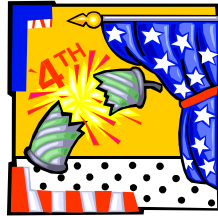




**First Choice**  
Staffing Solutions, LLC



# Newsletter

July 2007

## Tammy's Corner

Tammy Rowan, Director

**CALL 1-800-474-2026**

Here's what's been happening a lot lately- a nurse is trying to call in with a question or need that really can't wait. She pulls up the last call she received from the office on her cell phone and hits redial. After a number of unanswered rings, the call switches to a voicemail and the nurse leaves a message that she needs us to call her back right away... *only that message never gets to the person taking call, because it's been recorded on the office machine, **not** the on-call voice recorder.* The number you see as the 'headline' is the **only** number that rolls over to the cell phone when the office is closed. This isn't new information and nothing has changed in the way the phone system operates, so I'm just thinking folks are forgetting that using the numbers left from previous calls doesn't work when the office is closed. Those numbers could be any one of the lines that are used by us to make outgoing calls during the day, so, remember – if you need to call us, use **1-800-474-2026**.

**Welcome Baby!** Congratulations to Jessica Tillman, and a warm welcome to Aubrey Faith, 8 lbs. 3 oz, born June 17.

-Also, Jackie Lyons has a new grandson: Devin, 7 lbs 9 oz, born June 13.

## BIRTHDAYS:

BEST WISHES TO: Wilma Dixon, Jul 1; Emily Cobb, Jul 3; Robin Cannon & Lisa Hilton, Jul 5; Jennifer Felton, Jul 8; Cindy McDade, Jul 12; Candace Parris, Jul 14; Lindsey Bentley & Samantha Jackson, Jul 15; Pat Hill-Hallisey, Jul 16; Shawatha Kendrick & Daisy Clark, Jul 17; Linda Young, Jul 19; Phyllis Frazier, Jul 22; Sherita Thomas, Jul 24; Vicki Walker, Jul 25; Chamara Tucker & Jennifer Brock, Jul 26.

## Free CEU's

It's true that Georgia has no State requirement for Continuing Education Credits – not really anything to brag about, and it sometimes comes as a nasty shock when nurses moving to another state learn they must show their past year's CEU's as part of the reciprocity process. Most professionals recognize both the need and the personal responsibility involved in keeping up with the growing and changing body of information related to their field. Unfortunately, CEU's can be expensive to earn through seminars or workshops. The good news is that some recognized continuing education units can be earned on line, gratis! Last month I completed a 1-contact hour course on Explosions and Blast Injuries offered by Wild Iris Medical Education. This group is recognized by the Washington State Nurses Assn, which is an accredited approver by the American Nurses Credentialing Center Commission on Accreditation. Not all their courses are free- they use one or two 'freebies' to get you interested in their site. But their short course was interesting, to the point, and 'do-able' in under a half-hour, including the multiple choice testing. It's a site worth checking out:

[www.nursingceu.com](http://www.nursingceu.com)

## WEB SITES OF THE MONTH:

- 1 [www.ceu4u.com](http://www.ceu4u.com)  
--This website has a cornucopia of useful topics in their nursing section. The online completion of any course yields you CEU's specific to the nursing profession.
- 2 [www.nln.org](http://www.nln.org)
- 3 [FCSSGA.com](http://FCSSGA.com)

## Jackie's Spot

**MRSA - AGAIN** Last July I wrote a column on Methicillin Resistant Staphylococcus Aureus – but this so-called 'superbug' remains in the headlines. A recent survey by the Association for Professionals in Infection Control and Epidemiology reports that the germ is present in five percent of the patient population seen in American healthcare facilities. –That means that if you have contact with, let's say, 100 patients over the course of a month, it is likely that five of them either had active MRSA infection, or were asymptomatic but were 'colonized' – carrying the germ. The testing in this survey was done within 48 hours of patient admission – so the folks they were counting didn't 'catch' the germ while in the hospital (at least not on the visit tested). These patients brought the germ with them, either invisibly or in the form of skin rashes, blood or lung infections. Direct contact is still the main means of contamination with MRSA. Good hand hygiene remains the primary method of preventing spread of the bacteria. So why repeat last year's message? Well, this year's OSHA Preparedness and Response Guide for Healthcare Workers and Healthcare Employers makes a sad point: "It is important to recognize that healthcare workers report compliance with hand hygiene recommendations despite observations to the contrary." On the list of possible explanations OSHA suggests for *why* someone would claim to be using good handwashing practices, but *not* really be doing it, are – 'wearing gowns/gloves' and also 'Perceived lack of institutional priority for hand hygiene.' The implication is that we're lulled into a false sense of security because we're wearing protective equipment, or we just don't see any importance to hand washing since our administrators really don't care. I'd like to believe First Choice Nurses are smarter than that and I know the Administration here does indeed value your health enough to see safe practice techniques as a requirement.

## VIC'S COMMENTS

Vic Rowan, CEO

**It's time to do reviews and evaluations again. I'd like to encourage each of you to complete the bottom portion of your First Choice Staffing Solutions Performance Evaluation Form and return them to the office. These are not only the client's and agency's report on 'how you're doing' – but also your opportunity to send us some input as to where you hope to go in Nursing, what you'd like to see in the**

**Agency, and how you feel you've done this past year. Many of these forms come back to us with only a signature, and that's OK, but we'd like you to use it as a tool for input as well.**

**--- And thank-you to those who returned their Phoebe assessment sheets on time.**

***Get Well Soon! Prayers and wishes that Mel Soutar, Pam Collins and Carolyn Brickley will soon be feeling great.***

## Carla's Corner

We need to address some 'hospital issues' concerning procedures. Most shifts start at 6:45 and even one minute past that is considered a late clock-in, so please be on time. Note that Phoebe nurses are not permitted to clock in before 6:40, so there's only a 5 minute window there to work with.

Tift requires that you clock in and out each and every time you enter or leave the department you are working in, and you must use the code assigned for that department. If you have any problems, contact Jan Douglas at 229-353-7726.

Phoebe also has mandatory clock-in – if you want to be paid, you must clock in and out for each shift. Failure to clock in results in a warning. A second failure to clock in or out will result in the nurse being made DNU for that facility. That's bad news for you – and for us as well, so please be diligent.

\*There should be no Prima Donnas where these basic guidelines are concerned. No matter how skilled, competent, or just plain popular a nurse may be, there is no room for applying these 'punctuality' rules selectively .

*\*Don't get onto Carla for this added note- it's mine - jackie*