



What to Do If You Get Flu-Like Symptoms !

Submitted by:
Leigh-Anne Sessoms, RN, ICP

Symptoms

Common symptoms include fever, headache, tiredness, cough, sore throat, runny nose, body aches, diarrhea and vomiting.

Avoid Contact With Others

If you are sick, you may be ill for a week or longer. You should stay home and avoid contact with other persons, except to seek medical care. If you leave the house to seek medical care, wear a mask or cover your coughs and sneezes with a tissue.

Treatment is Available for Those Who Are Seriously Ill

It is expected that most people will recover without needing medical care.

Emergency Warning Signs

If you become ill and experience any of the following warning signs, seek emergency medical care. In children, emergency warning signs that need urgent medical attention include:

- * Fast breathing or trouble breathing
- * Bluish or gray skin color
- * Not drinking enough fluids
- * Severe or persistent vomiting
- * Not waking up or not interacting
- * Being so irritable that the child does not want to be held
- * Flu-like symptoms improve but then return with fever and worse cough

In adults, emergency warning signs that need urgent medical attention include:

- * Difficulty breathing or shortness of breath
- * Pain or pressure in the chest or abdomen
- * Sudden dizziness
- * Confusion
- * Severe or persistent vomiting
- * Flu-like symptoms improve but then return

with fever and worse cough

Protect Yourself, Your Family, Your Patients, and Community

- * Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- * Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- * Avoid touching your eyes, nose or mouth. Germs spread this way.
- * Try to avoid close contact with sick people.
- * If you are sick with a flu-like illness, stay home for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer. Keep away from other household members as much as possible. This is to keep you from infecting others and spreading the virus further.

For more information visit www.cdc.gov



Visit us online at www.cshnc.com

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Look for More
FISH! Philosophy
Coming Soon.

From the Desk of Susan Davis

I am so proud of the hard work the staff at Carolinas Specialty Hospital does each and every day! And it shows everywhere you look. Patient Satisfaction Scores in the category for Likely to Recommend CSH are at 100%. When you walk into the hospital you are greeted by smiling faces. There is activity everywhere! Patients are working with Physical Therapists in hallways and in the new gym, Nurses are consulting with doctors, and Case Managers are talking with family members.

Likely to recommend our hospital is not the only area in which we achieved a perfect score; Treating patients with respect and Listening carefully by physicians were both at 100% satisfaction. Treating our patients with respect and courtesy by the nurses and Case Management has explained the goals of our patient's treatment plan clearly were at 100% of the time!! Pain management and hospital cleanliness is at 100%. **Kudos to you all!**

I know that there is no better place for our patients to receive Long Term Acute Care, and I know there is no better place to work! Susan

HIM Department

by Andrea Webb

Q&A: Accessing your own information

Q. Is it a HIPAA violation for an employee to access his or her own information via the hospital's registration system and/or electronic medical record (EMR)?

A. It is not a violation per se, given the employee is accessing his or her own PHI. It is common practice, though, to prohibit employees from looking up their own records. Many covered entities require

employees to request access to their own medical records in the same manner as any other patient. This reduces the temptation to look at other records (e.g., a friend's or relative's) inappropriately.

Also, there may be confidential information stored in the EMR that is not a part of the designated record set (i.e., the medical record available to patients). In many instances, the employee should not be accessing other confidential information stored in the record, such as disciplinary

action against a provider related to treatment of the patient.

This is a good example of the fact that the HIPAA privacy rule established the floor when it comes to privacy standards. Covered entities can adopt more stringent privacy practices and, in this case, probably should. It is uncommon to allow employees to access their own record via the covered entity's registration system or EMR.

Provider Relations Updates

There are some new faces in Provider Relations. A warm welcome to Brian Goode and Cynda Rankin!

Brian comes to CSH from HealthSouth Rehabilitation where he spent 15 years, the past 5 years as a clinical liaison. Brian enjoys beach adventures

and brings a great sense of humor to those around him. Brian is a proud alumnus of UNCC.

Cynda returned to the Carolinas from Pennsylvania where she spent over 3 years as a clinical liaison for a 60-bed LTAC. More recently she assisted a start-

up LTAC for Good Shepherd Penn Partners, part of the Medical University of Pennsylvania. Cynda has a Masters of Physical Therapy from West Virginia University and enjoys spending time with her sister and family in Huntersville.

To the Staff:

The customer service trend is going in the right direction. For the first time since we have been tracking patient and family surveys, we have a 100 percent rating for recommending the hospital to family and friends. This is an outstanding accomplishment that only a select few hospitals every reach. Great job, I commend you and thank you for all your hard work. Simply put: in my eyes, nobody does it better than the folks at Carolinas Specialty Hospital.

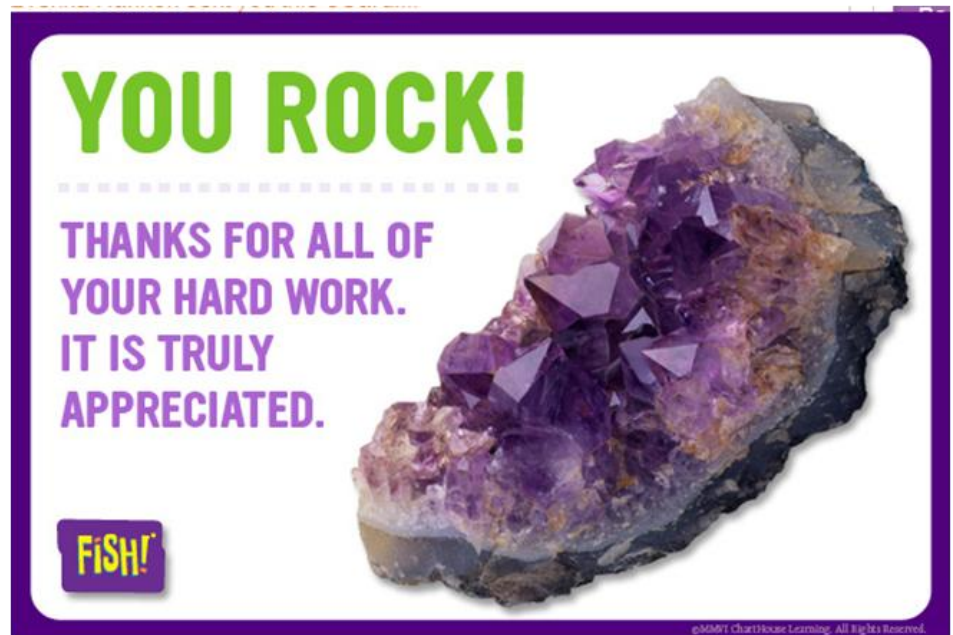
To the Nurses:

As many of you know, nurse's week has just passed. I hope all of you received your token of appreciation that we selected for you. If you did not, please see me or David. I want to take a minute to personally thank you for everything that you do for each other, our patients and their family members. Without the work you do and dedication you have, this hospital could not achieve the greatness we are striving for. Just a side note, the documentation and physician notifications have vastly improved. Thank you!

What's coming?

The *Fish!* program, that's what's coming! Some of our nursing staff recently went to St. Louis to learn what this program is and how it will impact our lives here at the Specialty Hospital.

We will also be completely changing our care planning process. The new process should be ready to roll out by the next issue of *Scrubs*.



Happy Birthday to You!



<u>May</u>				<u>June</u>			
Randy Moti	5/01	Melanie Wiggins	5/08	Mark Tetteh-Ocloo	6/04	Jennifer Robinson	6/20
Lamin Kolley	5/05	Delilah Simpson	5/10	Kimberly Singleton	6/05	Serena Kossisyan	6/26
Andrew Carpenter	5/07	Hajrudin Velic	5/15	Sharon Sullivan	6/14	Leigh-Anne Sessoms	6/30
Dexin Zheng	5/08	Anne Stauffer	5/20	Andrea Koehler	6/20		
Elizabeth Field	5/08						

Malawi

I have been blessed with an awesome opportunity to be part of a mission team that travels to Malawi, Africa to help people who are less fortunate than we are. Sometimes we don't know how good we truly have it until we step out of our comfort zone to help others who are poverty stricken through no choice of their own. Even though we go to this third world country expecting nothing in return from the people, we all have experienced what true sacrifice and giving are all about. It has literally changed my life.

I am preparing to make my third trip July 17th, 2009, and I have been asked by several co-workers what they can do to help. Posted in the employee break-room is a list of items that we are collecting to take into the hospitals, schools, and villages in Africa. When we visit the

hospitals, we take every patient a care pack which includes flour, salt, sugar, tea bags, Vaseline, soap, and a loaf of bread. If you are in the hospital in Africa and your family cannot bring you food, you simply do not eat. We all know that without proper nutrition, the body does not heal.

We also provide mosquito nets to all of the families with small children. Sixty percent (60%) of the children will not live to see their 5th birthday due to malaria, and the life expectancy of the adults is 46-47 years. Five dollars (\$5.00) will buy a net to cover an entire family, and provide these children with an opportunity to grow up.

In the schools, there are 180-200 children in a class room under a tree. The teacher has an old chalk board hanging from a

tree that she writes upon and the children write the problems in the dirt with their fingers. We are trying to change this and provide them with hope. After all, hope is always the last thing to die in any situation. As long as people have hope, they continue to strive for a better life.



There are so many children in these villages that have been burnt from falling in the fires, and items are needed to treat these wounds.



Africa

by Jan Plyler



We need donations by **July 4th** so we can start packing for our trip. Thank you so much for supporting this cause, and I know you will be blessed for giving. If you have any questions, please feel free to ask. There will be a box in the break room for donations.



Items needed:

⇒ **Orajel or any toothache medicine**

⇒ **Neosporin/Equate - any antibiotic ointment**

⇒ **Theraflu - capsules**

⇒ **Eye Drops**

⇒ **Toothbrushes**

⇒ **Pepto Bismol - tablets**

⇒ **Aspirin/Tylenol - any type of pain reliever (small bottles)**

⇒ **8 pack of crayons**

⇒ **#2 pencils, small pencil sharpeners, erasers**



Ventilator Acquired Pneumonia (VAP)

by Thelma Parr

Nosocomial pneumonia is the most deadly form of hospital-acquired infection. Patients receiving mechanical ventilation are especially at risk. Intubated patients are approximately twenty (20) times more likely to develop pneumonia than non-intubated patients. The endotracheal tube interferes with normal patient defenses by blocking mucocilliary ladder, interfering with gag and cough reflexes and allowing pathogens direct access to the lung. Ventilator-associated pneumonia (VAP) continues to occur in 8 to 28% of this vulnerable population. VAP accounts for 60% of all deaths due to hospital-acquired infections. Increased hospital charges attributed to nosocomial pneumonia are approximately \$40,000. The mortality rate ranges from 24 to 50% and can reach 76% when high risk pathogens are involved. As the number of days intubated increases, so does the mortality rate. VAP is a bacterial pneumonia. Infections which

occur within 48 to 72 hours after intubation are referred to as “early-onset” and are usually antimicrobial sensitive. Those occurring after 72 hours, referred to as “late-onset”, are often multi-drug resistant.



- ⇒ Avoid nasotracheal intubation whenever possible
- ⇒ Maintain optimal pressure in endotracheal cuff while patient is intubated
- ⇒ Avoid unnecessary manipulation of the endotracheal tube
- ⇒ Remove tube as early as possible, but avoid re-intubation
- ⇒ Prevent cross-contamination with reusable devices
- ⇒ Vaccinate staff

Prevention of VAP

- ⇒ Minimize Saline Lavage
- ⇒ Prevent patient contamination by circuit condensate
- ⇒ Perform subglottic suctioning when necessary
- ⇒ Incline patient’s head whenever possible (Reverse Trendelenberg’s position)

The end of May will mark one (1) year of our zero VAP rate and I would like to congratulate all disciplines of patient care at Carolinas Specialty Hospital. Respiratory Therapy, Nursing, CNAs, and Rehab have all worked as a team to make this possible. This is an excellent accomplishment and we should be proud to be at Carolinas Specialty Hospital. We really make a difference!

FISH! Training

Do they look like FISH food? The team to the right spent two full days in St. Louis at Ranken Jordan Hospital, a 32-bed pediatric LTAC. There they were called “Deep Divers” and were immersed in the FISH! Philosophy. Their new found knowledge will be rolled out to our facility in the upcoming weeks.

Pictured from left to right: (back row) Halina Brengel, Jan Plyler, Rebekah Manwarring (from Ranken Jordan), Teshia Davis, (front row) Susan Davis, David Bowers and Andrea Webb.



Taking Care of Patients with Swallowing Problems

by Jennifer Robinson

Dysphagia is a term used to describe swallowing problems. Swallowing problems can be caused by difficulty with the oral stage of the swallow (chewing the food, clearing the oral cavity), the pharyngeal stage of the swallow (ability to initiate a swallow and protect the airway as food/liquid enters into the pharynx), or the esophageal stage of the swallow (the successful passing of food/liquid through the esophagus and into the stomach). When there is a problem with the mechanics of swallowing, a patient may be at risk of aspirating food or liquid. Aspiration may lead to aspiration pneumonia, respiratory failure or even death.

The Speech-Language Pathologist (SLP) evaluates patients who have suspected swallowing problems or who have conditions that could increase the risk for possible dysphagia (stroke, brain injury, neurological diseases). Patients with trachs or patients who are severely deconditioned (as muscle strength plays a role in swallowing) may also be more at risk for having dysphagia. The patients who come to Carolinas Specialty Hospital (CSH) from critical care units may also have an increased chance for having swallowing problems related to past intubations or the use of sedatives.

The SLP at CSH may evaluate a patient by conducting a bedside swallow evaluation, a modified barium swallow study or a fiberoptic endoscopic evaluation of swallowing. The results of these evaluations allow the SLP to recommend appropriate diets that will minimize the risk of aspiration. The staff members at CSH play an

important role in ensuring that patients are following the recommended diets and swallow precautions determined by the SLP. A study found that non-compliers with dysphagia recommendations had more hospital admissions because of chest infections or aspiration pneumonia.

The staff at CSH can ensure that we are providing our patients with the best care possible and minimizing the risk of aspiration by following these guidelines:

- ∞ Conduct a general assessment before offering food/liquid. Is your patient awake/alert enough to eat/drink? Has there been a change in the patient's medical or mental status since the swallow evaluation was performed?
- ∞ Make sure that the recommended food/liquid consistencies are being offered to the patients. Recommended diets and swallowing precautions are posted above patients' beds after swallow evaluations have been completed. Check to see if any liquids need to be thickened.
- ∞ Make sure the patient is in a proper position for eating (upright 90 degrees unless otherwise noted). It is always a good idea to have your patient remain in an upright position approximately 30 minutes after eating as well.
- ∞ Supervise the patient and assist with feeding if needed. Some patients may need reminders to use a chin tuck position, etc. to swallow safely. It is important to provide supervision, if recommended, even if the

patient is cognitively intact. A new way of eating is sometimes hard to get used to.

- ∞ Make sure all swallowing precautions are also followed when giving medications by mouth.
- ∞ Watch for any signs of fatigue while a patient is eating/drinking which may affect swallowing ability.
- ∞ Be aware of any coughing/choking episodes, wet vocal quality, changes in oxygen saturations or increase in work of breathing during and after a patient eats or drinks. If you suspect your patient is having trouble swallowing safely, NOTIFY THE PHYSICIAN AND THE SPEECH-LANGUAGE PATHOLOGIST!



While the SLP often initiates the plan for the recommended diet and swallow precautions and provides dysphagia therapy, the remediation of a swallowing problem is a multidisciplinary approach. The physician, nursing staff, therapy staff and dietician also play important roles in safely maintaining a patient's nutrition and improving a patient's overall medical and physical status.



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What is an LTAC?

An LTAC is a Long Term Acute Care Hospital for patients that continue to be acutely ill and require a physician's care each day, just as in a "traditional" hospital. The patients are medically complex and are not going to be ready for discharge in a short period of time.

Carolin's Specialty Hospital has been providing Long Term Acute Care services to the Charlotte region for over six years. Our dedicated team of professional healthcare providers are exceptionally qualified to meet the needs of the LTAC patient.

Each patient at Carolin's Specialty Hospital receives a customized plan of care to meet their specific needs. Each patient's treatment plan is updated weekly by a multidisciplinary team, including the patient and their family. The goal for each of our patients is to return to their highest level of wellness.

Noteworthy News

Quality News:

Teshia Davis, CSH's Director of Quality Management, celebrated her union to Charles Carr on May 26th, 2009 in Ocho Rios, Jamaica. An event was held at the Sandals Dunn's River Villagio. Congratulations to Teshia and her new husband!

HR News:

Doug Gallagher joined CSH on May 26th as the Human Resources Manager. He has been in the Human Resource field for over 10+ years and has a wide range of Human Resource work experience. Most recently, Doug was the HR Director in the NC Health and Human Service field for Developmental Disability and Mental Health services. His experience ranges from Employee Relations, Performance Management, Recruitment and HR Department Development. He also served on several Senior Leadership teams and the Board of Directors. Welcome Doug!

HIM News:

Paige Baggett has recently purchased and moved into her first new home. Congratulations Paige!

Baby News:



Dana Baker, our Pharmacist, welcomed a beautiful baby girl on April 12, 2009. Rachel Marie Baker entered the world at 6 lbs. 7 oz. and measuring 20 inches long. Congratulations Dana and family!

Jennifer Vereen, RN, and family welcomed a handsome baby boy on April 25, 2009. His name is Christopher Vereen-Watkins and he arrived at 2:13P, weighing in at 7 lbs. 12 oz. and 21 inches long. Congratulations Jennifer and family!

Leena Drew, RN, and family welcomed a handsome baby boy on April 10, 2009. His name is St. Triston Micah Drew, weighing in at 7 lbs. 8 oz. and 22 inches long. Congratulations Leena and family!

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