Total Health: Innovation in Healthcare Delivery

A Medical Home for Children

Prenatal Programs’ New Approach

7 Questions With Dr. Richard Hawkins

Collaborative Cancer Care

Wound Treatment

3-Tesla MRI

World’s Tiniest Heart Pump

Cardiothoracic Anesthesiology

Teams Tackle Quality, Safety
Impetus for healthcare change continues to grow. It is impossible to ignore national frustration with difficult access, inconsistent quality, nonstandardized care and rapidly escalating expense. Although the U.S. healthcare system can provide extraordinary care for individual episodes of acute illness, it seldom offers evidence-based, patient-centered, Total Health care.

In recognition of this need, Greenville Hospital System University Medical Center (GHS) is setting a strategic direction based on continued provision of differentiated subspecialty acute care, along with development of resources for continuum of care management. This issue of Vital Signs reflects this direction.

Lead articles illustrate innovations in healthcare delivery, care coaching and chronic disease management. We also cover GHS’ leading wound care program, capabilities of 3-Tesla MRI, the world’s smallest cardiac assist device and the value of subspecialty cardiothoracic anesthesiology. In academics, Richard Hawkins, M.D., and Larry Gluck, M.D., emphasize the contribution of education, research and hospital-physician collaboration to patient care. This issue also highlights initiatives to improve quality and patient safety, including unit-based physician-nurse management teams and the impact of interdisciplinary team training in rehabilitation.

All of this speaks to GHS’ commitment to provide high-level episodic acute care, while simultaneously developing programs to improve delivery of Total Health care.

Jerry R. Youkey
Editor-in-Chief

Jerry Youkey, M.D., FACS, is GHS Vice President of Medical Services and Dean of Academic Services.
Greenville Hospital System University Medical Center (GHS) is using a $2.7 million grant from The Duke Endowment to change the way it delivers health care.

GHS was awarded the grant to redesign the delivery of health care to a targeted group of high-risk Medicaid patients who meet specified disease and healthcare utilization criteria.

During the three-year grant cycle, these patients will receive treatment in a “total health” model of care focused on proactive management of chronic diseases. Patients at the highest risk will receive wellness coaching and more intense intervention from case managers to help ensure they avoid acute episodes and improve their health.

“The future of health care is not centered on episodic care but rather on having a 360-degree plan for managing a patient’s health,” said Angelo Sinopoli, M.D., academic chairman for Internal Medicine at GHS University Medical Group and medical director for the system’s Office of Total Health.

Patients invited to participate in the project must be eligible for Medicaid, a patient of GHS’ Internal Medicine Clinic or Emergency Department and diagnosed with a disease targeted by the project (hypertension, diabetes, chronic obstructive pulmonary disease, dyslipidemia, heart failure or asthma).

“Industry research shows that if you can focus on these particular chronic diseases, you begin to alleviate expensive ‘crisis care’ by helping patients manage their health in a more efficient and cost-effective care model,” said Nancy Proffitt, administrator of GHS’ Office of Total Health.

Why This? Why Now?

A December 2008 report in The McKinsey Quarterly, “Three imperatives for improving U.S. health care,” backs up Proffitt’s point. McKinsey’s research identified the following three primary problems with the healthcare system: 1) high incidence and costs associated with treating lifestyle- and behavior-induced diseases; 2) economic distortions that prevent consumers and providers from making value-conscious decisions; and 3) administrative complexity that drives up costs.

The report emphasized the changing nature of health problems, noting that about “two-thirds of all deaths in the United States now result from chronic disease most often induced by behavior and lifestyle.” By comparison, before the 1940s, medical risk was more related to injuries, congenital conditions or contagious diseases, the report observed.

The report’s authors concluded that the “adaptability and nimbleness of the private sector allow it to help patients adopt healthier lifestyles – for example, through new approaches to managing chronic diseases. The private sector could also continue to create innovative financing products and help patients receive superior care and service.”
Total Health: Phase One
This year, GHS plans to serve patients with the greatest need through the Total Health grant. These are Medicaid patients with hypertension or diabetes who have a history of inpatient admission or use of the emergency department. The patient base is expected to increase annually as the project opens to those with other targeted diseases.

The traditional healthcare system is not designed to serve this population cost effectively and efficiently. The Office of Total Health is concentrating on the quality of outcomes per dollar spent. Its goal is to keep patients at low risk for emergent care and hospitalization while strengthening their health and ability to self-manage chronic conditions.

Total Health Care Model
GHS’ Internal Medicine Clinic serves as the medical home and beta site for the initial grant-funded Total Health project. If the project is successful, the system will expand the model to other sites in Greenville and beyond.

At the clinic, patients access evidence-based clinical management, nutrition and medication education, wellness coaching and monitoring. Case managers and specially trained nurse practitioners oversee the patients’ overall plan of care.

These managers will connect patients to not only GHS wellness services but also community resources. For instance, if a YMCA of Greenville location is close to the patient’s home or workplace, the case manager can facilitate the patient’s wellness plan in collaboration with the YMCA.

The Office of Total Health also is leveraging technology with the electronic medical record to enable information sharing between clinicians involved in collaborative care of patients.

To prepare the work force for the new approach to case management, the Total Health Project also encompasses a collaborative effort between GHS and the University of South Carolina’s Division of Health Sciences. The partners are developing interdisciplinary case management courses to equip students with skills needed for a health management model of healthcare delivery.

For more information, please call GHS’ Office of Total Health at (864) 455-4820.

Nancy Proffitt is the administrator of the Office of Total Health at GHS.

Angelo Sinopoli, M.D., is medical director of the Office of Total Health, academic chairman for Internal Medicine, GHS University Medical Group, and a pulmonary/critical care medicine specialist.

6 Components of Total Health
GHS’ Total Health platform builds on the following six components, which are anchored to a foundation of quality, research and education.

- Population Identification – Defining groups with needs not addressed by the traditional healthcare delivery model
- Evidence-based Guidelines – Using evidence-based medicine protocols and leveraging electronic medical record technology for optimal continuum of care
- Collaborative Practice Models – Linking physicians and other clinicians virtually to increase accessibility of information and treatment collaboration
- Patient Self-management and Education – Enabling patients to comply with healthcare and medication requirements by providing information, support and coaching as well as access to community resources
- Process and Outcomes Measurement, Evaluation and Management – Establishing performance measures and regularly reporting and managing progress toward goals
- Routine Reporting/Feedback Loop – Monitoring status of programs and applying knowledge from successes and failures to continually improve
A Medical Home for Children
Accessibility Keeps Kids on Healthcare Continuum

Children’s Hospital of Greenville Hospital System University Medical Center (GHS) is creating a care environment for the uninsured and underserved that is second to none.

GHS Children’s Hospital is implementing new approaches in pediatric medicine to offer enhanced continuity of care and to stem the tide of patients seeking emergent care.

The efforts are part of a long-term commitment to build a “medical home” for children on Medicaid and those without insurance coverage or limited coverage. “The concept of a medical home is that every child deserves a doctor and a medical team to quarterback his or her care,” said William Schmidt, M.D., Ph.D., medical director, Children’s Hospital. “When we set out to create a medical home for our patients, we said, ‘Let’s do it right.’ We wanted to give this population a practice that really knows the patients – not just a day clinic.”

The patient population Dr. Schmidt refers to are those visiting the Center for Pediatric Medicine (CPM), the ambulatory care facility of Children’s Hospital. The center has approximately 30,000 patient visits annually, a number about 10,000 greater than it was in 2001 and on the rise as more families lose their insurance.

Medical Home: Not Built Overnight

CPM is evolving from a traditional day clinic into a primary care practice that offers patients the same types of services – and more in some cases – that they would expect from a private practice. In 2007, the center moved to a 15,200-square-foot facility across from Greenville Memorial Medical Campus. It features 25 colorful exam rooms and large waiting rooms with PlayMotion® interactive video devices to allow children to be active while waiting and to gain a positive perception of their physician visit. Children’s Hospital also has increased CPM’s staff to 14 attendings who treat patients and train pediatric residents rotating through the center.

The center recently implemented an open scheduling system that has reduced no-shows from 50 percent to 18 percent, providing quicker access for sick visits and ensuring more families make their well-child appointments. In spring 2008, CPM began offering evening hours, from 4:45 p.m. to 7:00 p.m., to help accommodate the healthcare needs of children of working parents. The center is projected to have approximately 2,700 evening appointments during fiscal year 2009 (October 2008 through September 2009).

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Families who make the CPM their medical home also have access to after-hours consultation from the center’s on-call resident to address concerns with their child’s health.

Asthma Action Team

Even with the CPM’s efforts to make care increasingly accessible, many families still go to the emergency room for care. Children’s Hospital is working to analyze and rectify this situation with a program initially focused on CPM’s patients with asthma, who have the highest rates of ER visits and hospitalizations. Some of these patients visit the Children’s Emergency Center as frequently as 75 times a year.

The hospital has invested in software that tracks pediatric ER visits related to asthma across the system. This technology generates a report every morning showing ER activity from the previous evening through 5:00 a.m. of the current day. A new CPM case manager uses this report to immediately follow-up with patients’ families to determine why they sought ER care, schedule a CPM visit if needed and connect them with resources to help prevent another ER visit.

For instance, if the patient did not have transportation to get to a daytime visit, the case manager can provide phone numbers for local agencies that provide rides to medical appointments. Likewise, if the family was not using the patient’s nebulizer properly, the case manager can connect the parents with CPM’s asthma educator, who is a respiratory therapist, to discuss questions or problems with their equipment. The asthma educator also may contact the patient’s school nurse with suggestions for monitoring and managing the child’s condition.

Previously, it would have taken weeks to obtain data about which CPM patients had visited the ER. “Now we can access the family at that teachable moment,” emphasized Tom Moran, director, GHS Clinics. “We can find out why they’re using the ER and make sure they have a better action plan going forward.”

Who’s Next?

Children’s Hospital plans to expand the CPM’s hours into the weekends and eventually duplicate its services at satellite locations in the Upstate. It has projected its volume of evening visits will double in fiscal 2010.

Children’s Hospital also expects to adapt the case management model to the way it follows children with other chronic conditions. Obesity and diabetes are next on the list. The hospital also is exploring ways to use this care delivery model to address other problems that cause recurring ER visits.

For more information or to refer a patient, call Dr. Schmidt at (864) 455-8401 or Dr. Golden at (864) 220-7270.

William Schmidt, M.D., Ph.D., is the medical director of Children’s Hospital and chair of the Department of Pediatrics for GHS University Medical Group.

Jill Golden, M.D., is medical director of the Center for Pediatric Medicine and director of Ambulatory Services at Children’s Hospital.
CenteringPregnancy brings these at-risk women into the healthcare system in a fun and educational way. The successful national program combines traditional prenatal care with childbirth education and enables medically low-risk pregnant teens to obtain prenatal care around their school schedules. Teenage girls are attracted by the group approach, in which 12 teens with similar due dates meet regularly for two hours with a nurse practitioner. Each visit includes the traditional medical assessment, but the majority of time is spent discussing relevant childbirth preparation topics, such as breastfeeding, nutrition, goal-setting, relationships and parenting skills.

“The visits empower women to take ownership of their bodies, their pregnancies and their growing families,” said Dr. Picklesimer. “They learn to trust a practitioner and to trust themselves. They also make friends and develop a support group that often lasts well beyond delivery.”

Clinical research shows that participation in a CenteringPregnancy group decreases the rate of preterm birth by up to 33 percent. Participants also report improved knowledge and readiness for delivery and parenting.

Participants of GHS’ first CenteringPregnancy group delivered their babies in May. GHS plans to offer the program, which is supported through 2010 by a $64,647 community grant from the S.C. Chapter of the March of Dimes®, to more medically low-risk patients of the OB Center.

Funding will be provided for the next seven years by a $2.8 million grant from The Duke Endowment. GHS is excited about the impact this program will have and already has obtained community support from Greenville County First Steps to School Readiness, the Hollingsworth Foundation and the United Way® to expand the program and reach more families.

“Fifteen years of studies in three populations have shown the Nurse-Family Partnership to reduce child abuse, ER visits, child arrests, maternal arrests and NICU admissions in subsequent pregnancies,” said Dr. Picklesimer. “It also has improved child spacing and marital stability for some participants and language and learning readiness in their children.”

The program also enhances parents’ economic self-sufficiency. “Many of these women have never set goals for the future, but the nurses can help them decide to finish high school or plan for a career. This clearly not only benefits the mother and child but also siblings and entire families,” she said.

For more information, please contact Dr. Picklesimer at (864) 455-8032 or apicklesimer@ghs.org. To refer a patient to the CenteringPregnancy program at GHS’ OB Center, call (864) 455-8803. To refer a patient to the Nurse-Family Partnership, call (864) 455-1224.

An important sense of camaraderie builds between the young mothers who participate in CenteringPregnancy, a group prenatal education and care program.

As part of a commitment to improving the total health of the community, Greenville Hospital System University Medical Center (GHS) has initiated two programs with proven track records in benefiting at-risk populations. CenteringPregnancy®, a group prenatal education and care program, uses an appealing group approach to attract teen mothers to prenatal care. Through the Nurse-Family Partnership® program, nurses educate and counsel low-income, first-time mothers in the mothers’ homes. Both programs help at-risk mothers take control of their bodies, and in doing so, impact future generations.

“A lot of parenting is common sense, but if your parents were not good role models, the skills are not always passed along,” said Amy Picklesimer, M.D., M.S.P.H., medical director for GHS’ Obstetrics (OB) Center and a maternal-fetal medicine specialist with University Medical Group. GHS’ multispecialty physician group practice. “We hope these programs will improve health literacy and help break the cycle of poverty.”

During the first year, four GHS nurses will mentor 25 families each. Nurses make weekly home visits for six weeks to establish trust, then visit every other week. After the baby is born, visits continue for two years. Nurses look for the absence or presence of disease as well as evaluate the environment and social context in which the child is being raised. The nurse examines behaviors, relationships and living conditions, and teaches the mother what she needs to know to raise a healthy child.

The nurse wants to know if the mother has a social support system and looks for ways to make the household safe for the baby – for example, is there a safe crib? Then she can show the mother how the baby should be put to sleep to reduce the risk of sudden infant death syndrome,” Dr. Picklesimer said.

Using Nurses to Nurture

The challenges of parenthood can be particularly hard for women who are single, high school dropouts, from impoverished backgrounds, unemployed or experiencing an unplanned pregnancy. This spring, social workers with GHS’ OB Center began flagging these at-risk mothers for participation in the Nurse-Family Partnership program.

Nurse-Family Partnership is an evidence-based nurse home visitation program for first-time mothers. Its goal is to improve pregnancy outcomes, child health and development, and strengthen families by enhancing parents’ economic self-sufficiency.

“We look for pregnant moms displaying high levels of stress, low levels of self-efficacy and limited support. A particular focus is going toward teen moms,” said Dr. Picklesimer.

Getting Young Mothers Involved

GHS’ OB Center provides prenatal care for more than 2,800 women each year, 18 percent of whom are teens. Because of the difficulties of scheduling doctors’ appointments around school classes and a lack of transportation, few teens have adequate prenatal care and even fewer attend childbirth education classes.

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During CenteringPregnancy sessions, an expectant mother plays an active role in standard prenatal examinations to ensure blood pressure, baby growth and other measures are within healthy parameters.
7 Questions With Dr. Richard Hawkins
Leading Orthopaedic Surgeon Stresses Importance of Research

Richard Hawkins, M.D., F.R.C.S.(C), renowned orthopaedic surgeon, researcher and author, is co-founder of the prestigious Steadman Hawkins Clinics.

Greenville Hospital System University Medical Center (GHS) welcomed Dr. Hawkins to GHS University Medical Group (UMG) in late 2008. Vital Signs recently caught up with him at Steadman Hawkins Clinic of the Carolinas (SHCC) on GHS’ Patewood Medical Campus to pose these questions:

Q: What differentiates SHCC from other orthopaedic practices?

HAWKINS: Research and education add a whole other dimension to who we are and what we do, and that’s what sets us apart. Our mission is to passionately care for patients and give them excellent care. We use our patients as a springboard to understand their problems and focus our research and education toward helping them.

Q: You’ve led the training of more than 170 fellows in reconstructive knee and shoulder surgery. Tell us about SHCC’s fellowship program at GHS.

HAWKINS: Our fellows are fully qualified orthopaedic surgeons and physicians who are the cream of the crop from their various programs across the country. Rather than going out into a practice, they do another year of study in knee and shoulder reconstructive surgery and sports medicine. We count on our entire department of orthopaedic and sports medicine surgeons to educate these individuals and prepare them to go out into their practice. Our fellows go all over the world. Many are chairs of departments, NFL team physicians and university sports physician. When I watch sports on TV, I see many people I’ve trained over the years on the sidelines.

We train about six fellows per year, which requires a lot of commitment, energy and time. It’s our responsibility to teach them, but often they teach us with what they are. Looking to SHCC’s future here at GHS, our research and education base is very important, and that includes a fellowship program. We will continue to develop that as part of what we do.

Q: How does support from the Orthopaedic Research Foundation of the Carolinas (ORFC) and other sources help ensure SHCC can maintain its focus on research and education?

HAWKINS: We’re very fortunate to be associated with a nonprofit research organization such as the ORFC. In addition to providing us with resources to sustain our fellowship programs, along with education and research endeavors, the ORFC has been instrumental in securing a $10 million endowment. This funding will enable us to bring a top-notch scientist to Greenville as an endowed research chair with the University of South Carolina (USC). We applied for this endowment through South Carolina’s Centers of Economic Excellence in conjunction with USC and a major donor from the private sector. We plan to use the endowment to delve deeper into tissue engineering (for example, exploring new ways to regenerate cartilage for joints), develop wellness programs and help collect research data.

Q: Is tissue engineering a hot research area?

HAWKINS: There is tremendous focus on substances that can be injected into the tissue – growth factors, stem cells and gene therapy. These things fall under the umbrella of tissue engineering. We are really interested in developing these products, along with the surgical techniques we’ll use to augment them and make them more successful. But the testing takes a long time; we often don’t know if something is successful for three to five years.

There can be misconceptions about orthopaedic advances in the patient population. I’ll have patients ask me, “Shouldn’t I wait to have surgery until a certain development is ready?” After more than 30 years in this field, I usually tell them I wouldn’t hold my breath and wait to undergo surgery. However, having said that, I will say that biologics and tissue engineering are the next great waves of advancement in treating musculoskeletal, tendon and bone problems.

One major company just opened a U.S. lab where they’ve hired 40 Ph.D.s to do only investigation and development in biologics. This work will include stem cell research, such as looking at how to grow cartilage in a knee rather than putting in an artificial knee. It also will delve into growth factors and how they can enhance healing. In addition, companies are always developing better equipment and components, such as prosthetic parts.

Q: How critical are academics and research to ensuring U.S. orthopaedic care remains competitive globally?

HAWKINS: It is time consuming, but it has enabled us to be at the leading edge of new techniques. At GHS and SHCC, we think it is important to offer the least invasive way to take care of problems to help our patients. Often that does not mean surgery. For example, our therapists work with us to determine the best treatment programs that get people back to work and play in the most cost-effective manner. Research is key to answering these questions.

Q: What are some differences in the way you train orthopaedic specialists today compared with the way you trained residents and fellows early in your career?

HAWKINS: We have the luxury here of having a big bioskills lab upstairs from our offices. The facility was made possible by funding from the ORFC and corporate sponsors. Recently, we had about 20 doctors and several therapists practicing arthroscopic rotator cuff repairs on three cadaver shoulders. I didn’t have this type of training facility 30 years ago. We were almost always in the operating room. Here we have more resources available to use in our teaching.

The procedure we practiced that morning, I did the next day on a patient, and I had never done it before. It helps to get in the lab, practice a procedure, see how it works and determine if it’s good. Then you can take it to patients and do it, and it’s good for them.

Q: You’ve met many famous people in your career. Is there a common characteristic you see among them?

HAWKINS: We’ve had the privilege of looking after a lot of interesting people in the sports and entertainment world. What I have found is that these individuals are usually great patients who are very cooperative if we meet them at least half-way and take good care of them. If they have respect for what you do, they demonstrate that they are very grateful for your treatment and how you deal with them. That is really common with all patients, famous or not.

For more information or to refer a patient, call Dr. Hawkins at (864) 454-SHCC (7422).

Graduates of the orthopaedic surgery and sports medicine fellowship programs of Steadman Hawkins Clinic of the Carolinas practice globally. Many are physicians for NFL teams and university sports programs.
ACADEMICS and Research

GHS and CCC: Collaboration at Its Best
Partners Bring New Cancer Therapies, Rehabilitation to Upstate

Greenville Hospital System University Medical Center (GHS) and Cancer Centers of the Carolinas (CCC) have a strong, symbiotic relationship dating back many years.

Larry Gluck, M.D., medical director of GHS’ Cancer Center and a hematologist/oncologist with CCC, knows exactly where he was on the day cancer care in the Upstate headed in a bold new direction: It was late one Thursday afternoon in May 2000, when Dr. Gluck met at GHS with Jerry Youkey, M.D., vice president of GHS Medical and Academic Services, to discuss common ground between CCC and GHS and a vision for where their organizations could take the region’s cancer care.

They didn’t have a lot to go on. At the time, relationships between specialized cancer practices and hospital systems tended to be competitive and antagonistic rather than collaborative. “We didn’t have any road maps, but we knew that if we created a model of collaboration, then one plus one would equal four,” Dr. Gluck said.

Bringing Different Assets to the Table
Both institutions wanted to create a comprehensive epicenter for cancer care in the region. To enhance treatment options and make care more accessible for patients, it made sense to merge their complementary services under a carefully structured partnership.

Each partner brought unique strengths to the arrangement, which was formalized in 2002.

CCC has National Cancer Institute designation for research, a diverse team of medical, radiation and gynecologic oncologists, and adult outpatient services. With its high clinical volumes, the organization, which is part of the US Oncology Network, has always been ripe for research opportunities in the development of new treatments.

As one of the state’s largest healthcare systems, GHS has an outstanding history of basic science cancer research, an acclaimed pediatric cancer program and a surgical oncology team. GHS also has a comprehensive inpatient care infrastructure, including a sophisticated and dedicated oncology unit with nurses specially trained in cancer care. Its cancer program also is accredited by the Commission on Cancer of the American College of Surgeons.

In January 2002, CCC and GHS formally agreed to unite their core cancer services into a major Cancer Center on GHS’ Greenville Memorial Medical Campus. CCC’s physicians would remain employed by CCC, keeping their inpatient consult privileges at other hospitals, and CCC would maintain its other offices. As with any major collaboration between two entities, there is some blurring of the lines when it comes to coverage of services, but in the case of CCC and GHS, there is little duplication. Any overlapping care helps ensure no patients fall through the cracks.

CCC predominantly manages outpatient cancer services, while GHS provides primarily inpatient cancer services. GHS does operate an outpatient infusion center where CCC physicians care for patients whose insurance recommends outpatient care at a hospital-based facility. Some procedures, such as radio immunotherapy, also must be performed at a hospital-based facility instead of a private office. The GHS University Medical Group academic faculty and the CCC medical team donate their time and services to care for indigent patients admitted for inpatient cancer care. They also take part in medical student training and resident education and are engaged in GHS’ continuing medical education programs for hematology and oncology.

One of the greatest milestones in the Cancer Center’s history is the formation of its Oncology Multidisciplinary Centers (MDCs). These centers specialize in seven types of cancers, “fast tracking” patients through the array of evaluations crucial to diagnosis and staging of their disease. CCC and GHS physicians from multiple specialties work together to develop treatment plans. While the MDCs, it is not unusual for a patient to see three physicians during a single visit. Nurse navigators certified in oncology guide patients through the entire experience, staying on call to coordinate care, offer emotional support and answer medical questions.

Research achievements of both organizations also have raised the bar for care in the region – and brought national attention to GHS as a sophisticated site for cancer research. In a major development, the Cancer Center recently announced the formation of the Institute for Translational Oncology Research (ITOR), which further integrates the center’s many research activities.

ITOR’s mission is to accelerate the development of new anticancer drugs with the purpose of improving quality of life and survival for patients with cancer.

Many clinical trials fall under ITOR’s auspices, building on the Cancer Center’s strong tradition of translational drug studies. In addition to participating in many Phase II, III and IV drug trials, the ITOR team has expertise in Phase I drug trials, the first stage of clinical pharmaceutical testing. It also has participated in eight first-in-human trials, exploratory studies to determine if drugs will behave as expected in humans. “It’s an extremely labor-intensive exercise, requiring a lot of staff and a lot of physician and regulatory input,” Dr. Gluck emphasized.

These early phase trials have brought new drugs to the Upstate much sooner than they otherwise would be available to patients. “For instance, one of those early studies was a drug pioneered by a biotechnology firm on the West Coast, and the very first place that medicine was given, to the very first person, was here at GHS,” Dr. Gluck said.

A Tradition of Firsts
The Cancer Center is no stranger to being first. It is home to the state’s first biosafety level II accredited unit. This designation allows for patients to receive leading-edge therapies, such as live cancer-fighting viruses and studies that require gene transfer technology. It also is the first and only S.C. site to participate in the Total Cancer Care® initiative with Tampa-based Moffitt Cancer Center. This program tests individual tumors for approximately 30,000 genes, which are studied and used to develop new therapies personalized to patients.

The center also was the first site outside of Arizona to join the molecular profiling collaboration of the national Tissue Banking and Analysis Center. This relationship has given upstream access to the Target Now® program, which is a molecular profiling analysis to uncover non-standard-of-care treatment options for patients who are not responding well to standard care, have certain rare tumors or are diagnosed with very aggressive cancers.

“Patients here have the possibility of a very extensive menu of treatment options that were heretofore unavailable and that would have otherwise required extensive and prohibitive travel to other places,” Dr. Gluck noted.

Building for the Future
Having outgrown its facilities, the Cancer Center is embarking on plans to build a new center that will bring even more services under one roof. A new Center for Integrative Oncology will feature oncology rehabilitation and investigational exercise physiology. These programs, supported in part by grants, will be offered in conjunction with GHS’ Department of Internal Medicine and the University of South Carolina’s Department of Exercise Physiology, one of the best schools of its kind.

In addition to providing rehabilitative therapy to help patients fight fatigue and weakness often associated with cancer and its therapies, the center will offer nutritional support and integrative medicine services such as acupuncture.

“For referring physicians and their patients, the new Cancer Center will be the place to find not only high-tech science and drug therapies and all of the routine care you need but also integrative oncology services that are not necessarily part of most cancer centers,” Dr. Gluck concluded. “When you walk in, you’ll be able to get everything you need in one place.”

For more information or to refer a patient, please call Dr. Gluck at (864) 455-5862.

Larry Gluck, M.D., is medical director of the GHS Cancer Center and a fellowship-trained hematologist/oncologist.

Referral Resources

Moving On
oncology rehabilitation with physical therapy, massage, support groups, exercise conditioning, lymphedema management, nutritional guidance, counseling, yoga

(864) 455-5820

Oncology Multidisciplinary Centers (MDCs)
comprehensive care centers for specific cancer types

(864) 455-4YOU

Institute for Translational Oncology Research (ITOR)

(864) 455-1459

Clinical Research Unit • Phase I clinical trials for patients for which standard-of-care therapy has failed – Target Now® • molecular profiling to identify non-standard-of-care treatment options – Total Cancer Care® • genetic testing of tumors to search for personalized treatments
Congratulations to Residents, Fellows Who Graduated June 30, 2009

GHS Graduates 52 Residents, Fellows

Greenville Hospital System University Medical Group (UMG) wishes these graduates the best in the next stage of their professional careers.

ACADEMICS

Hematology/
Specialty: Brit Bolemon, M.D.
Columbia, S.C.
Private practice,
Future plans:
Specialty: Internal Medicine
Medical school:
Kellé Bolden, M.D.
Texas Southwestern Medical Center, Dallas, Texas
Future plans:
Specialty: Family Medicine
Medical school:
India Brannan, M.D.
Future plans:
Specialty: Pediatrics
Medical school:
Sharai Amaya, M.D.
Future plans:
Specialty: Internal Medicine
Medical school:
Kyle Boyce, M.D.
Future plans:
Specialty: Pediatrics
Medical school:
Emily Cole, M.D.
Future plans:
Specialty: Pediatrics
Medical school:
R. B. Blythe, M.D.
Future plans:
Specialty: Pediatrics
Medical school:
Mary Martin, M.D.
Future plans:
Specialty: Pediatrics
Medical school:
Mary Martin, M.D.
Future plans:
Specialty: Pediatrics
Medical school:
Georgia College of Medicine
Future plans:
Specialty: Pediatrics
Medical school:
Sarah Smeltzer, M.D.
Future plans:
Specialty: Pediatrics
Medical school:
T. D. Spires Jr., M.D.
Future plans:
Specialty: Pediatrics
Medical school:
Rebecca Woodlief, M.D.
Future plans:
Specialty: Pediatrics
Medical school:
Jennifer Swanson, M.D.
Future plans:
Specialty: Internal Medicine
Medical school:
Nadine Houzin, M.D.
Future plans:
Specialty: Internal Medicine
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Leadership

Differentiated Wound Care
Specialists Tackle Chronic, Nonhealing Wounds

The Wound Care Center of Greenville Hospital System University Medical Center (GHS) uses a standardized approach to heal difficult wounds.

Established in 2008 for the evaluation and management of acute or chronic nonhealing wounds, GHS’ Wound Care Center has demonstrated success in helping hundreds of patients overcome painful, long-lasting wounds and sores.

The original concept behind the center was to establish a limb health clinic for patients with peripheral vascular disease and lower extremity ischemia who had ischemic ulceration or tissue loss. Shortly after initiating wound care services in February 2008, it became apparent there was a tremendous need for wound care in Greenville County. This realization led to an expansion of services to include care of all nonhealing wounds.

Nonhealing Wounds Impact Millions

Chronic wounds affect approximately 5 million Americans, with more than 500,000 new wounds diagnosed annually. Steady increases in cases of diabetes and obesity, particularly in the Southeast, have contributed to an especially high rate of chronic wounds in this region. The Wound Care Center’s mission is to provide care for this growing group of patients with challenging wounds.

Before the establishment of the Wound Care Center, there were no dedicated outpatient wound care services in Greenville County. In its first year, the center cared for more than 600 patients, totaling over 4,500 wound care visits and hyperbaric oxygen (HBO) treatments. The cross-section of wounds treated demonstrates a diverse group of pathologic processes including diabetic ulcers, venous ulcers, pressure sores and traumatic injuries. (See graphic.)

Wound Care Services

The mainstays of the center’s outpatient wound care services include regular evaluation by physicians, surgical wound debridement, advanced topical wound care therapy and an adjunctive hyperbaric medicine program. These services are offered in conjunction with GHS’ Institute for Vascular Health (IVH) to afford patients the best opportunity to achieve healing. To date, the center has attained a healing rate in excess of 86 percent, which compares favorably with national healing rates for treatment of similar wounds.

The Wound Care Center has partnered with The Wound Care Advantage® (WCA) to develop evidence-based protocols for wound care management. California-based WCA has participated in the development of more than 265 wound care centers nationwide. WCA ensures that GHS wound care is standardized with that of other leading centers. The affiliation also gives Wound Care Center physicians a telecommunications link to real-time consults with WCA’s network of wound care experts across the country. These top U.S. specialists can offer additional expertise as needed on particularly difficult cases.

Finally, challenging wounds may benefit from HBO therapy. The center’s hyperbaric medicine program is the first outpatient service of its kind in Greenville County. Two new monoplace hyperbaric chambers from Perry Baromedical Corp. help with healing of patients with complex diabetic foot wounds, osteomyelitis and soft tissue gangrene. HBO-certified physicians evaluate and treat patients, alleviating the need for multiple trips to different providers before therapy initiation.

GHS’ Wound Care Center is part of IVH, located on Patewood Medical Campus on the third floor of Patewood Building C. For more information or to refer a patient, call (864) 454-2852.

John York, M.D., FACS, is a fellowship-trained vascular surgeon and the medical director of GHS’ Wound Care Center.


Chronology of a Challenging Wound

A patient with diabetes presented at GHS’ Wound Care Center with a foot infection following an open ray amputation of the left great toe and distal foot. The patient received a total of 55 hyperbaric oxygen (HBO) treatments and five Dermagraft® (dermal substitute) applications during the course of approximately six months. These images show the progression of wound healing.

July 28, 2008
Wound area: 13.55 square centimeters (cm).
Initial exam.

August 6, 2008
Wound area: 17.67 square cm.
Patient receives third HBO treatment.

August 12, 2008
Wound area: 19.24 square cm.
Patient receives fifth HBO treatment.

October 21, 2008
Wound area: 6.24 square cm.
Patient receives fifth Dermagraft application.

October 28, 2008
Wound area: 1.88 square cm.

November 11, 2008
Wound area: 1.26 square cm.

January 13, 2009
Wound area: 0.01 square cm.


Wound Types Treated by GHS Wound Care Center
February 2008-February 2009

- Arterial 17%
- Abrasion 3%
- Diabetic 2%
- Pressure 14%
- Surgical 16%
- Trauma 6%
- Venous 13%
- Other 29%
3-Tesla MRI
3-T Will Add Speed, Applications

Powerful brain imaging, just one use of this technology, will enable physicians to make more informed decisions about tumors.

When Philips’ Achieva 3.0-Tesla (3-T) unit replaces the 1.5-Tesla magnetic resonance imaging (MRI) unit at Greenville Memorial Hospital, its advantages will be immediately apparent. In addition to providing superior quality images with record speed, new capabilities will improve diagnostic and treatment accuracy for lesions of the brain and spinal cord.

“This technology is going to offer patients in the Upstate a significant improvement in quality and capabilities for the evaluation of neuropathology,” said Lee Madeline, M.D., a neuroradiologist with Greenville Memorial Hospital System University Medical Center (GHS). “Within GHS, there is a busy neuro-oncology service and a sophisticated group of adult and pediatric neuroclinicians whose patients should benefit greatly from this technology.”

3-T’s Many Advantages
Older MRI units transmit and receive radiofrequency waves from a single source. Body shape, fluids and other factors can influence the quality of the signal, producing dark areas (dielectric shading) that obscure detail. The 3-T MRI unit eliminates dielectric shading by using multiple parallel radiofrequency transmitters that automatically adjust to each patient’s unique anatomy. Images are consistently higher in quality and clarity. Anatomic structures such as the brain stem can be seen in sufficient detail to enable a differential diagnosis. Moreover, images can be obtained up to 40 percent faster with a 3-T unit than with a 1.5-T MRI unit.

In addition, GHS’ 3-T unit will have four new applications:
• Functional MRI (fMRI), which pinpoints areas of specific brain functions
• MR perfusion, which determines vascularity
• Diffusion tractography, which provides 3-D maps of fiber tracts
• MR spectroscopy, which analyzes the chemical composition of tumors

fMRI can precisely identify the location of specific functions in the brain. The technique is invaluable when surgery for epilepsy or brain tumors has the potential to impact vital sensory functions, movement or thought processes.

In a Swedish study of 20 patients with intracranial tumors, fMRI influenced the neurosurgeon’s view of lesion operability in nine patients, altered the surgical approach in 13 and led to changes in the planned extent of resection in 12 cases (Acta Radiol. 2005;46(6):599-609).

MR perfusion studies can reveal the relative vascularity of many processes, including, for example, the vascularity of brain neoplasms. Because highly vascularized tumors tend to be more aggressive, the information obtained through an MR perfusion study may alter biopsy or treatment decisions. It also can be useful in monitoring the effect of drugs given to kill the vascular supply to the tumor.

3-T MRI is expected to be available this fall. For more information or to refer a patient, call GHS’ neuroradiology office at (864) 455-7107.

Cardiologists Use Smallest Heart Pump
Device Can Help Patients With Severe Cardiac Damage

Greenville Hospital System University Medical Center (GHS) is using a breakthrough technology for procedures to help high-risk heart patients.

Cardiologists made South Carolina medical history earlier this year at Greenville Memorial Hospital (GMI) when they installed the world’s smallest heart pump in a patient who otherwise would have been ineligible for installation of a life-saving stent.

GMI, GHS’ tertiary medical center, is the first hospital in South Carolina to offer the Impella® 2.5 pump, which is no bigger than the diameter of a drinking straw. The Impella is a motor-containing catheter that can be threaded into the main pumping chamber of the heart through a small needle stick in the leg. Once inside the heart, it can pump up to 2.5 liters of blood per minute, taking strain off the heart and increasing the heart’s output. The pump gives doctors additional time to open blocked vessels during complex angioplasty procedures.

Without the device, reduced blood flow to the heart muscle caused by inflation of the balloon during angioplasty can cause heart function to rapidly deteriorate, possibly resulting in death.

“It’s the difference between having seconds to fix a problem versus having as many as several minutes,” said Zachary George, M.D., with Carolina Cardiology Consultants P.A. and medical director of the Cardiac Catheterization Laboratory at Greenville Memorial Hospital.

He and fellow interventional cardiologist Jesse Jorgensen, M.D., used Impella January 28 at GMI to help a patient with severe heart disease.

The device can be removed immediately after the procedure or can continue to assist the heart several days before removal. The cardiologists said Impella is for patients who have severe blockages in most of their coronary arteries, for whom open-heart surgery is not an option. Eligible patients also include those having heart attacks with extensive heart muscle damage.

For more information, please call Dr. George or Dr. Jorgensen at (864) 455-6900.

Zachary George, M.D., is a specialist in interventional cardiology with Carolina Cardiology Consultants P.A. and medical director of the Cardiac Catheterization Laboratory at Greenville Memorial Hospital.

Jesse Jorgensen, M.D., is a specialist in coronary angioplasty; peripheral vascular intervention and structural heart disease therapy with Carolina Cardiology Consultants.

3-Tesla MRI
Powerful brain imaging, just one use of this technology, will enable physicians to make more informed decisions about tumors.

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Cardiothoracic Anesthesiology

New Techniques, Technology Rewrite the Role of Anesthesiologists

Advancements in cardiovascular surgery have ushered cardiothoracic anesthesiologists into much more than a supporting role on the surgical team. It is important for healthcare providers such as Greenville Hospital System University Medical Center (GHS) to field a strong team of specialists in this area.

“New techniques require us to participate more directly in procedures,” said Steven Lyasak, M.D., one of nine board-certified anesthesiologists at GHS with a specialty interest in cardiothoracic anesthesiology. Four have fellowship training in cardiac anesthesiology; all have training in advanced cardiac procedures. They support heart and proximal aortic operations performed at GHS.

**Challenges of Minimally Invasive Procedures**

Minimally invasive valve operations are performed through an incision of only three to six centimeters in the lateral aspect of the chest. This small incision creates unique challenges for the surgeon and anesthesiologist.

Access to the cardiac circulation must be placed via anesthesiologist-directed catheters. Whereas a traditional sternotomy offers enough room for catheters and cannulas, the smaller incision does not permit the insertion of multiple catheters and infusion devices because they would obstruct the surgeon’s view. Therefore, the anesthesiologist must place retrograde cardioplegia catheters and superior vena cava drainage devices.

“We place cardioplegia catheters via a percutaneous superior vena cava approach into the coronary sinus to provide cardioplegia solutions, which stop and protect the heart during periods of cardiac bypass,” said Dr. Lyasak.

This procedure requires two anesthesiologists – one to place the catheter and another to monitor placement with transesophageal echocardiography (TEE). Confirmation of correct placement and distribution of retrograde flow are achieved with intraoperative dye injection and fluoroscopy.

“Few other hospitals in South Carolina have enough anesthesiologists trained in cardiac anatomy and TEE to provide two skilled physicians on a single patient on a routine basis,” Dr. Lyasak said. (See sidebar.)

Beyond issues with catheters and drainage devices, anesthesiologists must help surgeons overcome additional hurdles during minimally invasive procedures. In many cases, they provide one-lung ventilation, collapsing the right lung to increase the surgeon’s field of view. They also accommodate special needs of valve patients with cardiopulmonary diseases, such as pulmonary hypertension. For instance, they may employ advanced techniques, such as the use of mechanical assist devices or nitric oxide, to reduce pulmonary pressure.

“When performed by experienced anesthesiologists, these techniques aid our surgeons and patients by improving outcomes while reducing patient morbidity and shortening time spent in the ICU and hospital,” said Dr. Lyasak.

**Moving Ahead**

As the population ages, Dr. Lyasak foresees a gradual diversification of methods that will require cardiothoracic anesthesiologists to support a greater variety of procedure types.

“Traditionally, an older person with aortic stenosis underwent bypass surgery and valve replacement, but there is new emphasis on balloon angioplasty. Also, we offer new support systems for chronic heart failure, such as the ABIOMED™ centrifugal pump and the intra-aortic balloon pump to support bypass surgery patients with low cardiac output,” he said. (See related article.)

In addition to keeping pace with these evolving types of intervention, cardiothoracic anesthesiologists are involved in many GHS initiatives, including epiaortic scanning to enhance stroke prevention, development of new anticoagulation methods and investigation of transfusion protocols.

“The foremost goal of the cardiac anesthesiology group is to maintain a mindset of continual innovation and quality improvement,” said Dr. Lyasak.

For more information or to refer a patient, call Dr. Lyasak at (864) 242-4602.

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**TEE’s Expanding Role**

GHS’ cardiothoracic anesthesiologists have extensive experience with transesophageal echocardiography (TEE). Two are formally certified in perioperative TEE by the American Society of Echocardiography, and the other seven are testing or gathering the required number of cases to qualify for certification.

GHS anesthesiologists use TEE in every patient undergoing cardiac surgery to confirm findings such as valve dysfunction or heart function abnormalities. Some pathologies are better detected by TEE than by cardiac catheterization or thoracic echocardiography.

“Seeing the problem in real time provides information that cannot be obtained in any other fashion. It’s not uncommon for a surgeon to make alterations in the approach or procedure based on what the TEE reveals,” said Steven Lyasak, M.D., a cardiothoracic anesthesiologist with Greenville Anesthesiology.

After the surgeon completes coronary bypass or anatomic repair, TEE is used to confirm an operation’s success or identify unanticipated issues to address before the incision is closed.
Unit-based Teams Tackle Quality
Physician-Nurse Manager Teams Accountable for Patient Care

A Formalized Process
Each team uses unit-specific report cards to measure universal quality and safety indicators as well as quality indicators applicable to types of patients admitted to the unit. These scorecards allow the unit to identify care trends, concerns, and successes. All aspects of care are evaluated and compared with state and national benchmarks.

Quarterly, medical directors present scorecard results to their division chairs, along with identified needs and implemented solutions. The division chairs relay this information to their departments’ vice chairs of quality who then share progress reports with representatives of all GHS hospitals at meetings of the Medical Staff Performance Improvement Committee. This communication encourages systemwide rollout of successful quality and safety improvements.

Change Is Rapid
The concept of unit-based quality teams is the brainchild of Angelo Sinopoli, M.D., a pulmonary and critical care specialist who serves as academic chairman for the Department of Medicine and assistant dean for Clinical Affairs. It was piloted on Unit SC (primarily a pulmonary unit) at Greenville Memorial Hospital with physician-nurse leadership from Catherine Chang, M.D., and Shannon Wheeler, R.N. This team now is led by Azim Surka, M.D., and Wheeler.

During its first month, the team identified 30 catheter-associated urinary tract infections (UTIs). Dr. Surka and Wheeler devised a program to reduce this incidence. Nurses received a refresher course in the proper care of urinary catheters, and physicians were reminded of appropriate indications for urinary catheters and that prompt removal is imperative when they no longer are needed. Within three months, the number of catheter-associated UTIs had dropped more than 50 percent. Within four months, the unit reported none of these infections.

The unit quality team concept is rolling out in adult and pediatric units throughout GHS. “Our initial timeframe was to have 10 units running by October 2009. We will well surpass that,” said Dr. Gilroy.

For more information, call Dr. Gilroy at (864) 455-4411.

Physician Safety & Patient Safety

No matter where a patient is hospitalized within Greenville Hospital System University Medical Center (GHS), there soon will be two people with direct ownership for the quality of care that patient receives. In a new approach to an old problem, the physician medical director and nurse manager on each hospital unit will be charged with identifying barriers to quality and finding solutions to overcome them.

“Our patients deserve the safest and best care, and now we have a structure in place to drive it,” said Kevin Gilroy, M.D., vice chairman of quality for the Department of Medicine. “Doctors and nurses will have two people to turn to when they see a quality issue or process problem on their unit. They can feel confident that this physician-nurse partnership is charged with the responsibility of ensuring the highest quality of care at all times and empowered to create change necessary to achieve this aim.”

GHS has tasked these physician-nurse manager teams to identify and eliminate quality and process barriers because they are the frontline caregivers best positioned to understand the issues and formulate sustainable solutions. “It is gratifying and exciting to see the interaction between the physicians and nurse managers. Both want accountability and ownership for creating patient-centered quality and safety solutions. Now, they have a way to personally improve the quality of care for their patients,” said Dr. Gilroy.

Team Training in Rehabilitative Care
RCPH Applies Innovative Team-based Training Model

Patient safety must be a focus for all healthcare organizations, and the culture must include active practice of safe interventions. The military and aviation industries have a long history of training teams with high reliability in prevention of errors, increased productivity, improved team performance and promotion of a culture of safety. The healthcare community is incorporating some of the evidence and concepts proven by these other high-risk industries in the implementation of team training.

Literature review about the implementation of team training for health care shows use of such training in emergency departments, operating rooms and obstetric areas but not in rehabilitation settings. Greenville Hospital System University Medical Center (GHS) saw an opportunity to use team training and study how it can impact an interdisciplinary group of health professionals at its Roger C. Peace Hospital–Rehabilitation (RCPH), which offers both acute inpatient and outpatient care.

GHS launched a study with support from the South Carolina Hospital Association (SCHA). The SCHA, in collaboration with Duke University Medical Center, received funding through The Duke Endowment to initiate team training programs at select S.C. healthcare organizations, including GHS.

Military Meets Health Care
RCPH’s interdisciplinary rehabilitation team designed and is conducting “Impact of Interdisciplinary Team Training and Communication on Outcomes and Team Performance in an Acute Rehabilitation Setting.” The study involves a training intervention with two rehabilitation teams using Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS™), an evidence-based team training program.

TeamSTEPPS was developed by the Department of Defense (DoD) Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality (AHRQ). It is based, in part, on evidence developed through an AHRQ-funded literature review of medical team training and an AHRQ review of DoD-sponsored medical team training programs. Based on these studies, the DoD developed an evidence-based curriculum and tested it.

The RCPH intervention will be led by team trainers using the curriculum provided by TeamSTEPPS. This structured team training in the rehabilitation setting is a new avenue for using this curriculum. It will focus on four skills: leadership, communication, situation monitoring and mutual support.

Measurement of Outcomes
Because TeamSTEPPS and RCPH’s related research study still are in early rollout, it is too soon to report outcomes. However, the core outcome measures have been established. They will include assessment of team behaviors before and after training as well as the program’s impact on the functional mobility scores of rehabilitation patients.

The findings from the RCPH study will contribute to the healthcare industry’s body of knowledge as an evaluation of whether a structured team training program using TeamSTEPPS can be applied effectively in the rehabilitation setting.

For more information about the team training initiative at RCPH, contact Susan Bethel, R.N., at (864) 455-7007. For more on TeamSTEPPS, visit http://teamstepps.ahrq.gov/index.htm.

As a physician-nurse manager team at Greenville Memorial Hospital, Shannon Wheeler, R.N., and pulmonary specialist Azim Surka, M.D., work together to lead Unit SC, taking responsibility for quality and resolution of issues identified by the staff.

A multidisciplinary team from Roger C. Peace Hospital–Rehabilitation participates in TeamSTEPPS™. Clockwise from top are Kevin Kopera, M.D., M.P.H., medical director of RCPH; Quandie Spencley, physical therapist; Lorna Poulis, occupational therapist; Michelle Kennedy, R.N.; Robert Smith, case manager; and (at center) Lindsey Moore, speech therapist.

For more information, call Dr. Gilroy at (864) 455-4411.

Susan Bethel, R.N., M.S.N., is director of Nursing Clinical Programs & Research at GHS.

Kristen Hauck, R.N., M.S.N., is patient safety coordinator at GHS.

Kevin Gilroy, M.D., is lead hospitalist for Greenville Memorial Hospital and vice chair for Quality and Outcomes, GHS University Medical Group–Department of Medicine.
M.D. briefs

Chest Pain Center Among Top in Nation

The Chest Pain Center at Greenville Memorial Hospital’s Emergency Trauma Center (ETC) was recognized as being among the top 2 percent in the nation for outstanding performance during a 2008 reaccreditation survey by the Society of Chest Pain Centers (SCPC).

The summation report from the survey applauded the efficiency of the Chest Pain Center and its Stem/Alert program for patients with symptoms of myocardial infarction. The center, established in 2004, is a Level II Accredited Chest Pain Center with Percutaneous Coronary Intervention.

GHS’s Stem/Alert program is one of the first of its kind in the nation to have a Stemi (or STAT) nurse. A “float” nurse on the Coronary Care Unit (CCU), this caregiver is on call to respond to stemi alerts. If an alert is activated, the nurse leaves the CCU and greets the patient with symptoms of myocardial infarction at the ETC. From there, the nurse’s focus is on the patient and keeping the family informed. For more information, call Judy Riley, R.N., ETC nurse manager, at (864) 455-3064.

New OB-GYN Chair

Following a nationwide search, Donald “Chip” Wiper, M.D., joined GHS in March as chair of the Department of OB-GYN. Dr. Wiper came to Greenville from Portland, Maine, where he was assistant chair of OB-GYN at the Maine Medical Center. He is a Cleveland Clinic-trained subspecialist in gynecologic oncology. He also has significant experience with subspecialty program development, creation of the Maine Medical Center-Tufts School of Medicine and graduate medical education. He can be reached at (864) 455-1600.

Trial for Pulmonary Hypertension

GHS is a study site for ATHENA-I, a randomized placebo-controlled study for patients with pulmonary arterial hypertension (PAH). The phase IV trial evaluates the benefit of adding Letairis™ (ambrisentan) for patients with PAH who have demonstrated a suboptimal response to sildenafil monotherapy.

GHS University Medical Group (UMG) pulmonologist Armin Meyer, M.D., is the investigator for the study, which has a 48-week treatment period. Eligible patients ages 18 to 75 will receive study assessments and free medications during their participation and be reimbursed for travel expenses. To participate, patients must:

- Have a current diagnosis of idiopathic PAH, familial PAH or PAH associated with connective tissue disease, congenital heart defects, drugs or toxins, or HIV infection
- Have WHO functional class III symptoms
- Be on a stable dose of sildenafil monotherapy between 20 mg and 100 mg tid for at least 12 weeks

For more information, call Dr. Meyer at (864) 455-4200.

Herbal Treatment for Endometriosis, Cancer

Physicians with GHS’ Fertility Center of the Carolinas have discovered that the Chinese herb prunella vulgaris (PV) has potential as a treatment for endometriosis and some types of cancer. Bruce Lessey, M.D., Ph.D., and colleagues published findings of PV research in an article in the November 5, 2008, issue of Biology of Reproduction.

In a related article in Cancer Monthly, Dr. Lessey noted that he and the center’s researchers sought an alternative to anti-estrogen medications, which can have difficult side effects. In tests on mice, they found that PV reduced cancer cells’ growth and the number of abnormal endometrial tissue growths.

For more information, call Dr. Lessey at (864) 455-1600.

Diabetes Studies, New Book

UMG endocrinologist Sandra Weber, M.D., is an investigator in the national Type 1 Diabetes TrialNet program, which includes opportunities for participation in either natural history or diabetes prevention studies designed to better understand the disease and prevent or delay its onset in at-risk individuals. It also includes intervention studies to test therapies to help stop destruction of islet cells in people recently diagnosed with type 1 diabetes.

In addition, Dr. Weber is working with the Type 1 Diabetes Genetics Consortium on research to discover how genetic differences contribute to risk for developing type 1 diabetes. The study is open to African-Americans and Mexican-Americans with and without diabetes. For more information, call study coordinator Shirley Parker, R.N., at (864) 455-3261.

Editor’s Note: Congratulations to Dr. Weber on the publication of Diabetes 911, which she co-authored with Larry Fox, M.D., a pediatric endocrinologist at Nemours Children’s Clinic. The book is an easy-to-read resource for people with diabetes, their friends, and family caregivers.

OB-GYN Research Earns National Recognition from ACOG

Shanai Amaya, M.D., a recent graduate of GHS’ OB-GYN Residency Program, received a Donald J. Richardson Memorial Prize Paper Award from the American College of Obstetricians and Gynecologists (ACOG) for her study, “Dietary Impact on Endometriosis: A Closer Look at the Active Ingredients of Red Wine and Soy.” The paper, one of only two in the nation to receive the prestigious award, was presented at the ACOG Annual Clinical Meeting in May. GHS’ Department of OB-GYN has received three Richardson awards in the past four years—an accomplishment attained by no other institution in the nation. For more information about the study, call Bruce Lessey, M.D., Ph.D., Dr. Amaya’s research mentor, at (864) 455-1600.

Vascular Society Honors Dr. Gray

Bruce Gray, D.O., director of Endovascular Services at GHS, has been named a Master of the Society for Vascular Medicine (MSVM), an honor bestowed on a maximum of three physicians annually. The MSVM designation reflects selfless dedication, extraordinary service and enlightened leadership. To qualify, a physician must be a member of the society for more than 15 years.

Dr. Trocha Appointed to SSO Committee to Guide CME

Steven Trocha, M.D., has been appointed to the Continuing Medical Education (CME) Committee of The Society of Surgical Oncology Inc. (SSO). During his two-year term on the committee, Dr. Trocha will help guide CME activities of the SSO, which has more than 2,000 members. SSO’s international reach extends to surgeons and other healthcare providers dedicated to advancing and promoting the science and treatment of cancer. A surgical oncologist with UMG Department of Surgery and active researcher, Dr. Trocha has been a leader in the creation and expansion of GHS’ Oncology Multidisciplinary Centers.

GHS, Baptist Easley Create Joint Venture

Greenville Hospital System University Medical Center (GHS) and Palmetto Health are creating a new entity that will own and operate Baptist Easley hospital. Through the 50/50 joint venture, the 109-bed hospital, which was owned and operated by Palmetto Health, will be integrated with GHS and its 380-physician network.

Baptist Easley will have an eight-member governing board including representatives from Palmetto Health, GHS and the Easley community. GHS President and CEO Mike Riordan said the purpose of the collaboration is to increase access, improve quality and facilitate coordination of care between community hospitals and tertiary centers. The organizations also will be able to manage costs more effectively and avoid unnecessary duplication.

At a press conference early this year, GHS President and CEO Michael Riordan discussed an unprecedented collaboration between GHS and Palmetto Health to enhance health care in the Upstate. Baptist Easley hospital is at the center of the joint venture.

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Calendar of Events

Continuing Medical Education Events

Faculty Education Enrichment and Development
Presentation by Deb DaRosa, Ph.D., Professor of Surgery and Vice Chair of Education, Northwestern University Feinberg School of Medicine
August 20, 2009 • Robert E. Coleman Medical Staff Auditorium (MSA) • Greenville Memorial Hospital

Research Roundtables
Third Thursdays Monthly • Robert E. Toomey Conference Center Room 2 • Greenville Memorial Hospital

Lloyd E. Hayes Symposium
Physician-led Sessions on Multiple Specialties
September 19, 2009 • Hyatt Regency Greenville • Greenville, S.C.

18th Annual DeLoache Seminar
Presentation by Craig Peters, M.D., FACS, FAAP, John E. Cole Professor of Urology, Division of Pediatric Urology, University of Virginia
November 5, 2009 • Embassy Suites Hotel • Greenville, S.C.

Faculty Education Enrichment and Development
Presentation by Peter McGinn, Ph.D., Leadership Impact
November 5, 2009 • MSA • Greenville Memorial Hospital

Faculty Education Enrichment and Development
Presentation by Arne Hudson-Jones, Ph.D., Literature Professor, University of Texas-Galveston
January 28, 2010 • MSA • Greenville Memorial Hospital

Developmental-Behavioral Pediatrics Conference
Presentations from Multiple Specialists
February 26-27, 2010 • MSA • Greenville Memorial Hospital

Faculty Education Enrichment and Development
Presentation by Kenneth Ludmerer, Ph.D., Professor of History and Biostatistics, Washington University School of Medicine
March 18, 2010 • MSA • Greenville Memorial Hospital

Faculty Education Enrichment and Development
Presentation by David Nash, M.D., MBA, Professor of Health Policy and Dean, Jefferson School of Population Health, Thomas Jefferson University
April 29, 2010 • MSA • Greenville Memorial Hospital

For More Information
All physicians are welcome to participate in GHS Continuing Medical Education events, including Faculty Education Enrichment and Development programs.
Call (864) 455-3546 or visit www.ghs.org/cme to register.