FROM THE PRESIDENT OF THE MEDICAL STAFF

Decision-Making at 28,000 Feet

A few weeks ago, I had the opportunity to fly as co-pilot in a Socata TBM 850. For those of you who are not airline literate, this is a three-million-dollar, six-seat, single-engine turboprop aircraft that cruises at 350 knots. That translates to New Jersey to Florida in 2 hours and 50 minutes. Turboprops, in contrast to piston-powered aircraft, fly the jet ways—designated routes for jet-powered aircraft to use. In this particular trip, the cruise altitude was 28,000 feet, and the visibility unlimited. So between radio transmissions, and with the background noise of the hum of the engines, my mind wandered while I enjoyed the view.

It occurred to me that if I had been traveling on ground level on one of the roads visible below, my perspective would be restricted by the terrain, whereas at 28,000 feet, I had the advantage of seeing not only the obstacles and hazards that might lay ahead, but also possible opportunities for a shorter or perhaps more scenic route. Would we not all be better off if we and particularly, our govern ment officials, had the capacity to think with a 28,000 foot perspective?

The present race for healthcare reform restructuring is moving like a tidal wave driven by forces that seem to have little to do with common sense, compassion, accurate facts or, frankly, the Hippocratic Oath that we all proudly recited while in medical school. Proposals being considered seem to be propelled by a myriad of factors, among which are special interest groups, expediency, voter resistance and—let's be frank—it is unfortunate for us all that the practice of the Art of Medicine has become a commodity in this country, and as such, is now victim to our control. I don't have a solution to this quagmire. But, if I were the one calling the shots, I would first define the issues with respect to each state, define the drivers in increasing costs—including not only the American Bar Association, “Big Pharma,” out patient self-referral and Medicare/Medicaid fraud, the undocumented and uninsured, but also and equally important, those faces of the American culture that suffer from poor health. We have developed an expectation of illness in the country and illness has become big business.

So, as a friend of mine once told me, consider the following scenario: People are jumping off a cliff. You can deal with the problem by spending lots of money by sending ambulance after ambulance to the bottom of the cliff or you can build a fence at the top of the cliff. With a little common sense and a view from 28,000 feet, it seems pretty straightforward to me. What do you think?
A Message to Caregivers About the H1N1 Vaccine

Dear Colleagues in all Departments at Holy Name Hospital,

Today, I received my seasonal influenza vaccination in preparation for the H1N1 Novel virus vaccination that I plan to receive as soon as it becomes available.

We often talk about colds and flu in the same breath, but a new epidemic strain of influenza can be a terrible life-threatening disease, the nature of which almost none of us have ever seen. A modern epidemiologist observed, "Influenza is a special instance among infectious diseases... the virus is transmitted in ways that elude the supply of susceptible hosts." Because it can be transmitted even before symptoms develop and the incubation period is as brief as one to three days, public health measures instituted after an epidemic starts are uniformly ineffective. William Osler, one of the fathers of American medicine, called influenza a "The captain of the men of death.

Influenza epidemics usually occur in waves in which the virus becomes progressively more virulent as it becomes adapted to the human species. This phenomenon, called "passage," is also seen in other infections where there is continuous mutation and selection for the most dangerous variants to be transmitted to the next generation of hosts. The severe epidemics of 1918 and 1957-58 began with mild but widespread disease in the spring, just as we have seen this year.

We have been lulled into a state of complacency because previous novel infections like the 1976 swine flu, avian influenza and SARS did not turn into pandemics. Historical records indicate there have been seven influenza pandemics two or three times each century for at least the last 400 years. We can be certain that it will happen in our lifetimes, we just do not know if it will be this time around.

Immunizations and especially influenza immunization have received a lot of bad press and rumor in recent years. The various claims of causing the flu or autism or other health problems have no scientific basis, in spite of extensive study. The risk of Guillain-Barre syndrome is about 1 in 100,000, which is less than many other risks that we accept daily. I am amazed at the willful ignorance of so many healthcare workers who are taken in by the rhetoric of syco pathogens promoting their false ideas to obtain some brief celebrity. Vaccines are the best investments of all of medical science. They have saved many more lives than all of the rest of the healthcare. The people who condemn vaccines have never seen or attempted to understand the tragedy of the diseases that they prevent. The rich library of immune responsiveness that I effortlessly carry around every day has been generously provided by all of the immunologic exposures of my life. The most important of these exposures are vaccines.

I will immunize each of my family members with the H1N1 vaccine and urge you to do so too. You owe it to yourself and your family. You owe it to your patients and to the Hospital as a community service institution, so that if there is an epidemic, we will remain the caregivers and not the victims and the vectors of influenza.

Sincerely,
Dr. Tom Birch

Welcome New Executive Director of Health Partner Services

Ray Dreyfuss has joined the Holy Name Hospital team as the Executive Director of Health Partner Services. Health Partner Services is the practice management arm of Holy Name Hospital and Ray’s role will be two-fold. He will oversee all practice management concerns relative to the medical practices that are part of Holy Name, including strategic planning, budgeting, physician development, physician contracting and financial management of each medical practice. Ray will also be involved in physician development with outside independent medical practices, serving as a practice management resource for all interested practices.

Ray sees his role as a vital link in main- taining and establishing excellent relations between Holy Name Hospital and physi- cians. “Today’s physicians find themselves pressured to be busier and busier with little time to attend to the business of their practice,” he says. “I want to be able to offer practice management assistance to our valued physicians by sharing my knowledge and experience.” Ray notes that “as with all departments within Holy Name Hospital, I would like Health Partner Services to become a valuable resource to physicians, allowing them to spend more time prac- ticing medicine and less time struggling with business management.”

Ray brings more than 19 years of experi- ence in the healthcare industry. Prior to joining Holy Name Hospital, he was the Chief Operating Officer for Internet Medical Group, a large multi-specialty physician practice with multiple offices in Essex County, NJ. There, Ray focused on physician recruitment and the development of numer- ous ancillary revenue streams. His efforts saw practice revenues increase by nearly $2.5M in his first three years with the group. Prior to that role, Ray held positions as Ad- ministrator for Tri-County Orthopedic and Sports Medicine Institute in Morristown and a directorship at JFK/Johnson Rehabilitation Institute in Edison.

Ray earned his master’s degree in busi- ness administration in information systems from Rutgers University and a bachelor of science in physical therapy from the University of Medicine and Dentistry of New Jersey.

Ray Dreyfuss can be reached at ext. 3549 or by email at dreyfuss@holyname.org.

New Program Development Director for MS Center

Holy Name Hospital is pleased to welcome Jack Burks, M.D. as Director of Program Development for the Hospital’s MS Center. Dr. Burks, a board-certified neurologist, brings more than 20 years of expertise on international scale. He has lectured and helped develop research efforts and MS Centers, as well as led patient care clinicals in 40 countries.

His primary goals for the Holy Name Hospital MS Center are to expand re- sources for MS patients, increase par- ticipation in clinical trials, and enhance public awareness of multiple sclerosis and the Center. “I am very pleased to be a part of Holy Name’s dedication to enhance the lives of patients with MS and their families,” says Dr. Burks. “The ‘hospital wide ‘excellence programs’ and the ‘pa- tient first’ philosophy carried out at Holy Name is remarkable.”

“A comprehensive care center, we are able to collaborate with the many centers of excellence Holy Name has to offer,” continues Dr. Burks. “We are fortunate to have expert medical specialists consult for the center regarding the diverse problems MS patients must address.”

Prior to joining Holy Name, Dr. Burks was the Founder and President of the Rocky Mountain MS Center in Denver, Colorado, one of the largest MS centers in the world. Dr. Burks is Chief Medical Officer for the Multiple Sclerosis As- sociation of America, Cherry Hill, NJ and President of Burks and Associates Health Care and Research Consulting Group, Reno, Nevada. He was a founder of the Consortium of MS Centers, the Past President of the American Society of Neuro-Rehabilitation and has served on the Executive Board of the American Academy of Neurology.

Dr. Burks earned his medical doctor- ate, with honors, from West Virginia University. He completed his internship in internal medicine at the University of Cincinnati and his residency in neurology at the University of Colorado. Dr. Burks’ earned his postdoctoral fellowship in multiple sclerosis, virology and immunol- ogy at Johns Hopkins University.

Holy Name Hospital’s MS Center offers comprehensive medical, nursing, physical rehabilitation, and support services for MS patients in one location. The Center’s staff consists of board-certified neurologists specializing in MS, allied health personnel, M.D., Medical Director, and Steve Kamin, M.D.—registered nurses and clinical nurse practitioners, and social services profes- sionals who assist patients and families with their concerns and issues. Each patient has a specific plan of care that is communicated and coordinated with other physicians involved in their medical care.

For more information or to schedule a patient for an appointment, please call 201-837-0727.
### Welcome New Appointments

**Third Quarter 2009**

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<td>Benjamin Byung-min Choi, M.D.</td>
<td>Oral Surgery</td>
<td>Medical School of York University of Rochester School of Medicine</td>
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<tr>
<td>Medicine</td>
<td>Medical Center, Jacksonville, FL</td>
<td><a href="mailto:cais@med.usf.edu">cais@med.usf.edu</a></td>
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<td>Myriam Langer, M.D.</td>
<td>Obstetrics &amp; Gynecology</td>
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<tr>
<td>Damaris Alejandra Gomez-Centre, M.D.</td>
<td>Pediatrics</td>
<td>New York Presbyterian Hospital-Newark Medical Center * (urology); New York Medical College (neurology)</td>
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<td>Islam Elayany, M.D.</td>
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<td>Cheryl K. Ibrahim, M.D.</td>
<td>Internal Medicine</td>
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<td>Joanne Peter Kambukos, M.D.</td>
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<td>Karen King, M.D.</td>
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<td>सकृदारा बालरी, M.D.</td>
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<td>Sacha Balzer, D.O.</td>
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**Service Anniversaries**

The Holy Name family extends its congratulations and gratitude to the following members of the medical staff for their association with our hospital.

- **30 Years**
  - George Christodoulas, M.D., General Surgery

- **25 Years**
  - Joel Goldberg, M.D., Gastroenterology
  - David Levin, M.D., Neurology

- **20 Years**
  - Denis Dilillo, M.D., Pediatrics
  - Christopher Engelt, M.D., OB/GYN
  - Nancy Mueller, M.D., Neurology
  - David Porter, D.O., Family Practice
  - David Van Slooten, M.D., Neurology

- **15 Years**
  - Richard Andron, M.D., Rheumatology
  - Thomas Bürch, M.D., Infectious Disease
  - Alan Gwertzman, M.D., Anesthesiology
  - Patrick Roth, M.D., Neurosurgery
  - Henry Sapir, M.D., OB/GYN
  - Costa Sosunis, M.D., Surgery
  - Dora Suldan, M.D., Pediatrics
  - Kenneth Wasserman, M.D., Internal Medicine

- **10 Years**
  - Robert Alter, M.D., Internal Medicine
  - Maria Capo, M.D., Internal Medicine
  - Leonardo Di Vagno, M.D., Internal Medicine
  - Rachel Feiner, PA, Emergency Medicine
  - Adam Glassman, M.D., Internal Medicine
  - Philip Micale, M.D., Internal Medicine
  - Mario Miglietta, D.O., Emergency Medicine
  - Stefano Pantagis, M.D., Family Practice
  - Marianne Reilly, N.P., Pediatrics
  - Mihir Shah, M.D., Internal Medicine

- **5 Years**
  - Scott Ailenick, M.D., Pediatrics
  - Christine Aquino, M.D., Internal Medicine
  - Susan Clifford, M.D., Neuroradiology
  - Giuseppa Condemi, M.D., Oncology
  - Jason Ellisoun, M.D., Pediatrics
  - Scott Fisch, D.O., Pediatrics
  - James Hale, M.D., Orthopedics
  - Karim Karmi, M.D., Internal Medicine
  - Veronie Parmar, M.D., Anesthesiology
  - Arnold Schoen, M.D., Internal Medicine
  - Marian Vanylik Acquah, M.D., Cardiology

**Appraise**

Eugene Swenney, M.D., F.A.A.D., dermatologist and Associate Professor of Dermatology at Columbia University.

Co-founder of the Columbia Dermatology Residents’ Club by the resident physicians, the young doctors wrote, “Thank you for your dedication and hard work over the years. Your commitment to the residents has not gone unnoticed.”
**Armour Thyroid Shortage**

Desiccated thyroid is increasingly difficult to obtain. *Armour Thyroid* was recently reformulated to improve gastrointestinal dissolution and the supply problem became worse. Now the other Rx desiccated thyroid products, *WestThroid* and *Nature-Throid*, are on backorder, too. If you can get them, prescribe 65 mg (1 grain) of *WestThroid* or *Nature-Throid* for 60 mg (1 grain) of *Armour Thyroid*. If patients need to switch to levothyroxine, *LevoThroid*, *Levoxyl*, *Synthroid*, *Unithroid*, consider using about 100 mcg of levothyroxine for every 1 grain of desiccated thyroid.

Many desiccated thyroid patients claim they don’t feel as good on levothyroxine, possibly because it doesn’t contain T3. In those cases, consider adding liothyronine (*Cytomel*, T3). Try 50 to 75 mcg liothyronine once a day PLUS 5 mcg liothyronine twice a day for 1 grain of desiccated thyroid. Some patients are also complaining that the new *Armour Thyroid* doesn’t work as well.

We recommend checking TSH in patients with hypothyroid symptoms and six weeks after a switch or dose change.

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**Pharmacy Update**

**Armour Thyroid was recently reformulated to improve gastrointestinal dissolution and the supply problem became worse. Now the other Rx desiccated thyroid products, *WestThroid* and *Nature-Throid*, are on backorder, too.**

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**Electronic Death Record – Register Now**

New Jersey State Law mandates that all parties involved in the completion and processing of death certificates use the State of New Jersey Electronic Death Registration System (NJ-EDRS), effective January 1, 2010. However, as of September 21, Holy Name Hospital has already eliminated paper death certificates and is utilizing the NJ-EDRS exclusively.

- All Holy Name physicians must be registered with NJ-EDRS if you have not registered, please do so without delay.
- You need to register only once; this will cover all your hospital affiliations.
- Register online at the website: [https://edrs.nj.gov](https://edrs.nj.gov).

If you need assistance with registering or completing a death certificate on-line, you may call the 24-hour EDRS helpdesk at 1-866-668-3788.

Please note that when you enter your medical license number you need to enter it in the complete format—for example, 25MA00123400. Once registered, you will create a user ID and password, which will allow you to access the NJ-EDRS on-line to completely and electronically sign death certificates.

The death certificate process works as follows: When a patient dies, the Health Information Management Services (Medical Records) Department uses the NJ-EDRS to create a case on the system, entering all the necessary data, including the identifying, demographic, facility, and pronouncement of death information. All that attending physicians need to do is log onto the system, enter the cause of death information, and certify the case. This can be accomplished from any computer or device that has access to the Internet and runs Internet Explorer.

**Joint Commission Safety Alert**

The Joint Commission released its new issue, Sentinel Event Alert Number 43 regarding leadership committed to safety, on August 27. The alert stresses that leadership makes a major difference in the quality and safety of patient care. The expectation is that healthcare organizations will develop “zero-defect” safety interventions, as seen in other high-risk industries, such as aviation, energy and manufacturing. Both administrative and clinical leaders must consistently make safety a top priority in their decision-making, and safety must be supported at all levels of the organization.

The Joint Commission has suggested 14 action steps, including the following:

- Find and establish an organization-wide safety culture that includes a code of conduct for all.
- Establish partnerships with physicians and align their incentives to improving safety and using evidence-based medicine.

**Pharmacy Update**

On August 31, Governor Jon Corzine signed into law the NJ legislative bill, Health Error Accountability Law, regarding patient safety indicators and their reporting. This law will require the state to start publishing the names of the hospitals in its 2009 annual report for adverse events. The new legislation will not allow hospitals to charge patients or healthcare insurers for some medical errors. We call your attention to the new State indicators for obstetrics which will be measured and reported.

- Birth trauma (PSI 17)
- Obstetric trauma-vaginal delivery with instrument (PSI 18)
- Obstetric trauma-vaginal delivery without instrument (PSI 19)

**Quality Update**

On August 31, Governor Jon Corzine signed into law the NJ legislative bill, Health Error Accountability Law, regarding patient safety indicators and their reporting. This law will require the state to start publishing the names of the hospitals in its 2009 annual report for adverse events. The new legislation will not allow hospitals to charge patients or healthcare insurers for some medical errors. We call your attention to the new State indicators for obstetrics which will be measured and reported.

- Birth trauma (PSI 17)
- Obstetric trauma-vaginal delivery with instrument (PSI 18)
- Obstetric trauma-vaginal delivery without instrument (PSI 19)

**Intermediate Update**

**Pharmacy Update**

The expectation is that healthcare organizations will develop “zero-defect” safety interventions, as seen in other high-risk industries, such as aviation, energy and manufacturing.

From: Russ Lazzaro, Director, Pharmacy, and the Pharmacy and Therapeutics Committee at Holy Name Hospital

**Health Error Accountability Law**

On August 31, Governor Jon Corzine signed into law the NJ legislative bill, Health Error Accountability Law, regarding patient safety indicators and their reporting. This law will require the state to start publishing the names of the hospitals in its 2009 annual report for adverse events. The new legislation will not allow hospitals to charge patients or healthcare insurers for some medical errors. We call your attention to the new State indicators for obstetrics which will be measured and reported.

- Birth trauma (PSI 17)
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- Obstetric trauma-vaginal delivery without instrument (PSI 19)
More than 230 golfers turned out for Holy Name’s 15th Annual Holy Name Classic Golf Tournament on July 13 at the Hackensack Golf Club in Oradell and the Arcola Country Club in Paramus. The event raised more than $290,000 for the benefit of Villa Marie Claire, Holy Name’s new free-standing hospice facility in Saddle River. The first of its kind in Bergen County, Villa Marie Claire will open next year, setting a new standard for compassionate, end-of-life care for patients and their families.

New Service: Pediatricians in the Emergency Department

The Emergency Department is now staffed by board-certified pediatricians from 4 p.m. to 12 midnight, Monday through Friday; and 12 noon to 12 midnight on Saturdays and Sundays. The four pediatricians hired to fill these shifts will work under the supervision of the Department of Emergency Medicine, complementing our staff of board-certified emergency physicians and physician assistants. All pediatric patients arriving during these hours will be seen by our pediatricians. Pediatric patients will be segregated into a dedicated child- and parent-friendly “pod” (a separate 6-bed quadrant of the Emergency Department), which is being redecorated into a more kid-friendly space. Nurses working in this area will also receive specialized pediatric training.

This new ED service specifically complements our Pediatric Call Center, a program that addresses patient calls during pediatricians’ off-hours. Having “our own” pediatricians will allow us to keep wait time to a minimum, while providing the highest quality care to children needing emergency and urgent care services. We look forward to serving our pediatricians’ practices and the children in our community more effectively.

How You Can Help

The Holy Name Health Care Foundation is the philanthropic division of Holy Name Hospital, supporting the not-for-profit hospital in its commitment to provide outstanding healthcare throughout the community. The Foundation relies on the generosity of supporters to sustain its healing mission and to help Holy Name stay ahead of the curve with the latest advancements in medical technology. As a physician and our valued partner in the healthcare ministry, you understand the needs of both patient and healthcare organization. You can invest in the future of our community’s health and the well-being of our own hospital by making a donation to the Holy Name Health Care Foundation. To learn more about the Foundation, our events or to join our Founders Circle, visit www.holyname.org/foundation or call (201) 833-3187.

Hispanic Outreach Program

Holy Name Hospital is developing a Hispanic Outreach Program to raise awareness of the Hospital’s broad scope of services for Hispanic residents of Bergen, Hudson and Passaic counties.

Henry Fernandez-Cos, M.D. is Medical Director of the program, whose fundamental objective is to reach out to the Hispanic population, encouraging them to make Holy Name their number one choice for healthcare. “By partnering with the Hispanic community and our physicians, we hope to promote the highest attainable level of health through prevention, education, and treatment that is sensitive to the specific medical, cultural and spiritual needs of this group.”

Stay tuned for further developments.
Clostridium difficile Enterocolitis

What else is there to say about the most dangerous and intractable problem in hospitals today? This epidemic is occurring in part because C. diff has become resistant to so many antibiotics that affect colonic flora. C. difficile, enteropathogens, and now quinolones, have become the most frequent precipitants of C. diff in each successive decade. Only amoxicillin, which have no anaerobic activity, have never been implicated.

Isolates now produce up to 20 times as much toxin, which results in more protracted and severe diarrhea, providing a selective advantage for propagation and spread. The spores are seemingly everywhere, immune to Purell®, and can remain viable for weeks to months in the colon and on inanimate surfaces.

The effective tools that remain available to us are:

- Parasitism use of antimicrobials
- Early recognition and isolation of any significant diarrheal illness
- Prompt treatment
- Soap and water
- Scrupulous adherence to the concept of the “Zone of Contact” for every patient

The Zone of Contact is the volume of space defined by a cylinder around the patient with a three-foot radius. Whenever we or any同志 enters that space, the likelihood of transmitting or acquiring organisms increases dramatically. The space includes the bed, linens, bed rails, table, phone, TV screen, personal objects, therapeutic devices and the patient. Whenever we, and especially our hands and stethoscope, enter this zone, we can only be purified by hand washing, stethoscope washing, and removal of gown and gloves if the patient is in isolation. Other同志 such as pager, cell phone, chart, computer, pen, nursing station, door handles and every other surface in the hospital and our personal environment is outside of the zone of contact and cannot be accessed without ritual purification.

It is so personal and comfortable and efficient and folksy to take the patient’s chart into the room, sit on the bed, talk, review the labs and consultants’ findings with the patient. It seems like the way medicine was meant to be practiced. Unfortunately, now it is simply wrong and unsafe, placing the patient and all patients and staff in harm’s way. The new paradigm is that of the operative field at every bedside. Touch and speak to the patient in a compassionate way while making scrupulous adherence to contact precautions an unconscious, automatic part of every encounter. Success begets success.

VAPs and SSIs — More NIMS with Acronyms

VAPs

Hospital-acquired pneumonia is the second most common type of nosocomial infection and the leading cause of infection-related deaths in hospitalized patients. Mortality can be 33 to 50%. There are many risk factors for nosocomial pneumonia but ventilatory support is the most significant, increasing the risk to 1 to 3% per day on the ventilator. This is over 20 times the risk in ventilated patients. Fortunately, the rate of ventilator associated pneumonias (VAPs) at Holy Name Hospital is relatively low and consistently below national benchmarks. The essential practices to maintain these rates are: establishing, elevating the head of the bed, antiseptic oral care, closed unit endotracheal suctioning and strict hand washing to delay acquisition of virulent ICU pathogens.

SSIs

Complex modern surgical procedures, especially those utilizing synthetic materials, could not exist without perioperative antimicrobial prophylaxis. The risk of surgical site infections (SSIs) in clean surgery is reduced from 5% to less than 1% with the use of an appropriate antibiotic begun before the skin incision. Substantial reduction in risk are also seen in clean-contaminated and contaminated cases. The benefit seems to accrue to the pre-incision dose. Clearly, the adverse effects of antibacterial use begin to predominate after 24 hours following surgery unless there is a continuing infection present. Holy Name Hospital is currently meeting quality indicators for surgical prophylaxis and although risk is very present, rates of infection are fairly good. Avoidance of postoperative hypothermia, good nutrition and good glycemic control have been shown to improve healing and reduce infection.

Nosocomial Infection Markers are not infections but they are indicators of the dangerous environmental infection in which we care for our vulnerable patients. As we drive down our NIMS rates through some of the relatively simple methods discussed in these communications, we cannot help but improve the quality and outcome of our work.

We are asking you to make a conscious personal commitment to unconscious and automatic hand hygiene. We ask that you approach every patient with the Zone-of-Contact concept as part of your clinical practice. We ask that you each consider yourself as an active member of the Infection Prevention Committee. Meeting attendance is not required, though you are always welcome. Just follow these guidelines and we will report our NIMS, our progress statistics, on a regular basis.

Thank you for your support.

John Updike

How often do you suddenly become aware of something or someone that deserves your attention? Maybe it’s that person who you heard of but never bothered to recognize. Or perhaps someone you have known all your life and just recently something about them has caught your attention, like a friend’s thoughtfulness. Life is full of little things that for the most part don’t seem important enough for us to concentrate on. The beauty of a rose, the soothing comfort of a cool breeze on a hot summer’s night are just two things that come to mind. Often people or things right in front of us suddenly enter into our consciousness, and we wonder why we haven’t been aware of them before. Why did it take so long for us to appreciate them?

Reading has been an avocation of mine for a long time. I have read many books, most of which are non-fiction. And I guess that’s why I have overlooked many talented writers who specialize in fiction. With the recent death of John Updike, an author whose name I have heard numerous times, and whose work I have merely touched on and never truly examined, I had the opportunity to read excerpts from his many works. And when I came across his brief essay of the great Boston Red Sox player, Ted Williams, taking his last turn at bat, I had an epiphany, suddenly realizing I was in touch with greatness. Updike was a great writer. Why did it take me so long to recognize this? After all my years of reading, I never had the pleasure to truly appreciate this great talent right in my midst. It was like I discovered a treasure in my own backyard.

Like all of us, Updike had his preoccupations. He was a phobilean. So on an autumn day in 1960, he planned an assignment with a friend in Boston. And when she didn’t keep the appointment, he decided to take a walk around the city and soon found himself at Fenway Park, where the Red Sox were playing. In he went, not realizing that Ted was playing his last game. And that last at bat is vividly recorded in Updike’s essay “Hub Fans Bid Kid Adieu” and considered one of the greatest pieces of sports writing in American journalism.

The ability to create a detailed mental picture with words, which flow and meld together seamlessly, is John Updike at his best. The description of Ted swining at the ball and making contact, and then the flight of the ball into the sky above the stadium and its trajectory as it falls to the grassy field below and then vanishes behind a fence is simply a build-up to what takes place next as Williams proceeds to run the bases. Ted was a great player but never one to relate to the fans. He played as if they didn’t exist, and he was the only one on that stage of grassy green. His aloofness is best exemplified in the way he trotted around the bases after he sent the ball beyond the confines of the fences. Head down, staring at the ground, running at half speed and showing no emotion, he simply gilded around the bases as if to say, “What’s the big deal? This is just what I’m supposed to do.” And after he enters the dugout he refuses to come out and acknowledge the cheering of the fans despite the imploring of his teammates, and even the umpires encouraging him to take a bow and tip his cap on his last at bat in his long career. The essence of the moment is brilliantly captured in Updike’s last sentence: “Gods never answer letters.”

My Friend John

It is rare for anyone to have a good friend for 60 years. I did—Dr. John McDonald. Our friendship began when we worked on the Hoboken waterfront, as he was a long-shoreman and I as a merchant seaman. After St. Peter’s College as pre-med students, we went on to internships at St. Michael’s Hospital and finally to Holy Name Hospital as staff members. John died recently and I miss him greatly, as do others who had the privilege of working with him at Holy Name Hospital.

John was an outstanding physician with exceptional diagnostic instincts and an innate gift of providing his patients with a sense of compassionate competence.

John was what Italians refer to as an “originale”—none like him. I thank you, John, for your gift to medicine and to friendship—God bless you.

Your friend,
Charlie Carluccio

My Friend John

Congregation of the Sisters of St. Joseph of Peace
1854-2009

John Updike

Excerpt from his many works.

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