

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

scope

Volume 13 #2

January 18, 2008

In This Issue:

- National Wear Red Day 2
- Performance Pay FAQs 3
- Healthcare Choices - MOST 4
- Celebrating MERIT Mentors 5
- Shaken Baby Syndrome 6
- Ask Dr. Sig 7
- Scope it Out 8
- Medical Futility Seminar 9
- Kaleidoscope 10

L.T. Allen is Spirit of Martin Recipient

L.T. Allen, Mission's Healthcare Advancement Training (HAT) Coordinator, was named this year's recipient of the Spirit of Martin Luther King Award at a celebration to celebrate the civil rights leader held at MAHEC on January 10.

In his role at Mission, Allen assists staff members in taking advantage of educational resources at Mission and in the community. That includes obtaining career counseling, finishing their GED, and preparing motivated students for classes at AB Tech.

In the community, Allen volunteers with a group called The Village Keepers, a community-based tutorial program in Pisgah Forest that has partnered with the local public school system. Working with children ages kindergarten through grade 5, they empower students to succeed academically to develop skills at and beyond their grade level.

L.T. Allen has long been involved in civil rights issues.

"As a college student in Selma, Alabama, I met Dr. King during the voter rights demonstrations," said Allen. "Dr. King and civil rights leaders had come to speak with students and organize a march with Congressman John Lewis and the then Civil Rights activist Andrew Young. They all marched on the courthouse together. I was one of 17 college students who was arrested that day along with Dr. King and other activists such as Janis Joplin. We stayed in jail for seven days for "unlawful assembly" – this is what they

called it if more than two blacks were walking down the street together."

Allen and the other 17 students who were jailed after the demonstration with Dr. King are shown in the film *Eye on A Prize*, a documentary of the Civil Rights Movement.

"Winning this Mission award brought back this part of my life. The '60s was war for me, first the Civil Rights Movement and then by 1968, I was in Vietnam. Dr. King was killed while I was in the rice paddies in Vietnam, and I thought, 'this is my America.'

"This award means so much to me," said Allen. "It helps me to reflect back on Dr. King's dream. My work with the HAT program is in a sense fulfilling his dream because I have a chance to give back and to help all races and cultures – Hispanic, Russian, black, white – that's America. If Dr. King could see some of the things we're able to do right here at Mission, he'd see there's been change. I tend to think my job is small, but I realize I'm really doing something great. I am helping to fulfill the dream."

"The challenges," said Mission President and CEO Joe Damore, "are huge. But if we take one positive step at a time, those steps will build into change."



Mission CEO Joe Damore, left, presented L.T. Allen with the Spirit of Martin Luther King Award in ceremonies January 10 at MAHEC.

Mission is making steps to create change in our community, he said. He cited the upcoming Math Literacy Conference that Mission is sponsoring with UNC Asheville, community health screenings, and Lighten Up 4 Life as examples.

The award for MAHEC was presented to Pearl Ellison of MAHEC Human Resources.

Other nominees for this year's award from Mission were: Linda F. Anderson, Lourdes Lorenz, Cynthia Suber, Lisbeth Hamilton, Nia Jackson, Cathy Hebert, Lori Halula, Tiffany Jackson, Nancy Smith-Hunnicut, Terria Shade, Joe Jones, Stephanie Kiser, and Mildred Nance-Carson.

From MAHEC were: Regina Stanberry, Marietta Fort, and Melissa Hicks, MD.

Lighten Up 4 Life!

Let the Losing Begin!

Mission's Lighten Up 4 Life program kicked off with a bang, with Asheville businesses and Mission staff hungry for the challenge. More than 2000 participants, including 400-plus from Mission, have registered and weighed in and are on the course to better health.

The teams are finding creative ways to get fit and healthy over the next five months, and Scope and the Asheville Citizen Times will be following their progress.

It will be important to stay pumped for this challenge. You can find lots of support and ideas, videos, recipes and more by visiting the website at www.lightenup4life.com. Sign up for the Citizen Times social networking site, Asheville Gets Active, at www.citizen-times.com/getactive. It's similar to a "My Space" site where everyone can discuss their challenges, achievements, share recipes and encourage one another.

At right Patty Klatt, Mission Weight Management Coordinator, and a member of the "Better Than Blonde" Lighten Up 4 Life team, weighs in with exercise specialist Sara Molskness.



A national awareness campaign for women about heart disease

National Wear Red Day • Friday, February 1, 2008

Support the fight against heart disease in women by wearing red. (Men, wear red for the women in your life.)

It's a simple, powerful way to raise awareness of heart disease and stroke in women.

What To Wear

Your favorite red clothes or accessory • a red blouse • a red dress pin • a red handbag • red lipstick
• a red tie and red socks

Why You Should Participate

Because people need to know that heart disease, the #1 killer of women, can be prevented.

Wearing red on this day raises awareness of heart disease and empowers women to reduce their risk.

To learn more, visit www.goredforwomen.org and visit our displays outside both cafeterias on February 1.



How Much Do You Know About Mission's 2008 Performance Pay Program?

Performance pay increases are effective January 20 for those employees who are eligible to receive one. These pay changes will be in paychecks received on February 7. Below are some frequently asked questions about Mission's Performance Pay Program.

Q: What is the PMTT?

A: PMTT stands for Performance Management Tracking Tool. This is the evaluation document used to conduct annual employee performance reviews. Employees' performance is measured based on the hospital's fiscal year Oct. 1, 2006 - Sept. 30, 2007.

Q: What is included in the PMTT?

A: The scoring system changed for this year's review to a 1-5 rating scale. 1 = Fell below expectations and needs immediate improvement; 2 = Met, but occasionally fell below expectations; 3 = Met expectations; 4 = Met and frequently exceeded expectations; 5 = Consistently exceeds all expectations.

There are three sections in the PMTT: The first includes an evaluation of the essential accountabilities and performance criteria taken directly from the employee's role description. The second is an evaluation of workplace expectations which includes professional appearance, safety awareness, corporate compliance, and Centers for Medicaid/Medicare Services, CMS, (added this year). The third section is an evaluation of behavior standards and includes etiquette in the workplace, communication, customer relations, working relations, and sense of ownership.

Q: How is my performance increase determined?

A: Performance increases are based on your score, how it aligns with other employees' scores in your department, and the amount budgeted.

Q: What is the amount budgeted for this year's performance increases?

A: A 3% increase was budgeted. Individual amounts will vary based on their PMTT score. Not everyone will

receive a 3% increase. Some employees will receive a higher percentage and some less.

Q: Who is eligible to receive a performance increase this year?

A: All active employees who were hired prior to the beginning of the new fiscal year (Oct. 1, 2007). Staff hired Mar. 31, 2007, or earlier, are eligible for a full performance pay increase. Staff hired between Apr. 1 - Sept. 30, 2007, receive a pro-rated (one-half) pay increase.

Q: Are any employees excluded from receiving a performance increase on Jan. 20?

A: Yes. Ineligible staff include those who received a final warning during fiscal year 2007, staff who did not complete their mandatory education before Sept. 30, 2007, and staff who received a score of 2.0 or lower on their PMTT.

Q: What is the highest score an employee can receive?

A: 5.0 is a perfect score, meaning that the employee consistently exceeded all expectations with their essential accountabilities/performance criteria, workplace expectations, and behavior standards.

Q: What happens if I am at the maximum of my pay band?

A: Employees at or above the maximum of their pay band will not receive a base pay increase for performance. Instead, they will receive a lump sum check based on the determined performance percentage and annual salary. These checks are mailed to employee homes.

Q: What is performance management?

A: This is a process used to establish a shared understanding between all employees and their supervisors about what should be achieved and how it should be achieved.

This is very important to each employee's success. It involves continuous communication between employees and their supervisors about performance and expectations. You should make sure that you have a very good understanding of

your role description and behavior expectations. You should have continuous coaching sessions with your supervisor throughout the year and one formal, documented coaching session each year. Your annual review includes the monetary recognition for your performance. The system is designed to assist you with being a successful Mission team member.

Q: What about pay increases for cost of living?

A: Mission doesn't have a pay program that adjusts pay for cost of living. Our pay program consists of performance pay increases and market adjustments. The review for market adjustments includes aligning our pay structure with our target markets to ensure that we are paying competitive wages. The market will adjust pay ranges for positions based on a number of factors including cost of living.

Q: What is the process used to review for market adjustments?

A: Every other year, we work with an outside consultant who specializes in healthcare compensation. This is the year we are using a consultant to evaluate our pay structure and special pay programs. The process includes a thorough review of salary surveys. We will have an entirely new pay scale structure which will reflect market adjustments.

Q: Will there be market adjustments?

A: Yes. Market adjustments will be effective in March. More information will be available closer to this time. Please remember that not all positions will need or receive market pay increases.

Making the MOST of Choices About Care

Ever wonder if you can really make a difference, a big difference?

Beginning in November of 2003, a team from Buncombe County decided to find out. Members from the Ethics Committee at Mission Hospitals and CarePartners Hospice and Palliative Care worked alongside providers from Aston Park Health Care Center, Givens Estates, Highlands Farm Retirement Community, and Pisgah Manor Health Care Center. Physicians from Memory Care participated, as well. The goal was to explore the use of a new medical order set that was needed to guide the care of seriously-ill adults near life's end.

Too often, it seemed that older adults came to the hospital with little direction about what the residents really wanted in terms of treatment at life's end. Did they want to be transferred to the hospital from a long-term care facility? Was CPR something they wanted to attempt? How should physicians use treatments like antibiotics and artificial nutrition/hydration? What did good end-of-life care look like to each patient and family?

With little money and great enthusiasm, the team piloted a physician orders set called POST (Physician Orders for Scope of Treatment) that had been used in West Virginia since 2002 and earlier in other states. Over 200 residents and families in the four retirement communities had conversations with their care teams and physicians about tough choices related to end-of-life care. Care teams insured good comfort care no matter what while they gave residents the right to decide whether or not to return to the hospital in the event they entered into the natural process of dying.

"Everyone recognized these were very hard conversations," said David Blackmon, Mission's director of Pastoral Care. "But we found that both residents and their families welcomed the chance to outline their decisions and put a plan in

place." In fact, families participated in follow-up educational events for health care workers to say, "We need this option in North Carolina."

After our successful pilot, the Buncombe County Medical Society, Henderson County Medical Society, and Extended Care Physicians supported the effort to move statewide. In the years following, members engaged other providers, the North Carolina Medical Society, and our state lawmakers. Physician team members outlined the importance of clear

The goal of MOST is to inform and empower patients to clearly state their end-of-life care wishes, and to authorize health care providers to carry out those wishes. Because it is a medical order, care providers at every level of health care can implement the decisions outlined in MOST.

medical orders. Nurses and social workers noted the importance of clear conversations about care at life's end. Team members spoke to EMS about their role in supporting these choices. Pitt Memorial Hospital in Greenville launched their own pilot modeled after our experience.

"It wasn't long before those early steps in Buncombe County became giant strides in Raleigh," said Blackmon. With the strong support and direction of the North Carolina Medical Society, a North Carolina version of POST was developed and tested with key stakeholders. It was called MOST (Medical Orders for Scope of Treatment). Positive feedback from throughout the state led to further revisions and conversations. On October 1, 2007, MOST became a legal option for citizens of our state.

"Big change can come from small beginnings," said Blackmon. "The story of MOST is just beginning in our state. There is much education to do. Many others have to get on board. But it is nice to know that this move in caring, listening, and following the wishes of our patients was a leap of faith that began right here at home."

A Closer Look

What is MOST?

MOST stands for Medical Orders for Scope of Treatment. It is a physician's order that outlines a plan of care respecting the patient's wishes concerning care at life's end.

Who should use MOST?

Seriously ill patients and/or those who are at risk for aggressive medical treatment in order to attempt to survive an ongoing chronic or acute illness/injury.

What is the goal of MOST?

The goal of MOST is to inform and empower patients to clearly state their end-of-life care wishes, and to authorize health care providers to carry out those wishes. Because it is a medical order, care providers at every level of health care can implement the decisions outlined in MOST.

Why not just use the current portable (yellow) DNR?

The current portable (yellow) DNR has been an effective step in support of patient's decisions, specifically about CPR. It may continue to be an important tool for some patient populations. MOST allows seriously ill patients to outline more comprehensive choices about end-of-life care, including CPR.

Are other states using MOST?

Documents like MOST have been used since as early as 1991. Six states in the US have a document like MOST. Ten others are in active development stages. There is also a national effort to support others in their development of documents like MOST. Go to: <http://www.ohsu.edu/polst/other-states.shtml>.

Where can I get a MOST form?

MOST is a medical order, so it isn't available to the public. A physician must implement this order. Ask your physician about it. He or she can discuss MOST with you.

MOST Task Force Western North Carolina

Aston Park Health Care Center

Albert Ford, MD, Medical Dir.
Marsha Kaufman, Executive Dir.
Molly Lance, Dir., Social Services

CarePartners Hospice and Palliative Care

Jeff Stillson, MD/ Palliative Care
Cornelia Scibetta, Palliative Care

Givens Estates

John Langlois, MD, Medical Dir.
Marilyn Smith, Social Work

Highland Farms Retirement Community

Shirley Buckner, Dir., Social Services
Melissa Crouch, Administrator
Ellen Kaczmarek, MD, Medical Dir.
Diane Haney, Dir., Admissions

Memory Care

Virginia Templeton, MD

Mission Hospitals

Betsy Bent, Dir., Senior Services
David Blackmon, Dir., Pastoral Care
Dana Gibson, Perform. Improvement
Nancy Smith-Hunnicut, Dementia
Care

Pisgah Manor Health Care Center

Jane Brummer, MD, Medical Dir.
Julia Gibson, Dir., Outreach and
Marketing
David Kidder, Executive Dir.
Pam Suarez, Dir., Risk Management

Other Stakeholders in Support of MOST

Buncombe County Medical Society
Henderson County Medical Society
NC Medical Society Ethical and
Judicial Affairs Committee
Extended Care Physicians
Informal Support of EMC/Regional
Transport Services
Carolinas Center for Hospice and
End-of-Life Care

Celebrating Our MERIT Mentors

Staff members at Mission Hospitals have honored three of our fellow employees as gold, silver and bronze level "MERIT Mentors" for October 2007. The honors recognize individuals who exemplify Mission Hospitals' core MERIT values: Mercy, Excellence, Respect, Integrity, Trust and Teamwork.

Gold MERIT Mentor Award:

Dwayne Houser, RN, of Radiology, for offering individualized warm, caring, and skillful care for his patients recognizing their physical and emotional needs.

Silver MERIT Mentor Award:

Brian Derek Cook of Regional Transport. Cook went beyond the call of duty by offering assistance and equipment to patients and staff at another facility during an emergency evacuation.

Bronze MERIT Mentor Award:

Susan Hjelsand, RN, of NTICU for the compassion she shows her patients and co-workers. During a time of difficult transition for her co-workers, Hjelsand, also a licensed massage therapist, brought in her equipment and provided staff with 15-20 minute massages.



Department MERIT Mentors

Andrea Moore Neuro-Diabetes-AM Med
Anne Plyler Rehab
Anthony Little OR
Connie Woods Surgical Pre Op
Edna Crowe 9 Stepdown
Elaine Lyons Staffing Pool
Ellen Hawkes Surgical Pre Op
Gail Trantham Neurosciences
Gail Wichman CVPC
Jennifer Moss Heart Services
Katy Angel Lab Pathology
Kimberly Swingle Orthopedics
Melanie Lovelace Surgical Services
Radix Faruq Emergency Dept.



Ronda Hall Orthopedics
Sheila Rogers Lab Phlebotomy
Vivian Trigueros Interpretive Svcs.

MERIT Mentors

Alyssa Johnson Rehab
Anita Crawford Surgical Pre Op
Carla Ferrigno NTICU
CJ Smart Clinical Support
Cynthia Crowder 9 Stepdown
Dana Jones Asheville Surgery Center
Daniel Ferguson Lab
Donna Davall Pharmacy
Donna Davis Rehab
Erica Arndt Orthopedics
Hanna Rash ECC
Janice Plemmons Rehab
Jennifer Harris Surgical PreOp
Joshua Gleeson-Warren Rehab
Joyce A. Fore Scheduling
Kari Morris Heart Services
Nina Cuenco Lab Phlebotomy
Kimberly Borne Rehab
Linda Brooks Business Services
Eileen Stepp Asheville Surgery Center
Patricia Southern Pharmacy
Renee Howell Surgical Pre Op
Shannon Tipton Neurosciences
Staci Carter Neurosciences
Suzanne Main Rehab
Suzy Rogers Vascular OR
Teresa Cantrell Copestone
Valerie Pulsifer Mother Baby
Vanessa Funderburk Rehab
William Harrison OR
Zachery Blaylock CVICU

Shaken Baby Syndrome

Statewide task force educating parents & clinicians

As new parents, we've all been there: Our infant cries and cries, sometimes inconsolably. As the primary caretaker, we believe we should know what to do. When nothing works, frustration levels rise. Most of us chalk it up to inexperience as parents.

But in a few tragic cases, the baby becomes the victim. It's called Shaken Baby Syndrome (SBS), a medical term used to describe injuries resulting from shaking an infant or young child to the point that neurological changes occur. These changes are due to destruction of cells secondary to trauma, lack of oxygen to brain cells, and swelling of the brain. Body bruising and fractures may also occur, however, there is often no external evidence of trauma on the head or body, making diagnosis more difficult.

According to the National Center on SBS, approximately 20 percent of cases are fatal in the first few days after injury. Survivors are left with handicaps ranging from mild learning disorders to permanent vegetative states.

How much shaking is required for this type damage is not clear, but studies indicate as little as five to ten seconds can cause trauma.

Long-range statistical evidence is not yet available to determine how often SBS occurs, but a North Carolina research project published in the *Journal of the American Medical Association* in August, 2003, indicated approximately 1300 children nationwide experience severe head trauma every year, with another 100,000 children under the age of one suffering non-accidental brain injuries.

Dr. Cynthia J. Brown, founder of the Mountain Child Medical Evaluations Program of Mission Children's Clinic, thinks even one child who is the victim of SBS is one too many. In an article she wrote titled "The Hardest Job You'll Ever Love," Brown says crying is normal behavior for infants and that most babies will have some periods of inconsolable crying.

Brown has spent most of her career working to help prevent child abuse in all of its forms. She is one of several pedi-

atric specialists who are members of the nonprofit Prevent Child Abuse North Carolina (PCAN-NC) composed of partners including Mission Hospitals. In addition, she serves on a statewide task force that includes state agencies and child advocacy groups that work on SBS prevention projects. Among them is a project called "Period of Purple Crying: Keeping Babies Safe in North Carolina."



Cynthia Brown, MD
Mission Children's Clinic

"Babies will begin to cry around three weeks of age," she says, "usually peaking at six to eight weeks. Some will cry for hours each day and some not as much, but all typically follow the same pattern of peaking at six to eight weeks, then diminishing thereafter. This means that no matter what comfort measures are tried, the baby will continue to cry."

She says while there are comfort measures for parents to try, they still need to understand that sometimes these measures will work; sometimes not.

"When comfort measures don't work, we call that inconsolable crying," she says, "and thankfully, it gradually goes away."

Brown also points out that even though bringing a new infant home is one of life's greatest joys, there is a reality that coping with a newborn's demands, from chronic cries to never-ending diaper changes, is exhausting and exasperating. And for a few caretakers unable to tolerate the frustration, violence can follow.

Medical staff can easily miss a diagnosis of SBS, Brown adds, because the symptoms are subtle.

"With no clear signs of injury, it can be mistaken for a mild to moderate illness," she says. "But when it happens, it is devastating to see a child end up in ICU and parents grieving from that one moment when they didn't know what to

do. It is not enough to tell them not to shake a baby. We have to make them understand that infant crying is normal."

Mission Hospitals' partners in a statewide Task Force called Gaining Ground Initiative funded by the Duke Endowment to identify and implement statewide strategies that can reduce all child maltreatment. The hospital also utilizes a new prevention program through the National Center on Shaken Baby Syndrome: The Period of PURPLE Crying[®], providing DVDs and other resources as preventive measures. This prevention effort and the outcome follow-up studies are funded by the Duke Endowment, Doris Duke Foundation, and the Centers for Disease Control.

Parents and caretakers who have children with SBS are shown a video and given information that explains the dangers of SBS. Nurses in the Mother-Baby Unit, Neonatal Intensive Unit, and Pediatric Units, considered key players, are encouraged to spread the prevention message.

"Because of the positive relationships nurses tend to have with families they care for at Mission, we hope the information we provide gains legitimacy and will change behaviors," Brown says.

As a result of these endeavors, Gail Harris, director of the Mother-Baby Unit at Mission, says an ad hoc committee was formed within the hospital to continue education not only for parents and other infant caretakers, but among the hospital's medical staff as well. A statewide conference on child abuse and neglect is scheduled in Winston-Salem on March 17-18, 2008. Visit www.preventchildabusenc.org for more information.

"We are currently re-evaluating our program in an effort to decrease the SBS population," she explains. "We also plan to diversify more in 2008, providing an educational DVD in Spanish and other languages. We want to make it clear that babies will cry and that you might feel helpless. But there are helpful tips on what to do, including the message that letting a baby cry is sometimes okay."

— Marie Bartlett



Ask Dr. Sig

Dear Dr. Sig,

It was interesting to read in the Dec. 7 SCOPE about the initiative that Mission took regarding MRSA screening. I just have one question: How much good is this really doing if the hospital never checks the staff? We live in the same community that the patients do, work in a high risk area, and come in direct contact with MRSA patients. If we never check the staff, then who's to say that it isn't US who is giving the patients MRSA?

– Just Wondering

A small percentage of staff will have MRSA, but proper hand hygiene (before and after every patient contact) and universal precautions will protect their patients.

Dear Dr. Sig,

I have been here for almost two years, and since I have been here we have never had close to enough linen. A couple weeks ago I had a patient come up to the floor on comfort care. The family asked if I could put a couple blankets over her because she is cold natured. I went to three different floors and couldn't find a single blanket. I felt so bad for the patient and their family when I had cover the patient up with sheets and towels. Is there any way we can have at least another cart of linen a day?

Have you or your director contacted Bill Holt in the Laundry about your needs? I don't know what department you work in, or I would ask him to call you.

– Sig

Dear Dr. Sig,

I just want to say a big thank you to all who put together the night shift dinner. It made my night. It really got my Christmas spirit up. I think we should have Christmas music playing all season long in the cafeteria. It was really nice. Thank you!

– Grateful Night Owl

I just wanted to say "thank you" to the hospital and the dietary staff for the night shift appreciation meal. The food was great and I heard many employees (all with complimentary comments) talking later in the night. Again we thank all involved. And it did make us feel more appreciated.

– Mary Ann Wheeler

Dear Dr. Sig,

I just wanted to say thank you to the people responsible for the night staff appreciation dinner. It was so nice to be recognized and remembered. So many times we are overlooked and forgotten. It is obvious when offices send in treats for the holidays for day shift and night shift is left with crumbs and a mess to clean up. Please spread the word that perhaps they could consider both shifts as equal parts of the care team. A little kindness goes a long way. It makes a big difference in attitudes and morale when you feel appreciated for the work you do.

Dear Dr. Sig,

If humor is supposed to help us heal, improve our mental health, and give us a positive attitude at work and at home, why on this earth do we have to constantly watch CNN in the cafeteria? I would prefer Andy of Mayberry to all the gloom and doom. I have discussed this with many of my co-workers and they agree.

If I am not depressed when I go to eat, I am when I come back. This cannot be good for digestion. Why can't we set a positive example by having good clean funny programs on the TV? Nick at Night beats a constant diet of CNN.

– Need Some Comic Relief

This subject comes up every couple of years, and we always seem to gravitate back to CNN. Personally, I think we're safer there. It's going to be very hard to agree on a channel that everyone wants to watch. For some, that's the only news they get during the day.

Dear Dr. Sig,

I heard that our leader, Joe Damore, and others are free to choose – or are many just given – Blue Cross as their insurance. Do we not all work for the same company? Aren't we supposed to be one big happy family? I'm sure he doesn't have to worry with audits from the IRS. I've had several this year myself.

– Just Wondering

No truth to the rumor. Joe and the rest of the Senior Leadership team have the same health plan as the rest of us and are subject to the same IRS audits.

Dear Dr. Sig,

I think it would be really nice if there were clearer, bigger, and more noticeable signs down on Biltmore Avenue that state which campus is which. We constantly have patients check in that are supposed to be on the other campus and are severely frustrated because there were not good signs to direct them. A good idea would be to have signs that hang on the red lights to all entrances to either campus that direct to both.

Because we don't own these highways, that would require the cooperation of the state and the City of Asheville, but it certainly is a good suggestion. Helping our patients and visitors find their way to and around our campuses is an ongoing effort, and we are happy for any ideas we can get.

Dr. Sig,

I am sure that you get a lot of letters, but it would be nice if once one of the responses or letters that I have sent would be responded to, if not on your home page, but sent directly to me.

– Unappreciating the Feedback

Dear Unappreciating,

I'm sorry, but I had to chuckle when I read your letter. With all the letters I answer, it is hard for me to believe I have not responded at least once. And of course, a direct response would be impossible when you don't sign your name. From the letter above, I have no way of knowing who you are, what department you work in or what your issue is. Toss me a bone, here! I'm no mind-reader.

Dear Dr. Sig,

There has been a bit of confusion among employees who donate PTO to another employee who has run out of theirs. I have donated in the past and never had any concerns, but I was told that any PTO donated, yet not used by the intended recipients is put into a "pool" and was disbursed to others in need. Once, when I donated 36 hours to a fellow employee, only 12 hours were deducted from my reserve and I was told that others had donated and that all of the hours were not needed and therefore never taken out of my bank. So, what gives? Is there a definitive plan by which donated PTO hours are handled or is it a case by case situation? Please help clarify this for all of us. Thanks in advance for your help.

Mission doesn't take any donated hours out of your bank until the employee needs them. If the hours are not needed by the employee, they will not be deducted from your PTO balance. No PTO hours go into a pool to be disbursed to others in need.

Dear Dr. Sig,

My fiance will graduate from UNCA this spring and is interested in doing an internship at Mission. How does one go about getting one?

Prospective interns should apply on VURV, our online application program, for an internship position just like any other job at Mission. Tarik Glenn of Human Resources tracks the interns, and helps set them up. Questions? Call Tarik at 213-5632.

A Dr. Sig MERIT Extra Mile Award to Donald Little of Food & Nutrition Services:

Kudos to Donald Little of Cafe 428. The lunch line had noodles which would go great with some homemade beef tips my wife had made for me. Unfortunately, when I entered the cafe for dinner, the noodles weren't on the menu. Donald went in the back and made a batch of noodles for me personally. Now that is definitely customer service! Thanks!

Visit the Dr. Sig Forum from the MOD Main Page. From there, you can simply click and send a comment to Dr. Sig. All letters are confidential.

scope it out

Ads for "scope it out" must include your home phone number. 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 Linda Gooden in Community Relations, e-mail Linda.Gooden@msj.org or fax it to 213-4812. All questions regarding ads should be directed to Linda at 213-4800.

Cars and Motorcycles

1966 Vintage Ford Pick-Up Truck: Mostly restored. Runs good. Would love to keep it, but must sell. Priced at \$3,200. Will give you 10% off if Mission employee. Melissa after 5 p.m. 231-6333 or email brettwilson@charter.net. This truck is parked at Reflections of the Past on Swannanoa River Road

2002 Arlen Ness Custom Built Softail: Yellow w/artistic graphics. Must see to appreciate. 12,000 miles excellent condition, asking \$10,000. 778-1003.

1993 Honda Civic Coupe: 164,000 miles. Maintained and treasured at 33 mpg/city. Front end fender/bender. You tow and fix/or use for parts. \$300. 687-1009.

2007 Yamaha V-Star 1300 Motorcycle: Cobalt blue w/less than 1000 miles. \$8000. 301-3783.

Homes and Land

House for Rent: Lovely Flat Rock area. Conveniently located, quiet, newly renovated, 3 BR/2BA, fireplace/gas logs. Hardwood floors. Fully equipped kitchen, all new appliances. Washer/dryer, jet tub. Covered front porch. 2-car garage. Small pet okay. Non-smokers. \$1,050/mo. + deposit. 828-606-4829.

Apartment for Rent: Basement level efficiency in East Canton, 1 BR/living room, eat-in kitchen, \$352/mo plus utilities, water furnished. 828-231-8533 or 828-665-1161.

Townhouse Condo for Rent: 3BR/2BA approx 1200 sq. ft., 2-story, washer/dryer, dishwasher inc. gas stove, fireplace & grill. Small fenced-in yard. 2 parking spots in front of unit. 18 min. to Mission Hospital. Located in Swannanoa. \$900/mo (water included). Contact Mike or Pam at 828-686-0846.

Homesites for Sale: Last 3 homesites remaining. 0.63ac. To 1.5ac. All level to ever so slight slope. Builders dream! Priced from 40s. All lots perked for 3BR and 3BA with well. Paved road, underground utilities. Only 18 min. from downtown Asheville located in Fairview, NC. Willing to work out special considerations for contractors, or cash deal. Call Joe 279-4868.

Room for Rent: In comfortable home within walking distance to hospital. All amenities of a private home. Short term only. Call 279-6684.

Lease Option, Purchase, or Possible Rent: Peaceful haven in Burnsville. 3/3, 2070 sq. ft., 1.78 acres. Huge wrap-around deck w/views, large country kitchen, media room, much more. Price

reduced to \$234,900. Call 208-5352 for more info.

1998 14 x 70 single wide on 1.2 acres in Mars Hill with extra building lot. 2BR/2BA. Very well cared for home. Home has a separate building lot with drive in place as well as septic for 3BR/2BA. Live in trailer and build your dream home or rental income from another mobile. 2 outbuildings, refrigerator and stove included. Beautiful secluded setting. \$89,900 Call for appointment to see. 828-689-9073.

Household

Custom solid cherry king 4-poster bed hand made by Stanley Briggs - fine furniture builder. New. Never used. Sacrifice at \$1200. 687-1009.

Solid maple rocking chair: Perfect condition. \$35. Please call 828-254-4923 in interested.

Large front end washer/dryer set. Stainless steel w/storage drawer on bottom of both. \$2300. 301-3783.

IKEA Tromso double loft bed: Aluminum frame, sturdy. No mattress included. Can view picture at IKEA website. Barely used but has a few stickers on one pole. \$75 firm. Please call 243-3869.

Large blue sectional sofa: Free! Needs to be steam cleaned. Has 2 recliners and fold out bed. Fold out bed is not very comfortable. Also, double and king size mattresses and box springs. Charities don't accept them. They are not high quality but free. Please call 243-3869.

Miscellaneous

Drums: Tama Rockstars, cranberry, mint condition, not a beginner set. \$475. 215-7860.

Looking for mature lady to live in with my mother: Free housing, electricity, phone. Small monthly salary. She is in assisted living now, and would love to live at home. She is able to take care of self but needs help with meds and companionship. Call 774-4187 or 645-2049. Email: dpg-aeg@yahoo.com.

Nordictrack CX 1000 Spacesaver Elliptical: Only used 3 times. Has extended warranty. Paid \$1200. Asking \$800. Please call 828-645-9810.

Housekeeping/childcare assistance needed for March and April. Will need to be able to drive and have good references. Will need help about 4 hrs. per day in the afternoon Monday - Friday. Pay depending upon age and experience. Please call 243-3869.

Dog Pen: 10 ft. x 10 ft. Latching door. Perfect condition. 1 yr. old. Kept in a basement all year. Asking \$100. Please call 828-712-3885.

Dog training crate: Black wire with 2 doors 24 in. x 36 in., like new \$50; Plastic dog carrier for medium-sized dog \$35. 659-3630.

Two blue formal dresses: Size 6. Great for prom. \$40. Call Rachel 231-4340 for details.

Troybilt Pressure Washer: Model # 020292, 2,200 psi, Briggs and Stratton engine. Including: high pressure hose, 3 spray tips, safety goggles. Used only once. Paid \$280, will take \$250. Call 891-6554.

Pets

Yorkie for Sale: AKC Yorkshire Terrier, female, 8 weeks. Last one in litter. First shots & dewormed. \$800. Please call 828-884-2498.

German Shepherd Mixed Puppies: 10 weeks old, 3 males, 3 females. Wormed and first shots given. \$25 each. 828-645-0649.

Free to good home: 1 year old small, quiet, collie mix spayed female. Medium length fur, gentle, good with kids and other dogs. Loves attention. Call 242-5499 before 3PM or leave message.

Sports and Recreation

2002 Coleman Sedona popup camper. A/C, refrigerator, king and full size beds. Clean water holding tank and flex tubing removed to allow more storage. Much loved, well maintained, washed often, and garage kept. Still even smells new. No rips, tears, or leaks. \$4500. 645-8758.

Mountain Bike: Kona Women's bike. About 6-7 years old. Needs some work, excellent frame. Great bike to see if you are into mountain biking. \$120 OBO. Please call 712-3885.

1960's Phoenix Camper Trailer: Aqua and white. All original interior. Tows easily. Needs very little fix up, but that's part of the fun. Lost title. Fridge/ac/stove/sink/dinette/birch cabinetry. Sleeps 5. Would love to keep it, but must sell. \$3,000. 10% off if Mission employee. Melissa after 5pm 231-6333 or email brettwilson@charter.net.

Medical Futility Seminar

The half-day seminar on medical futility (originally scheduled for Dec. 11, 2007) has been re-scheduled for Friday, February 22 beginning with registration at 8:30 a.m. The seminar is sponsored by Mission's Ethics Committee and Pastoral Care Department.

The keynote speaker is John Hardwig, PhD. Dr. Hardwig teaches philosophy at the University of Tennessee Knoxville. He has written extensively on topics in medical ethics. He also has experience in medical ethics in a clinical setting. This seminar will center on Dr. Hardwig's article "Families and Futility: Forestalling Demands for Futile Treatment" (*The Journal of Clinical Ethics*, Vol. 14, No. 4, Winter 2005).

Panel members will be David Blackmon, director of Pastoral Care, Mission; Dorri Sherrill, palliative care chaplain; Cornelia Scibetta, RN, CarePartners; and Dr. John Lawrence, Asheville Cardiology.

The seminar will be held in the dining room at First Baptist Church, 5 Oak Street, Asheville. The seminar is free, however, we ask that you register. You will need to register again if you had registered for the event as scheduled in December. Please contact Ann Thomas at 213-1080, or e-mail her at cpfrat@msj.org.

Lunch will be served at noon. Please let us know if you plan to stay for lunch, and if you would like a vegetarian meal.

Mission Hospitals is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's commission on Accreditation. Contact hours have been applied for.



“PURPLE” CRYING (based on studies by Montreal researcher Dr. Ron Barr):

- P = peaks around two months
- U = unpredictable, often for no apparent reason
- R = resistant to soothing
- P = pain-like expression on baby's face without identified source of pain
- L = long bouts of crying, lasting 30-40 minutes or more
- E = evening crying, common, now scientifically proven

Tips to prevent Shaken Baby Syndrome:

When a baby cries a lot...

- It doesn't mean you are a bad parent or that something is wrong with the baby.
- It is normal to get frustrated at times.
- When you do get frustrated, put the baby in a safe place and take a break; call someone to help you or allow you to vent.
- Remember that this period of crying will eventually end.

Physical Signs and Symptoms of infants with SBS:

(Source: National Center on Shaken Baby Syndrome)

- Lethargy
- Decreased muscle tone
- Extreme irritability
- Decreased appetite; poor feeding; vomiting for no apparent reason
- Poor sucking or swallowing
- Difficulty breathing
- Seizures
- Head or forehead appears larger than usual or soft spot on the head appears to bulge
- Inability to lift head
- Inability to focus eyes or track movement

Resources:

- www.preventchildabusenc.org (A statewide conference on Child Abuse and Neglect is scheduled in Winston-Salem, NC March 17-18, 2008)
- National Center on Shaken Baby Syndrome <http://dontshake.com>
- www.americanhumane.org
- Parents Anonymous, Inc. <http://www.shakenbaby.org>
- Shaken Baby Alliance <http://www.shakenbaby.org>

Kaleidoscope

Welcome New Staff Members!

Elsie Waytan, RN	6 North
Sharon Putnam, LPN	7 North
Kelly Pearson, RN	8 North
Jessica Vess, CNA	9 Stepdown
Kimberly Powell	Administration
Robert Purgahn	Biomedical Engineering
Donna Younts	Business Services
Laura Hillerman, RN	C-ICU
Heather Martin, CNA	C-ICU
Marlene Winters, RN	Critical Care
Sarah Harriman, RN	CV-ICU
Kimberly Watson, RN	Emergency Dept.
Rebecca White	Emergency Dept.
Kathy Cason	Environmental Services
Mary Kennedy	Food & Nutrition
Kari Kerr	Giftshop
Samuel Simmons	Giftshop
Melissa Ritz	Guest Services
Danielle Eckstadt	Human Resources
Alice Iannetta	Lab ORH OP
Katie Bussard, RN	Maternal Fetal Med.
Shara Ambros, RN	MCSO
Amanda Hunter	Family Support Network
Kathleen Monahan, RN	NICU
Grayson Pastis, RN	PACU
Jodi Smith, RN	PACU
Amanda Savage	Pharmacy
Mary Krick, RN	Radiology
Georgi Merrigan	Regional Transport
Mary Funderburke, RN	Staffing Pool
Ashley Cable	Sterile Processing
Laura Elofson	Sterile Processing
Marcus Fleming	Storeroom
Jennifer Riddle	Student

Staff Achievements

Kim Bender, Greg Warney, T.K. Ashe, Annette Racer, Karen Cox, and Linda Harwood, all pre/post staff nurses at the Asheville Surgery Center, and **Charlie Hodshon** of Surgical Services have successfully passed the Certified Ambulatory Peri-Anesthesia Exam. **Chris Ford** of Surgical Services has passed both the CAPA and CPAN certifications. Congratulations to all!

Linda Harwood, CNA I of CICU, received her CNA II certification in December from AB Tech.

Stress Reduction Through Mindfulness

If you are feeling the need to simplify your perspective on life's demands, you may want to consider this class starting the end of January.

The class will run January 31 through March 20 and will be held Thursdays from 3 - 5 p.m. at the Women's Resource Center (men are welcome, too).

The cost is \$215. Payroll deduction available. To enroll, call Mission's One Call Scheduling

at 213-2222, option 2. For more information, go to http://missionondemand/documents01_pdf/2273.pdf. More questions? Call 213-1804. In the spring, another class series will be offered in the evening hours.

Are You on a Mission Lighten Up 4 Life Team? We Want Your Story!

If you are willing to have your team profiled in Scope and the Asheville Citizen Times, or if you have news, photos, or activities you are doing together to lose weight, please email Michelle Rabell at Michelle.Rabell@msj.org.

2008 Schedule for PTO Cash Conversion

There will be four dates in 2008 when you can convert your PTO to cash on a dollar-to-dollar basis.

Employees enter their own hours through Lawson Self-Service.

- Log into Lawson through Citrix
- Choose "My Benefits"
- Choose "PTO Cashout"
- Enter hours to cash out and click "add"

The windows for posting your selections will be:

Feb. 6 - noon on Feb. 12;
checks deposited Feb. 14

May 5 - noon on May 20
checks deposited May 22

Aug. 6 - noon on Aug. 12
checks deposited Aug. 14

Nov. 12 - noon Nov. 18
checks deposited Nov. 18

• All full-time and regular part-time employees budgeted .5 or greater.

• Must maintain a bank of 160 hours after the conversion. (Prorated for .5 - .85 fte's)

• Must have taken at least one week of PTO during the preceding 12 months.

• IRS requires taxes on this type of check. The withhold is 38.65%.

In Sympathy

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

Linda Riddle of Respiratory recently lost her father, James Fulce.

Tammy Nix of Post Labor & Delivery, recently lost her father, Calvin "Bo" Young. He was also the uncle of Judy Hunt of 10 Oncology.

Kristie Pless of the Emergency Dept. recently lost her mother, Nancy Bombay.

Carolyn Haag, discharge planner on 4 Orthopedics, recently lost her mother-in-law, Marge Kmecza.

Jynna LaFosse from 4 Orthopedics, recently lost her aunt, Mariagrazia Merlanti.

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** in Chaplaincy Services.

Asheville Anesthesia Associates celebrates National Nurse Anesthetist Week, January 20-26

Asheville Anesthesia Associates and its Certified Registered Nurse Anesthetists (CRNAs) will be celebrating the ninth annual National Nurse Anesthetists Week, January 20-26. Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses who are certified to administer anesthesia after completing anesthesia graduate school programs and a rigorous national exam. CRNAs administer all types of anesthetics and monitor patient care throughout diagnostic and surgical procedures.

Anesthesiologists are licensed medical doctors who specialize in anesthesiology after completing medical school and extensive residency programs. Asheville Anesthesia Associates anesthesiologists prepare anesthesia care plans and supervise CRNAs and the anesthesia care provided to patients.

Asheville Anesthesia Associates has served the WNC community for over 35 years and is comprised of 28 board certified anesthesiologists and 104 CRNAs.

Learn Hypnotherapy

A hypnosis training and certification class for healthcare professionals will be held at AB Tech February 8 - 10 and Feb. 29 - Mar. 2.

Certification is through the International Medical and Dental Hypnotherapy Association. Call 280-2623 to register or for questions about the training.

Cultural Competence Contact Hours

The U.S. Department of Health & Human Resources Office of Minority Health offers a free 9.0 contact hour presentation for nurses on cultural competence. You must register at the site, and the training must be completed by March 16, 2008. Go to <https://ccnm.thinkculturalhealth.org>.

Dancing With The Stars Benefit

Dancing With The Stars, an annual benefit for the W.C. Reid Center for Creative Arts at 133 Livingston Street, will be held Saturday, January 18 (snowdate January 26) at the Center. Tickets are \$25.

Representing Mission will be Carol Hightower, Tarik Glenn, Selena Kittrell, Angela Jones, Joanne Sparks, Mildred Nance-Carson and Ginny Raviotta.

For more information and tickets, call Mildred Nance-Carson at 213-1250.

MISSION HEALTH
scope

Scope is published twice monthly for the staff, physicians, volunteers and friends of Mission Health & Hospitals – The McDowell Hospital; Blue Ridge Hospital System, Inc.; Mission Healthcare Foundation, Inc., Mission Hospitals, Inc.; and Horizon Management Services, Inc. This publication is produced by the Community Relations Department, Mission Hospitals, 509 Biltmore Avenue, Asheville, NC 28801. Phone: 828/213-4800.

The deadline for the next Scope is January 28 for a February 8 distribution. If you have a story idea, department news or an important announcement to share, send it to Scope at jprchd@msj.org.

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Scope is available online.
www.missionhospitals.org

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