

Ski and Shred Red

Keep praying for snow and join University of Utah students, faculty, staff and alumni at the first Ski & Shred Red Day at Snowbird Ski Resort on Friday, Dec. 14. To celebrate the end of the semester, an all-day, all-terrain (tram and chairs) ticket is available to all Utes for only \$37 (tickets are regularly \$69). So mark your calendars, don your Utah red, and hit the slopes with friends and colleagues.

You can purchase your tickets at the Hospital Gift Shop, the Outdoor Recreation Program, Field House, HPER E214, Union Services Desk, and the Heritage Center.

For more information, please call 581-6936 or visit www.utah.edu/campusrec.

New Year's Resolve

Researchers Agree: Better Late than Never When it comes to middle-age health, the old better-late-than-never adage holds true. In a recent study published by the *American Journal of Medicine*, researchers found that adopting a healthy lifestyle in middle-age (45+), significantly reduces the risk for heart disease and premature death within years of changing bad habits.



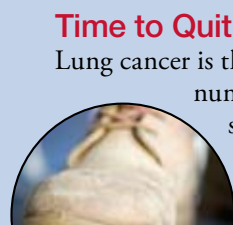
The study found "that a midlife switch to a healthy lifestyle that includes a diet of at least five daily fruits and vegetables, exercise, maintaining a healthy weight, and not smoking results in a substantial reduction in mortality (40 percent) and cardiovascular disease (35 percent) over the subsequent four years."



Manic Mondays Can't afford a gym membership? You'll have to think of a better couch-potato game than that from now on—at least on Mondays. As part of a program called **Manic Mondays**, Campus Recreation Services is offering U faculty and staff free facility use at the Field House, HPER complex, and the Natatorium during the academic year. Just bring your University of Utah ID and join in on the fitness fun, Mondays from Jan. 14—April 21, 2008.



Determined to get fit in 2008? One way to do that is to learn more about it. **Madsen Preventive Cardiology** offers a number of free classes on Wednesdays at 11 a.m. that cover a broad range of topics related to the prevention and treatment of heart disease, such as how to eat healthy when eating out, how to lower your cholesterol or boost your immune system, tips about stroke prevention or working out at home, the truth about exercise myths, and resistance training, among others. For more information, contact Meredith Peterson 581-3949, meredith.peterson@hsc.utah.edu. Classes are free and everyone is encouraged to attend.



Time to Quit If you're a smoker, you're probably familiar with the frightening statistics: Lung cancer is the No. 1 cancer killer of American men and women, and smoking is the number one cause of lung cancer. What you might not know is that an ex-smoker's cancer risk is about half the risk of people who continue to smoke. Stopping smoking lowers the risk of developing other diseases as well. If you're thinking about quitting smoking, Huntsman Cancer Institute offers ongoing six-week smoking cessation course, which is free and open to the public. The program covers topics such as nicotine replacement, triggers, weight maintenance, and relapse prevention. The next session begins on Monday, Jan. 7, from 5 – 6 p.m. For more information or to register, call 587-9976.

Reach for Excellence (and Basketball Tickets)

The University Hospitals & Clinics Behavior Standards, a code of conduct designed to reflect the U's world-class expectations, underwent a makeover this past year. The updated standards are now known by the acronym PROMISE.

Do you know what each letter in PROMISE represents? Send an e-mail to pulse@hsc.utah.edu with the answer and you will be entered into a drawing for U of U men's basketball tickets. **Three winners each will receive four tickets to one of the following games: Utes vs. Air Force (Jan. 5); Utes vs. BYU (Jan. 19); Utes vs. UNLV (Feb. 6)** Haven't heard of PROMISE? Ask your manager about it.

UNIVERSITY OF UTAH ATHLETICS

Women's Health

A Healthy Morning Out

5 for Life Day is Like Going to a Medical Spa

Denise Cox showed up at the Greenwood Health Center at 8:30 a.m.; by 9:10 a.m. she had completed a bone-density scan, a mammogram, blood work, and had time to sit down and eat a healthy breakfast. In 40 minutes, Cox had accomplished what sometimes takes days to complete. At 61, this was only Cox's second mammogram.

Cox was one of more than two dozen women who have participated in the Greenwood Health Center's 5 for Life Day for women only. This half-day event provides five screenings especially important to women: heart disease, breast cancer, cervical cancer, skin cancer, and osteoporosis. "I've not been good about keeping up with my health care. I only go to the doctor if I really have to," admits the retired school teacher and grandmother of 14. "But this was all so self-contained, I would have been silly not to have taken advantage of it."

The convenience of updating your health care all in one morning is a big draw—one woman even flew in from California—and the atmosphere is all about women: fresh flowers, soft music, massages. Doctors seem relaxed and not rushed—taking their time with patients, providing referrals, and talking through concerns. In the waiting room, women can sip coffee or eat a bagel, pick up literature and talk to health educators, and chat with the other women.

After the first 5 for Life Day last summer, Greenwood Health Center Director **Jean Tealey**, R.N. noted how many women shared stories about loved ones who had battled the same diseases they were now taking steps to prevent. "Not only did these stories help inform these women but they also underlined the importance of these screenings," says Tealey, who spearheaded the event as a community outreach project. In the future, she hopes to offer a 5 for Life Evening.

Kay Cannon, 55, works full time, has five children, and 11 grandchildren. Scheduling time for herself is a luxury, but after her morning at the Greenwood Health Center, she found a doctor and is determined to take better care of herself. "I'm ready to make the switch and start focusing more on my body," says Cannon. "I feel more committed to my health now than I have in a long time."

"I feel more committed to my health now than I have in a long time."
—Kay Cannon

The next 5 for Life Days are: Jan. 26, March 22, and May 17. To register or for more information call Linda Darcy at 213-9441



The Greenwood Health Center's 5 for Life half-day event provides five screenings especially important to women: heart disease, breast cancer, cervical cancer, skin cancer, and osteoporosis. "This whole experience has been so comfortable," says Jacque Broderick, 49, who hasn't been to a doctor in nine years because of the hassle of finding a new doctor every time her insurance changed. "Because we're all going through the same tests, it's really quite bonding."



Healthy U Women and Heart Disease



Karen Segerson, M.D., Director of Preventive Cardiology

Did you know that heart disease is the leading cause of death in women, killing six times more women than breast cancer? Typically, women develop heart disease 10 to 15 years later than men, but one in two women will develop cardiovascular disease in her lifetime. According to **Karen Segerson**, M.D., director of the U's preventive cardiology program, it's important for women to know their individual risk for coronary heart

disease. Risk factors include smoking, high cholesterol, blood pressure, body weight, and blood sugar. If a woman has one or more of these risk factors, she is at risk for heart disease.

Prevention Strategies

- Get at least 30 minutes of aerobic exercise a day, 5 days a week.
- Eat a healthy diet, following recommended daily servings for your age, weight, and activity level.
- Quit smoking.
- Aggressively manage your risk factors with the help of a physician.
- Take aspirin if over age 65 and at risk.

WIN TICKETS See Back Cover

December 2007/January 2008

FOR STAFF AND FRIENDS OF UNIVERSITY HEALTH CARE



"True compassion and sincerity are easier when you take the time to tend to your own spirit," says Chaplain Susan Roberts. She invites all staff members to attend a Winter Solstice ritual in the Hope Chapel on Dec. 21, from 1–2 p.m.

Essay Compassionate Care Is Vital During the Holidays

By SUSAN ROBERTS, Chaplain

When we walk into a patient's room, often the first words out of our mouths are, "How are you doing today?" Most patients will politely respond, "Fine thanks." Yet, we know if that were true they wouldn't be in the hospital in the first place.

During the holidays it's especially important that this question is more than just a polite greeting. We need to really listen to their answers, not just about their physical well-being, but about their mental and spiritual well-being too. Because no matter how caring nurses are, or how compassionate doctors are, or how festive the hospital decorations are, the hard truth is that the hospital is a difficult place to spend the holidays.

In fact, many people will even put their health at risk to avoid the hospital during the holidays. The day after a major holiday, the census often shoots up. If we stop to imagine ourselves in the patient's shoes, it's hard to place blame.

The common ground we share—patients and staff alike—is that we'd probably all rather be somewhere else during the holidays. The silver lining, however, is that the hospital provides an incredible place of community—a place that is ripe for human connection, meaningful conversation, and shared spirit. As caregivers, we have a unique opportunity to embody the essence of the holidays, which is to share love and joy.

Take some of that spirit with you into each patient's room as you go about your duties. Join in solidarity with the patients. Put your most compassionate heart forward. Ask the age-old question, "How are you doing today?" with sincerity and genuine care.

True compassion and sincerity are easier when you take the time to tend to your own spirit. I hope you will try to carve out opportunities to gather together with loved ones, to take advantage of opportunities for prayer and meditation, and to know peace within.



2,000 and Counting: U Kidney Transplant Program Celebrates Milestone

▲ "I've never really felt like I saved Curtis' life," says Robyn Fillmore, who donated a kidney to her younger brother, Curtis Barney. "I've always just thought this is something he needed that I could give, and of course I would."

The U's 2,000th Kidney Transplant: A Sister Gives Life, Hope to Younger Brother

At age 5, Curtis Barney was diagnosed with glomerulonephritis, a type of kidney disease for which doctors told him there was no treatment. For the next 23 years, Barney's kidneys worked well enough. But 10 months ago, his kidney function dropped below 25 percent and he began his journey at the U of U Kidney Transplantation Program.

Barney's two older sisters immediately volunteered to donate a kidney. "Our family is so close," said Barney's sister Robyn Fillmore, 42. "What happens to one, happens to all of us." As it turned out both sisters had 3 or 4 of the six markers tested. When the transplant team decided Fillmore was the best candidate, Barney's sister Jill, 38, was disappointed. "I never thought for a minute that they wouldn't do it for me, but that's a lot to ask of anybody," said Barney. "It will be a big relief when it's all over." Fillmore, on the other hand, had a sense of peace going into surgery. "I know it's meant to be," she said.

On Friday, Nov. 16, Barney, now 31, and Fillmore had surgery in adjacent operating rooms. Today, they are recovering in their homes, just a couple of miles from each other in Spanish Fork, Utah. "I'm very happy I've done it," said Barney, glad to be back home with his wife and children, and grateful for the care he received at University Hospital. Once he's recovered, Barney can't wait to start riding his bike again, take his children hiking, and maybe even catch the end of the ski season.



"I'm so happy that he's doing well," said Fillmore. "That was the goal—to get him back to his family."

To read full story, visit www.healthcare.utah.edu/spotlight

"That's what I thought was really amazing," said Barney after his transplant, pictured here with his wife, Tekoa. "I didn't feel that I had one doctor or one surgeon, but a whole team of people. And they weren't leaving anything to chance."



Today, each transplant patient and donor is taken care of by an entire team of people, some of whom are pictured above.

Program Credits Donors and Team Approach

On the morning of Nov. 16, **Edward W. Nelson**, M.D., professor of surgery and surgical director of the Kidney Transplantation Program, removed one of Robyn Fillmore's kidneys and handed it off to his colleague, **Jason Schwartz**, M.D., assistant professor of surgery, who transplanted it into Fillmore's younger brother, Curtis Barney. While the family celebrated the beginning of a new quality of life for the 31-year-old Barney, the U also marked an important milestone: the program's 2,000th kidney transplant.

Nelson has been around for 1,500 of those adult and pediatric transplants and has performed hundreds of kidney transplants during his 25-year tenure. Nevertheless, Nelson says he still never sleeps well the night before a transplant. "There's nothing more stressful than a living donor transplant," he says. "It's the only operation where you have two people at risk." The expectation is that everything will go picture

See KIDNEY on reverse

Clinical Spotlight

A Cardiologist's Determination to Cure the Troubled Heart

A breakthrough in his research eight years ago led Nassir Marrouche to believe atrial fibrillation could be cured.

"Six years ago when I would talk to patients about a cure rather than a drug treatment for atrial fibrillation, people thought I was crazy," recalls **Nassir F. Marrouche, M.D.**, assistant professor of internal medicine and director of the U's Atrial Fibrillation Program. "Now, those critics are sending their family members to me."

Atrial fibrillation ("afib" for short) is a condition that creates a quivering heart or abnormal beating because the heart's two small upper chambers quiver instead of beating effectively, allowing blood to pool or clots to form. Some 2.5 million Americans suffer from this and the likelihood of developing it increases significantly with age. Symptoms might include palpitations, heart pounding, chest pain, shortness of breath, tiredness or headaches.

To cure the problem Marrouche uses catheter-based ablation to cauterize portions of the heart where abnormal electrical pulses are setting off irregular heartbeats. Marrouche helped pioneer this procedure with pivotal research and has performed more than 1,000 ablation procedures, making him one of the top experts in the field. In 2006, the American Heart Association and the American College of Cardiology implemented ablation of Atrial Fibrillation into their guidelines.

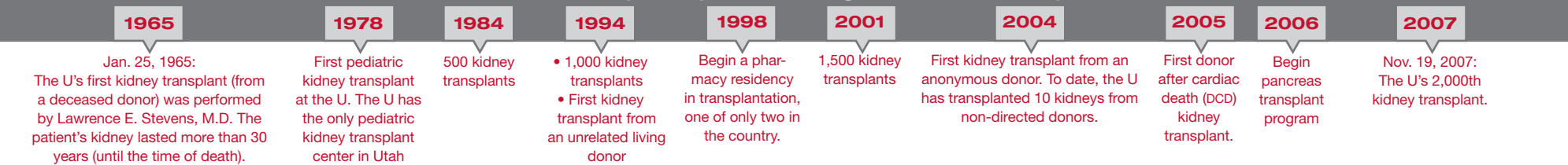
When climbing 12 stairs left Jim Daily, 69, struggling for his breath, he knew he needed help. He had been treating his atrial fibrillation with medication for eight years, but eventually the drugs stopped working and his heart was functioning at less than 12 percent. After having catheter-based ablation, Daily says: "It's like I got a second chance at life."

Marrouche discourages his patients (who come from as far as Canada, New York, and Europe) from treating afib with medications, stating that 1 to 8 percent of patients suffer from medication and that eventually the drugs will fail. He adds that a significant percent of afib patients who receive medication or a pacemaker-based treatment will suffer from a stroke, in 30 percent the heart muscle will fail, and fatalities overall will increase two-fold.

Marrouche's statistics are impressive. Ninety percent of his patients are arrhythmia free and off heart medications within three months of the ablation procedure. "I'm a very impatient guy," says Marrouche, who performs ablation on nine to 10 patients a week and hopes to almost triple that number. "I like to see quick results—and with heart treatments you often see patients recover right before your eyes."

Nassir Marrouche, M.D., came to the U a year ago to spearhead the Atrial Fibrillation Program.

Timeline of the Kidney Transplantation Program at the University of Utah



KIDNEY continued from cover



Fuad Shihab, M.D., medical director of the U's Kidney Transplant Program, and Jason Schwartz, M.D., who transplanted the U's 2,000th kidney, are pictured above. Ed Nelson, M.D., the program's surgical director, said, "There are two people who really were the stalwarts of this program. Gary Maxwell, M.D., who was the director of renal transplant until the early '80s, and John Holman Jr., M.D., Ph.D. They put their whole careers into developing this program and deserve a lot of credit."

perfect, Nelson says, and with the U's impressive 99 percent patient survival and 94 percent kidney graft survival, it nearly always does.

When asked to reflect back to his first kidney transplants, Nelson says it was a totally different experience. "There were two surgeons, a nurse, and a secretary. We'd find out there was a kidney donor, get on a plane and fly to places like Elko and Pocatello," he says. "We did the surgery and brought the kidney back with us. We gave the immunosuppression drugs and did our own tissue typing. It used to be that the surgeons did everything. Now there are a cast of thousands."

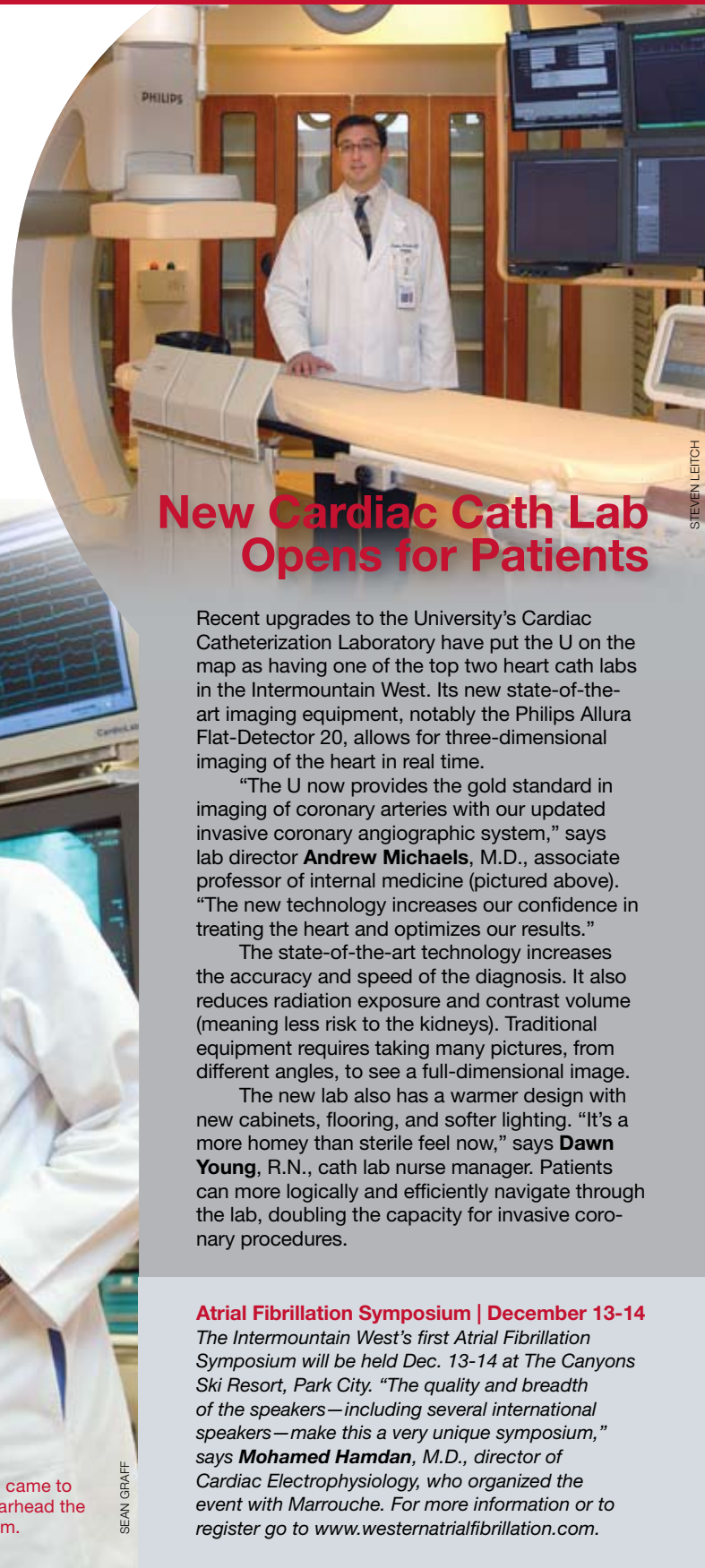
The program, which began in 1965, has expanded to include all abdominal organs, including the pancreas and liver.

That "cast of thousands" includes four transplant surgeons (Nelson and Schwartz along with **John Sorensen, M.D.**, professor of surgery, and **Tim Gayowski, M.D.**, adjunct professor of surgery), pediatric and adult nephrologists, pre- and post-transplant nurse coordinators, social workers, child-life specialists, pharmacists, dietitians as well as financial advisers, researchers, pathologists, clinic staff members, the tissue typing lab, the OR and ICU staff, floor nurses, surgical residents, and Intermountain Organ Services, among others.

All those people work together to care for the whole patient—physically, emotionally, and financially. "It's absolutely a team approach and all of those people on the team should be recognized," says Nelson. "It's a much more successful operation today with a much higher volume."

Sophisticated antirejection drugs have greatly increased both patient safety and the success rate of the kidney graft. And an expanded donor pool, especially of living donors, has allowed for many more successful matches. "We don't do this unless we have donors," emphasizes Nelson. "They're the ones who really deserve to be recognized."

Fuad Shihab, M.D., professor of internal medicine and medical director of the Kidney Transplantation Program, also credits the program's success to the U's team approach. "We put patient care above any other consideration, and then learn how to work together to achieve that goal," says Shihab. "Everyone is involved in major decisions that affect patient outcome; we listen to what any person on the team has to say." Shihab says the U continues to follow transplant patients closely so they can avert any long-term or permanent complications. "The goal is to ensure the best outcome for the patient."



New Cardiac Cath Lab Opens for Patients

Recent upgrades to the University's Cardiac Catheterization Laboratory have put the U on the map as having one of the top two heart cath labs in the Intermountain West. Its new state-of-the-art imaging equipment, notably the Philips Allura Flat-Detector 20, allows for three-dimensional imaging of the heart in real time.

"The U now provides the gold standard in imaging of coronary arteries with our updated invasive coronary angiographic system," says lab director **Andrew Michaels, M.D.**, associate professor of internal medicine (pictured above). "The new technology increases our confidence in treating the heart and optimizes our results."

The state-of-the-art technology increases the accuracy and speed of the diagnosis. It also reduces radiation exposure and contrast volume (meaning less risk to the kidneys). Traditional equipment requires taking many pictures, from different angles, to see a full-dimensional image.

The new lab also has a warmer design with new cabinets, flooring, and softer lighting. "It's a more homey than sterile feel now," says **Dawn Young, R.N.**, cath lab nurse manager. Patients can more logically and efficiently navigate through the lab, doubling the capacity for invasive coronary procedures.

Atrial Fibrillation Symposium | December 13-14
The Intermountain West's first Atrial Fibrillation Symposium will be held Dec. 13-14 at The Canyons Ski Resort, Park City. "The quality and breadth of the speakers—including several international speakers—make this a very unique symposium," says **Mohamed Hamdan, M.D.**, director of Cardiac Electrophysiology, who organized the event with Marrouche. For more information or to register go to www.westernatrialfibrillation.com.

a note from david entwistle

Putting Our Organization to the Test

We often don't know how good we can be until we're put to the test. Whether it's a star basketball player who takes the last-second shot in the NBA finals, or a pianist performing a difficult piece for the first time in a large concert hall, the way someone handles intense pressure is a good indicator of his or her character.

A little more than a week ago, University Hospitals & Clinics was put to the test by The Joint Commission. While we won't officially know how we did until the final report comes out, I couldn't be more proud of the way we performed. Our character was tested and we rose to the challenge.

That's not to say we're perfect. I know The Joint Commission will point out some weak spots in our organization and they'll make recommendations on how we can improve. In fact, in some areas we actually beat the surveyors to the punch and pointed out our own weaknesses. This type of openness helped us build trust with the surveyors and gave us an opportunity to discuss our ongoing process improvement plans.

But, make no mistake, we have much to celebrate. Each of the surveyors made numerous comments on the professionalism and courtesy of our staff. Many units and services were specifically mentioned for their innovative approach to patient safety, coordination of care, and communication. And, surveyors routinely cited specific staff members for providing outstanding patient care.

During the next few months you're going to hear more about The Joint Commission visit in *Pulse*, at employee forums, during staff meetings, and via other communication channels. We're going to celebrate, honor, and study areas that are positively recognized in the final report. We're also going to analyze and make improvements to processes that are cited as needing attention.

More importantly though, we're going to do this together. The Joint Commission visit demonstrated that while we have a large and complex organization, we are at our best when we come together to achieve a common goal.

Finally, thank you to the many staff members and physicians who spent countless hours meeting with and escorting our Joint Commission survey team. I, like all of you, breathed a sigh of relief when the survey team officially left the hospital on Friday afternoon. It was a long week, but we should be proud of our efforts.

David Entwistle



David Entwistle, CEO, University Hospitals & Clinics

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Health Sciences Transitions



Stefan Pulst, M.D., has been appointed professor and chair of the Department of Neurology. He comes to the U from Cedars-Sinai Medical Center where he was director of the Division of Neurology and held the Carmen and Louis Warschaw Chair in Neurology. He was a professor of medicine, neurology, and neurobiology at the David Geffen School of Medicine at UCLA. He is internationally known for his research on identifying genes causing neurodegenerative disorders and brain tumors. For the past decade he has collaborated with scientists at the U in defining the genetic components of attention deficit disorder.

Guido Tricot, M.D., Ph.D., professor of internal medicine, is the new director of the Blood/Marrow Transplant and Myeloma Program. In collaboration with the Huntsman Cancer Institute, Tricot plans to develop a myeloma program that attempts to eradicate the disease. Tricot's myeloma treatment focuses on gene expression profiling and immunologic approaches to kill resistant myeloma cells. According to Tricot, establishing cutting-edge clinical trials for patients with myeloma will be a priority. Tricot comes to the U from the Myeloma Institute for Research & Therapy (MIRT) at the University of Arkansas for Medical Sciences, where he was the director of clinical research and a faculty member since 1993.



Brian Simpson, R.N., is the new AirMed program manager after serving as the interim program manager since July. Simpson has 17 years of nursing experience, including as a medic for a rescue squad in Virginia, and experience in the emergency room, ICU, and as a flight medic. He has been with U Hospital since 1993, serving as chair of the Safety Committee for 10 years. Simpson looks forward to the challenge of helping 120 people reach a common goal—the growth and success of the AirMed program.

Quality Improvement

Doing a "Time Out" is Like Checking Your Blind Spot ... With Higher Stakes



Clough Shelton, M.D., professor and chief of the Division of Otolaryngology, performs a "time out" before doing a tympanomastoidectomy on the right ear of a patient. The patient's right ear has "yes" written on it to indicate the correct side. This is part of The Joint Commission's Universal Protocol for invasive procedures.

Checking your blind spot before changing lanes is a risk-reduction strategy that helps prevent car accidents. It takes just a split second to do, but think of how many times you've skipped it.

Doing a final check during a time-out prior to performing an invasive procedure is also a risk-reduction strategy to help prevent medical accidents. What type of medical accidents? Wrong-site, wrong-procedure and wrong-person surgeries. It takes just a few minutes to perform a "time out," but the stakes for skipping it are never worth the risk.

It's hard to imagine, but every month there are five to eight new cases of wrong-site, wrong-person, and wrong-procedure cases across the nation. They recently became the most frequently reported sentinel event in The Joint Commission's Sentinel Event database. Although professional organizations, associations and regulatory bodies continue to address the problem of wrong-site surgery, **Carol Hadlock**, director of quality and patient safety, says it remains a significant concern across the nation.

As the first line of defense in reducing the risk of medical errors, including wrong site surgery, The Joint Commission advises patients and family members to make sure there is total agreement between themselves, their primary care doctor, and the surgeon about exactly what will be done and where.

The Joint Commission's Universal Protocol applies to all types of procedures in all types of procedure areas, including the administration of regional anesthetics and radiologic interventions. "Time out" or final verification immediately before starting an invasive procedure involves the entire operative/procedure team. During the "time out" verbal verification must include the following:

1. Correct patient identity: Verify the identity of the patient using two identifiers.
2. Agreement on the procedure to be done.
3. Correct site and side.
4. Consent: Verify that the patient's consent describes the surgical site and operative side, as appropriate. No abbreviations on consent forms.
5. Review available radiographic films.
6. Correct implants and any special equipment or special requirements, e.g., prophylactic antibiotics.
7. Correct patient position verified.
8. H&P is in the OR/Procedure room.
9. Allergies are clearly noted.
10. "Time out" of all the above elements will be documented in the appropriate medical/surgical record.

If any verification process fails to identify the correct site, all activities should be halted until verification is accurate.

Community Collaboration

March of Dimes Partners With Parent Support Program

Twenty-two weeks into her pregnancy, **Renee Butler** developed hypertension, which within days turned into pre-eclampsia, a potentially life-threatening condition. She was sent to the U, where doctors determined she needed to have the baby within 24 hours. On Aug. 9, 2006, her daughter, **Zoey**, was born, weighing 1 pound 5 ounces. The next day, Zoey had open heart surgery and for the remainder of her 114-day stay in the Newborn Intensive Care Unit (NBICU), she was on oxygen, a ventilator, and a heart monitor.

Butler, and hundreds of families—this year alone, the NBICU will care for nearly 600 babies—have found comfort and support from the Parent to Parent Program, a support group for families with babies in the NBICU. For more than 30 years, Parent to Parent has helped families navigate through the trauma of having a baby in the NBICU. Butler and her husband, **Derek**, attended the weekly Parent Night where they met other parents and families who had survived the same experience. Support from those parents alleviated some of the Butler's fears and offered hope. With Zoey now a healthy toddler, the Butlers have become Parent to Parent volunteers.

"We provide mostly emotional and educational support to families," said **Becky Hatfield**, director and founder of Parent to Parent. The group also offers crib gifts, a newsletter, a weekly luncheon for mothers on bed rest, and social events for past NBICU families.

In November, the program received additional support from the March of Dimes, which launched its national NBICU Family Support Program at the hospital, one of only 55 sites nationwide. "Together, these two groups will more completely meet the needs of our parents and families, especially those with language barriers," said **Jerry King, M.D.**, NBICU medical director.

"The hospital does incredible work every day to care for sick babies and their families," said **Amy Hansen**, director of the March of Dimes Utah Chapter, noting in particular the care the U gives to Spanish-speaking, low-income families, and some of the most critically ill babies. "We want to support their efforts."

The NBICU Family Support program will be led by Rachel Hixson, a NBICU parent and a Parent to Parent volunteer for the past seven years.



Becky Hatfield, director and founder of Parent to Parent, a family support group for the Newborn Intensive Care Unit (NBICU), talks to new mom Jessica Camarella. "It was comforting to know others had gone through something similar," said Camarella, who was admitted to University Hospital for bed rest one month prior to delivering her twin daughters (each weighing 3 pounds) on Nov. 8.

studies & grants

The **College of Nursing** received \$1 million from the John A. Hartford Foundation to establish the University of Utah Hartford Center for Geriatric Nursing Excellence. The center is one of nine in the country the Hartford Foundation funded. Nursing Dean **Maureen Keefe, Ph.D., R.N., F.A.A.N.**, said the center will capitalize on the college's interdisciplinary collaborations in geriatric research, education, and practice, as well as number aging-related studies. Keefe expects the U of U Hartford Center to have a national impact by expanding the number of highly qualified geriatric nursing faculty to teach throughout the country.



The **National Children's Study** has expanded to include Cache County as one of 26 new locations nationwide. The Cache site is part of the Salt Lake County Vanguard Center led by the School of Medicine's Department of Pediatrics, with support from Primary Children's Medical Center, and other government and health-care agencies. **Edward B. Clark, M.D.**, professor and chair of pediatrics and principal investigator for Salt Lake County center, also will lead the Cache County center. The study, the largest of its kind, will assess the effects of environmental and genetic factors on child and human health in the United States.

Do you experience asthma and heartburn while exercising? The **Division of Gastroenterology** is conducting a research study looking at heartburn and airway reactivity during exercise. Eligible participants must be 18 to 65 year-old cyclists or runners who exercise consistently 3x/week and experience choking, coughing, wheezing, shortness of breath, chest tightness, and heartburn during exercise. To learn more about this study, please call **Kristen Thomas** at 587-9854.

The **Department of Physical Therapy** is looking for people with type 2 diabetes to take part in a unique and easily tolerated resistance exercise program. Participants must be between 60 to 80 years old, cannot be taking insulin and must have had type 2 diabetes for at least two years, and must be willing to participate in pre- and post-study evaluations. For more information, contact **Robin L. Marcus, P.T., Ph.D.**, at 581-4813.

The **Department of Neurosurgery** is conducting three clinical research studies for patients with lumbar back pain and problems. The first study is looking for people who have a disc herniation at the location corresponding to the patient's radicular signs or symptoms (pain, numbness, tingling, and/or weakness in legs). The second study is looking for participants who have lumbar spinal stenosis with leg pain who require a surgical decompression and stabilization. The third study is looking for participants who have mild to moderate degenerative disc disease of the lumbar spine. For more information, contact the Department of Neurosurgery at 585-7916.

If you've received a grant or are conducting a clinical trial, please e-mail pulse@hsc.utah.edu.



First-year medical students Janie Pak and Javier Chavez received textbook scholarships from the Health Sciences Store.

Textbook Scholarships Funded by Health Sciences Store Profits

The average cost for course materials, about \$900 a year, is unaffordable for some students. First-year medical student **Javier Chavez** and his wife, both enrolled as full-time students, had to cut corners to get their course materials covered—borrowing from friends, checking out books from the library or using the learning development center.

To relieve this financial burden for students, the Health Sciences Store created a textbook scholarship funded by the store's profits. Interested students submit a short paragraph describing why they should be considered for the scholarship, their situation, and how they would benefit from the funds. "We ranked students based on need and the personal information they submitted," said Rita Aguilar, director of medical education and a financial aid officer in the School of Medicine.

When Chavez learned he had received a textbook scholarship from the Health Sciences Store, he was thrilled. The first person in his family to graduate from college, Chavez hopes to use the opportunities he's been given to help others.

"The amount of relief and aid this scholarship provides cannot be expressed with words," said **Janie Pak**, also a first year medical student. "Textbooks are so expensive, especially the science-related ones."

This year, the store had \$3,000 for scholarships, which was divided between the School of Medicine and the colleges of Nursing, Pharmacy, and Health. 2007 textbook scholarship recipients also included **Marissa Brown** of the College of Nursing, and **Katie Odgeda** and **Courtney McKimney** of the College of Pharmacy. The College of Health will award two textbook scholarships in the spring.

Health Sciences Store Offers Variety, Convenience, and Scholarships

The next time you're shopping for U apparel, medical logo merchandise, textbooks, scrubs, medical reference materials or equipment, you can support student scholarships by buying them from the Health Sciences Store. Located on the first floor of the Health Sciences Education Building, the store also carries general interest and kids books as well as snack items. Order online (www.bookstore.utah.edu/utah2/) and enjoy free and fast delivery. Discounts are available to students who use their U card, and U employees receive a 10 percent discount.

New Education & Development Team Ready to Roll

When **Teri Olsen**, director of Education & Development for University Health Care, took her position last January, she had a million ideas about how to improve staff training and education. Less than a year later, she has an enthusiastic staff in place (pictured above), an extensive org chart, and a detailed plan to make those ideas happen.

Her goals? To raise the level of professionalism throughout the system, provide employees and management thoughtful, educational opportunities, empower managers with the educational tools they need for their staff, and through all this improve customer service and patient care. With thousands of employees, it's not a job for the fainthearted, yet Olsen seems energized by the enormous scope of it.

One of her first ideas was to merge the IT Training Department with the hospital's Clinical Staff Education Department. In her former position over Web and Customer Services for ITRs, Olsen learned that any successful training and education program would have to be interdisciplinary and take

full advantage of technology resources.

After a year in development, the team has just started to advertise its broad range of services. Already, they've had plenty of takers. **Rick Lee**, director of Environmental Services, has joined the Education & Development team's new ancillary education council to help streamline his staff's orientation and provide a toolkit to help support his department's five trainers. **Jennifer Muhlestein**, service director for Patient Billing and Financial Services, is partnering with the new department to create a training program for her staff, who expressed a desire for more training on their computer systems and business processes. **Karen Nye, R.N.**, manager of the MICU, requested technical support to facilitate a wireless classroom for the Critical Care Internship Program.

If you have questions or have an area that you'd like supported through education, call Teri Olsen directly at 581-2422 or e-mail her at teri.olsen@hsc.utah.edu.



awards & honors

Organ Donation Track Record Earns Recognition



Gerri Osman, holding a photograph of her 16-year-old son, Sebastian, (a multiple organ donor in 2006), presented the award to David Entwistle, CEO of University Hospitals & Clinics, Andi Jones, R.N., clinical nurse coordinator SICU, and Karen Nye, R.N., Manager of the MICU.

Keeping donor organs vital and ready for transplant requires great care. University Hospital recently was recognized for its outstanding donation consent rate of approximately 90 percent. The U.S. Department of Health and Human Services recognized 371

hospitals nationwide with the **Medal of Honor for Organ Donation**. A 75 percent donation rate (significantly higher than the 59 percent national average) must be sustained for at least a year to be eligible for the award. "This is the third time the U Hospital has received this award—the staff is exceptional in their efforts to include us early on in the donor process," says Woody Marshal of Intermountain Donor Services.

U's Care for Stroke Patients Outstanding

University Hospital was recently recognized for its high standard of care in treating stroke patients. The American Stroke Association's Get With The Guidelines—Stroke (GWTG—Stroke) Gold Performance Achievement Award identifies recipients that have developed a comprehensive system for rapid diagnosis and treatment of stroke patients. To receive the award, the hospital had to demonstrate 85 percent adherence in the GWTG—Stroke key measures for 24 or more consecutive months.



Continues on reverse

PICC Team Always on the Run

It's not unusual for a returning patient who needs an IV to request that members of the PICC Team do the procedure. After all, 95 percent of their line placements work on the first try. Team supervisor **MaryAnn Hendrix, R.N.**, realizes this "compliment of confidence" also makes life challenging. The soft-soles of the five-member team can literally cover miles in one day, handling requests from the University Hospital, Huntsman Cancer Hospital, and the Orthopaedic Center.

Peripherally inserted central catheters (PICC) deliver medication or other fluids intravenously into a large vein (superior vena cava) just above the heart. The PICC Team uses an ultrasound machine to locate and access the veins (usually above the elbow, where it is less bothersome to the patient) and then requests a chest X-ray to ensure the catheter is well placed.

The team averages 250 lines a month (up from 160/month last year), which totals about 3,000 PICC lines this year. "We receive so many requests that we now need to grow as a team to handle all of them," says **Kathy Schmitz, R.N.**, nursing director of the team. Schmitz hopes to hire two new nurses by the end of 2007.

Once staffed, Hendrix says the team's goal is to respond to requests within 1 1/2 hours and help with hard peripheral IV starts. Response time, however, depends on how many simultaneous orders there are for PICC lines.

Bedside time with the patients can range from 30 minutes, if the line is an easy placement, to 1 1/2 hours. While one nurse focuses on the procedure itself, the other nurse assists, explains what the procedure involves, and comforts and reassures the patient (veins are easier to access if the patient is not stressed).

Despite being on the go all the time, Hendrix says that what the team cares about the most—helping people—keeps them running.

MaryAnn Hendrix, R.N., races to place an emergency PICC line. The five-member PICC team averages 250 lines a month, covering the U Hospital, Huntsman Cancer Hospital, and the Orthopaedic Center.



awards & honors *(continued)*



State Acknowledges U Faculty Contributions
Chris M. Ireland, Ph.D., professor and chair of the Department of Medicinal Chemistry, College of Pharmacy, and **Greg M. Jones**, Ph.D., executive director of research at the Moran Eye Center, were two of eight Utahns to be honored for their contributions to the state. The State Advisory Council for Science and Technology annually awards the Medal of Science and Technology to those who have provided distinguished

service to the state of Utah in the fields of science and technology. Ireland, whose research focuses on natural product drug discovery, has brought in more than \$23 million in research funding. As state science advisor to the Governor, Jones was instrumental in funneling nearly \$50 million into the state economy.

Fellows Ranking Earned by U Researchers

Two University of Utah Health Sciences faculty members were among 471 researchers who have been elevated to the rank of fellows of the American Association for the Advancement of Science, the nation's largest general science society. The U faculty members are: **Barbara J. Graves**, Ph.D., professor and chair of the Department of Oncological Sciences, for distinguished contributions to our understanding of DNA-binding transcription factors; **John Mauger**, Ph.D., dean of the College of Pharmacy, for leadership in academic pharmacy and worldwide health care via his contributions to drug standards for medicines used to treat neglected diseases.



Exceptional Service Honored

Laura Shane McWhorter, Pharm.D., clinical professor of pharmacotherapy, College of Pharmacy, received the 2007 Distinguished Service Award from the Association of Diabetes Educators of Utah and the Utah Department of Health. She received a standing ovation from more than 300 Utah Diabetes Educators at the award presentation. "Laura is clearly a recognized expert in her field and it was a pleasure to see her honored in such a profound way," said **Diana I. Brixner**, Ph.D., associate professor and chair of the Department of Pharmacotherapy and executive director of Outcomes Research Center.



Line Cook of the Year Right Here at the U

Navidad "Nina" Huitron, cook at the University Hospital, was named Line Cook of the Year by the Beehive Chefs Chapter of the American Culinary Federation (ACF). In November, the nonprofit organization honored a number of chefs, restaurateurs, food vendors, students, and others involved in the culinary profession. **Carl Rubadue**, manager of Nutrition Care Services, nominated Huitron. "In a kitchen that serves 3,000 meals daily and accommodates 140 different diets, Nina has been the rock that holds the pantry and catering area together."



Dental Assistant Ruth Erives and Clinic Director Craig Olson, D.D.S., work on a patient at the U's Dental Clinic.

STEVEN LEITCH

Is There a Dentist In the House?

One of the U hospital's best kept secrets may be that employees can actually go to the dentist without leaving the building. Since 1985, the U's Dental Clinic has been providing full-service dentistry to patients, employees, and the general public, on the main floor of the hospital in Clinic 7. Services range from standard cleaning to crowns, extractions, implants and dentures.

The clinic is staffed by residents who have completed dental school, but choose to continue their training working with the U's highly trained specialists. The one-year General Practice Residency is a selective program, accepting those who graduate in the top 25 percent of their class. "They're rookies, but they're smart, and they're supervised," says **Craig Olson**, D.D.S., the clinic's director.

As an added bonus, you will likely be treated to the best trained dental assistant available. **Ruth Erives**, a fully trained dentist from Mexico, is working as one of the clinic's dental assistants while she hones her English language skills.

The University of Utah HSC Dental Clinic accepts most dental insurance. To schedule an appointment, call 581-2220.

Cooks Fire it Up at the Annual Chili Cookoff

Taste buds sizzled at the annual Halloween Chili (and Jello) Cookoff. **Scott Hansen**, a cook for Nutrition Care Services known better as "Tall Scott," took the blue ribbon with his Sweet and Sassy Chicken Chili recipe. Fellow cook **Scott Clawson's** pot of chili came in second. "Both of these chilis could have set off fire alarms," says **Carl Rubadue**, director of Nutrition Care Services. Judges **Chrissy Daniels**, director of customer service, **John Darden**, manager of neurosurgery clinic, and **Rob Kistler**, project facilitator, sampled 12 different chilis ranging from vegetarian to chicken, pork and beef.

Hansen, who made up the recipe the day before, suspects that combining three different beans with the chicken and sweetness won over the judges. When *Pulse* asked for the recipe, he had to stir up another pot. Chili anyone?



"Tall Scott" Hansen, a cook for Nutrition Care Services, took the blue ribbon for his Sweet and Sassy Chicken Chili (recipe below).

STEVEN LEITCH

Sweet and Sassy Chicken Chili By Scott Hansen

1/4 cup olive oil	1/2 cup chicken broth
1 cup onions, diced	3/4 cup brown sugar
2 tbs. chili powder	1 1/2 cups V-8 juice
2 tbs. garlic, minced	2 ea. 13.5 oz. butter beans, great northern beans, red beans
3 tbs. flour	2 cups cooked chicken, diced
3 tbs. Cajun seasoning for chicken	salt to taste
1 oz. Chalula	

In a 6 qt. sauce pan sauté onions in oil until translucent. Add chili powder, and garlic. Cook until garlic begins to brown, about 3 to 5 minutes. Add flour and Cajun seasoning. Cook for 3 to 5 minutes. Add remaining ingredients. Bring to a boil over medium heat. Reduce heat and simmer for 30 minutes. Add salt to taste. Enjoy!

Off the Clock Moonlighting on the U's Golf Course Keeps Jeff Heninger Smiling at Work

When **Jeff Heninger** shows up for work every evening as a night-time custodian at the hospital, he's often sporting a sun burn and a good attitude. That's because, every weekday at 1 p.m., Heninger shows up at the U Golf Course to shoot nine holes. "When I see him coming, I know exactly what time it is," chuckles **Mike Nickas**, assistant professional at the golf course. "He's like clockwork."

"He's a guy who is passionate about golfing—he's addicted to it," says Hospital Medical Director **Thomas L. Miller**, M.D.

When Heninger started at the U in 1975, it took him about 3 weeks to realize that working at night could really help his golf game. "I figured out I'd rather be outside playing during the day than inside working—it makes me happy and I get to bring that feeling to work with me," says Heninger, who admits he's been yawning for the past 32 years. Heninger plays almost exclusively the U Golf Course, because "it's inexpensive, doesn't require reservations, and gives him a beautiful view of the valley."

Plus, when you've shot seven holes in one on the same course, you have a special place in your heart for those greens. Heninger, who made all those shots within the past three years, was also the Super League Men's Overall Champion this year, a league that includes U students, faculty, and staff. "I'm certainly not the best golfer on the course," Heninger is quick to add. "I'm just there every week racking up points."

"This is a guy who is consistent, focused, and doesn't let his ego get in the way of his playing," says Nickas, who runs the league.

"You come to realize as you mature, that it is just a silly game where you hit balls around with a few sticks and it happens to be a lot of fun," admits Heninger. Remembering this helps him not take himself too seriously, which he thinks has improved his game.

At 59, an early retirement is within reach. Heninger's plans? Find a job at a nice golf course and play for free every day.

Green Space Getting a Charge out of Recycling Batteries

When batteries are thrown away, the toxins seep into our landfills and water supply. When incinerated, the toxins are released into the air we breathe. Exposure to these chemicals can result in kidney damage, cancer, infertility, and severe vomiting, to name just a few of the unpleasant consequences.

"We realize that putting this type of stuff into a dumpster isn't going to help anyone, least of all the environment," says **Winn Redd**, Informational Technology Services (ITS) business manager. Redd along with his ITS colleagues decided to take action. Within the past year, they have initiated a program to recycle the big Universal Supply batteries (a.k.a. battery backups) as well as the ubiquitous smaller ones that go in and out of pagers, flashlights, and wireless computer mice and keyboards.

"After our department reviewed what employees said on the survey, we decided we were going to be more environmentally

responsible and came up with different steps to reach that goal," says **Lori Allen**, business manager for Education and Development.

Allen keeps a box on her desk for old batteries and hands out new ones as needed to staff on the premises. She collects about 40 batteries a month, with 15 to 20 battery backups, which range in size from a bread loaf to a desktop computer.

All the batteries are picked up monthly by Environmental Health and Safety (EHS), which in turn passes them onto Guaranteed Recycling Xperts, an electronic recycling company that recycles the batteries

No Gifts for the Holidays? New Vendor Policy Maintains Integrity

'Tis the season and undoubtedly vendors will be spreading holiday cheer by dropping gifts by your offices and clinics. So what's a person to do? Refuse them politely. The University of Utah Hospital & Clinics has determined that to maintain integrity and avoid any conflicts of interest, employees cannot accept gifts from vendors, including, meals, food, gifts and entertainment. Does that include even those cheap little pens and holiday fruit baskets? Yes. Refusing a person's gift can be an uncomfortable experience, so to help prepare you, we've created a few practice scenarios. Select all appropriate responses.

Vendor: I just wanted to stop by and drop off a little something for the holidays.

Employee:

- Gee thanks, my kid will love this! Give me another one for my sister's daughter too.
- I appreciate your offer but the UHHC has determined that it is in our best interest not to accept gifts from vendors. This may be perceived as unethical by others and we want to protect the integrity of our staff and the institution.
- I would love to but I don't want to get anyone upset.
- Alright. But please don't tell anyone. We aren't supposed to accept gifts.

Vendor: Oh, that's not a problem. Go on, take it. If you don't, it will just go to someone else.

Employee:

- Our organization has decided that gifts of any kind may be perceived as incentives. So again, I am going to have to say no, but thank you.
- Well, okay. That's really nice of you.
- If you would like to donate gifts to the University Foundation or our Central Education Fund I can put you in touch with either of those offices.
- What else do you have? I'm not sure I like that. Do you have any fruit baskets? I could use one of those to give to my mother for the holidays.

In answer to the first interaction choice B would be the appropriate response. For the second interaction choices A and C are both appropriate responses.

So what should you do with the Harry and David's box of pears already sitting on your desk? Call **Becke Wolf** at 585-1325 and she will help dispose of it. You should also send a letter to the vendors explaining our new policy, which you can find at http://uuhsc.utah.edu/supply_chain/vendorrelatedpolicies.html.

Energy Conservation What You Can Do

According to Energy Star, every dollar a nonprofit healthcare organization saves on energy is equivalent to generating new revenues of \$20 for hospitals or \$10 for medical offices. You can take better care of the environment and the bottom line at the same time, by incorporating a few of these energy-conserving tips:

- Fluorescent lighting only has to be off for two seconds to pay for the energy it takes to bring it back on. Whenever you leave an unoccupied room for more than a couple minutes, turn out the lights.
- In your personal spaces, try replacing incandescent light bulbs with compact fluorescent bulbs, which use one-fourth the energy and last up to seven times longer.
- Lucky enough to sit near a window? Turn off your local lighting and use natural lighting instead.
- Turn off office equipment that is not in use, such as computers, printers, and copiers when possible.

Have an idea for reducing the electrical load anywhere on campus? Help us find and eliminate wasted energy by reporting leaking faucets, bad thermostats, and incandescent lights that could be replaced with fluorescent lights. E-mail bianca.shama@fm.utah.edu or call 585-1171.



Lori Allen and Winn Redd initiated a battery recycling program. To arrange for battery pickup, e-mail lori.allen@utah.edu.

