

inside

VIEW

University of Michigan
Health System

A LOOK INTO THE WORLD OF HEALTH SYSTEM FACULTY AND STAFF



Nurses Amy Hagen (pink scrubs) and Angela D'Nobles demonstrate the proper use of a ceiling-mounted patient lift, which has shown to greatly reduce the number of patient-handling injuries.

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SAFE PATIENT HANDLING INITIATIVE

Preliminary pilot results show use of simple equipment can have great impact on safety

A paralyzed woman lies in bed awaiting her lunch. To swallow, she must eat in an upright position. When lunch arrives, her nurse starts to adjust her position so she can eat safely. He leans over the bed and, with both arms, begins pulling her up...but is stopped short by a searing pain in his back.

This scenario is the most common cause of occupational injuries to nurses, and one easily prevented by using patient lifts.

"In 2001, nurses accounted for 49 percent of all work-related musculoskeletal injuries within the medical center," says Brenda

Myers, ergonomic specialist. "Of those injuries, 92 percent were from patient lifting."

To address the problem, the Safe Patient Handling Initiative, a collaborative of Safety Management Services and the Nursing Ergonomics Task Force, began a pilot study to learn the most frequent causes of patient handling-related injuries and how to reduce them. Patient lifts were installed on units 6A, 5B and the 5D Surgical Intensive Care Unit in October 2005, when data collection began.

"Preliminary data collected through March 2006 show patient-

handling injuries to nurses on these units were greatly reduced," Myers says. "The only injuries that occurred were in cases where patient lift equipment wasn't used."

Thanks to additional funding for FY2007, the initiative will expand the pilot to three more units this month. It is also working with the Patient Lift Team pilot project that includes Materiel Services and Nursing to ascertain the benefits of a lift-team approach to reducing patient handling-related injuries.

For more information, contact Brenda Myers, at 734-647-7139 or bmyers@umich.edu.

How much can a patient lift, lift?

Regular ceiling lifts: 507 lbs.

Bariatric ceiling lifts: 1014 lbs.

Floor lifts: 660 lbs.

5 MOST DANGEROUS PATIENT HANDLING ACTIVITIES

1. Patient repositioning
2. Moving from bed to chair
3. Moving from bed to stretcher
4. Moving from floor to bed after a fall
5. Helping patients walk

about inside VIEW

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ORDERING TESTS AND SHARING RESULTS WILL GET A WHOLE LOT EASIER

Ambulatory Care Services is going "lean" with internal reports delivery

Soon, new systems will be in place that offer providers a way to share test results with support staff and other providers electronically—with just a few clicks of the mouse. In addition, standard requisition forms and labels will significantly reduce the chance of misdirection.

These are just some of the improvements providers will see and patients will benefit from with Ambulatory Care Services' launch of the Internal Results Delivery Project, the first of four efforts to address clinical document delivery.

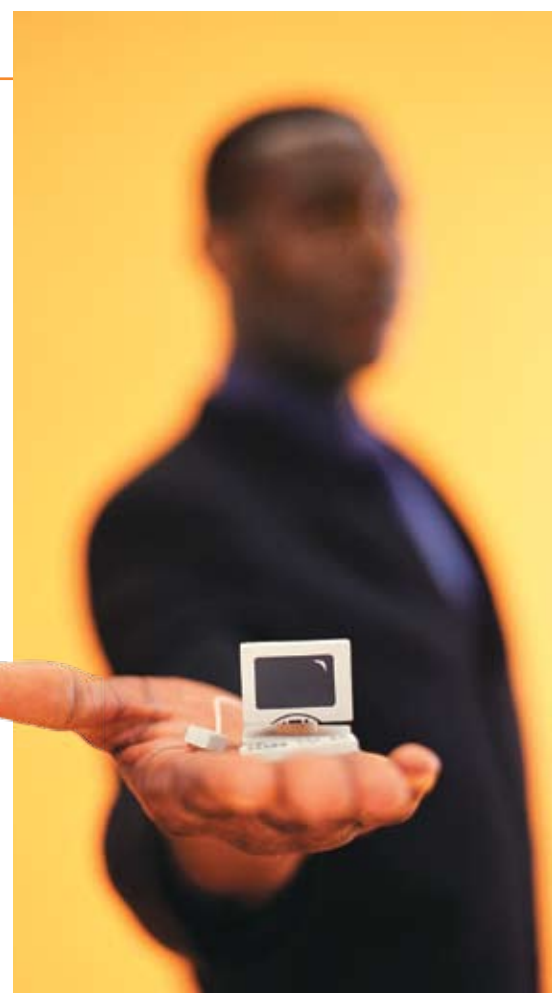
This effort is part of a wider ACS Clinical Document Delivery Program, a Michigan Quality System "lean" initiative designed to improve existing processes for broader clinical document delivery within the Health System (including test

"In addition to the patient care benefit of real-time electronic delivery, the Health System will realize a significant reduction in operating costs by eliminating printing and delivery of paper documents."

results, referring physician letters and discharge summaries to internal providers and external referring physicians).

In January 2006, physicians and staff from various UMHS clinics, along with the departments of Radiology, Pathology and Medical Center Information Technology, attended a three-day lean workshop to examine cross-departmental processing problems and identify solutions to improve delivery of outpatient results to the correct ordering provider.

"Our long-term goal is to deliver clinical documents to internal providers and external referring physicians electronically," says Matt Plachta, director, ACS Business & Operations Support Services. "In addition to the patient care benefit of real-time electronic delivery, the Health System will realize a significant reduction



in operating costs by eliminating printing and delivery of paper documents."

The following results-reporting improvements are scheduled for implementation this year:

■ **CareWeb Results Inbox Enhancements:** To improve communication between providers, staff and patients, and reduce operating costs associated with paper results delivery and handling, MCIT is programming additional functionality into the existing CareWeb Results Inbox electronic medical record system module. This new functionality will allow clinicians to forward results to other clinicians for review and add a brief instruction to staff and/or the patient on the printed result, as well as forward misdirected test results to Health Information Management (formerly Medical Information Systems) for routing to the correct ordering provider.

■ **Standard Requisition Template:** To simplify requisition processing for ordering providers and improve consistent inclusion of key information, a new standard requisition template for ordering outpatient tests will be introduced. More than 100 existing requisition forms will be converted to feature a standard header.

■ **Labels:** To improve test results delivery to the correct internal providers, requisition labels that include key patient and provider information will be printed in all clinics.

@ ON THE WEB

For more information on the Internal Results Delivery Project, visit <https://sitemaker.umich.edu/internalresultsdelivery> (authentication required). To learn more about the Michigan Quality System, visit www.med.umich.edu/mqs.

AROUND UMHS

Maintain physical activity by using the **free online Personal Activity Tracker** system introduced during the Active U program. Whether you participated in Active U or just want to keep tabs on your weekly physical activity (walking, cycling, stretching, housework, yard work, etc.), this tool is now available to all UMHS faculty and staff. All you need are a uniquename and a Kerberos password to authenticate and you are in! Get trackin':

First-time users: Register at <https://activeu.bmcmedia.org/join>
Returning users: <https://activeu.bmcmedia.org/tracker.asp>

What can your Mcard do for you? A lot! That little yellow plastic card offers University of Michigan faculty, staff and students **discounts and deals** on event tickets, equipment rentals, public transportation, computers, software, cars and much more. Visit the DEALS section of the Uniquely Michigan Web site for a complete list of discounts and perks:

www.umich.edu/~hrra/um/deals/index.html



At the end of this year, the **Blue Cross Blue Shield/United traditional plan will be eliminated** as a medical plan option for U-M faculty and staff. If you are currently enrolled in this plan, your existing coverage remains in effect through Dec. 31, but you must select a new plan during open enrollment in October. BCBS/United traditional plan members who don't enroll in a new plan during open enrollment will automatically be enrolled in the BCBS PPO plan for the 2007 calendar year. For details on this change:

www.umich.edu/~benefits/new/bcbasmunited.htm



Recently, the Health System kicked off an **environmental stewardship campaign** to create awareness about the many opportunities we have each day to recycle and conserve. The campaign builds on the success of past energy conservation and recycling efforts, and engages employees, volunteers and students UMHS-wide. Enthusiasts are invited to sign up to become environmental stewards for their departments/units/floors by e-mailing **BeASteward@umich.edu**. For more information, including tips, a green challenge and a Q&A with leadership about being eco-friendly, read *Conserve It, The Eco-conscious Newsletter* at:

www.med.umich.edu/envsteward/stewnews.htm

HAPPY 50TH ANNIVERSARY, HUMAN GE

Medical School department enters the golden years

JAMES NEEL creates the nation's first department of human genetics at the U-M Medical School.



1956

MYRON LEVINE and HAMILTON SMITH characterize genes that regulate how bacterial viruses integrate their DNA into the bacterial chromosome.

1964

Faculty, students and staff in the Medical School's Department of Human Genetics are celebrating a golden anniversary this summer. The department was founded 50 years ago—on July 1, 1956—which makes it the oldest academic department devoted to genetics at any U.S. medical school.

Back in 1956, medical students weren't taught much about genetics, because doctors didn't know much about it. The idea that genetic mutations could cause human diseases was still a fuzzy concept

to the average physician.

Fortunately for U-M, James Neel, M.D., Ph.D., was not your average physician. One of the Medical School's most distinguished scientists and legendary characters, Neel was a visionary who realized early on how important genetics would be to the future of medicine. Recruited in 1946 to run the U-M's hereditary disease clinic on Catherine Street, Neel transformed it into a thriving academic department that attracted some of the country's most prominent geneticists

and promising students to Ann Arbor.

During the past 50 years, U-M researchers have uncovered the genetic roots of a long list of human disorders—sickle cell anemia, cystic fibrosis, Huntington's disease, Duchenne muscular dystrophy, Wilson's disease, deafness, a bleeding disorder called von Willebrand's disease, hemophilia, epilepsy and many more.

Some of this research has led to cures or better treatments that are helping patients today. Some has produced new insight into the causes or

DIANE BAKER establishes the master's degree program in genetic counseling.

1979



PRINCIPLES OF MEDICAL GENETICS, the first textbook to include advances in molecular genetics, is published.



1989

FRANCIS COLLINS (above) and L-C TSUI discover the gene for cystic fibrosis.



1993

ANDREW FEINBERG shows that loss of imprinted genes is linked to the development of human tumors.



1993

JEFFREY CHAMBERLAIN uses gene therapy to cure Duchenne muscular dystrophy in mice.



1997

Zinc therapy developed by GEORGE BREWER is approved for treatment of patients with Wilson's disease.

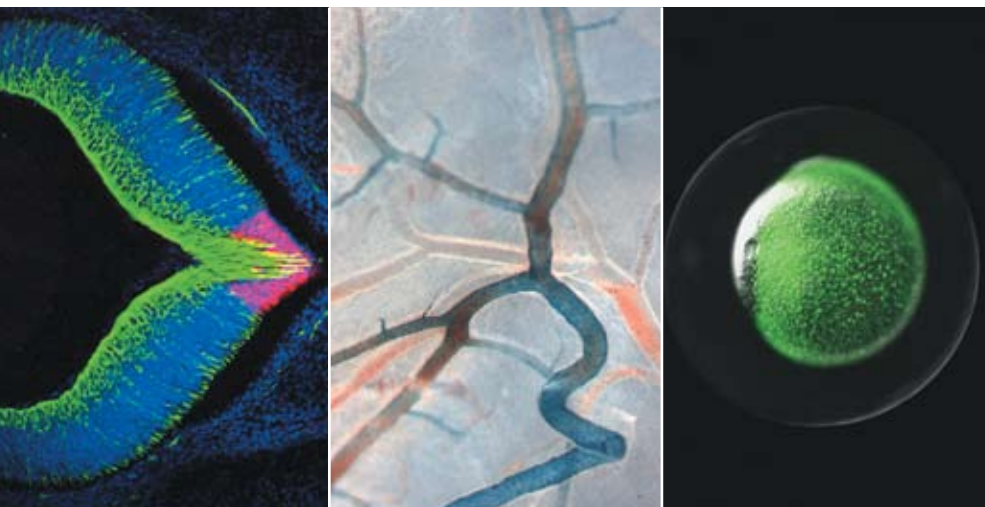


1998

DAVID BURKE and others at the U-M College of Engineering create a genetics lab on a m

CELEBRATING THE BODY BEAUTIFUL

U-M team blends art and science with educational and profitable results



Artists have known for centuries that the body is a beautiful thing. Now, a Health System team celebrates the artistry inside the body as well.

Bio-Artography began last year as a unique blend of science, art and public education, in which research photo images were displayed and sold at the Ann Arbor Summer Art Fair to benefit graduate and postgraduate training at the U-M Center for Organogenesis. The Bio-Artography team is selling its images again at this year's fair, July 19-22.

UMHS students, postdocs, staff and faculty submit their own research photos to the Center. Then, Cell and Developmental Biology faculty members Deborah Gumucio, Ph.D.; Kathy Sue O'Shea, Ph.D.; and Kim-Chew Lim, Ph.D.; along with Center coordinator Rebecca Pintar, prepare the images for a jury of local artists, which selects the most attractive for display at Art Fair. Images also are for sale on the Center's

Web site: www.bioartography.com.

"This year's Bio-Artography booth features a combination of favorite images from last year plus many new images, including brain, bone and intestine," says Gumucio.

Last year, the Center made \$14,000 through booth and Web sales. Participating artists get a small 5 percent commission. "The majority of proceeds support up-and-coming new scientists," says Catherine Krull, Ph.D., assistant professor, Cell and Developmental Biology.

Artists staffing the Art Fair booth also have the opportunity to talk with the public about important scientific issues such as the use of animals in research, the evolution of body design, the use of stems cells and the pure biology behind the images.

Gumucio notes, "The artists also have the opportunity to discuss science with the 9- to 16-year-old crowd and turn them on to the beauty of scientific discovery."

Blending science, art and public education, Bio-Artography images like these will be on display and available for purchase at the Ann Arbor Summer Art Fair, July 19-22. Proceeds from the sales benefit graduate and postgraduate training at the Center for Organogenesis.

@ ON THE WEB Visit *Inside View* online to learn how drawing broccoli led Krull to her Ph.D. in Cell and Developmental Biology: www.med.umich.edu/insideview.

GENETICS!

mechanisms of genetic disease that could help tomorrow's patients. Stay tuned. Who knows what the next 50 years will bring?

@ ON THE WEB Want to know more about Human Genetics and this important milestone? Read more at Medicine at Michigan online: www.medicineatmichigan.org/magazine/2006/spring/genetics.



2005 NOAH ROSENBERG analyzes genetic differences in DNA from native populations around the world to track the path of human migration out of Africa.

2003 MIRIAM MEISLER identifies a modifier gene that alters the severity of inherited neurological disorders in mice.

2002 JOHN MORAN finds that "junk DNA" can alter the human genome by knocking out genes or repairing damaged DNA.



THOMAS GLOVER discovers that DNA damage response proteins regulate the stability of fragile sites on chromosomes.

1999 DAVID GINSBURG discovers a modifier gene in mice that increases the severity of von Willebrand's disease.

research-lege of a miniature microchip.



FRAGRANCE FREE

Leave the cologne at home

It's summertime and the livin' is easy...except for individuals with allergies and respiratory problems that hit hardest when the temperatures are warm and the air is thick with humidity. What better time, then, for all Health System faculty and staff to remember that wearing strong or overpowering fragrances can have a negative effect in the workplace?

As a courtesy to co-workers, clients, patients and visitors, please refrain from wearing fragranced lotions, perfumes, colognes, body sprays and other products that may cause problems for individuals who are sensitive to such scents.

UMHHC staff members are reminded that this is in accordance with Policy 04-06-008: Dress & Appearance. Thanks for your anticipated consideration and cooperation!

PREPARING FOR THE WORST

How the Health System prepares for natural disasters, biothreats

Almost every day the media features stories declaring threats to our safety and health, such as bird flu, pandemic influenza and hurricanes—all stories that can cause alarm when one is uncertain how to defend against them.

But Peter Forster, administrator for Emergency Medicine, looks at it another way. "I was a Boy Scout, and I can't help but think of their motto: Be prepared." And that's just what the Health System is doing to ensure staff safety while providing for medical needs in the event of a disaster.

By participating in biannual emergency preparedness exercises in coordination with the National Disaster Management System and the Bio-Defense Network, the Health System is able to understand how it can and will respond to specific disaster scenarios.

"The NDMS is the closest thing we have to a national organized system that deals with natural or man-made disasters. We designate a certain number of beds to be made available, if needed," Forster says.

The NDMS also organizes Disaster Management Assistance Teams made up of emergency responders, doctors and nurses who may be called upon to offer assistance, as many employees did in response to Hurricane Katrina.

The National Bio-Defense Network coordinates medical response to biological disasters. Michigan's Bio-Defense Network, which was formalized in 2002, comprises eight regions, each a collaborative of local hospitals, health departments and other emergency response agencies. UMHS is part of Region 2 South: Washtenaw, Monroe and parts of Wayne County.

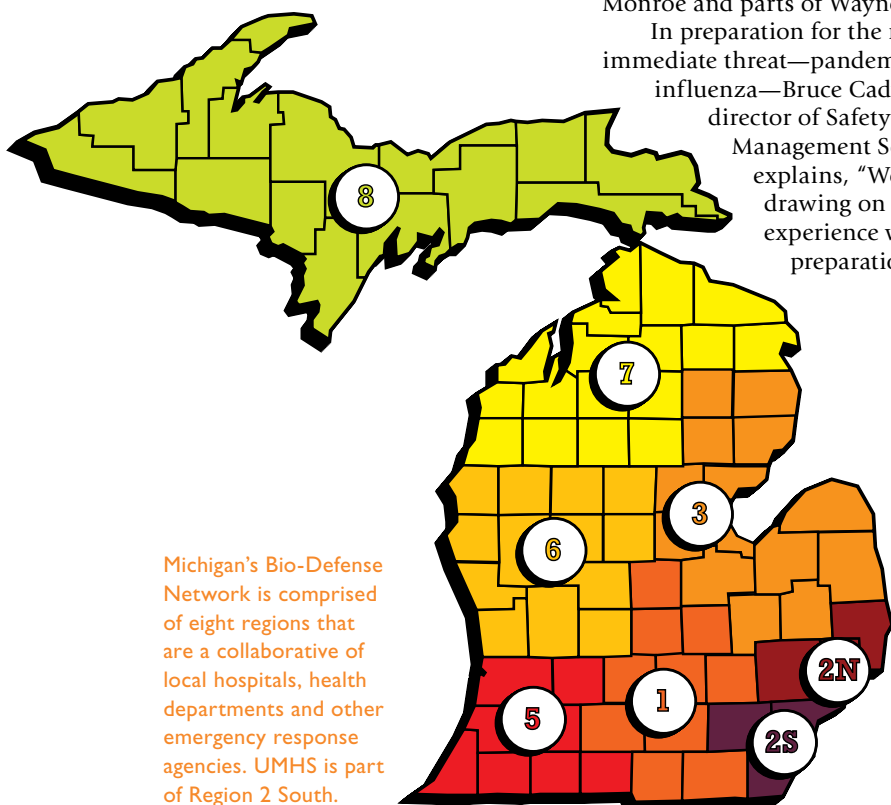
In preparation for the most immediate threat—pandemic influenza—Bruce Cadwallender, director of Safety Management Services, explains, "We're drawing on our experience with preparations for



Emergency Department technician Sara Freeman (above) directs a patient transfer from the "Warm Zone" to the "Cold Zone" during a recent exercise. Below left, ER technicians Mike Brown, Lynn Phelps and Bill Clayton are waiting for "contaminated patients" to arrive. Below right, an ER technician practices decontamination on an exercise volunteer.

anthrax, smallpox and SARS, but our preparedness plans continuously evolve based on the current threat."

Recently, UMHS participated in two exercises. In December 2005, Alternate Care Center Exercise participants looked at whether Palmer Commons could be used to accommodate patients if the Health System's capacity was overwhelmed. Last month, participants performed a functional exercise with "victims" in a pandemic influenza scenario.



TAKING CARE OF OUR OWN



CONFLICT IS INEVITABLE

But resolution is easier than you think

By Michael Moriarty, A.C.S.W., counselor, Employee Assistance Program

Conflict in the workplace can make us very tense. Enough so that we react too angrily and worsen the situation, or give in too easily and feel degraded. Avoiding conflict may seem like a quick and easy solution, but it only buys time... it doesn't resolve anything.

When faced with workplace conflict, you may feel like you are in a no-win situation, and that what was once a good, reliable co-worker relationship is now damaged beyond repair. The related stress and anxiety can compromise your performance and self-worth. But have faith! There are many things you can do to achieve resolution and a mutually satisfying outcome. Many relationships can be saved—and conflicts resolved—with prompt intervention.

Managing conflict is the capacity—whether innate or learned—to rise above the issue at hand and fully appreciate and consider the needs, interests and issues of others.

The first step toward achieving resolution is to set up a time to talk to the person with whom you are in conflict. Be respectful, flexible and dedicated to finding a mutually satisfactory solution. Commit to working it out together before bringing in a third party, but be open to asking a fair-minded individual to mediate, if necessary. (See box for more conflict resolution tips.)

By using relationship negotiation skills honed over a lifetime dealing with parents, siblings, children and friends, we all are capable of dealing with disputes successfully. Individuals who are successful at conflict resolution are those who are committed to their own interests, elevate the interests of others and consider the overall well-being of the relationship.

The truth is that conflict is inevitable. Equally true is the fact that conflict often can be resolved by taking care of how we talk to and treat each other.

There's an old saying, "If you want peace, prepare for war." I recommend a different take. "If you want peace, work harder to create it."

Tips for Your Conflict Resolution Toolkit



(For an expansive list visit: www.med.umich.edu/insideview)

- **Empower** and center yourself.
- **Know** what you hope to gain.
- **Assert** your interests, but remain flexible.
- **Be open** to alternative perspectives.
- If you don't understand, **ask** and **listen**.
- Be willing to **compromise**.
- **Resist** the urge to emotionally confront, blame or defend.
- **Be open** to third-party mediation.

Relationships matter. Getting along matters. We all make mistakes and react emotionally, especially under stress, but we are just as capable of repairing a relationship damaged by conflict. It just takes courage and commitment.



ON THE WEB

If you need

assistance with a workplace conflict, contact the Employee Assistance Program: phone 734-763-5409; e-mail eap@umich.edu; on the Web www.med.umich.edu/mworks/eap.

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