

## SVH's "Jill" of All Trades

### Joyce Pollock Has Done It All for the Hospital She Loves

*"So many people helped me become a nurse. They'd bring me into their homes to study...they'd explain things to me, without asking for anything in return. They just did it, and it's an honor to work alongside them."*

If Joyce Pollock's health care career were subject to the rigors of Olympics-style judging, she would no doubt be displaying a gold medal for "All-Around Performance" on her neck. That's because there is virtually no job at Sonoma Valley Hospital—short of being a physician—that she hasn't filled and excelled at sometime since 1991, when she began as a helper in the hospital kitchen.

Subsequently, she has moved steadily from one department to the next, sometimes filling in simply because there was a need, other times furthering her career with additional on-the-job experience, training, and credentials. After earning a promotion from kitchen helper to cook in her early years, Pollock has since enjoyed stints in the housekeeping department, as an X-ray assistant in the radiology department, an administrative assistant, a receptionist for home care, a certified nursing assistant, a medical records assistant, a respiratory therapy assistant, an occupational medicine assistant, and Spanish translator. And that was all by way of warmup.

Today, Pollock is a proud recent graduate of the Sonoma State University School of Nursing, where she obtained her bachelor of science degree in December. She is looking to become a specialist in wound care, which has become a specialty service at SVH under the direction of longtime program director Debra Loveridge, RN, CWCS (certified wound care specialist).

"I decided I wanted to be a nurse in 1998," says the relentlessly energetic Pollock, a Sonoma Valley High School graduate who began taking evening and weekend classes at Napa JC while continuing in her vari-

ous roles at SVH. (She credits her husband Steve with keeping the home fires burning while she spent long hours studying over the years.) After graduating with her AA degree in 2001, she enrolled at SSU two years later. She is now studying for her state board exams.

"Debra Loveridge took me under her wing and inspired me to go into wound care," says Pollock. "She saw that I was interest-

related to the hospital's welfare. When the wound care staff decided to survey other programs around the country in pursuit of best practices, Pollock immersed herself in the effort.

"She called all over the country and was incredibly thorough," says SVH Vice President Scott Gregerson. "She was intent on helping make an already great program even greater, and she was an absolute ma-



ed, and stared sharing her knowledge, her books, and her time with me. But there were so many other people here, too, who helped me become a nurse. They'd bring me into their homes to study chemistry, physiology and microbiology. They'd explain things to me, without asking for anything in return. They just did it, and it's an honor to work alongside them."

Pollock displays the same willingness to throw herself into new situations when asked to take on extracurricular duties

chine in doing so."

Currently, Pollock is up to her usual ways, taking on another project on her own time by canvassing neighborhoods in support of the upcoming hospital bond election. "I have no fear going up to doors and engaging people," she says. "I love this hospital. Before I even graduated from nursing school three months ago, I had five job offers. It's a great time to be a nurse—you can go just about anywhere you want. But why would I ever want to go anywhere else than here?"

## Our Changing Demographic

The majority of SVH inpatients are over age 65, with that population expected to increase significantly as the Valley's population ages in the years ahead. That could mean a renewed increase in demand for inpatient services after many years of shrinking utilization (as noted in the accompanying story).

At the same time, demand continues to increase robustly for outpatient services, with 65 percent of that demand coming from patients under 65 years of age. With both an aging population and continuing progress in the width and breadth of available outpatient procedures, hospital planners expect both inpatient and outpatient demand to increase long into the future. That would have corresponding positive effects on the hospital's revenues.

## By the Numbers

- 100,000** Patient visits to SVH last year
- 35,000** Valley residents who rely primarily on SVH for their hospital-based health care needs
- 10,000** Annual visits to the SVH Emergency Room
- 70** Hospitals that have closed in California over the past decade

## In Come the Outpatients... And Out Go the Inpatients...

Perhaps in no other area is the changing face of health care seen more clearly than in the rise of the outpatient population in hospitals today. When it was built in 1957, Sonoma Valley Hospital was overwhelmingly (90 percent of users) an inpatient facility, with 33 beds. It subsequently expanded to 57 beds in 1965, 89 beds in 1972, and a peak of 92 beds in 1986.

That point in time roughly corresponds to a dramatic changes that began sweeping the world of medicine, as a slew of advances in surgery, medications and rehabilitation services began allowing for either shorter hospital stays or else complete outpatient

procedures that would have patients in and out of the facility within a matter of hours.

Today, Sonoma Valley Hospital has 83 beds, 27 of which are for long-term skilled nursing unit patients. (The unit did not exist 20 years ago.) The average inpatient census is about 40, although depending on the time of year, that can mean every bed is occupied (flu season), or that the majority of beds are empty (summer holiday weekends).

Even as inpatient volume has been shrinking in hospitals across the country, outpatient demand is rising—with no end in sight. SVH averages 400 outpatient visitors a day, receiving services ranging from

arthroscopic surgeries to lab workups to physical therapy appointments and more. That means a hospital built in coming years needs to serve very different functions than the current facility.

New state laws mandate larger rooms containing private bathrooms for all inpatients, while expanded outpatient services also contribute to the future SVH requiring more overall square footage (150,000) than the currently cramped and inefficient facility (115,000 square feet). That said, the new hospital will see shrinkage in some key areas and corresponding increases in others, as witnessed by the following comparisons:

CURRENT SVH: 83 BEDS	THE NEW SVH: 70 BEDS
42 Medical/Surgical Beds	28 Medical/Surgical Beds
27 Long-Term Care Beds	28 Long-Term Care Beds
8 Obstetrics Beds	6 Obstetrics Beds
6 Intensive Care Unit Beds	8 Intensive Care Unit Beds
5 Emergency Room Beds	8 Emergency Room Beds
5 Operating Rooms	6 Operating Rooms

*"Even as inpatient volume has been shrinking in hospitals across the country, outpatient demand is rising—with no end in sight."*