



We continue to pray for our troops wherever they may be stationed.

# I HEARD IT THRU THE STEAMLINER

Volume 22, Issue 3-4      Fall-2010—Winter-2011

Hello NCAHCSP members,

It is time for us to gather once again for our annual meeting. **CS an Evolving Profession** will be our theme. What an evolving business it is!

One thing is for sure. As long as we stay in this business we will never be bored.

It ages me to confess that I am looking back at 30 plus years of working with surgical instrumentation. What changes have been made! I wonder what it will be in another 30 years. We are trying to gather together some old things for viewing and comparing to what we use today. If you have any old time medical instruments or equipment bring to the meeting for display.

Some of you will remember when 4 minutes at 270 degrees in a gravity cycle would sterilize anything. Well, except the things we put in the old ETO sterilizers. (the ones

without exhausts and tanks the size of a small woman)

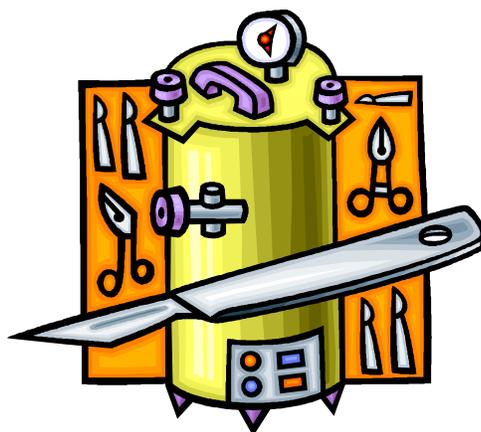
I would personally like to thank God and the Manufacturer of disposable bed pans. As we go green and try to save the earth, I hope we do not return to the days of cleaning those.

Yes things are changing and so much of it is good. Our profession is being recognized and education is being promoted. Congratulations to all who have obtained and retained their certification.

Thank you for allowing me to work with you this year.

**HOPE TO SEE YOU AT THE BEACH April 28-29.**

Judith M Carey

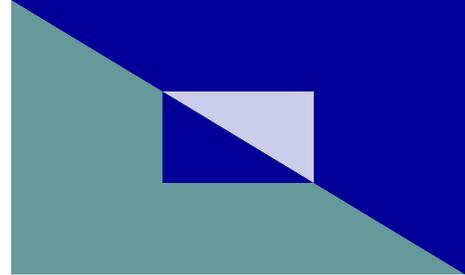


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### Newsletter Committee

- Pam Caudell-Editor-in-Chief
- Paul Hess-Assistant-Editor
- Diane Fink-Staff Writer
- Lana Haecherl-Staff Writer



## What's Happening in The NCAHCSP World

As you know, we are coming up on the NCAHCSP annual meeting in Myrtle Beach. The dates are: April 27th—starting with the Hospitality Suite being sponsored by InterMetro and SterilMed. This will be from 6:00 pm to 11:00 pm. On Thursday we continue with our theme of “CS-An Evolving Profession”.

Included in this will be speakers like Francis Zie-man speaking on “Cleaning and Monitoring in Healthcare”. Also, don’t forget the Vendor Exhibition where we get all the new and updated information on new equipment or just updated information. This also gives us a time when we can say thanks to the vendors for all their help. Without them, we would not be as successful as we are now.

On Friday, we have another excellent set of speakers. Stephen Dillon on Laparoscopic instruments and Mary K Lane for OR case carts.

As you go thru this meeting, think about things you would like to see and hear about. Please let one of the Board members know so we can plan better and better in-services for you. After all, without education, we are stumbling around in the dark.



**HAVE YOU RE-JOINED AS YET?** If not, why not? If we are not meeting your needs, what do we need to do to improve? Do you work with someone that is unfamiliar with the chapter? Invite them to the next quarterly meeting. We are more than happy to explain what NCAHCSP is and what we are able to do for the membership. Please renew if you have not renewed for the year 2011. If you want to be a part of this great organization, go the website and there will be a link where you can download a form to join. The cost is a whole 20.00/year for membership. This is such a good deal. You get sooo much for your 20 bucks. There are 4 CEUs per year from the newsletter as well as the ones from the annual meeting which average around 8 (+ -) and the ones from the quarterly meeting. Also average between 4 and 4.75. The opportunities to hear the speakers from our own facilities as well as ones from across the United States are limitless. We feel it is the goal of the NCAHCSP to provide quality education to assist staff in their quest for continuing learning. Not only that, we want to provide an environment in which it is possible to talk with other CS members and hear about each others issues and perhaps gain assistance in working out problems within our own departments.

If you know anyone from South Carolina or Virginia that would like to attend, please let them know we will welcome them. Also, if anyone from their Board of Directors can let us know who currently the president, we would appreciate. We need it for our information if we need to share anything.

Take care and let me know what's happening in your neck of the woods.

## Conflict In The Workplace: How Involved Are You?

By: Pamela H Caudell, RN, CNOR, CSPDS, ACSP

### Objectives:

Discuss what conflict is

Describe the problems associated with conflict

List three possible positive outcomes of conflict

In every institution or facility whenever there is a group of individuals working closely together there will be conflict. In some cases it's relatively minor as in who goes to lunch first. In other instances, it can escalate into a major confrontation. Why does conflict occur and what can be done to prevent it from causing problems in the workplace? Webster's Dictionary defines conflict as sharp disagreements or opposition of interests or ideas. In simple terms you and I don't want the same things. Conflict lowers work productivity, increases absenteeism, reduces morale and can ultimately lead to large scale confrontations which, in certain populations may lead to violence.

There are any number of reasons why conflict occurs. In today's technological world, it may be something as simple as a new piece of equipment without clear written instructions on how to clean and process it. Or a different style of communication. The

strong silent type may just hold everything inside until they explode, often at something very minor. Then there is the one who wears a heart on the sleeve and cries at the first raised voice.

No one likes to think they are prejudiced. However, prejudice can be about many different things and can create conflict just by its' very nature. It is a rare unit indeed that is made up on only one nationality or one language or one view point.

Conflict is generally divided into two categories:

Conflict about decisions, ideas, directions and actions. This is also known as "substantive conflict". Dealing with "substantive conflict" is often simply a matter of addressing the specific problem that is the subject of the conflict. For instance, Marie can't finish her budget until Tom turns in his unit's request for Capitol Equipment. Tom tends to procrastinate until the very last minute. Marie feels like she is doing a rush job and it makes her look bad to her boss. Tom feels like Marie is setting unrealistic deadlines. As the conflict increases, productivity decreases and both people feel bad about their problem but don't know how to fix it. In this case, perhaps a manager needs to step in and help them mediate their dispute.

Conflict between personalities. This is called "personalized conflict" and in this form, two parties simply don't like each other. This is not one for mediation however, it must be addressed. This type of conflict is fueled by emotions (anger, frustration, desire) and contains perceptions about someone else's character or motives. What sometimes happens in this respect is each side wants to gain support or sympathy from others in the group. When this starts, there is a decrease in productivity, an increase in absenteeism and a continuation of frustration and hard feelings because you are now on Joe's side and not Susie's or vice versa.

There are other causes of conflict that people need to think about. Conflict can have a positive impact, however it can lead to enlightenment if staff involve themselves in finding a solution rather than voicing their distress.

**Conflicting Needs**—Staff sometimes have to compete for scarce resources, recognition and power in the unit's pecking order. Everyone needs a share of the unit's resources be it supplies, the boss' time or part of the Capitol Budget. When there appears an unfair share, the staff feel like one of the "have nots" as opposed to the "haves".

**Conflicting Goals**—When two different units are working toward the same goal but through a series of different duties, each may believe theirs is the most important.

**Conflicting Perceptions**—Two staff members may view a situation in an entirely different manner. For instance, a new tech is hired and one staff member views this as a positive (more hands to do the work) while another views this as an insult (the current staff is not performing adequately so we have to hire additional staff.)

As well as conflict between staff members, there is the conflict caused by management. There are several of those as well. For instance:

- A. Poor communication-I thought I told everybody.
  1. Employees experience continuing surprises, information is not forthcoming about new programs, new ways of doing things, new decisions, etc.
  2. Staff haven't been involved in the decisions and therefore don't understand why such decisions are being made.
  3. The "rumor mill" becomes more trustworthy than management.
- B. The amount of resources available to staff is insufficient which causes additional stress.

- C. Conflicting supervision from one or more middle managers. Also "passing the buck", "it's not my fault", nothing seems to change.

People generally respond to conflict in one of several ways:

**Avoidance** The "ostrich technique", ignore the conflict and hope it goes away. Generally it doesn't go away, it simply gets worse. Some staff members will be reluctant to get involved in heated conversations or discussions which are potentially negative.

**Accommodation** Try to please everyone and in reality please no one and in most cases look less than stellar.

**Collaboration** Some realize that all conflict is not negative in nature and will try and develop an open mind to what the others are trying to communicate.

**Compromise** Give in on one thing with the idea that others will give in on other things.

**Combative** May the best (or toughest) man or woman win.

What is the real key to diffusing conflict and reaching an amicable agreement between parties? Communication, communication and communication are the answers to the question. In a subjective conflict, if both parties can focus on the issue or problem at hand instead of each other, each person becomes more involved in the solution and can then move forward.

The reality is with each situation, the question sometimes becomes whether or not each individual is looking for resolution based on what is best for the unit not themselves. In many instances there will not be a clear winner but compromise will insure the best alternative to conflict. Every individual must be allowed their five minutes of opinion expressing in which to state their side of the conflict. As a mediator, please do not allow anyone to be belittled or treat each other with less than respect. It is important that each member feel useful and appreciated for the work they do.

Other things that have proved helpful are:

- A. Have regular meetings with staff for information throughput.
- B. Develop a plan of action involving staff members to plan for upcoming needs.
- C. Make sure to give credit where credit is due, particularly if it involves a problem that has been worked out by the staff.
- D. Praise is always noteworthy.

## “Conflict in the Workplace—How Involved Are You?”

1. Conflict is defined as sharp disagreements or opposition of interests or ideas.  
TRUE                      FALSE
  
2. Substantive conflict is conflict about ideas, directions and actions.  
TRUE                      FALSE
  
3. Conflicting perceptions means that two staff members view the situation in the same manner.  
TRUE                      FALSE
  
4. Personalized conflict happens when two people simply don't like each other.  
TRUE                      FALSE
  
5. Emotions can fuel conflict because people want others to side with them so this increases conflict among the staff.  
TRUE                      FALSE
  
6. Conflict always has a negative impact.  
TRUE                      FALSE
  
7. By burying your head in the sand, you try and avoid the conflict hoping it will go away.  
TRUE                      FALSE
  
8. Conflict can cause an increase in productivity and an increased satisfaction in job performance.  
TRUE                      FALSE
  
9. Combative conflict happens when each person believes they are in the right and they will do whatever it takes to keep that position.  
TRUE                      FALSE
  
10. Communication is the least important aspect of resolving conflict.  
TRUE                      FALSE

**EVALUATION**--Please evaluate this in-service by selecting a rating between 0 and 4.

**0=Not Applicable, 1=Poor, 4=Excellent**

Author's Knowledge of the Subject **0 1 2 3 4**

Author's Presentation, Organization, Content **0 1 2 3 4**

Author's Methodology, Interesting/Creativity **0 1 2 3 4**

Program Met Objectives **0 1 2 3 4**

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## CPR—DO YOU KNOW THE NEWEST TECHNIQUE?

By: Pamela H Caudell, RN, CNOR, CSPDS, ACSP

### Objectives:

Discuss the history of CPR

Describe the changes in new standards regarding chest compressions

You and your work partner are having a good time working and talking at the same time. Suddenly, there is a look of extreme pain on your friend's face and she drops to the floor. Oh my goodness, what do you do now? If this happened to you, would you know what to do?

CPR, short for cardiopulmonary resuscitation, is the only known effective method of keeping someone who has suffered a cardiac arrest long enough for treatment to be delivered. In the middle portion of the 1700s, in the city of Amsterdam, a large city of canals, here were listed as many as 450 deaths per year. A group of citizens got together to discuss the possibility of saving drowning victims. From this group called the "Society for Recovery of Drowned Persons", there came about several methodologies for stimulating the body to breathe again.

Some of these were:

- ◆ Warming the victim
- ◆ Removing swallowed or aspirated water by positioning the victim's head lower than the feet
- ◆ Applying manual pressure to the abdomen
- ◆ Respirations in the victim's mouth, either by using bellows or with a mouth-to-mouth method. In this description there was advised to use a cloth or handkerchief to render the operation less indelicate.
- ◆ Tickling the victim's throat
- ◆ Bloodletting

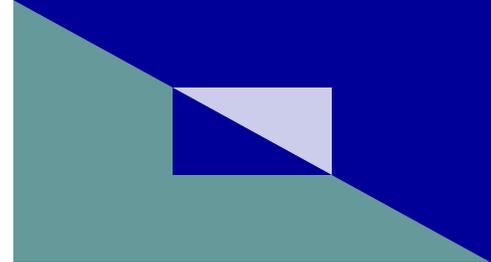
- ◆ "stimulating" the victim by such means as oral fumigation. It is believed that nicotine was enough to stimulate a response in the "almost" dead.

Now I grant you fumigation is not something we practice now but some of the others are still in practice today. These practices proved that it was indeed possible to resuscitate someone who was actively drowning which eventually led to our current practices.

In 1769, Hamburg, Germany passed an ordinance that notices be read during church services describing ways to assist victims of drowning, strangulation, frozen persons as well as those overcome by noxious fumes. These notices could actually have been the first mass medical training.

For the next 150 years, literally everybody in the scientific field had their own way of doing what we now know as CPR. Up until the late 1950s, the Boy Scouts were taught the "out goes the bad air in comes the good". We now know that this process only works when there is still a heart beat. Circulation has now been proven to be even more important than originally thought.

Both doctors and scientists, in more modern times, have set about devising new techniques and looking at possible risk factors as well as exploring other uses for medications in use during the late 1940s and early 1950s. In 1954, a physician, Dr. James Elam, an anesthesiologist, showed the technique of exhaled-air ventilation was a sound technique for providing respirations to non-breathing victims. The problem became a matter of getting people to believe in this technique and to get the scientific public to adopt this method for the betterment of the public. Several years later, Dr. Elam met up with Dr. Peter Safar who was also an anesthesiologist. Together the two of them did studies to show it was possible to keep people aerated with either mouth-to-mouth or manual methodologies. In 1957, the United States Military accepted and endorsed the method and in 1958, the AMA followed with their approval.



However, chest compression for circulation was not practiced or studied because it was not something that was easily spotted, particularly not by the average public. It really came about quite by accident. William Bennett Kouwenhoven, Guy Knickerbocker and James Jude at Johns Hopkins University were doing research using defibrillators on dogs. They noticed that when putting pressure on the paddles for defibrillation, they got a pulse in the femoral area. With further experimentation, they were able to achieve circulation with chest compressions.

In 1960, Safar, Jude and Kouwenhoven presented convincing data to the Maryland Medical Society, the use of chest compressions and mouth-to-mouth respiration together were necessary to prevent death.

In 1962, a training video was produced to instruct the public on this new technique. The mnemonic of A, B & C was devised during the making of this video because it was easy to remember and stood for the steps that needed to be done sequentially; airway, breathing and circulation. In 1963, The American Heart Association officially endorsed CPR as a method of saving lives. In 1966 a conference was held to establish a standardized method of teaching CPR and what the performance standards were to be.

From then until now, the practice of CPR-cardiopulmonary resuscitation- became nationally used as the method to prevent cardiac death in anyone suffering a heart attack, drowning, freezing or electrical shock. The defibrillator was expanded upon to the point of being able to use such a device in the field where the trauma occurred. We even have trained medical technicians working in the field able to give the necessary treatment to patients based on a diagnosis from a physician based in an ER, not in the field.

In 2010, data from continuing research showed that keeping the circulation going had become more important than just maintaining an airway. This has happened largely because most cardiac arrests happen in adults. The critical initial elements of basic life support for this age group are chest compressions and defibrillation.

As a consequence, A-B-C has now been changed to C-A-B. This has been endorsed by the American Heart Association and is now starting to be taught in the BLS classes. The rationale for this is to ensure that chest compressions are started sooner while the blood is still oxygenated. It has been proven that if a person looks for breathing first and tries to open the airway, it takes 30 seconds longer to start chest compressions.

If you are or have been trained in CPR, the recommendation still includes ventilation breaths. This is to be done at a ratio of 30 chest compressions to 2 breaths. This is also the standard for infants and children but not newly born infants.

The new recommendations include:

Compressions of at least 100/minute

Compressions should be to a depth of at least 2 inches in adults and children but only 1.5 inches in infants

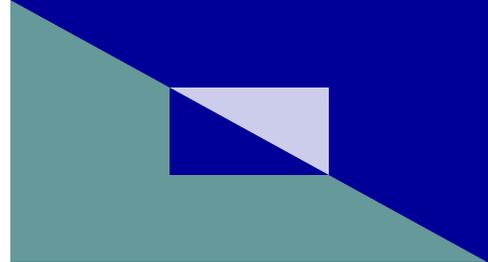
Allow chest to come back to start position after each compression.

Minimize all interruptions to chest compressions (don't stop and start) Call 9-1-1 first then start hard and fast on chest compressions until help comes

Avoid excessive ventilation (if you know how to do it)

The idea behind all of this is two fold. The first is to ensure all arrested persons have the same opportunity for recovery. Most lay people are uncomfortable doing ventilation on a person, particularly one they don't know. Chest compressions are something that can and should be started immediately to assist in the recovery of a stricken patient and practically everyone feels they can do that much. Secondly, it is something that can, if necessary, be taught over the phone. 9-1-1 operators are able to talk almost everyone thru doing chest compressions which again may save additional lives. For all of us, whether professional or not need to be aware of what we can do to assist someone in need. With these changes in our CPR, the chances of assisting more people have definitely improved. Help yourself and those around you. Learn CPR.

CPR and YOU  
2010-2011



1. One of the original methods for stimulating the body to breathe included bloodletting.  
TRUE FALSE
2. One of the 1st mass medical trainings took place during church services as descriptions were read describing ways to resuscitate drowning victims.  
TRUE FALSE
3. The Boy Scouts had one method of resuscitation dealing w/”out goes bad air—in comes the good”.  
TRUE FALSE
4. Circulation is now proven to be even less important than originally thought.  
TRUE FALSE
5. Dr. James Elam, who used the technique of exhaled air ventilations as a sound technique to assist non-breathing victims.  
TRUE FALSE
6. In 1968, the AMA approved the use of mouth-to-mouth resuscitation.  
TRUE FALSE
7. Chest compressions have been practiced since the early 1700’s.  
TRUE FALSE
8. A, B, C steps were instituted because they were easy to remember.  
TRUE FALSE
9. In 2010, data showed that keeping the circulation going was more important than just maintaining an airway.  
TRUE FALSE
10. One of the new recommendations include compressions of at least 140 compressions per minute.  
TRUE FALSE

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## Weight Loss Goals: 10 Tips for Success

[By Mayo Clinic staff](#)

Weight-loss goals can mean the difference between success and failure. Realistic, well-planned weight-loss goals keep you focused and motivated. They provide a plan for change as you think about and transition into your healthy lifestyle.

But not all weight-loss goals are helpful. Unrealistic and overly aggressive weight-loss goals — for example, losing 10 pounds each week or fitting into your high school jeans from 20 years back — can undermine your efforts. They're difficult, if not impossible, to meet. And if your weight-loss goals are beyond reach, you're more likely to feel frustrated and discouraged and give up on your dieting plans. It's OK to dream big. Just use these 10 tips for creating weight-loss goals that will help you achieve your big dreams.

**Personalize your goals.** Set goals that are within your capabilities and that take into account your limitations. Also, consider your personal fitness level, health concerns, available time and motivation. Tailoring your expectations to your personal situation helps you set achievable goals.

**Aim for realistic weight loss.** Healthy weight loss usually occurs slowly and steadily. In general, plan to lose 1 to 2 pounds a week (0.5 to 1 kilogram) — even if your initial weight loss is a little faster in the first week or two. To do this, you need to burn 500 to 1,000 calories more than you consume each day. Also, don't expect to lose more of your body weight than is realistic. For instance, set a goal of losing 10 percent of your current weight, rather than 30 percent.

**Focus on the process.** Make most of your goals process goals, rather than outcome goals. "Exercise regularly" is an example of a process goal, while "weigh 145 pounds" is an example of an outcome goal. It's changing your processes — your daily behaviors and habits — that's key to weight loss, not necessarily focusing on a specific number on the scale. Just make sure that your process goals are specific, measurable and realistic, too.

**Think short term and long term.** Short-term goals keep you engaged on a daily basis, but long-term goals motivate you over the long haul. Your

short-term goals can become stepping stones to reaching long-term goals. Because healthy, permanent weight loss can be a long process, your goals need to be feasible for the long term.

**Write it down.** When planning your goals, write down everything and go through all the details. When and where will you do it? How will you fit a walk into your schedule? What do you need to get started? What snacks can you cut out each day? Then track your progress to see if you're meeting your goals.

**Pick a date.** Timing is crucial, often making the difference between success and failure. Choose a definite start date for your weight-loss program and don't put that date off for anything. Be sure to account for life circumstances that might hamper your efforts, such as work or school demands, vacations or relationship problems. You may need to resolve some issues before starting.

**Start small.** It's helpful to plan a series of small goals that build on each other instead of one big, all-encompassing goal. Remember that you're in this for the long haul. Anything you undertake too intensely or too vigorously will quickly become uncomfortable, and you're more likely to give it up.

**Plan for setbacks.** Setbacks are a natural part of behavior change. Everyone who successfully makes changes in his or her life has experienced setbacks. Identifying potential roadblocks — a big holiday meal or office party, for example — and brainstorming specific strategies to overcome them can help you stay on course or get back on course.

**Evaluate your progress.** Review your goals each week. Were you able to successfully meet your goals last week? Think about what worked and what didn't. Make plans for how you will reach your goals both today and during the course of the week.

**Reassess and adjust your goals as needed.** Be willing to change your goals as you make progress in your weight-loss plan. If you started small, you might be ready to take on larger challenges. Or, you might find that you need to adjust your goals to better fit your new lifestyle. If you find that you have to make frequent adjustments downward or constantly scale back, you may not be setting realistic weight-loss goals in the first place — head back to tip No. 1.

## Cardiovascular Heart Disease

**MADISON, WISCONSIN** (February 1, 2010) –

Each year, February marks a shift in the nation's collective focus, as matters of the heart take center stage. While images of

hearts abound, from pastel candies to Valentine's Day cards, health experts around the

country are asking us all to turn our attention to a decidedly less-endearing picture: heart disease.

Prevention of coronary heart disease is highlighted throughout the month of February in

honor of American Heart Month. This year, the Preventive Cardiovascular Nurses

Association (PCNA) is asking American families to take a closer look at everyday habits

that can help promote a healthy heart and reduce the risk of the nation's number one cause of death for men and women.

"Because risk factors for heart disease, such as excess body weight, diabetes and high

cholesterol, can start developing in childhood, it's important to think about prevention at

all stages of life," notes PCNA President, Jane Nelson Worel, MSN, APRN-BC, APNP,

FAHA, FPCNA. "When families focus on behavior change together, they have a much

stronger support system, helping them sustain their commitment to a healthier lifestyle."

PCNA recommends small, simple changes in lifestyle habits to help lay the foundation

for a heart-healthy future:

1. Make nightly dinner a family occasion and turn off the TV while eating. Research

shows that children who shun the tube during mealtime have higher-quality diets

than those who watch-and-eat.

2. Although a leisurely breakfast is often impossible in busy, bustling households,

make sure no one leaves for the day on an empty stomach. Eating breakfast

helps promote weight control, which is increasingly important as excess body fat

is a leading risk factor for heart disease.

3. Family game night is a great idea – if you get out of your chairs and move! In lieu

of board games, organize a scavenger hunt, play charades or have an old fashioned pillow-sack race.

Adults can benefit from just 30 minutes of increased physical activity daily. Children and adolescents should aim for 60 minutes per day.

4. Get kids involved at all stages of meal planning and encourage "ownership" of healthy meals and snacks.

At the grocery store, assign each child a different color and ask them to choose one new fruit or vegetable based on the hue-of-the-day.

5. Don't expect your children to limit TV or computer time, eat right or get regular physical activity if you aren't doing the same.

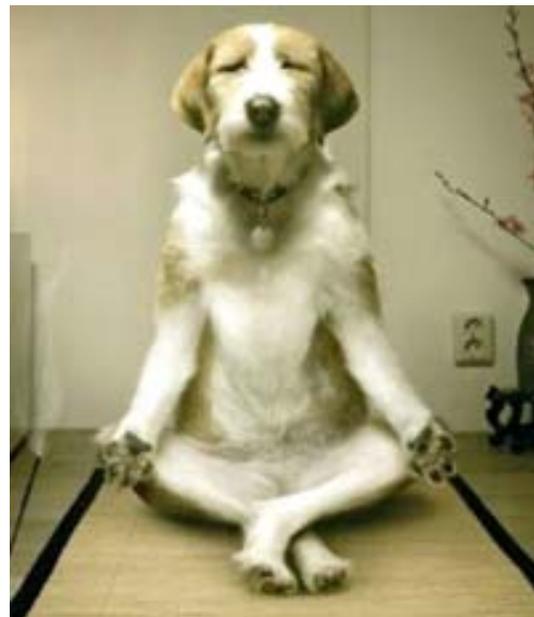
6. As the pooch below shows, lowering the stress level will also help keep your heart healthy.

Visit [www.FamilyAtHeart.org](http://www.FamilyAtHeart.org) for

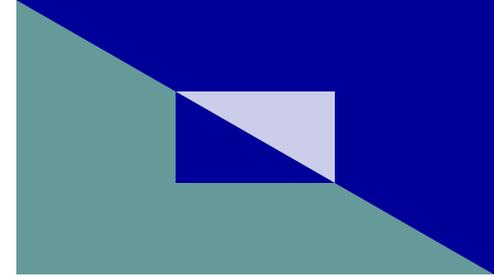
more tips on setting an example with healthy behaviors and encouraging a lifelong commitment to heart health.

"It's never too early and never too late to prevent heart disease," advises PCNA.

### Preventive Cardiovascular Nurses Association



## WHAT IS XERISCAPING?



Xeriscaping was a term coined back in 1970s in Denver, CO, to mean water wise or water efficient landscaping. The term xeriscape is derived from the Greek word xeros, which means dry. Don't let that mislead you into thinking we're talking about deserts and cactus or even a drought plagued, barren landscape. Xeriscaping is a method of gardening that involves choosing plants that are appropriate to their site and creating a landscape that can be maintained with little supplemental watering. Xeriscaping is not a style or category of garden design. It is basically some common sense guides to gardening in harmony with your site and can actually be applied to any type of garden design.

### Why is Xeriscaping Important?

The obvious answer is that we only have a finite amount of water and some years even less than others. By grouping plants by their water needs, using mulch and drought tolerant plants, you will be conserving on water usage.

You will also have healthier gardens and landscapes and less need to use fertilizers and pesticides. Consider that everything you do in your yard and garden will eventually effect your water source and from there, any nearby bodies of water. We hear a lot about pollution from industry and factories. These are considered "point sources". Homeowners and individuals are considered "nonpoint" sources of pollution. While you may not think the fertilizer and bug spray you use on your plants is excessive, the combined runoff from all of us "nonpoint sources" is considerable.

By applying these simple techniques you will be conserving water and improving local water quality - all while still having a beautiful garden. .

**Planning and Design** - Have a Plan. Take a look at your garden's topography, exposure and soil. Don't try to fight your site. Create planting zones and group your plants by their needs. For example, groups tough, drought tolerant plants in areas exposed to full day sun, give less tolerant plants some partial shade and keep the more delicate or demanding plants for a spot near your water source.

**Choose Appropriate Plant Material** - You may choose to incorporate a few plants that will need to be coddled, but for the most part, selecting plants that thrive in your area during low water conditions will give you the best results. This often includes native plants that we so often take for granted. The choice of plants will vary by region, even within a single yard. You may also be surprised to see how many plants are considered xeric, once they have established themselves and when properly cared for.

**Soil Improvement** - The old adage that if you take care of the soil, the soil will take care of the plants, is very true here. The key, as always, is incorporating generous amounts of organic matter. This will improve water penetration and retention in any type of soil. Rich, loose, water holding soil will encourage good root development and lessen the plant's need for supplemental water. It is best to amend your soil before planting and to regularly use organic mulch, as mentioned in Step 4.

**Mulch** - Mulching is a naturally occurring process, but as gardeners we tend to want things tidy and we rake away all the leaves and debris that coat and decay into the soil. So we have to bring in more aesthetically pleasing mulch, such as shredded bark and compost. However it gets there, mulch adds a great deal to your garden. It moderates soil temperature, holds moisture, slows erosion and suppresses weeds that would compete with your plants for food and water. It also gradually decomposes and feeds the soil. Apply about 4 inches of mulch at the initial planting and check it each season to see if it needs to be replenished.

**Practical and Appropriate Turf Areas** - Most of us still want some areas of lawn in our landscape and many of us want way too much lawn. Think about how much water, fertilizer and gasoline it takes to keep your lawn green throughout the summer. Where to place the lawn should be part of your initial design plan, taking into consideration what you plan to use your lawn for. If you are using grass as a ground cover, there are other options that would be less labor and water intensive. Choose an appropriate grass seed for the lawn's exposure. Different seeds do well in different regions. Kentucky Blue grass is beautiful, but it can also be a water hog where it's not happy.

**Efficient Watering** - Not all plants need the same amount of water and those needs may change with the seasons. If you've followed the steps above, you have your plants grouped by their water needs, including your lawn, and can water only where it's needed. Drip irrigation systems are often recommended for efficient watering. These systems allow you to control when and how much water a plant gets and to direct the water only to the plants that need it. Base your watering schedule on the needs of the plants and not on an arbitrary schedule. All plants will require more supplemental watering for the first year or two that they are becoming established. However after they have acclimated and developed a good root system, supplemental watering should become much less frequent.

**Appropriate Maintenance** - Yes, even a xeriscape garden will require some maintenance. Watering, weeding, pruning, deadheading and sensible pest management will all factor into the quality of your garden.



## Mission Statement

North Carolina Association for Hospital Central Service Professionals will establish itself statewide as the leading educational organization through innovative programs that enhance the development of the Central Service Professionals.

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