

inside VIEW

A LOOK INTO THE WORLD OF HEALTH SYSTEM FACULTY AND STAFF

sept/oct 2009

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PROFILE: ART AND SOUL

Getting to Know Ora Hirsch Pescovitz



You can often tell a lot about a person just by the décor of his or her office. Walking into the office of our new executive vice president for medical affairs was pretty surprising. The windowsill is lined with colorful glass art. The walls are covered with paintings. There are family photographs and a plaque that says, “Mending the World.” And, in the midst of the old and new books lining her bookshelves, there’s a hand grenade.

In addition to her new role at the Health System, Ora Hirsch Pescovitz, M.D., is a wife and mother of three grown children, a collector of art, a pianist, a scientist, an author and by all definitions a leader.

IV: What is the best part about moving to Ann Arbor?

OHP: Of course I was thrilled to accept the position, but whoever scheduled me to come to Ann Arbor in the spring did a smart thing. It’s a beautiful and welcoming and warm community. There is the right mix of small, adaptable, easy to get around and friendly.

This summer was my first time at the art fair and that was great. My son has a degree in art and used to work in metalsmithing and jewelry-making. He’s in architecture now, but still makes jewelry on the side. I get great gifts from him.

IV: What was your most memorable moment as a medical student?

OHP: I learned how medicine offers a myriad of experiences and that there is so much creativity in medicine. When I was young, I didn’t know whether I wanted to study medicine or become a concert pianist. In medical school, I was part of a chamber of music group. I learned that creativity is everywhere. In medicine, the career opportunities are endless.

IV: Did you have to attend the Michigan Traditions and Values orientation like everyone else?

OHP: I did! It was great to attend because I needed to be oriented to the place just like everyone else. After we did introductions at the table, I think a few people got a little nervous.

IV: How do your personal and professional philosophies intertwine?

OHP: I’ve always believed that you should aim high. If you shoot for the stars and end up landing on the moon, that’s great. You just might discover something else.

I wanted to make my contribution as a researcher early on. With time, I realized maybe I had something unique to contribute as an administrator. This was a bit of a compromise for me – to think I wasn’t going to do it by myself. But over time I began to see it is equally satisfying to enable others to do great work. I want everyone at this institution to collectively reach their highest potential.

IV: What is your overall vision for the Health System?

OHP: Since I arrived in May, I’ve been learning a lot about this place and its people. There is a wealth of intellect, passion and potential in this Health System and together, I think we can create the future of health care through discovery. I’d like to build upon the great things happening here to move us forward. I want us to become THE national leader in health, health care reform and biomedical innovation.

To read all of the interview visit *Inside View* online at <http://www.med.umich.edu/insideview>. Look for more interviews with Dr. Pescovitz in future issues.

Written by Beth Johnson

AROUND UMHS

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Questions? Story Ideas?

Contact *Inside View* at 734-764-2220

or Insideview@med.umich.edu

("Insideview" in GroupWise)

The North Campus Research

Complex may seem quiet now, but planners across the University are working to create a strategy for using the 30-building property. Visit the North Campus Research Complex Web site to watch a video detailing their ongoing efforts. The Web site also offers facts and figures about the complex, a chance to share your ideas and links to sign up for regular updates.

<http://www.umresearchgrowth.org/>

The Healthwise® Knowledgebase,

which powers Health Topics A–Z for visitors to the Health System Web site, is a rich source of health information. Updated quarterly, you'll find information on topics ranging from research abstracts, health, disease and medication topics and images to online tools, forms and more. Read the full list of the latest updates.

<http://health.med.umich.edu/healthcontent.cfm?id=344>

To identify healthier food choices in dining and vending locations across the University, look for the MHealthy logo.

The GOOD CHOICE logo will no longer be used. Items with the MHealthy logo meet specific

recommendations for total fat, saturated fat, trans fat, cholesterol, added sugar and fiber. Read about the MHealthy nutrition program. **Aramark's Classic Fare Catering now offers a MHealthy/GOOD CHOICE menu.** Items on the menu are designed to help lower total fat, saturated fat, trans fat, cholesterol, sodium and added sugar intake while increasing the amount of dietary fiber.

<http://www.hr.umich.edu/mhealthy/programs/nutrition/goodchoice>

MCIT has launched Phase 2 of the GreenIT program.

In this second of a four phase program, MCIT-managed computers are now turned off every night, except for specified areas where exceptions have been authorized. These areas include units that function 24 hours a day, seven days a week, such as the OR, pathology labs, radiology, University Hospital and Mott inpatient care units and ambulatory care examination rooms.

The new UMHS GreenIT policy explains how to request an exception to the automatic computer shutdown policy.

Visit the GreenIT Web site for more information or email greenIT@med.umich.edu.

<http://www.med.umich.edu/i/mcit/greenIT/>

LETTER FROM THE EDITOR



Welcome to Inside View lite!

For those of you visiting our Web site for the first time, many thanks for staying with us as we transition from print to online only. *Inside View* will continue to provide stories about things going on at the Health System, and now can offer even more photos, videos and stories. Our plan is continuous evolution to meet your wants and needs. If you have story suggestions or other ideas for the site, please email insideview@umich.edu.

Creating this issue was a whole new process of collaboration between myself and the IV team: Geoff O'Connor (Web), Juliet Fuller (photography), Jessica Soulliere (video) and JeanAnn Davidson (marketing). Perhaps I shouldn't be so surprised that it was a total blast. But seriously, it could have been a rough

transition and it was such a relief to be able to share ideas, voice opinions and make decisions in a respectful matter.

This got me thinking about our article about the Health System's disruptive behavior policy. It was shocking to learn that forty percent of clinicians have experienced some sort of intimidation or disrespectful treatment by co-workers. This, of course, leads to decreased patient safety – it's hard to concentrate on patients when you're upset. But the policy applies to our entire Health System, whether you work directly with patients or in other areas. I hope everyone will read the policy. It's a nice and simple reminder to be considerate to those you interact with every day.

Thanks to the IV team for making this a fun transition. Thanks to you for reading!

P.S. Don't forget to get a flu shot!

Beth Johnson, Editor

FOCUS ON: SAW Opens Doors

'School at Work' pilot program enriches UMHS employees

Ten members of the Health System's service staff recently spent 36 weeks in the classroom, and emerged with knowledge of health care, higher math and reading skills, and general confidence in their ability to succeed.

Employees from Laundry Services, Environmental Services, Entrance Services and Materials Services were selected as students for the Health System's pilot program of "School at Work." SAW was developed to provide skills in a variety of areas while building and promoting career ladders in health care. It aims to launch employees to higher-paying positions and give them the preparation to enter college and further their education.

Steve Raymond, Operations and Support Services' director for leadership and staff development, coached the 10 participants through SAW while they learned medical terminology and improved math, reading and people skills. The program also taught participants about health care careers.

Candy Jones, a classifier in Laundry Services, decided to attend the SAW course just to see if she could do it. During the class, she discovered an interest in becoming a sonographer at U-M. "I see myself continuing my education," Jones says.

"People that are going through it have a real sense of accomplishment," Raymond says.

SAW will help open the door for UMHS employees to attend college, which means advancing to higher-paying jobs at U-M where they can contribute even more. "This program benefits the

whole health system," says Raymond. "The main thing that I've noticed is a higher level of self-confidence."

The three employees from Environmental Services who attended SAW made the commitment to participate for the whole 36 weeks, says Linda Little, their supervisor. In turn, the class made them more committed to their jobs at Environmental Services.

"I would like for more of our custodians to be able to participate in the future," Little says.

Jessica Nichols, a custodian and one of Little's employees, did not think she was interested in the medical field, but decided to take the course just to see what's out there. She emerged with a plan to become an X-ray technician.

Raymond worked in collaboration with others during the three-year project to establish SAW at the Health System, including:

- Kathy Jordan-Sedgeman, Labor Relations
- Rolando Croocks, Laundry Services
- Angela Dameron, AFSCME bargaining chair
- Gloria Peterson, local union president

Organizers say they plan to continue offering the SAW program.

FOR ADDITIONAL INFORMATION ABOUT SAW

email Steve Raymond at raymonds@umich.edu.

Written by Haley Otman

SPOTLIGHT: You should maintain a Personal Health Record

You can be a better partner in your health care decisions if you maintain a Personal Health Record. A PHR is a collection of all the important information you keep about your health. When you have this readily available for your doctor, more time can be spent focusing on diagnosing and treatment as opposed to gathering information.

Don't confuse a PHR with an Electronic Health Record. The EHR is an electronic version of the medical care and treatment that a patient receives. It is managed and maintained by the health care provider. The U-M Health System maintains EHRs for its patients. Each member of your family should have a personal health record. The PHR is especially important if you travel, experience an emergency, or when children go away to college. The format doesn't matter — it can be paper documents, electronic

documents on your personal computer or documents you create using tools available on the Internet; all of your health information should be in a single location and accessible when needed.

"It's very important for people to maintain their own health records because you will be able to provide your physician with complete information about your medical condition," says Rose Marie Sitko, director, Health Data Quality Management, Health Information Management. "This will make you better prepared for doctor visits and help you be an active partner with your health care provider."

With a PHR, you control the information and what your health care provider needs to know. You also maintain its privacy and security.

YOUR PHR CAN INCLUDE:

- personal information
- emergency contacts
- information about your personal physicians, dentists and specialists
- living wills, advance directives or medical power of attorney
- a list of serious illnesses and surgical procedures
- current medications and dosages, including vitamins or herbals
- immunizations records
- allergies or sensitivities
- medical test results, eye and dental records
- exercise routines
- health insurance information
- organ donor authorization

Written by Bruce Spiher

A descriptive brochure, is available from HIM and at some UMHS clinics. <http://www.med.umich.edu/i/him/pdfs/phr.pdf>
Information is also available on the HIM Web site or email HIM-ASK-US@med.umich.edu. <http://www.med.umich.edu/i/him/>
Find information about PHRs at the American Health Information Management Association Web site. <http://www.ahima.org/>

Power in Numbers

How one physician uses group sessions to educate patients



Women considering breast reduction surgery have a lot of questions, some of which they're too shy to ask. But plastic surgeon Amy Alderman, M.D., M.P.H., has developed a popular women-only program in which she and her team see patients pre-operatively in a group visit.

Instead of giving the same information repeatedly to eight or more patients in a clinic day, Alderman does it all at once — after her patients watch an educational video and have their individual private examinations. The patients learn from each other's questions.

"As a health care provider," Alderman says, "I can give them much more information in this group setting. There's more time. There's less chance of forgetting something because I'm not repeating so much. The information is fresher. And the patients' questions are the real benefit. They think of everything — and a lot of things I wouldn't have thought of."

In this way, every patient's concerns are addressed. Even if a patient doesn't want to ask the question herself, someone at the meeting is bound to ask it. "Everything is covered in a relaxed atmosphere," says Alderman.

Patients are encouraged to bring along a female support person. Patient Carrie Bohnwagner brought a good friend who also had breast reduction surgery. Bohnwagner's friend was so impressed with the way things were handled, that whenever a mutual friend is considering the surgery, she tells them, "You should go to Carrie's doctor, not mine." Bohnwagner adds, "Throughout the whole process, I felt taken care of — and loved."

Patients of all ages participate. Alderman says there is usually at least one patient who is around 17 years old. She says, "An added benefit of this group meeting is that the older women help give the younger ones a perspective on what it is like to go for decades without the surgery."

Patient Tiffany Mosley says, "The program was very well thought-out. And if you're considering this type of surgery, my advice is: Go. You'll feel great."

Alderman, assistant professor, Department of Surgery, and director, Cosmetic Surgery Center, has been conducting the group meetings for almost five years. She hopes to develop a similar program for patients seeking breast cancer reconstructive surgery and patients contemplating surgery after extreme weight loss.

Written by Cathy Mellett

FOCUS ON: INTERVENTION

Don't be a professional **BULLY** *Intervention is key to changing behavior*

Did you know that 40 percent of clinicians who have experienced intimidation in the workplace have kept quiet about it? We're talking about disruptive behaviors that occur between co-workers when one treats the other with disrespect: yelling, belittling, throwing things, derogatory comments, and/or even threatening physical contact.

You may think bullying is reserved for elementary school, but The Joint Commission (TJC) says that "most" clinicians have witnessed some type of disruptive behavior at work. So concerned was TJC about these statistics that it alerted health care organizations last year to be on the lookout for such behavior because it has a negative effect on patient safety and quality of care.

Example: a nurse manager loses patience with a staff member who is stressed about workload. The manager shouts and leaves the room, slamming the door on the way out. The nurse starts her shift in tears.

The Joint Commission directive focused on the connection between disruptive behavior and patient safety, linking inappropriate acts to increased medical errors and adverse outcomes. It reduces staff morale and performance, and can lead to staff turnover. This leads to increased cost of care and patient dissatisfaction. The new TJC standard focuses on encouraging behavior that supports open, non-hierarchical communication among all who work within the organization.

That focus was the foundation for the disruptive behavior policy the Health System implemented in January 2009 for all employees. In addition to outlining types of behavior that are encouraged and prohibited at the Health System, the policy also provides avenues to report this behavior.

"The institution is interested in addressing behavior that undermines a culture of patient safety," says Heather Wurster, R.N., M.P.H., administrative director, Office of Clinical Affairs. "That the Joint Commission says 40 percent of people don't report this type of behavior is unsettling. We are working to change our culture so that employees aren't afraid to speak up when treated in a disrespectful or disruptive manner."

Example: an administrator knocks on the open door of a physician, who turns and angrily snaps that he is too busy to talk to someone like her. Before she can speak, the physician stands and escorts her out of the room and closes the door in her face.

Health System leaders hope to empower employees to overcome any perceived sense of being trapped by the "status quo." The policy clearly encourages reporting, defines behavior expectations and outlines the procedure to report, including an anonymous option.

Wurster, who intervenes when a physician exhibits disruptive behavior, says individuals are often not aware of the impact they are having on their co-workers. A person coming forward to report an incident is the only way to change the situation. "People are worth the investment," Wurster says "We have many success stories — intervention leads to insight which leads to changed behavior."

READ THE DISRUPTIVE BEHAVIOR POLICY
www.med.umich.edu/i/policies/umh/04-06-047.htm

Written by Beth Johnson

BREATHING EASY

New hope for patients with fibrosis of the lung and other organs

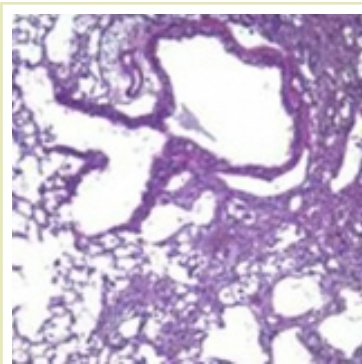
A diagnosis of idiopathic pulmonary fibrosis isn't much better than a death sentence: there is no treatment and the survival rate is less than three years. There's a gradual scarring of the lung, thickening and contracting the organ until it loses its ability to exchange oxygen with blood. Patients experience extreme fatigue, rapid weight loss, chronic cough and shortness of breath. The lung disease often affects older people and its cause is generally unknown – it's possible that cumulative injuries like exposure to environmental toxins and pollutants in susceptible individuals could contribute.

Now Health System researchers have discovered that targeting a new gene was successful in treating pulmonary fibrosis in mice. Now they'll work on an approach for future testing in humans.

THE CONCEPT

"We've identified the target. We know the enemy now," said Subramaniam Pennathur, M.D., assistant professor of internal medicine/nephrology. "This is the first study that shows pulmonary fibrosis is driven by this NOX4 enzyme. But what's really significant is this discovery may have relevance to fibrosis in other organ systems, not just the lung."

So those suffering from common cardiac or kidney diseases, which often involve fibrosis, may also benefit from treatments that result from this research.



Idiopathic pulmonary fibrosis causes a gradual scarring of the lung, thickening and contracting the organ until it loses its ability to exchange oxygen with blood.

HOPE FOR PATIENTS

The NOX4 discovery was made in the U-M lab of Victor J. Thannickal, M.D. He was assisted by Louise Hecker, Ph.D., a post-doctoral research fellow. Continued support from the National Institutes of Health will eventually allow researchers to take the treatment to human studies. U-M is seeking a patent on the treatment and the researchers' findings are published in the September issue of the journal *Nature Medicine*.

Thannickal says the study points to a viable treatment strategy for idiopathic pulmonary fibrosis, and researchers saw success both in mouse models of lung fibrosis and in fibrogenic cells isolated from lungs of patients with idiopathic pulmonary fibrosis.

"It remains to be seen if fibrosis is reversible," he said. "But therapeutic targeting of this pathway may allow us to halt

the progression of fibrosis and preserve lung function."

When U-M researchers induced the fibrotic process in the mice, they discovered that the NOX4 enzyme was elevated. By knocking down that enzyme at the genetic level or inhibiting its activity, the fibrosis was stopped.

"So we may be able to halt lung scarring even after the injury has occurred and fibrosis is set in motion," Hecker says. "This research provides proof of concept that we can target this pathway for therapeutic benefit, which could potentially be used in humans."

TREATMENT TOMORROW

Both Hecker and Thannickal left U-M recently for the University of Alabama at Birmingham, but they plan to continue to work with Pennathur and other U-M researchers on anti-fibrotic therapies based on these studies. U-M has filed for patent protection and is currently looking for a licensing partner to help bring the technology to market.

Written by Mary Masson

Wearing White

Medical students celebrate their commitment to medicine

The U-M Medical School class of 2013 gathered Aug. 2 at the Power Center to receive crisp new monogrammed white coats that make it official: this fall, they'll start their four years of training to become doctors.

The 170 new recruits, about half women and half men, come from places as close as Bloomfield Hills and as far as Puerto Rico, Bulgaria and Hong Kong.

Govind Rangrass, 22, was one student to walk across the Power Center stage to have Dean James Woolliscroft, M.D., slip a white coat over his arms and shoulders. Rangrass, who's from Kalamazoo, is a Yale University graduate who spent last year on a Fulbright fellowship, working in a public health project in India for HIV-affected families.

"Getting white coated" is a festive celebration and ritual of commitment that started at Columbia University and now happens at several medical schools across the country. The U-M Medical Center Alumni Society and the Medical School host this yearly event, held since 1993.

"Medicine is not an individual endeavor. Rather, it is like a symphony orchestra," Dean Woolliscroft told the class.

Keynote speaker Valerie Castle, M.D., professor and chair, Department of Pediatrics and Communicable Diseases, said putting on a white coat will become a daily routine. "I ask you each day to look at the words "Medical School" as a reminder you have accepted a unique set of responsibilities to your peers, your patients and the practice of medicine."

Sarah Tochman's friends and her U-M undergraduate advisor, Joyce Sutton, were on hand to see Tochman get her white coat. Tochman, who is from Northville, graduated from U-M this spring.

"I think she always had the passion to help others — and the drive," Sutton says. She advised Sarah in the Health Sciences Scholars Program, a living-learning community at Alice Lloyd dormitory for students interested in health careers.

Each U-M medical student receives a white coat with his or her name embroidered on the pocket, either from Dean Woolliscroft or, in some cases, from a parent or relative who is a U-M-trained physician. Last stop before stepping down from the stage: a table filled with new stethoscopes, a gift from clinical faculty and Brian and Mary Campbell.

Outside afterwards, the students gathered for a group portrait, then came back in the lobby to munch special white-coat-shaped cookies, frosted with maize or blue block Ms on the pockets.

Written by Anne Rueter

GO LEAN:

Acute Occupational & Physical Therapy Services

LEAN INITIATIVE

What began as an assessment of Acute Occupational and Physical Therapy services offered on the weekends evolved into overall service improvements every day for the Department of Physical Medicine and Rehabilitation.

A lean team found that PT and OT therapists were spending nearly 58 percent of their time every day – about 4.6 hours – on medically necessary tasks other than direct patient care. They knew they were onto something big. The team applied several lean quality measurements and researched the records of more than 800 University Hospital and Cardiovascular Center patients to gauge the frequency of service delays and impact on care delivery.

"Realizing that we were not matching the right skills with the task was a major 'a-ha' moment for us," says Jose Kottoor, M.S., P.T., director of Occupational and Physical Therapy.

Kottoor says a true "culture shift" occurred by moving many routine non-patient care tasks from the physical and occupational therapists to technicians – and by the entire group taking ownership for identifying further improvements to the process. Sustained success has been made possible by the strong leadership of supervisors Debbie Pettitt, O.T., Kim Dosch, P.T., and Don Packard, P.T.

"The project has given the therapists time to focus on the value added work they were hired to do: provide therapy to our patients," says lean coach Brendon Weil, who helped steer team members through the lean process.

"The therapists are making a difference in more patients' lives by being able to see more patients each day and provide more focused skilled care," says Lindsey Boutell, P.T., a physical therapy clinical specialist. "It has been a lot of fun to be able to integrate a new accessory to our department by adding techs to our daily activities. The techs provide an incredibly positive outlook to our patients, making physical therapy a little less intimidating."

Rehabilitation technician Cassandra Redmon says, "The patients now have an opportunity to have any needs addressed beforehand, such as their medications, and gives them time for mental relaxation and preparation for physical therapy."

The lean process resulted in many significant improvements:

- the number of patients seen per therapist per day improved by 12 percent
- the number of billable units improved by 33 percent
- the median response time to new referrals improved by 42 percent
- the percent of time therapists spent providing value-added care to patients at the bedside improved by 27 percent

For more information about this project, please contact Jose Kottoor at 734-936-7070.

Written by Cathy Mellett

Haste Makes Waste

Some reminders on how to save the planet and cut costs through the Health System's recycling program

Written by Dave Tyler
Waste management and recycling coordinator, Facilities Services

Think of how much trash you generate at your own home, and the efforts you personally take to use, reuse and recycle waste. Now apply that to the entire Health System.

In addition to everyday garbage — like food wrappers, paper products, empty cups and the like — we have confidential papers, cardboard boxes, batteries, construction materials, electronic equipment and plastic containers and bags. I haven't even mentioned regulated medical waste — things like sharps, suction canister liners, tubing containing blood and pleuravacs. And, we can't forget hazardous waste that is disposed of in sealed buckets and shipped to proper disposal centers.

Most employees probably don't realize just how much is happening on a daily basis to properly remove waste from the Health System. We're a world leader in recycling and seen by many as an example of best practices when it comes to innovative systems and processes. We recycled nearly 5 million pounds of waste in 2008 alone. It is my job to be concerned about the environmental impact of the waste coming out of the Health System. And now, during the tight economic times, it is more important than ever to conserve resources.



The next time you think about throwing that empty pizza box into a red bag because it's closer, please reconsider.

Here are a few things to remember:

- **RED BAGS** are for biohazard waste only, yet it's estimated that 97 percent of items found in red bags could go in the regular trash. A regular clear bag costs a mere 12 cents, compared to the 47-52 cents for a red bag. Considering we spend around \$500,000 on red bags alone each year, using them properly could save a lot. The next time you thinking about throwing that empty pizza box into a red bag because it's closer, please reconsider.
- **CHEMOTHERAPY WASTE BUCKETS** are for chemotherapy waste only. These are treated as hazardous waste and picked up each week for proper disposal. The bucket alone costs \$8.12 and weighs over three pounds. Disposal cost is \$2.50 per kilo. Do not throw empty syringes or butterfly needles into these buckets. We can save over \$100,000 per year simply by monitoring items before they are placed into the bucket. Buckets must be labeled with the unit name and the date the waste collection started.
- **CONFIDENTIAL PAPER BINS** can accept ANY kind of paper. If other items containing plastics, such as x-rays, DVDs, computer discs, and tapes containing patient information, are put into paper bins, these items are pulled and end up in a landfill. This breaks the cycle of ensuring patient confidentiality. Contact me to set up a process to properly dispose of these items with out contaminating your paper recycling.
- **SURGICAL EQUIPMENT** should NOT be discarded in sharps containers. Be careful what you throw away – it's estimated that we order around 300 pair of surgical scissors per week at a cost of \$12 each. Surgical equipment routinely disappears because it is thrown away.

Learn more about the Health System's recycling efforts visit the Waste Management Web site <http://www.med.umich.edu/i/sms/Waste/Main.htm>.

To request in-service training for proper waste disposal for your department contact Dave Tyler by paging 9505. You can also request this training through Safety Management Services <http://www.med.umich.edu/i/sms/aboutus.htm>.