

Landscapes and Portraits In Health

OF LIFE AND DEATH AND TIME



A Quiet Moment

Those of us in the hospital business are familiar with the old adage that the emergency department (ED) is our window to the community. Our shortcomings can show up as headlines in the newspaper and our successes determine whether or not the reputation of the entire hospital is good or bad. The ED is the hospital for the majority of our patients.

The ED is our main source of acute inpatient admissions with 70% of all admissions to the hospital first coming to the ED. This compares to a national average of 43%. This puts the importance of the ED in perspective.

However, it only represents 10% of our total ED

visits. The national average for admissions from the ED as a percent of visits is 19%. This perhaps means that we see more non-emergent visits which increase our number of visits but decrease our admissions as a percent of visits. Our total visits have increased by 7% since 2001 to 15,183 visits in fiscal year 2007. Obviously, our ED is used differently than the average ED in the country.

A recent study released by the Agency for Healthcare Research and Quality (AHRQ) stated that the poorest communities in the U.S. had nearly twice the rate of ED visits as the wealthiest communities. This makes sense since the poor do not have a regular doctor nor insurance nor money to pay; therefore they



Arriving for Patient Transport

end up in the ED when they can't ignore their illness any longer.

The overuse, and misuse, of our ED is a problem we are currently working to solve. Overuse of our ED causes longer wait time for true emergencies and also longer wait times for non-emergent patients who have no other option than to come to the ED because it is after 5:00 pm or on the weekend. The misuse occurs because we have a very high percentage of our population without insurance and without a regular doctor.



TAKING CARE OF BUSINESS
RN's Jackie Bess, Joy Forshee, Laura Ray, Lisa Harkey, Margaret Lappin, Pam Shawhart, And Leann Gaston

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Brit Messer



Working for a Healthier Community

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THE PERFECT STORM

There is a storm brewing on the horizon and I am not at all sure where to run for shelter. In fact, the storm has two fronts instead of one.

Under the 2003 Medicare Modernization Act, the White House must propose legislation to limit Medicare spending if the trustees who oversee Medicare spending forecast that more than 45% of Medicare's spending will come from general tax revenues rather than dedicated payroll taxes and premiums paid by Medicare beneficiaries.

The President was only too pleased to abide by this regulation. He proposed in his 2009 budget to reduce Medicare spending by \$183 billion and Medicaid by \$17 billion over the next five years. The President's budget includes a \$135 billion cut in hospital's Medicare payments among other hospital reductions. This is serious money.

Shortly after the President presented his budget cuts for fiscal year 2009, CMS released a study conducted by Health Affairs and published online (Health Affairs 27, No. 2, 26 February 2008) that predicted healthcare spending would nearly double over the next 10 years (2007-2017), from \$2.2 trillion in 2007 to \$4.3 trillion in 2017. Health spending growth is expected to outpace economic growth by an average of 1.9 percentage points per year during this period and is expected to increase the health share of GDP (Gross Domestic Product) from its current level of 16.3% to 19.5% in 2017. According to the CMS economists, the baby-boom generation is largely responsible for this growth in spending.

Wait a minute. Let me see if I have this right. We are expecting the governments projected expenditure on health care to double over the next 10 years due to a growth in the Medicare population but the government is going to cut Medicare spending by \$183 billion over the next five years. That's right, but it is wrong.

According to the trustees who oversee Medicare, the unfunded liability is \$74 trillion; five times that of Social Security. Clearly we must change this course, but how do we control this rising cost?

The problem is that Medicare is a one-size-fits-all payment system and it is broken. Instead of separating the dollars spent between hospitals, physicians, technology, drugs, etc., the government economists should be looking at results, i.e., how do we actually improve health. Unfortunately, Medicare pays by task and does not focus on the end result. For instance, the doctor receives no financial reward for talking to the patient by telephone, by e-mail, or for teaching the patient to manage their own care or teaching them the benefits of exercise or diet. Nor is the hospital reimbursed for routine outpatient dietary consults or education.

Medicare should permit a new payment arrangement – one that is a win-win for Medicare, the patient, the doctor and the hospital. We can no longer afford this one-size-fits-all mentality of the federal government. We need reform before we have to face the perfect storm I see on the horizon.

~ By Brit Messer

Focus On....

The Telemedicine and E-Health medical journal has accepted for publication a paper submitted by Dwight Holden, MD, and Elizabeth Dew, M.Ed., C.P.H.Q., titled "Telemedicine in a Rural Gero-Psychiatric Inpatient Unit: Comparison of Perception/Satisfaction to Onsite Psychiatric

Care". The paper studies patient and family perception of healthcare outcomes on New Directions, the McCurtain Memorial Hospital's geriatric behavioral health unit. Surveys completed during twelve months prior to beginning telemedicine in May 2005 were compared with surveys con-

ducted after introducing telemedicine. Results indicated that the perception of the physician's availability and attentiveness was more positive with telemedicine than with traditional on-site psychiatry. The paper is scheduled for publication sometime during spring or summer 2008.

NEW MANAGEMENT CLASS OFFERED

You have just been promoted to a management position in the organization. You have been a star performer in your previous job but have never had any formal training in management. What do you do?

This is a dilemma faced by many of our employees and prompted us to create a management course to resolve this issue. The 'Essential Functions of Management' is a 13-week course covering such topics as leadership, budget-

ing, teamwork, and others. The class meets once a week at the Southeastern Oklahoma State University Campus in Idabel.

Marsha Green, R.N., MSN is the course coordinator. Marsha has years of experience in the teaching profession and adds a great deal to the 2 hour classes.

Students are given an exam after each section and must have a passing grade to receive a certificate.

The course is also designed for managers who would like a refresher course in management.



First Snow of the Year, March 4th.
Front of the Hospital looking south.

Quality Merit Award Winner – Paula Oestmann

Paula Oestmann has been employed at McCurtain Memorial Hospital since January 30, 1984. Paula is always upbeat and all the patients look forward to seeing her. She is always willing to take on new jobs in the department.

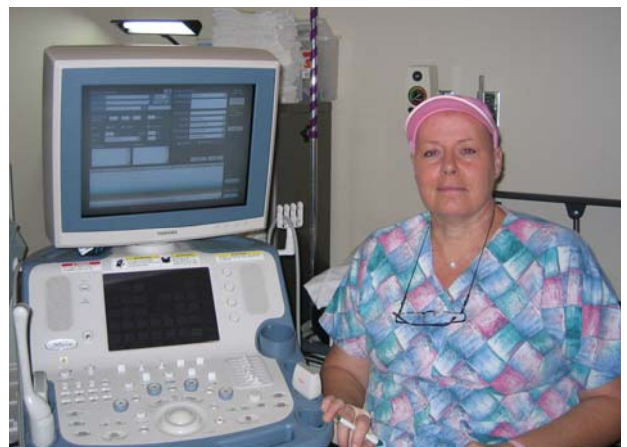
Paula started doing Radiology transcription in 1984 while also serving as the Radiology receptionist.

She is now performing x-rays, ultrasounds and cat scans. She is always willing to help anyone (employees, patients, physicians,

and visitors) with a smile and a thank you.

Paula and her husband, Joe have two children, Michael and Laura and are the proud Grandparents of 5, Atticus William Waters, Sophia Raegan Waters, Isaac Thomas Waters, Niklas Dean Oestmann, Lillian Hannah Oestmann, and has one more on the way.

Paula will receive \$100 for receiving the Quality Merit Award for February.



Paula Oestmann
Quality Merit Award Winner
March, 2008

Did You Know?

The Autism Spectrum Disorders support group meets in the private dining room the 2nd Monday of each month at 6 pm.

The Alzheimer Support Group meets in the private dining room the 2nd Thursday of each month at 7 pm.

Lauri Waller attended the Georgia State Annual Radiology Seminar for Radiology Instructors from 2/29/08 to 3/3/08.

Debbie Alford & Belinda Foshee attended a one day ER Coding Workshop in McAlester on Feb. 28th.

Service Award Banquet 2008

On Thursday, February 28, 2008, McCurtain Memorial Hospital held the annual Service Awards Banquet at the Quality Inn. This year's banquet recognized 20 of our full-time employees for completion of 5,10,15,20,25,30 and 50 years of continuous employment with McCurtain Memorial Hospital. There were a total of 245 years of hospital service represented at the banquet that evening.

During the celebration, Brit Messer, our CEO, welcomed and recognized all the award recipients and their guests. Billie Tomlinson, President of McCurtain Memorial Medical Management, Inc., attended the banquet and assisted in the presentation of the awards. The guest speaker for the evening was Doug Watson, who provided entertainment to the audience with his rendition of Will Rogers.

Congratulations to all of the award recipients for your years of service and thank you for your loyalty to McCurtain Memorial Hospital!



Cheryl Holbert, 25 years



Judy Duke, 20 years



Sheri Chandler, 20 years



Martha Anderson 50 years



Donna Kizer, 10 years



Betty Harrison, 30 Years, & Billie Tomlinson, Management Board Chairperson



Pam Shawhart, 15 years



Shelly Blalock, 10 years

People and Places

Anniversaries:

Kari (Registration) and Randy Moye,
March 29th, 6 years

New Hires:

Med Surg:

Jennifer Ogden, LPN

Health Information Management

Michelle Holbert

Justin DeCosta, son of Tonya Kretzer, Business Services, will be graduating from Great Lakes Naval Recruit Training Command Center (Boot camp) in Great Lakes, IL, on March 21,

Brandon Boucher, son of Steve & Belinda (ICU) Boucher was deployed on March 7, 2008 to Al Qiam, Iraq as a LCpl (Lance Corporal, A non-commissioned rank that is above private first

Relay for Life Update:

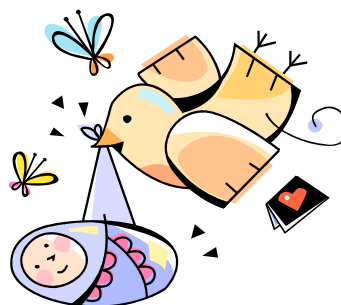
Raised \$147 with money donated by hospital from chili cook off/ Raised \$310 with dinner and a movie fundraiser. The winner of the dinner and a movie was Marcella Jones in Radiology. Bonnie Bates received a weekend movie rental with a bucket of goodies for selling the most! Watch for the next fundraiser coming soon!



Pictured are Pam Johnson, Team Leader and McKenzie Anderson (granddaughter of Martha Anderson, Payroll) drawing the winning name.

Births:

Proud Grandma & Grandpa Paula (Imaging Services) and Joe Destmann welcome Lillian Hannah Destmann, born on 3/5/08 at 10:05 am., Denver time. Lillian weighted 7 lbs 10 oz, and is 20" long. Parents are Michael & Kris Destmann.



Black Church of Bukovina

David Davis, Laboratory, recently took a trip to the Ukraine and toured several famous castles and churches. Pictured below is the Black Church of Bukovina, which was built between 1385—1477. It's name, the Black Church, comes from the walls blackened by the smoke of a huge fire which covered most of the city in 1689.



Photo by David Davis

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To Your Health- HEPARIN

In a small, damp factory in Yuanlou, China, blood-smeared men wring pulp from pig intestines, and then heat it in concrete vats. That's how the Wall Street Journal (Page one, February 21, 2008) described this activity at Yuan Intestine & Casing Factory which is the first step in the poorly regulated process of making raw heparin, the main ingredient in a type of blood thinning medication that has recently been traced to four deaths in America.

Heparin, a type of raw sugar that can help prevent blood clots, has its origins in slaughterhouse and sausage casing factories in China. The entire process is very low-tech and it is often said that anyone who can make moonshine can make heparin.

First, intestines are run through a machine that looks like the wringers of an old washing machine to extract pulp which is then heated in a concrete vat. At this point, resin is added to extract heparin from the pulp. Salt water is added to separate

the resin from heparin and the resin is filtered away. In the last step, alcohol is added which separates heparin from the salt water. The heparin is then removed and dried. Also, the intestines are used for sausage casings. This factory produces about six kilograms a month which sells for about \$900 per kilogram. The intestines of about 3000 pigs are required to produce one kilogram of heparin according to the Wall Street Journal.

Baxter International Inc. supplied the heparin that caused four deaths and serious allergic reactions in over 350 people receiving heparin. The active ingredient, raw heparin described above was supplied by a Chinese manufacturing facility co-owned by Scientific Protein Laboratories LLC, a Waukegan, Wisconsin, company with manufacturing facilities there and a joint-venture operation called Changzhou SPL in Changzhou, China. Scientific Protein is majority-owned by the Bethesda, Md., buyout firm American Capital Strategies LTD.

The broader debate, fostered by the heparin probe, is that the U.S. Food and Drug Administration didn't inspect the Chinese operation which is also owned by Changzhou Techpool Pharmaceutical Co. of China.

The FDA commissioner, Andrew Von Eschenbach said he would like to place inspectors overseas but doesn't have the budget nor manpower. Currently, all inspectors are in the U.S. Their presence in China or India would require a formal agreement with the host country.

The growing concern over heparin's safety brings to the forefront the question of whether the raw materials from which it is made- for that matter, the raw material for any drug derived from animals - should be more tightly controlled. The FDA's position is that the purification steps (the pulp is heated in a concrete vat) in the drug making process are sufficient to produce a pure product from pig intestines and that the "companies (Baxter) are responsible for sourcing the materials."



Pictured left to right are:
John Grugan, Maintenance Engineer;
Leray Meeks, Crossland Construction;
Rep Jerry Ellis; **Brock Whittington**, Idabel Chamber;
James Campbell, JR, Authority Board; **Pam Johnson**, RN, CND; **Billie Tomlinson**, MMM, Inc. President; **Ray Whitmore**, CFO; and **Brit Messer**, CEO

Ground Breaking for New Construction and Renovation

Current and Upcoming Events

National Doctors Day is March 30th.

OHA Day (Advocacy Day) at the Capitol, Tuesday, April 1.

Wellness Testing will be conducted mid April—exact dates TBA soon.

March is National Women's History month. International Women's Day was first observed in 1909, but it wasn't until 1981 that Congress established National Women's History Week to be commemorated the 2nd week of March. In 1987, Congress expanded the week to a month.

IN THE SPOTLIGHT:

Paul Chandler, DO

We have all heard the story of the local boy who left town for his education but returned to become an outstanding member of the community. Well, that is the story of Paul Chandler, DO

Dr. Chandler graduated from Broken Bow High School in 1955 and went off to become a Pharmacist at the University of Oklahoma. After receiving his B.S. in Pharmacy he served in the Army for six years. He then practiced pharmacy for 12 years before entering the osteopathic medicine program at Oklahoma State University. He then opened up a family practice clinic in Broken Bow in 1980 and has been there ever since. He has been on the Medical Staff of McCurtain Memorial Hospital for 28 years.

Throughout those years, Dr. Chan-

andler has contributed to the community in numerous ways. In addition to serving on many community organizations like the Lions, Kiwanis, and Jaycees, he has also contributed his time and energy to Cub Scouts, Little League Baseball, Basketball, and Soccer.

His current interest in sports is no doubt a carry over from raising three sons who were very active in all sports. Brent, Cliff, and Chris all played for the Broken Bow Savages and all three played on state championship football teams. Today, Brent is a physician; Cliff is a Pharmacist; and Chris is an attorney.

Dr. Chandler and his wife Sherri reside in Broken Bow and he continues to practice medicine in Broken Bow and at McCurtain Memorial Hospital.

THE HAZARDS OF QUITTING SMOKING

According to Daniel F. Seidman, a clinical psychologist at Columbia University Medical Center who specializes in smoking cessation, "44% of all cigarettes in the U.S. are smoked by people with diagnosed mental disorders, including schizophrenics and alcoholics". It may be that such smokers are trying to 'self medicate' or that nicotine addiction tends to feed on their emotional difficulties according to Doctor Seidman.

Either way, Pfizer Inc.'s new Chantix (varenicline), a smoking cessation drug has a warning label that says it may cause erratic behavior and suicidal thoughts.

After thinking about this dilemma, it might be better to be alive with a 44% chance of having a mental disorder while smoking than to try to quit with Chantix and commit suicide. After further thought, forget Chantix and try something else.



Paul Chandler, DO
In the Spotlight

www.MMHok.com



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