JWU Opens State’s First Physician Assistant Program

BY MARY KORR
RIMJ MANAGING EDITOR

PROVIDENCE – Johnson & Wales University has added another ‘White Coat’ to its experiential programs with the grand opening of the first Center for Physician Assistant Studies Program in Rhode Island on May 29.

The 24 inaugural students, selected from an applicant pool of nearly 1,000, took visitors on a tour of the former jewelry facility at 35 Claverick Street, several blocks from one of the program’s partners, the Alpert Medical School. Their future is as bright as the white coats they donned for the first time last week.

During his welcoming remarks, GEORGE BOTTOMLEY, DVM, PA-C, program director, said the university’s preliminary study into launching the program predicted a robust 10-year job growth rate in the PA field, with a median starting salary of $93,000.

The 24-month program, with a year of classroom/laboratory studies followed by a clinical year, culminates in a master of science degree in physician assistant studies. The Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) has granted Accreditation-Provisional status.

Dr. Bottomley, who returned to his native Rhode Island to found the program, noted having a relationship with a medical school is an essential partnership to the program. “All of our students will benefit from the interdisciplinary opportunities,” he said.

He and the PA program faculty and staff have been working closely with Alpert’s Dean Jack Elias, Associate Dean Allan Tunkel and Associate Dean for Academic Affairs, Dr. Michele G. Cyr. At the inaugural ceremony she quoted an African proverb which, she said, “aptly captures the spirit of the partnership that our schools have forged. ‘If you want to go fast, go alone. If you want to go far, go together.’

“All of the opportunities we create for our students to work side by side will lay the groundwork for them to work together as a team in their careers. Together they will provide the best care for patients and populations. Alone, they might go faster but together they will go farther,” she said.

JWU’s Providence Campus President Mim L. Runey, LP.D, said the mission of the Center is to educate students...
to become “collaborative practitioners with the respect, empathy and trust inherent to patient-centered, humanistic health care.”

It was an emotional day for JWU Chancellor John J. Bowen ’77, who described himself as the son of a factory worker, and then recalled the jewelry workers who worked here when the building opened in 1948. “Their lives never got any better. It is very symbolic to take this old dilapidated building and bring new life into it and transform it. What will really make the reputation of this program are the students we educate here to help others.”

Maria Ghazal, RN, chief executive officer of the Rhode Island Free Clinic, spoke at the welcoming ceremony and described the clinic as a place which “provides a medical home for those who don’t have any other options in the state.”

She put faces on the populations the clinic serves: “Adults who now have insurance but can’t get an appointment for 6 months. Our diverse populations have difficulties understanding the present health care system and how to access it. This program will help our state in so many meaningful ways. We cannot do this work alone; it takes partnerships with academia, business, and other healthcare organizations.”

The free clinic will be a placement site for students where clinic physicians have readily volunteered to serve as preceptors.

Inside the temperature-cooled anatomy lab, half a dozen students showed visitors the state-of-the-art equipment at each station. They pondered their first lab experience in the room a few days hence with excitement and a bit of trepidation, and then moved on to show visitors the brightly-colored student lounge and locker rooms.

And for the university it is a beginning as well; JWU plans a further expansion into the health sciences as part of its five-year strategic plan.

Krista Murphy, in front, spoke at the welcoming ceremony on behalf of her fellow PA students. She said the inaugural class would build the cornerstone of the Center’s mission to educate collaborative practitioners embodying humanistic medicine.
Robert Petrie checks assays being analyzed on the state-of-the-art High Speed Connected Automation (HSCA) system in Miriam’s core biochemistry lab.

New System Vaults Lifespan’s Core Laboratory into Future

Only second in nation, fourth in world, installed at Miriam Hospital

MARY KORR
RIMJ MANAGING EDITOR

PROVIDENCE – One physician viewing the High Speed Connected Automation (HSCA) system for the first time in The Miriam Hospital’s core biochemistry laboratory likened it to a million-dollar Lionel train set. Hundreds of test tubes travel the four-lane track, which stretches 70 feet into the lab, in all directions. “This is futuristic and will take the lab through another decade,” said DAVID MORRIS, PhD, Director of Clinical Biochemistry for Lifespan’s Pathology Laboratories.

The approximately $3.8 million Beckman Coulter system went live in February – after ramping up for months not only at Miriam, but also at Rhode Island Hospital and Newport Hospital. Those systems had to be retrofitted and required the technologists to do yeoman’s work – manually centrifuging, for example, for several months. One Miriam technologist said it was like going back to the Dark Ages of testing.

So far the transition has been seamless, with only a few minor glitches. Since it is only the second HSCA system in the nation, and the fourth in the world, the lab is expected be a showplace for those interested in viewing the cutting-edge system in operation. Laboratorium experts from across the country are expected to visit Providence and see the Lifespan HSCA line.

DOUGLAS ANTHONY, MD, PhD, Lifespan’s Chief of Pathology and Laboratory Medicine, compared the system’s capabilities to a superhighway. “There’s even a passing lane,” he noted. “Think of I-95 North to Boston at 5 p.m. We used to have to handle samples from the emergency rooms or the ICUs manually. Now, we have the HOV [high-occupancy vehicle or carpool] lanes to bypass routine testing samples.”

In addition to a dedicated STAT input area, there is a centrifuge bypass lane for tubes which have been pre-spun.

Dr. Anthony said because of the volume of testing the laboratory performs – perhaps as much as half of the tests done in the state – there were ‘traffic’ jams on the previous two-track system, which reached the end of its life after more than a dozen years of service.

The lab begins to hum with activity in the afternoon, as couriers arrive from 50 service centers, hospital laboratories and physicians’ offices throughout the state and southeastern Massachusetts with specimens for testing. A pneumatic tube deposits the in-hospital samples. The average is 2,000-2,500 samples tested daily.

Each sample has been barcoded when the sample was obtained. The sample vacutainer tubes have specific cap colors to validate required sample type against test ordered, are automatically loaded into instrument-specific racks, prioritized and queued for testing. Barcode readers double-check the sample identity and analysis requested multiple times, minimizing any chance for error.

The HSCA tube holders are equipped with radio frequency identification technology (RFID) chips to track the location of each sample in real time, verifying the sample’s location with the patient’s computerized record, and directing them along the tracks to one or more of the four analyzers and two
centrifuges that are connected to the Automation Line. The read-through labels (RTLs) allow volume detection through three layers of labels.

The whole line is powered by compressed air; tiny air valves produce bursts of pneumatic air to propel the tubes north, east, south and west and into inlets for analysis. The unit features a consolidation of testing disciplines – chemistry, immunochemistry and immunology.

The new system has expanded capacity; for example, a chemistry analyzer can handle 1,200 tubes per hour. Dr. Morris estimates a 25 percent quicker turnaround time, all assays requested are usually completed within 30 minutes. Normal tests are reported instantly to the physician’s office via direct computer interfaces.

He stops at the aliquotter unit to illustrate the preciseness and intelligence of the robotic components. Robotic “fingers” pick up the primary tube sample; the computer calculates how much serum or plasma is available to make “daughter” tubes, and once that is determined, it moves it on to an adjacent unit.

Here, pipette tips on the two robotic arms transfer serum from the primary to the secondary tubes, printers label the daughter aliquots with identification and barcodes, and then robotic arms direct them to an outlet and towards analyzers or for storage. “This is 100 percent accurate. There is no contamination. No hands touch it,” Dr. Morris said.

The “command center” operator monitors the entire process on three computer screens. All testing is auto-verified, Dr. Morris said. For example, “If there’s a potassium below 3 or critical values, the analysis is repeated instantly,” he said.

At the end of the line is a pair of computer-controlled car parks or stockyards, which are refrigerated units that hold 5,400 tubes each on four levels for automated storage, instant retrieval if additional or repeat tests are required, and subsequent disposal.

The HSCA offers “standardization across the systems,” said Dr. Anthony. “So it doesn’t matter if your patient is seen in Newport, Rhode Island Hospital or here at The Miriam. All of the information is available in one format and is consistent.”

In addition to streamlining workflow, increasing capacity while decreasing turnaround time, Dr. Anthony sees another advantage to the system. “It reduces the incremental costs to add on a research study since it doesn’t take a lot of extra time to set it up.” It has allowed the Laboratory to insource millions of tests per year creating job opportunities for Rhode Islanders.

“It’s a brilliant system,” reflected Dr. Morris. “If you can’t make it work, it’s you and not the system.”

The so-called refrigerated and automated stockyard stores 5,400 samples. There are two in operation at Miriam’s lab.
Brown Honors Dr. Aronson, Founding Medical School Dean, with $3M Endowed Fund

MARY KORR
RIMJ MANAGING EDITOR

PROVIDENCE – In formal regalia, Brown Chancellor Thomas J. Tisch formally announced the Dean Stanley M. Aronson Fund for Research and Innovation on Saturday, May 24, during a reception and ceremony at the Warren Alpert Medical School to honor the school’s founding dean.

“Dr. Aronson is an adored giant in the worlds of medicine and medical education – and also in the life of Brown and Rhode Island,” Tisch, a Brown alumnus, said. “To have this important fund named in his honor is a wonderful and fitting tribute.”

The event was attended by Dr. Aronson’s family, friends, supporters, colleagues and former students during his tenure; many of whom reminisced about visiting Dr. Aronson’s farm in Rehoboth where he nurtured a seedling from the Tree of Hippocrates in Greece, and which now stands tall in front of the Arnold Laboratory. They recalled the gift of his mentorship, his boundless love of learning, and his work ethic which inspired them. Others recalled the resonance of his deep, eloquent voice and his tall presence, matched with great warmth, empathy, and admonishment to call him anytime if they were struggling or had a particular problem. To many, he was a father-figure.

Dr. Aronson beamed as he greeted guests, among whom were several of his successors to the deanship. During his brief remarks, he paid homage to them and noted that there were several deans in medical schools nationwide who graduated from Brown’s medical school.

He said he was pleased that Dr. Elias and future deans will have a significant additional resource to meet the needs of students and those who will benefit from their training.

“This is a wonderful thing that will give him a wider range of creativity in research, teaching, and certainly in the care of the sick in Rhode Island,” Dr. Aronson said.

The endowed fund certainly was a timely gift. The event was capped with a chorus of Happy Birthday, as the ever-humble nonagenarian prepared to reach another milestone several days after the ceremony.
Brown University Oncology Research Group Celebrates 20th Anniversary

DAVID ORENSTEIN
BROWN UNIVERSITY SCIENCE NEWS OFFICER

PROVIDENCE – For 20 years, The Brown University Oncology Research Group (BrUOG) has provided the administrative and financial infrastructure for Rhode Island cancer specialists to develop and test their best ideas for fighting the disease in its many forms.

In 1994, none of Rhode Island’s hospitals was big enough to sustain even small cancer trials, said Dr. Howard Safran, BrUOG’s medical director, a Brown professor of medicine, and a Lifespan physician.

“To be successful, you have to have enough patients to complete your study,” Dr. Safran said. “So we thought that if all the hospitals got together – this was before Lifespan or any mergers – we thought collectively we could compete [with other cancer centers]. We looked at Brown as a neutral ground and so we put our central office at Brown and all the hospitals decided they would be part of it.”

The first trial that put BrUOG on the map was a study led by BrUOG founder Dr. Hak Choy, a former Brown professor, who showed that the ovarian and breast cancer drug paclitaxel also made radiation more effective in treating lung cancer.

“That work has really been enduring,” Dr. Safran said. “That work has become the standard of care that is still used around the world.”

Further BrUOG studies, led by Dr. Safran, extended it to esophageal and stomach cancer. He and his colleagues have also made other advances against esophageal cancer by trying out a drug called trastuzumab, which had shown some efficacy in breast cancers associated with a genetic mutation called HER2.

When BrUOG researchers discovered that HER2 was also found in esophageal cancer, they designed a trial combining trastuzumab with taxol and radiation.

“We treated 19 Rhode Islanders and we thought it worked terrifically,” Dr. Safran said. Seven years later the idea gained further support in a much larger study in Asia and Europe. And now there’s a major national study in the United States.

“That work is based on a Brown study,” Dr. Safran said.

Dozens of doctors, thousands patients

Over the years BrUOG has involved dozens of local doctors, working with a wide range of experimental treatments for cancers all over the body. Twenty years into the effort, they have treated roughly 3,000 Rhode Island patients in scores of small “phase I” or “phase II” trials. They collaborate with similar groups around the country as well.

Rhode Island Hospital radiation oncologist Dr. Jaroslaw Hepel, assistant professor of radiation oncology in the Alpert Medical School, said BrUOG provides many “indispensable” advantages, starting with the statewide community of colleagues it brings together. At regular meetings, surgeons, clinical oncologists, and medical oncologists all discuss current trials and new ideas and protocols.

Meanwhile, with a staff of two, BrUOG not only helps finance trials but also supports them logistically with the needed regulatory filings, data

Farah Fawcett Foundation Awards BrUOG $50,000 Grant

In April, The Farrah Fawcett Foundation (FFF) presented a $50,000 grant to the Brown University Oncology Research Group [BrUOG] for “BrUOG 276: A Phase II Evaluation of ADXS11-001, Mitomycin, 5-fluorouracil (5-FU) and IMRT for Anal Cancer.”

The study is investigating whether the addition of the immunotherapy drug, ADXS11-001 can be tolerated and if it will increase response rates when added to the standard care treatment of chemotherapy and radiation. While almost all anal cancers are HPV positive, Advaxis’s immunotherapy drug “stimulates a person’s immune system to assist in the attack of cells made cancerous by HPV,” stated Howard Safran, MD, medical director of BrUOG.

After Advaxis showed promise in a Phase II cervical cancer trial, BrUOG is optimistic about the applicability of this treatment regimen in anal cancer.
collection and management, safety monitoring, and other essential functions that safeguard patient care and trial integrity throughout the process.

Dr. Hepel is now leading his second BrUOG-supported trial in which he’s studying a noninvasive but precise means of delivering radiation to the site of breast lumpectomies. Rather than delivering radioactive material via catheters or other implants, the technology he’s studying, called AccuBoost, essentially zaps the tumors. It’s precise because it targets imaging markers left in the surgical area and because the breast is held firmly in place during radiation (but with much less pressure than in a mammogram).

The current trial “BrUOG 291,” is meant to assess how patients tolerate a five-session course of treatment that conveniently can be performed in less than a week. Dr. Hepel expects the dose to be as effective as standard care, but he is checking for cosmetic outcomes, skin irritation or other possible side effects.

Meanwhile, Dr. Kimberly Perez, assistant professor of medicine and a physician at Rhode Island Hospital and The Miriam Hospital, has been working through BrUOG to understand the underlying genetics of rectal cancer and to develop better treatments. She said the group’s support is part of what convinced her to practice in Rhode Island.

“The Brown University Oncology Research Group was a significant factor in my decision to take the job at RIH/TMH Cancer Center,” she said. “It has provided me with opportunities to ask critical questions in GI oncology clinical care and develop protocols in which to answer them. As a result it has provided me with the opportunities for growth as a clinical scientist locally and on the national stage in cancer clinical research.”

She means that literally. Later this spring she’ll speak about some of her BrUOG-supported results at the American Society of Clinical Oncology Conference in Chicago.

| Board of Ed OKs RIC/URI Shared Nursing Education Center at South Street Landing |

Would become co-tenant with Brown University

PROVIDENCE – At the May 12, 2014 board meeting, the Rhode Island Board of Education unanimously endorsed draft legislation that would enable the University of Rhode Island (URI) and Rhode Island College (RIC) to locate a shared nursing education facility in the former South Street Power Station. The draft legislation will be delivered to the Rhode Island General Assembly for consideration.

As proposed, URI and RIC would occupy approximately 50 percent of the abandoned power station and would be a co-tenant with Brown University, which would occupy the remaining half of the facility for administrative offices. The proposed legislation for the state’s investment entails the construction, outfitting and occupancy of approximately 130,000 SF to be shared by the state’s two public nursing education programs.

All other components of the $206M development project, including construction of a residential and retail building and construction of a new garage, will be developed and financed privately.

Shared sim centers, labs

The design of the shared nursing education center respects the uniqueness of both programs, which will remain separate, while allowing each program to expand and share state-of-the-art simulation laboratories and equipment, enhancing educational opportunities for students and faculty. The Shared Nursing Education Center will also serve as a focal point for inter-professional education and collaborative research in the area, particularly with its proximity to the Brown University Warren Alpert Medical School and the state’s major hospitals.

The legislation mirrors the lease that is currently in final negotiations between the State and Commonwealth Venture Properties (CV), a private developer. A team comprised of members of the Department of Administration, led by Director Richard Licht, the URI and RIC administrations representing each institution’s academic, finance and facilities interests; the deans and faculty of the two nursing programs; and the Board of Education have been working on the development of this project over the past ten months.

The submittal of draft legislation is one step in the approval process. The General Assembly must pass legislation enabling the state to enter into the lease.

The final lease must be approved by the Board of Education and the State Properties Committee.

“Simulation laboratories are a critical component of our education strategy, and this project greatly expands the opportunities for integrating technology into the curriculum,” said Dean Jane Williams, Rhode Island College School of Nursing.

“The shared center is an opportunity to enhance the classroom and laboratory teaching for our students at all levels of nursing preparation in a facility with advanced learning environments that will be unique in our region. We are excited about the proximity to the hospitals and peoples with health inequities in the urban core, the Alpert Medical School, and the health and life science research initiatives that hold the potential for fruitful collaborations aimed at tackling some of our state’s most pressing health care challenges,” said Interim Dean Mary Sullivan, College of Nursing at the University of Rhode Island.
Health Dept. Issues Conditional CVS Application to Operate MinuteClinics

PROVIDENCE – MICHAEL D. FINE, MD, Director of Health, has approved the application of CVS MinuteClinics Diagnostics of Rhode Island, LLC to license seven healthcare facilities in Rhode Island, but with a number of significant conditions attached.

In deciding to approve the license application, and in determining the conditions upon which that approval depends, the Department investigated and considered the effect these services will have on Rhode Islanders’ access to primary care, and on the quality of patients’ relationships with primary care providers within both the MinuteClinics and primary care practice settings.

In assessing the expediency of conditions of license, the state agency addressed concerns regarding (1) potential conflicts and the appearance of conflicts of interest incident to the corporate structure and relationships between pharmacy and prescribers; (2) the potential fragmentation of primary care delivery and effect on the primary care business model; (3) the appropriateness of pediatric care in the MinuteClinic setting, and; (4) patient access for underserved communities.

“Primary care based delivery systems around the nation and around the world create the best population health outcomes at the lowest cost,” Dr. Fine said. “Primary care practices have been significantly challenged by the necessity of functioning as businesses in a world in which they have no effective market power, while obligated to meet regulated standards of professional practice, and by their own ethical commitments.”

Conditions

The following are among the conditions stipulated by the Health Department:

- Each clinic must maintain a roster of primary care practitioners or community health centers who are currently accepting new patients.
- Only provide care to children 18 months and older; each clinic must be enrolled in Kidsnet to provide vaccination information for minors under the age of 19.
- For each clinic which cannot locate a primary care provider within a 5-miles radius to accept referred patients, CVS (the applicant) shall annually contribute $25,000 to the Rhode Island Physician’s Loan Replacement Fund.
- Treatment limited to three repeat visits for an individual for the same condition or illness.
- Clinic must provide a copy of the visit’s medical record to the patient and, with the patient’s consent, provide an electronic copy to the patient’s primary care provider.
- All prescribers must be enrolled in Currentcare and the Prescription Monitoring Program before prescribing any medications.
- Each clinic must have an Electronic Medical Record that is fully integrated with various EPIC systems utilized by Rhode Island hospitals within 6 months of each of the hospitals going live with EPIC.
- CVS (the applicant) shall freely provide uncompensated care to patients who have been determined eligible for charity care.

Approval of MinuteClinics’ request for licensure is contingent upon MinuteClinics’ acceptance of the Health Department conditions.


The proposed MinuteClinics are located in Woonsocket, Cranston, North Smithfield, East Greenwich, Westerly, Providence and Wakefield. They will be staffed by nurse practitioners or physician assistants, who will be under the supervision of a Rhode Island physician.
State Troopers now Equipped with Narcan

PROVIDENCE – Colonel Steven G. O’Donnell, Superintendent, of the Rhode Island State Police and Commissioner of Public Safety, announced the full deployment of Narcan to members of the Rhode Island State Police. This is in response to the epidemic of drug overdose deaths in Rhode Island this year. Narcan counteracts the effects of opioid overdoses.

The Rhode Island Disaster Medical Assistance Team (DMAT) conducted a training for all sworn members of the Rhode Island State Police on the administration of Narcan, which is delivered by nasal spray. Concurrent with the training, the State Police Planning, Research, and Accreditation Unit, in consultation with other law enforcement agencies, developed a policy for Narcan use and administration. This policy is now serving as a model policy for other state and municipal police departments.

DMAT ordered 300 doses of Narcan for the State Police that they made up into a kit including a tamper evident, sealable carrying case, a single dose of Narcan, a laminated instruction card, gloves, and atomizer to deliver the Narcan nasal spray. The total cost to the State Police for the 300 complete kits is $35.50 per kit. DMAT also assembled the kits at no cost to the State Police. The kits were paid for with federal drug forfeiture funds.

The kits will be distributed as follows: 158 kits to uniformed patrol troopers and 23 kits to detectives. Training will then be held for the Rhode Island Division of Sheriffs, who will receive 55 kits, and the Rhode Island Capitol Police, who will receive 15 kits. At the request of Richmond, Burrillville, and Hopkinton Police, they will receive 15 kits each. The remaining 4 kits will be kept for surplus.

Health Department Reports Number of Babies Born Dependent on Drugs Doubles

PROVIDENCE – Rates of Neonatal Abstinence Syndrome have continued to rise in Rhode Island after nearly doubling from 4.4 per 1,000 live births in 2005 to 8.3 per 1,000 live births (90 cases) in 2012. Already in the first quarter of 2014, 26 newborns (11.0 per 1,000* live births) have received the Neonatal Abstinence Syndrome diagnosis. The rising rates are significant in that they parallel the rising rates of unintentional drug overdose deaths in recent years.

Neonatal Abstinence Syndrome refers to the withdrawal and series of ill effects often experienced by a child born to a mother dependent on illicit drugs or pharmaceutical drugs (most commonly opioids like prescription pain medications or heroin).

“This is an example of the intergenerational tragedy in our state caused by the disease of addiction,” said Director of Health Michael Fine, MD. “Every baby deserves a healthy start in life. We can—and must—minimize the devastating impact of Neonatal Abstinence Syndrome by supporting women and families at risk for addiction before, during, and after pregnancy through evidence-based services like our Nurse-Family Partnership, Healthy Families America, and Parents as Teachers home visiting programs.”

Mothers giving birth to babies with Neonatal Abstinence Syndrome are on average about 30 years old, and many have completed some post-secondary education. The majority holds at least a high school diploma or GED and is single, on public health insurance, white, and non-Hispanic.

HEALTH analyzed newborn screening and hospital discharge data for babies born to Rhode Islanders in the state’s birthing hospitals to calculate rates of Neonatal Abstinence Syndrome and associated maternal demographics.

Rhode Island already screens all newborns for a variety of health conditions and risk factors, including Neonatal Abstinence Syndrome. I

\* Data are provisional
Kent and Memorial Hospitals Using Germ-Zapping Robots to Fight Infection

PROVIDENCE – As hospitals across the nation look for new and innovative ways to battle deadly pathogens and kill multi-drug resistant organisms that put patients at risk, Care New England has begun using germ-zapping robots that eliminate hard-to-kill microorganisms in hard-to-clean places. Two robots are in place at Kent Hospital in Warwick, and one is in place at Memorial Hospital in Pawtucket.

Xenex Disinfection Services’ UV disinfection system is the fastest, safest and most effective method for the advanced cleaning of hospital rooms, and is scientifically proven to destroy all major classes of microorganisms that can cause hospital-acquired infections (HAI).

Hospital-acquired infections, which are caused by such deadly pathogens as methicillin-resistant staphylococcus aureus (MRSA), Clostridium difficile (C. diff), pneumonia and Acinetobacter, are the fourth-leading cause of death in the United States, according to the Centers for Disease Control and Prevention.

The Xenex disinfection device uses pulsed xenon ultraviolet (UV-C) light that is 25,000 times more powerful than sunlight to destroy harmful bacteria, viruses, fungi and even bacterial spores. The system is effective against even the most dangerous pathogens, including C. diff, norovirus, and influenza and staph bacteria like MRSA. In minutes the device can disinfect a patient room, patient bathroom or operating room with a pulsing light that washes over the surfaces where germs reside.

The Xenex system has been credited for helping other health care facilities in the U.S. decrease their MRSA and C. diff infection rates. The Xenex UV disinfection system can disinfect a room in minutes and is easily portable, allowing it to be used in virtually any location within the hospital. Because the light is extremely intense, the machine operates on its own once it’s set up in a room. For enhanced safety, a sign placed outside the door warns people not to enter, and a motion sensor automatically shuts the machine off if someone should enter.

Staff at Kent and Memorial Hospitals helped to name their Xenex robots in a contest sponsored by the Environmental Services Departments at both operating units. Kent’s robots are now referred to as, “Adam and Eve,” and Memorial’s robot is named “Violet.”

“One hospital-acquired infection is one too many, so we are excited to be using the Xenex system to help us achieve our goals of infection prevention, while improving quality and patient outcomes,” said Edward Schotland, acting president, Memorial Hospital. “Our environmental services team is very enthusiastic to be using this kind of advanced technology in their daily work.”
Bradley/Hasbro Center Launches Asthma Study for Latino Students

PROVIDENCE – **DAPHNE KOinis-MitCHELL, PhD**, a researcher and staff psychologist at the Bradley Hasbro Children’s Research Center, and director of the Community Asthma Program at Hasbro Children’s Hospital, has launched a new asthma intervention program for Latino middle school students in urban public schools to study how best to help them manage their asthma. The Rhode Island Puerto Rico ASMAS Program (Asthma Management in Schools) team will develop and test a peer-facilitated asthma self-management intervention for Latino children in the 7th and 8th grades.

“Asthma health disparities continue to exist in children, with Latino children of Puerto Rican and Dominican descent having the highest rate of complications from asthma,” said Koinis-Mitchell. “Middle school children suffer from asthma more than children from any other age group. This same group spends a majority of their day in school, and when faced with symptoms, must manage their illness in school. So, it is vitally important to reach these children where their health and academic success are affected on a daily basis and teach them to self-manage their asthma.”

The ASMAS program will create and evaluate a culturally tailored asthma self-management program for Latino middle school students through a partnership with high schools in the Central Falls and Pawtucket school districts. Latino high school students (juniors and seniors) who have asthma will be selected to administer the intervention to their younger middle school peers from the same school districts. The high school students, who are nominated by school personnel, will use their participation in this program as an independent study and as a community service requirement fulfillment.

Although guidelines for managing asthma in the school setting currently exist, translating these guidelines into the context of urban schools raises many challenges.

“During the middle school years, older peers have a major influence on children’s health behaviors. However, traditional formats of health education delivery don’t capitalize on this influence,” said Koinis-Mitchell. “We hope this new peer-based intervention can help us overcome the traditional challenges for health education in this group, such as language barriers and limited school supports for children who have asthma.”

Koinis-Mitchell hopes the study will result in improved asthma self-management among study participants, such as managing symptoms better, as well as keeping a rescue inhaler on hand and having an action plan with a school nurse.

This study is funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) under grant number 1R21HD074855.

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Memorial Family Medicine Staff Plant Seeds of Healthy Eating

PAWTUCKET – Staff from the Department of Family Medicine at Memorial Hospital of Rhode Island recently rolled up their sleeves and broke out the shovels to help build a community garden at the Elizabeth Baldwin Elementary School located in Pawtucket. The school, which has over 750 students in grades K-5, has had a long history of finding innovative ways to fight childhood obesity.

Lead by **FADYA EL RAYESS, MD**, a family medicine physician at Memorial and **SARA WATSON, MD**, a second-year Family Medicine resident at Memorial, the garden is designed to help students and their families learn about healthy eating. Made possible by $7,000 in grant funding from Lowes Home Improvement and the Whole Kids Foundation, the project is part of an on-going partnership between Memorial staff and the school in which health care providers teach students about the importance of regular exercise and healthy eating habits.

“During the middle school years, older peers have a major influence on children’s health behaviors. However, traditional formats of health education delivery don’t capitalize on this influence,” said Koinis-Mitchell. “We hope this new peer-based intervention can help us overcome the traditional challenges for health education in this group, such as language barriers and limited school supports for children who have asthma.”

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Sara Watson, MD, a second-year Family Medicine resident at Memorial Hospital, co-led an effort to teach students about healthy eating with the construction of a community garden at the Baldwin Elementary School in Pawtucket.
Bradley/Hasbro Study: CBT Benefit Youngsters with OCD

PROVIDENCE – A new study from the Bradley Hasbro Children’s Research Center has found that family-based cognitive behavioral therapy (CBT) is beneficial to young children between the ages of five and eight with Obsessive-Compulsive Disorder (OCD). The study, published online in *JAMA Psychiatry*, found developmentally sensitive family-based CBT that included exposure/response prevention (EX/RP) was more effective in reducing OCD symptoms and functional impairment in this age group than a similarly structured relaxation program.

Jennifer Freeman, PhD, a staff psychologist at the Bradley Hasbro Children’s Research Center and clinical co-director of the Intensive Program for OCD at Bradley Hospital, led the study. “CBT has been established as an effective form of OCD treatment in older children and adolescents, but its effect on young children has not been thoroughly examined,” said Freeman. “These findings have significant public health implications, as they support the idea that very young children with emerging OCD can benefit from behavioral treatment.”

During the 14-week randomized, controlled trial, which was conducted at three academic medical centers over a five-year period, the team studied 127 children between the ages of five and eight with a primary diagnosis of OCD. Each child received either family-based CBT with EX/RP or family-based relaxation therapy.

The family-based CBT focused on providing the child and parent “tools” to understand, manage and reduce OCD symptoms. This includes psychoeducation, parenting strategies, and family-based exposure treatment, so children can gradually practice facing feared situations while learning to tolerate anxious feelings. The family-based relaxation therapy focused on learning about feelings and implementing muscle relaxation strategies aimed at lowering the child’s anxiety. At the end of the trial period, 72 percent of children receiving CBT with EX/RP were rated as “much improved” or “very much improved” on the Clinical Global Impression-Improvement scale, versus 41 percent of children receiving the family-based relaxation therapy.

According to Freeman, the traditional approach for children this young presenting with OCD symptoms has been to watch and wait. “This study has shown that children with early onset OCD are very much able to benefit from a treatment approach that is uniquely tailored to their developmental needs and family context,” said Freeman. “Family-based EX/RP treatment is effective, tolerable and acceptable to young children and their families.”

“The findings from this study support extending downward the age range that can benefit from CBT with EX/RP for pediatric OCD treatment,” said Freeman. “With appropriate parental support, young children with OCD can make significant gains beyond what can be expected from having parents attempt to teach relaxation strategies to their children with OCD.”

This study was funded by the National Institute of Mental Health (NIMH) under grant number 1R01MH079217. Freeman’s principal affiliation is the Bradley Hasbro Children’s Research Center, a division of the Lifespan health system in Rhode Island. She is also co-director of the Pediatric Anxiety Research Clinic at the Bradley Hasbro Children’s Research Center and clinical co-director of the Intensive Program for OCD at Bradley Hospital. She is an associate professor (research) at The Warren Alpert Medical School of Brown University, Department of Psychiatry and Human Behavior.

RIH Study: Medicare Patients with Dementia Increases Readmission Rates

PROVIDENCE – A review of more than 25,000 admissions of Medicare beneficiaries to Rhode Island hospitals has found that patients with a documented diagnosis of dementia are nearly 20 percent more likely to be readmitted within 30 days than those without dementia. The study by Rhode Island researchers is published online in advance of print in the journal *Archives of Gerontology and Geriatrics*.

“Persons with dementia may have difficulties comprehending and following important discharge instructions, [e.g. medication changes, decision making, self care],” said principal investigator Lori Daillo, PharmD, of the Alzheimer’s Disease and Memory Disorders Center at Rhode Island Hospital. “In addition, many patients with dementia have multiple medical conditions, so it’s not surprising that this group of vulnerable older adults might be at a higher risk of being readmitted to the hospital shortly after discharge.”

Daillo added, “Because dementia often goes undiagnosed, or is not documented in a patient’s medical record, we believe that the current findings may underestimate readmission rates and risks in this population. “Our results suggest that a better understanding of the peridischARGE period for patients with dementia may inform initiatives aimed at decreasing readmissions for hospitalized elderly patients.”
CharterCARE and Prospect joint venture receives state approval

PROVIDENCE – The Rhode Island Department of Health has approved the hospital conversion and change in effective control applications of Prospect Medical Holdings and CharterCARE to establish a joint venture to be called Prospect CharterCARE, LLC that will own Roger Williams Medical Center, St. Joseph Health Services of Rhode Island d/b/a Our Lady of Fatima Hospital and related healthcare facilities. Each of these facilities will be converted from not-for-profit to for-profit statuses.

“I am pleased to approve the applications, as conditioned in the Decisions,” said HEALTH Director, MICHAEL D. FINE, MD. “I hope the implementation of these approvals, as conditioned, will strengthen the fiscal condition of these valued hospitals. I also hope the implementation of these approvals, as conditioned, will improve the overall healthcare provided by our Rhode Island hospitals as we work together to make healthcare affordable and work together to improve the health of all Rhode Islanders.”

Approval and implementation of these applications will result in [1] the issuance of new hospital licenses to Prospect CharterCARE RWMC, LLC and Prospect CharterCARE SJHSRI, LLC; [2] issuance of a new nursing home license to Prospect CharterCARE Elmhurst, LLC; [3] the issuance of a new organized ambulatory care facility license to CharterCARE RWMC, LLC d/b/a Roger Williams Sleep Disorders Center; and [4] the issuance of a new home nursing care provider license to Prospect CharterCARE RWMC, LLC d/b/a CharterCARE Home Health Services.

To view the Decisions, visit: http://www.health.ri.gov/programs/hospital_conversionsmerger/

Joint Statement from Chartercare and Prospect

We are gratified by the decisions of Attorney General Peter F. Kilmartin and Department of Health Director Michael Fine, MD, to grant final approval to our joint venture. We also express our thanks to the members of the Health Services Council, which voted unanimously to recommend approval of our joint venture on May 13, and to the Department of Health staff and counsel and assistant Attorney Generals who conducted a thorough and fair review.

Through our unique and innovative partnership, we look forward to building on the tradition of high-quality, compassionate care at Roger Williams Medical Center and Our Lady of Fatima Hospital and preserving both institutions, as well as Elmhurst Extended Care and the St. Joseph Health Center clinics, as vital components of the Rhode Island health care network.

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Women & Infants Opens Expanded Infusion Center, Integrative Care Suite

PROVIDENCE – Women & Infants Hospital has opened the Murray Family Infusion Center and the Carter Family Integrative Care Suite within its Program in Women’s Oncology facility in the Bernard and Ina Wasserman Family Building.

The Murray Family Infusion Center is more than twice the size of the Program’s former facility, offering private and semi-private treatment spaces, and a lounge and nourishment center for patients and their families and caregivers. In addition, the Carter Family Integrative Care Suite was created as a dedicated space for wellness programs and complementary therapies for patients undergoing cancer treatment and their caregivers.

“The Program in Women’s Oncology has been providing superior care to women with cancer and their families for 25 years, drawing hundreds of women from as far away as Cape Cod and Connecticut for its clinical excellence and skilled, compassionate staff,” says Mark Marcantano, president and chief operating officer of Women & Infants.

“This Program is a regional and national leader in the field and the new facilities now better reflect that excellence.”

The former Infusion Center, located in one part of the building’s third floor became too small to comfortably accommodate the more than 6,000 chemotherapy and other infusion treatments being given there each year.

The Murray Family Infusion Center now occupies a portion of the first floor of the building and was designed with the latest in ergonomics in mind, as a mix of private infusion areas and double infusion rooms was created for patients who prefer company during treatments, which can last up to six hours. Each infusion station has enough room for a caregiver to accompany the patient for treatment. The Center also includes expanded consultation space.

The Murray Family Charitable Foundation stepped forward early with a leadership grant giving tremendous momentum to the campaign. The hospital later received an inspiring challenge grant from the Carter Family Charitable Trust which was instrumental in completing the effort. In recognition of their generosity, the new Integrative Care Suite honors the Carters.

In addition, the Champlin Foundations also played a significant role with very generous funding. In all, more than 1,300 individuals, corporations and foundations contributed $3.4 million.

“The outpouring of gifts for this project in particular has been exceptional. We are grateful to all of our donors. Every oncology patient and her family will benefit from the community’s support,” Marcantano says.

“This new space is absolutely beautiful and helps us fulfill our mission of providing safe, quality care for women with cancer,” says Cornelius “Skip” Granai III, MD, director of the Program in Women’s Oncology. “The increased capacity afforded by this larger space will not only help us care for more women, but will allow us to continue to attract top residents, fellows and other providers to train here at Women & Infants.”

Rhode Island Hospital Acquires New Gamma Knife

PROVIDENCE – Rhode Island Hospital has acquired the Leksell Gamma Knife® Perfexion™ for the treatment of intracranial tumors, vascular malformations and other neurological disorders. It provides patients with a safer, less-invasive option to neurosurgery for complicated diagnoses, and can be used for the treatment of brain tumors, obsessive-compulsive disorder (OCD), trigeminal neuralgia, essential tremor and more. It also can be used in place of whole-brain radiation, in essence, targeting multiple brain tumors without radiating the entire brain.

“For some patients, neurosurgery simply isn’t an option due to the location of the tumor, or the severity of the diagnosis,” said WAEL ASAAD, MD, of the Department of Neurosurgery. “For these patients, targeted radiation is often the best course of treatment.”

Perfexion allows noninvasive cerebral surgery to be performed with extreme precision, without opening the skull. It also minimizes the amount of radiation delivered to surrounding tissue. As with the previous gamma knife, patients are fitted with a stereotactic frame to prevent movement of the head during treatment. Perfexion then delivers a single dose of ionizing radiation from multiple sources simultaneously. Procedures generally take 15 to 40 minutes, and are typically performed with local anesthesia as an outpatient procedure.

“Patients have had a few options over the last few years, but Perfexion will provide patients with the most targeted, and fastest, treatment possible, allowing them to have fewer side effects, and the ability to go home the same day, in most cases returning to normal activities the next day,” Assad said.
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