

February 2008

FOR STAFF AND FRIENDS OF UNIVERSITY HEALTH CARE



It was a festive night filled with friends, tasty treats, and live entertainment at the 4th annual Frost Fest on Jan. 5. Nearly 6,000 University Health Care employees, volunteers, and friends braved the chilly weather to eat, drink, and be merry at the Salt Palace Convention Center. Some Frost Fest goers tried their luck at casino games or had their fortunes revealed by local psychics, while others warmed up as they danced and sang along with Wayne Foster Entertainment, the musical highlight of the evening. A few lucky guests took home prize baskets filled with board games, spa goodies, and outdoor gear. For those who couldn't make it, there's always next year!

Photos by Steven Leitch

Healthy U 6 Tips for Winter Skin Care



Payam Tristani, M.D., University Health Care dermatologist

You know it's winter when your skin starts to feel dry, chapped, and even itchy. Relative humidity is significantly less during winter months and heating systems make indoor air even drier, depleting the skin of moisture and essential oils. According to **Payam Tristani, M.D.**, a University Health Care dermatologist, there are six things people can do to prevent and treat winter skin problems.

Take Cooler, Shorter Showers Limit the number of long hot baths and showers. Hot baths sap the moisture and natural oils from the skin surface.

Use Mild Soap Use non-scented, mild soaps, or cleansers.

Moisturize with Creams Immediately after a bath, when the skin is well hydrated, is the best time to apply a moisturizer. Creams are preferred over

lotions, which are typically water based and quickly evaporate from the skin.

Slather on Sunscreen Although temperatures are cooler, the skin is still susceptible to damage from the sun's ultraviolet rays. Use a sunscreen with broad-spectrum (UVA and UVB) coverage during outdoor activities such as skiing, even on a cloudy day. Most experts recommend reading the list of ingredients in sunscreens because many products labeled as "broad spectrum" or "uva blockers" do not adequately block uva rays. For significant uva protection, sunscreens should contain avobenzone, titanium dioxide, or zinc oxide. Reapply often or as directed on the packaging for full protection.

Protect Your Lips Spread on plenty of lip balm with a sunscreen of SPF 15 or more.

Humidify Indoor Air Consider using a humidifier. This is particularly important for people with eczema since the condition can become worse with exposure to dry, cold air.

If you develop severe winter itch or eczema, it is probably best to see your dermatologist.

THE UNIVERSITY OF UTAH TANNER HUMANITIES CENTER PRESENTS



MIRROR, MIRROR:
BODY IN THE MIND'S EYE
MARCH 5 & 6, 2008
THE UNIVERSITY OF UTAH

Join us for a riveting look at the power of the body to shape feelings of self-worth, control, and identity throughout history and today.

David P. Gardner Keynote Lecture:
Joan Jacobs Brumberg of Cornell University
"From Corsets to Body Piercing: A History of American Girls and Their Bodies"

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CONTRIBUTORS Writers: Amy Albo, Chris Nelson, Peta Owens-Liston, Ryann Rasmussen, Phil Sahn, Chantelle Turner. Photographers: Steven Leitch and Kristan Jacobsen. Graphic Designers: Jesse Colby and Kristy Witt.

Service Excellence Emergency Department Sets 10-Minute Goal to See Patients



U Hospital's ED staff is committed to a new standard in patient care—to have patients seen by a provider within the first 10 minutes of their visit. Staff attend to non-critical patients in chairs, saving rooms for life-threatening cases.

If a pilot program at University Hospital Emergency Department (ED) proves successful, a long, drawn-out emergency stay could be a thing of the past.

Starting 2008 with an ambitious resolution, Emergency Department Manager **Mike Gibbons, R.N.**, hopes to cut off two hours from

total treatment time for those patients who are not critically injured or sick. Gibbons admits the goal is aggressive, but he thinks it's achievable. With the new protocol, launched Jan. 3, the ED staff is committed to offering a provider consultation within the first 10 minutes of every visit. Even those who appear to have minor flu symptoms will be seen by a physician, physician assistant or nurse practitioner. "When a patient comes to the emergency room, it's for one reason only," Gibbons said, "to see a provider."

Each patient will see an emergency medical technician at the front window for initial evaluation. If the person's condition is not critical, he or she will be considered a fast-track patient and directed to sit in a chair inside the Emergency Department. That's when the 10-minute countdown begins.

"We think the trade-off [of having patients sit in chairs] is well worth the benefits," said **Steve Sugarman, P.A.**, director of mid-level providers for the Emergency Department. "We really feel that patients are going to get care quicker, X-rays ordered faster, and treatment administered better. And that's not just about patient satisfaction. That's for our satisfaction as well." After all, Sugarman added, when patients are happy, the staff is happy, too.

Gibbons said, "This is the first time that I've been involved in a redesign project where we've truly looked at care delivery from the patient's perspective and how to better meet their needs."

The Emergency Department handles up to 140 patients a day, Gibbons said, but with better efficiency, that number could increase. Now, 30 days into the program, the staff is taking a closer look to evaluate its effectiveness and organization. While they haven't quite met their 10-minute goal, yet, the average wait time has gone down from well over an hour to just 18 minutes. "Our new process is alive and well," Gibbons said.



Guido Tricot, M.D., was recruited to Utah jointly by the Huntsman Cancer Institute and the U's Department of Internal Medicine. John Hoidal, M.D., professor and chair of internal medicine, says Tricot's "pioneering approach to autologous stem cell transplant in an outpatient setting represents a major step forward in myeloma treatment."

Clinical Spotlight

The Future of Blood and Marrow Transplant

New technique
boosts survival
rate from 2.5
to 10 years

Kathy Kupka knew something was wrong when she picked up her 17-pound dog Buddie and heard a "snap," then felt a sharp pain in her collarbone. The Washington, D.C. resident had been complaining of back and leg pain for a couple of months but her family physician recommended "more stretching" before exercise.

This time, X-rays showed a fractured collarbone and something more serious, a lesion on the bone. A visit to an oncologist confirmed her worst fears, an aggressive form of bone marrow cancer known as multiple myeloma.

The 58-year-old photographer sought out the best treatment for the disease and was referred to **Guido Tricot, M.D.**, who at the time was on faculty at the University of Arkansas for Medical Sciences. Tricot and his colleagues had gained national attention for pioneering a treatment technique that increased the median survival for newly diagnosed myeloma patients from 2.5 years to 10 years, or more.

After aggressive chemotherapy, two stem cell transplants, and three separate month-long stays in Little Rock, Kupka was in remission. Six years later she's still in remission and sees Tricot every six months for a checkup, now in Salt Lake City.

Tricot, professor of internal medicine, came to University Health Care late last year to head the Utah Blood and Marrow Transplant and Myeloma Pro-

gram. He says his decision to come to Utah was based on a number of factors, including the quality of basic science research going on in the U's medical school and the reputation of the Huntsman Cancer Institute.

His patients are following him. Tricot estimates that by the end of the year more than half of his patients will be coming from outside of Utah.

What's different about Tricot's treatment? Most transplant protocols in myeloma call for one round of high-dose chemotherapy. High-dose chemotherapy not only kills the cancerous cells, but also the patient's own healthy bone marrow cells. Because of this, these patients need to be rescued by their own healthy stem cells that were collected prior to chemotherapy through a process called autologous stem cell transplant.

Tricot's more aggressive strategy prescribes four rounds of chemotherapy, two of which are high-dose and coupled with an autologous stem cell transplant. If the high-dose chemotherapy treatment were given without stem cell support, it would take six to eight weeks before a patient's blood counts

would return to levels that prevent infection and bleeding. This would be too risky, especially for older patients. Giving stem cells back as soon as the high-dose chemotherapy is out of the body reduces the period of vulnerability to approximately one week.

"The problem with multiple myeloma," Tricot explains, "is that the cancer cells are not easily destroyed, and some myeloma cells survive, even after high-dose chemotherapy and stem cell transplantation." As a result, most patients will ultimately relapse.

In an effort to delay this relapse, Tricot prescribes two years of maintenance therapy to combat any latent myeloma cells still lingering in the body. Tricot and his colleagues also are studying the genetic make-up of myeloma cells to understand what features make them resistant to even the most aggressive treatments and then to find out what can be done to achieve a cure.

Guido Tricot, M.D., checks in on patient Mark Seaman of Riverton, Utah, during one of his visits to collect stem cells. When Seaman was diagnosed nine months ago with multiple myeloma, he said "I can't have it, I'm too young." Many of his family members have died from various forms of cancer, so the diagnosis felt like a death sentence. "Dr. Tricot has given me hope," he says. "Basically it's what's keeping me going."

Emergency Preparedness Disaster Resistant U

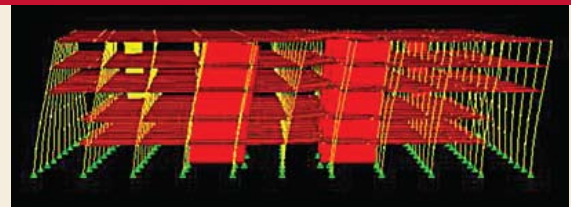
With the threat of earthquakes, flooding, wildfires, and hazmat situations, preparing for possible disasters is a challenging and never-ending job, especially for an organization as large and diverse as the University of Utah. To help fund those planning efforts, the U received a \$700,000 FEMA grant in 2005 to develop a pre-disaster mitigation plan for campus, and create a "toolbox" that other institutions can use.

Under the FEMA grant, the mission for Disaster Resistant University (DRU) is to identify vulnerabilities to life safety, assets, and functions in all buildings on campus. The objective is to establish a list of actions that administrators can take to eliminate or vastly decrease those vulnerabilities.

The reconstruction of Marriott Library is a striking example of the U's pre-disaster mitigation plan. Experts determined that the building, with heavy use and high occupancies, was extremely vulnerable to catastrophic failure even in the event of relatively minor earthquake. To address these concerns, the library is undergoing a \$60-plus million renovation and expansion, scheduled to be complete in August 2008.

The DRU team is collaborating with other emergency preparedness organizations around campus, such as University Health Care (UHC). **Colleen Connelly**, UHC's emergency preparedness manager, is leading the charge to prepare for such events as pandemic flu or a major earthquake.

This past year evacuation sleds were placed on various inpatient



This graphic of the Marriott Library demonstrates the kind of motion that could have caused the structural collapse of the library. The identified weakness of the building was the type of system installed to tie the floor plates to the frame of the main structure. Another issue was the lack of seismic bracing. These problems have been eliminated through analysis and reconstruction.

Graphic courtesy of Reveley Engineers + Associates

units, and an evacuation drill of non-ambulatory patients was performed last spring. One of the lessons the Emergency Preparedness Team learned was the need for increased staff education on how to use the evacuation equipment. Project facilitator **Jeffrey Sanchez** produced an instructional Paraslydes Training Video, now available on the Emergency Preparedness Web site (<http://intranet.uhsc.utah.edu/emergency>), which has up-to-the-minute information on disasters or events affecting the hospital and its services.

If you have any questions or concerns about disaster preparation, please contact Pete van der Have at petevandervhave@msn.com or Colleen Connelly at Colleen.Connelly@hsc.utah.edu.



Colleen Connelly recommends that staff take five minutes out of their day to watch the Paraslydes Training Video on the Emergency Preparedness Web site at <http://intranet.uhsc.utah.edu/emergency> under "Training."

Editorial Better Strategies Needed to Meet Challenges of Alzheimer's Care



By **NORMAN L. FOSTER, M.D.**
Director, Center for Alzheimer's Care,
Imaging and Research

Utah long has represented the fountain of youth, boasting the youngest population of any state in the nation. However, with the state rapidly growing and people living longer, Utah will face the nation's largest percentage increase in the number of people with Alzheimer's disease (AD) in the next 20 years. Our neighboring states of Nevada, Idaho, and Wyoming are not far behind.

The entire Intermountain West is facing a growing challenge to provide quality care for patients with Alzheimer's, and traditional medical approaches can't meet this challenge. Doctors, who feel increasing pressure to spend less time with their patients, often don't determine the cause of memory loss and fail to address the needs of patients and families affected by dementia. Recent studies suggest that doctors spend less than 10 minutes discussing memory problems with patients and usually fail to involve family members. As a result, AD care is unnecessarily expensive and reactive, lurching from crisis to crisis and often involving emergency room, hospital, and nursing home treatment.

We can and should do better than this. The remarkable fact is that the at-home care that patients and families want is more effective and economical for society. Patients able to call upon a broad and unified network of caregivers receive individualized help from several people, while those in an institution have to share the attention of staff with others. Furthermore, giving families the knowledge they need and a preventative plan for care can keep patients at home longer and save \$45,000 to \$60,000 a year that patients and state government pay nursing homes.

Although the way to better quality and more cost-effective dementia care is clear, many barriers prevent its adoption. Early recognition, evaluation, and treatment of memory problems are essential, but adequate time for evaluation is needed. Patients benefit enormously by keeping physically active, socializing, and having mental stimulation, but they and their families aren't told how this can be accomplished. On top of this, health insurance, including Medicare, doesn't pay for critically important family education and medical social work services to help families develop plans that avoids crises and the need for institutional care. Society eventually ends up spending much more when patients and families decide to opt out of receiving preventative care that they must pay for themselves.

While we advocate for a fundamental change in dementia care and wait for insurers and society to recognize the value of these proactive services, we must work to improve the quality of life for patients and families. We realize for the time being this can cause an unavoidable financial burden for patients and families, but we should use the best care strategies identified through research now. Our patients and their families deserve it.

The Center for Alzheimer's Care, Imaging and Research has developed an innovative new model of care that begins treatment early and empowers patients and families to meet the challenges of AD. If you'd like more information, please call 385-6387.

Off the Clock A Mother-Daughter Team Trains Champions

"She's hot stuff and knows it; a princess who loves to show off," says **Holly Horton**, an assistant case manager for the Miners' Hospital and veteran show-dog handler, about her house mate RockZ. "Really, her attitude is that of a Hollywood Starlet."

RockZ's got good reason for all that verve; she, along with her 7-year-old canine pal Kodi, are champions. They are both Finnish Spitz, a breed still rare in the United States (there's only four to five Finnish Spitz in Utah). For the second year in a row, they qualified for the AKC Eukanuba National Championship dog show in Long Beach, Calif. This year, RockZ won Best of Opposite Sex, losing out only to her "uncle," who won Best of Breed.

Holly has been showing dogs since she was 16, the same year she took her first summer job at the U. She spent 15 years showing her Alaskan Malamutes and competing with them in sled dog races. "We were often voted the prettiest team on the course—mind you not the fastest," says Holly, with a laugh. At one time, she had 30 Malamutes at her Idaho ranch.

As her show-dog team grew, Holly recruited her mother, **Valerie Horton**, a 25-year veteran of the U, who currently works as an administrative assistant to the chief of geriatrics, to help. The mother-daughter duo have traveled to more than 300 dog shows together, averaging between 10 to 20 each year. "My mom started coming with me for moral support, but now she's a really good handler in her own right, especially with puppies just starting out in the show ring," says Holly.

"Holly's like a horse-whisperer but with dogs. She understands them, can communicate with them, and bonds with them," says Valerie, clearly a proud mother. "She can take an animal most people can't work with and get it to do what it needs to do." Some of her best show dogs, Holly admits, were dogs rejected by other handlers.

For the past 10 years, Holly and Valerie have worked at the U together. "I love being in a university atmosphere and being surrounded by people who love to learn, because I love learning," says Holly. "There's a feeling of friendship and camaraderie in our department, as well as fulfillment, that I think is rare in the workplace."

When she's not working, Holly is focused on her dogs. She has high expectations for 2-year-old RockZ, who at 6 months won her first Best of Breed. "I see her eventually winning a Best in Show," says Holly. RockZ and the more serious Kodi may be two dogs to watch, because when they hear "champions," their ears perk up—just the way judges like them.



HEIDI JACOBSEN

a note from david entwistle



David Entwistle,
CEO, University Hospitals & Clinics

CPOE—the next step in providing state-of-the-art patient care

University of Utah Hospitals & Clinics (UHC) will take an important step next month toward our goal to provide electronic medical records (EMR) for all patients. That's when we go live with our new electronic Computerized Provider Order Entry (CPOE) system.

CPOE will allow our providers—physicians, nurses, and others—to enter patient orders electronically instead of with handwritten notes. Many people have done a tremendous amount of hard work to prepare us for this transition, and I want to recognize how important their effort has been in ensuring the project's success.

We're implementing the CPOE system to give our patients even better care. If a patient, family member or anyone else were to ask you what the benefits of an electronic medical record are, here are some ways you might answer the question of why we're changing to CPOE:

- **Efficiency:** all clinical information about our patients—their health records, labs and medications—will be easily available for staff who need it at all UHC locations.
- **Safety:** we'll eliminate concerns about incomplete records and illegible handwriting of prescriptions or care orders.

- **Convenience:** both patients and staff will have a more consistent experience as they move from one inpatient care setting to another.

UHC has spent \$22 million, so far, converting to electronic medical records—and when CPOE is up and running we'll be one of less than 2 percent of U.S. hospitals using the system. No wonder we're consistently named one of the nation's 100 most-wired hospitals.

Part of the challenge of implementing large new systems is the learning curve we all must go through. This change can be exciting and unnerving. Fortunately, we can build on the experience of those who have gone before. Our nursing and pharmacy departments began using EMR registration in June and we learned a great deal from their experience. We also drew on the knowledge of other organizations as we selected our vendor and system.

Even drawing on the experience of others, completing a project of this size would not have been possible without the hard work and dedication of many people. The Care Transformations team and clinical staff have participated in a dress rehearsal of workflows and hand-offs to make sure all computers and printers function properly; users have attended training sessions and staff have worked extra hours making sure we are ready to go live.

From here, our implementation of electronic medical records will involve more and more of you as we move to other locations and expand more functions. I appreciate all that our staff are doing to prepare for each new milestone. Whether you're directly involved or offering support by understanding and talking about the benefits, you're helping to build our future systems of care.

David Entwistle

Quality Improvement Patient Safety Demands Proper Labeling

Medical journals are peppered with cautionary tales of tragic errors resulting from medications and other solutions being removed from their original containers and placed into unlabeled containers. There's the story

of a 69-year-old Seattle woman who died when she was accidentally injected with an anti-septic skin prep solution instead of contrast media in the interventional radiology procedure room. Both solutions were clear and on the sterile field in unlabeled basins. Another patient received lidocaine instead of contrast media during angiography, leading to a grand mal seizure. A 3-year-old child became flaccid and experienced respiratory arrest when an emergency room nurse flushed her intravenous line with an unlabeled syringe of vecuronium inadvertently placed back with the saline flush syringes.

Unfortunately, those are not isolated events. A 2004 Institute for Safe Medication Assessment reported that less than half of 1,600 hospitals nationwide always labeled containers (including syringes, basins or other vessels used to store drugs) on the sterile field. According to an Institute of Medicine report, medication errors accounted for "one out of 131 outpatient deaths and one out of 854 inpatient deaths."

The Joint Commission standard reads: "Label all medications, medication containers (for example, syringes, medicine cups, basins) or other solutions on



The label needs to be applied when medication is prepared. Pre-labeled syringes could be inadvertently used to draw up a medication other than what's on the label.

and off the sterile field." The standard further addresses that even if there is only one medication being used, labeling still needs to occur. The "solution" encompasses items like sterile water, viscous lidocaine, and even liquid soap.

When labeling containers and syringes, the standard applies not only to the operating room and anesthesia, but to other areas such as: fluoroscopy, radiology, and other imaging services; invasive cardiology; pre-op holding areas; Post Anesthesia Care Unit (PACU); areas where moderate sedation is performed; endoscopy units; dental clinics; and patient care units where bedside procedures are done.

"Staff may ask why we need to do what seems like obsessive labeling," says **Carol Hadlock**, director of quality and patient safety. "The answer is simple: because it's in the interest of patient safety and is considered an important risk-reduction activity."

What You Should Know Labeling should occur immediately when any medication or solution is transferred from the original packaging to another container. Medication labels need to include:

- Drug name, strength, amount (if not apparent from the container)
- Expiration date when not used within 24 hours (this would be rare for procedures)
- Expiration time if less than 24 hours (applies to only a few drugs)
- Date prepared and the diluent for all compounded IV admixtures

For more information regarding proper labeling or other patient safety concerns, contact Carol Hadlock at carol.hadlock@hsc.utah.edu.

Health Sciences Transitions



Gesteland steps down as U's VP of Research; Parks named interim Seven years ago, **Raymond F. Gesteland**, Ph.D., distinguished professor of human genetics and co-founding chair of the Department of Genetics, took time away from his lab to become University vice president for research. In December, he stepped

down from that position to focus on his own research. While serving as vice president for research, funding for campuswide research steadily increased from about \$237 million in 2000 to nearly \$323 million in 2007. Additionally, Gesteland was the catalyst behind the creation of the Brain Institute.

Thomas N. Parks, Ph.D., executive director of the Brain Institute and chair of neurobiology and anatomy, will serve as interim vice president for research while the University conducts a nationwide search to find a permanent replacement for Gesteland.

"Ray has been an extraordinary leader for the past seven years, but the call back to science is strong," said **David Pershing**, Ph.D., senior vice president for academic affairs. "The national search will ensure we continue to have the very best individuals . . . because research and creative work are a critical part of our overall enterprise."



BUTCH ADAMS



McKenna recruited to be new COO **Quinn McKenna** is the new chief operating officer for University Hospitals & Clinics—a position created to fulfill oversight responsibilities at each of the major University Health Care facilities. In addition to various operational duties, Quinn will also administer information services, pharmacy, radiology, and supply chain,

making sure all the day-to-day requirements, such as supply, financial and staff needs, are met.

McKenna has 20 years of health-care leadership experience, a master of health administration from the University of Washington, and a bachelor of science in business finance from Utah State University. Most recently, he served as the interim chief operating officer at the University of Washington Medical Center in Seattle.

In Memoriam

Sidney F. Velick, Ph.D., former chair of the Department of Biochemistry at the School of Medicine (1964 to 1978), died on Dec. 29, 2007, in Salt Lake City at the age of 94. Velick was nationally recognized for research into protein biophysics, as well as advocacy efforts on behalf of classical music and treatment of mental illness. He earned the Distinguished Research Award at the University in 1976, and was elected to the National Academy of Sciences in 1981, which is among the highest honors granted to American scientists. Velick was dedicated to basic research and to understanding how the world works. He continued to read scientific journals until shortly before his death.



Ernst Eichwald, M.D., U professor of pathology and a pioneer of tissue transplantation, died on Dec. 23, 2007. He was 94. Born in Hanover, Germany, Eichwald moved to the United States in 1938, and 10 years later moved to Salt Lake City to assume a faculty position in the U's pathology department.

After a stint in Montana, Eichwald returned to Utah to chair the department from 1967 until his partial retirement in 1979. He continued his lab work until he was 90. Eichwald's research played an important role in understanding tissue compatibility and transplant rejection and in the development of successful protocols for organ transplantation in humans. "He was truly an outstanding pathologist, scientist and mentor," said **Peter Jensen**, M.D., chair of the U's pathology department. He was also an accomplished violist, who co-founded the Great Falls Symphony and devoted much of his spare time to playing chamber music.

Wallace Sands Brooke, M.D., Ph.D., who came to Utah in 1943 to help establish the U's medical school, died Jan. 16, 2008. The fifth generation of a family of physicians, Brooke practiced surgery at Holy Cross Hospital for more than 40 years until his retirement in 1985. He served as staff president of Holy Cross Hospital, chair of the U's Health Sciences Council, and president of the Utah State Medical Society, the Salt Lake County Medical Association, the Salt Lake Surgical Society, and Blue Shield of Utah. Brooke earned degrees from Stanford, Oxford, and Johns Hopkins Medical School, and in 1994 was awarded Honorary Alumnus of the University of Utah.



BUTCH ADAMS

Employee Benefits

Improved Debit Card Makes Flex Spending Easier

There are few easier ways to keep your money from Uncle Sam and increase your spendable income than to enroll in a Flexible Spending Account (we're talking about legal ways, here, folks). For those of you who may have been distracted during that part of employee orientation, a Flexible Spending Account (FSA) is an employee perk that allows you to make pre-tax contributions to two different accounts: a Health Flex Spending Account for eligible medical expenses and a Dependent Care Spending Account.

Where it gets just a little complicated is that you have to estimate how much money you'll need for the entire year, which is then taken out of your paycheck in equal installments. It's a "use it or lose it" proposition, so you'll have to check your math carefully. The other tricky part (for some of us, at least) is that you have to save your receipt, explanation of benefits or other proof that it's a legitimate expense and send it to the plan administrator, who will then cut you a check.

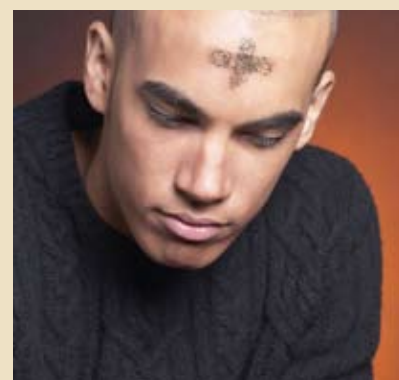
That's where things just get easier for Health Flex Spending Accounts. Beginning Jan. 1, you can use your Flex Funds visa Debit Card at more retail businesses, including Albertson's, Harmons, Sam's Club, ShopKo, Smith's Food & Drug, Target, Walgreens, and Wal-Mart. Dan's and Macey's expected to have inventory control systems in place by the end of January. Simply swipe your Flex Funds card at one of these approved businesses, and if it's an eligible expense, it will automatically be deducted from your FSA account.

Having said that, it's always good to keep your receipt in the event that there's a glitch in the system or if Uncle Sam comes knocking. If you haven't received your Flex Funds visa Debit Card or would like more information about the program, contact the Benefits Department at (801) 581-7447.



Interfaith Awareness Ash Wednesday

By SUSAN ROBERTS, Chaplain



The beginning of Lent is usually recognized with an **Ash Wednesday** Mass during which a priest or minister imposes ashes in the form of a cross on the foreheads of the faithful. It is customary for the faithful to retain this mark until

sundown signifying repentance before God.

In most Christian denominations, Lent is the liturgical season of prayer and fasting in preparation for Easter. The season of Lent lasts for 40 days, representing the time Jesus spent in the desert and encountered temptation. It's a time of preparation, self reflection, repentance, and self-denial designed to deepen one's spirituality and draw him or her closer to God and Christ.

We will be offering an **Ash Wednesday** service in the Hope Chapel on **Wednesday, Feb. 6, at 11:30 a.m.** I will also provide ashes for patients, families and staff who wish to receive this symbol but are unable to attend our service.

This column is intended to expand interfaith awareness of the University's religiously and culturally diverse community. Each month, Chaplain Susan Roberts will highlight one of the many different traditions celebrated during that month. Roberts invites you to read about other religious holidays on the interfaith calendar displayed outside the Hope Chapel.

Expansion Update The Ongoing Pursuit for Private Rooms

Though the sounds of jackhammers have faded, plans to realize the organization's strategic plan to increase the number of private rooms continues to move forward. The welcome reprieve from the demolition work will not last much longer. Layton Construction crews have already started building the foundation for the West Pavilion, and construction will soon impact staff in the main hospital.

A quick look at the work slated for the next 18 months includes:

- Remodel the transplant clinic and the pharmacy on the A level
- Remodel current semi-private rooms in the hospital to private rooms
- Add a fourth patient/visitor elevator
- Connect the main hospital to the West Pavilion
- Add bathrooms in the main lobby

"All of these smaller projects fit together into the overall larger vision for private rooms," says **Chrissy Daniels**, director of customer,



employee, and outreach services and project director of the hospital expansion. The work will be noisy and potentially disruptive, says Daniels, so it's important for staff to talk to patients and families about the hospital's strategic plan.

"The heroes are the staff who continue to deliver world-class care in this transitional environment," says **Dan Lundergan**, executive director. "This expansion is a temporary inconvenience. Once our patients are in private rooms, it will all have been worth it."

If you have any concerns related to the hospital's expansion or have ideas on how to help support the process please e-mail Chrissy.Daniels@hsc.utah.edu or Rob.Kistler@hsc.utah.edu.

Hardwiring Hand Hygiene

It's no coincidence that 4 North was chosen to kick off the new 2008 hand hygiene campaign: "I cleaned my hands for U—Hardwiring hand hygiene." Hand hygiene is not taken lightly on the unit. Each week, nurse manager **Glady's Adjei-Poku** (shown here with her 2008 Miss Hand Hygiene regalia) and her management team spend several hours observing hand hygiene as health-care workers enter and leave patient rooms, and correcting and educating those who fail to practice proper hand hygiene. The result? 4 North was the most improved hand hygiene unit for 2007. Considering hand hygiene is the single most important infection control intervention to decrease the spread of microorganisms, Adjei-Poku and her staff think their efforts are well worth it.



The U's First Recycling Fair

Employees gathered to learn more about the U's commitment to recycling at University Hospitals & Clinics' first Recycling Fair, held Jan. 23 and 24 in the University Hospital Cafeteria. The Recycling Committee, which includes representatives



from each of the U's clinics and hospitals, hosted the event to raise staff awareness about recycling programs throughout the institution, ranging from cardboard, white and mixed paper, plastic, aluminum, batteries and some medical devices. "The staff really wants to know that the hospital is being responsible," says **Rick Lee**, director of Support Services. "A few years ago, this level of recycling would have been absolutely impossible. Now we really want to do better than we did last year." Lee has a deep commitment to recycling, but stresses that the program needs to grow strategically, "as we have the budget, resources, information, manpower, and processes in place to do so." If we try to do everything at once, Lee cautions, it won't be successful.

Skyline High Madrigal Performance Celebrates Daynes Gift to Rehab

The Skyline High School Madrigal Choir performed holiday music at a celebration to honor Skip and Susan Daynes for donating a Steinway Essex piano to the Rehab Center. The piano will be used by patients and their families for both therapy and pleasure.

Rehab patients and staff attended the Dec. 17 celebration to thank the Dayneses, long-time supporters of the hospital and Rehab Center. "Through their son Tim's spinal cord injury in 1989, the Daynes family knows what it is to face the challenges of rehabilitation and then move forward with every aspect of life," said **David Entwistle**, CEO of University Hospitals & Clinics. "Their caring and commitment has come as the result of first-hand experience with what rehab is all about."

Entwistle also thanked Skip and Daynes Music for helping to secure a Steinway baby grand piano for the Voice Disorders Center, and Susan, and her golden retriever, Colonel, for their weekly commitment to volunteer in the Rehab Center with Intermountain Therapy Animals.



New Year's Baby 2008

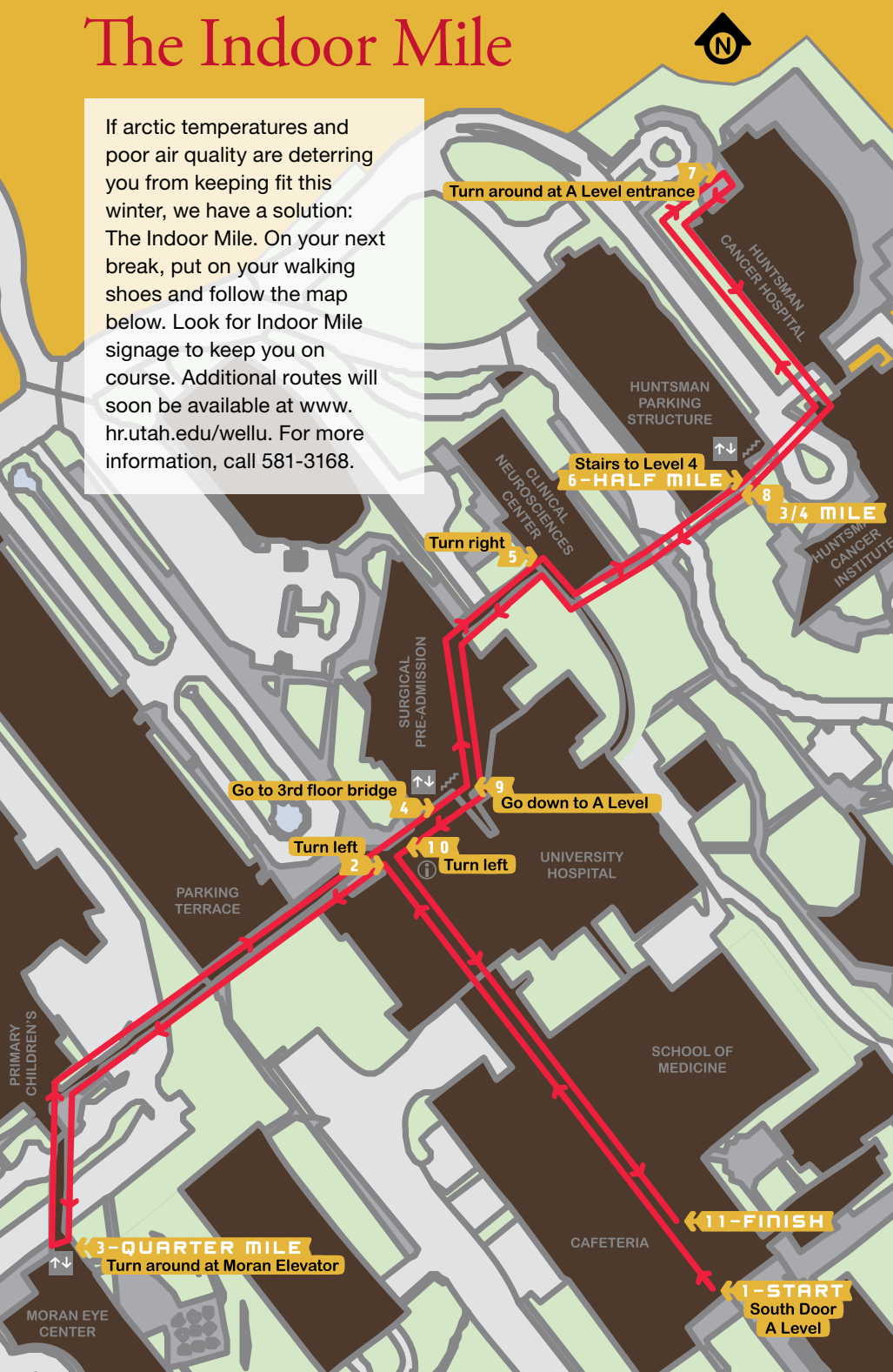
The staff of 2 North and 2 East honored the hospital's first baby of the year with a small celebration and a gift basket. Jessica and Paul Brimley's son,



Isaac, made his debut at 5:30 a.m. on New Year's Day. Unfortunately, he was born with a heart defect and was immediately transferred to Primary Children's Medical Center. The Brimleys report that Isaac has undergone one heart procedure and will have another surgery when he turns two years old.

Winter Fitness The Indoor Mile

If arctic temperatures and poor air quality are deterring you from keeping fit this winter, we have a solution: The Indoor Mile. On your next break, put on your walking shoes and follow the map below. Look for Indoor Mile signage to keep you on course. Additional routes will soon be available at www.hr.utah.edu/wellu. For more information, call 581-3168.



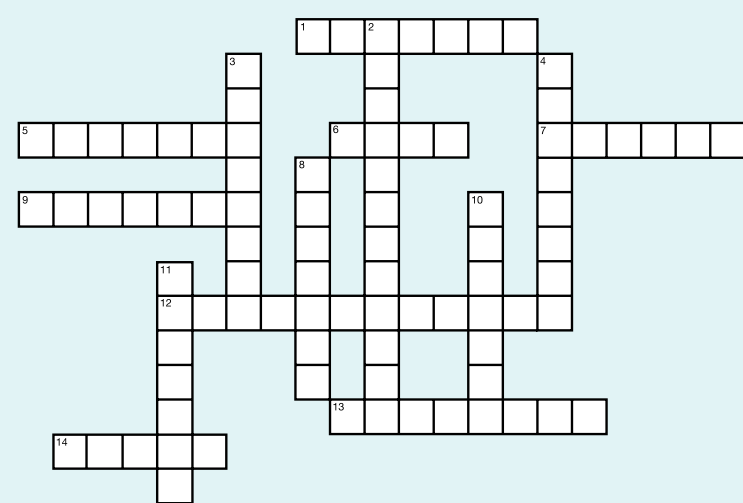
Behavior Standards The PROMISE Crossword

Filling out this crossword puzzle will not only keep your brain nimble, it will also refresh your memory about UHC's behavior standards, outlined under the new PROMISE acronym.

The behavior standards are a code of conduct designed to help UHC employees provide excellent care and service to each other, to patients and their families, and to the community. The Behavior Standards

Service Excellence Team's goal is to help all employees become more familiar with the standards and have a little fun doing it.

Still need more motivation? Everyone who fills out and submits the PROMISE crossword puzzle will be entered into a drawing for a number of enticing prizes, including a Wii, an iPod, a two-week terrace parking permit, a handmade U of U quilt, gift certificates, and more.



Across

1. I will speak up and _____ a blameless environment.
5. I will act in the best interest of the patient by using available resources to _____ the patient.
6. I will provide high-quality _____ and service.
7. I will do all the little _____ that make a difference.
9. I will mentor and _____ my coworkers to promote teamwork.
12. I will voice my concerns _____.
13. I will communicate my commitment to excellent care and service to those with whom I _____.
14. I will smile and use the appropriate tone and volume of _____.

Down

2. My job impacts the ability of this _____ to provide excellent care.
3. I will offer solutions for making this a better place for _____ and employees.
4. I will _____ support leadership decisions.
8. I will compliment and recognize others for their contributions to my _____.
10. I will demonstrate the Behavior Standards in my _____ work.
11. I will value every individual's right to _____.

Submit the completed puzzle by Friday, Feb. 15, to Rachel Harsberger, Employee Services, AC218 or fax it to 585-9681. Be sure to include your:

Name: _____ Dept: _____
Phone # and/or e-mail address: _____

A Global U Olga Knysheva, R.N., Ukraine

Attending nursing school twice is not a popular route for most nurses. But that's exactly what **Olga Knysheva, R.N.**, did. Having worked as a nurse in the Ukraine, Knysheva decided to go through nursing school again when she came to the United States. She was confident about her nursing skills, it was her English she wanted to perfect. "I didn't speak any English when I came, so this was a good way for me to learn it." She's now earning her B.S. in nursing at the U, while she works on the 5th Floor Medical Unit.

In addition to having family in Utah, it was the lure of opportunity that convinced Knysheva to leave her mother country behind. Knysheva says Ukraine's economy suffered after the fall of the Soviet Union. "Making ends meet is difficult in the Ukraine—there is a big gap between the rich and the working class," said Knysheva, who made \$50 a month as a nurse at Donetsk Regional Hospital. "It takes time to recover from such things, but I didn't want to wait it out because I only have one life."

Knysheva is happy now that she earns a living wage that allows her to buy groceries and pay her bills. She also appreciates that patient care is much better in the United States with far more advanced medical technology available. But it's the

people Olga works with who make her cherish her job. "I like taking care of people, but I also really like the people I work with," says Knysheva, who has a reputation for her sense of humor and upbeat attitude.

"Olga has a positive, can-do attitude, regardless of circumstances and stress on the unit," says her supervisor **Cathy Gray, R.N.** "She makes the atmosphere pleasant to be in; if Olga is here, everyone enjoys being here."

With much of her family in Utah, including her 9-year-old daughter, Marina, Knysheva says there is little she misses

about her home country, besides the food. On those occasions, she whips up some borscht or pierogies for her family, and feels right at home.



STEVEN LEITCH