

# Call Early, Call Often

Call early, call often. That's the mantra of the Medical Emergency Team/Pediatric Emergency Response Team (MET/PERT) program, which provides critical-care-team access to acute caregivers observing early signs of physiologic patient decline. Teams are comprised of a critical care nurse, respiratory therapist (R.T.) and primary physician (doctor in charge of the patient's hospital care, not primary care physician, or "family doctor").

"This concept has proven to decrease mortality rates, acute care intubations, codes and length of stay," says Roxie Macfarlan, R.N., MSN, who, with Medical Intensive Care Unit (MICU) Manager Rick Carpenter, R.N, is MET/PERT's clinical care coordinator and trainer for nurse responders and adult acute-care staffs. "There's been nothing but enthusiasm from critical care nurses."

"Based on published studies and review of our patient records, we know that signs of deterioration can be observed as early as 24 to 48 hours before a patient codes," says Dee San, R.N., MBA, who was project coordinator of a multidisciplinary team. "The sooner we act on those changes, the less intervention and resources patients require, the better the outcome and less chance of an ICU [Intensive Care Unit] admission and/or potential cardiac arrest."

MET/PERT's pilot began last fall. For adults, MICU staff were primary nurse responders with Thoracic Cardiovascular Postoperative ICU staff as back-up. In UVa Children's Hospital, Pediatric Intensive Care Unit nurses were responders. Seeing positive results, UVa Medical Center's Quality Council approved housewide roll-out (completed June 1).

UVa Children's Hospital has long used the process informally. "Kids go downhill faster than adults, and triggers can vary by age," says Laurie Brock, R.N., BSN. "Our acute-care nurses complete thorough assessments picking up subtle changes, and don't hesitate to call. We give nurses on the floor a safety net, and now we've formalized the process."

Bedside nurses are important participants. "The collaboration between critical care nurses and acute care nurses has been exciting to see. We learn from each other," says Macfarlan. "And who stands to gain? The patient."

Many children are admitted with respiratory problems, and adults can decline due to airway and breathing issues. "R.T.s assess their oxygen need

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Reducing mortality is the core of UVa's "I Heal" organizational goal, and MET/PERT is an important initiative to achieve it. MET/PERT teams are comprised of three specialties: physician, nurse and respiratory therapist. Medical Intensive Care Unit nurse Crystal Buckwalter, R.N., (at front), Respiratory Therapist Rene Herrera, RRT, and Medicine resident Cynthia Snider, M.D., rush to a call. All University of Virginia Health System residents have Advanced Cardiac Life Support certification.

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# SOM Dean Named UVa Provost



Arthur Garson Jr., M.D., M.P.H., vice president and dean, University of Virginia School of Medicine, was named UVa Vice President and Provost, effective July 1.

In making the announcement, University President John T. Casteen III praised Garson as a teacher, researcher and administrator. "Tim Garson's leadership of the medical school, in particular his work on the Health System's strategic planning effort, has been outstanding.

"As co-chair of the Commission on the Future of the University, Tim has already immersed himself in a study of both the challenges and the opportunities the University will encounter as it approaches the 200th anniversary of its founding."

"For the past five years, we built a productive partnership based on a true sense of collaboration. We have extended our spirit of collaboration into the broader UVa Health System culture," said R. Edward Howell, vice

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### A message from Mr. Howell

Collaboration. Nice word. I bet you've heard it before, but have you asked, "What does collaboration really mean?"

I describe it this way: Collaboration is working together *aggressively to achieve shared goals*. Collaboration is different from cooperation, which I define as working together *agreeably*. Cooperation isn't going to create meaningful achievement. It's just not aggressive enough.

Did you know that the University of Virginia has a championship rowing team? Their meets are a joy to attend, and that sport, also called crew, is the best I know to illustrate collaboration. In fact, we don't have to look far to have a direct connection to the sport: Barbara Sauer, R.N., who works on 7 Central in the UVa Children's Hospital, is married to UVa's women's rowing coach, Kevin Sauer.

Each of the eight team members contributes fully and equally to a shared goal: crossing the finish line first. The boat seems to skim over the water effortlessly, barely making a ripple in the water. Everyone rows in unison, with power and grace, to keep the ship balanced, efficient, fast – and in front. They make winning look almost effortless.

Perhaps it should be the same with the UVa Health System. Our vision is ambitious: to be a national pacesetter in clinical expertise, advanced technology and medical education, and to have the most loyal customers. That vision is reflected in our organizational goals: to provide service excellence (investing in our customers), to do the right things the right way all the time (investing in our expertise) and to be wise stewards of our resources (investing in our future). As you know, these goals are expressed for us individually as: I Care, I Heal, I Build.

To achieve our shared vision, we must work together collaboratively, leveraging our resources as efficiently as possible to provide the highest quality, most advanced patient care available. Just like the crew team – everyone rowing in synchrony, together, to achieve the goals that brought most of us to this wonderful organization.

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

## UVa Health System Celebrates Volunteers

In 2006, volunteers donated more than 67,500 hours to the UVa Health System. On March 30, the University of Virginia Health System celebrated their contributions of time and philanthropy at the second Health System Volunteer Forum.

UVa Health System volunteers include the Hospital Auxiliary who give many thousands of hours and funding as well as those who serve in UVa Health Foundation groups who provide outreach, build awareness and raise funds within the community. Employees are also a key volunteer group who give their time and funds in the medical center and in the community. This forum included representation from both volunteers within the hospital and those who volunteer on behalf of the hospital.

Comprised of UVa alumni, community leaders, grateful patients and family members, volunteer groups help raise funds, host special events and are focus groups for departments and/or divisions. Their efforts raise awareness of addiction, cancer, cardiovascular disease, children's health, diabetes, memory disorders and many other health issues.

"Volunteer groups not only provide financial support," said Melba Campbell, who serves on the Patients and Friends Research Fund steering committee, which originated with cancer patients, families and friends to advance innovative, early-stage cancer research at UVa. "Volunteers can also provide tremendous emotional support for the researchers and physicians with whom they work. The human element and personal touch can make a difference in whether a researcher stays at UVa."

Sessions covered all three aspects of the UVa Health System's mission, including "Humanism in Healthcare," "New Directions in Patient Care" and "Interdisciplinary and Translational Research at UVa."

"We are entering the second golden age of medicine," R. Edward Howell, vice president and CEO, UVa Medical Center, told attendees. "This 'golden age' will be characterized by highly personalized, patient-centered care, where we will be able to deliver medication precisely where it is needed, when it is needed rather than ingesting a pill that affects the whole body. Our patients' ailments will be treated by targeting the disease's genetic profile."

With National Institutes of Health funding for biomedical research reduced dramatically in the last few years, Robert Strieter, M.D., Department of Medicine chair, explained potential strategies UVa scientists in the department have initiated to try and reduce funding cuts that could shortchange their work or inhibit their advances. They are working across disciplines, collaborating on "thematic research" on issues that affect multiple systems in the body, such as inflammation, repair and regeneration.

Humanism must also be part of this second golden age of medicine, stated School of Nursing Dean Jeanette Lancaster, R.N., Ph.D., FAAN. "Today, UVa must teach more than the science of healthcare. We must teach the art of healthcare as well. The result will be that we will make patient care every bit as human as it is scientifically and technically expert."

**The Blessing of the Hands ritual is offered annually to the UVa Health System caregivers throughout the UVa Health System during Week of the Nurse. Chaplain Mildred Best blessed hands of faculty and students for UVa McLeod Hall School of Nursing. "It makes you remember what you're in nursing school for," said one student.**



## Refer A Hero – Get Cash

One of the UVa Health System's most important assets is you: the leaders and everyday heroes that come from across our organization. In fact, we're among the nation's best because of the dedication and commitment you bring to your work. That's why the UVa Medical Center's new nurse recruitment campaign is starting close to home:

by rewarding employees who refer other heroes with cash and prizes.

- Here's how it works:
- All employees can refer (except for those directly involved in the hiring process).
  - Any employee who refers an R.N. to Human Resources will receive a \$20 PROShop gift certificate.

- Any employee whose referral is hired will receive: \$5,000 for each R.N. clinician II and clinician III (full-time or flex) hired into NICU, PICU, Neuro Med/Surg/ICU and main O.R. (which would also include full-time or flex CRNAs).
  - \$2,500 for R.N. clinician IIs and clinician IIIs (full-time or flex) hired into any other inpatient unit or Continuum Home Health.
  - \$1,000 for R.N. clinician IIs and clinician IIIs hired into UVa Outpatient Surgery or procedural areas.
  - Employees whose referral candidates are hired will be eligible for a \$10,000 grand prize drawing in September.
  - There is no limit to the number of referrals an employee can submit, or rewards earned.
  - If more than one employee submits a referral form for the same candidate, the employee whose form is received first by UVa Medical Center Human Resources will be considered the official referring employee.
  - The referral program runs May 14 through August 31.
- You already know you're an everyday hero. Take a moment to invite one more to join our team, and get rewarded.

Go to [uvaheroes.net](http://uvaheroes.net) for a referral form and more details about candidate eligibility.

## Provost

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president and CEO, UVa Medical Center. "Collaboration is now at the center of the relationship between the Medical Center and the School of Medicine, with the Decade Plan as our collective roadmap, a roadmap that will be of value long into the future."

Garson succeeds Gene D. Block, a biologist who has been vice

president and provost since 2001. This summer, Block will become chancellor of the University of California, Los Angeles.

"Over the past few months," Garson said, "I have worked with the most talented people I have ever met – faculty from every corner of the University – collaborating on the commission. The theme of our 10-year plan is, 'further distinguishing the University,' and one of my major goals as provost will be to help implement that plan and

to lay the groundwork for future achievements.

"We plan to examine all aspects of academic life – from advising students and classroom teaching to research, faculty development and service to the Commonwealth and the nation."

As provost, Garson will be the University's chief academic officer, reporting to Casteen. Sharon Hostler, M.D., the UVa School of Medicine's McLemore

Birdsong Professor of Pediatrics, was named interim dean. Hostler, who also serves as the School's senior associate dean for Faculty Development, will remain dean while a national search is conducted.



Sharon Hostler



For the past five years, we built a productive partnership based on a true sense of collaboration. We have extended our spirit of collaboration into the broader UVa Health System culture

—R. Edward Howell,  
Vice President and CEO,  
UVa Medical Center



## [People & News]



Supported by an educational grant from Pfizer Inc., the University of Virginia's seven-week Mini-Med School course is free to the community – and it has been a hit for 13 years. Its approximately 150 participants are chosen by lottery, and many people have been waiting for years to attend, some coming from as far away as Roanoke.

Students learn from UVA's top School of Medicine faculty and spend one evening visiting its laboratories. In the Hewlett Lab in the Division of Infectious Diseases, Mini-Med School students learned about UVA's research on whooping cough and anthrax, infectious diseases which share similarities in how they infect humans. Here, Assistant Professor of Research in Medicine Gina Donato, Ph.D., holds two plates that show the growth of *Bordetella pertussis*, the organism that causes whooping cough, on blood-containing media. The left-hand plate shows growing bacteria: the clear areas indicate hemolysis, or the red blood cells breaking open, due to a toxin in the whooping-cough bacteria. On the right, the toxin-free bacteria, which are unable to cause disease. Donato and more than 50 School of Medicine lab staff donated their evening to share their expertise with Mini-Med-School students. "I find volunteering for Mini-Med School enriching," she says. "Science is sometimes intimidating and inaccessible. I enjoy the opportunity to educate people and open their eyes to a field they would never have thought to participate in."

Students also learned that receiving the most advanced care based on high-level research should not be taken for granted in the United States. "Last year, the federal budget for the National Institutes of Health was decreased for the first time in 35 years," David Brautigam, Ph.D., professor of Microbiology and director of the Center for Cell Signaling told the class. "We're now seeing that instead of one in four grants being funded that are judged meritorious in peer review, only one in eight or 10 is getting funded. Here at UVA, faculty and staff salaries depend on grant support, making many of us indirectly funded federal employees, so this has had an impact."

The UVA Medical Laboratories has named its **2007 Laboratorians of the Year**. Support Staff Laboratorian of the Year is Phlebotomist Senior **Khatera Khaterzai**, originally from Afghanistan, who was recognized for her superb customer service and team leadership abilities. Anatomic Pathology Laboratorian of the Year is **Pat Toms**, manager of surgical pathology and autopsy services, who is known for her responsiveness and anatomical knowl-

edge, and for her excellent rapport with physicians, patients and staff, including creating a great team environment and encouraging her staff to pursue educational goals. The Clinical Laboratorian of the Year is Medical Technologist **Laura Troy**, who took the lead in upgrading the MISYS system, the software used for much of the Laboratories' data, which included training users and determining which data to capture as the Laboratories moved to a paperless system. In addition to honoring their own, the Labs gave back as well: through candy-bar and thank-you note sales, Lab employees raised \$400, which they donated to the Transplant Center.

*Men's Health* magazine has created its first annual list of its top doctors, "those physicians who have the knowledge, the experience and the tools to maintain and repair the 21st-century man." Four UVA Health System physicians made the list: **Eugene Barrett, M.D., Ph.D.**, Endocrinology; **James K. Roche, M.D., Ph.D.**, Gastroenterology; **Randy Canterbury, M.D.**, Psychiatry; and **William Steers, M.D.**, Urology.

UVA School of Nursing Associate Dean for Academic Programs **Sarah Farrell, APRN, Ph.D.**, was elected president of the Virginia Association of Colleges of Nursing (VACN). VACN's mission is to advance the quality of nursing education in Virginia to improve healthcare. Membership is comprised of Virginia institutions offering programs leading to baccalaureate and higher degrees in nursing.

**Cato Laurencin, M.D., Ph.D.**, Lillian T. Pratt distinguished chair and professor of orthopaedic surgery, university professor, and professor of biomedical engineering and of chemical engineering, was elected chair of the College of Fellows of the American Institute of Medical and Biological Engineering.

In March, the UVA Health System Professional Nursing Staff Organization (PNSO) hosted the **first meeting of Virginia's Magnet hospitals**. Hosted by Chief Clinical Officer and Chief Nursing Officer Pamela Cipriano, R.N., Ph.D., FAAN, representatives from eight Magnet organizations met in Jordan Hall to discuss issues of importance to nurses and exchange ideas. UVA Health System Magnet Champions also led participants on Health System tours.

**Robert E. O'Connor, M.D., MPH**, will assume the chair of the Department of Emergency Medicine effective July 1.

O'Connor is currently director of education and research in the Department of Emergency Medicine at the Christiana Care Health System in Wilmington, Del., and professor of emergency medicine at Thomas Jefferson University. O'Connor has more than 80 peer-reviewed publications, with active research interests in resuscitation, trauma and cardiovascular care. He will work to improve patient flow, transport and satisfaction; strengthen the residency program; and collaborate with the School of Nursing, the College of Arts and Sciences, and community organizations to develop innovative teaching programs.

**The Emergency Department** significantly boosted its patient satisfaction scores in the first quarter 2007. This improvement contributed demonstrably to UVA Medical Center's higher patient satisfaction scores, said R. Edward Howell, vice president and CEO, UVA Medical Center, at a celebratory reception. "Anybody can do the easy. It takes special people to do the difficult and we're here to thank you – you're special people," Howell told the group. Patient satisfaction is how the Medical Center measures progress on its "I Care" organizational goal.

In April, the University of Virginia Medical Reserve Corps (MRC) sent its award-winning team to Providence, R.I., for the **MRC National Leadership and Training Conference** hosted by the U.S. Department of Health and Human Services. MRC units are community-based emergency responders comprised of medical, public health and other volunteers. UVA's MRC, which specializes in disaster psychiatry services, was the nation's first to be founded and operated by medical students. "I look forward to attending this event each year, because we learn a lot that improves our disaster preparedness here at home," says UVA MRC Leader Brian Kipe. "We are always looking for volunteers, particularly those with healthcare experience."



Robert O'Connor

According to *U.S. News & World Report's graduate education rankings*, the UVA School of Nursing Pediatric Nurse Practitioner program ranks no. 13 in the nation, while the Family Nurse Practitioner program ranks no. 16. The School's Clinical Nurse Specialist master's program in Psychiatric/Mental Health ranks no. 5 and Adult/Medical-Surgical, no. 6.

**Did you know the UVA Health System has Pharmacy residents?** The Department of Pharmacy hosts seven residents in three programs each year. In April, the American Society of Health-System Pharmacists extended accreditation to all three UVA programs, which include a Pharmacy residency, Critical Care Pharmacy residency and Drug Information residency.

**The Claude Moore Health Sciences Library is now offering instant messaging.** No downloads or plugins required, and you don't need an instant messaging account. Just go to the "Ask a Librarian" page, type your message into the dialogue box provided and wait for a live answer from the on-call reference librarian. This service is available Monday through Friday, 8 a.m. to 6 p.m. For more information, call Assistant Director for Information Services Andrea Horne, 924-9985.



University of Virginia Medical Center Chief Operations Officer Margaret (Peg) Van Bree, MHA, DrPH, will resign her position June 2, 2007. Van Bree will become senior vice president and chief operating officer of the University of Wisconsin Hospitals and Clinics in Madison, Wis. In her four-

year tenure Van Bree's accomplishments were many. R. Edward Howell, vice president and CEO, UVA Medical Center personally acknowledged a select group of them: the advancement of the UVA Children's Hospital, the transition of the Outpatient Surgery Center, the establishment of the Buchanan Clinical Programs, and her leadership on the Virginia Institute of Autism Board of Directors. "I thank her for what she has contributed to the Health System and our community during her career here," he wrote the UVA Medical Center community. The UVA Medical Center will conduct a nationwide search for Van Bree's successor.

**Margaret Lohr, R.N.**, Primary Care Center Family Medicine, is the UVA Medical Center Employee of the Month for March. A 25-year veteran of the clinic, she is known for her vast clinical knowledge and her eagerness to share her wisdom with interns, residents, faculty, new nurses and other clinic staff. "She takes all of the inherent unpredictability of a clinic setting in stride and instinctively knows how to get problems solved for both the patients and the providers," wrote one nominator. Another added, "When Margaret greets her patients, they light up like a neon sign, as they know she will listen carefully to their concerns and accommodate their every need to the best of her ability."

The UVA School of Nursing Alumni Association 2007 faculty award winners are: **Ann Hamric, R.N., Ph.D., FAAN**, Faculty Leadership Award; **Susan Kennel, R.N., PNP, Ph.D.**, Excellence in Teaching Award; and **Barbara Parker, R.N., Ph.D., FAAN**, Distinguished Faculty Award. Each will receive an award and a monetary prize from the Centennial Teaching Award Fund.



Margaret Lohr

In February, the Professional Nursing Staff Organization (PNSO) Clinical Practice Committee sponsored its annual **Evidence-Based Practice Day**, which brings together workgroups of nurses from across the UVA Health System practice settings to discuss their evidence-based findings (whether literature reviews or on-site research), including presentations from several ongoing Nursing Research Program projects. "We as bedside nurses want to make sure we're driving best practices for better patient outcomes," says Rebecca Gilbert, R.N., who works in the Pediatric Intensive Care Unit (PICU) and chairs the PNSO practice committee. "Each year, we see practice changes driven by research." Topics covered included: visitation policy (allowing patients time to rest and recover, yet ensuring time for emotional support from family and friends), pre-purchased bagged baths vs. traditional soap-and-water baths, and the effects of music on perceived pain and anxiety during the placement of ports and peripherally inserted catheter catheters (PICC). For more information, contact PNSO@virginia.edu.

Eratum: Instructor of Research, Division of Nephrology Jitendra Gautam holds a Ph.D., not an M.D., as stated in March LINK.



# Shattering Myths

Healthcare continues to gain prominence among Americans as a source of worry and a volatile political issue. However, in the debate over what changes should be made to the healthcare system the truths, half truths and myths have blended together, according to Arthur Garson Jr., M.D., M.P.H., vice president and dean, University of Virginia School of Medicine. (Garson has been named the University's next provost, effective July 1. See page 1.)

Garson and Carolyn L. Engelhard, MPA, assistant professor of medical education and a health policy analyst in the UVa Department of Public Health Sciences, have collaborated on a book to provide the basis for Americans to better understand the nation's health-care system.

*Health Care Half Truths: Too Many Myths, Not Enough Reality* was published in early April and may be influential as healthcare issues loom large in the 2008 national elections. "This book goes to the heart of idea that if you say something over and over again, people will start to

believe it, even if it isn't the whole truth," Garson says. "The challenge then is not discussing the actual issue, but having to dispel something that has now become legend and is not wholly accurate."

According to Garson, while the country was in discussions about healthcare reform in the



A much-needed dose of realism, this state-of-the-policy report should be required reading for anyone weighing in on the debate over health-care reform, especially students of health policy.

—Publishers Weekly

## HEALTH CARE HALF TRUTHS

TOO MANY MYTHS, NOT ENOUGH REALITY

ARTHUR GARSON, JR., M.D. AND CAROLYN L. ENGELHARD

1990s, a perception arose from a statement in that debate.

That statement was repeated over and over in media and is addressed in the book as the first myth: "American Medical Care Is Second-Rate Compared to Other Countries."

After the healthcare reform movement of the 1990s faded away, Garson and Engelhard were becom-

### Healthcare Myths include:

- American medical care is second-rate compared with the rest of the world.
- Preventive care saves money.
- Most medical care dollars are spent in the last six months of life.

ing increasingly frustrated with the lack of depth in most coverage of healthcare issues.

"This increasingly complex issue was being explained in oversimplified sound bites and generalizations for the public," Engelhard says. "In putting together the book, we wanted to ensure the readers would have the facts they needed to be informed about the healthcare

debate in this country."

Using the best research from the nation's top health policy experts, Garson and Engelhard complemented the facts with some common sense and a few anecdotes to illustrate the reality of today's healthcare system. They also offer their readers the opportunities for possible resolution of the problems, over time.



# Organizational Goals

## First Quarter Calendar Year 2007 (Jan-Mar)

Additional organizational goals quarterly data can be found on KnowledgeLink.

Metric	Goal	1st quarter performance	Goal met?	Change from prior quarter	
<b>I Care</b> Investing in our customers	Patient Satisfaction	88.7	87.0	No	↑
<b>I Heal</b> Investing in our expertise	Mortality Index	<1.0	.98	Yes	↓*
<b>I Build</b> Investing in our future	Margin	4.8%	On target	Yes	Same

\*Revised using new University HealthSystem Consortium methodology

Cynthia Moore, M.S., R.D., clinical diabetes educator, works at Fontaine, Orange satellite diabetes clinic and two sites at Northridge. "I'm grateful for the vision and cooperation that allows this flexibility between facilities so I can be close to patients and support the 'I Care' goal," says Moore. Moore's patients include UVa employees whom she helps coach with Solution Method™ skills to lose weight, manage stress and improve health and happiness – "caring for the caregivers," she calls it.

## MET / PERT

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and give the aerosol bronchodilator, do the arterial blood gas test and perform airway clearance, if needed," says David Squeglia, RRT. Marc Winstead, RRT, and Tim Hicks, RRT, assisted in developing MET/PERT.

Still, says MET physician owner William Brady, M.D., professor and vice chair, Department of Emergency Medicine and Resuscitation committee chair, "The primary doctor is very much in the leadership position here. The patient's doctor is still the patient's doctor. The MET/PERT team may be called in, though, to assist the nurse, provide another pair of seasoned, critical care eyes and hands to look at and manage the patient." (Nancy McDaniel, M.D., pediatrics vice chair, is his PERT counterpart.)

"I'm personally proud of staff and managers who make MET and PERT successful," says San. "Even nurses who haven't had firsthand experience with a MET event tell me they just feel good knowing that if they need help, this resource is available."



Virginia State Senator Creigh Deeds presents a formal copy of Virginia Senate Joint Resolution 427 recognizing the UVa Medical Center for achieving Primary Stroke Center certification based on Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards. Only eight Virginia hospitals received this honor. L to R: Deeds; Professor of Neurosurgery Neal Kassell, M.D.; Administrator, Adult Acute Care and Neuroscience Programs Rebecca Lewis, R.N., who serves on the Virginia Stroke Leadership Team Steering Committee; Professor of Neurology and Neurological Surgery Alumni Professor of Neurology and Neurosurgery, Medical Director-Neurology, UVa Stroke Center E. Clarke Haley Jr., M.D.; and Vice President and CEO, UVa Medical Center R. Edward Howell.

## Spotlight on Patient Safety

### The IDEAL Hand-off: Standardizing Communication Among Healthcare Providers

Earlier this spring, the University of Virginia Medical Center launched a campaign to increase awareness of good hand-off-of-care communication among care providers. National research, as well as our own experience, confirms that the most common factor in medical errors is poor communication between care providers. UVa Medical Center staff are required to give a verbal hand-off report when responsibility for patient care is

transferred from one clinician to another, i.e., when a patient's level of care changes (transfer between ICU and acute care), when care is transferred temporarily (transport to and from the operating room or for an invasive or complex diagnostic test or procedure), at discharge (to home health provider or

another facility) or when the care provider changes (shift change report).

In order to help our staff with consistent and effective hand-off communication, the Medical Center's Patient Safety Committee developed the elements of IDEAL hand-off-of-care communication.

#### The IDEAL hand-off communication should include five standard elements:

- I**dentify Identify the patient by name, medical record number and physician name.
- D**iagnostics Communicate the patient's diagnosis and current condition/status.
- E**vents Discuss recent events and changes in the patient's condition or treatment.
- A**nticipated Discuss anticipated changes in the patient's condition or treatment, including what to watch for during the next interval of care.
- L**eave Leave time for questions and to clarify information. The receiving clinician must always be given this opportunity.

The Patient Safety Office has developed IDEAL hand-off communication tools, including new documentation tools, posters, educational cards and an educational video. Questions? Contact the Patient Safety Office at 924-5595.

## Library Website Serves 24/7

"Our website is the front door of the library," says Gretchen Arnold, interim director and associate dean, Claude Moore Health Sciences Library. "We see the Web as mission-critical to us."

The library subscribes to more than 2,000 electronic journals and licenses more than 400 electronic books, which are available for faculty, staff and students of the

University. Electronic books are searchable and may include video and even audio. Some articles contain audio lectures. The site also includes electronic subject guides on topics ranging from bioterrorism to patient safety.

Anyone who admired the iron lung on display in the lobby received only a small taste of the library's collections. "We want to make the history of medicine accessible to everyone, not just to scholars," says Arnold. Nineteen online exhibits cover everything from the iron lung to Walter Reed's

struggles against yellow fever and typhoid, Roman medical artifacts, UVa doctors and nurses' contributions in World War II, the Kerr White Health Care Collection on wide-ranging health issues, and nineteenth-century patients' letters to their doctors, some concerning slaves' health. These exhibits include objects, letters, photographs and art – rare, highly personal glimpses into medical history.

"It's not a 9-to-5 world. Our goal is to have as much of our resources available as possible, 24/7," says Arnold.

Visit KnowledgeLink for MET/PERT program information, educational materials and performance data.

# 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.

## Suffering from Lack of Sexual Desire?

Female volunteers ages 18 and over are needed for a study of an investigational drug for symptoms of decreased sexual desire. If you are over the age of 18, premenopausal and are frustrated with your lack of desire to have sex and you've been experiencing these symptoms for six months or longer, you may qualify. Participants will receive investigational drug or placebo and study related tests at no charge. Compensation is provided. Principal Investigator: Dr. Anita Clayton. IRB-HSR #12494. UVa Center for Psychiatric Clinical Research, Louise Moore, R.N. CRC, 243-4631.

## Salt and Blood Pressure

Salt sensitivity is a risk factor for heart disease. This study needs generally healthy men and women, ages 18 to 70, who have a family history of high

blood pressure and/or heart disease. Participants of normal to moderate weight with low, normal or high blood pressure (BP) are needed and will receive: an assessment of their BP in regards to salt, EKG, blood chemistries, lipid profile, urine tests and a physical exam. The study includes a genetic screen, BP monitoring and two weeks of prepared food (3x/week food pick-up); \$100 for study completion. IRB # 11494. UVa Endocrinology, Cindy Schoeffel, M.D., 924-1634 or cds2t@virginia.edu or SaltStudy@virginia.edu.

## Healthy Subjects Study-Women

UVa Health System Department of Psychiatry and Neurobehavioral Studies seeks women ages 18 to 44 for a research study. The purpose of the study is to see if a counseling method is helpful in preventing alcohol-exposed pregnancy. The study involves a one-time meeting with a counselor for two hours and two follow-up sessions to provide information about health behaviors (three and six months after the first session). Participants will be compensated up to \$175 for study completion. IRB-HSR #12794. For more information please contact: Amy Fansler or Mike Karakashian, 243-0642 or 243-0641, or toll-free at 1-888-UVA-2345.

## Adult Kidney Disease Study for Volunteer Diabetics

Diabetics with kidney disease are asked to test the effectiveness and safety of an investigational drug in pill form. Study requires 12 visits over 4½ months. No charge for study care, health history review, physical exams, blood and urine tests and study pills. Completion compensation is \$600. IRB-HSR #12446. Nephrology Division, NCRC, Cindi Peterson, R.N., CRC, 924-9691, cmp3c@virginia.edu.

## Diabetics who have Pain due to Diabetic Peripheral Neuropathy

Adults ages 18 and older with type 1 or type 2 diabetes who have had pain for at least three months due to Diabetic Peripheral Neuropathy and have had an inadequate response to Neurontin (gabapentin) are needed for a study comparing three different pain medication treatments. The study involves six visits over a four-month period. Study-related tests and medication are provided at no cost. Financial compensation provided for time and travel expenses. IRB-HSR #12644. Principal Investigator: Robin Hamill-Ruth, M.D., UVa Pain Management Center, Aaron Webb, Study Coordinator, 243-9102, atw9d@virginia.edu.

Send trial submissions to [linktrials@virginia.edu](mailto:linktrials@virginia.edu).



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