

# Team ED Boosts Morale, Empties Waiting Room

"We came to UVa's ER because we heard it's great, that there's almost no waiting – and it's true!"

That's the feedback Emergency Department (ED) doctors, nurses and techs have heard from patients since September, thanks to implementing Team Care, the first step in a process called "Agenda for Change" that began more than a year ago.

The waiting room, once routinely filled with 20 or more patients, now seems more like an echo chamber.

And on top of it, "the department is buzzing with energy," says Medical Center Manager Emergency Department Selem Choudhury, R.N.

## Agenda for Change

For most of the last few years, patient satisfaction scores for the ED had remained low, despite efforts to raise them.

"Agenda for Change" was implemented to boost patient satisfaction scores from 77 to 82 by year-end 2007. In the process, ED staff learned that employee satisfaction is tied closely to patient satisfaction and to be successful, change required dedication and accountability at every level:



- **Commitment from leadership.** Emergency Medicine Department Chair Marcus Martin, M.D., and Patient Care Services Administrator Jeff Cutruzzula, R.N., were willing to look as deeply as necessary into the department to improve patient satisfaction levels.
- **Dedication from management.** Choudhury saw himself as a facilitator, and worked to be in constant communication with staff, listening and holding them accountable to keep the process moving forward.

- **Buy-in from employees.** Honing in on areas for improvement, determining action steps for change and making those steps happen came from every ED employee.

See "Team ED" on page 4

▲ **NO WAITING –** Medical Center Manager Emergency Department Selem Choudhury, R.N.; Emergency Medicine Residency Program Director Chris Ghaemmaghami, M.D.; and Emergency Department Medical Director Robert Reiser, M.D., in the near-empty ED waiting room.

## Health System Launches New Web Design

Did you know that each year more than 7 million visitors browse the UVa Health System website? That's not too surprising when you consider that, according to the Health Information Online study, "eight out of 10 American Internet users have searched for information on at least one major health topic online."

As more healthcare consumers and patients go to the Web, they are expecting more online resources and services. That expectation has driven the evolution of our own Health System website, which has

See "Web Redesign" on page 7

P.2 Patient Satisfaction

P.4 Over There

P.6 Health Plan Update



### A message from Mr. Howell

One of my job's greatest pleasures is hearing staff's thoughts and concerns when I participate in Medical Center rounds with Chief Clinical Officer/Chief Nursing Officer Pamela Cipriano, R.N., Ph.D., FAAN, and UVA Chief Operations Officer Margaret Van Bree, MHA, DrPH.

On the other hand, one of the most deeply frustrating things about my job is the fact that it's impossible to talk regularly with all 7,000 of you face-to-face.

So, starting this month, I want to use this space to expand our conversations, share the stories I hear about the fine service we're providing as well as give you a broad, organizational perspective on what we've achieved, where we're going and the steps we're taking to get there.

For we are now at the moment where, having righted our financial ship, we can set sail on our journey to create the future for the UVA Medical Center: to be a bastion of hope for the cities of the Commonwealth of Virginia.

Excellent service is one essential part of getting us there. Along with having added more than 140 full-time employees this year, we are transforming how we serve our patients, patients who are coming to us with higher expectations than ever before.

Great service is all about the little things – which, to our patients, really aren't little at all. Recently, I received a letter about a pharmacy employee who went to great lengths to save a patient another trip to the Medical Center to pick up a prescription. Her effort made such a difference that this grateful patient took the time to tell me about it.

Collaboration makes a difference, too, as you'll learn in this month's cover story about the Emergency Department's new "Agenda for Change" approach, which has improved patient satisfaction in that area, according to the most recent Press Ganey patient satisfaction scores.

Together, we have made tremendous progress. And the future promises to be even better, as we demonstrate to our patients that we're oriented to their needs.

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

# Patient Dedicates Book to UVA Parkinson's Staff

Sixteen years ago, at age 40, Diane Gerard was diagnosed with Parkinson's disease. A friend with Parkinson's suggested she visit the UVA Health System for help. "I fell in love with UVA because they were so encouraging and good at what they did. They cared. It gives you hope," she says. Now Gerard has written and published *Bit by Bit, Piece by Piece*, a book of essays, poems, stories, photos and illustrations that tells her story of living with Parkinson's.

Gerard dedicated the book to Movement Disorders Study Coordinator Elke Rost-Ruffner, R.N., BSN, "someone who truly understands the agony of this particular disease called Parkinson's. This wonderful lady has been a beacon of hope for me as I have walked hand-in-hand with her through clinical studies and many appointments over the last several years. ... She has no idea the respect and admiration that I and so many others have for her." But Gerard did not end there. "The Department of Neurology at the University is truly top-notch in every way," she added.

Extremely surprised and deeply honored, Rost-Ruffner, who has worked extensively with Parkinson's patients, found the book enlightening. "This book has helped me to gain further understanding of what patients go through, having Parkinson's disease," she says. "I was truly astonished at what I learned."

In her writing, Gerard describes her journey with honesty and



Parkinson's patient and author Diane Gerard (left) with Movement Disorders Study Coordinator Elke Rost-Ruffner, R.N., BSN, to whom she dedicated her book about her experiences with Parkinson's.

courage, facing the truth of the pain of increasing incapacitation.

Throughout, she includes the comfort and inspiration she also discovered. Her willingness to reveal the entire gamut of the experience would help anyone going through trying times.

It took Gerard four-and-one-half years to complete this volume, which she started as a way through the suffering and to help others. "You're not aware of what can happen to you when you have this disease," she says. "The book is really about loss, loss of independence, your job, your identity. You lose all this and you have to redefine yourself because one day to the next isn't the same."

### Disease

Disease is such an unattractive word.  
It plays out just as it spells.  
There is no ease in living,  
When pain and frustration  
Keep us from giving  
Our best.

—DIANE GERARD



Finance Manager **Ruby Kennedy** of the Otolaryngology Department was School of Medicine Employee of the Month for September. Kennedy graciously handled many additional, complex duties on top of her own workload during the extended medical leave of the department administrator. As one nominator noted, "Ruby has modeled over the past several months a selfless heart for serving the needs of her various customers."

Chief Clinical Office/Chief Nursing Officer **Pamela Cipriano, R.N., Ph.D., FAAN**, has been named editor-in-chief of *American Nurse Today*, the new official journal of the American Nurses Association.

The University of Virginia School of Nursing Alumni Association presented its 2006 Faculty Awards.

Recipients are: Instructor in Nursing **Carolyn Ramwell, R.N., MSN, PNP**, Excellence in Teaching Award; Associate Professor **Doris Glick, R.N., Ph.D.**, Distinguished Professor Award; and Associate Professor of Nursing **Catherine Kane, R.N., Ph.D., FAAN**, Faculty Leadership Award.

**Pat Hollen, R.N., Ph.D.**, Malvina Yuille Boyd Professor of Oncology Nursing, was elected to fellowship in the American Academy of Nursing and will be inducted at the Academy's annual meeting this month.

The John A. Hartford Foundation Institute for Geriatric Nursing at New York University selected **Kathy Haugh, R.N., Ph.D.**, as a 2006 Geriatric Research Scholar for her significant research in gerontological nursing and strong leadership potential.

School of Nursing Assistant Professor **Emily Drake, R.N., Ph.D.**, was elected Virginia state section leader for the Association of Women's Health, Obstetric and Neonatal Nurses.

UVA's newly renovated **North Grounds Recreation Center** re-opened on Sept. 18 with an enlarged fitness area, additional cardio machines, flat screen TVs and satellite radio.

Hear results of the **2006 Nursing Worklife Survey**. Meetings will

be held in the Dining Conference Rooms on Nov. 28, 5 p.m. to 6 p.m.; Nov. 29, 6 p.m. to 7 p.m. and Dec. 1, 4 a.m. to 5 a.m.; in Camp Heart Auditorium on Nov. 29, 9 a.m. to 10 a.m.; and in Hospital East, Room 8410 on Nov. 30, 8 a.m. to 9 a.m. and Dec. 1, 8 a.m. to 9 a.m. and 9 a.m. to 10 a.m.

Patient Care Technician **Lisa Hunter** was Medical Center Employee of the Month for September. Hunter's coworkers can depend on her to



precept Patient Care Assistants and to gently motivate patients to help themselves.

She's known for her "spa treatment," which her nominators call "only the best

bath/hair wash that anyone would want," and she always makes time for patients that request them. She is so treasured by patients of 7 Acute that when they return to the hospital for appointments, they stop by to see her – and returning patients request her care.

As part of its History of the Health Sciences Lecture Series, on Nov. 29, the Claude Moore Health Sciences Library will present "The History of Geriatric Medicine," by **Mark E. Williams, M.D.**, Ward K. Ensminger distinguished professor of geriatrics, University of Virginia School

of Medicine. The lecture takes place 5 p.m. to 6 p.m. in the Wilhelm Moll Rare Book and Medical History Room on the library's ground floor.

UVA Orange Dialysis won this year's Orange County scarecrow contest. "**Dr. K.T. Overbean**," named for the Kt/v lab used for hemodialysis, was created by Elke Auth, R.N., augmented by staff donations of boots (from Mike Bohn), overalls (from Mary Timmerman) and stuffing (from Annette Breeden).



The **November Blood Drive** will be held on Nov. 24, 2:30 p.m. to 6:30 p.m., in Dining Conference Rooms 1, 2 and 3. For more information, contact sjones@virginia.edu. At any time, you can donate in the Virginia Blood Services satellite office in the West Complex, first floor next to the Copy Center. Walk-ins and appointments are welcome. Contact Apren Randolph at 243-2999.

On Nov. 29, the UVA Faculty Employee Assistance Program is offering a free seminar called "How to Avoid Identity Theft & What to do When it Happens to You," taught by UVA Community Credit Union Marketing Specialist **Aaron Paula Thompson**. Held in Newcomb Hall – Room 389, 11:30 a.m. to 1:30 p.m. To register, e-mail dds4e@virginia.edu or call 243-2643.

### HUC of the Year

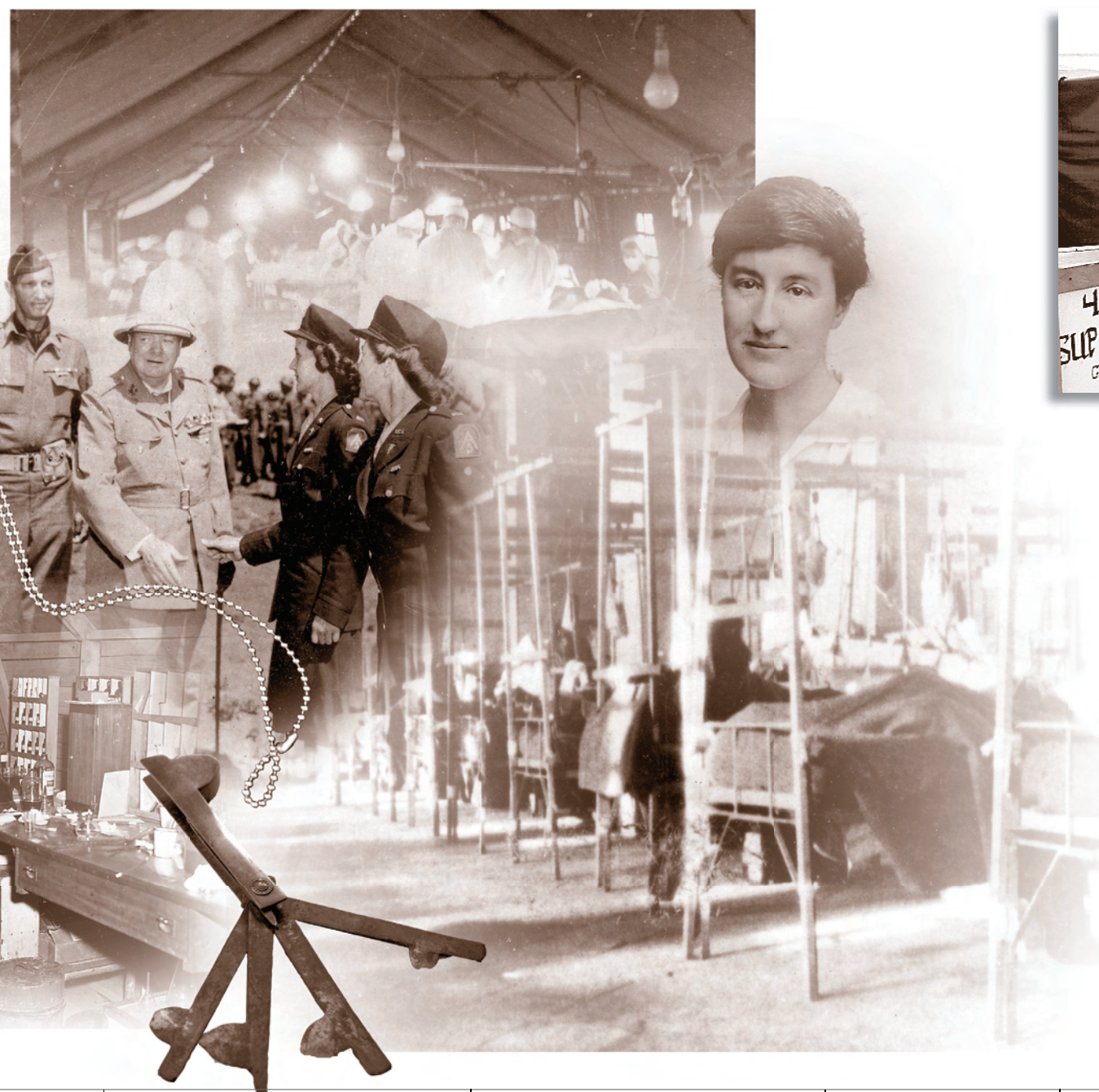
The Professional Nursing Staff Organization (PNSO) honored Health Unit Coordinators (HUC) on **Aug. 23, HUC Day**. This year's celebration was dedicated to the memory of Tom Ringrose, a beloved and respected HUC who died last year. Thanks to a fund in his name, the PNSO presented the first annual HUC awards and will fund HUC education efforts. MICU HUC April Hyman won first place for her essay on being a HUC. "My team, we are a family," she said. Priscilla "Sid" Reed, of 7 Acute, was named HUC of the Year. The 17-year HUC veteran is known for helping families whose children are in the hospital, from finding missing stuffed animals and making Easter bonnets using upside-down urinals to arranging hospitality help for families in crisis. Described as air traffic controllers and the "Heart of the Unit" by many speakers, the HUCs' greatest strength was captured by Nancy McDaniel, M.D.: "How much you care is what it's all about."



Holly Glassberg, R.N., MSN (left), with HUC of the Year Priscilla "Sid" Reed of 7 Acute, at the PNSO HUC of the Year award ceremony.

# Our Illustrious History of Service

Clockwise from top: operating room at UVa's World War II 8th Evac Hospital; Margaret Cowling, chief nurse at UVa's Base Hospital 41 in World War I; Base Hospital 41 fracture unit; phlebotome (lancet primarily for opening veins) used by UVa School of Medicine alumnus Aristide Monteiro, Confederate Ranger John Singleton Mosby's surgeon during the Civil War; 8th Evac clinical lab; 8th Evac nurse Ruth Eastman's dog tags; UVa nurses meet Winston Churchill in the field during World War II. All objects and photos can be found in the Claude Moore Health Sciences Library and School of Nursing collections.



Professor Raymond Costabile, M.D., 2003

This month, LINK honors the University of Virginia's medical service in time of conflict – dating back to the Civil War. This tradition continues, with several of our UVa Health System community serving in Iraq.

UVa sponsored field hospitals in both world wars. In World War I, UVa sent doctors, nurses, supporting staff and supplies for Base Hospital 41. The unit arrived outside Paris on July 26, 1918. Ultimately, their building was equipped to care for 600 patients, with another 2,200 in tent wards. The unit was demobilized on May 1, 1919.

From 1942 to World War II's end in 1945, the 750-bed 8th Evacuation Hospital, dedicated primarily to emergency surgical

cases, served in North Africa and Italy. Its staff of over 400 professionals included 47 commissioned officers and 52 commissioned nurses. More than 48,000 patients, twice as many as admitted to the UVa Hospital in 1942 to 1944, were admitted to the 8th Evac over its three-year lifetime. The unit received more awards, commendations and decorations than most similar units and served longer in North Africa and Italy than any other U.S. hospital.

Raymond Costabile, M.D., Jay Y. Gillenwater professor of urology and vice chairman Urology Department, spent 28 years in the active Army before retiring in 2004. Col. Costabile headed Operation Iraqi Freedom's largest combat field hospital, a 300-bed, full-service medical facility and commanded more than 2,000 troops from 2003 to 2004. "The motto of the Army Medical Corps is, 'Preserve the fighting strength'. Your job is to make sure the troops have support and get them back in combat as soon as possible," says Costabile. "There are many others from UVa who have deployed, and they will tell you that there's a tremendous groundswell of support when they get back, here at UVa and across the board. It's a privilege and an honor to treat America's finest troops."

## NICU Renovations Complete

The new Food Lion Neonatal Intensive Care Unit (NICU) was completed in September and can serve 45 infants. Focused on involving the whole family in caring for their new baby – colors and design reflect parents' feedback – the NICU now offers the Sarah du Bose Fund Family Education Room and the UVa Auxiliary Nurturing and Counseling Area where patients can speak privately with physicians and new mothers can nurse their babies in privacy. The new Klöckner Family Suite has two overnight rooms with private baths, TV, double bed, monitors, oxygen and air outlets, giving parents the opportunity to independently care for their infant with nursing support nearby. "This facility is far more needed than we ever thought it would be," said retiring head of the Division of Neonatology Dr. John Kattwinkel. "We've always been designed around the patients and now, we're designed around the families as well."

## Team ED

Continued from page 1

- A structured process from UVa Health System's Center for Organizational Development. Organizational Development Consultant Anne Williams presented data linking patient sat with employee sat and mandated that the process include the ED's entire 180-member staff.

### "Trust the process"

In September 2005, Martin and Cutruzzula formed a multidisciplinary Customer Service Steering Committee of doctors, nurses and other staff to address ED patient satisfaction scores. The committee set the goal of 82 by year-end 2007, as measured by consultants Press Ganey Associates. Headed by Leslie Buchanan, R.N., N.P., the committee called its effort "Defining Our Future: An Agenda for

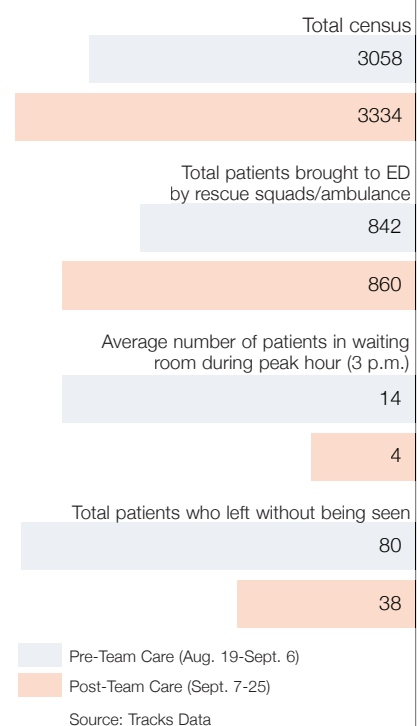
Change" to make clear that the shift would be profound and far-reaching.

"Having leadership's commitment to change was critically important in moving us forward," says ED Quality Coordinator Paige Williams.

Next, Cutruzzula brought in Anne Williams, who spent two months collecting information about the ED's current state, including 124 online surveys completed by physicians and staff, six focus-group discussions and 14 one-on-one interviews. For those accustomed to top-down decision-making, this phase seemed like a useless delay. Repeatedly, Anne responded, "Trust the process," until it became a mantra among committee members.

This groundwork paid off with an explosion of enthusiasm and energy in seven, three-hour "Agenda for Change" town meetings where research results were shared. Every staff member was required to attend.

### Team Care: The Data



See "Team ED" on page 5

## Team ED

Continued from page 4

"That's when the whole project came alive," says Choudhury.

At the meetings, leadership assured employees that their contributions – including criticisms – would be respected. "We needed to create a safe environment where people could speak their mind in a constructive way and build trust in the group," says Cutruzzula.

Employees created a vision of their ideal ED and workplace, voted on the top four areas for improvement and established volunteer workgroups around them: Staffing and Retention, Process/System/Patient Flow, Communications and ED Admissions (Boarders). Each group was charged with developing

steps to reach 82 on time. Their action plans are compiled on an "Action For Change" timeline signed by ED staff.

"It is key that these are employee-led workgroups," says Anne, who



Patients are happy. They're getting better care, we're not just moving them through faster – and that changes the staff's outlook, too.

Chris Ghaemmaghami, M.D., Director, Emergency Medicine Residency Program

remains a consultant. Choudhury, Buchanan and Edward Meyers, R.N., led the project through regular meetings with group chairs.

Success requires communication, says Choudhury. Patient satisfac-

tion is always top-of-agenda at staff meetings. Choudhury stresses the 82 goal, continued teamwork and connection to the organizational goals, "I Care, I Heal and I Build." Choudhury tracks down those who could not attend meetings and also sends informative e-mails.

### Employees spur changes

Early indicators from Press Ganey show an improvement in patient satisfaction scores. Cutruzzula points out that the dramatic drop in patients who left without being seen is a major accomplishment. "Patients leaving without being seen is a common phenomenon among all EDs, but very few make changes that result in material improvement."

The Staffing and Retention workgroup developed employee recognition programs, such as an ED

See "Team ED" on page 6

## Health Plan Changes

Nationally, most employee health plans are reducing coverage and increasing costs, but effective Jan. 1, UVa Health Plan members will receive improvements to their benefits.

For the first time, the annual maximum for covered dental services increases from \$1,000 to \$1,500 per covered member. Orthodontia lifetime maximum remains \$1,000.

Co-payments for 30-day scripts: branded prescriptions increase from \$18 and \$36 to \$20 and \$40, and generics remain \$9.

Employees in the "High Premium" plan will average an approximately 4 percent increase in monthly premium. Double State coverage enrollees will see a slightly higher increase; University of Virginia is the ONLY state agency with a discounted premium for families with both parents working for the Commonwealth.

Physical/occupational therapy services coverage expands to include long-term therapy extending beyond 90 days from injury/incident.

Anesthesia and outpatient facility charges for dental work on children under five will be covered when required to effectively and safely provide dental care.



## Spotlight on Patient Safety

### Medication Reconciliation: A Patient-Provider Partnership

Medication reconciliation is the process of comparing the patient's current medications with those ordered while under the hospital's care. Patient safety literature suggests that conducting a reconciliation process will help reduce likelihood of error, and including the patient in the process will help ensure accuracy.

The reconciliation process includes the following steps, which can be easily incorporated into your practice:

- When a patient is admitted to the hospital, ask the patient to provide a list of medications.
- When a patient is received in transfer, compare the list of preadmission medications to the list of current medications and reconcile any differences.

- Document the reason for discontinuing a medication or initiating a new one so all team members can easily understand the plan.
  - Teach patients the importance of their role in medication safety and provide them with necessary tools and information.
- In collaboration with Computing Services, the Hospital Auxiliary and Marketing, the Patient Safety Subcommittee recently introduced the following tools to assist patients and clinicians in promoting patient safety:

- Medication safety sheet – "Six Steps to Medication Safety"
- Medication Record
- Medication Wallet Card
- The medication record also was added to CareCast in a patient-friendly format.

## Team ED

Continued from page 6

### Agenda for Change

## 2005

**Sept.** Dr. Marcus Martin and Administrator Jeff Cutruzzula form ED Customer Service Steering Committee to improve patient satisfaction scores, with the goal of moving from 77 to 82 by year-end 2007.

**Dec.** COD's Anne Williams arrives to facilitate the change process.

## 2006

**Jan.** Data gathering from employees, including 124 online surveys, six focus-group discussions and 14 one-on-one interviews

Seleem Choudhury, R.N., arrives as nurse manager, filling a spot that had been vacant for approximately one year.

**March** Town meetings begin.

**June** Workgroups form and begin creating action steps for change.

**Aug.** First changes: new triage process, Team Manager communications system, installation of Recognition Manager

**Sept.** Team Care process begins, resulting almost immediately in a nearly vacant waiting room.

"You Make A Difference" award tied into a system that assigns points (redeemable for gifts) for the award, good attendance and more.

"Small things matter much more than I realized," says Buchanan, adding that nurses want to make the ED a sought-after workplace with a waiting list of potential employees.

The ED Admissions workgroup is collaborating with other hospital departments to care for admitted patients waiting for beds in the hospital who could remain in the ED more than 24 hours. In their proposal, when such patients number four or more, they will be given an environment as close to that of a hospital floor as possible: a central ED location with bathroom and nursing desk nearby, personal meals from Nutrition Services and personal medications from the Pharmacy. ED is hoping to arrange for an acute-care nurse from the central staffing pool as well.

The Communications group is arranging for cordless phones, a new computer system and screens for automatic lab and X-ray results. Also planned are standard talking points for registration and triage personnel to explain the care process, waiting-time information and more.

A lobby redesign includes new furniture. "This was a relatively dramatic action that sent the message that our patients are important," says Cutruzzula. Martin adds that they hope to improve registration-area confidentiality with further renovations.

The Process/System/Patient Flow

workgroup developed the "Team Care" concept that virtually emptied the waiting room within days. Team Care divides ED personnel and physical space into two teams (orange and blue). Instead of a nurse, attending, resident and tech being assigned to specific patients with duties to carry out in a specific order, patients are assigned to teams (nurses, attendings, residents and techs) whose members handle duties as appropriate to keep the patient moving forward. The smaller physical layout makes communication easier and more effective.

Morale is high as a kite. "I am impressed by the teamwork from all of our staff," Sarah Anderson, R.N., MSN, e-mailed her colleagues. "With all of the hard work and commitment to Team Care, we will reach our goal of being one of the finest emergency departments in the country!"

### A continuing process

"Agenda for Change" is ongoing. Anne Williams is holding meetings called "Health Check," in which staff assess the change process to date.

"We've been trying for years to improve our patient sat scores in a top-down fashion, telling people what to do. That had almost no impact at all. Going from the bottom up has had much more immediate impact on our employee morale and our waiting room," says Dr. Robert Reiser, medical director of the emergency department. "This has been a historic change for the Emergency Department."

## Gifts & Donations

### Campaign Champions

*The UVa Campaign for Health* will raise some \$500 million to benefit the Health System's people, programs, research and capital projects. Some of the most enthusiastic campaign contributors are members of UVa Health System faculty and staff.

*Dr. Kenneth Greer (Med '67), chair, Department of Dermatology, and his wife, Louise,* have contributed to the new Claude Moore Medical Education Building. The Department of Dermatology has made a collective gift as well. "While we are one of the smallest departments at the School of Medicine, our commitment to medical education convinced us to make a donation to honor the students and residents who have rotated through the department," explains Greer. The Departments of Surgery, Plastic

Surgery and Anesthesiology have also given generously to the building fund.

In addition, *Dr. Richard Pearson, senior associate dean for education,* has made a personal commitment to the medical education building. "I am deeply indebted to the generations of teachers and donors who laid the foundation for my medical career, which has been wonderfully rich and rewarding," says Pearson. "It is a great privilege for me and my wife, Janet, to add to that foundation. We want our students and residents to have the very best medical education possible. I know that they will do the same for the generation that follows."

*Dr. George Beller (Med '66)* has contributed to the Emily Couric Clinical Cancer Center, named in honor of his late wife and former Virginia state senator, Emily Couric.

"During her tenure, Emily was a major force in passing legislation that led to enhanced cancer diagnosis and care for citizens of the Commonwealth," says Beller. "As a cancer patient treated at UVa, she became a major advocate for programs that contribute to compassionate care for patients and their families. The new cancer center building named in Emily's honor will expand the type of care she envisioned for fighting this dreaded disease."

"Gifts from our Health System faculty and staff are among the most meaningful contributions we receive," notes Karen Rendleman, assistant vice president for Health System Development. "Such support demonstrates a shared commitment to our people and programs and also sends a powerful message to donors outside the Health System."

**For more information on the UVa Campaign for Health, call (434) 924-8432 or visit online at: [uvahealthfoundation.org](http://uvahealthfoundation.org).**

## Web Redesign

Continued from page 1

developed into an information-rich point of entry for our patients, visitors, students and employees.

To stay one step ahead of customer needs, the Web Development Center has launched a new design for all pages within the Health System website, which went "live" on October 28.

Visitors to the UVa Health System have benefited from investments designed to help navigate physical halls and spaces, from the hospital-lobby renovation to new maps and signage. The new Web design will help the Health System's cybervisitors – patients, families and employees – navigate the virtual Health System by increasing its usability and visual appeal. The most visible part of this project is an aesthetic change to the current template used by all departments and divisions comprising the Health System website, making all pages visually consistent and clearly identifiable as part of one institution.

According to Web Center Director Kim Guenther, "Our goal is to make sure each and every visitor to the Health System website finds what they need and considers the site an integral part of the services and care they receive at UVa."



On Sept. 20, **424 employees** from across the University of Virginia Health System – nearly twice as many as last year – participated on 39 teams at the United Way Laurence E. Richardson Day of Caring, sponsored by the United Way-Thomas Jefferson Area. These teams **donated 2,312.50 hours** on 46 projects in Charlottesville and beyond for a **total value of \$50,227.50** (based on Virginia's average hourly volunteer value). Projects ranged from painting United States maps at local schools, to landscaping at nursing homes, to painting at the Westhaven housing community. Jim Richardson told the volunteers, "Imagine that what you do today changes a life – your life."

Above, the Medical Center Accounts Payable and Procurement Departments painted the United States map at the Woodbrook Elementary School. To ensure the surface would not be slippery when wet, they sprinkled a sandy mixture on top under Buyer Ken "Mr. Sandman" Van Meter's direction.

▶ ▶ ▶ **Look for the third annual PNSO Diversity Fair in the East Cafeteria on December 4 from 3 p.m. to 6 p.m.**

# 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.

## Genes, Salt and Blood Pressure

Generally healthy men and women, ages 18 to 70, normal to moderate weight, are needed for a study on genes and the response of blood pressure to dietary salt. Participants with low, normal or high blood pressure are selected according to their genetics and will receive: physical exam, EKG, chest X-ray, blood chemistries and urine tests. The study includes two weeks of prepared food (3x/week food pick-up) and \$100 for study completion. HIC #11494 (L). UVa Endocrinology, Cindy Schoeffel, M.D., 924-1634, cds2t@virginia.edu

## Stress During Pregnancy Study

Researchers at UVa Health System are interested in how women experience and deal with stress during pregnancy. Six weeks of relaxation training will

be provided to half of the participants. Researchers will also examine how coping strategies affect the course of the pregnancy and the health of the infant. You may be eligible if, at the beginning of the second trimester, feel stressed, and do not yet have any children. You will be paid for your participation. IRB HSR #12234(L). UVa Psychology, Andrea Chambers, 243-5243

## Treatment Resistant Depression

Volunteers over age 18 are needed for a study using the investigational drug combination of aripiprazole (Abilify®) and lamotrigine (Lamictal®) for symptoms of bipolar mania. Participants will receive cognitive assessments, a physical exam, blood work, drug screen, ECG, pregnancy test (women), and medical and psychiatric history. Study-related tests and drugs are provided at no charge. There is no compensation for this study. IRB-HSR #12318. UVa Center for Psychiatric Clinical Research, Royanne Dell, CCRC, 243-4655

## 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

## Overactive Bladder in Men and Women

Volunteers ages 18 to 85 are needed for a study investigating urinary urgency, frequency and wetting accidents for the past six months. Participants will have physical exam, bladder testing, lab tests, and investigational medication injected into the bladder. There will be 10 visits in approximately 36 weeks. Study-related tests and medication are provided at no charge. Qualifying subjects will be paid \$2,450 for participation. Principal Investigator: Dr. William Steers. IRB-HSR #12197. UVa Department of Urology, Pat Battle, LPN, CRC, 924-5649 and/or pya@virginia.edu

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

## “Lights of Love” Launches Dec. 3

“Lights of Love” kicks off with a tree-lighting ceremony on Sunday,

Dec. 3. Each \$10 donation honoring a special person provides a light and personalized ornament on the front lobby’s “Lights of Love” tree. Morrison’s Cafeteria and

Higher Grounds will offer a “Lights of Love” soda refill promotion. Proceeds support the Primary Care Center’s OB Clinic.



To submit ideas or join our mailing list, email [linkpub@virginia.edu](mailto:linkpub@virginia.edu) or FAX 924-2969. LINK is published 12 times a year for the employees, faculty, students, volunteers, donors and patients and families of the University of Virginia Health System. Find archived copies at [www.healthsystem.virginia.edu/link](http://www.healthsystem.virginia.edu/link). ©2006 by the Rector and Visitors of University of Virginia.

**Editor:** Sally Ruth Bourrie **Art Director:** Diane Butler **Contributors:** Barbara Rollins, Patient Education Workgroup, UVa Health System Development Office, UVa Health System Web Development Center **Photography:** Jackson Smith (cover, above), UVa Health System Web Development Center (cover, below); p. 2, Ian Bradshaw; p. 3, Lynne Hill, LPN (Dr. K.T. Overbean); pp. 4-5, Claude Moore Health Sciences Library, Dorothy Sandridge-Gloor School of Nursing '42 Collection, Center for Nursing Historical Inquiry, Keeling Collection, UVa School of Nursing; p. 5, Ray Costabile; UVa Health System Media Services



P.O. Box 800224  
Charlottesville, VA  
22908-0224

434-924-5875

Nonprofit Org.  
U.S. Postage Paid  
Charlottesville, VA  
Permit #232