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Quality Update

The Interview with  
Bruce Abbott, MD  
and more!

### ST. LUKE'S CONSTRUCTION UPDATE

As of this writing during the second week of February, demolition of the old ambulance and walk-in entrances of the Emergency Department were complete and excavation started in preparation for the expansion of the ED.

Patients and ambulances are currently using a temporary entrance located on West St. at the back of the hospital.

While 75 percent of excavation is complete, construction crews ran into ledge while digging, which slowed progress a bit. Progress was further delayed by the January blizzard, which prevented work on the site for about a week.

Despite these set backs, workers were able to install some footings and pour cement for those footings and part of the foundation.

On the interior, crews have been working on Crapo IV with some inspections completed on preliminary plumbing and electrical installations. Workers have begun to install sheet-rock. The project has also taken over a section of the third floor of the Memorial Building to create tie-ins to Crapo IV. New windows for the west side of the fourth floor of the Memorial Building are due to be delivered at the end of February and the first phase of renovations on Crapo IV are due to be completed by the end of March. Those changes include a new nurses' station, clean and soiled utility areas, support services and nine brand new, private patient rooms.

In the Emergency Department, workers have created six temporary treatment bays to help make up for eight bays that have been lost to construction. Work is also in progress on a new temporary triage area that, when completed, will help to create two more treatment bays.

"The staff in the Emergency Department and on Green have been working with tremendous inconveniences during the construction and have been very accommodating," said Ed Boyer, Director of Engineering & Maintenance at Charlton and St. Luke's, who is overseeing the construction project. "We really appreciate their patience and tolerance."



# Coastlines

The Southcoast Health System Employee Newsletter

March 2005

## Heroic efforts of Southcoast staff keep hospitals running during Blizzard of '05

*Editor's note: Stories of individual employees and additional departments can be found on the Southcoast intranet under The Rest of the Story on the Coastlines page. Many physicians also served long hours to ensure that Southcoast patients received the care they needed. Their names also appear in The Rest of the Story. Coastlines made every effort to acknowledge the people and departments that contributed to the heroic efforts to care for patients, however we realize we may have missed some details of this widespread effort. If you know of a story about a department or employee who made a special effort during the blizzard that did not get told, please contact Patricia Giramma via Meditech or at giramma@southcoast.org.*

While the January Blizzard of 2005 brought the worst in weather to the South Coast, it brought out the very best in many employees who made extraordinary efforts to ensure that Southcoast hospital patients were given exceptional care under some extreme conditions.

Employees from throughout the hospitals — including Communications, Dietary, Environmental Services, Laboratory, Materials Management, Maintenance, Nursing, Pharmacy and Security — all battled extreme weather and hazardous driving conditions to be available for patients.

"Everyone who reported to work on Saturday, January 21, and Sunday, January 22, demonstrated an incredible commitment to the welfare of our patients," said Ronald B. Goodspeed, MD, MPH, President of Southcoast Hospitals Group. "These employees put their patients ahead of themselves and their families and should be commended for their dedication."

Administrators, supervisors and staff were careful to strike a balance between patient and employee safety. Administrative supervisors both at home and at the hospital sites worked around the clock helping to staff the hospital, arranging for staff transportation and sleeping quarters for employees and answering storm-related questions.

Patrick Gannon, RPh, Vice President of Performance Improvement, was the administrator on call for the weekend. The administrator on call role is designed to have a senior level official of the hospital available to patients, staff and physicians at all times. They respond to questions, are notified of significant situations and, as in this extreme case, run operations.

When the intensity of the storm and its potential impact on the hospitals became obvious, Gannon knew he could not sit home and manage the situation by phone.

"I literally packed a bag and moved into St. Luke's," he said. "[Chief Nursing Officer] Marcia Liggin did the same thing at Charlton and Bob Quirk, [RN, Nurse Manager of Emergency Services], moved into Tobey."

The three weren't the only ones who put their personal lives aside and made the hospitals their temporary homes.

"There are so many stories of people who came to work under extremely severe conditions — employees with four-wheel drive vehicles picking up co-workers and of staff who lived close to the hospitals opening up their homes to other employees so that they would have a place to stay," Dr. Goodspeed said. "We'll probably never know all of the stories but we hope that people understand how much we appreciate their efforts."

#### PATIENT CARE & ANCILLARY STAFF

Employees who provided direct patient care and those working in support roles worked virtually around the clock to ensure that patients continued to receive the care and services they needed under such dire circumstance.

"People just kept working, then sleeping a few hours and then working again," Maureen Brown, CLS(NCA), MT(ASCP), Laboratory Site Manager for St. Luke's and Tobey, said of Lab employees who were on site during the blizzard. "They kept up this cycle until Monday morning

when others could get in and they could go home."

"All Lab services to our hospital patients were carried out with some delay, but no interruption or lack of services," said Claire Almeida, MT(ASCP), (NCA), Lab Site Manager at Charlton. "On Monday, when most people were off the roads, our two Lab clinical couriers were working. We service such facilities as the kidney centers in Tiverton, R.I., and Fall River, SSTAR and others that were



Charlton Lab staff who worked during the blizzard: Sitting from left to right: Jaqueline Furtado, Data Coordinator; Jessica Raposo, Lab Assistant. Standing from left to right: Cynthia Souza, Lab Assistant; Dennis Mello, Clinical Courier; Gail Conroy, MLT(ASCP), Lab Technician; Peter Freitas, Clinical Courier; Amy Martins, MLT(ASCP), Lab Technician; Stacie Uhlman, MT(ASCP), Medical Technologist; Victoria Couse, Data Coordinator, and Miguel Aguiar, Lab Assistant.

open Monday. Specimens had to be picked up and brought here. This was a heroic effort by them."

The Communications Departments also continued their services without interruption.

"Not only do we provide normal telephone and paging communications services for the hospitals, but we also monitor the alarm systems and are the first contact for any emergency," said Richard Smith, Vice President of MIS. "When bad weather approaches and many departments, physician offices and buildings close, we get busier than ever. The operators who kept the business going during their multiple shifts are to be commended for their efforts."

Virtually every essential department in the health system told the same story of staff members making extraordinary efforts to get to the hospitals and working extra hours and shifts to keep operations running and patients safe. Makeshift barracks were created in conference rooms and other out-of-the-way areas so that staff could snatch a few hours of sleep when possible.

And everyone pitched in wherever necessary. Members of the Environmental Services teams not only worked to keep patient rooms clean but kept fresh linens on the beds that staff used. Nursing staff returned the favor by helping remove trash from patient rooms. Members of the Dietary staff helped with snow removal.

#### COMMUNITY LEADERS PITCH IN

Community leaders, recognizing the importance of keeping their community hospitals open and staffed, helped transport employees to work.



Some of the dedicated staff of Charlton Memorial Hospital, St. Luke's and Tobey Hospital during the Blizzard of 2005.



## Quality Indicators Update



Ronald B. Goodspeed,  
MD, MPH, FACP, FACPE  
President, Southcoast  
Hospitals Group

This month's organization-wide dashboard of performance measures focuses on two very important areas: medication errors and length-of-stay.

### MEDICATION ERRORS

As many of you are aware, we have been working on a number of initiatives aimed at minimizing medication errors. There are many categories of medication errors, starting with a medication process concern or a near-miss event, which do not directly impact a patient at all. We have found a way to categorize the range of medication errors to create meaningful data. Our data can show us when an error would be significant enough to warrant taking action. In our data system, we want the medication error index to have a value of 2.00 or less — meaning that errors that may occur do not harm the patient and no significant action steps are needed.

The outstanding news in this report is that our medication severity index has improved steadily over the past four reported quarters through September 30, 2004. In fact, the last quarterly index value in FY04 was only 0.02 points away from our goal, and documents the greatest improvement in medication error-related efforts we have ever experienced. There will always be some level of errors that occur. Nevertheless it is important that we work aggressively to reduce the likelihood of any error resulting in harm to a patient.

This report shows that the many inter-

ventions we have implemented to improve the safety of our patients are achieving the desired results and we are witnessing the benefit of these safety precautions in our data. Congratulations to everyone who has contributed in any way to improving the safety of our patients as it relates to the medication process.

### LENGTH-OF-STAY

Our Medicare patient length-of-stay for the first quarter of FY05 is 6.21 days, and represents an improvement in LOS for the same quarter in FY03 and FY04. However, we are still performing at a longer LOS than the national average and need to continue efforts in further reducing our length-of-stay.

Recently, you may have read about two new patient safety-related projects in the local media. Southcoast Hospitals Group has joined both of these new projects. Patients First<sup>SM</sup> is a sweeping quality and safety initiative that demonstrates the commitment of hospitals in Massachusetts to our dedicated caregivers and the people they work for — the patients we serve. Patients First ensures that our patients will have access to the information they need to make the best health care choices. Massachusetts hospitals are proud of what has been done in the quality and safety field to date, but recognize much more needs to be done. Patients First is the next step forward in the never-ending effort to make Massachusetts hospitals and the care they provide the best in the world.

You can read more about this initiative at this website [www.patientsfirstma.org](http://www.patientsfirstma.org).

The second project is a national effort called the "100k Lives Campaign." Sponsored by the Institute for Healthcare Improvement in Boston, the intent of this campaign is to make health care safer and more effective by achieving the best possible outcomes for all patients. The campaign will begin with six sets of interventions that have been proven to prevent avoidable deaths. Participating hospitals may elect to work on any number of the interventions between January 2005 and July 2006. The six targeted interventions are: use rapid response teams when a patient's health status begins to decline rapidly, use evidenced-based care for heart attack management, prevent adverse drug events, prevent central intravenous line infections, prevent infections from surgical procedures and prevent patient pneumonia associated with use of a ventilator. Additional information is available on the IHI website at [www.ihl.org/IHI/Programs/Campaign](http://www.ihl.org/IHI/Programs/Campaign).

As these new projects unfold, Southcoast will identify interventions and actions to begin working collaboratively with other organizations to improve safety and outcomes for our patients. I will be counting on your continued assistance and dedication to our patients as we all work together on ways to continuously improve the care we provide. Thank you. ☺

## Southcoast Rehab Opens New Sites Throughout the Area

Southcoast Rehabilitation Services has recently opened three new sites to better meet the needs of its patients.

The new sites are Southcoast Rehabilitation at Truesdale Clinic in Fall River, Aquatic Therapy at the New Bedford YMCA and Aquatic & Land Therapy at the Wareham YMCA.

The Truesdale site offers manual therapy, high-level balance retraining and Vestibular rehab, gait training, therapeutic exercise and thermal and electrical treatments. Emphasis is placed on patient education for self-management and prevention.

"Patients generally come to physical rehabilitation services through a referral by their physician for evaluation and therapy," said Sharon Solomon, PT, Rehab Services Site Manager at Charlton and Truesdale Rehab. "Our team of physical therapy professionals treat a variety of patients including those recovering from surgery for knee or hip replacement, disc problems, joint injuries, back and neck pain and chronic conditions like arthritis or fibromyalgia."

The aquatic therapy programs at both the New Bedford and Wareham YMCA sites are staffed by licensed physical therapists and physical therapy assistants.

"Aquatic therapy is a comprehensive program offering both safe and effective treatment in a heated pool," said Tim Vasques, PT, Aquatic Coordinator for

Southcoast Rehabilitation Services. "The physical properties of water help to limit weight bearing, improve range of motion and reduce swelling, all while allowing the patient to exercise with decreased pain."

Aquatic therapy is often combined with traditional land-based physical therapy to ensure an appropriate exercise progression and to maximize carryover for functional tasks. It is often recommended for people with arthritis, orthopedic conditions, general body reconditioning, fibromyalgia and other medical diagnosis that would benefit from a low impact program.

The newly constructed Wareham YMCA provided Southcoast Rehabilitation Services with the opportunity to combine both aquatic and land based physical therapy for patients' convenience.

"Rehab patients who receive aquatic services at the Wareham YMCA will now have the advantage of accessing the Y Wellness Center's strength training and cardiovascular equipment at the appropriate interval during their course of therapy," said Lisen Cameron, OTR/L, Site Manager Southcoast Rehabilitation Services for St. Luke's and Tobey.

Both aquatic programs are licensed by the Massachusetts Department of Public Health. The pools are handicapped accessible and handicapped parking is available at the two locations.

A patient need not be a member of the YMCA to begin an aquatic physical therapy program. However, a medical doctor's referral to formal physical therapy, which is deemed medically necessary to gain independence or enhance activities of daily living, is required to begin aquatic therapy.

Southcoast Rehabilitation Services is now accepting appointments by physician referral for all three new sites. To schedule an appointment or for more information call:

- Southcoast Rehab at Truesdale, 508-679-7445
- Aquatic Therapy at the New Bedford YMCA, 508-910-34344
- Aquatic and Land Therapy at the Wareham YMCA, 508-291-3729

Southcoast Rehabilitation accepts most major health insurance plans. Patients should check with their health insurance carrier to discuss coverage before beginning an aquatic therapy program as there may be a co-payment. ☎



Tim Vasques, PT, Aquatic Coordinator for Southcoast Rehab, left, demonstrates an exercise for Otto F. Solberg of Rochester.

## Heroic efforts

continued from front page

Swansea Police drove employees into work at Charlton and Fall River Police helped to transport physicians.

In New Bedford, city and community leaders stepped forward to support St. Luke's efforts to transport staff that were willing to go into work, but had no means of getting there.

"Mayor Fredrick Kalisz was in contact with us all day Saturday and Sunday," Gannon said. "He put several city vehicles into action to help transport staff to the hospital. He also petitioned Gov. Romney for help and eventually secured two National Guard vehicles and personnel to help us transport employees."

"One of the important elements of quality of life in our community is to ensure the hospital is available to serve the citizenry," Mayor Kalisz said. "If that shuts down, quality of life diminishes. We felt we had to do whatever we could to help the hospital stay open."

The National Guard also helped transport staff to Charlton in the early phases of the storm.

Fairhaven Police helped by transporting staff from that town and STAT Ambulance Service of New England transported staff from Dartmouth.

"We view ourselves as not only providing services to the community, but being members of the community," said Kevin



Several of the members of St. Luke's Dietary staff keep their spirits up during the blizzard. Clockwise from bottom center are Office Specialists Pamela Tatety, Lynette Andrade and Elizabeth Viera and Food Service Workers Theresa Cruz and Jenna Silva.

Santos, owner of STAT Ambulance Service of New England. "That means helping out in whatever way we can during times of need. We have several four-by-four vehicles that we designate just for the purpose of helping hospitals and skilled nursing facilities get their staff to work in severe weather."

Farther east, Wareham Police helped transport employees to Tobey beginning Sunday afternoon.

### DOING BATTLE WITH THE SNOW

The facilities crews at each hospital site fought a seemingly unending battle to keep entrances and sidewalks passable and to keep parking lots as clear of snow as possible.

"The facilities staff really made a tremendous effort in impossible conditions,"

Gannon said. "Unless you saw them with your own eyes, when they came in for a few minutes to warm up, you could never appreciate how exhausting their job was."

"We started snow removal at about 3 p.m. on Saturday afternoon and went around the clock pretty much until the following Friday evening — almost a whole week," said Bob Crepeau, Facilities Manager at Charlton. "We dedicated a lot of manpower, money and equipment."

Parking, which is always a challenge under the best of circumstances, became one of the greatest issues during and after the snowstorm.

"Our Security department was very, very helpful in dealing with parking issues," Crepeau said. "We initially lost a lot of parking spaces due to the piling of snow. But we worked to open up spaces as soon as possible by having contractors haul snow from the site."

At St. Luke's, snow removal started at about 6 p.m. on Saturday and also went around the clock.

"My guys got about four hours sleep between Saturday night and Monday at noon," said John Duraes, Facilities Manager at St. Luke's. "It was like shoveling sand against the tide, but they did everything they could to keep walkways, entrances and parking lots cleared of snow."

### THE SITUATION WAS THE SAME AT TOBEY

"Knowing we were in for a large storm, Maintenance and Security staff began arriving at 5 p.m. on Saturday," said Tony Pacheco, Facilities Manager at Tobey. "They brought enough clothing and food to get them through what they thought would be a rough 24 hours. It ended up being more like 48 hours or more for some of them."

continued on back

"These employees put their patients ahead of themselves and their families and should be commended for their dedication."

— Ronald B. Goodspeed, MD, MPH, President of Southcoast Hospitals Group

### PATIENT COMMENT

☎ "Receptionists and all caregivers have excellent personalities and were very helpful."

## The interview

**Bruce Abbott, MD**  
Neurologist, Medical  
Director, Southcoast  
Sleep Lab



**M**ost people consider snoring (especially their spouse's) and those horrible moments when a sleeping person stops breathing for a few seconds to be little more than an annoying and frightening habit. But snoring, sleep apnea and the 200 other diagnosable sleep disorders can have a serious impact on a person's well-being. Here, Bruce Abbott, MD, Neurologist & Medical Director of the Southcoast Sleep Lab talks about how sleep disorders can affect our lives and what we can do about it.

**How did you become interested in sleep disorders?**

A colleague of mine had a daughter who was what was called a "slow grower." At five years old, she was very tiny for her age and was having trouble in school.

Neurologists are trained to look at children's drawings and get a concept of where they are developmentally. For example, if a child is drawing stick figures, it indicates a certain level of development. This child's drawings were those of a three-year-old, yet she was five. A growth hormone expert found nothing out of the ordinary and attributed her size to the fact that her mother was petite.

I suggested that an x-ray be done of her hand because you can determine a child's developmental age by looking at their bones. Her "bone age" was three also.

One night, my colleague was awakened by snoring and found out that it was his daughter. She was also having bouts of sleep apnea, where she would stop breathing for a few moments. Her tonsils and adenoids were removed and it cured her snoring and apnea.

**What did snoring and apnea have to do with her growth?**

Growth hormone, which is needed for development in children and other things in adults, is secreted during the deepest stages of sleep. This little girl's snoring and apnea prevented her from getting to those deep stages of sleep so she had insufficient growth hormone. Once her apnea was

cured, she had normal sleep patterns and she began growing and eventually became a normal size for her age.

**What about adults?**

There are a number of things growth hormone does for adults. Probably one of the more significant ones, in this age of chronic obesity, is that growth hormone regulates the metabolism and the body's ability to burn fat and develop muscle. Studies have shown that people who have sleep apnea have a difficult time losing weight and when they do, they run the risk of losing muscle mass along with fat. They are also more susceptible to diabetes.

**Isn't being overweight one of the causes of sleep apnea?**

Yes, but it can turn into a vicious cycle. An overweight person can develop sleep apnea and the apnea can prevent them from losing weight. The way to break the cycle is to treat both conditions — cure the apnea and lose weight simultaneously.

**But sleep apnea isn't the only type of sleep disorder.**

No, there are about 200 diagnosable sleep disorders. Sleep apnea is one of the most common and so is insomnia. But there are many other disorders with neurological and pulmonary roots and implications. Some of those include narcolepsy, restless leg syndrome, bruxism or teeth grinding, and sleep walking — all which are neurological issues. Pulmonologists, who treat chronic lung disorders, know that sleep disorders can make lung and breathing ailments worse. That is why neurologists and pulmonary physicians are so interested in sleep disorders.

**What are some of the signs that a person might have a sleep disorder?**

The signs include loud snoring that wakes others; interrupted breathing while sleeping; being very sleepy during the day and sleepy at inappropriate times like when a person is driving, watching television or right after a meal; loss of memory and the ability to concentrate; moodiness and irri-

tability; and muscle pain. In children, a sleep disorder can have the same symptoms at Attention Deficit Disorder, or ADD.

**What should a person do if they think they have a sleep disorder?**

It is often a spouse or other family member that notices the symptoms of a sleep disorder. They are the ones who are awakened by the loud snoring or the sound of a loved one who has stopped breathing.

If a sleep disorder is suspected, a patient or family member should talk to their primary care physician about it or they can call Southcoast and be seen by a physician who specializes in sleep disorders.

**And if the physician agrees that a sleep disorder might be a problem?**

The Southcoast Sleep Lab can perform the appropriate test for the symptoms the patient experiences in order to diagnose and set up a course of treatment.

Our Sleep Lab is one of the largest in New England with six beds, trained technicians and a large medical staff of neurologists, ENTs and pulmonologists who are trained in sleep disorders.

**Where is the lab?**

The lab's home is at St. Luke's, but it has been temporarily relocated to Tobey during the construction at St. Luke's. Once the construction is completed, it will move back. Sleep clinics — places where patients can be seen by doctors about their sleep disorders — are located in New Bedford and the Tobey area.

**What is the most important thing people should know about sleep disorders?**

There are a few things. People who have chronic sleep deprivation — whether it is because of a sleep disorder or simply not getting enough sleep — don't usually realize it. Yet sleep disorders are a real health issue for people of all ages and are the cause of more car accidents and deaths than alcohol.

The most important thing to do if a patient or a member of the family suspects there is a sleep disorder is to see a doctor. ☞

## Heroic efforts

*continued from inside*

The Tobey staff worked continuously through 11:30 p.m. on Monday, keeping the ambulance and front entrances and emergency exits clear.

"It's important to put it in perspective," said Ed Boyer, Director of Maintenance &

Engineering at Charlton and St. Luke's.

"During the Blizzard of '78, we had more snow but fewer parking lots and more staff to do snow removal. We had less snow this time, but much larger areas to clear and fewer staff to do the job — and we got it done quicker. The effort was just outstanding."

Security staffs at all sites put in extraordinary efforts.

"The Security officers who could make it into work put in a tremendous number of hours during the blizzard," said Neill Leduc, Director of Safety & Security for Southcoast. "Some of them put in 24 or more hours without any time off."

### A BLIZZARD OF OPPORTUNITY

The January Blizzard of '05 was the first time in more than 25 years that the hospitals had to operate under such extreme conditions.

"We really haven't been faced with an event like this since the Blizzard of '78," Gannon said. "Having this experience gives us the opportunity to look at our inclement weather and emergency policies and identify opportunities for improvement. We've

already begun working on plans so that we will be better prepared in the future.

"Even though there are always opportunities for improvement, it must be said that staff acted admirably during this crisis," Gannon said. "We are very grateful not only to the staff members who worked through the blizzard but to their families who had to endure the hardship of having a loved one away from home for such an extended period of time." ☞



From left, Ed Ross, Angela Savary and John Atkinson of Tobey's Environmental Services Team.

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