Health System News

BUILDING A BLOOD SUPPLY: UAB BLOOD DRIVE MEETS INITIAL GOAL

Lifesaver Freedom Festival, a joint blood drive effort between UAB and the Red Cross to triple the amount of blood collected from the UAB community, exceeded its 1000 unit goal by collecting 1045 units of blood during the week-long drive in July. As part of the Lifesaver Freedom Festival, the Red Cross collected 163 additional units on July 13 at the Wynfrey Hotel. Subsequent blood drives were held the week of August 31 to September 7 and scheduled prior to Christmas.

“I want to congratulate the UAB and local communities for stepping up and giving so generously during this critical blood drive,” says Health System Vice President and UAB Hospital CEO Michael R. Waldrum, MD. “If we measure a community’s spirit by how it responds to people in need, then we can be proud of our city, state, and UAB.”

“Approximately 5% of adults in the United States donate blood. In Jefferson County we estimate the number of donors to be 3%,” says UAB Hospital Transfusion Service Medical Director Marisa Marques, MD. “Adults could donate up to 6 times a year, as long as they are not anemic and meet other stringent criteria.”

Among the efforts to increase blood donation within the UAB community are: a new blood donation facility in the North Pavilion featuring Internet access and DVD players at donation tables; an online scheduling system so people can preplan donation times; fresh baked goods, courtesy of Sodexho, the North Pavilion Market management company; an employee recognition program to encourage and reward employees who donate; and gift certificates, drawings for major prizes, and trips.

A Critical Need

According to Dr. Marques, UAB Hospital uses an average of 770 red blood cell units each week for major surgery, trauma, cancer, transplants, and gastrointestinal bleeding. “We are one of the country’s largest consumers of blood, using between 40,000 and 42,000 units of red blood cells each year,” she says. With all blood products combined, the number we transfuse comes to more than 70,000 units a year.”

Extensive pretransfusion tests for the presence of HIV, hepatitis, human T-cell lymphotropic or West Nile viruses, coupled with the high consumption of blood, has driven costs up.

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In the NEWS

PROTECTIVE LIFE ANNOUNCES CLINICAL INITIATIVE AWARDS

The Protective Life Corporation recently announced recipients of its 2007 Protective Life Clinical Initiative awards.

Several applications are awarded funds each spring to support the development of interdisciplinary clinical initiatives within the School of Medicine and the UAB Health System. “This program encourages investigators from multiple disciplines to provide comprehensive services across specialties, allowing patients convenient access to state of the art care,” says Michelle L. Robbin, MD, chairperson of the Protective Life Executive Committee. The program not only enhances UAB’s reputation as a regional health care provider but also supports the university’s efforts to become a national model for interdisciplinary approaches to the clinical practice of medicine.

Nancy M. Tofil, MD, assistant professor of pediatrics, is principal investigator of the High-Fidelity Pediatric Simulation Center development project that will focus on allowing trainees to become proficient at pediatric techniques and procedures without placing patients at risk. Protective Life awarded the center $95,565 for development of a pediatric simulation laboratory equipped with video monitoring systems and simulators that vary from newborns to adolescents.

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Without a continuous supply of blood products, UAB is forced to import blood from other states, which can present problems. During inclement weather, some blood centers cannot collect or transport blood to other parts of the country when needed.

Conservative Blood Usage

“A movement throughout the United States, Canada, and Europe seeks to limit transfusions to patients who are hemorrhaging or rapidly losing blood because of surgery or trauma or who are severely anemic, thrombocytopenic, or experiencing bone marrow failure,” Dr. Marques says. A New England Journal of Medicine article published several years ago questioned the benefits of transfusion, even in the critical care setting. The authors concluded that the data do not support unrestricted use of red cell transfusion in critically ill patients, and they suggested a hemoglobin level of 7.0 g/dL as a transfusion trigger for most critically ill adults. Recently a study in children reached similar conclusions. Using this hemoglobin level as a transfusion trigger decreases transfusion requirements without increasing adverse outcomes (N Engl J Med. 2007;356:1667-1669).

“Many studies have shown that transfusion is not a perfect replacement for the blood a person is not making. Since it is a product from another human being, the cells can cause immunomodulation of the recipient and increase risk of infections, as well as introduce inflammatory mediators that have accumulated during storage. Thus, it should not be a surprise that transfused red blood cells may even be harmful unless absolutely indicated,” Dr. Marques says.

Transfusion safety requires a safe product, patients matched with the correct red cell unit and identified properly before transfusion, a thorough evaluation of patients’ needs to determine which patients will benefit most from the procedure, and close monitoring for potential adverse events such as transfusion reactions.

A new study published in the journal Transfusion finds that only 37% of the US population is eligible to donate blood, a figure that undercuts previous estimates by 55 million people and indicates that blood banks may have to intensify recruitment efforts to sustain adequate blood supply. The study relied on current eligibility guidelines set by the American Association of Blood Banks (2007;47[7]:1180-1188).

The number of yearly US hospital stays stemming from methicillin-resistant Staphylococcus aureus (MRSA) infections has more than tripled since 2000 and increased nearly 10-fold since 1995, according to a new statistical brief published by the Agency for Healthcare Research and Quality.

UAB Highlands Emergency Department: For Life’s Little Emergencies

“The UAB Health System created a unique opportunity by purchasing UAB Highlands,” says Kathleen P. Bowen, MD, MBA, medical director, UAB Highlands Emergency Department (ED). “We now have the ability to offer community medicine practiced by UAB faculty physicians. We’re excited to be here offering outstanding, efficient, quality care to the community as well as to UAB students, faculty, employees, and their families.”

UAB Highlands ED
1201 11th Ave S
Birmingham, AL 35205

• Immediately adjacent to UAB campus.
• Open 24 hours a day, 7 days a week.
• Patients seen promptly and efficiently.
• Convenient free parking across the street from the ED and in front of the hospital.
• Full medical and surgical specialty coverage by UAB physicians.
• ED staffed by UAB Department of Emergency Medicine faculty physicians.

Highlands ED can treat:
• Minor illnesses.
• Fractures.
• Lacerations.
• General and sports injuries — the UAB Orthopaedic Clinic relocated to UAB Highlands in October 2006, making it the ideal location for treatment of sports-related and general injuries.

Highlands ED does not treat
• Major trauma, acute cardiac emergencies, stroke, critical illnesses, or obstetrical cases — these services are best delivered through UAB Hospital ED.

www.uabhealth.org/highlands
Out With ‘JCAHO,’ in With ‘The Joint Commission’

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has a new name, brand, Web site, and logo, as well as a new tagline: “Helping Health Care Organizations Help Patients.”

JCAHO announces it now is named “The Joint Commission” (TJC). The changes reflect the organization’s “continuing efforts to improve the value of accreditation and its utility as a mechanism for improving the quality and safety of patient care,” according to its Web site, www.jointcommission.org.

TJC traces its history to 1910, when Ernest Codman, MD, proposed the “end result system of hospital standardization.” Under this system a hospital would track every patient it treated long enough to determine whether the treatment was effective. If the treatment was not effective, the hospital would attempt to determine why, so similar cases could be treated successfully in the future.

In 1913 the American College of Surgeons (ACS) developed the Minimum Standard for Hospitals. Requirements filled one page. In 1918 ACS began on-site inspections of hospitals. Only 89 of 692 hospitals surveyed met the requirements of the Minimum Standard. The first standards manual was 18 pages.

In 1951 the American College of Physicians, American Hospital Association, American Medical Association, and Canadian Medical Association (CMA) joined with ACS to create the Joint Commission on Accreditation of Hospitals (JCAH), an independent, not-for-profit organization whose primary purpose was to provide voluntary accreditation. The following year ACS officially transferred its Hospital Standardization Program to JCAH, which began offering accreditation to hospitals in January 1953. CMA later withdrew to form its own accrediting agency in Canada.

NEW SECURITY PAPER INTRODUCED TO REDUCE FRAUDULENT PRESCRIPTIONS

A new federal law mandates that by October 1, 2007, all written prescriptions for Medicaid patients must be on tamper-resistant prescription pads to be eligible for federal Medicaid reimbursement. The provision was added to an Iraq War Supplemental Appropriations Bill and is now Public Law 110-28.

Alabama Medicaid officials have floated a proposal to allow the Alabama Medicaid Agency to fine physicians $100 for each noncompliant prescription that is recouped, according to The Medical Association of the State of Alabama (MASA), which has petitioned Alabama Medicaid to drop the punitive fine. The agency indicates it will take MASAs request under advisement, but at this point, it has not committed to eliminating the fine.

UAB Printing Services has changed the paper used to print prescription pads as part of a UAB-initiated measure not only to ensure the accuracy of patients’ prescriptions but also to reduce fraudulent prescriptions.

If copied, the new security paper reveals the word “void” written in small gray letters across the paper. Although virtually indistinguishable to the naked eye, the word “void” becomes clear when the paper is held up to a light.

Stephen J. Murray, MBA, MPH, director of Business and Auxiliary Services, says, “UAB Printing Services has already begun using the security paper, and the enhanced prescription pads are now available for UAB, UAB Health System, and the University of Alabama Health Services Foundation physicians. Physicians using other sources for prescription pads need to ensure that pads are compliant with the new law.”

Prescription Blank

Earlier this year the Pharmacy and Therapeutics Committee adopted a new prescription blank for use by UAB physicians. The form may be used to write prescriptions for both controlled and non-controlled substances. UAB Hospital Pharmacy Ambulatory Care Manager Dennis McMillan notes:

- As of May 23, 2007, the National Provider Identifier (NPI) replaced most health care identifiers; however, physicians must still use their Alabama license number, which doubles for their Medicaid number on Medicaid prescriptions.
- Physicians should not request their Drug Enforcement Agency and Alabama Controlled Substance numbers be printed on the prescriptions.
WORKING WITH LATINO PATIENTS

UAB researchers have created a DVD to aid physicians and other Alabama health care providers in understanding their Latino immigrant patients. The project was a collaborative effort between Sowing the Seeds of Health, a community-based educational program funded by the National Cancer Institute, and UAB Continuing Medical Education.

Isabel Scarinci, PhD, project principal investigator, is associate professor of medicine in the Division of Preventive Medicine.

“Our program’s main goal is to reduce the incidence of breast and cervical cancer in Latina immigrants,” Dr. Scarinci says. “However, through our needs assessment we found that Latino immigrants faced a number of barriers in seeking curative and preventive care that are not specific to breast and cervical cancer screening. Some of the barriers include the differences between the United States and Latin American health care systems and the major role that culture plays in patient-provider interactions.

“We see this free DVD as one way to help Alabama physicians and other health care providers bridge these differences,” she says. “We hope viewing it will make health care providers more comfortable in their interactions with this rapidly growing community.”

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Isabel Scarinci, PhD

Parallel to this DVD, the Sowing the Seeds of Health program educates Latino immigrants on how to access and navigate the health care system. “We believe that to decrease the gap we must educate both patients and providers,” Dr. Scarinci says. “Birmingham ranks sixth among US cities with the fastest growing Latino populations. Other reasons the program is directed at Latino immigrants include:

- Approximately 80% do not have a regular place to go for health care;
- Latinas are twice as likely as white women to have cervical cancer;
- Latinas have a 40% higher mortality rate due to cervical cancer than white women. The primary reasons for such disparity are lack of screening and delay in seeking care when experiencing symptoms;
- Breast cancer is the leading cause of cancer death among Hispanic women (unlike non-Hispanic white women, among whom lung cancer is the most common cause).

CME credit is available for viewing the DVD. For copies contact Allison McGuire at 205.996.2923 or at amcguire@uab.edu. The DVD can be also viewed at www.dopm.uab.edu/sowingtheseeds.