

New Program Offers Relief for Women with Urinary and Pelvic Problems

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Luis Sanz, MD brings urodynamics and complex urogynecology to Virginia Hospital Center.

One in every four women ages 30 to 59 has experienced urinary incontinence at some time in her life, according to the Agency for Healthcare Research and Quality (AHRQ). As the baby boom generation ages, experts predict the number of cases of female incontinence will rise dramatically if that percentage stays constant. The embarrassment, discomfort and inconvenience posed by continence problems can be cured or at least minimized with the right treatments—and now patients at Virginia Hospital Center will have access to a state-of-the-art urodynamic program aimed at doing just that.

(Continued on page 12)

Virginia Hospital Center Celebrates Its Grand Opening



Top to bottom: The crowd of 500 gathers to witness the ribbon-cutting ceremony. Talal Munasifi, MD, Jim Moran (D-VA), John R. Garrett, MD, Jim Cole, Carl Bahnlein and Steve Ahnen gather to cut the ribbon. Russell McWey, MD looks on as his daughter samples the chocolate fountain. ♦

On Saturday, October 23, after nearly a week of cool weather, gray skies and frequent rain, the sun shone on the crowd of approximately 500 people outside the new Virginia Hospital Center.

The crowd had gathered for the Ribbon-Cutting Ceremony signaling the completion of the Hospital's construction. Arlington residents, elected officials, Hospital physicians, staff members, and volunteers stood in the circular drive outside the main entrance of the new Hospital and waited eagerly for the chance to go inside.

The crowd cheered when John R. Garrett, MD, Chairman of the Board of Directors and Chief of Cardiovascular & Thoracic Surgery, cut the blue ribbon and allowed everyone inside for free health screenings, food, music from MIX 107.3 FM and thousands of giveaways.

The interior of the Hospital was decorated with pumpkins, flowers, and 2,000 blue and silver balloons.

Guests feasted on Noble Roman's pizza, Blimpie subs, barbecue from Red, Hot & Blue, cake, and the ever-popular chocolate fountain. ♦

Virginia Hospital Center would like to thank our donors for their generous support of the Grand Opening:

- ♦ Sands Capital Management
- ♦ Citibank
- ♦ Centex Rodgers, Inc.
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- ♦ Cohen, Rutherford + Knight
- ♦ Bovis Lend Lease
- ♦ McKesson Health Systems
- ♦ Medline

The Aesthetics of Healing

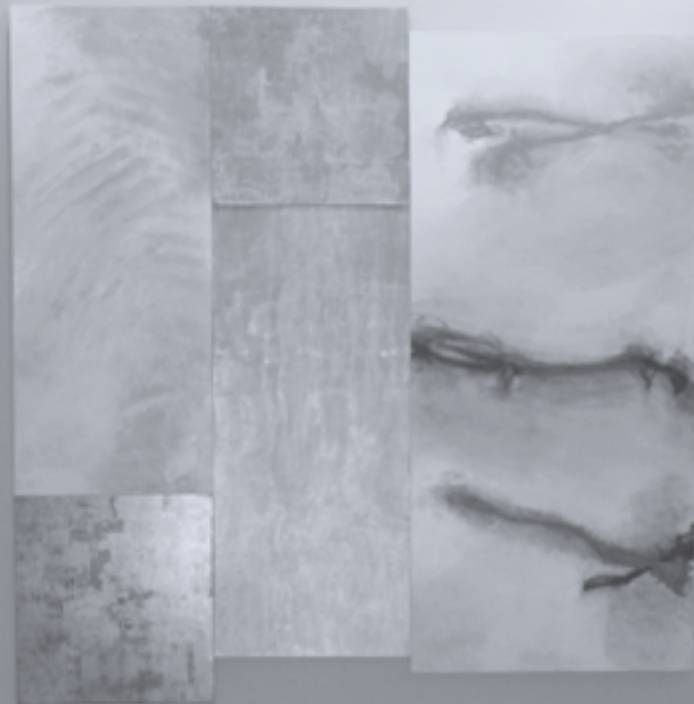
Studies have shown that art can play an integral role in healing mind, body and spirit. But choosing appropriate art for a hospital setting is an art in and of itself. When Virginia Hospital Center conceived its new 530,000 square ft. medical center, the selection of artwork to enliven the space was not arbitrary. The goal was to transcend the notion of "art as decoration" and to embrace the therapeutic value of interpretive works in a range of media.

"We sought to acquire pieces that would alleviate anxiety and stress among patients and their families, taking into consideration the unique emotional needs of different kinds of patients," notes Chairman John R. Garrett, MD, Chief of Cardiovascular & Thoracic Surgery, who spearheaded the curatorial process in partnership with American Art Resources, a firm specializing in art programs for healthcare settings.

The new Hospital houses 630 pieces by acclaimed regional artists, including 20 commissioned works and 60 original or limited edition works. Items in the collection were chosen for their ability to inspire and to soothe, as well as to reflect the rich, diverse, urban community in which the Hospital operates. The main lobby of the new facility features "Harmony," a large-scale (14 ft. x 14 ft.) acrylic on canvas by the painter Robert Rector.

Art pieces in the collection were carefully acquired over a period of 18 months to include paintings, pastels and sculptural installations for specific areas of the Hospital. "If beauty is in the eyes of the beholder, then we must learn to look at art through the eyes of the patient, to understand the experiences of being a patient," says Kathy Hathorn, President of American Art Resources. "Then we can begin to understand the psychological messages encoded in art, as well as its unique potential to heal." ♦

The main lobby of the new facility features "Harmony," a large-scale (14 ft. x 14 ft.) acrylic on canvas by the painter Robert Rector.



Rehab Close to Home: New Inpatient Unit Offers Restorative



Ed Alcock, MD

Until recently, Hospital patients with neurological diagnoses such as brain injuries and stroke, and others with certain orthopedic conditions, had to move to another facility for rehabilitation when the acute phase of their treatment ended. If they required inpatient rehabilitation before being able to return home, most patients went to Mount Vernon Hospital or the National Rehabilitation Institute on the campus of Washington Hospital Center. That's all changing with the opening of a new inpatient rehabilitation unit at Virginia Hospital Center, which will offer these patients and their doctors access to continuous care with a complete team approach.

Officially opening in January with just a few beds, in the area of the original hospital that was formerly the medical telemetry unit, the rehabilitation facility will ultimately expand to 20 beds by the end of 2005. The area is now undergoing extensive renovations aimed at providing all of the specialized needs of a top inpatient rehabilitation program, including all private rooms as well as custom "activities of daily living" spaces, such as a community dining room, kitchen, an exercise room, and other spaces that will allow patients to practice the daily skills they will need to be able to return home.

"Our patients would like to stay within our own community, and our physicians—the neurosurgeons, neurologists, and orthopedic surgeons—agree that it's a wonderful option to be able to continue to monitor the care of their patients right here in the Hospital," says Jeanne Maguire, RN, Chief Nursing Officer. "It's another effort to round out the services we provide to

Finding Your Way in the New Hospital

With the opening of the new Virginia Hospital Center, and with renovations of the original Hospital underway, you want your patients to find the services they need quickly and conveniently. The three parking areas on campus have been color-coded to avoid confusion. Patients and visitors should use Blue Parking for the new Hospital, Gold Parking for the 1635 Medical Office Building, and Green Parking for the 1715 Medical Office Building. If your patients have special parking concerns, or are having trouble wayfinding in the new facility, you are welcome to call Carolyn McCosh, Director of Patient Relations, at 703.558.6195 at any time for assistance.

Special parking has been reserved for physicians on the first level of the Blue Parking lot, which offers convenient access to the lobby of the new Hospital. To get to Blue Parking, bear right at the main entrance and follow the signs for "Blue Parking." Once you've parked, take the elevator to the lobby and proceed from there. ♦

Use Blue Parking for the New Hospital

GROUND FLOOR

- ◆ Atrium
- ◆ Cashiers
- ◆ Chapel
- ◆ Elevators for Parking
- ◆ Emergency Department
- ◆ Gift Shop
- ◆ Main Lobby
- ◆ MRI
- ◆ Nuclear Medicine
- ◆ Pre-Op Screening
- ◆ Radiology
- ◆ Interventional Radiology
- ◆ Ultrasound

Focus

our patients, from acute to rehabilitative and restorative." The unit will be staffed by a program director, a patient care director, and at least a dozen skilled nursing staff in the areas of physical therapy, occupational therapy, and speech therapy. Psychiatrist Ed Alcock, MD, who begins work at the Hospital as of January 1, is the unit's lead physician.

The Hospital is working with Rehab Care, a leading national provider of rehabilitation program management services, to develop the unit. "We visited several hospitals with units that were managed by Rehab Care, and they were very impressive. Their statistics for patient outcomes were excellent, and the units themselves are very patient-centered, with an atmosphere that encourages everyone in the family to be involved in the care of these patients," says Maguire. "What's more, they have the same mission that we have: to be the best."

The unit's goal will be getting its patients back to their own homes, not to a nursing home, whenever possible. "With that in mind, we'll have a functioning kitchen where they can practice cooking and food preparation skills, and bathrooms similar to the ones they'll have at home rather than hospital bathrooms," explains Mary Pat Welc, senior VP for Group Operations with Rehab Care. Patients will also practice functional skills like walking on different surfaces. Rather than just practicing with their walker or wheelchair in hospital hallways, they'll learn to manage on tile floors, carpeted floors and concrete. "The treatment is focused on simulating the patient's home environment as closely as possible." ♦

1ST FLOOR

- ◆ Cafeteria
- ◆ Cardiac Cath Lab
- ◆ Cardio Respiratory Services
- ◆ Cardiopulmonary Rehabilitation
- ◆ Executive Offices
- ◆ Outpatient Lab
- ◆ Physical Medicine & Rehabilitation

2ND FLOOR

- ◆ CVICU/Cardiac Stepdown Unit
- ◆ Dialysis
- ◆ Gastroenterology
- ◆ ICU
- ◆ Operating Suites
- ◆ Post-Op Recovery
- ◆ Respiratory Therapy
- ◆ Vent Unit

3RD & 4TH FLOORS

- ◆ Medical Offices

5TH – 8TH FLOORS

- ◆ Patient Rooms

Use Gold Parking for:

- ◆ Conference Center
- ◆ Inpatient Rehabilitation
- ◆ Women & Infant Health
- ◆ 1635 Medical Offices

Use Green Parking for:

- ◆ Outpatient Oncology Center
- ◆ 1715 Medical Offices

Share Your Expertise, Speak for the New Virginia Hospital Center

Interested in sharing your medical expertise with the community through the media, professional speaking opportunities and more? If so, please join the new Virginia Hospital Center Speakers Bureau. We welcome active members from the past Speakers Bureau as well as new members.

We will hold two information and basic media training sessions on February 23, 2004 at 7:30 am and 5:00 pm in the Auditorium. Please come prepared to give us information about the best way to reach you, your areas of expertise, professional organizations you belong to, and more.

Please contact Erin Curtin in Public Affairs & Marketing at ecurtin@virginiahospitalcenter.com or 703.558.6595.

Varicose Vein Screening

Please let your patients know that Advanced Vein Care at Virginia Hospital Center is sponsoring a free varicose vein screening on February 16, from 4:30 to 7:30 pm.

Patients who qualify as candidates for the new VNUS Closure treatment for varicose veins will have the opportunity to schedule a formal consultation and ultrasound. For registration, call Bridgette Lunsford at 703.558.3220. ♦

Jan/Feb/March SCHEDULE 2005

Jan.

DATE	MEETING	TIME	LOCATION
Jan 3	Dept of Psychiatry Credentials Committee	12:00 – 1:00 pm 6:00 – 8:00 pm	A Board Room
Jan 4	Dept of Pediatrics	8:00 – 9:00 am	A,B
Jan 5	Orthopedic Grand Rounds	7:30 – 8:30 am	B,C
Jan 6	Cancer Conference	12:00 – 1:30 pm	A,B,C
Jan 7	Medical Grand Rounds	12:15 – 1:30 pm	A,B
Jan 11	Dept of Pediatrics M&M Review	8:00 – 9:00 am 12:30 – 1:30 pm	A,B B
Jan 12	Orthopedic Grand Rounds Cardiology Conference	7:30 – 8:30 am 12:30 – 1:30 pm	B,C A
Jan 13	Thoracic Oncology	12:00 – 1:30 pm	A,B,C
Jan 14	Medical Grand Rounds	12:15 – 1:30 pm	A,B
Jan 18	Dept of Pediatrics	8:00 – 9:00 am	A,B
Jan 19	Orthopedic Grand Rounds	7:30 – 8:30 am	B,C
Jan 20	Quality Council Cancer Conference	8:00 – 9:00 am 12:00 – 1:30 pm	Board Room A,B,C
Jan 21	Medical Grand Rounds	12:15 – 1:30 pm	A,B
Jan 24	Patient Care Monitoring Medical Executive Committee	12:30 – 1:30 pm 6:00 – 7:00 pm	A A
Jan 25	Dept of Pediatrics Dept of Ob/Gyn	8:00 – 9:00 am 12:30 – 1:30 pm	A,B A,B
Jan 26	Orthopedic Grand Rounds Clinical Risk Management	7:30 – 8:30 am 12:30 – 1:30 pm	B,C Board Room
Jan 27	Critical Care	12:00 – 1:30 pm	A,B,C
Jan 28	Medical Grand Rounds	12:15 – 1:30 pm	A,B

Feb.

Feb 1	Dept of Pediatrics	8:00 – 9:00 am	A,B
Feb 2	Orthopedic Grand Rounds	7:30 – 8:30 am	B,C
Feb 3	Cancer Conference	12:00 – 1:30 pm	A,B,C
Feb 4	Medical Grand Rounds	12:00 – 1:30 pm	A,B
Feb 7	Credentials Committee	6:00 – 8:00 pm	Board Room
Feb 8	Dept of Pediatrics M&M Review	8:00 – 9:00 am 12:30 – 1:30 pm	A,B B
Feb 9	Orthopedic Grand Rounds Cardiology Conference	7:30 – 8:30 am 12:30 – 1:30 pm	B,C A
Feb 10	Thoracic Oncology	12:00 – 1:30 pm	A,B,C
Feb 11	Medical Grand Rounds	12:15 – 1:30 pm	A,B
Feb 15	Dept of Pediatrics Bioethics Committee	8:00 – 9:00 am 12:00 – 1:00 pm	A,B A
Feb 16	Orthopedic Grand Rounds	7:30 – 8:30 am	B,C

Feb.

DATE	MEETING	TIME	LOCATION
Feb 17	Quality Council Cancer Conference	8:00 – 9:00 am 12:00 – 1:30 pm	Board Room A,B,C
Feb 18	Medical Grand Rounds	12:15 – 1:30 pm	A,B
Feb 22	Dept of Pediatrics Dept of Ob/Gyn	8:00 – 9:00 am 12:30 – 1:30 pm	A,B A,B
Feb 23	Orthopedic Grand Rounds Speakers Bureau Information Session Clinical Risk Management Speakers Bureau Information Session	7:30 – 8:30 am 7:30 – 8:30 am 12:30 – 1:30 pm 5:00 – 6:00 pm	B,C Auditorium Board Room Auditorium
Feb 24	Critical Care Conference	12:00 – 1:30 pm	A,B,C
Feb 25	Medical Grand Rounds	12:15 – 1:30 pm	A,B
Feb 28	Patient Care Monitoring Medical Executive Committee	12:30 – 1:30 pm 6:00 – 7:00 pm	A A

March

Mar 1	Dept of Pediatrics Cancer Committee	8:00 – 9:00 am 12:00 – 1:00 pm	A,B A
Mar 2	Orthopedic Grand Rounds	7:30 – 8:30 am	B,C
Mar 3	Cancer Conference	12:00 – 1:30 pm	A,B,C
Mar 4	Medical Grand Rounds	12:15 – 1:30 pm	A,B
Mar 7	Dept of Psychiatry Credentials Committee	12:00 – 1:00 pm 6:00 – 8:00 pm	A Board Room
Mar 8	ICU Dept of Pediatrics M&M Review	7:30 – 8:30 am 8:00 – 9:00 am 12:30 – 1:30 pm	Board Room A,B B
Mar 9	Orthopedic Grand Rounds Cardiology Conference	7:30 – 8:30 am 12:30 – 1:30 pm	B,C A
Mar 10	Thoracic Oncology Dept of Medicine Dept of Surgery	12:00 – 1:30 pm 5:30 – 6:30 pm 5:30 – 6:30 pm	A,B,C Auditorium Board Room
Mar 11	Medical Grand Rounds	12:15 – 1:30 pm	A,B
Mar 15	Dept of Pediatrics Bioethics Committee	8:00 – 9:00 am 12:00 – 1:00 pm	A,B A
Mar 16	Orthopedic Grand Rounds	7:30 – 8:30 am	B,C
Mar 17	Quality Council Cancer Conference	8:00 – 9:00 am 12:00 – 1:30 pm	Board Room A,B,C
Mar 18	Medical Grand Rounds	12:15 – 1:30 pm	A,B
Mar 21	Patient Care Monitoring Medical Executive Committee	12:30 – 1:30 pm 6:00 – 7:00 pm	A A
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Mar 23	Orthopedic Grand Rounds Clinical Risk Management	7:30 – 8:30 am 12:30 – 1:30 pm	B,C Board Room
Mar 24	Critical Care	12:00 – 1:30 pm	A,B,C
Mar 25	Medical Grand Rounds	12:15 – 1:30 pm	A,B
Mar 29	Dept of Pediatrics	8:00 – 9:00 am	A,B
Mar 30	Orthopedic Grand Rounds	7:30 – 8:30 am	B,C
Mar 31	Cancer Conference	12:00 – 1:30 pm	A,B,C

Emphasis on Comfort: Hospital Launches Palliative Care Program

Jane* was in her early 50s, and suffering from metastatic lung cancer. When she came to Virginia Hospital Center for care, she was experiencing severe pain, and the symptoms and side effects of her disease and its treatment made it difficult for her to enjoy her family. This was especially difficult for her 20-year-old daughter. "The patient required a great deal of nursing care, and her daughter needed to talk," says Loren Friedman, MD, Director of the new Palliative Care Services program at the Hospital.

"Palliative care aims to reduce suffering and improve the quality of life for patients with advanced illnesses, and for their families."

*Loren Friedman, MD
Director, Palliative Care Services program
Virginia Hospital Center*

The palliative care team was able to support and supplement Jane's care, to help control her pain and anxiety, and to help discharge her to home prior to the holidays. "Jane has an illness that we can't cure; however, by emphasizing the best symptom management, we can at least enable her to conserve her energy, insure that she can get her rest, and enable her to enjoy spending time with her family," says Dr. Friedman.

Palliative care aims to reduce suffering and improve the quality of life for patients with advanced illnesses, and for their families. It involves the

**Jane's name and some other identifying details have been changed to protect her privacy.*

prevention, assessment, and treatment of pain and other symptoms, such as nausea and vomiting, in a holistic approach that also focuses on the patient's psychosocial and spiritual needs. "Our interdisciplinary team works together with all other members of a patient's care team," explains Dr. Friedman, who joined the Hospital after eight years as Medical Director of Capital Hospice. He also served for seven years as an assistant professor in the Department of Medicine at George Washington University.

Palliative care differs from hospice in some important ways, explains the program's head nurse, Johanna Braden, RN. "Like hospice, we affirm the value of life and regard dying as a normal process; our goal is for comfort—neither to hasten death nor to attempt to postpone it," she says. "But part of the hospice philosophy is an emphasis on foregoing other treatments, like radiation therapy, chemotherapy, or frequent transfusions. In palliative care, we work with patients who may still be receiving more aggressive treatment."

"The most important question in palliative medicine is 'What are the goals of care?'" explains Dr. Friedman. "These are very ill patients, and they may be in and out of the hospital for treatment. For some, they may have been ill for a long time, they may be declining and experiencing increasing confusion, and their goal is that their dying not be prolonged. For others, their goals are to make it to the Christmas holidays, or to finish the novel they've been working on."

The initial palliative care team at the Hospital consists of Dr. Friedman and Braden; they're now in the process of hiring a dedicated social worker for the program. Another important member

of the team will be the Hospital's new chaplain, for whom a search is underway in the wake of the retirement of longtime chaplain Rev. Hugh Harris. Ultimately, they would also like to add other volunteer and ancillary services such as massage therapy, music therapy, and pet therapy.

In the first two months after the Palliative Care Services program was launched in October 2004, the team consulted on more than 70 different cases, with patients ranging in age from five days to 105 years old. "And we feel like we've just scratched the surface, because most of the physicians don't yet know we exist," says Dr. Friedman. ♦

Rave Reviews for

Physicians looking for a place to take a break and grab a snack or catch up on the day's news have a welcome sanctuary in the new Hospital: a new physician lounge, three times the size of the old space and boasting many more amenities.

The centrally located lounge, found on the first floor between the cafeteria and administrative offices (adjacent to physical medicine, the heart station and cardiac rehab center), features high ceilings, sparkling new furniture, and an airy view with windows that open onto the atrium. Along with a plasma-screen TV, the lounge offers three computer work stations and a multi-port synch station for PDAs.

Coronary Calcium Scans: Who's a Candidate?

Predicting who's at risk for heart disease—still the leading cause of death in the US—remains a medical challenge. Many people with calcification in their coronary arteries—among the earliest signs of a buildup of plaque in the arterial walls, signaling possible developing heart disease—show no external signs and have normal cholesterol levels.

One of the least invasive and least complicated tests available for predicting who may be at elevated risk for a heart attack or other heart disease is the coronary calcium scan, a screening CT procedure that detects these calcifications in the coronary arteries.

"It takes about two minutes," says Chief of Radiology Russell McWey, MD, who estimates that the Hospital has performed about 1,500 such scans a year since it first acquired the technology three years ago. "We place three EKG patches to synchronize the scan with the motion of the heart, take the scan, and then the data is transferred to a workstation where the radiologist will calculate the patient's calcium score." The higher the calcium score, the more blockages a person has, and the more likely

the patient is to have a significant blockage that will eventually lead to angioplasty or bypass surgery or a heart attack.

Who should have these screening tests? Not just any asymptomatic person who's nervous about their heart health. The main candidates for a coronary calcium scan are people over 35 years of age with serious family histories of heart disease—typically, a first-degree relative who had a heart attack at an early age, says Dr. McWey. "If one or more first-degree relatives have had a heart attack before age 50, that's significant," he notes. People with other risk factors, such as high cholesterol, diabetes, obesity, high blood pressure, and a history of smoking are also potential candidates for the screening test.

"Cardiologists are our primary referral sources, as they try to assess just how much risk their patients face," Dr. McWey says. "If we find that the coronary calcium score is low, that means there's a low likelihood of significant disease. If it's high, the referring physician may then want to be more aggressive about other testing such as echocardiograms, stress tests, or even cardiac catheterization." ♦

the New Physician Lounge

A separate dining area provides full breakfast and lunch service for physicians Monday through Friday. "The room is much larger, and there are more tables and places to sit, along with a beautiful granite counter for the buffet line," says Ken McWatt, Retail Catering Manager. "We serve a continental breakfast starting at 7 am, and for lunch there is both hot food and a cold salad bar starting at around 11 am."

"The lounge is getting rave reviews from the medical staff," says Chief Medical Officer Archie McPherson, MD. "Many more people are taking advantage of the new space than ever used the previous lounge. It's a very popular place." ♦



Making Stress Testing Stress-Free

In the past, if a patient came to the Hospital's Emergency Department complaining of chest pain and required testing above and beyond the usual EKG and lab tests, the patient would have to be sent to the Heart Station for stress testing. Now, a designated room in the ED has been fitted out to allow stress testing to be done right then and there.

"We want to bring the services to the patient as much as possible, streamlining the whole process of care to make it easier," says Chief of Emergency Medicine Yorke Allen, MD. When a patient has chest pain that requires stress testing, a cardiologist and technician are summoned from the Heart Station to do the test at the ED location.

"In just the first two weeks that we had the machine, we did a number of tests. I suspect that we'll be using it more and more," says Dr. Allen. He reports that both patients and cardiologists have responded enthusiastically to the conveniently-located stress testing. "We can complete testing quickly and get people in and out of the system as efficiently as possible." ♦

Patient Experiences Successful Move to New Hospital

William Nader, a 74-year-old man living in Fairfax City, was the very first patient to be admitted to the new Virginia Hospital Center. He was originally admitted to the old hospital by Dr. Robert Ryan for an acute heart attack on October 28, 2004. Mr. Nader was given a cardiac catheterization, and also had to have an E-P study with a pacemaker and defibrillator. Mr. Nader was released from the hospital to go to his home in Fairfax City on November 2, 2004.

When asked about his experience at the hospital, Mr. Nader replied, "Nursing care was fantastic!" Mr. Nader was also asked about how it was for him to be the very first person moved into the new Virginia Hospital Center. He replied, "[The move] was outstanding!" He also remarked that he had a "good patient experience with the move."

It appears that the transition from one hospital to the next has only proven that Virginia Hospital Center continues to truly value its patients. Mr. Nader's testimony to the excellent care and experience he received from the staff at Virginia Hospital Center is one that will go down in history. Not only was he the first person to make the move from the old hospital to the new one, but he was also given only the highest quality care every patient deserves. ♦

*Robert Ryan, MD
with William Nader*



Virginia Hospital Center Rates High with JCAHO

Virginia Hospital Center outperformed most JCAHO-accredited agencies on two Core Measures for the National Quality Improvement Goals during the first quarter of 2004, according to official reporting released in November 2004.

The Hospital received a "+" for both Heart Attack Care and Heart Failure Care, based on criteria that include prescribing medications such as ace inhibitors, beta blockers and aspirin on admission and discharge, as well as smoking cessation counseling and discharge instructions.

The Core Measures were designed to permit more rigorous comparisons among healthcare organizations using standardized, evidenced-based measures. Although the Hospital also recently began participating in the Pneumonia Care Core Measure, the sample size is still too small for it to be rated.

"The Core Measure process has been a true team effort," says Pat Mennona, Director of Quality Assessment/Risk Management. The Hospital's results can be reviewed online at <http://www.jcaho.org/quality+check/index.htm>.

In the wake of that success, the Hospital now turns its attention on the compliance front to the Universal Protocol, made mandatory by JCAHO as of July 2004. Aimed at preventing wrong site, wrong procedure, wrong person surgery, the Universal Protocol is based on the consensus of experts from

relevant clinical specialties. "It's endorsed by more than 40 professional medical specialties and organizations," says Paula Rodney, RN, Associate Vice President for Perioperative Services.

Universal Protocol applies to any operative or other invasive procedure that exposes a patient to more than minimal risk, and it's not limited to the OR. "Procedures done at the bedside, in the special procedures unit, the endoscopy suites, and interventional radiology all must comply with Universal Protocol as well," says Rodney.

In addition to surgeries, Universal Protocol applies to most procedures involving puncture or incision of the skin or insertion of an instrument or foreign body—such as percutaneous aspirations, biopsies, cardiac and vascular catheterizations, and endoscopies. In all of these situations, Rodney explains, "The procedure site must be marked, and that needs to be done while in communication with the patient. A 'time out' must also be taken before a procedure starts, in order to verify site, procedure, patient, and equipment readiness."

Not included in Universal Protocol requirements are minor procedures such as venipuncture, peripheral IV line placement, and insertion of an NG tube or Foley Catheter.

For more information, please contact Rodney at 703.558.6139. ♦

Welcome, New Members!

VIRGINIA HOSPITAL CENTER

Navera Ahmed, MD

Medicine/Rheumatology

Kanchan Anand, MD

Medicine/Nephrology

Woody Chang, MD

Medicine/Internal Medicine

Saji Eapen, MD

Medicine/Hematology-Oncology

Timothy Farrell, MD

Medicine/Cardiology

Loren Friedman, MD

Medicine/Family Practice

Robert Herscowitz, MD

Medicine/Pulmonary Disease

Christopher Hess, MD

Surgery/Plastic Surgery

Naveed Khan, MD

Ob/Gyn-Reproductive Endocrinology

Kevin McKenney, MD

Anesthesiology

Ely Mouchahoir, MD

Pediatrics

Katherine Nguyen, PA-C

Medicine/Physician's Assistant

James Norconk, Jr., MD

Radiology

Mary O'Sullivan, CRNA

Nurse Anesthetist

Sam Pappas, MD

Medicine/Internal Medicine

Alison Pease, MD

Pediatrics

Rajesh Rajpal, MD

Surgery/Ophthalmology

Douglas Rusnack, MD

Radiology

Luis Sanz, MD, FACOG

Urogynecology

Terry Stine, MD

Medicine/Infectious Disease

Cynthia Thurlow, NP

Medicine/Nurse Practitioner

Roger Wigton, MD

Medicine/Pulmonary Disease

Matthew Williams, MD

Medicine/Pulmonary Disease

J. John Woo, MD

Surgery/Ophthalmology

New Program Offers Relief for Women with Urinary and Pelvic Problems

(Continued from page 1)

Luis Sanz, MD brings a new specialty to Virginia Hospital Center—urodynamics and complex urogynecology. A nationally-known expert in this field, he is a professor at Georgetown University Hospital, where he was formerly Vice Chairman and Division Chief of the Department of Obstetrics and Gynecology as well as Director of Urogynecology and Pelvic Reconstructive Surgery. Dr. Sanz has edited four books on surgery (*Gynecologic Surgery* is in its second edition) and authored some 30 articles in surgical journals. He is also technical consultant for *Ob-Gyn News*, and has conducted National Cancer Institute-sponsored research into the human papillomavirus.

“The Urogynecology & Pelvic Surgery program will provide an entirely new level of service for the Hospital, our community and our patients,” says Dr. Sanz, who will be assisted by a nurse practitioner and will have offices in the Hospital’s new physicians’ office building. Physicians may refer patients to the program for its diagnostic expertise, or for complete patient management from diagnosis through treatment and follow-up. It will be one of only a few such programs in the northern Virginia area.

Among the surgical approaches offered by the program will be several minimally invasive techniques for the treatment of urinary stress incontinence and other urogynecologic conditions, including the IVS tunneller, sacrospinous ligament suspension and the TOT bladder neck suspension.

Dr. Sanz will also perform a modified abdominosacral—colpopexy, used in cases of severe vaginal prolapse or previously failed vaginal surgery.

Urogynecology & Pelvic Surgery will feature the latest urodynamic technology, including advanced wide-angle cystourethroscopes, which will allow for the use of a video camera to monitor the function of the urethra under increased vesical pressures. Cutting-edge Life-Tech Urolab System V computer equipment and software will help to analyze abnormalities in bladder function.

“The patient population has aged, and there are more women living with these problems. What’s more, these conditions can also happen in a younger population, occurring in relation to obstetrics,” says Dr. Sanz. “Today, women with these conditions have the option of correcting the problem instead of living with incontinence or a prolapsed uterus or vagina. These women want a healthy lifestyle and a good quality of life, and we can give that to them.” ♦

Medical Staff NEWS

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Talal Munasifi, MD

President of Medical Staff

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