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Roger Williams Medical Center opens new Emergency Department

On February 14th Roger Williams Medical Center opened its new, 12,000 square foot Emergency Room, part of a \$15.1 million project to create an entirely new, comprehensive emergency department serving the metropolitan Providence area.

This 12,000 square foot facility features:

- 22 total rooms, including FastTrack section, Isolation and bariatric rooms, dedicated trauma room
- Brand new equipment and emergency medicine technology
- Innovative triage and patient flow system
- Comfortable waiting area that includes a Wi-Fi countertop section
- Enhanced safety and security technology

Roger Williams handles more than 32,000 emergency and urgent care visits each year. The new ER features a new system involving a Pivot Nurse, who greets every arriving rescue patient to perform an immediate evaluation and clinical assessment. This new system will improve patient flow and avoid needless delay in treatment



The second phase of this project, to be completed later this year, includes the complete renovation of the former emergency room space to provide:

- 6 specialized behavioral health treatment rooms
- First Responders Room
- Additional infrastructure space

DR. DAREN GIRARD, Medical Director of Emergency Services for Roger Williams and CharetCARE, stated “the new emergency room will be a vital support to the care we provide to our patients by enabling or integrated team to have the latest emergency medical technology and modern, spacious environment within which to provide it.” ❖



Southcoast Health launches latest image guided technology for spinal implants



Schrynel D'Mello, a clinical engineer with 7D Surgical and Dr. Matthew Philips of the Spinal Surgery team at St. Luke's Hospital get a better look at a patient's anatomy with 7D Surgical Machine-vision Image Guided Surgery technology.

NEW BEDFORD – St. Luke's Hospital Brain & Spine Surgery is the first in Massachusetts to use the only non-radiation surgical imaging system available for the placement of spinal implants.

The 7D Surgical Machine-vision Image Guided Surgery technology (MvIGS) for spinal procedures guides the surgeon

with a highly detailed three-dimensional image taken in just four seconds. This replaces a radiographic image taken intermittently during traditional robotic surgery (fluoroscopy). The image created by the system is matched up digitally with the patient's existing pre-operative scan to create a seamless, real time image of the patient's anatomy.

"As a spinal surgeon, the 7D technology provides me with more information when placing hardware in the spine, because I can see the anatomy in 3D as opposed to the 2D intraoperative images taken with standard fluoroscopy," said **DR. MATT PHILIPS**, neurosurgeon at St. Luke's Hospital. "The system also spares the patient and surgical team exposure to the harmful radiation that comes with radiographic imaging associated with traditional robotic approaches."

Scans taken during standard fluoroscopic spinal surgery can take 20 minutes to an hour, prolonging exposure to radiation. The 7D Surgical system uses sophisticated camera technology, similar to self-driving cars, to create a three-dimensional photographic image in three to four seconds resulting in shorter more efficient procedures.

"The patient really benefits," said Philips. "Because we can image the patient so much quicker we are dramatically reducing the time the patient spends in surgery."

Southcoast Health is the first healthcare system in Massachusetts to offer this technology and the second in New England. ❖



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URI nursing study shows benefits of delayed umbilical cord clamping on brain development in healthy babies

DAVID LAVALLEE

KINGSTON – A five-minute delay in the clamping of healthy infants' umbilical cords results in increased iron stores and brain myelin in areas important for early-life functional development, a new University of Rhode Island nursing study has found.

"When we wait five minutes to clamp the cords of healthy babies, there is a return of the infant's own blood from the placenta, and one of the results is a return of up to 50 percent of the baby's iron-rich blood cells," said URI Professor of Nursing **DEBRA A. ERICKSON-OWENS**, a certified nurse-midwife, who conducted the study with **JUDITH S. MERCER**, also a midwife and URI nursing professor emeritus. "So when the brain needs red blood cells (and iron) to make myelin, the robustness of the iron stores make a big difference," Erickson-Owens said.

The study, published in the December issue of *The Journal of Pediatrics* and funded by a \$2.4 million National Institutes of Health grant, challenges the practice of immediate cord clamping, which is still widespread.

"I presented six times (at major conferences) on this topic last spring, and I am still concerned with the number of clinicians who do not put this evidence-based research into their day-to-day practice," Erickson-Owens said. "In fact, the American College of Obstetrics and Gynecology said in January 2017 that a one-minute delay is enough for healthy babies.

"Our study shows that waiting five minutes or more before clamping the umbilical cord, while infants are held skin-to-skin with the mother, leads to more myelin development," Erickson-Owens said. "This is a low-tech, low-cost technique that we believe can mitigate iron deficiency and vulnerability to anemia.

"No other studies have been published on the association of the timing of cord clamping with early brain development, specifically myelin volume," Erickson-Owens said. "What was significantly different was the amount of iron and brain myelin volume in the babies with delayed cord clamping, which was captured by an MRI."

Myelin is a fatty substance in the brain that wraps around



URI Nursing Professor **Debra Erickson-Owens**, right, with Shoi Parker and her little boy Cameron at Women & Infants Hospital. Cameron participated in the study of delayed cord clamping with full-term infants. [Photo courtesy of URI]

all of the axons of the nerve cells. "It's an insulator and very important in the transfer of messages across the nerve cells in the brain. It's assumed that the better the myelination, the more efficient the brain processing is," said Erickson-Owens, who helped write the American College

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of Nurse Midwives Statement on Delayed Cord Clamping, and assisted in writing the guidelines on cord clamping for Women & Infants Hospital.

"The regions of the brain affected by increased myelination are those associated with motor, sensory processing/function and visual development. These are all important for early-phase development," Erickson-Owens said. "The study also obtained information from checkups, blood work for iron indices and neurodevelopmental testing."

The research project began in October 2012 and enrolled 73 healthy babies. The research team began following the infants at birth. At four months, along with other tests, the

babies had an MRI during natural sleep — naps or bedtimes. Their blood was also drawn for iron indices, including ferritin, a blood cell protein containing iron that aids in the formation of myelin. Sixty-five babies remained in the study at four months.

The Journal of Pediatrics also ran a corresponding commentary by Dr. Raghavendra Rao of the University of Minnesota’s Division of Neonatology, Department of Pediatrics, and Dr. Reeta Bora of the Assam Medical College’s Neonatal Unit, Department of Pediatrics, in India.

“To get the doctors’ endorsement is very meaningful, especially since they were invited to write this commentary,” Erickson-Owens said.

The URI researchers collaborated with Women & Infants Hospital and the Brown University Advanced Baby Imaging Laboratory. Magnetic resonance imaging from full-term, healthy babies was obtained at four months at the Brown laboratory.

“Drs. Mercer and Erickson-Owens have made many contributions to our understanding of the beneficial effects of delayed cord clamping on newborn outcomes,” said

DR. JAMES PADBURY, chief of pediatrics at Women & Infants Hospital and a member of the study team. “This most recent publication shows that delayed cord clamping increases indices of iron sufficiency that are associated with increased brain myelination. This has important consequences for children born in both industrialized and in developing countries.”

The hypothesis, that delayed cord clamping could have immediate and long-term benefits on healthy babies, was based on earlier research done by URI on delayed cord clamping with premature infants. Those studies found that delayed clamping in preterm infants led to better motor development than in preterm babies whose cords were clamped immediately. Erickson-Owens and Mercer theorized that the increase in iron-rich red blood cells, stem cells and blood volume found in preterm infants with delayed clamping could be found in full-term, healthy infants if the clamping of their umbilical cords was also delayed.

David Lavallee is Assistant Director, Communications and Marketing at URI.



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Care New England, Kent Hospital launch specialized program for older adults

Care New England and Kent Hospital have announced the creation of a program dedicated to providing specialized care to the state's older adult population by a team of physicians and nurses who bring a unique background in geriatric medicine and geriatrics nursing.

Patients admitted to the 10-bed Acute Care for Elders Unit (ACE) will be seen by the geriatric medicine team for a geriatric assessment including cognitive and function screening to identify needs and goals upon admission. There will be daily (Monday through Friday) care rounds led by a geriatrician and/or geriatric nurse practitioner. There will be ongoing communication of team recommendations with the patient, doctor, nurse, family, and other caregivers.

"Care New England and Kent Hospital strive every day to ensure that older adults receive access to the best care with assurance of the greatest level of patient safety and quality. The goal is to optimize hospital treatment and recovery, as well as to work with patients to define what their care goals are so that all care is patient-centered, with a focus on quality of life and maintaining independence. With this in mind, Kent Hospital has developed a team of specialized experts in geriatrics to deliver direct care and to infuse education about older adult needs and best practices for care throughout our hospital," said **ANA TUYA FULTON, MD, FACP, AGSF**, executive chief of geriatrics and palliative care at Care New England and medical director of Integra Community Care Network, LLC.

Meet the team:

ANA TUYA FULTON, MD, FACP, AGSF, is executive chief of geriatrics and palliative care at Care New England and medical director of Integra Community Care Network, LLC. Dr. Fulton is a graduate of the George Washington University School of Medicine and completed a residency in internal medicine, chief residency, and geriatric medicine fellowship at Brown University. An associate professor of medicine and associate professor of psychiatry and human behavior at The Warren Alpert Medical School of Brown University, Dr. Fulton received a Geriatric Academic Career Award from the Health Resources and Services Administration (HRSA). Dr. Fulton's major focus of clinical and academic work is on improving end-of-life and transitional care for persons with cognitive impairments. Dr. Fulton is the Care

New England site director and co-project director for the Rhode Island Geriatric Workforce Enhancement Project (RI-GWEP).

MICHAEL G. ROSS, DO, is a geriatrician and director of inpatient services at Kent Hospital. A graduate of the University of New England College of Osteopathic Medicine, Dr. Ross completed the New Hampshire Dartmouth Family Medicine Residency Program and the Maine Dartmouth Geriatric Medicine Fellowship. Specializing in geriatric and family medicine, Dr. Ross has specific clinical interest in medication management, falls prevention, and the treatment of delirium.

JULIO DEFILLO DRAIBY, MD, is trained to provide comprehensive medical care for elderly and aging patients.

Through its Comprehensive Care Program for Older Adults, Care New England provides outpatient clinical resources for older adults across most of its hospitals and organizations, including at Kent Hospital, Butler Hospital, Women & Infants, and the VNA of CNE. The ACE Unit at Kent is best equipped to meet each patient's unique needs when they must be admitted for inpatient care. The team is structured to ensure that patients have access to a broad interdisciplinary team including hospitalists, social workers, pharmacists, occupational and physical therapists, nurses, and geriatric medicine specialists.

Another goal is to help patients return to good health, preventing functional decline while in the hospital, by working with patients and caregivers to develop the best long-term approach to wellness. The team works with patients and families to create a hospital care plan that is focused on each patient's individual needs to meet the goals of care.

As a NICHE Designated Hospital (Nurses Improving Care for Health system Elders), Kent Hospital is further distinguished in its commitment to older adult care excellence and to providing patient-centered care for these patients. Kent's 16 geriatric resource nurses have completed extensive training designed around the care needs of patients age 65 and older, offering care in an environment that is geriatric friendly by making sure that patients are moving appropriately, eating well, and getting the necessary sleep for healing and recovery.

As patients age, they may experience an increased susceptibility to illness and injury. In some cases, illnesses or injuries in seniors may overlap to create complicated diagnostic and treatment processes. Dr. Defillo Draiby is trained to diagnose, treat, and manage these and any related medical situations in seniors. He currently serves as an advisor to Healthcentric Advisors, helping to optimize the management of geriatric patients through the Centers for Medicare & Medicaid Services.

MARY BETH WELESKO, MS, APRN-CNP, FNP-BC, GNP-BC, ACHPN, WCC, is a family nurse practitioner and gerontological nurse practitioner who provides medical care to geriatric patients across the continuum of health care settings. A graduate of Providence College, Rhode Island College School of

Nursing, and the Family Nurse Practitioner Program at the University of Rhode Island, Mary Beth is also a teaching associate at The Warren Alpert Medical School of Brown University. She has also earned advanced certification in hospice and palliative care

nursing and wound care, and is a member of the Hospice and Palliative Care Nurses Association and the Nurse Practitioner Association of Rhode Island.

LEYDA URUGUTIA-CANTE, BSW, is a social worker with Integra Community

Care Network and Kent Hospital. A graduate of Rhode Island College with a degree in social work, Leyda is also a certified nursing assistant and a medical assistant. Leyda has worked as an advocate for patients and their families and is fluent in both English and Spanish. ❖

Providence VA panel discusses suicide prevention efforts in the community



Dr. Nathan Stein, VA psychologist, talks about the clinical care available to help prevent Veteran suicide during the Veteran Suicide Prevention Discussion panel at the Providence VA Medical Center January 24, 2019. Other panel members, seated from left to right, are **Dr. Jennifer Barredo**, VA research health scientist, **Jeanne Smith**, Providence VAMC suicide prevention coordinator, and **Jeffrey Hill**, Rhode Island Department of Health Violence and Injury Prevention Program manager. [PROVIDENCE VA MEDICAL CENTER PHOTO BY WINFIELD DANIELSON]

The Providence VA Medical Center hosted its Veteran Suicide Prevention Discussion Panel Jan. 24, which was attended by veterans, congressional staff, state government officials, veteran service organization and other nonprofit representatives, VA clinicians and other VA staff.

Panel members **DR. NATHAN STEIN**, VA psychologist, **DR. JENNIFER BARREDO**, VA research health scientist, **JEANNE SMITH**, Providence VAMC suicide prevention coordinator, and **JEFFREY HILL**, Rhode Island Department of Health Violence and Injury Prevention Program manager, discussed ways VA can work with the community to help prevent veteran suicide.

An average of 20 veterans die by suicide each day, but 14 of those have not received recent VA care.

“We want to enroll as many at-risk veterans as possible, but we also want to equip communities to help Veterans

get the right care, wherever they need it,” said **DR. SUSAN MACKENZIE**, director of the Providence VAMC. “While VA care has proven to be effective, veterans spend most of their time out in the community.”

The Providence VAMC recently increased suicide prevention staff, and the team’s participation in community events. Organizations interested in inviting them to participate in an event should call 401-273-7100, extension 2154.

The Mental Health Service at the Providence VAMC provides mental health care for veterans at the Providence facility and at clinics in Middletown, Rhode Island, and New Bedford and Hyannis, Massachusetts. ❖

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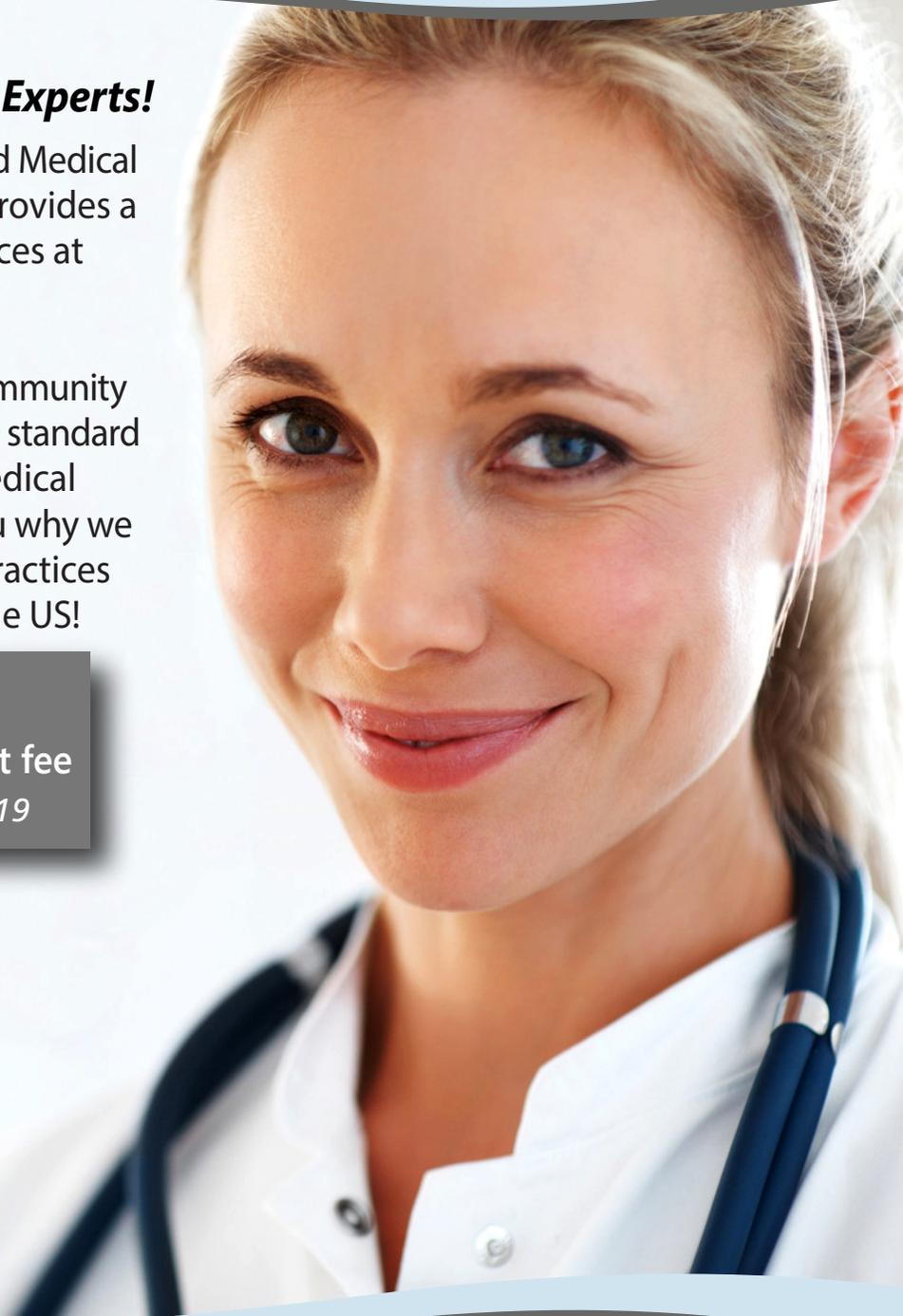
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The original cottage hospital, the Watson House, on Kenyon Avenue in Wakefield. John Paul Jones, MD, and his wife, Carolyn, a nurse, were the first staff members when the hospital opened in 1919 with approximately \$5,000 in funds raised by the community.

South County Health launches Centennial

On February 13, 2019, South County Health unveiled a new historical timeline installation as part of its Centennial celebration, which is on display in the South County Hospital lobby.

The event included remarks from Louis R. Giancola, President & CEO, who noted South County's evolution from its establishment as a small hospital in a cottage to a nationally-recognized leader in the delivery of quality care.

The event was attended by board members, current and former physicians and staff members, donors, partners, and volunteers. Giancola recognized those in attendance for their efforts in building a healthier community in South County and beyond.

Centennial events include a 5K Race & Walk on May 11, Golf Invitational on June 19, and Centennial Gala on September 21. ❖



South County Health welcomed guests to its Centennial kick-off on Feb. 13th. [PHOTOS: SOUTH COUNTY HEALTH]



Historical timeline of South County Health is now on display in the lobby of South County Hospital.