



Live Red

P.2

LINK

FOR & ABOUT: The Health System Community

Growing From the Grassroots

Every Medical Center Department Contributes to Timely Discharge Success

Q How do you accommodate more patients at the UVa Medical Center without adding more beds?

A Meet timely discharge goals.

By year's end – primarily through the timely discharge initiative – the University of Virginia Medical Center had “added” the equivalent of a unit every day – 12 to 15 beds – and created 1,035 additional operating room (OR) hours. This achievement was possible only because every Medical Center area contributed and held themselves accountable for meeting the goals.

“This is about as grassroots as it gets,” says Evie Nicholson, R.N., Quality and Performance Improvement. “Everyone touches discharging the patients in some shape or form. Hundreds of staff are working very hard to improve discharge planning throughout the house, including all adult and pediatric acute care interdisciplinary teams, radiology, pharmacy, transportation, lab, dietary, interpreters, environmental services and transcription. It's something for the entire organization to be proud of.”

It is a massive accomplishment. Three years ago, approximately 18 to 20 percent of medically ready patients were discharged by noon. By last November, the Medical Center was discharging those same patients by noon 48 percent of the time. In patient satisfaction terms, negative



The Transportation & Distribution Service's Discharge Team is key to ensuring patient discharge is smooth and streamlined. With sincere concern, Transporter Clarence Smith tells all his discharge patients, “I hope you get well very soon, and have a safe trip home.” Smith began working at the UVa Health System on Oct. 1, 1962, at 1 p.m., as an elevator operator in the Davis Wing of what is now the West Complex.

comments regarding the discharge process have greatly decreased.

“The whole goal is to get people discharged in an efficient way. Timely discharge in no way adversely affects the quality of the care they get,” says Gerald Donowitz, M.D., medical director for general medicine services.

“The biggest achievement has been its impact on our patient flow, whether it's the Emergency Department, the PACU [Post Anesthesia Care Unit], operating rooms or outside transfers,” says Jonathon Truwit, M.D., senior associate dean for clinical affairs.

For an institution that commonly operates at capacity, timely discharge is making it possible to serve more people. The UVa Medical Center is handling more transfers, and routine clinic and Emergency Department admissions than ever.

Timely discharge helps to ensure that we can accept patients when they need us – which helps to ensure the Medical Center's future as well. In other words, timely discharge adds both capacity and access. Take patients with elective surgery, for

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Proof in the Pennies

On one of our units, there's a big jar of pennies. Every day, every employee takes three of those pennies and puts them in their left pocket. By the time they leave, those pennies are in their right pocket and they then replenish the big jar with those same pennies to begin another day.

Feeling those pennies in the right pocket is one tangible way they remind themselves of the meaningful things they've done that day.

Here's how it works. Each of those three pennies represents one of our organizational goals: I Care, I Heal and I Build. When the person makes a contribution to a goal, they transfer the coin from the left pocket to the right. By the end of the day, their jingling right pocket demonstrates their contribution to all three goals.

This means that every day they provide service excellence (I Care), take action toward quality and safety (I Heal) and are wise stewards of our resources (I Build).

Everybody needs all three pennies because if we focus on only one goal, we won't succeed. To continue on our path of excellence, each and every day we all need to do something that contributes to all three goals. Our timely discharge initiative achieved success only through contributions to all three goals by staff and faculty.

The fact is, you're probably already contributing in all three areas and don't even realize it. Let me put it in context:

You don't have to have direct patient contact to contribute to "I Care." If you pick up a piece of paper littering the floor, you're helping make our environment more comfortable for our customers. That's "I Care."

What if you're not in clinical care? Doing the right things the right way can be as simple as hand-washing, or calling 2-FIX if you see a slippery floor. "I Heal" is about quality and safety – you're making a difference there.

Not in the financial arena? You contribute to "I Build" every time you think twice before opening a supply that ends up not being used and is thrown away.

One of the ways Ralph Waldo Emerson defined success was having left the world a little better than you found it. I know that you do this every day – after all, just look at the UVA Health System's fine reputation. But as we build toward even higher excellence, I challenge you to spend every day pursuing activities that allow you to say, "I Care, I Heal and I Build" – and enable you to put three pennies in your right pocket, too.

R. Edward Howell

R. Edward Howell
Vice President and CEO, UVA Medical Center

Gardner Cultivates Heart Health

Heart disease is the No. 1 killer of American women. One in three women dies of heart disease, and many more experience a decrease in their quality of life as a result of the disease.

While it launches on National Wear Red day, February 2 (see below), Live Red focuses on the ways women can adopt heart-healthy living every day of the year. No one personifies that idea better than Debbie Gardner, former professional dancer, Heart Ambassador, past president of the Hospital Auxiliary and one of the many faces of the Live Red campaign.

Debbie, who volunteers in the Hospital Gift Shop, makes heart-healthy choices a way of life.

"When healthy lifestyle choices regarding diet and exercise are made for one disease, whether it's heart disease, cancer or diabetes, they are beneficial for all other diseases – and your quality of life as well."

Gardner runs about four miles every other day, and on the days she does not run, she walks the same course to save wear-and-tear on her knees. "I find by walking the same course, I get the same benefit," she says, and the benefit is more than physical. "It's very meditative. I work out problems, things I need to think about, write a letter in my head, or just let my thoughts go."



Debbie Gardner

Gardner's passion for dance began when she was in college, and became her profession. Today, she teaches ballroom dancing at the local senior center. Not only does it provide exercise, it stimulates the mind, she says.

When it comes to eating, fruits and vegetables take center stage on Gardner's plate. Fresh fruit salads, green salads and sweet potatoes are regular fare. She also makes salmon a staple. Chicken and other fish are occasional choices and she never eats red meat. "I personally love vegetables and pasta and rice," says Gardner. "Like exercise, you've got to eat what you like. You've got to be willing to give up some things and then allow yourself your favorite indulgences – maybe it's french fries or cheese-cake – once a week. You've got to have 'happy food' in your diet, but people can learn to eat lots of fruit and vegetables."

live red Campaign Launches in February

Live Red is a new initiative for women and heart disease at the University of Virginia Health System. Friday, Feb. 2 is "National Wear Red Day." Join Americans nationwide by wearing red to raise awareness that heart disease is the No. 1 killer of American women.

Take part in the UVA Health System's new "Live Red" campaign:

- Look for heart-healthy menu options at both Health System cafeterias.
- Visit LiveRedUVA.com to learn more about heart disease awareness activities in February and take an online heart risk assessment.
- Sign up for UVA's free monthly Heart Health e-newsletter at www.uva-health.com.
- Watch a multimedia presentation featuring ways women throughout the UVA Health System are "living red."
- Sign up for one of two Heart Walks around the link.

Chat Room: Course Boosts Confidence

The UVA Medical Center's first English as a Second Language (ESL) course completed with five graduates:

Zwei Estes, a former Emergency Department physician from China, who works in the Surgical Trauma Intensive Care Unit (STICU); Bozo Andric from Bosnia Herzegovina, an engineer in UVA Biomedical Engineering; Akara Watousanda and Darahamani Zakari from Togo, who work in Transportation; and Specialist Ray Feng of the Sleep Disorders Center. The course, which ended on November 29, took place over 14 weeks in twice weekly, one-hour meetings, and was taught by Lecturer Shelley Staples and Graduate Teaching Assistant Sherrilynn Colby-Bottel, both from UVA's Center for American English Language and Culture. Most students



Left to right: Darahamani Zakari; course teachers from the UVA Center for American English Language and Culture, graduate student Sherrilynn Colby-Bottel and Lecturer Shelley Staples; Bozo Andric; Zwei Estes; and Akara Watousanda.

were referred by their supervisors. Staples stated that participants experienced "exciting breakthroughs," both cultural and linguistic.

"In my position as lead transporter, I need to be able to communicate

with people," Zakari said. "I feel bad to keep saying, 'Can you repeat?'"

The second ESL class began January 29 and runs through April 23rd. It's not too late to enroll. Call Druen Anderson at 4-0200.

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instance. "If a patient has options and the surgery that they have arranged their life around has to be rescheduled, they may not consider us as readily for their care in the future – and many patients have more options these days," says Surgical Services Administrator Jim McGowan.

Peers' Praise

"This kind of initiative is not unique to medical institutions. What's unique is that UVA is succeeding," says Iruwit.

UVA Health System's success has attracted attention. In January, Johns Hopkins University representatives visited the UVA Health System to see how we did it.

The UVA Health System's poster, "Timely Discharges: Project to Practice," earned first place from University HealthSystem Consortium for demonstrating superior performance in reaching the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) National Patient Safety goals. The poster explains in detail how UVA Health System achieved timely discharge objectives.

Years in the making

After a 2001 pilot project on 3 Central/West resulted in significantly improved discharge time, the Medical Center's Quality and Performance Improvement group (Project Leader Stacy Crowell, Evie Nicholson and Project Leader Systems Development Warren Nicholson) took the lead on the discharge project and began working with support services – labs, radiology, pathology, computing, the Web Center – which improved turnaround times and eased discharge order placement. In addition to those departments, another impor-

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To make the timely discharge initiative successful, UVA Health System physicians are rounding very early. Here, on 8 Central, physicians meet at 6:30 a.m. L to R: Rebecca Stone, M.D.; Division Chief of Gynecologic Oncology and Vice Chair of the Department of Obstetrics and Gynecology Laurel Rice, M.D.; Professor of Obstetrics and Gynecology Willie Andersen, M.D.; Associate Professor of Obstetrics and Gynecology Susan Modesitt, M.D.; Professor of Obstetrics and Gynecology and Medical Director of the Cancer Center Peyton Taylor Jr., M.D.; Lauren Wheeler, M.D.; Bridgett Casadaban, M.D.; Jason Lachance, M.D.

The annual State of the University Address by University of Virginia President **John T. Casteen III** will be held on Wednesday, February 7, in Old Cabell Hall Auditorium at noon.

School of Nursing **Dean Jeanette Lancaster, Ph.D., R.N., FAAN**, was appointed to the state of Virginia Healthcare Workforce Task Force chaired by the Secretary of Health and Human Resources and the Secretary of Education.

The University of Virginia Health System Compliance Code of Conduct has been updated due to enhanced Medicaid enforcement mandates that went into effect on January 1, in accordance with the Deficit Reduction Act of 2005. The changes are found in a new section, "Facts About False Claims," which includes a discussion of the Federal False Claims Act and the Virginia Fraud Against Taxpayers Act. Review these changes by visiting the link below and scrolling to the pages marked "Appendix - Facts About False Claims": <https://www.healthsystem.virginia.edu/intranet/corporate-compliance/code.cfm>. For more information, contact the Compliance Office at 924-2938.

Professor **Edward Egelman, Ph.D.**, of the Department of Biochemistry and Molecular Genetics, has been named editor-in-chief of the *Biophysical Journal*, one of the world's leading biophysics publications. Egelman, whose term begins in July, studies protein-DNA complexes involved in homologous recombination, DNA helicases, actin and muscle, structure of macromolecular complexes, helical polymers, electron microscopy and image analysis.

UVa School of Nursing's Director of Information Technology **Charles Huffman** and Active Directory Services Administrator **Sean Manley** passed the Global Information Assurance Security Administration certification examination. Few information technology professionals in the University have attained this certification, awarded by the SANS (SysAdmin, Audit, Network, Security) Institute.

Marie Mendoza, R.N., 8 West, Bariatric Unit, was named the UVa Medical Center Employee of the Month for November. "Marie is a tremendous nurse and role model for everyone in the nursing profession. I know because she helped me feel better from the moment I met her until I was discharged from the hospital,"

wrote UVA Women's Basketball Coach Debbie Ryan. Mendoza's nominators praised her willingness to go the extra mile to ensure the care and comfort of her patients, her "great sense of humor which is so important in this field, and the perfect combination of people skills and technical skills." A nine-year UVa employee, Mendoza has an uncanny ability to anticipate a patient's needs, and patients and families often request that "Nurse Marie" care for them again. In addition, she "is the coworker that everyone looks forward to working



Marie Mendoza, R.N.

with." She makes sure flowers and a card are sent when there are deaths in families, makes decorations for bridal showers, and sewed stethoscope covers for patient care assistants (PCAs) during PCA Week. "Marie is one of the cornerstones of the Bariatric Model Unit," nominators wrote.

Dr. Vivian Pinn, M.D., Ph.D., the only African American and only woman in her class to graduate from the University of Virginia School of Medicine in 1967, will present the keynote address for the opening of the "Changing the Face of Medicine: Celebrating America's Women Physicians" exhibit on display in the Claude Moore Health Sciences Library, March 2 to April 13. Pinn's talk, "Women in Medicine: The Successes and Challenges of the 21st Century," will take place in the Jordan Hall Conference

Center Auditorium at 5 p.m. on Friday, March 2. Pinn was the first African-American woman to chair an academic pathology department in the United States, and she was the first full-time director of the Office of Research on Women's Health at the National Institutes of Health. A reception will follow in the Health Sciences Library.

School of Nursing Professor **Richard Steeves, R.N., FNP, Ph.D.**, has been honored with the 2007 Southern Nursing Research Society Distinguished Researcher Award.

The UVa Health System Marketing Department has been selected to receive a **Circle of Excellence Media Award** at the National Teaching Institute and Critical Care Exposition sponsored by the American Association of Critical-Care Nurses (AACN). The department was nominated for its work on Week of the Nurse and Magnet Recognition.

The Nerancy Neuro Intensive Care Unit's (NNICU) **Michele Maddox, R.N.**, has received the AACN's Excellence in Caring Practices Award.

DHRC Pilot Grants Awarded

UVa Digestive Health Research Center (DHRC), one of 16 Silvio O. Conte Digestive Diseases Research Core Centers funded by the National Institutes of Health, announced its pilot feasibility award winners. The awards provide up to \$25,000 per year for development of digestive health-related research initiatives that will lead to submission of competitive grants to traditional funding sources.

Medicine

Dr. Brian Behm will study Pravastatin in Moderate to Severe Crohn's Disease, **Dr. Diklar Makola** will initiate a randomized study of gastric versus jejunal feeding in patients with acute severe pancreatitis, and **Dr. Michael Smith** is investigating Heparan sulfate proteoglycans and host response to *Helicobacter pylori*.

Pathology

Dr. Janet Cross will test the role of a novel cytokine, Macrophage Migration Inhibition Factor (MIF), in *H. pylori* pathogenesis.

Biology

Studying circadian clock mechanisms recently led **Dr. Carla Green** into the field of metabolism and digestion.

Pharmacology

Dr. William McIntire aims to investigate the effect of G protein α , β and γ Adenosine A2b receptor signaling in intestinal epithelial cells.

Applications for next year's awards are now being accepted. For more information, go to www.uvadigestivehealth.org/dhrc/pilot.cfm.

Diversity Fair Builds Bridges



In the three years since its founding by the UVa Professional Nursing Staff Organization, the Diversity Fair has become a key event on the UVa Health System calendar. Attendance has increased 50 percent each year, with 1,000 persons participating last December in support of maintaining culturally aware and sensitive care to the diverse population we serve.

"We're born ethnocentric. It's up to us to make sure we build bridges to diversity," Chief Clinical Officer Pam Cipriano, R.N., Ph.D., FAAN, told the crowd. "We must ensure our ability to wrap our arms around everyone and provide culturally competent care."

"Building Bridges to Diversity" was the theme of the 2006 Diversity Fair, which included more than 20 booths with participants ranging from the Health System's Center on Health Disparities to Charlottesville's International Rescue Committee. The fair provided constructive information on diversity in learning styles, religions, languages, physical and mental challenges, sexual orientation and more.

"We believe collaborating to 'build a bridge' that spans the Health System, the University and the community will allow us to address the unique needs of all those we serve," said Vice President and CEO, UVa Medical Center R. Edward Howell.

"What you've accomplished here is extraordinary," said William Harvey, Ph.D., University of Virginia vice president and chief officer for diversity and

equity, whose wife was recently a patient at the UVa Medical Center. Harvey spoke from personal experience based on conversations with older African-American Charlottesville residents. Historically, they had not found the UVa Health System welcoming. "It's not like that anymore," he said. "I saw dedicated, diverse, committed health professionals."

"This organization epitomizes where all organizations need to be," said Professor of Nursing Courtney Lyder, R.N., N.D., who is the Medical Center and School of Nursing's first director for diversity initiatives and chairs the University of Virginia's President's Committee on Equal Opportunity/Affirmative Action. "We must have a Health System that understands that diversity and cultural sensitivity has to be in our minds and spirits. Together we aspire, and together we will achieve."

New online diversity education resource

Marcus Martin, M.D., assistant vice president for diversity and equity, assistant dean, School of Medicine, recently co-edited a study on cultural competency as part of the Cultural Competency Curriculum Task Force organized by the Council of Emergency Medicine Residency Directors and the Society for Academic Emergency Medicine. The educational chapters in the study serve as the framework for the principles of cultural competency in the care of patients presenting to the Emergency Department. The study can be found online at: <http://www.med-ed.virginia.edu/courses/culture/>.



The UVa Health System Surgical Trauma Burn Intensive Care Unit (STBICU) received the **American Association of Critical-Care Nurses' (AACN) Beacon Award for Critical Care Excellence**, a program that recognizes the nation's top hospital critical care units. Beacon Award recipients exhibit the highest quality standards in nurse recruitment and retention, staff training, patient outcomes, healthy work environments, leadership and evidence-practice and research. "These critical care units have set an example that should be emulated, and we are proud to recognize their excellence with the Beacon Award," said 2003-04 AACN President Dorrie Fontaine, R.N., DNSc, FAAN.

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tant behind-the-scenes contributor is Director, Patient and Family Education Cindy Westley, R.N., says Evie Nicholson.

The timely discharge initiative began to build momentum in 2004 when the database was developed to track progress, and enhancements were made to the MIS discharge screens. The Health Sciences Computing Services support team included Information

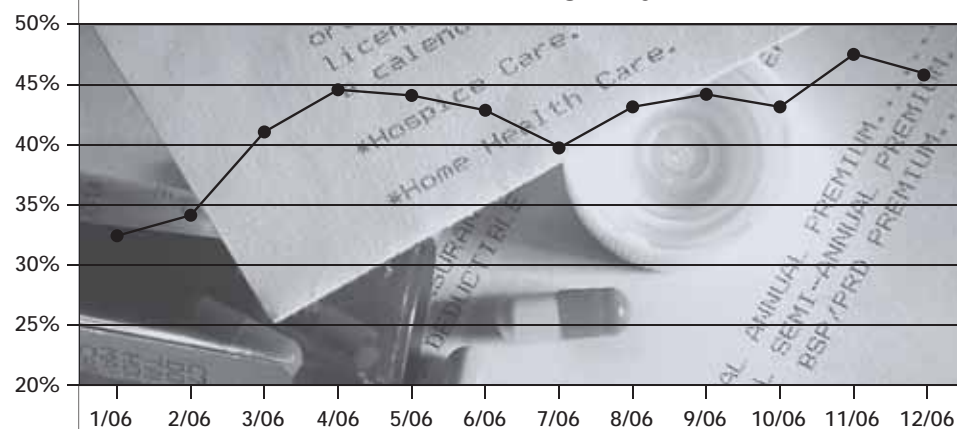
By last summer, units were receiving a daily MIS report showing their previous day's discharge data. Performance jumped because faculty and staff could see how they were doing in almost real time.

What it takes to succeed

Beyond executive leadership participation, success can be attributed to several major factors in place housewide:

- Physicians inputting final discharge orders by 9 a.m. This was

Percent of Discharges by Noon



Systems Analysts Lisa Anderson and Tom Burgan, Senior Programmer/Analyst Marvin Edwards, Business Intelligence Architect Bruce Hope and Systems Analyst Nancy Kay.

The goal was set: 40 percent of medically ready patients to be discharged by noon. Chief Clinical Officer Pam Cipriano, R.N., Ph.D., FAAN, and Truwit became the process owners, developing and implementing new strategies housewide.

"This project is forcing all of us to think and act differently, to break old habits that keep us from giving patients and families adequate notice to prepare for discharge, and to question ineffective systems that place barriers in the path of timely discharges," says Cipriano, who, with Vice President and CEO, UVa Medical Center R. Edward Howell, makes monthly timely discharge rounds.

But the turning point was last February when Howell and Vice President and Dean, UVa School of Medicine Arthur Garson Jr., M.D., M.P.H., got actively involved and vocal. With timely discharges at approximately 33 percent, they set a new goal of 50 percent. "The key piece is executive leadership involvement," says McGowan. "I hear this from my colleagues in other hospitals. If you don't have that, the program doesn't work."

the single greatest contributor to timely discharge for medically safe patients.

- In order to be prepared with final orders by 9 a.m., physicians now round earlier.
- Units now have a daily discharge meeting.
- Daily review of unit discharge data
- Creation and increased use of the Patient Transition Unit (up 76 percent between February and May 2006), particularly for discharged patients waiting for rides
- Planning for discharge now begins within 24 hours of patients being admitted.
- Structured communication systems that include physicians, nurse practitioners, nurses, administrators, social workers, health unit coordinators, unit managers, therapists, discharge coordinators and others
- Accountability at all levels

Department/Unit Innovations

All departments and clinical areas have the freedom to develop timely-discharge processes that fit their own needs. "We recognize the differences in the units and the different challenges each one faces," says Thea Grover-Patrick, assistant to the senior associate dean, clinical affairs. Here are processes that have worked across the organization:

- **Pharmacy** staffs a dedicated discharge phone line. "When we see a discharge, that's given first priority," says Medical Center Administrator, Pharmacy Dan Wandres. "A lot of times if we have the prescription by 10:30 a.m., we can turn it around by the hour," says Pharmacy Assistant Director Locke Boyer, adding that patients may leave with eight to 10 prescriptions. "Sending scripts the night before is ideal. Pharmacy staff arrives at 7 a.m."
- **Clinical Pathology** collaborated with Computing, which developed a Discharge Ordering Pathway. When physicians use this pathway, a "D" is added to the orders, which become phlebotomists' priority when they arrive at 5:30 a.m. "We've been meeting the goal of returning lab results by 7:30 a.m. 95 percent of the time if they order with a 'D,'" says Administrative Director of Clinical Pathology Ellen Boswell, M.T., ASCP.



Chae Summe, R.N., on 8 Central, gives a patient discharge instructions, which include information such as guidance on medications, follow-up appointments and much more.

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- **Transportation** increased staffing on first and second shifts and created a discharge team. "If we get orders by 11:30 a.m., we can guarantee they will be discharged by noon," says Medical Center Manager and Director of Transportation Donna Redmond.
- **On 8 Central and the General Clinical Research Center**, where the gynecologic oncology patients receive care, timely discharge is a way of life. Every Monday at 7 a.m., all members of the Gynecologic Oncology team meet to discuss the coming week and potential discharges. "What has made our timely discharge program successful is the recognition that it is a team effort, and that this effort is extremely important in the care of all of our patients. All team members understand that before going home each evening, the pieces for each patient's discharge in the morning must be in place" says Laurel Rice, M.D., division chief of Gynecologic Oncology and vice chair of the Department of Obstetrics and Gynecology. "It's a team approach that requires tremendous effort from pharmacy, nursing care and physicians alike: our pharmacist Julie Kelsey, Pharm. D.; our social worker, Rose Trapnell; our charge nurse, Betty King, R.N.; all the nurses; the residents; the fellows; it's been an unbelievable effort on everyone's part."
- **On 6 West**, a nurse practitioner arrives at 6 a.m. and rounds with the physicians, says Neuroscience Manager Susan Prather, R.N., adding, "timely discharge has forced us to communicate earlier and more effectively with the whole team." Daily discharge planning rounds with social worker, physical therapist, speech therapist, nurse, nurse practitioner, physician, utilization manager, and a Continuum Home Health liaison take place. The team may formulate a plan for discharge many days ahead of when the patient is actually stable and ready to leave the hospital. "On surgery units it is much, much easier to achieve timely discharge and on medical units it is much, much harder to achieve. It's just the nature of the patient population," says Prather, who is manager of both.

- **On 3 Central and 3 West**, using a methodology developed by Robert Gibson, M.D., in Cardiology, attendings are expected to arrive by 7 a.m. and review cases identified as possible discharges the night before. (Predischarge orders are ready by 6 p.m.) "Communication is really key," says Patient Care Manager Jodean Chisholm. Discharge coordinators communicate closely with physicians and the entire team. Staff meet with new residents to review the discharge process, and provide a printout of important reminders.
- **On 7 West and 7 Central**, "The nurse/physician partnership has been critical," says Medical Director of the Acute Care units of the UVa Children's Hospital Eugene McGahren, M.D. "On the nursing end, they've been proactive in trying to communicate with the residents about asking who's getting ready for discharge." Respect is the focus, says Patient Care Services Manager Colleen Williams, "respect for our patients' and families' time by working efficiently and as a team to prepare them for discharge home." Arriving patients find a discharge information sheet on their beds. Colored magnets on the patient identification board identify those who are potential and final discharges. When preliminary discharge orders are received, a yellow magnet goes up, a "Prepare Patient For Discharge" sticker with checklist are placed in the patient's chart, and a placard in the patient's room alerts the family. Green magnets indicate receipt of final discharge orders, notifying team members to complete the discharge process immediately. "Not only do the magnets identify the patients that might be ready for discharge, but by seeing them, everyone is aware that this is a process we're trying to keep efficient," says McGahren. "We're not perfect and yes, we still struggle with some things, but that's realistic and part of the process – and the results speak for themselves," says Nicholson. "Timely discharge is not a project anymore, it's practice."

To learn more about timely discharge, go to <https://www.healthsystem.virginia.edu/intranet/discharge/home.cfm>.

A Gift to Ease the Burden for Families

Imagine being the mother of a premature newborn and not being able to pay your electric bill. Or being in the midst of a custody battle while your toddler is fighting cancer. Added legal problems and expenses in times of medical emergencies can leave families stretched beyond their abilities to cope. For families at UVa Children's Hospital, the Child Health Advocacy Program provides a much-needed safety net. A recent \$1 million gift from the Richmond-based Burford Leimenstoll Foundation will endow the program and make it possible to serve more children and their families.

The Child Health Advocacy Program is a collaborative effort among University of Virginia Children's Hospital, the UVa School of Law, and the Legal Aid Justice Center. Through the program, families are referred to staff and law students from legal aid for assistance with nonmedical needs such as landlord issues, benefits issues, child support and other matters identified during the course of their medical care. Last year, the program served approximately 200 families.

"As the program develops, we will be able to provide 'preventative' care, both legally and medically, anticipating issues and addressing needs before family legal crises and the resultant negative health outcomes can develop," says Diane Pappas, M.D., J.D., associate professor of clinical pediatrics and co-director of the program.

The gift from the Burford Leimenstoll Foundation honors Betty Sams Christian, a longtime supporter of UVa Children's Hospital. "Mrs. Christian was very interested in helping those with limited or modest means," says Bates Chappell, co-director of the foundation. "She believed in giving everyone a chance to get ahead and broaden their prospects. This program is well-attuned to the ideals she stood for."



CVC Grand Totals

| | |
|-----------|--------------------|
| \$192,155 | Medical Center |
| \$183,360 | School of Medicine |
| \$788,007 | UVa Total |

Advancing healthcare through *Clinical trials*

Please call the trial coordinator to enroll confidentially or for additional information.

How clinical trials benefit you

At the University of Virginia Health System, clinical trials are taking place every day, making available the best medical research in a setting where learning, discovery and innovation flourish. And it is our patients – today and in the future – who reap the rewards, whether or not they participate in a trial. Please call the trial coordinator to enroll confidentially or for additional information.

Decision-making with Advanced Cancer

Researcher at UVa Health System is interested in how African Americans with advanced cancer are making healthcare decisions. If you qualify for this study, you will have a chance to talk about the healthcare choices that you are facing and how you are making healthcare decisions with your doctor, other healthcare providers, family and important people in your life. You may participate if you:

- are over the age of 55; have cancer in an advanced stage (Stage 3 or 4);
- are African American;
- live in rural community outside of Charlottesville or Albemarle County; and
- are willing to talk about your life, illness and medical decisions.

If you are chosen to participate you will:

- receive a total payment of \$30 for participating;
- be asked to be in as many as two interviews, each lasting for an hour.

SBS #2006--0175-00. UVa School of Nursing, Dr. Cathy Campbell, 243-6789 or call the Rural Health Care Research Center toll-free, 1-866-807-2816.

Study to Determine Effectiveness of Acupuncture for Infrequent Periods

Women, ages 18 to 43, with Polycystic Ovary Syndrome (PCOS) are invited to participate in a study involving the influence of acupuncture on reproductive hormones and ovulation. PCOS symptoms may include infrequent periods, weight gain and unwanted body hair. The study involves 16 visits over a five-month period. Eligible participants will complete glucose fasting tests, blood and urine samples, and questionnaires. Study-related tests are provided at no cost. Compensation is \$170 for completion of the study. IRB-HSR #12045. UVa Obstetrics and Gynecology, Lisa Pastore, Ph.D., Principal Investigator, 982-6657, ACUP_FOR_PCOS@virginia.edu.

Constipation Caused by Prescription Pain Medication

Volunteers over age 18 who have had noncancer pain for at least three months and have constipation caused by prescription pain medication are needed for a study. The purpose of the study is to see if an investigational medicine is safe and effective in relieving constipation. Participants will receive a physical exam, ECG and lab tests. There will be six visits over 18 weeks. Study-related tests and medication are provided at no charge. Compensation is \$180 for completion of the study. IRB-HSR #12447. UVa Pain Management Center, Lynn Appleby, R.N., CCRC, 243-9102, lac57@virginia.edu.

Mindfulness for Palpitations

Volunteers ages 18 to 65 are needed for a study investigating the effects of Mindfulness-Based Stress Reduction (MBSR) on palpitations. Participants will receive Holter-monitoring and quality-of-life evaluations. Participants will be randomized to winter or spring 2007 MBSR classes or to a wait-list control group. All participants will attend Mindfulness classes at no cost and all study evaluations are free of charge. IRB-HSR #12769. UVa Heart Center, Justine E. Owens, Ph.D., 243-9272 (leave message) or owens@virginia.edu.

Send trial submissions to linktrials@virginia.edu.

the LINK newsletter

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