

COASTLINES

The Southcoast Health System Employee Newsletter

April 2009



SOUTHCOAST'S COMMUNITY BENEFITS PROGRAM CONTINUES TO SERVE THOSE IN NEED

Southcoast continued to provide care to the region's under-served and at-risk citizens in 2008 by introducing new programs and continuing to improve existing programs that make up its extensive Community Benefits Program.

"In this time of financial uncertainty, it is more important than ever for Southcoast to provide essential services to our neighbors who would otherwise go without," said Keith A. Hovan, President & CEO of Southcoast Hospitals Group.

In Fiscal Year 2008 Southcoast provided \$11.5 million in free care and services — a 47 percent increase from the amount spent in 2007.

Southcoast also provided more than \$7 million in services to Medicaid patients for which it was not reimbursed by the state and \$43.7 million in non-reimbursed services for federal Medicare and Medicare Managed Care patients. These shortfalls brought the organization's total community contribution to more than \$65 million in FY2008.

Southcoast continues to be the largest community hospital provider of Medicaid services in Massachusetts.

"Southcoast's Community Benefits Program continues to address some of the most pressing health concerns for the residents of our region," said Jim Rattray, Vice President of Marketing & Public Affairs at Southcoast and head of its Community Benefits Program. "Doing so helps us respond directly to the concerns of our neighbors who might have a difficult time getting the health care or health information they need."

Services provided by Southcoast's Community Benefits program include initiatives that increase access to health care, cardiovascular services and prevention of youth risk behaviors.

Increasing access to health care

Southcoast's Patient Financial Services continued to improve access to primary health care in the region by providing outreach services to educate residents on the availability of no- and low-cost health services and to help with enrollment in these programs.

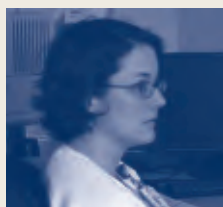
In 2008, Patient Financial Services helped file 5,354 free care and MassHealth applications through the state's Virtual Gateway application system. "Many of these applications were for programs that are part of the new Commonwealth Care insurance system.

Patient Financial Services also contacted 1,425 residents to assist with renewing their state-funded health insurance.

"Many of these residents were not aware they need to re-apply for the insurance every year," Rattray said.

Staff also did outreach at many community events including the Whaling City Festival, Third Eye Open Festival, AIDs Awareness Day and the Cape Verdean Cultural Center Health Fair. Southcoast has also participated in a number of state-sponsored education programs.

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Community Benefits Guidelines will change in 2009

Massachusetts Attorney General Martha Coakley recently announced revisions to the guidelines published by her office for Community Benefit programs at non-profit acute care hospitals and health maintenance organizations.

The revisions are designed to improve transparency and accountability in Community Benefit reporting, encourage pre-planning and community involvement, and align hospital and HMO community benefit activities with statewide health priorities.


"Southcoast is in good shape to meet these new guidelines because we have a very active Community Benefits program, working with about 50 community partners," said Jim Rattray, Vice President of Marketing & Public Affairs, who oversees Southcoast's Community Benefits program. "We have already been doing much of what the new guidelines suggest are 'best practice' for Community Benefits."

Rattray pointed to the formation of an internal Community Benefits Committee, begun this winter in anticipation of the new guidelines, that involves staff who do Community Benefits work in the community. At its first meeting, the group identified about \$500,000 in Community Benefits activities that had not been included in Southcoast's 2008 report.

"The Southcoast staff on this committee will be involved in analyzing our new regional health needs assessment, which we are updating this year, and helping develop our future Community Benefits plans," Rattray said.

The revised guidelines, which take effect in October 2009, include:

- Encourage community input in all phases of plan development.
- Require goal setting and measurement for all Community Benefit programs.
- Require that Community Benefit programs be based on a community health needs assessment and focus on a target population identified at the beginning of the plan year.
- Streamline and standardize reporting.
- Address medical debt by encouraging hospitals to adopt fair medical debt collection practices.
- Encourage hospitals and HMOs to address the statewide health priorities of supporting health care reform, reducing health disparities, improving chronic disease management and promoting wellness in vulnerable populations.

The revisions were developed with the assistance of an Advisory Task Force, which included representatives from hospitals, health maintenance organizations, community health centers and consumer advocacy groups. Kerry Mello, Marketing & Community Relations Coordinator for Southcoast, served on the task force. 



Community Benefits

continued from cover

Southcoast Health Van takes services to the streets

The Southcoast Health Van served more than 3,500 residents with more than 11,000 screenings. The van provides free screenings and education including cholesterol, blood pressure and blood glucose screening and diabetes and teen resource information.

The van also helps break the language barrier that prevents many non-English speaking residents from getting the care they need. In 2008, the van provided more than 13,280 hours of interpreter services.

The van also continues to serve as a blood donation center, with blood being used only at Southcoast hospitals directly benefitting the community.



Teaching the public to act FAST when stroke is suspected

Southcoast offered stroke education at more than 175 public events in 2008, educating the community on the signs and risks of a stroke. Southcoast also created the FAST campaign, which included wallet cards that were distributed in Portuguese, Spanish and English to some 5,000 people. The FAST program educates people on the signs and symptoms of a stroke, as well as what to do in case of an emergency.



When a person suffers a stroke minutes count. By remembering to act **FAST**, you can help minimize the disabilities of a person showing the symptoms of stroke.

Face – Does the face look uneven?
Arm – Does one arm sag or drift down?
Speech – Does speech sound strange?
Time – Call 911 immediately.

Addressing youth risk behaviors

Southcoast was actively involved in providing education and guidance to children and teenagers in the community with the help of the Youth Risk Behaviors Task Force.

Programs in the past year included Junior Achievement, youth summits in New Bedford and Fall River and Southcoast's RAPP (Responsible Attitudes toward Pregnancy, Parenting & Prevention) program.

RAPP has worked in classrooms across the region to teach students the impact teen pregnancy can have on their lives and how to make better decisions about their behaviors. A new program in 2008 helped bring together community groups to build a stronger community for youths by emphasizing positive developmental assets.

Southcoast encourages the community to "Breathe Better"

Southcoast is addressing the region's high lung cancer rate by beginning the transition to smoke-free hospital campuses.

The "Breathe Better" campaign is currently restricting smoking to specific, designated outside areas at the three hospital sites. This program was the first step toward Southcoast becoming a completely smoke free organization.

Southcoast is helping employees and neighbors to overcome their tobacco addictions by sponsoring the "Freshstart" program. Created by the American Cancer Society, Freshstart classes are offered several times a year at each of the hospital campuses through Southcoast's HealthQuest program.




Cardiovascular Services

Southcoast's Cardiac Prevention Program performs education and outreach at schools, businesses and other organizations throughout the region. Staff includes a full-time registered nurse and dietitian who perform cholesterol, blood sugar and blood pressure screenings and provide education, on lifestyle changes and risk factor modification for heart disease.

In 2008, the program extended its middle school services in Fall River and New Bedford with education programs and screenings for seventh and eighth graders. The program educates teens on healthy dieting, including information on lipids, tobacco abuse, diabetes, stress and obesity.

As part of the program, some 4,500 individuals have been screened over the past five years. The screening results have been entered into a database to track people's path toward improved health. Individuals screened at one area business collectively showed a 9.42 percent improvement rate in cholesterol levels throughout the program.

Sincere care for our community

"Our mission is to serve the very specific health needs of our communities, and our programming makes every effort to accomplish this," Rattray said. "We are committed to the overall health of our community, and the significant growth of our community benefits initiatives help to meet the needs of each and every member of our communities." 

NPSG Spotlight

National Patient Safety Goal 02.03.01:

Goal: Measure, assess and, if needed, take action to improve the timeliness of reporting and the timeliness of receipt of critical tests and critical results and values by the responsible licensed caregiver.



Point Person:

Debra A. Desmarais, CRA, RT, Director of Radiology Imaging Services.

Why is the goal important?

The effective treatment of very sick patients relies on, among other things, the prompt reporting of critical tests and critical results.

"Critical tests" are tests that will always require rapid communication of the results, even if normal. "Critical

results," also known as "critical values," are test results that fall significantly outside the normal range and may indicate a life-threatening condition even if they come from routine tests. In other words, a physician may order a test on a patient without suspecting the patient is dangerously ill but the results of the test may indicate the patient needs immediate treatment.



What Southcoast is doing

Following The Joint Commission's requirements, Southcoast has determined which tests are critical and require quick reporting of results, whether or not they are normal, and determined critical results and values for various tests, which would require immediate reporting to the caregiver.

The Joint Commission leaves it up to the hospital to decide which tests and results are considered "critical." Southcoast

gathered a multi-disciplinary team of managers, supervisors and staff from Cardiology, Laboratory, Neurodiagnostics, Patient Services, Radiology and Respiratory to work with the medical staff to designate "critical tests" for Southcoast.

The tests Southcoast has defined as critical are:

- Frozen Section
- Head CT for Stroke Protocol (Code Green).
- Physician-ordered STAT EKG.
- STAT Echocardiogram.

The team also defined critical results and values in each of their departments, which can be found in the full policy on the intranet. Look for the policy names "Critical Tests & Critical Results/Values" under the Patient Services and Allied Health Services divisions.

"All critical tests and critical results and values must be documented on the critical results and values sticker," Desmarais said. "Once results are received, they must be conveyed to the responsible licensed caregiver in no more than 30 minutes."

How you can help

If you work in Allied Health and are responsible for performing any of the tests defined in the Critical Tests & Critical Results/Values policy, be sure you fully understand any part of the policy that pertains to you. The same is true if you work in Patient Services or other areas that receive critical results.

There are specific procedures for communicating critical results, documenting and confirming the information. The procedures are explained in detail in the written policy.

Above all, remember that immediate action is required — promptly reporting critical tests, results and values is essential to patient safety and improves the quality of the care Southcoast provides. 📄

In time of change, *Coastlines* will remain constant

If there is one thing we can all agree upon, it is that we are living in uncertain times —both here at Southcoast and in our private lives.

At Southcoast we are now engaged in Six Sigma and Lean projects that seek to improve the quality of the care we provide while creating both operational and financial efficiencies. Leadership at all levels is encouraging us to keep our eyes open for opportunities for creating savings within the organization.

A number of employees have suggested cutting down on the number of copies of *Coastlines* that are printed or eliminating a printed version entirely in favor of an online version.

The Marketing & Public Relations team is always interested in making all of our publications efficient and economical. The concern we have about *Coastlines* is ensuring that everyone who wants a copy has easy access to one and that there are enough copies available for people to take one home and read it on their own time, if they so choose.

With the exception of the Financial Update, every story in every issue of *Coastlines* is available online at www.southcoast.org/news/coastlines/. Our concern, though, is that

many of you do not have access to computers to read online at your convenience.

As for printing fewer copies in order to cut costs, there is actually a limited savings due to the way the printing process works.

It is true that we don't like waste of any kind. To be sure *Coastlines* is distributed in the most efficient way possible, we will be conducting an audit to find out how many issues each department or area wants delivered. We are also experimenting with different types of paper that might provide a savings and we will continue to make *Coastlines* available online.

Most importantly, though, *Coastlines* is the publication of record for Southcoast and a key element in communication with you, the employees, and sometimes the public. In a time of constant change, constant communication is imperative to keeping you informed of how those changes will affect you. *Coastlines* is part of the system that keeps you informed. For the foreseeable future, *Coastlines* will remain essentially the same — here for you with the information you need. 📄

Patricia Giramma
Editor, *Coastlines*

ACIS Update

The Charlton Memorial Hospital Emergency Department was scheduled, as of this writing, to implement the Emergency Department Management module of Advanced Clinical Information System (ACIS) during the first week of April.

The Charlton ED is the last at Southcoast to go online with the ED component of the electronic medical records system. Tobey Hospital began using EDM in April 2007 and St. Luke's ED "went live" in November 2008.

"We are having new and experienced users travel between hospital sites to train and receive training as the modules go live," said Michael McLaughlin, Director of MIS Applications. "Experienced users from Tobey went to Charlton and are going to St. Luke's to help train staff there. Charlton staff traveled to St. Luke's to get training from users in New Bedford." 📷

Oral Head & Neck Screenings

Learn to recognize the signs and symptoms of oral, head and neck cancers and take advantage of the opportunity for early detection. Symptoms common in oral, head and neck cancers include a lump or sore that does not heal, a sore throat that does not go away, difficulty swallowing and a change or hoarseness in the voice.



Registration is necessary.
Wednesday, April 29
9 a.m. to 3 p.m.

Southcoast Health Van
CVS Parking Lot
1145 Kempton St.
New Bedford.

To register, call the Southcoast Wellness Line at **1-800-497-1727**.

News Brief

John Cabral has accepted the position as Manager of Central Processing for all of Southcoast. Cabral has been with Southcoast for 25 years, spending 23 of those years in Materials Management & Central Processing. He most recently served as SPD Manager at St. Luke's. Cabral is a Certified Central Service Technician and has credentials through International Association of Healthcare Central Service Material Management to teach certification classes. 📷

Patient Comment

"I had outstanding care at all times. Nurses work very hard and were always ready to give help when needed." 📷

Do you know what it takes to become an organ and tissue donor?

More than 101,000 people in the U.S. are waiting for an organ that will save or greatly enhance their lives. Hundreds of thousands more could benefit from tissue or cornea donation. Over 4,000 people in New England are waiting for an organ transplant.



One donor can save or enhance the lives of as many as 50 people. Organs like lungs, hearts and livers save lives. Donated kidneys free people from dialysis treatments. Bone, tissue and cornea transplants can restore movement to crippled or injured limbs, prevent an amputation or literally bring sight to the blind.

"The most recent Gallup Poll revealed nine out of 10 Americans support organ and tissue donation, yet each year thousands die on waiting lists for donated organs," said Kerrie Casey, the New England Organ Bank's hospital relations coordinator for Southcoast Hospitals Group.

Chances are, at least part of the reason for the great shortage of organs and tissue is 66 percent of Americans do not know how to become organ and tissue donors.

"Over the last 12 months, Southcoast has had 39 tissue donors and three organ donors, leading to life-saving organ transplants for five patients and countless life enhancements for tissue recipients," said Patrick Gannon, RPh, Vice President of Quality & Safety for Southcoast and the organization's liaison with the New England Organ Bank. "Because of the work of Southcoast Hospitals and the generosity of donors and donor families, the lives of these recipients will be forever altered. We can all be proud of that."

The easiest way to become a donor is to sign up when you renew your driver's license or go to the Massachusetts Registry of Motor Vehicles website and sign up online at www.mass.gov/RMV. Motor vehicle departments in other states also register organ donors.

"There are specific laws in Massachusetts that effect organ and tissue donation," Casey said. "Massachusetts recognizes an individual's decision to donate as legal consent for donation. That means if you sign-up when renewing your driver's license, sign a donor card or indicate it in your will, your decision to donate cannot be overruled."

This is not true in some states where consent of next-of-kin is also required.

This month, the New England Organ Bank will also be holding sign-up days at Southcoast locations. 📷

	Date	Time
Charlton Memorial Hospital	April 28	11 a.m. to 2 p.m.
St. Luke's Hospital	April 21	11 a.m. to 2 p.m.
Tobey Hospital	April 16	11 a.m. to 2 p.m.

Departments Set Record in Employee Giving

There's more good news from the 2009 Employee Appeal, which has already surpassed all previous records in both participation and giving. So far, 54 departments have achieved a 50 percent or higher participation rate in the 2009 Employee Appeal.

Each of the departments will receive back 25 percent of its contribution to spend as it chooses. The total being returned to the 54 departments is \$8,349, an increase of nearly \$2,500 over last year when fewer than 40 departments achieved the 50 percent participation mark.

Each department was notified in March of the amount they will receive and are exercising their choice of spending the proceeds on programs, equipment or employee events specific to their departments. Some have even donated it back to the Employee Appeal.

"At a time when many of us are feeling uneasy about the economy, the generosity of Southcoast employees is extremely uplifting," said Barbara H. Mulville, CFRE, Senior Vice President of External Affairs for Southcoast. "Not only does it set an example of philanthropy for individuals and business throughout the communities we serve, it sends the most important message of all — our patients come first!"

Across Southcoast, a record 828 employees contributed a best-ever total of \$145,000 to the 2009 Employee Appeal.

It's never too late for employees to join in the spirit of giving. Gifts to the 2009 Annual Fund through the Employee Appeal may be made throughout the calendar year, either through payroll deduction, cash or check. Gift forms can be obtained from the External Affairs Department at 65-5353 or via the Southcoast intranet — just look for the "donate now" button. Gifts can also be made through Southcoast's secure Website at www.southcoast.org/give/. 📷



The 17 who made the “Elite Eleven” possible

The following nurses volunteered to take part in the “Elite Eleven” pilot program.

Elaine Bartie, LPN
 Brittany Bates, RN
 Sarah Bill, RN
 Linda Blankenship, RN
 Susan Dyke, RN
 Zivile Harrington, RN
 Dan Jones, RN
 Christine Marquis, RN
 Lisa Masterson, RN
 Marian Matthews, RN
 Bernie McClellan, RN
 Chris Nolan-Pacheco, RN
 Bethany Pereira, RN
 Laurel Pinto, RN
 Kerry Sena, RN
 Marc Selin, RN
 Linda Sullivan, RN

Elite Eleven at Tobey reach 100% patient satisfaction

In a small area of the medical/surgical floor at Tobey Hospital, a pilot program that takes a proactive approach to taking care of patients needs has led to increased patient and employee satisfaction.

The program is called the “Elite Eleven” — named for the number of inpatient beds housed on the unit.

“We adopted a combination of customer service strategies, evidence-based practice and procedures designed to create a more consistent experience for both staff and patients and came up with some very positive results,” said Beverly Craw, RN, Manager of Med/Surg & Telemetry at Tobey.

The Med/Surg floor at Tobey is divided into three groups. Group One — a small, 11-bed area, with consistent patient volume and a compact floor plan — appeared to be an ideal place to conduct the pilot. Staff who took part in the pilot volunteered for the assignment.

“We adopted the word ‘success’ as an acronym for what we were trying to accomplish,” said Sarah Bill, RN, a staff nurse who took part in the program. “And we were looking to develop a routine that would add structure to our work and help us to organize time better.”

The routine developed for the pilot is constructed around three main activities: hourly rounding, face-to-face report and change-of-shift rounding.

The theory was to be sure patients’ needs were constantly and consistently being met and increasing patient and employee satisfaction through ongoing, consistent contact between patients and staff.

Nurses visit each patient assigned to them on even hours and Certified Nurses Aides check in with patients on odd hours.

“But rounding includes more than just looking at the patient from the door to make sure they are alright,” Craw said. “We do is what we refer to as ‘purposeful’ rounding.”

During rounds, nurses and aides talk to the patient and check on what has been come to be known as “The Five Ps.”

- **Position:** Is the patient comfortable in bed or do they need to be repositioned?
- **Potty:** Does the patient need to use the bathroom or bedpan?
- **Possessions:** Is everything the patient needs within easy reach, including the call button, tissue, eyeglasses and beverages?
- **Pain:** Is the patient experiencing any discomfort; do they need pain medication?
- **Pattern:** Are any monitors the patient may be using running correctly?

“Regular rounding with a consistent check list gives patients the opportunity to request assistance if needed, ensures patients have what they need near them, helps to reduce skin breakdown and increase pain control, and reduces use of the call bell and fall incidents,” Craw said. “Nurses find they have more time because there are fewer interruptions to answer call bells.”

Face-to-face report allows nurses going off shift and those coming on shift to gather together to talk about each patient’s condition. Face-to-face report allows for open discussion about cases and for nurses coming on shift to ask questions, improving patient care and building camaraderie among the nurses. Previously, nurses dictated their reports onto tape for others to play back without opportunity to ask questions.

Face-to-face report is followed by change-of-shift rounding where the nurse going off shift introduces patients to the next nurse who will care for them.

“Change-of-shift rounding increases patient comfort and reduces incidents — such as falling — by ensuring that patient needs are met while the staff starts their shift,” Bill said.

This type of rounding also has added benefits for staff.

“One nurse told me she loves change-of-shift rounds because it’s when she gets her kudos,” Craw said. “As staff say goodbye to patients for the day, the patients often say ‘thank you’ to staff for the help they provided. Our staff leave work feeling gratified.”

Craw said when she first introduced the principles of hourly rounding, some nurses were skeptical.

“While the literature is compelling, many nurses couldn’t see how the practice would save time — after all, they would be constantly checking on patients,” Craw said. “But it turns out to be true.”

It appears that patients, knowing that someone will be back to see them in an hour or less reduces anxiety and the number of times patients ring call lights.

“When most patients understand that someone is going to be back to check on them, they save their requests until the nurse or aide returns,” Craw said.

The Elite Eleven pilot started in November. In December, the area garnered a 100 percent satisfaction rating. In January, the score dropped a bit due — probably due to the inevitable challenge of keeping practices consistent.

“But we are not discouraged,” Craw said. “We have learned 100 percent patient satisfaction every month is not realistic. There will always be someone you cannot please. But the practices we put in place can help raise satisfaction scores significantly.”



Sarah Bill, RN (left)
 Bernadette McClellan, RN

What Success Stands For

S	– Satisfaction
U	– Uniform care
C	– Consistency
C	– Communication
E	– Educate and evaluate
S	– Safety
S	– Service



Quality & Safety

Keith A. Hovan
President & CEO, Southcoast Hospitals Group



No doubt most of you are now involved in or at least aware of Six Sigma and Lean projects in your area.

I am happy to report we are off to a great start with our use of Six Sigma and Lean as improvement methodologies that will become a permanent part of our quality management system. As a reminder, we now have 14 candidates currently working on earning their Six Sigma Green Belts and all of our directors are involved in the Lean “Waste Walk” initiative.

At the first of our 30-day check-ins, which happened February 18 for Six Sigma Green Belts in training and February 20 for Lean initiatives, we had already begun to see improvements in the work we do. We also learned some important lessons.

Not every “rapid cycle test” — a way of quickly introducing a change and measuring its impact — produced the results hoped for. That is fine because we are all still learning how to use the Six-Sigma and Lean toolkits.

Green Belts in training and directors whose initiatives were not successful immediately began trying new ways to improve the processes they were seeking to improve. Those who achieved some success but did not reach their goals are taking a second look at their processes to find ways to further enhance them.

Each of our Green Belts in training is responsible for a single project, which was assigned to them by senior leadership. The projects selected are those that will create an improvement in our patient’s experience here at Southcoast once completed. Each also has a process owner and their own team and executive champion — a vice president who offers support and guidance to the Green Belt. The process owner is the individual responsible for the particular process in their day-to-day work.

Ten of the projects are aimed at decreasing wait times in the ED and range from decreasing the time it takes for a patient to have his or her first test to how long it takes to discharge a patient or place an admitted patient in a bed. Three projects involve reducing medication errors. And one project addresses sign-off on verbal and telephone orders from physicians.

Directors who do not have a Six Sigma project in their department are participating in the Lean tool known as Waste Walks. Lean identifies specific categories of waste that should be reviewed and possibly eliminated to avoid wasted time, materials or resources. The general Waste Walk categories include:

- Correction (inspection and re-work).
- Processing.
- Inventory.
- Waiting.
- Movement of people.
- Material and information movement.
- Over capacity staffing.

Directors, working with staff, have identified opportunities to increase efficiency and produce savings large and small. Here are a few examples:

- The Charlton OR projects it will save more than \$38,000 a year by eliminating “breaking scrub” after a case is set up. OR staff will set up a case and will not leave the sterile environment until their work on the procedure is done. Each time a person does not have to rescrub for a procedure it saves the cost of a pair of gloves (\$1.94) and a sterile gown (\$2.74). More than 11,000 surgeries take place at Charlton each year and the OR aims to eliminate breaking scrub in 75 percent of those cases.
- The Compliance Department reduced the turnaround time for compliance audit reviews for physician billing by consolidating the process from 14 steps to 10 steps; created an electronic audit worksheet to replace a handwritten form; emailed trend reports to physicians and the Chief Financial Officer instead of sending the report via courier, and focused on high-risk physicians. The changes will save eight hours of staff work per month with an estimated monthly savings of almost \$250. The time saved time will be dedicated to hospital/DRG underpayment reviews. In February, four such payment reviews identified more than \$21,000 in underpayments, which the hospital recovered.
- The Charlton Mail Room routinely used U.S. Mail to send correspondence across town to Saint Anne’s Hospital at a rate of about 15 items of various sizes per day. Charlton’s Courier Service makes deliveries to Saint Anne’s at least twice each week. Now, the Courier Service collects the items going to Saint Anne’s from the Charlton Mail Room and delivers them to the Saint Anne’s Mail Room. The change in process will save about \$1,500 each year without increasing routine runs of Courier Service or affecting delivery schedules.

So, we are off to a productive and exciting start to our Six Sigma/Lean program. I look forward to seeing what other opportunities all of you come up with to help increase quality and reduce waste throughout Southcoast. ■



the Interview

Michel Jodoin, CNA
Nurses' Aide, Century 4, St. Luke's Hospital

On February 4, Michel Jodoin, CNA, found a smoldering fire in a trash can in the men's restroom on the Crapo Unit of St. Luke's Hospital. He immediately notified staff using the proper emergency protocol, found a portable fire extinguisher and safely extinguished the fire. Thanks to Jodoin's quick and appropriate response, no patient or staff member was injured and no property was damaged — including the trash container. Jodoin was recognized by Carol Conley, RN, Vice President of Patient Services for Southcoast, and formally thanked for his efforts at a leadership meeting.

Said Ray Price, Director of Safety & Security, in a letter of commendation: "Your alertness and appropriate quick action is a reflection that you have taken our fire safety program seriously, and is a tribute to your professionalism and support of safe patient care."



How long have you worked for Southcoast?

I've been here for over 20 years. I started as a Unit Assistant, then worked for Southcoast Home Care & Hospice as a Nurses' Aide and then returned to St. Luke's as an Aide.

Tell me what happened the night of the fire.

I usually work on Century 4, but I floated on to Crapo to sit a "one-on-one" with a patient.

For readers who might not know, what is a one-on-one?

It means sitting with a patient who is at high risk for falls to be sure they do not get out of bed unattended and accidentally injure themselves.

I asked someone to take over for me for a few minutes so I could use the rest room, which was at the opposite end of the hallway from the room I was sitting in. As I was walking

down the hallway, I could hear some other Nurses' Aides saying they could smell smoke and as I got closer to them I could smell it, too.

What did you think?

Well, the first thing you always think is that a patient is smoking in a room. But as I headed toward the restroom the smell of smoke got a little stronger. I entered the men's room and there was no fire,

but there was the smell of paper burning. I flipped open the trash can and could see smoke and burning embers. I left the restroom to find a fire extinguisher. As I said, Crapo is not where I usually work, so I wasn't sure where the extinguisher was. I told the Nurses' Aides to call a Code Red, found the extinguisher and pulled the pin as I headed back to the restroom. When I got there, I hosed down the contents of the waste basket. That was it.

What happened next?

Well someone definitely called a Code Red, because all the fire doors closed. I needed to go back to the room to sit with the patient so a co-worker stayed by the trash container to make sure there wasn't a flare up before Security and firefighters came.

Had you ever used a fire extinguisher?

No, but I was familiar with how they worked because of the online training we do every year. Many years ago, the fire department also came to St. Luke's and trained us on how to handle fires.

How do you feel about all the attention you've received since the incident?

To be honest, I appreciate it, but it's a little embarrassing. I don't think of myself as a hero. I just did what I had to do to keep our patients, co-workers and myself safe. We were all lucky. It could have been much worse. 🙏

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