

To Your Health!

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Jefferson Healthcare
Employees Join Relay
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Jefferson
Healthcare

To our neighbor

Hands-Only CPR

Now recommended as an option anyone can use

On the American Heart Association (AHA) Web site you will find the story of thirty-six-year-old Mary Jo Cipollini, who nearly died the day she dropped her groceries, collapsed in a parking lot, and landed face-first on a gallon of milk. She thinks the milk might have saved her face. But she knows that cardiopulmonary resuscitation (CPR) saved her life.

Luckily for Cipollini, the store's produce manager responded and, after discovering that she had no

pulse, performed CPR. When the ambulance arrived, the EMTs used an automated external defibrillator to restart her heart. Then she was rushed to the hospital.

She lived, and later learned that she had ventricular fibrillation, a condition in which the heart's electrical activity becomes disordered and the heart pumps little or no blood. She had a pacemaker/defibrillator implanted and is back to living a full life. She owes her second chance at life to the fact that someone nearby performed CPR.

CPR Is a Lifesaving Action

When an adult has a sudden cardiac arrest, his or her survival very much depends on getting timely CPR from someone nearby.

According to the American Heart Association, less than one-third of those people who experience cardiac arrest at home, at work, or in a public location receive the help they need. Many bystanders are worried that they might do something wrong or make things worse. Others are worried about the mouth-to-mouth contact with a stranger. The AHA says that what is killing people with cardiac arrest is inaction. For these rea-

sons, the AHA has simplified things and now stresses that the mouth-to-mouth portion of CPR is not necessary for lay responders.

Two Steps to Save a Life

When an adult suddenly collapses, a person near the victim, whether trained or untrained, should do the following:

- 1) Call 911.
- 2) Push hard and fast in the center of the chest.

Studies of real emergencies have shown that these two steps, called hands-only CPR, can be as effective as conventional CPR. These studies show that providing hands-only CPR to an adult who has collapsed from a sudden cardiac arrest can more than double that person's chance of survival.

The AHA stresses that if you find yourself in a bystander position, don't be afraid. Your actions can only help. Bystanders who are trained in CPR and confident in their ability should continue to use conventional CPR. Health care providers should continue to follow local protocol.



Hands-Only CPR (from front page)

How to Perform the Compressions

You place your two hands (one on top of the other) in the center of the victim's chest, in line with the nipples. You press down hard and fast, with minimal interruption. The ideal number of compressions is about 100 per minute (more than one per second). To keep this pace, you might think of the tempo of the song "Staying Alive" by the Bee Gees.

You can find more information about hands-only CPR on the AHA Web site, www.americanheart.org/handsonlycpr

CPR Training

The AHA and health care providers generally recommend that citizens receive training in CPR, if at all possible. The training builds confidence in the ability to perform CPR and, because CPR is a psychomotor skill, it is best learned with the hands-on practice gained in a CPR training program. People who have had the training are more likely to give high-quality chest compression and are more confident about their skills than those who have not been trained.

The Red Cross currently offers classes at the Port Townsend fire department on the first Saturday of every month.



CPR Facts and Statistics

- About 75 percent to 80 percent of all out-of-hospital cardiac arrests happen at home, so being trained to perform cardiopulmonary resuscitation (CPR) can mean the difference between life and death for a loved one.
- Effective bystander CPR, provided immediately after cardiac arrest, can double a victim's chance of survival.
- CPR helps maintain vital blood flow to the heart and brain and increases the amount of time that an electric shock from a defibrillator can be effective.
- Approximately 95 percent of sudden cardiac arrest victims die before reaching the hospital.
- Death from sudden cardiac arrest is not inevitable. If more people knew CPR, more lives could be saved.
- Brain death starts to occur four to six minutes after someone experiences cardiac arrest, if no CPR and defibrillation occurs during that time.
- If bystander CPR is not provided, a sudden cardiac arrest victim's chances of survival fall 7 percent to 10 percent for every minute of delay until defibrillation. Few attempts at resuscitation are successful if CPR and defibrillation are not provided within minutes of collapse.
- Coronary heart disease accounts for about 450,000 of the nearly 870,000 adults who die each year as a result of cardiovascular disease.
- Approximately 310,000 of all annual adult coronary heart disease deaths in the United States are suffered outside the hospital setting and in hospital Emergency departments. Of those deaths, about 166,200 are due to sudden cardiac arrest.
- Sudden cardiac arrest is most often caused by an abnormal heart rhythm called ventricular fibrillation. Cardiac arrest can also occur after the onset of a heart attack or as a result of electrocution or near-drowning.
- When sudden cardiac arrest occurs, the victim collapses, becomes unresponsive to gentle shaking, stops normal breathing, and after two rescue breaths, still isn't breathing normally, coughing, or moving.

Source: American Heart Association

Almost 80 percent of cardiac arrests occur at home and are witnessed by a family member.

Only 6.4 percent of sudden cardiac arrest victims survive, because the vast majority of those witnessing the arrest are people who do not know how to perform CPR.

Thank You!

Jefferson Healthcare recognizes these valuable team members for their long-term commitment to the health of our community.



10 years: Commissioner Chuck Russell, Judy Graves, Beki Lischalk, Rena Sleight; not shown: Jennifer Brown, Marianne Muck, Wendy Nordquist



25 years: (L to R) Dana Michelsen, Jan Burr, Irene Marble, Hilary Metzger; not shown: Pamela Teagarden



35 years: (L to R) Danny Pierce and Commissioner Tony DeLeo



20 years: Chris Cuzzetto, Karen Ostgaard, Jody Mager, Barbara Vane, Terri Camp; not shown: Brandy Cate, Shary Irwin, Mauria Lombardo



30 years: Phyllis Mee, and Patsy Newell

Express Care *Frequently Asked Questions*



Q: *What is Express Care?*

A: Express Care is a service of the Jefferson Healthcare Emergency department that is designed to serve patients who have medical conditions that may not be life threatening but still need immediate medical attention.

Q: *What is the purpose of Express Care?*

A: It is intended to offer a faster way through the Emergency Room for patients with less severe problems.

Q: *When is Express Care the appropriate service?*

A: Express Care services are appropriate for any patient who comes to the Emergency department between the hours of 10 a.m. and 9 p.m. (check-in) and, during the triage process, is designated as Level 4 or Level 5 on the standard five-level triage system (Level 1 is the most severe; Level 5 is the least severe).

Q: *Who determines if I should go through Express Care or the regular Emergency department?*

A: Our on-duty triage nurse will assess your condition and determine whether you are a candidate for Express Care or you need a higher level of emergency care.



Q: *How does triage work?*

A: The triage nurse uses a very simple and straightforward algorithm, or decision tree. He or she assesses whether the patient has a life-threatening condition. The nurse also considers the patient's vital signs and the number of resources required for his or her care. The patient is then put into one of five triage categories. Level 4 and Level 5 are appropriate for Express Care. Levels 1, 2, and 3 require more intense use of resources and are therefore appropriate for the conventional Emergency department.

Q: *What types of conditions fall in Level 4 or Level 5?*

A: Some examples of conditions that fall in Level 4 and Level 5 are:

- Colds, flu, sore throats, and earaches
- Sprains and strains
- Minor injuries, burns, or animal bites
- Rashes
- Simple cuts, lacerations, and abrasions
- Most types of nausea, vomiting, and/or diarrhea
- Respiratory infections

Q: *Where is Express Care located?*

A: Express Care is located in a separate area of the Emergency department. You check in at the Emergency department registration area.

Q: *When is the service offered?*

A: Express Care is available seven days a week, 365 days a year, from 10 a.m. to 10 p.m. Patients need to check in by 9 p.m. to be guaranteed Express Care service.

Q: *Do I need an appointment for Express Care?*

A: No, you do not need an appointment for an Express Care visit.

Q: *What are the advantages of Express Care?*

A: Express Care services are provided by staff that are specially trained in emergency medicine and are supported by 24-hour coverage from our Emergency, Laboratory and Imaging departments. If your medical condition is determined to be more serious than you expected, these services will be available to you. When you come to Express Care, you have the advantage of not having to make your own judgment about what level of care your condition requires.

The other advantage of Express Care is that it provides a focused treatment alternative to a regular Emergency Room visit. Visits usually take less time and provide efficient care for unexpected, minor medical circumstances that can occur after your doctor's office is closed or when you are unable to get an appointment.

Through our Express Care program, patients can receive prompt diagnosis and treatment for non-critical illnesses and injuries.

Q: *What does an Express Care visit cost?*

A: There is a flat fee of \$250 for level 4 and 5 (only), exclusive of any diagnostic tests.

Q: *What if I need follow-up care?*

A: Express Care does not take the place of your family physician. If follow-up care is required you will be referred to your family physician, or a list of providers will be made available to you if you do not already have a provider.

Prostate Cancer

A Concern of Every Man

Prostate cancer is to men what breast cancer is to women; both diseases strike one out of six. Both diseases rank as the second most common cause of death by cancer, with lung cancer being No. 1.

In 2007, the American Cancer Society predicted that 218,890 men in the United States would be diagnosed with prostate cancer. Although this number seems high enough, it may actually fall far short of the actual number of cancers among U.S. men because prostate cancer is largely a silent disease.

The conundrum, or puzzler, of this cancer is that when men are experiencing urinary symptoms, such as a weak urine stream or nighttime frequency, the cause is generally a benign condition,

such as an enlarged prostate. Prostate cancer, on the other hand, generally does not present symptoms until it is more advanced. Many men assume that they do not need a prostate exam unless they are having symptoms. This faulty assumption leads to the sad and unnecessary deaths caused by advanced disease.

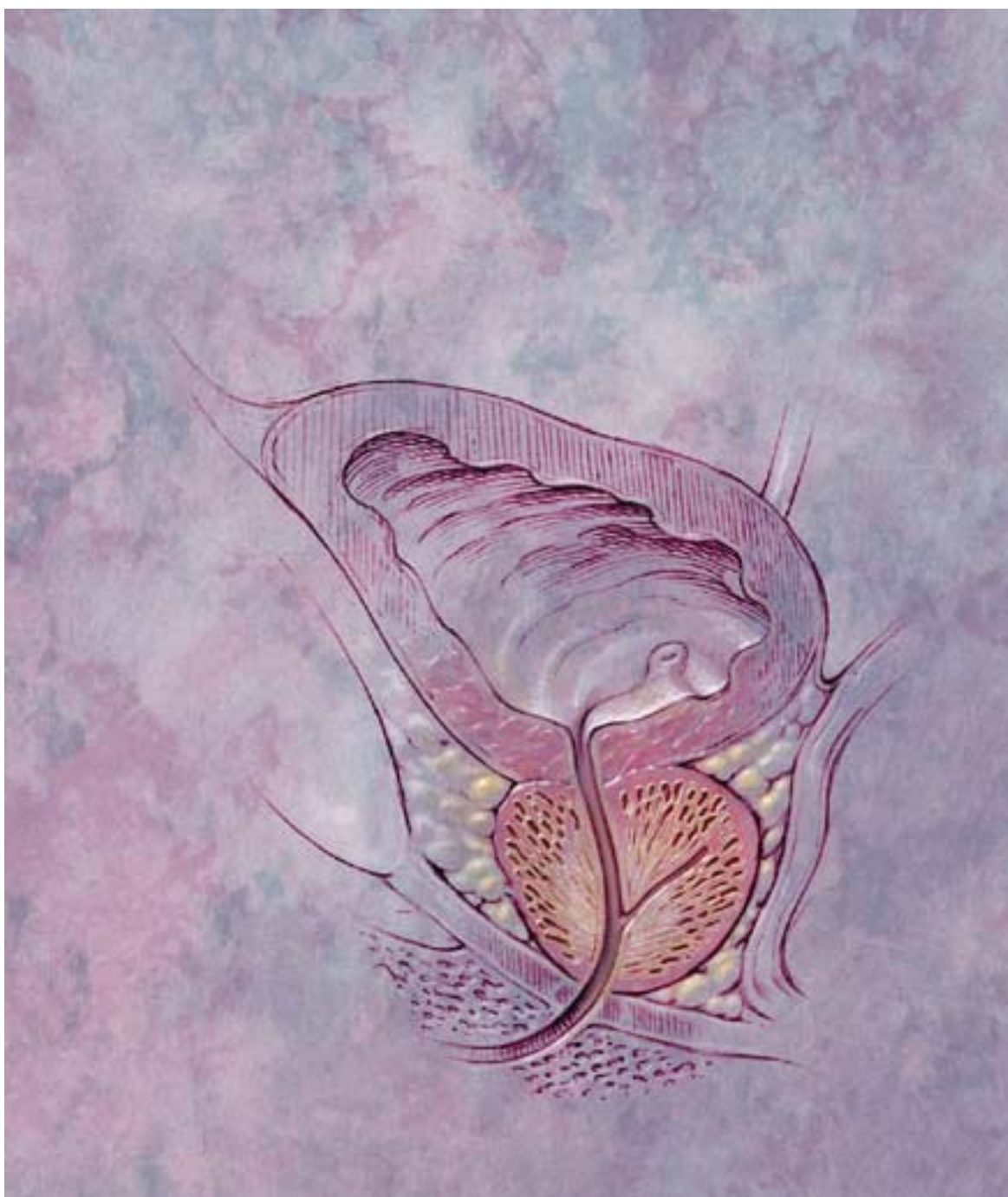
Although it is still a controversial issue, early detection is the first critical step toward a positive outcome. The goal is to identify the cancer early, when it is confined to the prostate and hasn't spread to other parts of the body. Screening for prostate cancer is challenging because the testing, using prostatic specific antigen (PSA) blood tests and digital rectal exam, is only about 60 percent accurate.

Despite this disappointing figure, statistics from the past 20 years have shown that use of PSA exams has shifted the stage of detectable cancer toward much earlier diagnosis. It is now much less common for men who undergo screening to have the cancer initially detected in their bones, as it was in the past. Only 5 percent of men now have this more advanced stage of the disease at the time of the diagnosis. In the past, the number was 50 percent. Medicare pays for annual PSA screening for men, underscoring the importance of this test.

According to Jefferson Healthcare urologist Dimitri Kuznetsov, MD (known as Dr. Dimitri), prostate screening should be part of every man's annual health exam. He said that abnormal elevation of the PSA, or an abnormality such as nodules or firmness noted on a rectal exam, would be cause for further evaluation and possibly a biopsy. Biopsies confirm whether the cancer is detectable, and they give an indication of how much cancer is present. They also determine whether it is present in one or both sides of the prostate, and how aggressive the cancer appears to be.

Dimitri said he performs the biopsies in his office. A biopsy, he stressed, is not a difficult procedure for men to experience. "Men walk into my office for the procedure, then walk out ten minutes later, experiencing minimal discomfort," he said. Tylenol is usually the only medication needed for any discomfort that is present.

Prostate cancer can be treated in a variety of ways, including active surveillance, surgery, radiation therapy, hormonal therapy, occasionally chemotherapy, cryosurgery, or some combination of these. All of these servic-





es, with the exception of radiation therapy, are offered in Jefferson County. Radiation therapy is available in Sequim.

The age and overall health of the man as well as the extent to which the disease has spread, the graded microscopic appearance (representing the aggressiveness of the disease), and the response of the cancer to initial treatment are all important in determining the prognosis for the disease.

Dimitri noted that no two prostate cancer discussions are alike. “Prostate cancer is a very diverse disease, affecting men across a wide range of ages” he said, adding that “each consultation and treatment option needs to be individualized.”

Because prostate cancer tends to be a disease among older men, many will die of other causes, especially if they have the less aggressive subtype, which may

not spread or cause symptoms. This can make treatment selection difficult. The decision about whether to treat localized prostate cancer (a tumor that is contained within the prostate) with curative intent is a complicated one. The decision must take into account

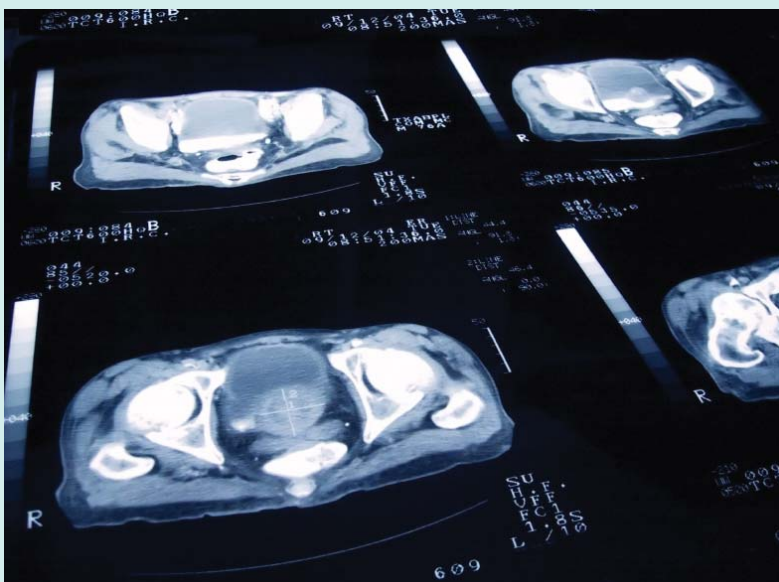
the expected benefits of treatment as well as the potential side effects in terms of how they relate to patient survival and quality of life.

About Prostate Cancer

Prostate cancer develops in the prostate, a gland in the male reproductive system. The prostate produces part of the seminal fluid, which helps carry sperm out of the man’s body.

The prostate is located in front of the rectum and under the bladder. It surrounds the urethra, the tube through which urine flows. A healthy prostate is about the size of a walnut. Cancer occurs when cells of the prostate mutate and begin to multiply out of control. These cells may spread, or metastasize, from the prostate to other parts of the body, especially the bones and lymph nodes.

Prostate cancer develops most frequently in men over fifty. This cancer can occur only in men, as the prostate is exclusively part of the male reproductive tract.



Signs and symptoms

Because prostate cancer most often doesn’t produce any noticeable symptoms in its early stages, many cases of prostate cancer aren’t detected until the cancer has spread beyond the prostate. For most men, prostate cancer is first detected during a routine screening such as a prostate-specific antigen (PSA) test or a digital rectal exam (DRE).

When signs and symptoms do occur, they vary according to how advanced the cancer is and how far the cancer has spread.

Less than 5 percent of cases of prostate cancer patients have early symptoms such as urinary problems. When urinary signs and symptoms do occur, they can include:

- Trouble urinating
- Starting and stopping while urinating
- Decreased force in the stream of urine

Cancer in your prostate or the area around the prostate can cause:

- Blood in your urine
- Blood in your semen

Prostate cancer that has spread to the lymph nodes in your pelvis may cause:

- Swelling in your legs
- Discomfort in the pelvic area

Advanced prostate cancer that has spread to your bones can cause:

- Bone pain that doesn’t go away
- Bone fractures
- Compression of the spine

Source: Mayo Clinic

Memorial Service Scheduled for October

Jefferson Healthcare Hospice, the Hospice of Jefferson County, will hold its annual community memorial service on Friday, October 17, at 5 p.m. All community members throughout Jefferson County are invited to join with friends and family in this nondenominational service to remember and honor loved ones.

With an emphasis on community and the celebration of life, this annual event is held every fall before the holiday season begins. This is because the holidays are often a difficult and lonely time for those who have lost a loved one. During the holidays, memories of those special people who have died and who are missed come to the surface.

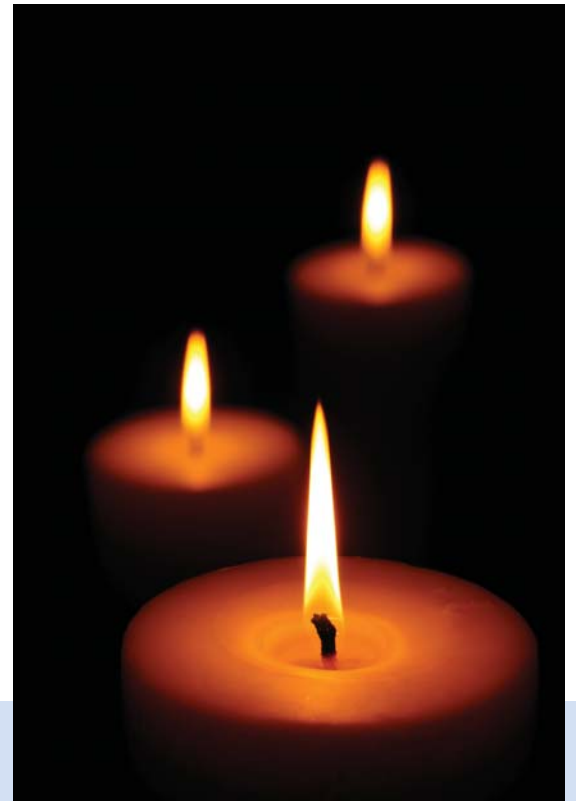
Birth, life, and death are a circle, according to Jefferson Healthcare social worker Karrie Cannon, who specializes in bereavement. The memories held inside the circle are worth celebrating. With this concept in mind, the service will offer a peaceful, supportive, and celebratory environment where comfort is offered and healing can take place. In years past, participants have found the service helpful to both their grieving process and their preparation for the holidays. Everyone in the community who has lost a loved one is invited to participate.

This year's service will include music, candle lighting, a program of responsive readings, reflections, and sharing. During the ceremony, a memorial quilt,

made by the Cabin Fever Quilters, will be displayed, and family members will be encouraged to place a photo or memento on the quilt to honor and remember their loved one. The quilt is used as a symbol of hospice and represents the long-held American traditions of home, family, community, and caring, all of which are hallmarks of hospice care.

The community memorial service will be held at the Quimper Unitarian Universalist Fellowship, 2333 San Juan Ave., Port Townsend. Speakers and musical interludes are included as important elements of the service.

There will be time for refreshments and sharing immediately afterward. Anyone who would like further information is encouraged to call Jefferson Healthcare's Home Health and Hospice office at 360-385-0610.



Letter From Patient Dan Taylor

Last year I was diagnosed with a rare lung and liver disease called Alpha I. The prognosis was poor.

The good news is that things have turned around. My pulmonary tests now show improvement, with my lung capacity going from 19 percent to 32 percent. Now, I am swimming up to 1 1/2 miles and jogging as well.

I want to thank everyone at the hospital who helped make this happen and made it a rich and enjoyable experience. I never thought that I would say that about a hospital.

I now look forward to coming back to the hospital each Wednesday to get my infusions. The staff at the Medical Short-Stay Unit is a class act.

The pulmonary rehab classes, after my infusions on Wednesdays, are a vital part of my recovery. I love all the staff and patients, and the doctors working with me are awesome. This group is more than a support group.

Now, the staff at Jefferson Healthcare is no longer watching me die; they are inviting me to play golf. I'm ready and able to take them up on their offers.

If I were karma and could hand out awards, there would be many awards given to the employees at Jefferson Healthcare hospital. Port Townsend is blessed to have a hospital as fine as this one.

If You Experience Grief and Loss During the Holidays

For many people, the holiday season is a special time of year marked by festive celebrations and gatherings with family and friends. It's a time to look ahead with excitement toward a new year. But for those coping with the death of a loved one the holidays may be a difficult time filled with painful reminders that magnify their sense of loss. When this is the case, the holidays become an ordeal to be endured.

Bereavement specialists like Karrie Cannon advise that there is another way to approach the holidays. It is to anticipate holiday stress and to seek the support you need in order to avoid what otherwise might become an emotional rollercoaster. You may need to learn new coping and self-care skills as well. Here are some tips.

- Plan ahead by thinking about the challenges you will encounter, and be proactive about how you will cope with various situations.
- Expect some physical and emotional responses to your loss. These are normal reactions to grief.
- Give yourself permission to be alone, to cry, to laugh and have fun, to enjoy activities, and to relax. Feelings are healthy, and both laughter and tears help to reduce stress and calm anxiety.
- Be careful not to isolate yourself. Confide in someone who will listen to you without feeling the need to supply answers or render a judgment.
- Talk with family and friends about your plans for the holidays. Find the right balance between their needs and your own; compromise if necessary.
- Accept your limitations. Don't let decisions about social and family pressures become overwhelming and make you feel worse. Choose to participate in a few activities; decline those that will not be comfortable for you.
- Take care of yourself by following a good diet and getting adequate exercise and sleep.

Jefferson Healthcare Employee Shares her Story in National Magazine

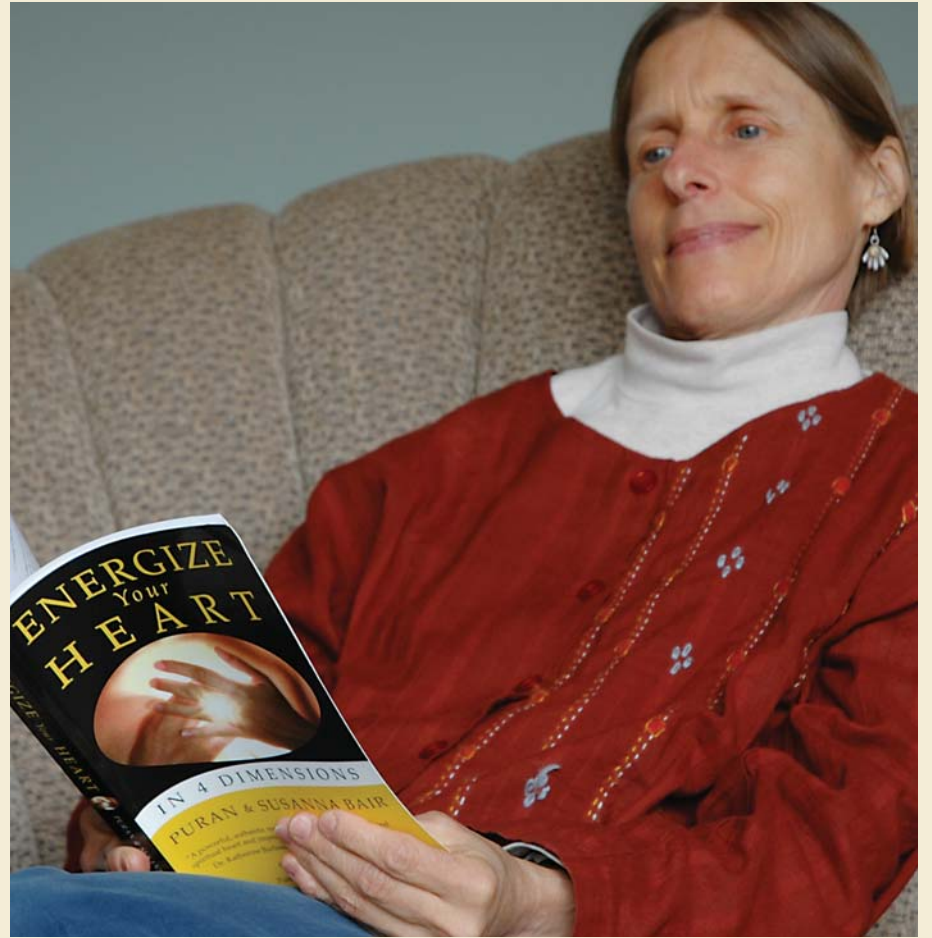
The rhythm of the heart is more than a mechanical bodily function to Jefferson Healthcare ergonomic specialist Betsy Hart, OTR/L; it also has a powerful potential to heal.

Since 2001 Hart has been practicing a form of meditation called heart rhythm meditation. Shortly after beginning her meditation practice, she began experiencing significant improvements in her health. Hart had suffered from both high blood pressure and systemic lupus erythematosus (lupus) for a number of years. She was on medication for both conditions. Six months after beginning her meditation practice, Hart was able to sustain a low-normal blood pressure without medication and was able to discontinue prednisone, which she was taking for the lupus condition. Hart believes her health has improved because the meditation helps her to keep her immune system from going into a hyperreactive state.

Her dramatic story will appear in the national magazine *Women's World*, available on newsstands July 28.

This unexpected opportunity to share her story nationally came about after Hart wrote a short summary of her health improvements as a follow up to her meditation course. The editor of the magazine saw her testimonial and wanted to write an article, featuring Betsy as one of the success stories. Last April the magazine sent a photographer to Hart's home in Port Townsend to take photos for the story. Hart said that her granddaughter, who has improved her hearing through the same type of meditation practice, may also appear in the publication.

Hart's husband, Dan McMannis, is certified through the Institute for Applied Meditation to teach heart rhythm meditation. He plans to begin teaching classes sometime



Betsy Hart

this summer. To learn more about this meditation technique, log on to www.appliedmeditation.org, or the local Web site www.heartmentors.com. Books

available on the subject include *Living From the Heart*, by Puran Bair, and *Energize Your Heart*, by Bair and his wife, Susanna.

Jefferson Healthcare Employees Celebrate, Remember, and Fight Back

For the sixth year Jefferson Healthcare employees formed teams and went in to action to raise funds for the 2008 Relay for Life. According to Denise Hickman, one of the organizers of this year's efforts, employees had more spirit for the event than ever before. "We felt that, because we are a health care organization, we really needed to get 100 percent behind this event, so we made an organizational commitment. That's what it takes to make something like this work," she said.

The organization formed its teams through its operating processes; process managers were given the responsibility to recruit their team members and to generate fund-raising ideas. The hospital kicked off the challenge with a platinum-sponsor advertising pledge of \$2,000. Other fundraising events included a book and bake sale; ice cream sales; sales of memorial moons and stars; luminary sales; penny collections; bunko games; and a bag toss at



Bev Young, Relay for Life organizer

the event, in keeping with this year's carnival theme.

Last year, Jefferson Healthcare set a fundraising goal of \$2,500 and exceeded that goal. This year the goal was to raise \$3,000.

Relay for Life is a life-changing event that brings together more than 3.5 million people to . . .

celebrate the lives of those who have battled cancer; remember loved ones lost to the disease; and fight back against a disease that takes too much.

Source: American Cancer Society

Relay for Life is the signature annual fundraising activity of the American Cancer Society, the national organization that funds research to support a future cure for cancer. The event offers everyone in a community an opportunity to participate in the fight against cancer. It also raises awareness of cancer prevention and treatment options.

Teams of people from around the country and from all walks of life camp out at a local high school, park, or fairground and take turns walking or running around a track or path. Each team is asked to have a representative on the track at all times during the event. Relays are an overnight event, up to 24 hours long.

The American Cancer Society's recommendation is for each participant to set a personal goal to raise \$100, although there is no minimum requirement. The only thing required to participate in Relay for Life is a \$10 registration/commitment fee, which is due upon registration.

Personal Care is One of Our Specialties

... a specialty only available at a small-town hospital



No one is just a number at Jefferson Healthcare. We treat every person like they are a personal friend or neighbor. We believe that this patient-centered care is as important to your well being as our high standards for delivery of professional, quality medicine.

We hear from our patients—over and over again—how the caring attitude of our staff made a difference to their recovery. We hope you keep this in mind as you consider your future choices for health care.

Jefferson
Healthcare

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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.

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 Marc Mauney, MD. 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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