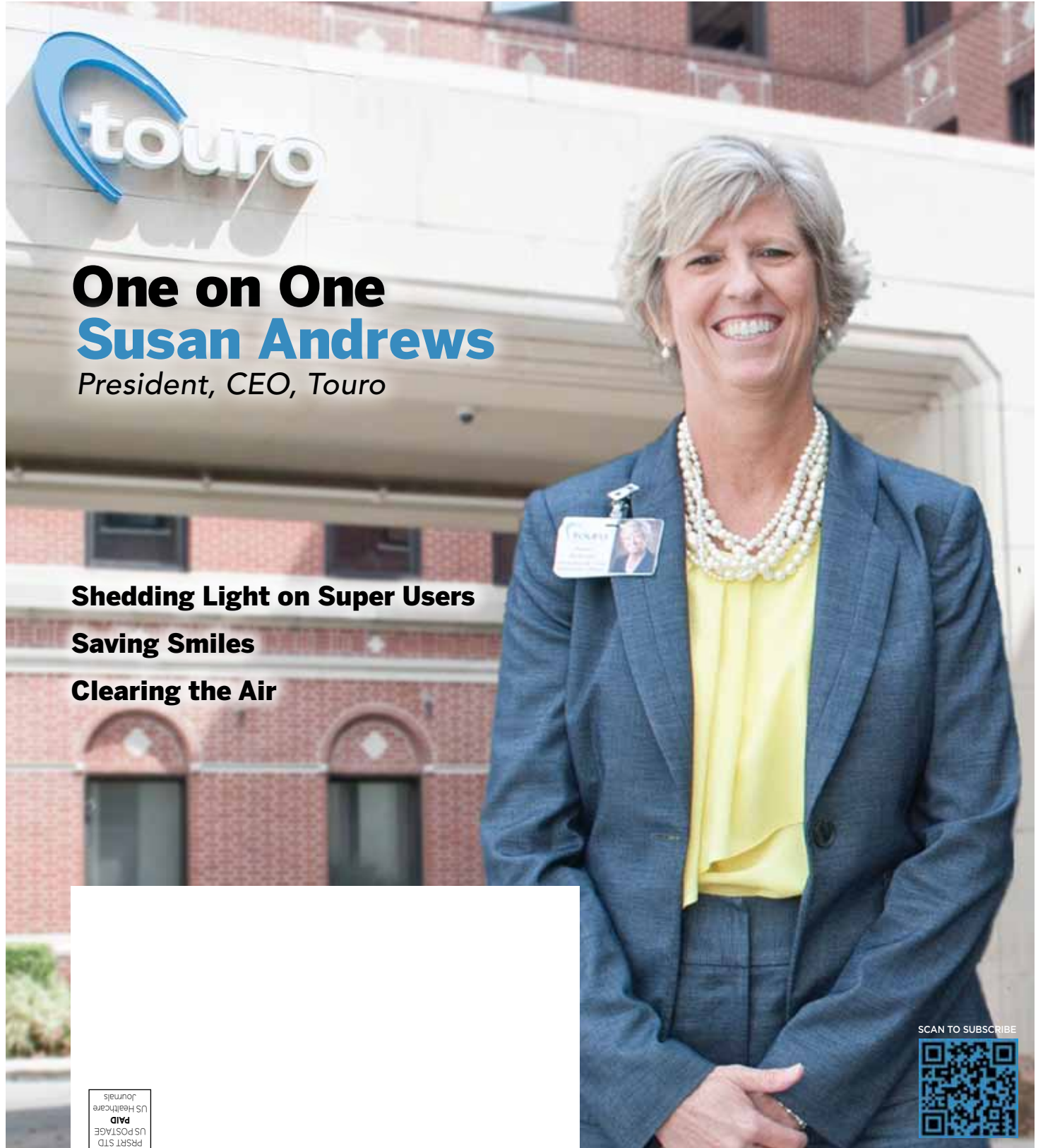


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of New Orleans

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One on One **Susan Andrews** *President, CEO, Touro*

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A LOT OF PEOPLE IN OUR INDUSTRY haven't had very diverse experiences. So they don't have enough dots to connect, and they end up with very linear solutions without a broad perspective on the problem. The broader one's understanding of the human experience, the better design we will have. | STEVE JOBS



RECENTLY I WENT THROUGH a 10-day cleanse. I was curious. I won't mention the product because it's not about the endorsement, but rather the concept.

The process was similar to a coordinated fast, which included very few calories of an all organic, high nutrient vegan eating plan with amino acid supplements. From a food taste and satisfaction perspective it felt like the opposite of the normal tailgating cuisine.

The physical changes were as promised. I became much lighter. My belt size was two inches less than prior to the cleanse. My body felt better and leaner. But none of this was surprising. Many of us have probably experienced something similar in what could also be characterized as a crash diet. This is where I hope an intentional cleanse can differentiate itself from a diet. The focus of cleanse is more about overall health.

One of the goals, or intentions, of a cleanse is to remove toxins and other impurities from the body. Was this my experience? It felt like it. But how would I really know?

The most significant noticeable result in my experience had to do with recognizing certain thought patterns. Beginning immediately I noticed how much of my thought patterns were related to food and future meals. I should note I wasn't approaching this cleanse as someone who is overweight. My weight is fine and my normal eating experiences are mostly healthy. But things were ramping up.

This thought pattern comes from a very primal place in our deep-seated survival need for food. While I was very aware of missing out on the normal pleasures of food, I was also experiencing something that could almost be characterized as a panic that comes with fewer calories. This is where the experience got interesting. Watching my own survival anxiety was fascinating. I had to trust the process. I had to trust that I wasn't

actually starving. To the contrary, I was never actually hungry. What I experienced was a feeling that masks itself as hunger.

There was an interesting clarity of mind when the false needs were better understood. It somehow removed an unsubstantiated fear. Whenever any fear is removed from the mind, the mind immediately fills the void with possibilities. It's the removal of false barriers and static that allows options otherwise never conceived.

I don't know if experiencing this process is necessary for everyone. It seems most religions recognize the importance of a fast. There are many studies that suggest a cleansing experience provides health benefits. But, I think we should learn more.

As the healthcare community is always looking for ideas to improve health, perhaps setting aside time for a coordinated and healthy cleanse could provide some interesting benefits to our patients. It's at least worth considering.

A handwritten signature in blue ink, appearing to read 'Smith'.

Smith Hartley
Chief Editor
editor@healthcarejournalno.com

A TIMELINE OF DENTISTRY

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ONE ON ONE WITH

Susan Andrews

President & CEO | Touro Infirmary

Susan E. Andrews joined Touro Infirmary as President and Chief Executive Officer on July 20, 2015. Andrews is an accomplished senior healthcare executive with more than 30 years of experience managing hospitals and healthcare operations in a variety of capacities, including president, chief executive officer, and chief operating officer.

MOST RECENTLY, ANDREWS SERVED as CEO for Valley Regional Medical Center, an affiliate of Hospital Corporation of America, since 2012. Prior to that position, Ms. Andrews served in several other leadership roles, including Chief Operating Officer for Corpus Christi Medical Center where she oversaw three medical hospitals, one psychiatric hospital, a cancer center, and a free-standing emergency department.

Locally, Andrews worked at Tulane University and Hospital, where she served as the Vice President of DePaul, and later assumed operations of their Transplant Service Line.

Andrews earned a bachelor's degree in business with a concentration in marketing from Corpus Christi State University and received a master of business administration from Texas A&M University in Corpus Christi. ➔

5000 BC

A Sumerian text of this date describes "tooth worms" as the cause of dental decay.



2600 BC

Death of Hesy-Re, an Egyptian scribe, often called the first "dentist." An inscription on his tomb includes the title "the greatest of those who deal with teeth, and of physicians." This is the earliest known reference to a person identified as a dental practitioner.





“I think the one thing that really stands out to me is our ability to connect with the community.”



1700-1550 BC

An Egyptian text, the Ebers Papyrus, refers to diseases of the teeth and various toothache remedies.

Hippocrates and Aristotle write about dentistry, including the eruption pattern of teeth, treating decayed teeth and gum disease, extracting teeth with forceps, and using wires to stabilize loose teeth and fractured jaws.

500-300 BC

DIALOGUE

Chief Editor Smith W. Hartley You have a long history of healthcare leadership. What specific experience do you bring to the Touro CEO position that can provide an immediate impact?

Susan E. Andrews I think the one thing that I have sort of been known for throughout my career is being able to review data. I am a very data intensive person. So I think focusing on the needs of New Orleans residents and being able to match the services that we provide to their need. I am very focused on the community in general. So I think that is perhaps one of the biggest things.

I also think that probably the most important resource you have in your facility is your staff; the physicians and the bedside nursing that's provided in the organization. I think that's probably the number one reason Touro is Touro—the fantastic culture. I think I've been fairly successful in taking a really well set facility, that's got a nice foundation, and moving it into the next level. I think that's probably what I bring to the organization more than anything.

Editor As we are talking about data, can we jump right over to technology and information and some of the tools that you specifically use and are important to hospital operations?

Andrews From a tools perspective I think it's really important to understand your community health needs. There are community health assessments that are done—here they are every three years. That sort of helps map out the future, the community health



100 BC

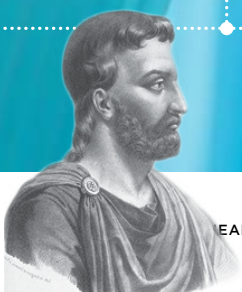
Celsus, a Roman medical writer, writes extensively in his important compendium of medicine on oral hygiene, stabilization of loose teeth, and treatments for toothache, teething pain, and jaw fractures.

700

A medical text in China mentions the use of "silver paste," a type of amalgam.

166-201 AD

The Etruscans practice dental prosthetics using gold crowns and fixed bridgework.



in the population. So that's probably one of the greatest tools that helps us identify the needs. Other things are data points as far as physicians coming into the market, maybe market share data. You start being able to maybe identify a need from that perspective as well. In addition, from a physician's perspective the newer technology with the electronic health records is playing a major part in the way we deliver care to patients.

Editor With regards to community health, how has health been changing in this region?

Andrews I've only been here six weeks, but from what I can tell thus far, there is much more of a focus on the community health side of things in healthcare in general. I think we are trying to reach patients earlier. I think we are trying to manage the disease process differently. It's not all based on patients entering into your hospital. In some respect you are trying to reach them earlier and get a better handle on people with high blood pressure or diabetes or any of those types of chronic diseases.

Editor Operationally can you describe a little bit the relationship between Touro and other LCMC facilities? In what specific ways does the system and Touro benefit from being under one umbrella?

Andrews LCMC was founded in 2009 and it was basically Children's Hospital that partnered with Touro. I think Touro was struggling financially post-Katrina. We were the first hospital to open post-Katrina, the first

ER to be back in action. So that sort of set some of the tradition here, but I think when you link into a system such as LCMC, and you have a brilliant leader like Greg Feirn, he sees the bigger picture. So it helps me with things like economies of scale, purchasing supplies for patients, developing ideas with other CEOs within the system to say, "Hey, as a system we ought to be all focusing on this." So it helps drive the direction of the overall strategic initiatives within the organization as well as what are we doing for our patients now versus what is another hospital in New Orleans, say New Orleans East, doing differently than maybe a Touro or UMC?

Editor How have hospital operations evolved with payment reform?

Andrews I think you have to become much more efficient in the way that you deliver care. I think you have to become much more process oriented. It's been shown over years that if you have a patient that comes into your hospital for one specific disease such as a heart attack, if you can standardize the way that you are delivering that care, the outcomes are significantly better. So everyone coming in with a heart attack could potentially be given an aspirin, and then there's a whole course of things that occur. There are fewer variables in the care that you are giving and those patient outcomes are significantly better by doing that. I think where payment reform is coming into play is that people have had to become smarter, more efficient, and more deliberate in their actions in order to, for lack of a better word, keep your doors open. I think the finances are a

very big concern across the entire state and the U.S.

Editor How does the Family Birthing Center make for a unique experience for your patients?

Andrews I think it is more of a comprehensive push to families to become involved. I think that the overall care that the patients are getting is probably more inclusive of everyone. It's comprehensive mainly from a pre- and a post-educational perspective. So they are getting more care on the front side, more education on the front side and the back side. We have had one of the largest birth months in the history of this facility with 341 births last month. I think the way we are delivering care and the way that we are changing the delivery model does have a major impact on the way people feel when they are here and they are receiving the care from us.

Editor I understand some improvements have been made to your emergency room. What specifically has been done?

Andrews Again we are talking about processes and changes. The facility got a little bit of a facelift as well in that particular area, but we have put some processes in place so that patients, when they enter the hospital, if it's a sore throat and a cough they go one direction and we call that a fast track. For a more serious condition they are immediately bedded in the back and worked up, so our wait times are significantly reduced and that means we are reaching patients faster,

1210

A Guild of Barbers is established in France. Barbers eventually evolve into two groups: surgeons who were educated and trained to perform complex surgical operations; and lay barbers, or barber-surgeons, who performed more routine hygienic services including shaving, bleeding, and tooth extraction.

1530

The Little Medicinal Book for All Kinds of Diseases and Infirmities of the Teeth (Artzney Buchlein), the first book devoted entirely to dentistry, is published in Germany.



delivering care faster, and then discharging them home or into the hospital or to an outpatient provider much more quickly than we have in the past. All of that is just good patient care.

Editor As a CEO coming from a different facility, when you come into a new hospital, what are the kinds of things that a new CEO is looking at? How do you immediately assess the landscape?

Andrews I think I do a lot of listening. I meet with key stakeholders from our administrative team, the physicians, the directors, and, very important here, our board members. They are quite engaged in the organization and honestly this is one of the best boards I've ever worked with.

If you start listening you can start developing ideas and assessments of different things going on in the organization. In some instances I walk through the units on a daily basis, I round somewhere on a daily basis, meeting with different stakeholders because people who are actually working with patients at the bedside can give me very different information than say a director level who is not really at the bedside delivering care every day. So I am making sure I am touching upon all levels of the organization and honestly the culture here has been very patient-oriented for so many years and the foundation is very strong. When you come into an organization you are going to almost always have a feel when you come in, and this hospital has such a nice patient, family-oriented feel that I think, if anything, what I'm bringing to the organization today is maybe making things a little more efficient,

seeing processes that could be done a little bit differently. But to say anything else really needs to be focused on, I would be remiss to say that. The physicians and the staff just do an outstanding job with our patients.

Editor You made mention of the board. In your opinion what makes for a good hospital board? Is it healthcare experience or some other specific experience?

Andrews They are very engaged. They are not all healthcare oriented. In fact, most are not. They can speak to the quality in this hospital as well as they can speak to the care the patients are receiving. They ask for very specific meetings to go over quality data. They want to know what we are doing. They have authority over the organization from that perspective as well as financially. To say that they are engaged is probably an understatement. I received phone calls as I accepted this job with board members welcoming me, giving me their ideas, and I would say that it has been very helpful to me to orient myself to the organization. As I said, they are not all healthcare oriented, some are, but again, the level of detail they understand—I am very impressed.

Editor With regards to quality, could you explain a little about the quality program that's in place at Touro and how leadership can drive that?

Andrews We have a quality department in our hospital and they are basically responsible for trending data. It goes back to that data mining. So we track everything from types of patients in the hospital to things

that we maybe need to shore up and do a little bit better job on, to things that we are doing very well. The data is put into a report that is shared with the director level in the organization, the nursing as well as ancillary staff, meaning the laboratory, housekeeping department—everyone is given the information. Then they go to their departments and share the data as well and that's an area that's probably gaining more and more focus over the last several years and we are certainly looking at beefing that program up as well. We have a brand new chief nursing officer, and that is a very large focus for her, beefing up our quality department.

Editor Hospitals are changing and we are seeing more use of things like wellness programs and hospitalists. How have these sorts of changes occurred at Touro?

Andrews We do look at different types of wellness programs. We're also right now moving a very large outpatient rehab program to the St. Charles Street area and that's going to open up some space for us to recommit that to some other types of business. So that's one particular thing.

On the hospitalists, right now our partner is LSU and currently they have a residency training program, so this hospital has not had a hospitalist program per se in the past. The school pretty much handles all those types of patients. If someone comes into the ER and they don't have a primary care physician then LSU has been handling those patients. And it represents a training program for us as well. So that is something that we've thought about putting into place but it's not in existence today here.

1575

In France Ambrose Pare, known as the Father of Surgery, publishes his Complete Works. This includes practical information about dentistry such as tooth extraction and the treatment of tooth decay and jaw fractures.

1723

Pierre Fauchard, a French surgeon publishes The Surgeon Dentist, A Treatise on Teeth. Fauchard is credited as being the Father of Modern Dentistry because his book was the first to describe a comprehensive system for the practice of dentistry including basic oral anatomy and function, operative and restorative techniques, and denture construction.



Editor Can you update us on some of the things that Touro is working on? Some of the big projects?

Andrews Sure, there are a couple of things that are going on. The first one, I mentioned, is the relocation of our outpatient rehab center. I think the construction timeline has been pushed back a little bit to the middle of January or maybe February 1st as to when we are scheduled to open. Obviously due to construction you don't really know when that's going to end up being.

Another focus for us is we're trying to create more private beds within our organization so we do have a project that we are in the process of kicking off, to add some more rooms. Those are two of our larger programs today.

Then the third, which probably is bigger than either one of those, is we have grown our women's services areas fairly significantly and we are continuing to grow so we are looking at recapturing some space there and placing some new ways of delivering care, reconstructing the entire unit for a different flow, so it makes it a little more efficient, gains us some more beds, and gains

us a whole different way to help the nursing staff and the doctors to deliver their care. Right now it is not as efficient as it probably could be.

I think one of the big things, too, is we have just added a breast oncologist, Dr. Colfrey. He is a fellowship trained physician out of M.D. Anderson so that's pretty impressive.

Editor Touro has a long history in New Orleans. What does it mean to the city?

Andrews Touro has been around for 163 years. It represents if not the oldest, one of the oldest facilities in the state. I think the one thing that really stands out to me is our ability to connect with the community. We do over 200 outreach programs a year, meaning blood pressure checks, blood sugar checks, health events, speaking events, and I think without Touro that would leave a very large gap in the community. So I think the connection to the community, being aware of what the needs are with our residents, and trying to be a good partner to them has been one of those foundational things for Touro. ■

“So I am making sure I am touching upon all levels of the organization and honestly the culture here has been very patient-oriented for so many years and the foundation is very strong.”



1746

Claude Mouton describes a gold crown and post to be retained in the root canal. He also recommends white enameling for a more esthetic appearance.

1760-1780

Isaac Greenwood practices as the first native-born American dentist.

1760

John Baker, the earliest medically-trained dentist to practice in America, immigrates from England and sets up practice.

smile savers

1768-1770

Paul Revere places advertisements in a Boston newspaper offering his services as a dentist. In 1776, in the first known case of post-mortem dental forensics, Revere verifies the death of his friend, Dr. Joseph Warren in the Battle of Breed's Hill, when he identifies the bridge that he constructed for Warren.

1789

Frenchman Nicolas Dubois de Chemant receives the first patent for porcelain teeth.



Paul Revere's
Dental Tools



Student Doctor Amy Simoneaux and Resident Christy Marcello volunteer to provide free dental screenings at LSU School of Dentistry as part of the outreach program the Department of Pediatric Dentistry supports.

AN INSIDE LOOK AT LSU'S DEPARTMENT OF PEDIATRIC DENTISTRY

By Carolyn Heneghan

Few things compare to the wide, bright smile of a child, and when that smile is backed by a set of healthy teeth, kids, parents, and their pediatric dentists are all that much happier. At the Department of Pediatric Dentistry at the LSUHSC School of Dentistry, faculty, residents and students know how important children's dental health is and are committed to helping their young patients with all of their dental needs.

1790

John Greenwood, son of Isaac Greenwood and one of George Washington's dentists, adapts his mother's foot treadle spinning wheel to rotate a drill.

1825

Samuel Stockton begins commercial manufacture of porcelain teeth.

1801

Richard C. Skinner writes the Treatise on the Human Teeth, the first dental book published in America.



“The patient always comes first,” said Janice Townsend, associate professor and chair of the LSU Department of Pediatric Dentistry. “We feel that by taking the best care of the patient, we can achieve our other goals, which are to train our residents to take care

of future patients, to conduct research so that we can learn more about dentistry and take care of future generations of patients, and then also service—serving our community not only through our activities at the clinic, but through our outreach events.”

Location, Location

The LSU Department of Pediatric Dentistry operates out of two facilities, one at the LSU School of Dentistry on Florida Avenue near City Park and one based in Children’s Hospital. At both facilities, the department treats children from infancy to their 21st birthday and provides a variety of services: exams, cleanings, x-rays, fluoride treatments, minor orthodontic services, and restorative services, such as fillings, crowns, and pulp treatments.

Each clinic has its own benefits for patients. At the dental school location, the department is on the same floor as the orthodontics, endodontics, periodontics, oral surgery, and prosthodontics departments, which makes this facility a convenient one-stop shop for any patient who has more advanced dental needs. Also, the facility allows for easy consultations enabling each department to work together to develop the best individual plans for dental care.

The Special Children’s Dental Clinic



“The heart of pediatric dentistry is really prevention and trying to get kids on the right track to have healthy permanent teeth.”

Janice Townsend, associate professor and chair of the LSU Department of Pediatric Dentistry

1832

James Snell invents the first reclining dental chair.

1839

The American Journal of Dental Science, the world’s first dental journal, begins publication.

1833-1850

The Crawcours (two brothers from France) introduce amalgam filling material in the United States under the name Royal Mineral Succedaneum.

Charles Goodyear invents the vulcanization process for hardening rubber. The inexpensive material makes an excellent base for false teeth, and is soon adopted for use by dentists.



"The clinic also employs trained staff and care providers who are adept with behavioral management, which might include soothing a child who is crying or frightened about their dental procedures."

at Children's Hospital doesn't have the same immediate access to advanced dental departments, but it is well equipped to care for medically-compromised patients with special healthcare needs. The clinic also employs trained staff and care providers who are adept with behavioral management, which might include soothing a child who is crying or frightened about their dental procedures. The clinic has a special quiet room for just such cases.

This clinic is in the same building as Children's Hospital's hematology, neurology, and craniofacial specialists, so the entire facility can be convenient for children who have

appointments with their dentist as well as other healthcare providers, all of whom can consult with each other there as well. The Children's Hospital clinic also may be a more convenient location for many New Orleans area families.

If children have a dental emergency, the department has the only hospital-affiliated pediatric dentist on-call in Louisiana. Faculty members or residents are on-call 24/7 through Children's Hospital, and they help alleviate the dental issues that end up in the emergency room, where a dental specialist may not always be available for more advanced needs.



Sir Saint checks on a patient.

1840

Horace Hayden and Chapin Harris found the world's first dental school, the Baltimore College of Dental Surgery, and establish the Doctor of Dental Surgery (DDS) degree. (The school merges with the University of Maryland in 1923).

The American Society of Dental Surgeons, the world's first national dental organization, is founded, but dissolves in 1856.

1841

Alabama enacts the first dental practice act, regulating dentistry in the United States. The act called for the assignment of a dentist to the state's medical board in order to grant licenses for practicing dentistry in the state, but was never enforced.



An Educational Component

The department employs four full-time faculty members and a number of part-time faculty, all of whom teach the 65 LSU dental students in some capacity each year. For second-year students, instructors provide lectures and help students prepare to start treating children in the clinic. Third-year students begin treating children in the clinic for small, more basic needs, such as

cleanings, exams, small fillings, and sealants. Fourth-year students are given patients with more complex needs who are able to cooperate with the services.

For the department's more advanced educational initiative, dental residents return for a two-year program to specialize in seeing only children. The coursework is intensive and includes seminars where residents study current and classic literature about pediatric dentistry and take examinations called quarterlies to evaluate their progress in the field.

Residents also participate in various rotations, such as shadowing anesthesiologists in operating rooms, pediatricians on their rounds, emergency room care providers, or different specialty areas, such as neurology, craniofacial, and cardiology. This gives residents a more complete picture of overall healthcare for children while specializing in the science and practice of pediatric dentistry.

"Because our field is so multi-factorial,

the most important thing to learn is how to judge a situation to know exactly what approach is going to work for what individual and what family. If it works for one, it won't necessarily work for another," said Suzanne Fournier, residency program director at the LSU Department of Pediatric Dentistry. "[Residents] balance that with knowing what the scientific literature states and being a go-between for parents and families to explain the literature, why we recommend the things that we recommend, and then coming up with a proper treatment plan for the individual."

Why Specialize in Pediatric Dentistry?

While many general dentists treat children, pediatric dentists offer a more specialized approach with the advanced training that can improve the effectiveness of care for younger patients. While child and adult mouths can share many of the same issues, such as cavities or trauma, they also differ

"Because our field is so multi-factorial, the most important thing to learn is how to judge a situation to know exactly what approach is going to work for what individual and what family."

Suzanne Fournier, residency program director at the LSU Department of Pediatric Dentistry



1846

Dentist William Morton conducts the first successful public demonstration of the use of ether anesthesia for surgery.



1859

Twenty-six dentists meet in Niagara Falls, New York, and form the American Dental Association.

1855

Robert Arthur originates the cohesive gold foil method allowing dentists to insert gold into a cavity with minimal pressure. The foil is fabricated by annealing, a process of passing gold through a flame making it soft and malleable.

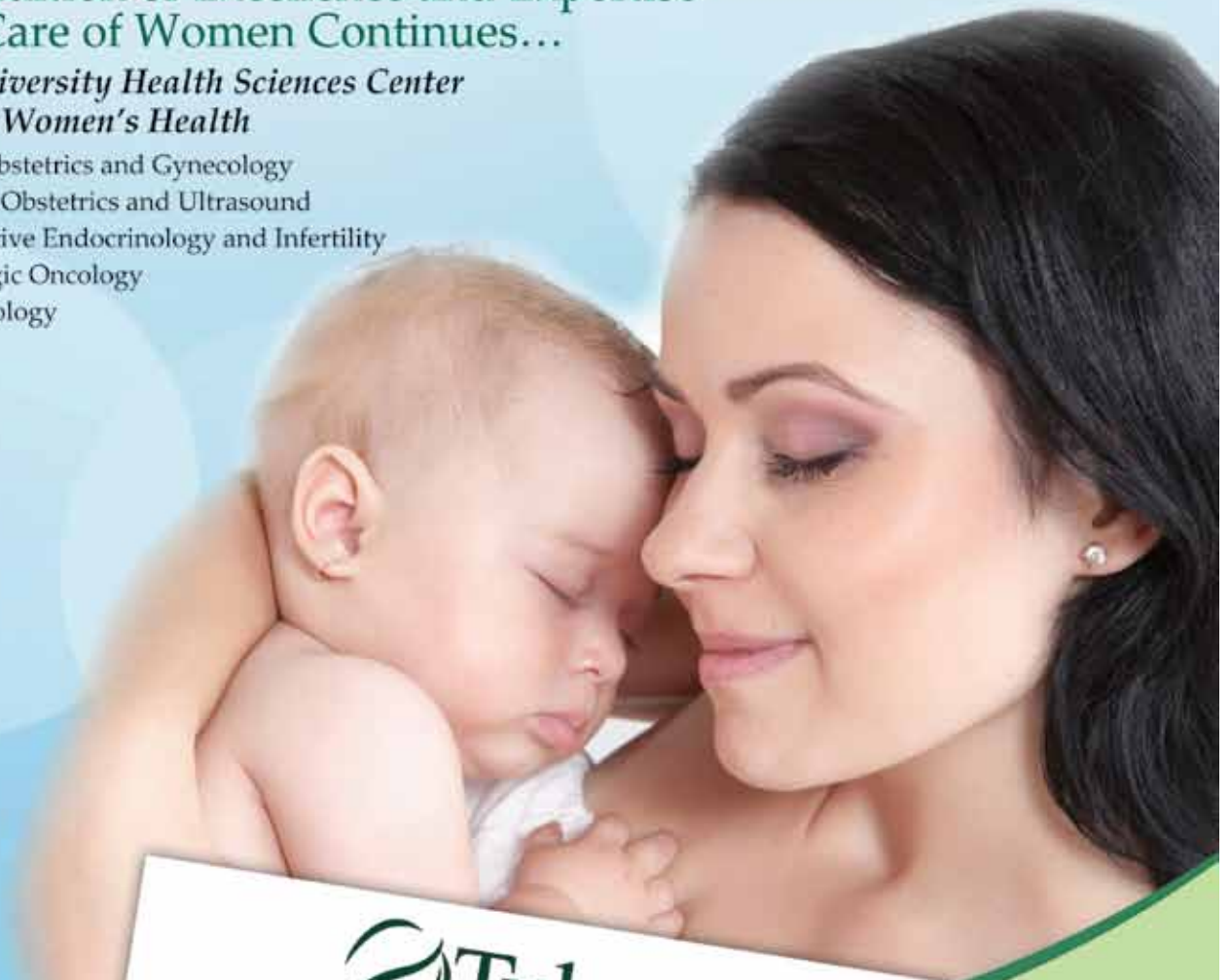


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“If we can establish healthy habits for children when they’re young, hopefully as they grow up and start making decisions for themselves, they’ll make healthy decisions that won’t just affect their teeth but their overall general health.”

in many ways that general dentists may not be as trained for.

Children go through baby teeth during this time, which present their own treatments and complications, and while their permanent teeth develop, it is important for dentists to be vigilant about which teeth are growing where to ensure none are missing. Children may also need additional care when they are scared or nervous about a treatment, training for which may be missed in general dental school. Pediatric dentistry specialization and residency teach all this and more.

“To really have that focus to be able to take care of kids well, I think that pediatric residency training is desirable,” said Townsend.

Outreach Promotes Dental Health

The LSU School of Dentistry and Department of Pediatric Dentistry also dedicate time and effort to performing community

outreach so that children and their families can have access to care when they need it, even when issues like transportation, access, and affordability come into play.

Last year the department volunteered with Children’s Hospital and Junior League of New Orleans for the Touch a Truck event, where they performed dental screenings and provided information on oral health. In March, the department participated in a two-day American Dental Association Mission of Mercy event and provided care for patients who don’t have insurance or access to dentistry. In January, the Give Kids a Smile Day had the dental school partnering with two area schools and offering screenings and cleanings to students. The event was in conjunction with the New Orleans Dental Association and the NFL Play 60 program.

Grants have also enabled the department to provide outreach services in the New Orleans area. With the Access to Care Grant received through Healthy Children,

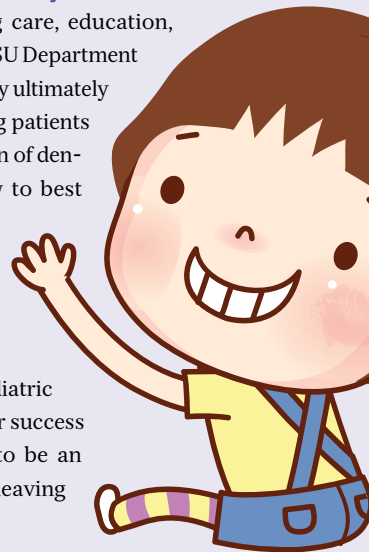
Healthy Smiles, the department supports outreach workers and provides transportation for dental appointments to break down access to care barriers.

Through Project Hope, the department has partnered with the Bishop Perry Center, and outreach workers are funded through Healthy Children, Healthy Smiles. Workers follow up with children with identified dental needs and assist them with scheduling dental visits and transportation for their visits. It can be difficult for patients to make appointments or arrange transportation through the Medicaid van, as they can be put on hold for long periods of time, which may use up the limited minutes given to them with a government-granted cell phone. The department offers assistance with these issues to ensure as many families as possible can see to their children’s dental needs.

Healthy Kids, Healthy Adults

Through providing care, education, and outreach, the LSU Department of Pediatric Dentistry ultimately aims to teach young patients about the prevention of dental issues and how to best take care of their teeth and gums at home on their own, especially as they get older.

“If you ask a pediatric dentist, ‘What’s your success story?’—It’s going to be an 18 year old who is leaving



1864

Sanford C. Barnum develops the rubber dam, a piece of elastic rubber fitted over a tooth by means of weights. This simple device isolates the tooth from the oral cavity, a troublesome problem for dentists.

1866

Lucy Beaman Hobbs graduates from the Ohio College of Dental Surgery, becoming the first woman to earn a dental degree.





How Healthcare Professionals Can Play a Part

When children have healthy dental habits, often those good habits are formed in various aspects of their health and wellbeing. Pediatric dentists, pediatricians, and other child healthcare specialists can work together to provide a continuum of care that turns healthy kids into healthy adults.

The LSU Department of Pediatric Dentistry has made its services available to the entire New Orleans metropolitan area and surrounding regions. This includes both appointments and educational appearances to teach best practices for pediatric dentistry for children and those with special healthcare needs.

"We're a resource," said Townsend. "We welcome [other healthcare professionals'] referrals, and we will try our best to work with our medical referral base."

Townsend continued, "To coordinate care and take care of children, it's not uncommon for us to piggyback—maybe we do the dentistry at the same time a child is already under anesthesia for another procedure, such as ear tubes or tonsils. So we're here to serve the children of New Orleans, and we would definitely look forward to working with our healthcare colleagues to take the best care of children."

To make a referral or appointment at the LSU School of Dentistry Department of Pediatric Dentistry, call 504-941-8201. For the Special Children's Dental Clinic at Children's Hospital, call 504-896-1337. ■

their practice with no cavities, all of their teeth reasonably straight and aesthetic and healthy," said Townsend. "The heart of pediatric dentistry is really prevention and trying to get kids on the right track to have healthy permanent teeth."

"If we can establish healthy habits for children when they're young, hopefully as they grow up and start making decisions for themselves, they'll make healthy decisions that won't just affect their teeth but their overall general health," said Fournier.

If dentists and parents can't teach children about good, healthy dental practices

early, that can lead to more severe complications down the line. That's why the LSU Department of Pediatric Dentistry sticks to its mission of healthy teeth for healthy children who will become healthy adults.

"The most disturbing thing I discovered when I became a dentist was that many of my adult patients could no longer maintain a healthy natural dentition," said Townsend. "I realized the only way to prevent this was to help them as children before the problems developed, which is why I chose to specialize as a pediatric dentist."

1867

The Harvard University Dental School, the first university-affiliated dental institution, is founded. The school calls its degree the *Dentariae Medicinae Doctorae* (DMD), creating a continuing semantic controversy (DDS vs. DMD).

1871

James B. Morrison patents the first commercially manufactured foot-treadle dental engine.

1869

Dr. Robert Tanner Freeman, graduating from Harvard University Dental School, becomes the first African-American to earn a dental degree.



They're Back!

SHEDDING NEW LIGHT ON SUPER USERS

By John W. Mitchell



A recent study challenges a long held belief common in hospitals everywhere: “frequent flyers” – patients who return to the hospital again and again for chronic conditions – are a habitual drag on healthcare. The widely held notion is that these patients are willful.

1877

The Wilkerson chair, the first pump-type hydraulic dental chair, is introduced.

1883

The National Association of Dental Examiners is founded to establish uniform standards in the qualifications for dental practitioners, the administration of dental boards overseeing licensing, and legislation of dental practice acts.

1880s

The collapsible metal tube revolutionizes toothpaste manufacturing and marketing. Dentifrice had been available only in liquid or powder form.



And while every ER and inpatient staff can name a few such manipulative patients by name, it turns out that most of these patients – dubbed “super utilizers” in a Denver Health study published in the August issue of *Health Affairs* – are not who or what we think. According to the lead study author, Tracy Johnson, PhD, Director of Health Care Reform Initiatives at Denver Health, only about a third of super utilizer patients remain in that category after a year. Further, the study found while such inpatients accounted for only about three percent of adult inpatients at any given point in time, they racked up 30 percent of hospital inpatient charges.

“Most patients don’t want to be in the hospital and in the case of super users, it’s often avoidable,” said Dr. Johnson.

She explained that the root of the problem, according to the study, is not that, by and large, these patients are exploiting hospital services. But rather that underlying needs – often social – are not being managed to keep them out of the hospital. She said even the old label “frequent flyer” reflects a pejorative attitude that in itself can create a barrier in properly managing this population of patients.

“The term ‘frequent flyer’ facilitates a superficial understanding of the problem and a punitive response,” explained Dr. Johnson. “To me, this is an opportunity to ask how are such hospital admissions avoidable? We have to pursue the answer with an open mind and curiosity.”

“...the root of the problem, according to the study, is not that, by and large, these patients are exploiting hospital services. But rather that underlying needs – often social – are not being managed to keep them out of the hospital.”

1885

The first female dental assistant is employed by C. Edmond Kells, a prominent New Orleans dentist. Her duties include chair-side assistance, instrument cleaning, inventory, appointments, bookkeeping, and reception.

1890

Willoughby Miller an American dentist in Germany, notes the microbial basis of dental decay in his book *Micro-Organisms of the Human Mouth*. This generates an unprecedented interest in oral hygiene.

1890

Ida Gray, the first African-American woman to earn a dental degree, graduates from the University of Michigan School of Dentistry.





“Our recent experience working with patients and their families in new initiatives to reduce unnecessary admissions is that once we have successful, difficult conversations about their social needs, things do get better.”

The study findings came as both a surprise and a reminder to many healthcare providers. Regional hospitals have developed working solutions to take better care of super users to control readmission costs.

“You know, at first when I read the study, I thought, ‘no way,’” said Sherry Jensen, RN, Director of Quality, Risk and Compliance at Saline Memorial Hospital in Little Rock. “But then when I got to thinking about it, I

agree. Our recent experience working with patients and their families in new initiatives to reduce unnecessary admissions is that once we have successful, difficult conversations about their social needs, things do get better.”

She cited the example of an adult daughter who took her 90-year-old mother to another hospital because her mother wasn’t getting any better at Saline. When the

mother’s condition continued to deteriorate, she called Jensen back to continue a conversation about end of life care that Jensen had started when her mother was at Saline.

“Often the challenge is getting family members on board,” said Jensen. “I talked to the patient’s daughter three times in three admissions to the hospital, but it’s hard to accept that mamma is not going to get well. But you can’t be blunt about these conversations; it takes patience.”

Jensen explained that any family needs time to accept a prognosis and to organize time and money to come up with a plan. She said that she and her staff are having more success in helping families make assisted living, long term, and hospice care decisions for elderly super utilizers.

Not that some patients can’t be difficult over time. Jensen cited an alcoholic patient who came to the hospital’s emergency department (ED), mostly by ambulance, 206 times over a three-year period. She said he sometimes had seizures related to his alcoholism, but often he was just lonely.



Jennifer Avegno, MD



Laura Davis

1895

Wilhelm Roentgen, a German physicist, discovers the x-ray.

1899

Edward Hartley Angle classifies the various forms of malocclusion. Credited with making orthodontics into a dental specialty, Angle also establishes the first school of orthodontics, the first orthodontic society, and the first dental specialty journal.

1896

New Orleans dentist C. Edmond Kells takes the first dental x-ray of a living person in the U.S.



"I work in the ED and I can tell you the names of every one of our super users," said Jennifer Avegno, MD, an LSU Health Science Center assistant clinical professor and emergency room physician in New Orleans. "We've been complaining about these patients for years and we are tired of not being able to provide for them. So we finally had to ask ourselves – why can't we do this? A lot of ED physicians around the country feel the same way."

This frustration led Dr. Avegno to work for a second year with a federal grant at LSU and nine other medical schools across the country to find a solution. The program involves "hot spotting," identifying high (super) utilizer patients, for which there is no standard definition. According to Dr. Avegno, LSU uses a combination of three visits and or transports a year to the ED.

"We look for high utilizers who are not getting better or getting sicker," she explained. "It's hard to get things to stick with this patient population, so we have to put money into the resources they need to keep them out of the hospital."



Tracy Johnson, PhD

To this end, the LSU hot spotting program works closely with community partners such as Catholic Charities. These community agencies help with needs such as transportation, nutrition, and getting prescriptions filled. Each patient is also assigned to a team headed by a medical resident and includes social workers, pharmacists, and nurses.

"We're teaching medical residents that you ignore patient social factors to your own detriment," said Dr. Avegno.

The goal of the grant program is to find out which patients stay in the hot spotting program, which patients drop out and why – basically, to learn whom intensive intervention benefits. She said that the initial test group is saving the hospital \$20,000 a month in unnecessary ED visits and hospitalizations. The results are promising enough for the second year of the study that they are increasing the number of super users to 10 patients in each medical student panel.

At Our Lady of the Lake Regional Medical Center in Baton Rouge several pilot projects

hot spotting

identifying high (super) utilizer patients, for which there is no standard definition.

1903

Charles Land devises the porcelain jacket crown.

1907

William Taggart invents a "lost wax" casting machine, allowing dentists to make precision cast fillings.

1905

Alfred Einhorn, a German chemist, formulates the local anesthetic procain, later marketed under the trade name Novocain.





“We also know a big part of the solution is to address social isolation. So it makes sense to identify patients who can benefit from ambulatory (outpatient) services – it works.”

are in place or planning to take better care of super users, or complex patients as they are known at the hospital. Laura Davis, Assistant Vice President, said social workers identify complex patients as any patient who visits the ED six times in six months. According to Davis, a little more than half of these patients, who are typically not under the care of a doctor, are readily open to being referred

to a primary care physician to help them manage their chronic condition.

“I thought the Denver Health study was well done and it was good to learn that another health system deals with the same pressure points as we do,” Davis said. “Our goal is to get and keep people well.”

She said that complex patients are not alike; they have wide range of needs. These

patients may have difficult family situations, cannot pay their utility bill, and have a tough time navigating the healthcare system. Under the Affordable Care Act, many have insurance for the first time, but do not understand what preventative care is included with their coverage. They also don’t understand co-pays or deductibles.

“We had a high percentage of no-shows to our primary care clinics, because many complex patients don’t have transportation,” Davis explained. To remedy this problem, Our Lady of the Lake arranged a day pass program with the local transit system. “Since we did that, our success rate in getting complex patients to arrive for their appointments has increased to 80 percent.” Overall, since their outreach started in March, which will soon include a mobile van in high-use Zip codes and in-home health monitoring, they have seen their monthly readmission

1908

Greene Vardiman Black, the leading reformer and educator of American dentistry, publishes his monumental two-volume treatise *Operative Dentistry*, which remains the essential clinical dental text for fifty years.

1913

Alfred C. Fones opens the Fones Clinic For Dental Hygienists in Bridgeport, Connecticut, the world’s first oral hygiene school.

1911

The U.S. Army Dental Corps is established as the first armed services dental corps in the U.S. The Navy institutes its Dental Corps in 1912.



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SUPER USERS

rate drop as much as 50 percent. The hospital has also just implemented an online urgent care check-in to allow patients to “wait at home” to avoid long lines, as well as online appointment access for its primary care clinics.

The University of Arkansas for Medical Sciences (UAMS) Medical Center has adopted what Chief Medical Quality Officer Chris Cargile, MD describes as “a blend of big data and traditional clinical contact” to



Chris Cargile, MD



Joseph Bisordi, MD

identify super users and help improve their health. According to Dr. Cargile, UAMS concentrates on controlling 30-day readmissions and associated ED visits after a patient is discharged from the hospital.

He said although the Centers for Medicare and Medicaid Services has created an incentive for reducing readmissions by not reimbursing – commonly referred to as decompensation – for those readmissions, UAMS believes it is good medicine to address this issue.

“We need to do better on care transitions. In talking to our front line doctors, it’s clear there has been a problem on how we transition patients out of the hospital,” explained Dr. Cargile. He said that evidence clearly shows the benefit of getting a discharged patient in to see a primary care doctor within a week of discharge, to make sure they have access to the right medications, and arrange other social and medical supports services.

To accomplish this at UAMS, the electronic health record system produces a list of daily potential at-risk patients. This list then gets reviewed by an ED and administrative team to see if there are missed opportunities to get the patient plugged into chronic care resources.

“It’s all about increasing primary physician care access,” he said. “If we see someone coming into the ED for not very serious medical conditions, we have case managers and doctors available to help encourage them to improve their condition.” Dr. Cargile said UAMS is tracking this program through chart review and outcomes to determine



results and future strategies.

At New Orleans-based Ochsner Health System – with hospitals in several locations, including Baton Rouge – better managing super users and all patients is not

1917

Irene Newman receives the world’s first dental hygiene license in Connecticut.

1937

Alvin Strock inserts the first Vitallium dental screw implant. Vitallium, the first successful biocompatible implant metal, had been developed a year earlier by Charles Venable, an orthopedic surgeon.

1930

The American Board of Orthodontics, the world’s first dental specialty board, is founded.



“THE RESULTS OF THE STUDY DID NOT SURPRISE ME AT ALL. IT REAFFIRMED WHAT WE KNOW.”

50%

five to ten percent of inpatients can account for up to 50 percent of costs

just a quality of care issue. It is an important part of their obligations under a capitated, at-risk Medicare Advantage Plan to align health management and reimbursement for 35,000 patients.

“We know from 25 years experience in a managed care environment that five to ten percent of inpatients can account for up to 50 percent of costs,” said Joseph Bisordi, MD, executive Vice President and Chief Medical Officer at Ochsner. “We also know a big part of the solution is to address social isolation. So it makes sense to identify patients who can benefit from ambulatory (outpatient) services – it works.”

Dr. Bisordi stressed that social isolation is the biggest predictor of readmission after a hospital discharge. He, too, cited the recurring theme of transportation solutions to get patients to a doctor after a hospital discharge. He noted this is less expensive than an ambulance call to transport a patient back to the hospital and the patient’s health improves. Dr. Bisordi said more and more, hospitals have to bring such services under their control to help patients stay well and

avoid readmissions. He cited the case of an elderly man who had arrived in the ED 18 times for bowel impaction.

“He was told to eat more fiber and it turned out that’s all he was eating,” Dr. Bisordi recalled. He said by instructing the patient in home visits, they were able to educate him about a balanced diet, improve his health, and prevent further ambulance rides to the ED.

Ochsner has established special priority clinics to provide intensive outpatient care and support services. They limit patient visits in those clinics to 15-20 a day and have 150 employed primary care physicians and support staff for the clinics. Preliminary results are indicating a one-third decrease in readmissions.

“The Denver study was really interesting, in that it is always helpful to get data,” said Dr. Bisordi. “It is evident that complex case management is good for patients. The results of the study did not surprise me at all. It reaffirmed what we know. I think these types of solutions to reduce hospital admissions are getting traction across the country.” ■

1938

The nylon toothbrush, the first made with synthetic bristles, appears on the market.

1948

President Harry S. Truman signs the Congressional bill formally establishing the National Institute of Dental Research and initiating federal funding for dental research.

1945

The water fluoridation era begins when the cities of Newburgh, New York, and Grand Rapids, Michigan, add sodium fluoride to their public water systems.

clearing the

NEW ORLEANS STUBS OUT BAR SMOKING.

IS BATON ROUGE NEXT?

By Claudia S. Copeland, PhD



Everyone knows that smoking is bad for you. Lung cancer, bronchitis, heart disease, premature skin aging, even cognitive deficits—tobacco is a full-spectrum natural poison that kills about 6 million people every year, according to the World Health Organization. It is a very slim minority who would argue that smoking isn't one of the most deadly and detrimental things you can do to your body. So, why are we so reluctant to ban this practice?

1949

Oskar Hagger, a Swiss chemist, develops the first system of bonding acrylic resin to dentin.

1955

Michael Buonocore describes the acid etch technique, a simple method of increasing the adhesion of acrylic fillings to enamel.

1950

The first fluoride toothpastes are marketed.



AIR



"third-hand smoke"

Less understood is another type of passive exposure that has recently been receiving increasing attention—residual tobacco smoke pollutants, or "third-hand smoke" (THS).

One valid argument is that of individual liberty—in a truly free society, we should be free to do with our own bodies as we will. But, in the case of smoking, it's not just about smokers' own bodies. Of the 6 million people who die from tobacco every year, more than 600,000 are nonsmokers exposed to secondhand smoke. Secondhand smoke—a mixture of exhaled smoke and "sidestream smoke" coming from the end of the cigarette—contains more than 4,000 chemicals, many of which have known adverse health effects. Abundant evidence shows that secondhand smoke causes the same types of toxic effects as firsthand smoke, including

lung cancer, lower respiratory tract infections, asthma, cardiovascular disease, eye and nasal irritation, and low birth weight in babies of nonsmokers. Increasing evidence is also linking secondhand smoke with cognitive decline in older adults and impaired cognitive abilities in children and adolescents. The U.S. Dept. of Health and Human Services has concluded that there is "no risk-free level of exposure to secondhand smoke."

Less understood is another type of passive exposure that has recently been receiving increasing attention—residual tobacco smoke pollutants, or "third-hand smoke"

(THS). This is the component of secondhand smoke that adheres to surfaces and dust, and sticks around long after the air seems to have cleared. Have you ever walked into a smoking-permitted hotel room and been assaulted by the stale, nauseating smell of past smoking, even though the room is clean and there is no smoke in the air? Come home from an evening out with your hair and clothes exuding that ashtray stench even though you are a nonsmoker? That's THS. THS, which includes nicotine, 3-ethenylpyridine (3-EP), phenol, cresols, naphthalene, formaldehyde, and tobacco-specific nitrosamines (including some not found in freshly emitted tobacco smoke), can enter the body

Finally, smoking may even be helping to breed "super germs"—extra-tough, immune-resistant bacteria that can then move on to infect anyone, smoking or non.



1957

John Borden introduces a high-speed air-driven contra-angle handpiece, launching a new era of high-speed dentistry.

1960

Sit down, four-handed dentistry becomes popular in the U.S. This technique improves productivity and shortens treatment time.

1958

A fully reclining dental chair is introduced.



PHOTO REID SHAY

"The argument that people who work in bars already smoke, and thus make the smoking ban irrelevant, is ignorant and uninformed. From the point of view of a musician, I play with more people who don't smoke than do."

Pianist and Accordionist Bart Ramsey

through the skin, can be re-emitted as gases, or can react with oxidants and other environmental compounds to create secondary pollutants. While clothes or hair can be easily washed, indoor surface THS is much more difficult to remove. A recent study of regular smokers' cars found that cleaning practices like wiping and vacuuming failed to significantly decrease the level of nicotine on surfaces in the car, as long as regular smoking continued.

Finally, smoking may even be helping to breed "super germs"—extra-tough, immune-resistant bacteria that can then move on to infect anyone, smoking or non. As reported in the *Healthcare Journal*

of *Baton Rouge* last year, Dr. Ritwij Kulkarni and his colleagues at LSU have shown that *Staphylococcus aureus* bacteria become more virulent when exposed to tobacco smoke (www.healthcarejournalno.com/journal-categories-and-departments/1534-smoke-gets-in-your-what). Now, University of California at San Diego researchers McEachern et al. have found that exposure to cigarette smoke causes methicillin-resistant *S. aureus* (MRSA), a strain that is already highly antibiotic resistant, to become more resistant to macrophage killing, an important component of our immune defense system. In vivo, mice infected with the cigarette smoke-exposed MRSA had higher bacterial burdens and were four times as likely to die of pneumonia as mice infected with non-exposed MRSA. Importantly, the mice themselves had not been exposed to cigarette smoke. These were non-tobacco-exposed animals infected with bacteria that had become more virulent after exposure to cigarette smoke, akin to nonsmokers infected with extra-aggressive strains of

bacteria bred in smokers' nasopharynxes. Between the well-known effects of second-hand smoke and the emerging findings on THS and cigarette-strengthened bacteria, the act of smoking clearly affects not just the health of the smoker, but also of everyone else in the room.

The evidence of passive smoking's toxicity has become so overwhelming that even New Orleans, that bastion of individual liberty—and tolerance of self-damage in the name of a good time—has taken notice. In April of this year, New Orleans joined hundreds of cities across the nation in banning smoking in most indoor locations, including bars. While many residents are pleased with the ban, others are critical, arguing that smoking and drinking go together, that New Orleans' smoky bars are an iconic part of the culture here, and that the ban is pointless because people go to bars to smoke, and people who work in bars are smokers themselves.

Lindsey White, director of the smoking cessation program at Ochsner, points out that, while drinking and smoking are seen

1960

Lasers are developed and approved for soft tissue work, such as treatment of periodontal disease.

1962

Rafael Bowen develops Bis-GMA, the thermoset resin complex used in most modern composite resin restorative materials.

1960

The first commercial electric toothbrush, developed in Switzerland after World War II, is introduced in the United States. A cordless, rechargeable model follows in 1961.

to go together at this point in time, 80% of the population does not smoke, so banning smoking is opening up these spaces to the majority of the people. As to bartenders and other workers being smokers themselves, she points out that many such workers would like to quit, but find it extremely difficult when they are surrounded by smoking at their jobs. With the ban, she is seeing an increase in patients in this line of work. "I think in general it is an increase in an opportunity that people did not think they had. It has given people hope that they might be able to quit this time."

Pianist Bart Ramsey also counters the anti-ban sentiment, based on his own experience performing in smoky bars. "The argument that people who work in bars already smoke, and thus make the smoking ban irrelevant, is ignorant and uninformed. From the point of view of a musician, I play with more people who don't smoke than do. And of those who do smoke, most don't smoke much. People working in bars are surrounded by smoke for the duration of their job, which can be up to 4 hours of playing time. To that you can add the time setting up and breaking down the gear." He continues, "Some argue that smoky bars are part of the New Orleans vibe, and that smoking and drinking go hand in hand. And yet, the act of smoking and the act of drinking are different. Imagine if every time somebody ordered a fresh drink in a bar, the musicians and everyone else had to take a sip of it. That's pretty much how it works when people light up a

cigarette in a bar that allows smoking—we all have to breathe it. The New Orleans music scene is one of the things that makes New Orleans a world treasure. And yet, musicians on stage in bars that allow smoking have had to be vibrant and excel at their art while inhaling cigarette smoke for hours."

Musicians were, in fact, important voices in getting the ban passed. The New Orleans Musicians' Clinic was instrumental, and several musicians, including Kermit Ruffins,

Irvin Mayfield, Deacon John, and Raymond Williams of the Hot 8 Brass Band, to name a few, have spoken out in support of it, in spite of fears of lowered income at smoke-free bars. Ultimately, Musicians' Clinic nurse practitioner Catherine Lasperches believes that "the ban will improve musicians' health, especially the singers, and they are very happy about that."

But are the musicians happy about the economics of the ban? Clean air is important for health, but so is money to put food on the table. And, of course, bars are an important source of tax revenue in addition to their contribution to the general economy. With Baton Rouge considering a comprehensive smoking ban of its own, economic reality is an issue that can't be ignored. What can the experiences of cities that have instituted comprehensive smoking bans teach cities like Baton Rouge, which are trying to decide

The U.S. Dept of Health and Human Services has concluded that there is "no risk-free level of exposure to secondhand smoke."

WHAT SMOKING DOES TO YOUR BODY



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22%

Only about 22% of Louisianans smoke, according to the Louisiana Department of Health and Hospitals (DHH), meaning that the vast majority of Louisianans are, in fact, nonsmokers.

whether to implement similar programs?

It is too soon to say anything definitive about either the health or economic effects of the New Orleans comprehensive smoking ban, but we can look at the effects of such bans in other places. California implemented a comprehensive ban in 1998, and several other states, individual cities, and European countries have been smoke-free long enough to provide meaningful data on outcomes. The results from peer-reviewed studies are remarkably consistent—overwhelmingly, there is a pattern of unchanged or increased employment in restaurants after a smoking ban, and no change in employment in bars. Profitability has followed the same pattern, with unchanged or increased profits seen in restaurants and no change in bars. Tourism has been either unaffected by bans, or bans have had a positive impact, particularly with restaurants and hotels.

The one possible exception to this clear

pattern of no-or-positive impact is the gaming industry. In casinos and other gambling establishments, data are sparse (because relatively few bans cover these establishments) and results are mixed. Bans in some places appear to have positive or no effects, but bans in other places appear to have had a negative economic impact. These results could be related to local cultural differences, or they could be the result of other factors, such as one case in which the smoking ban coincided with a particularly harsh winter, so the loss may have been due to the weather, the smoking ban, or a combination of the two. For example, it is conceivable that smokers might be willing to continue to patronize a casino if the weather is mild and they could step outside comfortably for a cigarette, but if the weather is harsh, they may decide that it's not worth the trouble and discomfort.

Interestingly, the results differ based on whether the economic impact is measured

by opinion survey or objective measures such as employment or sales. Subjective opinion surveys of managers and business owners are four times as likely to yield a negative or mixed economic effect after a smoking ban than objective measures. So, business owners are likely to believe that smoking bans are bad for business, even if they aren't. This is important, as it reflects the power of a negative message about smoking



1980

Per-Ingvar Branemark describes techniques for the osseointegration of dental implants.

1990

New tooth-colored restorative materials plus increased usage of bleaching, veneers, and implants inaugurate an era of esthetic dentistry.

1989

The first commercial home tooth bleaching product is marketed.



bans, and the need to consider that opinion surveys may not be in line with quantitative measures like employment or profits.

So, all in all, what does this mean for cities like Baton Rouge, that are considering a comprehensive smoking ban of their own? Smoking is clearly bad for smokers and non-smokers alike, and based on the experience of dozens of other cities, we can be reasonably confident that there will be no adverse

economic impact, except possibly to gambling venues.

One main argument remains: that smoking is somehow intrinsic to bar culture, that people love to go see bands and socialize in that smoky bar atmosphere. Bart Ramsey again refutes this idea based on his own experience. "Many of my friends never went to my gigs because they hated being in secondary smoke." Only about 22% of

Louisianans smoke, according to the Louisiana Department of Health and Hospitals (DHH), meaning that the vast majority of Louisianans are, in fact, nonsmokers. Smoky venues force them—and the musicians they are going out to hear—to choose between the art and their own health. "I love my work as a musician in New Orleans," continues Ramsey, "but the secondary smoke caused me problems. I had started avoiding playing in smoky bars, with the exception of those where the musical experience was extraordinary. Young employees are less likely to complain, but the older we get, the more we notice the problems of secondary smoke." He also knows other musicians who had gotten to the point of refusing to play in venues that allowed smoking.

Now, musicians no longer have to choose between health and their professions. "Now, I look forward to playing in clubs that used to leave me with mixed feelings because I knew I'd get asphyxiated throughout the night, with conditions all the worse during high season. The smoking ban has improved my life. My accordion no longer smells like an ashtray for days after a gig, and my clothes don't stink. (The skin absorbs secondary smoke too). But most important, I don't have to breathe all the smoke in a room anymore."

The 78% of Louisianans who don't smoke might well agree. As one nonsmoking New Orleanian bar patron confided, "I still think it should be up to the bar owners, but man—I love it! I'm going back to bars, now that the air is clear, and it's so much fun, being with friends and drinking, but still being able to breathe." ■



Catherine Lasperches

1997

FDA approves the erbium YAG laser, the first for use on dentin, to treat tooth decay.



1998

The National Institute of Dental Research is renamed National Institute of Dental and Craniofacial Research.

SOURCE: American Dental Association, www.ada.org/en/about-the-ada/ada-history-and-presidents-of-the-ada/ada-history-of-dentistry-timeline

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CAMP SWAN SCHEDULED FOR NOVEMBER



Camp Swan is a 3-day/2-night camp for children ages 7-12 who have lost someone significant in their lives. This camp is sponsored by Canon Hospice and the Akula Foundation. The camp will be held at Camp Living Waters in Loranger on November 20-22, 2015. Camp Swan is designed to provide an experience in outdoor living combined with therapeutic activities to facilitate grieving in a fun and naturalistic setting. *See story on page 46*



STATE

Statewide Patient Engagement Campaign Underway

The Louisiana Department of Health and Hospitals (DHH) and the Louisiana Health Care Quality Forum have launched a joint, statewide campaign to educate Louisiana's patients and families about how to use available health information technology (IT) tools to improve their health and healthcare decision-making.

The 'Your Health in Your Hands' campaign launched Aug. 1, making Louisiana the first state in the nation to pioneer a direct-to-consumer campaign that engages patients and families in the use of health IT.

"This is something that no other state has yet attempted," said Cindy Munn, CEO of the Quality Forum. "We are very excited and proud that Louisiana is leading the way and receiving so much positive national attention for these efforts."

A key component of the campaign is its website, www.makemyhealth.me, where Louisiana residents can find valuable information and resources designed to engage them in their health and healthcare. The website features information about health IT tools such as electronic health records (EHRs), patient portals, and the statewide health information exchange (HIE). In addition, the website provides patients and families with information about patient rights, such as how to request copies of their medical records and how to use those records to improve their health.

"Our ultimate goal is to make sure Louisianans know the value of health IT, so we're spreading our message as widely as possible," said DHH Secretary Kathy Kliebert. "Whether a resident spends his or her time on Facebook or listening to the radio, we're putting the message in front of them."

Munn noted, "Research has shown that patients who are engaged in their care tend to have better outcomes and lower costs, and the goal of this campaign is to ensure that Louisiana residents have the knowledge and tools necessary to be engaged patients."

The 'Your Health in Your Hands' campaign is paid for through Health Information Technology for Economic and Clinical Health (HITECH) Act funding, which is intended to improve American healthcare delivery and patient care through investment in health information technology.

Hill Joins Peoples Health as Brand Ambassador

Peoples Health has announced Angela Hill, local news icon, as the official spokesperson for the Medicare Advantage organization. Hill has a longstanding relationship with Peoples Health, currently serving on the selection committee for Peoples Health Champions, which honors exceptional and inspiring seniors in the community.

In her new role, Hill will represent Peoples Health in a variety of marketing and community capacities, including being featured in television and radio commercials. Hill will also participate in community engagement events hosted by Peoples Health. Hill's post as spokesperson begins with this year's Medicare annual enrollment period.

Humana Launches Health Initiative

Humana has launched a major, community health initiative in New Orleans and Baton Rouge. Humana has a bold goal to improve the health of these communities by 20 percent by 2020. Over the next few months, Humana Louisiana leaders and corporate representatives will be meeting with community and nonprofit organizations, healthcare and business leaders, and consumers in both New Orleans and Baton Rouge in an effort to hear firsthand what are the barriers to health in these communities, and identify the top healthcare issues that Humana will collaborate with the community to address over the next five years.

Then, in the first quarter of 2016, Humana will host Clinical Town Halls in New Orleans and Baton Rouge, bringing together community advocates, business leaders and clinicians to discuss the key healthcare themes that have emerged, and develop strategic action plans and initiatives that focus on those community health needs.

Humana will utilize the Centers for Disease Control & Prevention measure known as "Healthy Days" to measure its progress and impact toward its 20/20 goal. Healthy Days asks people about general self-rated health and recent days of physical health, mental health, and activity limitation.

Blue Cross Foundation Honors Volunteers

The Blue Cross Foundation believes children who are better cared for are healthier – extending the company's mission beyond customers to the Louisiana public. Over two decades, the Angel Award has given more than \$1.9 million to



Angela Hill

charities whose purpose is to improve the welfare of the state's children. The current Angels bring the number of volunteers honored by the program to 169. More than 60 nominees from across the state were considered for the award by a committee of past Angel Award winners.

Receiving the Angel Award this year are:

Bivian "Sonny" Lee, III of New Orleans. Sonny Lee founded Son of a Saint in 2011 in honor of his mother and late father, former New Orleans Saints cornerback Bivian Lee, Jr. Son of a Saint provides mentorship, tutoring, community service opportunities, mental health treatment, and other self-improvement activities for boys in need of a father figure's influence.

Elijah Benjamin Evans of Youngsville. Elijah Evans founded No Use for Abuse, an anti-child abuse program, in 2012.

Dustin LaFont of Baton Rouge. Dustin LaFont founded Front Yard Bikes in Baton Rouge in 2010.

Kristen Maddox of Denham Springs. Kristen Maddox founded A Door of Hope, a faith-based, non-profit organization in Denham Springs that helps its clients break the vicious cycle of life-controlling issues and self-destructive behaviors such as abuse, addiction, eating disorders, depression, past abortions or self-harm.

L.J. "Joe" Rachal of Olla. Joe Rachal is a board member for the Centennial Cultural Center. The Center, a non-profit organization in Olla, works to nurture and promote culture and fine arts in LaSalle Parish.

Kassi Robinson of Benton. Kassi Robinson founded Pay it Forward Networking in 2013.

Paula Taylor of Sulphur. Paula Taylor founded the Sulphur Christian Community Coalition in 2010.

Elisha Wilson-Thomas of Tallulah. Elisha Wilson-Thomas founded Tallulah's TIARA Girlz, a social club for girls ages 3 to 7, in 2009.

Tanja Foil of Baton Rouge. Tanja Foil has

volunteered and supported Families Helping Families of Greater Baton Rouge, a non-profit organization that provides resources for children with disabilities and their families, since 2011.

Each Angel will receive a \$20,000 grant for the charity of his or her choice.

MGMA-Louisiana Board of Directors Named

Mary Alice Stanford, CMPE, of Baton Rouge has been named President of the Board of Directors for MGMA-Louisiana. She is the Administrator of Renal Associates in Baton Rouge.

Other officers are Vice President Tina Baus of Southwest Louisiana Sports & Rehab Center in Lake Charles; Treasurer Tim Barrett, CPA, of Radiology Associates in Baton Rouge; and Secretary Crystal Williams, FACMPE, of Cardiovascular Institute of the South in Houma.

Additional Directors are Stephanie Owens Ardoin, RHIA, of Acadiana Ear Nose Throat Facial Plastic Center in Lafayette; Julie Beene-Police, of Hematology Oncology Life Center in Alexandria; Greg Ivey, of The Pediatric Center SWLA in Sulphur; Bruce Anzalone, of Slidell Memorial Hospital Physician Network of Slidell; and Diane Weiss, CPC, CPB, of Wound Care Specialists of Metairie.

MGMA, a national organization with chapters in every state, is a professional association for medical executives and managers.

DHH Urges Communities to Strengthen Recovery Efforts

The impact of mental and substance use disorders spans individuals, families, and communities. Addiction treatment and mental health services can enable those with a mental and/or substance use disorder to live a healthy and rewarding life. The Louisiana Department of Health and Hospitals (DHH) is emphasizing several critical components of this care: supporting individuals in recovery, understanding the warning signs of use or abuse, and knowing where programs and services are provided.

A key component of supporting recovery for Louisiana residents is ensuring access to treatment and services for individuals with behavioral health needs. To strengthen these services, the Department will soon integrate all specialized behavioral health care services into its Medicaid managed care program known as Bayou Health. Beginning Dec. 1, 2015 patients who previously accessed care through the Louisiana Behavioral Health Partnership will now get their specialized

behavioral healthcare directly from their Bayou Health Plan.

Integrated Health Care

Bayou Health currently serves more than 920,000 Louisiana residents and the outcomes are increasingly positive. The Louisiana Behavioral Health Partnership was designed to better coordinate care provided to individuals in need of behavioral health services. All five health plans that have been awarded contracts have extensive experience managing specialized behavioral health services in their other plans across the country.

Access to Services

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental health and/or substance use disorders. Louisiana's alcohol/drug helpline is (877) 664-2248.

For Compulsive Gambling please call (877) 770-7867, text "nobet" to 66746, or visit www.helpforgambling.org.

Additional mental health, substance abuse and addictive disorder services are available through local human service districts and authorities.

Ford Named LAHP Communications Director

The Louisiana Association of Health Plans (LAHP) announced the hiring of John Ford as its communications director. In his role with the health insurance advocacy organization, Ford will focus on improving communication with LAHP members, the State Legislature, and the greater Louisiana community.

Ford is leaving the Louisiana Department of Health and Hospitals, where he worked in media relations and helped develop communications strategies for the department. Ford previously worked in corporate communications for Blue Cross and Blue Shield of Louisiana and as an account manager at Red Pelican Strategies, a Baton Rouge-based communications and governmental relations firm.

Bureau of Minority Health Access Earns Grant

The Louisiana Department of Health and Hospitals' (DHH) Bureau of Minority Health Access (BMHA) has received a five-year, \$1 million grant (disbursing \$200,000 per year) to address health and health disparities among minority and underserved



John Ford

populations. This project is supported by the United States Department of Health and Human Services' Office of Minority Health.

This project aims to educate racial/ethnic minority groups and underserved populations on:

- making better food choices,
- adopting physically active lifestyles,
- being properly screened for diseases associated with being overweight and obese, and
- understanding peer-to-peer and professional care to prevent onset of mental illness.

The Louisiana Partnership Grant to Address Minority Health Disparities is a collaborative project among the BMHA; Southeast Louisiana Area Health Education Center; NM2C, LLC; IAM Wellness Solutions (which targets mental illness); and other community partners. The Louisiana Division of Administration's Office of Resource Management and Assistance provided guidance in conjunction with SELAHEC and NM2C, LLC for this request for funds application. Pennington Biomedical Research Center's Evaluation Center will provide evaluation services.

The project offers a continuation of DHH's Own Your Own Health Initiative, community-level projects and mini grants in DHH Regions 1 (Orleans Parish and surrounding areas), 8 (Ouachita Parish and surrounding areas) and 9 (Tangipahoa Parish and surrounding parishes). Starting in year two of the project, DHH will work with IAM Wellness Solutions and NM2C, LLC to implement work-site wellness initiatives addressing mental health, nutrition, physical activity, and obesity among first responders.

The Bureau of Minority Health Access will select up to 10 communities in areas of high need for chronic disease prevention and control approaches to receive grant funding for physical activity, nutrition, and mental health projects.

For more information on the Bureau of Minority Health Access, visit www.dhh.la.gov/oyoh.

Children participate in various recreational activities at Camp Swan.



LOCAL

Camp Swan Scheduled for November

Camp Swan is a 3-day/2-night camp for children ages 7-12 who have lost someone significant in their lives. This camp is sponsored by Canon Hospice and the Akula Foundation. The camp will be held at Camp Living Waters in Loranger on November 20-22, 2015. Camp Swan is designed to provide an experience in outdoor living combined with therapeutic activities to facilitate grieving in a fun and naturalistic setting.

The camp is staffed by volunteer counselors including bereavement counselors, social workers, doctors, nurses, medical students, and adults from the community. This weekend camp can accommodate approximately 40 children. The funding source for Camp Swan comes from donations from the community directed to the Akula Foundation and Camp Swan.

All campers will follow a schedule, which will include meals, snacks, small and large group therapeutic and recreational activities. Therapeutic activities will include art, music, drama, and group and individual discussions. These are designed to help the campers to better understand and express their feelings of grief. Recreational activities will include an obstacle course, educational lectures, and physical exercise time.

Admission is given on a space available basis and is free of charge. It is anticipated that the

Camp will provide a healing experience for bereaved children and further enhance a feeling of service and goodwill in the community.

Sinfonia, Tulane Launch Early Intervention Clinic

Sinfonia Family Services of Louisiana, in partnership with Dr. Ashley Weiss, child and adolescent psychiatrist at Tulane University School of Medicine, Department of Psychiatry and Behavioral Sciences, is launching the Early Psychosis Intervention Clinic (EPIC-NOLA). This is a comprehensive early intervention program targeting teens and young adults first experiencing psychotic symptoms with the overarching goal of getting young people back on track in their lives while providing gold-standard psychiatric care.

The EPIC-NOLA clinic is modeled after the Specialized Treatment in Early Psychosis (STEP) program at Yale University School of Medicine. Founded by Dr. Vinod Srihari, the STEP clinic has recently published results from the first randomized-controlled trial of first-episode services in the United States. The study found that 75% of FEP patients who had access to services such as cognitive-behavioral therapy (CBT), vocational supports, and family education avoided hospitalization during a 1-year period compared with just over 50% of those allocated to usual care.

There is considerable national conversation about the importance of early intervention for psychosis, which is a psychiatric symptom of a mental illness, experienced as a loss of contact with reality. In 2014, Congress directed SAMHSA to require that 5% of their Community Health

Services Block Grant be used to address the needs of people with early serious mental illness, such as schizophrenia and bipolar disorder. International and national research has shown that specialized, early treatment of psychotic disorders improves not only medical outcomes, but social and quality of life outcomes as well.

Daughters of Charity Receives HHS Funding

Health and Human Services Secretary Sylvia M. Burwell recently announced nearly \$500 million in Affordable Care Act funding to support health centers nationwide in providing primary care services to those who need them most. Marillac Community Health Centers, doing business as Daughters of Charity Health Centers (DCHC), is the recipient of a \$1 million infrastructure improvement grant and an additional \$341,000 for expanded medical services.

The awards include approximately \$350 million for 1,184 health centers to increase access to services such as medical, oral, behavioral, pharmacy, and vision care. Nearly \$150 million will be awarded to 160 health centers for facility renovation, expansion, or construction to increase patient or service capacity.

LSU Recognized For Improving Kids' Health

Two of LSU Health New Orleans' health professions schools have received the 2015 Whole Child Champion Award for "dedication and critical leadership in ensuring that school children are ready to learn in both mind and body." The award,

presented by the Childhood & Family Learning Foundation to LSU Health New Orleans' School of Nursing and School of Dentistry, goes on to say, "The future of these children's lives will forever be enriched by your efforts."

Working under faculty supervision, LSU Health New Orleans nursing and dental hygiene students conducted more than 1,300 preventive health screenings measuring physical fitness – height, weight, blood pressure, body mass index – as well as vision and hearing. LSU Health New Orleans pediatric dentistry residents also screened the children for decay, referral and sealant placements. Dental hygiene students and faculty then provided cleanings, placed sealants and fluoride varnish as needed. The schools served included Esperanza, Lafayette Academy, Morris Jeff Community School, McDonogh 42 Elementary, and KIPP Central City Academy.

Barcoding, Inc. and Better Day™ Health Partner on Health IT

Barcoding, Inc., a leader in supply chain efficiency, accuracy, and connectivity, and Better Day™ Health, a New Orleans-based innovator in point-of-care patient charting and clinical documentation, have partnered to develop a solution for improving the overall patient experience in clinical settings.

Utilizing radio frequency identification (RFID), voice recognition, and Web-based mobile and cloud technologies, Better Day™ Health's application automates electronic health records (EHR) documentation, streamlines patient check-in and registration, and tracks the flow of patients and staff throughout the clinic. As a result, healthcare organizations and clinics will be able to cut costs and operate more profitably while improving the overall patient experience, as well as the patient-physician interaction in the exam room.

When patients check in at the front desk, they receive an RFID-enabled visitor badge that links to their EHR and other vital information. Physicians and staff also have RFID-enabled ID badges, so as soon as the provider enters the exam room, an RFID reader triggers hands-free authentication, login, and data collection via Better Day™ Health's patient charting app on the provider's mobile device. During the patient visit, the Better Day™ app uses passive voice recognition technology to recommend potential diagnoses and to make it easy for the physician to choose a diagnosis, select the appropriate billing code and document the patient visit to complete required EHR record keeping. As a result, physicians are able to spend less time typing and taking notes and more time focusing completely on the patient and his or her needs.

Additionally, using Barcoding's asset tracking software, RFID RealView™, Better Day™ Health's solution tracks the flow of patients and physicians through the clinic to determine wait times, staff availability, patient location, and more. In turn, healthcare clinics can use this information to drive continuous improvements and enhance the patient experience.

Physical Therapy Students Receive White Coats

Thirty-five second-year Doctor of Physical Therapy students at LSU Health New Orleans School of Allied Health Professions received the mantle of professional practice during a White Coat Ceremony this fall. Following welcoming remarks from Dr. Jane Eason, Physical Therapy Department Head, Opening Remarks from Adam Roethle, BS, SPT, DPTII Class President, and a keynote address by Dr. J. M. Cairo, Dean of the LSU Health New Orleans School of Allied Health Professions, the "coating" took place.

Physical Therapy faculty presented the Class of 2018 with their white coats, a visible symbol of patient care. The students then recited the American Physical Therapy Association Code of Ethics in unison as their proud loved ones look on. The ceremony marks a milestone – the entrance of new professionals into clinical practice.

Noelle G. Moreau, PhD, PT, Associate Professor of Physical Therapy at LSU Health New Orleans School of Allied Health Professions, coats Jonathan Ligori.



The LSU Health New Orleans Doctor of Physical Therapy Class of 2018.

Hospice Facility to Resolve Fraud Allegations

St. Joseph Hospice Entities, which consists of 13 hospice facilities in Mississippi, Louisiana, Texas, and Alabama, and Patrick T. Mitchell, its majority owner and manager, have agreed to pay the United States \$5,867,518 under the False Claims Act to resolve allegations that they submitted false claims for delivery of continuous home care hospice services to patients who were not entitled to receive continuous care hospice level treatment. The agreement was announced by United States Attorney Gregory K. Davis, Special Agent in Charge Derrick L. Jackson with the U.S. Department of Health and Human Services - Office of Inspector General, and FBI Special Agent in Charge Donald Alway.

Continuous home care hospice services, sometimes called crisis care services, are provided to hospice-eligible patients in moments of crisis resulting from acute medical symptoms. This level of care is available to a patient when the patient's acute medical symptoms require immediate and short-term skilled nursing services, allowing the patient to remain in his/her home during a very difficult time. Medicare pays for continuous care hospice services at a rate that is nearly 6 times that of the daily rate for routine home hospice care.

During the government's investigation, it was discovered that St. Joseph Hospice was an outlier in its use and billing of continuous care hospice services. The government found that there were a significant number of patients who received continuous care hospice services when there was no crisis, and thus, they were not eligible for such services. The result of this misuse of the continuous home care hospice benefit was millions of dollars of false claims submitted to and paid by the government.

The allegations in this case arose from a lawsuit filed by 3 whistleblowers, who were former employees of the company, under the *qui tam* provisions of the False Claims Act. Under the Act, private citizens can bring suit on behalf of the government for false claims and share in any recovery. Such private citizens are referred to as relators. The relators in this case will receive a little more than \$1 million from the recovery.

In addition to the payment of the settlement amount, St. Joseph Hospice Entities has agreed to submit to ongoing monitoring by HHS-OIG. The claims settled by this agreement are allegations only, and there has been no determination of liability.

Abdallah Joins North Oaks Pulmonology Clinic

Pulmonologist Tarek Abdallah, MD, has joined North Oaks Physician Group in practice with North Oaks Pulmonology Clinic.

Certified by the American Board of Internal Medicine in Internal Medicine and Pulmonary Disease, Dr. Abdallah also is fellowship-trained in Pulmonology and Critical Care Medicine through Staten Island University Hospital in NY. He specializes in the diagnosis and treatment of lung and respiratory system diseases, such as asthma, emphysema, bronchitis, and pneumonia, and can help patients stop smoking.

Other providers with North Oaks Pulmonology include: Drs. Wesley Cook, Katherine St. Amant, Theepha Thaya, and Arvind Yertha; and Nurse Practitioners Jennifer Bouffard and Lori Mayers.

LSU Nursing Faculty Among Great 100 Nurses

Among the 2015 Great 100 Nurses are members of the faculty of LSU Health New Orleans School of Nursing. They are Monchiette M. Bolds, RN, MSN-HCSM, CCRN, Instructor of Nursing; Alison H. Davis, PhD, RN, Assistant Professor of Nursing; Quinn T. Lacey, RN, MN, Instructor of Nursing; Helen Neil, RN, MSN, HCSM, CLNC, Instructor of Nursing; Lorrie L. Powel, PhD, RN, Tenet Health System/Jo Ellen Smith, BSN, Endowed Chair of Nursing, Associate Professor of Nursing; and Angela Scanio, MSN-HSCM, RN, Instructor of Nursing.

The Great 100 Nurses Foundation was founded in New Orleans twenty-nine years ago and since then has honored thousands of nurses across Louisiana, North Carolina, Texas, and Oklahoma. These exemplary nurses are selected based on their concern for humanity, their contributions to the profession of nursing, and their mentoring of others.

Fraud Control Unit Arrests New Orleans Woman

Attorney General James D. "Buddy" Caldwell announced that a New Orleans woman was charged with two counts of Medicaid fraud.

Natrell Shelton, 37, of 6345 Dwyer Road, is accused of submitting false time sheets and service logs indicating she was caring for a Medicaid recipient at the same time she was reportedly providing personal care services to another Medicaid recipient. As a result of her actions,



Tarek Abdallah, MD

the Medicaid Program was improperly billed \$3,407.84. Shelton was arrested Tuesday and booked into the East Baton Rouge Parish Prison.

Shelton was working as a direct service worker for two personal care service agencies and the Self Direction Waiver Program allegedly caring for physically handicapped or elderly Medicaid recipients when the overlapping billings occurred. Direct service workers provide caregiver services such as cooking, grooming and bathing.

If convicted, Shelton could face up to five years in prison and pay up to \$20,000 in fines for each count of Medicaid fraud.

Partners to Customize Compliance Solutions

New Orleans BioInnovation Center tenant Compliance Partners has announced an agreement with Wolters Kluwer Legal & Regulatory Solutions U.S. to help healthcare organizations streamline and manage compliance amidst shifting regulatory guidelines. This collaboration will allow Compliance Partners to deliver customized, comprehensive healthcare compliance services and software solutions utilizing ComplyTrack premier enterprise-level risk and compliance software from Wolters Kluwer. Created expressly for the needs of healthcare organizations by two groups known for their deep knowledge of this market and its needs, this solution will empower organizations to keep up with complex and rapidly changing regulations.

New guidelines and rules created by the Patient Protection and Affordable Care Act (ACA) have created challenges for healthcare organizations throughout the country, particularly when it comes to compliance, risk, and quality. Healthcare organizations of all sizes must manage and stay up-to-date with these regulatory changes in order to avoid major penalties for non-compliance. This

new solution, which leverages industry leading enterprise-level risk and compliance software from Wolters Kluwer and managed via Compliance Partners' holistic approach to compliance and risk management, will help fill resource gaps by providing the ongoing advisory support and customized compliance capabilities healthcare organizations need to stay informed and remain audit-ready.

Fit NOLA Releases Phone App

Over the past year, the Fit NOLA administrative team, Eat Fit NOLA and FoodCare Inc. have been cooking up a smart phone application for the City of New Orleans to improve community nutrition literacy, increase availability and access to healthy foods, and better align community nutrition interventions across all coalition members. Currently available in both iTunes and Google Play app stores, the Fit NOLA app was created to connect individuals to healthy options.

Community members using the Fit NOLA Powered by Eat Fit NOLA App will be able to:

- Receive personalized nutrition guidance based on the food "cares" of each app user including their diet preferences, chronic diseases, life stages, weight management goals, and food preferences.
- Find healthy restaurants based on location, including Eat Fit NOLA menu options
- Access information on community resources by age group, health concerns, and interest areas

- Search for and save local health and wellness events to phone calendars

- Locate farmers markets

- Nominate local food businesses to join the Eat Fit NOLA program, free for all area restaurants.

Ultimately this initiative will meet the needs of every health-conscious organization in our community. As partners identify unique needs and special requests for added functionality or support, the Fit NOLA team and its technology partner, FoodCare, are prepared to help organizations take their community engagement initiatives to the next level.

NOBIC Announces Key Speakers for Conference

The third annual Innovation Louisiana life sciences entrepreneurship conference, taking place November 16-17 at the New Orleans BioInnovation Center, will feature more than 20 expert speakers from across the country. The event offers the opportunity to network with and learn from experienced industry executives, investors, and other innovators as Louisiana's life sciences entrepreneurship ecosystem continues to expand. Topics will range from intellectual property protections and finding startup funding to innovation in hospitals and building strategic partnerships.

The 2015 keynote speakers are Thomas Luby, Senior Director of New Ventures at Johnson & Johnson Innovation in Boston, and Jon Schull, Rochester Institute of Technology research

scientist and founder of e-NABLE, a global maker movement that donates 3D-printed hand and arm prosthetics to children and others in need. These speakers will discuss new ventures and advances in medicine from diverse perspectives—from within the pharmaceutical industry and through newer arenas like open-source innovation sharing. The conference agenda will also include other expert speakers and panelists from JLAB, Mercury Fund, the Houston Angel Network, Team Gleason, LCMC Health, PPD, and more.

The conference will be followed by two events on November 18 at the Joy Theater: the 2015 Louisiana University Technology Showcase and the fourth annual BioChallenge pitch competition. These events will feature technologies under development and available for licensing at more than seven academic institutions across the state, along with a competition in which four Louisiana bioscience startups will pitch for a \$25,000 grand prize.

Innovation Louisiana takes place during Global Entrepreneurship Week, an annual worldwide celebration of innovators and startups that drive economic growth. The event is presented with support from the JPMorgan Chase Small Business Forward initiative, a national program aimed at connecting small business to critical resources to help them grow faster, create jobs, and strengthen local economies.

Registration for the conference is available at neworleansbio.com/innovationla. ■

PEOPLES HEALTH PROVIDES FUNDING FOR SENIOR MEALS

At an October Jefferson Parish council meeting, Peoples Health presented a check of \$240,000 to the Jefferson Council on Aging's Senior Meals Program to assist in providing nutritious meals to local seniors in need. As a sponsor of the program, Peoples Health significantly supports the Jefferson Council on Aging's efforts to provide the nutritional services of hot meals to seniors.

The Senior Meals Program has two daily hot meal programs—hot meal delivery and congregate meals. Hot meal deliveries meet nutritional requirements for older individuals, and are served based on a senior's specific needs, free of charge. The hot meals program delivers to the homes of eligible seniors who are home-bound, unable to shop, or prepare their own meals. The congregate meals program serves eligible participants at a Jefferson Council on Aging (JCOA) Senior Center or other nutrition site. The Senior Meals Program provides meals for seniors 60 years of age and older.

Senior hunger statistics research indicates that food insecure seniors have an increased risk for chronic health conditions, such as depression and heart attacks. Louisiana has a high rate of senior food insecurity.



Innovation is the vehicle that spurs progress in the health care industry and telehealth is the latest practice to revolutionize the way physicians treat patients and manage their care.

TELEHEALTH: Care That's Virtually Everywhere

TELEHEALTH IS ARGUABLY the “next big thing,” as more physicians begin to adopt it nationwide. IHS Technology predicts that by 2018, the number of patients using telehealth services will increase to seven million. This anticipated growth comes as the need for health care access continues to rise, and the catalyst for that access is health information technology (IT).

As one of the front-runners in the nation for the adoption and meaningful use of health IT, Louisiana is now preparing to position itself at the forefront of the telehealth movement.

The Louisiana Department of Health and Hospitals (DHH) is leading the charge in bringing telehealth to more patients in our state. The agency formed a special task force that works as an advisory body on policies and practices that expand access to telehealth services. The group submitted a report to the legislature on Louisiana's telehealth landscape, identifying several projects that are currently taking place. Among them are

subspecialty Neurology and Orthopedics services, provided by LSU Health, to Department of Corrections facilities and parish jails. Additionally, DHH says its Office of Public Health has been utilizing telehealth to provide inmates with HIV/STD care, resulting in a significant increase in the HIV care rate of recently released prisoners in the two years since the program's inception.

These are just two examples of the critical, life-changing services made possible through telehealth, and state health officials believe this approach is the key to transforming the state's health care system. “Our goal is to maximize the availability of health care to the residents of Louisiana, and to shift health care toward primary and preventive care and away from more expensive emergency and inpatient care,” says DHH Secretary Kathy Kliebert.

DHH believes telehealth has the potential to redefine care delivery, reduce costs, and to dramatically broaden the scope of care,

specifically for underserved and high-risk populations. “The expansion of quality telehealth has the potential to greatly improve health care access in Louisiana. The majority of our state is considered medically underserved for primary care, and specialty care is even more difficult to access,” says Kliebert. “When you also consider that many patients live in rural areas and physicians are primarily located in high population areas, the importance of improving access to care is highlighted.”

Patients in north Louisiana are already benefitting from the telehealth services provided through independent organizations like the Louisiana Rural Health Information Exchange, or LARHIX. Having seen measurable success in the region, LARHIX is working to expand its reach even further. The organization has begun offering services in south Louisiana and is conducting health care mission work in Guatemala through telemedicine consults with stateside providers. Its efforts speak to the limitless possibilities of telehealth to improve health care and patient outcomes on a global scale.

Like LARHIX, the Louisiana Health Care Quality Forum is a strong supporter of telehealth and its capacity to improve the health care experience for both patients and providers.

Lonnie DuFour, Director of Client Services for the Louisiana Health Information Exchange (LaHIE) and Telehealth Project Coordinator says, “Our partnership with the Texas/Louisiana Telehealth Resource Center enables us to conduct telehealth education and outreach across the state. This federally-funded programming helps to familiarize physicians with telehealth and explains how it can advance their medical practices.”

Through LaHIE, participating doctors and facilities have the added advantage of accessing patients' health information electronically. This facilitates the telehealth consult by



41 states

These changes are also evident in a recent analysis by ATA that found that the Medicaid policies for 41 states, including Louisiana, cover telemedicine services statewide, without distance restrictions or geographic designations.

allowing doctors time to review patient data before, during and after the appointment, as necessary. They can also document the visit in the patient's electronic health record and transfer it into LaHIE, making it available for the referring physician or any other authorized user in the patient's circle of care.

Many providers have begun to realize the full advantages of telehealth. Behavioral health providers across the state, whose resources are often stretched thin, now see the value of utilizing telemedicine, as its usage allows for less driving time between facilities. In addition to its convenience, telehealth also provides patients with timely access to specialty care, which they may not receive otherwise from their primary care physician.

Despite its overwhelming potential, the path to universalizing telehealth has not been the easiest to navigate. Industry leaders acknowledge that insurance issues, such as payment and coverage for services delivered, have hindered widespread adoption. But in recent years, experts have witnessed a shift nationally, with more lawmakers taking action to overcome these policy barriers.

According to the American Telemedicine Association (ATA), the number of states with telemedicine parity laws - which "require private insurers to cover telemedicine-provided services comparable to that of in-person" services - has doubled since 2012. These changes are also evident in a recent analysis by ATA that found that the Medicaid

policies for 41 states, including Louisiana, cover telemedicine services statewide, without distance restrictions or geographic designations.

Last year, state lawmakers created the Louisiana Telehealth Access Act, which enables providers to consider telehealth as a means to improve access to quality care. The law also establishes guidelines for providers to follow in order to maintain the integrity of the medical practice, regardless of how care is delivered. One provision calls for physicians to use the "same standard of care" as they would if the services were provided in-person.

Although Louisiana is making progress with implementing telehealth in medical practices, many rural areas of the state have little to no broadband access and this poses a great challenge. State health officials also cite cost and education as the two biggest challenges to expanding telehealth throughout the 64 parishes.

"The cost for telehealth equipment and clinician training is significant. We also have to make sure patients, third party payers, providers, and government agencies understand the benefits of telemedicine and are comfortable with its use. Many regulations and payment provisions have not yet caught up with significant advances in technology," Kliebert says.

Moving forward, we, as health care practitioners and advocates, must remain diligent in our efforts to advance telehealth in the hopes that its opponents will ultimately recognize its significance and value in treating patients and improving their access to health care.

The advent of the telehealth delivery method reflects the continued evolution of health care and the further integration of science and technology to facilitate patient care. Though statewide implementation may be difficult to achieve, it is not impossible, and the long-term benefits far outweigh the obstacles in its path. ■



Dr. Heike Munzberg-Gruening has long been following clues in her research on factors in our brains that may affect the development of obesity – namely hormonal clues like leptin. In examining the different hormones related to obesity, Dr. Munzberg-Gruening stumbled upon something unexpected. She found that reward circuits in our brain may play an even more important role in weight gain than researchers previously determined.

We Are Learning More ABOUT HOW CRAVINGS MAY CONTRIBUTE TO OBESITY

IN SHORT, THOSE INTENSE CRAVINGS that seem to derail even the best attempts to stick to a healthier diet may be more than a just lack of self-control—they may be powerful signals from our brain that drive us to eat what we shouldn't, when we shouldn't.

To better understand the nature of cravings and the role of the hormone leptin, Munzberg-Gruening and her team at LSU's Pennington Biomedical Research Center compared typical mice with those that were missing a select portion of leptin receptors in a part of their brain called the lateral hypothalamus and in a subset of neurons that produce the neuropeptide galanin, which is associated with how we select macronutrients, or what we eat.

They found no initial difference in body weight between the two groups of mice, but their eating patterns were vastly different.

Unlike the control group, the mice that were missing leptin receptors in galanin neurons were ultra-focused on obtaining sweet foods. When placed on an incentive runway with a sweet cereal at the end, these mice aimed directly for that reward. In contrast,

the control group set off toward the reward but often got distracted.

Munzberg-Gruening was surprised when the galanin deficient mice seemed obsessed with sweet foods but did not gravitate toward fatty foods the way mice in the control group did.

"This research suggests that there are two parallel reward pathways in the brain—not just one, like we'd previously thought—that determine if we prefer either fatty or sugary foods, or both," said Munzberg-Gruening.

While the two groups of mice maintained about the same weight in the beginning of the study, the mice lacking galanin receptors focused on sugary foods and ended up gaining significantly more weight than the control group, even though both groups ate the same amount of calories.

"We often hear that if you eat too much fat and sugar, you'll gain weight," said Munzberg-Gruening, "But until now, research has lagged behind to

prove that a fat or sugar craving influences body weight."

This research study is one of the few to show that genetic changes to feeding circuits, or to the reward pathways in our brain that drive select macronutrient cravings, can contribute to obesity. With a better understanding of the brain's role in regulating our weight, researchers can be better equipped to create targeted treatments for obesity as they move forward.

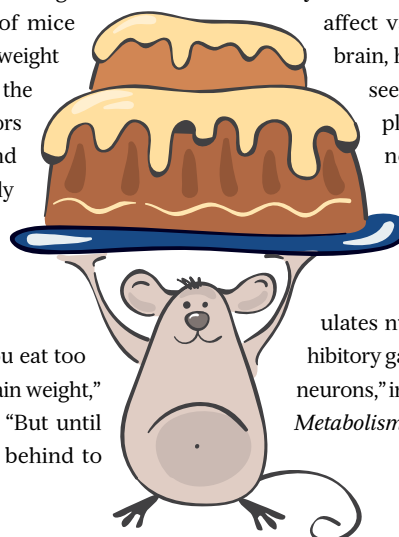
"It's an exciting time for researchers at the lab bench like myself, because people are starting to appreciate the substantial role that reward circuits play in body weight," said Munzberg-Gruening.

"Unlike people who struggle with other types of addictions, those who are obese cannot simply abstain from eating, which is why our research is so important. With a better understanding of how cravings work, we can find improved ways to combat them and ultimately help people live healthier lives," she added.

In the future, Munzberg-Gruening and her team are looking forward to conducting more research about how hormones work together in different parts of the brain to regulate body weight.

Given the countless combinations of our body's hormones and ways they can affect various regions of the brain, her team will continue seeking ways to better explain the complex connections between the body and the brain.

You can read the full research study entitled, "Leptin modulates nutrient reward via inhibitory galanin action on orexin neurons," in the journal *Molecular Metabolism*. ■



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Patient-centered care, team-based care, person-centered care, family-centered care: all of these are phrases one will find in the current literature in which proclamations are made that patients should be the hub of our healthcare wheel. We are told that achieving patient centeredness in our hospitals, particularly, and healthcare organizations, generally, is integral to achieving quality health outcomes. Yet, little is known about how to actually achieve this lauded state within our healthcare organizations.

Building a Better Mouse Trap

The Nursing Role in Creating Enhanced Systems of Care

ONE TOOL THAT IS AVAILABLE TO GIVE us feedback from our patients is the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). This survey measures patients' reports on behaviors and activities that are evaluated as key to a high quality hospital experience. In a recent national study by Aboumatar, Chang, Al Danaf et al, the authors reported promising practices for improving patient experiences.¹ Fifty-two hospitals participated in the study and hospitals were identified which had either achieved top ranking on HCAHPS Scores or they had experienced significant improvement in their ratings. The goals that were tracked by the researchers included responsiveness to patient needs, the discharge experience and interactions

between clinicians and patients. The activities reported by patients in the highest scoring hospitals included:

- Proactive nursing rounds (83% of hospitals);
- Executive rounds (62% of hospitals);
- Multidisciplinary rounds to improve the discharge process (56% of hospitals);
- Post-discharge calls (54% of hospitals);
- Use of discharge folders (52% of hospitals);
- Promotion of specific clinician behaviors to improve interactions with patients (65% of hospitals); and
- Holding employees accountable for meeting the behavioral standards (60% of hospitals).¹

Brent Myers, MD, MPH, discusses the need for creating integrated systems in which all providers know their patients. With a background in emergency medicine, Dr. Myers discusses that creating a reliable, patient-centered system requires that we know our patients. With so many patients continuing to seek their care in emergency departments, Dr. Myers explains that this inappropriate use of the ED might not be the case if we directed our efforts to evaluating the patient, listening to their concerns and determining what is the baseline status of any given patient. Particularly in the elderly, if they



are seen in emergency rooms where no one knows them or their history, they may be worked up with a full trauma panel for head injury if they don't know what day it is when, in fact, they are simply suffering from mild dementia. A better system would be to connect community settings with providers who know the patients in those settings so that the patient can be treated in place without being transferred to a hospital.² As important as decreasing costs, the emphasis on patient-centric systems is improving the quality of care as experienced by patients and their families as well as improved use of providers delivering the appropriate level of care.

The Patient Protection and Affordable Care Act of 2010 (H.R. 3590, 111th Congress) focuses on patient-centered care as a specific outcome as well as a means to achieving improved patient care. Additionally, the Institute of Medicine has identified patient-centeredness as one of its six primary aims for improving health care quality.³ Nursing has always considered the patient and

family perspective in planning for care but it is not always easy to maintain this focus in a healthcare system that emphasizes cost containment and early discharge for patients that have increasingly complex diagnoses with the existence of multiple co-morbidities. Measurement of patient-centeredness may be complex but it is essential to quality improvement efforts within the healthcare system. Following are identified practices that can assist nursing service to improve the patient care experience within any institution:

- Patients and their families/significant others must be active participants in the care process. This implies a collaborative therapeutic approach.
- Practitioners must exhibit respect for patients/clients, involving them in the decision-making process. We must involve patients and their families in meeting their own needs, recognizing their experience and knowledge.
- Open communication is an essential aspect of giving patients and families hope

and is a core element of patient-centeredness allowing the patient to maintain control and power within the treatment process.

- The values, beliefs, and spirituality of patients and their families need to be respected within the context of care as recognition of the social framework within which care occurs.

- Patients should be supported in self-management of their medical conditions with the balance of power for decision-making remaining with the patient.⁴

Care coordination and team-based care are the foundation upon which patient-centered care is built. A recognition of how nursing interacts with other professionals including physicians, pharmacists, physical and occupational therapists, speech-language pathologists, social workers, teachers, employers, and others in the community is necessary to facilitate coordination of care.

This is especially true for transitions from acute care facilities to rehabilitation and care within the community. As the largest segment of health providers and the most trusted according to Gallup (<http://www.gallup.com/poll/1654/Honesty-Ethics-Professions.aspx>), nursing is in a unique position to demonstrate our commitment to patient-centeredness in care delivery and to ensure practitioners' continuing competence in its core tenets.

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Improving breastfeeding rates is one of the most effective, low-cost ways to improve the health of mothers and children, yet Louisiana's breastfeeding rates are among the lowest in the nation. Recent assessments of statewide maternal and child health needs demonstrated that women need continuous support on multiple levels to breastfeed successfully for a sustained period of time. Through a series of programs and initiatives focused on improving the health of mothers and their babies, the Louisiana Department of Health and Hospitals is helping to raise breastfeeding rates.

BEST FOR BABY DHH Promotes Breastfeeding

STUDIES SHOW THAT BREASTFEEDING leads to better health for both babies and mothers and that the benefits of breastfeeding persist throughout life. The American Academy of Pediatrics recognizes these benefits and recommends feeding newborns exclusively through breastfeeding for the first six months of life and continuing to breastfeed for at least one year as other foods are introduced. Yet recent studies performed by both the State and the Centers for Disease Control and Prevention show that most women either did not breastfeed at all or did not do so for the recommended length of time. In fact, Louisiana ranks 49th among other states and the District of Columbia for the percentage of infants who have ever breastfed, with only 59.5 percent of Louisiana infants ever being breastfed by their mothers. The national rate is 80 percent. Louisiana's performance for sustained breastfeeding is even worse, with only 11.8 percent of Louisiana's

infants being breastfed exclusively for six months compared to a national rate nearly double that (21.9 percent).

While some mothers or babies are simply unable to breastfeed due to medical conditions, the reason most mothers don't is because they lack the education or support needed to initiate and confidently sustain breastfeeding. Some have said that they do not breastfeed because their doctors didn't provide any information on its benefits. Other mothers noted uncertainty about whether their babies would get enough food or if they were breastfeeding properly. Many cited the social awkwardness of breastfeeding in public and sanitation concerns when the only available space for privacy while breastfeeding was a toilet.

Information and support from healthcare providers and a greater awareness of the importance of breastfeeding can help overcome these barriers. Responding to this need, DHH has launched several initiatives to increase breastfeeding education and support from the start.

Louisiana's flagship breastfeeding initiative is The Gift, an evidence-based program for Louisiana birthing facilities designed to increase breastfeeding rates and hospital success. The Gift helps birthing facilities improve their policies and practices



Kathy Kliebert
Secretary, Louisiana DHH



around infant feeding and mother-baby bonding, a key component of breastfeeding success. Expectant mothers are shown how to breastfeed, educated on its benefits, and are referred to breastfeeding support groups upon discharge. The breastfeeding initiation rate among mothers who deliver their babies at Gift-designated facilities is 71 percent, compared to 61 percent at non-Gift facilities. Eighty-two percent of Louisiana hospitals have either achieved designation as Gift facilities or are working towards that designation. Five of Louisiana's Gift hospitals have also been awarded the prestigious Baby-Friendly designation by UNICEF and the World Health Organization (WHO). These hospitals have shown a strong commitment to sharing tools for success and lessons learned with other Louisiana hospitals, including strong policies to encourage breastfeeding. The Louisiana hospitals that have been named Baby-Friendly by UNICEF and the WHO are:

- East Jefferson General Hospital,
- Ochsner Medical Center Baton Rouge,
- Opelousas General Health System,
- Terrebonne General Medical Center, and
- Tulane Lakeside Hospital for Women and Children.

Participation in these programs works. For example, Opelousas General Health System (OGHS) has taken steps to improve skin-to-skin rates from 40 percent to 90 percent and has implemented a new rooming-in policy with near 100 percent success. Championing these practices is part of both The Gift program and the Baby-Friendly Hospital Initiative and has helped OGHS increase their breastfeeding initiation rate by over 35 percent.

Working with hospitals and birthing facilities is only one part of our effort to encourage more mothers to breastfeed. Breastfeeding is a community value, and DHH is active in every Louisiana community to promote it. The Educating Physicians In their Communities

on Breastfeeding, Education, Support, and Training (EPIC-BEST) program is a DHH initiative that educates pediatric, family, and obstetric providers and staff across the state on best breastfeeding practices. The program is free and has reached over 300 physicians and staff statewide. Staff at Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics throughout Louisiana also provide breastfeeding education to their communities by hosting breastfeeding showers and health fairs, speaking at public events and disseminating breastfeeding education materials. To help women find these and other breastfeeding resources close to home, our Bureau of Family Health is working with hospitals, the WIC program and breastfeeding coalitions across the state to build an online database of breastfeeding resources by zip code that will be searchable with a mobile app.

Mothers also need support from their employers and colleagues to make breastfeeding work, and over 100 Louisiana employers, including hospitals and other healthcare providers, have been recognized as breastfeeding-friendly workplaces or champions for providing lactation accommodations to employees. Through DHH's support of the Louisiana Breastfeeding Coalition and our own Well-Ahead Louisiana initiative, we are encouraging employers in every community

and every sector to make their businesses healthier for both mothers and babies.

These efforts are working, and we are seeing improvements in breastfeeding. In 2007, the CDC's Maternity Care Practices in Infant Nutrition and Care Survey (mPINC), a nationwide survey of hospital maternity practices related to breastfeeding, ranked Louisiana 47th in the nation, with a score of 54 points out of 100. In 2013, Louisiana scored 71 points out of 100 and ranked 36th overall.

I look forward to seeing these efforts continue and expand in the years to come, but that cannot happen without the active support and participation of healthcare providers across the state. We hope you will join us by actively participating in our programs that support breastfeeding and educating all of your patients on the benefits of breastfeeding.

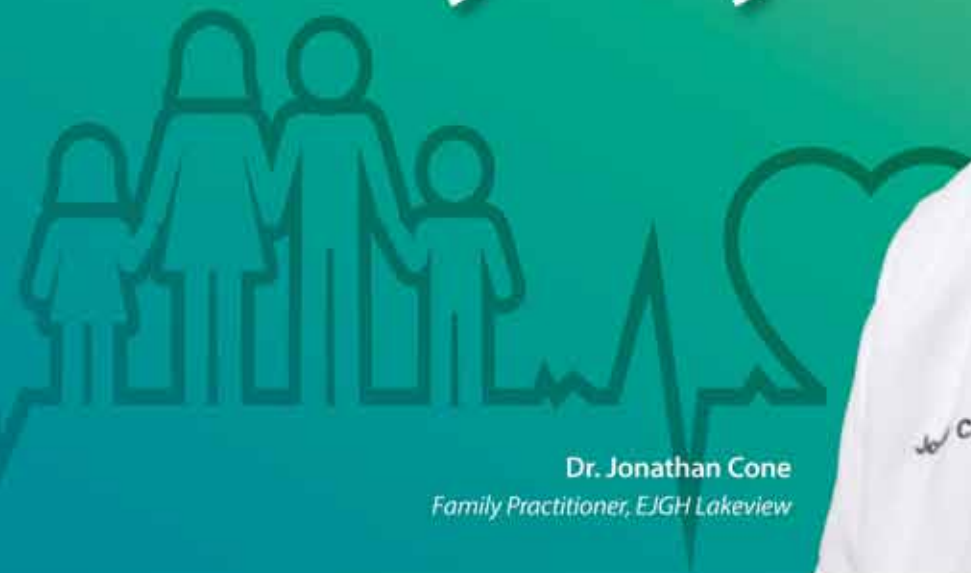
For more reports on the status of maternal and child health in Louisiana, including data on breastfeeding rates, visit 1800251baby.org/provider/data. To learn how you can help your hospital or birthing facility achieve Gift designation, visit www.thegiftla.org. To find out what resources are available to help your practice become breastfeeding friendly, contact the Bureau of Family Health at (504) 568-3504. More information on Well-Ahead and how to make your organization a participating WellSpot can be found at <http://www.wellaheadla.com/>. ■

59.5%

In fact, Louisiana ranks 49th among other states and the District of Columbia for the percentage of infants who have ever breastfed, with only 59.5 percent of Louisiana infants ever being breastfed by their mothers. The national rate is 80 percent.

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East Jefferson General Hospital

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HOSPITAL NEWS AND INFORMATION

37 GRADUATE TOURO HEALTHCARE CAREER CAMP

See story on page 60

Amanda Bowers, age 16 and a student at Mt. Carmel Academy, and Wyatt Vanlangendonck, age 16 and a student at Archbishop Rummel High School, practice chest compressions in the Touro Career Camp CPR class.

37 Graduate Touro Healthcare Career Camp

Thirty-seven high school juniors and seniors representing 23 different schools throughout the greater New Orleans area made rounds throughout Touro Infirmary for the eighth annual Health Career Camp. The intense one week program included clinical rotations in departments such as emergency, cardiovascular, physical therapy, and medical technology. Working in small teams, students benefited from hands on learning activities as well as the opportunity to meet and observe healthcare professionals in their work environment.

Following orientation and CPR training the first day, students circulated in small teams through 10 different clinical rotations. Regular sessions included Clinical Nutrition, Family Birthing Center, Infection Control, Emergency Medicine, Radiology/Nuclear Med, Rehab, Respiratory Therapy, Surgical Nursing, and Wound Care. Students chose from five electives this year: the Cancer Program, Cardiology, ICU Nursing, Pathology Lab, and Pharmacy.

Midweek they enjoyed a mini-Health & Safety Fair with a variety of hands-on activities: an EvacuSled and Hoyer Lift demonstrations, a hand hygiene review in which they viewed their own finger cultures under the microscope, vital signs taught by LSUHSC School of Nursing student nurses and empathy exercise on Alzheimer's and dementia led by the Alzheimer's Association of South Louisiana, worksheets on the BMI and Weight Height Ratio and wheelchair safety.

Approximately 250 high school students have graduated from the Touro Health Career Camp since its inception in 2008. Many program graduates have gone on to healthcare careers in nursing, medicine, physical or occupational therapy, and dentistry.

STPH Earns ACR Accreditation

St. Tammany Parish Hospital has been awarded a three-year term of accreditation in nuclear medicine as the result of a recent review by the American College of Radiology (ACR). The ACR gold seal of accreditation represents the highest level of image quality and patient safety. It is awarded only to facilities meeting ACR Practice Guidelines and Technical Standards after a peer-review evaluation by board-certified physicians and medical physicists who are experts in the field.

Image quality, personnel qualifications, adequacy of facility equipment, quality control



In a mock surgery, Touro surgical nurse educator Aimee Falgout teaches Kaela Kendrick, age 16 and a student at Salmen High School, how to suture.

Commissioners, Dr. Lane is employed by the University of New Orleans, where he is Chair of the Department of Economics and Finance and is Director of the M.S. Program in Health Care Management

DiGiovanni and Isabelle replaced two Commissioners whose terms ended: Daniel A. McGovern, IV, and Thomas H. Hall, MD.

procedures, and quality assurance programs are assessed. The findings are reported to the ACR Committee on Accreditation, which subsequently provides the practice with a comprehensive report they can use for continuous practice improvement.

New Members Appointed to SMH Board

At a recent meeting, the Slidell Memorial Hospital Board of Commissioners formally welcomed two new appointments and one re-appointment to its membership. The appointments and reappointment were made by the appointing authority based on nominating committee recommendations.

New Commissioners are:

- Joe DiGiovanni, representing Ward 9. DiGiovanni is a Certified Public Accountant practicing in Slidell with DiGiovanni & Associates, CPAs, LLC.
- Michael E. Isabelle, MD, representing Ward 9. Board certified in Emergency Medicine, Isabelle is a graduate of the LSU School of Medicine. He is currently employed as the Medical Director of the Louisiana Region of the Emcare Physician Providers, for which he also serves as a staff emergency medicine physician. He is also the Medical Director for the Slidell City Jail. Isabelle serves as the Louisiana State Medical Society representative to the Louisiana Emergency Response Network (LERN) Commission.

In addition, Walter J. "Dub" Lane, representing Ward 8, was reappointed for a third term. Currently serving as Treasurer of the Board of

West Jefferson Joins LCMC Health System

West Jefferson Medical Center (WJMC) has officially joined the LCMC Health system. The partnership, which received unanimous Jefferson Parish Council approval in February 2015, includes lease payments of at least \$200 million over 45 years plus \$340 million in capital improvements.

WJMC and the Westbank community will receive the benefits of \$340 million in healthcare improvements, provided by LCMC Health. These critical investments will take place over a 15-year period. LCMC Health and Jefferson Parish Hospital District No. 1 will also support the ongoing assessments and monitoring of Westbank community health needs.

As a member of LCMC Health, WJMC will continue to provide exceptional healthcare to the residents of Jefferson Parish. Patients will not experience any disruption in care during or following the transition; current physicians and employees will remain in place. Parish residents and physicians will have greater access to LCMC Health's specialized care centers, including recently opened University Medical Center New Orleans and the state's only regional children's hospital.

LCMC Health was selected as WJMC's partner following a lengthy RFP and bidding process that began in 2012. WJMC joins LCMC Health's community hospitals, which include Children's Hospital, Touro, New Orleans East Hospital, and the \$1.1 billion University Medical Center New Orleans.

LA Selected to Continue Patient Safety Improvements

The Louisiana Hospital Association Research and Education Foundation (LHAREF) has been selected to participate in the second round of the Hospital Engagement Network (HEN) patient safety initiative to continue working to improve patient care in the hospital setting. The LHAREF will be part of the American Hospital Association/Health Research & Educational Trust's Hospital Engagement Network (HEN), which is one of 17 national, regional, and state hospital associations and health system organizations chosen by the Centers for Medicare & Medicaid Services (CMS) to continue efforts in reducing preventable hospital-acquired conditions and readmissions.

The Department of Health and Human Services has estimated that 50,000 fewer patients died in hospitals and approximately \$12 billion in health-care costs were saved as a result of a reduction in hospital-acquired conditions from 2010 to 2013. Nationally, patient safety is improving, resulting in 1.3 million adverse events and infections avoided in hospitals in that time period. This translates to a 17 percent decline in hospital-acquired conditions over the three-year period.

Initiatives like the Partnership for Patients, Accountable Care Organizations, Quality Improvement Organizations and others have helped reduce hospital readmissions in Medicare by nearly 8 percent between January 2012 and December 2013 – translating into 150,000 fewer readmissions.

Round two of the Hospital Engagement Networks will continue to work to develop learning collaboratives for hospitals and provide a wide array of initiatives and activities to improve patient safety. They will be required to conduct intensive training programs to teach and support hospitals in making patient care safer; provide technical assistance to hospitals so that hospitals can achieve quality measurement goals; and establish, implement and improve the system to track and monitor hospital progress in meeting the Partnership for Patients' quality improvement goals. The activities of the Hospital Engagement Networks will be closely monitored by CMS to ensure that they are generating results and improving patient safety.

LHH Invited to Participate in LSUHSC Fellowship Program

Louisiana Heart Hospital (LHH) announced that their Louisiana Heart Medical Group (LHMG)

cardiologists have been invited to participate in the education of interventional cardiology fellows, in collaboration with the LSU Health Sciences Center (LSUHSC) and their Office of Graduate Medical Education.

The goal of the LSUHSC Interventional Cardiology Fellowship Program is to provide the highest quality training in Interventional Cardiology. The program strives to uphold the LSUHSC's tradition of clinical excellence, teaching, and research while preparing the trainees to become skilled clinicians who are outstanding members of their medical community.

Fellows receive training and supervised experience in the evaluation and management of a wide variety of patients with acute and chronic cardiovascular conditions and become proficient in all aspects of cardiovascular disease. They develop and demonstrate competence in basic and clinical knowledge, procedural skills, clinical judgment, professionalism, and interpersonal skills required as a specialist in Interventional Cardiology.

At the end of the training period, fellows will be equipped with the knowledge, skills and abilities to meet the requirements for certification in interventional cardiology, as determined by the Accreditation Council for Graduate Medical Education and the National Board of Medical Examiners. These include experience and training in ambulatory medicine, inpatient experience, and special clinical experiences and research.

Women's Pavilion Designated Center of Excellence

The Women's Pavilion of St. Tammany Parish Hospital has been designated a Breast Imaging Center of Excellence by the American College of Radiology (ACR).

By awarding facilities the status of a Breast Imaging Center of Excellence, the ACR recognizes breast imaging centers that have earned accreditation in mammography, stereotactic breast biopsy, and breast ultrasound (including ultrasound-guided breast biopsy).

Peer-review evaluations, conducted in each breast imaging modality by board-certified physicians and medical physicists who are experts in the field, have determined that this facility has achieved high practice standards in image quality, personnel qualifications, facility equipment, quality control procedures, and quality assurance programs.

Ochsner First to Offer NCI-MATCH Trial

Ochsner Cancer Institute announced that it is the first and only site in three Gulf Coast states to offer the National Cancer Institute-Molecular Analysis for Therapy Choice (NCI-MATCH) phase II precision medicine trial, known to doctors as trial EAY131, now open through the ECOG-ACRIN Cancer Research Group. The largest, most scientifically rigorous precision medicine trial for cancer to date, NCI-MATCH will be available at Ochsner locations in New Orleans, Kenner, and Baton Rouge and nearly all of Ochsner's 40 cancer physicians will be involved. Patients 18 and older with any kind of solid tumor or lymphoma that has returned or worsened after standard systemic treatment, or, with any rare kind of cancer for which there is no standard treatment, are the primary targets for the trial.

In precision medicine, treatment is tailored based on the characteristics of each individual. NCI-MATCH seeks to determine whether matching certain drugs or drug combinations to people whose tumors have specific gene abnormalities will effectively treat their cancer, regardless of their cancer type.

NCI-MATCH (EAY131) will match patients with one of 22 treatments to test the use of that specific drug or drug combination targeted to a particular gene abnormality. Ochsner and all other participating facilities will begin with ten treatments; the additional 12 treatments will be added to the trial over the next several months.

The trial seeks to enroll about 3,000 adults nationwide for genetic testing. All patients considering the trial will need to have a new biopsy and their tumor cells will need to undergo genetic testing to see whether they contain one of the gene mutations being studied.

The study was co-developed by the ECOG-ACRIN Cancer Research Group and the National Cancer Institute. For more information, visit <http://ecog-acrin.org/nci-match-eay131>.

Henry Earns TGMC Golden Stethoscope Award

Terrebonne General Medical Center (TGMC) announced Russell Henry, MD, as the first recipient of the Golden Stethoscope Award. The Golden Stethoscope Award is designed to publicly recognize a TGMC physician for his or her exceptional level of professionalism, integrity, and teamwork in caring for patients and families, as well as interacting with hospital staff members



Russell Henry, MD



Aimee Mackey, MD

and other physicians. The program asks for nominations from physicians, employees, patients, and volunteers, and recognizes two physicians a year.

Dr. Henry is described by his peers as knowledgeable, hard working, and compassionate. He sets the standards for excellent patient care and is a privilege to work with everyday.

Ochsner Using Tablet-Based Application for Trials

Ochsner Health System reached a milestone by recruiting over 2,000 patients to join Health in Our Hands, a novel tablet-based application and electronic process for engaging patients in the research process and obtaining their informed consent for pragmatic clinical trials.

Health in Our Hands is a joint initiative of REACHnet and Ochsner. Through this collaboration, Ochsner's research team and physician scientists have used the tablet-based application to recruit patients for clinical research. The innovative application, including mobile and web-based versions, shares patient specific consumer health information, collects patient generated data, recruits patients into pragmatic clinical trials, and facilitates clinical trial participation. The

use of Health in Our Hands has proven successful by its impressive enrollment rate in such a short timeframe.

Recently, REACHnet was approved for an additional three-year \$6.9 million funding awarded from the Patient-Centered Outcomes Research Institute (PCORI) as part of the second phase of the development of PCORnet, the National Patient-Centered Clinical Research Network.

In Phase I, Ochsner deployed 217 tablets in 18 clinic locations within the system including endocrinology, primary care, cardiology, and diabetes management clinics. During Phase II, Ochsner will expand to additional sites and deploy 400-500 tablets in total across the system. This approach will serve research and clinical needs of patients with improved efficiency and cost-effectiveness.

REACHnet is a partnership that includes Ochsner Health System, Louisiana Public Health Institute, Pennington Biomedical Research Center, LSU Health, PATH (Partnership for Achieving Total Health), Tulane University, and Baylor-Scott & White, and is funded by the Patient-Centered Outcomes Research Institute (PCORI).

Mackey Joins Ochsner

Dr. Aimee Mackey has joined Ochsner as the hospital's only female breast surgeon. Her specialty is breast surgical oncology and the diagnosis and treatment of breast cancer. Clinical interests include the surgical treatment of breast disease, nipple-sparing mastectomies, sentinel lymph node biopsies, young women with breast cancer, and quality of life after breast cancer treatment. She also treats and manages benign breast disease.

Dr. Mackey is certified by the American Board of Surgery and is a member of the Society of Surgical Oncology, American Society of Breast Surgeons, and the American College of Surgeons.

Touro Tomorrow Series a Success

Touro Infirmary Foundation recently celebrated the conclusion of its third edition of the Paul S. Rosenblum Leadership Series. Hosted by Touro Tomorrow, the interactive six-week series provided participants with the opportunity to learn about Touro Infirmary and the Louisiana Children's Medical Center (LCMC). Participants interacted with Touro Infirmary Administrators and LCMC leaders as well as staff, physicians, and supporters to explore current healthcare issues and future hospital and system growth.

The goal of this series is to ensure the hospital's

success for the long term by engaging the brilliant, talented minds of today in conversations and analysis of our community's current health-care state of affairs. The series was co-founded by Touro Tomorrow co-chairs Jonathan Brouk and Clay Smith.

Rosenblum is a past chairman of both Touro Infirmary's Governing and Foundation boards. He has served in leadership roles at Touro for over 32 years. His leadership has also been vital to the New Orleans community at large, particularly at his alma mater Tulane University, The Anti-Defamation League, Southern Institute for Education and Research, and The Jewish Federation of Greater New Orleans.

Ochsner, Adeptus Partner to Enhance Emergency Care

Ochsner Health System and Adeptus Health Inc. announced that they have entered into a new partnership aimed at improving access to emergency medical care in Louisiana. The joint venture will identify multiple sites for freestanding emergency rooms, starting in Greater New Orleans, to make access to emergency medical care services within communities more convenient. The freestanding emergency rooms are expected to provide Louisiana residents with enhanced, integrated care and emergent patients with quicker access to all of the services provided by Ochsner. Once open, the new facilities are expected to create additional full-time jobs.

EJGH Appoints Chief Strategy Officer

Matthew A. Gibson has been appointed chief strategy officer at East Jefferson General Hospital. Gibson comes to the Metairie-based community hospital from KentuckyOne Health where he was senior vice president and chief strategy and business development officer. Louisville-based KentuckyOne Health is the largest health system in Kentucky.

While at KentuckyOne Health, Gibson's duties included direct oversight of strategy and business development, real estate and facilities management, emergency preparedness, and biomedical engineering. He was responsible for implementing a system-wide primary care strategy emphasizing quality, safety, and service for the 2,329-bed healthcare system. He also led a revenue enhancement initiative that produced \$144 million in expense reductions and new revenue for KentuckyOne Health.

Previously, he served in administration and business development roles at healthcare providers in Louisiana, Alabama, Mississippi, and Texas.

Ochsner Contributes to NIH SPRINT Study

More intensive management of blood pressure, below the commonly recommended blood pressure target, significantly reduces rates of cardiovascular disease and lowers risk of death in a group of adults age 50 and older with high blood pressure. This is according to the initial results of a landmark clinical trial sponsored by the National Institutes of Health (NIH) called the Systolic Blood Pressure Intervention Trial (SPRINT), for which Ochsner Health System is a study site.

The intervention in this trial – which carefully adjusts the amount or type of blood pressure medication to achieve a target systolic pressure of 120 millimeters of mercury (mm Hg) – reduced rates of cardiovascular events such as heart attack and heart failure, as well as stroke, by almost a third, and reduced the risk of death by almost a quarter, when compared to the typical target blood pressure of 140 mm Hg. The study's primary sponsor is the National Heart, Lung, and Blood Institute (NHLBI).

The SPRINT study evaluates the benefits of maintaining a new target for systolic blood pressure among a group of patients 50 and older at increased risk of heart disease or who have kidney disease. A systolic pressure of 120 mm Hg maintained under the study's more intensive blood pressure intervention could ultimately help save lives among adults 50 and older with a combination of high blood pressure and at least one other risk factor for heart disease, investigators say. (The study also examines kidney disease, cognitive function and dementia among enrollees, but those results have not yet been finalized.)

It is the largest study of its kind to date to examine how maintaining systolic blood pressure at a lower level than that currently recommended will impact cardiovascular and kidney disease. NIH stopped the blood pressure intervention earlier than originally planned to quickly disseminate these preliminary results. Primary results of the trial will be published within the next few months.

Children's Hospital Uses Virtual Surgical Planning

Surgeons at Children's Hospital New Orleans recently performed a mandibular distraction osteogenesis procedure on a baby in the

Neonatal Intensive Care Unit (NICU). The accuracy of the surgery was achieved using pre-operative virtual surgical planning. While surgeons at Children's Hospital have used virtual surgical planning in complex craniofacial reconstructions since 2008, the combination of these 2 technologies performed on such a young child was the first in Louisiana.

The infant, Ella Bourg of Houma, was originally transferred to the NICU for a possible tracheostomy needed to resolve an airway obstruction that prevented normal breathing and feeding. However, members of the Cleft Lip and Palate/ Craniofacial team identified that her airway obstruction was the result of her extremely small jaw. This affected her ability to breathe and feed. Once the diagnosis was established (Pierre-Robin Sequence) and following evaluation by the critical members of the Cleft and Craniofacial team, a mandibular distraction osteogenesis was planned.

The latter involves gradual lengthening of the lower jaw, thereby advancing the tongue forward relieving the airway obstruction. In order to optimize the outcome and predictability of the surgery, virtual surgical planning was used. Investing the time and research in the preparation, doctors avoided performing a tracheostomy on the infant. Ella was able to leave Children's Hospital breathing normally and drinking from a bottle.

Louisiana Healthcare Connections to Use Telemedicine

Louisiana Healthcare Connections, Louisiana State University Health Care Network, LSU Health Care Services Division (HCSD), and Lallie Kemp Regional Medical Center are introducing a pilot telemedicine program which is the first of its kind available to Medicaid recipients in Louisiana.

Launched in September, the pilot telemedicine program will increase access to critical specialty care for Louisiana Healthcare Connections members who reside in rural communities. In addition, it will reduce wait times for specialty appointments.

Through telemedicine, limited expert resources are leveraged with the enhanced ability to evaluate, diagnose, and treat patients quickly, efficiently, and with little travel. Initially, the pilot telemedicine program will include the following specialties:

- Pulmonology
- Otolaryngology (ENT)
- Ophthalmology
- Orthopedic Surgery



Matthew A. Gibson

As the program is further developed, additional specialties will be considered for inclusion.

Members who are referred to the program by their doctors will go to Lallie Kemp Regional Medical Center in Independence, where they will be connected to a specialty provider from the LSU Healthcare Network Clinic in New Orleans.

10 West Jeff Nurses Named to Great 100

West Jefferson Medical Center (WJMC) announced that 10 members of its Nursing Division have been named to the 'Great 100 Nurses' for 2015. The Nurses are being honored for their commitment to quality patient care and community. Our Great 100 Nurses are as follows:

- Remedios Camania
- Jamie D'Aquin
- Renee Hebert
- Jeffrey Irino
- Thuan Le-Phi
- Juana Moreau
- Christina Peterson
- Earl Robinson
- Jennifer Waddell
- Cheryn Young

The Great 100 was established by nursing entrepreneur P.K. Scheerle. Nominations are sought by the Great 100 Nurses Foundation each year and submitted by patients; their loved ones; families, friends and colleagues of nurses; and others outside the nursing profession.

TGMC Welcomes New Medical Staff

Terrebone General Medical Center has announced the addition of three new members of the medical staff: Internal Medicine physician Alain Chesnut, MD, Family Medicine physician, James Matthew Watkins, MD, and General Surgeon Neil Lyons, MD



Alain Chesnut, MD



James Matthew Watkins, MD



Neil Lyons, MD

Dr. Chesnut studied medicine abroad and completed clinical and postgraduate medical training at Leonard J. Chabert Medical Center. Dr. Chesnut along with Dr. Craig Wade, formed Internal Medicine Group (IMG) Associates located in the TGMC Medical Atrium.

Dr. Watkins previously worked at TGMC as an emergency department technician to gain healthcare experience while attending Nicholls State University. He received his Doctor of Medicine degree from Louisiana State University Health Science Center (LSUHSC) School of Medicine in

Shreveport, and completed his family medicine residency program at University Health Shreveport. He is a member of the American Medical Association, Louisiana Academy of Family Physicians, and American Academy of Family Physicians.

Dr. Lyons worked at TGMC as a surgical ward technician to gain healthcare experience before moving to Baton Rouge to attend LSU. He received his doctorate of medicine degree from Louisiana State University Health Science Center (LSUHSC) in Shreveport. Lyons recently completed his general surgery residency at Ochsner Medical Center in New Orleans. Dr. Lyons has joined SLMA Comprehensive Health Clinic.

Lake Charles Memorial Health System Joins GSQN

Lake Charles Memorial Health System, the largest healthcare provider in Southwest Louisiana, has joined the Gulf South Quality Network (GSQN), the largest clinically integrated physician-governed network in the state of Louisiana. Partnering with GSQN will strengthen each member hospital's healthcare infrastructure and physician network. With the adoption of GSQN's clinical initiatives, Lake Charles Memorial Health System will offer patients the benefit of enhanced quality, service and cost-effective patient care.

GSQN recently expanded to the Lafayette and Alexandria, Louisiana markets to add to the existing facilities in the New Orleans, Louisiana market. Hospitals participating with GSQN now include Rapides Regional Medical Center in Alexandria, Louisiana and in Lafayette, Our Lady of Lourdes Regional Medical Center, the Regional Medical Center of Acadiana and Women's & Children's Hospital. Hospitals participating with GSQN in the New Orleans, Louisiana market include Children's Hospital, East Jefferson General Hospital, Lakeview Regional Medical Center, Slidell Memorial, Tulane Medical Center, Tulane/Lakeside Hospital, Touro Infirmary, and West Jefferson Medical Center.

UMC CPHC Receives National Accreditation

The Comprehensive Pulmonary Hypertension Center (CPHC) at University Medical Center (UMC) New Orleans has won top-tier accreditation from the Pulmonary Hypertension Association (PHA), becoming the state's first Center of Comprehensive Care for the rare and complex condition that affects the arteries in the lungs and heart.

The designation from the PHA, the world's largest and oldest pulmonary hypertension association, signifies that a PH program has demonstrated a dedication to making proper diagnosis and the capacity to appropriately and comprehensively manage PH patients through a set of criteria established by the PHA Scientific Leadership Council – 28 global leaders in the field of pulmonary hypertension.

The CPHC's team comprises physicians who were established and recognized PH clinicians prior to the creation of the Center. Dr. Lesley Ann Saketkoo, a Tulane rheumatologist and Associate Professor of Clinical Immunology, is co-director of research at the CPHC. Dr. Matthew Lammi, a pulmonologist and Assistant Professor of Medicine at LSU Health Science Center, is co-director of research. Dr. Vijayendra Jalgam is a cardiologist and Assistant Professor of Clinical Medicine at LSU Health Science Center.

The CPHC at UMC offers PH care, nursing support, access to PH research studies and patient support groups, and inpatient care should patients need to be admitted. Patients receive care from a team of three LSU and Tulane pulmonologists, a cardiologist, a rheumatologist, social workers, respiratory services. The CPHC provides dedicated multi-specialty care for patients with scleroderma and other connective tissue diseases at risk for developing PH.

Faculty and staff also provide education and community outreach efforts such as a PH patient support group and patient education programs focusing on nutrition and healthy lifestyles, supporting the PHA foundation in efforts to increase awareness of PH.

Ochsner Announces Leadership Positions

Dr. David Carmouche has joined Ochsner Medical Center – Baton Rouge as Regional Medical Director Physician Leader of Service Lines. Dr. Carmouche most recently served as the Executive Vice President of External Operations and Chief Medical Officer at Blue Cross Blue Shield of Louisiana (BCBSLA) in Baton Rouge.

In this role, he will help oversee service lines for the Baton Rouge region including Cancer, Cardiology, Lab, Radiology, Women's Services, Primary Care, Post-Acute Care, Hospital Medicine, Emergency Services, and Anesthesia and Pain Management. In addition, Carmouche will also partner to oversee clinic and hospital operations in the region.

In addition, Dr. Ralph Prows has been named the Senior Vice President and President of the Ochsner Health Network (OHN). Dr. Prows most recently served as President and CEO of Oregon's Health Co-Op.

In this role, Dr. Prows will direct the OHN and its member hospitals to provide an unparalleled depth and breadth of integrated, medical services. Additionally, OHN will deliver a higher level of care locally, lower healthcare costs, improve quality and safety, and increase access.

STPH Pulmonary Rehab Recertified

St. Tammany Parish Hospital announced the recertification of its pulmonary rehabilitation program by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). STPH was recognized for its commitment to improving the quality of life by enhancing standards of care.

The STPH pulmonary rehabilitation program participated in an application process that requires extensive documentation of the program's practices.

TGMC Welcomes Emergency Medicine Physicians

Terrebonne General Medical Center recently welcomed three new emergency physicians to its Emergency Department: Bradley Blasiar, MD, John Kreig, MD, and Guy Lefort, MD.

Emergency Medicine physician, Bradley Blasiar, MD, received his Doctor of Medicine degree from Louisiana State University Health Science Center (LSUHSC) School of Medicine in New Orleans. He completed his emergency medicine residency program at LSUHSC in Baton Rouge and is a member of American College of Emergency Physicians.

Emergency physician, John Kreig, MD, received his Doctor of Medicine degree from Louisiana State University Health Science Center (LSUHSC) School of Medicine in New Orleans and completed the LSUHSC emergency residency program at Charity Hospital in New Orleans. He has previously held emergency physician roles at Ochsner St. Anne and Ochsner New Orleans.

Emergency medicine physician, Guy Lefort, MD, received his Doctor of Medicine degree from Louisiana State University Health Science Center (LSUHSC) School of Medicine in New Orleans and completed his emergency medicine residency at LSU/ Our Lady of the Lake Regional Medical

Center in Baton Rouge. He was previously a physician at Louisiana Urgent Care in Opelousas and Point of Care in Houma.

St. Charles Surgical Hospital Earns National Recognition

St. Charles Surgical Hospital has been awarded recognition by the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) for achieving meritorious outcomes for surgical patient care. As a participant in ACS NSQIP, St. Charles Surgical Hospital tracks and submits the outcomes of inpatient and outpatient surgical procedures to a national database that monitors patient safety and the quality of surgical care.

The ACS NSQIP recognition program commends a select group of hospitals for achieving meritorious outcome performances related to patient management in eight clinical areas: mortality, unplanned intubation, ventilator more than 48 hours, renal failure, cardiac incidents (cardiac arrest and myocardial infarction); respiratory (pneumonia); SSI (surgical site infections—superficial and deep incisional and organ-space SSIs); and urinary tract infection. Risk-adjusted data from the July 2015 ACS NSQIP Semiannual Report, which presents data from the 2014 calendar year, were used to determine which hospitals demonstrated meritorious outcomes.

The goal of ACS NSQIP is to reduce surgical morbidity and surgical mortality and to provide a firm foundation for surgeons to apply what is known as the "best scientific evidence" to the practice of surgery. Furthermore, when adverse effects from surgical procedures are reduced and/or eliminated, a reduction in healthcare costs follows.

TGMC Earns Patient Safety Recognition

Terrebonne General Medical Center (TGMC) announced that they recently received two distinctions recognizing the facility's dedication to patient safety.

First, TGMC has achieved Stage 6 of the Health Information and Management Systems Society (HIMSS) Analytics Electronic Medical Record Adoption Model (EMRAM). This distinction honors TGMC's accomplishments to implement technology solutions that have the ability to improve patient safety and quality of care.

In an effort to become fully automated with an Electronic Medical Record TGMC has implemented many charting solutions for physicians,



David Carmouche, MD



Ralph Prows, MD

nurses, and ancillary staff caring for the patient. Some of the technologies implemented are Medication Barcode Scanning at the Bedside which provides patient safety checks to administer medications, Physician's Electronic Progress Notes to allow easier communication of the patient's progress, and Electronic Order Entry to provide a better system to communicate orders to all departments and return results quicker.

Second, Terrebonne General Medical Center (TGMC) has been honored by the Louisiana Hospital Association (LHA) with the Trust Funds Safety Star Award for TGMC's patient safety initiative on Fall Prevention.

The Safety Star Award program acknowledges LHA Trust Fund member facilities that have developed innovative ideas that improve patient safety. TGMC received this award for reducing fall rates at the facility through implementation of a comprehensive fall prevention program that included patient and family education, fall huddles and bed alarm training. TGMC's commitment to quality and safety are evidenced by the significant reduction in patient falls resulting from this project. ■

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A photograph of a hotel room. In the foreground, a bed with white linens is partially visible. In the background, a wall-mounted lamp with a white, cube-shaped shade is illuminated, casting a warm glow. To the right, dark vertical blinds are partially open, showing a glimpse of the outside.

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