

CenterLine

December 1999

New Cardiac Device Saves Lives of Transplant Patients

Less than a decade ago, many patients suffering from end-stage chronic heart disease caused by cardiomyopathy died while waiting for a donor heart. Now, an evolving technology could potentially buy time for thousands of these cardiac patients, allowing them to return home while waiting for a transplant.

Recently approved by the U.S. Food and Drug Administration (FDA), the HeartMate Vented Electric Left Ventricle Assist System (LVAS) is a mechanical pump for the left side of the heart. An innovator in this field, Washington Heart at Washington Hospital Center joined just 30 medical centers nationwide in the clinical trial that led to FDA approval.

Washington Heart has completed three LVAS operations as a bridge to cardiac transplant. David Boutte, a former Mobil Oil Corp. executive, was the first to be discharged from the hospital to await a suitable donor organ. [See sidebar for his story.] In September, after a complex operation and nearly six months in the hospital, Boutte returned home to the Maryland Eastern Shore.

Mary Ariosto-Coe, assistant vice president, Cardiovascular Services, and executive director, Washington Heart, and staff worked diligently—and quickly—to assure a smooth transition from research to hospital to home. In less than a month, new discharge policies and procedures were developed and approved; back-up equipment was purchased for MedSTAR Transport, the only EMS transport unit in the metro area with the equipment and trained personnel to treat LVAS patients; and new billing codes were established.

“The dedicated teamwork and efficient coordination across several departments strongly reflects our Patient First priority,” says Ariosto-

Coe. “All that was done, from clinical research trial participation to implementation of new technology, is ultimately to improve our patients’ quality of life.”

Surviving the Wait
LVAS is currently approved solely as a “bridge to transplant” for patients with severe cardiomyopathy, a disease that makes the heart muscle unable to pump blood effectively. With extensive education, continued on page 3

What Does LVAS Do?

The HeartMate Vented Electric Left Ventricle Assist System (LVAS) is a heart assist device designed to take over the pumping action of the left ventricle. The system consists of an implanted pump capable of moving about 10 liters of blood per minute, compared with a normal healthy heart that pumps five to 10 liters per minute.

LVAS is powered by an electric motor and a “drive line.” The driveline, a tube about the diameter of a finger, exits from the abdomen and is attached to a small controller, which regulates the pump, and a power unit.

Here is how it works:

- In a healthy heart, oxygen depleted blood enters the heart to be pumped into the lungs.
- Blood flows through the right atrium to the right ventricle, and the heart muscle contracts and pumps the blood into the pulmonary arteries, which go to the lungs.
- Oxygen-rich blood then returns from the lungs.
- Blood flows from the left atrium to the left ventricle and is pumped into the aorta to circulate throughout the body.
- Once the LVAS is implanted, it takes over the pumping function of the left ventricle.



From left to right, MedSTAR’s chief flight nurse, Joni King, flight paramedic Rob Hamilton and flight nurse Allen Wolfe practice using the portable mechanical heart pump for LVAS patients in emergency situations.



During his twice-monthly check-up, LVAS patient David Boutte discusses progress with Steven Boyce, MD, Heart Transplantation, left, and Leslie Sweet, RN, right. Boutte was the first LVAS patient to be discharged from the Hospital Center.

Photos by Leslie E. Kossoff

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Philanthropy Helps Us Serve

Executive Staff Perspective

Photo by F. Leslie Barron



Thomas J. Sullivan, Executive Director
Washington Hospital Center
Foundation

Philanthropy—defined as love of mankind—is about real people making significant gestures to improve the human condition.

The house painter/philanthropist, Joe DeFrances immigrated to Washington from Italy as a small boy. At age six, he sold newspapers downtown for a nickel. Later, he became a house painter and, for more than 50 years, worked by himself painting houses in Georgetown and the surrounding region. He came to know W. Dabney Jarman, MD—the hospital’s now retired chair of Urology—by painting his house several times. Mr. DeFrances also became a patient of Mohan Verghese, MD, here.

As it turns out, Mr. DeFrances—now 87 years old—was quite thrifty. Ultimately, through friendship and conversation with Dr. Jarman, he decided to make the Hospital Center the primary beneficiary of his estate. Thus far, Mr. DeFrances has given more than \$300,000 to support urologic oncology at the hospital and promised considerably more in his will.

These gifts are a direct result of the care he received here. Recently, Mr. DeFrances attended an unveiling ceremony for a plaque recognizing his generosity. He was deeply touched, especially during remarks made by Suzanne LeFlore, RN, Ambulatory Treatment Area, who poignantly spoke about the many patients helped by his generosity.

Like many others, Joe DeFrances believes in and cares about the Hospital Center. His generous philanthropy is the greatest vote of confidence we could possibly receive.

Our mission is to provide the finest in medical care and treat all patients. We do so in an environment distinguished by tremendous staff expertise and dedication, significant technological superiority, distinctive compassion and empathy, and a commitment to continue improving our capabilities to meet the needs of the many people who depend on us.

Today, as we contend with the pervasive effects of managed care and government regulation and the resulting decline in reimbursements, we are ever more dependent on help from the community. Philanthropy—gift support—has become a crucial ally in nurturing the quality and excellence that have become hallmarks of the hospital.

Patients and friends are responding to the Hospital Center in generous and ever-increasing fashion, through “charitable investments” in our work. Some 3,400 people, businesses and organizations from throughout our region made gifts and commitments of \$7.5 million during the last fiscal year—a record amount. Since its inception seven years ago, the hospital’s Foundation has raised more than \$30 million to support its priorities and needs.

One might ask, “What difference does that make in my job?” It makes a real difference for every one of us, no matter what our role. Philanthropic support strengthens the entire hospital by providing incremental dollars directed to meet many needs—program, facility, technology, charity care, education and research—throughout the institution. Charitable resources represent a strong endorsement from the community and enhance our capacity in many areas.

Evidence of philanthropy at work here can be seen every day. A few recent examples:

- new mammography units for the Breast Imaging Center
- new EKG machines and monitors in Washington Heart
- new rehabilitation equipment and a sound system for patients in the Burn Center
- wheel chairs for general hospital use
- new furniture in the Pavilion
- new hearing aids for elderly patients
- books for the Medical Library
- help for the Youth Mentoring Program
- educational conferences for nurses and physicians
- endowment for Critical Care Medicine
- a new ultrasound machine in Urology
- educational materials for the Cancer Institute’s Patient Education and Resource Center
- new televisions for the Blood Center
- heart education books and tapes
- facility upgrades in several areas
- and many thousands of dollars to help offset the \$36 million in charity care provided for the underserved last year.

Gift support is offered by people with a genuine desire to improve people’s lives and who select the hospital as an effective “instrument” through which to do so. They expect their gifts to be used prudently to assist physicians, nurses, technicians and support staff in caring for patients, training tomorrow’s physicians and advancing the frontiers of medicine. They give because they have tremendous respect and admiration for the work we do—and want to help us help others.

It is important that we appreciate the real value of their generosity and understand that it truly helps us fulfill the hospital’s mission of service...to Joe DeFrances and thousands like him. Philanthropy—the interest and support of our donors—translates directly to service, quality and excellence and greatly enhances the hospital’s capacity to serve...which is good for us all. □

New Cardiac Device

continued from page 1

patients with the LVAS can maintain a fairly normal lifestyle while waiting for a heart transplant.

LVAS is a critical advancement because the supply of donor hearts is small and demand is increasing. According to the American Heart Association, only about 2,300 donor hearts are available for the estimated 56,000 Americans who could benefit from a transplant.

"This is clearly life-saving for patients waiting for a transplant who are severely ill and might not otherwise survive until a suitable donor is found," says Wm. James Howard, MD, medical director, and senior vice president, Medical Affairs. "It gives them an increased opportunity to get the transplant they need."

With cardiomyopathy, the heart muscle weakens, pumping oxygenated blood less efficiently. This often leads to congestive heart failure. Patients with this chronic condition must drastically curtail normal daily activities.

This disease differs from other heart disorders in that it affects younger people and is often the reason for heart transplantation. Cardiomyopathy affects about 50,000 Americans annually, according to the National Institutes of Health. The condition can worsen quickly. In severe cases, the only hope for survival is a heart transplant.

An LVAS implanted during open heart surgery takes over the complete function of the left side of the heart, which circulates oxygenated blood to the body. It provides improved blood flow and better organ function. Thermo Cardiosystem Inc., the company that developed one of the LVAS devices used at the hospital, says about 60 percent of patients have survived until their transplants and feel better in the interim.

"The Hospital Center has tried locally to set the standard of excellence in terms of cardiovascular care," says Richard Cooke, MD, medical director, Heart Transplantation Services.

Leaving the Hospital

Living with an LVAS, however, is challenging. Patients must wear a rechargeable power pack, learn how to connect and disconnect cables and contend with the constant sound of the pump. The "exit" tube—about the diameter of a finger protruding from the abdomen and attached to the external power supply—is somewhat uncomfortable. Patients and their families must learn to manually pump the device in emergency situations.

Boutte says the LVAS is cumbersome. "You feel a bit tethered; it is not like wearing a necktie. But in the grand scheme of things, I won't complain. It is certainly manageable and allows me a far better lifestyle."

Steven Boyce, MD, director, Heart Transplantation and Mechanical Circulatory Assist Device Programs, predicts that when these devices become smaller, quieter and less expensive, LVAS will be a major clinical advancement for patients with other types of heart disease. "As we are more successful in managing heart attacks and coronary disease" says Dr. Boyce, "the incidence of heart failure will rise."

"Those who have survived a number of heart attacks and have a weakened heart muscle may benefit from this device," he explains.

Sandy Cupples, RN, heart transplant coordinator, Washington Heart, says that while the LVAS requires an external power source, it is still a great improvement over previous assist devices. In the past, patients were tethered to a large machine for months without any possibility of returning home before a transplant.

Leslie Sweet, clinical research coordinator for several heart assist device protocols, notes an added benefit. "LVAS tends to put patients in a healthier state for transplant," she says.

Sweet—considered the most expert in educating staff and family on the LVAS—has trained clinical staff, patients and family. She spends up to a month teaching patients how to use and adjust the device. "It can be intimidating hardware for patients," says Sweet. "They know it is their lifeline and don't want to push the wrong button."

With Joni King, chief flight nurse, MedSTAR Transport Services, Sweet also coordinates training for the emergency staff to handle crisis situations with LVAS patients. □

High-Quality Care Contributes to LVAS Patient Healing

Nurses on five units as well as physical therapy, environmental services and research staff were excited the day patient David Boutte left the hospital. They were also a bit sad, knowing they would miss the warmth, wit and determination of a man they took care of for nearly six months.

Boutte, a former executive at Mobil Oil in Fairfax, Virginia, was the hospital's first patient to go home with an implanted HeartMate Vented Electric Left Ventricle Assist System (LVAS).

"Staff were just extremely personable and caring, and it made such a difference in my recovery," he says.

More than 10 years ago, Boutte was diagnosed with cardiomyopathy, a heart disease that causes the muscle to pump oxygenated blood ineffectively. In 1995, his condition forced him to retire and, last year, it worsened to the point that he couldn't stay awake through dinner.

In April, Richard Cooke, MD, Heart Transplantation Services, diagnosed Boutte with end-stage congestive heart failure and admitted him to the hospital's cardiac care unit (CCU). Dr. Cooke and a team of professionals determined that Boutte needed a heart transplant. No hearts were available, however.

In June, Steven Boyce, MD, director, Heart Transplantation, implanted LVAS to help save Boutte's life while he waits for a donor heart.

While recovery was difficult, Boutte says he is surprised by how well he feels. Boutte now attends his son's football games and even exercises, activities that seemed impossible just six months ago.

"It is truly a miracle," he says. "I can't say enough about the care I received. I have been in many hospitals, but no other hospital has people who are so consistently kind, considerate and caring."

"The medical service is outstanding, and in my case, life-saving. Beyond that, I think the staff really lives up to the Patient First philosophy."

Staff from across the hospital, he says—including housekeeping, nursing and medicine from 2G, 4NW, 4NE, 4G, and CCU—would check in regularly to see how he was doing, even if he wasn't on their unit. On his birthday, a steady stream of employees wished him well. More than 50 employees stopped by on his last day to say good-bye.



David Boutte, LVAS patient, works on coordination with Michele Lewis, physical therapist, left, and Kerri Thomas, occupational therapist, right.

Photo by Leslie E. Kossoff

Focus on Service Excellence



Infection Control Awareness Heightened During Unit Transition

Last October, Washington Hospital Center completed a gradual conversion of the five-bed 4H burn intensive care unit (ICU) to a 10-bed surgical/burn ICU in response to a growing need for critical care beds. During the transition, the staff wondered whether mixing the two populations would affect infection rates. To proactively address the issue, the 4H Surgical/Burn ICU Performance Improvement Team was formed.

"To maintain the high standards in place for our burn patients," says Kathy Lee, RN, head nurse, "we needed to look carefully at infection control practices and take proactive steps to stop a problem before it occurred."

Overall, the team sought to maintain or decrease the incidence of resistant organisms, increase compliance with infection control practices and establish a mechanism for increasing caregivers' awareness of resistant organisms.

"Our baseline data showed we had a low incidence of resistant organisms and high compliance with the use of barrier protection," says Jody Coward, RN, clinical manager. "Among staff from different

departments, proper hand-washing technique and compliance with hand-washing protocols needed the most attention. Hand-washing isn't exciting, but it's essential to infection control."

As a result of the findings, the team designed a week of events focused on hand-washing. The target audience was caregivers in the burn/surgical ICU—respiratory therapists, rehabilitation therapists, social workers, physicians and nurses. The project team designed games to raise awareness of the importance of hand-washing. They checked technique by having staff members use a special hand lotion and then wash their hands. "When the washed hands went under a black light, it revealed whether they had done a good job," says Lee. "We also put a mannequin in an empty room, set up simulated infectious sites and used a black light to demonstrate the unexpected places infectious organisms could be lurking."

Staff members completed an infection control quiz at the beginning and end of the project. "The final test showed tremendous improvement," says Lee.

Beyond education, the team worked with Infection Control to gather surveil-



Photo by Leslie E. Kossoff

The 4H Surgical/Burn ICU Performance Improvement Team improved staff compliance with hand-washing protocol to help control infectious organisms.

lance data on resistant organisms. "We developed a tracking mechanism to be used on a quarterly basis," says Lee.

Andrea Valenta, RN, clinical specialist, credits the project's success to teamwork. "The interdisciplinary team worked well together and played a significant role in our not seeing an increase in resistant organisms following the transition from Burn ICU to a combined Burn/Surgical ICU."

Nancy Donegan, director, Infection Control, praised the unit's effort in demonstrating a comprehensive approach to a dynamic problem. "What impressed me the most was the forward-looking approach to infection control, rather than responding to something after it has happened," she says. □

Patient Volumes Increase at Washington Cancer Institute

Over the last five years, the Washington Cancer Institute has experienced an unprecedented increase in patient volume. In FY94, for example, outpatient oncology documented 33,529 patient visits. By FY99, that figure had reached 54,500. On the inpatient side, oncology discharges jumped 20 percent between FY97 and FY99 after remaining steady for a number of years.

The dramatic increases are no surprise to the Cancer Institute staff. Patients prefer this program over others in the metro area for good reasons, they say. "It may sound obvious, but what differentiates us is that our patients truly feel they are our primary focus," says Ann Marie Pessagno, RN, director, Clinical Services. "I have worked in many environments and this is a special place."

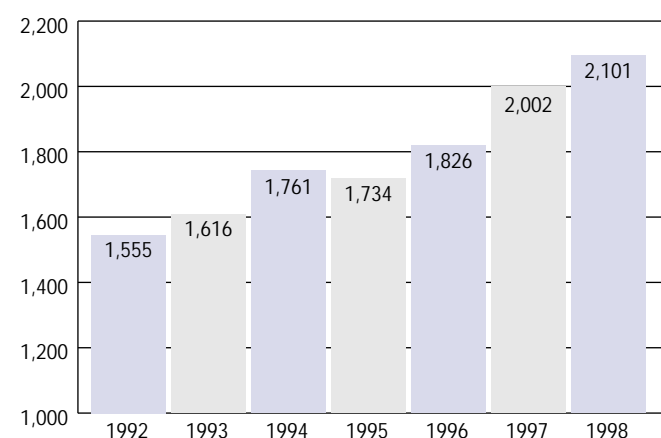
The cancer patients come from all walks of life—from Supreme Court justices to the homeless. "Everyone gets the same personalized, compassionate care," says Pessagno.

At the heart of the process is the patient's treatment team. If a woman has breast cancer, for example, her team will include a medical oncologist, a radiation oncologist, a surgical oncologist, a nurse case manager, social workers, a chaplain and a dietitian. In addition to educating and empowering the patient, team members know that a cancer diagnosis puts additional stress not just on the patient but on all whose lives are linked to the patient's. "We make a real effort to care for the needs of the family as well as those of the patient," says Pessagno.

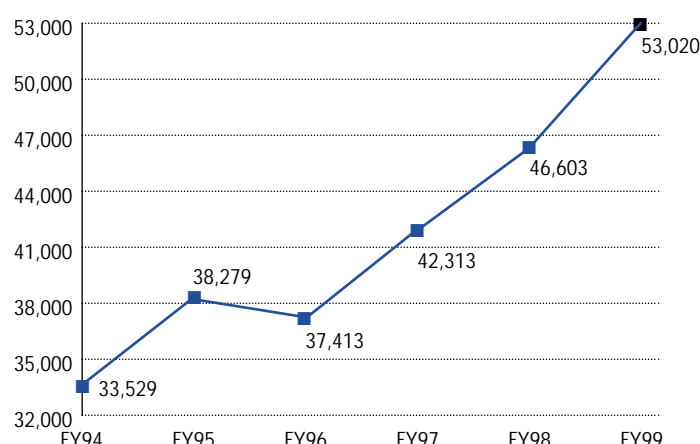
People who can afford to receive their care anywhere choose the Cancer Institute, according to Lawrence Lessin, MD, medical director, because they know its reputation. "We treat more patients than any other cancer program in the metro area, which gives us the benefit of experience," he says. "And we continually upgrade our treatment protocols and technologies with the latest advances." In FY98, the most common new cancer cases seen at the Cancer Institute were breast (279), prostate (256), colon (244) and lung (233).

Last May, the American College of Surgeons Commission on Cancer conducted its three-year site visit for voluntary accreditation. "After collecting information from us and spending a day examining every aspect of our program, the surveyor said in his closing remarks that this was one of the most progressive and innovative programs in the country," says Brian McCagh, executive director, Cancer Institute. "All of us who work within the Hospital Center's cancer program do our best to make it that way." □

Washington Hospital Center
Trend in New Cancer Cases 1992 to 1998



Washington Hospital Center
Trend in Outpatient Oncology Visits FY94 to FY99



Unmet Need Drives Newly Formed Continence Center

Did you know that 13 million American men and women have trouble controlling their bladders? Up to 40 percent also have trouble controlling their bowels. Experts say, however, that only about 20 percent of those affected seek medical attention. Most patients are too embarrassed to talk about the problem or think that nothing can be done. This is especially unfortunate, agree experts, because about 80 percent of cases can be cured or significantly improved.

Last month, the Hospital Center opened the Washington Continence Center and Institute for Pelvic Floor Disorders. Here, an interdisciplinary team of specialists who manage incontinence are assembled in one place, including urologists, urogynecologists, colorectal surgeons, rehabilitation specialists, nurses and physical therapists. Unique to the team's membership is a physical therapist and one of the area's only urogynecologists.

"This new center provides a unique approach to a common problem," says Tori Bayless, administrative director, Women's Services. "By incorporating specialists and technologies in one place, the center offers convenient access and an integrated approach to patient care," she says.

What Is Incontinence?

Incontinence can range from a slight leak to a total loss of bladder or bowel control. It may be characterized by a sudden urge to urinate or defecate, followed by too little time to get to a bathroom. It also involves a sudden leaking of urine or feces, related to a specific activity or for no apparent reason.

"Incontinence is often quite complex, and patients may need the expertise of a team of specialists," says Michael Phillips, MD, urologist

and medical director, Washington Continence Center.

Caused by a problem with muscles that hold or release urine or feces, the condition can be temporary or long lasting. Chronic incontinence often develops over time due to factors such as muscle or nerve damage, diabetes, aging and more. For women, childbirth can lead to incontinence. For men, an enlarged prostate gland can cause difficulty.

Treating Incontinence

Surgery for incontinence and prolapse (the sagging of pelvic organs, often caused by childbirth) is commonly performed in the United States. "A thorough evaluation and comprehensive treatment can improve results from surgery," says Cheryl Iglesia, MD, urogynecologist. "Many patients think that surgery is the only treatment for incontinence, but there are many nonsurgical approaches, such as behavioral modification, support devices and medication that are as effective."

Karen Liberi, pelvic floor physical therapist, has special expertise in this area. "Some of the most innovative treatments for incontinence can be done at home," Liberi says.

The treatment program is enhanced by state-of-the-art equipment, says Susan Morelli, RN, clinical manager. "The combination of a team approach and high technology offers patients greater freedom. When patients tell us that treatment has given them new comfort in public and with their families, you know you made a difference in their lives," says Morelli.

The Continence Center is located in POB North, Suite 2100. For more information, or to request a Bladder Health Kit, call DOCTorsLine, x7-3027. □

Employee of the Month



Photo by Leslie E. Kossoff

Joyce Johnson, senior vice president, Nursing and Patient Care Services, standing at far right, joins the colleagues of Frances Bagot (in center with print) in celebrating her selection as Employee of the Month.

November Employee of the Month, Frances Bagot, Doubles as Surgical Tech and Santa's Helper

Not only is Frances Bagot a superb surgical technologist in the Third Floor OR, whose excellence is observed by patients and colleagues alike, but she also has a special talents for making everyone feel special. This special blend of professionalism and creativity earned Bagot the title of Washington Hospital Center's Employee of the Month for November.

Bagot, who has been with the hospital for more than 23 years, is well known for training staff in the third floor OR and as a person who strives to keep the OR running on time. "Frankie is always coming in early to pull equipment for the first cases of the day," says Deborah Walker, clinical manager, third floor OR. "She keeps that pace all day long; you will never find her idle."

Bagot also likes to show her creative side. She gives hand-made arts and crafts to patients and co-workers during retirements and the holiday season. She also decorates the waiting room for patients, guests, and staff to enjoy. She is a true team player, building morale and special relationships within the department. "Thank you very much," was all the speechless Bagot could say at the surprise presentation.

As Employee of the Month, Bagot receives four hours of additional PDO, a gift certificate to Planet Hollywood, a reserved parking space inside the garage, an Employee of the Month pin and departmental tea held in her honor. In addition, she is eligible for the hospital's 1999 Employee of the Year award. □



Photo by Leslie E. Kossoff

Susan Morelli, RN, clinical manager, left, and Sheila Rushdan, RN, set up diagnostic equipment for a patient of the newly opened Washington Continence Center.

Just the Facts, Please

To counter the misconceptions about incontinence and to encourage those who suffer from it to seek help, the Washington Continence Center and Institute for Pelvic Floor Disorder provides the following information. While women are twice as likely to experience incontinence as men, only one in six over age 45 will develop some form of incontinence in her lifetime. Only one in nine will undergo surgery for prolapse or incontinence. Read on to get the facts.

Myth: Many people lose control of bladder and bowel functions as they get older, and they should just accept this fact.

Fact: Although the risk of developing incontinence does increase with age, incontinence can be cured or managed in about 80 percent of patients.

Myth: Childbirth inevitably leads to prolapse and/or incontinence.

Fact: Childbirth can weaken pelvic muscles, but most mothers do *not* develop these conditions.

Myth: Surgery is the only treatment for incontinence.

Fact: About 85 percent of patients improve without surgery for incontinence. Instead, their condition can be controlled with behavioral techniques, medication and other procedures.

Days & counting...

If you have any questions regarding Y2K issues at the Hospital Center, first contact your supervisor. Further information is available from the Y2K Program Office at (301) 680-7803 or via e-mail at y2k@mhg.edu.

Are You Ready?

Well, the millennium is almost here. In less than 30 days, computers around the world will attempt to recognize the Year 2000 without crashing. Citizens around the world will be celebrating the historic event, watching television news or spending the night at work. Soon, we will be writing "2000" on our checks and renegeing on our millennium resolutions (some things never change).

To help you prepare for the millennium transition at work and home, here's a list of things to do and not do as December 31 approaches. Always, the Hospital Center's Y2K office is ready to answer any question that may arise. Call (301) 680-7803 for more information.

DO

At the Hospital Center...

- ✓ Do unplug your computer—do not just log out and turn it off—and other non-essential electrical equipment when you leave the office on December 30.
- ✓ Do back up critical files on your computer hard drive to floppy disks or a zip disk before December 30.
- ✓ Do call Barbara Ware, director, Media Relations, on x7-7594 (or page her at 0805) if you are contacted by any media during the Y2K transition. Refer all reporters to Ware rather than try to answer any questions.
- ✓ Do report any emergency situations to the hospital's command center at x7-6298.

At home...

- ✓ Do formulate a family contingency plan, including ways to keep warm, provide light in the house, eat without using electricity to cook, drink without running water and communicate with family.
- ✓ Do check the status of critical medical supplies; have at least two weeks' supply on hand.
- ✓ Do volunteer to help the elderly and others who need assistance.
- ✓ Do fill the gas tank in the car.
- ✓ Do check with manufacturers of any computer controlled electronic equipment in your home, including smoke/fire alarms, programmable thermostats, appliances, garage door openers, etc.
- ✓ Do use flashlights (have plenty of batteries) for emergency lighting, not candles.

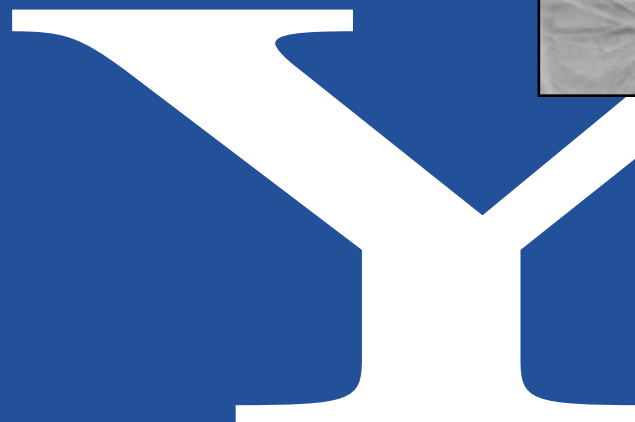
DON'T

At the Hospital Center...

- ✗ Don't panic.
- ✗ Don't call home past 11:45 p.m. on December 31.
- ✗ Don't have your family call the hospital after 11:45 p.m. to see how things are going.
- ✗ Don't unplug your desk phone.
- ✗ Don't bring televisions or radios to work.

At home...

- ✗ Don't call the hospital after 11:45 p.m. to see how things are going.
- ✗ Don't rely only on your ATM or credit cards for financial transactions.
- ✗ Don't wait until the last minute to fill prescriptions and stock up on bottled water, canned food, batteries, fuel, cash and other items you would normally purchase to brave a winter storm.
- ✗ Don't use open flame or charcoal grills inside the house for cooking. In case of a power failure, use alternative cooking sources in accordance with manufacturer's instructions.
- ✗ Don't use gas-fueled appliances as an alternative heating source for your home. Instead, keep extra blankets, gloves, coats and hats available to keep warm.



Getting Ready for Y2K

Three newly installed underground storage tanks (shown below) hold a total of 120,000 gallons of fuel oil, which is used to make steam to heat the buildings. Natural gas is the first choice for fuel, with the fuel oil as a back up. The fuel in the new tanks can cover the hospital's heating needs for up to 14 days without outside assistance, depending on weather. ▼



Facilities Management installed three new generators in the renovated Central Energy Plant near the Hyman Research Building. While not specifically in preparation for Y2K, the installation process was accelerated to be finished by December 31. This accommodates both potential Y2K issues and the Campus Development Plan, which calls for moving the original generator and updating and increasing generator capacity. Over the long term, Facilities Management will add three more generators, one by February. "This project gives us the capacity and flexibility to potentially power part of the hospital's air conditioning needs during the summer, which could save thousands of dollars," says Doug Maddox, senior project manager, Facilities Management. ▼



Millennialism and the Snafu Blues

Except for some fringe groups, most experts believe the new millennium will cause a little inconvenience at the most. Most experts believe that any serious Year 2000 consequences will be scattered and only temporary.

"People should maintain a middle ground between being overly prepared and not worrying at all," pointed out Stephen D. O'Leary, a Y2K expert and University of Southern California professor. "I think we run a serious risk of a full-scale social panic between now and the end of the year."

The potential Y2K problems have been covered extensively by the hospital's Y2K contingency committee. However, there may be localized disruptions that may affect you and your family. For example, according to the American Red Cross, "In some areas, electrical power may be unavailable for some time; manufacturing and production industries may be disrupted. Roads may be closed or gridlocked if traffic signals are disrupted. And, telephone systems may not work."

To help guide you through the transition to the new millennium, here is advice from experts on easy steps you can take to prepare.

Q. Should I withdraw extra cash?

A. Keeping some extra cash on hand is prudent. Most banking experts and the American Red Cross recommend you prepare for Y2K like you would for a winter storm. They suggest keeping enough extra cash and traveler's checks to last one week. Experts also suggest that consumers withdraw cash in small amounts before Dec. 31. The concern, of course, is massive panic withdrawals. The Federal Reserve is providing banks with an extra \$50 billion in cash in case of this scenario. To avoid any liability issues, some banks will ask customers to sign a form acknowledging that the bank has no responsibility to replace lost or stolen money. With that in mind, the experts remind consumers that 90 percent of automated tellers are Y2K compliant. In terms of credit cards, experts recommended that you have at least one credit card with an expiration date other than the year 2000.

Q. Are household appliances safe?

A. Most household appliances will have no problems. However, any electronic equipment that has an "embedded chip" may fail. This includes programmable thermostats, VCRs, TVs, garage-door openers and electronic locks. Check with your manufacturer to ensure your electronics are compliant.

Q. What should I stock up on?

A. Again, there is fine line between being prudently prepared and hoarding for war. A week's supply of nonperishable food should be more than adequate according to the Red Cross; this should include fresh water and any medications needed. In the unlikely case of a power failure, you should store alternative cooking devices, extra blankets and warm clothing, plenty of flashlights with batteries, candles and battery-powered radio or TV. You should make sure you have a full gas tank in all automobiles. According to the Red Cross, the key to preparation is to think "severe winter storm" and prepare accordingly.

Q. Do I dare fly over the New Year?

A. According to the Federal Aviation Administration (FAA), all airports are Y2K compliant. Computer glitches may occur on that day and are likely to occur after, but the FAA is confident that the airports will continue to operate smoothly. On the other hand, if everyone succumbs to the hype and stays at home, it could be a good time to fly. Some travel experts report that as the New Year approaches, there may be some good travel bargains.

If you choose to stay home and throw a party, wine experts urge you to buy your champagne now, rather than wait until December. Most vineyards admit that their champagne stock is not adequate to fulfill all millennium gala orders.

Q. Do I need to organize paper work?

A. Experts recommend that you prepare a personal inventory file that includes such items as hard copies of your bank statements, monthly bills, mortgage balances. Also include all letters sent to vendors about their Y2K compliance and their responses, in case a Y2K-compliant home product fails and you choose to pursue a legal claim.

Q. Has there been some concern about filing income tax returns in 2000?

A. The IRS is battling the Year 2000 crisis in 1999. The IRS strategy involves the entry of taxpayer names, income data and other vital information from the 1998 returns into new computers, which is replacing obsolete equipment incapable of handling date-conversion tasks on January 1, 2000. Experts suggest that you organize your income tax payments so that you are not expecting a large return next year from the IRS; computer glitches may cause a delay.

—M. Vallez, RN



Walter J. Knowles
Washington Hospital Center
110 Irving Street, NW
Washington, DC 20010-2975

Dear Mr. Knowles:

You were so thoughtful and caring to my husband when he was a patient in the hospital for spine surgery in August. The courtesy car had let us out at the hospital entrance as we requested. We started to walk on the sidewalk, but Joe was getting too tired to walk any distance. You were walking by and I asked for direction to the deli. You knew it was closed, so you suggested the cafeteria.

You quickly obtained a wheelchair, assured us it was the direction you were going (I wondered if it was) and insisted on pushing Joe in the chair. You even arranged with the cafeteria manager for an escort to return us to Guest Accommodations after dinner. Also, a cafeteria employee often would approach me as I started to leave and offer to carry my trash.

The day following surgery you came to Joe's room—a kind gesture we appreciated. Joe asked where I could purchase a newspaper for him, you said "one minute" and left, then reappeared with the paper. The following day you visited briefly and brought the paper with you.

I mention these moments hoping it refreshes your memory of a couple from Omaha, Nebraska. We were and remain impressed by the pleasant faces everywhere. As I was learning my way through the halls, if I seemed unsure or hesitated, an employee asked, "may I help you." We thank you for your personal interest and special professionalism.

Most Sincerely

The Ginsbergs
The Ginsbergs



Patient and family acknowledge the attention to detail provided by Walter Knowles, director, Patient Care Administration, during a hospital stay.

Good Intentions Aren't Enough

Know How to Comply with Laws and Regulations

How familiar are you with the various laws and regulations that affect your job? In a heavily regulated industry such as health care, it is important for every hospital employee to be aware of and follow such regulations. That is called compliance, and it is everyone's job.

"Patient care is our business; good management keeps us in business; and compliance allows us to stay in business," says Glenna Jackson, vice president, Compliance. "Hopefully, it will also help us create improved systems that effectively deliver patient care consistent with the rules and regulations we are required to follow."

Compliance training is now an annual mandatory requirement for all hospital employees. It is now a part of every employee review and must be completed by December 31.

In response to employee input after last year's training, the Compliance department has offered several options for meeting the annual requirement. Managers have been trained to train their staff. Employees can also complete self-learning packets or attend a Regulatory Fair. The last fair to fulfill the 1999 requirement is scheduled for December 10.

"This is a Patient First and ethics initiative," explains Kathryn Donatelli, manager, Compliance. "Most people want to do the right thing, but given the complexity of the regulations, it is sometimes hard to know the best course of action."

If an employee is unsure, says Donatelli, it is best to stop and think: Is this the right thing to do? Could this be misunderstood? Could this appear to send the wrong message, or result in a false claim? If still unsure, Donatelli urges employees to call the Compliance Department for guidance. "You won't get into trouble for calling," she notes. "We are all on the same team."

If a compliance concern or issue arises, report it immediately using the following steps:

- Talk to your supervisor;
- Call the Compliance Department or Jackson at x7-3868; or
- Call the Compliance line at x7-2900.

Information reported to the Compliance line can be left anonymously. The call will be kept confidential. All reports will be investigated and appropriate action will be taken. □

What Would You Do?

In the following situations, consider how you would react. Compare your reaction to the suggested answer.

Q: What should I do if I hear doctors talking about patients by name in the cafeteria?

A: All employees know it is improper to discuss patient cases in public if their names are used. Either tell the doctors you can hear them or note the doctors' names and notify your supervisor, who will discuss the matter with the doctors or their supervisors.

Q: What should I do if I am unsure how a claim should be coded?

A: Talk with your supervisor, or discuss the matter with someone else who can give you the correct coding information. No matter how well intentioned, simply guessing can lead to charges of fraud or abuse.



Unique Ornaments On Sale This Month to Benefit Cancer Institute

Last month, Behnke Nurseries Company in Potomac, Maryland, hosted a successful holiday ornament sale to benefit the Washington Cancer Institute. Because of the high interest in these unique decorations designed by Christopher Radkin, the Washington Hospital Center Foundation will offer them for sale at the hospital. Several ornament styles will be on sale in the main lobby of the Cancer Institute on Friday, December 10 from 9 a.m. to 1 p.m. The ornament prices range from \$10 to \$45. Please stop by to support the Cancer Institute and adorn your home or office with these special holiday trimmings. For more information, call x7-6558.

Did You Know

Behind the Scenes, the Warehouse Promotes "Patient First"

With nearly 6,000 employees, can you imagine how much stuff we order? From paper and pencils to medical supplies and equipment, from sign boards and cleaning supplies to trinkets with our logo...it adds up to more than 40,000 orders annually. Where does it go?

Try the warehouse, located a few miles from the hospital, tucked away in an industrial park on V Street NW. Though not located in the hospital, the work of the warehouse is central to the high-quality care each department gives every patient.

The warehouse includes four buildings that serve as a central distribution and receiving facility for the entire MedStar Health South system. Tom Davis, director, Materials Services, manages 27 full-time staff and is responsible for two cargo vans and three 22-foot trucks (another will be purchased this fiscal year).

As the name suggests, the warehouse holds bulk materials and medical supplies. Orders received before noon can be delivered by the close of business the following day. The new Lawson computer system has improved the monitoring, tracking and maintenance of the stock level. Though adapting to the new computer system has been

challenging, Ben Holly, inventory coordinator, says, "We're not afraid of challenges. We do what ever needs to be done to service the hospital. That's the way it is and how it will always be."

In addition to housing materials and supplies, the warehouse temporarily stores office furniture and equipment for departments undergoing renovation. Warehouse staff also receive retired inventory, assess it for usefulness, ship it to locations that can utilize it or dispose of that with no practical use. Daily, the Warehouse receives roughly 150 to 200 items from vendors and processes approximately 150 orders.

Charlie Bowers, assistant director, Material Services, believes Patient First is the most influential ideology that drives the warehouse to exemplary service. "No matter the obstacle, situation or circumstance, everyone we service is treated with patience, professionalism and care," he says. "Whether you have direct contact with patients or work behind the scenes, everyone plays a key role in Patient First. We live that motto around here." □

Did You Know That...

- The warehouse measures 52,000 square feet, which is larger than six average nursing units in the main building, or five times the size of the eating area in the main cafeteria, or 11 times the size of the East Building Recreation Room?
- It services 46 locations, including the Hospital Center, Visiting Nurse Association, National Rehabilitation Hospital, MedStar Research Institute and more?
- It houses \$1.2 million worth of inventory?
- Is open from 5 a.m. to 4:30 p.m., Monday through Friday?
- Unusable inventory is often donated to charities; some goes to third-world nations?

Marvin Huddleston, senior material handler, works with some of the \$1.2 million inventory stored at the warehouse.

From behind the scenes, the warehouse team contributes to the hospital's Patient First philosophy with efficient delivery of more than 40,000 orders annually.

Change Readiness Leads to Success in the 21st Century

The best companies don't just respond quickly to change, they create change. This was the key message in Robert Kriegel's presentation to managers during Washington Hospital Center's Quality Week.

Kriegel, a best-selling author, lecturer and former sports psychologist and coach, says that organizations need to be change-ready and encourage bold, innovative and "out-of-the-box" thinking on the part of their employees. Change-ready organizations are more likely to stay ahead of the competition.

"The most successful companies stay ahead of the change wave instead of just keeping up with it," Kriegel says.

Change-readiness means "re-thinking the rules, re-defining people's roles and re-inventing the organization," he says. According to *Sacred Cows Make the Best Burgers*, a book he co-authored with David Brandt, the five steps to becoming change ready are: 1) round up "sacred cows," 2) develop a change-ready environment, 3) turn resistance into readiness, 4) motivate people to change and 5) develop personal change-ready traits (passion, resourcefulness, optimism, adventurousness, adaptability, confidence and tolerance for ambiguity).

Kriegel defines "sacred cows" as "old habits—things that an organization does just because they have always been done that way." He demonstrated how sacred cows prevent people from doing great work, but he also cautioned against a frantic approach to improving a company's performance.

"Rush, rush, rush, race, race, race" typically is how people try to achieve more at work, he says. This is the "speed cow." More effective, he offers, is to make time for thinking. This is how problems are solved and ideas are generated.

"When you're in too much of a rush, patient service is poorer, you don't listen as well, you make mistakes and quality suffers," Kriegel says. "The real way to improve things is by innovating. This is different than doing everything faster."

"Outthink your competition," he says, "don't outwork them." He cites examples from health care, manufacturing, the restaurant business and athletics where people and companies have been winners by breaking out of old mindsets and re-thinking the rules.

Besides the speed cow, other common sacred cows are the paper cow, the e-mail cow and the meeting cow. Kriegel recommends reducing paperwork, shortening meetings to 30 minutes and eliminating overuse of e-mail. For example, a meeting may not be the best forum to generate ideas and a well-written memo should communicate its message in one page.

Kriegel encouraged the audience to start hunting for sacred cows within their own departments. He suggested starting small, addressing things that are within the department's control. "Small victories will get people excited" and lead to more success. And, be wary of the "fire hose," he says, which is the quick rejection of an idea. Fire hoses are common because people are naturally resistant to change. To stay motivated, "stoke the fire, don't soak it," he advises. "And keep the fire going in your head," counsels Kriegel, because change-ready thinking creates

better work, better living and more fun. [Note: A videotape of Dr. Kriegel's presentation is available for check-out from the medical library.] □



Best-selling author and former sports psychologist Robert Kriegel challenged hospital managers to let go of "sacred cows" at a lecture during Quality Week.

Photos by Leslie E. Koscoff



Marketing News

Editor's Note: Beginning this month, CenterLine will feature a new column to alert employees to upcoming marketing events and advertising campaigns.

New Cancer Resource Guide

Next month, Public Affairs launches a new advertising campaign for the Washington Cancer Institute that will run on various radio stations. Julie Stanish, director, Marketing Communications, says the campaign's primary focus is to promote a cancer resource directory, which will have general information about cancer and treatment as well as highlight Washington Cancer Institute.

"Since one in three people are diagnosed with some form of cancer, this guide can be a great resource to the community," says Stanish. "There aren't many sources in this city that have this sort of information," she notes.

The resource guide will be available through the DOctorsLine at (202) 877-DOCS and will also be distributed at local Safeway and Shoppers Food Warehouse pharmacies. "We want people to know about our high quality care and services such as the Patient Education Resource Center and our nurse case managers—and in one facility," says Stanish.

Additions to the Web Page

Some new interactive tools will appear this month on the hospital's Web site, www.WHCenter.org. *Centerscope*, the hospital's community publication, for example, is now available online. The public can subscribe to the publication and view it electronically every quarter.

New user-friendly features are also available within the Health Guides section of our site. Visitors can take quizzes online that help them determine their risk for various conditions. Stanish says, "Quizzes help people have fun while getting valuable information. Plus, they encourage people to spread the word about the site."

NBC4 Health Expo

The hospital is a sponsor of the 8th annual NBC4 Health Expo, which will be held at the Washington Convention Center on January 15 and 16. This health-oriented convention is open to the public and attracts 50,000 visitors each year.

The Hospital Center booth will feature information on each Center of Excellence. Physicians affiliated with the hospital will also be on hand to answer questions and lead seminars on various health issues. Attendees will be offered free screenings for lung capacity, glaucoma and blood pressure. □

"Sticklers" and New Instrument Boost Plateletpheresis Program

The first stage of the body's complex system of clotting and controlling bleeding depends on microscopic cells called platelets that stick together to form a platelet plug. Platelet transfusions are required to replenish platelets lost during procedures and operations for cancer and trauma.

Patients undergoing aggressive chemotherapy and radiation treatments for leukemia and other forms of cancer also may need frequent platelet transfusions. Other diseases may inhibit the patient's bone marrow from producing the platelets they need to survive.

At the Hospital Center, two types of platelet products are transfused—standard and pheresis platelets. Standard platelets are collected from 6 to 10 whole blood donations. Pheresis platelets are made by a procedure called plateletpheresis. With this procedure, enough platelets for a transfusion are obtained from a single donor. Transfusing pheresis platelets reduces the number of blood products given to the patient and is critical for patients with special transfusion needs.

Recently, the Blood Donor Center acquired the Baxter Amicus, a state-of-the-art cell separator that offers both single- and double-needle procedures for collecting platelets. [See sidebar on how it's done.]

In FY99, Hospital Center patients required 432 plateletpheresis transfusions, of which 63 were donated at our Blood Donor Center. The rest were purchased, costing hundreds of thousands of dollars. Nationwide, platelet shortages are most severe during holidays and summer vacation months, limiting the hospital's ability to buy even a minimum inventory. Pheresis platelets also present another chal-

lenge: their shelf life is only five days. With such limitations, the hospital continually struggles to maintain an adequate supply of pheresis platelets.

This year, the Blood Donor Center asks employees to help. "Our employee population could easily support the platelet needs of our patients," believes Kirsten Alcorn, MD, medical director, Transfusion Medicine.

The goal is to build a solid registry of at least 100 employees who are willing to donate platelets regularly on a convenient, personalized schedule. Each gift of time and platelets provides critical support for a patient dependent on platelets for life. Currently, 20 employees donate platelets regularly.

"The requirements for donating platelets are very similar to those for donating whole blood," says Tricia Hill, RN, clinical coordinator, Blood Donor Services. Plateletpheresis donors must have previously donated whole blood, be able to stay one to two hours per donation and cannot have taken aspirin, aspirin-containing products or anti-inflammatory medications (Advil, Aleve, Motrin) within 36 hours of the donation.

Specially trained staff monitor each plateletpheresis donation. Donors can enjoy a movie, read or listen to music while giving. "You can be sure you will be treated royally," adds Hill, "warm blankets and all!" Plateletpheresis donors can give as often as every 48 hours, up to 24 times per year (no more than twice a week). Donors can alternate donations of platelets and whole blood.

"We are ready to make every plateletpheresis donation experience enjoyable," promises Chris Spencer, senior coordinator, Blood Donor Services. □

Here's the Scoop on Plateletpheresis

What is it? Whole blood has many components, including red blood cells, white blood cells, plasma and platelets. Plateletpheresis is a special blood donation process that collects just the donor's platelets using state-of-the-art instruments known as blood cell separators. The collection occurs in a closed system, which collects the donated platelets in a bag and returns the rest to the donor. Most donors quickly replenish their platelets.

How it works: Two state-of-the-art instruments offer single- and double-needle procedures. In the single needle procedure, the donor's blood is drawn from a vein in one arm into the cell separator where the platelets are collected. The red blood cells, white blood cells and plasma are returned to the donor in the same vein. In the double needle procedure, the donor's blood is drawn from a vein in one arm, processed, and returned to the other arm.

Some donors feel a slight tingling sensation around their lips and nose from the anticoagulant used in the procedure. Others may experience a slight chill. These potential side effects are easily managed and none are long lasting. During the procedure, donors relax in a comfortable lounge chair and watch a movie or television, read or listen to music. Warm blankets and hand warmers are provided for extra comfort. A nurse remains with the donor throughout the procedure.

Joy Yutzy, med tech, Clinical Pathology, enjoys having one arm free to channel surf during her single-needle plateletpheresis procedure on the Donor Center's new Amicus cell separator. Lidi Revling, RN, checks on Joy during her donation.

We Stick Together for Life

Every platelet donor automatically becomes a member of the Sticklers Club, whose motto is "We stick together for life." Eventually, the Blood Donor Center seeks to increase donations enough to supply all needed pheresis platelets for Hospital Center patients. The goal for FY2000 is 350 donations.

Club members will enjoy quarterly recognition events and free lunch each time they donate. Members will receive a special platelet donor pin in recognition of a second donation and a custom-designed sweatshirt for the twenty-fourth donation. Club members' pictures and comments will be displayed in the Donor Center.

Be a "stickler" for life and join in the fun! Call x7-5250 for more details.

Photo by Leslie E. Kossoff



Hospital Center Bids Farewell

Photo by Amy E. Wayne



Norma Clinkscales, RN, in ATC/Surgical Holding retired from the Hospital Center after more than 32 years of service. At her retirement celebration, Norma received a commemorative tray from Sandy Marshall, assistant vice president, Surgical Nursing, left, and Judy Wannamaker, RN, head nurse.

Photo by Amy E. Wayne



In August, Annie Whittington, RN, IV Therapy, retired from the hospital after 24 years of service. Clare Hastings, administrative director, Medicine, OB, Ambulatory Nursing, and Barbara Mills, head nurse, present a silver tray to Annie.

Photo by Amy E. Wayne



Cecilia Dunn, RN, 4D, retired from the Hospital Center in October after more than 30 years of service. At her celebration, Jack Lindsay, MD, chair, Cardiology, left, presented Cecilia with a commemorative tray, along with Pearl White, RN, head nurse, and Terry Holmes, clinical manager.



Photo by Leslie E. Kossoff



Photo by Leslie E. Kossoff

After more than 20 years with the Hospital Center, Wylettie Jackson, RN, 4D, retired in October. At her celebration, Jack Lindsay, MD, chair, Cardiology, left, presented Wylettie with a commemorative tray, along with Pearl White, RN, head nurse, and Terry Holmes, clinical manager.



Photo by Leslie E. Kossoff

In October, Katherine Gorruso, RN, Cardiac Cath Lab, retired from the Hospital Center, after more than 21 years of service. At her celebration, she received a commemorative tray from (left to right) Augusto Pichard, MD, Dina Rosenthal, RN, Jeremy Kirlew, RN, Mary Ariosto-Coe, executive director, Washington Heart, and Martha Scheulen, RN.

In September, Sandra Hamblen, coordinator, Accessioning, Phlebotomy, retired from the hospital after more than 31 years of service. At her reception, she received a silver tray from Charlotte Taylor, director, Laboratory Operations, and Michele Best, director, Laboratory Administration.

December is

Safe Toys and Gifts Month
World AIDS Day

- 1-7 Aplastic Anemia/Myelodysplastic Awareness Week
- 13, 14, 16 Off-site Holiday Teas
- 14 Employee Health Break: Humor for the Holidays
- 15 Holiday Teas for all shifts
- 24 Christmas Holiday
- 31 New Year's Holiday

Bulletin Board



Donate Blood 2000 Kicks Off This Month

Catch the millennium spirit during the winter employee blood drive, Donate Blood 2000, December 1999 through January 2000. The theme, "We are Many, We are One," will go hand-in-hand with the cultural richness of our employee family, community and world.

This is an especially important time to donate blood given the potentially high demand for blood if any Y2K disasters occur. The future depends on each of us; we can make a difference in someone's life. That difference is giving life. Share your good health with someone in need during the holiday season.

Employees participating in Donate Blood 2000 will receive an attractive millennium edition tote bag and a free LifeStyle Profile, featuring a report on cholesterol, HDL, LDL, triglyceride, glucose and calcium levels in the blood. For eligible employees, 4 hours of PDO, too! Questions? Call the Blood Donor Center, x7-5248.

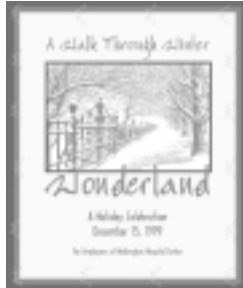
Your Baskets Will Benefit a Worthy Cause!

This holiday season, the Washington Hospital Center Organ and Tissue Donation Awareness Committee seeks your help. Please donate empty gift baskets to assist with a project to provide local businesses with baskets filled with information about organ and tissue donation. The baskets will include donation cards, bumper stickers and brochures in different languages. Not only will this provide valuable information to the general public, it also will show the business's commitment to this important cause.

Please drop off your donated baskets by January 30 at the following locations: Public Affairs, Room GO-20; Decedent Affairs, Room 1B-52; or Washington Heart, Room 1E-21. If you know of a business that will display an organ and tissue donation awareness basket, call Jill Hunt at x7-3457.

Lobby Shop Offers Employees a Discount

In the spirit of the holiday season, the Lobby Shop and the Women's Auxiliary wish everyone joy, peace, love and laughter throughout the new millennium. To celebrate the season, they will host an Employee Appreciation Day on Friday, December 3, and Saturday, December 4, when employees will receive a 20 percent discount on their purchases. (The discount does not apply to flowers, balloons, food, books or magazines.) Also, all employees making a purchase during these two days can enter their receipt in a drawing for a huge teddy bear.



Share the Holiday Spirit with Co-workers and Those Less Fortunate

Join the Executive Staff, senior management and your co-workers in celebrating the season at the annual Holiday Tea on Wednesday, December 15. This year's theme, "A Walk Through Winter Wonderland," will be displayed on the decorated windows. The teas will be held for each shift: 7 to 9 a.m. for the night shift; 12 noon to 2 p.m. for the day shift; and 5 to 7 p.m. for the evening shift. All teas will be held in the East Building Recreation Room. Separate teas will be held for departments located off of the Hospital Center campus.

Also during the Holiday Tea, the hospital asks employees to donate a "shoebox" gift for those less fortunate. Shoebox gifts will be given to So Others Might Eat, a United Way-funded organization that restores hope to the homeless by providing them with meals, medical care, addiction counseling, job training and housing.

Items to include for a male gift include toothpaste and a toothbrush, toiletries, deodorant, liquid soap, shaving lotions and magazines. Items for a female gift include the same as above as well as powders, perfumes and scarves. Infant gifts are also appreciated and could include diapers, formula, bottles, pacifiers and small toys.

Please wrap your shoebox of gifts in holiday paper, mark it for "male," "female" or "infant," and bring it to the Holiday Tea. Thank you in advance for helping make the season a little easier for someone else.

Hospital Wins "Consumer's Choice" Award for Heart Services

Last month, the National Research Corporation (NRC) named the Hospital Center among the nation's top 124 hospitals for heart services.

Award-winning hospitals were selected from results of the 1999 NRC Healthcare Market Guide study, which tallied consumer responses from more than 170,000 households. Consumers rated more than 2,500 hospitals; the top 124 ranked highest in their region as the most preferred provider of heart care services.

The Hospital Center was the only one selected from Washington, DC. The Healthcare Market guide is the nation's largest, most comprehensive study, containing more consumer responses than any other study.

Washington Hospital Center

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Washington Hospital Center, a not-for-profit, acute care hospital, does not discriminate on grounds of race, religion, color, gender, physical handicap, national origin or sexual orientation.

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Year 2000 Observed Holidays

To help employees prepare for the upcoming year, Human Resources has distributed a schedule of Year 2000 holidays observed by the Hospital Center. They are as follows:

Holiday	Date Observed
New Year's Day	Friday, Dec. 31, 1999
Martin Luther King, Jr. Birthday	Monday, Jan. 17, 2000
Presidents' Day	Monday, Feb. 21, 2000
Memorial Day	Monday, May 29, 2000
Independence Day	Tuesday, July 4, 2000
Labor Day	Monday, Sept. 4, 2000
Veterans' Day	Friday, Nov. 10, 2000
Thanksgiving Day	Thursday, Nov. 23, 2000
Christmas Day	Monday, Dec. 25, 2000
New Year's Day	Monday, Jan. 1, 2001

Employee Health Break: Humor for the Holidays

For many years, it has been said that "laughter is the best medicine." A sense of humor certainly comes in handy, whether it's for dealing with an illness, the pressures of daily living, stress or coping at work. Humor can dramatically change the quality of our lives. Research shows that laughter reduces levels of stress hormones and can help boost the immune response.

Please join us for a fun-filled informative Employee Health Break: Humor For The Holidays on Tuesday, December 14, at 11:30 a.m. in the Cancer Institute Auditorium. Come laugh and learn about the serious benefits of humor and health. To register, call x7-3335.

Is it a Cold or the Flu?

Is that stuffy nose a sign of a cold or the onset of the flu? Check the chart below to determine your status. Flu season is in full swing and hospital employees are reminded that flu shots are available in Occupational Health. The shot not only protects employees from getting the dreaded ailment, but also helps prevent the passage of the virus to patients.

Occupational Health offers the flu vaccine for free Monday through Friday, 7 a.m. to 4:15 p.m., except for holidays, in EB-1121. It will be offered through December 31. For more information, call x7-6781.

Check Your Symptoms

	COLD	FLU
<i>Symptom</i>		
Fever	Rare	Characteristic, up to 104 degrees for 3-4 days
Headache	Rare	Prominent
Aches, Pains	Slight	Usual, often severe
Fatigue, Weakness	Mild	Can last 2-3 weeks
Extreme Exhaustion	Never	Common
Stuffy Nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore Throat	Common	Sometimes
Chest Discomfort, Cough	Mild to moderate; hacking cough	Common, can become severe
Complications	Sinus congestion or earache	Bronchitis, pneumonia, can be life-threatening
Prevention	None	Annual vaccination or antiviral drugs
Treatment	Temporary relief of symptoms with over-the-counter medications	Amantadine or rimantadine within 1-2 days after symptoms hit

Source: National Institute of Allergy and Infectious Diseases