Safety in the palms of your hands

High-tech ID system ensures right care for right patient

Page 3
If you are not receiving Healthy Living Magazine in the mail and would like to, you need to join the Healthy Living Club. It’s FREE, and the magazine is just one of the many benefits!

Join online at UPMCAltoona.org or call 889-2630 or 1-888-313-4665.

Nail problems

Do you spend a lot of time looking at your nails? And no, the hour spent at the local salon getting them trimmed, buffed, and painted doesn’t count.

When was the last time you looked at your nails when they are completely bare?

Nails not only help us scratch pesky itches, they can also provide clues to our nutritional health, according to UPMC Altoona registered dietitian Lindsay Eckenrode.

“The old adage ‘you are what you eat’ can be applied to our nails,” she said. “Making nutritional choices at mealtimes can help support nail growth and appearance.”

Similarly, Lindsay said, our nails can reveal when our bodies are lacking certain nutrients.

“Nails can reflect nutritional deficiencies, such as low levels of iron, biotin, and protein,” she said.

Lindsay offered the following list of some common nail problems, along with the potential nutrient deficiencies associated with each:

- White spots: iron, zinc
- Cracking and breaking: protein, iron
- Brittle, weak, and dry: calcium, vitamin A
- White lines: zinc, protein
- Reddish-brown spots: folic acid, protein, vitamin C
- Curved nail end and darkening: vitamin B12

Now that you can identify a possible culprit, should you go shopping for vitamins and supplements? Biotin, for example, is an essential nail-building nutrient that’s popular in a supplement form, but Lindsay suggests getting it and other missing nutrients from natural sources first.

“Biotin can be found naturally in liver, meats, and most vegetables,” she said. “Eating a well-balanced diet gives you most, if not all, of those needed vitamins and minerals.”

If you suffer from brittle nails, Lindsay said, you might benefit from more yellow and orange vegetables, like carrots, that are rich in vitamin A.

“Spinach, broccoli, and other leafy green vegetables also give you vitamin A, along with calcium and folic acid,” she said.

To keep nails strong, make sure you’re getting adequate amounts of milk and dairy products, as well as lean meat, fish, and chicken — all rich in protein.

“Eggs are also a good protein source; plus they offer vitamin B12 and folic acid,” she said. “Folic acid may help with those reddish-brown spots, or you can try adding citrus fruits and vegetables in your diet, like green peppers and cabbage, which contain vitamin C.”

Eating right not only takes good care of your nails, according to Lindsay, it takes good care of your entire body.

“Don’t forget to drink enough water,” she added. “Just like our bodies, our nails need to stay hydrated, too.”

Chronic medical conditions can also affect the appearance of your nails. Always consult your physician if you have concerns.
Have you heard family members, friends, or neighbors talking about getting their palms “read” at UPMC Altoona? Rest assured, it has nothing to do with telling fortunes. Rather, UPMC Altoona is taking yet another important step to keep our patients safe. In June, the hospital’s Patient Access staff began using a cutting-edge biometric palm scanner to identify patients, making it the first health care system in the region to use such technology.

The program registered more than 4,600 patients in its first six weeks, according to Michael Letcher, director of Patient Access, who coordinated the effort. “Vein patterns are more accurate than fingerprints,” said Linnane Batzel, MD, MBA, chief medical officer and senior vice president for quality. “As a result, the technology provides a safe, secure, easy, and fast way for our patients to register for care.”

PatientSecure is just one example of the many ways UPMC Altoona is using state-of-the-art technology to deliver improved service to its patients. It is the ultimate assurance of patient safety, and allows for accurate patient record retrieval, ensuring that patients receive the care that is best for their unique needs.

What our patients are saying about the new palm vein scanners

“I think it is easier and more convenient than ever before. Not having to give your Social Security number makes it more private.” — Dana Eger, a transplant patient who is at UPMC Altoona every week

“I like the idea that you can come in and be immediately identified. Also, I like the security aspect of scanning. It reduces the information that I have to give during registration.” — Dick Carothers, a patient at UPMC Altoona

“Vein patterns are more accurate than fingerprints”
Computerized specimen labeling enhances patient safety and privacy

As a patient at UPMC Altoona, you will be asked for your name and birth date a lot. You may get tired of it, but understand that these two questions provide a unique-to-you combination that tells caregivers they have the right patient for the care they are about to provide.

It’s a low-tech but important patient safety practice. This summer, in a high-tech patient safety accomplishment, the Histology Department of the Laboratory began using a state-of-the-art, computerized barcode specimen identification and staining system. UPMC Altoona is the only hospital in the area to have this particular system. Supervisor Bill Lovrich, with more than 30 years of experience in Histology at the hospital, raves about the new processes and equipment.

Streamlining the process

“This system is fantastic,” he said. “It prevents the slightest potential for the introduction of specimen errors. The new computer-assisted process eliminates many steps and streamlines the human part of the process to increase patient safety.”

Joe Pufka, Laboratory administrative director, said seven Histology employees accomplished the technology advancement training while maintaining their daily workload of more than 100 cases. Histology processed about 23,000 surgical biopsies last year.

“Histology is a very busy section of the Laboratory,” Joe said. “The processing of tissues includes many steps, each of which could introduce an error. The Histology staff had never used this type of technology. I’ve never seen people so skeptical, so hesitant of technology, turn around and then embrace it so completely.”

The new process begins when a specimen first comes into the lab. The patient’s name is substituted with a bar code, which includes other patient identifiers. This is the beauty of the “one label, one time” barcode, Joe said, as it combines patient safety and privacy.

Privacy protected

Because no names are on the specimens being handled by Lab staff, patient privacy is protected until delivery of diagnosis by the pathologist into the patient’s medical record. The pathologist may also call and discuss his findings with the ordering physician because that physician’s next action depends on the pathology findings.

And that brings Joe back full circle: If a mistake in patient identification is made at the beginning of the process, a cascade of errors may follow.

“When we ask for name and date of birth, this is exactly why,” he said. “It’s not that the nurse or technician doesn’t know the patient’s name or fails to recognize them; it’s for the patient’s own safety.”

Joe emphasized the importance of active patient involvement, having the patient state his or her name and date of birth out loud, then having the staff member label the specimen in the presence of the patient. “The patient’s treatment — and possibly life — hinges on that specimen,” Joe said.

“*It prevents the slightest potential for... specimen errors.*”
Gregory Martelletti, 57, fields questions from his neighbors about his “claim to fame” as one of UPMC Altoona’s most well-known emergency patients, and he is grateful to be able to answer them.

The Altoona resident’s heart stopped beating outside a Duncansville market after he picked up groceries for a friend. He immediately received CPR from trained bystanders, and ambulance personnel continued it through arrival at the Emergency Department.

Then things got really interesting. A “Code Chill” was called.

A special team of emergency medicine doctors, cardiologists, critical care physicians, nurses, and support staff evaluated and cared for him using every means possible to save his life — including a technique called “therapeutic hypothermia.”

Therapeutic hypothermia involves lowering the body’s temperature for 48 hours to slow the metabolism and prevent the neurological damage sometimes seen from the flood of chemicals released by the body after a cardiac arrest, according to Matt Bouchard, MD, chairman of the Department of Emergency Medicine.

UPMC Altoona is among a select group of hospitals in Pennsylvania to offer the therapy, and Greg is one of the few patients it’s been used on here.

Mehrdad Ghaffari, MD, the critical care specialist who coordinated the multispecialty team that directed Greg’s care and recovery in the Medical Intensive Care Unit, said Greg was in the right place at the right time.

“He received the right care — from the scene to the emergency room to the intensive care unit,” Dr. Ghaffari said. “Everything worked together perfectly.”

Dr. Bouchard said Greg is a textbook success case because he came out of the medically induced hypothermia with his mental and physical capabilities functioning immediately and appropriately.

Greg remains in awe of the coalescence of circumstances and coordination of efforts that saved his life. He points out that had the attack happened five minutes later, he would have collapsed while driving his car.

“I am thankful for so many things ...,” he said, his voice trailing off with emotion.

Greg, a retired Altoona Hospital mental health counselor, also is grateful to his family and a multitude of health professionals who continue to encourage and support him on his journey back from the heart attack.

One is Kathy McGarvey, clinical manager of Cardiac Rehabilitation, who described Greg as “a very sharp, determined patient with an understanding of what he needs to do to improve his health.”

Greg isn’t the first therapeutic hypothermia patient to go through cardiac rehab, Kathy said, as other patients have received the treatment, but he is the most recognized (his story was recounted in the local newspaper).

Greg knows he has more work to do in rehab, and vows he will get it done.

“Whatever recommendations my doctors and nurses give, I’ll do,” he said. “The hospital team dove in with both feet to save me, and everyone moved with such teamwork, precision, and gave such an outstanding effort, that I want to give 110 percent as a patient. I owe them that.”

“I am thankful for so many things ...” — Greg Martelletti
Surgery relieves woman’s pain, restores her mobility

Frances Foster appreciates being able to do everyday chores most others take for granted, like hanging laundry outside to dry, standing to wash dishes at the sink, and walking posture-perfect through the grocery store.

Before having her spine “rebuilt from the bottom up,” as she explains it, Fran experienced severe back pain and limited mobility from degenerative spinal disease, damaged spinal discs, and compromised spinal nerves. She stooped severely when she stood, and used a motorized wheelchair for any distance greater than about 75 feet.

Neurosurgeon James P. Burke, MD, of Allegheny Brain and Spine operated on Fran in February and she is enjoying life again.

“Mrs. Foster’s quality of life progressively worsened because of her back and leg pains,” Dr. Burke explained. “The degenerative changes in her spine caused spinal stenosis that was further complicated by structural misalignment.

‘Remarkable’ recovery

“A combination of tried-and-true surgical techniques and state-of-the-art technology [see related story on this page about O-arm® technology] allowed us to take the pressure off of her spinal cord and nerves and restore normal alignment to her spine.

“Her recovery has been remarkable.”

A pain-free walk with a cousin … a day spent climbing in and out of the car, completing errand after errand … an afternoon of nonstop shopping — Fran ticks off one milestone after another.

“I feel really good,” said the 73-year-old Huntington County resident. “I pulled laundry in off the line. It felt good to stretch the muscles with no pain. I feel better and better each day.”

Fran knew the surgery was successful upon waking from anesthesia.

Completes physical therapy

“I didn’t have the incredibly intense pain I had been living with,” she remembers. After surgery, Fran completed a formal physical therapy program and continues to walk to improve her mobility.

“Her back muscles will adapt to the new position during the next two years as they continue to heal,” Dr. Burke said. “Surgery can only do so much, especially with progressive conditions such as degenerative spine disease and arthritis.”

Dr. Burke said it’s much better throughout life to practice prevention. Your body and spine are not made to lift and twist huge amounts of weight.

“People need to practice proper lifting techniques, divide loads into multiple trips, and protect their spines,” he said. “Many spine injuries and re-injuries may be prevented by thinking first and lifting second.”

Praises her caregivers

Fran agrees and knows how easy it is to think you can lift more than is realistic.

“It’s 90 percent better when I don’t have any muscle spasms, and I don’t have the spasms as long as I don’t overdo my activities. I tend to push way beyond my limits and that’s how I got into trouble,” she said.

“Dr. Burke keeps telling me not to push it and this time I’m listening. I learned my lesson after the last surgery. I didn’t listen then, and I made it worse than it was before.”

Fran is highly complimentary of the care she received throughout her experience.

“The nurses and all the staff were wonderful,” she said. “As for Dr. Burke, I call him my ‘sweetheart’ because I receive such excellent care from him. I’m able to enjoy my grandchildren again. I have my life back. It’s wonderful.”

The O-arm: a powerful surgical tool

Less than a year ago, when the hospital installed the O-arm® Multi-Dimensional Surgical Imaging System, it was only the seventh in the state to have it.

The revolutionary system design combines the ability to not only see inside a patient but fix problems without harming healthy parts of the body only a hair’s width away from surgical instruments.

The O-arm provides 3D images of the patient instantaneously on oversized, visually pristine flat-screen monitors easily seen by the surgeon and the assisting surgical staff.

It is an extremely powerful tool for the surgeon, who knows at all times where the instruments are in relation to the bones, blood vessels, and nerves. This reduces the risk of injury to those structures and makes it more likely that screws, when needed, will be correctly placed, resulting in a more stable final result and fewer complications.

O-arm technology is helpful in surgeries to correct spinal deformities, such as curvature of the spine (scoliosis); to fix bone-splitting spinal fractures, and to perform minimally invasive procedures where screws are guided to their target using x-rays.
HOW to give

To make a gift in love, tribute, or remembrance, contact the
Foundation for Life at 889-6406, or send a check with a note providing background
on the reason for your gift. You can also make your gift at
www.altoonaregional.org/gift_giving.

The Foundation will notify the person of your tribute gift with an appropriate card, and
you will receive a receipt and letter thanking you for your generosity and thoughtfulness.

Art students donate murals

UPMC Altoona and the Altoona Area School District have unveiled a series
of murals designed to enhance the hospital experience for patients, as well as
entertain visitors and staff.

Two murals have been hung on the third floor of the Outpatient Center at the
hospital and one on Tower 5 near the board room. District representatives,
teachers, and National Art Honor Society and Advanced Art students collaborated
to produce the murals, with funding from the hospital’s auxiliary.

“Without hesitation and wholeheartedly, the auxiliary approved the students’
request for the grant,” said Peggy Cawthern, president of Friends of Altoona
Regional, which raises funds to benefit patients. “The commissioning of the artwork
we believe is a first, and will be so beneficial to patients and their families.

“Also, we hope this sends a message to other area youth: We encourage your
involvement in the community’s hospital.”

Murals depict landmarks

The murals include historically detailed depictions of a traditional Altoona
neighborhood during the railroad’s heyday and modern interpretations of
Altoona-Blair County landmarks. They provide pure visual enjoyment to uplift
spirits, stimulate conversation, and recall the rich history of Altoona and
Blair County, according to student Josh Williams.

Patients of Medical Outpatient Services (MOPS) and the Non-Invasive Laboratory
see the murals a lot on their way to and from treatments and tests. Lori Shelow,
MOPS administrative director, feels that the murals offer visual therapy for patients,
some of whom spend as many as six hours in treatment.

Altoona Area High School art instructors and National Art Honor Society advisers
Sharon Wall, Ron Bowser, and Laura Kozdra contacted the hospital and supervised
the students.

“The students came up with the initial idea of participating in a community service
project and enthusiastically ran with it,” Sharon said. “We provided guidance. It’s
been a meaningful project for all, and we hope the patients and visitors of UPMC
Altoona find enjoyment in the murals.”

Golf event raises $56,000

The fourth annual Foundation for Life Golf Classic raised $56,000 to
benefit UPMC Altoona and its patients.

“We sincerely appreciate all of this year’s participants and the
numerous businesses and individuals who sponsored the event,
contributed prizes, and made donations,” said Shirley Hoyne, event
coordinator.

“Thanks to their dedication and contributions, everyone enjoyed a
beautiful day of golfing for a good cause.”

UPMC Life Changing Medicine and UPMC Health Plan were
tournament sponsors.

Gold sponsor was Xanitos. Silver sponsors included HealthSouth
Rehabilitation Hospital of Altoona, Leonard S. Fiore, and MedLine.

Foundation for Life

Holiday Splendor Gala and Auction

Nov. 8, 2013
6:30 p.m.
The Calvin House,
Duncansville

An affiliate of UPMC Altoona
A nonprofit community health care system
Special interests of musculoskeletal radiologists include sports-related injuries, tumors of the bones and muscles, and joint and spine intervention for pain management.

Do you perform any interventional radiological procedures?

Yes. Using the imaging technology to guide me, I can take samples (biopsies) of tissue or fluid for diagnostic purposes. I can also perform injections on painful joints with therapeutic agents.

Musculoskeletal radiology deals with imaging of bone and joint abnormalities, including orthopaedic, rheumatologic, and traumatic conditions. I use x-rays, CT scans, MRIs, and ultrasounds to help me study the anatomy and function of bones, joints, muscles, and the tissues that support them.

Special interests of musculoskeletal radiologists include sports-related injuries, tumors of the bones and muscles, and joint and spine intervention for pain management.

Is fellowship training in radiology important to patients?

Yes. Radiology is a comprehensive and complex medical specialty providing expertise and imaging evaluation of injuries and diseases. Radiologist training requires four years of medical school and five years of radiology residency. Fellowship training requires an additional one to three years of in-depth specialty training under the guidance of a top radiology specialist in one specific area. My dual fellowship training enables me to use the safest and most advanced technology and procedures in my role as a consulting specialist in the care of patients.

Please explain your subspecialties of neuroradiology and musculoskeletal radiology.

Neuroradiology encompasses all diagnostic and therapeutic (healing) examinations performed on the head and neck, and central and peripheral nervous systems. MRI is particularly useful in neuroradiology because it provides high resolution (extremely clear) images of soft tissue. Musculoskeletal radiology deals with imaging of bone and joint abnormalities, including orthopaedic, rheumatologic, and traumatic conditions. I use x-rays, CT scans, MRIs, and ultrasounds to help me study the anatomy and function of bones, joints, muscles, and the tissues that support them.

Is diagnostic medical radiation safe?

As it is with all patient services in all areas, UPMC Altoona is vigilant when it comes to imaging safety. Radiation outputs are routinely inspected by our physicists. We keep exposure as low as reasonably achievable for the safety of our patients, and therefore it is in a patient’s best interest to proceed with any recommended imaging examinations and procedures.