

Floyd Kinkead

1918 - 2004

HIGHLIGHTS

- Floyd Kinkead 86, of Melrose Park, retired Vice President of Holy Redeemer Hospital
- Floyd Kinkead was a hospital administrator for Germantown, Nazareth Hospitals and for over 20 years at Holy Redeemer Hospital
- He earned a bachelor 's degree from Grove City College
- During WWII Floyd served as an Army Medic at Valley Forge Army Hospital where he met his wife
- Floyd retired from Army as a lieutenant colonel in 1970
- After retiring from Holy Redeemer, he earned a real-estate license and worked part time at H&R Block and was a volunteer tax consultant for seniors
- Floyd volunteered in the thrift shop benefiting the Dreuding Center/*Project Rainbow* which provides transitional housing for women



Inside this issue:

Pete DeAngelis, President's Letter	2
It's Politics as Usual, Only More So	3
Suaviloquy or Staltiloquy	3
I've Found a Task That Pleasures Me	4
RBRVS	4
Roberta Robot, R.N.	6
HealthPass A Touch of Crass	7
I'm Cursing My Cursor	8
A Letter to the Editor of Metrolines	9
The Present Healthcare World	10

AWARDS & RECOGNITIONS

- HFMA Philadelphia Past President 68-69'
- Benjamin Franklin Award 73'
- National HFMA Board Member 74-76'
- HFMA Principles and Practice Chairman 75-76'
- National HFMA Board of Directors Award 82-83'
- Annual Achievement Award 85'
- Frederick C Morgan Award 88'
- National Life Member

Dear Fellow Members:

As you will quickly observe, this is not a typical edition of Metrolines. It is one dedicated to one of the great men of our chapter, Floyd Kinkead.

I, like many others, was saddened when I heard of Floyd's passing a few months back, and filled with the type of memories captured by others so well in this special newsletter edition. The best I can recall was when I was considering authoring my own article many years ago for this very newsletter. Floyd had heard I had an interest in this regard and called to encourage me to make the time to provide my insights on behalf of the chapter. Buoyed by his encouragement, the article was completed and hit the fall, 1985 edition of Metrolines. When I arrived at the next HFMA meeting, there was Floyd congratulating me on my contribution. With that support, and again at Floyd's urging, I submitted the article to national HFMA where it was published in our national publication – Healthcare Financial Management. Subsequently, I authored a number of articles, for which I feel the seed was planted as a direct result of Floyd's initial friendly persuasion and persistence on behalf of HFMA.

In the enclosed edition of Metrolines, you will find similar stories, as well as a selection of Floyd's unique, literary masterpieces. For those who did not know Floyd, you will quickly be able to understand what a talented man and treasure he was to our chapter.

Floyd's awards and recognitions are noted within, but I will tell you that awards aside, he was one of the most genuine, values-driven men I have had the pleasure of meeting in my lifetime. Many of us are lucky to have had a chance to get to know him.

My special thanks to Tom Heron for taking the initiative to put the idea of honoring Floyd into action, including this newsletter.

May we all remember Floyd fondly for all he gave to HFMA and to our chapter.

Peter L. DeAngelis, Jr.

Over the past several weeks, I have had the opportunity to speak with a number of former HFMA Chapter board members who served with Floyd Kinkead during his term of office with both the Philadelphia Chapter and the National Board of HFMA. Throughout the discussions, memories and reflections were shared about Floyd as a friend and colleague in chapter activities. His energy and ability to communicate difficult ideas or challenges in the industry with his simple, but effective writing in the form of essays or prose, was remembered.

My recommendation for a tribute to Floyd would be to consider the special newsletter tribute and to establish a permanent "Hall of Fame" section in the annual membership directory. I believe these actions would set a standard for the chapter going forward. In my discussions with Dick Clark of the National HFMA Office, I learned that it was their intention to send a contribution to *Project Rainbow* in memory of Floyd.

Tom Heron

IT'S POLITICS AS USUAL, ONLY MORE SO!

To be for Newt or against Newt, that is the question! Whether 'tis noble for all of us to suffer the arrogance and pettiness of an irresolute Congress or to question those who only appear to govern, and by clamoring, get the job done.

To wake, to alert, us all and by our question, it may just end the hyperbole, and the thousand natural shocks that the public has been heir to, tis a consummation, devoutly to be wished, to hope to wish, perchance to believe, aye there's the rub . . . for from their glossed over promises, no gains my come.

For in these ill-defined must give us pause there's the caution that it might have a calamitous end. But, who could bear the whips and scorns of the Congress, their partisan posturings childlike,

The Speaker contumely, fears to lose Medicare coverage for a plan ill-defined . . . the arrogance of

the Freshman and their ego flare-ups it inflicts on those who seriously object to the budget plans' vastness and its indeterminate scope.

No matter how valid the plan, the public dismay is apparent! Newt's meager data displease, the cast still illusive. We know not enough facts and it puzzles the will, and makes Seniors willing to bear those ills they have, that buy another choice of which not enough is known.

Conscience does make cowards of us all, and thus the hue and cry of irresolution that is sickled over with significant doubt, and concerns of great pith and moment. With this regard that arguments become turgid and we loose the force of action. Soft you now All you Congressmen, manipulators for your own good... May all your ineptness and insensibility be remembered!!!!

**SUAVILOQUY OR STALTILOQUY,
THAT IS THE QUESTION**

With Hillary or without Hillary, that's not the question,
Whether 'tis nobler fro all of us to suffer
The slings and arrows of outrageous health care costs,
Or to take the change against a se of special interests,
And by monitoring, east their effect. To stop, to lose –
No more, and by such action to say we end
The heartache and the thousand natural shocks
That health care is heir to; "tis a consummation
Devoutly to be wished to hope, to wish!
To wish, perchance to dream, ay, there's the rub,
For in that improved condition, what gains may come
For the controls that have sullied health care entities
Must give us pause – there's the caution
That makes us wary of Hillary's secrecy,
For who would bear the whips and scorns of a
Commission,

Their gathering private, her proud woman's con-

tumely,
The threat of losing quality coverage for a greater cost
The insolence of the White House and the penalties
The administration inflicts for our doing better
When they themselves might a statement make
Of our essential integrity – why demeaning castigations,
Hurting stocks by chiding infant immunization lack.
Their meager information teases, but costs are illusive,
No answer comes yet, puzzles the will
And makes us rather bear those ills we have,
Than fly to other regs we know not of?
The solution does make paupers of us all
And thus the hue and cry of regulation
Is siclied o'er with the pale cast of doubt,
And concerns of great pith and moment
With this regard, Hillary's plot evolves,
And we lose the force of action.. Soft you now,
The fair Hillary – in thy orisons
May all health care sins be remedied.

I ' V E F O U N D A T A S K T H A T P L E A S U R E S M E

I've discovered a very pleasant way
To periodically spend my days,
To keep as busy as I want to be,
And be fulfilled in so many ways!

"Cause what I do is volunteer
My time to patient care.
It matters not where e'er I work
I find contentment most everywhere!

Whether I work in t he Emergency
Or alternately in the same day surge,
I care not where I get assigned,
Both achievement and pleasure merge!

What I do could be construed
As pretty close to ordinary,
But I must sate, that for me alone,
It's highly ablutionary!

"Cause as one sublimates one's self,
In an unselfish kind of adventure,
That period of time you give away,
Becomes a self-effacing venture!

I realize if I give of self,
Without thought of recompense,

It's a rewarding life experience,
Which for me makes the most of sense!

With me doing this pleasant task,
Has been an exceptional number,
Of other similarly-minded folk,
Uninhibited and unencumbered!

They go there simply to volunteer,
To do their caring bit,
Assist the "pros" in mundane tasks,
To a time and a place they commit!

Their assignment becomes their mission,
They are extraordinarily committed,
And no matter the job that's given,
Each task is magnificently acquitted!

They do their work with minimum fuss,
Discreet and discretionary,
And each one in his or her own way,
Is a special luminary!

But I feel especially honored
To have joined this unselfish throng,
And appreciate that none have said to me:
"What's taken you so long?"

**R B R V S , J U S T A N O T H E R P O L I C Y
D I S A P P O I N T M E N T**

Advocates claim it the new approach,
Technically, it's very relevant,
And intended to be benevolent,
As wild spending is hopefully broached,
Medicare's method of "reasonable charge"
Has been wildly castigated,
Its high level complexity derogated,
As fees to specialists enlarge.
The arcane rules have been tedious,
Fostering frustration and disdain,
Looking always for someone to blame.
Providers believing, at times, it's devious,
Fostered by incestuous bureaucracy,
Living in its own self-styled theocracy.

Experience suggest this new kind of mending
May be better in curbing fee inflation
Of physicians throughout the nation

Than in constraining growth in total spending.
"Cause to get significant long term savings,
Increases in volume and intensity must be
slowed,
And all this must be a decisive blow,
That can't be done with incessant ravings.
This slowing must be done quite dramatically,
It doesn't need to impede access,
And quality will not be any the less,
But, the approach must be made emphatically.
Adverse outcomes may be somewhat reduced,
Those caused by excessive care abuse.

One must face these salient facts
In order to be objective,
And must not be overly protective
Of HCFA's every-disbelieving acts.

(Continued on page 5)

(Continued from page 4)

This system's not planned to reduce
Physician's payments during transition,
Since, following long tradition,
Budget neutrality will be the ruse
That lets physicians be easily lulled
Their spending, neither more nor less,
No reason to be saddened or distressed
Knowing they've again been gulled,
"Cause development costs thru '96
Will be even greater than before this fix!

Presumable, post savings will outweigh
Those heavy development costs,
And if all its finally lost,
HCFA will continue its disarray.
The fee for service basis
Remains the "as usual" way
That physicians get their pay,
It isn't a cost quenching oasis!
And since their economic health's
Dependent on volume and intensity,
The result will be an immensity
Of increases to minimize lost wealth.
The prospect for saving, when all this is done?
Most people feel could be very little, or none!

Can you imagine physicians being swayed
By any collective financial incentives

When there's no need to even be inventive
And no linkage to prove they have strayed?
They've no penalty for a bad performance
And national standards are too remote
For them every to devote
Sincere efforts for conformance.
A physician's behavior
Won't play a consequential role
In determining cost cutting goals
And they've no need to be HCFA's savior.
The reality is that nothing will change
Volume and service will continue their range.

Doubt exists about potential savings
That practice guidelines may generate
Even panel membership is not commensurate
With membership that monitors cost behaving.
Where are the insurers, employers, and others
Whose primary interest is the slowing of this cost
Those who wouldn't worry about any integrity lost
If they'd be able to have their druthers?
Although the update factor is constrained
To a very modest level indeed,
For this, there'll be absolutely no need
If doctor service increases are not contained!
Previous plans have not been "red letter,"
There's no fervent hope this will be any better!

Spring 1992

Floyd Kindead

He was the member who welcomed me to my first HFMA meeting in 1978. Every time after that I would refer to him as a "gentleman and a scholar," he certainly was the epitome of that phrase. I still treasure and save the three poems that he wrote for or about me. I will never forget the Friday morning I arrived at an educational session in Hershey after a rather hardy Thursday night of partying and he greeted with not a well earned "Bill you look satirically (s/p I guess he meant toansarily) splendiferous." He had the ability to always make you feel that he was sincerely glad to see you and what a command of the language he had. As a CFO I considered him to be a guru and my mentor. After many years he even sought me out for advise on a problem, This of course made me feel that I had arrived. I never forget the, invitation only, CFO meetings we had and his word of caution, wisdom and encouragement. May he rest in peace, he deserves it.

I could probably fill three pages if I took another hour of pleasant thought about him but I realize you will probably be overwhelmed by the responses.

No problem, if my comments do not make the issue, I understand deadlines. I would like request a copy of the newsletter when it is published to add to my own memories.

Good luck with this effort, it is appreciated.

Bill Janssen

ROBERTA ROBOT, R.N

A recent news article in Healthcare Financial News indicates the Danbury (Conn.) Hospital has found an innovative way to alleviate the nursing shortage Roscoe, a three foot tall robot, is being used to perform routine chores like delivering food trays to patients and taking specimens to the Laboratory. With the sophistication of advanced technology, such a product might even be the answer to the nursing shortage!

Here's a look at a typical scene in the hospital of the future . . .

(Dr. Jones is talking to Roberta Robot, R.N.)

"That's all right, Miss Robot. It's not necessary for you to stand when I approach you"

"I'm sorry, sir, but my program has been geared to the best features of nursing service, and I must stand when you address me," replies Roberta.

"Okay, okay. Stand up if you must., Tell me about Mrs. Flannery in room 326."

"Sir, Mrs. Flannery is a adult female, age 36, married and the mother of two children, ages 7 and 10, both normal deliveries. She is separated from her husband and has some anxiety problems noted on her personal history. She is 5 feet, 4 inches tall, weighs 126 pounds, has fair complexion and dark brown hair. She has the usual childhood diseases, a tonsillectomy and an adenoidectomy. She had a tenotomy of the great toe, right foot, two years ago. There have been no major illnesses."

"The result of the physical examination shows that the patient is in no distress, alert, oriented and cooperative. The head is normocephalic and ..."

"Hold it, Miss Robot, I don't mean all that. What I mean is, how is Mrs. Flannery today?"

"I'm sorry, Doctor, but I am programmed to give a complete rundown on the patient, including physical examination findings. I will switch my response button to "today's condition of patient"

(There is a whirring and clinking for about 20 sec-

onds) "Sir, the patient has had an exceptionally good day. She greeted us cheerfully as we gave her the breakfast tray. She is upset because her 7 year old still wets the bed occasionally, her father hasn't been to visit her, her bathroom at home has overflowed, and she's worried about higher food prices following this summer's drought...."

"Look, Miss Robot, I'm not interested at all the nonsense. I want to know how she is doing."

"I'm sorry; sir, but we cannot eliminate the extraneous matters from these reports. It is hoped that refinement in the Model X-11 robot nurse will provide for this."

(Miss Robot continues to describe her conversation with the patient, while Dr. Jones fumes.)

"Fine, Miss Robot, but how do you feel she is doing?"

"I regret, sir that we cannot get our feelings and emotions programmed into our responses. I can't indicate a sense of feeling about Mrs. Flannery. Do you have any other questions about your patient, doctor?"

"Yes, I wonder what we can do for her. She could use a little TLC."

"I'm sorry, doctor, but you will have to avoid such terms. My mechanism is very sensitive, but the program can only accommodate full spelled terms and generic drug names."

"Okay, she could probably use a little TENDER LOVING CARE."

"That invokes personal feelings doctor and since I have computer heart, I can't do it. However, I will note this on my automatic recall tape and play it back to my supervisor, when she returns."

"Fine, Miss Robot. I think I'll discharge the patient this afternoon."

"It's too late to discharge a patient, sir. The latest

(Continued on page 7)

time for her to be discharged was 1 o'clock."

"Look nurse, I don't care what it is. I want this patient discharged now!"

"I appreciate your desires, doctor, but let me switch my Dial-A-Topic lever to "Hospital Policies and Regulations," I am now quoting Page 4, entitled Discharge Policies: "No patient will be discharged after 1:00 p.m. unless previous arrangements have been made. Discharges of patients without prior notice is not conducive to the well regulated patient floor and are detrimental to good staffing and patient care. Staff doctors will please . . ."

"I give up. Let her stay till tomorrow."

"Thank you doctor, have a nice day. When may we see you again?"

"Oh, before I forget, Miss Robot, here's your pen I borrowed." (As he hands her the pen, she drops it on the floor.)

"Sorry, doctor, I just had my hands oiled."

(As she finishes speaking, she begins to buzz and an ominous whine is heard. Just then a maintenance man arrives.)

"Hya, doc, that's a sign she needs recharging. She can only go 22 hours without a recharge. I'll take her down to the shop and have her back in a jiffy"

H E A T H P A S S A T O U C H O F C R A S S

One thing seems abundantly clear,
When we view how the State operates,
The picture gets gloomy and drear,
When, to their actions, we try to relate!

Problems they're having with HealthPass
Illustrate how autocratic they are,
The bid-review process appallingly crass,
A sad episode, that's most bizarre!

The State, in its inimitable way,
Unilaterally, worked out a deal,
And all the facts seems to say,
Their actions made things difficult!

Concessions were made, they say,
That upset the bid process balance,
No matter the State gainsay,
HCFA, did abruptly challenge!

Unilaterally the State did decide,
To go with the HMA group,
And up to now were able to hide,
How the tax paying public was duped!

With HCFA's decline to approve,
An influx of \$60 millions a year,
From the sate will be abruptly removed,
But more penalties are what we all fear!

Reluctantly, it has been admitted,
If the contract is cancelled, we pay,
Proving us somewhat dim-witted,
If we let the Sate have its way!

Now \$3 million bucks isn't much,
In a budget as big as the State's
I guess we're just a soft touch,
And that's our inevitable Fate!

About all that we get are excuses,
Our fears they still try to allay,
While the sick poor suffer the abuses,
And the hospitals don't get their pay!

With the cost of health care mounting,
Even when managed with consummate skill,
The State has to do more accounting
To the Taxpayers, who pay all the bills!
11/10/89

I ' M C U R S I N G M Y C U R S O R

I'm cursing my cursor you see
 In a manner that's sometimes obscene
 Each day it seems to get worser
 As I derogate and demean.

I'm zipping along very well
 Things seem to be going along great
 When I suddenly realize, dismayingly
 That a whole sentence my cursor has ate.

My cursor has its very own mind
 And just when I feel I'm in synch
 It blithely acts out things on its own
 And tosses my stuff in the drink.

They hide and are persistently illusive,
 A Requiem just might be said,
 'cause into that Great Beyond
 Those words and phrases have fled.

Just when a smooth flow is gained,
 And the work process is proceeding apace
 You finish a long paragraph, very intense,
 Find half of your work UPPER CASE!

Your work is complete, but not HEADED
 You try to get back to the start,
 No matter the command of the clicks
 Your text is torn completely apart!

You move along, evenly and blither,
 Unaware of anything going awry,
 Processing movingly, the copy,

With voluminous words speeding by . . .

Moving with consummate ease
 With a measured and confident pace,
 Your fingers assuredly concocting
 A document with infinite grace.

No need to monitor your screen,
 As your fingers along lightly glide,
 You envision a good, finished produce,
 And your own innate pride justified . .

Your confidence assuredly rises,
 But you're still just somewhat askance,
 You cautiously peek at your screen,
 A covert and cursory glance?

An, lo and behold, as you scan
 All the worst things have occurred.
 Spacing's inconsistent and sparse,
 And your wording's both jumbled & blurred.

Double-spacing is where it's not wanted
 And occasionally triple-spacing appears,
 Typos and CAPS inadvertently place,
 Substantially all your worst fears!

No matter the trial and the trauma,
 And a demeaning trip for your Id,
 You clean up your act, circumspectly,
 And pat your back on how well you did!

I remember being a new member to HFMA and brand new to the health care field virtually right out of college and attending a meeting with my boss at the time and got to meet Floyd at a HFMA meeting. Floyd made you feel very relaxed and he welcomed you as a new member to the Philadelphia Chapter of HFMA like he had been acquainted with you for years. He really went out of his way to motivate you to get involved with HFMA and was always a professional.

George W. Hamilton

As we weathered many changes in healthcare during the 70's and 80's, we could always rely on the Greater Philadelphia Chapter's poet laureate to use his humor and iambic pentameter to help us smile a little through each crisis. He was truly a unique individual who will be missed.

Ray Lechner

A LETTER TO THE EDITOR OF METROLINES

I must confess, with an abject humbleness,
That perturbations don't bother me greatly,
Bit I was perturbed, and mightily disturbed,
As a slight to which I'm reaching irately!

Cause my chargin when I took a peek in,
The Metrolines newly published Letter,
Was to see "my poetic lines", apparently re-
defined,
As tho' someone could do "my poem" somewhat
the better!

It greatly bothers me, when at times I see,
An actions that reflects a lessening of "cool",
Where a lack of smarts and good Liberal Arts,
Equals what must have been missing in school!

So I was somewhat incensed, by this utter non-
sense,
To change a poetic gambit to PROSE,
And change its intention, by such reprehension,
And by such effort, my poem discompose!

I don't want o appear, as you might view me
here,
As little more that a protesting curmudgeon,

Whose sole intent, is his pent-up ire to vent,
And reject his very own high dudgeon!

But a poem is a poem, and it should be well
known,
It's written "line by line" and in "verse",
And to write it in prose, brings egregious "no
no's"
And the result seems somewhat perverse!
My poem, line by line, seemed to boggle their
mind,
Because a CAPITAL LETTER must begin every
line,
They wrote it "prosaic", totally wrong and ar-
chaic,
MY LINE BY LINE STRUCTURE WAS TOTALLY UN-
DERMINED!

Were they somewhat smitten by the way it was
written,
Hadn't they passed Poetry Class, 101,
I guess they conjectured, I wouldn't mind being
hectored,
AND WROTE POETRY AS IT HAS NEVER BEEN
DONE!

Floyd Kinkead was the proverbial renaissance man. He was an author, brilliant poet, athlete, tap dancer, cyclist and all around professional. Many of us who new Floyd, will never forget his charisma, eye-catching attire, and his ready smile and handshake.

Floyd was a perfect gentlemen. We all took great pride in his friendship.

While attending a monthly HFMA meeting, I asked him why he was busy taking notes during a lecture on somewhat of a dry and highly technical subject. When the lecture ended, and Floyd was known to be in attendance, he would be called upon to comment on the subject. Floyd would stand up and read what from his notes what he had converted to perfect prose with a sprinkling of humor. This was his gift, his genius.

Bud Pepe

I first met Floyd in my senior year at LaSalle (some 20 years ago). In order to finish my healthcare concentration I had to do a financial performance project at an area hospital. Living close to Holy Redeemer I called and Floyd was more than helpful and went beyond providing wonderful mentoring which I have never forgotten. He was a terrific role model with a keen sense of humor who quietly touched people's lives probably without ever knowing.

Lisa M. Mallon

Floyd A. Kinkead, FHFMA, as remembered by one of our Chapter members:

Floyd has been a loyal friend and colleague within our profession for many years and will be remembered as our resident poet. He contributed numerous articles and poems for our Chapter News, served as chairman of many committees and was our Chapter President for the year 1968-69. The Medicare program was only 3 years old then and everyone was busy trying to learn the many regulations of this new program. The burning issue at that time was the correct definition of "reasonable cost". Our organization was in transition from an organization with a much smaller scope of interests and activities to one which addressed a broader spectrum of issues and concerns. In recognition of this development, the name of our national organization was changed from American Association of Hospital Accountants (AAHA) to Hospital Financial Management Association (HFMA) in 1968. Floyd led our Chapter through this busy period in our profession's history. As many dramatic changes were taking place in the field of healthcare finance, the name was changed again to Healthcare Financial Management Association. At the 1988 HFMA Annual National Institute, Floyd was awarded the Frederick C. Morgan Individual Achievement Award. This is the highest award given to an individual by HFMA for outstanding contributions in the field of healthcare finance. We are greatly indebted to Floyd for his energy and humor in the development of our Chapter during a crucial period in our association's history. Now, it is time to bid farewell to our friend and colleague. We will miss Floyd very much and will remember him as a symbol of continuous devotion and leadership of the Philadelphia Chapter of HFMA. ---

Soon W. Lee, a HFMA member

**T H E P R E S E N T H E A L T H C A R E W O R L D I S N ' T
L I K E T H E G O O D O L E D A Y S . .**

That's Probably a Good Thing!

(circa July 1955 to July 1988)

A "whole new healthcare world" is what I presently see
From my limited "retired" point of view
Tho', perhaps my vista is a wee bit skewed,
And to voice it is an arrogant effrontery!
I now I've tried to keep abreast,
With periodicals, the Journal, and such,
And, altho' it doesn't seem so very much,
I've tried avidly, every which thing to digest.
And I seem to envision a king of moving,
That's like being on a rollicking carousel,
Spinning dizzyingly, unable to foretell,
Whether some efforts are particularly behooving.
Where, once DRG's and cost constraints held promise,
It seems "what's here now" is particularly ominous!

Still, from my admittedly limited point of view,
It's disembodiment kind of feeling,
Seems most managers appear to be constantly reeling,
Hoping to neither miscue or misconstrue!
While administrators try all kinds of "derring-do",
I see "sensitivity" irrevocably and totally gone,
As "middle management" is viciously put upon,

While "uncertainties" create their own hullabaloo!
And, when the downsizing occurs, it seems to do,
None of the many V.P.'s ever seem to get the ax,
And have to put up the anxiety attacks,
That most common fold are daily put through.
Is the worth of Vice Presidents so highly inspired
That none of them really ever get fired?

One admits that were one privileged to return,
To the current admin/financial working place,
With its present constrained, inhibited breathing space
One would find it difficult to overturn,
Or slow down the inevitable mood and mode of change,
That comes from government and managed care.
(A kind of healthcare laissez-faire),
With MD/Patient rapport constantly deranged!
Where some personnel decisions are made,
That somehow reach a columnist in the public press,
Creating unneeded nastiness and some little duress,
With employee relations seemingly in retrograde.
Have we lost our "sensitivity" as we've progressed
Have we substituted our "caring" for "churlishness"?