

January
2009



JACK HUGHSTON MEMORIAL HOSPITAL

The Jack Hughston Memorial Hospital Insider

Committee Members: Donna Brown, Brittany Irvin, Amanda Johnson, Cynthia Massey, Susanne Soto

Letter from Jim



Jim Matney, CEO

MY VISION FOR THE HOSPITAL.

VISION

The centerpiece of any healthy organization is its people. Indeed, this is central to the Vision of Jack Hughston Memorial Hospital. When employees treat all people—patients, staff and physicians—like they would one of their own family members, the organization will ultimately succeed. This

standard goes beyond treating others as you would like to be treated, as we usually expect more for our loved ones than ourselves. I would like to expand the existing Vision Statement into Pillars of Success that will serve as a strong foundation upon which to build future achievements.

QUALITY

I would like to see the

hospital

achieve 95 percent or higher on all quality measures that are either publicly reported or influence the care of patients. Specifically, we need to assure that the care provided for Pneumonia, COPD, and AMI patients are consistently benchmarked against other hospitals.

(continued on page 2)

“...Let Them Eat Pizza”

I wanted to thank everyone for their participation in our fundraising efforts for the United Way. The 2008 Jack Hughston Memorial Hospital United Way Campaign was a success!!! The contribution goal of \$10,800.00 was not only met, but it was exceeded. In total, we raised \$13,333 for our charity con-

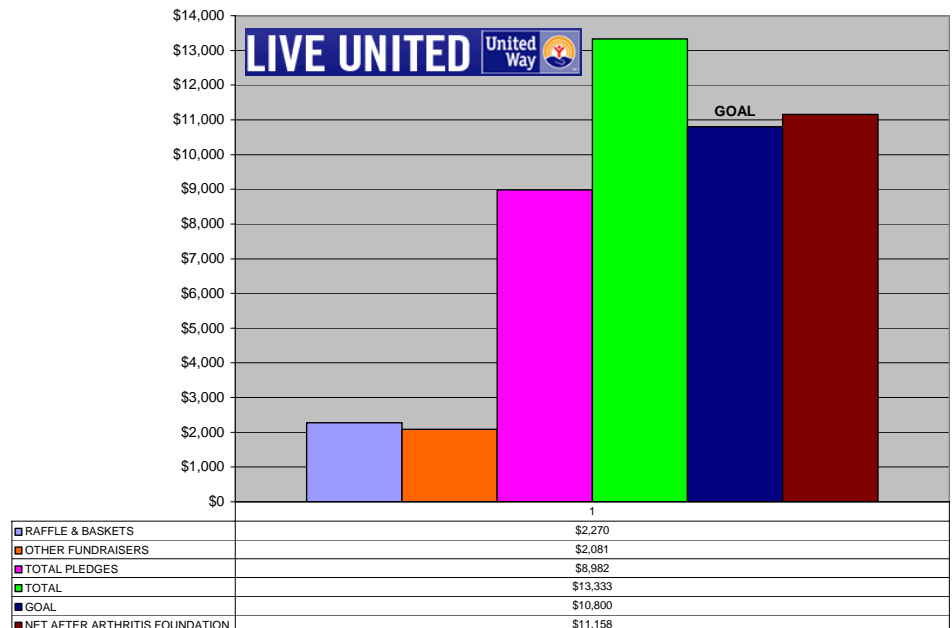
tribution. Several departments had 100% employee participation in pledges to the United Way and deserve recognition. The departments are **Facilities, I.T., H.R., HIM, Patient Accounts, Patient Access, and Administration!** They will receive a **PIZZA PARTY** (yum), compliments of Ad-

ministration—date to be announced.

Below are the final results for our fundraising campaign.

Thank you again for all of the hard work and support.

Jennifer Thompson



My Vision For The Hospital *(continued from page 1)*

This will require close teamwork between our physicians, employees and the community. Reaching this goal will ultimately increase revenue as well as reduce outmigration to facilities the public might erroneously perceive as “better”.

PEOPLE

People are the cornerstone of any successful organization. I believe in personally rounding on employees everyday. When management consistently asks and follows-up on questions such as, “Do you have all the supplies and equipment to perform your job?”, “Is there anything keeping you from doing your best?”, and, “Is there anyone we need to recognize that is doing a good job?” it fosters a positive working environment for all.

When employees see a management team that is interested in their experience and follow-up on their comments and concerns, they will go the extra mile. This is the key to achieving excellence throughout the organization.

PATIENT & PHYSICIAN SATISFACTION

Providing great patient care will ultimately lead to excellent patient and physician satisfaction scores. Patients typically do not understand how to measure quality. What patients remember most are concerns such as, “Did I get the correct medicine and was it on time?”, and, “Was the call light answered promptly?”

I believe the hospital must implement hourly rounds on patients. When the staff asks patients regularly about whether their pain level is under control and if they require any assistance with going to the bathroom, patients feel more assured about their care. The perceived lack of attention is one of the greatest sources of dissatisfaction and complaints. Hourly rounding by the staff will proactively address this.



The hospital also needs to look at the tools our caregivers use for documentation. Where possible, this process must be streamlined to minimize the time caregivers are documenting, allowing them to spend more time caring for patients.

COMMUNITY

The community needs to feel involved in the hospital if it is to successfully combat outmigration. Involving community leaders in identifying needed services and educational needs will provide the hospital with a base for future strategic plans. This will be expanded upon

by researching market share and migration trends to identify where the hospital needs to reach out to the community.

I also believe the entire staff needs to represent the hospital in the community. I have been and will continue to be visible in the community, but will also request all employees in the hospital to participate in some sort of community activity.

FINANCE

Financial transparency is vital for a successful hospital. Every employee needs to know what it costs to deliver care to our patients. We need to hold ourselves accountable for efficient and effective operations. By openly communicating with our staff, they become active participants in improving the hospital’s financial position. From their position as caregivers, employees are most able to provide successful ideas for improving care in a cost effective manner.

SUMMARY

The positions presented are not unique or untried. They represent some of the best practices from across the United States that I have seen work during my career. I know that if these approaches are applied, they will lead to a successful organization for the long run.

Jim Matney

What Your Should Know About Cervical Cancer

January is cervical health awareness month. According to the American Cancer Society, 3,870 mothers, daughters, and wives will have died from cervical cancer in 2008.

The most important risk factor in developing cervical cancer is human papillomavirus (HPV) infection. Although most HPV infections do not cause cervical cancer, nearly all cervical cancers (99%) are related to HPV



according to the American Cancer Society. HPV infections are common, but some strains can cause dangerous changes in the cells of the cervix that can lead to the development of cervical cancer. Additional risk factors include smoking, poor diet, family history, and not getting an annual pap test.

Signs of cervical cancer include:

- Abnormal bleeding be-

tween periods.

- Bleeding after sexual intercourse.
- Vaginal discharge that has a foul smell or unusual in color.

Cervical cancer is preventable when it is detected early. Regular pap tests can find changes in the cervix before cancer develops. It can also find early cervical cancer in its most curable stage.

Mandy Johnson

Elevator Etiquette

Riding the elevator every day would be so much more pleasant if everyone followed these few simple procedures.

Press up or down button to call the elevator to your current location. Press the button once. If the button is already lit, do not press it again. If multiple call buttons are available (as on a middle floor), press only the appropriate button for the direction you are heading (up or down). If you are in a hurry, do not press the "other" button to make the opposite-traveling elevator arrive. While waiting for the elevator, stand to one side, away from the doors. Do not stand in front of the buttons.

When the elevator arrives, wait for all passengers to disembark before you enter the elevator car. If you have clear access to the buttons, press the button for the floor you wish to travel to, then move toward the back of the elevator. If the elevator is crowded and you cannot reach the buttons, ask someone nearer to press your floor's button, as in "Seven, please."

Stand away from the doors as the elevator moves. If the doors are closing, and another person is moving toward the doors as if to enter the elevator, you may press the "open" button to delay closing the doors IF and ONLY IF:

- You are standing closest to the "open" button; AND
- The approaching passenger is within five steps of the elevator; AND
- You are the only passenger currently on the elevator, OR you know that the approaching passenger's floor is further from your current location than the furthest floor already selected; AND
- The elevator is less than 3/4 full. If there is less than 25% available floor space in the elevator, you must not impede the closing of the doors.

While traveling in the moving elevator, face forward. Choose a spot to stand that distributes personal space evenly among all elevator passengers. If there are three passengers, and the one furthest from you exits the elevator, the remaining passenger that is closest to the doors must relocate to evenly distribute personal space.

Fix your gaze on a neutral item, such as the buttons or numbers over the door. If the doors are mirrored, look down to avoid staring at the other passengers'

reflections.

Keep conversation to a minimum. If you are traveling with companions, you may continue a conversation that was started outside the elevator, provided that:

- You lower your voice to a generally accepted "hushed" level;
- Your topic of conversation covers neutral, socially acceptable topics such as sports or vacation spots. Avoid inflammatory topics such as dates, bodily functions, religion, politics, or your boss's totalitarian leanings.



When you reach your floor, exit the elevator quickly and completely. Do not linger to finish conversations with remaining passengers. Under no circumstances should you block the doors from re-closing, even if you have exited to the wrong floor (in this case, wait until the elevator departs, then press the call button again).

Source: <http://everything2.com/e2node/Elevator%2520etiquette>

CMS to Retire AMI-6 Measure

Effective April 1, 2009, the Centers for Medicare & Medicaid Services (CMS) will retire quality measure AMI-6: “Acute myocardial infarction patients without beta-blocker contraindications who received a beta-blocker within 24 hours after hospital arrival.”

Hospitals participating in the Reporting Hospital Quality Data for Annual Payment Update

(RHQDAPU) program will no longer be required to submit data on the measure, beginning with the discharges dated after March 31, 2009. Until then, CMS encourages hospitals to use the “Reason for No Beta-Blocker on Arrival” exclusion in order to remove high-risk patients from the measure.

CMS currently reports AMI-6 as one of the quality measures avail-

able to consumers on Hospital Compare and is working to remove the measure from the website by early spring 2009.

For more information, see the Fact Sheet regarding April 1 updates to the AMI measure set, available on the CMS website.

Source: www.qualitynet.org

Arthritis Myth

The Myth: Arthritis happens only to old people.

The Truth: Some forms of arthritis do mainly affect elderly people, including the most common, osteoarthritis. Yet many types can affect younger people, and joint injuries at any age can lead to osteoarthritis. Currently more than half of the population



with arthritis is under 65. Juvenile arthritis can begin in children as young as infants and toddlers and affects an estimated 294,000 Americans under age 18. Other forms

of arthritis, mainly autoimmune conditions including rheumatoid arthritis, Reiter's syndrome and ankylosing spondylitis, usually strike in middle or early adulthood.

Source: www.yourtotalhealth.ivillage.com/7-arthritis-myths.html

Happy Birthday

Christy Larson	2/1	Jennifer Nobles	2/11	Nathan Cash	2/25
Jennifer Hanes	2/1	Hal Dugan	2/12	Cheryl Newsome	2/27
Barranito Jenkins	2/3	Ashley McClellan	2/12	Michelle Brewster	2/27
Brian Cosby	2/3	Jim Matney	2/12	Elizabeth Corbett	2/27
Patricia Pattillo	2/4	Virginia Cole	2/14	Sheena Hall	2/29
Angela Long	2/6	Michelle Lamb	2/17	Felicia Butler	2/29
Betty Hewitt	2/6	Dyrene Davis	2/18		
Brenda Polk	2/7	Cassandra Matthews	2/21		
Vanessa Bates	2/8	John Christopher	2/22		
Shirley Smith	2/8	Maria Chavez	2/24		
Tyler Williams	2/10	Bridget Byrd	2/24		



New “Team Members”



Sandie Jandrt, Tyler Williams, Anthony Williams, Valinda Simmons (back row, left to right)
Michelle Powell, Heather Horton, Jackie Sellers (front row, left to right)



Chaka Marshall, Bridget Byrd, Dionycio “D” Watson, Melissa Byrd (back row, left to right)
Renella Harris, Alicia Shelton (front row, left to right)

Vaccine Screening Form

One of the Pneumonia quality indicators is the pneumococcal and influenza screening of our inpatients. The rationale for this is as follows:

- Pneumococcal vaccination is indicated for persons 65 years of age and older because it is up to 75% effective in preventing pneumococcal bacteremia and meningitis. It is also an important vaccine due to increasing antibiotic resistance among pneumococci. In the United States today, vaccine coverage is suboptimal. Although inpatient vaccine screening and administration are recommended, hospitalization is an underutilized opportunity for adult vaccination.
- Influenza vaccination is indicated for people age 50 years and older because it is highly effective in preventing influenza-related pneumonia, hospitalization, and death. Vaccine coverage in the United States is suboptimal. Screening and vaccina-

tion of inpatients is recommended, but hospitalization is an underutilized opportunity to provide vaccination to adults.

In an effort to comply with CMS and Joint Commission recommendations, we have created a new **Pneumococcal/Influenza Vaccine Screening Form** (see print-screen of form to right).

You can find this form via the “Nursing Form” link on the intranet. The form is located in the “Influenza Pneumococcal Vaccine” folder. Please use this form and discard all other versions.

If you need further information, please feel free to contact

the Quality Department at either x3009 or x3033.

Quality Department

Pneumococcal/Influenza Vaccine Screening Form	
SECTION 1: Pneumococcal Vaccine (PPV) – Timeframe: ALL YEAR	
Vaccine IS INDICATED if any of the following are met:	
<input type="checkbox"/> Age 65 or older and has never received PPV or vaccination history is uncertain OR <input type="checkbox"/> Age 19-64 (with below conditions) and has NEVER received vaccine ● Cardiac Disease ● Diabetes ● Pulmonary Disease ● Functional or Anatomic Asplenia ● Immunosuppression ● Chronic Conditions OR <input type="checkbox"/> Age 65 or older who received his/her first vaccine when he/she was under 65, and if 5 or more years have passed since that dose. (2 nd is dose recommended)	
Pneumococcal Vaccine Contraindications:	
Vaccine IS NOT INDICATED if any of the following are met:	
<input type="checkbox"/> Previously immunized 65 yr or older – Date: _____ <input type="checkbox"/> Age 65 or older who received his/her first vaccine when he/she was under 65 but less than 5 years ago – Date: _____ <input type="checkbox"/> Previous adverse reaction to PPV immunization <input type="checkbox"/> Hypersensitivity to any of the components of the vaccine <input type="checkbox"/> Patient refuses (complete SECTION 3) <input type="checkbox"/> Patient does not meet age criteria	
<input type="checkbox"/> Pneumococcal vaccine is INDICATED IF no contraindications identified – GIVE VACCINE (CDC vaccine information sheets given to patient) Administer Pneumococcal Polysaccharide Vaccine 0.5 ml IM Date / Lot #: _____ RN Signature: _____ Injection Site: _____	
SECTION 2: Influenza Vaccine – Timeframe: OCTOBER – MARCH ONLY	
Vaccine IS INDICATED if any of the following are met:	
<input type="checkbox"/> Age 50 or older and has NOT received influenza vaccine during present inoculation period or vaccination history is uncertain OR <input type="checkbox"/> Age 19-49 (with below conditions) and has NOT received influenza vaccine during present inoculation period ● Cardiac Disease ● Diabetes ● Pulmonary Disease ● Immunosuppression ● Chronic Conditions	
Influenza Vaccine Contraindications:	
Vaccine IS NOT INDICATED if any of the following are met:	
<input type="checkbox"/> Previously vaccinated this flu season – Date: _____ <input type="checkbox"/> Allergic reaction to eggs or previous vaccine <input type="checkbox"/> History of Guillain-Barre <input type="checkbox"/> Patient refuses (complete SECTION 3) <input type="checkbox"/> Patient does not meet age criteria	
<input type="checkbox"/> Influenza vaccine is INDICATED IF no contraindications identified – GIVE VACCINE (CDC vaccine information sheets given to patient) Administer Influenza Vaccine 0.5 ml IM Date / Lot #: _____ RN Signature: _____ Injection Site: _____	
SECTION 3: Patient Refusal → <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Influenza	
<input type="checkbox"/> Believes not at risk for disease <input type="checkbox"/> Believes vaccine will not work <input type="checkbox"/> Fears of adverse effects <input type="checkbox"/> Would rather receive elsewhere <input type="checkbox"/> Wants further advice (i.e.: physician, family) <input type="checkbox"/> Physician (PCP) to administer vaccine after discharge <input type="checkbox"/> Other: (document specific refusal reason) _____	
Nurse Signature: _____ Date: _____	
***** Provide a copy of this form to patient ONLY if patient received vaccine. *****	
Dear Patient, please present this completed form to your Primary Care Physician, so that your physician can update your vaccination record.	

Jack Hughton Memorial Hospital

Patient Label Here

Valentine’s Day Jewelry and Purse Sale

Need a gift for Valentine’s Day? No need to look any further—there will be another jewelry and purse sale held in the Private

Dining Room on Monday, February 9th. Come and check out Lynne and Skip Weeks’ jewelry and purse selection.



Lost Camera



ONE OF OUR NURSES IN THE EMERGENCY DEPARTMENT LOST HER DIGITAL CAMERA. IF YOU FIND IT, PLEASE TURN IT IN TO THE ER. THERE IS A \$100 REWARD TO THE PERSON WHO FINDS THE CAMERA.