

M I S S I O N H E A L T H

SCOPE

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Mission to Consolidate all Emergency Services on the Memorial Campus

Target date is November 19

It's amazing how a simple thing can result in a big idea.

Three years ago in 2006, on the St. Joseph Campus, a sprinkler line broke and the entire Emergency Department had to be shut down for the weekend while repairs took place. All emergency cases were diverted to the Memorial Campus for the weekend.

This event, combined with analysis that occurred in the 2007 Strategic Master Facility Plan, generated an idea that took seed and grew: Why not consolidate the two-campus emergency departments into one on the Memorial Campus, with carefully planned renovations that could result in less cost and more efficiency for the hospital as a whole? The projected savings through consolidation could well exceed \$1.3 million a year. The change, however, would be huge, since Mission and St. Joseph's Hospitals operated two separate EDs for more than half a century.

Yet, would it work and what impact would it have on staff, patients and both hospitals?

Today, the consolidation is nearing completion with a planned opening in November. The ED on the Memorial Campus now has a fresh new look, a new patient flow-through, and a potential

capacity to care for patients in a much shorter period of time. It involved no staff reduction, but instead a redistribution of personnel.

Gone is the comprehensive triage approach. In its place, a nurse is literally upfront, stationed at the door to perform rapid assessments. From there, patients are sent to one of three new areas designed to handle different levels of care including patient admission.

The key players involved say implementing the change was a long, hard process, one they are glad to put behind them; yet one they agree was well worth the effort, especially since it did not involve having to reduce personnel – a frequent concern in the current economic climate.

“Once we had the challenge before us,” said Susan D. Jarvis, RN, MSN, and Administrative Director of Emergency Services, “we had to determine if it was feasible. It involved a large group of people that included staff and managers who spent a great deal of time trying to answer that question.”



“We knew that it wasn't really efficient to run two Emergency Departments across the street from each other. One department was typically slammed while the other was not that busy and vice-versa. And we knew all of our wait times for patients needed to be reduced.”

“Besides,” Jarvis added, “it was confusing to the public to have two separate EDs. So from the perspective of efficiency and resources, operating only one looked very attractive.”

Continued on page 4

Moving Forward Together

A message from George Renfro, Chairman Mission Health System and Mission Hospital Board

All of us who are part of the Mission family have come through a difficult period in the last several months. Now, we must look to the future as we transition from the administration of President and CEO Joe Damore to new leadership.

The Board is grateful to Joe for his outstanding service over the last five years and for his tireless work to prepare Mission for the changes we know are coming to healthcare. Mission is well-positioned for a bright future, and all of you have an important role to play in that future. On behalf of the Board, I wanted to update you on where Mission stands today and where we are headed.

TRANSITION PROCESS

In the coming weeks, the Board will be focused on selecting an interim leader who will work closely with Joe between now and Jan. 31, 2010, to ensure a smooth transition. The interim President and CEO will then serve in that position until a Board-appointed search committee conducts and completes a national search for a new President and CEO. We will continue to update you on the search process and our progress.

STRATEGIC DIRECTION

During this transition, Mission is fortunate to have a strong leadership team, outstanding medical staff and dedicated employees. By working together and supporting one another in the true spirit of our MERIT values, we will continue to accomplish the goals that we have set – goals that all tie back to serving our

patients and the community. In November, the Board will finalize the new strategic plan that will be our roadmap for the next three years. We will be communicating to you the elements of that plan and how they will help us continue to raise the bar on quality, access and affordability of healthcare for the region.

OUR TRADITION OF EXCELLENCE CONTINUES

Many, many good things are happening at Mission. This year, we cared for a record number of patients. We all pulled together to protect our community's health by implementing a solid pandemic flu response plan. We're moving forward on the new Cancer Center. We've learned that Mission has been named a Cardiac Center of Distinction by Blue Cross Blue Shield of North Carolina, and earned the Society of Thoracic Surgeons' highest, three-star rating for the third consecutive year. And, reflecting the essence of MERIT, our staff exceeded our United Way giving target – even in the midst of the worst recession since the Great Depression.

I have no doubt that, just as we have for 125 years, the people of Mission will continue to serve our patients and the community with distinction. On behalf of everyone on the Board, please accept our sincere thanks for the commitment you bring to your work every day. You make a difference in the lives of countless patients and their families who rely on Mission to help them through life's most difficult times.

Diversified Presents Retirement Planning Seminars

Diversified Investment Advisors, Mission's new retirement plan provider, will present a series of seminars to help you learn more about the retirement planning resources now available to you.

Led by our local Diversified representatives, you will learn how to access your account online, and what you need to do now that the transition to Diversified is complete.

Meetings will be held on the following dates and times beginning at the top of every hour:

Wed., Nov. 11, 9 a.m. - 7 p.m.

Memorial Campus, Owen Heart Theatre

Thurs., Nov. 12, 7 a.m. until noon

Memorial Campus, Owen Heart Theatre

Thurs., Nov. 12, 3 - 7 p.m.

Memorial Campus, Kittrell Conference Room (2nd Floor)

Fri., Nov. 13, 7 a.m. - 7 p.m.

St. Joseph Conference Rooms 1 & 2

Mission Hospital Financial Dashboard	September	August	July	Variance to YTD Budget
Total discharges	3,367	3,292	3,520	887
Total Patient Days	16,331	16,351	16,613	(1,730)
Length of Stay	4.9	5.0	4.7	0.2
Bad Debt/Charity Care (% of gross revenue)	6.2%	6.3%	7.2%	(0.4%)
Health Care Expense (in thousands)	5,047	3,982	3,278	(8,311)
Total Net Operating Revenue (in thousands)	67,950	61,145	68,951	(6,268)
Total Operating Expenses (in thousands)	67,436	59,647	63,337	12,354
Operating Margin (in thousands)	515	1,498	5,615	6,087

Mission Awarded for Cardiac Care

The American College of Cardiology Foundation has recognized Mission's heart program with a Silver Performance award for excellent care of heart attack patients. This "Get with the Guidelines" designation recognizes hospitals that have consistently provided heart attack patients with the treatments proven to save lives and provide the best possible recovery, clinical "best practices" developed by the College and the American Heart Association. These practices include aggressive use of medications like cholesterol-lowering drugs, beta-blockers, ACE inhibitors, aspirin and anticoagulants.

Mission is one of only 36 hospitals nationwide to receive this award for 2009.

"Receiving this award required that Mission meet the aggressive goal of treating coronary artery disease patients with greater than 85 percent compliance to rigorous standards of care," said Karen Lemieux, Vice President of Heart Services for Mission Hospital. "It is another affirmation that Western North Carolina's first responders, regional hospitals, hospital staff, emergency medicine physicians and cardiologists have refined our system of care for heart attack patients.

"We attempt to provide and continuously improve the care of both local and regional Western North Carolina heart attack patients in a manner that is compassionate, prompt, consistently in line with proven standards, and among the top programs in the United States" said William Maddox, physician leader of Mission's Acute Coronary Syndrome team. For example, the average time to get heart attack patients from the door of our emergency department into the cardiac catheterization lab and to then open the heart vessel is now 43 minutes, well below our local goal of 60 minutes and the nationally recommended target of 90 minutes."

Receiving the Silver Performance Award is required before a hospital is eligible to be awarded the Gold Performance Award. Mission has already been named a Gold Performer in "Get with the Guidelines" for stroke care.

PTO Sellback Time Again!

Need cash in your pocket for the holidays? Take advantage of PTO Sellback!

Enter your hours between November 11 - 17 at noon. Deposits will appear in your bank account on November 19.

Do you qualify?

- Full-time and part-time employees budgeted as a .5 fte or greater are eligible.
- A bank of 160 hours must be maintained after cashing out hours for full-time employees budgeted in a .875 - 1.0 FTE status. This is pro-rated for part-time employees budgeted in a .5 - .85 FTE status. The eligible hours are displayed in

your Manager Self-Service list. The available bank for a .5 = 80 hours, .6 = 96 hours, .7 = 112 hours, .8 = 128 hours, .85 = 136 hours.

- Eligible employees should have taken at least one week of PTO during the previous 12 months.

Employees must enter *their own* PTO hours to cash out through Lawson Employee Self-Service.

- Log into Lawson through CITRIX
- Click on "My Benefits"
- Click on "PTO Cash out"
- Enter hours to cash out and click "add."

Excellence in Quality

The October 21 Oktoberfest Quality Day celebration was a huge success this year with 23 quality posters presented for judging.

Receiving kudos and a \$100 Mission Catering gift were:

- Betsy Bent and her team for "Delirium: A Medical Emergency."

- Kathy Smith and her team for "Orthopedics Fall Prevention."

- Doug Roberts and his team for "Mefoxin Administration in the OR."

- Kathleen Tamaray and her team for "Prevention of Iatrogenic Anemia."

Robin Jones, BSN, RN, Stroke Program Coordinator, along with Neurology physicians Dr. Reid Taylor and Dr. Alex Schneider, received the Spirit of Quality Award for their support of Neurosciences and the development of our nationally recognized Stroke Program.

All of the staff had an opportunity to view the posters and to vote for their favorite. Receiving the "People's Choice"



MSICU nurse leaders stand with Kathleen Genito-Tamaray in front of her winning Quality Day poster. Left to right are Cora Small, BSN, RN, CCRN, NUS; Lynn Maloy, RN, CCRN, NUS; Genito-Tamaray, MSN, RN, CCRN; Linda Bugg, BSN, RN, Manager of MSICU; and Stacey Adcock, RN, NUS. Photo by Cherry Odum

award was "Paws With a Purpose," submitted by Robyn Jarrell and her team in Radiation Therapy.

Four random winners, Paula Bryson, Tim Reeves, LaToya Hall and Larry Buckner, were also pulled from the ballot box to receive a Walmart give card for participation.

Congratulations to all the winners and also to those who submitted their quality posters. Each poster was thoughtfully prepared, patient centered, and demonstrated Mission's dedication to quality and process improvement.

—Cherry Odum and Staff Reports

The more they studied the possibilities, the more it also appeared that it just might work. Combined, both hospitals saw a total of 100,070 patients during fiscal year 2009. About 70 percent of those came to the Memorial Campus ED, the remaining 30 percent to St. Joseph. The Memorial Campus facility was also larger than the older, smaller ED at St. Joseph, beginning to outgrow its capabilities.

A Charlotte consulting firm, FreemanWhite, was hired to model the feasibility of consolidation and, together with hospital staff, design the master plan. (FreemanWhite is one of the oldest architectural firms in the state and specializes in hospital and healthcare design.)

Their job was to come up with a patient flow-through model that studied the existing ED and asked specific questions: How many patients get lab work? How many go to Radiology? What's the turn-around time? The data was then put into a computer model specific to the prospective consolidated ED.

Jarvis and her team now had a critical challenge: To figure out how to combine the total patient flow from two separate Emergency Departments into one without compromising staff workload and patient standard of care. Just as important, they needed to get patients through the system more quickly. It would require a total revamping of the ED process.

With up to 70,000 patients coming through the Memorial Campus ED alone, the new goal, someone commented, was akin to "changing the tires on a fast-moving vehicle."

Susan Jarvis and Jason Hunt, MD, ED medical director, made a site visit to Mary Washington Hospital in Fredericksburg, VA, which is similar in size and scope to Mission Hospital. Its ED flow design was studied by the team for possible replication.

With the data, a computerized model, and a proposal in place, the team made recommendations to Mission's senior leadership, who signed off on the consoli-

ation plan in 2008 with the actual work to begin the following June.

Then it was on to the nuts and bolts. Construction did not begin until June of this year. Facility Planning, headed by Director True Morse, stepped in to help guide the structural process on both campuses.

But Morse says this was, and remains, much more about operational procedures than it is about the physical changes in each facility.

"The facility changes we had to make were fairly minor," said Morse, "but we had to figure out how to make them without involving a great deal of construction, and do it within tight time constraints." He credits his project manager, Garrett Shreffler, with ensuring the work was completed timely and well while accommodating a round-the-clock ED staff.

"Working inside an operating ED with so many people coming through presents a special challenge," adds Shreffler. "Our biggest concern was keeping staff, patients, crew, and visitors safe around the construction barriers. And yes, I have a few more gray hairs now, but the ED staff was great."

Function led form in this case, says Morse, with patient flow determining how and where the facility changes were made. About eight rooms were added to the Memorial Campus ED, bringing the total to 58, a number that would have been higher under the old ED patient flow. As a result, overall renovation costs were reduced.

On the St. Joseph side, the ED space was redesigned to accommodate patients for admission into the 57-bed psychiatric unit, and to expedite patients being admitted to the St. Joseph Campus from the Memorial ED. The psychiatric evaluation area is also being expanded. Psychiatric patients will present to the Memorial ED and receive medical clearance before being transported to the psychiatric evaluation area for further treatment and placement.

Additional beds include an eight-bed Chest Pain Observation area on the Memorial Campus which will serve as an assessment area for low-risk patients with chest pain, where they will receive further evaluation, freeing up space for more critical cardiac patients in the ED.

The most dramatic changes, however, will take place in how and where patients are seen when they come through the ED door.

"We revamped the upfront process so that instead of a glass enclosure and a clerk or a tech, the first staff member that a patient sees is a nurse," says Jarvis. "He or she makes a rapid assessment and determines where the patient goes next."

If critical care is needed, the patient goes to the main section of the ED, situated at the back of the ED facility. A physician takes over and makes a more intensive assessment. For minor injuries or illness, the patient is sent to Turbo Track, a two-room pod unit that can accommodate up to six patients an hour. While one patient waits in Turbo Track, another may be sent for X-rays or other medical procedures. There is also a Results Waiting area.

For patients who fall somewhere between critical and minor, there is PIT, Position Integrated Treatment, formerly known as Team Triage. Each PIT team has a team leader, two nurses per team, a physician, and a goal for patients to be medically assessed by a physician within 30 minutes.

Dr. Hunt is an integral part of the team that helped determine the new ED design. He often works a rotating shift in PIT and says that among the 28 physicians who treat patients in the ED, there is understandably a general apprehension about the upcoming change.

"Overall, I believe it's a good thing for the Emergency Department. Our old system allowed us to operate under inefficiencies that should have been addressed years ago. But there is apprehension on our ability to get patients in and out of

the ED, or admitted to the hospital, so rapidly when we are talking about a 30 to 50 percent increase virtually overnight. How many hospitals have tried that? None that I know about.”

He also believes that the success or failure of such a huge endeavor rises or falls on the entire medical staff and the hospital as a whole.

“This is not just an ED issue. If it works, or doesn’t work, it reflects on the entire institution. Despite our trial run in January, there is no way to truly ‘try’ it. You flip the switch and it either works or it doesn’t.”

What Mission Hospital is attempting to do that will streamline patient flow is not only ambitious but unique, says Jarvis.

“It is cutting edge, though we are starting to see more of it nationwide due to overcrowding in emergency rooms across the country. Some hospitals are even putting physicians out front. Vanderbilt University Hospital and University of PA are both doing this now.”

It is estimated nationwide that EDs are the entry point for over 40 percent of hospital admissions. Between 1994 and 2004, ED visits increased by 18 percent,

and that number continues to rise, though less than half of ED visits are classified as emergencies, according to a National Hospital Ambulatory Medical Care survey.

Based on trial runs so far, the results of the new patient flow processes at the Memorial Campus have been good.

“We’ve cut our door-to-doctor time in half,” says Jarvis. “We’ve reduced the number of people who left without being seen in half. And we’ve cut the overall length of stay from several hours to 45 minutes, which increases our overall capacity.”

“This is the epitome of the way change should be implemented,” says True Morse. “Yes, there is some anxiety. I still get some looks of disbelief that we took 100,000 patient visits and are putting them into three-quarters of the space capacity.”

“Perhaps we’ll be a role model for other hospitals,” adds Jarvis. “In fact, we have just been selected to present a poster describing the new process at the Emergency Nurse Association’s annual leadership meeting in Chicago in February, 2010.”

And finally, says Dr. Hunt: “We’ve been fighting two different levels of care just by virtue of what’s available on one side of the street versus what’s not available on the other. This is an opportunity to make sure everyone gets the same level of care without having to be trucked back and forth.”

All staff are trained exactly the same on both sides of the street, an important point that both Dr. Hunt and Jarvis expressed.

“We’re very proud of what we’ve accomplished,” Jarvis says. “And the staff at both sites has been fantastic during the changes. Some had been at the St. Joseph Campus for 25 years and were crying in the staff meetings. But they are very positive now and are coming with us as we move forward. We’ll be decreasing some of the teams, but with redistribution, we’ll have better staffing in the end.”

“We’ve all worked really hard. Now we’re ready for it to work.”

— Marie Bartlett

Breast Cancer Awareness in October



Many staff members and visitors stopped by the “Think Pink” Breast Cancer Awareness table near the St. Joseph Cafeteria. In this photo Cathy Maney, LPN IV, and Celina Garrett, RN, both of Endoscopy, gather information they can use to help detect breast cancer. Denise Steuber, BSN, RN, OCN, (seated center) of the Breast Program, and Leslie Verner, RN, Breast Cancer Research Nurse (right foreground), provided resources on breast cancer plus pink candies. Many staff members helped raise awareness by wearing pink on October 26 to honor survivors of breast cancer, their families and those lost to breast cancer. Photo by Cherry Odom, RN.



Ask Dr. Sig

Dear Dr. Sig,

I work in the ER at St. Joseph, and I want to brag a little. We always hear the complaining over staff. Well, all the nurses and techs I have worked with here in the ER have hearts of gold.

I am very proud to say that Security really has our backs. They are appreciated so much. Just to name a few that I work with: Shannon Edmonds, Carl Chester, Roger Claud, Chris York, Steve Silver, Sandy Melton, Michael Fisher, Janet Wofford, Eldon Hagan, Jeremy Morgan, Jackie Smith, James Watson, John Chandler, Kenneth Banks, Shannon Edwards, Bobby Wheeler, and Otto Copeland. There are others but I don't know the names.

They have great understanding and training with the patients. The patients see them here and they don't act up as much. If you see these men and women in the halls, let them know they are doing a GREAT JOB. I'm sure they would like to hear just a THANK YOU.

– Sherry

Dr. Sig,

I am wondering why a hospital this large does not have an alcohol and drug treatment center? Copestone is entirely too small to help the increasing number of substance abuse patients coming in through the ER. We detox them, get them feeling good again and send them on their way.

This is your typical revolving door patient because they are not being treated for the underlying disease of alcoholism and drug addiction. They are only being treated for the ill effects of the abuse. The hospital and taxpayers are spending hundreds of thousands of dollars to treat these patients just to have them go back to their same behavior when they leave because we fell short on treating them. It is costing the hospital much more money by not properly treating these patients than it would to open a drug and alcohol center. Help yourself by helping them.

– A Very Concerned RN

Ted Schiffman, director of Behavioral Health Services, responds: As you have stated accurately, Mission Hospital and Copestone do not currently provide outpatient services for the treatment of mental health and substance abuse problems. Copestone provides inpatient treatment for patients who are experiencing acute mental health problems. In the past, the community mental health system has provided an array of services to address behavioral health and substance abuse problems, but funding challenges and system restructuring have sometimes resulted in gaps in the service delivery system. In the future, it will be important for community hospitals and public authorities to work together to develop a more comprehensive system of care for these individuals.

Dear Dr. Sig,

I would just like to send a special thank you to all the wonderful ladies who work in Ultrasound. Not only do these ladies exhibit MERIT during work hours, but all the time.

Even when my friend and I came in repeatedly for ultrasounds, what seemed like every other day, they were courteous and thoughtful and displayed the standards of what I would call an outstanding individual and Mission is blessed to have such a caring staff.

– Tiffany Jackson

Letter to Dr. Sig,

I understand that there is a visitor restriction in place for Mission and that no one under 18 is to visit any of the floors where there are children or pregnant patients. When working during this time it has come to my attention that on weekends and on the days school is out that Junior Volunteers are used to wheel out patients on Mother/Baby and are delivering flowers to the pediatric units. Do not get me wrong I think that they are great and do a great job but I do not understand why they are allowed to be around these floors and patients when patients own children and siblings are not.

As soon as the decision was made to restrict visitation by people under 18, Volunteer Services instructed Junior Volunteers not to come to work for the duration of the restriction. (High school health curriculum student visits were cancelled as well.)

“Our small army of 650 adult and junior volunteers is an important part of the healthcare team and our goal is to keep us all as healthy as possible,” said Selena Kittrell, director of Volunteer Services.

Hi Dr. Sig,

Just learned this morning the cafeteria will no longer be having sushi! Very disappointing! Sushi was a nice healthy alternative when you had no other choices in the cafeteria. Please check into getting the sushi back. Thanks!

– Unhappy Employee

Fear not, sushi lover! According to Donita Fleming, VP of Support Services, as part of our transition to Morrisons, our new food services management, we must change or transfer many of our vendor accounts. Sushi, as well as other choices/selections, will be added back to the menu soon, probably before you read this letter.

Heya, Siggys!

I've been wondering, especially since we've started to be reminded, not to toss linens into the trash because “no matter how dirty, laundry services can clean it.” How do they do it?!? At home, stains in white linens NEVER come completely out of the fabric!

– Stymied and Envious

Those of us who love sparkling white towels and sheets should all have access to our hospital laundry.

For starters, the Laundry takes the pH very high to loosen soils. This is not safe or practical to do at home. Detergents carry off the soils. Bleaching agents mask the stubborn stains, but bleaching works best at a precise combination of pH, temperature, concentration and time. Home washing equipment cannot control all these elements well.

Of course we can't get it all stain free, but we know that far more comes clean with our good process. So please send that dirty laundry back to be cleaned. If it doesn't come clean, we can at least sell it to a rag dealer. Rag sales supplement the laundry budget by about \$1200 a month!

scope it out

Staff and volunteers are welcome to submit ads for "scope it out." Please include your name and contact information. The ads themselves must include your home e-mail or phone number – not your work contact info. No names will be printed. Listings will appear once in the next available issue of *Scope*. To repeat the ad you must resubmit it. The deadline for each issue of *Scope* can be found on the last page of each edition. *To place an ad, mail it to Community Relations, e-mail communityrelations@msj.org or fax it to 213-4812. All questions regarding ads should be directed to 213-4810.*

Cars and Motorcycles
Harley Davidson 2003 100th Anniversary Gold Key Edition Road King: 6800 miles, vivid black, new rear tire, new front breaks. Excellent condition, fuel injected, recently serviced (last 100 miles), extras. \$15,800. Please call 713-0486.

2005 Jeep Wrangler, Wyllis Edition: 38,000 miles. Three tops, off-road tires. Automatic, air, cruise, tilt. 4.0 V-6. 4x4. Asking \$19,500. Very good condition. Kelly Blue Book lists it at \$20,805. Contact Aaron Dyson at aarondyson@hotmail.com or 803-2960.

2007 Ford Escape: White, Well Kept, 4 wheel drive. 80k miles, mostly interstate. Ready to sell! Asking 13k, price neg. Please call 335-2212

Homes and Land
House for rent south of Asheville/Mills River: Clean, quiet country setting/ Conveniently located to Asheville, Hendersonville and Bervard. 2 BR/2 BA manufactured home. All kitchen appliances and washer/dryer. Energy efficient heat pump and central air. Includes water, garbage pickup and lawn service. \$675.00/month + deposit. Please call Trish at 891-3261 or 818-691-0440.

Condo for Rent in South Asheville/Sweeten Creek Road: Newly renovated, 2BR/ 1.5 BA, with washer/dryer hook ups, and a new energy-saving heat pump. Amenities include garbage pick-up, water/sewer, and swimming pool. Available mid-Nov. \$750/month. Call Melinda at 230-1817.

House for rent, Swannanoa: 3 BR/2.5 BA house. Woodstove, workshop, front-loading washer/dryer. Close to Warren Wilson, Ingles, I-40 exits. \$975/month (includes water), deposit please. Lease length negotiable. Please Call: 273-2054.

House for Rent in Biltmore area: 3 BR/1.5 BA, 5 minutes from hospital. Hardwood floors throughout with ceramic tile in Kitchen, laundry room, & full bath. Central air conditioning/heat, washer/dryer hook-ups, full porch, private lot. \$875/month (1 month rent deposit required) No pets. Please call 231-6544.

Beautiful Cabin for Sale: on 4 private acres with 2BR/2Bath, hardwood floors throughout, new heat pump and large covered porch overlooking a fish pond. Located 30 min. from Asheville between Blk. Mountain and Lake Lure. Asking price of \$150,000. Call 460-9712.

Townhouse for Sale: Living room with fireplace, eat in kitchen, 2 BR/ 2? BA. Large front porch with beautiful view. Extra large carport. Community amenities include clubhouse and swimming pool. Please call 242-1519.

House for Sale in East Asheville: 2BR/1BA. Cozy house, minutes from downtown Asheville and Mission Hospital. Open living/dining room with stone wood-burning fireplace and custom cherry wood mantle. Amenities include a sunroom and in-ground pool with new pool liner and privacy fence. New carpet, newly painted inside and out. Asking \$185,000, negotiable. \$3,000 toward closing costs. Great opportunity for first time home buyers! Please contact Creighton at 545-9218.

Daylight Basement Studio Apartment for Rent: Less than 2 miles to down town Mars Hill and Mars Hill College. Easy access to Marshall, Weaverville and Asheville. New construction with approx 600 sq feet and 10 feet ceilings. Full bath, kitchenette with appliances, cable TV and walk in closet. High speed internet cable is available for additional \$. Looking for nonsmoker and no pets. Available now. Furnished at \$ 600/ month or unfurnished at \$ 550/ month. Please call Bill at (828) 768-2035

East Asheville, near Warren Wilson College: 2 BR, 1BA, covered front and back porches. Large yard w/ maintenance included, water included; no extra charge for either. Most pets welcome. Non-smokers only. \$695/month. Call 828-298-0534.

For Rent, Oakley: 2 BR/1 BA, duplex apartment. Garden space available. On the bus line. Close to Mission. \$550/month plus utilities. Deposit and references required. Call John at 230-4021.

For Rent: 3 bedroom/ 2 bathroom house with fenced in backyard, W&D, low utilities and back porch. Less than 3 miles away from hospital. Great neighborhood that is within easy walking distance of two parks. Carrier park and the French Broad River Park (dog park). Rent \$975 (6 month lease). Deposit and references are required. Please call 545-6160.

Quiet Kid Friendly North Asheville Neighborhood: 3 Bdrm 2-1/2 Bath, Kitchen with granite tops, gas range, Bonus room, Decks, Screened Porch, 2 car garage, central heat and AC, emergency generator, hardwood floors. W/D hookup. Pets negotiable. Available mid-December. \$1400/ month + deposit Call 285-0113, or hma@aol.com.

Looking for Roommate: "Golden Girl" or "Leave it to Beaver Type" to share beautiful 3BR/3BA Condo Five minutes from Mission. Great small complex with pool, tennis courts. Sorry, no smokers or pets. Loveable Bichon in home. Great home for the right person. Please Call 288-9369.

Household Child's Twin-Size Bed: With trundle bed and three drawers underneath. Maple finish in excellent condition. Originally \$400 but will sell for \$225. Call Anne at 254-2662.

Simmons Slumber Time Kids Crib and Toddler Bed Mattress: Less than 1 year old. Barely used. \$120 new, asking \$70. Please contact Daryle Hogsd at tecdxh@msj.org

Miscellaneous Nintendo Wii Sports Console System: With following accessories: Wii Fit Balance Board with Wii Fit games, Wii Sports, Smackdown vs. RAW 2009, Don King Boxing, Topspin 3 Tennis, AMF Bowling Pinbusters, American Idol Encore 2 with microphone, controller w/nunchuck Component Cables, Console and accessories a \$500 Value for \$325. Please contact Daryle Hogsd at tecdxh@msj.org

Kentucky KM-250S A-style Mandolin: Solid spruce top, Solid maple back and sides, mahogany neck, high-gloss nitrocellulose Brown finish, A-5 style body. Traditional snakehead peghead shape. Hardshell case, leather Mandolin strap.

Needs some work done on the neck. \$395 new. Mandolin and accessories \$125. Please contact Daryle Hogsd at tecdxh@msj.org

Pets
Two Bischon Frises need new home. 2 yrs. old, very affectionate, energetic males, both neutered. \$250 each. Call 691-7398 if interested.

Persian Cats for Sale: Adults and kittens in a variety of colors from white to black smoke. Call for pricing, layaway may be available. Please call Angel at 828-884-5967.

Two Year Old Mix: Her name is Shelby. She is a long legged but slender body. Loves kids thinks she is a lap dog. She has all her shots, and is free to a good home. Sorry she is spoiled, but house trained, daughter can't keep her any more. Please feel free to contact me at 246-4550 or 246-2524.

Services
Looking for assistance with childcare and household duties in exchange for housing. Single new mother with heart condition. Rent arrangements or pay based on amount of assistance available. Multilevel, fully furnished home in Historic Montford within walking distance to downtown. Must love pets and provide references. Contact christine@ashevilleaerialarts.com or call 301-5615.

Leaf/Lawn/Handyman! Paint/lay tile/clean gutters. No job too small. Reasonable rates. Quality work. References upon request. Need work. Call Travis. 828-277-0687.

Sports and Recreation
Motor home for Sale: 1999 Holiday Rambler Class A. It is in excellent condition and only has 16,000 miles. I bought it with 7,000 miles. One slide out living room and kitchen. Hydraulic leveling. V10 Triton. \$20,000 Please call John at 423-9666.

Kaleidoscope

Welcome New Staff!

Donna L. Neal, CNA I	7th Floor (SJH)
Cynthia E. Byrd, RN	9th Floor Stepdown
Teresa M. Floyd	Adol Psych
Carolyn W. Charles	CV Progressive Care
Brian E. Plumley, RN	CV Progressive Care
Michelle R. Hollifield	ED Admit Unit
Nicholle C. Todero	ED Admit Unit
Lynette G. Worley	ED Admit Unit
Julie Duval	ED Psych Eval Area
Cynthia K. Morrison	ED Psych Eval Area
Anne E. Traywick	ED Psych Eval Area
Jessica L. Scheuring	EKG
Helen M. Thingvoll	Emergency Svc Line
Amanda R. Pressley	Environmental Services
David A. Grindstaff	Equipment Distribution
Sheila P. Grover	Equipment Distribution
Philip N. Weinmann	Equipment Distribution
Hilary M. McCall	ER Registration
Paula A. Teklu	Food & Nutrition
Jonathan D. Edwards	Information Technology
Yasmin M. Fajuri	Interpretive Services
Karina P. Arany	Lab Phlebotomy
Carrie Mackins, RN	Labor & Delivery
John T. Corn	Laundry Distribution
Vanessa K. Freeman	MCSO
Rachel C. Bemis	Administration
Kristin C. Lewis	Mother Baby
Krista J. Boeger, RN	Neurosciences
Alycia T. Kline, RN	Neurosciences
Paige Prichard	NTICU
Karen Hicks	Onocology
Matthew T. Schlageter	Pastoral Care
Amanda J. MacInnes, RN	PASU
Benjamin W. Powell IV	Psych 5 South
Jennifer Worthen	Psych ER Intake
Wesley D. Galloway	Regional Transport
Stacy A. Ballinger	Respiratory Svcs
Jil Patterson	Staffing Pool
Kimberly L. Crain, RN	Trauma Care Unit
Jessica L. Rostro, RN	Trauma Care Unit
Arne J. Paulson	Wound Therapy Center

Sympathy

The Mission Family extends its sincere sympathy to staff members and volunteers who have recently lost loved ones.

If you or a co-worker has experienced the death of a loved one, and you would like to have it posted in Scope, please first contact **Sr. Carmen Cruz** of Pastoral Care at Carmen.Cruz@msj.org.

Staff Notes

Jennifer Kaylor, RN, staff nurse on 6 North and **Melissa Wilson**, RN, BSN, nurse educator for the Women's Surgical Unit, have successfully completed the Adult Medical-Surgical Certification Exam, earning the credential of CMSRN.

Several staff members of the Integrative Healthcare department have been accepted as speakers for the June 2010 American Holistic Nursing Association Annual National Conference in Boulder, Colorado.

Lourdes Lorenz, RN, MSN, AHN-BC, director of IH; **Kat Yarboro**, RN, BSN, PhD, ThD, HN-BC, Coordinator for IH; and Holistic Nurse Specialists **Cindy Barkei**, RN, BSN, HN-BC, HTCP, and **Denise Anthes**, RN, BSN, MBA, HN-BC, HTCP, HTI, will present "Stepping Stones for Creating an Integrative Healthcare program." **Pamela Hardin**, Pet Therapy coordinator, and **Laurel Hunt**, grants manager for the Mission Healthcare Foundation, will present a pet therapy session called "Bark, Wag, and Love."

Financial Lunch and Learn Series

The next Financial Education Lunch and Learn, "Preventive Bankruptcy," will be held on Tuesday, November 24, from noon until 1 in the Heart Classroom in the Owen Heart Center, room E453.

The program will be conducted by a representative from United Services Credit Union, and will explore ways to protect yourself from predators who wish to steal your identity. It can happen to anyone in a variety of ways!

Bring your lunch and learn how to protect yourself. We will draw for a \$25 gas card at each seminar and employees who attend five of the nine classes will be entered into a grand drawing for an Asheville Weekend Retreat which includes \$25 for a babysitter or extra dessert, restaurant gift certificate(s), and movie tickets to the Fine Arts theatre.

Other Lunch and Learns are scheduled for December 22 (raffle drawing and social), and January 26. Watch MOD and Happenings e-mails for topics and further details.

A-B Tech Offers Scholarships for Single Parents

Through November 30, A-B Tech is accepting applications for single parents with children 18 and under living in the household; with a 2.5 or higher GPA; and enrolled in a two-year curriculum at A-B Tech. The scholarship will be awarded during the 2010 spring semester.

To apply online go to www.abtech.edu/foundation/lavender.asp. For more information, contact Liz Atkinson at latkinson@abtech.edu or call 254-1921, ext. 7564.

Rathbun Autobiography Published

Dr. Lewis S. Rathbun, for whom Asheville's hospital hospitality house is named, has written his autobiography, *A Doctor All My Life*, and it has been published by another Asheville physician, Dr. Micki Cabaniss Eutsler.

Rathbun is 96. He is a Harvard-trained obstetrician and gynecologist who came to Asheville to establish practice in his specialty in the late 1940s, and delivered babies here throughout the post-World War II Baby Boom. He has served as chief of staff at Mission Hospital.

Adelaide Key, a founder of The Rathbun Center, named the hospital hospitality house in the Kenilworth neighborhood for the physician based on his pioneering work with the self-help group, Life after Cancer.

Dr. Rathbun, who has been honored as a Founder of Mission Hospital, dedicated his book to his wife, Betty. They live in the Deerfield Retirement Community in south Asheville. Copies of the book are available at Accent on Books, on Barnes & Noble regional shelves, via Amazon.com and the publisher, Grateful Steps, 1091 Hendersonville Rd., Asheville. For more information, call the publisher at 277-0998.

MISSION HEALTH
scope



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The deadline for the next Scope is November 9 for a November 20 distribution. If you have a story idea, department news or an important announcement to share, send it to Scope at jprchd@msj.org.

Ads for Scope It Out should be sent to communityrelations@msj.org or faxed to 213-4812.

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