



WHAT YOU NEED TO KNOW ABOUT THE JOINT COMMISSION SURVEY

As Southcoast continues to develop a culture of 100 percent readiness, 100 percent of the time and to prepare for the inevitable Joint Commission survey that will take place over the next several months, staff at every level of the organization is working to assess and improve regulatory readiness.

“It might be assumed that clinical staff are the only ones surveyed by The Joint Commission,” said Nancy Manchester, MM R EEG T, Director of Regulatory Readiness for Southcoast. “But in truth, The Joint Commission interacts with staff across all departments, disciplines and levels of the organization. The concept of shared accountability and integration of the standards is a key focus for The Joint Commission.

“The leadership chapter is as robust in its expectations as any other chapter of the standards, including the environment of care, provision of care, nursing and National Patient Safety Goals,” Manchester said.

The Hospital Operations Team, which consists of senior leadership from throughout the organization, are interviewed twice during every survey — at the beginning and the end.

“Senior leadership are asked a series of questions designed to determine the extent to which front line staff and leaders are speaking as one with regard to organizational priorities and goals,” Manchester said. “In preparation for the survey, HOT members will perform mock survey opening and closing drills, just as our sites have mock surveys to prepare for the actual survey.”

HOT also has a steering subcommittee that works with the

Regulatory Readiness Committee to focus on eliminating barriers and to assist specific areas with achieving compliance. Each of The Joint Commission chapter leaders has a HOT team member to provide oversight and executive sponsorship.

“Rounding with Keith”

Keith Hovan, President & CEO of Southcoast Hospitals Group, has started conducting rounds of clinical areas with Manchester to talk with staff and patients and check on regulatory readiness.

“We try to pay attention to all the things surveyors might look at, including inspection stickers on equipment and the condition of the building,” Hovan said. “We have even had a chance to look at some of the Lean 5S work that is going on.”

Hovan and Manchester conduct rounds every other week, visiting all hospital sites.

“I want to be out there, not just to see how we are doing in terms of being prepared for a survey but to find out from staff if they are experiencing any barriers to compliance,” Hovan said.

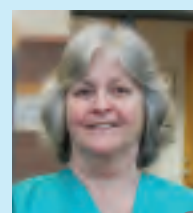
Physicians are also responsible for a good survey. The medical staff chapter is concerned with the structure, appointment, credentialing and privileging, and oversight of care, treatment and services related to the medical staff.

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SHARON'S WALK

Fundraiser on April 25 to benefit Southcoast Centers for Cancer Care.



INSIDE THE INTERVIEW

Gail Perzentz, RN

News Briefs

Southcoast Hospitals won a bronze award in the Nursing Information Technology Innovations Awards sponsored by the information technology magazine *Health Data Management*. The honors are bestowed annually upon teams of nursing professionals at U.S. health care organizations, recognizing innovation and excellence in using information technology in a field of nursing to directly improve the quality of care or patient safety and/or promote the effective use of nursing resources. Southcoast was recognized for taking an “off-the-shelf” clinical documentation system — the Clinical Care Classification (CCC) system — and merging it into the Meditech Nursing Module. Southcoast was the first organization to bring CCC live in any computerized format.



Michael Bachstein has assumed the role of Vice President, Facilities Development & Engineering, a post he has been filling on an interim basis since July. Over the past several months, Bachstein has

successfully led the Engineering, Construction and Project Management departments and off-site property management as Southcoast continues to improve and expand our facilities, including the Southcoast Centers for Cancer Care in Fairhaven and Fall River.

Sleep HealthCenter North Dartmouth, affiliated with Southcoast Hospitals Group, recently received program accreditation from the American Academy of Sleep Medicine (AASM). To receive a five-year accreditation, a sleep center must meet or exceed all standards for professional health care as designated by the AASM. The American Academy of Sleep Medicine currently accredits more than 1,900 sleep medicine centers and laboratories across the country. 📍

Patient Comment

“I was very pleased with all of the care provided to me. Everyone I interacted with from nursing to housekeeping was professional and courteous.” 📍

Joint Commission survey

continued from cover

Changes in standards for 2010

As happens every year, there have been changes in the National Patient Safety Goals based on new trends. The Joint Commission has seen in sentinel events. (See article on regulatory readiness on page 3, for more information.)

What surveyors will be looking for

Each year, surveyors are trained to emphasize specific areas in their review. For 2010, they will be looking at:

- Governing boards taking a great role in hospital oversight in reducing risk of hospital-acquired infections, especially hand hygiene.
- The existence of an organization-wide patient safety program within a hospital’s performance improvement activities.
- Improving the accuracy of patient identification through the use of two patient identifiers.
- Health care organizations having a single, organized medical staff.
- If an organization has established expectations for services contracted to outside entities, communicates those expectations, measures the performance of the vendor and reports them to the governing body.
- Health care organizations credentialing and privileging off-site practitioners, for example physicians who provide teleradiology and teleneurology services.

System tracers in 2010 are expected to include a search for documentation on education for families of patients and infection control precautions.

“Don’t be surprised if surveyors ask families of patients about infection control precautions and if they have received education regarding their responsibilities around preventing and controlling infection, including hand and respiratory hygiene practices,” Manchester said.

Looking to the future — Second Generation Tracers will debut in 2011

The Joint Commission is now working on a concept called “second generation tracers,” set to debut in 2011, which will be a different way to look at how hospitals manage and optimize known risk areas in health care across the organization.

“First generation tracers involved following a patient through the care areas that were called for relative to diagnosis and treatment,” Manchester said. “A patient entering through the Emergency Department, going to radiology and ultimately to surgery and recovery would be followed through each area by a surveyor who would focus on that area as the patient received care and treatment.”

Second generation tracers, Manchester said, may focus on major organizational areas such as infection control, patient flow or communication.

For example, a second generation tracer that focuses on patient flow through the organization might begin in the ED and look at the time patients wait to be seen, patients who leave without being seen, any delays in moving patients to diagnostic studies or admitting,

The surveyor might then go to surgery to determine if there are delays in that setting — such as waiting to receive patients or waiting for a surgeon to arrive in OR — and then might proceed to the ICU to determine if any patient flow issues can be identified relative to patients waiting to go to other units. Finally, the surveyor might visit an inpatient unit to determine if there are flow issues related to patient discharge.

Talk to your surveyor

“Joint Commission surveyors look upon each employee as a face of the hospital,” Manchester said. “Staff who are willing to speak with surveyors leave a positive impression.”

Surveyors are looking for staff to talk to them and to be open to suggestions, she said.

“Even though some employee’s natural instinct when seeing a surveyor may be to walk the other way, the best thing we can do is make ourselves available to them,” Manchester said.

“It is important to remember that surveyors travel all over the country and have ample opportunity to interact with staff who are ill-at-ease. To interact in a way that reflects the best in us and our pride in what we do, and allow them to teach and consult with our staff will be beneficial for all concerned.” 📍



Joint Commission Chapter	Executive Sponsor	Regulatory Readiness Committee Member/Chapter Leader
Accreditation Process (APR)	Patrick Gannon	Nancy Manchester
Environment of Care (EC)	Michael Bachstein	Ray Price
Emergency Management (EM)	Michael Bachstein	Ray Price
Home Care (HC)	Linda Bodenmann	Sharon Tripp
Human Resources (HR)	David DeJesus	Elaine Wilcox
Infection Prevention & Control (IC)	Patrick Gannon	Mary Jane Foster
Information Management (IM)	Ronald LaFleur	Debbie Carvalho
Leadership (LD)	Keith Hovan	Patrick Gannon
Life Safety (LS)	Michael Bachstein	Tony Pacheco
Medication Management (MM)	Marcia Liggin	Bob Motha
Medical Staff (MS)	E.J. McMahon, MD	Mary Neves
National Patient Safety Goals (NPSG)	Carol Conley	Amy Leduc
Nursing (NR)	Marcia Liggin	Amy Leduc
Provision of Care, Treatment & Services (PC)	Marcia Liggin	Amy Leduc
Performance Improvement (PI)	Patrick Gannon	Nidia Williams
Record of Care, Treatment and Services (RC)	Ronald LaFleur	Carvalho
Rights and Responsibilities of the Individual	Ellen Banach	Steve Pires
Statement of Conditions (SOC)	Michael Bachstein	Tony Pacheco
Transplant Safety (TS)	Carol Conley	Amy Leduc
Waived Testing (WT)	Peter Guresh	Maureen Brown

Readiness Corner: Notes from a Team Chapter Leader



At the head of Southcoast's regulatory readiness efforts is a team whose members are each assigned a certain area — or chapter — of responsibility. These chapter leaders are responsible for assessing Southcoast's compliance with the regulatory standards within their chapter. They work with departments to improve and remove barriers to compliance. They also help develop education programs and assist in developing corrective action plans for departments and staff members. Each month, *Coastlines* will feature one Chapter Leader and explain Southcoast's current status within that chapter.

Team Chapter Leader: **Amy Leduc**, RN, FABC, NE-C, Director of Regulatory Readiness, Patient Services.

Chapters: Provision of Care, National Patient Safety Goals, Nursing (executive), Transplant Safety.

Nursing: The chapter concerns itself with the executive actions of the Chief Nursing Officer and her leadership role in the organization.

Changes: There are no changes in this chapter for 2010.

Status: Southcoast is fully compliant with the chapter.

Transplant Safety: This chapter focuses on the policies and procedures for safe organ and tissue donation, procurement and transplantation.

While Southcoast does not perform organ transplants, tissue transplantation does take place. Organ harvesting also takes place but does so under an agreement with the New England Organ Bank, whose representatives come on site to counsel family members on organ donation and are responsible for organ harvesting.

Changes: There are no changes in this chapter for 2010.

Status: Southcoast is currently compliant with this chapter. The requirements within the two action plans submitted through the previous Periodic Performance Review were completed.

National Patient Safety Goals: The Joint Commission began releasing National Patient Safety Goals in 2003 and mandated that all accredited health care organizations implement the goals. Updated annually, the goals highlight problem areas in health care that have been identified as a result of serious patient safety events. Some NPSGs require 100 percent compliance while others require 90 percent compliance. Southcoast leadership is requiring 95 percent compliance for the latter in 2010.

Changes: No new NPSGs were added for 2010. Several NPSGs were transitioned to standards under Provision of Care, Medication Management and Infection Prevention. Some Elements of Performance were moved from NPSGs to Provision of Care, some were discontinued and some were revised for clarification purposes.

Status:

- Four NPSGs are currently at 95 percent compliance or higher.
- Two NPSGs are currently at 90 to 94 percent compliance.
- Three NPSGs are currently at 80 to 89 percent compliance.
- One NPSG is currently under 80 percent compliance (in one EP only).
- One NPSG is on hold as it will not be part of the 2010 Joint Commission survey.

Education on NPSGs begins in new hire orientation and continues through e-mail, articles in *Coastlines* and educational outreach in

cafeterias. The NPSG Committee is currently investigating new ways to educate staff directly responsible for compliance with each NPSG.

Provision of Care includes the interdisciplinary process that allows care to be provided according to a patient's needs and our scope of Southcoast services. It involves a holistic approach for treatment not only of patients' physical illness or condition — but also their psychological, social and spiritual wellbeing.

Changes:

Standards that have transitioned from NPSGs:

- Falls.
- Verbal and telephone orders.
- Hand-off communication.
- Rapid Response.
- Patient and family communication regarding patient care or safety concerns.

New elements of performance:

- The availability of a current therapeutic diet manual.
- Definition of who can administer anesthesia.

Status: The Provision of Care Team meets monthly. Members have been assigned standards and EPs based on their area of expertise.

Education for the Provision of Care takes place during orientation, at leadership and unit/department specific meetings, through e-mail, Professional Development programs and computer-based learning modules.

Compliance with the majority of the Provision of Care Standards and NPSGs are measured through medical record review and direct observation. The opportunity for "in the moment" education is a direct benefit during direct observation or mock survey activities.

Southcoast is looking at implementing a new tracer model, which will focus on chart review, environmental safety requirements and staff interviews to help prepare staff for Joint Commission surveyor interactions. Results of these activities will serve to identify vulnerabilities and target future education efforts.

Glossary of terms

Standard: A standard defines the performance expectations, structures, or processes that must be substantially in place in an organization to enhance the quality of care, treatment and services.

National Patient Safety Goals (NPSGs): National Patient Safety Goals are a set of guidelines developed by The Joint Commission to promote specific improvements in patient safety.

Element of Performance (EPs): A specific action, process, or structure that must be implemented to achieve a goal of a standard or a National Patient Safety Goal. 📄

Southcoast Physician Organizations Fill Need for Care in the Community

With the continuing need for primary and specialty care in the region and the still uncertain terrain of health care reform, Southcoast physician organizations are working to create an atmosphere that is easier for physicians to practice in while increasing the quality of care and holding down costs.

SPN, SPS, SPC: What they are and what they do

The names Southcoast Physicians Network, Southcoast Physician Services and Southcoast Primary Care may not be familiar to most readers. But even those who are familiar with the names might wonder what the three entities do and how they relate to each other.

Southcoast Physicians Network is a physician network that supports member physician practices by negotiating risk contracts, providing an organizational framework to improve performance, quality and efficiency, implementing electronic health records and realizing network expansion.

SPN provides services to several groups of physicians: Southcoast Physician Services, which employs primary care physicians, Hospitalists and specialty care physicians; Southcoast Primary Care, which employs mainly primary care and family medicine physicians and pediatricians; New Bedford Medical Associates, an independent multi-specialty group practice; and “affiliated” independent physicians who own their own practices but purchase services from SPN.

Combined, SPS and SPC employ approximately 105 doctors and 32 mid-level practitioners (physician assistants and nurse practitioners) and a total of about 400 employees at 23 sites from Swansea to Wareham.

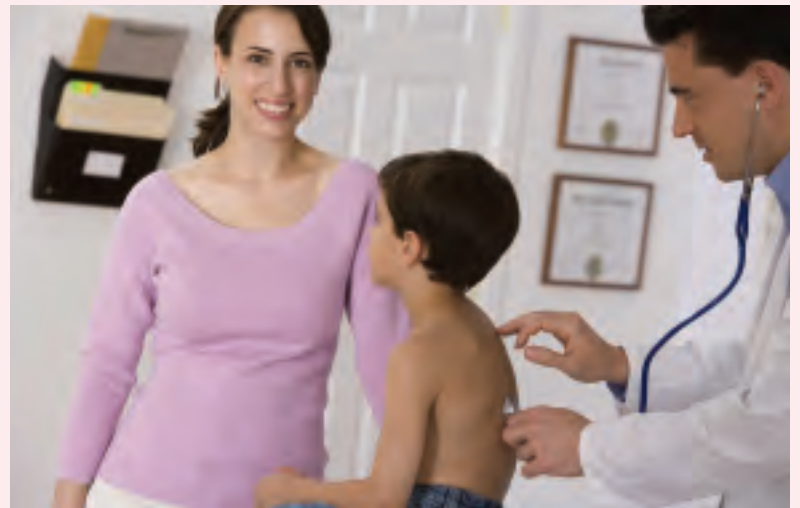
“SPN helps new and established physicians get the services they need to run their practices at reduced costs while providing high-quality care,” said E.J. McMahon, MD, FCAP, Senior Vice President & Chief Medical Officer for Southcoast.

Dr. McMahon said the services provided by SPN help to attract young physicians to the area and to retain physicians who already practice in the area.

“Young physicians who are just building their practices are interested in having more work/life balance than physicians of previous generations,” Dr. McMahon said. “They are less interested in visiting patients in the hospital and more interested in concentrating on their office practices. They are also looking for an organization that is going to help them run the business of their practice more efficiently. Through SPN and our owned practices, Southcoast can provide all that.”

Hospitalists employed through SPS provide comprehensive care to hospitalized patients while keeping patients’ primary care physicians fully apprised of their conditions.

“Hospitalists can contribute greatly toward improving the quality of patient care and the patient experience,” said George Beauregard, DO, President & Chief Medical Officer for Southcoast Physicians Network. “With a dedicated physician group focused solely on a patient’s in-hospital care there is a great improvement in quality and continuity of that care.”



Reimbursement challenges are plentiful

Quality, Dr. Beauregard said, is becoming the name of the game when it comes to succeeding in health care delivery.

“Health care is heading toward a ‘pay for value’ system where insurers base reimbursement levels for physicians and health care organizations on data reflecting the quality of care provided — we are already seeing this in Medicare reimbursements and other payors,” Dr. Beauregard said. “SPN provides the framework to help physicians understand the quality measures they must reach, then monitor and improve them.”

Pay-for-performance is not the only funding challenge Southcoast is facing.

“Financing of health care is also moving more toward global payments where payors will provide a fixed amount of dollars to treat a patient,” said Alan Pontes, Chief Executive Officer for Southcoast Physician Services & Southcoast Primary Care. “In order to remain financially sound, it is necessary to keep as much of that money as possible within the system. Having hospital-employed physicians, including primary care physicians and a broad range of specialists, will help us to keep the entire payment for a patient within the system.”

Continuing to respond to the need for primary care physicians

More than 50 percent of primary care physicians in the Fall River area and 60 percent of primary care physicians in the Wareham area are part of SPS, Pontes said.

“We need to need to increase the number of primary care physicians we have in New Bedford, where just 20 percent are part of SPC,” Pontes said. “We also aim to increase our primary care presence in Wareham.”

Now more than ever our patients need you

Thank you to the 894 employees who had supported the 2010 Employee Appeal. We are just six employees away from reaching our goal of 900 donors. If you have not yet given, you can be one of the generous people who help us meet our goal.

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Why do you give?

Over the past several months, some of our employees have shared their reasons for supporting the Employee Appeal. Why do you? We would love to hear from you! Simply email us at externalaffairs@southcoast.org or call 508-961-5353 to share.

Thinking Ahead About Desires for Health Care Can Save Heartache for Families



Medical decisions that come at the end of life are among the most difficult and potentially contentious in health care, especially when patients can no longer speak for themselves.

“Everybody has different ideas about the end of life,” said Lorrie Rezendes, RN, Clinical Manager for Southcoast Hospice & Palliative Care. “If you don’t have a health care proxy and you don’t discuss with your family your philosophy of care — in essence your wishes for treatment — it can cause a lot of stress during what is already a difficult time for a family.”

A health care proxy is a legal document that designates someone to make health care decisions for you, should you be unable to do so for yourself. That, combined with open discussions with loved ones, can help avoid wrenching family disputes over the best course of care.

“A health care proxy is an important part of comprehensive care planning for any individual,” said Keith A. Hovan, President & CEO of Southcoast Hospitals Group. “As health care practitioners, we should be encouraging all of our patients to have a health care proxy, not to mention having one ourselves.”

“Southcoast is working to promote greater awareness of health care proxies both in the community and among Southcoast’s medical staff and employees,” said Paula Shiner, RN, CHCE, Director of Southcoast Home Care, Hospice & Palliative Care & Infusion Services.

Kenneth Pastie, of Rochester, knows the value of both a health care proxy and frank conversation. His parents named him as their health care agent in the 1990s. “From our conversations, I knew that, at a certain point, they wanted no extraordinary measures over and above what was needed,” he said.

That eased the way, in 2001, when Pastie decided not to put his 80-year-old father through dialysis treatment. For more than a decade, Arthur Pastie had been suffering from Wegener’s Disease, a

rare, auto-immune disease that affects the respiratory system, kidneys and other organs, which it can damage over time.

“Dialysis would have been a desperation measure,” said Pastie, who is a retired social worker. “It would have been terrible for him.” His father died two weeks later.

Almost exactly nine years later, Pastie opted against a feeding tube for his 88-year-old mother, Irene, who suffered from dementia and other ailments. Instead, she entered hospice care at a New Bedford nursing home, where she is made as comfortable as possible.

“There were a lot of negatives to a feeding tube and it would not have added to the length of her life,” he said, noting that he had discussed the options with doctors, his older brother from California and his wife.

Patients who are admitted to Southcoast Hospitals are always offered the opportunity to establish a health care proxy if they don’t have one. Hospice and home care patients are strongly encouraged to have a signed proxy.

Yet while the use of proxies is on the rise, most of the questions that come before hospital bioethics committees involve end of life care, said Shiner, who is a member of the Bioethics Committee of Southcoast Hospitals.

In April, Southcoast will begin taking new steps to educate the public on the need to think ahead about their health care.

“We are starting by making health care proxy documents available on the Southcoast Health Van and working with community organizations to increase awareness,” Shiner said. “And we are looking at additional ways to get the word out, so people can use the tools available to make decisions while they are able, rather than leaving those difficult decisions to their loved ones.”

– Barbara LeBlanc

Southcoast Center for Cancer Care to benefit from walk in memory of local radio host

The Southcoast Center for Cancer Care in Fairhaven will be the beneficiary of a memorial walk and family-friendly event in honor of former local radio host Sharon Fogaren and her mother, Elaine.



“Sharon’s Walk, in memory of Sharon & Elaine Fogaren” is being organized by FUN 107 and the Fogaren family.

Sharon Fogaren, the co-host of the “J.R. & Sharon” morning radio show on FUN 107, died after a brief illness last September. Elaine Fogaren, Sharon’s mother, died of breast cancer in 2004.

Sharon’s Walk is a 5-kilometer (3.1-mile) walk. Participants are welcome to join the walk any time during the event. The family friendly event includes entertainment, refreshments, children’s activities, raffles and more. Free health screenings will also be provided by the Southcoast Center for Cancer Care and Southcoast Hospitals through its Southcoast Health Van.

Date: Sunday, April 25

Time: 10 a.m. to 2 p.m. (registration and check-in begins at 8 a.m.)

Location: Fort Taber, New Bedford.

Registration fee: \$15 per person

Registration

Participants can pre-register for Sharon’s Walk by going to Southcoast’s Website at www.southcoast.org/sharonswalk/. The cost is \$15 per person, including a Sharon’s Walk commemorative T-shirt.

Registration forms can also be downloaded from the site or picked up at FUN 107 / WBSM studios, 22 Sconticut Neck Rd. in Fairhaven or at the information desks at Charlton, St. Luke’s and Tobey hospitals and at the Southcoast Centers for Cancer Care in Fall River and North Dartmouth.

Registration forms and payment should be returned the day of the walk.



Quality & Safety

Keith A. Hovan
President & CEO, Southcoast Hospitals Group



In January, I had the privilege to present our work in Lean and Six Sigma at the Massachusetts Hospital Association's mid-winter leadership forum. The event was entitled "Healthcare Delivery System Reform: Three Races, One Finish Line" and was attended by more than 200 senior executives from hospitals across the state. The conference focused on ways health care can adapt for coming changes — a topic that has been occupying the minds of most health care leaders not just in Massachusetts but the entire nation.

The invitation to present was an honor and a testament to the great work all of you have been doing to create efficiencies, reduce waste and increase the quality of care we provide our patients. We were one of just three presenters — and the only organization presenting on Lean and Six Sigma methodologies.

It was a great opportunity for us to share our successes. The attendees were very interested in learning about what we accomplished and how we did it.

Patrick Gannon, Vice President of Quality & Safety, will make a similar presentation at a regional Yankee Alliance conference in May and will co-present with Nidia Williams, Director of Quality Outcomes, at the national Premier conference in June. Clearly, there is a high level of interest in what we are accomplishing here.

As we continue our pursuit of operational excellence, we are training additional Green Belts in Six Sigma, introducing our quality practices to Southcoast Physician Services, Southcoast Primary Care and the Visiting Nurse Association of Southeastern Massachusetts and are looking to expand on the success of last year's waste walks.

Multidisciplinary task forces, called "pods," have been created and charged with conducting waste walks that each realizes \$1 million in savings within the organization. There are five pods — each with a Director or Vice President as leader and each with an employee from finance acting as co-leader to ensure that the savings are "real."

The pods have identified various categories to review for reducing costs associated with waste, such as energy, contracted goods costs, supplies costs and utilization, pharmaceuticals, implants, information technology, and testing and procedure utilization — and the list is growing.

The pods must also adhere to a number of guidelines.

- All pod members must identify one waste reduction from their own department.
- Pods cannot duplicate savings from last year's waste walks.
- Pods must work across departments and throughout the entire organization.
- Pods must focus on expenses only using the seven categories of waste to guide their work. Increases in revenue do not count towards the \$5 million savings goal.
- Pods must validate savings from last year's waste walks.

Each of the pods has developed a list of ideas they are exploring and already we see a friendly competition and a willingness to collaborate between them. It's a great indicator of an increasing willingness to break down silos of communication and work for the benefit of Southcoast, and, most importantly, our patients.

I am excited to see the new ways our pods will find to drive operational excellence and help us become a low-cost/high-quality provider of health care. I look forward to sharing their successes with you in future columns. ■

Changes in Nutritional Services aim to bring consistency across sites

Nutritional Services is reorganizing its operational structure, transitioning from site managers to product-line managers to enhance consistency in both the quality of the food it prepares and the service it provides.



Emilia Sivvianakis

"Southcoast has long been striving to achieve complete 'systemness' in all its operations and it makes sense to take an organization-wide approach to Nutritional Services," said Elaine Meredith, Vice President of Hospitality Services & Site Administrator for Tobey Hospital. "The change will complement standardization efforts the department has undertaken, such as Personal Choice Dining and our new retail menu."

Beginning in May, Michael Cogliandro, formerly Manager of the Charlton site, will become Manager of Retail Food Operations; Gregory DeLibris, formerly Manager at St. Luke's, will become Manager of Food Production & Procurement, and Gina Hill, formerly Manager of the Tobey site, will become Manager of Patient Service.

"While Mike, Greg and Gina will be responsible for their

areas across all Southcoast sites, they will work closely together to ensure seamless operations from food purchase and preparation to sale in our cafeterias and cafes and delivery to our patients," said Paul Seeley, Director of Food & Nutrition.

Robbin Saddlers, formerly Food Service Manager at Charlton, will become the System Catering & Promotions Manager along with overseeing Coastal Café at the AT&T Building in Fairhaven and the new Cancer Center kiosk in Fairhaven when it opens in 2011.

Beth Winthrop, RD, Chief Dietitian for Southcoast, will continue to be responsible for all clinical areas of Nutritional Services plus will have Michelle Realejo, formerly Patient Services Manager at St. Luke's, reporting to her in the newly created position of System Trainer. ■

the Interview



Gail Perzentz, RN

St. Luke's Post Anesthesia Care Unit

Organizer of vascular screenings

For more than 22 years, Gail Perzentz, RN, has been sharing her concern for vascular health with the community. The free vascular screenings that she organizes a dozen times a year — on her own time — give many hundreds of people vital information about their health. Perzentz recently spoke with Coastlines about her motivation and the importance of these screenings. More information is available at www.southcoast.org/endovascular/.

What made you decide to organize vascular screenings?

I have worked on the Post Anesthesia Care Unit for 17 years, but before that I was on Knowles, a med/surg unit. Many of the patients I took care of had undergone vascular surgery. I was asked to conduct a vascular screenings during the health fairs and knew the community really needed this service.

The program seems to have grown from there.

Yes, it has. There were so many people looking for screenings, we couldn't do it in one day. So we began using the Southcoast Blood Bank at St. Luke's to do free evening clinics. We can see as many as 30 people in a single evening. Then, three years ago we began to also offer screenings at Tobey and Charlton through the Southcoast Health Van.

How many nurses work with you?

There are usually four other nurses with me and there are a total of 14 nurses who perform screenings.

Why are vascular screenings important?

If you have a problem and you ignore it, it can lead to serious health problems. When we conduct screenings we are looking for signs of

peripheral vascular disease (PVD). The condition occurs mainly in the vessels that carry blood to the leg and arm muscles. If left untreated, PVD can result in peripheral artery disease (PAD) a condition that increases the risk of death from stroke and heart attack because of the risk of blood clots.

When do screenings usually take place?

This year we started our spring screenings on March 30 at St. Luke's and April at Charlton and Tobey, with all sessions held in the evening hours. Fall screenings are held from September to the end of November.

Can people just walk up for a screening?

People need to make appointments and they can do so by calling 800-497-1727.

What can people expect at a screening?

We do a basic, non-invasive screening that involves placing a blood pressure cuff on the ankle to measure blood flow through the lower extremities. Participants are given a copy of their results, as well as literature about PAD, and urged to share the readings with their primary health care provider. We really want people to share this information with their doctor so that if they need treatment, they can get it.

How are PVD and PAD treated?

There are a number of ways to treat PVD and PAD including lifestyle changes such as regular exercise, a healthy diet and avoiding smoking. But sometimes surgery is necessary.

What is the biggest issue with PVD?

The condition often presents no symptoms, although individuals with PAD may feel fatigue and pain in their legs that disappear when they stop exertion. Sometimes people think the symptoms are just a normal part of the aging process. Many times, people don't even know they have the disease until they have a vascular check. ■

— Barbara LeBlanc

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