

# Bartlett Buzz



June 25, 2014

## Good Works Do Get Noticed

By Debi Ballam, RN



Recently, a five-day-old infant was brought in by his mother to the Breastfeeding Outpatient Clinic for a lactation consultation. Three years earlier, the mother had her first baby at another facility. Baby was taken to the nursery, which was recommended for the first night so she could sleep, where he was supplemented with formula and was also given a pacifier. Mom was then given bottles of formula to feed baby after she breastfed, as she was told her colostrum was “not enough” for her baby. Then baby became difficult to latch onto her breast. (This is often the case when babies are given artificial nipples.) Once home, Mom became engorged and was unable to get baby latched or pump out much milk. She continued to pump, but never got baby to breastfeed, and by 4-6 weeks her milk dried up altogether.

Mom was very concerned this would happen again and really wanted to

breastfeed. She attended our Breastfeeding Success classes prior to the birth, where she was given lots of encouragement, information and support. At Bartlett Beginnings, baby was skin-to-skin at the birth, Mom was assisted with breastfeeding when baby expressed interest, and was happily breastfeeding within 30 minutes of birth. Baby roomed-in with Mom, and was never separated from his parents. I checked in with the family a couple of times during their stay to make sure things were going well. Mom feels things are much better because of all the care she received. The research also supports the care we provide. We are working on Baby Friendly Hospital Certification because this is the best care to provide, and this is the care Baby Friendly Certification stands for.

This baby has been exclusively breastfed since his birth and is thriving.

Mom made the Breastfeeding Clinic appointment prior to leaving the hospital, wanting to make sure things were going well. She said she kept the appointment because she was excited to come and tell me she thought they were. She is very grateful for this support and asked to make another follow-up appointment, just to check in and make sure things continue to go well.

A few weeks ago, while walking downtown to watch part of Celebration, a family with four children was walking/strolling in front of me. The Mom turned around to encourage a child straggling behind to catch up, and then looked up at me. When I got close, the Mom

said, “Are you Debi?” When I said “yes”, she told me she had been thinking about me a great deal lately. They lived in another state now and were just visiting, but they had attended my classes 8+ years ago and I had helped them with breastfeeding. She said, “I have been thinking about you a lot lately. You helped me breastfeed my oldest, and now I have breastfed all 4 of my children because of your help. It was the best thing. No one else in my family breastfed successfully; I did because you helped me. I am so grateful. I have been meaning to write you a thank you letter.”

I am sharing these stories because I want to remind you to never doubt that what you do now is remembered. We don't always hear it, but this example shows, people do remember.

Thank you for all you do every day. It makes a difference that lasts a lifetime. Moms remember all your help. Breastfeeding assistance is prevention at its best!!

### Tip from Toni

By Toni Petrie

I wanted to remind people, and for those of you that don't already know, employees of BRH get a **17%** discount on their monthly phone bill with AT&T.

This **DOES NOT** include a discount on devices or accessories, only your monthly bill. All you need to do is go in and show an AT&T representative your badge and they will add the discount to your monthly bill.



## Spotlight on Rose Lawhorne

By Toni Petrie

Rose Lawhorne started at Bartlett in the fall of 1993 as a data entry clerk. After two years, she transferred to PAS as a night shift registration clerk. During that time, one physician and one nurse ran the ED at night. Without a unit clerk, the cumbersome manual ED processes impeded the nurses' ability to deliver care. All patient registration data was handwritten on order sheets that were physically carried to ancillary departments. To help relieve this burden, Rose would frequently transfer the switchboard to the ED and help nurses with clerical duties. At some point, she found herself searching for purpose.

In a late-night conversation, a nurse friend and mentor suggested that Rose go to nursing school. Despite uncertainties, she decided that nursing was worth a try, and the rest is history. She moved to Anchorage in 1999 to attend nursing school and graduated in 2001 with her associate degree. She then worked at Alaska Regional Hospital for a year before returning to Bartlett as a nurse in August of 2002. After working in Bartlett's CCU for two years, she found her way back to the ED, where she became a night shift fixture for many years.

In 2006, she decided that since nursing was indeed for her, she would pursue further education. She returned to school and received her Bachelors of Nursing through the University of Phoenix in 2008. By this time, she had two children and needed a break to simply work fulltime and be a mom without the stresses of college.

In 2010, our ED manager, Dale Erickson, retired. Somewhat reluctantly, but supported by her



team, she became the ED manager. Once again, during the summer of 2012, she felt the familiar tug to continue her education. She enrolled in a double masters program, again through UOP online. Her goal was to improve her knowledge both in health care management and in nursing. Her impatience drove her to double up her classes to expedite completion of the program. She finished the 28-month program in 17 months, earning Master's degrees in Health Administration and in Nursing. Rose also has two certifications in emergency nursing and is a Certified Emergency Nurse and Certified Pediatric Emergency Nurse.

Rose is currently feeling refreshed after a much-needed vacation in Hawaii. She is thrilled to have her education goals realized and will continue to work hard for our hospital and our community. With her roots in emergency nursing, she realizes how quickly lives can change through illness and injury. In a collaborative manner that supports her colleagues, she will focus on fulfilling our mission of delivering patient-centered, quality care. She knows that her work will directly affect our community friends and neighbors, whether they come to

Bartlett as patients or as employees. We each have a role to play, and a responsibility to each other. No person or role is insignificant. Rose is honored to be a member of the Bartlett family and looks forward to whatever the future brings.

## Influenza on the Rise in Juneau

By Kim Vermedal, RN

Juneau is experiencing unusually high summer influenza activity. Recent flu activity includes continued community spread of influenza viruses and influenza associated with summer travelers to Alaska on cruise ships and overland tours.

If you did not receive your flu shot this flu season it is not too late to be immunized. We have a few flu doses available of this year's vaccine. This high level of flu activity could continue for an unknown period of time.

If you received your vaccine in the fall of 2013 and into 2014 then you have already received the vaccine for this flu season. As always hand hygiene is critical!

Any questions or if you would like to get your flu shot, please contact employee health at extension **8413**.



## HR Notes

### New Employees

**Jeralden McBride**, Certified Nurse Aide  
**Gabriel Ramos**, Environmental Services Tech  
**Allison Allen**, Physical Therapy Assistant  
**Nathan Hardin**, Clinical Nurse Case Manager  
**Henri Dhaseleer**, Clinical Nurse III  
**Kaili Jackson**, Physical Rehab Aide/Clerk  
**Natalie Norgber**, Social Work Case Manager  
**Trevor Ham**, EMT  
**Maria Nilson**, Activities Program Coordinator  
**Ilea Belcourt**, Physician Office Billing Clerk  
**Anna Chornyak**, Physical Therapist

### Hospital Week

The vests have arrived! If you haven't already picked up your hospital week employee vest, please come by the Human Resources office.



## Health Yourself Diabetes Prevention Program Reduces Your Risk of Type 2 Diabetes

By Cynthia Nickerson, RN

If you have pre-diabetes or other risk factors for type 2 diabetes, now is the time to take charge of your health and make a change. The Health Yourself Diabetes Prevention Program can help!

**The Health Yourself Diabetes Prevention Program** is part of the National Diabetes Prevention Program led by the Centers for

Disease Control and Prevention (CDC). It features an approach that is proven to prevent or delay type 2 diabetes and includes:

- Trained lifestyle coach
- CDC-approved curriculum
- Group support
- 16 weekly meetings
- 6 monthly follow-up meetings

By improving food choices and increasing physical activity, you can lose 5 to 7 percent of your body weight — that is 10 to 14 pounds for a person weighing 200 pounds. If you have prediabetes, these lifestyle changes can cut your risk of developing type 2 diabetes by more than half.

### **Prediabetes Can Lead to Type 2 Diabetes**

**One out of three American adults has prediabetes, and most of them do not know it.** Having prediabetes means your blood glucose (sugar) level is higher than normal, but not high enough to be diagnosed as diabetes. This raises your risk of type 2 diabetes, heart disease, and stroke.

Without weight loss and moderate physical activity, many people with prediabetes will develop type 2 diabetes within 3 years. Type 2 diabetes is a serious condition that can lead to health issues such as heart attack; stroke; blindness; kidney failure; or loss of toes, feet, or legs.

The lifestyle changes you make in the Diabetes Prevention Program will help you prevent or delay type 2 diabetes.

### **You may have prediabetes and be at risk for Type 2 diabetes if you:**

- Are 45 years of age or older

- Are overweight
- Have a family history of type 2 diabetes
- Are physically active fewer than 3 times per week
- Ever had diabetes while pregnant (gestational diabetes) or gave birth to a baby that weighed more than 9 pounds

### **How the Diabetes Prevention Program works**

As part of a group, you will work with a trained lifestyle coach and other participants to learn the skills you need to make lasting changes. You will learn to eat healthy, add physical activity to your life, manage stress, stay motivated, and solve problems that can get in the way of healthy changes.

The group meets once a week for 16 weeks, then once a month for 6 months to help you maintain your healthy lifestyle changes. By meeting with others who have prediabetes you can celebrate each other's successes and work together to overcome obstacles.

The Diabetes Prevention Program will be offered to CBJ & Bartlett employees and benefitted spouses at Bartlett Regional Hospital beginning Fall 2014. More information will follow - stay tuned!

### **If You Think You May Be at Risk for Prediabetes and Type 2 Diabetes:**

- Take this fact sheet to a health care provider and ask to be tested for prediabetes. The health care provider may do a simple blood test.



- If you don't have a health care provider, call us to find out if you qualify for the program. Jess Brown 586-0206 or Cynthia Nickerson RN 796-8649

You can also check out the "Could You Have Prediabetes?" online quiz at [www.cdc.gov/Diabetes/Prevention](http://www.cdc.gov/Diabetes/Prevention). If your score shows you are at high risk for prediabetes, talk to your health care provider or contact our program.

## Summer Food Safety Tips

From the CDC's "Ask Karen" Blog

Across the country, the Fourth of July celebration always centers on close friends and family and great food, usually from a barbeque. My family and I will be enjoying sun, sand, and a cookout at the beach this year. As parents, my husband and I take great care near the ocean — carefully explaining the risks to our children and watching to make sure that their fun doesn't end in injury.

But, what about the risks surrounding the food we cook on the barbeque? There's a surprising danger there that many people simply don't think about—food poisoning. Incidents of food-related illnesses spike in the summer months, just as we're sharing picnics and BBQs with our families.



# 2014 Mandatory ANNUAL COMPETENCIES

Now available in SwankHealth.

- The Bartlett Annual Safety "Storm" is required for EVERY employee to complete each year and is based on the guidelines from OSHA, CMS, State of Alaska and Joint Commission for basic safety training and knowledge updates. Completion of this module is due by your annual review or 10/31/14, whichever is sooner.
- The 2014 Annual Clinical Update is required for employees in nursing and clinical areas and is due 10/31/14.
- Nurses are also assigned the 2014 Nurse Point of Care (Waived Testing) and Blood Product Administration due 10/31/14
- CNAs will also have the 2014 CNA Point of Care (Waived Testing) due 10/31/14
- Your department or float area will have additional competencies Your director/manager will assign these to you.

QUESTIONS? Ask your director/manager or staff development.

Many people think the inside color of grilled burgers— whether pink or brown — indicates if they're safe to eat. This is a myth. The U.S. Department of Agriculture has shown that one out of every four hamburgers turns brown *before* it has reached a safe internal temperature. Using a thermometer is the only way to know if cooked meat is safe to consume. Yet new research, recently published by the Food and Drug Administration, shows that only 23% of those who

own a food thermometer use it when cooking burgers.

I'm pretty sure being stuck sick at home—or worse, the hospital—is not what the [Founding Fathers](#) had in mind for celebrating our independence. Unfortunately this is a relatively common outcome. In fact, 128,000 people will require hospitalization this year because of foodborne illnesses according to the Centers for Disease Control and Prevention.



It's estimated that consumers will spend \$400 million on beef in preparation for the holiday, so please follow these simple steps to make sure your family remains safe from food poisoning:

- **Clean:** Make sure you clean all surfaces, utensils, and hands with soap and water.
- **Separate:** When grilling, use separate plates and utensils for raw meat and cooked meat and

ready-to-eat foods (like raw vegetables) to avoid cross-contamination.

- **Cook:** Cook foods to the right temperature by using a food thermometer. That's the only way to know it's cooked to a safe temperature. Remember, burgers should be cooked to 160°F.
- **Chill:** Chill raw and prepared foods promptly if not consuming after cooking. You shouldn't

leave food at room temperature for longer than two hours (or 1 hour if outdoor temperatures are above 90° F), so if you're away from home, make sure you bring a cooler to store those leftovers.

The USDA and the Department of Health and Human Services have been working with the Ad Council to promote our *Food Safe Families* campaign to help more people find out how they can help prevent food poisoning. For more tips, go to [FoodSafety.gov](http://FoodSafety.gov) and check out the 'Ask Karen' app, available in English ([m.AskKaren.gov](http://m.AskKaren.gov)) and Spanish ([m.PregunteleaKaren.gov](http://m.PregunteleaKaren.gov)), to get access to more than 1,300 answers to food safety questions.

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**BARTLETT REGIONAL HOSPITAL  
HIPAA AND 42 CFR PART 2 TRAINING  
JUNE 26 - 27, 2014**

**Bartlett Regional Hospital Boardroom**

**Thursday, June 26, 2014**

**9:00am – 12:00pm HIPAA OVERVIEW**

Statutory Framework  
The Privacy Rule

Administrative Safeguards for Implementing the Privacy Review  
(If time allows) Review of Bartlett Hospital's Privacy Policies and Procedures, Notice of Privacy Practices, and Business Associate Agreement template

**1:30pm – 5:00pm HITECH and the Security Rule**

Statutory Framework  
The Security Rule

The Breach Rule and the Alaska Personal Information Protection Act (PIPA)

Addressable and Required Standards

(If time allows) Review of Bartlett Hospital Security Risk Assessment, Security Policies and Procedures, Breach Assessment Tool

**Friday, June 27, 2014**

**9:00am – 12:00pm HIPAA and 42 CFR Part 2**

(Rainforest Recovery Center)

Applying Both Rules  
Treatment of Minors  
General Q&A

**1:30pm – 5:00pm** Available to return to Bartlett Hospital and further address one-on-one concerns of the Privacy, Security, and Compliance Officers

**July Healthcare  
Observances**



**Month-long Observances**

- Cord Blood Awareness Month
- Fireworks Safety Month
- Juvenile Arthritis Awareness Month

**Week-long Observances**

- 16–19 Nurses in Staff Development Week
- 20–26 Healthcare Hospitality Week

**Recognition Days/Events**

- 28 World Hepatitis Day



## Paralytic shellfish poisoning: An ever-present risk in Alaska

*State urges caution for recreational harvesters*

A probable case of paralytic shellfish poisoning recently has prompted the Alaska Department of Health and Social Services, Section of Epidemiology, to remind Alaskans and visitors alike of the ever-present risk of paralytic shellfish poisoning, or PSP, in recreationally-harvested Alaska shellfish.

All locally harvested shellfish — including clams, mussels, oysters, geoducks and scallops — can contain paralytic shellfish poison. Crabmeat is not known to contain the PSP toxin, but crab guts can contain unsafe levels of toxin and should be discarded.

The current case involves razor and possibly butter clams harvested from Clam Gulch on June 15, about 1.5 miles down the beach near the big tower. The patient began experiencing typical symptoms of PSP approximately four hours after ingesting the shellfish.

Early signs of poisoning often include tingling of the lips and tongue. Symptoms may progress to tingling of fingers and toes, then loss of control of arms and legs, followed by difficulty breathing. Death can result in as little as two hours.

Although clam diggers often look for signs of a “red tide,” there is no way to tell if a beach is safe for harvesting simply by looking at it. The toxins that cause PSP can be present in large amounts even if the water looks clear. Also, the toxin can remain in shellfish long after the algae bloom is gone.

## PSP cannot be cooked, cleaned or frozen out of shellfish.

Commercially grown shellfish is tested and considered safe.

Paralytic shellfish poisoning is considered a public health emergency. Suspected cases must be reported immediately to the Section of Epidemiology by health care

providers at 907-269-8000 during work hours or 800-478-0084 after hours.

For more information on PSP go to: [http://www.cdc.gov/nczved/divisions/dfbmd/diseases/marine\\_toxins/](http://www.cdc.gov/nczved/divisions/dfbmd/diseases/marine_toxins/), or <http://www.epi.hss.state.ak.us/id/dod/psp/default.htm>

### Alaska Public Health Advisory

June 17, 2014

#### Unusually High Summer Influenza Activity in Alaska

This advisory alerts Alaska health care providers of ongoing confirmed influenza activity in several regions of Alaska, and advises providers to consider influenza when evaluating patients presenting with compatible symptoms, even though we are beyond the traditional 'flu season'. Recent activity includes continued community spread of influenza viruses, a long-term care facility outbreak, and influenza associated with summer travelers to Alaska on cruise ships and overland tours.

#### Guidance for providers

##### Vaccination

- There is still time for individuals who have not yet been vaccinated this season — two short weeks remain before this vaccine expires, so use it or lose it!

##### Early antiviral use can save lives

- If you suspect influenza and it is within 48 hours of symptom onset, consider treatment with antivirals regardless of rapid influenza test results. A negative result cannot be used to exclude flu diagnosis.
- Antiviral treatment may be considered at any time after onset for patients with suspected influenza who
  - are hospitalized;
  - have severe, complicated, or progressive illness;
  - are at higher risk for influenza complications based on age or medical conditions (**see below**)
  - live or work in a congregate setting

##### Reporting

- Positive influenza tests, outbreaks of respiratory illness and suspected influenza deaths are reportable to the Section of Epidemiology (SOE) at (907) 269-8000. Reporting forms are available at: <http://www.epi.hss.state.ak.us/pubs/conditions/default.stm>
- Please submit specimens from patients with ILI to the Alaska State Virology Laboratory (ASVL) for respiratory virus testing. Testing information is available at: <http://www.dhss.alaska.gov/dph/Labs/Documents/LaboratoryTests.pdf>

##### Individuals at higher risk of flu complications

- children aged <2 years;
- adults aged ≥65 years;
- persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), metabolic disorders (including diabetes mellitus) or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);
- persons with immunosuppression, including that caused by medications or by HIV infection;
- women who are pregnant or postpartum (within 2 weeks after delivery);
- persons aged <19 years who are receiving long-term aspirin therapy;
- American Indians/Alaska Natives;
- persons who are morbidly obese (i.e., BMI ≥40); and
- residents of nursing homes and other chronic-care facilities.

##### References

Alaska Influenza Webpage at <http://www.epi.hss.state.ak.us/id/influenza/fluinfo.htm>  
CDC - Infection Control in Health Care Facilities. Available at: <http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm>  
CDC - Long Term Care Facility Influenza Control Guidance. Available at: <http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>  
CDC - Influenza Antiviral Medications: Summary for Clinicians. Available at: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>  
Conditions Reportable to Public Health in Alaska. Available at: <http://www.epi.hss.state.ak.us/pubs/conditions/default.stm>

