You may be caught off guard entering Touro's IV Room for the first time. The initial impression you get is that the room feels more like entering a corridor into a quarantined hot-zone rather than a pharmacy. Housed deep in the Pharmacy department on the second floor, the room is designed to ensure that all nutrients and medications delivered to patients through an IV line are completely free of contamination.

The highly restricted area lies behind a thick door outfitted with an alarm system. Upon entering, you are immediately required to thoroughly sanitize your hands and dress yourself from head-to-toe in medical scrubs. Adhesive mats placed at the entrance areas where medications are mixed catch any debris that may gather on shoes.

Unlike a hot-zone, the IV Room is designed to keep contagious materials out rather than contain them. Many Touro employees will be surprised to learn how the IV room works, as well as why Touro is leading the city in having one.

“We first opened the IV Room in January of 2007 and to date continue to be a leader throughout the New Orleans area for adopting a facility of this capacity,” says Elizabeth Heinrich, Director of Performance Improvement. “Being the first hospital in the city to provide this level of patient safety exemplifies Touro’s commitment to ensure the very best quality services are provided to our patients.”

Touro began designing the IV Room in 2006, anticipating heightened Joint Commission requirements. This past summer, The Joint Commission revised its regulations requiring all medication preparation areas to adhere to the standards of sterilization made possible by Touro’s IV Room, and will enforce them beginning July 1st of this year.

Prior to the construction of the IV Room, Touro staff practiced customary sanitation procedures, including careful attention to hand hygiene procedures and garbing before entering medication preparation areas. Barries Leung, Clinical Manager of Pharmacy, says that Touro has always attained exemplary scores from regulatory agencies, and the addition of the new room provides further support to guarantee that we continue to meet this goal.
I was caught off guard a few weeks ago when I was nearly hit by a streetcar in the neutral ground. My surprise quickly turned to excitement when I realized that I was at the corner of State Street and St. Charles Avenue—the streetcar route had expanded to Carrollton well ahead of schedule and was full of locals and tourists alike.

In many respects, Touro and the streetcar share a lot in common. Just like the streetcar, Touro is a local institution and has played an integral role in this community for generations. We continue to be challenged by the ongoing effects of Katrina in terms of getting back on track-financially and operationally. When I see the streetcar rolling down the avenue packed with people I see a sign of the resilience and strength and am filled with optimism for our city and Touro.

As we begin the New Year, Touro has charted a path for growth and development to continue to be a part of the New Orleans fabric of life for many more years to come. No doubt about it, we have a lot of exciting developments in store for 2008. Our hospital is changing and growing to meet the needs of our patients and staff every day. VIA Touro, our focus as an organization on our values, guiding principle and vision, is working.

I hear comments from people in the community all the time about our excellent and compassionate staff and our patient satisfaction reflects these remarks. The last quarter of 2007, and the sixth quarter since we began using the Avatar system to measure patient satisfaction, was the highest patient satisfaction score we have had to date. VIA Touro is working and flourishing and our patients are noticing.

Just like the streetcar, Touro is heading on the right track. As a streetcar passes by, you may notice the Touro ad on the outside which reads, “Touro and the St. Charles streetcar-things that make New Orleans, New Orleans.”

Here’s to two local icons coming back stronger and better than ever in 2008.

Leslie D. Hirsch, President & Chief Executive Officer

Employee of the Month

Congratulations to Marilyn Keller, Unit Secretary on A2/M2, who was named January, 2008 employee of the month. Marilyn is an 18 year employee at Touro Infirmary. She began in Dietary, remaining with the department for 11 years before moving to The Family Birthing Center.

Her enthusiasm and demonstration of Touro’s Values in Action are evident in everything she does, going above and beyond for patients and staff. Marilyn greets everyone on the floor and doesn’t wait to be asked to do something. She pitches right in to bring needed items to patients and coworkers when others are busy. She orders supplies, decorates the department, organizes dinners for staff scheduled to work on holidays, and even helps with cleaning to keep the unit looking great! She consistently finds easier and more professional ways to make the work flow smoothly and professionally. She has helped to streamline paperwork and developed a printed form for the discharge patient log book.

“As a new manager at Touro, Marilyn has made my job a lot easier,” says Ann Rader, Nurse Manager for the Delivery Unit. “She is always one step ahead of me. Sometimes I’ll ask her to do something and she will reply that the job is already done! And many times she has come in to help out when the unit was in staffing crises.”
December Disaster Drill

On December 12th, Touro held its second disaster drill of 2007. The Touro Command Center was activated to address a mass casualty event involving a hypothetical RTA crash on St. Charles Avenue. More than 100 members of Touro’s staff participated and 20 students from the New Orleans Free Academy volunteered as “victims”.

“Disaster drills are critical events used to test our systems, processes and employee actions under difficult conditions,” says Frank Follino, Vice President of Ancillary Services. “Thanks to everyone that participated this past month.”

Touro at Home Awarded GOLD STATUS

Touro at Home has been awarded Gold Status by the Louisiana Health Care Review for participation in The Home Health Quality Improvement National Campaign 2007, a campaign focusing on improving the quality of patient care in the home health setting. Touro was recognized for achieving a relative rate of a 44% reduction in acute care hospitalization and their relative rate of a 40% increase in the patient's ability to bathe.

Touro accomplished this by implementing a “Hospitalization Risk Assessment Tool” that is completed upon admission. This tool is used to help identify patients that might be at high risk for another hospitalization.

Examples include patients that have a history of frequent hospitalizations, patients who live alone, who have multiple co-morbidities and other circumstances that have been identified as contributing to the chance of being re-hospitalized. The assessment tool is based on industry-wide best practices, the rates of which are reported by the Center for Medicare and Medicaid Services.

Using this tool, Touro was able to reduce the number of patients who required hospitalization by nearly half from 2004 to 2007, and saw a substantial rise in the number of patients who were able to bathe on their own throughout this time period.

“This is an exemplary accomplishment on the part of each employee with Touro at Home,” says Christine Kasner, Home Health Quality Improvement Coordinator. “I would like to congratulate our entire team for their outstanding work improving patient care.”

Happy Birthday True Brew!

True Brew Touro celebrated its first birthday at Touro on Tuesday, January 15th! The store has been a welcome addition for those who can’t quite get their eyes open in the morning or need a nudge during the day.

Special offers include a “Happy Hour” from 11:00 a.m.-1:00 p.m. every day when you can upsize your order and downsize your price! True Brew offers delicious pastries, and a variety of coffees and teas. Store hours are 6:30 a.m. - 4:30 p.m. Monday through Friday.
**IV Team Reduces Infections Through PICC Lines**

In May 2007, the Touro Infirmary IV team began providing peripherally inserted central catheters (PICC lines), a method used to deliver nutrients and medication to the bloodstream that can be used for a long period of time. They also became responsible for monitoring compliance with the Institute of Healthcare Improvement’s bundle - or list of regulations - for inserting and maintaining PICC lines.

PICC lines are the preferred method for patients who require long-term bloodstream access as the procedure is associated with a reduced rate of infections. An article published in the March 2000 issue of the Annals of Internal Medicine provides statistics estimating that as many as 4,000 patients may die annually due to bloodstream infections. Of this number, it is estimated that 90 percent of bloodstream infections occur with central venous catheters (CVC). The case fatality rate for CVC infections is estimated at nearly 20 percent.

Since adopting PICC lines, central venous catheter associated bloodstream infections (CVC-BSI) have dropped substantially at Touro, with no incidents during the month of November.

“Our catheter-related bloodstream infection rate had much room for improvement before we began using PICC lines this past summer,” says Holly Bourg, IV coordinator. “I am proud that we have been able to maintain this success and improve patient outcomes.”

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**KRONOS to Help Touro Keep Track of Time**

Cesar Nasthas, Office Systems Support, and Jonathon Quant, Desktop Support, install clocks for the new Kronos scheduling and attendance system. Employees should not use these clocks to log in until the Kronos system begins in April.
Rehab Nurse Celebrates Second Retirement

Noelie Pfisterer, an RN with Touro’s Rehab Department, commemorated her second retirement from Touro on December 28th, four days following her 80th birthday.

A graduate of the Touro Infirmary School of Nursing, Noelie decided to retire after a 52-year career as an orthopedic nurse at Touro in 2001. However, she quickly felt she was not ready to stop working and returned to Touro shortly thereafter.

“Noelie has had such an expansive career in so many areas of rehabilitation, as well as at Touro,” says Dr. Gary Glynn, who has worked with Pfisterer for the past 14 years in the rehab department. “We will all miss her very much.”

Standing: Kellie LeBlanc-Crochet, Carmen Passafume, Shannon Riera, Noelie Pfisterer, Susan Grieshaber and Lynette Little
Kneeling: Lisa D’Gerolamo, Shannon Payne and Jeanie Ewald

IV Room

Though referred to as a “room,” the IV Room is composed of three distinct areas laid out like a shotgun house. You enter the Ante-Room first, which is used for documentation, labeling of materials, and sterilization and garbing of workers and materials. Next, the Clean Room, is where the majority of nutrients and medication are mixed. Finally, the Chemotherapy Compounding Room (or Chemo Room), reserved for the special conditions necessary for preparing IV medication for chemo patients.

“Both the Ante-Room and the Clean Room are positively pressured, meaning air flows out of the room rather than in, forcing out any airborne germs,” says Leung. “The pressure is very carefully monitored. If the entrance to the IV Room is left open for more than a few seconds and the pressure dips too low, an alarm will sound.”

The Chemo Room, unlike the other areas, is negatively pressured.

Safeguarded by a thick door from the Clean Room, the Chemo Room’s negative pressure keeps air from leaving, providing a quarantined environment for the production of chemotherapy medications, which have potentially hazardous byproducts.

The walls, floor and ceiling of all three areas of the IV Room are outfitted to minimize the collection of potentially contaminated particles, allowing them to be filtered out of the room through the regulated pressure.

“The IV Room is an important step in improving patient care that Touro has been in the lead for adopting,” says Leung. “Not only do we remain one of the only hospitals in the area to have a room like this, but we have gone beyond the standard Joint Commission requirements with the inclusion of the pressure alarm system, an addition that not every hospital is upgrading to include. Ultimately, these efforts allow us to further guarantee the safety of our patients.”

To register call 897-8500 or visit www.touro.com.
The Ugly Truth: How One Department Used Teamwork to Improve Patient Satisfaction Scores

People handle bad news in different ways. This held true for the Ambulatory Treatment Center staff when they began following their patient satisfaction scores and were faced with the ugly truth: their satisfaction scores were much lower than they expected.

“Prior to receiving our scores, I think we were filled with a false sense of security,” says Helen Ruiz, Director of ATC and Outpatient Services. “Individually, everyone may have been doing a great job on their own, but as a team we lacked cohesiveness - the evidence was right there in the scores.”

THE REACTION
The ATC staff reacted to the scores with a range of emotions: surprise, anger, disappointment, embarrassment and shame. Determined to turn around the negative perception, they developed a strategy for improvement. The team decided that the most telling path to higher patient satisfaction was mapped out for them in the surveys - improve the areas with the lowest scores.

“While everyone was upset over our initial scores, really it did us a lot of good,” says Kirby Dorsey, Endoscopy Technician. “We looked at the areas that were dragging our overall scores down, and saw that these were services important to our patients. It gave us an indicator for what we had to work on and what we had to do as a team to improve our patient’s overall experience with us.”

THE PLAN
Three core areas for improvement were identified: billing, cleanliness, and pain management. The team devised a plan to immediately begin addressing these issues. Tasks were assigned and weekly and monthly discussions to measure progress were scheduled. Satisfaction score charts were printed weekly to help keep track of progress.

“It was important that everyone took ownership and remained committed to what we were trying to accomplish,” says Ruiz. “We needed to get everyone to look beyond their usual tasks and work together towards one common goal- creating the best environment possible to treat our patients.”

TAKING ACTION
The first step for improvement was the development of scripts used to serve as an outline for addressing patients while on the unit, at discharge, and on the phone. The scripts were written with the intent of directing staff to ask patients about their condition, see if there is anything they could do to assist them, and make sure they understand all information presented to them.

“Communicating with patients is key to making sure they understand what is going on and know we are here to serve them and are available to address their concerns at all times,” says Brent Becnel, RN. “It is important to keep them abreast of any delays so they know we have not forgotten about them and they are a priority.”

To assist in monitoring pain management, pain scale charts were posted in patient and procedure rooms, as well as on the back of each clip board to allow staff to gauge patients conditions at all times. Wallet sized cards were also designed to be carried at all times.

ATC members met with housekeeping and maintenance directors to identify areas for improving the cleanliness of the unit. Damaged or tarnished ceiling tiles were replaced, as well as stained baseboards in patient rooms. Stained vents and trim around the unit were painted so that they would appear like new. The frequency of daily house
Teamwork

Keeping rounds was increased to ensure that the unit is constantly presentable. ATC members designed laminated tents that are placed on each bed upon a patient’s admission with the following message: “This room has been cleaned for your comfort and safety,” assuring them that care has been given to preparing their room especially for them.

“Maintaining a clean environment makes our guests feel safe, comfortable and welcome,” says Becnel. “Think about if you were having guests to your house, how you would clean up and prepare to make them feel at home. That is the kind of welcoming environment we aspire to provide.”

Finally, ATC met with Patient Financial Services to develop a brochure explaining the billing process which is given to patients upon admission. Additionally, a business card was developed for patients to reference for follow-up information after their visit.

SUCCESS STORY

ATC’s planning and hard work paid off. When called upon to report their progress this past September, they had raised their scores considerably from their initial report in 2006, exceeding both national averages and patient expectations overall and in each of the areas identified for improvement.

“The biggest lesson we learned is that perceptions are real,” says Ruiz. “While we see ourselves one way, our patients may see us in an entirely different light. Patient satisfaction surveys give us the benefit of being able to look at ourselves through their eyes, and help us to identify what we need to do to best achieve our goal of meeting their needs.”

Teamwork

We effectively communicate and collaborate for the good of our patients.

1. I listen carefully and ask questions to be sure I understand others and that I am understood.
2. I am quick to respond to coworkers’ requests and follow through on commitments I make to others.
3. I deliberately coordinate my work with others, ask for help when I need it, and offer help whenever possible.
4. I say “thank you” and express my appreciation of my coworkers in appropriate ways.
5. I protect people from slipping on spills and make sure they are cleaned up appropriately.
6. I give coworkers the benefit of the doubt and work to resolve conflicts.
“I think that Integrity is essential to my role. Accurate, honest reporting is essential to reflect the severity of illness of our patients to help best recognize our patient population and their needs both at Touro and throughout the larger population of our city.”

-Cheryl Estopinal, Clinical Documentation Specialist

“I want to continue to show a Welcoming Spirit to everyone who walks through our door with a big smile and careful attention to their needs.”

-Kellie Smith, Medical Education Assistant

“Think it is important to have a strong sense of Teamwork in any department. Strong relationships and knowing how to communicate with your coworkers lead to greater productivity, which leads to greater patient care.”

-Prentice Makyeon, Distribution Coordinator

“My goal for the New Year is to embrace all of the values in all areas of my work here at Touro, and try to encourage employees to become more involved in the VIA Touro way of life.”

-Robin D’Arcangelo, Corporate Accounting Manager

“I show up everyday and greet everyone who walks by the volunteer desk with Welcoming Spirit and Respect. Where I work, you see a lot of the same faces everyday, and it is a pleasure getting to meet many of our patients, supporting them and watching as they get progressively better as time goes on.”

-Saul Opotowsky, Volunteer

Touro has placed 25 new garbage cans around the hospital to help put trash in its place.

Remember, keeping Touro clean is everyone’s responsibility.

If your department is in need of garbage cans or any other cleaning supplies, please contact Bart Gomez, Director of Environmental Services, at extension 8796, or at Bart.Gomez@touro.com.
Touro clears the way for new Imaging Center

The Rite Aid on the corner of Napoleon and South Claiborne Avenue was torn down on January 9th to make way for the construction of Touro’s new satellite Diagnostic Imaging Center, scheduled to open this September.

Mardi Gras Mambo 2008

Saturday, February 2, 2008
10 a.m. - 1 p.m.
Foucher Street
(between Prytania and Coliseum)

Face Painting  Music  Hotdogs
King Cake  Chips & Soft Drinks

All day complimentary parking in the DELACHAISE GARAGE ONLY with Touro employee ID (one vehicle per employee).

All Touro employees, their families and friends are invited.
Lisa Cressionnie has been appointed Patient Care Manager for the Intermediate Cardiovascular Unit. At Touro since 1996, Lisa has more than 10 years experience in med/surg, critical and post anesthetic care. Lisa received her Bachelor Degree in Business Management from Virginia Intermont College in Bristol, VA and later earned an Associate of Science, Nursing Degree at Charity Hospital School of Nursing. She is a Certified Post Anesthesia Nurse and an ACLS Instructor.

Irene Mitchell has been appointed Patient Care Manager of Labor & Delivery. Irene received a BSN from William Carey College and after graduating she worked for Touro for the next 10 years in the Labor & Delivery department as a staff charge nurse. She left Touro to be closer to her home in Biloxi but came back to Touro over and over, most recently since 2005 as a Charge Nurse on the night shift.

President and CEO Les Hirsch cuts the ribbon held by Lisa Cressionnie, RN, Patient Care Manager for the Intermediate Cardiovascular Unit (left), and Stella Wright, RN (right), at the M8 Intermediate Cardiovascular Unit Open House on January 10th.

Derek Hamilton, Security Officer, sits at the new security desk in the recently renovated ED waiting area.
Julie Allemand joins Touro as Patient Care Manager on Q8/T8. Julie graduated with a BSN from Our Lady of Holy Cross College and is pursuing a graduate degree at Loyola. Many already know Julie because she worked at Touro in the Skilled Unit as Charge Nurse, then Supervisor/MDS Coordinator from 1999-2004.

Alexander Alexis
Admitting
Patient Registrar

Denise Anderson
Clinical Resources Management
Case Manager

Beverly Barrios
Medical Staff
Manager Medical Staff Services

Andre Barthelemy
Intermediate Cardio Vascular Unit - M8
Critical Care Tech

Sabrina Brackens
Physical Rehab Care M9
Nursing Assistant

Demetris Collins
Physical Rehab W6
Nursing Assistant

Harriett Cortez
Foundation
Director, Woldenberg Development

Dawn Dawson
Clinical Resources Management
Flex Case Manager

Monique Diles
A2 Newborn Nursery
RN/Staff Nurse

Linda Epstein
Foundation Assistant
Archivist/Researcher

Graciela Granizo
Joint Replacement Q7 Nursing Assistant

Ellen Guest
Med/Surg Intensive Care
RN/Flex Staff Nurse

Hilary Hendershot
Ultrasound
Ultrasound Tech

Tyra Johnson
Physical Rehab Care M9
RN/Flex Staff Nurse

Kristen LaCour
Radiation Therapy
Radiation Therapist

Nicholas Lawrence
Speech Pathology
Speech Pathologist

Lisa Lemieux
Coronary T6
Nursing Assistant

Richard Miller
Pharmacy
Flex Pharmacist

Candis Netter
Intermediate Cardio Vasc-M8
RN/Staff Nurse

Tracy Nickles
IV Team
LPN/Licensed Practical Nurse

Kandalyn Poole
Labor and Delivery Services
RN/Flex Staff Nurse

Brian Prattini
Emergency Department
Emergency Room Tech

Elizabeth Rainey
Coronary T6
RN/Staff Nurse

Martha Ramie
Fiscal Affairs
Accounting Clerk

Caitlin Sestokas
Pain Day Program
Rehab Counselor

Terri Somme
Physical Rehab W6
RN/Flex Staff Nurse

Jeromi Terry-Green
Emergency Department
RN/Staff Nurse

Demetrix Tolliver
Respiratory Therapy
Flex Registered Respiratory Therapist

Gwendolyn Verrett
Dietary
Cook

Warren Walker, Jr.
Oncology M5
RN/Weekends

Amanda Wallace
Med/Surg Intensive Care
RN/Flex Staff Nurse

Mary Wingo
Physical Rehab W6
RN/Staff Nurse
Compassion in Action- The Mission Focus of Touro Infirmary
by Rev. Dr. Larron D. Jackson, Director of Mission Services

“But you, O Lord, are a God full of compassion, and gracious long suffering and abundant in mercy and truth.” - Ps 86:15 (NKJV)

The mission statement of Touro Infirmary reads as follows: “Touro is guided by the principles of Judaism to provide the highest quality and most compassionate healthcare.” Compassion is one of the six Judaic principles that serve as the foundation and focus for the manner in which we are committed to providing healthcare at this institution.

In the original language of scripture the word “compassion” means “to feel pity” for someone, or, “to have sympathy” for someone. To feel pity for someone or to have sympathy for someone in and of itself is not sufficient to create a change in a situation, nor a person’s life. Our inward emotions of compassion must cause us to “act with compassion.” According to scripture and faith, true compassion is always accompanied by action. That which is internalized in our heart is actualized by that which we do for the person or situation for which we feel compassion. Rabbi Joseph Telushkin in his book, “Jewish Literacy: The Most Important Things to Know About the Jewish Religion, Its People, and Its History,” says that acts of loving-kindness, which in Judaism is expressed as “gemilut chessed,” must be motivated by heart-felt compassion. In other words, acts of loving-kindness are the fruit of a compassionate heart. From both a faith perspective and a healthcare perspective I am in 100 percent agreement with Rabbi Telushkin.

As healthcare professionals we are committed to creating an environment where our patients are safe. We are committed to providing the highest quality of healthcare. We are committed to treating all patients, their families and each other with dignity and respect. But, are we also committed to examining our motivation for why we do what we do? Are our actions motivated by a heart filled with compassion for those whom we are called to serve? It is my hope and prayers that we are.

Let me conclude this article by revisiting the aforementioned book by Rabbi Joseph Telushkin. In his chapter, “Whoever Saves a Single Life, It Is As If He Saved An Entire World,” Rabbi Telushkin talks about the value of human life from a faith and ethical perspective. Rabbi Telushkin states the following:

“One of the most eloquent Jewish statements about the value of human life comes from a very odd source: the admonition administered by ancient Jewish courts to witnesses testifying in capital cases. In addition to the expected warning against perjury, the judges offered a commentary on why God originally populated the world with only one person, Adam. ‘To teach you,’ the witnesses were warned, ‘that whoever destroys one life is considered by the Torah as if he destroyed an entire world, and whoever saves one life is considered by the Torah as if he saved an entire world.’” (Mishna Sanhedrin 4:5).

Though Rabbi Telushkin is clearly writing from a faith and ethical perspective, I believe that the point he makes here also applies to compassion. That is, when we show compassion to one person we increase the amount of compassion that is available to all people.

It is my hope and my prayers that all of us who are called to serve others in healthcare will not only feel compassion, but we will also act compassionately. VIA Touro!

Employee Shuttle Service

Free shuttle service is available for employees between the St. Charles parking garage and the Prytania Street entrance.

Hours of Operation
6 a.m.-10 p.m.
Monday-Friday

For more information, call Security at 897-8751.