

To Your Health!

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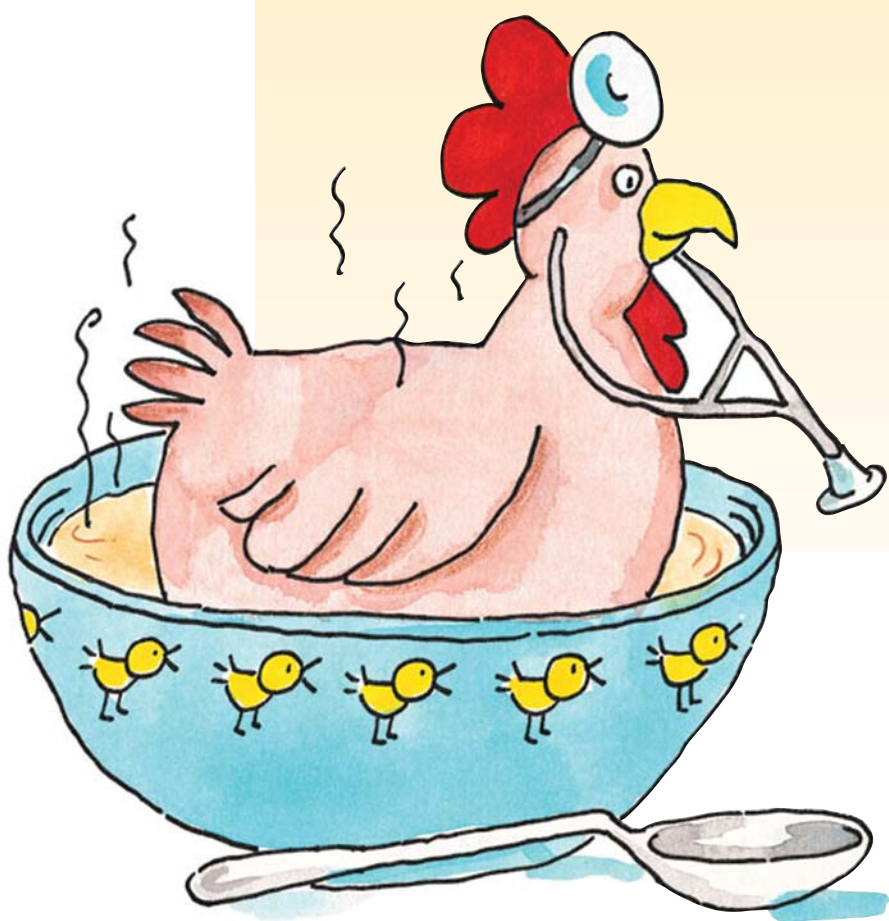
Primary Care Clinics

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To our neighbor

Stay Healthy *Be Flu Wise*

The fall season is a time when we look toward shorter days, the holidays, and unfortunately, influenza, more commonly known as the flu. Yes, the flu has a season and it arrives every year, caused by different strains of the influenza virus.



The flu virus has the ability to mutate into many different forms. That is why, although you were exposed to similar strains of

the flu in the past, you may not be able to defend yourself against a new one. Each virus can present a new challenge to your immune system.

The flu virus is transmitted by inhaling a respiratory droplet from an infected person or by indirect contact, such as by shaking hands with a person who has recently wiped his or her nose or by drinking from a contaminated glass.

The symptoms of flu are weakness, fatigue, muscle aches, headaches, pain when you move your eyes, fatigue, a general feeling of sickness (malaise), loss of appetite, sneezing, possibly a runny nose, and fever (typically 101 to 102 degrees Fahrenheit). The fever is usually continuous, but it may come and go. Fever may be lower in adults than in children and younger adults. When fever is high, other symptoms usually are more severe.

Influenza usually does not cause stomach or intestinal symptoms such as vomiting and diarrhea. People with these symptoms often call their illness the stomach flu, but it is generally gastroenteritis, which means inflam-

mation of the stomach and small and large intestines. Viral gastroenteritis is an infection caused by a variety of viruses. Other causes of these symptoms are food-borne illnesses.

Although a person with influenza feels very sick, the illness rarely leads to more serious complications, except among those at greater risk—the young, the elderly, and those with a compromised immune system.

Treatment

Typically, there is little—other than home treatment—that is available to treat the flu in otherwise healthy people. Because the flu is a viral illness, it should not be treated with—and cannot be cured by—antibiotics or other drugs. Antiviral medications are sometimes used during the first 48 hours to lessen the symptoms and shorten the course of the illness. The typical home treatment for flu is:

Bed rest—How you feel is an indication of your need to rest. If you don't have a fever and you feel like being out of bed, go ahead; it will not prolong the illness.

Extra fluids—Drink at least one full glass of water or juice every

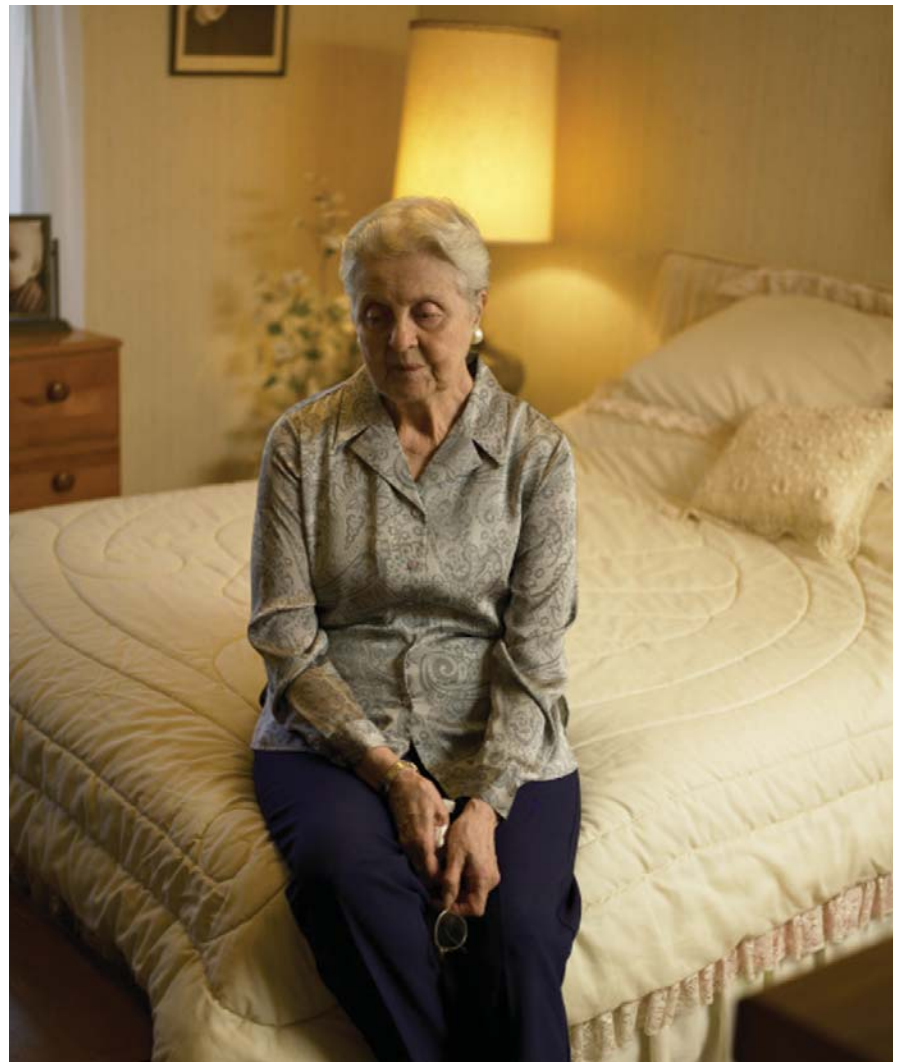
Coping With Grief During the Holidays

Although it may be dreaded by those who have recently lost a life partner, child, parent, or close friend, the holiday season is just around the corner. With its return comes all of the expectations and disappointments that often accompany the season, along with the added emotions of grief.

For those who have experienced a recent loss, the expectation to gather with family and friends—and to be of good cheer—may cause you anxiety. This is a lot to ask if you are still feeling deeply saddened or possibly depressed. And the dread may be even greater for those who are working through feelings of anger, a sense of injustice, rifts in family relationships, or struggles with finances.

Often a person's best and worst memories are interlaced with holiday celebrations. As the holidays arrive, memories of times with our loved ones are sure to come forward. The intense yearning for a person we have lost may be overwhelming during the holidays. Without warning, memories can come pouring back, leaving in their wake intense sadness.

The key to coping with grief during the holiday season is to find your own path through it. Some people find it helpful to be with family and friends, emphasizing the familiar; others may wish to avoid old traditions and to try something new and different.



“Your pain is the breaking of the shell that encloses your understanding.”

—Kahlil Gibran

Below are some suggestions from Hospice of Jefferson County at Jefferson Healthcare:

- Remember that Jefferson Healthcare has a bereavement support group available to you.
- Plan for the approaching holidays. Be prepared.
- Don't be caught off guard by the intensity of your grief.
- Stay connected to your feelings.
- Give yourself time to express your emotions.
- Find out how you best express your feelings. It may be by writing, sharing with another, or meditating. Everyone has his or her own style.
- Make a space to actively remember your lost loved one. You might want to make a graveside visit, include a memorial activity in your holiday plans, or make a visit to your church or synagogue.
- Strike a balance between your need for support and other people's needs for your involvement in holiday activities.
- Reach out to others who need help. Giving can help to ease the pain of loss. There are many positive ways of giving that also can allow you to continue your healing process.
- Think about what will be helpful for yourself and your family in the present.
- Be realistic. You don't have to create a “perfect” holiday. Lower your expectations about gift giving, decorating, and entertaining. Set realistic goals, get organized, and pace yourself.
- Recognize that the holidays will be different from before. If you expect everything to be the same you will surely be disappointed.
- Tell important people in your life that this is a difficult season and let them know what they can do to help.
- Take time for yourself, but don't isolate yourself or get cut off from the support of family and friends.
- Choose to be with those who are best able to support you at this time in your life.
- Surround yourself with life: children, babies, friends, colorful flowers, a tail-wagging dog, and activities that make you happy.
- Focus your celebrations on winter: go to a mountain lodge, go sledding or skiing, or just take a walk in the woods—take time out to enjoy what nature has to offer in this season.
- Remember that most bereaved people enjoy holidays again in the future. There will be other holiday seasons to celebrate.
- For the Thanksgiving holiday, write down a list of every person to whom you are thankful and every event for which you feel grateful.
- Don't be afraid to have fun. Laughter and joy are not disrespectful. Give yourself and your family members permission to celebrate and take pleasure in the holidays.
- Many of the holidays specifically involve light. Try lighting a candle for the person who has died, or even create a candle-lighting memorial as part of your holiday celebration. The winter holidays with their traditions of giving can be understood as celebrations of light and the survival of the spirit through dark times.
- Avoid additional stress. Decide what you really do and don't want to do.
- Take particularly good care of yourself.
- Understand that it is not uncommon to feel out of touch with the celebratory tone of the season.
- Ask for help. You don't need to do everything yourself.
- Don't be afraid to ask for professional help if you are feeling overwhelmed by negative emotions or are finding yourself immobilized by your grief.

Special Workshop: Handling Grief During the Holidays

Hospice of Jefferson County is holding a special workshop about handling grief and loss during the holidays, on November 1, from 2 to 4 p.m., in the Jefferson Healthcare auditorium. The program will be facilitated by Karrie Cannon, MSW, and one of the Hospice of Jefferson County chaplains. To register, call Karrie Cannon at 360-385-0610.

Breast Cancer

New Realities Bring Hope

Reporter and writer Geraldine Brooks, a breast cancer survivor, says, “Despite the fact that heart disease kills more women, cancer remains our most potent metaphor for that which is deadly and dreaded and out of our control.” She blames Hollywood films for our breast cancer dread, because such movies repeatedly kill off a female character by giving her cancer. The big Hollywood lie, Brooks says, is that in the movies almost no one survives.

The much happier truth: In the United States, two-thirds of all treated cancer patients are alive at the five-year mark, and for breast cancer, the number is nearly 90 percent. Brooks notes that our perception of cancer’s lethality is lagging the statistical reality by a decade or more.

While one alarming statistic claims that one in eight American women will get breast cancer, it fails to note that the incidence increases dramatically as we age (in our 30s, for example, the odds are only about 1 in 233). Even one case of breast cancer is one too many, but the truth is that for many women breast cancer will be a disease that one dies *with* rather than dies *of*. Exaggerated fear of breast cancer and its treatment is unwarranted—and dangerous—and can itself become a risk factor by keeping women from seeking potentially lifesaving diagnostics and treatment.

The other new breast cancer reality is that today’s disease-fighting drugs and therapies are giving new hope—and the possibility of a long, healthy life—to thousands of breast cancer patients. Cancer experts point out that, for most people, chemotherapy is no longer the chamber of horrors that it once was. Dosages are now so carefully calibrated and buffering drugs are so effective that people are no longer debilitated while under treatment. According to the American Cancer Society,

at least 14 targeted therapies have been approved and dozens more are in the pipeline. These targeted drugs are much easier for most women to tolerate.

Despite the optimism over new breast cancer treatments, there is no denying that early detection gives the surest promise of survival. The earlier breast cancer is found, the better are the chances that treatment will work. The goal is to find cancers before they start to cause symptoms. The size of a breast cancer and how far it has spread are the most important factors in predicting the outlook for the patient. Most providers feel that early detection tests for breast cancer save many thousands of lives each year.

The American Cancer Society recommends that women age 40 and older should have a mammogram every year and should continue to do so for as long as they are in good health. Although mammograms can miss some cancers, they are still a very good way to find breast cancer.

Mammograms

A mammogram is an X-ray of the breast. During a mammogram, the breast is pressed between two plates to flatten and spread the tissue. The pressure lasts for only a few seconds. Although this may cause some discomfort for a moment, the pressure is necessary to get a good picture.

Many people are worried about exposure to X-rays, but the low level of radiation used for mammograms does not significantly increase the risk of breast cancer. For example, one mammogram gives off roughly the same amount of radiation as a person would get flying on a plane from New York to California. Likewise, concerns about injury to the breast from compression are unfounded. The pressure is less than the pressure on the breast when a woman sleeps on her stomach.

Medicare, Medicaid, and most private health plans cover all or part of the cost of this test. And breast cancer testing is now more available—for free or at very little cost—to women without health insurance, through a special program called the National Breast and Cervical Cancer Early Detection Program.

Women with a higher risk of breast cancer should talk with their doctor about the best approach for them. This might mean starting mammograms when they are younger, having extra tests, or having more frequent exams.

Clinical breast exam: Women in their 20s and 30s should have a clinical breast exam (CBE) as part of a regular exam by a health expert, preferably every 3 years. After age 40, women should have

a CBE every year. It might be a good idea to have the CBE shortly before the mammogram. You can use the exam to learn what your own breasts feel like.

Breast awareness and breast self-exam (BSE): BSE is recommended for women, starting in their 20s. Women should immediately report to their health professional any changes in how their breasts look or feel. Most importantly, see your doctor right away if you notice any of these changes: a lump or swelling, skin irritation or dimpling, nipple pain or the nipple turning inward, redness or scaliness of the nipple or breast skin, or a discharge other than breast milk.

To make an appointment for a mammogram at Jefferson Healthcare, call 360-379-9235.





Stay Healthy

Be Flu Wise (from page 1)

hour. Fluids help keep the mucus more liquid and prevent complications such as bronchitis and ear infections.

Aspirin, acetaminophen (Tylenol), or ibuprofen—These can relieve head and muscle aches. Aspirin should be avoided for children.

Decongestants and antihistamines— May help to relieve congestion and stuffiness.

Chicken soup—Dizziness when standing up is common with the flu and is helped by drinking salty liquids; bouillon and chicken soup are excellent, unless you are on a salt-restricted diet.

possible tick bite, because of the possibility that you have been infected with Lyme's disease.

For most healthy people, the flu will resolve in five to seven days. The worst symptoms usually last for three to four days.

Preventing the Flu

The best protection from the flu is immunization, which is offered each fall in anticipation of the coming flu season. For the immunization to be effective, you must be immunized between one week and four months prior to exposure to the flu. It doesn't work if you wait until you think you have been exposed to the virus.

Every year, scientists develop a vaccine targeted to protect against the most recently circulating strain of the virus. The vaccine, which is injected into the muscle, comprises several virus

strains, among which scientists attempt to include the most recent mutation.

Immunization against the current strain of flu is known to provide fair protection (typically 67 to 92 percent effective). Even if a particular flu shot does not prevent the flu, the vaccine can reduce the severity of flu symptoms and decrease the risk of complications. Studies have found that flu shots results in fewer days missed from work and fewer visits to a doctor for respiratory infections, and it reduces the number of people who develop complications from the flu, such as pneumonia.

In spite of these results, many people choose not to get a flu shot. Some do not get the shot because of misconceptions they have about the flu or the vaccine. The flu shot may cause side



It is generally not necessary to visit a health care provider when you have the flu, unless you have a complication. Indications of possible complications are a fever that remains above 102 F for more than three days, a cough that brings up thick or greenish sputum, increasing difficulty in breathing, and ears or a throat that are more than mildly uncomfortable. You should also see a provider if flulike symptoms occur 10 days to three weeks after a

What About Bird Flu or a Flu Pandemic?

Predicting a flu pandemic, such as a widespread outbreak of the bird flu, is like predicting an earthquake. Although we know it can happen, we don't have any way to predict if it will or when.

A pandemic flu is caused by a new virus to which people have not been previously exposed. It is likely to be more severe, to affect more people, and to cause more deaths than seasonal influenza because people won't have any immunity to the new virus.

Most experts on the subject agree that the best way to approach the possibility of a flu pandemic is to be prepared. Being prepared for a major flu outbreak means creating a plan with your family to decide how you will live if supplies and services are disrupted. Experts say that it is a good idea to plan ahead for this and other possible disasters by storing a minimum of three months of food, and water, along with medicines and other essentials. Some recommend keeping a supply of respiratory masks and gloves to protect yourself and your family when coming into contact with others. As with any flu, good hygiene is essential to prevention.

There currently is no available bird flu vaccine. The virus mutates rapidly and scientists will not be able to develop a vaccine to combat it unless it begins a pattern of human-to-human transmission. Cases of bird flu have so far been limited to those who live and work in close proximity to poultry.

For extensive information about planning for a flu pandemic, see www.pandemicplans.com/docs/HowToPrepareForAPandemic.pdf . Enter the password *fluwikie*.



effects in some people, but these usually are minor and do not last long.

In the past, flu vaccines comprised weak strains of the live virus, and in many cases this caused people to feel ill immediately following the vaccine. Today, the vaccine uses inactivated organisms. Some people still have mild reactions to the influenza vaccine, ranging from minor inflammation and soreness at the injection site to mild flu symptoms. On very rare occasions, nervous system disorders result.

The flu vaccines are commonly prepared using eggs. Therefore, individuals with a known allergy to eggs should inform his or her physician before having the influenza vaccine.

Recently, a new mist vaccine, FluMist, was approved for patients between the ages of 5 and 50. The vaccine is sprayed into the nose and works in a manner similar to the injectable vaccine. One major difference is that this vaccine includes live virus, so it cannot be given to persons with weak immune systems or to pregnant women.

If you are high risk or your resistance is down, you should consider avoiding markets, airplanes, shopping centers, theaters, or crowded places during a flu epidemic.

Keep your distance from people who are sneezing or coughing. It is always wise to avoid becoming overly tired or run down, because this makes you more vulnerable to infection.

If you or a family member becomes sick with the flu, do your best to stay away from other people so that you do not pass it on. Stay home from work and keep your children home from school if you or they are ill.

Frequent hand washing is always good practice, but it is even more important during the flu season. Alcohol-based hand-washing gels such as Purell have proven to be even more effective than washing with soap and water. It helps if you make hand washing automatic and convenient by storing your Purell in many places, such as on your desk, in your purse, in your glove compartment, in your bathrooms, and at the kitchen sink.

Other prevention practices include remembering to keep your hands away from your nose, eyes, and mouth (viruses are most likely to enter your body through these areas); eating a healthy and balanced diet; getting regular exercise; and not smoking (smoking irritates the lining of your nose, sinuses, and lungs, which may make you susceptible to complications of the flu).

Flu Shot Clinics

Jefferson Healthcare will have a number of flu shot clinics scheduled for the 2007–2008 season. For the current schedule, see www.jeffersonhealthcare.org.

Jefferson Healthcare proudly acknowledges three of our nurses who recently completed advanced degrees:



Keri Johns, Director of Home Health and Hospice at Jefferson Healthcare completed a Master's of Science in Community Health Administration from California College of Health Sciences.



Amber Hudson, Associate Director, Patient Clinical Services graduated with an MSN in Nursing Education from University of Phoenix.



Laura Showers, Associate Director, Patient Clinical Services graduated with an MSN in Nursing Leadership and Education from Old Dominion University.

www.jeffersonhealthcare.org

A place for information about your local hospital, every day, all the time.

Simply log on and go to the section that contains the information you seek, or enter a search word. For current classes and events, see the calendar section.

Jefferson Healthcare Embraces Rapid Process Improvement

What does a hospital laundry service have in common with a Toyota?

More than you might think. They both use complicated processes to produce an end product, and both have benefited from a philosophy and practice called rapid process improvement (RPI).

RPI is an intensive session in which teams analyze current processes and then propose, test, and implement improvements. The improvements and solutions are known as lean tools. These tools have been tested and proven by Toyota and other manufacturing companies, and the lessons learned have been adopted by health care organizations around the country, including Virginia Mason in Seattle. John Nowak, Jefferson Healthcare's lean coordinator, said, "Many hospitals are using these techniques to improve quality and reduce costs; these methods are changing the face of health care. They ensure that health care workers have what they need when they need it and where they need it. They strive to build in quality so that it happens automatically."

Jefferson Healthcare is implementing "lean events" at the rate of one per month. The first event was focused on the registration process, the second on the laundry. The goal of RPI at Jefferson Healthcare is to redesign processes around patient needs rather than around the needs of the system. And the reality is that whatever benefits the patient ultimately benefits the staff, and vice versa.

The registration process was the first to go through RPI. Patients had been expressing frustration about long wait times, and investigation of these complaints revealed that the registration process took an average of 17 minutes, with a maximum wait

time of 1 hour 35 minutes. Multiple registrations for lab and X-ray also led to patient confusion.

RPI improvements included centralizing registration and improving the flow by scheduling registration staff according to peak registration times. The results of this first RPI were impressive. A review at 13 weeks revealed that the average wait time was reduced to two minutes, with a maximum wait time of 15 minutes. This was an improvement worth celebrating, and it demonstrated the benefits of RPI. According to Nowak, the improvements in registration have been maintained for three years. "This work was really helpful," he said.

The Laundry department was selected as the second department at Jefferson Healthcare to undergo RPI, because problems in work flow were preventing the department from meeting the demands of the other hospital departments. A review of the laundry showed that there was always a high level of laundry in process, that departments were hoarding laundry to prevent shortages, and that the cost per pound of laundry exceeded industry averages.

To get ready for the RPI, the Laundry department spent about six weeks gathering data and preparing for the launch of a lean event. A lean team was formed, bringing together laundry employees, selected leadership, and stakeholders from other departments within the organization. The team kicked off its lean event by first attending an Introduction to Lean course. Following this introduction, the lean team developed a vision statement: "Our laundry team

works in a safe and efficient manner, utilizing steady flow and standard work. We produce quality linen to satisfy our customers while working in a well-equipped environment that is adequately staffed, promoting good morale." After they had developed their vision, the team spent an intensive week redesigning the laundry process.

The first step was to map the laundry process as it actually operates, specifying value from the standpoint of the customer, in this case, the internal departments.

As they mapped the steps required for a full cycle of laundry, they made note of any waste in the process. While analyzing the work flow, the team counted 29 steps in the processing of laundry from start to finish. After the event the number of steps was reduced to 18.

The team used RPI detective work to uncover wasteful practices, such as using too many colors of scrubs and too many sizes of towels, as well as the practice of allowing linens to leave the premises with emergency transport services.

After this analysis, the team set targets for their process improvement. Some of the laundry's RPI targets were to

- achieve same-day turnaround for laundry;
- improve employee and customer satisfaction by 50 percent;
- reduce the cost per pound by 40 percent; and
- mistake-proof the handling of contaminated laundry.



To meet these targets, the team recommended ways to reorganize the physical layout of the laundry. As part of the reorganization, maintenance installed a new laundry-folding table, which improved not only efficiency but also ergonomic safety. The team found ways to reduce the varieties and sizes of linens available to the departments, eliminating 11 types of linen altogether. The team also standardized the types and colors of scrubs and moved them to centralized locations, and made a recommendation to use disposable linens in the Emergency department. After making these important changes, the laundry was able to increase the number of daily deliveries of laundry to the departments. Carol Davis, who has worked in the laundry for over 30 years, said she was proud to be part of the laundry RPI team. She acknowledged that the team worked hard, but she said she was amazed and excited about how fast the team was able to reorganize the laundry to make it more efficient. On the Friday of the RPI week, Carol said, “I’m excited to come to work this weekend and work with the new flow.”

Julie Allan, another laundry employee, concurred with Davis. She said she was initially skeptical about working with team members from outside the laundry. “I didn’t think they would have an understanding about what we do on a daily basis,” she said. “But the way the RPI was set up, the team was able to get a very good understanding and redesign things in a way that works for us. When the week was over I was really impressed.”



Waste

Something that consumes resources, including supplies, equipment, space, and time, but that adds no value from our patients’ perspective.

Lean Principles

Lean principles originated in manufacturing, specifically with Toyota Production Systems, but according to the Institute for Healthcare Improvement, lean principles are equally effective in health care organizations, where workers rely on multiple complex processes to accomplish their tasks and to provide value to the patient. Waste in any area, whether it is time, supplies, or goods, ultimately adds no value for the patient.

What Lean Is Not

Lean is not intended to reduce staffing. In fact, one the most basic concepts of RPI is to recognize the value of employee engagement and to include them in work redesign. An RPI might reduce the staff required to perform a task in one area, but they will be reassigned to another job, or to the task of RPI itself, until workforce reductions can be made through attrition.

Jefferson Healthcare Primary Care Clinics



*Available to meet your
health care needs*

The providers of Jefferson Healthcare primary care clinics are accepting new patients and look forward to caring for you and your family. Among our practitioners are family medicine physicians, some of whom practice obstetrics; internal medicine physicians; and pediatricians, who are dual-certified in internal medicine). The primary care practices include mid-level providers (nurse practitioners and physician assistants), as well as physicians.

Our primary care practices provide diagnosis and treatment of acute and chronic illnesses, obstetrics, health promotion, disease prevention, health maintenance, counseling, and patient education.

*Professional medicine and
personal treatment—
caring for our neighbors.*

**For information on our clinics, please refer to
www.jeffersonhealthcare.org.**

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Occupational Therapy

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Urology

**To Your
Health!**

To Your Health! is a publication of Jefferson Healthcare. Jefferson Healthcare operates under the authority of Jefferson County Public Health Care Service District #2, and is governed by a publicly elected board of commissioners: Kathy Hill, Chair; Jill Buhler, Secretary; and Tony De Leo, Chuck Russell and Joseph Wheeler. Victor Dirksen is Chief Executive Officer.

Jefferson Healthcare is an integrated delivery system that operates a 25-bed hospital and five physicians clinics, walk-in urgent care, home health and hospice, outpatient diagnostic services, rehabilitation services and wellness and community education.

Jefferson Healthcare employs 450 people and has an annual operating budget of \$40 million. Jefferson County tax support is \$1.3 million, most of which goes to pay for voter-approved facility bonds.

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