New State-run vaccination sites open

Two new State-run sites opened last weekend – in South County, at the Schneider Electric facility, 132 Fairgrounds Road, West Kingston, and in Woonsocket at the old Sears department store at 1500 Diamond Hill Road.

Both of these new sites vaccinated 400 residents with the first dose of the Pfizer vaccine. Officials say they are prepared to administer many more doses per day when the supply comes in. The sites were run with help from the Rhode Island Medical Reserve Corps and hundreds of volunteers.

Both sites will operate from 2 to 6 p.m. Appointments will be available through vaccinateRI.org.

Current Sites

1500 Diamond Hill Road, Woonsocket
132 Fairgrounds Road, West Kingston
1400 West Main Road, Middletown
100 Sockanosset Cross Road, Cranston
Dunkin Donuts Center,
1 La Salle Square, Providence

In addition to these sites, the Rhode Island Dept. of Health (RIDOH) is working to open locations in Westerly, East Providence, and Johnston. As vaccine supplies increase, more appointments will become available at these sites and others. The state currently has the capacity to administer about 100,000 doses, and that number is expected to increase to more than 165,000 doses per week.

Eligibility Timeline

All Rhode Islanders will be eligible to make an appointment to be vaccinated by April 19. The State is currently vaccinating people who are age 64 to 60 and people who are age 64 to 16 with underlying health conditions. Eligibility to the remaining groups is expected by the following dates:

- People age 59 to 50 by April 5
- People age 49 to 40 by April 12
- People age 39 to 16 by April 19

In some of Rhode Island's hardest-hit zip codes in Providence, residents 18 and older already are able to sign up for a vaccine through VaccinatePVD.com or by calling the Providence mayor's office at 401-421-2489. In Pawtucket and Central Falls, all residents 18 or older are eligible for a shot. ❖

A State-run COVID-19 vaccination clinic opened last month at the former Benny's site in Middletown; the first site run by the Federal Emergency Management Agency (FEMA).

Warren residents Bernard Kwan and Sheila Dai were among the first to be vaccinated at the Middletown site and expressed their gratitude to VA nurses and FEMA for the seamless operation they experienced. [PHOTOS COURTESY OF SHEILA DAI]

Vaccine eligibility expands for Veterans, spouse, caregivers

All Veterans, their spouses and caregivers can get COVID-19 vaccinations from VA under the SAVE LIVES Act signed into law March 24.

Covered individuals can receive a vaccine from VA due to the ongoing COVID-19 public health emergency. Under the bill, covered individuals are:

- Veterans who are not eligible to enroll in the VA health care system
- specified Veterans who are eligible for hospital care, medical services, and nursing home care abroad
- family caregivers approved as providers of personal care services for Veterans under the VA's Program of Comprehensive Assistance for Family Caregivers
- caregivers of Veterans participating in the VA's Program of General Caregiver Support Services
- caregivers of Veterans participating in the VA's Medical Foster Home Program, Bowel and Bladder Program, Home Based Primary Care Program, or Veteran Directed Care Program
- Civilian Health and Medical Programs of the Department of Veterans Affairs recipients
- Veteran spouses

VA must prioritize the vaccination of (1) Veterans enrolled in the VA health care system, (2) Veterans who fail to enroll but receive hospital care and medical services for specified disabilities in their first 12 months of separation from service, and (3) caregivers accompanying such prioritized Veterans. Additionally, vaccines furnished abroad are authorized to be furnished in a geographic location other than a state regardless of whether vaccines are needed for the treatment of Veterans with a service-connected disability. This includes those participating in a VA rehabilitation program. ❖

CDC real-world study confirms protective benefits of mRNA COVID-19 vaccines

Study involved health care personnel, first responders, and essential workers in six states

A new CDC study provides strong evidence that mRNA COVID-19 vaccines are highly effective in preventing SARS-CoV-2 infections in real-world conditions among health care personnel, first responders, and other essential workers. These groups are more likely than the general population to be exposed to the virus because of their occupations.

The study looked at the effectiveness of Pfizer-BioNTech and Moderna mRNA vaccines in preventing SARS-CoV-2 infections among 3,950 study participants in six states over a 13-week period from December 14, 2020 to March 13, 2021.

Results showed that following the second dose of vaccine (the recommended number of doses), risk of infection was reduced by 90 percent two or more weeks after vaccination. Following a single dose of either vaccine, the participants' risk of infection with SARS-CoV-2 was reduced by 80 percent two or more weeks after vaccination.

It takes about two weeks following each dose of vaccine for the body to produce antibodies that protect against infection. As a result, people are considered "partially vaccinated" two weeks after their first dose of mRNA vaccine and "fully vaccinated" two weeks after their second dose. These new vaccine effectiveness findings are consistent with those from Phase 3 clinical trials conducted with the vaccines before they received Emergency Use Authorizations from the Food and Drug Administration. Those clinical trials evaluated vaccine efficacy against COVID-19 disease, while this study evaluated vaccine effectiveness against infection, including infections that did not result in symptoms.

"This study shows that our national vaccination efforts are working. The authorized mRNA COVID-19 vaccines provided early, substantial real-world protection against infection for our nation's health care personnel, first responders, and other frontline essential workers," said CDC Director **ROCHELLE P. WALENSKY, MD, MPH**. "These findings should offer hope to the millions of Americans receiving COVID-19 vaccines each day and to those who will have the opportunity to roll up their sleeves and get vaccinated in the weeks ahead. The authorized vaccines are the key tool that will help bring an end to this devastating pandemic."

One of this study's strengths is its design: participants self-collected nasal swabs each week for RT-PCR laboratory testing, regardless of whether they had developed symptoms of illness. Researchers were able to look for evidence of SARS-CoV-2 infection irrespective of symptoms. A small number (10.7 percent) of infections in this study were asymptomatic (i.e., did not result in symptoms). However, the majority of infections (58 percent) occurred among people whose infections were identified by testing before they developed symptoms or knew they were infected. The study demonstrates that these two mRNA vaccines can reduce the risk of all SARS-CoV-2 infections, not just symptomatic infections.

This is important because preventing both asymptomatic and pre-symptomatic infections among health care workers and other essential workers through vaccination can help prevent the spread of SARS-CoV-2 to those they care for or serve. Findings from this study complement earlier reports that these two mRNA COVID-19 vaccines can reduce both asymptomatic and symptomatic SARS-CoV-2 infections.

This study also provided positive news about partial (one-dose) vaccination. The one-dose VE estimate of this study (80 percent) is consistent with other recent VE studies following the first dose of Pfizer-BioNTech vaccine among health care providers. Studies conducted in the United Kingdom and Israel showed that one dose was about 70 percent and 60 percent effective, respectively, against SARS-CoV-2 infection. The current results provide reassurance that people start to develop protection from the vaccine two weeks after their first dose. The greatest protection was seen among those who had received both recommended doses of the vaccine.

This CDC study was conducted through the HEROES-RECOVER network, a network of prospective cohorts that share a common protocol and methods. This network is part of a vaccine effectiveness surveillance system made possible by federal pandemic flu preparedness funding.

This study is the first of many planned COVID-19 vaccine effectiveness studies CDC is conducting to evaluate the benefits of COVID-19 vaccines in various populations and across different outcomes, such as preventing infections, doctor's visits, hospitalizations, or deaths. Results from these studies assist the medical and public health experts on the Advisory Committee on Immunization Practices and CDC to make important vaccine policy decisions aimed at saving lives. ❖

RIDOH updates monoclonal antibody treatment regimens

The Rhode Island Department of Health (RIDOH) is committed to ensuring timely updates related to the COVID-19 pandemic, including for treatment. Based on new guidance issued by the United States (US) Department of Health and Human Services (HHS), and the sustained increase in COVID-19 variants now circulating in the US that are resistant to bamlanivimab alone, RIDOH no longer recommends the administration of bamlanivimab alone to treat people with COVID-19. HHS stopped the distribution of bamlanivimab alone starting March 24, 2021.

The US Food and Drug Administration recently updated the authorized Fact Sheet for Healthcare Providers for the bamlanivimab emergency use authorization (EUA). This update advises healthcare providers to use alternative authorized monoclonal antibody therapies that are expected to protect against circulating viral variants including bamlanivimab and etesevimab administered together and casirivimab and imdevimab (Regeneron).

RIDOH has updated its healthcare provider page to reflect this change. ❖

WHO calls for further studies, data on origin of SARS-CoV-2 virus, reiterates that all hypotheses remain open

GENEVA, SWITZERLAND – The report of the international team on their Wuhan field visit, from 14 January–10 February 2021, was published on March 30th as WHO Director-General Dr. Tedros Adhanom Ghebreyesus called for further studies.

The report stems from a Member State resolution adopted by consensus at the World Health Assembly in May 2020 and calling on WHO "to identify the zoonotic source of the virus and the route of introduction to the human population, including the possible role of intermediate hosts, including through efforts such as scientific and collaborative field missions."

In remarks to Member States on Tuesday, Dr. Ghebreyesus, who received the full report over the weekend, said it advances our understanding in important ways, while raising questions that will need to be addressed by further studies, as noted in the report. "As far as WHO is concerned, all hypotheses remain on the table. This report is a very important beginning, but it is not the end. We have not yet found the source of the virus, and we must continue to follow the science and leave no stone unturned as we do," he said. "Finding the origin of a virus takes time and we owe it to the world to find the source so we can collectively take steps to reduce the risk of this happening again. No single research trip can provide all the answers."

From the report:

How did the first human SARS-CoV-2 infections occur?

"At this stage, it is not possible to determine precisely how humans in China were initially infected with SARS-CoV-2. However, all available evidence suggests that SARS-CoV-2 has a natural animal origin and is not a manipulated or constructed virus. SARS- CoV-2 virus most probably has its ecological reservoir in bats.

"SARS-CoV, the virus that caused the SARS outbreak in 2003 and probably also had its ecological reservoir in bats, jumped from an animal reservoir (civet cats, a farmed wild animal) to humans and then spread between humans. In a similar way, it is thought that SARS-CoV-2 jumped the species barrier and initially infected humans from another animal host. Since there is usually very limited close contact between humans and bats, it is more likely that transmission of SARS-CoV-2 to humans happened through an intermediate host, that is another animal species more likely to be handled by humans. This intermediate animal host could be a domestic animal, a wild animal, or a domesticated wild animal and, as of yet, has not been identified.

"A number of investigations in the area believed to be the source of the outbreak in China are currently underway or planned. These include investigations of human cases with symptom onset in and around Wuhan in late 2019, environmental sampling from markets and farms in areas where the first human cases were identified, and detailed records on the source and type of wildlife species and farmed animals sold in these markets.

"Until the source of this virus is identified and controlled, there is a risk of reintroduction of the virus into the human population and the risk of new outbreaks like the ones we are currently experiencing."

What is WHO doing to help identify the source of SARS-CoV-2?

WHO continues to collaborate with experts, Member States, and other partners to identify gaps and research priorities for the control of COVID-19, caused by the SARS-CoV-2, including the identification of the source of SARS-CoV-2 in China. WHO also provides advice to countries and individuals on prevention and control measures that are specific to COVID-19.

The report is available on this webpage:
https://www.who.int/health-topics/coronavirus/origins-of-the-virus

WHO team in Wuhan

In July 2020 WHO sent a small team to China to plan a joint study comprising Chinese and independent international scientists. It was agreed that WHO would select the international scientists, who came from around the world: Australia, China, Denmark, Germany, Japan, Kenya, Netherlands, Qatar, the Russian Federation, the United Kingdom, the United States of America and Viet Nam.

The joint international team comprised 17 Chinese and 17 international experts from 10 other countries as well as the World Organization for Animal Health (OIE) and WHO.

Members of the team

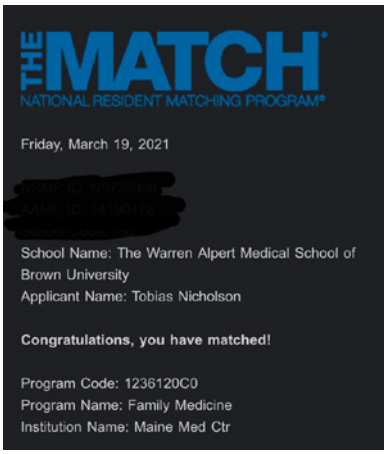
- Prof. Dr. Thea Fisher, MD, DMSc (PhD), Nordsjællands Hospital, Denmark
- Prof. John Watson Public Health England, United Kingdom
- Prof. Dr. Marion Koopmans, DVM PhD, Erasmus MC, Netherlands
- Prof. Dr. Dominic Dwyer, MD Westmead Hospital, Australia
- Vladimir Dedkov, Ph.D Institute Pasteur, Russia
- Dr. Hung Nguyen-Viet, PhD International Livestock Research Institute (ILRI), Vietnam
- PD. Dr. med vet. Fabian Leendertz Robert Koch-Institute, Germany
- Dr. Peter Daszak, Ph.D EcoHealth Alliance, USA
- Dr. Farag El Moubasher, Ph.D Ministry of Public Health, Qatar
- Prof. Dr. Ken Maeda, PhD, DVM National Institute of Infectious Diseases, Japan

The international team also includes five WHO experts led by Dr. Peter Ben Embarek; two Food and Agriculture Organization (FAO) representatives and two World Organisation for Animal Health (OIE) representatives.

Virtual Match Day at Brown

Tobias Nicholson, you have matched with

Maine Medical Center Family Medicine
Family Medicine

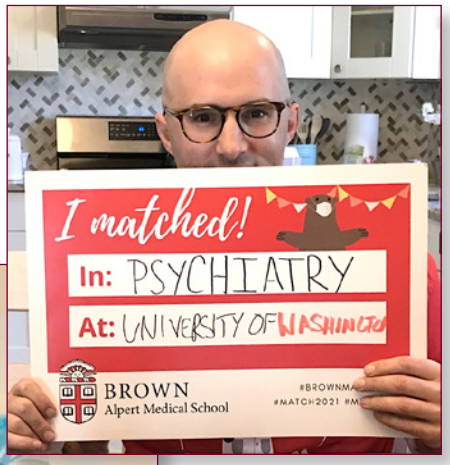


Tobias Nicholson, MD-ScM'21, received the email notifications from the Match program and Brown, informing him of his acceptance at the Maine Medical Center in Portland. He is thrilled to be going back to Maine, where he attended Bowdoin College in Brunswick. He told RIMJ the faculty at Maine Med reached out to him via email to offer their congratulations as well. [COURTESY OF TOBIAS NICHOLSON]

Timothy Genovese, MD'21, MPH, matched at the Harvard Spaulding Rehabilitation Hospital for a PM&R residency, affiliated with Harvard Medical School, and the Beth Israel Deaconess Medical Center/Brockton Hospital, where he will do a transitional year. He celebrated with his family in Long Island. [COURTESY OF TIMOTHY GENOVESE]

Catherine Garcia, MD'21, Student Body vice president, matched at the Cedars-Sinai Medical Center in Los Angeles, affiliated with the David Geffen School of Medicine at UCLA, where she will do a residency in neurological surgery. [COURTESY OF CATHERINE GARCIA]

Student Body president **Alec Kinczewski, MD-ScM'21**, (*at right*) matched at the University of Washington Affiliated Hospitals, where he will pursue a residency in psychiatry. He's shown in cover photo with his Corgi, ProZac, in Newport, where his parents and sisters joined him for a celebration. [COURTESY OF ALEC KINCZEWSKI]



Michael S. Woods, MD'21, celebrated Match Day with his family in his apartment in Providence. He matched in the psychiatry residency program at the New York Presbyterian Hospital/Weill Cornell Medical Center in New York City. [COURTESY OF MICHAEL S. WOODS]

Link to Match Day placements:
https://medical.brown.edu/about/facts-and-figures/match-lists/md-2021-match-list

Applicants celebrate the 2021 Main Residency Match, largest on record

WASHINGTON, DC – The National Resident Matching Program® (NRMP®) celebrated Match Day on March 19th with the thousands of applicants and programs participating in the 2021 Main Residency Match®. Results were highly anticipated given the pivot this year to a virtual recruitment season resulting from the COVID-19 pandemic and the effect it might have on the Match.

"The NRMP is honored to have delivered a strong Match to the many applicants pursuing their dreams of medicine. We admire all the Match participants for their hard work and their commitment to train and serve alongside their peers," said Donna L. Lamb, DHSc, MBA, BSN, NRMP President and CEO. "The application and recruitment cycle was upended as a result of the pandemic, yet the results of the Match continue to demonstrate strong and consistent outcomes for participants."

Largest Match on record: outcomes flourish despite pandemic

The 2021 Main Residency Match was the largest in NRMP history. There were 38,106 total positions offered, the most ever, and 35,194 first-year (PGY-1) positions offered, an increase of 928 (2.7%) over 2020. The growth in positions was supported by continued growth in the number of Match-participating programs. A record-high 5,915 programs were part of the Match, 88 more than 2020.

Growth in Match participation drives more PGY-1 placements

The number of applicants who registered for the 2021 Main Residency Match reached an all-time high of 48,700, an increase of 3,741 (8.3%) over 2020, and the largest single-year bump in recorded history. Growth in registration was seen in every applicant group, yielding more PGY-1 matches. Accordingly, concerns about the impact of virtual recruitment on applicants' matching into PGY-1 positions were not realized:

- The number of U.S. MD seniors who submitted rank ordered lists of programs was a record-high 19,866, an increase of 540 (2.8%) over 2020; 18,435 of them matched to first-year positions, an increase of 327 (1.8%) over 2020 and the highest number ever.
- The number of U.S. DO seniors who submitted rank ordered lists of programs was a record-high 7,101, an increase of 520 (7.9%) over 2020; 6,327 of them matched to first-year positions, an increase of 359 (6.0%) over 2020 and the highest number ever.
- The number of U.S. citizen international medical graduates (IMGs) who submitted rank ordered lists of programs was 5,295, an increase of 128 (2.5%) over 2020 and the highest in six years; 3,152 of them matched to first-year positions, a decline of two PGY-1 matched applicants over last year.

Applicants who did not match to a residency position participated in the NRMP Match Week Supplemental Offer and Acceptance Program® (SOAP®) to obtain an unfilled position. This year, 1,892 positions were offered during SOAP. SOAP results will be available in the full Match report published in early May.

Specialty highlights

The results of the Match can indicate the strength or competitiveness of specialties, as measured by the percentage of positions filled overall and the percentage filled by senior students in U.S. medical schools.

PGY-1 specialties with 30 positions or more that filled all available positions were Dermatology, Medicine-Emergency Medicine, Medicine-Pediatrics, Neurological Surgery, Otolaryngology Integrated Plastic Surgery, and Vascular Surgery.

Primary care remains strong. Of the 35,194 first-year positions offered in the 2021 Main Match, 17,649 (49.6%) were in Family Medicine, Internal Medicine, Internal Medicine – Pediatrics, Internal Medicine – Primary, Pediatrics, and Pediatrics – Primary, an increase of 514 positions (3.0%) over the number offered in 2020. Of those offered in 2021,16,860 (95.5%) were filled and 11,013 (65.3%) were filled by U.S. seniors. Although the percent of primary care positions filled by U.S. seniors in 2021 represents a slight (0.3%) decline from the prior year, Family Medicine saw a gain of 63 U.S. MD seniors matched, and Internal Medicine saw a gain of 93 U.S. DO seniors matched in 2021.

Specialties as indicators of workforce supply

Match results may also be a predictor of future physician workforce supply, especially when examining growth in specialties over time. In the last five years, the Main Residency Match has seen sizable increases in the number of positions offered in Neurology (223 positions; 45.3% increase); Family Medicine (1,467 positions; 43.7% increase); Emergency Medicine (793 positions; 38,7% increase); Medicine – Primary (100 positions; 29.3% increase); Psychiatry (412 positions; 27.6% increase); and Internal Medicine (1,791 positions; 24.8% increase). Fills rates for these specialties has exceeded 92 percent for all five years.

In addition to the annual Main Residency Match® for more than 48,000 registrants, the NRMP conducts Fellowship Matches for more than 60 subspecialties through its Specialties Matching Service® (SMS®). ❖

Investigational drug studied at Butler Hospital for AD treatment shows significant results in slowing symptoms

Clinical trial results of donanemab published in New England Journal of Medicine

PROVIDENCE – Clinical trial results announced on March 13th and published in the New England Journal of Medicine (NEJM) indicate that the investigational drug donanemab holds promise as a potential treatment for early Alzheimer's disease (AD).

Eli Lilly and Company, maker of donanemab, announced the study's findings at the International Conference on Alzheimer's & Parkinson Disease 2021 (AD/PD™21), in tandem with the publication of the article in the NEJM. Its phase 2 study of donanemab, called TRAILBLAZER-ALZ, showed that the drug resulted in significant slowing of decline in a composite measure of cognition and daily function in people with early symptomatic AD compared to placebo. The drug works by targeting the amyloid plaque and tau protein build-up in the brain that is associated with the development of Alzheimer's disease and other forms of dementia.

STEPHEN SALLOWAY, MD, MS, director of the Memory and Aging Program and of Neurology at Butler Hospital and the Martin M. Zucker professor of Psychiatry and Human Behavior and professor of Neurology at the Warren Alpert Medical School of Brown University, is a co-author of the NEJM article. He was principal investigator for the TRAILBLAZER study at Butler Hospital and was a lead investigator on the trial.

"This is yet another significant and encouraging milestone in what has proven to be a momentous year in the fight against Alzheimer's disease. In the last twelve months we've seen significant advancements in diagnosing and treating Alzheimer's," Dr. Salloway said.

The TRAILBLAZER-ALZ study was conducted at 61 research sites across the U.S. and Canada, including the two sites in Rhode Island. It utilized new imaging technology, tau Positron Emission Tomograhy (PET) imaging with flortaucipir tracer, that was developed specifically for the detection of tau protein in the brain. These tracers were developed in part at the Memory and Aging Program at Butler Hospital in partnership with the Alzheimer's Disease and Memory Disorders Center at Rhode Island Hospital. Dr. Salloway was a lead study clinician through all phases of the development of the flortaucipir tracer.

"The immediate goal is to provide treatments that will slow cognitive impairment in people experiencing the early stages of Alzheimer's disease. At the same time we're also testing treatments to prevent or delay memory loss in people at risk. We are on the cusp of a watershed moment in Alzheimer's disease treatment that could change the lives of millions of people around the world." Dr. Salloway said. ❖

Heart failure with reduced ejection fraction treatment study funded at VA

PROVIDENCE – Researchers from the VA Providence Healthcare System received funding January 1 to study a treatment for heart failure with reduced ejection fraction (HFrEF). Lead researcher **DR. WEN-CHIH "HANK" WU**, acting chief of the Medicine Service for the VA Providence Healthcare System, and professor of medicine and of epidemiology at Brown University, will research the use of probenecid, a generic, globally available medication for treating gout with minimal side effects, as an outpatient treatment for HFrEF.

"This study is important for Veterans because HFrEF is a common cause for hospital admission and death in the VA Health Care System," said Wu. "While a lot of progress has been made in understanding how the disease works, there is significant progress still to be made in its management and treatment."

The five-year, $2.2 million, VA-funded study will recruit 120 patients to assess whether oral probenecid improves heart function, exercise tolerance and quality of life, versus a placebo.

Previous research with probenecid has shown improvement in the heart's left ventricular function with few adverse effects. The use of probenecid as a treatment for HFrEF was also indirectly supported by a recent retrospective study of approximately 40,000 patients in the Medicare database, which found treatment with probenecid was associated with a nine percent decrease in risk of hospitalization for heart failure.

"Earlier research demonstrated the need for a larger study of longer duration that also evaluates functional and health status outcomes, which is purpose of our study," Wu said. ❖

Rhode Island Hospital memory disorders researcher launches landmark study of brain health following major surgeries

PROVIDENCE – A team at Rhode Island Hospital led by **LORI DAIELLO, PharmD, ScM**, senior research scientist at the Rhode Island Hospital Alzheimer's Disease and Memory Disorders Center (ADMDC), will launch a groundbreaking investigation into brain health after surgery. The 5-year study, Cognitive Recovery After Elective Surgery (CREATES), is funded by a $3.8 million R01 grant from the National Institutes of Health.

Daiello, an Associate Professor of Neurology (Research) and of Health Services, Policy and Practice at Brown University, will lead a team of hospital and university colleagues on the study, which will use a new MRI technique to examine the blood-brain barrier of patients age 65+ before and after surgery to measure their post-operative brain recovery.

According to Daiello, "As we age, more time may be needed to completely recover after surgery. Researchers are increasingly interested in how the body's usual healing and recovery processes after surgery could impact post-operative brain health."

Over the past five decades studies have suggested that some older individuals may experience lingering memory problems after undergoing major surgery with anesthesia, but little is known about why it occurs or even which patients are at greatest risk. Results of recent research suggest that certain types of inflammation after surgery could interfere with the rate of brain recovery.

The CREATES study will expand upon these findings by using a new type of MRI brain imaging technique, recently developed at the University of Southern California, to investigate whether the health of the blood-brain barrier (BBB) is related to the rate of postoperative brain recovery.

CREATES co-investigator, **BRIAN OTT, MD**, added, "Unchecked, we think that BBB dysfunction could increase the risk of certain illnesses, such as Alzheimer's Disease, Therefore, it is important for us to better understand the risk factors that could negatively impact brain recovery in some people who undergo major surgery."

Beginning in Fall 2021, the CREATES project will enroll more than 200 adults, age 65+ who are scheduled for upcoming major elective non-cardiac surgeries at Rhode Island Hospital. Participants will undergo pre- and post-operative brain MRIs, donate blood for genetic and biomarker analysis, and take periodic memory and thinking tests for 18 months following surgery to monitor brain health and cognitive recovery.

Daiello concludes, "The innovative brain imaging technique we'll be utilizing in CREATES will allow us to study pre- and post-operative brain health in an entirely new way. We anticipate that the results of this research will advance our understanding of cognitive aging and ultimately spur development of strategies aimed at improving perioperative brain resilience." ❖

PRoMPT BOLUS study at Hasbro measures potential improvement in children with sepsis

PROVIDENCE – Rhode Island Hospital's Hasbro Children's Hospital Emergency Medicine and pediatric ICU departments will be enrolling its first participants in a new, international pediatric fluid resuscitation clinical research study evaluating the comparison of normal saline and balanced fluids solutions in children with evidence of septic shock.

The study is sponsored by the National Institutes of Health and Children's Hospital of Philadelphia, Philadelphia, Pennsylvania and administered through the Pediatric Emergency Care Research Network (PECARN). Pediatric Emergency Medicine physician **DR. SUSAN DUFFY** and pediatric ICU physician, **DR. RANNA ROZENFELD** will lead the PRoMPT BOLUS study at Hasbro. All children who present to the Hasbro Children's Hospital Emergency Department with sepsis and meeting study criteria will be eligible to participate in this study and will be enrolled, unless opted out prior to visit. All patients enrolled in the study will receive one of the two commonly used IV fluids to treat sepsis along with the best locally available medical care available for their symptoms. Approximately 8,800 patients will be enrolled worldwide on a 1:1 basis to receive either normal saline or balanced fluids intravenous fluid. ❖

URI College of Pharmacy among best in nation in postdoctoral residency placement rate

KINGSTON – The University of Rhode Island College of Pharmacy continues to be a national leader in pharmacy education, most recently placing first in the northeast and no. 8 nationally in postdoctoral residency placement rate for phase 1. A highly competitive second phase for those who have not yet matched is ongoing.

Forty-four members of the class of 2021 have obtained postdoctoral residencies in the first phase of ASHP's highly competitive match program, 79 percent of those applying. The placement rate places URI among the best in the country, well ahead of the 63 percent national average. Only seven of the 143 colleges of pharmacy in the country had a higher average than URI's.

The URI College of Pharmacy has the highest placement rate among pharmacy schools in the northeast, and has placed the most students in residencies for the second straight year.

In addition, 10 members of the URI class of 2021 obtained fellowships or postdoctoral residencies outside of the ASHP match program, and 94 percent of former students from the Class of 2020 obtained second-year postdoctoral residencies, also among the best rate in the country. The two classes are spread out in residencies around the country, in 20 states.

"I continue to be amazed by the significant mark our impressive students are making on the health care community, locally, nationally and globally," URI College of Pharmacy Dean **PAUL LARRAT** said. "It is a credit not just to the high-quality students we continue to attract to URI, but also to our dynamic faculty members who have mentored our students into the pharmacy professionals they've become." ❖

Rhode Island health care providers join nationwide movement to improve older adults' care

Health systems in Rhode Island are recognizing the importance of addressing the health needs of the state's rapidly growing number of older adults by participating in a movement to better identify and address their unique care needs. Currently, nine hospitals, medical practices, convenient care clinics, and/or nursing homes in Rhode Island have joined Age-Friendly Health Systems.

Funded by The John A. Hartford Foundation (JAHF) and led by the Institute for Healthcare Improvement (IHI – in partnership with the American Hospital Association and the Catholic Health Association of the United States – the Age-Friendly Health Systems movement prioritizes what matters most to an older adult.

The COVID-19 pandemic has increased the urgency among health systems to prioritize age-friendly care; from March 2020 through December 2020, 1,671 U.S. health care sites joined the effort, including all approximately 1,100 MinuteClinic locations, the retail medical clinic of CVS Health. This brings the total number of sites to 1,956.

"The rapid growth of the age-friendly care movement means that older adults in Rhode Island have a better chance at receiving high-quality, evidence-based care that is tailored to what matters most to them," said **TERRY FULMER, PHD, RN, FAAN**, president of JAHF. "As COVID-19 has demonstrated, we must prioritize the care of older adults across all care settings to ensure coordinated, evidence-based, age-friendly care is delivered to those who need it most. We are incredibly grateful to IHI, our other partners, and all Age-Friendly Health Systems participants for their work to make health care age-friendly, especially during this terrible pandemic."

Health care treatment decisions that help older adults achieve what matters most to them – like daily walks without pain, having the energy for gardening, or talking with grandchildren while feeling clear-headed – result in healthier aging, according to the movement. When health care providers focus on the 4Ms of age-friendly care for older adults – what Matters, Medication, Mentation (memory and mood), and Mobility – they reduce harm, improve health outcomes, and lower health care costs, according to JAHF and IHI.

"There has never been a more critical time to prioritize adoption of evidence-based care of older adults," said **KEDAR MATE, MD**, president and CEO of IHI. "We are learning and improving care daily through the Age-Friendly Health Systems movement, and that will fortify our health care systems for the future. I am heartened by the increase in Age-Friendly participants and their commitment to better care for older adults."

Participants in the Age-Friendly Health Systems movement in Rhode Island as of Jan. 2021 include:

- Care New England
- Kent Hospital, Warwick
- Primary Care for Older Adults, Warwick
- 7 MinuteClinic locations

To learn more about the movement, visit http://bit.ly/2MGcpLR.