

# carenews

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Good day!

## In this issue:



Last week was a significant one for us when, among other accomplishments, we saw our Care New England Board meet with colleagues from the Southcoast Health System. As was the case from the previous week's experience when we brought together our executive teams, we were gratified by the realization that our instincts proved to be real and true. There are many great people in both organizations. There is a great cultural fit between us. And, we strongly believe, there is opportunity for even greater things to unfold as Care New England and Southcoast come together under a new parent company and usher in a new approach to health care for southeastern New England.

Toward this end, we continue the ongoing due diligence process where the legal, financial and planning teams share the required information to assure full disclosure of information on both sides—and we begin the introductory process where clinical and functional teams meet each other and explore possible opportunities for collaboration. Already work groups are forming to study how we might advance our behavioral health services to better serve the broader patient community and how we might work together to improve the clinical, operational and financial performance at Memorial Hospital. At this juncture of the affiliation process, we are extremely observant of the legal and regulatory constraints on our ability to plan and work together. But, given the financial imperatives and the enormous potentials around population health before us, we are eager to jump start this partnership in every way we can.

Obviously, we have many hurdles to overcome before the Care New England—Southcoast affiliation comes to fruition. In Rhode Island, we have a complex and lengthy process in the change of effective control and the Hospital Conversion Act

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requirements of the Department of Health and the charitable care aspects overseen by the RI Attorney General. In Massachusetts, there are separate regulatory filings with the MA Department of Public Health, the Health Policy Commission and the MA Attorney General. Suffice it to say, there will be ample regulatory scrutiny of our proposal—with numerous occasions for affected parties and the general public to weigh in. This is as it should be. We believe these forums will provide a meaningful platform for individuals to raise questions and issues. This not only gives us the ability to tell our story about why we think this affiliation makes sense, but also to refine our thinking and improve our plans as we go forward. We believe in the process—and the public discourse around it.

Yes, we did apply for an expedited review of our application in Rhode Island because it would have shaved off some 30 days in the regulatory cycle. We tried to make the case that the financial plight of Memorial Hospital creates the need for expeditious action where both Care New England and Southcoast could join at the table on behalf of the hospital, its employees and its patient community. It now appears that we will need to go through the full 120-day review cycle. We look forward to working closely and collaboratively with regulatory officials in both states and engaging stakeholders and the public in robust discussion, appropriate levels of disclosure and full transparency around our affiliation proposal.

One area that has been questioned has been our plan to incorporate in Delaware. As both organizations feel passionately about their home states, we wanted to avoid any appearance of favoritism in selecting a state in which to incorporate. We chose Delaware as a neutral state with simple, streamlined legal processes for incorporation. This choice is in no way significant of the location of our corporate offices or organizational headquarters. There will be no single corporate office or headquarters for the new parent organization. Rather, we plan to have offices in both states. Of course, this means we continue to comply with all local regulations and ordinances and to have the Attorney Generals in both states weigh in as part of the review process.

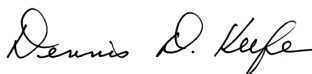
As a result of the 25 Town Meetings held across all of our Care New England sites over the past month, we have also heard numerous questions about how we will integrate programs and departments across both systems, about whether there will be job loss, about how leadership changes will impact the local hospitals, and so on. Answers to many of these questions will emerge as we conduct further planning and begin to formulate our partnership strategies. We will do our best to share information as it becomes available throughout the planning and regulatory processes.

For now, we believe a unified Care New England–Southcoast organization will advance us toward a successful future. It will mean a stronger system of care delivery, a stronger financial position and a stronger workplace for our valued employees and physicians, with solid and ongoing commitments to academic medicine and population health management.

We will continue to educate you on the benefits we see in joining with Southcoast. I encourage you to continue to share your thoughts and concerns—and to support us in our efforts to effect this vital partnership.

Enjoy summer and have a great week ahead!

Sincerely,



Dennis D. Keefe  
President and Chief Executive Officer





## Research: Women & Infants' practice of screening women with endometrial cancer for genetic risk is recommended



Women & Infants Hospital was the fourth largest recruiter of women for a study in which the authors concluded that women with endometrial cancer should also be screened for genetic risk for Lynch syndrome, a hereditary colorectal cancer. The study reinforced the practice of pathological screening in this population that has been in place at Women & Infants for the past three years.

The study—entitled “Combined Microsatellite Instability, MLH1 Methylation Analysis, and Immunohistochemistry for Lynch Syndrome Screening in Endometrial Cancers from GOG210: An NRG Oncology and Gynecologic Oncology Group Study”—was printed in the *Journal of Clinical Oncology*. Authors include Paul DiSilvestro, MD, interim director of the Program in Women's Oncology at Women & Infants and head of the Program's research arm.

“This research reinforces the need for screening, and the value for us is that Women & Infants already does these screenings,” notes Dr. DiSilvestro, who is also a professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University. “The study is based on a large cohort of women with endometrial cancer who had information and tissue collected for examination.”

The researchers took on the challenge of identifying a best screening practice for Lynch syndrome, which had not been identified to that point despite the fact that endometrial cancer is the second most common malignancy in patients with Lynch syndrome.

Analysis of more than one thousand endometrial cancer tissue samples through the study suggested a probable link to Lynch syndrome in 41 percent of the women. The results also indicated that women of all ages with endometrial cancer should be screened. More than 24 percent of those women identified as genetic mutation carriers as part of this study were over the age of 60.

“Restricting Lynch testing to certain age groups could result in missing a substantial fraction of genetic disease,” Dr. DiSilvestro says. “Identifying women with endometrial cancer and Lynch syndrome benefits them as well as their at-risk relatives.”

Dr. DiSilvestro is accepting new patients. For more information, call (401) 453-7520.

## Kent's Salera-Vieira honored for poster presentation

Jean Salera-Vieira, MS, PNS, APRN-CNS, RNC-OB, of Cranston, advanced nurse clinician/perinatal CNS, recently received the Outstanding Evidence-Based Quality Improvement Poster at the 2016 Annual Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Convention in Grapevine, Texas.

Salera-Vieira's presentation, “Shoulder Dystocia Drills: A Strategy to Review and Measure Retention of Key Concepts,” highlighted the importance of education and training to assess knowledge and clinical skill in dealing with this high-risk emergency—which is an obstructed labor caused by an infant's shoulder—in the obstetric setting.



More than 200 abstracts were submitted to AWHONN for consideration for the poster and podium presentations.

Additionally, Salera-Vieira co-presented a poster with Women & Infants Hospital colleague Dale Monnier, BSN, RNC-OB, C-EFM, of Warwick entitled “Catheters: An Undesirable Treatment for Bladder Management in the Laboring Women (CAUTI)”. Tracey Rippon, MS, BSN, RNC-OB, of Exeter, and Monnier presented “Buccal Dextrose Gel Decreases NICU Admissions for Hypoglycemia and Increases Breastfeeding Exclusivity Rates.”



## Memorial's Taro Minami, MD, honored with a Teacher of the Year Award

Taro Minami, MD, FACP, FCCP, director of simulation and ultrasound training and fellowship, site director for pulmonary and critical care medicine in the Division of Pulmonary, Critical Care and Sleep Medicine at Memorial Hospital, and assistant professor of medicine (clinical) at The Warren Alpert Medical School of Brown University, was recently recognized with a Teacher of the Year Award.

The award was given by the Division of Pulmonary, Critical Care and Sleep Medicine at Alpert Medical School. Dr. Minami was selected by the pulmonary and critical care fellows and received this recognition at the Brown Chest Conference on June 17, 2016.



## Butler recognizes Leah Reavey with President's Award for Employee Excellence

The Butler Hospital President's Award for Employee Excellence was awarded to Leah Reavey, unit secretary on the Intensive Treatment Unit on Lippitt 2. This quarterly award honors employees who exemplify the ACT values of accountability, caring and teamwork, and go above and beyond in their commitment to the work they do. Leah was honored at a ceremony in Ray Hall on July 11 where she was showered with kind words and recognition by the staff who work most closely with her. The first to speak about Leah was unit chief Dr. Kevin Bail who said, "We've known on L2 for a long time that we have someone really special as our linchpin."



He went on to describe the very honest reality that, on any inpatient unit, there are times when staff must absorb stress and opposition while responding with compassion and patience. At times like this, he says Leah plays an integral role in supporting the unit staff by creating an environment where they can decompress in the chart room. Nurse Manager Kristen Kichowski echoed Dr. Bail's comments and said that in addition to her practical skills, organization and efficiency, Leah has the impressive and invaluable ability to create calm from chaos. Joining Leah's colleagues at the ceremony were her father and her mother, Ruth Reavey, a nurse on our Alcohol and Drug Inpatient Unit.

## Security concerns around Pokémon GO

In case you haven't heard, Pokémon GO is a thing...a really big thing! While it is being credited with getting people off the couch and exploring the community, it has raised some issues about trespassing and access to landmarks, businesses and even hospitals.

If you are not familiar with the game, basically people download an app to their smartphone and commence a literal hunt for Pokémon, which is everywhere—even on Care New England (CNE) campuses—using their phone to reveal where Pokémon may be captured. In some instances locations are marked as "gyms," a game element that attracts flocks of people to these designated areas for gameplay.

### A few things for CNE employees to know:

- All of our locations offer the chance to collect Pokémon points as this is driven by the application and is signaled by the game player being in the vicinity.
- Security is aware of the potential influx of people seeking to play on our campuses and will be attentive to their behavior.
- We are designating private and secure areas of our campuses as "no-play zones" to ensure we can manage patient and employee safety and privacy.
- Women & Infants' main campus is currently designated as a "gym" which makes it an attractive location to advance game standing.
- We have alerted our security and risk management departments as well as communicated externally through our social media channels.
- Please continue to follow our patient and visitor privacy and security policies as they relate to cell phone and camera use as well as visitors to CNE locations.




If you have questions, please use the **t3** Q&A tool on **carenet** at <http://carenet/carenet/T3/index.cfm> to submit.

If you believe there has been a compliance breach, please contact the Compliance Line at [CNECompliance@CareNE.org](mailto:CNECompliance@CareNE.org) or call 1-877-835-5263.



## Sign up for the Parkinson's Walk

Join colleagues and associates from across Care New England as they participate in the American Parkinson Disease Association's (APDA) Rhode Island Optimism Race, Walk & Roll, beginning at 9 a.m. on Saturday, September 10 at Goddard State Park in Warwick, RI. Care New England's services and staff will be showcased at the event. Come learn how we are helping patients cope with this chronic and progressive disease and how you can help raise awareness about this movement disorder and support the research cause of the APDA. There is a registration fee for 5K runners, \$20 for pre-registration or \$25 for day of event registration. There is no fee for 1.5-mile walkers. For more information, call (401) 736-2046 or visit <http://riapda.org>. To register, go to <http://riapda.org> and sign on to the Care New England team page. 



# Care New England

MEMORIAL HOSPITAL  
of Rhode Island