

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

scope

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Finding a Better Way

Retooling initiative looks for creative ways to reduce costs, increase revenue, improve efficiency

In any organization – even one that performs as well as Mission – there’s always room for improvement. With that in mind, Mission has launched a comprehensive “retooling” effort to find innovative ways to reduce costs, boost revenue and improve the overall efficiency of the operation.

According to Charles Ayscue, chief financial officer, a variety of pressures are all converging on Mission, making this retooling initiative critically important.

“Reimbursement pressures are certainly one of the primary drivers of this,” Ayscue explained, noting that Medicare funding continues to be a target for cuts at the federal level. “We also have some significant challenges ahead as contracts with third-party payers run their course and must be renegotiated.”



Charles Ayscue

In addition, Mission is coming close to the expense “ceilings” that are allowed under our state of North Carolina’s Certificate of Public Advantage (COPA). Those ceilings require that Mission keep its expenses comparable to those of other peer hospitals. The problem, Ayscue noted, is that the cost of operating a hos-



pital in Asheville is higher than in many other communities.

“The cost of living is somewhat higher in Asheville, and in order to be competitive, our compensation has to be tied to market rates,” he said. “Another factor is that construction is costlier here because of the mountain terrain. Those are just two examples of the challenges we face in keeping costs down.”

To stay within the COPA ceilings, Mission must find ways to reduce expenses wherever possible so that there is “room” to pay for new expenses that are essential – such as facility construction and pay raises for staff.

Looking at all of these factors, Mission realized last fall it needed an all-out retooling effort examining every facet of the organization – and the sooner the better.

“Each year, it gets increasingly difficult to meet our financial targets,” observed Larry Hill, director of finance. “We decided that instead of waiting until the end of this fiscal year to try to make adjustments, we would start this effort at the beginning of the year. The ideas we identify can then hopefully be put in place by the beginning of the 2009 fiscal year.”

LOOKING TOP TO BOTTOM

According to Hill, the areas being examined “run the full spectrum from looking at ways to increase collections to expense avoidance.” More than 30 specific areas have been identified for study, with each of them assigned to a team of managers to research the potential for improving efficiency.

Hill noted that one area being examined is the entire “revenue cycle” – from the point of patient registration to the time the patient’s bill is collected.

“We’re making sure we collect all of the right insurance and qualify that patient for any programs they may be entitled to,” he explained.



Larry Hill

CPOE is Live in Both Emergency Departments

“As smoothly as we predicted. Maybe a little more.”

We've just taken another big step towards hospital-wide implementation of Computerized Physician and Provider Order Entry, or CPOE. Physicians at both Mission emergency departments are using computerized order entry technology, St. Joseph as of January 29 and Memorial as of February 12.

“It's gone really well,” said emergency medicine specialist David Poorbaugh, MD, medical director of the Emergency Department. “There have been a few glitches, but nothing major. We really couldn't have planned it much better. We found we are in much better shape than the hospitals we had visited ahead of time.”

CPOE?

Time out to define CPOE: It stands for computerized physician and provider order entry, and it means that instead of writing orders on paper for nurses and health unit clerks to enter into our Cerner clinical informatics system, the physicians and providers enter the orders themselves. Implementation of CPOE is one of the biggest steps we take in building a truly integrated clinical information system – and it's one of the most challenging – as any physician or employee in the Emergency Department during the month of February can tell you.

ON THE SCENE AT MEMORIAL

For a first-hand look at the go-live, Scope dropped by the Emergency Department at Memorial Campus on the morning of February 13. With go-live implementation there barely 24 hours old, and with flu patients flooding both sides of the street, most ED physicians were entering their orders with remarkable confidence. Emergency Medicine physician Joseph Langford, MD, was one of them. He characterized the cutover as “fairly smooth.”



Emergency Medicine physician Joseph Langford, MD, enters orders in CPOE just after go-live at the Memorial Campus. Patient Care Technician Michael Hansman was on hand to answer questions, as were teams of superusers from Clinical Informatics and Nursing. Photos by Michelle Rabell

“It's awfully early to say much more than ‘we can use it,’” Dr. Langford said on that second day of use. “I can see where it has the potential to eliminate questions about handwriting. It's user-friendly enough that it's not going to kill us.”

Dr. Langford pointed out that CPOE will be easier to use in specialties with a



David Poorbaugh, MD, Medical Director of our Emergency Departments and champion of the CPOE process there, enters orders on the second day of go-live at St. Joseph Campus. Alongside him is Michael Hansman.

tightly focused range of practice and fewer different orders – and much more challenging for ED physicians who have to enter orders for the treatment of hundreds of conditions, from trauma and dissecting carotid arteries to suspected flu and psychiatric illnesses.

RESOURCES AT THE ELBOW

Mission Patient Care Technician Michael Hansman was one of several staff members providing at-the-elbow backup for Dr. Langford and other physicians that morning at Memorial Campus. He said one reason for the relatively easy switchover there was the fact that CPOE did its go-live first at the smaller St. Joseph Emergency Department. “We got some of the bugs identified and worked out,” he said.

HUCs and nurses are natural CPOE superusers, because they have been entering physician orders into CPOE Power Plans for months, ever since the October 31 “cutover.” In addition, there was more help in the form of teams of at-the-elbow support from Nursing and Clinical Informatics – and from physician col-

leagues who had already mastered CPOE on the St. Joseph side. And behind these helpers was an entire 24-7 Command Center providing whatever additional support and assistance was needed.

“Our success really depended on an enormous amount of elbow grease ahead of time,” Dr. Poorbaugh said. “It’s going as smoothly as we predicted. Maybe a little more.”

PREPARATION PAYS OFF

This success is the result of more than a year of grueling work by teams of physicians and nurses, Dr. Poorbaugh pointed out. Like every service line and specialty, the ED hammered out the way they needed their orders to be worded and organized for fast, intuitive use by physicians.

In some cases, the process of “translating” orders from paper to computer helps us see ways to improve our processes, according to James Keel, MD, Chief Medical Information Officer. “We have process issues that have been buried for years under paper,” he said. “In the process of building our computerized orders, many became visible, and we are working to fix them.” (This will be done by priority, with fixes most affecting patient care and safety done first, and others after CPOE go live later this spring.)

“We have worked very hard in preparation,” Dr. Keel said, “But the transition will still be very challenging, not only for physicians, but for everyone downstream of the physician’s orders.”

NEXT STEP

The ED go live was not a pilot. It is a full implementation of CPOE. But two major milestones in CPOE implementation during the month of March are in fact pilots – one at St. Joseph on the 4 South Orthopedics unit, and later, a housewide pilot involving physicians from many different specialties and on many different units. We’ll use what we learn to make the full implementation of CPOE as smooth as we can.

– Merrell Gregory

Best Wishes, Ramona!



A steady stream of well-wishers greeted VP/Nurse Executive Ramona Whichello at a farewell reception on February 26. Beginning her career as a staff nurse at St. Joseph’s Hospital in 1980, Ramona has held many leadership positions including 10 years as Chief Nurse Executive during her 27-year tenure. She has served on many community boards and was elected to the NC Board of Nursing in 2006. She is also involved in the NC Organization of Nurse Leaders and the NC Foundation for Nursing Excellence. Ramona has most recently been a champion and cheerleader in bringing the Magnet Program to Mission, but among her many claims to fame among her peers has been her strong commitment to putting the patient first. She received several gifts at her reception, including a proclamation from Mission President and CEO Joe Damore, right, and COO Brian Aston. Her peers presented her with a handmade quilt signed by her nurses, and a scrapbook of memories. Ramona will leave a great void at Mission and we will miss her leadership and friendship. Best wishes, Ramona!

Dogwood Progressing



Work on the exterior skin of the building continued through February. Brickwork has been completed on the back side of Dogwood (facing the Fullerton Building), as well as the faces next to West Tower. Brickwork will soon begin on the West face along the perimeter road and along the North face on the Latta Lot side. Windows started going in during February. Roofing will begin as soon as the weather allows. Roofing is a critically important step, as it allows us to “dry-in” the building and start hanging the sheetrock. Interior wiring and plumbing has pretty much wrapped up on four floors and is moving to the remaining three. As with January, February was a weather challenge that caused us to lose seven good days of work time. As spring approaches, and once the roof is on, weather will be less of a factor. Watch for the tower crane to come down this month.

Mission Children's Autism Program Benefits From Southern Living Idea House

Whisper Mountain, June 28 - Oct. 12

Southern Living and Whisper Mountain developers have selected Mission Children's Hospital in Asheville to be the recipient of a portion of the proceeds from its eco-friendly 2008 Idea House. Funds raised from the project will benefit Mission's autism services, a greatly misunderstood disorder affecting a great number of children.

"We are very excited to have been chosen by Whisper Mountain developers and Southern Living to be a part of this unique Idea House," said Susan Mims, MD, Medical Director of Mission Children's Hospital. "We believe we provide a much needed service to the community and the proceeds from the home tours are going to allow us to expand this work and mission."

The 2008 Southern Living Idea House in Whisper Mountain, 25 minutes northwest of Asheville off State Route 63 in Leicester, will be a farmhouse-style home with complementary outbuildings – including a detached garage, cistern "pump house" and more. The home's many eco-friendly features include solar



thermal and solar photovoltaic panels, rain water catchment and grey water system, radiant heated floor, tankless water heater, use of recycled metal, native species landscaping, Energy Star appliances and much more.

Whisper Mountain has partnered with EcoBuilders, Inc., an Asheville green builder, to create this unique home, which

will showcase the very latest in sustainability options for anyone looking to upgrade or build in harmony with their surrounding environment.

The house will be open for public tours June 28 - October 12. You can learn more by visiting www.whispernc.com.

Celebrating Service In March!

35 Years

Sylvia B. Cox	Insurance Billing
Joyce G. Mills	NICU
James P. Rogers	Cardiac Surgery Admin.

30 Years

Celeste C. McClure	General Surgery
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25 Years

Carol M. Dunn	Labor & Delivery
Ronald A. Hess	Respiratory Svcs.
Ann W. Knupp	Clinical Support & Devel.
Larry D. Mitchell	Engineering

20 Years

Pamela J. Braznell	Adult Medicine
Carol M. Hall	NICU
Phoebe W. Reed	Labor & Delivery
Garry E. Robertson	Administration

15 Years

Karen P. Cox	PACU
Susan R. Funderud	Insurance Billing
Sylvia S. Johnson	NTICU
Margo M. Knight	Radiology Diagnostics
Amy S. Riggs	CVRU

Sean P. Watkins

Toni S. Wild
David W. Worley

10 Years

Lawrence P. Borrelli
Sandra W. Brewer
Randall S. Day
Karen V. De Guzman
Shannon L. Edmonds
Tammy R. Goforth
Kimberly N. Green
Rita M. Hall
Shirley J. Kuykendall
Donald E. Little
Sarah E. Rambo
Kevin E. Ray
Roger D. Stamey
Janis S. Valentine
David H. Walsh

5 Years

Renita D. Barnwell
Paul M. Bennie
Jamie L. Blankenship
Leatha F. Briggs

Operating Room
Cardiology Invasive
Facility Services

CS&D
Labor & Delivery
Information Technology
Transfer Unit
Security
Vascular OR
Accounts Payable
Utilization Review
CVPC
Food & Nutrition
Womens Surgical
Lab ORH OP
Food & Nutrition
Radiology Admin.
Food & Nutrition

Pediatric Psych
Regional Transport
Staffing Pool
Lab ORH OP

Judyanne W. Campbell
Kindra L. Canipelli
Alonzo H. Clontz
Linda R. Crivaro
Janet R. Crooks
Jill A. Earwood
Crystal H. Franklin
Suzanne F. Harter
Kathryn I. Jones
Carolyn D. Karns
Sandra L. Lilley
Donna Livingston
Emily A. Matt
Patricia R. Myers
Deborah K. Nichols
Michele R. Rowland
Holly J. Rushing
Yira P. Sanchez
Sheila A. Saunders
Nina A. Sebastian
Sandra L. Sherrill
Robin D. Sorrells
Judy A. Tullar
Janet L. Webb
Jerry D. Webb

Radiology CT Scan
Womens Surgical
Environmental Services
Neurosciences
Mother Baby
ASC
MSICU (CNTH)
Adolesc. Psych
Staffing Pool
Food & Nutrition
Oncology
6N STJ
Radiology CT Scan
7 General Surgery
Womens Surgical
Copestone
Transfer Unit
Interpretive Services
Pediatric Psych
CVRU
Psych Day Program
Radiology Ultrasound
Pulmonary Medicine
Labor & Delivery
MCSD

Diversity at Work: Mission's Diversity Committee



Mission's newly formed Diversity Committee is now meeting regularly to address issues related to Mission staff and human resource policies. Seated left to right are Mission President and CEO Joe Damore, Kathey Avery of Oncology and Ying Yue of Human Resources. Standing are Ralph Garcia of Interpreter Services, Tom Knoebber of Performance Improvement, Interim Diversity Officer Michael Carter, Barbara McLean of Mission Children's Clinics, Laurie Downs of Coli ICU, Gail Gordon of PASU, Velinda Fisher of Administration, Sean Strivelli of Nutrition Services, Human Resources VP Maria Roloff, and Gary Bruce of Risk/Legal. Not pictured are Javier Bravo of Security, Cheryl Gibson of Clinical Support and Development, Melvin Holloway of Information Technology, Michelle Rabell of Community Relations, Deniese Sanchez of the Staffing Pool, and Faisal Mohammed of CICU. The group is led by Michael Carter, who says that the group charter includes providing a forum for staff concerns, as well as planning and implementing diversity and inclusiveness strategies. The committee will make recommendations to Mission leaders, hold them accountable for improvements in the area of diversity, interpret the new Leadership Diversity Action Plan as it relates to staff, and extend diversity efforts to the community. Mission has also formed an external Diversity Committee made up of community leaders.

Endoscopy Wants to Help Save Your Life!

Colon cancer awareness

It's true! Mission's Endoscopy Department can help save your life, especially if a colonoscopy reveals that you have colon cancer.

Colon cancer is the second leading cause of cancer-related deaths in the United States according to the Center for Disease Control and Prevention, and since March is National Colon Cancer Awareness month, the Endoscopy department is encouraging you to learn more about colon cancer and talk to your physician about colon cancer screening.

According to the American Cancer Society, anyone age 50 and older is at risk for colon cancer, even if you have no symptoms and no family history of the

disease. Ninety percent of colon cancer cases are diagnosed in people over 50, with both men and women equally at risk for this disease. Colon cancer screening should also be done prior to age 50 if there is a family history of colon cancer, polyps, or inflammatory bowel disease.

Colonoscopies are the most effective colon cancer screening procedure according to Emmet B. Keeffe, M.D., president of the American Gastroenterology Association. Screening colonoscopies can detect the presence of polyps, which are small growths on the lining of the colon or rectum. If not detected and removed at an early stage, these polyps can become cancerous. Other screening methods include stool sample (fecal occult blood

test), flexible sigmoidoscopy, barium enema and a rectal exam.

Most insurance companies will pay for a screening colonoscopy, including Medicare and Medicaid. If you have Mission's Choice Plan, you are covered 100% for an annual colonoscopy if you are over age 50 or age 40 if you have a family history of problems. See page 13 of your 2008 Plan Booklet for details. If you have other insurance, you will want to verify their coverage for screening exams.

The Endoscopy Department will be sponsoring educational booths in both campus lobbies in March. Drop by and learn more about colon cancer screening.

– Kitty Ratzlaff, RN

Better Than Blonde!

Lighten Up 4 Life Team Profile

- Stephanie Kiser, Director of Health Education and Community Health Enhancement

“I want to take responsibility and strive to be a positive example for our organization and the patients who come for our Health Education Services. I want to be active in Mission’s goal to be a healthy community and workforce.

“My goal is to improve my activity level and lose those 20 pounds that have appeared and stayed over the last 5 years. And I want to become someone who exercises regularly instead of just whenever I can fit it in.

- Amanda Ridenhour, Clinical Nutritionist Educator, Health Education Center

“The ‘team’ part of Lighten Up 4 Life captured my attention. When I am working with other people toward a common goal, life change seems fun and interesting! Research shows that support is necessary in order to be successful at long-term behavior change.

“I wanted to focus on performing regular and consistent physical activity. This team is encouraging me to make activity a priority on a daily basis. With girlfriends on the move, it seems easier to make regular physical activity happen. I really enjoy our weekly Wednesday afternoon laugh and talk walks. With activity as a priority, other health goals also fall into place such as increasing the number of fruits and vegetables and drinking more water and non-caloric, decaffeinated beverages. Moving well = feeling well = feeding well.



The Better than Blond LU4L Team pictured left to right are Amanda Ridenhour, Margaret Bollo, Patty Klatt and Stephanie Kiser. Photo by Michelle Rabell

“Our team is consistent. We show up weekly on Wednesdays despite the cold to get moving and take advantage of walking on the sidewalks from Mission Hospital to downtown Asheville. The route we selected allows us a great opportunity to window shop and enjoy some people watching.

“With the help of my team, my focus and commitment to physical activity, my HDL cholesterol is improving. My last HDL reading this January was 83. Less risk of heart disease for sure!”

- Margaret Bollo, RN, Operating Room, Memorial Campus

“I began my weight loss journey last summer with the help of my friends at the Optifast® program at Mission Hospitals. I began taking blood pressure medicine in January 2007, and knew that if I didn’t do

something soon, it might be too late. I had a sister who died at age 36 from a heart attack. Both my parents died at the age of 68 from heart related issues. I need to live longer than that so I can watch my grandchildren grow up and my children become successful.

“My goal is to lose 35 more pounds and be the healthiest ‘grammy’ in town. I have already lost 89.7 pounds, so 35 more should be a piece of cake, so to speak.”

- Patty Klatt, Weight Management Program Coordinator

“I joined the challenge to improve my overall health. My goal is to increase my exercise and to lose a few pounds.”



USE CAL STAT®
BEFORE & AFTER
LEAVING A PATIENT’S ROOM

2-3 SQUIRTS IN HAND • RUB UNTIL DRY

Retooling, continued from page one

Postage costs are another item being studied. The team looking at that has found that Mission can save three cents on every patient statement mailed out by making some adjustments that allow the hospital to mail at a bulk rate, Ayscue noted.

Other areas being examined include:

- Looking at “outsourced” contracts to see if Mission could do the work more cost-efficiently in-house – and at the same time create more jobs for the area economy.
- Examining vendor relationships to make sure that suppliers are “sharpening their pencils” and giving Mission the best possible price.
- Implementing additional training initiatives, employing documentation specialists and concurrent review techniques, and utilizing physician queries to improve the quality of our documentation and coding to ensure Mission is reimbursed properly for the care provided.
- Identifying ways to save energy and exploring opportunities for grants to fund energy audits.

Overall, the potential for reducing costs is considerable. Hill noted that since this retooling effort began last fall, just under a million dollars in savings has been identified.

A RESPONSIBILITY ALL STAFF MEMBERS SHARE

Both Ayscue and Hill encouraged all Mission staff members to embrace the retooling mindset and think about cre-

Beginning with the April 3, 2008, paycheck, all staff members will receive their payment information via e-mail rather than a hard copy by mail. Many staff members already use this service. *E-pay is expected to save Mission \$87,000 a year in postage and administrative costs.*

Every payroll week, you will receive an e-mail with an attachment from epay@msj.org. The e-mail will come to your Mission e-mail account. When you click on the attachment, you will need to enter a password. The password is the first 3 letters of your last name and the last 4 digits of your Social Security Number. For example, someone whose last name is Smith and the last 4 digits of their SSN is 5555 would have a password of `smi5555`. These instructions will also be included in the e-mail you receive every payroll week.

If you do not want to pull your pay stub up at work, you can forward the e-mail to your home e-mail address. You can also go to www.missionhospitals.org and login as an employee and click “check e-mail.” You can pull your pay stub up just like you would at work.

Another alternative is to print your pay stub from Lawson. If you do not like e-mails, you can login to Lawson, click on “My Payroll,” and click on “Paychecks.” If your mailbox is full, you will not receive your e-pay. You will have to notify the Payroll Department or go into Lawson and print your pay stub from there.

If you are receiving a check instead of direct deposit, you will not receive an e-pay notification.

ative ways to reduce costs, increase revenue or improve efficiency in their own work areas. If you have an idea, share it with your supervisor.

The search for ways to operate more efficiently must become a way of life for Mission, Hill added.

“This is not a one-time checklist,” he said. “It will have to be an ongoing effort, and everyone will play a part.”

“It’s just the right thing to do,” Ayscue summed up. “I tell people: no patient elects to be sick. They come here out of need. We have a responsibility to our patients to keep our costs as low as possible.”

– Lu Anne Stewart



Masquerade \$5 Jewelry Sale

St. Joseph Lobby
Tuesday, March 11, 11 p.m. until Wednesday, March 12, 3 p.m.

Memorial Lobby
Wednesday, March 12, 11 p.m. until Friday, March 14, 3 p.m.

Cash, Checks, Master Card, Visa and payroll deduction accepted.
Bring your ID badge with you, please.

Sale sponsored by the Gift Shops. All proceeds go to special projects and equipment needs to enhance the lives of our patients and the community.

Can Helpmate Help You?

For victims and their children

Did you know that approximately four million women suffer domestic violence each year,¹ and that most evidence suggests that incidents of domestic violence often go unreported, meaning that in reality, these numbers could be much higher?²



And did you know that if you or someone you know is suffering from domestic abuse, you have a friend and advocate at Helpmate?

For nearly 30 years, Helpmate has been Buncombe County's primary provider of crisis services to victims of domestic violence and their children.

Their services include:

- A 24-hour crisis line – 7 days a week, and in collaboration with United Way's 2-1-1 call service, victims of domestic violence can reach a dedicated line staffed by trained volunteers and Helpmate advocates.
- Emergency Shelter – More than just a "safe house" from abuse, Helpmate's emergency shelter offers around the clock case management, basic needs support and counseling from a caring staff. Helpmate provides 25 beds to the community.
- Individual Counseling – Victims of domestic violence receive free, confidential counseling from a team of licensed and license-eligible staff, interns, and volunteers trained to honor the unique situation of each individual client.
- Group Counseling – Several groups help meet the needs of victims at various stages of recovery, whether the victim of domestic violence is currently in a situation of abuse, or has established a safe and peaceful home.

Crisis Line: 254-0516

- Court Advocacy – Helpmate's trained court advocates and volunteers assist victims who pursue legal remedies to domestic violence in both civil and criminal court systems. Victims establish plans for personal safety, gain an understanding of their legal rights, and receive assistance navigating the court process.
- Professional Education – Medical professionals, emergency first responders, mental health professionals, law enforcement officials, magistrates, educators and other professionals learn to recognize the signs of abuse, receive advice on how to talk to victims and learn to make referrals to Helpmate's services.
- Community Education – Education and awareness campaigns are essential to building communities that reject physical abuse. We provide outreach to leaders in faith communities and civic groups to build a coalition of support for victims.
- Outreach and "at risk" groups – Helpmate provides preventative domestic violence education to groups considered to be "at risk" of domestic violence, including but not limited to students, teens, the welfare-dependent, and persons with mental health and/or substance abuse issues.

Helpmate's services are confidential, and are offered free of charge in a safe, secure, and serene environment. Call their Crisis Line at 254-0516.

¹ U.S. Department of Justice Statistics, May, 2000
² The American Medical Association. 1998

A Closer Look

Are YOU Abused?

When starting a new relationship, don't be so starry-eyed that you fail to recognize the obvious traits of an abusive personality. Remember that you don't have to become black and blue to be abused. If you answer 'yes' to the majority of the questions below, turn to a counselor for help before the relationship turns on you.

- Your partner has a family history of abuse; he/she was physically or psychologically abused as a child, or the mother was battered by the father.
- Your partner has a violent streak or temper that's out of proportion to the incident in question.
- Your partner is basically contemptuous of women.
- Your partner has a fetish for guns and other weapons, and claims to keep them around to protect himself/herself from others.
- Your partner uses drugs or drinks excessively.
- Your partner commits acts of violence against objects and things rather than people.
- Your partner displays unusual jealousy and possessiveness when you're not with him/her.
- Your partner questions you about time spent away from him/her, or becomes enraged when you don't listen to his/her advice.
- Your partner has a dual personality. One minute cruel and critical; the next minute kind and loving.
- Your partner's emotions are in overdrive. When he/she is angry, he/she is a madman who's consumed by rage. When he/she is in a loving mood, he/she lavishes you with candy, flowers and gifts.
- Your partner's anger so frightens you that you try hard not to make him/her angry.
- Your partner's not above pushing or shoving you around when he/she is angry.
- Your partner's rough during lovemaking, or has physically forced you when you weren't in the mood.
- Your partner had a string of unsuccessful relationships or marriages.
- Your partner feels that women are the 'weaker' sex.
- Your partner has an unusual relationship with his/her mother, which borders on love-hate.
- Most people think he/she is a real charmer.
- Your partner tries to control your life - what you do, whom you see, and what you think.
- Your partner frequently uses violent language and calls you obscene names.

If you answered "yes" to many of the above questions, you may be in over your head - a victim or soon-to-be victim of battering. While these tendencies are certainly not definite signs that a man or woman is a batterer; they indicate that he/she has the potential to become one. Don't take chances with your life and health. Get help now and avoid getting caught in the vicious cycle of violence.

From www.helpmateonline.org/abuse.html

Social Workers Build on Strengths, Make Connections

March is Professional Social Work Month

Who do you call when you don't know how to help a patient or family member with a non-medical concern? Chances are you've called one of our social workers, discharge planners or licensed mental health professionals.

Social workers help people in all stages of life, from children to the elderly, and in all situations from adoption to hospice care. You can find social workers in hospitals, police departments, mental health clinics, military facilities and corporations. At Mission, social workers provide assistance with discharge planning, mental health issues, adjustment to illness and contribute greatly to reducing length of stay.

Discharge planning involves arranging home care services such as medical equipment, visiting nurses, meals and other services. Social workers must understand the nuances of Medicare, Medicaid and other insurances. Cases become very complicated if insurance does not cover needed services or if the patient has no insurance. Patients who are homeless pose particular challenges as do patients with chronic mental health or substance abuse issues.

First time nursing home placements involve helping the patient and family adjust to a major life transition as well as finding the right facility. Patients who require a ventilator and who weigh over 300 pounds are particularly hard to place.

Helping patients and families cope with traumatic injury, terminal illness and death is hallmark of medical social work. Asheville is a tourist location and sadly, many people suffer accidents, heart attacks or other traumas while visiting. Helping out-of-state families cope with long distance arrangements can be quite involved.

Reaching out and helping patients coping with domestic violence or families dealing with abuse and neglect takes special skills and knowledge of resources,



and social workers are well versed in this area.

At Mission, social workers meet many needs:

- **There is never a typical day on our mother/baby, pediatric and NICU units.** Social workers are involved with adoption agencies, school systems and community agencies that serve the needs of mothers, newborns and children. Due to special needs, children from all of western North Carolina come to Mission and parents need lots of support and encouragement. Unfortunately, child abuse and neglect is all too common and our social workers are skilled in making appropriate interventions.
- **Emergency Department social workers** work around the clock assisting patients and families with every social problem imaginable and they do so in a very timely manner. Crisis intervention assessment skills and an instant knowledge of community resources are imperative.
- **Social workers at Mission Children's Outpatient Center** assist children and

their families adjust to illness and access community resources. In our Hematology/Oncology Clinic, social workers provide counseling and services to help children and families cope with life-threatening and terminal illness. A keen understanding of each child's developmental stage is critical when working with this population. The Family Support Network social workers provide an array of emotional and educational support options for families raising children with learning and processing difficulties, developmental disabilities, medical issues, and mental health and behavioral concerns.

- **Copstone social workers** and mental health professionals provide assessment services, crisis intervention, individual and group therapy to children, adults and the geriatric population in the emergency department, inpatient units and the partial hospitalization program. Arranging aftercare in a world of diminishing mental health and substance abuse treatment options has become very complicated, particularly if there are serious medical concerns.

All Mission's inpatient social workers hold a bachelor's degree in social work, psychology or a similar field and many have an MSW or other master's degree. Copstone social workers and mental health professionals are all licensed at the master's level as are social workers in our outpatient settings.

A central tenant of the social work and mental health professions is to provide a strengths perspective that emphasizes mobilizing resources, capabilities, support systems, and motivations to help patients meet challenges and overcome adversity.

Who do you call when you don't know how to help a patient or family member? Call one of our social workers, discharge planners or licensed mental health professionals at 213-7814.

— Barbara Marlowe
Social Work & Discharge Planning



Ask Dr. Sig

Dear Dr. Sig,

*Why is it that I always get voicemail when I try to reach Human Resources?
– Frustrated*

Dear Frustrated,

Human Resources conducted a survey on MOD last fall. Based on the survey results regarding customer service received from HR, they have heard your concerns about the phones! Human Resources will be implementing a new and improved phone system by the beginning of April to provide better service and a quicker response. Keep your ears open for a dedicated line for employees with more personalized service when contacting 213-5600.

Dear Dr. Sig,

I work in the Heart Tower, and we have often wondered why there isn't anywhere nice to take patients out when they have an order to go outside? We currently take them to the entrance of the Heart Tower to stare at the beautiful concrete of the MAHEC parking deck, and as much as we enjoy the structure, I wonder how hard it would be to put an atrium over the main entrance, on the second level with some plants, so patients that have been stuck here for months can get a change of scenery? It seems only fair since the huge dogwood project blocked so many views from our rooms. What do you think?

– Tired of Being Stuck Indoors

It does seem sometimes that we are surrounded by mud and concrete, doesn't it? I think your idea of adding some plants to the second floor landing of the Heart Tower would be an easy way to bring nature closer without the expense of construction, and I'm going to pass that along to Facility Services. Spring is coming!

In the long run, we are challenged by the limitations of the hospital campus and its urban setting, but as we plan for the next decade and beyond, we are trying to design a more open feel to the campus. Evidence-based design research indicates that access to nature is important to the healing process, so as different projects come forward we will be looking for ways to incorporate more natural features. Of course, limitations of space and funds will always result in prioritization as we try to balance those needs with technology and staffing.

Dear Dr. Sig,

*What would it take to get to take a "ride" in MAMA? I am fascinated with the chopper and think it would be interesting to get to go out and see what they do.
– Loves an Adrenaline Rush*

Well, I guess you could be involved in a really bad accident (just kidding)! Most people ride in MAMA because they need emergency transport, but I know you don't want to do that! Department policy, risk practice, weight limitations, and cost just don't allow us to offer rides to individuals or offer a ride along program. We wish we could. It is interesting and rewarding work.
– Sig

Dear Dr. Sig,

I have to tell you, I work on the best floor ever. I may not always agree with everyone and I may not be an RN like most on our floor, but we have outstanding, caring nurses. I recently spent time on the other side as a patient on 7N and I couldn't complain about any of our regular floor nurses. Thank you folks!! I appreciate you all!

– Amber Davis, LPN

Dear Dr. Sig,

I just wanted to tell you that I appreciate you.

Awwwww. – Sig

Hello Dr. Sig,

I have a concern about Mission Hospitals paying to have all of this remodeling done and people are not keeping it clean, for example, "A" level parking on the St. Joseph Campus, is really nasty due to people throwing things in the floor and not in the trash can; or putting boxes in the trash can and having them overflowing in the floor. They should at least break the boxes down before throwing them away!

Since we all share in the pride of our hospital, I think it is also the responsibility of every one of us – staff, volunteers, contractors, physicians and leadership – to make sure that all trash is disposed of in the proper containers so that it doesn't blow around. It is impossible for our grounds staff to keep things picked up behind contractors and staff. We sure appreciate someone taking notice and assisting by using trash cans instead of the deck.

Dear Dr. Sig,

When welcoming new employees in Scope, why do certain healthcare providers have their credentials with their names and others do not? It seems that only nursing and an occasional paramedic have their hard-earned credentials acknowledged. Many other people in this system earn credentials in their chosen field. Or maybe it's like everything else, this system seems to appreciate its nurses (as it should) and underappreciate and disrespect every other healthcare professional. Without the rest of us, Mission would not be on any top 100 list.

– Second Class

The "Welcome New Staff Members" list in each issue of Scope is supplied by Human Resources and is the list they use for orientation. There is no sinister intent in listing the credentials for some and not for others, nor is there any disrespect intended. Sometimes the information is provided, and sometimes it isn't. If we really want to list credentials, we need a better way to gather the information consistently or not use it at all. – Sig

Dear Dr. Sig,

I feel that there is way too much negativity among the employees of this hospital. Whenever I pass through most any department or nurses station, I always hear someone complaining about something or talking about others. I've even heard this while the other employee was with a patient. When I first walk in on my shift, I'm usually obliged to listen to the previous shift's complaints about how busy they were and how understaffed we are in our department. No matter how good a mood I'm in, that usually brings me down several notches.

Sure, I don't expect people to be happy and rosy every minute of every day, but I just want to remind everyone that we all should be happy we have a decent job with decent health insurance (just think of all the patients we see every day who don't have insurance at all).

Bad moods are contagious. Just because you may not be having the best day in the world doesn't mean that you have to wreck everyone else's day around you.

Every cloud has a silver lining. Yes, we are all busy, but if we can all just take a minute and think about all the good we are doing and think twice before we say something that negatively affects someone else, this hospital can be a happier and more comforting place.

– Looking on the Bright Side

A certain amount of grumbling is to be expected in any workplace, but I hope that your letter will make someone think twice before they express themselves. Keeping a sunny attitude can help spread light to many dark corners.

Dear Dr. Sig,

Is there a policy about piercings, and if so, how are you supposed to hide a lip ring?

I'd say that as a general rule, facial jewelry other than earrings should be removed during work hours, especially if you are in daily contact with patients and visitors.

For Emergency staff, the policy (ED 2.08) states that body adornment must be minimal, conservative and inoffensive to our patients and visitors. Staff may be asked by leadership to cover tattoos or remove jewelry or makeup deemed inappropriate for the workplace.

In Rehab services, the policy (10.09) states that jewelry, makeup, perfume and cologne should be worn conservatively. No dangle/hoop earrings should be worn by patient caregivers. No political buttons.

If you work in Asheville Specialty Hospital, they ask that facial jewelry other than earrings should not be worn while on duty. (ASH-Nursing Admin. #1.03)

HR policy #5.02 says that facial jewelry other than earrings is prohibited. Pharmacy and Radiology are the same.

Readers, what do you think?

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

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 phone number – not your work 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

2002 Chevy Tahoe Z71 SUV with tow package. Leather, sunroof, premium sound, power everything. All service records. Runs and looks great. 118,000 miles. Below NADA. Must sell. \$13,900. Call 828-776-2727.

1991 Ford Pickup: Good work truck, cap, bedliner, tow pkg, hitch, 5-speed, 6 cyl., new tires and starter, high mileage (a lot highway). \$2999 OBO. 689-2187.

Toyota Tacoma Gap for short box. White with tinted windows, front slider window, etc. Rear window missing. Sold new for \$1200. Asking \$400. 689-2187.

2006 Toyota RAV 4: V-6, 2-wheel drive, blue exterior and gray interior. Gas mileage 24/29 mpg. Excellent condition. Located in Banner Elk, NC. Mileage 35,000. \$18,200 negotiable. Call 937-307-9215 cell. Leave a message if interested.

Homes and Land

House for Rent: 2 BR/1.5 BA, cute bungalow, W Buncombe/Erwin High School district, 15 min. to downtown, .5 acre fenced lot, new siding, full basement for storage, large deck, W/D hookup, dishwasher, hardwood floors. No pets. Deposit & references. \$750/mo. 828-259-9040.

House for Sale: Newer 3 BR/2BA house w/wrap around porch. 1400+ sq. ft. with studio/possible rental cottage adjacent to house. Hardwood/carpet/ceramic flooring. One acre of property fully cleared and landscaped. Private setting at the end of road. Buncombe County. Too many features to list. \$249,900. Call Lisa at 712-7310.

Condo for Sale: Beaverdam Run condo featuring 2BR/2 BA and 2 beautiful stone fireplaces with new energy efficient gas logs. Condo recently updated and all this with a year-round mountain view. The community offers spacious sites having 132 units on 116 acres. There are 5 ponds, miles of walking trails and a clubhouse offering an indoor heated pool with a retractable roof and fitness center. For more information on our condo go to our website at <http://www.burketttdesign.info/blueridge> and you will see the beauty that awaits you. Please note that you may have to view our website utilizing Mozilla Firefox as your browser. Also visit <http://www.beaverdamrun.org/> to learn more about the community. All of this for only \$445,000. Please call 255-2633 to schedule a viewing.

Lot for Sale: In Riceville community, approx. 1.5 acres in beautiful new development. Lot is flat and ready to build on. \$75,000. 216-3989. Mark.

House for Sale, Rent or Lease Option: A beautiful white, two-story traditional home with black shutters in Fairview located 10 minutes from River Ridge Mall. 2260 sq. ft. 4 BR/2 1/2BA, country covered front porch, deck, hardwoods, chef's kitchen with morning room, gas logs, master on main describes this house in a lovely, 12 custom-home neighborhood. Buy at \$299,900. Rent at \$1575/mo. or lease/option at \$1700 (with \$200 mo. credit towards purchase price). Call Gary: 215-1306.

House for Sale: South Asheville: FSBO. Glen Merrill subdivision. Amazing view within 10 min. of downtown. 4BR/2 BA, 3,232 sq. ft. home on almost 2 acres. Additional 1,450 sq. ft. in unfinished full basement. Master suite on main. Hardwood throughout. Large recreational room. Completed in 2007. Excellent schools. \$850K. Call 828-687-7208 for appointment.

Townhouse for Sublet: Spacious 1400 sq. ft. 5 min. from downtown in East Asheville. Will be subletting for 6 months or 12 months starting anytime around Apr. 1st. Close to VA hospital and Warren Wilson College. Quiet and helpful community. 2.5 baths, kitchen, 2 large bedrooms, fireplace, large garage, washer/dryer and large living space. I am taking an

international assignment for 6-12 mos. and would love to have responsible folks living in such a great place. Please contact if interested. Great for couple, small family, students, health care workers, forest service workers, etc. Please non-smoking. You can contact me at 828-329-1644.

House for Sale: Charming 3 BR./2 BA in Weaverville. 1248 sq. ft. with beautiful views. Very well kept. One acre lot with lots of privacy. Outbuilding for extra storage. \$139,000. Call Zabrina Maltry, real estate agent, JD Jackson @ 828-258-2222.

House for Sale: 3/2/2 Gorgeous newer home with many upgrades and expansive mountain views! Save closing costs and deal with owners directly! Built 2004, on .43 acre. Paved road and drive. Approx 1400 sq. ft. Safe, quiet neighborhood. 13 miles from downtown Asheville in Candler. Vented gas log fireplace. Covered porch on front, covered balcony in back with mtn views. Rocking chairs included! Smoke free, pet free, new carpet last year. Huge eat-in kitchen. All stainless appliances. Built in microwave/rangehood. Glass top range, Side by side fridge with ice/water in door. 1 year home warranty included. W/D hook-ups. Plantation blinds throughout, rounded corners, crown moldings. Remote ceiling fans w/ lights. Well/septic. Low taxes. Great schools. \$225,000. Call 633-0474 for appt.

Myrtle Beach 3 bedroom condo – Not a timeshare. Located off 21st Ave. Fully furnished. You become one of ten owners. Five weeks vacation per year. Call for more info. 828-684-7322.

Household

Entertainment Center by Hooker furniture: Approx. 72 in. high by 48 in. wide. Holds at least a 32 in. TV and has 2 cabinets below to hold audio components etc. Good condition. Asking \$125 OBO. Call Howard. 828-335-3009.

White Crib with new mattress (used only 2 months). Great condition, almost new. For \$100. Please call 828-280-8888 or 828-528-5891. Ask for Eunice.

Sony Explore CD player. Great graphic display. Plays MP3 disks. Also have two Sony Explode 10 in. subwoofers in a carpeted box and a Sony Explode amplifier as a set. All three together for \$350. Call 828-458-5453. Ask for Andy.

Miscellaneous

Drums: Tama Rockstars, dark red, kick, snare, 2 suspended rack toms, 16-inch floor Tom, Tama double bass pedal and hi-hat. Not a beginner set. Mint condition. \$450. 215-7860.

Fish Tanks: 29 gal. with everything \$175. Beautiful 20 gal. with everything including some cool fish; teen needs money for camp. \$175. Compare to new these are a great deal. 689-2187.

Trade: Electric fence controller. HOL-DEM, 57A. It is a plug in. I need a Solar controller, or trade for metal 6 ft. fence T-posts or electric braid. 689-2187.

Tickets: For Keith Urban & Carrie Underwood, Apr. 25 at 7:30 pm in Deluth, GA (about 3.5 hrs away). \$265 for all 3. 828-628-2583, 828-808-4112 before 9pm or raggedyannandandy73@yahoo.com.

Live Auction: Help support Youth Missions at First Baptist Church of Asheville. Saturday, April 19 at 10 a.m., Crocker Auditorium. Supports the Youth 2/College Choir going to Leipzig, Germany for the 2008 Baptist World Alliance Youth Conference. Signed Sammy Sosa Baseball, two UNC vs. Duke basketball tickets in Chapel Hill for the 2008-2009 season. A timeshare in Kissimmee/Orlando, Florida. 90-min. hot stone massage from The Lyons Mane Salon on Hendersonville Road and a 60-min. Swedish massage also from The Lyons Mane Salon. A two night stay at Hampton Inn & Suites in

Murfreesboro (located less than 35 miles from Nashville). And much more! For more information, call the church office at 252-4781 or go to www.fbca.net.

BMW Charity Pro-Am Tickets: \$25. The pass is good for all four days, May 15th thru May 18th. Access to the grounds all four days of the tournament. (Thornblade Club, The Carolina Country Club and Bright's Creek Golf Club). Includes complimentary parking and shuttle service and an official Spectator Guide (available at the tournament gates). Kids 14 and under get in free with a ticket holder. 100% of the money raised will fund the Youth 2/College Choir of First Baptist Church of Asheville. Check out the website at <http://www.bmwusfactory.com/community/golf>. For purchase tickets or for more information, call the church office at 252-4781.

Student Desk: 6-piece computer desk, light walnut wood, brass knobs with center console and side shelves. \$200. 828-633-0405.

LeapFrog Reading System with several books and cartridges, many never used. Also pink case to contain same. For information, call 775-9708.

IQuest Educational handheld system with several cartridges, used twice. For information, call 775-9708.

Pets

Blue Weimeraner: 4 yr. old female. Full-blooded and AKC registered. Spayed, up-to-date on shots, house trained, very playful and active. Great with children and other animals. Stays in unfinished basement most of time. Owner can no longer give her the attention she needs. Comes with crate and all accessories. Beautiful coat and very lovable. \$100 negotiable to right home. Call 828-658-9084. Ask for Michael.

Pit Bull Puppies for Sale: CKC registered. 2 boys, 6 girls, varies to brendle, blues, and champagne. Sire: (daddy) is blue diamond; dam (mama) is budwisercrusher. \$300 per puppy with papers. Please call 828-280-8888 or 828-528-5891.

Male, blue point rescue cat free to a good home. Approximately 4 yrs. old. Up-to-date on all shots. Extremely affectionate with people, but tends to be jealous of other animals. If interested, call 768-5053.

Services

Week-end intensive workshop with hands-on instruction in making tinctures, teas, salves, poultices. Meadow and wooded walks with local herbalist to identify wild medicinal plants native to our area. April 18, 19, 20. \$250. 629-1706 for details, reservations.

Sports & Recreation

Myrtle Beach: March 15 – 22. Sands Ocean Club. 2 BR (1 full size bed and 2 twin), sleeper sofa, 2 full baths, full kitchen, beach front balcony, indoor heated pool, 2 hot tubs, exercise room, Ocean Annie Restaurant, close to golf courses. Check in 4 p.m. on the 15th and check out by 10 a.m. on 22nd. \$750 for the week. Call 686-1505 and leave message or call between 6-9 p.m. Last offer.

Kaleidoscope

Welcome New Staff Members!

Julie Corn, RN	7 General Surgery
Tammy Harwood	Business Services
Laralynn Bonham	Copestone
Lisa Cameron	Copestone
Rosetta A. Wood	Emergency Regis.
Marcus Flowers, RN	Emergency Dept.
Heidi McGuire, RN	Emergency Dept.
Tammy Polishchuk	Emergency Dept.
Judith A. Andersen	Environmental Services
Kathleen Copeland	Environmental Services
Myra J. Riddle	Environmental Services
Sheila F. Roberts	Environmental Services
LaSheba Sullivan	Environmental Services
Sui Bremser	Food & Nutrition
Amy I. Warren	Food & Nutrition
Carrie James, RN	General Medicine
Lizzett Turner	Hill-Rom
Derothea Williams	Hill-Rom
Gina Boyd, RN	IV Therapy
Heidi A. Heggland	Lab Business Office
Shannon Hunter	Lab Business Office
Walter J. Morgan	Lab ORH OP
Vonnie M. Edwards	Laundry
Mary Jo Morrison	Medical Center Pharmacy
Kaye Rollin, RN	MCSO
Ori Litvak	Mission Children's Clinic
Samuel Coble, RN	Neurosciences
Brian Martin, RN	Neurosciences
Myra Peters, RN	PACU
Scott Williams	PACU
Marie J. Silvers	Printshop
Ronnie C. Nesbitt	Regional Transport
Deborah E. Runyans	Regional Transport
Brooke Maloy	Rehab Inpatient
Bobby J. Wheeler	Security

In Sympathy

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

Tamecka McDay of Environmental Services recently lost her mother, Sandra Elaine McDay. Sandra McDay was also the sister of **John McDay** of Environmental Services, **James McDay** of Materials Management, sister-in-law of **Joseph Byrd** of Materials Management, aunt of **April Byrd** of Radiology, aunt of **Shemika Hall** of Business Services, aunt of **Jason Byrd** of Surgery, and sister of **Barbara Byrd** of Human Resources.

Adrienne Kilgore of the Lab recently lost her mother, Mary Ware.

Pam Hudson of the Lab recently lost her mother, Adeline Dudek.

Debbie Hoder of 4S Orthopedics recently lost her aunt, Peggy Deitz, and nephew, Derrick Gardner.

Melinda Case of 4S Orthopedics, and **Darron Case** of PMCU, recently lost their loved one, Evelyn Gilliam.

Pam Grabowska of the Lab recently lost her parents, Alice and Tony Gefre.

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.

Lighten Up 4 Life Participants: Keep Up the Good Work!

To help you stay motivated on your journey to better health, Mission President and CEO **Joe Damore** would like for you to have a special gift. Pick up your free eco-friendly reusable lunch bag, at any of the locations and times below:

• Thurs., Mar. 13 at St. Joseph Cafeteria, 7:30 - 9:30 a.m. and 11 a.m. - 2 p.m.

• Fri., Mar. 14 at Memorial Cafeteria, 7:30 - 9:30 a.m. and 11 a.m. - 2 p.m.

Please bring your name badge so that we can identify you as a LU4L participant. You will also receive a healthy recipe that you can make in advance and bring to work in your new lunch bag!

Great 100 Nurses Nominations Due April 30

Just a reminder that if you are planning to nominate an RN for Great 100 Nurses of North Carolina, the deadline for nominations is April 30. You can learn more about the award at www.great100.org. Click on "nominations" and from there you can do an online nomination or print out a PDF version of the nomination form.

Since 1990, 135 Mission nurses have been honored by this program, which strives to recognize the significance of Registered Nurses in diverse practice settings and to raise money for nursing scholarships.

Doctors Day Celebration on March 20

The 2008 Doctors Day celebration will be held on Thursday, March 20 from 6 - 10 a.m. in the Memorial Cafeteria.

Mission Hospitals and the Buncombe County Medical Society Alliance will provide several health screenings and a continental breakfast, as well as gifts of appreciation for our physicians.

A photographer will be on site for website photos. Physicians, please plan to join us on March 20!

Legal Issues for Caregivers

Victor Garlock, an estate planning and administration attorney, will be the presenter at the next CAPES (Caring for Aging Parents Education and Support) education program March 31, 5 - 6:30 p.m., at Mission's Women's Resource Center.

This program will cover important legal issues for caregivers such as advance directives, guardianship, health care power of attorney, estate planning, etc. The session is free and open to the public. The Women's Resource Center is located at 50 Doctor's Drive, 28801. Call 213-4542 or 277-8288 for more information.

Cultural Influences at the End of Life

The Pediatric Diversity Committee will host a panel discussion on Cultural Influences at the End of Life. Sharon West and **Lourdes Lorenz** will present African-American and Hispanic concerns. **Beth Darling** will present Providing Medically Futile Treatment and how that can affect staff. It will be held March 27 from 12-2 p.m. in B418.

Bring your lunch. Dessert and CEUs will be provided. There is no cost, but please register. E-mail Beth Darling at cpfead@msj.org or leave a message at 213-8847.

All Announcements on MOD

Want to keep up with everything that's going on around Mission? Your best source is on MissionOnDemand. From the home page, click on "Announcements" and then "...more" at the bottom of that section. Check every day; it's always changing!

To have *your* announcement posted on MOD, e-mail it to the Community Relations mailbox.

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 next session begins April 15 and will run through June 5 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.

MISSION HEALTH
scope

Scope is published twice monthly for the staff, physicians, volunteers and friends of Mission Health System - 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 March 10 for a March 21 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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www.missionhospitals.org

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