water has long been considered a travelers best defense against waterborne disease, but there have been recent reports of enterprising individuals placing tap water in name brand bottles and selling it to the unsuspecting consumer.

Since taste alone might not make this apparent, it is best to examine

Be aware that tap water, ice or foods served on flights departing from a foreign country can be harmful if it comes from local supplies

And now for the nitty-gritty part, a brief rundown of some of those not so nice bugs that can ruin an otherwise lovely vacation.

Editor's note: *Kathy Ritter is a part of a missionary team to Haiti sponsored by the Tunkhannock United Methodist Church.*

Dear Tyler

Dear Mr. Walsh,

I would like to tell you about my experience with the team at Tyler. Recently, I found myself in your ED. I was in extreme discomfort. I had severe abdominal pain. I thought it was something like a stomach bug. After receiving pain and nausea medication, and it was determined that treatment wasn't helping me, the ED team ordered X-rays. We found it was much more than a bug. In fact I had appendicitis.

The care I received in the ED I felt was outstanding! It was shortly thereafter an OR team had been assembled and I was ready for surgery. Dr. Dayton Shelly was the operating physician. Dr. Shelly and my family have a history and this comforted me. I'm not really sure who else was in the operating room, but I felt I was in very good hands. The procedure went very well, I am happy to report!

The care I received after surgery was greatly comforting and caring! The nursing team on all shifts were true ANGELS. (*emphasis is the patient's*) My thanks to everyone who cared for me during my stay.

In the ED: *Dr. Shelly, Dr. Coster, Joann Bolin, Rachael, Mary Sue, On Tyler Wing: Kathy, Peg, Robin, Spring, Michelle, Shawn, Mark, Tina, Molly, Norma, Lisa and Pat.*

I hope I didn't forget anyone. I just wanted to bring to your attention, that along with some of the bad, there is much more good that comes from your team of professionals. I will highly recommend the services at Tyler Memorial Hospital. Mr. Walsh, you should be very proud of the people that keep Tyler running!

Sincerely,

(*name withheld for privacy concerns*)

Are You Listening Women?

Heart disease is a risk for you too.

Charlie's Angels star Kate Jackson underwent adult cardiac surgery to correct a hole in her heart. Oscar-winner Patty Duke lives with coronary heart disease. Author Joyce Carol Oates lives with tachycardia, or rapid heartbeat. But you don't have to be a celebrity to be stricken with heart disease.



Maintaining a healthy weight and regular exercise are part of a one way to be heart smart lifestyle.

Long thought of as a man's disease, heart disease is a reality for women, too. Heart disease affects more than 8 million women in the U.S., killing 267,000 each year.* It's the leading cause of death among women – even six times deadlier than breast cancer.* Being aware of the risks and taking steps toward better health is vital for women in battling this potential killer.

Be Heart Smart

Some factors of heart disease are uncontrollable – a family history of heart disease increases your risk, as does age (women's risk increases after menopause). The good news is that a number of other factors can be controlled by making smart choices on a daily basis. In fact, living a healthy lifestyle can lower your risk of heart disease by 82%.** Take action for better heart health now by following

these tips.

Keep blood pressure and cholesterol in check. According to Terrance Chilson, MD, a Tyler Internist with offices in Factoryville, if your numbers are high, a heart-healthy diet and regular exercise could help lower them.

"Sometimes, in the winter, exercis-

ing outdoors can be difficult, so cholesterol and blood pressure often increase," he said.

Physical activity.

Dr. Chilson suggests that, as much as possible, people try to maintain a regular exercise program.

Aim for at least 30 minutes of moderate-level activity on most days of the week. Three 10-minute periods will work, too. Dr. Chilson pointed out that the track at Tunkhannock High School is usually kept clear and that local malls offer a safe, flat place to walk.

"Any exercise that creates a heart rate between 120 and 130 beats per minute is good for the average person," he said. Of course individuals should check with their own physician before starting any exercise program.

Dr. Chilson also adds a caution: "When the snow comes, be very careful. Shoveling is an extremely stressful activity, especially for middle-age and older individuals not accustomed to this level of activity," he warned.

Maintain a healthy weight. Carrying excess weight puts strain on your heart and increases your risk for heart disease, even if you have no other risk factors.

Know your risk for diabetes. Two out of three people with diabetes die of heart disease or stroke.*** Your chance of developing type 2 diabetes in adulthood increases if you are overweight, physically inactive or have a family history of diabetes.

Eat a heart-healthy diet. Fruit, vegetables, low-fat dairy products and whole grains will do your body – and heart – good.

Quit smoking. After kicking the habit for just one year, your risk for heart disease drops by more than half.**

Know the Warning Signs of a Heart Attack.

Dr. Chilson explained that the most common signs of heart attack are generally the same for men and women: pain or tightness in the chest (and possibly the neck and shoulders), especially following exertion, accompanied by profuse sweating, shortness of breath and dizziness. But beyond these classic symptoms, women are more likely to experience heart problems as:

- Indigestion
- Nausea or vomiting
- Fatigue
- Pain between shoulder blades
- An anxious or nervous feeling

If you or someone you know shows signs of having a heart attack, call 911 immediately. Remember, heart disease can strike anyone, but living a healthy lifestyle can often reduce your risk.

Tyler Marks Cardiac Rehabilitation Week: February 11 – 17

The weeks and months following a cardiac event can be a frightening time for patients struggling to recover. Physicians encourage patients who have experienced a heart problem to exercise, maintain a healthy weight, eat a sensible diet and reduce stress. But for many patients, the fear of exertion that develops following a heart attack or surgery keeps them from including exercise in their recovery plan. This is where Tyler Memorial Hospital's Cardiac Rehab program can be of help.

According to Joyce Enders, RN, MSN, cardiac rehabilitation nurse manager at Tyler Memorial Hospital, cardiac rehabilitation provides a monitored, supervised environment that helps patients feel more secure while gradually increasing their activity and regaining their confidence.

The goal of cardiac rehabilitation is to help patients regulate heart rate, enhance heart muscle contraction, lower blood pressure, decrease cholesterol and triglyceride levels, and improve respiratory status - all within a secure, caring environment.

According to Rachel Noone, RN, of the Tyler cardiac rehabilitation department, helping people evolve from being frightened, to actually enjoying themselves during exercise, is a great feeling. That enthusiasm is echoed by patients like Nona Steele, Tunkhannock

Ms. Steele has been part of the Tyler program for almost eight years.

The Tunkhannock resident had four valve replacements, the most recent one, last April. "Right after my surgery I felt so weak, but having the security of being monitored as I increase my activity and work to



Joyce Enders, RN, cardiac rehab nurse manager bid a sad farewell to Rachel Noone, RN, who left Tyler recently to share her sunny personality and enormous

regain my strength and endurance is wonderful," she said.

Tyler's Cardiac Rehab is divided into two phases: Monitored, in which patients typically attend three times a week for 12 weeks. During exercise sessions, patients' heart rate, respirations and heart activity are monitored. The staff maintains regular contact with the physicians and exercise is increased gradually as strength improves.

To be eligible for cardiac rehabilitation, patients must be referred by a

physician and have experienced a cardiac event (heart attack, bypass surgery, valve replacement, stable angina, angioplasty or the insertion of a stent) within the last year. Most insurance plans,

Medicare and Medicaid cover this program. Beyond the monitored exercise, participants also receive personalized counseling on diet and the challenges of living with a cardiac condition. An added benefit is the opportunity to spend time with others who understand your concerns and share the same challenges. Ms. Enders and her staff are available and happy to answer participants' questions.

Patients who successfully complete the monitored phase of rehabilitation, such as Jack Rozanski, of Dimmock, are invited to participate in the Cardiac Rehabilitation Maintenance Program, a self-pay, three-day-a-week, exercise program that is supervised, but patients are not on telemetry.

Mr. Rozanski describes himself as having CAD, coronary artery disease. "I have had stents, and in 2004 I had triple bypass surgery; I've been with this program ever since. This sort of organized approach really helps me to keep at it. On my own, I'm sure I wouldn't do nearly as well or as much," he said. It's a great thing for all of us."

(Winter cont'd from page 1)

This isn't the smart thing to do. In winter, hypothermia is the enemy. "It doesn't take long for our bodies to lose heat in extreme circumstances," she cautioned. "Hypothermia is very disorientating. This confusion is followed by a feeling of being over-heated and people start peeling off their clothes," she said. "This can lead to a tragedy."

If you must leave your vehicle because it isn't safe, create another shelter, such as building up a pile of leaves or pine branches and getting inside. If you can see the road or a home, or other structure, you can try to get there for help and shelter. But never venture out when you cannot see your eventual destination; it may be miles away. You are safer staying where you are. Use your cell phone,

flashlight or car horn to get help.

Also, if your engine is still operating, don't keep it running all the time.

Gases can build up quickly and occupants sometimes die waiting for help. "Run the engine once every hour or so and then turn it off when the car warms up," Ms. Killian suggested. Water should be rationed, but it is important to stay hydrated. Use common sense.