

COASTLINES

The Southcoast Health System Employee Newsletter

November 2009



HOW SAFE ARE OUR HOSPITALS?

The 2009 Culture of Safety survey showed overall good grades for safety in our hospitals, but Southcoast will focus on specific areas of concern to continue to improve quality of care and the overall environment.

When it comes to safety, Southcoast performed better than the national benchmark 85 percent of the time, according to the 2009 Culture of Safety survey, which was filled out by most employees earlier this year.

"If we were to convert that to a grade we would have a solid 'B,'" said Keith A. Hovan, President & CEO of Southcoast Hospitals Group. "But I know we are capable of doing 'A' work when it comes to quality and safety — and we've already started working toward that 'A.'"

Southcoast scored better than the benchmark in 11 of the 13 survey questions and worse than the benchmark in two questions. Benchmarks were set in the 2009 Agency for Healthcare Research and Quality report. AHRQ funded the survey.

The two questions Southcoast scored worse than the benchmark on were: "Staff feels their mistakes are held against them" and "We have patient safety problems in this unit." Focus groups will be held on the issues to get additional staff feedback.

"We want to gather more specific information on these issues so we can better respond to them," said Patrick Gannon, RPh, Vice President of Performance Improvement. "We will also be looking at questions where we scored above the benchmark but worse than we thought we would."

"Drilling Down" the Data

In past years, Southcoast mostly looked at system-wide results when responding to the Culture of Safety survey.

"This year we have drilled down to look at responses by site and department so we can get more specific information on where we need improvement," David Spoor, RN, Operations Director in Patient Services.

For instance, 3 percent of employees responded "rarely" or "never" to the statement, "In this unit, we discuss ways to prevent errors from happening again."

"This is one of the areas where we thought we would have better results," Spoor said. "We have looked at the data to see which areas those responses came from and will work directly with those areas to address the issue."

The approach helps Southcoast work efficiently and respond to the individual needs of a department, he said.

The same approach will be used with, "Please give your work area/unit/department an overall grade on patient safety," where just over 2 percent of employees gave their areas a poor or failing grade.

"A failing grade on patient safety is a serious matter," Gannon

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Fewer Safe Sitters = Fewer Patient Falls?

Concern has been raised that the decrease in Safe Sitters will lead to an increase in patient falls. But the replacement of sitters by a new evidence-based practice has actually resulted in fewer falls.

Carol Conley, RN, Vice President of Patient Services for Southcoast, explained:

“During the last 12 months we have evolved from a program where staff sits with patients to one where staff does rounds on patients who are at high risk of falling.

“Safe Sitter positions have always been filled by people with varying backgrounds and not necessarily people with medical experience. Their job was to keep a patient company and observe a patient’s behavior but not to do any hands-on care. If the patient needed assistance, the Safe Sitter would call a care giver. The program was very costly and data shows it did not improve the patient fall rate.

“We found an evidence-based practice that has shown proven results in decreasing patient falls in other hospitals. The practice looks more toward the individual needs of a patient and includes frequent rounding — every 15 minutes — by a clinically-trained person who could immediately respond to a patient’s needs.

“As of October 1, we ended the Safe Sitter program and launched a Patient Care Observer program with employees who have received intensive training in fall prevention and are able to provide a certain level of care. Patient Care Observers round on no more than four patients.

“Since the beginning of August we have testing new supplies and equipment designed to minimize patient falls on the Moran unit at Charlton and Bourne at St. Luke’s. We have had zero falls on those units and are now rolling out the new supplies to all of Southcoast.

“We are also in the process of creating rooms specially equipped for patients who are at an extremely high risk for falls. The rooms will contain beds that can lower to seven inches off the ground have features that will minimize the risk of patient harm.”

Other Issues & Actions

Care Hours: Analysis showed that there was variability in care hours for like units across the three sites. Adjustments have been made to make care hours consistent at all sites and in keeping with national benchmarks.

Incident Report System: Employees have reported that the Incident Report System is not user-friendly. Stephen Pires, RN, Director of Risk Management, conducted a focus group of high users of the system to identify opportunities to improve the system and increase the ease of use for staff. Pires learned that employees appear to be only reporting incidents that result in patient harm. “It is important that employees also report ‘near misses’ or incidents that do not result in patient harm,” he said. “Reporting those incidents provides us with more opportunities to prevent more serious issues in the future.”

Broken Equipment: A system is being established across all sites to address the issue of broken equipment. Communication will be a key component of the system as often broken equipment is not reported preventing repair and replacement.

Groups are also looking at concerns regarding the relationship between length-of-stay and safety, the Safety Report on the intranet, snow removal and too many changes happening within Southcoast at the same time. 📌

How Safe Are Our Hospitals?

continued from cover

said, “even if it is in just 2 percent of the responses. We want to understand why employees feel this way and how we can help improve the situation.”

Better than ever response rate

This year, 3,532 employees completed surveys compared to 974 in 2008. The number represents 60 percent of all employees and 82 percent of employees with direct patient contact or safety responsibilities.

“We felt it was important to target people who have patient and safety responsibilities because they could give us the most accurate feedback of what is happening in patient care areas,” Spoor said. “That doesn’t mean feedback from other areas was not welcome. Everyone’s perspective adds value to the picture.”

The dramatic improvement is a result of increasing awareness of the surveys and offering employees the opportunity to complete a survey in the cafeteria.

Communicating Out

Regular progress updates will be provided to leadership at monthly meetings.

“Managers and supervisors will also be gathering feedback on survey results and work on action plans in staff meetings,” Spoor said. “We really want everyone involved in this.”

Staff can also expect to see informational lunches on safety topics and other efforts to gather information and educate.

“We need to make sure we are always discussing ways to prevent errors,” Hovan said. “It is one of the best ways we can improve the quality of care for our patients and the work environment for our employees.” 📌

Southcoast Center for Cancer Care Open House

Some 250 people braved the rain on October 3 to attend the open house of the Southcoast Center for Cancer Care in Fall River. Guests enjoyed tours, cooking demonstrations, food samplings and more during the public event.



Guests enjoy samples of vegetarian chili and health apple crisp while watching the pumpkin carver.



Hec Gauthier of WSAR interviews Todd Roberts, MD, Medical Oncologist, during a live broadcast.



Gene Cardorelli, Chief Physicist, demonstrates the linear accelerator with the help of a young visitor.



Visitors take advantage of the many informational offerings available at the open house.

Pediatric Palliative Care Provides Comfort to Youngest Patients and their Families



Having a child with a serious illness takes an emotional and psychological toll on families, yet typical insurance plans do not cover services to help parents and siblings cope.

Southcoast Hospice & Palliative Care is now filling that gap in services with Pediatric Palliative Care, a program that offers respite care, counseling for parents, services for siblings and, when necessary, bereavement services. The program is free for children 18 and under who have a life-limiting illness.

“We treat the whole family as a unit,” said Lorrie Rezendes, Clinical Manager of Southcoast Hospice & Palliative Care. “The children have frequent medical appointments and the families spend a lot of time outside of the home. We are the only ones who go into the home and know what’s really going on there.”

The program, the only one in Bristol County, was created with a three-year, \$150,000 grant from the Massachusetts Department of Public Health. Southcoast is one of 11 agencies to offer the services in Massachusetts, which is the only state to have such a network.

Southcoast has a dedicated palliative care and hospice team that has worked with children in the past. But the social workers, nurses, volunteers, bereavement counselors and spiritual coordinator knew the special emotional challenges involved with treating very sick children. So they were uneasy when Rezendes, who prepared the grant proposal, announced plans for the pediatric program.

“There was a great deal of fear and anxiety,” said Paula Shiner, RN, Director of Southcoast Home Care, Hospice & Palliative Care & Infusion Services. “But since we started caring for these families, we discovered how rewarding the work is. The kids are amazing and the parents are so strong. They are so appreciative of everything you do for them.”

Part of the grant was spent on education for social workers, who learned to use puppets and games to get young patients to discuss the toughest topics — even death.

When cases are particularly wrenching, team members bolster each other and can access psychological support, if they choose. Hospice Medical Director Helena Thornley, MD, a pediatrician, is part of the palliative care team and acts as a resource for caregivers, as well. She also helped plan the pediatric services. “We’re lucky to have her,” Rezendes said.

The Pediatric Palliative Care program is currently working with 10 children and their families. Unlike hospice, the program does not require that its young patients have only months to live. The program was conceived to allow families with dying children to receive hospice care while retaining the home nursing coverage they receive through state-supported insurance, something that normal hospice programs disallow, Dr. Thornley said. It offers care at no cost to any child with a life-limiting illness.

Children with cystic fibrosis with complications, neurodegenerative diseases, cardiac abnormalities and cancer can live for a long time. “A child might live to 30, but that is not a normal life span,” she said.

Palliative care can help the children manage their pain and cope with their disease, while providing support and comfort for parents, and assistance for brothers and sisters. “Sometimes the sick child can get a lot of attention, so there are issues with the siblings,” Rezendes said.

The program is in its second year and despite the initial concerns by caregivers, the team has embraced the challenges and rewards of providing care and comfort to the sickest children and their families.

“It has been a learning experience but now I feel so gratified,” Rezendes said.

“We’ll never let this grant go as long as it’s available,” Shiner said. 🇺🇸

— Barbara LeBlanc

2010 Employee Appeal

Now more than ever ... our patients need you

As people who dedicate ourselves to improving the lives of others, we are committed and invested in the health of our patients and the caring experience they have while they are with us — and it shows.

Even in the face of substantial funding constraints, we are doing everything possible to make sure that our patients — our friends, our family and our neighbors — receive the very best care possible. Your dedication and concern is something that our patients feel every day and something of which we can all be proud.

In these difficult times, our patients need us, now more than ever. We can further show our commitment to fulfilling that need by making a donation through the Employee Appeal.

The history of the Employee Appeal has shown that you, our Southcoast employees, go *above and beyond* in your generosity. During last year’s appeal, employees gave \$145,000 — a record-breaking 30 percent increase in just one year. More importantly, in the past five years the number of employee donors has increased by 434 percent.

This year your gift will do more work than ever. A grateful community member was so inspired by the care their family members received they were moved to create a challenge fund for the Employee Appeal that will provide incentives to return donors and new donors.

“A number of my loved ones have been patients at Southcoast so I have been witness to the level of commitment and excellence provided by its employees,” said the donor, who wishes to remain anonymous. “I want to show the employees of Southcoast we appreciate and celebrate their efforts.”

The incentives will work in the following way. For every gift from a new employee giver, the donor will donate \$15 to the Appeal, they will donate \$5 for upgraded gifts and \$1 for renewals, up to a designated amount.

“I hope my action demonstrates to Southcoast employees not only the community’s gratefulness for their good work in caring for our patients, but also for their sacrifice through their financial gifts as well,” the donor said.

Your gift of any size given during this year’s Appeal will have a direct impact on those most important — our patients, who rely on us. Although times may be tough, together we can send a powerful message that Southcoast is a worthy charity and, because of our employees, the leading provider of health care in the region.

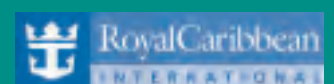
Please visit the intranet or attend an Employee Appeal presentation in your department for further information and giving incentives.

On behalf of our grateful patients, thank you for everything you do. 🇺🇸

And the winners are ...

The winners of the Celebration Lunch aboard Royal Caribbean’s “Explorer of the Seas,” courtesy of Cruise Holidays of Lakeville are:

Barbara J. Meleo
Mary Ellen Lacroix
Jill Sawicki
Sharon Sinagra
Sharon P. Solomon
John P. Teixeira
Elizabeth F. Winthrop



Outpatient Satisfaction Spotlight

The September issue of *Coastlines* featured an article on Southcoast's efforts to improve outpatient satisfaction. This month, *Coastlines* places the spotlight on the departments that achieved the most notable results in increasing the number of patient surveys collected and increasing satisfaction.

Most improved across Southcoast since June 2008.

Criteria: Must have improvement in number of survey responses between 2008 and 2009.

Must have achieved a satisfaction rate of at least 90 percent.

Site	Department/Area	Satisfaction Rate June 2008	Satisfaction Rate June 2009	Increase in Satisfaction Rate
Tobey	Mammography	85%	93%	8 points
Southcoast	Center for Women's Health Dexascan	82%	90%	8 points



Achieved a 92 percent patient satisfaction average in the 12-month period from July 2008 to June 2009.

Criteria: Minimum of 100 surveys returned.

Site	Department/Area	Satisfaction Rate
St. Luke's	Cardiac Cath Lab	100%
Charlton	Hanover X-Ray	99%
Southcoast	Faunce Corner Surgery	99%
Charlton	Cardiac Cath Lab	99%
Charlton	Electrophysiology Lab	99%
Charlton	Borden Mammography	97%
Southcoast	Truesdale CT Scan	97%
Southcoast	Linden Tree Lab	97%
St. Luke's	Respiratory Therapy	97%
Charlton	Narragansett Lab	97%
Tobey	Respiratory Therapy	97%
Charlton	New Boston Road Mammography	96%
Charlton	Diabetes Education	96%
Charlton	Jarabek Center	96%
Charlton	Occupational Health Injury	96%
Charlton	Respiratory Therapy	96%
Southcoast	Weaver Rehab	96%
Southcoast	Center for Women's Health PET/CT	96%
Southcoast	Truesdale Mammography	95%
Charlton	Obstetrics Associates Mammography	95%
Southcoast	Truesdale Dexascan	95%
Charlton	Dexascan	95%
Charlton	New Boston Road Dexascan	95%
Charlton	Borden Ultrasound	95%
Charlton	Obstetrics Associates Ultrasound	95%
Charlton	Mitchell Therapies Rehab	95%

Site	Department/Area	Satisfaction Rate
Southcoast	Truesday Rehab	95%
Southcoast	Home Care Infusion Services	95%
Southcoast	Center for Women's Health Rehab	95%
Southcoast	Home Care	94%
Tobey	Rehab, Health	94%
Southcoast	Truesdale X-Ray	93%
Charlton	Hanover Lab	93%
Charlton	CT Scan	93%
Tobey	X-Ray	93%
Southcoast	Mashpee Orthopedics	93%
St. Luke's	Oncology	93%
Tobey	EKG	93%
Charlton	Nuclear Medicine	93%
Tobey	Nuclear Medicine	93%
Southcoast	Somerset Rehab	93%
St. Luke's	Diabetes Education	93%
Southcoast	Linden Tree Rehab	93%
Charlton	New Boston Road Lab	92%
Charlton	Mammography	92%
Charlton	Endoscopy	92%
Tobey	CT Scan	92%
St. Luke's	Occupational Health Rehab	92%
St. Luke's	Nuclear Medicine	92%
Charlton	Occupational Health Rehab	92%
St. Luke's	Medical Clinic	92%
St. Luke's	Rehab, Health	92%

Departments, by site, scoring the highest increase in survey responses.

Criteria: Minimum of 100 surveys returned in 2009. Increased patient satisfaction rating from 2008 to 2009.

Site	Department/Area	Responses Jan to Jun 2008	Responses Jan to Jun 2009	Increase in Responses	% Increase in Responses
Charlton	Cath Lab	34	781	747	2197%
Charlton	Occupational Health Testing	26	208	182	700%
Tobey	Nuclear Medicine	46	286	240	522%
St. Luke's	EKG	41	202	161	393%
Charlton	New Boston Road Lab	290	1288	998	344%
Southcoast	New Bedford Lab	100	355	255	255%
Southcoast	Homecare	176	604	428	243%
Southcoast	New Bedford Community Health X-ray	55	182	127	231%
Southcoast	Center for Women's Health X-ray	176	577	401	228%
Tobey	MRI	92	289	197	214%

Departments, by site, with the highest scoring average from June 2008 to June 2009, based on response to the "definitely recommend" question.

Criteria: Must have a minimum of 100 survey responses.

Site	Department/Area	Rate
St. Luke's	Cardiac Cath Lab	100%
Charlton	Hanover X-ray	99%
Southcoast	Faunce Corner Surgery	99%
Charlton	Cardiac Cath Lab	99%
Charlton	Electrophysiology Lab	99%
Tobey	Respiratory Therapy	97%

Service Priorities are reflected in National Patient Safety Goals

Safety. Compassion. Efficiency. Above and Beyond. The four concepts have come to be known as Southcoast's service priorities over the past several years and can be applied to everything we do — even our compliance with the National Patient Safety Goals.

“Our service priorities set the tone for delivering care and interacting with each other and our visitors on a daily basis. They are our guiding principles,” said David DeJesus Jr., Senior Vice President of Human Resources. “The National Patient Safety Goals provide us with guidelines to carry out specific parts of our jobs in a manner that ensures the safety of our patients. The two work together to help us continually improve the care we provide our patients.”

The Joint Commission began releasing National Patient Safety Goals in 2003 and mandated that all accredited health care organizations implement the goals. Their purpose is to promote specific improvements in patient safety. Updated annually, the goals highlight problem areas in health care and describe evidence and expert-based agreement to solutions to these problems.

Studies show that hospitals that regularly monitor and track their performance of these goals deliver safer and higher quality health care.

“The National Patient Safety Goals are not just another item on our ‘to do’ list,” said Keith A. Hovan, President & CEO of Southcoast Hospitals Group. “They must be fully incorporated as part of our practice so we can provide our patients with the safest care possible.”

Making the Connection

It is easy to understand the connection between the service priority, safety and the National Patient Safety Goals, but it can be hard to see the connection with efficiency, compassion and above and beyond.

“The goals are designed to reduce medical errors,” said Ronald LaFleur, Vice President of Hospital Revenue Systems and member of Southcoast's Culture Committee. “Medical errors require work and other resources such as medication and medical supplies to correct them. They affect our efficiency by using time and money that could be spent treating other patients.

“Medical errors also have the potential to cause a patient further harm and suffering and lengthen their length-of-stay. We show compassion to our patients by doing everything we can to limit and relieve their suffering.”

Telling stories, inspiring others, supporting culture

How many times have you run into a friend and the first thing they say is, “I've got a good story for you?” Stories are a part of everyday life. They entertain and teach; inspire and create a sense of connection. They are part of every civilization's culture. They also can support culture — even at organizations like Southcoast.

“We hear stories, all the time, about employees living our culture and our service priorities in extraordinary ways,” said Beth Winthrop, RD, Chief Dietitian and member of the Regulatory Readiness subcommittee of the Southcoast Culture Committee. “We want to be able to share them more widely with all employees.”

That is why Southcoast relaunched the Stories page on the intranet.

“We want to encourage employees from all areas to share stories reflecting our service priorities,” said Jorge Pereira, Training Specialist and subcommittee member.

The stories can be about the employee, a co-worker or a patient. It can even be a note from a patient regarding special care they received.

“I find stories are very uplifting and remind us of some of the really wonderful things staff does for our patients,” said Ronald LaFleur, Vice President of Hospital Revenue Systems and member of the Culture Committee. “Whether they tell us about an employee who takes extra time to direct a lost patient or visitor or a nurse who is particularly kind and compassionate with a family of a dying patient. The stories really remind us of who we are and make us feel proud about being part of this organization.”

“Stories can also spark discussion at staff meetings on how we can further strengthen our culture,” said Mary Neves, RN, Director of Physician Services, also a member of the subcommittee.

Employees can type “Patients and Partners Stories” in the search box on the home page of the intranet and find links to both existing stories and a form to submit their own stories.

“We hope that employees will log on regularly to post stories and to read them,” said Debra A. Desmarais, CRA, RT, Director of Radiology Services. “The sharing of stories will strengthen our culture and bring us closer together as a team working for the benefit of our patients.”

NPSG Spotlight:

Goal 03.04.01: Label all medications and containers, such as basins, syringes and medicine cups, holding medicines or solutions.

Point Person: Ronald A. Romard, RPh, Site Manager for Pharmacy, St. Luke's Hospital

Why is it important? Hospital staff cannot identify medications or other solutions that are in unlabeled containers. That can produce confusion in the treatment of patients and create errors that can cause severe harm to a patient. Labeling medications and solutions whenever they have been removed from their original containers produces a safer environment.

What is Southcoast doing? Southcoast **requires** any solution or medicine to be labeled immediately when it is removed from its original packaging and placed in a new container. Nurses are provided with blank labels to identify the medications or solutions in a basin, bowl, cup or syringe. Even water requires labeling. Sterile pens and labels are included in procedure kits for suturing, establishing an intravenous line or other procedure.

When medications are involved, the drug name and strength must be included on the label. If the drug is not to be used within 24 hours, the date must be added to the label as an added step to avoid mix-ups. Southcoast is increasing its use of ready to use products such as pre-moistened packets of Betadine, which remain in their original packaging until used and reduce the potential for error.

Staff is being educated on the reasons and requirements of the

new policy through computer-based learning programs, while members of the labeling committee, which includes health care professionals from the Emergency Departments, Operating Rooms, Radiology, Family Centered Units and all other areas of the hospital, are monitoring for compliance.

How can you help?

- Take the time to understand the labeling mandates and help remind others of them.
- Never move any medicine or solution from its original container without taking the time to label the new receptacle.
- The labeling requirement covers everything to be administered to a patient, including alcohol and water.
- Do not assume you know what is in an unlabeled container or rely on memory when you fill a syringe, basin or medicine cup.

Abiding by this policy helps create a safer and less confusing environment for patient and health care professional alike.

— Barbara LeBlanc





Quality & Safety

Keith A. Hovan
President & CEO, Southcoast Hospitals Group

Spread the message, not the flu

Flu prevention

The most effective ways to lower your chances of getting or spreading the flu are still the simplest.

- Get a seasonal flu *and* a novel H1N1 (Swine) flu vaccine.
- Cover your mouth and nose when you cough or sneeze. Remember to cough into a tissue and immediately throw it away or into your elbow, not your hands.
- Wash your hands often with soap and warm water or an alcohol-based gel, rubbing your hands together for at least 15 seconds.
- If you are sick, stay home and limit your contact with people.



Mythbuster

Myth: The H1N1 (Swine) flu vaccine should not be trusted because it has not been tested enough.

Truth: On September 15, the U.S. Food & Drug Administration approved four H1N1 vaccines. Three vaccines come in the form of shots and the fourth is a nasal spray. The approval was based on clinical trials on hundreds of healthy adults that showed the vaccine was safe and effective in activating a good immune response to H1N1. Studies with pregnant women and children were still under way but, as of this writing, both groups showed no serious reactions to the vaccine.

H1N1 vaccine is made the same way as the seasonal flu vaccine, except with a different influenza strain. Because it was made the same way, clinical trials were not required for licensure. The seasonal flu vaccine is not tested with clinical trials every year but is considered safe. The vaccine for H1N1 is also considered safe.

Pneumonia Vaccine

Pneumonia vaccine is recommended for people 19 years of age and older who have chronic pulmonary disease or are smokers.

Stay up-to-date

Log on to www.southcoast.org/flu for regular updates. And subscribe to our weekly video podcast, "Flu Facts: Spread the message, not the flu," which is now available on our website and through iTunes.



Though I am writing this at the end of September, you will be reading it at the beginning of November. By that time, we will have distributed all of our seasonal flu vaccine — and hopefully received more — and we should be one to two weeks into our H1N1 vaccine campaign.

So ... let me ask. Have you done everything possible to avoid the flu?

If you've had the flu, you probably know why I am asking. Besides being highly contagious, the flu makes you terribly sick with fever, body aches, a sore throat and more. No one wants to feel that sick — or have someone they care about feel that sick. That is why I want to be sure as many of you as possible avoid getting the flu. But you need to do your part.

It is always important for us to protect ourselves from the seasonal flu — for our own sake and for the sake of those around us. But the added threat of the novel H1N1 virus (Swine flu) this year makes it more important that ever for every one of us to do whatever we can to prevent the spread of flu among our families, co-workers, patients and community.

The U.S. Centers for Disease Control & Prevention predicts as much as one-third of the world's population will be affected by the flu this year. That means there will be a high probability that each of us will care for or at least come in contact with someone who has the flu.

The threat will not end with the cold weather months. The CDC believes there will be *three* waves of illness, which places us all at risk into the beginning of the summer months.

As a health care organization, it is Southcoast's duty, responsibility and privilege to do everything we can to protect you, who mean so much to us, your loved ones and the entire community from illness. And as many of you know, we've been working hard to do just that.

We have launched a flu education campaign — *Spread the message, not the flu* — to provide important, up-to-date information on flu prevention and to encourage everyone to share that information with family and friends.

We are providing masks for patients and visitors, who may arrive with the flu, at every point of entry in our major facilities and hand sanitizer is available throughout our buildings. We have made seasonal flu vaccine available to as many employees as possible, targeting those of you who have direct patient contact, are in certain disciplines, are expectant mothers, have chronic medical conditions or are 65 years of age or older. H1N1 vaccinations have also been made available to employees in targeted groups and we have offered pneumococcal vaccine to all employees who smoke or have asthma, free of charge. To the extent that our supply allows, we have also offered seasonal flu, H1N1 and pneumococcal vaccines to targeted groups of inpatients and home care/VNA patients. We are working with community groups throughout the region to organize public H1N1 vaccine clinics as the vaccine becomes available.

As employees of the leading health care organization in the region, you have a unique opportunity to help your family and all those who touch your life by sharing your knowledge. People in the community tend to look to us who work in health care — whether we are in clinical roles or not — as sources of information regarding their health. What better information to share than knowledge that will help prevent people from getting sick?

Protecting ourselves against flu is another way of living the Southcoast mission — caring for the health of the community — our values and our service priorities. There is no act more compassionate than doing what you can to protect another from harm.

Which leaves us with the question — are you prepared? Did you do all that you could to protect your patients, family and yourself from the flu? 🦠

the Interview

Thaddeus “Todd” Irzyk Jr.

Dietary Aide, Charlton Memorial Hospital



With almost four decades working in and managing one of New Bedford's best-known restaurants, Todd Irzyk brought a wealth of hospitality experience with him when he joined Southcoast as a Dietary Aid. In Southcoast, Irzyk said he found a nice place to work where he could still have the social interaction of the restaurant business while contributing to the health of the community. With the introduction of Personal Choice Dining, Irzyk said Southcoast's hospitality took a big step up by providing fresh, restaurant quality food to patients.

Southcoast recently introduced Personal Choice Dining for patients. Has that changed your responsibilities?

I am spending a little more time in the kitchen now, preparing trays and menus and also in the kitchens on the floors doing inventory control.

We also wear different garb. I am used to wearing a tie after so many years working the front of the restaurant, so I have always worn one here. We used to wear white lab coats and patients would think I was a doctor when they saw me coming into the room. They used to call me Dr. Dietary.

How are patients responding to Personal Choice Dining?

They are responding well, especially to the quality of the food — it's restaurant quality now. Everything is cooked fresh and tastes much better.

How long have you worked for Southcoast?

I have worked here for about four years. I started out per diem at St. Luke's and then was offered a permanent position here at Charlton.

You and your family have a long history in the restaurant business.

For 39 years we operated Thad's Steak House on Ashley Boulevard in New Bedford. It was very popular in its time. It was known as "the" place to go for fine dining in New Bedford. My father started the business and my brother and I eventually took it over.

The restaurant business is tough. It's a 24/7 business, 365 days a year. When you are the owner, you never get a break. You are responsible even when the restaurant is not open or you are not there. My brother and I were tired and our children weren't interested in taking over, so we decided to close.

How did you find your way to Southcoast?

While we were liquidating the restaurant, I was diagnosed with Hodgkins disease. I had great doctors and great family support going through treatment. All the people I came in contact with in health care were so good to me I wanted to give something back. So, after we sold the restaurant, I took a Medical Assistant program and went into the clerical end of health care. It wasn't for me. I missed being in contact with people from my restaurant days.

Someone suggested that with my background in restaurants and my medical knowledge, dietary might be a good place for me. I tried it and I really enjoy it — especially getting to work with the patients.

What's it like, going into patients' rooms?

Meals are an important part of the day and ordering food is one of the few things patients do where they don't get poked or prodded, so they are usually happy to see me.

I really like the people interaction. They are so appreciative of the smallest things.

What the biggest lesson you think you have transferred from the restaurant business to working in health care?

We work in a hospital, but we are also in the hospitality business. Our patients are also our customers. You don't stay in business long if you don't go the extra mile for the customer. So it's important for us to go the extra mile for our patients. 🍴

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