PROFILE: PANDEMIC PLANNING

Giving our Best During the Worst
Health System committee prepares for widespread viral outbreaks

Would our Health System be ready in the event of a widespread viral outbreak? Could we care for patients and ourselves? These are question about 70 Health System employees ask themselves as they join forces on a committee for University Hospitals and Health Centers Pandemic Planning. Formerly the All Hazards Committee, their motto might be: expect the worst, and plan for the best.

The pandemic committee began in 2006 to make sure we are prepared for any type of major disease outbreak (or “pandemic”) that would come our way. Sixteen teams started writing sections of the formal plans. At that time, “bird flu” in Asia and the SARS outbreak in Canada were on their minds.

Their advance planning paid off. “When H1N1 hit last year,” says project manager Carrie Wright, “we pulled the teams back together, met monthly and updated the plans based on the characteristics of this particular virus.” The committee also activated the Incident Management System and formed a team of seven people to actively manage H1N1 flu response. Wright says, “We met every morning at 7 a.m. and were on call 24/7 for about 10 months, making decisions on patient placement, mask fit testing, lab testing, staffing, surge capacity, visitor restrictions, personal protective equipment, supplies, vaccination and more.” Those decisions had to be communicated rapidly to specific groups or all employees.

Associate Director for Operations and Ancillary Services Shon Dwyer, who was incident commander, says, “We need to respond nimbly even though we are a large, complex organization, and we do that through our greatest asset – our people.”

Team member Sandro Cinti, M.D., an associate professor of Internal Medicine and infectious disease specialist, says perhaps the best protection against H1N1 is flu vaccination. More than 60 percent of staff received the seasonal flu vaccine and/or the H1N1 vaccine starting last fall.

This year, the two vaccines will be available in one dose. Vaccination will begin in September.

Cinti also credits good infection control (handwashing, isolating patients) and proper surveillance (the ongoing, systematic collection and analysis of health data to protect against disease) with controlling the spread of this disease. He notes that, despite some perceptions that H1N1 flu was not as dangerous as originally feared, the mortality rate for children was two to three times that of seasonal flu.

For all pandemics, Professor Carol Chenoweth, M.D., also an infectious disease specialist, prescribes patience. “Staff may see the same message several different times only because it’s absolutely essential that we let people know what is happening and the status of resources such as antibiotics, vaccines, ventilators, oxygen and staff,” she says.

“We continue to develop ways of bolstering staff, equipment, supplies and space in the event of a pandemic,” says Cinti.

Bruce Cadwallender, director, Safety and Emergency Management, UMHHHC, adds: “Our pandemic work also helped people think more about their own personal preparedness for such events, leading to things like home readiness supplies and family care planning.”

Get more information on pandemic planning: www.med.umich.edu/i/pandemicwork/Plans/plans.htm

Written by Cathy Mellett
**LETTER FROM THE EDITOR**

Working on *Inside View* gives me ample opportunity to take note of Health System employees who go above and beyond to do great work. Sometimes it’s a key leader with an inspiring work philosophy. Sometimes it’s a scientist who’s truly dedicated to his or her research. Or, it’s a manager who takes the time to understand the needs of employees in the department.

There always seems to be common ingredients when I speak to people doing great work: enthusiasm, pride in a job well done, and especially, a commitment to service excellence.

I hope everyone has the opportunity to relax a bit and enjoy the summer. My family takes some time each year to visit South Haven on Lake Michigan. I hope to return to work refreshed and inspired to make *Inside View* an even better employee publication.

If there are things you’d like to read about in *Inside View*, please let me know. My job is to write about things YOU want to know.

Thanks for reading *Inside View*.

Editor
Beth Johnson

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**ARDUOUS UMHS**

**MFit teams up with MHealthy**

MFit has joined MHealthy, U-M’s health and well-being program designed to implement a culture of health within the U-M community. All services and activities are open to surrounding community members as well as U-M patients, faculty, staff and retirees.

MHealthy offers a variety of programs and classes including those with focuses on weight loss, smoking cessation, exercise training and more.

More information:
http://hr.umich.edu/mhealthy

**Service Excellence and ideal patient care**

As a means of educating U-M faculty and staff about optimal customer service, the Service Excellence team has recently produced a video titled, “Service Excellence and Ideal Patient Care.” The video is meant to be shown to faculty and staff in all departments across the Health System, and to foster discussion using a learning plan about how ideal patient care fits into Service Excellence at U-M.

Learn more:
www.med.umich.edu/i/svexc

**UMHS is putting patients and families F.I.R.S.T.**

In order to assure that patient families’ concerns are being met in the event of a potentially life-threatening situation, UMHS is now utilizing a Family Initiated Rapid Safety Team program.

When a patient or family member dials 141 on a hospital room phone, a F.I.R.S.T. team of medical specialists will be sent to the room within minutes to assess the situation.

View the F.I.R.S.T. help initiative video:
http://www.personal.umich.edu/~inlerabt/Alec-stuff/FIRST-Adult.wmv

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**UMHS to roll out travel and expense management system**

On July 15, UMHS will begin using Concur, a travel and expense system to book travel, and create and approve expense reports.

Concur is being rolled out across U-M to improve efficiency, reduce reimbursement wait times and provide discounted pricing to business travelers.

More information about Concur:
www.concur.com/products/travel-expense

**Summer parking update**

The UMHS approach to parking and transportation is a blended model that includes on-site parking, off-site parking supported by reliable transportation services and alternative transportation options in order to meet the needs of faculty and staff.

The following parking and transportation initiatives and services are underway or expected during the summer months.

- 300+ commuter spaces were opened at the North Campus Research Complex earlier this year.
- The Glazier Way parking lot will be expanded by about 60 spaces.
- The new AATA Park & Ride lot at Plymouth Road and US-23 is available to all faculty and staff and has 260 spaces and AATA bus services to and from the medical campus.
- Preliminary planning stages for an effort to establish a parking deck near Fuller Road.

Get the latest parking news and details:
www.med.umich.edu/i/parking/index.htm

Written by Tara Hasouris

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**Questions? Story Ideas?**
Contact *Inside View* at 734-764-2220 or Insideview@med.umich.edu (*Insideview* in GroupWise)
Profile: FAB Five Employee Stories

An Inside View of the Work YOU do

Written by Beth Johnson

Ellen Hadaway, Clinical Social Worker, Emergency Department

What’s your job in a nutshell?
I’m a social worker in the ED. We provide services that center around support, advocacy and education for patients and the people important to them. Times of crisis are when patients and families can be the most vulnerable. We help people understand the things they are experiencing are normal and help them find ways to tap into strengths they already have.

What is the most rewarding part of your job?
Helping people in their crisis times; being able to support and watch as they start to understand what’s happening; seeing them begin to feel more confident in talking with medical staff and asking for what they need; being there for the visitor who is losing the most important person in their life; listening to what their lives were like “before” and helping them figure out what comes next.

How do you spend your lunch break?
Lunch breaks are unpredictable in the ED. I don’t meet anyone for lunch because something will inevitably happen. I bring food that I can get to quickly and then move on to the next patient and family. If I have a few free minutes, I’ll check email, order books from the library or see what Netflix has to offer.

What do you want to be doing in 5 years?
If I’m still working, I want to be right where I am. I love my work in the ED. I value the staff and feel like an important part of the team. If I win the lottery, I’ll be working contingent in the ED, spending time up north in the summer and down south in the winter.

If you could try any other job at the Health System for a day, what would it be?
This is a hard one. I think I need more than a day! Public Relations would be interesting when there is big news happening at the hospital. Entrance staff at Taubman would be interesting because they get to see an incredible variety of people. Patient Relations would be interesting to hear the things that people complain about and try to figure out how to make it better. I could go on and on here...

Learn more about the Department of Social Work: www.med.umich.edu/socialwork/about/index.htm
Learn more about the Department of Emergency Medicine: www.med.umich.edu/em/index.htm

Susan H. Gross, R.N., BSN, CTTS-M
Tobacco Treatment Specialist, Tobacco Consultation Service

What’s your job in a nutshell?
Our department offers services to help people quit smoking when they’re in the hospital. Often quitting smoking can help people recover more quickly. We’ll provide behavioral techniques to make it easier – like staying away from other smokers or chewing gum as an oral substitute. And, if a patient isn’t ready to quit, we’ll talk about what it will take for them to be ready. It’s surprising the number of people who are interested in quitting when something dramatic happens – like a serious hospital stay.

What is the most rewarding part of your job?
I like when a patient or family member becomes really engaged in the conversation and wants to work with me to help them quit. We offer follow-up support after the person leaves the hospital. There are outpatient groups and individual counseling available to patients and their families. And, doctors and nurses see it as a benefit when their patient quits smoking.

How do you spend your lunch break?
I like to catch up on email and information from the Association for the Treatment of Tobacco Use and Dependence.

What do you want to be doing in 5 years?
I’d like to still be in my current position. I taught nursing school early in my career and always wanted to do patient education. I’ve settled in and it’s a nice place to be.

If you could try any other job at the Health System for a day, what would it be?
There is no other job I want to be doing. I’m in a good place. I might retire in ten years.

Learn more about Tobacco Consultation Service: http://hr.umich.edu/mhealthy/programs/tobacco/consultation/index.html
Describe your experience with the Family Centered Experience curriculum.

Elizabeth: I was paired up with a wonderfully active couple in their 70's. They spend their time volunteering at various sites in the community. My patient had breast cancer and her husband had peripheral neuropathy. He was losing sensation in his limbs. The curriculum included three visits to the house and a clinical visit. We even went to dinner once. There are prompts to follow so we talked about things like how illness has defined them. My patient tackled her illness very pragmatically. Her husband was more cautious and reserved in choosing who to tell, in the event he would be treated differently in some way.

What has been the most rewarding part of the curriculum thus far?

Daniel: My patient was born with a congenital heart defect and had two surgeries before he was four. Besides the scar on his chest, he hasn’t had many limitations due to his condition. He’s in his forties now and is married with two young children. I recently joined him on a clinic visit to his cardiologist where he learned that one of his heart valves is leaky and may need repair. This taught me that there are times when a person overcomes the disease and other times when the disease overcomes the person. It’s a spectrum of illness for an individual.

What can a future clinician learn by spending time with patients and families?

Udayan: My patient is a single female in her forties with bipolar disorder and diabetes. Her bipolar was diagnosed at age 20 and she’s very positive about her outlook. Her mother has the disorder, too, and my patient always “knew” she was going to have it. At the same time she manages diabetes. The physician assistant who manages her diabetes inspired her to become a PA herself. Professionally, she’s done great. Personal relationships, however, have been challenging.

Illness is never static or standardized, but a powerfully dynamic and personal experience.

What is the typical schedule for a first-year medical student?

Elizabeth: Lectures are all posted online now so that gives us much more flexibility with classes. You can watch them anytime during the week as long as you’re prepared for quizzes. I’ve fallen back into old habits: I like to watch lectures online at 2 a.m.

Udayan: A lot of medical students eat in the cafeteria. There are 170 students in the first-year class so you get to know a lot of people this way.

What do you hope to be doing in five years?

Daniel: I’m planning on pursuing an M.D./MBA. Before I came to medical school, I worked as a consultant at McKinsey & Company, and am interested in tackling issues facing our health care system. I want to understand how medical care is delivered at a large level.

Udayan: I’m also going to get my MBA. It is useful for every physician to have some business background to understand how the decisions we make in this complex medical environment affect healthcare as a whole.

Elizabeth: I hope to be in an anesthesiology residency. Anesthesiology has been one of things I’m most interested in.

If you could try any other job at the Health System for a day, what would it be?

Elizabeth: I’d like to be a nurse for a day. Nurses interact with patients so much and know more than people can imagine.

Daniel: I’d love to be a patient for a day to see how they perceive this institution.

Udayan: I was an engineer in undergrad and always wanted to go into device making. As a physician you can help tons of people. But if you come up with a new way of doing something, you can help so many more people. I would love to try my hand at something like that for a day.

First-year medical students Liz Hong, Dan Simhaee and Udayan Shah created the sculpture “Three Figures” to summarize their experience in the Family Centered Experience curriculum.
An Inside View of the work YOU do

Written by Beth Johnson

Joel D. Howell, M.D., Ph.D.
Professor, Departments of Internal Medicine and Health Management Policy and Victor Vaughan Professor of the History of Medicine

Describe your job at UMHS in a nutshell.
I care for patients in the outpatient and inpatient settings and teach students at all levels. I teach about clinical medicine and history, as well as the social and cultural aspects of health care. I'm particularly excited about a new initiative that I, Sanjay Saint, and James Stanley have started, called the Arts and Medicine Program, which takes medical students and house officers to learn about and experience the arts.

What’s your favorite thing to do on the weekend?
I’ll go for a long bike ride - perhaps down to Manchester or out to Chelsea and back. There is some wonderful country around Ann Arbor. The feeling of riding along, feeling the wind and the sun and the shade, listening to the sounds, and just enjoying the moment is a wonderful way of rejuvenating my mental health. The exercise is also good for physical health, but the fact is that most of us will only sustain exercise if we love it. That's why I wrote Bicycle Rides in Washtenaw County, a book to help other people discover the joys of bicycle riding. The book suggests routes for all sorts of riders, as well as tips for safe riding on the road.

What do you want to be doing in five years?
Playing clarinet in a major symphony orchestra. It's unlikely to happen, but you asked me to be honest!

If you could try any other job at the Health System for a day, what job would it be?
I'd like to be a patient transporter. My very first job ever in the health care system was an orderly. Patient transport seems like a similar job. It would be a chance to help a wide range of patients, as well as a chance to see how the system works from a different perspective than as an attending physician.

Mary Tresh, Facilities director, North Campus Research Complex Office of the EVPMA

Describe your job at UMHS in a nutshell.
I'm at NCRC as a representative from the Health System. We're doing everything and anything to get this complex up and running to support the research we want to do here. I'm working on program planning and the development of the policies and practices we want to implement here on the site. The team here is made up of a cross-functional group of people from across the University who are making things happen on a daily basis. We do everything from strategic planning to supporting events and running the power plant.

What is the most rewarding part of your job?
Before starting at the U last August, I worked for Pfizer. My responsibility was to close the site down; I literally worked myself out the door. Now, it's wonderful to be part of something that's focused on growth and innovation. The best part is being able to plan for the development of this property and to see it as a vibrant site again.

How do you normally spend your lunch break?
We're so busy that we're often working through lunches around here. Otherwise, we run across the street to Zoup or Jimmy John's. We'll often walk there to get out of the office for a bit.

What do you want to be doing in five years?
It's exciting to think about being out of planning-mode and interacting with the groups on site here. In five years, it is likely that a significant portion of the complex will be occupied. We will support the research that's going on and will provide service to the scientists who work here.

If you could try any other job at the Health System for a day, what job would it be?
I'd like to spend the day on one of the patient wings and see how it works and what they do day-in and day-out. It would be interesting to be on the clinical side of things. I spent a good number of hours in the emergency room recently – nothing too serious, and I wasn't the patient – and doctors and our students were wonderful. The students were such an energetic and enthusiastic group of people.
Almost everyone has at least one or more flash drives these days to store data, photos and files. These tiny devices – also called “thumb” or “jump” drives – are often cute with zebra stripes or bold colors or Michigan’s block “M” or all kinds of other decorative options.

The newer flash drives hold huge amounts of data – gigabytes worth in a device the size of your thumb.

But despite their convenience and cuteness, there is a real danger when you use flash drives and other portable devices or removable media: you are now personally at risk for state or federal legal action against you if you store sensitive or individually identifiable information on one of these items and you lose or misuse it.

Simply put, you could go to jail if you misuse patient data, clinical trial participant data or other individually identifiable data (e.g., credit card numbers) on it. This applies not only to flash drives, but to CDs, DVDs, smart phones, laptops that aren’t protected by encryption, and more.

A new law contained in the American Recovery & Reinvestment Act of 2009, also called “ARRA” and the Economic Stimulus Package, makes this clear. It’s the Health Information Technology Economic & Clinical Health Act or “HITECH,” and it deals with several important issues, including Electronic Health Record information exchange, HIPAA modifications and enforcement regulations.

HITECH’s penalties are harsh, but if you follow U-M Health System guidelines, you’ll be protected.

“UMHS has strong policies about the storage of sensitive information on portable electronic devices or removable media,” says Jeanne Strickland, UMHS chief compliance officer. “But being aware and following our policies is critical – if you are in doubt about your device, you should speak with your IT provider directly.”

She continues, “HITECH is much tougher on people and institutions that lose sensitive information stored on portable electronic devices or removable media or misuse any protected health information. Now there are increased potential liabilities to individuals and to institutions. Frankly, you could end up in jail.”

You should only store sensitive or individually identifiable information when it is necessary for the performance of U-M duties. And you are required to take all reasonable and prudent actions necessary to ensure its security when stored on portable electronic devices or removable media owned by UMHS or you.

“While we can’t completely prevent theft of devices, we should always ensure that the data itself is protected,” adds Strickland. “Encryption of your data protects it, even when it is lost or stolen. Penalties are significantly less under state law and HITECH if data is encrypted. Also, passwords should always be used on your portable devices if you are storing or receiving individually identifiable information. For example, if you receive emails containing individually identifiable information, your portable device should be password protected, even if the device is your personally owned mobile phone.”

Over the next several months, the UMHS Compliance Office will be providing more information about the importance of protecting sensitive and individually identifiable information.

More information about UMHS Policy: www.med.umich.edu/i/policies/umh/01-04-502.htm

Written by Bruce Spiher
Reducing Injuries at Work

What do darts and targets have to do with the health of U-M Health System faculty and staff? Everything.

You see, we use a measurement called DART to tell us how we’re doing at preventing work-related injuries and illnesses. DART stands for “Days Away, Restricted or Transferred” — in other words, days that people aren’t working, or working their usual jobs, because of an injury or illness related to their work. The DART rate is the number of these injuries per hundred employees.

Whether it’s a back injury from trying to push a cart that’s too heavy, a wrist injury from slipping and falling on a slick floor, or something even more serious, they all contribute to our DART rate.

We’ve done really well at lowering our DART rate in recent years — from more than 5 to less than 3.

But we have a long way to go.

Watch the fun video on the Inside View website to learn more about DART and injury prevention. After you’ve watched it, talk to your co-workers and supervisor about the kinds of injuries that might happen in your work area – and what you might be able to do to prevent them.

If you don’t already have a Safety Committee for your area, consider starting one, and register it here. Or, talk to the Safety Liaison in your area about what you can do to be safer at work. There’s a list of Safety Liaisons on the Inside View site.

And if an injury or near-miss does happen in your area, be sure it gets reported. UMHS policy calls for us to track everything, even incidents that didn’t cause injuries but could have, so we can do a better job of prevention.

And if you’re really interested in our DART rate and what we’re doing to reduce it, you can see more graphs and charts at www.med.umich.edu/i/sms/committeeDARTreports.htm

Written by Bruce Spiher
MEETING OF THE MINDS
Center for Organogenesis bridges scientific and clinical work on organ-specific diseases

POISED FOR SUCCESS
The Center for Organogenesis brings together groups and faculty – basic scientists and clinicians – interested in organ-specific problems. Hammer became director of the CFO last December and believes there is a huge opportunity for the center to link scientific discovery to clinical advancement.

The landscape is simple: diseases are often organ-specific.

“Evolving clinical programs at the Health System – especially our Destination Programs – are largely disease- and organ-specific.” Hammer says. “Disease-oriented research is increasingly valued, and the National Institutes of Health is pushing hard to better tie scientific discovery to the clinic.”

Hammer’s vision involves what he calls “translational synergy” between the CFO and the emerging translational engine of the University of Michigan Health System, such as the Michigan Institute for Clinical and Health Research. While MICHR provides essential support through its core services and pilot funding programs, a group such as the CFO provides over 100 faculty from 28 departments and five U-M schools.

The North Campus Research Complex, which U-M purchased from Pfizer just over a year ago, provides an ideal setting to foster and expand translational opportunities. But translational work can occur anywhere that scientists and clinicians are willing to work together. Specifically, the clustering of faculty groups committed to a common translational goal is predicted to contribute to the overall success of this mission. Hammer explains that in addition to merging basic science and clinical work, working with industry is an important part of bringing Michigan to the forefront of translational research.

“The university must engage nationally and internationally with industry, global health organizations and others,” Hammer says. “At NCRC and everywhere else we can, we must aim to wed all of this: science, clinical, academic, industry.”

TREATMENT TOMORROW
What does this mean for our patients?
More targeted treatments. Artificial organs. Regenerative organs. The Health System has many exciting projects in the works. Hammer’s work on adrenal cancer is just one example.

“Because we have a critical mass of scientists and clinicians interested in various aspects of adrenal biology and clinical care, it has been relatively easy to work together to ask clinically pertinent questions that are backed by basic science,” Hammer says. Clinical trials in progress could result in less toxic treatments for cancer patients.

There are certainly other examples of translational synergy around the Health System – situations where basic scientists are studying organogenesis of a particular organ, and clinical faculty are involved in using that knowledge to improve the care of patients with diseases of that organ.

For instance, U-M has a rich tradition in both cancer stem cell research and artificial organ engineering. Andrzej Dlugosz, M.D., the Poth Professor of Cutaneous Oncology and a scientific leader in the Skin Cancer Destination Program, is a pioneer in the study of skin stem cells. His group has found that over-activation of various signaling pathways contributes to skin cancer. Under his leadership, the program is ready to embark on clinical trials using topical applications of agents that block individual pathways as potential treatment strategies for skin cancer.

Meanwhile, Yehoash Raphael, Ph.D., the R. Jamison and Betty Williams Professor of Otolaryngology, leads a team that has made significant advancements in developing the next generation version of an artificial cochlea – the part of the ear that helps you hear. Both faculty teams are active participants in the Center for Organogenesis and are associated with outstanding organ-specific clinical programs of the Health System.

With its long history as the first Center for Organogenesis in the United States, the CFO is well-positioned to be an integral component of the University of Michigan Health System’s translational mission for years to come.

Written by Beth Johnson
B ringing new faculty on board is now faster and easier—for Health System staff as well as faculty candidates—with the online and interactive M-ACE System.

Employing lean tools to look at its process end-to-end, the lead time for enrolling new Medical School faculty as clinical providers able to take care of patients has gone from an average of 51 days to just 9 days.

And, because Medicare now does not allow faculty to bill for their services until they are enrolled, that reduced turnaround time brought UMHS an additional $1.5 million in Medicare billing in 2009 just in the first few months that M-ACE was active.

M-ACE is a web-based application developed by Medical School Information Services to support the processes of Appointing new faculty in the Medical School, Credentialing them as medical staff members and Enrolling them as providers with insurance companies. Timeliness and compliance with layers of university, federal, state and insurance regulations are essential.

The system incorporates formerly disconnected processes handled by the Office of Faculty Affairs, Medical Staff Services in Office of Clinical Affairs, and Provider Enrollment in the Faculty Group Practice into one transparent, streamlined system. M-ACE provides an almost instantaneous update on the status of a faculty candidate while they’re coming on-board.

According to Faculty Group Practice senior project manager and M-ACE project lead Philippe Sammour, “M-ACE allows any party in the process to know the status of an individual candidate and to see what’s coming down the pipeline to prepare for.”

Sammour credits the success of the project to the cross-functional users group and its task force teams, which have been meeting regularly to design and improve the new standard process. “A fundamental lean principle is that the people who do the work are the best ones to design the process,” Sammour says.

“The beauty of M-ACE is that it’s great for both the experienced as well as the occasional user,” says Debra Komorowski, director of Faculty Affairs.

M-ACE has received kudos from candidates and department users alike, such as Education Coordinator Vicki Bennett, a M-ACE user in Otolaryngology, who says, “Getting the auto e-mail alerts informing me of when my appointments are approved and sent to Records is so awesome!”

Sammour also praises the computing team that provided the backbone of the system. “The MSIS team did an excellent job in grasping the process and translating our needs to a workable, interactive system. They have been true partners in this project,” he says.

“The users group consists of representatives from clinical departments, OFA, MSS and PE, but they also designed the process from the candidate’s point of view,” says Karen Driscoll, associate director, Medical School Information Services.

In the future, the group plans to have M-ACE work with the MLearning educational system. They also hope to develop embedded user’s instructions within the system, and to expand the project scope to include faculty candidates in the Medical School’s basic science departments.

Written by Cathy Mellett

For more information, contact Philippe Sammour, psammour@med.umich.edu, 734-615-0319.
Drinking Less Leads to a Healthier and Happier Life: An MHealthy Alcohol Management Program Participant’s Story

Written by Julie Nelson
Manager, Marketing and Promotions, MHealthy

The majority of alcohol programs available today are for people who are severely dependent or alcoholic. These programs require lifelong abstinence. While these programs are extremely helpful for those who need this level of support, they may not be right for everyone.

To Dave*, other programs seemed to offer more help than he needed. Instead, Dave sought help from the MHealthy Alcohol Management Program (AMP), a brief, confidential health education program for people with mild to moderate alcohol problems.

Dave could always tell the next morning that he had been drinking the night before. He described how he felt as, “Not necessarily hung over, but not normal.” In addition, he says, “I had various medical conditions that I was sure were a result of my sedentary lifestyle — which in turn was rooted in my alcohol consumption. I was depressed, had insomnia, gastric reflux, high blood pressure, high cholesterol and was obese.”

The AMP helps people eliminate alcohol-related problems by reducing or stopping drinking. It is free for U-M employees and counts as one MHealthy Rewards activity. The program is also open to UMHS patients and the public.

Today, Dave is 80 pounds lighter. His blood pressure and cholesterol are normal and he’s no longer on medication. He now sleeps through the night, is no longer taking antidepressants, and says Dave, “My brain and memory function much better now.”

“I learned techniques to control my drinking,” Dave says. “I learned about myself and what I really wanted to do. I also learned that, without alcohol as a primary means of recreation, I could become a much healthier and happier person.”

AMP Program Coordinator, Teresa Herzog-Mourad, says, “The AMP teaches abstinence as well as moderation skills. Clients choose which approach is right for them. The program is not for people who are severely dependent or alcoholic and require treatment services rather than health education.”

Dave says the AMP taught him an important lesson about consumption. “I honestly believe that excessive alcohol consumption was the foundation of my problems with making appropriate choices about what I eat and how much exercise I get.”

*To protect the client’s identity, we are using only his first name.

A Step Up for Step Down Patients

8D nurses provide critical care to intermediate patients

Where do patients go when they still need critical care but are no longer sick enough to stay in the intensive care unit? According to Susan Dirkes, R.N, MS, CCRN, those patients can go to the intermediate care unit on 8D of University Hospital, which is a “step-down unit” that provides care for patients who are in transition from the intensive care unit to general care and rehabilitation floors.

“Patients who come here still need pretty close monitoring,” says Julie Hanley, R.N., BSN, CCRN, nurse manager of 8D.

The intermediate care unit gets patients out of intensive care sooner while increasing the intensive care unit’s capacity to accept more severely ill (high-acuity) patients. It cares for a broad variety of medical diagnosis and, according to Hanley, the unit has had patients from up to 15 different medical services at a time.

In order to closely monitor the variety of patients, “the nursing staff has demonstrated their motivation to learn beyond medications and to see the whole picture,” says Dirkes, who is the 8D educational nurse coordinator.

“Initially the nurses, who came from general care units, were a bit overwhelmed with the transition, but they embraced the challenge to learn to be able to provide more extensive monitoring.”

The leadership empowers the staff to be invested in providing a high level of care. Nurses on the unit are required to go through critical care orientation and are encouraged to get their PCCN, the certification for progressive care nurses, to add to their credibility.

“If patients get sick rapidly, we know how to take care of them. Our nurses are intuitive to patient changes and patient needs,” Dirkes says.

The nursing staff adapted to the unit upon its opening as a 10-bed unit in December 2008 with the help of staff from ICUs who trained and mentored them so they could learn the basics of all other specialized areas.

The help from the mentors enabled 8D to fully open as a 20-bed unit in March 2010, months ahead of its anticipated opening date in July of this year.

Since intermediate care units, also called progressive care units, have only been around for about 10 years, the definition of one is vague. The nursing leadership is determined to make 8D a benchmark for progressive care.

“We consider this unit an absolute beacon unit for progressive care in the United States,” Dirkes says.

Written by Jenna Frye

INTENSIVE CARE UNITS THAT OFFERED MENTORING TO THE 8D NURSING STAFF

- Surgical Intensive Care Unit
- Critical Care Medicine Unit
- Trauma Burn Intensive Care Unit
- Specialized Workforce for Acute Transport
- Cardiovascular Center 5 Intermediate Care Unit
- Central Staffing Resource Department Adult Critical Care Cluster

Learn more about the 8D intermediate care unit: www.med.umich.edu/i/nursing-8d
An Olympic Dream
U-M physician works around the clock in Vancouver

At the 2010 Winter Olympics, U.S. Olympic Committee physicians routinely logged more hours than the athletes competing in Olympic events.

“I worked up to 20-hour days in Vancouver,” says Jolie C. Holschen, M.D., assistant professor of Emergency Medicine and Orthopaedic Surgery. Holschen was the USA Women’s Ice Hockey team physician. “I also worked in the USA medical clinic, which is set up in the USA dorm in the Olympic Village.”

Holschen was one of 47 members of the Team USA medical staff. She attended all U.S. women’s hockey practices and games, planned in advance for potential disastrous injuries, provided event coverage and treated acute injuries. She also had to be available to the athletes and staff 24 hours a day in case of illness.

“I decided several years ago that this was something that I would like to do, so I set the wheels in motion by volunteering and completing a two-week internship at the Olympic Training Center in Chula Vista, California, last summer,” Holschen says.

USOC physicians are required to have experience in at least two world events, so Holschen served as the team physician for the U.S. National Under-18 hockey team at the 2008 and 2009 World Championships.

Holschen has plenty of experience as an athlete herself. She was a four-sport athlete in high school and went on to play basketball at Washington University in St. Louis.

“These experiences help me connect with the athletes I take care of here,” she says. “I am a very competitive person myself and can identify with what they go through when trying to continue to participate at a top notch level despite the usual injuries and illness that occur.”

“I am just thrilled to be able to apply my skills as a physician, allowing these athletes to get back to competition as soon as possible after an injury or illness,” she says.

For Holschen, the day-to-day tasks as a team physician weren’t much different at the Olympics, but the outer aspects such as the media coverage, celebrities, number of fans, entertainment and stress surrounding the event were exponentially larger.

“The atmosphere in Vancouver was amazing - it can’t get any better than serving world-class motivated and compliant athletes at the top of their game, living in the Olympic Village and experiencing a great city like Vancouver for a whole month,” she says.

Written by Thaddeus Green