The Greater Kanawha Valley Foundation announced a $1 million pledge to the campaign to build a new cancer center at CAMC. The campaign’s theme, “The Power of Many,” represents the many needs of the community, the many patients being treated for cancer and the many donors needed to make this dream a reality.

The pledge from the Greater Kanawha Valley Foundation is in addition to $75,000 it pledged to the project in 2011. This gift, along with money and pledges from CAMC employees, board members, physicians and the community, brings the total to more than $11.6 million.

“We are very thankful to the Greater Kanawha Valley Foundation for its continued support of this facility,” said Gail Pitchford, CAMC Foundation president.

It will be built on the old Watt Powell Park property, a vacant lot across the street from CAMC Memorial Hospital. Architects have been meeting with patients, physicians and staff to develop the best design for the facility. The final design is expected to be completed within the next two to three months.

To become part of “The Power of Many” in helping to build the cancer center of tomorrow, visit camc.org/PowerofMany.

Corporater Cup 2012

Congratulations to Team CAMC for a second place overall finish in the 2012 Corporate Cup competition! Thanks to all who participated and supported the team.

Teamwork and ingenuity saves life, gains national attention

A Canadian family was on vacation, passing through West Virginia when something went wrong.

“He sneezed and lost feeling in his feet,” said Debbie Toney, RN, CNRN. “The sneeze broke his back.”

The 16-year-old boy had Ewing’s Sarcoma of the spine (a form of cancer). He was taken to the nearest hospital and then transferred to CAMC.

After Dr. Robert Crow reconstructed and stabilized his spine, the boy went into cardiac arrest (his heart suddenly stopped working properly).

Pediatric cardiac arrests are rarely seen at CAMC, and it didn’t look good for the teenager.

“We nearly lost him,” said Sande Egnor, RN, CCRN, nurse manager for the neurosciences ICU. “Then someone spoke up and said, ‘what if it’s just blood clots in his lungs? What about trying tPA?’”

So the care team tried something no one else had attempted – using tPA on a pediatric patient in cardiac arrest.

Now, the boy is alive and well and the doctors and nurses who provided the life-saving care are the talk of the medical world.

Egnor and Toney, along with Dr. Ron Biswas and Dr. Robert Crow, submitted a case study abstract to the Ninth Annual New York Neuro-emergencies and Neuro Critical Care Symposium. CAMC’s case was one of four selected to be presented in the category of “Cheating Death,” which asked presenters to review a case in which teamwork, innovation and ingenuity saved a patient’s life against all odds.

The presentations were judged by the symposium faculty. The NSCUCU presentation won first place.

“The thing that makes this case a rarity in the medical world is the presentation of his cancer (back) and rarity of the way it was treated,” Toney said. “This is such a remarkable recovery. He should have died, but returned to life with no deficits beyond the original diagnosis.”

Egnor and her team now want to know if this type of care can be used more widely. The case study calls for further research.

“We were excited and honored to know that the care we provided here was recognized nationally,” Egnor said. “We attend conferences annually… this year we were the ones with the audience.”

Corporate Cup 2012

Cancer Center receives large pledge

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A new place to say thanks

Due to the recent weather disaster that prompted many employees to help their co-workers in need, employees can now post messages of appreciation to “say thanks” to each other anytime for any act of kindness. Simply go to CAMnet and click on the “Say Thanks” icon to enter your message, which will be displayed on a public message board on CAMnet. Positive comments only, please.
**Patient education essential to hospital care**

CAMC inpatients receive education about many aspects of their care. "Proper patient education is vital to a health system like CAMC," said Debbie Benson, RN, CNIII, BSN. "We serve a broad patient population, and the majority of patients have chronic health problems."

CAMC has a patient education council with representatives from many disciplines. This council coordinates the development of the patient education processes and promotes consistency of patient and family education materials and resources throughout CAMC.

"The council is crucial to our hospital and its mission," said Bev Thornton, RN, patient education coordinator. "This group is accountable for processes, so every patient receives consistent and understandable information for their immediate needs and also learns what to expect upon discharge."

Council members are dedicated to informing and encouraging colleagues to use the education materials and resources that are available.

"Patient education materials are available to provide patients and families with understandable resources and can also help make clinicians' jobs easier," said Angela Page, RD, LD. "We have printable materials available through the

**COUNTDOWN: August CPOE go-live**

There are now over 400 physicians using CPOE to place orders. We appreciate the cooperation and patience on the part of all physicians and others who have learned to use the system.

**FINAL TARGET DATES:**

**Aug 20:** All credentialed providers must complete CPOE and medication reconciliation computer-based training (found on CAMnet) or one-on-one training with WV Technical Training by Aug. 20. Those who have not completed will lose Soarian access on Aug. 20. Both CBTs grant medication reconciliation computer-based training (found on CAMnet) or one-on-one training with WV Technical Training by Aug. 20. Those who have not completed will lose Soarian access on Aug. 20. Both CBTs grant CME. Call (304) 388-9300 if you need to confirm whether or not you have any outstanding training to complete.

**Aug 23:** All credentialed ordering providers must be entering orders by CPOE. On-site support will be available.

The CBTs for CPOE and Medication Reconciliation can be found on CAMnet under EduTrack (in the yellow right column). Log into EduTrack using your network ID and password. Look for "CPOE_Physician_CBT" and "CPOE_Phys_Med_Reconciliation." Physicians who are already using CPOE can refer back to the CBT as a reference tool to answer many common questions about CPOE.

**Benefits of CPOE:**

- Increases patient safety by reducing two points of documentation
- Quicker delivery of medications, lab and radiology services to patients
- Orders and communications are more rapid
- Decrease in legibility issues and callbacks to physicians to verify orders

**Key CPOE dates:**

- **Aug 20:** All credentialed ordering providers must complete CPOE and medication reconciliation computer-based training (found on CAMnet) by this date, or lose Soarian access.
- **Aug 23 – 30:** CPOE live event for all credentialed ordering providers to be entering orders. Superusers will be available for floor support.

**Employees weigh in on first “Drop 10 in 10” program**

In June, nine CAMC employees completed the first “Drop 10 in 10” class, dropping a total of 51.6 pounds. “Drop 10 in 10” is a weight management and healthy lifestyle program designed to help participants lose 10 percent (or 10 pounds) of their body weight in 10 weeks through an intensive program of optimal nutrition, regular exercise and behavioral change. The program was offered as a joint venture between My Health (CAMC’s Wellness Program), the CAMC dietary department, and Highmark’s Preventive Health Alliance. CAMC’s clinical dieticians instructed the class.

“I am so excited to be part of this program,” said instructor Peg Andrews, MA, RD, CSG, LD. “I realize many people struggle to lose weight. Unfortunately, most of us want to lose a lot of weight in a short period of time without really trying, and we don’t focus on improving our overall eating and exercise habits. If you’re motivated and ready to commit to a healthier lifestyle we can give you the support. We work together to ‘win at losing.’”

Drop 10 in 10 focuses on manageable changes that lead to sustained weight loss and weight management.

“This program not only provides useful diet and exercise information, but also includes inspirational quotes to keep participants focused on their weight loss goals,” said instructor Karen Wheeler, MS, RD, LD.

“Drop 10 in 10 emphasizes the importance of eating well and staying active for a lifetime,” said instructor Stephanie Brunsfeld, MS, RD, LD.

Participants met for one hour at lunch each week from April through June. Although each person joined for different reasons, they all had one thing in common: to lose weight and improve their health.

“There’s no easy or quick fix for weight loss, but this program gives you the tools for making realistic changes to help you reach your goals,” said participant Julia Noland, marketing and public affairs.

“The instructors shared helpful information about nutrition, exercise and lifestyle changes that anyone can follow. I was motivated by them and the other participants because we all shared the same daily struggles with managing our weight. I lost 6 pounds during the program, which I feel is a success because I’m making smarter choices, I’m more in control of my weight, and I feel better as a result.”

Visit the myhealth.motivation.cc website for more information about the next “Drop 10 in 10” class, which will be offered later this year.

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**WELCOME NEW PHYSICIANS**

Anne M. Berry, MD, joins the department of family practice specializing in family medicine. Berry graduated from the Penn State College of Medicine. She completed a urology residency at New York Presbyterian Hospital (Columbia Center). He completed a combined internal medicine/psychiatry residency at CAMC.

Joshua M. Lohri, DO, joins the department of urology. Lohri graduated from the New York College of Osteopathic Medicine and completed an anatomic/clinical pathology residency at University of Arkansas for Medicine Sciences and an anatomic pathology residency at New York Presbyterian Hospital (Columbia Center). He completed a molecular pathology fellowship at New York Presbyterian Hospital (Columbia Center), a combined pediatric/perinatal pathology fellowship at Boston Children’s Hospital and a renal and urology pathology fellowship at the Albert Einstein College of Medicine. Yeh completed an anatomic pathology & clinical pathology.

Hani Nazha, MD, joins the department of neurosciences and medicine. Nazha graduated from the University of Damascus. He completed a combined internal medicine/psychiatry residency at CAMC.

Aaron R. Parry, II, MD, joins the department of obstetrics and gynecology. Parry graduated from the Marshall University School of Medicine and completed an Ob/Gyn residency at CAMC.

Yunshin Albert Yeh, MD, joins the department of pathology. Yeh graduated from the National Taiwan University College of Medicine. He completed an anatomic pathology residency at University of Arkansas for Medicine Sciences and an anatomic pathology residency at New York Presbyterian Hospital (Columbia Center). He completed a molecular pathology fellowship at New York Presbyterian Hospital (Columbia Center), a combined pediatric/perinatal pathology fellowship at Boston Children’s Hospital and a renal and urology pathology fellowship at the Albert Einstein College of Medicine. Yeh completed an anatomic pathology & clinical pathology.

Steve D. Hollosi, DO, joins the department of emergency medicine. He graduated from the New York College of Osteopathic Medicine and completed an emergency medicine residency at CAMC.

**VitalSigns**
MRI-safe pacemakers expand imaging possibilities for patients

For many years, patients with pacemakers could not receive MRIs, which limited their access to this important diagnostic imaging test. Studies have suggested that an estimated 200,000 patients annually in the U.S. have to forego an MRI scan because they have a pacemaker. A new device recently approved by the FDA allows patients to receive MRIs while maintaining the integrity and function of the pacemaker.

“After 13 years of research and a lengthy approval process, we are excited to be able to offer this to patients,” said Chafik Assal, MD, a cardiac electrophysiologist. “The basic idea behind a pacemaker is to allow individuals do things that they weren’t able to do because of a slow heartbeat. Now, they can experience the improvement in quality of life that a pacemaker offers while still having access to this important imaging procedure.”

Traditionally, pacemakers are made of a material which could heat and cause tissue damage if a patient received an MRI. Also, the magnetic field could stimulate or inhibit the pacemaker’s function, leading to an inappropriately high or slow heart beat.

“The new device is made in such a way that the leads [wires] heat much less than traditional pacemakers, and the circuits in the battery minimize interference with the magnetic field,” Assal said. “If a patient with the new type of pacemaker needs an MRI, a technician will program it before and after the test to maintain integrity and safety.”

The procedure to insert the MRI-safe pacemaker is basically the same as a traditional pacemaker. “The leads are different, but there are no additional risks or complications,” Assal said. “If the patient has an indication for a pacemaker, the MRI-compatible pacemaker is usually covered the same as a traditional device.”

MRIs are indicated for many patients, so the approval of the new pacemaker can benefit many. “Most people that receive pacemakers are 65 or older, and these people may have other conditions – cancer, back problems, nervous system disorders – for which MRIs are necessary. Also, we see many younger patients in their 40s that need a pacemaker, and the chance that they will need an MRI in their lifetime is great,” Assal said.

The decision about which type of pacemaker to implant comes from a thorough discussion with one’s physician. “We have to do this on a case-by-case basis,” Assal said. “While the MRI-safe pacemaker may be the best for some patients, there are features on other devices that can help other patients in different ways. Also, MRI-compatible pacemakers are improved only for dual-lead systems. Patients with atrial fibrillation, the most common irregular heart rhythm disorder, who need a single-lead pacemaker, cannot have an MRI-safe one.”

CAML is home to one of the top heart centers in the nation, performing thousands of diagnostic exams, open-heart surgeries, cardiac catheterizations and electrophysiology and interventional cardiology procedures each year. For more information about cardiac services at CAMC, visit camc.org/heart.
Teays Valley Hospital med/surg and telemetry welcomes Melody Cook, RN and Jennifer Moore, RN.

SugarCare PACU, Memorial, welcomes Wanda King, RN.

Nursing diagnostic services welcomes Tiffany Lude, RN.

Patient Access Center welcomes Elizabeth Blankenship, RN and congratulates Kathy Myers, RN, on her retirement.

Clinical decision unit welcomes Penny Madden, RN; Marcella Hill, RN and Dawn White, RN.

Coronary ICU congratulates the following career advancements: Kathleen Sayre, RN, BSN, CCRN, to CNIV and Rachel Perry, RN, BSN, to CNIII.

Memorial transport department welcomes Justin Miller and David Woodall.

2 West Memorial welcomes Lyndsey Adams, nursing assistant and congratulates Jonathan Hutton and Charis Parsons on passing RN boards.

Memorial ED welcomes Jason Delong, RN; Garreth Hevener, RN; Michael Mills, NA; Jenea Watkins, NA; Cristi Baker, RN; Gary Siegrist, RN; Reba Bailey, RN; Amy Kong, RN; Allison Smith, RN; Jessica Johnson, NA; Alyssa Higginbotham, HUC; Ashleigh Lawson, HUC; and Shellie Wingett, HUC.

MICHII Memorial congratulates new charge nurses Rachel Menders and Rowdy Province.

3 South congratulates Jennifer Graley, RN, for obtaining her geriatrics certification.

Volunteer services congratulates Enne Purr, volunteer at General Hospital cheer cast and flower desk, for 15 years of service.

Robert Taylor, material handling center, has been chosen as supply chain management’s employee of the quarter for the second quarter of 2012.

Patient education website and a link directly on our Electronic Medical Record.

Recently, patient education documentation moved to the EMR. The council continues to work with patient resources to improve efficiency in meeting patients’ specific educational needs and documenting outcomes electronically.

“Being electronic will save time and money.” Page said. “Online documentation is at our fingertips. There is no waiting because others are using a (paper) chart. And the best part is that online documentation is legible and easy to read. No more trying to figure out handwriting!”

“We also have a video on demand TV system, which provides numerous patient education videos,” Page said. “Staff can choose education videos to provide an entertaining way for patients to learn while allowing themselves time to see and care for other patients’ needs. The on-demand system allows health care providers to maximize their time by choosing a video to reach several patients, providing consistent information then follow up to answer any questions.”

If you are picking up prescriptions at the Employee Pharmacy at Memorial Hospital, the pharmacy will provide a one-hour parking ticket validation for the visitor lot. You must bring your ticket into the pharmacy with you.

Medical rehabilitation at General Hospital won the grand prize for the hand hygiene bulletin board contest. A massage therapist will visit medical rehabilitation for a special relaxation event. Thank you to all participating departments.

Congratulations to 4 North, Memorial Hospital, for achieving most improved patient satisfaction for quarter 2011.

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