

The Sundial

Vol. 4, No. 5

DAVIS COMMUNITY HOSPITAL

October, 1983

United Way Kickoff Held For Statesville Area

The kickoff luncheon for the 1983 Iredell-Statesville United Way was held at 12:00 noon on September 21, 1983, at the Holiday Inn.

Dr. Tom Haggai, a nationally known speaker, told the large crowd in attendance that giving to the United Way is sensible, selfish, and spiritual.

It is sensible, he explained, "Because it only takes according to your income or your company's income..." It is selfish, because it does everything you would do for your community if you had the time, the money and the know-how. And it is spiritual in that a blessing is received in giving.

Haggai remarked that he was impressed with the report from the Pacesetter Division, but challenged the workers to be prompt in carrying out the remainder of the drive.

Bill Spangler, Chairman of the Pacesetter Division reported that the Pacesetter companies had completed their drive and had exceeded their goal of \$90,000 by \$5,000. Spangler then recognized and presented each Pacesetter company with an engraved plaque.

Davis Community Hospital employees attending the meeting were Steve Blaine, Administrator, Jim Cline, Director of Human Resources, Gayle Chapman, R.N., and Judy Patterson, Personnel Secretary. Cline and Patterson serve on the Publicity Committee for the city campaign and assisted Roederstein Electronics officials with arrangements for the luncheon.



Gayle Chapman, RN, on behalf of Davis Community Hospital, receives Pacesetter Plaque from Bill Spangler, Chairman of the Pacesetter Division.



Dr. Tom Haggai, United Way Speaker, is flanked by Gayle Chapman, R.N., and Judy Patterson of DCH.



HARVEST

*Now when the time of fruit and grain is come,
When apples hang above the garden wall,
And from the tangle by the roadside stream
A scent of wild grapes fills the racy air,
Comes Autumn with her sun-burnt caravan,
Like a long gypsy train with trappings gay,
And tattered colors of the Orient,
Moving slow-footed through the dreamy hills,
The woods of Wilton, at her coming, wear
Tints of Bokhara and of Samarcand;
The maples glow with their Pompeian red,
The hickories with burnt Etruscan gold;
And while the crickets fife along her march,
Behind her banners burns the crimson sun.*

By: Bliss Carman

The Medicare Reimbursement System Changes: DRG's Will Effect Us All

For many years the Medical Records Department was used as an information gathering center for patient data. With the coming of the new Medicare Reimbursement System, the role of this department and many others will change.

Medical Records is one department that will be directly involved in implementing Medicare's new payment system which sets fixed rates for all hospital Medicare patients with the same illness. The new system can have a tremendous impact on all hospitals because a high percentage of the hospitals' revenue is produced by Medicare patients. Here at Davis Community Hospital, our Medicare percentage will be 47% during 1984.

In most hospitals in North Carolina, the new DRG (diagnosis related group) system will begin on October 1; but we will not be under the system until March 1, 1984. The new system provides for 467 different categories of patient illnesses. The

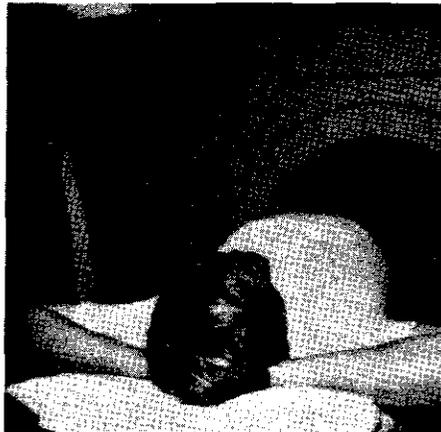
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**Election Day Is
November 8!**

Cat Scanning Services Now Available At DCH



Lee Fowler, R.T., and Jody Blevins, R.T., show Dr. Bob Stevenson how stretchers are maneuvered into the C.T. van.



Lee Fowler, R.T., demonstrates how to position a patient for scanning.



Jody Blevins, R.T., programs the computer to begin the scan.

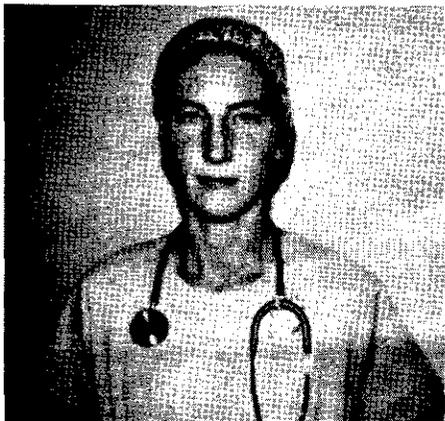
On September 9, 1983, Davis Community Hospital expanded its diagnostic radiological services by offering Computerized Axial Tomography, better known as CT Scanning. This new service is made possible thru a shared mobile service with Medical Diagnostics of Winston-Salem, N.C., a company which offers various diagnostic services.

This additional service gives the hospital the latest in modern technology in diagnostic radiology. The CT Scanner enables the radiologist to visualize body structures in cross-section in a

manner which was not possible until now. The CT Scanner makes the diagnosis of tumors and strokes and other abnormalities much easier and more accurate than with other types of previously available equipment. It can also eliminate the need for exploratory surgery in many cases. This is possible because the scanner makes more specific images of the body structures.

Since the scanner is now available at our hospital, patients will no longer need to be transported or referred to other hospitals for this particular diagnostic procedure.

Introducing



Toinette H. Fontrier, M.D.

Toinette H. Fontrier, M.D., Anesthesiologist, joined the medical staff of Davis Community Hospital on August 23, 1983. She is associated with Charles E. Parkin, M.D., P.A., of Winston-Salem, N.C.

Dr. Fontrier received her B.A. degree, *cum laude*, from Colby College in Waterville, Maine, in 1974. She received her M.D. degree in Albany, N.Y., and completed her internship and residencies at N.C. Baptist Hospital in Winston-Salem this year in General Surgery and Anesthesiology.

A native of Rockville Center, N.Y., Dr. Fontrier is married to Dr. John Lewis, Anesthesiologist at N.C. Baptist Hospital. She and her husband reside in Winston-Salem, N.C.

DRG's Will Effect Us All

rate of payment is set for each of 467 different categories. The rate is based on the average cost in nine regions of the country, computed by rural and urban settings. Davis Community Hospital is classified in the rural section under the new system.

The purpose of this system is to cut the cost of Medicare expenditures for health services nationwide. Therefore, all hospitals must seek more efficient, cost effective ways of treating patients if they are going to control the potential losses. The providing of quality patient care can and will exceed the amount Medicare pays in some cases.

Therefore, under the new system it will require good working relationships with medical staff and all departments throughout the hospital. The coding and sequencing of diagnosis by Medical Records will now determine which of the 467 groupings each discharge will be assigned; and this determines the payment the hospital receives. Therefore you can see the importance of proper documentation on patient charts by all parties - Medical Staff, Nursing Service, and other departments.

The Medical Records Department will be receiving a small computer to be used in determining the proper coding and sequencing of diagnoses and procedures. This system was developed by HCA in trying to help each of their hospitals in the daily coding of each Medicare discharge to insure proper payment is received.

This new Medicare reimbursement system (DRG's) can cause many problems; but we here at Davis Community Hospital can make this new system benefit the patient and the hospital.

Jerry Morton
Chief Financial Officer

ATTENTION PARENTS!
DCH's Radiology Department will have staff members available to x-ray treats for "Trick or Treaters" on October 31st, between the hours of 7 p.m. and 9 p.m.

The Sundial

Published bimonthly for the personnel and friends of Davis Community Hospital.

Professional Appearance Strengthens Patients' Confidence

Patients appreciate a professional hospital. While they might not want to be lying in that bed, they at least want competent, assured people to help them back to health. They deserve that much.

Employees need to be aware of this, too. Good patient relations involves exemplifying a professional aura every moment in every way. To do less, hinders patient relations.

Why Cultivate a Professional Appearance?



People who are poorly groomed and poorly dressed are in social and economic jeopardy. But they don't know it.

The term "professional" denotes several things about a person: Ability, Appearance, Attitude and Behavior.

Every employee in this hospital passes the first criteria. If you don't have the **ABILITY** to do your job, you wouldn't have been hired in the first place. Many of your passed tests and obtained licenses or certificates attesting to your training and skills. So in that sense, you **ARE** professionals. Our patients expect that much from us. We wouldn't be here if we couldn't do our jobs. And we can safely assume that folks working in other local hospitals are as skilled as we are. So it's the other aspects of being professional that patients and visitors to our hospital judge us by.

They respond to our treatment of them as a person. They expect us to clean their rooms, administer medications, and serve their food professionally. But it leaves them with a lasting impression when we **LOOK THE PART** of a professional and **BEHAVE** like a professional. A favorable impression will bring them back next time they are in need of hospital services, or prompt them to recommend this hospital to their family and friends.

The Uniform -- A Symbol Of Your Skill

Patients are vulnerable and look to you for comfort and guidance. Physicians and visitors look to you for assistance and information. A good image elicits trust and confidence from them, and creates an environment which promotes public acceptance of the hospital services. This acceptance, in turn, creates our jobs for us. There will be certain assumptions made about you simply because you wear a uniform. It is assumed that you possess the skills and knowledge symbolized by that image. People tend to trust a uniform --- unless that trust is betrayed by the way you wear your uniform, or the way you behave in your uniform.

What Do Your Clothes Say About You?

I'm casual? I'm professional? I'm careless? I'm sexy? I care how I look? I had spaghetti for lunch?

How are you perceived? Your appearance and behavior together tell people who you are. Your image is insight for others about how you feel about yourself. If you don't appear to care how you feel about yourself, if you don't appear to care how you look, others will feel you don't care about your work. In other words, if you take your job seriously, you are serious about your image.

A professional image implies honesty, stability, and sincerity. If you look the part of a professional, others will assume you are one, whether you've actually reached professional image is a primary consideration for advancement. And remember, you feel as good as you look!

You are skilled. You are intelligent. Incorporate these truths into your image.

General Guidelines For A Professional Image

- Stand up straight and carry yourself well.
- Increase use of eye contact.
- Practice using a low, firm voice.
- Don't wear worn-out, ill-fitting clothes.
- Rebuild your wardrobe, beginning with one fine quality outfit, rather than three tacky ones.
- Accessorize, but stay appropriate to your environment.
- Remember, your clothes should not be louder than you are. People should remember you, not your clothes.
- Women should wear natural fibers and rich colors. Look feminine, but not trendy.
- Men should keep facial hair trimmed, neat and clean.
- Women - if you haven't changed your make-up in the last two years, it's time.

*Show enthusiasm for your work!
Smile, Be Pleasant,
and Show Concern
For Others.
IT REALLY WORKS!*



PRIMARY NURSING



Barbara Hinson, Assistant Head Nurse, E-II, has served as primary nurse for Mr. Walter Carter of Newton on many of his visits to our hospital. (This picture was made the day before Mr. Carter turned 94 years old.)

The Nursing profession is going through a period of change. As we all know, change often increases tensions and anxieties until the persons involved develop a better understanding of the reasons for and benefits of change.

One of the "new" terms we are frequently hearing here at Davis Community is Primary Nursing. What is Primary Nursing? In the past, Functional Nursing has been the term used to describe to type of nursing care received by patients in many facilities.

With Functional Nursing, a patient may have to relate to many individuals in any eight hour period. He may have a nurse who only gives him his routine medicines. He may have a team leader who does his dressings and possibly gives him his PRN medicines. The nursing assistant may bathe, walk, and provide many of the physical accoutrements such as ice water and serving his meals. Along with all these people, he must also relate to other departments such as Respiratory Therapy, Dietary, and Physical Therapy. Very easily these patients can become "The Appendectomy" in 228 or the "Chronic Lunger" in such and such a room from a nursing viewpoint. The patient who is unable to put all these people who relate to him into perspective must feel overwhelmed by his hospital experience.

The concept that the patient is an emotional, spiritual, physical and psychosocial being with specific needs in these areas is bringing about change. This change is called Primary Nursing. The mode of administration of Primary Nursing may vary from facility to facility or even from floor to floor, but the concept remains the same.

What is Primary Nursing? Primary Nursing to me is an idealistic way of providing care for a patient. A primary care giver (nurse) is assigned to the patient on his admission to the floor. This nurse remains the primary care giver for this patient until his discharge. The nurse gets to know the patient as an individual. She also becomes close to the family and to family situations affecting the patient. Since the patient has one person now as his advocate, there can be an intervening of all the people who are here to meet his needs. The care becomes one of quality and continuity. He is receiving individualized, compassionate care administered by someone who "knows" him.

One of the greatest assets of Primary Nursing is the opportunity to teach the patient since he is also included in planning solutions to his problems.

The Primary Nurse may do all of a patient's care in any one given day such as bathing, walking, giving his meals, changing his linens, etc., or she may delegate part of his care. If part of his care is delegated, she still remains the one person with whom he can relate to in an individualized manner.

Primary Nursing also promotes quality care due to the fact that responsibility can be placed with a particular individual. The Primary Nurse grows in skills and knowledge because she must incur, in depth, knowledge of the patient's disease process. Her counseling skills are sharpened over a period of time. She is accountable for her actions in regards to the patient. Because of in-depth knowledge of a few patients, rather than limited knowledge of many, the Primary Nurse should be able to provide better feedback to the physician in charge.

This is a simplified explanation of Primary Nursing as practiced the last two years on East II. We feel the patient deserves personalized care in keeping with the philosophy of Davis Community Hospital and HCA.

Mazie Mahaffey
Head Nurse - EII

National Financial Service Week

DCH business services employees celebrated "National Financial Services Week" September 4-10. During this week, patient accounting, accounting, payroll, admitting, data processing, emergency room reception and cashier personnel were recognized for their role in the overall hospital goal of "total patient care."

These employees play an important role in the daily operation of Davis Community Hospital in all financial areas.



Financial Services Personnel, standing from left to right: Cindy Smith, Patient Representative, Debbie Dillard, Inservice Clerk, Betty Dobson, E. R. Receptionist, Robert Boyd, Business Office Manager, Callie Wyatt, Admitting Clerk. Seated left to right: Margie Bradshaw, Patient Registration Supervisor, and Louise Spry, Data Entry Clerk.

HCA MERIT SCHOLARSHIP PROGRAM

Applications for the HCA Merit Scholarship Program are now available in the Personnel office. This program was established by Hospital Corporation of America for sons and daughters of HCA employees. High school students who will be completing of leaving secondary school and entering college in 1985 and whose mother or father is employed by Davis Community Hospital, are eligible to compete for these scholarships.

Please contact the Personnel Office for complete details about the program. Applications or entry blanks must be submitted by the end of November, 1983.

CHAPLAIN'S CORNER

"Love of the helpless one, love of the poor and the stranger, are the beginning of brotherly love. To love one's flesh and blood is no achievement. The animal loves its young and cares for them. The helpless one loves his master, since his life depends on him; the child loves his parents, since he needs them. Only in the love of those who do not serve a purpose, love begins to unfold." (Erich Fromm - *The Art of Loving*.)

During the past year since coming to Davis Community Hospital, I have seen a lot of love unfolding toward the helpless one, the poor, and the stranger. It is evident, not just through efficient medical care given to patients, but through that special quality of concern and thoughtfulness that is given to patients and their families. It says, "You matter to me and I care about what is happening to you." Throughout the hospital I have seen heartwarming smiles, reassuring touches, and heard words of comfort and support directed toward those who are much in need of them.

How often, as I have talked with patients, have I heard the resounding words, "I could not have had better care any place. The people here are great because I feel they really care about me." I also hear, "I have been in other hospitals, but I had rather be here even if I have to drive much farther."

How important it is to the healing of the whole person when he/she feels loved by those who give care hour after hour and day after day. Love is an essential ingredient in the well-being of each of us, both in the giving and receiving of love. The more love we give, the greater capacity we have to receive love.

The giving, concern and caring seen here in the hospital are reminders of the one who teaches us that God loves us and that our love for God is shown through our love for others.

*Phyllis Barker
Chaplain*

Respiratory Therapy Personnel Recognized

The week of September 25 - October 1, 1983, was declared "National Respiratory Therapy Week" by the United States Congress and President Ronald Reagan. The respiratory therapy profession should be extremely proud of this honor since only a handful of other organizations were granted a federally proclaimed week. This is the second year in succession that this profession has been so honored.



Our Respiratory Therapy Staff (L to R) Sheldia Harris, Keith Womble, Billy Blakley, Jeannie Sherrill, and Vicky Moose. (Linda McGinty was not available when the picture was made.)

WILLIAM R. HILL, M.D.

W. BRUCE STEWART, M.D.

CRAWFORD C. SMITH, M.D.

DRS. HILL, STEWART AND SMITH
METROPOLITAN OFFICE BUILDING
700 WEST GRACE STREET, SUITE 200
RICHMOND, VIRGINIA 23220

PHONE 804/643-1858

September 22, 1983

Mrs. Martha Hauser, Director of Nurses
Davis Community Hospital
West End Avenue
Statesville, North Carolina

Dear Mrs. Hauser:

I want to ask a favor of you because I believe I can reach more people with your help. It has been several weeks since Aunt Bettie passed away and I want to thank the many members of your staff at the hospital, student nurses and graduates of Davis Hospital School of Nursing, and friends for the thoughtfulness and kindnesses which they demonstrated during her illness. She received excellent care both in the hospital and at home. I know it was comforting to her to see "her girls" rendering such splendid nursing care as she received. She was proud of them.

Please say thank you to all of these fine people for the family. We shall not forget them.

Sincerely,

William R. Hill, M.D.

WRH / kb

People In The News

JIM HUTCHINS, CRNA, again this year, won a flight in the Chris Lackey Memorial Golf Tournament at Twin Oaks. His prize was a \$75 gift certificate and a new putter.

GAIL ERVIN, Food Service Supervisor, attended the N.C. State Meeting of H.I.F.S.S. in Hickory, N.C. on September 13th, 14th, and 15th.

LIBBY BLACKWELDER, R.D., attended the N.C. 4th Annual Renal Symposium on September 20th and 21st in Charlotte, N.C.

JOYCE KEEVER, Staff Development Coordinator, has been appointed Professional Education Chairman for the 1983-84 year of the North Iredell Unit of the American Cancer Society.

JAN ALEXANDER, Employee Health Nurse, will serve as President of the North Iredell Unit of the American Cancer Society for the year 1983-84.

DIANE HOPE, M.T. (ASCP), Chief Laboratory Supervisor, attended a Laboratory Management meeting at the Research Triangle, Durham, N.C. on September 22nd and 23rd.

JIM CLINE, Director of Human Resources, attended a leader training course on "Introduction to Health Care Supervision" in Nashville, TN., on October 12th, 13th, and 14th. The course was sponsored by The Center for Health Studies, and affiliate of HCA.

Scoops

MERRIE DELL HALL, RN, 2C, was married to Andy Crawford in a home ceremony, on September 23, 1983.

LORRAINE GRANT, Nutritionist, and husband Mike, are the proud parents of a son, Michael Scott, born September 22, 1983.

MARTIN COMER, CRNA, and wife **JANICE**, RN, announce the birth of a daughter, Laura Rebecca, born September 25, 1983.

JEAN CARRIGAN, P.T. ASST., was married to Joe Nash in a four o'clock ceremony at Front Street Baptist Church on October 15, 1983.

EULA McLELLAND, LPN, 1B, is the grandmother of twins, Holly Denise and Lucius Perry Bell, IV, born August 25, 1983, in Winston-Salem, N.C.

TRICK OR TREAT

It's almost Halloween and the kids can't live without a new costume for scaring the neighbors and gathering their treats.

"But, there's no reason to spend a fortune on store-bought plastic masks and poorly-made costumes that last only one season," says Nancy Pope, a costume designer for Indiana University, Bloomington, Ind.

"The best costumes are made from 'found' items, things you have around the house -- old clothing, boxes, plastic garbage bags and cosmetics," said Pope.

For the western fan, jeans, vest, flannel shirt, cowboy hat and horse made from a broom topped off with a set of ears and a bridle made of string can do the trick. To complete the ensemble, a requisite Indian, dressed in an old blanket and moccasins, feathers, and loads of 'war paint' in the form of mom's eye shadow is sure to please.

"Cardboard boxes and molded styrofoam pieces covered with foil can form the same dimensions of a robot," she said. The same cardboard boxes, covered with chain mail made of plastic soft drink carriers hooked together with twist ties, can form a suit of armor for a knight. Or the boxes can be decorated to resemble products such as cereal boxes.

She suggested a trip to the local second-hand store to pick up used clothing - a ballet costume for a dancer, overalls for a farmer or railroad engineer or strands of cheap costume jewelry to top off a gypsy costume made from mom's out-of-style circle skirt and peasant blouse.

"Safety is always a factor in children's costuming," she said. "Avoid fabrics like fake fur or polyester which are not flame proof," she emphasized. Light colors for high visibility while walking darkened streets is important, too.

Make-up, over-the-counter or theatrical, is a good substitute for the masks that often impede vision and breathing. "Draw an oval on a large piece of paper and let your child design his or her 'mask' with crayons, then apply the make-up to the child's face in the design he or she created," Pope suggested. She said the



make-up can be removed with cold cream, but warned against using marking pens as a substitute for make-up. Some marking pen brands are permanent.

"If your child insists that make-up isn't good enough, and he or she has to have a mask, use the frames of an old pair of sun glasses (with the dark lenses removed)," she said. Pope recommends gluing construction paper to make a mask and attach it to the frames, or just decorating the frames with feathers and other items. It's also the perfect solution for a child who must wear glasses to see adequately, but can't do without a Halloween mask.



(L to R) Pam Douglas, Student Nurse, Pat Ostwalt, Staff Nurse, and Beavey Gaither, Staffing Coordinator.

The D.C.H. Pro-Am Group sponsored a tea recently for the senior nursing students. This group serves as big sisters to the students by making frequent contacts with them throughout the year.