

Community Highlights



In this Corner

Well winter finally hit, and hit with a bang, didn't it!

Despite the cold, our State Legislature is carrying on in Olympia. While this is supposed to be a "short session", most experts

believe the likelihood of getting the state's business done in the 60 day session is quite small. (That would mean a special session right after adjournment of the regular session.)

News headlines come and go on our computer screens and television sets daily. There has been a great deal of discussion of what the legislature must do to raise revenue, cut expenses, and keep the state running in a time of recession.

Many of those watching Olympia expect the call for a half cent sales tax increase to be passed. That would go to a vote of the people sometime in the spring (most likely in May) if it is approved by the legislators.

Most of the other news seems to center around education and transportation issues, with healthcare taking a bit of a back seat. While that should concern all of us, it is just as true that those healthcare policy questions are being debated daily.

The Washington State Hospital Association has people in Olympia attempting to keep our issues before the House and Senate. We have also heard from our local representatives that they will do everything they can to preserve rural healthcare. Still it seems, the debate is not will there be more cuts in Medicaid funding, but rather, how deep will those cuts be?

The big city hospitals are firm in their support for rural healthcare. So, this is not as simple as big city versus little town. It is much more than that. Thusly, I encourage you to keep your attention focused on the patients before you and keep dedicated to doing your very best every day. Your patients deserve nothing but your very best.



Auxiliary Scholarship Applications Open on-Line

The Hospital Auxiliary is now taking applications for scholarships for the 2012-13 school year.

For the first time ever, the application can be downloaded from the hospital website. Eligible students must be pursuing, or planning a career in health care. The Auxiliary looks to attract scholars who will return to the Valley to work in local healthcare at the hospital or clinics.

The deadline for applications is April 9th. Students in on line degree programs are not eligible, according to the application instructions. Students must maintain a GPA of 3.0 or higher to receive scholarship award.

For complete instructions and application download the form at www.sunnysidehospital.org.

The Auxiliary works all year long to raise money for scholarships. In 2011 more than \$10,000 was awarded to local healthcare students.

By now you have heard that I have decided to retire at the end of February. I will be expecting all of you to perform at your best in the months and years ahead. I will be leaving the facility, but not our community. Thank you all for your support and dedication throughout the years.

Clinics Merging in Grandview

The hospital board has approved a plan to merge Grandview Medical Center and Birch Street Medical Center.

The news was shared with staff earlier this week. The exact makeup of the merged clinic is still being worked out in the next week or two. Birch Street will be closing sometime in early February.

CEO Jon Smiley said it was a very difficult decision for the Board to make. He said, the continued uncertainty in state and federal funding of healthcare requires some difficult decisions to be made.

Patients of Birch Street Medical will receive a letter with instructions about transferring their care to Grandview Medical Center or another clinic of their choosing.

STD Update for Clinicians

UW School of Medicine is sponsoring a one day program March 1 in Yakima. The course is designed for clinicians who diagnose and treat patients with sexually transmitted infections.

The STD Update course provides participants with training in recent advancements in the epidemiology, diagnosis, and management of viral and bacterial STDs.

CME medical and nursing credits are available through the UW. The cost is \$75 which includes continental breakfast and lunch.

Register on line at seattlesthdhivptc.org. You can also call (206) 685-9850 for more information. The class will be held at the Yakima Convention Center in downtown Yakima. Seating is limited and early enrollment is encouraged.

Coming up in March

Trauma Nursing Core Course will be taught March 8-9 in the Classroom at the hospital.

This will be two full days (8 AM -5 PM) with time off for lunch.

Emergency Nursing Pediatric Course will be held March 29-30, also from (8AM - 5 PM).

To register for either course, contact **Elaina Wagner**, Staffing Coordinator at ext 1516.



HIPAA Pointer

Security Pointer

By **LaDon Linde**, HIPAA Privacy Officer

We all get SPAM email (more accurately called “unsolicited bulk email”) which are basically any email that we *didn’t sign up to receive* - but received anyway.

These emails sometimes contain, viruses, trojans, etc., which can threaten our hospital/clinics computer systems. Recently, one such virus kept our IT department busy most of a weekend to keep it from severely damaging and breaching our system.

What do these Spam emails look like? They come in a variety of ways, but here is an example of one received in the past:

From: Darrell Willis [<mailto:dwillis@brookdalecc.edu>]

Sent: Friday, April 08, 2011 8:20 AM

To: undisclosed-recipients

Subject: WEBMAIL ALERT

IT Service,

A Computer Database Maintainance is currently going on our Webmail Message Center. Our Message Center needs to be re-set your spam guard because of the high amount of spam mails we receive daily. A Computerise Spamsguard Quarantine Maintainance will help us prevent this everyday dilemma.

To prevent this, please click on the link below to register your webmail account for Computerise Spamsguard Quarantine.

<http://webadministratr.com/images/fash/purposely-brokenindex.php>
<<http://webadministratr.com/images/fash/purposely-brokenindex.php>> ?

Failure to revalidate your account for upgrade means you still want to continue recieving large spam mails which will lead to exceeding the limit of mailbox.

[IT SpamGuard Service Helpdesk](#)

There are a few red flags that can be seen in this email. First, it is not directed to a particular individual in the hospital or clinic, but is sent to ‘undisclosed recipients’. Second, It does not use titles of departments in the hospital, or the name of any vendor that we contract with. Third, and probably most easy to pick out, the English grammar is not very good. If you read it carefully, it doesn’t make any sense.

If you receive an email that has these characteristics, or you are unsure of its origin or validity, please contact the IT Helpdesk, or simply forward the email to help@sunnysidehospital.org without opening any attachments or clicking on any links.

Necrosis and stenosis of the stoma

by **Dawn Beals, NP-C**

Lincoln Ave. Family Medicine

This week we will finish up the stomal emergencies by discussing necrosis (dead) and stenosis (narrowing) of stomas. Each of these problems can develop into emergencies; the stoma needs to be assessed for these potential problems in an attempt to avert more serious complications.

Necrosis of the stoma:

Necrosis is tissue death that occurs when blood flow to or from the stoma is impaired or interrupted.

Contributing factors include:

- Edema of the bowel wall
- Embolus
- Extensive stripping of the mesentery
- Extensive tension on the mesentery
- Hypotension/hypovolemia
- Obesity
- Sutures that are too close or too tight

Potential complications include:

- Mucocutaneous separation
- Peritonitis
- Stomal retraction
- Stomal stenosis

A necrotic stenosis can have a range of colors to identify the problem: Purplish, dusky blue, dark cherry red, gray, brown, or black. A healthy stoma will exhibit a beefy red to porky pink color and be moist. A necrotic stoma may be hard and dry or floppy and almost jelly like in consistency. Necrosis of the stoma is most likely to occur within the first five postoperative days. Necrosis may involve the whole stoma or scattered areas; superficial or deep.

When assessing the stoma for necrosis, look at the color and mucosal appearance every 8 hours postoperatively for the first 72 hours. Assess the suture line during pouching system changes. If necrosis is noted, notify the surgeon and monitor progression of necrosis to tissue sloughing. Rule out melanos coli, a condition that turns the stoma brownish black. This is a result from excessive cascara laxative use.

Preventing the necrosis and intervening early

is the best way of avoiding problems with a necrotic stoma. During the immediate post-operative period monitor for increased edema and enlarge the opening of the pouching system to prevent constriction of the stoma. Assess for abdominal distension and manage hypovolemia and hypotension.

Managing the necrotic stoma can be a challenge as the dead tissue sloughs. This will require resizing the pouching system as the stoma opening contracts. There may be a strong odor as the tissue falls away. Use appropriate pouches to manage the odor. Encourage the patient to observe the stoma appearance on a daily basis and use a transparent pouch. If the necrosis extends beyond the fascia, surgical intervention is required.

Stenosis of stoma:

Stenosis is the narrowing or contracting of the stoma opening that may occur at the skin or fascial level.

Contribution factors include:

- Alkaline encrustations in urinary stomas
- Excessive scar tissue formation due to repeated dilation or keloid scars
- Hyperplasia
- Inadequate excision of the skin during construction of a stoma
- Mucocutaneous separation
- Peristomal sepsis
- Prior irradiation of the bowel segment
- Crohn's disease or tumor growth
- Stomal necrosis
- Stomal retraction

When assessing for stenosis there is a small stoma opening with impaired drainage flow. Many patients may feel abdominal cramps mixed with episodes of diarrhea and excessive flatus when experiencing stomal stenosis. Others may have explosive passage of stools or the narrowed caliber of stools. When someone has a urostomy, diminished urine output, flank pain and recurring urinary tract infections may occur. If an urostomate has projectile urine this is also a result of stomal stenosis.

Key to preventing stenosis of the stoma is a secure pouch seal to prevent skin irritation. Avoid routine stoma dilation and maintain adequate hydration. Stool softeners or laxatives may be needed to allow stool to pass through the narrow opening. Symptoms of partial or complete obstruction may require surgical revision.

What is a Bone Density Test?

It is a low dose x-ray that measures the density of your bones in the lower back and hips. It takes about 15 minutes, there is no special preparation for the test, but you do need a doctor's order for the test.

What is Osteoporosis?

It is a condition in which your bones become weak and lose mass. When bones lose mass, they are more likely to break.

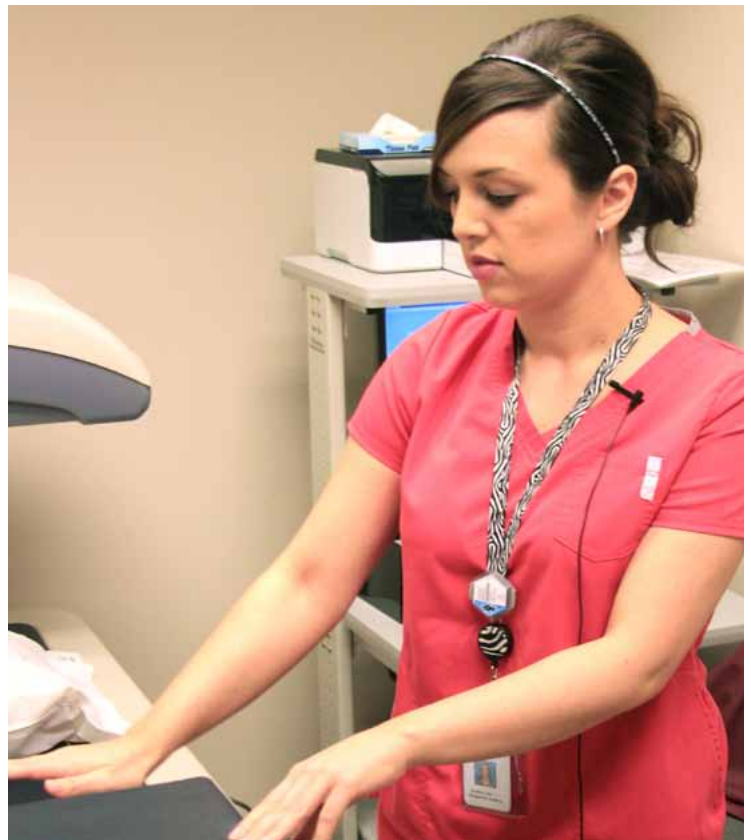
What are the risk factors of Osteoporosis?

Some risk factors include being female and having gone through menopause, family history of osteoporosis, and taking steroids for long periods of time.

How often should a Bone Density Test be done?

This test should be done every two years after menopause or yearly if it has been determined that you have bone loss. Your doctor will determine if it should be done sooner or more often due to your risk factors.

For more information contact ext. 1760.



Sandra Marquez, R.T.(R) demonstrating the bone density camera at the hospital.

6th Annual Benefits Fair

Tuesday - Feb. 28
5:00-8:30 PM

Wed. - Feb. 29
8:30 AM - 4:30 PM

IN THE CLASSROOM



Door prizes every hour, and open enrollment packets that need to be completed by all!

Compliance Hotline

If you have questions or concerns related to
billing,
confidentiality,
conflict of interest,
unfair employment practices
or other regulatory issues.

1-800-596-7580

<https://sunnysidehospital.alertline.com>

Opportunity to Help

What to do with all those empty baskets from Christmas? Well, **Sandra Linde** would like to have them for reuse at the hospital.

The hospital/clinics donate baskets to local fund raising groups from time to time. Sandra would love to have your gently used baskets to reuse the next time she provides a donation basket on behalf of all of us.

We're Early!

This is the February 3rd edition of
Community Highlights,
published early
because of the Editor's vacation.

Next edition will be February 17th.

The best way to get your news in the Community Highlights is to send it in! You can write the entire story, or just send in the basic information and we will get it into the newsletter. Deadline is normally the Monday prior to payday. We want to hear from you too NIGHT SHIFT! WEEKEND STAFF! Email to Tom Lathen, or call 837-1624.



NRP Class Feb. 17

by **Tom Anderson**

The next Neonatal Resuscitation Program (NRP) is scheduled for Friday, February 17 at 8 AM in room 139 (OB).

Don't wait to check out a study book and take your test on line. See Elaina Wagner 1516 for information. You should know the basic material when you show up for testing. If you want help with anything, see **Tom Anderson**, ext. 1576 or **Dr. Anne Nealen** before the class.

We will stay as long as needed for every student. We want you knowledgeable and comfortable with the proper NRP resuscitation program. Other classes this year? May 10, September 21 and December 13.

Expecting?



If you are getting ready for a new baby, childbirth education classes are scheduled monthly at the hospital.

The class is now offered in two evening sessions that last for two hours each. February 21 and 23 and March 13 and 15, are the next two scheduled classes.

There is no charge for mothers scheduled to deliver in the SCH Family Birth Center.

To reserve a spot (for any month) contact the Family Birth Center at ext. 1535.

Community Highlights on Line

This week's *Community Highlights* on Line features Diabetes Educator **Cathy Fierro**. You can plug this link into your computer to go straight to the video. You can also click there from the hospital webpage or Facebook page. Be sure and check out our latest TV star.

<http://youtu.be/-wI9LZPfit8>

We are having a Lunch and Learn on Feb 8, 2012. **Lisa Baldoz** from the Yakima DOH, will be speaking about updates on STD's in the Yakima valley, as well as the cuts they have endured, and what is and isn't offered from DOH.



Thanks,
Russ Neal RN

Mask Fit Testing 2012

by **Kathleen Anderson**

The Mask Fit Testing for 2012 will be conducted in April and October. We will also be doing Max-Air Hood Classes in July and August.

The staff who are required to do mask fit testing for patient care (including physicians) who did not do their mask fit testing in 2011, are now delinquent and will not be done until the 2012 mask fit testing months. We will not be doing fitting at any other time. I will make sure we are available to do each shift rotation as well as night shift in the months listed above.

Clinics are not mandatory. If they desire to have the testing done, our instructor will visit the clinic once and if not everyone is available at that time, they will have to come over to the hospital during the scheduled class times.

IT Corner

by **Danny Patterson**
Systems Support Specialist



Do you ever have a lot of programs running on your computer at the same time and need to get to your desktop?

Rather than minimizing each window as they appear in order, you can press and hold the 'Windows button' and then press the letter 'D'. This will minimize all open windows on your computer.

The Windows button is normally located in-between the Ctrl & Alt buttons on most keyboards.

To learn more keyboard shortcuts, you can visit Microsoft's page at:

<http://windows.microsoft.com/en-US/windows7/Keyboard-shortcuts>.

Recipe File

Sausage Lasagna

from foodnetwork.com



Ingredients:

- 1 (28-ounce) can crushed tomatoes
- 1/4 cup dry red wine
- 1/2 cup chopped fresh basil leaves, plus 2 whole sprigs
- 2 cloves garlic, minced
- Pinch crushed red pepper flakes
- Kosher salt and freshly ground black pepper
- 1 (16-ounce) container 1 percent low-fat cottage cheese
- 1 (15-ounce) container part-skim ricotta cheese
- 1 (10-ounce) box frozen chopped spinach, thawed and squeezed dry
- 2 scallions, chopped
- 1/4 teaspoon freshly grated nutmeg
- 8 ounces lean sweet Italian-style turkey sausage, casings removed
- 1/2 cup finely chopped onion
- 9 sheets no-boil lasagna noodles, 5 1/2-ounces,
- 1 1/2 cups part-skim shredded mozzarella cheese, 6 ounces

Directions:

1. Preheat the oven to 350 degrees F. In a small pot bring the tomatoes, wine, whole basil sprigs, garlic, red pepper flakes, and salt and pepper, to taste, to a simmer; cook until slightly thickened, 10 minutes; set aside.
2. Meanwhile, puree the cottage cheese in the bowl of a food processor until smooth. add the ricotta, spinach, 1/4 cup chopped basil, scallions, nutmeg, and salt and pepper and pulse until just combined; set aside.
3. Coat a large nonstick skillet with nonstick cooking spray set over medium heat. Cook the sausage and onion, breaking it up with a wooden spoon into small pieces, until the meat is browned and the onion tender, 10 minutes.

If you have a favorite recipe to share, we would love to print it right here. Please submit (preferably by email) to Community Relations Department. Please credit the original source of the recipe (grandma, newspaper, or name of cookbook.)

4. Assemble the lasagna: Mist a 9-inch by 13-inch baking dish with nonstick cooking spray. Spread 1/2 cup tomato sauce on the bottom of the prepared baking dish. Top with 3 noodles, half the ricotta mixture, half the sausage and 1/2 cup shredded mozzarella cheese. Repeat layers with sauce, noodles, remaining ricotta and sausage and 1/2 cup mozzarella cheese. Top with remaining noodles and sauce. Cover with aluminum foil and bake until the noodles are tender and the sauce is bubbling around the edges of the pan, 1 hour.

5. Uncover, sprinkle with remaining mozzarella cheese and continue to bake until melted, 10 minutes. Let stand 15 minutes. Sprinkle with remaining 1/4 cup basil. Serve.

Nutritional analysis per serving

Calories 350; Total Fat 12.5g (Sat Fat 5g, Mono Fat 3g, Poly Fat 1.5g); Protein 29g; Carb 30g; Fiber 4g; Cholesterol 36mg; Sodium 848mg

Please support our Auxiliary Gift Shop!

off the mark.com

by Mark Parisi



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