

RIDOH Announces Second Presumptive Positive COVID-19 Case; Testing a Third Individual

All three individuals from the same European trip; Two Schools in Rhode Island Temporarily Closed

The Rhode Island Department of Health (RIDOH)'s State Health Laboratories have identified a second presumptive positive case of coronavirus disease 2019 (COVID-19), and a separate person has been tested for COVID-19 on Sunday, March 1. The presumptive positive case is a teenager. She is at home with mild symptoms. The adult being tested is in her 30s and is also at home with mild symptoms.

These two individuals went on the same trip to Europe in mid-February as the male in his 40s who RIDOH announced March 1 as Rhode Island's first presumptive positive case of COVID-19. Saint Raphael Academy, which organized the trip to Europe in mid-February, will be closed for the remainder of this week. The adult whose test results are still pending is a staff member at Achievement First Academy in Providence. Achievement First Academy will be closed for two days, pending the results of the staff member's tests. (The result is expected today, and the school is closing for an additional day to do environmental cleaning.)

All 38 of the people who went on this trip will be self-monitoring for symptoms at home for 14 days with public health supervision. They have been instructed to not go to school or work and to remain at home for these 14 days.

"All three people went on the same trip to Italy," said Dr. Nicole Alexander-Scott. "This is precisely why we are being so aggressive in identifying contacts, ensuring monitoring, and testing people who are symptomatic."

Outreach to the people who were in direct contact with any of these three individuals is on going. These direct contacts will be self-monitoring for symptoms at home for 14 days with public health supervision. The Centers for Disease Control and Prevention (CDC) is managing contact tracing for people on the return flight that these three individuals took back to the United States.

There have been more than 60 US cases of COVID-19 confirmed. Globally, more than 80,000 cases have been confirmed. CDC reported the first US fatality on February 29th.

RIDOH is coordinating with other State agencies and community organizations to support anyone doing self-quarantining to ensure that people who are remaining at home have the support services they need. This includes support with everyday needs, such as prescriptions and groceries. The organizations that have offered support include agencies throughout the Executive Office of Health and Human Services (EOHHS), the Rhode Island Food Bank, the American Red Cross, and other members of Rhode Island's Voluntary Organizations Active in Disasters (VOAD).

The additional preparedness steps that RIDOH has taken include:

- Establishing an Incident Command System response, which is how RIDOH and other State agencies organize to prepare for (or respond to) an urgent situation that requires extensive coordination. It includes staff from the Rhode Island Emergency Management Agency (RIEMA), the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), the Rhode Island Department of Education (RIDE), the Rhode Island Department of Human Services (DHS), the Rhode Island Department of Environmental Management (DEM), the Rhode Island Department of Education (RIDE), and Rhode Island Commerce. It also includes staff from RIDOH's State Health Laboratories, Center for Acute Infectious Disease Epidemiology, Center for Emergency Preparedness and Response, and Center for Public Health Communication, among other areas of RIDOH.
- Regularly communicating with RIDOH's Infectious Disease Epidemiology Advisory Committee (IDEAC) to track any clinical and epidemiological developments related to COVID-19. (IDEAC is a group of infectious disease physicians throughout Rhode Island that provides guidance to RIDOH leadership on emerging infectious disease matters.)

Testing in RI

In the past few weeks, RIDOH's State Health Laboratories worked to develop the capacity to perform testing for COVID-19 virus. In response to an urgent need, the State Health Laboratories expedited the final steps of implementation to run the test that identified this first case of COVID-19 in Rhode Island this weekend. Previously, all testing for COVID-19 was done at CDC. At this time, each presumptive positive test result must still be confirmed by the CDC Laboratories. This might change in the coming days.

RIDOH continues to be notified by the federal government of asymptomatic travelers who are coming to Rhode Island after having been in China in the previous 14 days. These people are doing self-monitoring for symptoms for 14 days and are limiting their movement locally.

RIDOH Provider Conference Call Scheduled for Tuesday, March 3

RIDOH is scheduling a conference call for interested healthcare providers on **Tuesday, March 3, 2020 at 7:30am** to discuss the rapidly evolving situation involving COVID-19. RIDOH infectious disease experts will offer an overview of the latest developments at the international, national, and state levels and answer questions from providers.

Call-in information:

Phone: **1-646-876-9923**

Meeting ID: **536-369-6581**

Due to the expected high level of interest in this call, RIDOH requests that participants in the same building/organization share a phone line to call in, if possible.

- Maintaining a robust system to receive and follow up on illness reports from Rhode Island healthcare providers.
- Regularly sending to local healthcare providers summaries of the national situation, criteria to guide evaluation of patients, and guidance on specimen collection, testing, and reporting.
- Coordinating closely with healthcare facilities and emergency medical services (EMS) providers to ensure their preparedness.
- Communicating regularly to community partners, such as schools, faith leaders, and municipal officials. ❖

Provider evaluation chart

The Rhode Island Department of Health’s Center for Acute Infectious Disease Epidemiology (CAIDE) is advising healthcare providers to evaluate patients according to the chart below and maintain a high level of suspicion for those with the following clinical features and epidemiologic risk.

CLINICAL FEATURES	AND	EPIDEMIOLOGIC RISK
Fever ¹ or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including healthcare workers ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel affected geographic areas ⁵ (see below*) within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) ⁶	AND	No source of exposure has been identified

* Areas are China, Iran, Italy, Japan, South Korea

1. Fever may be subjective or confirmed.
2. For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC’s Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> [cdc.gov].
3. Close contact is defined as:
 - a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case
 - or –
 - b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)
 If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Additional information is available in CDC’s updated Interim Healthcare Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html> [cdc.gov]. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings, as described in CDC’s Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> [cdc.gov]
4. Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.
5. Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. Current information is available in CDC’s COVID-19 Travel Health Notices <https://www.cdc.gov/coronavirus/2019-ncov/travelers> [cdc.gov].
6. Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) of unknown etiology in which COVID-19 is being considered.

Lifespan, Brown Medical School send message of support to academic medical center partner Wuhan Union Hospital

PROVIDENCE – Lifespan and the Warren Alpert Medical School of Brown University have actively collaborated with Wuhan Union Hospital on research projects since 2016, with the goal of fostering research and cultural awareness. Leaders of Lifespan and the Warren Alpert Medical School have reached out to pledge support to senior medical faculty colleagues at Union Hospital in Wuhan, Hubei Province, People’s Republic of China, who have been working night and day with very limited medical resources to combat Novel Coronavirus (2019-nCoV) since the outbreak began.

“We know we cannot comprehend or even appreciate the challenges and hardship you all must be going through at this time. We want you to know that we treasure our relationship and academic collaboration with you and your great institutions and hospital,” reads the letter to Wuhan Union Hospital President Yu Hu, MD, and senior team members and Huazhong University of Science and Technology (HUST). The joint letter is signed by members of the Wuhan – Brown program and Lifespan and Brown senior faculty.

The academic program of Wuhan Union Hospital, HUST’s Tongji Medical College, Lifespan, and the Warren Alpert Medical School started in 2016. Over the years faculty visits from Providence to Wuhan and Wuhan to Providence have included lectures, workshops, and presentations at grand

rounds and international conferences, and joint work on research projects, manuscripts, and book chapters. Lifespan came together with HUST and Wuhan Union Hospital in 2018, establishing an exchange program centered around cardiovascular research and medical knowledge in cardiology, echocardiography and cardiovascular surgery. The Warren Alpert Medical School joined the program in 2019, and last June, Brown and Lifespan began hosting the first Wuhan echocardiology research fellow with plans to host another.

“This continues to be a truly inspirational collaboration. Our Wuhan partners are exceptional, and our thoughts and prayers go out to them, their families and community,” said **PHILIP HAINES, MD**, associate director of echocardiography at Rhode Island Hospital, who together with **FRANK SELLKE, MD**, chief of cardiothoracic surgery at Rhode Island and the Miriam hospitals, founded and directs the program.

The joint initiative evolved from a conversation Dr. Haines had with mentor Tao Wang, MD, PhD, of the University of Pennsylvania, who studied at Tongji Medical College. After arriving in Rhode Island following his fellowship at the University of Pennsylvania, Dr. Haines said he had a vision of expanding the cardiovascular research collaborations of the Warren Alpert Medical School and the Lifespan hospitals and its major teaching affiliates. ❖

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CNE releases fiscal year 2020 First Quarter results

Care New England Health System (CNE) recently announced that in Fiscal Year 2020, first quarter (October-December) the System realized a loss of \$4.5 million from operations versus a budgeted loss of \$3.0 million.

Including non-operating activity (primarily investment gains), the System ended the first quarter with excess of revenue over expenses of \$5.5 million.

The greatest financial challenges facing the System this year are patient volumes at Women & Infants Hospital and Kent Hospital. However, Butler Hospital and the entire behavioral health service line are experiencing substantial increases in demand for services.

“We know we have work to do,” said **JAMES E. FANALE, MD**, President and CEO. “We are diligently working with leadership across the System on various process and operations improvement initiatives, implementing action plans, and targeting areas for growth opportunities to help build a healthy financial future. Additionally, we are working hard to provide better, timely access to our programs and services.” ❖

Care New England purchases new beds for Women & Infants, Kent

PROVIDENCE – Care New England is replacing 421 patient beds with state-of-the-art Hillrom™ beds and surfaces at Kent Hospital and Women & Infants Hospital of Rhode Island. The new bed systems are connected medical devices designed to help deliver therapy and enhance patient safety, supporting Care New England’s commitment to transforming the future of healthcare and ensuring the health of the people and communities it serves.

“There is so much more that goes into a hospital bed, than most people realize. A good hospital bed, with state-of-the-art technology, can have a positive effect on the healing and recovery process, and that’s what we want for our patients, at our CNE hospitals. Our organization decided to use Hillrom beds, because of the company’s reputation of offering a product which provides the highest quality of care and comfort for health care and home settings,” said **JAMES FANALE, MD**, president and CEO, Care New England.

In late February, Women & Infants Hospital received 171 beds. Of those, 148 will be Centrella® Smart+ Beds, which will help advance patient safety and comfort with fall prevention and pressure injury reduction. The Affinity® 4 Birthing Bed will replace 21 birthing beds to deliver safety, comfort and convenience for the mother, baby and caregivers throughout the labor and delivery experience. Two Compella™ Bariatric Beds will enable safe, efficient and dignified transport of patients.

Kent Hospital will be installing 250 new patient beds. Of those, the hospital will receive 225 Centrella Smart+ Beds, 15 Progressa® Bed Systems for the Intensive Care Unit, 6 Compella™ Bariatric Beds and 4 Affinity® 4 Birthing Beds. At both hospitals, the Centrella beds will be connected to the nurse call system for quick response to patient needs, and include the Centrella pro Surface to provide pressure redistribution for optimal patient support and comfort.

All new bed deliveries are expected to be made to each hospital by mid-March. ❖

IMAGES IN CLINICAL MEDICINE

Original, high-resolution images which have not been published elsewhere will be considered for publication. Submit 2–4 images.

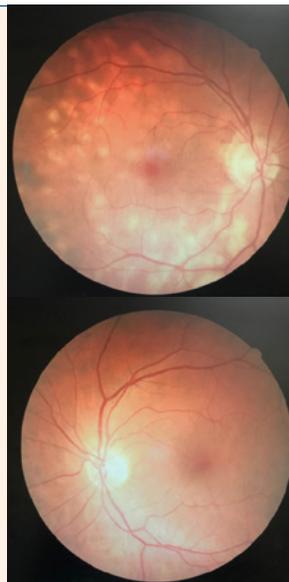
Submissions should include:

Brief title: 8 words or less

Content: Relevant clinical information, findings, clinical course, and response to treatment if initiated. Limit: 400 to 600 words

Legends: All labeled structures in the image should be described and explained in the legend. Any identifying information should be removed from the image.

Author information: Names, professional degree, academic/hospital affiliations, address, email and telephone number.



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Research shows new drug helps to preserve brain cells for a time after stroke

Rhode Island Hospital major participant in international study

Rhode Island Hospital was a major participant in a just-published international study that found new hope for preserving brain cells after stroke.

After 50 years of research and the testing of over 1,000 drugs, the study found that treating acute ischemic stroke patients with an experimental neuroprotective drug, combined with a surgical procedure to remove the clot, improves outcomes.

The research, published February 20 in *The Lancet*, was based on a clinical trial at 48 leading stroke centers around the world. Rhode Island Hospital enrolled the third highest number of patients in the trial. The trial was spearheaded at Rhode Island Hospital by **RYAN A. MCTAGGART, MD**, director of neurointerventional radiology at Rhode Island Hospital, and colleagues **MAHESH V. JAYARAMAN, MD**, and **RICHARD HAAS, MD**. All three are on the faculty The Warren Alpert Medical School of Brown University.

“Rhode Island Hospital’s stroke center has again been a top enrolling site in a landmark clinical trial for large vessel occlusion (LVO) stroke,” said McTaggart. “Our stroke center is dedicated to making sure all stroke patients in Rhode Island have early access to the best stroke care available; in many ways our team is defining it.”

The double-blinded, randomized trial of the neuroprotective drug nerinetide, developed by NoNO Inc, was led by a team at the Cumming School of Medicine’s (CSM) Hotchkiss Brain Institute at the University of Calgary and by Alberta Health Services. In one scenario, nerinetide was given to patients in addition to the clot-busting drug alteplase. In the second scenario, patients who were not suitable for alteplase received only nerinetide. Both groups of patients had concurrent endovascular treatment (EVT) to remove the clot.

“A significant clinical benefit was seen in the group that did not get the clot-busting medication alteplase (tPA). The treatment effect modification by alteplase was confirmed by blood tests. In the patients who received both drugs, the

alteplase negated the benefits of the nerinetide.” This is the first study to show neuroprotection in humans is possible,” McTaggart said.

He noted that a future trial is now being planned for LVO stroke patients ineligible for alteplase.

Images of patients’ brains from the study show the expected size of the damage from the stroke is sizably reduced when nerinetide is administered and EVT is performed among patients not concurrently receiving alteplase.

“Compared to placebo, almost 20 per cent more patients who received nerinetide along with endovascular treatment, but did not receive alteplase, recovered from a devastating stroke – a difference between paralysis and walking out of the hospital,” said **MICHAEL HILL, MD**, a neurologist at Foothills Medical Centre (FMC) and professor in the departments of Clinical Neurosciences and Radiology at the CSM.

Hill says the study provides evidence of a biological pathway that protects brain cells from dying when they are deprived of blood flow. Nerinetide targets the final stage of the brain cell’s life by stopping the production of nitric oxide within the cell.

“We really believe this is a new scientific observation,” said Hill. “There is evidence nerinetide promotes brain cell survival, offering neuroprotection until we can extract the clot. It opens the door to a new way of treating stroke.”

The results in the current study, called the ESCAPE-NA1 Trial, build on the success of the ESCAPE trial, in which the Calgary Stroke Program proved that a clot retrieval procedure known as EVT can dramatically improve patient outcomes after an acute ischemic stroke. During the procedure, a catheter is inserted in the groin and guided through blood vessels into the brain. A tiny metal mesh device is used to grab the clot and pull it out. The current study investigates whether administering nerinetide in addition to clot retrieval improves the patient’s ability to recover. ❖

Coastal Medical, Lifespan sign LOI to pursue affiliation

Coastal Medical and Lifespan have signed a Letter of Intent to pursue an affiliation in which Coastal, a large Rhode Island independent primary care provider, would join Lifespan's comprehensive academic health care system.

Signing the Letter of Intent is the first step in a due diligence process as both parties evaluate and design a new relationship to better integrate primary and specialty care and expand services to patients in communities across Rhode Island. A definitive agreement is expected before the end of the year.

"We are proud that our value-based, coordinated care model is at the forefront of primary care medicine and we seek to bring that value to more Rhode Islanders," said **ALAN KUROSE, MD**, Coastal President and CEO.

Current conversations about joining together focus on furthering their shared vision of integrated, coordinated patient care that provides patients a holistic care experience across a lifetime.

"Lifespan believes there is great benefit in better unifying health care services in Rhode Island," said **TIMOTHY J. BABINEAU, MD**, Lifespan President and CEO. "Coastal Medical has set the standard for excellence in primary care nationally and we look forward to bringing that expertise to all of the patients Lifespan serves. There are already relationships and natural synergies between our two organizations, and we share strong values in doing what is best for our patients and communities."

With over 125 primary care physicians and advanced practitioners and more than 500 employees at 20 offices around the state, Coastal has consistently earned high marks for delivering the patient-centered, high quality, high value health care to which Rhode Island and the country aspire.

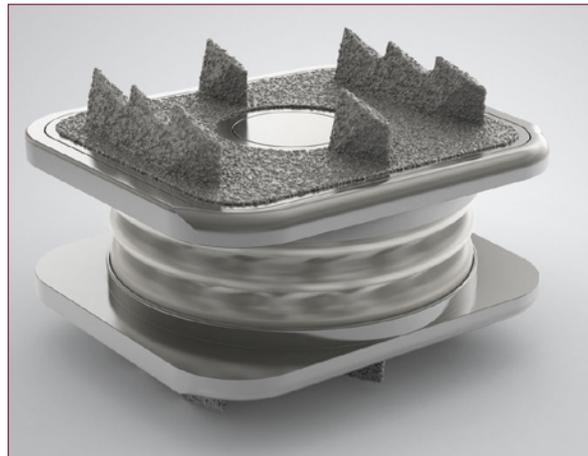
Coastal Medical is particularly known for its team-based approach to patient care and its focus on improving wellness. With this quality and value focused approach, Coastal has received the National Committee for Quality Assurance's highest rating possible, while simultaneously lowering the overall cost of care delivery. ❖

University Orthopedics' Dr. Kleinhenz performs breakthrough surgery for treatment of cervical disc degeneration

EAST PROVIDENCE – Continuing the tradition of using the latest and best technology to provide the highest quality care possible for its patients, University Orthopedics announced one of its surgeons recently became the first in Rhode Island to perform a cutting-edge surgery to treat patients with cervical disc degeneration.

DOMINIC THOMAS KLEINHENZ, MD, recently began implanting the M6-CTM artificial cervical disc into patients suffering from cervical disc degeneration. Recently approved by the U.S. Food and Drug Administration, the M6-C disc was designed as an innovative option for patients needing artificial disc replacement as an alternative to spinal fusion. Featuring a shock-absorbing nucleus and fiber annulus that work together to mimic the anatomic structure of a natural disc, the M6-C device is the only artificial cervical disc available in the U.S. that enables compression or "shock absorption" at the implanted level. The disc also provides a controlled range of motion when the spine transitions in its combined complex movements.

"There's nothing better than treating a patient who's been suffering from back or neck pain for days, months, years and seeing them, very quickly after surgery, get better and get back to the life that they want to live," Dr. Kleinhenz said. "Patients often come in with the myth that all back and neck surgery is bad. However, using cutting-edge technology like the M6-C – combined with our expertise – helps us dispel that notion."



The M6-CTM artificial cervical disc is manufactured and distributed by Orthofix, a global medical device company focused on musculoskeletal products and therapies.

Dr. Kleinhenz treats patients with neck and back problems. His practice focuses on patients who suffer from disc herniation, degenerative cervical, thoracic, and lumbar disease, spine trauma, and spine deformity. He received his undergraduate degree from the University of Florida, graduating summa cum laude. He graduated from the University of Florida College of Medicine with Honors. He completed an Orthopedic Surgery residency at Brown University and Rhode Island/Miriam Hospitals.

Dr. Kleinhenz completed a Spine Surgery fellowship at Brown University and Rhode Island Hospital. He is a board-eligible orthopedic surgeon with the American Board of Orthopaedic Surgery. ❖



Lifespan acquires da Vinci Xi's for Miriam, RIH to expand robotic-assisted, minimally invasive procedures

PROVIDENCE – Lifespan has expanded and enhanced its minimally invasive surgical programs by acquiring two da Vinci Xi's – the latest generation surgical system for performing robot-assisted procedures.

In the hands of skilled and experienced surgeons, robotic surgical systems can perform procedures through tiny incisions and contribute to better outcomes for patients, including reduced pain and blood loss, quicker recovery, minimal scarring and fewer complications. The Xi offers additional capabilities that allow for robot-assisted surgeries for some of the most complicated cases.

One da Vinci Xi has been delivered to The Miriam Hospital, which was the first hospital in Rhode Island and Southeastern New England to acquire a da Vinci surgical system in 2006 and whose urologic program was ranked in

the top 2 percent in the nation by *U.S. News & World Report*. Surgeons with the hospital's Minimally Invasive Urology Institute use a da Vinci robot for an array of routine and complex kidney, bladder and prostate operations. The addition of a second robot at The Miriam will allow the hospital and its surgeons to substantially increase the volume of robot-assisted cases for not only urologic procedures, but also for colorectal cases and general surgery. The Miriam's new robot went into service on January 13.

A second da Vinci Xi was acquired for Rhode Island Hospital and went into service on December 19. The unit, which replaces an older generation da Vinci, is used there for thoracic, gynecologic, pediatric urologic, and general surgery. Like the unit acquired at The Miriam, the one at Rhode Island Hospital includes dual surgeon consoles.

These allow residents and fellows to gain experience in robot-assisted surgery while under the supervision of the attending surgeon performing the procedure. This strengthens the hospitals' ability to cultivate talent and promote progress while enhancing one of the key missions of both institutions, which serve as teaching hospitals for the Warren Alpert Medical School of Brown University.

At both Lifespan hospitals, surgeons are performing robot-assisted procedures that are not offered anywhere else in the region. It's expected that in the near future other procedures will be performed in Rhode Island for the first time using the Xi's at the two Lifespan hospitals.

Urologic surgeon **DRAGAN GOLIJANIN, MD**, co-director of the Minimally Invasive Urology Institute and director of genitourinary oncology, helped spearhead the initiative to acquire the new robot for The Miriam and performs some of the most complex robot-assisted kidney, prostate and bladder procedures in the region.

"Acquiring the Xi means that my urologist colleagues and I are able to further expand our surgical capabilities. Our Institute is by far the most experienced in the region, offering superior outcomes," Dr. Golijanin said. "With the addition of the Xi, we are pleased to further expand our capacity and capabilities, offering additional types of robot-assisted surgeries to more men and women throughout New England."

WILLIAM CIOFFI, MD, surgeon-in-chief at The Rhode Island and Miriam hospitals, said, "Investing in such cutting edge technology as the da Vinci robot enhances the capabilities of our outstanding surgeons across many specialties so that our patients can receive the best care close to home."

The da Vinci series of surgical systems is manufactured by Intuitive. ❖

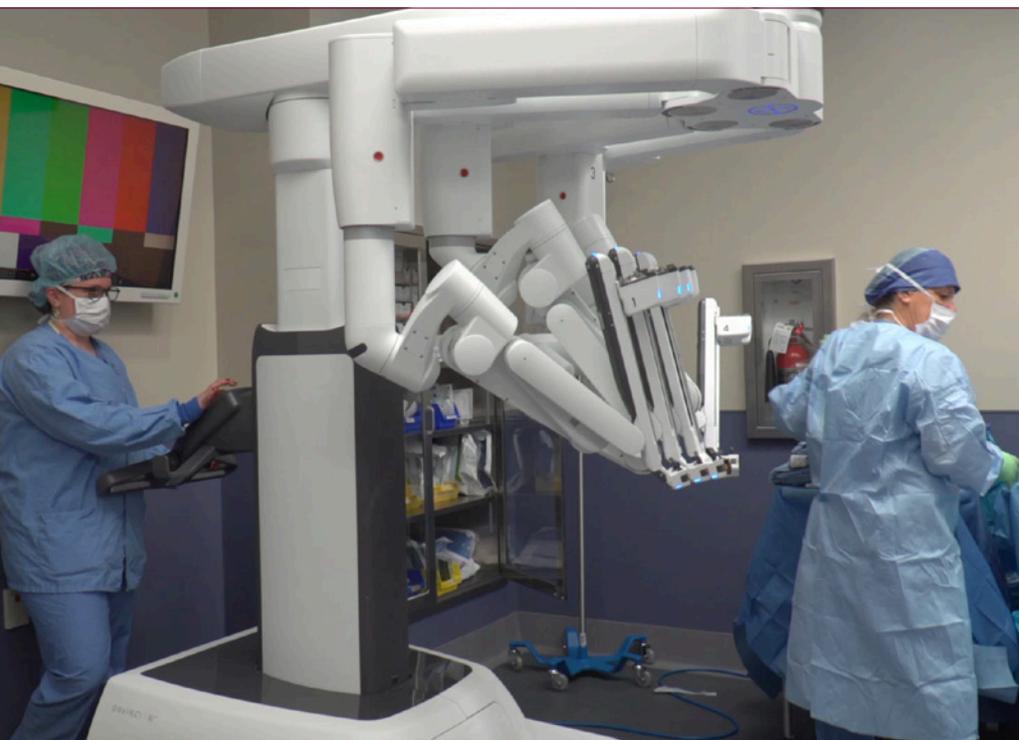


Photo taken from a video filmed by Randy Beever (MarComm Video Team) of da Vinci Xi during a surgical procedure.

Providence VA Medical Center holds ribbon cuttings for new ICU, garage



Dr. Satish Sharma, VA Providence Healthcare System chief of medical staff, cuts the ribbon on a new Intensive Care Unit at the medical center in Providence on February 5th with **Ryan Lilly**, director of the VA New England HCS, far left; **Erin Clare Sears**, acting director of the VA Providence HCS, second from right; **Matt Goulet**, associate director for patient care, and **Leslie Pierson**, acting associate director for operations. One of several recent improvements at the Providence VA Medical Center, the new ICU is a significant clinical improvement from the former facility.

The \$8 million, 10,000 square-foot ICU provides state-of-the-art equipment, a location adjacent to the surgical suite, and additional space for patients and staff. It incorporates nine inpatient care units, modern nurse stations, and a family consultation room. ICU patients now have individual rooms with enhanced privacy and ample space for visitors. [PROVIDENCE VA HEALTHCARE SYSTEM PHOTOS BY WINFIELD DANIELSON]



Cutting the ribbon on a new parking garage at the Providence VA Medical Center on Feb. 5th were from left to right, **E.J. McQuade**, director of the VA Providence Regional Benefits Office; **Matt Goulet**, associate director for patient care at the VA Providence Healthcare System; **Ryan Lilly**, director of the VA New England Healthcare System; from the VA Providence HCS, **Erin Clare Sears**, acting director, **Dr. Satish Sharma**, chief of medical staff, and **Leslie Pierson**, acting associate director for operations; and **Kasim Yarn**, director of the Rhode Island Office of Veterans Services.

The new garage will park 450 cars, benefiting Veterans, visitors, employees and volunteers alike. As an urban campus with no other multi-story parking facility, parking at the Providence VAMC has been a serious challenge, as the medical center has experienced an increase in the number of Veteran outpatient appointments in recent years. Funding for the 18-month, \$16 million project came through Section 255 of the Consolidated Appropriations Act, 2018. This was the first project awarded under the act's increased minor construction project threshold of \$20 million.