



*"Keep Striving  
For Five!"*

## Upcoming Events

Dec. 18-22

Bell Ringing for  
Salvation Army

February 16

Women's Heart Health Day

## *It's Time to 'Walk the Talk'*

By DAVID OLSON, President & CEO



On January 14, 2008, BAMC will join over 120 hospitals in Wisconsin in becoming a tobacco-free campus. Our new Tobacco-Free Environment policy has been in development and review for almost a year, and it is one of the most important policies we've implemented in a long time.

As a healthcare organization, we are committed to the health and safety of our employees and patients. Tobacco use is the number one cause of preventable death, as well as preventable disease, in the United States. We believe we have a responsibility to take a leadership role on this major health issue, and allowing people to use tobacco products on our campus defeats this purpose.

In its simplest form, our policy will not allow the use of tobacco products by employees, patients, or visitors on or in BAMC owned or leased property. This will apply to all patients, employees, students, visitors,

contractors, volunteers, and physicians. There are no exceptions to this policy.

We spent a lot of time developing this policy. We looked at what other hospitals had done. We talked with the MNA and AFSCME negotiating teams, the BAMC Wellness Committee, members of the Human Resources Department, and other hospital organizations around the country.

We came away with two strong themes: First, it's the right thing to do; secondly, there was a need to communicate this change early and often to everyone affected.

### *The Right Thing To Do*

According to the Center for Tobacco Research and Intervention (CTRI) at the UW School of Medicine and Public Health, more Wisconsin residents die every year from disease directly caused by cigarette smoking than from AIDS, illegal drugs, alcohol, suicide, and homicide combined. Smoking costs the Wisconsin economy \$3 billion per year, including \$1.6 billion in direct healthcare costs and \$1.4 billion in lost worker productivity. Health insurance premiums are higher because of these expenses. There are 800,000 smokers in Wisconsin, representing 22 percent of all state residents. CTRI reports that more than 70 percent of Wisconsin smokers want to quit and 50 percent try each year.

As a hospital, we require the counseling of patients on the importance of smoking cessation. We promote healthier lifestyles and early detection of diseases that often have smoking as a root cause. We are certainly talking the talk. The move to a campus-wide tobacco ban will be a clear signal that we are practicing what we preach.

I think it is also important to recognize that BAMC is not forcing anyone to quit. We are saying that you cannot smoke on hospital property. We are offering assistance to employees who want help in quitting. The HR Department has a full menu of options ranging from help lines and support groups to financial assistance with smoking cessation aids, both over-the-counter and prescriptive.

*Continued on Page 2*



# Performance Improvement/Quality Department

Department Collects Data, Audits, Analyzes and Reports

By Robin Behrens

In an effort toward understanding BAMC's Performance Improvement Department's individual staff roles, I would like to share my new position with you.

Primarily I am responsible for collecting, analyzing and reporting any data that sustains the hospital's clinical quality initiatives, supporting the various quality and patient safety performance improvement teams and our Quality Council. I audit large volumes of data, and then display the results in an easily readable and understandable format which directors, departments or teams use to validate their efforts or find opportunities for improvement.

A favorite part of my job is that it is part detective: investigating why an action was or wasn't taken. Often this leads to discussing the case with the people involved ending in a great learning opportunity for all of us.

Another major part of this role is submitting data to Quality Improvement Organizations, who then provide our outcomes publicly.



Medicare requires participation of public reporting of patient processes and outcomes in order to receive our full reimbursement. The documentation that is in the charts is one essential piece of this process; without proper documentation we may not receive our full allocation.

Once the data is submitted and visible on specific websites, the public is able to compare BAMC to other health care facilities. We use these sites to benchmark ourselves against

other facilities and use that information as validation of our processes or to develop our future Performance Improvement action plans.

Here is a website you can search as an example of what the public sees <http://www.wicheckpoint.org/>

Click on "go to reports" then select "all hospital results".

If you have any questions for our department, please call or stop by!

## 'Walk the Talk'...

Continued from Page 1

### Communicate Early and Often

This promises to be a significant change not only for our employees, but for our patients and visitors as well. Between now and the policy's effective date of January 14, 2008, we will create and provide information and educational materials that will be distributed throughout our campuses and on our website. We will work closely with physician offices to provide information to patients and their families. There will be more news stories in the media. You will see signs at the perimeter of the campus and at the entrances.

While we will make every effort to inform patients and their family members prior to their admission, we can expect that many patients and their families will arrive unprepared for a hospitalization experience with no coping mechanisms. We are working with our physicians on ways we can provide nicotine replacement therapy for our patients during their stay. We will also educate our staff members on methods of interacting with patients and family members who have difficulty adhering to the new policy.

Who is going to enforce this new policy? The policy is written, and my hope is that all of us will embrace these efforts to sustain a healthier environment for patients, families, and employees. Once our initiative begins, cards will be available for employees, volunteers, and physicians to distribute to anyone who is using tobacco products on campus. The cards can be used to politely remind individuals about our policy.

Being a tobacco-free campus has a multitude of benefits. It will help us make a positive first impression on people coming to BAMC. The smell of cigarette smoke is a powerful trigger for those trying to quit or to remain smoke-free while they are here. We will appear more consistent and credible in our patient education efforts by demonstrating our own commitment to being tobacco free. This policy will allow us to serve as a better role model for the community that has entrusted us with its health-care. This is the right thing to do, and this is the right time to do it.

## Welcome Our New Employee Health Coordinator

Welcome to Jennifer Eiting! Jennifer joined BAMC in November as the Employee Health Coordinator.

Jennifer is a graduate of University of Wisconsin-Stevens Point's Health Promotion and Wellness Program. Jennifer has knowledge and experience in Health/Wellness Promotion and Human Resources. Jennifer's most recent experience includes working as a Health Coach with the Citigroup in London.

In her role as Employee Health Coordinator, Jennifer will assist employees with FMLA leaves, Short Term Disability, Work Comp and Wellness initiatives.

A native of Little Chute, Jennifer comes to BAMC after spending the summer traveling Europe. When asked to comment about her new position Jennifer stated, "I am animated to put what I learned to a profession that I enjoy."

Jennifer enjoys traveling, working out, watching sports, and spending time with her family and friends.

Please welcome Jennifer to BAMC!



# Going the Extra Mile for Patient Safety!

## Med/Surg Units, 1 East and 2 East, Recognized for Quarter 2 and 3: Preventing Patient Falls

By Bernie VanCourt, C.O.O.

Since the Quality Council and Senior Management Team members began Patient Safety Rounds during the second quarter of 2007 seeking input and ideas from staff in every department to help us improve patient safety, we have received 98 suggestions!

At the end of each quarter, we've reviewed the logs from all of the teams' visits and developed action plans, which are posted in every department. We have been very impressed with the focus on patient safety and the ideas for improvement that have been shared with us to help make BAMC a safe place for our patients. In 2008 we will continue the program, and the schedule for those rounds is posted below.

Based on the great input we've gotten thus far, the rounding teams decided that we should enhance the program by recognizing a department each quarter from which members shared an issue or idea that led to a significant improvement for the safety of our patients. This recognition will be titled "Going the Extra Mile" for Patient Safety.

The Patient Safety Rounds Teams decided to recognize the Med/Surg units, 1 East and 2 East, for Quarter 2 and 3 of 2007 for "Going the Extra Mile" with their ideas and efforts toward preventing patient falls, and in particular the "Falling Leaf" program, whereby a leaf icon on the doors of patients who are at high risk for falling alerts all going by to check-in on those patients.

During the 2nd quarter of 2007 the rate of patient falls per every 1,000 days on the Med/Surg units rose to 5.6. After implementing the "Falling Leaf" program and continuing other efforts already in

place to reduce patient falls as well, the rate for the 3rd quarter dropped to 3.2. To give you an idea of the impact: If the fall rate had stayed at the 2nd quarter level in the 3rd quarter, 9 more patients would have fallen!



Month*	Destination
January	1 East
January	ICU/IMCU
February	DI
February	OR/OP/GI
March	Dialysis
March	CVIS
April	2 East
April	ED/Ambulance
May	Pharmacy
May	Rehab/Occ Health/Ortho Clinic
June	OB/GYN
June	Lab
July	Genl Surg & Uro Clinics
July	Card, Onc, & Neuro Clinics
August	Dietary
August	1 East
September	ICU/IMCU
September	DI
October	OR/OPS/GI
October	Dialysis
November	CVIS
November	2 East
December	ED/Ambulance
December	Pharmacy

**We are very excited about continuing this opportunity to get your input to improve safety for our patients!**

## Key to Medical Ethics is Patient Choice

Medical ethics is analyzed in terms of four powerful principles. One is the principle of autonomy. It is defined as one's right to make decisions about one's own life and body without coercion by others. Individuals are allowed to make their own decisions, if able, that includes medical decision making. As long as their

choices do not harm others, individuals are left to make medical decisions that affect their own bodies and lives.

In the medical profession, we are obligated to give the patient information so they may make an informed decision. These decisions may go against our beliefs and we may not agree with the decisions, but it is the patient's right to decide how they live their life.

This includes patients who are hospitalized at BAMC. If mentally competent, they have the right to refuse to take medications, continue to smoke or drink, or even refuse to seek medical help or continue recommended medical therapy. They may also choose to return to a home environment, no matter the condition.

In the realm of autonomy, medical professionals have the obligation to give the patient all the information available regarding their health and health issues, in hopes they will make the best and healthiest decision.

We may discuss their options and decisions with them, but only with respect and acceptance of the choice they ultimately make.

### Staff Rhythms

This publication is produced monthly for the employees of Bay Area Medical Center.

Comments or article suggestions should be addressed to the Marketing/Public Relations Department.

Director of Marketing/  
Public Relations: **John Hofer**

Marketing Specialist & Editor:  
**Rachel Adams, Sharon Huntley**



# 2007 Third Quarter Outcomes

By Bernie VanCourt, BAMC C.O.O.

We have the results from our **Performance Improvement Oversight Councils for Growth, Quality, Service, and Cost**, and the selected **2007 Operational Targets & Celebration Targets for third quarter of 2007**. Highlights of Outcomes for 3rd Quarter:

## QUALITY

- We achieved our target composite scores for publicly reported indicators for **Acute MI, Pneumonia & Surgical Care Improvement**, all three of which improved from Q2.
- **Surgical Site infections** met our target: 0 per inpatient case and 0.3 per 100 outpatient cases!
- We had **dramatic improvement in our patient falls** per 1000 patient days – dropping to 1.96 in Q3 from 4.96 in Q2. (What a wonderful idea, the falling leaves on doors of patients at risk!)
- Continued improvement has been noted in our **evidence-based care of patients with Sepsis**, rising from a pre-protocol implementation composite score of 51% to 89% in Q3.
- **Improvement was shown in our “failure to rescue” events**, dropping to only 3 med/surg patients with unaddressed IHI symptoms present within 12 hours prior to an ICU transfer in Q3 (there were 9 in Q1, and 7 in Q2). Use of our Rapid Response Team occurred 13 times in Q3 (up from 7 in Q2 and 3 in Q1).
- For our **publicly reported outcomes for CHF** we had a decline in the composite score to 83% from 88% in Q2.
- We continue to have opportunity with **hand washing**, with a compliance rate of 87.8%, a drop from a 91.5% rate in Q2.
- **Documentation of reporting of critical test results** to providers within 1 hour of receipt also remains an opportunity, with a drop to 76.6% in Q2 from 86.3% in Q1.
- **Opportunities for pain management for our OB/GYN patients** (at the Press Ganey 22%tile in Q2 and the 12th %tile in Q1) are being addressed through a collaborative plan with anesthesia services.
- We continue to have opportunities to improve our **verbal order verification**, with little progress in the outcome shown for med/surg and ICU/IMCU, YTD.

## Other Quality/Patient Safety activities of note:

- A **new Quality PI Team** was sanctioned in Quarter 3, with a goal of preventing adverse outcomes for our patients who screen positive for **Sleep Apnea risk**.
- A presentation was provided our Board of Directors titled **“The Value of the Root-Cause Analysis Process for Improving Patient Safety.”**
- A plan was developed to **screen all of our ICU/IMCU patients on admission for MRSA** beginning in 2008, which will be presented to our Infection Control Committee for support.
- We have **completed our 2nd quarter of Patient Safety Rounds** and the development of action plan to address issues identified by staff. The program is being enhanced by the selection of a department to recognize each quarter for the value of their issues identification and solution suggestions.
- Our **Chest Pain Clinic** through the ED was implemented on Oct. 1, with 6 patients served in the first three weeks.
- Our **Breast Health Program** was started on October 1 as well. Same-day mammography results with written reports are now occurring, and during the first three weeks of the program our Women’s Health Navigators supported 15 women who had biopsies. The average time from “detection to diagnosis” was 7 days – as compared to 22 days prior to the program start-up.

## SERVICE

None of the **Press Ganey Survey outcomes** met our targeted percentiles for quarter 3, but the ED came **very** close for the second quarter in a row!

- **Inpatient** – 61%tile ☹ (Up from the 44%tile in Q2)
- **Outpatient** – 40%tile ☹ (Down from the 69%tile in Q2)
- **Ambulatory** – 90%tile ☺ (Up from the 80%tile in Q2)
- **ED** – 94%tile ☺ (Holding steady from Q2)

Employee groups have been meeting to select focuses for improvement based on the **Employee Satisfaction Survey**, and in December Press Ganey reps will be on-site to facilitate associated action planning sessions, so we can begin working on opportunities presented, at both the organizational and departmental levels. One associated initiative is to separate our Service Council into two separate Councils: A **“People Council”** with a focus on being an “employer of choice” and a **“Patient Council”** with a focus on continually improving our patient’s satisfaction. (More to come about that effort!)

## GROWTH

- Some **positive volume** trends:
  - **Inpatient admissions** totaled 1,111 (6.8% above projected), with an inpatient average daily census of 51, 5.6% above projections.
  - **ED Visits** totaled 6,363 (10.4% above projected)
  - **Dialysis Treatments** totaled 1,021 (7.4% above projected)
  - We performed **interventional radiology procedures** for 56 patients
  - Higher than projected volumes for **CT, Ultrasound, and General Radiology**
  - **Laboratory** volumes 7.4% above projection
- Some volume weakness:
  - **Surgery Cases**, with inpatient cases 4.8% below projections and outpatient cases 14.8% below projections.
  - **Cardiac Rehab, Physical and Occupational Therapy** significantly below projections
  - **MRI and Nuclear Medicine** studies also significantly below projections.

## COST

- **Supply cost reduction efforts** yielded savings of \$60,704 in quarter 2, and in particular Surgery target levels were met.
- Results for Q2 **benchmarking of efficiency of care**, through our Solucient data base, were received in Q3, placing us at the 31%tile for “hours worked per case mix index adjusted discharge.”

## CELEBRATION TARGETS:

We met three of our Celebration targets in the 3rd quarter, and also celebrated one from 2nd quarter for which we didn’t have the results until 2nd quarter (celebrated on Halloween!)

- **Inpatient Admissions:** 1,111 (Target 1,072)
- **Medication Reconciliation:** 95 Points (CheckPoint scoring, Target 95 points)
- **Supply Cost Reduction:** \$60,337 (Target \$50,000)
- **Hours Worked per Adjusted Discharge:** 31%tile (Target between the 25th and 40th percentiles)

**Any ideas you have for opportunities for improvement please share them with your Director as we finalize planning for 2008 “WIGs” (Wildly Important Goals)!**

# Breast Health First Program in Women's Health

The first program in the Women's Health Service Line chosen to be developed is the Breast Health Program. This program has three elements: Early Detection, Same Day Mammography Results, and the Women's Health Navigator Role.

Early detection is every woman's best chance against breast cancer. We all know there is no way to prevent breast cancer (although some risk factors may contribute), but what we do know is when detected early, chance for survival is greatest.

Our program wants to "get the word out" by doing presentations to women's groups, businesses, radio, and newspaper ads, etc. We have a presentation "10 Greatest Myths about Breast Cancer" all ready to go.

One of our goals for next year is that every female employee at BAMC sees this presentation. We will be working with Employee Health to determine the best way to accomplish this goal.

The second element, Same Day Mammography Results, started October 1, 2007. All patients with normal or benign findings receive results the same day via a written letter. This means the radiologist does "real time reads" of every mammogram and

orders additional views and/or breast ultrasounds as needed to determine appropriate follow up care.

The radiologists, mammography and ultrasound techs, surgeons, and pathologists have all agreed to change their work flow to accomplish this lofty goal.

Those patients with abnormal results meet with the Women's Health Navigator (WHN) who coordinates follow up appointments and provides educational and moral support throughout the process. In the first 6 weeks of the program, 659 mammograms were done, 82 patients were seen by the

WHN (12%), 23 patients had breast biopsies, and seven breast cancers were detected. Our goal of Detection to Diagnosis in seven days or less was met, meaning women didn't have a prolonged wait to find out if they did or didn't have breast cancer.

If anyone has any questions or would like information about any breast health issues, please feel free to contact Linda Newbury or Darlene McLeod at extension 3445. Our consultation room is located across the hall from mammography in the main corridor on first floor. We welcome your comments and look forward to sharing information with anyone interested.

## Welcome New Employees!



Bottom row left to right: Jennifer Johnston and Diane Thorne. Back row: Katie Lauber, Jesse Borchardt, and Lindsay Callow.



Bottom row left to right: Linda Puckett, RT Traveler; Jennifer Eiting; and Dianne Peterson. Back row: Michelle Eland, and Jennifer Thomas.



Bottom row left to right: Stacey Bregger, Tanya Klein, and Linda Savon. Back row: Nicole Conklin, Sandra Patzke, and Wendy Oestreich.

# October Employee of the Month:

## Dana Fameree



**Dana Fameree, Physical Therapy Assistant** in the Physical Therapy Department has been named Employee of the Month for October 2007.

Dana graduated from Pulaski High School and received her Associate Degree

from the Physical Therapy Assistant program at NWTTC. She began working for Bay Area Medical Center in 1995.

As a PT Assistant at the Mobility Center. Dana works with patients doing aquatic physical therapy in our warm water pool. She also maintains the pool.

Dana said "the most rewarding part of my job is seeing the patients get better and hopefully having a little fun while they are doing it. Most people really enjoy the aquatic therapy and look forward to coming, so that makes my job more enjoyable."

**Ann Kresl**, Director of Physical Therapy indicated that Dana "strives to provide the best care and customer service to her patients. She is an outstanding employee who is very committed to our organization."

When asked to comment about being employed at Bay Area Medical Center, Dana responded "I really enjoy working at BAMC because of the staff I get to work with and learn from. I commute about an hour one way to work because I know I won't be able to find another job that I like as much."

Congratulations, Dana, on being named BAMC's Employee of the Month for October.



## New Arrivals...

**Amanda Gordon, Registrations** and husband Darrel Gordon had son Jayden Thomas October 10, 2007.

# October Service Care Stars

## Standard 1 – Make Positive First Impressions our First Priority

- ★ **Troy Lalonde, MRI Lead Technician, MRI Department.** Troy presents a positive first impression by making the patient feel as comfortable as possible. He especially takes time with those who may feel uneasy with an MRI. The individualized care that Troy provides exceeds the expectations of the customer.

## Standard 2 – Treat Others as Guests

- ★ **Bonnie Krueger, File Clerk, Health Information Management.** Bonnie treats others as guests by welcoming visitors to the H.I.M. department. She is helpful to others and has a great sense of humor. One of Bonnie's strengths is her ability to keep confidentiality a priority.

## Standard 3 – Develop Service Recovery

- ★ **Gail Behrendt, Coding and Patient Account Specialist, Physician Billing.** Recently Physician Billing has had a lot of system issues with billing computer programs. Gail has spent a lot of time to help resolve the issues and to communicate with others in the department. She has really done a great job with developing service recovery.

## Standard 4 – Communicate Effectively

- ★ **Cheryl Conant, Receptionist, Physical Therapy.** Cheryl excels in the area of communicate effectively. She is part of a reception team that has four staff members. Two cover the morning and two cover the afternoon shift. Cheryl makes sure to up date her co-workers before leaving and writes notes to make sure issues are communicated with her co-workers. This helps to provide seamless care for our patients.

## Standard 5 – Serve Others From a Team-Centered Approach

- ★ **Tina Gullicksen, Operating Room Technician, Urology Clinic.** Tina does a great job of helping everyone out in a busy clinic. She goes the extra mile to make sure everything runs smoothly for physicians. Tina helps out by answering phones and directing patients. She also takes the initiative to correct problems herself. Tina's teamwork is invaluable.

## Standard 6 – Project a Positive Attitude

- ★ **Lisa Garrison, Pharmacy Technician, Pharmacy.** Lisa demonstrates a positive attitude and is continually helpful in fulfilling the requests of others. She has an optimistic approach to her work along with the willingness to help anyone who needs her. Lisa does a great job in the Pharmacy.

## Standard 7 – Make Excellence the Goal

- ★ **Linda Bayerl, Dietary Aide, Dietary Services.** Linda has high standards for the work she completes and is successful in achieving her goal of excellence. She is attentive to her customers' needs and truly wants them to have a pleasant dining experience. She has been the recipient of multiple service care awards and is deserving of every one of them.

# November Employee of the Month:

## Joyce Dehne



**Joyce Dehne, LPN in the Cardiology Clinic,** has been named Employee of the Month for November 2007.

Joyce graduated from Chassell High School in Chassell, MI and continued her education at NWTC, where she received her LPN Degree. Joyce

began working for Bay Area Medical Center as an LPN for the Cardiology Clinic in September of 2004.

As an LPN in the Cardiology Clinic Joyce works with patients checking them in for appointments, taking vitals, and updating medication lists. She also assists patients with prescription refills.

When asked to describe what she likes best about her job Joyce said "The people that I work with and our patients. Everyone I work with have the same goals and we all work together to achieve them."

**Shelly Schultz,** Clinic Supervisor, described Joyce as "positive, friendly and helpful to everyone. Joyce is always willing to help out when needed." Joyce's co-workers describe her as "a great person to work with, she is nice to everyone and helpful towards patients and staff. She exemplifies every level of Employee of the Month".

When asked to comment about being employed at Bay Area Medical Center, Joyce responded "so many people want to get their care locally. I enjoy being a part of BAMC because of the valuable service that is provided to our communities."

Congratulations, Joyce, on being named BAMC's Employee of the Month for November.

# November

## November Service Care Stars

### Standard 1 – Make Positive First Impressions our First Priority

- ★ **Dennis Morton, Telecommunications Technician, Communications Department.** It is apparent that Dennis makes positive first impressions his first priority. Dennis greets everyone he meets with a friendly 'hello, how are you'. He has a positive way that others admire.

### Standard 2 – Treat Others as Guests

- ★ **Sandy Nemetz, Supervisor, Women's Health.** Sandy treats others as guests by frequently going above and beyond to meet the needs of her customers. She has outstanding patient care skills and takes excellent care of her staff. Sandy's professionalism and attention to detail are appreciated by all she works with.

### Standard 3 – Develop Service Recovery

- ★ **Sharon Sokol, RN, Intensive Care Unit.** Sharon always does whatever she can to provide the best care possible. She develops service recovery by going the extra mile to keep patients happy. Sharon often seeks out opportunities to help others, and because of this is appreciated by those she works with. She is described as a wonderful nurse who 'Strives for 5' all the time.

### Standard 4 – Communicate Effectively

- ★ **Betty Walters, Order Entry Technician, Pharmacy.** Betty is described as one that always strives to get it right. She seeks to understand and is willing to share information to solve a problem. She is extremely helpful and courteous. Betty is always friendly and the first to say hello. If you go to the pharmacy she is the one with the big smile.

### Standard 5 – Serve Others From a Team-Centered Approach

- ★ **Dennis Dieck, RN, Dialysis.** Dennis works well in a team approach, which is critical when working with Dialysis patients. He seeks to find the strengths of his coworkers and utilizes their individual talents. Dennis often volunteers as charge nurse when supervisors are unavailable.

### Standard 6 – Project a Positive Attitude

- ★ **Heather Davis, Environmental Services Aide, EVS.** Heather projects a positive attitude to visitors, patients, and co-workers with the smile on her face. She does an excellent job as an aide and often volunteers to help others. No matter how busy her day is, Heather never complains and maintains her positive attitude.

### Standard 7 – Make Excellence the Goal

- ★ **Bonnie Payne, Phlebotomist, Laboratory.** Bonnie makes excellence the goal in everything she does. She exemplified this when she was called in on a holiday weekend. She sacrificed time with her grandchildren to come in and assist with patients. Bonnie truly believes in making excellence the goal in the services we provide. Way to go Bonnie!

# December Employee of the Month:

## Karen DiMaso



**Karen DiMaso, RN, CDE, Coordinator in the Diabetes Education Department,** has been named Employee of the Month for December 2007.

Karen graduated from Our Lady of Mercy High School in Farmington Hills, MI and continued her education at Daytona Beach Community

College in Daytona Beach FL, where she received her RN Degree. In 2003 Karen became certified as a Diabetes Educator. Karen began working for Bay Area Medical Center in 1995 as a Nursing Supervisor. She later worked as an RN in the Ob/Gyn department and in 2000 began working full-time in the Diabetes Education Department.

As the RN, CDE, Coordinator for the Diabetes Education Department, Karen's primary responsibility is working with patients and their families educating them on diabetes. She also coordinates day to day functions of the

department as well as the Standards of Care of the Diabetic Education program. Karen is a member of the Patient Education Committee, the Wellness Committee and often participates in community health fairs and talks. When asked to describe what she likes best about her job Karen said "Being with patients and having the opportunity to make a difference. BAMC supports the Diabetes Education Department. This allows us the ability to be committed in providing quality, compassionate care for our patients. One of the assets of working in this department is the commitment of my partners. They always put the patient first."

**Sue Larson**, Clinical Nurse Manager, describes Karen as "the kind of person you want to have on your team. She communicates well, follows through and is very pleasant and personable. Karen is enthusiastic about her work and has always been a shining performer in all categories." **Patti Norcross**, Administrative Director of Inpatient Services, adds "Karen does a great job of coordinating diabetic education, resources and care for our patients".

Congratulations, Karen, on being named BAMC's Employee of the Month for December.



# December

## December Service Care Stars

### Standard 1 – Make Positive First Impressions our First Priority

- ★ **Steve Stewart, RN, Two East Med/Surg.** Steve is described as an excellent nurse who is a warm and caring gentleman. His smile and warmhearted introductions make patients feel welcome. His name is mentioned over and over by patients as being, "a great nurse who is so kind." Thank you Steve for making positive first impressions your priority!

### Standard 2 – Treat Others as Guests

- ★ **Al Peterson, Pharmacist, Inpatient Pharmacy.** Al treats others as guests by always being available. He takes his time when helping others, ensuring his customer's questions have been answered. Al is always willing to help out and when it's busy he stays calm and cool. Al's co-workers state that he is a pleasure to work with.

### Standard 3 – Develop Service Recovery

- ★ **Kristi Anderson, DI Technician, Diagnostic Imaging.** Kristi has that ability to recognize potential problems before they escalate, and she takes the initiative to ensure the situation is handled in an appropriate manner before it becomes an issue. She once brought one of her patients a flower after their procedure as she knew the person was worrying about the outcome of a test. Way to go Kristi!

### Standard 4 – Communicate Effectively

- ★ **Jan Wilke, RN, Dialysis.** Jan is a friendly, caring and polite nurse who ensures her patients are comfortable. Jan listens to her patient's requests and goes above and beyond to accommodate them. She strives to meet all service care standards everyday and it shows – especially when it comes to patient care.

### Standard 5 – Serve Others From a Team-Centered Approach

- ★ **Tina Smith, Sterile Supply Aide, Sterile Supply.** Tina demonstrates a team centered approach by anticipating the needs of those she works with. She is proactive in finding solutions to potential issues and frequently comes up with innovative ideas to make them work smoother. She seeks out the job and does it knowing that others achieve success by her communication.

### Standard 6 – Project a Positive Attitude

- ★ **Tammy Maye, Nurses Aid, One East Med/Surg.** Tammy has a positive, upbeat attitude and treats others well. She is wonderful with patients and often offers to help others whenever needed. Patients appreciate Tammy because of her positive attitude and team centered approach.

### Standard 7 – Make Excellence the Goal

- ★ **Jenny Miller, Physical Therapy Assistant, Physical Therapy.** Jenny strives to provide excellent care. She is team oriented and always wants to do what is best for the patient. She is willing to help when and wherever she is needed. Jenny's special training in Women's Health has improved the services provided at the Mobility Center. Her focus to excel is appreciated by those she works with.

# Take a Deep Breath...and Relax!

## Tips on Handling Questions from Visiting JCAHO Surveyors

**"I am pleased to announce that this week we have three surveyors from the Joint Commission visiting Bay Area Medical Center."**

On hearing that announcement coming through the overhead paging system, do your knees go weak, does your heart race, your brow dampen and your throat tighten?

### **RELAX !**

Because you . . . .

- ✓ conduct survey readiness assessments of your area and ask your staff and co-workers questions to prepare for this moment.
- ✓ you see that everyone is following hand washing guidelines, using double-identifiers and procedure time-outs 100% of the time;
- ✓ do routine record reviews and know staff are doing excellent documentation;
- ✓ encourage the use and practice good hand-off communication; and
- ✓ reviewed the Survey Readiness Flyers provided every month.

Our last survey was by the Joint Commission was January 2006 and was our first "unannounced" survey. In the past we could expect a Joint Commission survey every three years. Future surveys are unannounced and can happen at any time.

**So take a deep breath and ....**

**Think carefully before answering questions.** Take the time to consider what the surveyor wants to know. If you don't under-

stand the questions, ask the surveyor to repeat the question or seek clarification.

**Be honest and positive!** If you don't know the answer, don't guess. Tell the surveyor how you would get an answer. Answer in clear, simple language.

**Be ready to demonstrate procedures.** You should be able to describe procedures related to your job. Don't be surprised if you are asked to demonstrate the procedure/process versus explaining.

**Focus on the excellent service/care you provide.** Don't worry about performing for the surveyors. Focus on patient care and patient safety.

**Participate.** Help each other respond to questions. If you are in a group and the surveyor directs a question to you but you are unsure of the answer, it's okay to deflect the question.

**Most of all RELAX.** Being well prepared can help put you at ease. You can prepare by reviewing your department specific policies and procedures and seeking out answers to questions from your department director/supervisor.

**In the past we could expect a Joint Commission survey every three years. Future surveys are unannounced and can happen at any time.**

## *EVS – Always in 'High Demand'!*

Officially called Environmental Services, otherwise well known as EVS, Housekeeping, and Janitorial Service; no matter what you call them they are in high demand.

Often the unseen, silent workforce within the hospital, they maintain the cleanliness of the internal environment of the hospital and its satellite locations including the Financial Building, Sleep Lab, Mobility Center, and Apartments/Condos. From cleaning patient rooms and employee offices to doing small amounts of laundry that can include anything from patient clothes to kitchen linens; these are the people that keep our hospital shining.

**Bob Szczepaniak**, Facilities Director, oversees the EVS department, which currently has 29 employees that are categorized into two groups: Housekeeping Aid and Janitor Aid.

A Housekeeping Aid's main responsibility is cleaning patient rooms and employee offices. Janitor Aids have a variety of different jobs that consist of preventive and restorative maintenance and cleaning, such as striping and refinishing of floors.

Four Aides work the day shift to clean discharged patient rooms, and only one Aide completes discharged rooms on the afternoon shift. There is an employee on-site around the clock every day except Saturdays from 10:30 pm to 5:00 am. EVS is



located in the basement of the hospital, but you'll find its staff throughout the hospital working to keep our environment clean and safe. They also assist in many other important procedures such as helicopter landings and all codes except for blue. All the employees of EVS take

personal pride in the work that they do.

Presently EVS is taking the initiative to become a United Certified Department through the Frontline certification program from the International Executive Housekeeping Association.

The next step for the department is to receive the Cleaning Industry Management Standard. This is an industry cleaning standard that would certify the EVS department to deliver consistent, quality service and to meet a multitude of regulations including JCAHO.

EVS is also striving to become Green Cleaners in the near future. Green Cleaning would change the way waste, especially chemical waste, is collected and disposed of by the hospital. "Our ultimate goal is to have all the employees of EVS certified for cleaning intended to protect and promote patient, employee and personal health," states **Tina Prue**, EVS Supervisor, "not just clean for the outward appearance of the environment."

# Employee ANNIVERSARIES

## AUGUST

### 20 Years

Wendy Majkrzak

## SEPTEMBER

### 20 Years

Adelina Robins  
Encarnacion Chaney

## OCTOBER

### 35 Years

Sandra R. Patz, Accounting

### 25 Years

Karen R. Fellion, Med/Surg 2nd

### 15 Years

Katherine Ostrenga, Health Information Management  
Michelle Messenger, GI Services  
Tina J. Lemery, Physical Therapy

### 10 Years

Tracey L. Champeau, Diagnostic Imaging

### 5 Years

Rachel A. Pollard, Emergency Department  
Jessica R. Hruska, CT Scan  
Sandra S. Olive, Diagnostic Imaging  
Kathleen Gutknecht, Quality Improvement  
Steven R. Tillberg, Respiratory Therapy

## NOVEMBER

### 30 Years

Roseanne M. Plog, Med/Surg 2nd  
Vicki L. Brissette, Surgery

### 15 Years

Carolyn Gruzlewski, Surgery  
Joel L. Bantes, Laboratory  
Sandra L. Nemetz, Women's Imaging  
Paulette A. Bruno, ICU/IMCU

## DECEMBER

### 15 Years

Dianne L. Bertrand, Patient Finance Building  
Edith M. Stanislawski, Surgery

### 10 Years

Theresa Powell, EVS  
Carol J. Barstow, GI Services

### 5 Years

Michele L. Arndt, Case Management  
Therese M. Neri, Speech Therapy  
Jason K. Koenigs, Physical Therapy

## Cardiovascular Serviceline

### New Chest Pain Clinic Service Offered

Beginning October 1, we began offering a Chest Pain Clinic service through our Emergency Department.

Patients who present to the Emergency Department with a low-moderate cardiac risk will be evaluated and observed under the care of the Emergency Department Physician until it is determined if the patient symptoms are cardiac related.

This goal is to have all tests completed in 12-16 hours, at which time the patient would be discharged home or admitted to the hospital.

There are two rooms in the ED to comfortably accommodate these patients while they are observed in the ED.

If you would like more information regarding this new service, please contact Paula Lintner at extension 4045.

## Need To Improve Your Typing Skills?

# Typer Shark Can Help!



There is now a fun typing tutorial available at BAMC to help you improve you typing speed and accuracy.

1. Contact your Director for approval to spend time improving your keyboarding skills.
2. Start by setting aside at least 1 hour of time.
3. Contact Mary Lou Thoune in Staff Development for more information