

Community Highlights



In this Corner

It is 2012. We start the year faced with unprecedented challenge.

No business reliant upon state and federal funding can expect to operate *business as usual* any more. For Sunnyside Community Hospital and Clinics that has meant some tough decisions that were announced earlier this week.

I want to assure you that we looked at all other possible alternatives before we made the tough choice of eliminating positions. Our board has endorsed this plan as the most tolerable choice at a difficult time. These reductions and the decision to reduce some benefits have prevented deeper cutbacks. We must make these changes due to the variability in demand for our hospital and clinic services going forward.

Now each of us, no matter the job, must once again redouble all our efforts to continue to work through these tough economic times.

Our number one priority as the year begins is to make sure nothing we do effects the quality of care, and the delivery of healthcare services to our Valley. We all need to keep that same dedication today, tomorrow and throughout 2012.

I hope you understand that your positive attitude, and your selflessness in service to others is the best way you can respond to the challenges of the recession.

We will be working hard, working cautiously, and working with commitment to serve those in need in Sunnyside, Grandview and the rest of our Valley.

Take a look at your own decisions as a buyer of goods and services. You go where your business is appreciated. Do you think that our patients and families (our customers) should do anything less? I certainly don't.

I will be off for a few days on some personal business, but I will be in touch frequently.



Right on Time!

Our Christmas baby arrived at two minutes past midnight. **Dr. April Biggs** delivered, with a little help from **Santa Robert!** Our first baby of 2012 was a little bit later on the timetable January 4th. This is a Leap Year, so we will have to see if we have a Leap Baby again this year, like we did four years ago.

The January Childbirth Education Class is next week. There is no charge for the class for moms who deliver in our Family Birth Center.



PNWU Medical Students Here

Please welcome **Bryan Tolle**, left, and **Mike McCormick**, third year Medical Students from Pacific Northwest University Yakima. Tolle is doing a Womens Health rotation with Drs. Biggs, Weaver, Meining, Khalil and Zhao. McCormick is doing a Pediatrics rotation with Drs. Nealen and Garcia.

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Certification Schedule

ACLS

January 26-27
April 23-24
August 6-7
November 5-6

Cardiopulmonary Resuscitation

Healthcare Providers - Classroom

January 24 12:30 or 3:00 PM
March 27 12:30 or 3:00 PM
May 22 12:30 or 3:00 PM
July 24 12:30 or 3:00 PM
September 25 12:30 or 3:00 PM
December 11 12:30 or 3:00 PM

Heartsavers (Non-Clinical) Classroom

January 17 1:00 PM
September 18 1:00 PM

Emergency Nursing Pediatric Course

March 29-30
September 13-14

Neonatal Resuscitation Program

February 17 8:00 AM
May 10 8:00 AM
September 21 8:00 AM
December 13 8:00 AM

Trauma Nursing Core Course

March 8-9 8:00 AM
October 8-9 8:00 AM

Register with staffing coordinator **Elaina Wagner** at ext. 1516.

Medical Students (continued)

The hospital and clinics work with PNWU to provide rotations with some of our area physicians. Off campus rotations are part of the training program of the medical school.

Tolle is from Indiana, and did his undergraduate degree at Ball State University. McCormick is from Bremerton. His undergraduate degree is from BYU-Idaho.

Enhancing Med Surgical Nursing Practice



This is a 14 week class starting January 17th and runs to April 17th. Hours are from 8 am to 12 pm every Tuesday.

This is an opportunity for the staff to take the education needed to get certified in Med/Surg. Plus, this is 42.5 continuing education hours. The class covers many subjects that nurses use every day. This is a great class to be part of and many of our nurses have benefited from the last few years.

This is a University Of Washington Nurse Education Program with many speakers in many areas of expertise. If you are interested, contact **Douglas Cotey** (Douglas.Cotey@sunnysidehospital.org). The hours can be paid out of your education time if interested. This class will not be paid time, but it is free. The CNE hours are worth the time. Limited spots available.



There are just a few items "reduced" for our after Christmas Sale. The Hospital Auxillary would like to thank all the employees for supporting the gift shop during the holiday season. If there are any special request or suggestions, don't hesitate to let us know. Blessings to all for a Happy New Year.

Karen Lemmon

Auxiliary Gift Shop Manager

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>

The Luck Within a Horse Shoe

by **Dawn Beals, NP-C**
Lincoln Ave. Family Medicine

It is still common to find, in many homes, a horse shoe nailed above the entrance door for luck. Usually, the open end of the horse shoe is pointed up; this keeps the luck from running out.

This superstition is rooted in ancient Egypt. The crescent represented a great goddess in many deities and therefore was revered. When the crescent was made in iron, the strength and honor was considered to be multiplied.

In the 1300's, in England, there was documentation found about horse shoes that are found are considered lucky. The luck seems to be in finding the horse shoe. When found, if the horse shoe is pointing open end up, it is considered very lucky. The luck has yet to run out. If there are still horse shoe nails in the shoe, each nail is considered lucky for a year.

By the 1500's, people were hanging iron horse shoes above the entrance to the house to ward off fairies and other spirits (witches came later). Iron was reported to have powers to ward off the spirits. This spread to include ships. It was common to see a horse shoe nailed on the mast of a ship; this warded off the spirits of the sea and kept the crew safe.

The horse shoe has seven nail holes in it (seven being a 'lucky' number). At one time, it was also believed that if a horse were shod with shoes made from the iron of a sword that had killed a man, the horse would never tire and would be exceptionally fast.

Other cultures have the horse shoe hanging above the door with the ends pointing down. This is to allow the luck to flow onto the ones entering the door. You also must enter and exit the same door; this allows the person to take the luck with him when he leaves.

Still other cultures hang the horseshoe next to the door, so a passer-by can touch it and obtain luck. Directionality is not involved in this superstition, just the touch on the used horse shoe is important.

There is an old myth about the patron saint of blacksmiths. The devil came to town one day and presented a hoof through the smithy door to the black smith. The devil asked the blacksmith to replace the shoe that had been lost. The blacksmith recognized the devil and went about putting the horse shoe on in such a fashion as to cause excruciating pain. The devil promised the black smith anything if he would remove the shoe and the black smith had the devil promise never

to enter a door with a horse shoe hanging on it.

The Danish Nobel Prize-winning physicist, Niels Bohr (1885-1962), kept a horse shoe nailed over the door to his laboratory. Someone asked him if he really believed in horse shoes bringing good luck. He replied that he didn't believe in it, but he had been told that it worked whether one believed in it or not.

January Events

January 15-21 Healthy Weight Week

January 22-28 CRNA Week

January 23-27 Medical Group Practice Week

Birth Defects Prevention Awareness Month

Blood Donor Month

Cervical Cancer Screening Month

Glaucoma Awareness Month

Daffodil Days (Cancer Society)

off the mark.com

by Mark Parisi



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Recipe File

Roman Style Chicken
from *Giada De Laurentiis*
foodnetwork.com



Ingredients:

- 4 skinless chicken breast halves, with ribs
- 2 skinless chicken thighs, with bones
- 1/2 teaspoon salt, plus 1 teaspoon
- 1/2 teaspoon freshly ground black pepper, plus 1 teaspoon
- 1/4 cup olive oil
- 1 red bell pepper, sliced
- 1 yellow bell pepper, sliced
- 3 ounces prosciutto, chopped
- 2 cloves garlic, chopped
- 1 (15-ounce) can diced tomatoes
- 1/2 cup white wine
- 1 tablespoon fresh thyme leaves
- 1 teaspoon fresh oregano leaves
- 1/2 cup chicken stock
- 2 tablespoons capers
- 1/4 cup chopped fresh flat-leaf parsley leaves

Directions:

Season the chicken with 1/2 teaspoon salt and 1/2 teaspoon pepper. In a heavy, large skillet, heat the olive oil over medium heat. When the oil is hot, cook the chicken until browned on both sides. Remove from the pan and set aside.

Keeping the same pan over medium heat, add the peppers and prosciutto and cook until the peppers have browned and the prosciutto is crisp, about 5 minutes. Add the garlic and cook for 1 minute. Add the tomatoes, wine, and herbs. Using a wooden spoon, scrape the browned bits off the bottom of the pan. Return the chicken to the pan, add the stock, and bring the mixture to a boil. Reduce the heat and simmer, covered, until the chicken is cooked through, about 20 to 30 minutes.

If serving immediately, add the capers and the parsley. Stir to combine and serve. If making ahead of time, transfer the chicken and sauce to a storage container, cool, and refrigerate. The next day, reheat the chicken to a simmer over medium heat. Stir in the capers and the parsley and serve.

SERVES 6; Calories: 266; Total Fat 13 grams; Saturated Fat: 2 grams; Protein: 28 grams; Total carbohydrates: 8 grams; Sugar: 4 grams; Fiber 1.5 grams; Cholesterol: 76 milligrams; Sodium: 1,307 milligrams

Code of Conduct

Standard #7-Protection of Assets

by **LaDon Linde**, Compliance Officer

This standard has to do with all things financial, and is probably more important now than ever, with concerns over cuts to our funding from state and federal government programs.

We all have a responsibility to make sure that the Hospital and Clinics' resources are used properly and efficiently.

There are several points to keep in mind here:

- We need to refrain from using hospital assets for personal use. Any products or equipment owned or purchased by the Hospital and Clinics are strictly for the use of the Hospital and Clinics.
- Unauthorized use of Hospital or Clinic supplies, materials, equipment or services is prohibited.
- Any reporting in regards to financial issues needs to be done clearly and accurately. This not only refers to financial reports, accounting records, or reimbursement forms, but the filling out of time cards or any other document as well.

Being careful regarding our use of the Hospital or Clinic equipment, supplies and services is not only ethical, but important to help us stay profitable.

Diabetes Fundraiser

The SCH Diabetes Walk Team is holding another fundraiser January 12 in the Classroom.

The fundraiser is a sale of thermal lunch tote bags. \$5 from each bag sold will go to the team.

For more information contact **Charlene Maling** at ext. 1348. Purchase can be made by one payroll deduction, cash, or check.

Lunch and Learn

Jessica Hamel from CNA will do a lunch and learn on EMR Documentation January 31st at 12:30 PM in the classroom.

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.