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Nearly Three Decades of Service Recognized

After 26 years with PVH, Penny Kneeland has retired as the hospital's Chief Nursing Officer. Staff members gave Penny a send off at the end of the September Department Head meeting. Her husband, Steve Kneeland, came, bearing flowers, and the hospital made sure Penny felt appreciated.

Penny received a Howard Miller clock from PVH with a plaque reading, "Thanks for your years of service—Penelope Kneeland". She also was given a commemorative chair with the PVH logo from the PVH Board of Directors, and staff members collected money to contribute toward a gift certificate from L.L. Bean. Being the lover of the outdoors she is, Penny is bound to make use of what "Beans" has to offer, as she begins her retirement. Penny's last day on the job was Friday, September 28th.



Penny Kneeland cuts the cake at a special retirement celebration at PVH.

PVH's new CNO, Karen Mueller started in her new position on Monday, September 24. Also starting on the 24th was the new Senior Director of Ancillary Services, Joe Grant.



On display at Penny's retirement celebration were the Howard Miller clock she received from the hospital, flowers from her husband, Steve, and a picture of her during her first years in hospital service. On the right, a crowd of PVH staffers gather to wish Penny well in her retirement.



New Doctors in PVH Emergency Department

Two new doctors are providing care for patients in the Emergency Department of Penobscot Valley Hospital in Lincoln. Both have a long history of work in Emergency Medicine. Dr. David Ettinger, MD, was born in Hartford, Connecticut and was raised in Ohio. He currently resides in Camden, Maine with his wife and 4 children. A graduate of Ohio State University, Dr. Ettinger's specialty is Emergency Medicine. Dr. Ettinger is also the Regional Medical Director for EMS Region 6 (Mid Coast Region). He enjoys fishing and hiking, and in his spare time, he coaches youth basketball, soccer, and softball.



Dr. Paul Turnquist, MD, hails from Texas City, Texas. He currently resides in Boxford, Massachusetts with his wife and 2 boys, who are 18 and 15 years old. Dr. Turnquist's specialties are Family and Emergency Medicine. He earned his medical degree at the University of Pittsburg. The 54 year old is also a U.S. Airways pilot and a flight surgeon for an Air National Guard Unit in Massachusetts that flies F-15s. He has a private practice and has done work in physics and engineering. In his spare time he enjoys kayaking, sailing, SCUBA diving, and many other water sports.



Get read for NIMS Training.

NIMS stands for National Incident Management System, and getting our staff trained in NIMS is part of our disaster planning process. Your department manager or director will soon have information about who needs to be trained and at which level. Please make yourself as available as possible for these trainings when they're posted. It's required, and it's important for our community's safety.

Heartbeat

A Message from CEO Dave Shannon



CEO Dave Shannon

To our Hospital Family:

As the weather becomes more brisk, so does our commitment to strategic planning. This month, we have launched an enhanced effort to plan for the future of PVH, including the Master Facilities Plan, Marketing and Fund Development campaigns, and our Quality Improvement initiatives designed to make us as competitive and cost-effective as possible.

I would like to express my sincere appreciation for the many years of service given by Penny Kneeland. Our Chief Nursing Office is retiring after 26 years with PVH, and her guidance, opinions, and know-how will be missed. Penny received a beautiful Howard Miller clock from the hospital, a commemorative chair from the PVH Board of Directors, and a gift certificate from L.L. Bean from the hospital staff. We hope she enjoys her time off with family. Much of her free time will likely be spent in the outdoors, which is known to be her passion. As Penny leaves us, we are

gaining a new Chief Nursing Office. Karen Mueller is already getting comfortable in her role, leading our nursing staff, and as part of the Senior Leadership Team, she will be helping form policies and maintain the high standards our community has come to expect from PVH. Karen's experience is vast, and I know she will be a great addition to our team.

Also joining the Senior Leadership Team is Joe Grant, our new Senior Director of Ancillary Services and Business Development. Joe comes to us from Millinocket Regional Hospital with a background in project planning, materials management and information technology. He already knows many of our staff, he will be supervising a number of departments, including the PVH Laboratory, Physical Therapy, and Information Systems, Food Service, and Nutritional Services. Please take a few moments and introduce yourself to these new members of our staff and make them feel welcome.

In October, many of you will be asked to participate in a training program designed to enhance customer service. On October 9th and 10th, Brian Lee of Custom Learning Systems will be sharing information with our department heads and senior staff and helping us form a plan for better service to our community, as well as better internal communication and a higher commitment to quality.

Thank you for all your hard work with our Quality Improvement Department. Lisa French and Laurie LaFlamme are doing a great job helping everyone organize their data and figure out their goals and accomplishments. Please keep up the great work.

All the best,

HEARTSAVER CPR

October 16th & 18th



The class is limited to 12 people, and you must sign up by 10-8-07.

\$30 per person.

Call Virginia in PVH Central Scheduling at 794-7270 to register.

Got something for the PVH Heartbeat?



Contact Editor Allison Bankston in Marketing and Fund Development at ext.124.

Golf Tournament Raises \$9,600

Did you hear? The 1st Annual PVH Golf Tournament raised nearly \$10,000 for patient room upgrades and improvements. It's all part of our 2007 Annual Fund. The Fund Development staff at PVH is starting to do our fall push for the campaign, asking board members, community leaders, and local businesses to give to this important cause.



The patient rooms need new TVs, new bedding, curtains, end tables, guest chairs, paint, and other beautifications. We can't raise our goal of \$100,000 without everyone's help, so please help us spread the word. The money we raise this year will help make PVH a more comfortable and welcoming place for everyone. We've already picked the date for next year's golf tournament at JaTo Highlands. It will be August 22, 2008. **We hope to see you there!**

Heartbeat

New Hires

Rachael Guldin
RN 2

Laycee Osborne
CNA

Rosemary Smith
CNA

Katrina Corriveau
CNA

David Slomeinski
Main./Emg. Responder

James Morrissey
EMT-B

Karen Marquis
CAN

Karen Mueller
Chief Nursing Officer

Joe Grant
Senior Director of
Ancillary Services and
Business Development

Bob Genest
Pharmacist

Jim Morrill
Information Technology
Coordinator

*Look for profiles on
some of our recent
hires in the October
PVH Employee
Heartbeat*

The Safety Zone: *Be Safe—Be Secure!*

Starting this October, you'll see a new face in a new uniform working the night shift here at PVH: a security guard. The hospital has signed an agreement with Securitas, a worldwide provider of security services.

Securitas will also provide on-site training in Management of Aggressive Behavior (MOAB), a structured program to help PVH employees recognize and manage violent behavior. This will implement our administrative commitment to security training beyond the Level 1 awareness training that all employees have received.



While our hospital is a safe place to work, concerns about workplace violence are increasing, nationwide. According to the National Institute for Occupational Safety and Health (NIOSH) direct health-care providers are at highest risk in hospitals. Targeted areas include emergency rooms and waiting areas. Risk factors include working directly with volatile people and/or those under the influence of drugs and alcohol, working when understaffed (including mealtimes), working alone, and poor lighting.

NIOSH offers the following practical tips:

- Watch for signs of violence that include verbally expressed anger or frustration, threatening body language, signs of drug or alcohol abuse, and/or presence of a weapon.
- Behave in a manner that diffuses anger, including presenting a calm attitude, not matching threats, not giving orders, acknowledging the feelings of the other person, and avoiding sudden movements.
- Stay alert and don't isolate yourself, i.e., make sure you have an exit.

The Occupational Safety and Health Administration (OSHA) has created an "e-tool" to help direct caregivers understand these issues.

Here's the link: <http://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html#saferoom>

This interactive tool shows a patient room with areas highlighted to emphasize ways that workplace violence can be reduced. Security and safety are everyone's responsibility.

The Lab Connection

Check out the latest newsletter from the PVH Laboratory—The Lab Connection. You can find it on our new website by clicking on Services and then choosing the Laboratory page.

PVH Gives \$200 to Local Charity

Spare change is making a difference for the Lincoln Regional Food Cupboard. Over the last few months, employees and visitors at Penobscot Valley Hospital have been placing their spare change in a container by the cash register of the PVH cafeteria. That change has been adding up, and once it reached \$100, the hospital pitched in matching funds and presented \$200 to the local cupboard.

On Tuesday, August 18th, Chief Financial Officer Ann Marie Rush presented the check. "So many people in this community just need a helping hand once in a while, and the food cupboard is there for them."

The Lincoln Regional Food Cupboard is open on Tuesdays from 9-11 a.m. This winter, the hours will be extended to 9 a.m. to noon. This time of year, the cupboard helps about 25 families each Tuesday with free food and clothing. During the winter, that number reaches up to 50 families a week.





On September 28th, Penelope Kneeland retired as Chief Nursing Officer for Penobscot Valley Hospital. PVH will miss her guidance, her smile, and her fervent commitment to self-improvement and education.

TO THE HOSPITAL STAFF:

By the time this gets to you, I'll be retired and out bird-hunting somewhere. But as usual, I wanted to have the last word and tell all of you what a pleasure it was to work with you and for you over the last 26 years. We haven't always agreed on everything, but we've generally been able to arrive at consensus for the good of our patients and the hospital. The most awesome memories in the years since I entered nursing school have involved the amazing health care achievements and progress that I have been privileged to witness. Nursing assignments in 1958 generally had one nurse (or student nurse) providing care for as many as a dozen patients on the day shift and many more than that on evening and night shifts. Sometimes there was a CNA to help but often not. In addition to that level of direct care responsibility, we had any number of other tasks and duties, including:

- pouring all of our medications out of large stock bottles--there was no such thing as "unit dose";
- crushing tablets and then dissolving them in sterile water (in stainless steel spoons over little alcohol burners) to convert them to injectable form;
- cleaning, wrapping and sterilizing reusable equipment--there were very few, if any, disposable supplies, and each nursing unit had an autoclave;
- cleaning, wrapping and sterilizing glass hypodermic syringes (they all had numbers on the barrels and plungers which had to be matched up);
- cleaning and filling the burrs off reusable hypodermic needles;
- dishing up patient meals from portable food supply carts and doing some actual cooking (toast, eggs, and bacon for breakfast);
- pre-rinsing soiled linen before sending it to the laundry, and then putting away huge quantities of clean linen from big canvas bins into the linen closets;
- washing, drying, turning, powdering, checking for holes, wrapping and autoclaving reusable rubber surgical gloves;
- and best of all, cleaning and boiling red rubber rectal tubes in a basin on a hot plate--I know I ruined dozens in the years I was in school. The smell of burned rubber was pervasive in every utility room.

At Eastern Maine General Hospital in 1958, there was no ICU and no Recovery Room. Post op patients were transported back to their regular beds while still non-responsive. Patients experiencing acute MIs, diabetic ketoacidosis, insulin reactions, CVAs, and trauma were mixed in and cared for with all the other patients. In addition to the regular two and four bed patient rooms, there were two big open wards with 25-26 beds each and no bathrooms. And there was also a separate isolation ward filled primarily with infectious polio patients, some of them in "iron lungs". It all seemed perfectly reasonable at the time.

There were no fetal monitors, no ultrasounds, no CT scans or MRIs, no IV pumps, no electric beds, no laparoscopic surgery, no open heart surgery, very minimal cardiac monitoring, and renal dialysis was just beginning. Certainly there were no EMRs--no computers! Lengths of stay were significantly longer. Patients routinely stayed 10-14 days after cholecystectomies, a week after uncomplicated herniorrhaphies, 2 or more weeks after MIs (on strict bed rest), and new moms didn't go home until at least the 5th PP day. C-Section moms stayed even longer. RhoGam and phototherapy weren't available, and exchange transfusions for severely jaundiced babies were quite common.

Nurses (and all other employees) were expected to stand up in the presence of and relinquish our chairs to physicians, regardless of what we were doing at the time, and certainly nurses didn't ever question any physician opinions or decisions (at least not out loud). Student nurses could not be married, had to live in the Nurses' Residence, and we were required to sign in and out whenever we went off the hospital grounds. My class was the first to actually have two full days off every week--but not necessarily together.

We took science courses at UMO and had "nursing arts" classes and clinical experience at the hospital. Obstetrical and pediatric training was provided in Boston, and we actually lived and studied at Boston Lying-In Hospital and Children's Medical Center for six months. Likewise we did a rotation at Augusta State Hospital for three months to learn psychiatric nursing. There were no "semesters"--school was year around, with a total of twelve weeks vacation and sick leave for the entire three years. Student nurses got very few weekends and hardly any holidays off--they were generally reserved for staff nurses. I remember that when we got far enough along in our training to be considered competent, we could work extra shifts for \$10 (for the entire shift, not per hour). In return, my entire nursing education cost only \$400 (\$200 tuition the first year and \$100 each for the second and third years), and the hospital provided board and room, books, and uniforms. In retrospect, it was a darn good investment.

I wanted you all to know how much I have appreciated your support over the years, both personally and professionally. Any accomplishments that we have realized together have been directly related to that support. Special thanks go to the entire nursing management group, with extra kudos and appreciation for Kathy Schneider and Christine Weymouth, both of whom have always been there for whatever help and support I have needed.

My best to you all,

Penny Kneeland