

september 28, 2015  
volume 5 | issue 39



“By getting vaccinated, you not only protect yourself and your family, but reduce the chance of spreading flu to our patients.”

Good day!

We might all rue the waning days of summer, but who doesn't like cool mornings, pumpkins on the doorstep, the smell of apple crisp baking, and an afternoon of Patriots football?

Fall also bodes for some of the less desirable aspects of cold weather time—like the seasonal flu.

Let's be reminded about some flu facts:

- The best protection against flu is getting vaccinated.
- CDC recommends all eligible persons six months and older get vaccinated every year.
- Get vaccinated early, preferably in October, to ensure development of protective antibodies before the virus begins to circulate widely.
- Seasonal flu activity usually occurs between October and May, with peak periods between December and February.

Our advice to all of you this year remains the same as it has been: Get a flu shot!

The flu vaccine is available to all health care workers through any CNE Occupational/ Employee Health office, and beginning today, our staff vaccinations will kick off at Women & Infants and continue into October at all of our facilities. Watch for more information about the vaccine clinic at your site, and let's try to improve upon last year's outstanding Care New England vaccination rate of 94 percent! Remember, by getting vaccinated, you not only protect yourself and your family, but reduce the chance of spreading flu to our patients.

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Our patients look to us, after all, for our guidance. We should be ready with the facts about flu vaccine safety and the benefits of vaccination. Here are a few important messages to convey:

- A flu shot cannot give you the flu. The influenza viruses contained in a flu shot are inactivated (killed) which means they cannot cause infection.
- A flu shot may cause side effects, but they are usually very mild. The most common side effect is soreness at the injection spot, usually lasting less than two days.
- You can get a flu shot and still end up getting the flu or flu-like illness. Yes, a person can get sick before the vaccine takes effect, become ill from a respiratory illness not caused by the flu virus, or acquire a flu strain different from that contained in the vaccine. But, keep in mind, the flu vaccine still provides the best protection available from seasonal flu.

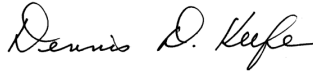
So, we will do our part for patients by offering flu vaccination this season to those who are inpatients as well as in select outpatient locations, and, thanks to the VNA of Care New England flu crew, we will also be offering families and visitors the opportunity to be vaccinated in the lobbies of Kent and Women & Infants beginning in October.

Also, for our communities (aged three and older), we will be reaching out through our VNA to offer the flu vaccine in a number of flu clinics now being held around the state.

For more information, including public flu clinics, please visit our website at <http://www.vnacarenewengland.org/flu/index.cfm>.

Take care of yourself, take care of each other and stay healthy!

Sincerely,



Dennis D. Keefe  
President and Chief Executive Officer



## W&I surgeon helps pioneer new approach to breast cancer treatment

A surgeon with the Breast Health Center at Women & Infants is among the first in New England to adopt an innovative new device that improves the treatment of breast cancer by more precisely targeting radiation treatment and providing for better follow-up exams.



David Edmonson, MD, has helped pioneer the use of the BioZorb™ marker, a three-dimensional device that is placed in the breast during a lumpectomy, a surgery which removes only the cancer and not the entire breast. The BioZorb marker is the first device that identifies in a fixed, 3D manner where the tumor was removed, helping the radiation oncologist more reliably determine where to aim the radiation in follow-up treatments.

The marker consists of a spiral made of a bioabsorbable material that holds six titanium clips. The spiral slowly dissolves in the body over the course of a year or more, leaving the tiny marker clips in place so the surgical site can be viewed for long-term monitoring.

“We’ve now used the marker with more than 100 patients, and we’ve found it is useful with a wide variety of patients,” said Dr. Edmonson. “The marker has also allowed some women who would not previously have been candidates for breast conservation treatment to have a lumpectomy. This device helps us achieve better cosmetic outcomes and improves our communication with the radiation oncologist about the specific area of the breast to target with follow-up radiation.”

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Breast cancer can be treated surgically by mastectomy (breast removal) or by lumpectomy. With lumpectomy, a small amount of tissue containing the tumor is removed. In addition to the surgery, radiation treatment is typically added to “clean up” any microscopic cancer cells that might remain in the breast. Using traditional methods, the full course of radiation treatment was directed at the entire breast. While this approach is proven to reduce the risk of cancer recurrence, it can also expose healthy tissue to radiation.

“Before the BioZorb device was available, we had to rely on techniques that gave us an inexact idea of where to aim the radiation,” said Darlene Gabeau, MD, PhD, medical director at 21st Century Oncology, the radiation therapy provider of choice for Care New England. Dr. Gabeau treats many of Dr. Edmonson’s patients after surgery. “The new device is sutured right to the involved site providing a three-dimensional representation of the tumor bed allowing more precise treatments.”

Explaining how the device helps with the cosmetic aspects of the healing process, Dr. Edmonson said, “The same spiral that helps us mark the tumor site in three dimensions serves as a structure for new tissue to form in and around. So it helps new tissue essentially replace the tissue we took out. Potentially, this helps us achieve a better cosmetic result.”

Dr. Edmonson is a surgeon in the Breast Health Center, part of the Program in Women’s Oncology at Women & Infants. He is also medical director of the hospital’s Lymphedema Program and the physician liaison for its Cancer Committee. For more information about the Breast Health Center at Women & Infants, go to <http://womenandinfants.org/breasthealth> or call (401) 453-7540.

## Patch Adams makes visit to Kent Hospital palliative care and oncology patients

Patients at Kent Hospital had a very special visitor on Tuesday, September 22, from Dr. Patch Adams, physician, comedian, author, social activist and clown. Adams was in Rhode Island to speak to the University of Rhode Island Honors program, but made a stop at the hospital a few hours prior.

Patch Adams is the founder of the Gesundheit Institute for Holistic Medicine. Each year Patch Adams organizes a group of volunteers from around the world to travel to various countries where they dress as clowns in an effort to bring humor to orphans, patients, and other people.

The 1998 film *Patch Adams* was based on Adams’ life and views on medicine. His character was played by the late Robin Williams.



*Patch Adams with URI nursing and pharmacy students, along with Kent, VNA and CNE staff and administration*

## Dr. Sheinkopf receives grant to study outcomes in children with autism spectrum disorders (ASD)



Stephen Sheinkopf, PhD, assistant professor (research) of psychiatry and pediatrics at The Warren Alpert Medical School of Brown University and clinician at the Women & Infants Brown Center for the Study of Children at Risk, has been awarded a grant totaling \$496,312 from the Simons Foundation for his project “Biomarkers of Emotion Regulations, Social Response and Social Attention in ASD.”

Dr. Sheinkopf’s study will develop improved measures to document effects of very early interventions for those diagnosed with autism spectrum disorders (ASD). Most treatment studies have to rely on long-term outcome measures, slowing down the rate of discovery of new and effective treatments. Dr. Sheinkopf hopes to develop and validate short-term measurements that can be used to accelerate future treatment research.

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“Measuring short-term outcomes would improve treatment research by speeding discovery and validation of early interventions, but is limited by measurement tools that are insensitive to small changes in behavior,” explained Dr. Sheinkopf. “Our proposed biomarkers are measures of the way that individuals perceive, respond to, and pay attention to the environment. Thus, improved functioning in these basic areas should support adaptation and learning and can be expected to precede long-term behavioral outcomes.”

The results of the study will serve as biomarkers to measure emotion regulation, social responsiveness, and social attention. Together, Dr. Sheinkopf expects them to correlate with dysfunctions already witnessed in ASD.

## Time to document community benefit activity

As part of our missions of care, staff across Care New England extend the healing and caring touch of our organizations through community activity. Some of these good works constitute community benefit activity which we can submit to the IRS as part of our 990 filing to justify our tax-exempt status.

Recorders from Care New England corporate and our operating units will be working to capture all of the organizational and staff activity for Fiscal Year 2015 (October 1, 2014 to September 30, 2015) which qualifies as “community benefit.” For it to be counted as community benefit, the activity must:

- Improve access to health care services.
- Enhance the health of the community.
- Advance medical or health care knowledge.
- Relieve/reduce the burden of government/other community efforts.



The program will not qualify if it is:

- Primarily for marketing purposes.
- Unrelated to the hospital’s mission.
- More beneficial to the organization over the community.
- Intended primarily for individuals affiliated with the hospital.

Types of activity which qualify:

- Support groups.
- Health screenings.
- Community immunization clinics.
- Skills training.
- Board service (representing the hospital).
- Donations of supplies.
- Subsidized health services.

If you are involved in this type of community benefit activity, please help us make sure we get credit for your efforts. Reach out to the community benefits reporter for your OU and ask to complete a community benefits form.

- Butler – Michael Beirne [mbeirne@carene.org](mailto:mbeirne@carene.org)
- Kent – Melissa Costello [mfcostello@kentri.org](mailto:mfcostello@kentri.org)
- Memorial – Sue Jackson [cjackson@carene.org](mailto:cjackson@carene.org)
- Women & Infants – Hillary Costa [hcosta@carene.org](mailto:hcosta@carene.org)
- CNE Corporate – Jeremy Milner [jmilner@carene.org](mailto:jmilner@carene.org)

We are trying to complete tracking for all of our FY15 activity by Friday, October 9. Your help in making our report as robust as possible is much appreciated.

If you have questions, please contact May Kernan by email [mkernan@carene.org](mailto:mkernan@carene.org) or phone (401) 681-2820.



## Memorial Hospital works to improve the quality of care for older adults and patients

Mary Brown is a former World War II Army Corps nurse and public health official from upstate New York who, at 104 years of age, knows the importance of taking care of her health. Thanks to a program of Memorial Hospital's Department of Family Medicine, a teaching affiliate of the Warren Alpert Medical School of Brown University, she is cared for and residents are learning about the specialized care of older adults.

Mary lives at the Jeanne Jugan Residence in Pawtucket, and she is just one of the older adults Sarah Phillips, MD, has cared for in her three years of family medicine residency. Elder care is a major component of Dr. Phillips' curriculum as she makes monthly house calls and visits assisted living facilities and nursing homes. The work fuels a passion for geriatrics fostered by Dr. Phillips' personal experience with her aging grandparents and her mother's role as a geriatric nurse practitioner, as well as understanding the challenges of providing quality care for older adult patients.



*Pictured from left to right are: Mary Brown, age 104; Sarah Phillips, MD, a third-year resident, Department of Family Medicine at Memorial Hospital; and Anna Testa, age 100. Both women are residents of Jeanne Jugan Residence in Pawtucket.*

Dr. Phillips, who is applying for a geriatric fellowship for the summer of 2016, is just one of the residents participating in the Department of Family Medicine program. The robust curriculum in geriatrics includes clinical rotations in the acute care setting, assisted living, nursing and rehabilitation facilities as well as in the home setting. Family resident physicians conduct monthly home visits to older adults who have difficulty leaving their homes for primary medical care. Family medicine and internal medicine residents also take part in inter-professional clinical team seminars in geriatric assessment which bring together health professional students in nursing, pharmacy, physical therapy and nutrition from the University of Rhode Island, as well as social work and nursing students from Rhode Island College.

In Rhode Island—which has the highest percentage of adults 85 years of age and older in the country (U.S. Census, 2010) and ranked ninth for the proportion of those 65 and older (15.5%) in 2012—growth of the state's geriatrics population is outpacing the number of specialists and allied health professionals equipped to address their needs. With recent funding from the Health Resources & Services Administration (HRSA) Geriatric Workforce Enhancement Program, Memorial's inter-professional geriatric education program and clinical geriatrics program will expand to include other Care New England's operating units, URI, RIC, state primary care networks and community-based agencies. Philip Clark, ScD, a URI professor and director of the Rhode Island Geriatric Education Center, will lead the efforts to establish a statewide model of inter-professional team training in geriatric care to improve the quality of care for the state's older adults. Alicia Curtin, PhD, director of Geriatrics of Memorial's Department of Family Medicine, states, "We are excited about collaborating in this statewide initiative to meet the critical need of preparing health care professionals, caregivers, families and patients to care for our aging population."

For more information about the program or to make an appointment, call 1-800-MHRI-DOC.





## Care New England partners join forces for 2015 Rally 4 Recovery

On September 19, staff from Care New England, Butler Hospital, The Providence Center and Anchor Recovery Community Center joined to participate at the annual Rally 4 Recovery in downtown Providence in support of the Rally's theme of *Visible, Vocal and Valuable*. The event drew hundreds of participants from the community. During the event, the My Days calculator, featured on Care New England's blog, *Talks Your Health* and reset for this year's Recovery Month on September 1<sup>st</sup>, almost quadrupled to 389,620 days of sobriety (and still growing) with a goal to break the one million days tally by next September.



The story that recovery is possible continues to be told by and through Care New England, including on our social media channels as well as through our community presence and advocacy. "I commend everyone involved—those who attended and those who worked behind the scenes planning and preparing—for their collaboration and creativity in keeping Care New England's voice on recovery at the forefront of this conversation," said Butler President and COO Dr. Larry Price.



## Let your voice be heard

Care New England's "Employee Voice Survey" is being conducted from now until October 12<sup>th</sup>. We strongly encourage all employees to complete this **brief and confidential** survey and take advantage of the opportunity to share your opinions and improve the workplace environment for you and your colleagues. Your collective input will help to determine where we are as an organization, where we want to be, and how we get there.

A Portuguese version of the survey is also available. To complete the "Employee Voice Survey" now or from home, go to <http://carenewengland.org/employeevoice>.

