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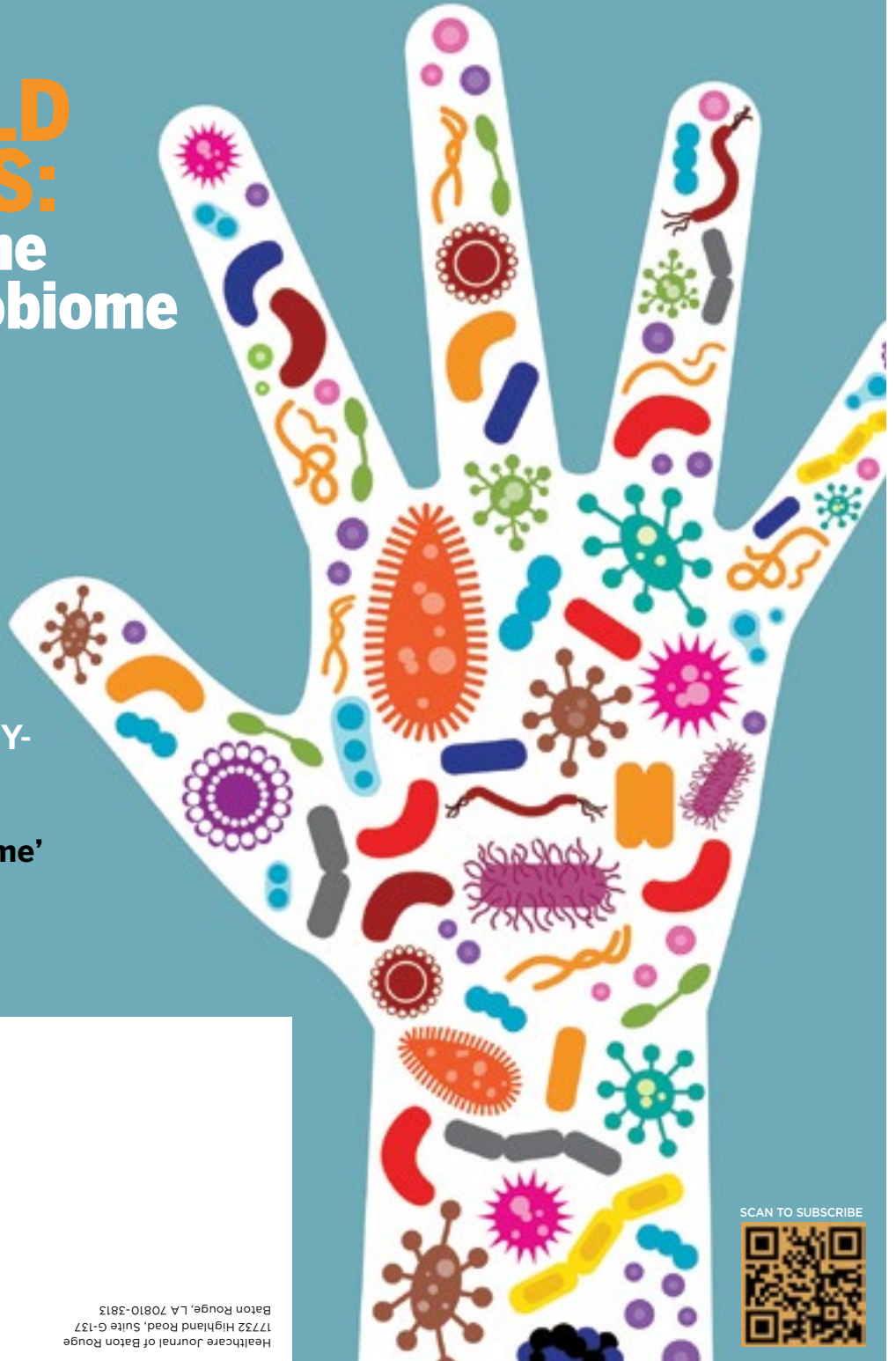
THE WORLD WITHIN US: Health and the Human Microbiome

HOSPITAL HYGIENE: DOING IT RIGHT

A One on One with
Kenny Cole, MD
Baton Rouge General
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The way you chew food may be more important than the food you chew.



WE SHOULDN'T UNDERESTIMATE the importance of mindfulness when chewing food. I've heard opinions that suggest most people chew between 5-7 times per bite during eating, while most nutritional experts recommend that number should be closer to 30 or more. But, one thing is certain, chewing food

more often and for longer periods of time is much better for one's health than eating quickly.

Some of the more known health benefits of chewing more often include weight loss, reduced irritable bowel syndrome (IBS), and improved digestive issues.

When chewing food more slowly and often, the surface area of the food becomes more exposed and offers an increased opportunity for the body to receive the nutrients.

I've been as guilty as anyone of rushing through a meal, and rushing through other important aspects of life that are meant to be enjoyed, and meant to be lived at their proper speed. As we know, many of the external messages are to do more, accomplish more, and hurry, even at the sake of our well-being. Occasionally, rushing is understandable, but over time if done too often, it becomes the pattern. Only mindfulness can break a pattern. Life will have a way of dealing with us if we don't give it its proper respect. Try slowing down. Surprisingly, you may accomplish more, and feel better.



The body gets information about food while chewing. Processed food typically loses its flavor more quickly. As the food is broken down in the mouth, the body will respond with signals as to which foods are more needed, and which ones can be avoided. By taking the time to understand the signals from the body through taste and chewing, we will ultimately make better choices that are unique to our needs. Flavor was meant to be understood, appreciated, and enjoyed, not just for short term pleasure, but also for the long-term pleasure of good health.

Lingual lipase is a fat metabolizing enzyme in saliva which breaks down fat. By eating too quickly, we are not allowing the body to break down food at the rate it was intended. Thus, by not allowing digestion to begin in the mouth, we are putting too much stress on the stomach enzymes to break down the food. As a result, we can feel tired and deny our body the full range of nutrients. Saliva is also known to help reduce plaque buildup on the teeth. Saliva, while breaking chemical bonds in the food, also helps to lubricate the stress on the esophagus.

You've probably read that the brain gets its full signal from the body at about 20 minutes after the body is adequately full. That's why simple practices such as setting the fork down after each bite, and a mindful ease and enjoyment of the eating process will ultimately lead to eating less. For the simple purposes of this column, I imagine I don't need to list the health problems associated with overeating.

Finally, there should be a gratitude for the meal. So much labor, preparation, and design has gone into the luxury of having good meals at our disposal; we should take a moment before, during, and after a meal to acknowledge this thankfulness and appreciate our abundance. Gratitude throughout the entire eating process will also enhance the body's ability to digest and nourish itself from the food. Gratitude is scientifically smart.

So, maybe try chewing more often and for longer periods of time. Hopefully, we all express some gratitude, and bon appetit.

A handwritten signature in cursive script, appearing to read 'Smith Hartley'.

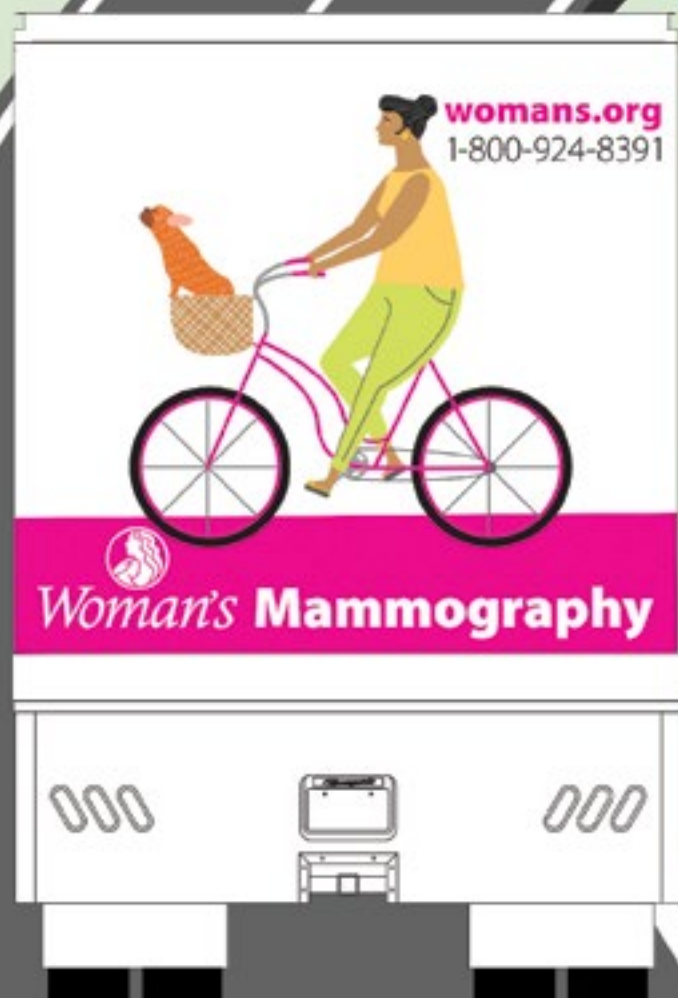
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In the past, hospitals were a dangerous place where patients could be admitted with a minor health issue and emerge with a serious disease. In the mid-nineteenth century, it was observed that women undergoing childbirth in a Vienna hospital were over three times more likely to die from fever if they were treated by medical students (who were exposed to infectious patients) than those in a neighboring ward treated by mid-wifery students. Eventually, Louis Pasteur discovered that microorganisms were responsible for infectious disease, and nineteenth century physicians like the Scottish surgeon, Joseph Lister, became champions of disinfection in clinical practice. Since then, nosocomial, or hospital-based, infections have decreased so dramatically that the uninitiated might think this is merely a historical issue. Preventing such infections, however, continues to be a major concern in hospitals to this day. The work of the infection control teams that keep our hospitals safe is a quiet, ongoing, and continuous effort that often goes unnoticed by patients and visitors. This month, we decided to take a look into the behind-the-scenes world of hospital cleanliness.

Our chief editor, Smith Hartley, spoke with Dr. Kenny Cole, Chief Clinical Transformation Officer at Baton Rouge General Medical Center. Dr. Cole is an Infectious Disease specialist with advanced degrees from LSU and Dartmouth as well as executive training from the Harvard School of Business. He has served on Baton Rouge General's Medical Staff as Medical Director of Infectious Disease, as well as practicing as a private practice internist at Baton Rouge Clinic, where he also served as Chief Quality Officer and Chair of the Internal Medicine Department.



HOSPITAL HYGIENE: DOING IT RIGHT

One on One with
Kenny Cole, MD
Baton Rouge General Medical Center

DIALOGUE

Chief Editor Smith W. Hartley Could you describe the importance of having a hands/gloves policy at a hospital?

Dr. Kenny Cole So, obviously that's extremely important. Let's start with hand hygiene. We know that hand hygiene is the single most effective way of reducing the spread of infection and of therefore keeping our patients safe from harm, such as a hospital acquired infection. So, it's incredibly important to do it.

You know, what's kind of an interesting backstory is that hand hygiene was first espoused back around 1847 when a guy named Semmelweis discovered that they had nurse midwives delivering babies, and they had medical students delivering babies, and the incidence of the rate of postpartum infection was much, much higher in the women where the medical students were delivering the babies, but not the nurse midwives. And so he tried to distinguish what the deal was, and what he discovered—this is going to sound disgusting but this is the truth—what he discovered was that the nurse midwives would always wash their hands before and after a delivery, and the medical students would come straight from doing autopsy dissections of dead people, and they would just deliver a baby without washing their hands. And it meant there was this high incidence of postpartum infection. And so Semmelweis postulated that they must have something invisible on their hands that was responsible for the stuff they were seeing in these women. Now this is prior to the discovery of germ theory; this is prior to anyone knowing about microbes or bacteria. Semmelweis just hypothesized that there was some invisible substance and said, “Hey, we can decrease this from happening by washing our hands.” What's really interesting to note is that Semmelweis died without the medical community at the time accepting his hypothesis; and they thought he was crazy and that his stuff didn't make any sense.

The reason why I share that story is because it's really been a very long journey in

terms of actually getting to a point where we have meticulous attention to hand hygiene, and we have high, high rates of hand hygiene before and after patient care. And that sort of exemplifies the cultural transformation that has had to take place in healthcare. I always talk about how process is how something should be done, but culture is how it's actually done, and so we all know that the process should be to practice hand hygiene relentlessly before and after all patient care, but unfortunately, it's just not always done, and that is due to a culture that needs to change. So, we spent quite a bit of time on that. It's one thing to have a policy, but it's another thing to actually lead the efforts that are responsible for the cultural transformation to where that policy is followed 100% of the time.

Editor How does a hospital identify high-touch areas?

Cole Several studies have identified areas

in hospital rooms that are most heavily contaminated with a patient's germs. And these most common high touch areas in the rooms are usually things like bed rails, bed surfaces, the bed table, over the bed table where lunch is served, and things like that, or a tray table, IV pumps, call buttons, even the sink. So, we just know that there have been studies and data that have shown that these are sort of the high touch areas. And it would make sense that the high touch areas are the areas that are going to have the greatest amount of contamination.

Editor And, in the cleaning process, is there a clean to dirty system? Do you guys use that or is that normally done?

Cole Yes. There are clean to dirty processes where, when we're cleaning equipment and patient care areas, they are cleaned typically starting with the less contaminated area and moving to the dirty areas.



“We know that hand hygiene is the single most effective way of reducing the spread of infection...”

Editor And how can a hospital control the air, and airway pollutants?

Cole Well, it depends on the area of the hospital and the particular population observed, but hospitals can have special air handling and ventilation systems to prevent the spread of airborne bacteria. The best example of this would be tuberculosis, where you have to have very specific rooms that feature a negative pressure where when you open the door no air escapes the room, but rather is sort of sucked back into the room in order to keep tuberculosis bacteria isolated and contained and not have it spreading throughout the air.

Editor Are there special filter type systems that hospitals use?

Cole There are. Of course, the most common filter is really going to be the mask that we have, the M95 respirator masks that are worn. So, any healthcare personnel who

enters into a room where there's the capability of airborne transmission would wear an M95 respirator mask.

Editor I know everybody has big policies and procedures manuals about contamination disposal, but could you just briefly touch on the process of contamination disposal?

Cole Yes, I can briefly touch on it in the sense that our hospital adheres to all local, state, and federal standards in regards to disposal of any type of contaminated trash or things like sharps, needles, used needles, things like that. And so, we have processes in place on how to handle dirty linen as well and how to get that laundered and sanitized and so forth.

Editor And with regard to the use of cleaning chemicals that have toxicity, how, in the process of the hospital, can these chemicals be minimized?

Cole We certainly adhere to all standards in regards to handling and processing of chemicals and chemical waste. So, that includes things like providing all staff and physicians with proper personal protective equipment to wear when handling these chemicals. A hospital will participate in a program that provides material data sheets in the event of any type of chemical exposure that would then provide information on that chemical as well as the protocols for cleaning the affected areas or any necessary medical treatment that could be required following exposure. Having said all that, it's actually very, very rare for a chemical exposure to occur within a hospital, but in the event that it happens, we do have protocols and processes in place on how that is handled.

Editor And what are some of the especially hard to clean machines or areas of a hospital?

Cole Well, certainly a big focus that we have is going to be on really thorough cleaning. We actually spend quite a bit of time getting our EDS personnel motivated, engaged, making them understand they have such an incredibly important role in keeping our patients safe by doing incredibly thorough cleanings. For example, there are some types of infection where we'll actually do a double cleaning. We'll clean the room twice if it happened to be a patient with a highly resistant organism or something that we're really worried about.

And then there are other things like, for example, there were these specialized endoscopes, and there were some media reports about patient infections being transmitted via these endoscopes. These endoscopes typically would be used for what we call upper endoscopy or gastroscopy, where the scope would go and look down an esophagus and into a stomach. And what was found was that these endoscopes had these little tiny areas that made it very hard to completely clean and disinfect, and so then they had to come up with new cleaning protocols; it was the CDC that addressed it. Whenever these reports came out, the Centers for



“I think hand hygiene rates among our nursing staff—I would put up near the top of the country in some of the data that I’ve seen. And it’s really about developing that habit of doing it.”



Disease Control addressed them and came up with new policies on how to clean and disinfect those instruments, and so of course Baton Rouge General immediately followed those recommendations for cleaning and disinfecting.

Editor How important is the role of nurses in minimizing infections for the hospital?

Cole It is incredibly important. I mean, they play a vital role in reducing the spread of infection, because they are probably the most frequent touch point in contact between the patients. So, that’s one of the reasons why we have striven so hard to get hand hygiene rates to where we have them currently. I think hand hygiene rates among our nursing staff—I would put up near the top of the country in some of the data that I’ve seen. And it’s really about developing that habit of doing it.

So, for example, I’ve told the story to others that I grew up with. This will date me—but I grew up in a time when we did not routinely wear seatbelts. I remember if I had worn a seatbelt around my buddies in high school, they’d have made fun of me. They’d have teased me. It took me a while. And even then, I remember when they were passing the law in Louisiana, okay, you have to wear your seatbelt. I sort of remember my

initial really ignorant reaction to that was, “How dare they tell me what to do? I’m in my own car. It should be my right whether to wear a seatbelt or not.” Until somebody very astutely pointed out that, yeah, unless you end up going through a window and become a quadriplegic, and now you’ve not only affected yourself but all of the health-care dollars that are going into caring for you. Over the years you’re going to drive up the cost of care for everyone else and so, you need to have a sense of responsibility, not only for yourself, but for others.

That right there was enough to make me think, “Oh my gosh, I never thought about it like that before.” Now, putting on a seatbelt is not anything that I give conscious thought. I just do it. It’s habit. I would never think of not doing it. And when you watch the nurses, who have sort of enculturated that into their routine, they don’t have to think about hand hygiene. It’s something that they just do mindlessly. As soon as they walk in the room they’re doing it. As soon as they walk out the room they’re doing it. They’re not even thinking about it. It’s just like putting on a seatbelt.

Editor So, how is hospital staff continuously updated and trained in techniques for cleanliness?

Cole Our staff will receive annual training on cleaning and disinfecting equipment in environmental services. That can mean a couple of different areas. We have some online stuff, we have direct hands-on type training, and anytime there’s a change in the process, the education department steps in. We have an entire department that’s organized just around providing staff education, and they’re the ones who are tasked with providing notification to the appropriate frontline staff.

For example, think back when there was the Ebola epidemic in Africa a few years ago, and there was this concern about whether there would be an Ebola epidemic here in the United States. Well, that was really never a valid concern because the things that propagated the Ebola epidemic were unique to Africa. It had to do with sanitation, it had to do with burial practices, family traditions, and the way they handled the dead, and all of these types of things that did not exist here in the United States. So, I was never concerned about us having an epidemic of Ebola here in the United States, but what did happen, if you remember, was there was a case in Texas where a guy came in to Texas after he had traveled to Africa. He was diagnosed with Ebola and he was hospitalized. There were some nurses that took care of him that, despite the fact that

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“We feel like it’s our solemn obligation to keep our patients safe from harm and reduce the risk of hospital acquired infection.”

he had been put in isolation precautions in a special room and the nurses had donned gowns and gloves, they actually still came down with the infection.

And then there was a nice illustration by Dr. Sanjay Gupta on television, where he took a gown and poured chocolate sauce on his gown, and then he removed the gown like most people would typically remove the gown, and after the removal of the gown, showed the areas of chocolate sauce and how he had contaminated himself because he didn’t remove the gown properly. I think that is very common in American health-care—that there’s not enough training devoted to the proper donning and doffing of protective gowns and gloves.

So, what we’re in the process of putting together is a skills lab where we use a substance called “glow germ” that we can basically put on a gown or on environmental surfaces, on gloves, and then have somebody—they don’t know the glow germ is on it—and then we can have them remove it. And then you turn off the lights, and we see where they may have contaminated themselves. And we do that as an educational illustration of “look how easy it is [to get contaminated]

if it’s not done perfectly.” Then, we proceed with going through a skills lab where they’re educated on exactly how to reduce the spread of infection, not only through good hand hygiene, but through proper donning and removal of protective garments.

Editor Overall, how does a hospital balance between preventive cleaning maintenance schedules and alerts that receive more of a quick and efficient response?

Cole The infection prevention department is really tasked with doing that and they perform scheduled audits to ensure all preventive cleaning maintenance and other patient safety protocols are in place. For example, we’ll even have “secret shoppers” who are watching for hand hygiene practices so that we know internally who’s practicing relentless 100% hand hygiene versus who might not sometimes. And then, we have ways of how do we address that? So, if a staff member knows anything that can cause patient harm, including any areas of concern with cleaning procedures, they’re instructed to notify their manager or infection control prevention immediately.

Editor How is the priority of cleanliness and control achieved as a shared focus between administration and everyone involved?

Cole So basically, one of our key strategic priorities as an organization is with regard to safety; reducing or avoiding preventable harm, which would include hospital-acquired infections, and so we have identified it as a key organizational priority. Infection control would fit within that, because that’s within that safety priority. We feel like it’s our solemn obligation to keep our patients safe from harm and reduce the risk of hospital-acquired infection. It’s a key strategic priority for the entire organization, to the point that it’s built into our strategic planning process. And then the scorecards, for ensuring that it’s being followed, will be on our leader’s scorecards so that they’re held accountable for cleanliness and taking it seriously. For example, if the hand hygiene rate on a given unit is not at the specified desired level, then the leader of that unit is held accountable for the fact that it’s not, because we believe it is the leaders who really set the stage for what is the culture of the unit, what are the typical practices and norms of how we go about keeping our patients safe from harm.

Editor I imagine like most things, the products and the techniques improve over time. How does the hospital keep up with the improvement; with achieving the objective of cleaning and being safe to its best level?

Cole It’s a constant work in progress, because hospital-approved cleaners and disinfectants are constantly being reformulated to provide more effective disinfecting in shorter times. It’s tedious. Not only do you have to make sure that you are disinfecting properly and thoroughly, but it has to be done as quickly as possible because oftentimes there might be patients in the emergency room waiting for a bed. And so, it’s not only important to make sure the room gets completely clean, but also that it’s done efficiently and effectively so that patients don’t



“...SOME BACTERIA AND VIRUSES ARE VERY HARD TO KILL, AND SO WE HAVE TO BE VERY SELECTIVE WHEN CHOOSING DISINFECTANTS.”

have to wait in the emergency room, and they get to the hospital room where they need to be.

There's also research in the development of disinfectants that are more environmentally friendly, but we have to remember that some bacteria and viruses are very hard to kill, and so we have to be very selective when choosing disinfectants. I guess the biggest example is going to be with regard to a bacterium called *Clostridium difficile*, which makes spores, and these spores can be really resistant to cleaning. So, that's why whenever we have a patient who has that infection, we usually will do a double cleaning. We'll clean it twice, because we don't feel like once is good enough for some things. And then we provide our staff with personal protective equipment to ensure their own safety, too.

Editor And finally, what's the best way to sustain and build upon the reputation of a hospital as being clean and well maintained?

Cole I think there are a couple of ways. One, there are the Leapfrog safety scores. Leapfrog was an organization that was formed in 2001 after the Institute of Medicine report in 2000 called “To Err is Human”—that was a report that basically said that as many as 98,000 people per year were dying in hospitals due to preventable harm. And so Leapfrog was an organization that was formed to try and grade hospitals on their most basic of things, which is keeping people safe.

And literally, five to ten years ago, the percentage of physicians across the United States who were practicing routine hand hygiene was significantly lower than it is today. And, I mean it could sometimes be numbers as low as 20% or 40%, which sounds outrageous when you

think about it, but understand that was just kind of part of the culture of healthcare.

And, it's actually a well understood concept of something we call “normalization of deviance with active discounting of risk,” which is when the risk of future harm is removed from real time. The thought of, “Oh, I washed my hands after the last patient, yeah, I typed on the keyboard, but the keyboard was clean, I don't need to clean my hands this time, I'm in a hurry.” That's kind of a mindset. It's a culturally infixed mindset that really was probably in a way worse among physicians. I am a physician so I'll own up to it and say that it's worse among us. The nurses have always probably been better at practicing hand hygiene than the physicians.

So, we really believe it's a leadership responsibility to ingrain cleanliness in the culture of the organization, and that's the only way to succeed at infection control. So, right now our current rate of hand hygiene as a hospital is 85%, and we don't believe we're going to have achieved our goal until it's 100%. Nothing else is acceptable. One hundred percent is where it needs to be. The physicians are actually dragging us down a little bit. They're at 76%. They're kind of

bringing our total down, so we've got to get them onboard and that's a leadership challenge. It's “How do you lead physicians to change their culture?” and believe me, that's not an easy task, because physicians are no... there's a phrase, “herding cats,” it's a really applicable phrase when it comes to physicians. So, we are running an initiative that has improved these numbers. We were actually, I think, probably at about 65% a few months back, and we're up to 76%. But the message is, it's not going to be acceptable until it's 100%, period. That's the only number that's acceptable.

Editor Is there anything else you wanted to add?

Cole Look, we feel that around here it's everyone's job to keep our patients safe. When I talk to the environmental services workers, I'm making sure I tell them what an unbelievably important job they have. It's interesting when you go back to John F. Kennedy when he was touring NASA back in the 1960s. This was after he had launched the initiative of, we're going to send a man to the moon and bring them back safely by the end of the decade. Right? That was the message that's delivered. That message penetrated NASA to such an extreme point that when he was visiting NASA, he came across a custodian, a janitor, and he asked that janitor, “What's your job here at NASA?” and the janitor replied, “My job is to help put a man on the moon.”

And that's the culture that we want at this organization, that essentially it doesn't matter what your role is, what your job is. Your job is to keep our patients safe. And, we want everyone here, from environmental services, to our infection information technology team, to our surgeons and our physicians, to know that. We understand that no health-care worker intentionally wants to harm a patient, but the concept of human nature is that we typically minimize risk. So, we try to change that behavior—change that culture. ■

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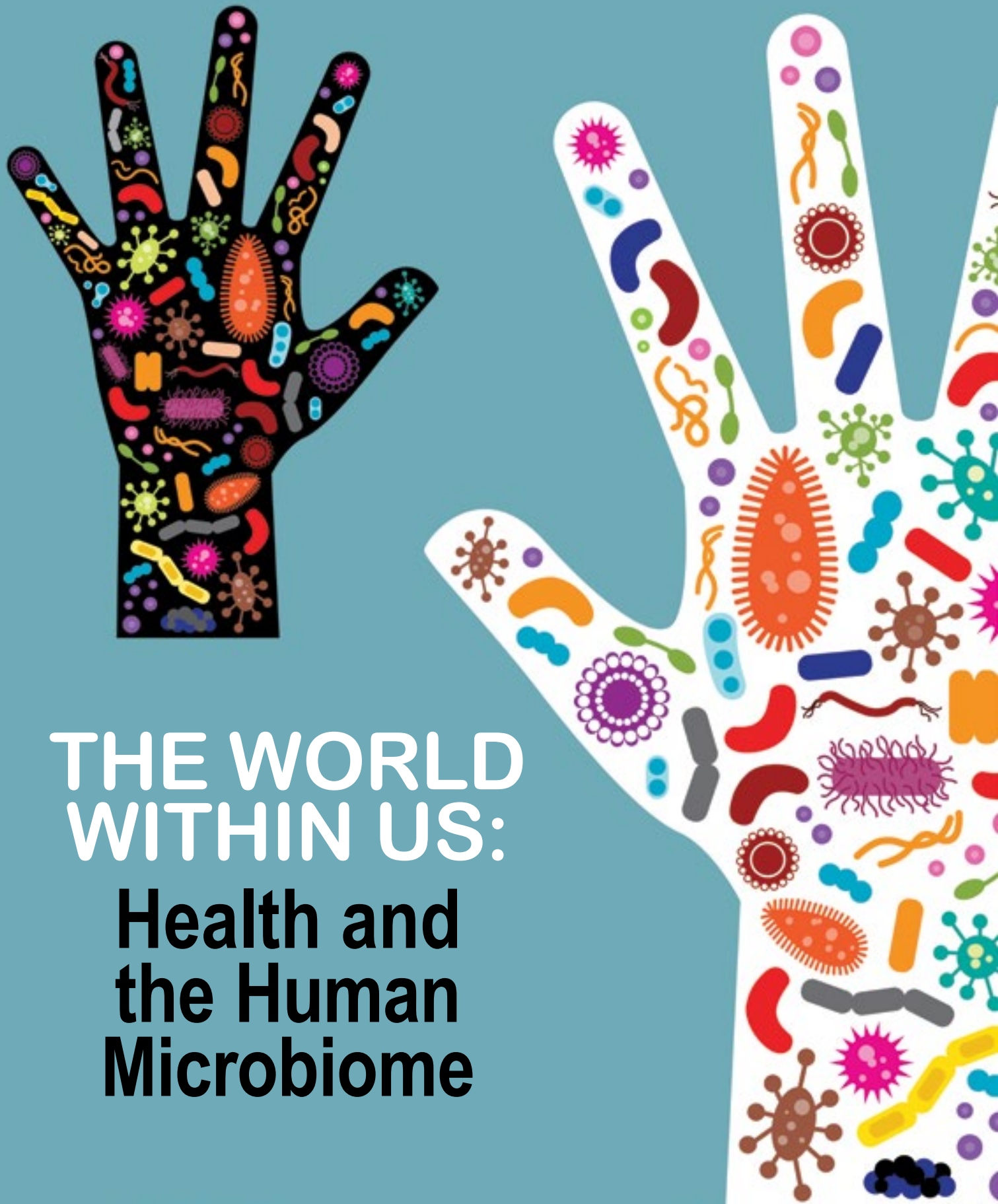
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THE WORLD WITHIN US: Health and the Human Microbiome



When you look in the mirror, what do you see? The image of a human individual—a single living being—is deceptive. In truth, not even half of the living cells in a human body are actually human. The majority belong to an invisible-to-the-eye but massive population of tiny creatures, symbiotic cohabitants known collectively as the microbiome.

THE MICROBIOME is made up mainly of bacteria, but also includes fungi, protists, and even archaea (nonbacterial prokaryotes often found in extreme environments). This microbial population is extremely diverse, and in fact consists of several different and mostly independent communities, each adapted to its own environment. The microbial community in the intestinal tract is very different from that in the vagina, and these are both very different from that in the mouth. Microbial populations live all over our body, from our lungs and gut to inside our nose, mammary glands, seminal fluid, ovarian follicles, and of course all over our skin. Even the insides of our eyelids serve as habitats for microbes.

So, in a sense, we are mini-environments for large communities of tiny life forms. We provide these microbes with nutrients, water, and protection from dangers like the UV radiation in sunlight. But what do they provide to us? Are they just silent residents taking advantage of all our bodies have to offer them, and giving back nothing in

return? Or is it a two-way street—do they also exert actions on us, their living environment, that affect us in subtle or serious ways?

Until recently, that question was virtually impossible to answer in any sort of comprehensive way. In the past, research in natural microbial populations in both internal and external environments was difficult to conduct. Traditionally, in order to study a microorganism, you would need to culture it. In order to culture a bacterium (or other microbe), you need to create a culture environment in which it can thrive, which requires understanding the biology of the microbe, plus a lot of time and effort in trying different culture conditions before getting one that works.

Since natural microbial communities are composed of countless species, most of which have not even been named, let alone studied to the point of being able to culture them, it was simply impractical to study these microbial communities as a whole. Instead, most microbiology focused

on microbes of disease significance—those bacteria, viruses, and parasites that are NOT normally found in the body, and that cause illness when they are. The “good microbes” quietly living their lives in and on our bodies, were ignored.

Then, in the 1980s, molecular biologists started to realize that you could study populations of microbes in environmental samples in essentially the same way individual genomes were starting to be studied—on the basis of their DNA sequences. In 1988, a team of University of Indiana researchers led by Dr. Norman Pace began a study using PCR to directly amplify highly conserved parts of the 16S ribosomal RNA gene from Pacific seawater samples collected off the coast of Hawaii. Since all bacteria use 16S ribosomal RNA, and parts of the gene encoding this RNA are extremely conserved, amplifying this gene in a sample can “catch” virtually all of the bacteria in that sample, even completely unknown species. In this way, microbiologists could not only study bacteria they did not know how to culture,

but they could also study bacteria that they didn't even know existed—species that were completely uncharacterized—and they could study all of the bacteria in a sample, as a whole community, at once.

In 1991, this team, Schmidt et al., published their analysis of a marine picoplankton community, characterized as a whole on the basis of DNA sequence data. Since then, laboratory techniques have become increasingly sophisticated, and in 2004, J Craig Venter and colleagues published the first pilot whole-metagenome analysis of marine microbial samples from the Sargasso Sea. That is, building on the techniques they developed to sequence the human genome, they were able to sequence the entire “genome” of a sea sample. On the basis of this multi-organism community genome, called a metagenome, they found over 1,800 species, including 148 previously unknown bacterial phylotypes. With over a billion base pairs of whole-genome sequence data, they were able to elucidate not only species but also gene content, diversity, and relative abundance of the organisms within the sampled community. In addition to identifying new species of bacteria, the whole-metagenome approach allowed them to identify over a million previously unknown genes.

At this point, the field of metagenomics was a fully birthed baby, with methods and technology that could be developed for use in any type of metagenomic study. Today, in addition to large-scale environmental studies such as the Earth Microbiome Project,

researchers are now conducting a number of human microbiome studies, including prominent large-scale studies like the NIH Human Microbiome Project, the Metagenomics of the Human Intestinal Tract (MetaHIT) consortium, a joint project of the UK's Sanger Institute and the European Commission, and the American Gut Project, an ongoing crowdsourced project directed by biologists Rob Knight and Jeff Leach. It is from these large-scale projects, as well as a number of smaller academic studies, that we have started to scratch the surface of what the microbes living in our bodies do for us.

The Human Microbiome and Human Health

It turns out, these microbes do quite a lot. For a start, beneficial bacteria can help protect the gut from pathogens via a competitive exclusion effect. Simply put, the “good bacteria” crowd out the “bad bacteria” that would otherwise cause disease. But they do much more than that. A healthy gut microbiome is protective against allergies, obesity, type 2 diabetes, irritable bowel syndrome, Crohn's disease, and ulcerative colitis (Inflammatory Bowel Disease), and even mental health conditions like depression.

Among the most surprising associations is a link between the microbiome and Parkinson's Disease. The etiology of Parkinson's Disease has long eluded biologists. It does not have a strong genetic component, and is not an infectious disease. Epidemiologically, the pattern of the disease suggests an

environmental cause, and several toxins have been implicated, but none have been found to exert a strong enough effect to be considered responsible. Several studies have observed that the gut microbiome in Parkinson's patients differs markedly from that in healthy people. Beyond association, however, are preliminary results that indicate causation, including mechanistic studies in mice that point to neuroinflammation resulting from microbial metabolites, and a transplantation study, in which University of Wisconsin researchers Sampson et al. transplanted fecal material from human Parkinson's Disease patients and normal, healthy human controls into genetically susceptible mice. The mice that received the fecal transplant from healthy donors continued to be healthy, but the mice that received the Parkinson's patients' microbiome began to show Parkinson's-like symptoms.

While data linking the microbiome to Parkinson's Disease are new and sparse, the microbiome link for other disease areas has been clearly shown. When gut microbiomes from lean or obese donor mice were introduced into microbe-free mice, the mice who received the obese microbiome became obese, while those who received the lean microbiome stayed lean. Further, germ-free mice given the microbiomes of obese humans or their lean twins had the same effect on their phenotype—the microbiomes from obese humans made the mice obese, while the microbiomes from lean humans did not. This was the case even



A healthy gut microbiome is protective against allergies, obesity, type 2 diabetes, irritable bowel syndrome, Crohn's disease, and ulcerative colitis (Inflammatory Bowel Disease), and even mental health conditions like depression.

THE MICROBIOME



Dr. Frank Greenway

“...if ‘good bacteria’ are good for our health, can we just take probiotics to get those good bacteria into our bodies? The short answer is, no, for a number of reasons, according to Dr. Frank Greenway of the Pennington Biomedical Research Center.”

though germ-free mice are relatively resistant to weight gain, compared with conventional mice. Insulin resistance has also been reversed in mice upon transfer of a healthy microbiome.

In humans, microbiome transfer via fecal transplant has been astonishingly effective for patients infected with *Clostridium difficile*, a bacterium that causes severe diarrhea. Patients who had suffered for years from *C. difficile* found their symptoms disappearing mere days after fecal transplant from a healthy donor. Today, fecal transplant is a standard therapy for *C. difficile*, with 90% success rates in patients who had been unresponsive to antibiotic therapy. Fecal transplant is also being studied in irritable bowel syndrome, Crohn’s Disease, and Ulcerative Colitis patients. Clinical trials are also underway for microbiome transfer as a treatment for obesity, metabolic syndrome, and non-alcoholic fatty liver disease. Donors should be chosen carefully; a case report of a *C. difficile* patient who received a fecal transplant from an obese relative reported that the patient, who had never been obese, experienced an increased appetite and rapid, unintentional weight gain. To stay on the safe side, therefore, most guidelines now specify that fecal donors should not be obese.

One of the most intriguing and mysterious areas of microbiome research is the effect of the microbiome on mental health and behavior. Pennington Biomedical Research Center biologists Annadora Bruce-Keller and colleagues compared mice who had received fecal transplants from donors who had been fed a high-fat diet with those receiving transplants from donors fed a normal diet. The mice receiving the high-fat microbiome exhibited significant disruptions in exploratory, cognitive, and stereotypical behavior. Recently, they have extended their research to look at the behavior of offspring of mice with different microbiomes. They transferred two sets of microbiomes, one from lean mice fed a healthy diet and the other from overweight, metabolically unhealthy mice fed a high-fat diet, into pregnant mice, and looked at the consequences for the babies. They found

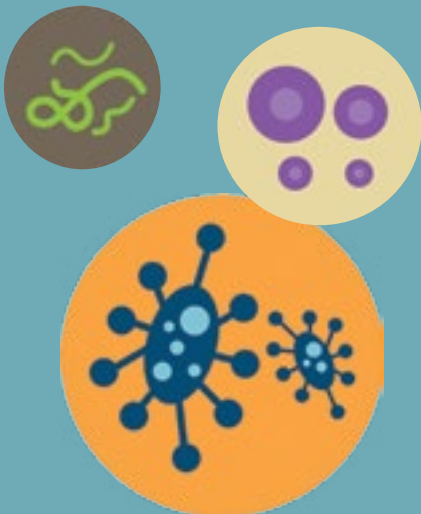
that the pups of mothers given the unhealthy microbiome had a number of behavioral differences from the pups of mothers given a healthy microbiome. Differences continued to be seen into adulthood. Male offspring in particular were affected, with the sons of unhealthy-microbiome mothers showing significantly increased behaviors associated with anxiety and cognitive impairment.

Probiotics vs. Prebiotics

While fecal transplant is a promising treatment for some serious disease conditions, most non-diseased people seeking to cultivate a healthy microbiome probably do not want to go that far. Instead, if “good bacteria” are good for our health, can we just take probiotics to get those good bacteria into our bodies? The short answer is, no, for a number of reasons, according to Dr. Frank Greenway of the Pennington Biomedical Research Center. First, it appears that a healthy microbiome is a diverse microbiome; there is no one bacterial species or small group of species that are “the good ones.” Not only do probiotic pills only contain a few different species of bacteria, but many of the bacteria in a healthy, diverse microbiome are anaerobic and too fragile to survive being pressed into a pill, swallowed, and immersed in a hostile, low pH environment, says Dr. Greenway. In addition, if you do manage to introduce some good healthy additions to your microbial population, but then eat a narrow range of low-fiber processed foods, these microbes will essentially starve to death.

Instead, Dr. Greenway says, the focus needs to be on feeding the microbiome to encourage a good mix of microbes. Towards that end, he and his colleagues have been investigating the clinical efficacy of various prebiotics in fighting chronic diseases like diabetes. While he emphasizes that a diverse mix of unprocessed food is a good way to maintain wellness, for those already suffering from a chronic illness like diabetes, a more proactive approach may be needed.

“It seems that, when people have a chronic disease like, say, diabetes, they tend to have certain dysfunctions in terms of a normal



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“Together with colleagues from Pennington, LSU, and the New Orleans-based biotech company MicroBiome Therapeutics, he investigated the efficacy of a gastrointestinal microbiome modulator (GIMM) containing inulin, beta-glucan, and blueberry extract on glucose metabolism in diabetic, pre-diabetic, and healthy people.”



microbiome,” Dr. Greenway explains. “And, so, one of the ways that one could approach that is to try and find things that the bacteria would like to eat, that would encourage the ‘good guys’ to restore the normal functions of the biome.” He believes that dietary supplementation can help grow beneficial microbes that help to restore these normal functions.

Together with colleagues from Pennington, LSU, and the New Orleans-based biotech company MicroBiome Therapeutics, he investigated the efficacy of a gastrointestinal microbiome modulator (GIMM) containing inulin, beta-glucan, and blueberry extract on glucose metabolism in diabetic, pre-diabetic, and healthy people. Inulin, a dietary fiber obtained from the Agave plant, is fermented in the gut to short chain fatty acids, which are associated with improved glucose homeostasis and insulin sensitivity. Blueberry anthocyanins can exert an insulin-like effect on starch degradation. Beta-glucan is a natural component of the cell walls of bacteria, mushrooms, seaweed, yeast, and cereals such as oats and barley, that has shown a number of promising health benefits such as decreased risk of heart disease. In terms of the microbiome, beta-glucan helps to cut down on “leaky gut” – a catch-all, non-etiological designation for bloating, gas, cramps, food sensitivities, and aches and pains that may be related to increased permeability of the intestine. Beta-glucan serves to slow down the absorption

of fats and carbohydrates, while protecting the lining of the GI tract and stimulating the immune system, says Dr. Greenway, and through these actions “cuts down on the leaky gut and reduces the inflammation.”

While each component of this multicomponent GIMM, called NM504, has benefits in its own right, NM504 is designed to be administered in combination with metformin, a traditional first-line diabetes treatment. The results in diabetic patients have not only been positive, but in some cases, dramatic. Dr. Greenway describes the case of a patient whose fasting glucose had only dropped from 375 mg/dl to 325 mg/dl with metformin treatment, but who then decided to supplement with NM504. “About 20% of the people who take Metformin develop GI problems with it, and he was one of those people. After about nine days on Metformin, he was just having constant diarrhea,” recalls Dr. Greenway, “Well, after two days on the supplement, his blood sugar had dropped to about 175, and his diarrhea was completely resolved.” After just 8 weeks of taking NM504 along with the metformin, the patient’s fasting glucose had dropped to 100 mg/dl. In addition, the watery diarrhea he had experienced as a side effect of the metformin disappeared when the treatment was supplemented with NM504. Further, at one point, the patient had run out of the supplement, and his diarrhea returned. After a few days, when he was able to begin taking the supplement again, his diarrhea once again

resolved.

“We were pretty impressed by that, and metformin does make changes in the microbiome, so we did another study that we published to take people with intolerance to metformin and had them take either a placebo or supplement for two weeks and showed that, in groups of people, that it reduced the side effects of metformin. That’s the sort of thing we’ve been doing– trying to look at the microbiome from the perspective of its function more than just looking at the individual bacteria that are in it.”

The results of the pilot trial, published in the *Journal of Diabetes and Its Complications* in 2015, found a clear improvement in glucose tolerance in patients with fasting blood glucose levels between 100 and 200 mg/dL (pre-diabetic or diabetic) who had taken NM504 and metformin compared with the group who took metformin only. In addition, the NM504 group experienced increased satiety compared with the control group. Dr. Mark Heiman, chief scientific officer at MicroBiome Therapeutics, emphasizes that metformin is a safe and effective drug, and that “NM504 is not a substitute for metformin, but it may be used with metformin to help individuals better tolerate the GI side effects and thus help them continue to obtain the benefits of taking the medicine as prescribed by their doctors.”

MicroBiome Therapeutics is also developing a product for obesity, called MT303. It is made from “activated” soybean pods,

which contain phytoalexins, chemicals that are released in plants when they are stressed. “If you stress the young soybean pods by cutting them,” explains Dr. Greenway, “they make these phytoalexins, which in the case of soy is called glyceollin.” Dr. Greenway describes how mice fed MT303 ate more than control mice, yet lost weight. Clues to this paradox were found in the stool: the stool samples contained increased amounts of triglycerides, indicating that, rather than being absorbed, much of the fat these mice were ingesting was just passing through their systems. “When they fed these activated pods to rodents who were on a high-fat diet, it turned out that there was an increase in the stool volume. There wasn’t any diarrhea, just more stool.”

Dr. Heiman is looking towards what MT303 can do for humans. Beyond just helping people lose weight, he explains that MT303 “has been shown in mice to impede the absorption of fat into the blood from a high fat diet. This may be useful in helping to maintain healthy fat levels in the liver and blood in individuals with a number of disorders such as nonalcoholic steatohepatitis.”

In addition to diabetes and obesity, Dr. Heiman is looking towards the myriad of other health conditions affected by the microbiome. Compared with new drug development, GIMM development can move forward much faster, since these are natural dietary supplements—technically, they are food, not drugs, and there are no side effects beyond those of eating foods like soybeans and blueberries. While Dr. Greenway stresses the importance of clinical trials—after all, there are thousands of natural products that purport to treat any number of conditions, but which do not do so effectively, or, necessarily, safely—he also told of how soybean pods, from which MT303 is derived, used to be a regular part of the diet in the Midwest in the 19th Century, and were eaten in China in ancient times. It is ironic that after centuries of progress and development, our diets have actually become impoverished in ways we are just now beginning to understand.

Dr. Heiman hopes to put the emerging knowledge about the microbiome and the prebiotics required for it to flourish to good use in improving human health. He takes

a holistic view of how understanding the microbiome can improve our health. “We and others are discovering and developing GIMMs from specific isolated micronutrients in foods to offer a safe means to deliver key nutrients, which may be deficient in a diet and are necessary for a healthy functioning GI microbiome. The microbiome within our gut responds to nutrients we eat, the drugs we take orally, and substances we ingest to supplement our diets. It is too early to define all responses of the GI microbiome to each of the entities we consume but it is very likely that our choices determine the composition and function of our GI microbiome. Scientific investigations are beginning to define particular signals produced by the GI microbiome that communicate with our physiological systems. These associations are revealing novel connections for health, but there are also suggestions that some products from the microbiome may participate in disease states.” His enthusiasm for the promise of this novel area of biology is palpable: “It is like discovering a new organ within us that is primarily modulated by our dietary choices.” ■

“Dr. Heiman hopes to put the emerging knowledge about the microbiome and the prebiotics required for it to flourish to good use in improving human health.”



PHARMACEUTICAL COMPANIES ARE INCREASINGLY AGREEING TO REFUND MONEY IF PATIENTS DON'T RESPOND TO MEDICATIONS AS EXPECTED. THE TRUMP ADMINISTRATION IS INTRIGUED, BUT CRITICS SAY THE DEALS ARE UNLIKELY TO REDUCE CONSUMERS' BILLS.

DRUGMAKERS' MONEY-BACK GUARANTEES

An Answer to Rising Prices or a 'Carnival Game'

By **Charles Ornstein and Katie Thomas**
ProPublica, July 10, 2017
(This story was produced in partnership with the New York Times)

MORE THAN A DECADE AGO, Italy tried a novel approach to help bring down drug costs: asking pharmaceutical companies to return money to the national health system if some of their medicines failed to work as expected. The effort largely flopped.

The Trump administration is now considering whether to encourage a similar approach. Pharmaceutical executives presented the idea to President Trump at a meeting in January, and the general concept was raised last month in a draft executive order aimed at combating rising drug prices.


A number of drug companies have recently entered into such deals, which they call outcomes-based contracts. Merck has done so for its diabetes drugs Januvia and Janumet, promising to return money if patients' diabetes did not meet goals for control. And Novartis, which makes the heart failure treatment Entresto, is refunding money if too many patients taking the drug are hospitalized. In more typical deals, drugmakers pay rebates to insurers based on the number of drugs sold and to gain easier access for members to their products.

But there is scant evidence this new approach lowers costs. Pharmaceutical companies still set the drug's list price and have to agree to the criteria upon which they will be measured. Some experts say such arrangements are a ploy to deflect attention from substantive changes that could hurt companies' bottom lines, such as allowing Medicare to negotiate drug prices. Moreover, the savings don't always trickle down to consumers.

"Most of them get launched with great fanfare," said Dr. Steve Miller, the chief medical officer at Express Scripts, which manages the drug benefits of more than 80 million Americans. "But then you never hear anything about it after the launch because most of them collapse under their own weight."

In a recent note to investors, David Maris, an analyst at Wells Fargo, described the approach as a "carnival game" and said he did not know of any such arrangements "where a drug company did not consider it a win for them."





In 2015, researchers studying Italy's experiment concluded that the amount of money refunded by the companies was "trifling."

Robert Zirkelbach, a spokesman for the Pharmaceutical Research and Manufacturers of America, the industry trade group, said the approach was in keeping with a trend toward paying doctors and hospitals for the quality of care they deliver rather than the number of services they provide.

"We recognize that as science is moving forward, the way we pay for medicines needs to evolve as well," Zirkelbach said. The group has been promoting the idea in an advertising campaign.

To understand how these deals work, consider the one that the drugmaker Amgen made with Harvard Pilgrim Health Care, a nonprofit insurer in Massachusetts and one of the insurers to most aggressively test the concept. It has entered into at least eight such deals over the past two years. This spring, Amgen agreed to pay a full refund to Harvard Pilgrim if patients who took its pricey new cholesterol drug, Repatha, suffered a heart attack or stroke. Repatha is intended for patients with very high cholesterol levels, for which cheaper drugs, known as statins, do not work.

As part of such deals, insurers eased restrictions on which patients could gain access to the drug, said Dr. Joshua J. Ofman, a senior vice president at Amgen. Sales of Repatha and similar drugs have disappointed in part because insurers have been reluctant to pay for them given their price. Repatha can cost up to \$16,000 per year.

If Harvard Pilgrim patients taking Repatha have a heart attack or stroke, they share in the refund, getting back all out-of-pocket payments that they have made toward the drug, said Dr. Michael Sherman, chief medical officer at Harvard Pilgrim.

Doctors who prescribe Repatha said the deals do not affect how they treat patients. "We're completely agnostic to it," said Dr. Frederic S. Resnic, chairman of cardiovascular medicine at the Lahey Hospital & Medical Center in Burlington, Massachusetts, who sees patients with Harvard Pilgrim insurance. The drugs are so costly that doctors still only prescribe them when patients really need them, he said.

Dr. Peter B. Bach, director of the Center for Health Policy and Outcomes at Memorial Sloan Kettering Cancer Center in New York, is skeptical. He said the pharmaceutical industry is conflating setting drug prices based on the value they bring to patients and the health care system, which he supports, with negotiating givebacks when patients don't respond to drugs, which he sees as too little, too late.

The arrangements, he said, carried "bells and whistles" that made them look good in theory. "But as long as you control all the contract terms, it can be a lot of optics but no substance," he said.

Bach and others say the pharmaceutical industry is using this approach to justify seeking major changes to federal regulations that could benefit them even more – including rolling back a requirement that Medicaid programs for the poor get the lowest drug prices, and another that bars companies from giving kickbacks to health providers. The industry says the changes are needed to allow more flexibility in the type of deals they can offer.

Drug companies and insurers touted these contracts when they were announced, but participants in several deals either declined to comment recently or provided little information about their programs.

At a conference last month in Virginia, a senior director with Prime Therapeutics, a pharmacy benefit manager, offered a blunt assessment of such contracts, saying they were not cost-effective. But in a phone interview, his boss, David Lassen, the chief clinical officer, was a bit more measured, saying that though the deals carry promise, the work to track patient outcomes is expensive and burdensome. "In their current state, where they're falling short is where you look at the return on investment," Lassen said.

Sherman at Harvard Pilgrim said the deals would not work for every drug and that drugmakers typically showed no interest

when there were no competing brand-name drugs that worked in a similar way.

Some pharmaceutical executives acknowledge the model should not be seen as a panacea. Leonard S. Schleifer, the chief executive of Regeneron, questioned how such pricing would work for a drug like Dupixent, an eczema drug his company makes that was approved this year.

"Are we going to start calculating the surface area of the rash that's improved?" said Schleifer, whose company has entered into some outcomes-based deals for Praluent, a competitor to Repatha.

Other drugmakers said proof that the concept works can be seen in the interest they are getting from insurers. "No one is going to enter into these contracts if they don't believe the prices they are paying are of good value," Ofman, of Amgen, said.

ITALY'S EXPERIENCE IS INSTRUCTIVE

Beginning in 2006, the Italian National Health System negotiated deals with drugmakers for certain medicines. It required doctors to track whether their patients were meeting certain goals, and if they were not, the pharmaceutical company would reimburse a share of what it was paid.

In 2015, researchers studying Italy's experiment concluded that the amount of money refunded by the companies was "trifling."

"The performance of this system was very, very poor," said Filippo Drago, director of the Department of Biomedical and Biotechnological Sciences at the University of Catania in Italy and an author of the study. He attributed the low savings to the administrative complexity of tracking the results and said drug companies fought efforts to reimburse for bad outcomes.

Italy now asks drug companies to provide some of their products for free – at first. Manufacturers are only paid once results are demonstrated.

"This system is working very well," Drago said. ■

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Our Lady of the Lake Surgeon Reels in Record-Breaking Fish

It turns out the steady hands of a surgeon can do more than save lives; they can also catch a record-breaking fish.

Dr. J.J. Tabor, general surgeon with the Surgeons Group of Baton Rouge at Our Lady of the Lake Regional Medical Center, broke at least one record by reeling in a giant Warsaw grouper at the International Tarpon Rodeo at Grand Isle. The monster fish weighed in at an incredible 383.2 pounds.

Tabor already owned the state record for catching grouper with a 358-pound catch back in 2008. He now holds the new rodeo record for grouper, and once certified, will likely hold the state's new record as well.

Needless to say, Tabor now has one heck of a fish story to tell his patients.

As a member of the general surgery team at Our Lady of the Lake, Dr. Tabor is Fellowship-trained in minimally-invasive and robotic surgery with a focus on oncologic surgery. He performs complex laparoscopic and robotic surgeries and is widely regarded as a first-class surgeon at Our Lady of the Lake. His technical skill has earned him the respect of his peers and a reputation as a top surgical talent in Baton Rouge.

In 2014, Dr. Tabor became the first surgeon in the Baton Rouge region to perform a robotic Whipple procedure, a complex surgery for pancreatic cancer that may extend life or be a potential cure. He is also part of the team that completed the first minimally-invasive esophagectomy in the area. Dr. Tabor also works extensively with training residents and teaching medical students. He has conducted extensive research and completed a Fellowship in complex hernia repair and reflux disease following bariatric surgery.

In addition to his medical achievements, Dr. Tabor has impressive accomplishments in the community. He is also currently working on volunteer projects to allow kids with disabilities and medical/oncology diagnoses an opportunity to enjoy fishing and the outdoors.



Amy Hall, RN, PhD, CNE

Hall Named Dean of School of Nursing at FMOLU

Amy Hall, RN, PhD, CNE has joined the team at Franciscan Missionaries of Our Lady University as the new Dean of the School of Nursing, bringing nearly 30 years of nursing and education experience to the role. Dr. Hall is responsible for strengthening and streamlining academic policies and procedures related to the School of Nursing, and she will also oversee the assessment of teaching and learning, develop new academic programs, and promote and foster leadership development within the School of Nursing.

Dr. Hall comes from the University of Evansville in Evansville, Ind., where she most recently served as the White Family Endowed Professor of Nursing since January of 2011, in recognition of her contributions to nursing education. She was with the University of Evansville for more than 10 years in various positions. She served as an Associate Professor, and as a PRN Staff Nurse at St. Francis Medical Center and its College of Nursing in Peoria, Ill., prior to her arrival in Evansville.

Dr. Hall is both internationally and nationally recognized in the field of nursing as the co-author of two textbooks published by Mosby-Yearbook-Elsevier: *Essentials for Nursing Practice* and *Fundamentals of Nursing*. She is very active in creating nursing clinical experiences in the U.K., as part of a study abroad program, and in China, with combined emphasis on nursing and health services administration. She also incorporated advanced technology into the nursing program in her previous position by introducing students and faculty to e-books, interactive software, and simulation technology in the classrooms and in the nursing labs.



James E. Cathey, Jr.

Dr. Hall is a current commissioner for the Accreditation Commission for Education in Nursing. She is a member of several professional associations, including Sigma Theta Tau International, and the American Diabetes Association. A certified disaster nurse, Dr. Hall is an active volunteer with the American Red Cross, caring for people affected by disasters and providing disaster nurse certification courses for other nurses.

Dr. Hall received a bachelor's degree in nursing from Saint Louis University in St. Louis, Mo., and a master's in nursing science from the University of Illinois at Chicago. She completed her studies back at Saint Louis University, where she received her PhD in nursing.

Louisiana Hospital Association Announces Board Officers and Members

The Louisiana Hospital Association announced its 2017-2018 Board of Trustee officers and newly-elected board members during its annual business meeting on July 17.

"The LHA congratulates the new, and returning, members of our board, and thanks them for their ongoing work," said LHA President and CEO Paul A. Salles. "As a result of their leadership and initiative, hospitals continue to make meaningful investments to save lives and improve patient outcomes through the Hospital Improvement Innovation Networks, and other quality improvement programs."

James E. Cathey, Jr., CEO Emeritus of North Oaks Health System in Hammond, will serve as the LHA Board of Trustees Chair. He received the gavel from Charles D. Daigle, FACHE, senior vice president and COO of Willis-Knighton Health

System in Shreveport, who will now serve as Immediate Past Chair. David L. Callecod, FACHE, president of Lafayette General Health, will serve as the association's Chair-Elect, and Phyllis L. Peoples, president and CEO of Terrebonne General Medical Center in Houma, was elected Treasurer.

In addition to the officers, the LHA Board of Trustees is comprised of At-Large and District Trustees. William Lunn, MD, chief executive officer of Tulane Health System in New Orleans, and William Weaver, chief executive officer of Brentwood Hospital in Shreveport, were elected as At-Large Trustees for two-year terms, respectively. Greg C. Feirn, CPA, president and CEO of LCMC Health in New Orleans, was re-elected to a second term as an At-Large Trustee. Nancy R. Hellyer, RN, FACHE, chief executive officer of CHRISTUS Central Louisiana in Alexandria, was elected to a two-year term as the Central District Trustee, and Rene J. Ragas, president and CEO of Our Lady of the Angels Hospital in Bogalusa, was elected to a two-year term as the Southeast District Trustee. Todd Eppler, FACHE, chief executive officer of Desoto Regional Health System in Mansfield, was re-elected to a second term as the Northwest District Trustee.

Cardiovascular Institute of the South Welcomes Dr. Kris Lindsay to Baton Rouge

Cardiovascular Institute of the South (CIS) welcomed Dr. Kris Lindsay to its team of cardiologists in Baton Rouge. Dr. Lindsay is now seeing patients at the CIS Baton Rouge clinic at 8401 Picardy Avenue.

Dr. Lindsay has practiced at the CIS Opelousas location for the past two years. He is board certified in internal medicine and cardiology. He earned his medical degree from the Louisiana State University School of Medicine in New Orleans, and received his bachelor's degree in Biology from McNeese State University.

Dr. Lindsay completed his residency in internal medicine at Louisiana State University in Baton Rouge. He completed his fellowship in cardiovascular disease at Baylor Scott & White Memorial Hospital in Temple, Tex. He has earned numerous honors, including the Alumni Award for Excellence in Anatomy, the Alastair H. Burns Physiology Award, and the Gold Probe Award for earning the highest grade in medical gross anatomy. He



Kris Lindsay, MD

is also a member of the Alpha Omega Alpha and Phi Kappa Phi Honor Societies.

Well-Ahead Louisiana Receives National Wellness Award

The Healthcare Leadership Council (HLC), along with Senator Cassidy and Congressman Graves, honored Well-Ahead Louisiana, an initiative of the Louisiana Department of Health, with the prestigious Wellness Frontiers Award.

The Wellness Frontiers Award recognizes health and wellness best practices and programs in communities and organizations across the nation. Winners are organizations developing and activating cost-effective, measurable community programs promoting wellness and disease prevention. Well-Ahead Louisiana, an initiative of the Louisiana Department of Health, earned this recognition for their work to create WellSpots across Louisiana. WellSpots are worksites, hospitals, schools, child care centers, colleges/universities, and restaurants that have worked with the Louisiana Department of Health to meet wellness benchmarks and to implement voluntary, smart changes to make healthier living easier for all Louisiana residents.

"The greatest healthcare challenge our nation faces today is the escalation of chronic illnesses like diabetes and heart disease. The good news is that we can successfully combat this problem through innovative approaches that encourage wellness and healthy lifestyles," said Mary R. Grealy, president of the Healthcare Leadership Council. "We are recognizing the Well-Ahead Louisiana initiative because its WellSpot Designation Program is exactly the kind of exciting, game-changing program that should be spotlighted

and replicated throughout the United States."

Well-Ahead Louisiana, an initiative of the Louisiana Department of Health, has designated 2,267 WellSpots across Louisiana.

"Each WellSpot designation is a small step towards improving Louisiana's health outcomes and reducing the financial and personal cost of chronic disease," said Melissa Martin, Director of Well-Ahead Louisiana. "Receiving the HLC Wellness Frontiers Award commends our effort to balance our state's vibrant culture with healthy living. It also celebrates communities and partners that are helping us move Louisiana's health forward."

North Oaks Graduates 24th Dietetic Internship Class

Nine graduates of the North Oaks Dietetic Internship Program celebrated their accomplishments at a ceremony and reception held at the E. Brent Dufreche Conference Center in Hammond.

Members of the 24th graduating class include: Tiffany Marie Adams and Carlie Francis Sternfels

of Thibodaux; Brittany Nicole Craft of Abita Springs; Sarah Kelly Erwin of Meridian, Miss.; Michelle Marie Mackie of Palm Bay, Fla.; Grace Elisabeth Mansfield and Courtney Diana Pietrogallo of Baton Rouge; Kathleen Walton Schneider of Mandeville; and Savanna Lace Willeford of Walker.

Three students earned award recognition during the program.

Erwin received the Mary Nelson Award, given by the Dietetic Internship faculty for exceptional work, enthusiastic attitude, dedication to the dietetic profession, and academic excellence. The award is given in memory of the late Mary Nelson, who was a professor in dietetics at Southeastern Louisiana University.

Mackie was honored with the "Always Remembering Others" Award, given in honor of North Oaks Patient Representative Danyne Young Taylor by her husband, Dr. Rodney Taylor.

Craft was recognized as the recipient of the Carol Bertrand Award for Excellence. The award



NORTH OAKS DIETETIC INTERNSHIP CLASS GRADUATES

Nine graduates of the North Oaks Dietetic Internship Program celebrated their accomplishments at a ceremony and reception held Thursday, June 8, 2017, at the E. Brent Dufreche Conference Center in Hammond. Pictured are: (front row, from left) graduates Kathleen Schneider, Carlie Sternfels, Savannah Willeford, Brittany Craft; (back row, from left) North Oaks Nutritional Services Director Ann McDaniel-Hall; graduates Grace Mansfield, Tiffany Adams, Sarah Erwin, Courtney Pietrogallo and Michelle Mackie; and North Oaks Dietetic Internship Director Leslie Ballard.



Steven Kelley, MD

was created in memory of the late Bertrand, who was a registered dietitian and graduate of North Oaks' second Dietetic Internship class.

Diplomas were conferred by Leslie Ballard, director of the North Oaks Dietetic Internship Program and registered dietitian.

AHA Names Baton Rouge Cardiologist to Regional Board

The American Heart Association has elected Dr. Steven Kelley of the Baton Rouge community to serve on its 2017-2018 regional Greater Southeast Affiliate Board of Directors. Dr. Kelley is a cardiologist at Baton Rouge Cardiology Center. During the upcoming year, Kelley's leadership will help the organization impact heart disease and stroke, the No. 1 and No. 5 leading killers, respectively, of American men and women. The Greater Southeast Affiliate services Alabama, Florida, Georgia, Louisiana, Mississippi, Tennessee, and Puerto Rico. The board will help the association achieve its 2020 impact goal to improve the cardiovascular health of all Americans by 20 percent, while reducing deaths from cardiovascular diseases and stroke by 20 percent.

Three Couples Win Chance to Start a Family

Kaitlyn and Jared Guzzardo of Baton Rouge, and Jordan and Daniel Allen of Sulphur are the winners of grants from fertility health system Fertility Answers to be used for in vitro fertilization (IVF) from a Louisiana fertility clinic. Additionally, Rachel and Matthew Gayle of Zachary were awarded a free, intrauterine insemination (IUI). All three couples have been struggling with infertility for several years.

At the age of 21, Jared Guzzardo was diagnosed with Non-Hodgkins Lymphoma. Months of chemotherapy and radiation followed, but proactive steps ensured the future of his children—Jared's mom encouraged him to freeze his sperm prior to treatment. Jared is now five years cancer free, but the chemotherapy and radiation has made him unable to father a child. Without the foresight of his mother, concerned about her son's future family, this reality would have been final. But with frozen sperm, Jared and his wife Kaitlyn now have a path towards pregnancy and a child of their own.

Teachers Jordan and Daniel Allen tried for years to have a child. After a lot of testing and frustrations, they received the diagnosis of male factor infertility, the cause of about 30 percent of all infertility cases. Over the next year, they would have four failed ovulation induction cycles and would deplete their savings on treatment. With in vitro fertilization as the next logical step in treatment, they knew it was out of their reach financially on the salaries of two teachers.

After eight years of trying to conceive, Rachel and Matt Gayle still believe their chance will come. Male infertility issues have also sidelined their efforts to have a child of their own. Years of treatment have left them financially unable to continue, and emotionally drained. But the couple is hoping this gift of a free IUI cycle will finally make them parents.

One in eight American couples experience the struggle of infertility. However, few insurance companies provide coverage for infertility, and, as a result, most infertility treatment costs are paid for out-of-pocket by the patient. But with a price tag of around \$15,000 to \$20,000 per IVF cycle, the treatment cost is often out of reach financially for many couples.

While Louisiana is one of only a small number of states that mandate insurance coverage for infertility, the mandate itself contains loop-holes that work against a couple struggling with infertility. The state prohibits insurance companies from excluding coverage for the diagnosis and treatment of medical conditions that result in infertility, yet the law does not require insurers to cover fertility drugs, IVF, or other assisted reproductive techniques which are often a couple's only means of building a family.

Created to ease the high costs, both financially

and emotionally of IVF, Fertility Answers launched the Gift of Hope program to award infertility treatments to couples who demonstrate both financial and medical need for the procedure. Since 2006, there have been 16 Louisiana couples awarded the Gift of Hope, eight of whom have conceived. Five babies have been born as a result.

Humana Foundation Presents Grant to Capital Area Human Services

Humana Foundation presented a grant of \$118,000 to Capital Area Human Services (CAHS) for its client initiative to improve physical health outcomes and increase life expectancies for adults with serious mental illness. The peer-led Total Health Program will focus on integrated primary and behavioral health care services, including support groups, fitness classes, nutrition and health education, and smoking cessation.

Humana Foundation is the philanthropic arm of Humana, Inc. It seeks to improve community health and well-being, while addressing root causes and barriers that keep people from being their healthiest. This is part of their ongoing Bold Goal initiative, which aims to make 20 percent of the Baton Rouge community healthier by 2020.

Senator William "Bill" Cassidy, MD, spoke to the groups via a video, and acknowledged that he learned from Capital Area Executive Director Jan Kasofsky many years ago the shocking statistic that individuals with mental health issues often live 25 years less than the average life expectancy. He has introduced new legislation, which aims to integrate primary care into behavioral health services.

Mayor Broome commended CAHS for its initiative, and Humana Foundation for its 2020 health Bold Gold program. She also discussed the city parish health initiative, which has reached thousands of residents through prevention programming.

Pennington Biomedical, CPEX Receive BCBSLA Foundation Grants

The Blue Cross and Blue Shield of Louisiana Foundation has awarded two \$10,000 New Horizons grants to two Baton Rouge-area organizations, Pennington Biomedical Research Center and the Center for Planning Excellence, for



Pictured at the Humana Foundation grant award program are, left to right, CAHS Director of Quality Improvement Karen Pino; CAHS Executive Director Jan Kasofsky, PhD; Humana Foundation Director April Golenor; East Baton Rouge Mayor President Sharon Weston Broome; and CAHS board representative Tom Sawyer.

innovation projects.

LSU's Pennington Biomedical Research Center will study the effectiveness of playground stenciling and its impact on student health and children's physical activity. Stencils are a low-cost approach to encouraging exercise for kids at schools and other institutions that don't have the dollars to expand playgrounds or purchase additional large physical activity equipment.

The Center for Planning Excellence (CPEX) will develop a pilot process and toolkit for implementing the Complete Streets policy in a target district within North Baton Rouge. Complete Streets policies encourage streets to be designed to accommodate all users, supporting active transportation choices, and enabling safe access regardless of age, ability, or mode of transportation.

"This set of awards includes the kind of innovative thinking that, if successful, could grow to have an extraordinary impact on our state," said Michael Tipton, Blue Cross Foundation president.

"Our goal with New Horizons grants is to let

Louisiana organizations test completely new approaches to solving persistent issues," he added. "Very few funders are offering that kind of support, currently."

The Blue Cross Foundation also announced two other grant awards across the state. They include an \$80,000 grant to Hope for Opelousas, to expand tutoring services; and a \$100,000 grant to the Health and Education Alliance of Louisiana, to grow a school-based healthcare program.

North Oaks School of Radiologic Technology Honors 48th Graduating Class

Members of the 48th graduating class of the North Oaks School of Radiologic Technology celebrated their accomplishments with a ceremony and reception.

Commencement was held in the E. Brent Dufreche Conference Center, located within North Oaks Diagnostic Center. Graduates are Lindsey Raneef' Fleck of Eureka, California; Kevin Lee Freeman of Hammond; Jessica Lynn Knippers

of McComb, Mississippi; Chad Joseph LaBranche of Montz, Louisiana; Chloe Michelle Madere of LaPlace, Louisiana; Bevin Kassidy Redmond of Greensburg, Louisiana; Trevante DaJohn Taylor of Clinton, Louisiana; Victoria Hope Tyler of Pin-ville, Louisiana; and Breonne Genet Williams of Kentwood, Louisiana.

The commencement address was delivered by Michele Sutton, president and chief executive officer of North Oaks Health System. The Academic Achievement Award was presented to Williams for obtaining the highest overall scholastic average, and the Performance and Attitude Award for exceptional performance in the clinical setting was given to LaBranche. Dr. Rodney Taylor presented the Danyne Young Taylor "Always Remembering Others Award," named in honor of his wife, to Fleck in recognition of her outstanding patient care skills. In addition, Freeman, Williams and Taylor were recognized as members of Lambda Nu, a national honor society for the Radiologic and Imaging Sciences.

Blue Cross Launches SmartShopper to Allow Price Comparison for Common Medical Procedures

Blue Cross and Blue Shield of Louisiana have launched SmartShopper™, which lets the insurer's customers see and compare cost ranges for procedures in more than 300 categories. Powered by information from Blue Cross' claims data, the largest collection of private healthcare data in the state, SmartShopper shows Blue Cross customers the price differences for various procedures, based on facility and ZIP code.

"As healthcare costs keep rising, our members want greater transparency so they better understand the price differences for various procedures," said Brian Keller, Blue Cross senior vice president and chief marketing officer. "Our customers on high-deductible plans, on which they are paying a higher portion of costs out of pocket, could really benefit from SmartShopper. If they take some time to shop and compare costs of medical services and procedures, they can save a lot of money."

As with any medical service, customers should follow their doctors' clinical guidance when deciding what types of care they need.

Home Instead Senior Care Offers Support for Family Caregivers

A new survey by Home Instead, Inc., franchisor of the Home Instead Senior Care® network, found that half of working female caregivers feel they have to choose between being a good employee and being a good daughter. In addition, a quarter (25%) of working daughters report they find a workplace stigma in being a caregiver, and 23 percent have found that their supervisor is unsympathetic.

In an effort to start a conversation about how working family caregivers can be better supported in the workplace, the Home Instead Senior Care network has launched a new public education program, Daughters in the WorkplaceSM. The new program offers free resources to help working family caregivers feel empowered to talk to their employers about their needs, while also identifying caregiving support that may be available. The program also provides information to help employers understand what their employees want and need as caregivers, including Caregiver Friendly Business Practices.

"All too often we see working caregivers who feel they have to make a choice between their job and their aging loved one," said Matt Cohn, owner of the Home Instead Senior Care offices serving Greater Baton Rouge. "Those caregivers often don't know about the resources available, or how to talk with their employer about their situation. That's why Home Instead is committed to empowering family caregivers by letting them know that help is available—and by increasing employer awareness of how important a supportive workplace environment is for caregiving employees."

While women make up two-thirds of family caregivers, the solutions to addressing caregiving challenges in the workplace are gender-neutral.

Drew Holzapfel, ReACT (Respect a Caregiver's Time) convener, explains that a significant issue facing all working family caregivers is that they often don't realize the benefits they may be eligible to receive from their employers. "Flexible time can have a stigma, and working caregivers might not know they can use FMLA (Family Medical Leave Act) for senior care, or they might not know how to access their EAP (Employee Assistance Program)," said Holzapfel.

To help educate working family caregivers on

these resources, DaughtersintheWorkplace.com includes an interactive quiz in which caregivers can equip themselves with the knowledge of protected family leave rights that may be available to them. Additionally, the website includes conversation starters and health tips for caregiving employees, as well as communication tips for employers and signs caregiving employees need support.

Pinnacle Polymers Awarded THTT Award from Humana

Pinnacle Polymers, a Louisiana-based manufacturer of polypropylene for injection molding, fibers, and extrusion, has been presented a Total Health Thriving Together Award by Humana Inc., one of the country's leading health and well-being companies, for building a culture of health and well-being for its employee workforce.

Humana's Total Health Thriving Together Award is a national honor recognizing companies like Pinnacle Polymers for achieving one of the best wellness engagement rates in the country. Pinnacle Polymers has engaged 80 percent or more of its employees and family dependents in Go365TM, a wellness and rewards program that helps individuals focus on personal health and well-being. Launched in 2015, Humana has presented the award to more than 40 companies across the nation.

Pinnacle Polymers recognized, more than a year ago, that adopting a wellness and engagement program would help manage claims costs, while also improving employee health and productivity. The company integrated its standard medical plan with Humana's Total Health wellness solution in an effort to personalize wellness, and encourage and incentivize behavior change in its employees and their families.

"By challenging employees to embrace their competitive nature, Pinnacle was able to truly engage employees in health and wellness activities, such as Step Challenges and a 5K walk/run," said Traci Precht, Senior Human Resource Manager for Pinnacle Polymers. "The welcome by-product of a healthier, happier, and more energetic team is what continues to drive the passion behind the program. Pinnacle continues to inspire success, including weight loss, among our employees."



Tracy Miller

Ideal You at North Oaks Opens Weight Loss Management Clinic in Walker

Ideal You at North Oaks, an independent, authorized Ideal ProteinTM weight loss management program, has opened a new clinic within North Oaks Primary Care in Walker.

Registered dietitian Tracy Miller helps Ideal You clients develop smarter eating habits and a healthier lifestyle to achieve and maintain weight loss goals, using the Ideal ProteinTM weight loss method and products. Miller meets with clients throughout the four-phase program to motivate, document weekly progress, and monitor whether or not pounds lost are fat instead of lean muscle.

Ideal You at North Oaks also operates a clinic in Hammond, located in Suite 401 of the North Oaks Clinic Building at 15813 Paul Vega, MD, Drive. In 2016, the Hammond clinic helped 156 clients lose a combined total of 2,011 pounds.

IBEW Raises \$15,000 for Baton Rouge General Regional Burn Center Patients

The International Brotherhood of Electrical Workers (IBEW Local #995) recently donated \$15,000 to Baton Rouge General's Regional Burn Center. The check was presented to BRG President and CEO Edgardo Tenreiro, Regional Burn Center Medical Director Dr. Tracee Short, and Foundation President Beth Veazey at a luncheon hosted by the BRG Foundation board.

The IBEW annual golf tournament has raised more than \$138,000 over the years in support of "Camp I'm Still Me," which allows children who have suffered burn-related injuries to spend time with other survivors, building self-esteem, and supporting emotional healing.

BRG's Regional Burn Center was first established in 1970, and is one of only 125 burn centers in the United States verified by the American Burn Association. Because of the limited number of burn centers across the nation, BRG plays an integral role in supporting other Gulf Coast states, when the need arises. Among the Regional Burn Center's offerings are support groups and counseling, as well as educational resources.

"The IBEW's generous donations give children with burn injuries the opportunity to enjoy summer camp with others who have similar experiences," said Edgardo Tenreiro, President and CEO of Baton Rouge General. "We are grateful for their long-time support of our Regional Burn Center."

Capital Area Human Services Awarded Grant to Prevent Opioid Misuse In Women and Girls

Capital Area Human Services (CAHS) has been awarded a major grant for opioid misuse prevention, targeting women and girls in the Greater Baton Rouge region. The three-year, \$300,000, competitive grant was awarded by the U.S. Department of Health and Human Services (HHS) Office on Women's Health (OWH).

"This award provides an excellent opportunity to collaborate with our community partners to improve prevention practices to reduce opioid

dependence and opioid overdoses. These new strategies will complement and expand our current efforts to reach the population of women and girls," stated Jan Kasofsky, PhD, CAHS executive director.

CAHS is one of 16 grantees, nationwide, receiving this award. Major partners working with CAHS on this project are Ascension Public Schools, Mirror of Grace Outreach, Fahrenheit Creative Group, and Evaluation Insights. The aim of the grant is to develop and implement prevention strategies, including a media campaign and educational activities specifically tailored to address the unique needs of women across the lifespan.

Sage Outpatient Services Hosts Grand Opening, Ribbon Cutting Ceremony

Sage Outpatient Services hosted a Grand Opening and Ribbon Cutting Ceremony on July 27 to celebrate moving into their new location at 8313 Picardy Avenue. Pat Mitchell, center, President and CEO of The Carpenter Health Network, cut the ceremonial ribbon during the event, which included a blessing of the new space, as well as tours of the 10,000-square-foot facility.

"Moving into the new location represents our commitment to providing quality therapy services to the Baton Rouge community," said Natalie

Hart, Director of Therapy. "Daily, our patients work hard toward their recovery, and I can't wait to hear the success stories of their journey in this new space, with new equipment."

The team at Sage Outpatient Services provides care in a central location, between Essen Lane and Bluebonnet Boulevard in Baton Rouge. Services include physical, occupational, and speech therapy, as well as social work services, in an outpatient and day neuro format.

AmeriHealth Caritas Louisiana Earns Multicultural Health Care Distinction

AmeriHealth Caritas Louisiana, a Healthy Louisiana Medicaid managed care health plan and part of the AmeriHealth Caritas Family of Companies, announced that it has earned the Multicultural Health Care Distinction from the National Committee for Quality Assurance (NCQA). AmeriHealth Caritas Louisiana is one of seven AmeriHealth Caritas Medicaid managed care health plans to hold the Multicultural Health Care Distinction.

AmeriHealth Caritas Louisiana offers the following services, among others, to serve the diverse needs of its membership: Face-to-face cultural competency training for its network providers; targeted outreach to Spanish-speaking members for participation in the health plan's Member Advisory Council (MAC); having an interpreter at MAC meetings; and communicating with members in their preferred language.

Report Finds Legislative Policies in Southern States Leading to Higher Tobacco Use

State legislative policies in 12 southern states are contributing to the region's increased cancer burden by failing to implement evidence-based policies to reduce and prevent tobacco use, according to a report released by the American Cancer Society Cancer Action Network (ACS CAN). The report, "How Do You Measure Up?," shows that Arkansas and 11 other Southern states failed to earn a single "green" rating in any of the three critical tobacco control measures. The lung cancer mortality rate in the 12 southern states, combined, is about 20 percent higher than in the rest of the country.



Sage Outpatient Services ribbon cutting ceremony



Pointe Coupee Hospice Named a Hospice Honors Elite Recipient

Pointe Coupee Hospice has been named a 2017 Hospice Honors Elite recipient by Deyta Analytics, a division of HEALTHCAREfirst, the leading provider of Web-based home health and hospice software, outsourced billing and coding services, and advanced analytics. Hospice Honors is a prestigious program that recognizes hospices providing the highest level of quality as measured from the caregiver's point of view.

Pointe Coupee Hospice Nursing Director, Dana Purpera, RN, BSN, credits her staff with providing personalized, professional, exceptional hospice care, which are factors contributing to Pointe Coupee Hospice being named a 2017 Hospice Honors recipient. Purpera states, "Our hospice staff appreciates every opportunity given to provide hospice care to the residents in our local communities and our staff takes a personal interest in providing this care."

Surgical Specialty Center of Baton Rouge Deploys Germ-Zapping Robot

Surgical Specialty Center of Baton Rouge announced it is the first healthcare facility in South Louisiana to deploy a Xenex LightStrike™ Germ-Zapping Robot™ to destroy potentially lethal germs and bacteria that can pose a risk to patient and employee safety. The new Xenex

Robot uses Full Spectrum™ pulsed xenon ultraviolet (UV) light to quickly destroy bacteria, viruses, fungi, and bacterial spores. The portable disinfection system is effective against even the most dangerous pathogens, including *Clostridium difficile* (C. diff), norovirus, influenza, and methicillin-resistant *Staphylococcus aureus*, better known as MRSA. Surgical Specialty Center of Baton Rouge is using its LightStrike Robot to disinfect its 16 patient rooms and 10 Operating Rooms (ORs) at the end of the day, after the rooms have been cleaned via traditional methods. They are also disinfecting the ORs before total joint cases, to further reduce the risk of infection.

"We want to do everything within our means to provide a clean environment to reduce the risk of hospital acquired infections," said Ann Heine, CEO of Surgical Specialty Center of Baton Rouge. "As we continue to focus on patient outcomes, we believe that one infection is too many. Patient safety is a top priority of ours, and this investment underscores our commitment to the patients we serve."

Dr. Craig Walker, CIS Provide Peripheral Vascular Disease Training in China

For eight years, Dr. Craig Walker, founder of the Cardiovascular Institute of the South (CIS), has visited China annually to offer physician training on interventional treatments for peripheral

CIS PROVIDES TRAINING IN CHINA

Pictured, l-r: Dr. Charles Thompson; Dr. Satish Gadi; Ian Fitzgerald, RN; Jim Woolley (Territory Sales Manager at Cordis); and Daryl Stepp, RRT.

vascular disease (PVD) and limb salvage. Plans are now underway for a specialized limb salvage program at The 16th People's Hospital of Zhengzhou in China, that Dr. Walker will establish from the ground up.

The program will rotate expert physicians from CIS and the Horizons International Peripheral Group, comprised of leading PVD innovators, educators, and advocates of PVD treatment. These physicians will provide advanced education and training for doctors and fellows in China through in-person visits, as well as teleconference capabilities.

The population in China has a primarily Western diet, high in saturated fat, red meat, and refined sugars. Almost 110 million people in China have diabetes, and 28 percent of all adults and 50 percent of men in China are estimated to smoke regularly. These factors all contribute to the prevalence of heart disease, showing the need and importance for advanced vascular care and treatment throughout China.

On August 15, CIS is celebrating its 34th anniversary of providing cardiovascular care to south Louisiana and beyond. CEO David Konur said, "We're very excited to have found such a strong partner for our first international effort to train physicians around the world in the diagnosis and treatment of cardiovascular disease. This truly marks a milestone in our company's history."

Pennington Biomedical Hosts 2017 Men's Health Conference

The Louisiana Men's Health Organization presented the 2017 Men's Health Conference, Leaving No Man Behind, on Aug. 26. The event was held at the C.B. Pennington, Jr. Building at LSU's Pennington Biomedical Research Center in Baton Rouge. Breakout sessions included a focus on male urology problems, the causes and treatment of chronic back pain, injuries of the "weekend warrior," heart palpitations, and eating healthier for those with high blood sugar. ■



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At present, Louisiana has the highest incarceration rate in the United States and in the world. Reforming our state's criminal justice system has been, and is, a major goal of the Louisiana Department of Public Safety & Corrections (DPS&C). After decades of growth in the offender population, the statistics are consistently trending downward, due to the collective efforts of many dedicated individuals and sweeping initiatives.

CORRECTIONAL HEALTH CARE GOES ELECTRONIC: Linking Prisoners with EHRs

ON ANY GIVEN DAY, DPS&C estimates there are 36,000 state offenders, 16,000 local offenders and 72,000 probationers and parolees in the system. The DPS&C provides state offenders with basic services related to adequate food, clothing, and shelter. The department is also committed to delivering cost-effective, quality health care services that contribute to offenders' satisfactory prison adjustment and diminish public risk upon release.

Like the medical records we once had, or may still have, the records for these individuals and those maintained for former offenders are paper-based. Although the transition from paper charts to electronic health records (EHRs) within a correctional health care setting is a significant undertaking, just as it is for health systems, hospitals, clinics, physicians, and other health care providers, the benefits are numerous. They include better patient care and care coordination; improved diagnosis and outcomes; enhanced practice efficiencies and cost savings; and increased patient participation. An EHR system in correctional health care can also effectively promote connectivity with community support networks. In short, the transition to EHRs is the first step toward transformed health care in the prison system.

To take that first step, the Louisiana Department of Health (LDH) and the DPS&C turned to the Centers for Medicare & Medicaid Services. In 2016, the DPS&C became the first correctional agency in the country to successfully secure federal funding designated for the adoption and implementation of EHRs. Later that year, the department collaborated with the Louisiana Health Care Quality Forum to assess and select a certified EHR system for seven state facilities, DPS&C headquarters and 30 eligible providers.

As the state's regional extension center, the Quality Forum assisted more than 2,000 providers and hospitals with adoption, implementation, and meaningful use of EHRs. Today, the Quality Forum's health IT experts draw on that extensive experience as they partner with the DPS&C team to implement the EHR system with ongoing support, training and project management services. The go-live is scheduled to start in late 2018.

James M. LeBlanc, DPS&C Secretary, and Raman Singh, MD, Medical/Mental Health Director, have served as the driving forces behind this initiative. In a recent Q&A session, Dr. Singh talked about the benefits, challenges, and risks associated with EHR adoption/implementation in a prison system. He also discussed how the new system



L-R: Raman Singh, MD, Medical/Mental Health Director and James LeBlanc, Secretary of the Department of Public Safety & Corrections.

will enable the DPS&C to support the coordination of health care for newly released offenders from state prisons.

How does this initiative advance the DPS&C mission regarding delivery of health care services?

It is our goal to provide the necessary health care that meets the prevailing health standards in an efficient manner; identifies and eliminates redundancies; implements best practices; effectively uses available resources; provides good quality improvement/management practices; and ensures that the system is public safety friendly and cost-conscious. Providing the entire continuum of care to approximately 35,400 offenders with a higher prevalence of chronic diseases and who have had very limited access to any meaningful health care prior to incarceration, is a huge task. The implementation of an EHR system will help in achieving the department's mission to meet the needs of offenders and the community.

Cindy Munn
Chief Executive Officer
Louisiana Health Care Quality Forum



In general, what are the benefits of using health information technology, and specifically, an EHR system, in a correctional setting?

Correctional institutions provide the entire continuum of care which includes, but is not limited to, a system to access health care routinely and urgently, evaluation by health care providers, vaccinations, medication dispensing, timely care for urgent health care needs, infirmary care, nursing care, chronic disease management, mental health care, substance abuse disorder treatment and discharge planning. An EHR will be an important tool to manage and organize this complex system efficiently. This system is funded exclusively by the state's general fund dollars, and the efficiencies produced by adopting an EHR will lead to savings for state tax payers.

Are there any unique benefits for Louisiana's correctional facilities?

Yes. Unfortunately, Louisiana has one of the worst rankings when it comes to health care indicators, though lately, there are signs that we are moving in the right direction. It is a known fact that offenders have a disproportionately higher prevalence of risk factors for many chronic diseases. For example, Louisiana has one of the highest rates of HIV/AIDS and heart disease. As a state with a very high incarceration rate, this highlights the importance of working together with public health entities because correctional health care plays an important role in public health outcomes. In brief, any intervention or new technology which has been shown to improve outcomes will make a bigger difference in Louisiana because a state with more need will benefit more.

What are the biggest challenges to EHR adoption/implementation in a correctional setting?

The anticipated challenges are basically cost; roll-out strategy, because every DPS&C

unit uses different processes; preparation to collaborate and "buy-in" to electronic processes instead of paper; and interoperability. In addition, architectural/structural issues pose a special challenge as some prisons were built decades ago. For example, Wi-Fi doesn't work in many parts of Angola.

What are the risks with using EHRs in a correctional setting? Are there special challenges in Louisiana?

I cannot think of any unique risk in correctional health care. In any setting, there is always the risk of breaching confidentiality when employees, third parties, and malware inappropriately gain access to sensitive patient information, but we believe using a certified EHR will reduce the risk while acting as a tool for quality checks and long-term performance monitoring.

Louisiana is unique as approximately 17,500 DPS&C offenders are housed in 104 local jails. Offenders cycling through the local jails have shorter sentences and impact public health more than offenders with longer sentences who are housed in DPS&C-run prisons. To have a seamless health care system for people who impact public health significantly, eventually, the entire criminal justice health care system should be collaborating with public health entities.

In June 2017, the Louisiana Legislature passed a criminal justice reform package designed to reduce the state's prison population. How will EHR implementation support your efforts to help newly released offenders regarding health care coverage?

Since Louisiana expanded the Medicaid program in 2016, almost every released offender meets the eligibility criterion. In collaboration with LDH, a unique Medicaid enrollment program was developed for those with serious medical and/or mental health conditions which triggers a targeted case management process by the selected

LOUISIANA CORRECTIONAL HEALTH CARE

(Statistics for approximately 17,700 offenders housed in nine Department of Public Safety & Corrections prisons, 2016)

80,532 on-site primary care health practitioner encounters (e.g., physicians, mid-level providers, dentists, and optometrists)

29,541 on-site medical emergencies

1,775 emergencies sent to off-site hospitals

3,315 admissions to on-site infirmaries

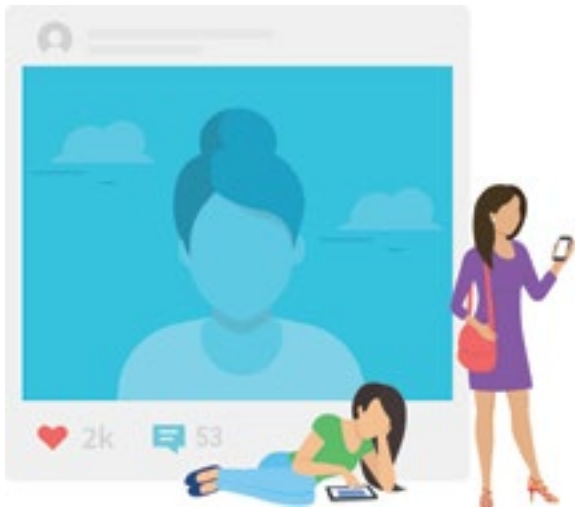
52,888 orders for new prescriptions

181,529 prescriptions filled

9,590 specialty referrals

84,109 mental health contacts

Healthy Louisiana plan. Enrollment provides continuity of appropriate treatment and ensures that relevant health information is shared between DPS&C and the next health care provider. An EHR system will help in identifying these offenders, ensuring a robust discharge process which includes a warm hand-off and identifying barriers to re-entry and amelioration. Engaging people with high risk conditions in the safety net and providing appropriate treatment is good for the individual's health and for public health by reducing new infections and the complication rate. It is also good for taxpayers as better chronic disease management and a reduced new case rate will help with health care cost containment. By breaking down silos, public health will benefit by having more information and criminal justice will benefit by reducing the recidivism rate as a direct result of improved access to care and better coordination of care. ■



FACEBOOK, TWITTER, YOU TUBE, INSTAGRAM, LINKED IN, SNAPCHAT, GOOGLE...

The list of social media sites seems to grow exponentially with every passing day. With such proliferation of methods for enhancing or tarnishing one's image, it shouldn't come as a surprise that there are growing numbers of nurses being reported to state boards across the country for actions that can hurt their careers, at the very least, or result in revocation of licensure at worst. Lilee Gelinas penned an editorial recently in the June 2017 volume of *American Nurse Today*, in which she reflected on a newly graduated nurse's query to her on how to avoid the "job stupid stuff."¹ This article will attempt to address that "job stupid stuff" from a social media perspective.

SOCIAL MEDIA FAUX PAS: AVOIDING THE 'JOB STUPID STUFF'

FOLLOWING ARE TWO STORIES, involving nurses or nursing students, social media posts, and their severe consequences. The names have been changed to protect the individuals' identities, but the stories are real.

Example 1: Kelly was in the Fast Track 2nd degree program at ABC University. During a clinical shift on the medical-surgical floor, she was berated by the charge nurse, in a public hallway, for some minor procedural error. Kelly felt humiliated and shamed for this public rebuke. When she got home, she decided to post her version of the entire incident on her Facebook page, railing about the nurse manager and the hospital. Although she didn't name the charge nurse, she did name the hospital system and the hospital. Through sophisticated monitoring systems in place at this hospital system, her post was able to be retrieved by the IT Department and

reported to administration. Not only was Kelly restricted from any future clinical rotations at this hospital, she was banned forever from any clinical rotations and employment at all hospitals within the system, which included hundreds of facilities across the West, South, and Midwest sections of the United States.

Example 2: Megan and Sarah, newly licensed RNs, were so happy to have secured their dream job on the labor and delivery unit at Anywhere USA Medical Center. After their six-month transition-to-practice period was completed, they began working with assigned patients. Megan was discharging one of her patients who had delivered a beautiful baby girl and she needed assistance with the discharge of mother and baby, and mom's belongings, flowers and gifts included. She asked Sarah for assistance. When they rolled the wheelchair with their clients to the discharge en-

trance, they decided to stop and take a selfie with mom and baby. Sarah and Megan were clearly visible and identifiable as was mom, and there were even some identifiable features evident on the baby. Megan couldn't wait to post the picture to Instagram, sharing her joy at being able to care for new moms and infants. As the saying goes, the picture went viral, including to nurse managers from other units at AMC, who immediately reported Megan and Sarah to the Director of Maternal Child Nursing at the hospital. Megan and Sarah were summarily terminated and their actions were reported to the state board of nursing for violation of HIPAA laws and patient confidentiality. Megan and Sarah didn't lose their licenses, but they were disciplined, and their actions will forever follow them in the National Practitioner Data Bank.

We hear horror stories like this on a daily



basis, and yet nurses still believe that they are invisible on social media sites. Why do twenty-something millennials expect that everyone lives their lives online 24/7? Social media platforms are exciting, and they can be a valuable tool when used wisely. However, because the instantaneous nature of these sites does not leave time for reflection, one needs to think long and hard about differentiating between what one posts personally and what can forever tarnish your professional reputation. More importantly, once you press that **Enter** key, your words are forever discoverable in a court of law even when you believe they are long deleted.

It is entirely appropriate for nurses to use stories to educate their colleagues about challenging situations they face in the workplace or to share emotional vignettes. However, it is never appropriate to use patients' names, pictures or other information that could make the patient easily identifiable and violate rules and laws governing patient confidentiality. A review of online posts often finds the use of profanity, depiction of intoxication, sexually suggestive material, and inappropriate 'horseplay' in professional settings. All of these activities would be violations of professional boundaries and would land you in hot water with the nursing board.

As of February 2017:

- Facebook had 1.86 billion monthly active users, 1.23 billion daily;
- Twitter had 317 million monthly active users;
- LinkedIn had 467 million registered members;
- Instagram had 600 million monthly active users, 300 million daily; and
- Snapchat had 160 million daily active users.²

These social media platforms can benefit both health care providers and patients

in myriad ways including advancing professional relationships, improving communication with our patients and their caregivers, and educating the public and consumers of health care services. Without a healthy dose of caution, however, the tools can be misused. The National Council of State Boards of Nursing (NCSBN) has valuable tools that can assist nurses in defining appropriate professional boundaries and identifying social media pitfalls that can result in discipline or even revocation of one's nursing license. Although the basis for discipline varies from state to state, depending on the laws of the jurisdiction, the Board of Nursing may investigate reports of inappropriate activity on social media sites for:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude (conduct that is considered to be in violation of community standards of justice, honesty or good moral values);
- Mismanagement of patient records;
- Publication of a privileged communication; and
- Breach of confidentiality.³

Nurses can avoid violating their responsibility to insure patient privacy and confidentiality by following certain guidelines that help us to avoid social media gaffes that violate not only our commitment to practice within acceptable professional boundaries, but may even violate the legal foundation of our practice. At a minimum, those guidelines include:

- Recognition of our ethical and legal obligation to protect our patients' privacy;
- Prohibition of transmitting any patient image or identifying information that might lead to identification of the patient by any form of electronic media that would violate patients' rights to privacy or that might otherwise embarrass or

harm our patients;

- Restriction from sharing any information or image gained through the nurse-patient relationship unless there is a patient-related need, and then only with individuals authorized to receive such information;
- Avoidance of referring to any patient, family member, caregiver, staff member, or employer in a disparaging manner;
- Restriction from taking any photos or videos of patients on any personal device including cell phones, iPads, laptop computers, etc.;
- Prompt reporting of any individual who violates patient confidentiality or privacy;
- Strict adherence to employer guidelines, policies, and procedures regarding personal electronic devices or employer-provided computers, cameras or any other form of electronic device.³

In closing, I remind my nursing colleagues of the oath we take to protect our patients as reflected in the Nightingale Pledge:

"I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling."⁴

Promoting accountability for practicing within professional boundaries enhances awareness of our ethical responsibilities to our patients, reinforces nursing's core values, and builds a culture of respect. ■

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I continue to be reminded each day of how the Louisiana Department of Health plays an important role in the health of Louisiana's residents. As secretary of the agency, I'm very proud that our work to protect the public and to improve the health of all Louisiana residents continues to receive support from our elected officials, medical providers, community members, and more.

ADDRESSING THE CHALLENGES: ACCESS TO HEALTHCARE, DRUG ABUSE, FRAUD, AND MOSQUITO BORNE DISEASE

I'M HAPPY TO SAY that Medicaid Expansion continues to work. At the time of publication, more than 437,000 Louisiana residents were enrolled and are receiving health care coverage through Medicaid expansion. For a complete look at the most up-to-date numbers, visit www.ldh.la.gov/healthyladashboard. You will see that not only are people enrolled for coverage, but they are using this coverage to get primary and preventive health care. This foundation of access to a primary care doctor is key to long-term health improvements in Louisiana.

In this column I'll share great news about new legislation to address the opioid epidemic in Louisiana; information on how we save tax dollars by preventing fraud; and important safety reminders about Zika and West Nile.

New Bills Address the Opioid Problem and Challenge in Louisiana

Opioid abuse is a concern as 80 percent of heroin users reported starting out

by misusing prescription opioids. Newly signed bills during the 2017 regular session could save the lives of those who are at risk of becoming addicted.

The Facts: Abuse of opioids in Louisiana is prevalent.

- Louisiana is one of 20 states with a significant increase in opioid deaths. (CDC)
- Louisiana had a 12% increase in deaths resulting from opioid overdose for 2014-2015. (CDC)
- Louisiana had 478 (17 per 100,000) fatal drug overdoses in 2014. (LDH)
- Between 2013-2015 there were 6,252 opioid-related hospital admissions in Louisiana. (LDH)
- Since the Prescription Monitoring Program began, Louisiana has averaged 113 prescriptions per 100 people. (LDH)
- 65% of heroin users reported starting out by misusing prescription opioids (nationwide Survey of Key Informants' Patients (SKIP) Program)

2017 Regular Session Legislation: *These bills could save the lives of those who are at risk of becoming addicted and prevent their family and friends from the heartache that comes from seeing their loved-ones suffer.*

Prescription Limits (HB 192) – House Bill 192 by Rep. Helena Moreno institutes a seven-day limit on first-time prescriptions of opioids for acute pain, with the option for a prescriber to override the limit when medically necessary with a note in the patient's chart. The bill limits all opioid prescriptions for acute pain for children to seven days. HB 192 does not apply to patients with cancer, chronic pain or receiving hospice care. The bill strikes the right balance between preserving patient access and reducing the number of unnecessary opioids prescribed and was supported by many in the health care community.

Prescription Monitoring Program (SB 55) – Senate Bill 55 by Sen. Fred Mills strengthens the state's Prescription Monitoring Program (PMP), a database that pharmacists and prescribers can use to improve patient care and guard against diversions of prescription drugs for improper use. SB 55 requires that prescribers be automatically enrolled with the PMP and check the system before initially prescribing an opioid to a patient and every 90 days thereafter. The new check requirement does not apply to cancer or hospice patients or to drugs administered in a

Rebekah E. Gee, MD, MPH
Secretary, Louisiana DHH



Zika and West Nile Prevention

Earlier this summer, Louisiana reported its first cases of West Nile Virus for the current year, and our neighboring state of Texas announced their first local transmission of Zika virus.

Zika virus is of greatest threat to pregnant women, as the child may be at risk for certain severe birth defects as a result of infection. Pregnant women and women trying to get pregnant should avoid travel to areas with Zika transmission. Because Zika can spread through sexual activity, pregnant women should have their partners use a condom correctly every time or abstain from sex if their partner has traveled to an area of the world with Zika transmission.

Preventing Mosquito-Borne Diseases

- Remove standing water around your home.
- Use an EPA-approved insect repellent.
- Wear light-colored clothing, long sleeves and pants.

Whether it is through better access to primary care, work that addresses drug overdoses, preventing people from getting a mosquito-transmitted disease, or ensuring that taxpayer-funded resources are used well through aggressive fraud-prevention efforts, the department touches many lives in many ways. I am always interested in your thoughts as to ways we can make Louisiana even healthier. ■

hospital. The bill was strongly supported by the Louisiana State Medical Society (LSMS) and other provider associations. The bill also requires continuing medical education for prescribers.

Advisory Council on Heroin and Opioid Prevention and Education (HB 490) – House Bill 490 by Rep. Walt Leger establishes the Advisory Council on Heroin and Opioid Prevention and Education within the Governor’s Office of Drug Policy. The 13-member council will be comprised of statewide elected officials, legislative leaders, and cabinet secretaries and charged with bringing together stakeholders across the health care, law enforcement, education, and insurance fields to gather and publish data, develop policy recommendations, and track progress of initiatives to combat opioid abuse across Louisiana.

Louisiana Medicaid is Tough on Fraud

Earlier this year, the Office of Inspector

General in the U.S. Department of Health and Human Services released an audit that found Louisiana’s Medicaid program is in full compliance with all federal anti-fraud requirements. Louisiana is one of only four states to pass this audit since 2014. Gov. Edwards said there is a perception that Medicaid fraud is a problem. “This news should help allay the fears of those who often criticize the state’s efforts. The message is clear - when it comes to getting tough on Medicaid fraud, Louisiana is among an elite group of states leading the way by doing the right thing.”

Within the Louisiana Department of Health there are multiple systems in place to detect and prevent fraud. These include state-of-the-art software that uses pattern matching algorithms and predictive analytics to look for duplicate charges and other potentially fraudulent billing practices.

The full audit can be found at <http://oig.hhs.gov>.

HEALTHCARE PROVIDERS HELD RANSOM BY ALARMING SURGE OF CYBER ATTACKS; What You Can Do to Protect Your Critical Data

IT IS VIRTUALLY IMPOSSIBLE these days to scan a healthcare or technology news report without seeing some mention of the latest hacking or malware attack. Historically, such attacks against healthcare providers generally involved malware designed to attack medical devices with unpatched or outdated software and then infiltrate the entire network, e.g., “medjack” attacks. Hackers increasingly turned their focus to healthcare providers to obtain access to the rich trove of personal data contained in medical records. Such data can often be sold on the black market for upwards of \$325 per record.

MORE RECENTLY, however, ransomware has become the preferred tool-of-choice when cyber-criminals attack healthcare providers. Ransomware is a unique type of malware that is distinguished by its defining characteristic of denying access to a user’s data, usually by encrypting the data with a key known only to the hacker who deployed the malware. The healthcare data is effectively held ransom until the hacker’s demands for payment are satisfied. Unlike data-mining attacks that are designed to remain undetected for long periods, ransomware attacks are intentionally revealed when a user logs-in to his device and receives a message stating something similar to the following:

“If you see this text, then your files are no longer accessible, because they have been encrypted.”

This was the message that doctors and nurses at a West Virginia hospital recently discovered when logging-in to their system. The high value and need for timely access to healthcare data makes healthcare providers

a prime target for ransomware attacks. Beyond payment of the ransom, the effects of a ransomware attack can be devastating and wide-ranging. Like other victims, the hospital in West Virginia was forced to revert to paper medical records while the hospital began the process of replacing nearly 1,200 hard drives compromised by the attacks and essentially rebuilding its entire network from scratch.

It is more important now than ever for healthcare providers to work closely with their information technology professionals and vendors to ensure that their security and data protection policies are current and effective to protect their medical devices, computer systems, and healthcare data, and are capable of quickly addressing, responding to, and timely resolving any threats.

Cyber Attacks on the Rise

According to the U.S. Department of Health and Human Services, there have been 4,000 daily ransomware attacks since early

2016, which is a 300 percent increase over the 1,000 daily ransomware attacks reported in 2015. There were 325 large-scale PHI (Protected Health Information) data breaches, compromising more than 16 million individual patient records. Not surprisingly, these attacks have dramatically increased in 2017. According to *Becker’s Hospital Review*, of the 791 data breaches so far in 2017, the health/medical industry has experienced 179 breaches, accounting for 22.6 percent of all U.S. data breaches. Globally, a new and highly-sophisticated strain of ransomware, named “WannaCry,” was released in May. So far, it has crippled National Health Service hospitals, the largest hospital group in the United Kingdom, and is reported to have infected computers and medical devices in as many as 99 countries.

In response to these growing threats, a July 2017 survey by *Becker’s Hospital Review* reports that more healthcare companies are investing in their security efforts as 83 percent of such companies report that they have implemented stronger policies restricting data access; 76 percent invested in more technology and security; and 41 percent hired more IT people or increased data protection and computer training for their staff.

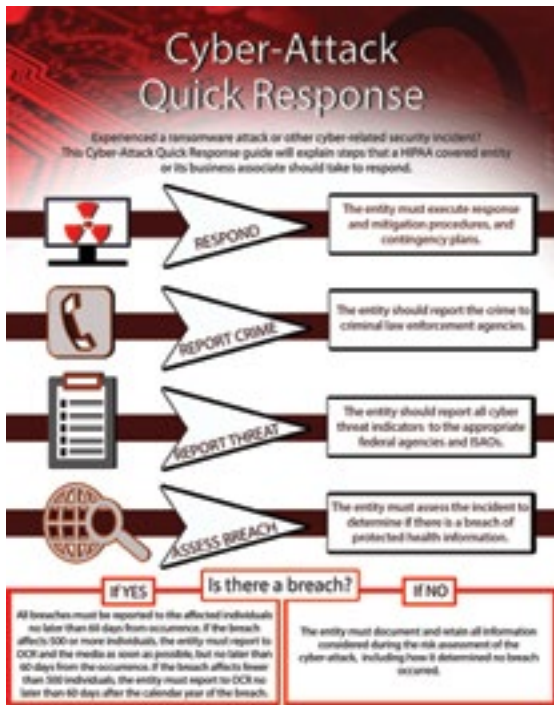
If there is one thing that IT and computer forensics experts can agree upon, it is the certainty that these cyber-attacks and ransomware infections will continue to grow and spread as new variations of malware are developed and released.



Marc S. Whitfield

Taylor Porter Partner

Privacy and Health Information Technology Attorney



OCR Responds With New Guidance on Data Breaches

In response to the surge in ransomware attacks, the Office of Civil Rights (OCR) issued new guidance (the Guidance) last year that, among other things, explains how covered entities should guard against ransomware attacks and how to assess whether the ransomware incident is a reportable HIPAA breach. This Guidance should form a core component of any healthcare provider's data security plan.

The Guidance stresses that the HIPAA Security Rule requires covered entities and their business associates to take steps to reduce the likelihood of a ransomware attack, including the need to conduct a risk analysis to identify threats and vulnerabilities to electronic PHI and establishing procedures to guard against malicious software. In addition, all users should be trained to recognize and report any malicious software or

suspicious emails. The Guidance also advises frequent backups of data, preferably offline or through separate networks, and periodic testing to ensure the integrity of the backup data and to test the data restoration protocols. It is also important for healthcare providers to understand that the presence of ransomware on its computer system is considered a security incident under the HIPAA Security Rule, and an organizational response to a ransomware attack should follow the organization's security incident response plan, in compliance with HIPAA.

Whether a ransomware attack also constitutes a reportable breach under HIPAA is a fact-specific determination that must be decided on a case-by-case basis. If electronic PHI becomes

encrypted as the result of a ransomware attack, a breach has occurred since unauthorized individuals have taken possession and therefore "acquired" protected PHI, thus resulting in an unpermitted "disclosure" under the HIPAA Privacy Rule.

Unless the covered entity or business associate can demonstrate that there is a "low probability that the PHI has been compromised," based on the factors set forth in the Breach Notification Rule, a breach of PHI is presumed to have occurred. The entity must then comply with the applicable breach notification provisions, in accordance with HIPAA breach notification requirements.

As always, protective data encryption employed by the healthcare provider is an important and beneficial tool. The Guidance clarifies if the PHI encrypted by the ransomware was already encrypted by the healthcare provider to comply with HIPAA such that it is no longer "unsecured PHI," then the

healthcare provider would not be required to conduct a risk assessment to determine if there is a low probability of compromise, and breach notification would not be required. However, the Guidance provides examples of fact-specific situations that would require that the healthcare provider investigate further to ensure that its encryption solution, as implemented, correctly renders the affected PHI unreadable, unusable, and indecipherable to unauthorized persons, in all instances.

What Proactive Steps Can You Take?

In addition to maintaining a modern security plan that stresses best-practice security solutions and protocols, employee education and testing remain the key tools to guarding against malware infection. IT personnel should hold educational meetings and circulate reminder e-mails concerning risky e-mail subject lines, social media sites and advertising pop-ups that can infect computers. Phishing schemes that trick employees into opening malware attachments remain a common tactic for malware infections so employee training remains crucial.

In addition to specialized employee training, and specifically regarding ransomware threats and attacks, healthcare providers should:

- Perform frequent backups of system and important data files and verify the integrity of those backups regularly. If ransomware affects your system, you can restore your system to its previous state with any files unaffected by ransomware.
- The safest practice is to store backups on a separate device that cannot be accessed from a network.
- Be careful when clicking directly on links in emails, even if the sender appears to be known; attempt to verify web addresses independently (e.g., contact your organization's IT department or search the Internet

10 Most-Clicked Email Subject Lines for Phishing Attacks:

1. Security Alert – 21%
2. Revised Vacation & Sick Time Policy – 14%
3. UPS Label Delivery 1ZBE312TNY00015011 – 10%
4. BREAKING: United Airlines Passenger Dies from Brain Hemorrhage – VIDEO – 10%
5. A Delivery Attempt was made – 10%
6. All Employees: Update your Healthcare Info – 9%
7. Change of Password Required Immediately – 8%
8. Password Check Required Immediately – 8%
9. Unusual sign-in activity – 6%
10. Urgent Action Required – 6%

Source: KnowBe4, Security Awareness Training and Simulated Phishing Platform, Tampa, Fla.

- for the main website of the organization or topic mentioned in the email).
- Exercise caution when opening email attachments. Be particularly wary of compressed or ZIP file attachments.
- Conduct routine risk cybersecurity analysis and penetration testing to regularly test the security of your system.
- Maintain up-to-date patches and security updates and have your IT personnel regularly monitor industry warnings of the latest security and malware threats.
- Test and verify the effectiveness and sustainability of your business continuity plans. Absent an effective and reliable plan, you may find yourself relying solely

upon written medical records or being forced to reschedule important medical procedures.

With cyber attacks and ransomware attacks becoming a daily threat for businesses, it is essential that hospitals and other health-care providers maintain sufficient security measures to reduce the significant risks posed by these threats.

If you require additional information or wish to re-evaluate or strengthen your existing security policies and procedures, do not hesitate to contact me, or any of Taylor Porter's health information technology attorneys. ■

Marc S. Whitfield is a partner at Taylor Porter and works primarily with the Firm's Health Care Practice Group, Commercial Litigation Section and its Intellectual Property Law Group. Marc has practiced since 1988 in the areas of intellectual property law, commercial litigation, contracts and commercial transactions, information technology, health care issues involving electronic health records, HIPAA, data security and privacy rights, and non-compete disputes. You can view Marc's profile at: <http://www.taylorporter.com/our-attorneys/marc-s-whitfield>

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by L. Ron Hubbard

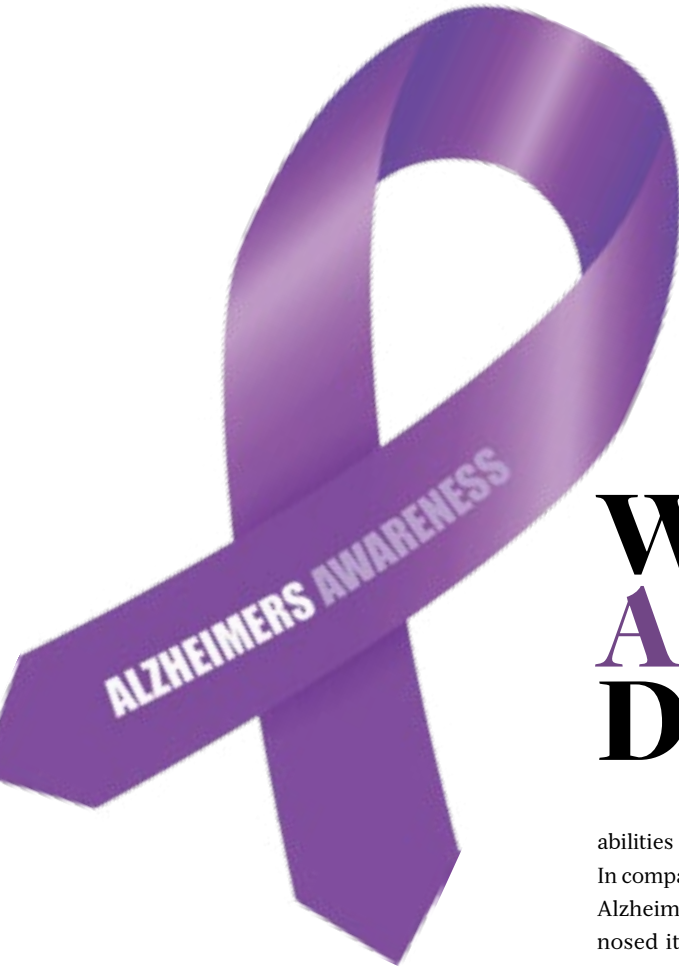
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Barbara W. Auten
Executive Director
Alzheimer's Services of the Capital Area



The United States, along with countries worldwide, will focus attention on Alzheimer's disease September 21, 2017.

WORLD ALZHEIMER'S DAY

AN ESTIMATED 5.5 MILLION AMERICANS currently have Alzheimer's, with that number expected to rise to 13.8 million by 2050. One in ten over the age of 65 develops Alzheimer's, while fewer than half who meet the criteria report being diagnosed with dementia by a physician. Awareness among the population and healthcare services is critical for individuals to seek proper care and utilize the resources available. When my grandmother developed Alzheimer's in 1972, the family referred to her condition as hardening of the arteries and old age loss of memory, but it was classic Alzheimer's. It began with memory loss, confusion, loss of place and time, then balance and her first fall. Over the next few years, her

abilities declined until she was bedridden. In comparison, when my mother developed Alzheimer's in 2009, her physician diagnosed it and prescribed medication that could help slow the progress. Today, there are several medications that can be prescribed that may slow the advancement for a time; however, there are still no drugs to prevent or cure the disease.

Creating awareness and urging people to seek out diagnosis earlier provides the best chance of delaying the effects of the disease. Memory screenings are a useful tool to identify possible loss of cognition and are easy to administer and non-invasive. Alzheimer's Services will provide free memory screenings during Alzheimer's Awareness month in November throughout the ten-parish area served. Additionally, A *Day of Memories* event will be held at Perkins Rowe on Sunday, November 5, 2017, to promote awareness of the disease and connect people with valuable resources. Activities will be

held throughout the day, and several vendors and restaurants will participate.

The Alzheimer's Services **23rd Annual Walk/Run to Remember** will be held on Saturday, October 21, 2017. It is the largest Alzheimer's awareness event in the Capital Area with over 7,000 participants. Honorary Chair Coach D-D Breaux invites everyone to participate and increase awareness to encourage those affected families and caregivers to take advantage of local resources and advocate for more funding to be directed to research. There are over 100 drugs in research with only a small percentage of them being promising. As genetic research advances and biomarkers are identified, the science may be developed to attack the disease with the precision that new cancer drugs are developed to do. Until then, we must continue to be more aware of cognitive decline, seek the diagnosis, and take advantage of all the resources available. For more information, please visit www.alzbr.org. ■

It often takes decades to develop new medications, test their safety and effectiveness, and get them in the hands of doctors and patients who can benefit. Meanwhile, the rates of chronic disease in the United States are skyrocketing. Currently, one in 10 people has diabetes and one in three is at risk for the disease (and many do not know they are at risk). In Louisiana, one in two children is considered overweight or obese—a risk factor for developing diabetes, heart disease or metabolic syndrome, all conditions that in the past have characteristically affected people who are middle age and older.

NEW GRANT ALLOWS FOR QUICKER SCREENING OF POTENTIAL DIABETES TREATMENTS

WITH THE HEALTH AND WELLNESS of these patients in mind, researchers at LSU's Pennington Biomedical Research Center are working to speed up the very first steps in the lengthy process of drug development.

Drs. Richard Rogers*, Gerlinda Hermann, and Jason Collier are utilizing a LIFT2 grant from Louisiana State University to screen new potential medications much quicker than was previously possible. Currently, a screening (or assay) for new drugs takes about two days to perform, but this new test may allow researchers to shrink that two day period to just two hours.

Not only will this new test speed up the development of much-needed new treatments for diabetes, but it will also lower costs and increase the speed of evaluating therapeutic models or disease models.

That new two-hour test will help

determine the ability of pancreatic beta cells to respond to blood sugar and secrete insulin. It will also assess the ability of certain tissues in our body to respond to insulin.

"I'm excited for this opportunity," said Collier. "Anytime we are able to speed up research and development it can benefit people who are working to manage diseases like diabetes, and ultimately that's why I go to work every day."

Rogers, Hermann, and Collier also hope that this new grant will allow them to transfer the technology from an experimental platform to that of a more common system that will make the test ready for commercialization and wider use.

"Our researchers are developing new and unique ways of combatting the chronic diseases that affect so many in our population," noted Dr. David Winwood, associate



Dr. Richard Rogers



Dr. Gerlinda Hermann



Dr. Jason Collier

executive director of the Office of Business Development and Commercialization at Pennington Biomedical. "Funding like this from LSU can provide the key 'proof-of-concept' resources needed to move those ideas from the lab bench to the patient's bedside." ■

**Dr. Rogers holds the John S. McIlhenny Endowed Professorship in Nutritional Neuroscience.*

Radiology Associates L.L.C.

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- Dr. Misty M. Norman



- The radiologists at Woman's Hospital are proud to offer the latest technology in 3D mammography. With nine 3D mammography units, we have expanded access to meet the needs of our patients.
- The Woman's Coach is now equipped with a 3D unit to better reach patients in our community's surrounding areas.
- In addition to mammography, Woman's provides comprehensive breast imaging and breast cancer treatment. We are excited to support the new Breast and GYN Cancer Pavilion opening in 2018 at Woman's Hospital.



Woman's Hospital was the first in the state to be designated a Breast Imaging Center of Excellence by the American College of Radiology (ACR) in 2007.



Woman's Hospital was accredited by the National Accreditation Program for Breast Centers by the American College of Surgeons (ACS) in 2011.

Dwayne Anderson, M.D.
Beau S. Black, M.D.
Michael L. Bruce, M.D.
Keith R. Gibson, M.D.
Marcia B. Gremillion, M.D.
Robert F. Hayden, MD.
John O. Lovretich, M.D.
Ryan N. Majoria, M.D.
Jonathan C. Malone, M.D.
Laura S. Miller, M.D.
Christian E. Morel, M.D.
Misty M. Norman, M.D.
Claire K. Roberts, M.D.
James F. Ruiz, M.D.
Scott B. Schuber, M.D.
Steven C. Sotile, M.D.
Brandon S. St. Amant, M.D.
Matthew A. Stair, M.D.
Gerard B. Tassin, M.D.
Allison S. Vitter, M.D.
David W. Walker, M.D.
E. Gay Winters, M.D.
Mark Wofford, M.D.

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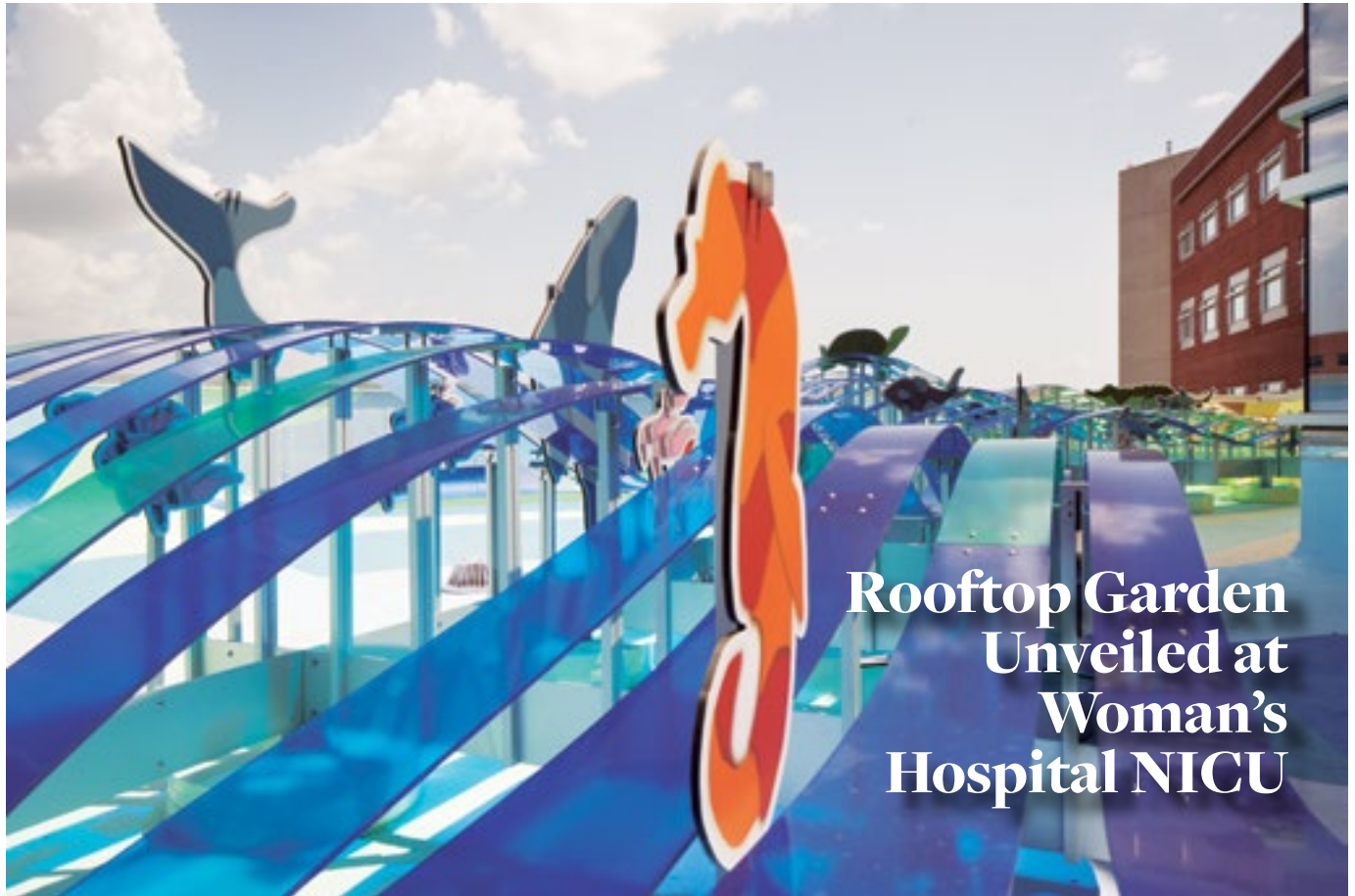
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Hospital Rounds



Rooftop Garden Unveiled at Woman's Hospital NICU

A dull, gray rooftop view from Woman's Newborn and Infant Intensive Care Unit (NICU) has been transformed into an underwater fantasy, thanks to the Junior League of Baton Rouge. The garden features whimsical metal sculptures of native Louisiana animals, such as crawfish, turtles, and alligators, and visitors can learn about the creatures through interactive kiosks. The installation is part of the Junior League of Baton Rouge's \$100,000 gift, given in conjunction with its 85th anniversary celebration, in collaboration with The Walls Project and artists Joel Breaux, Stephanie Landry, and Clark Derbes, with creative consultants WHLC Architecture, Milton J. Womack Contractors, Raina Wirta, and Melisa Rad.

"The Junior League of Baton Rouge is proud to partner with Woman's Hospital on the 'Embracing Estuary' art installation. This rooftop sanctuary is a space where families can go to seek comfort while their babies are being cared for in the NICU. It is our hope that this space will also serve as a haven where families can later reconnect with the wonderful medical teams and staff who played such an integral role during their time at Woman's Hospital," said Jessica Gagliano, President of the Junior League of Baton Rouge. "These intentions, combined with the opportunity for the League to celebrate life in its sincerest form, are just a few reasons that the League, and our members, are so proud to be a part of this project."

"We are so grateful to the Junior League of Baton Rouge for making this project possible," said Shon Baker, PhD, CFRE, Chief Development Officer, Foundation for Woman's. "The rooftop garden is a special way to greet the families of more than 1,200 critically ill babies who visit our NICU each year."

Hospital Rounds



Marquinn D. Duke, MD

Marquinn D. Duke Named Trauma Medical Director of North Oaks Medical Center

Marquinn D. Duke, MD, has been named medical director of North Oaks Medical Center's Level II Trauma Center. He is certified by the American Board of Surgery in general surgery and critical care, and joined the North Oaks trauma team in September 2014.

No stranger to leadership roles, he was an instrumental member of the team responsible for the hospital's 2016 achievement of verification and designation as one of three Level II trauma centers in the state of Louisiana. He serves on the Regional Commission of the Louisiana Emergency Response Network (LERN) for Region 9 as the trauma representative. He has belonged to the North Oaks medical staff's Sepsis and Critical Care committees since 2015, and the Physician Informatics Committee since 2016. He is the current chairman of the medical staff's Opioid Committee, and serves on the Finance Subcommittee of the North Oaks Physician Group's Network Operations Council. In 2016, he was a member-at-large of the North Oaks Medical Center Medical Executive Committee.

He is co-author of numerous studies published in medical journals, including the *Panamerican Journal of Trauma, Critical Care & Emergency Surgery, the Journal of Trauma Acute Care Surgery, The American Surgeon, and Surgical Critical Care and Emergency Surgery: Clinical Questions and Answers*.

After earning a bachelor's degree from the University of Missouri at Columbia, Dr. Duke obtained his medical degree from the University of Texas Health Science Center at San Antonio, where he was awarded the Leonard Tow 2008 Humanism



Courtney James, MD

in Medicine Award, and belonged to the Gold Humanism Honor Society. He completed a surgical residency at Tulane University in New Orleans, where he served as administrative chief resident, and completed his fellowship through Baylor College of Medicine in Houston.

The North Oaks Medical Center Trauma Center provides immediate, lifesaving care for injured patients 24 hours a day, 365 days a year for Region 9 of the state, which includes Tangipahoa, Livingston, St. Helena, St. Tammany, and Washington parishes. Trauma/critical care surgeons and specially trained nursing teams are available in-house 24/7 to treat trauma cases, including, but not limited to, falls, motor vehicle crashes, and sports injuries. Emergency medicine physicians, orthopedic surgeons, neurosurgeons, anesthesiologists, ophthalmologists, radiologists, as well as ear, nose, and throat surgeons also provide coverage.

"I look forward to continuing to work with the trauma team to save lives and enhance our program by focusing on compassion, excellence, and performance improvement," affirmed Duke. He succeeds Dr. Juan Duchesne as medical director. Duchesne has joined the faculty of Tulane University School of Medicine fulltime.

Courtney James Joins OLOL Pediatric Group at Zachary

Courtney James, MD has joined Our Lady of the Lake Physician Group Pediatrics at Zachary, where she is providing evaluation and treatment for a wide range of pediatric illnesses and conditions.

At Pediatrics at Zachary, Dr. James joins Dr. Amanda Talbot and Lynette David, NP in providing services that help maintain good health for children, including well-child visits, evaluation and care of illnesses and minor injuries, school and



Dina Dent, MSN, RN, NEA-BC

sports physicals, immunizations, and more.

Dr. James received her medical degree from Ross University School of Medicine in the Commonwealth of Dominica, and her undergraduate degree from Dillard University in New Orleans. She completed her residency through the Our Lady of the Lake Pediatric Residency Program, where she served as Chief Resident and provided clinical leadership and mentoring for fellow residents. As part of her residency, she treated patients for the past year at the Pediatric Academic Clinic in Baton Rouge. She is Board Certified in Pediatrics, and a member of the Board of Directors for Prevent Child Abuse Louisiana.

OLOL Names Dina Dent Assistant VP of Nursing

Our Lady of the Lake Regional Medical Center has named Dina Dent, MSN, RN, NEA-BC as assistant vice president of Nursing, responsible for the nursing units of Medicine, Oncology, Rehab, and Inpatient Surgical, as well as oversight within Patient Care Services.

Dent joins the organization with more than 19 years of administrative, operations, and clinical experience. She most recently served as executive director of nursing operations for CHRISTUS St. Francis Cabrini Hospital in Alexandria, La. Prior to that role, she was the unit director of the Medical Intensive Care Unit at Grady Health System, a 953-bed, Level 1 Trauma Center in Atlanta. Also in Georgia, she served as adjunct faculty for Kennesaw State University's School of Nursing, and gained valuable nursing leadership skills at the distinguished healthcare facilities of Wellstar Health System, Piedmont Hospital, and Emory University Hospital.

"Dina brings with her not only a deep

commitment for delivering exceptional care, but also valuable insight from her previous experience in Louisiana into our unique cultures, families, and communities that are often so integral to the healthcare experience," said Nicole Telhiard, DNP, CPN, NE-BC, chief nursing officer, Our Lady of the Lake. "I am confident she will help us grow as an organization and, more importantly, make sure patients continue to receive the compassionate and quality care they deserve."

Dent is a member of the American Nurses Association, American Association of Colleges of Nursing, American Organization of Nurse Executives, and the American College of Healthcare Executives, where she serves on the ACHE Louisiana Chapter Diversity and Inclusiveness Committee. Dent holds a Master of Science degree in Nursing from the University of West Georgia, and bachelor's and associate's degrees in Nursing from Norfolk State University. She is currently working toward her Doctor of Nursing Practice (DNP) at the University of Louisiana at Lafayette.

Ribbon Cutting for Lane Hematology/Oncology Clinic

Lane Hematology/Oncology Clinic hosted a Ribbon Cutting and Open House to celebrate moving into their new location inside the Lane Cancer Center in Zachary.

The Ribbon Cutting, conducted by the Zachary Chamber of Commerce, was followed by a Community Open House and tours of the facility. Services at the clinic will include medical office visits, chemotherapy, infusion services, emotional support, and customer service.

Medical Director Dr. Michael Castine says, "Moving into the new location was a whirlwind, but our patients enjoy the relaxed, peaceful environment here. Plus, the larger space will allow us to continue to expand and grow the services we provide."

The team at Lane Hematology/Oncology Clinic provides patients with convenient, high-quality cancer care to help ease the challenges of treatment and recovery.

Shon Baker Appointed Chief Development Officer of Foundation for Woman's

Shon Cowan Baker, PhD, CFRE has been appointed Chief Development Officer for the

Foundation for Woman's, the philanthropic arm of Woman's Hospital. Shon leads the Woman's Development team in connecting donors to the hospital through philanthropic outreach. With more than 12 years of experience leading development strategy and comprehensive fundraising activities for nonprofit organizations, she will assist efforts to further the hospital's mission to improve the health of women and infants. Shon will oversee the Foundation's campaigns, including major gifts, planned giving, annual giving, and corporate giving. She will also oversee endowment development, donor relations and special events, such as the Woman's Victory Open golf tournament, Woman's Impact Luncheon, and BUST Breast Cancer bra art fashion show.

Shon previously served as Xavier University of Louisiana's Associate Vice President of Development, where she provided strategic leadership and management for the university's fundraising programs to include major gifts and corporate and foundation fundraising. Shon earned a BS from Campbell University, an MA from the University of Holy Cross, and a PhD from Louisiana State University. Her research interests include

examining the impact of transformational donations on the mission of nonprofit organizations, female philanthropic leadership, and feminist philanthropy. She has served on the Boards of Dress for Success New Orleans, the Friends of City Park of New Orleans, and Le Petit Theatre du Vieux Carre. She has also served as a Committee Chairwoman of the Junior League of New Orleans. Shon was named 2017 Top New Orleans Female Achiever by *New Orleans Magazine*, and was named a 2015 *New Orleans City Business Healthcare Hero*.

CHRISTUS Health and Ochsner Announce Partnership in Lake Charles

CHRISTUS Health and Ochsner Health System (Ochsner) announced that they have signed a letter of intent (LOI) to pursue a joint venture of current CHRISTUS operations in the Lake Charles area. The joint venture will have responsibility for all future healthcare facilities and services operated by the two health systems in the region. The anticipated agreement will build on the collective strengths of both CHRISTUS Health and



A ribbon cutting ceremony was held for Lane Hematology/Oncology Clinic to celebrate its move to a new location inside Lane Cancer Center in Zachary. The event was conducted by the Zachary Chamber of Commerce. Team members, pictured left to right, are Susie Braud, Paula Zagone, Desiree Magruder, Dr. Michael Castine, Wendy Gill, Tammy Pogue, Jason Gwyn, and Yolanda Brown. Not pictured are Lindsay Cornelius and Jackie Hawkins.

Hospital Rounds

Ochsner, improve care for patients, and expand local access to healthcare services and specialties such as maternal fetal medicine, pediatric subspecialties, neurosciences, and oncology.

"This is an exciting time for our health system and the people of Southwest Louisiana," said Ernie Sadau, president & CEO, CHRISTUS Health. "With today's announcement, we are sharing our intentions of bringing together two vital not-for-profit organizations. We're also reinforcing our deep commitment to continue to provide high-quality care, and to improve the health of the communities we serve."

"We are two of the leading health systems in our state and nationally," said Warner Thomas, president & CEO, Ochsner Health System. "Our opportunity, and in fact responsibility, is to work even more closely together, and do more to expand, innovate, and improve healthcare in our region."

Woman's, Baton Rouge General Named Most Wired Hospitals

Five Louisiana hospitals, including Woman's Hospital and Baton Rouge General, as well as Ochsner Health System, have been named "Most Wired" hospitals by *Hospitals & Health Networks* magazine.

LANE SURGERY GROUP CELEBRATES 5TH ANNIVERSARY

Lane Surgery Group recently celebrated its fifth anniversary of providing surgical services to the region. Open since 2012, the board certified surgeons at Lane Surgery Group provide a broad range of inpatient and outpatient surgeries, with the majority performed using minimally invasive and laparoscopic techniques. These include anti-reflux surgery, appendectomy, benign and malignant soft tissue tumors, breast cancer and benign diseases of the breast, cholecystectomy (gallbladder), colon operations for cancer and diverticular disease, hemorrhoid, hernia repair (abdominal wall and inguinal), lower GI endoscopy (colonoscopy), releasing of peritoneal adhesions, skin/soft tissue, small intestine surgery, spleen, stomach surgery, surgery of the thyroid and parathyroid, and upper GI endoscopy (EGD).

The annual Most Wired survey examines the ways in which U.S. hospitals are adopting information technology, and the survey data is used to develop industry-standard IT benchmarks for operational, financial, and clinical performance. Nearly 40 percent of all U.S. hospitals participated in the survey. The 2017 survey and benchmarking study, published annually by *Health & Hospitals Networks* (H&HN), is a leading industry barometer measuring information technology (IT) use and adoption among hospitals nationwide. The survey of 698 participants, representing an estimated 2,158 hospitals, examines how organizations are leveraging IT to improve performance for value-based healthcare in the areas of infrastructure, business and administrative management, quality and safety, and clinical integration.

Baton Rouge General met criteria in four operational categories: infrastructure, business and administrative management, clinical quality and safety, and clinical integration.

"Technology is changing the way patients make decisions about their health," said BRG VP of Information Systems Bennett Cheramie. "Our goal is to make getting care as seamless as possible with tools that fit the unique goals and experiences of our individual patients—including online physician visits, direct messaging, and secure text

offerings."

At Woman's, nurses are able to round on patients daily using an iPad app to ask about the quality of their stay, pain management, noise level, room cleanliness, meal service, and safety concerns. In Woman's Adult ICU, patient care is supported by the use of telehealth connected to remote intensivist physicians. These physicians can monitor vital signs, ventilators, and electronic medical records (EMRs) in real-time through the telehealth platform, as well as communicate with the hospital staff and the patient. Coordinated virtual care allows for better outcomes for the patient, and also allows the patient's family to be involved in the delivery of care.

"Information technology is at the forefront of the patient experience at Woman's," said Paul Kirk, Vice President/Chief Information Officer. "We're using emerging technologies to improve patient engagement, experience, and safety."

The hospital has continued developing the use of integrated software into EMRs as well as the ability to data mine EMRs of non-hospital providers to create a total care plan for each obstetrical patient. Woman's is also working to improve clinical outcomes and processes through analyzing patient information.



Pictured, l-r: Dr. Sam Field, Margie Hill, Dr. Dan Bourgeois, Kristi Duplessis, Chris Dedon, Charli Windham and Dr. Frank Sanfiel.



MISS LOUISIANA VISITS OLOL CHILDREN'S HOSPITAL

Reigning Miss Louisiana Laryssa Bonacquisti visited Our Lady of the Lake Children's Hospital, going room-to-room to visit patients, sign autographs, and take photos with children and their families. The LSU senior from Shreveport has participated in numerous volunteer projects, including serving as a fundraiser for Children's Miracle Network hospitals like Our Lady of the Lake Children's Hospital. She is a passionate healthcare advocate who works with the Pancreatic Cancer Action Network to assist in its goal of doubling the survival rate of those diagnosed with pancreatic cancer. This platform is in honor of her grandmother, who passed away earlier this year from pancreatic cancer.

Baton Rouge General Named Area's Only Certified Chest Pain Center

Baton Rouge General announced that it was named the area's only Certified Chest Pain Center by The Joint Commission. This honor reflects BRG's commitment to providing safe and effective heart care. BRG is the only chest pain center in Baton Rouge to receive the certification.

"If you are having chest pain, or other symptoms of a heart attack, the team at Baton Rouge General is certified and ready to help," said Dr. Louis Minsky, Chief of Staff at Baton Rouge General. "This accreditation demonstrates our commitment to providing the highest quality of care for patients with chest pain."

According to the Society of Chest Pain Centers, 600,000 people die each year of heart disease in the United States, and heart attacks lead the nation as the number one cause of death. The chest pain certification joins BRG's other recent achievements in cardiology, including the advanced certification for primary stroke centers, and the certification of its cardiac rehab program.

"Baton Rouge General has thoroughly demonstrated a high level of care for patients with chest pains," said Patrick Phelan, executive director, Hospital Business Development, The Joint Commission. "We commend Baton Rouge General for

becoming a leader in chest pain care."

Woman's Hospital's New Mammography Coach Hits the Road

Woman's Hospital now has two mammography coaches to save lives across Louisiana. The coaches provide onsite mammograms to women at churches, workplaces, grocery stores, community centers, and other sites.

More than 95 percent of breast cancer cases are treated successfully when detected early, and according to the American Cancer Society, women ages 40 and over should receive annual mammograms. Both coaches feature 3D mammography technology, which assists in diagnosing cancer as early as possible; 3D mammography produces clear, precise images that allow doctors to pinpoint abnormalities with greater accuracy. Only 12 mammography coaches in the U.S. currently feature 3D technology.

"We are proud to bring 3D mammography, the highest level of breast cancer detection technology, to women experiencing geographic, financial and cultural barriers to proper breast care by focusing on areas where mammography and diagnostic services are not readily available," said Cynthia Rabalais, director of Imaging Services. "The overall goal of the program is to reduce

Louisiana's breast cancer mortality rate, which is the second highest in the nation, through early detection and intervention."

Mary Bird Perkins-OLOL Cancer Center Hosts Survivorship Luncheon

Mary Bird Perkins – Our Lady of the Lake Cancer Center hosted its annual THRIVE survivorship celebration in recognition and honor of cancer survivors during National Cancer Survivor Month. The celebration, which focused on cultivating inner peace and greater joy, was hosted at the Cancer Center in collaboration with the Red Shoes Project Hope Program. The event consisted of a luncheon followed by a special presentation from Pasha Hogan, an author, therapist, and three-time cancer survivor. Hogan shared her personal and professional experiences with cancer and commented on the value of finding joy and celebrating life during and after a diagnosis.

Francinne Lawrence, PhD, manager of survivorship and integrative medicine at the Cancer Center, spoke to the importance of the event, saying, "Survivorship is an important phase on the cancer care continuum in that it acknowledges the individual's completion of their initial treatment and their new focus on living life well after a cancer diagnosis."

Hospital Rounds



MARY BIRD PERKINS-LOL SURVIVORS LUNCHEON

L-R: Linda Lee, Cancer Center administrator; Pasha Hogan, guest speaker; and Laura Gaddy, Francinne Lawrence and Suzanne Hotard, survivorship program team members.

The Cancer Center offers many free services for survivors and caregivers with the goal of helping patients live a full and meaningful life during and after treatment. These programs aim to treat the physical, emotional, social, and spiritual aspects of survivorship, combining research-based complementary/alternative therapies with traditional cancer care. At the event, survivors were presented with information on some of these programs, including support groups, mindful yoga, healing arts, and meditation. For more information, visit marybirdlake.org/thrive.

Our Lady of the Lake, Ochsner Ranked Among Nation's Top Hospitals

Our Lady of the Lake Regional Medical Center has once again been recognized as a top 50 provider in the specialty of Ear, Nose and Throat by *U.S. News & World Report* in its 2017-18 "Best Hospitals" rankings. And again, Ochsner Medical Center, OMC West Bank Campus, and Ochsner Baptist have been ranked among the best hospitals in the country in four medical specialties: Gastroenterology & GI Surgery, Neurology & Neurosurgery, Ear, Nose and Throat, and Nephrology.

The annual Best Hospitals rankings recognize hospitals that excel in treating the most challenging patients and health conditions. For the 2017-18 rankings, *U.S. News* evaluated more than 4,500 medical centers, nationwide, in 25 specialties,

procedures, and conditions.

"We are deeply honored to join our academic and community physician colleagues to be included among the nation's most acclaimed hospitals for providing the highest quality Ear, Nose and Throat care," said Daniel Nuss, MD, FACS, chief of ENT and Physician Director for the Head and Neck Program at Our Lady of the Lake. "Our team of dedicated otolaryngologists from the LSU Health Sciences Center is comprised of highly specialized ENT surgeons with expertise in the treatment of some of the most complex and difficult problems that can affect the head and neck, including cancer, benign tumors, facial deformities, congenital malformations, disturbances of hearing and balance, problems of the voice and airway, swallowing disorders, advanced or life-threatening infections of the nose and sinuses, and much more. Many of our patients at Our Lady of the Lake come to us from across the region, and from all over the United States, and internationally, as well."

In addition to the Top 50 designation for Ear, Nose, and Throat, OLOL Regional Medical Center earned a "high-performing" designation across six adult procedures and conditions, including Chronic Obstructive Pulmonary Disease (COPD), Colon Cancer Surgery, Heart Bypass Surgery, Heart Failure, Hip Replacement, and Knee Replacement.

"To be ranked by *U.S. News & World Report* is

a tremendous honor, and affirms the quality and consistent excellence of the medical care we provide," said K. Scott Wester, president and CEO of Our Lady of the Lake. "Patients are always the priority, and I applaud our talented physicians, clinicians, and team members whose multidisciplinary teamwork has earned this recognition for the care we deliver."

Out of 208 hospitals in Louisiana, Our Lady of the Lake ranked No. 2, overall, in the state. The No. 1 spot went to Ochsner.

This is the 17th time since 1996 that Ochsner has been recognized among the Best Hospitals in America. In addition to the four top 50 specialties (Gastroenterology & GI Surgery, Neurology & Neurosurgery, Ear, Nose and Throat, and Nephrology), the Ochsner hospitals received High Performing rankings in several categories, including Cancer, Diabetes and Endocrinology, Geriatrics, Orthopedics, Pulmonology, and Urology. Ochsner is the only hospital ranked in the top 50 in four or more specialties within Louisiana, Mississippi, and Arkansas.

Candace Moore, OB/GYN, Joins Baton Rouge General Physicians

Baton Rouge General Physicians announced the addition of Dr. Candace Moore to its Obstetrics and Gynecology - Bluebonnet practice.

Dr. Moore joins the other four OBs at the Bluebonnet campus, who specialize in routine preventive and comprehensive care for expectant mothers, as well as diagnostics and treatment options for gynecological issues. A native of Baton Rouge, Dr. Moore practiced in Pittsburgh, Pa. before joining Ochsner in New Orleans in 2009.

"I'm thrilled to be back home in Baton Rouge, and am grateful for the opportunity to be a part of so many special moments," said Dr. Moore. "If I ever get tired of hearing a baby's heartbeat, that's when I'll know I should retire."

Dr. Moore earned her medical degree from the



Candace Moore, MD



Kacie Sims, MD

University of Mississippi School of Medicine, and completed her Obstetrics and Gynecology internship and residency training at the University Medical Center in Jackson. She then practiced as an OB/GYN in Pittsburgh, Pa. before joining Ochsner in New Orleans. She is licensed by the American College and Board of Obstetrics and Gynecology, and is a member of the South Central Obstetrics and Gynecology Society.

OLOL Adds Dr. Kacie Sims to St. Jude BR Affiliate Clinic

Our Lady of the Lake Children's Health has added pediatric hematology-oncology specialist and Baton Rouge native Kacie Sims, MD to the team at its St. Jude Baton Rouge Affiliate Clinic, where she will provide the latest in specialized medical care and techniques to children with a variety of blood disorders and cancers. One of only eight St. Jude affiliates in the country, the clinic allows patients to receive the same care

and treatments developed as clinical trials at St. Jude Children's Research Hospital in Memphis, Tenn., but close to their home, family, and support system.

"Dr. Sims is a talented physician who brings both valuable experience and a fresh perspective to our team at St. Jude," said Dr. Jeff Deyo, medical director of the St. Jude Baton Rouge Affiliate Clinic. "She has shown tremendous passion for helping childhood cancer patients throughout her career, and she will have an immediate impact on the lives of children and families who are navigating a potentially serious diagnosis and intense treatment plan."

Dr. Sims graduated from the OLOL Pediatric Residency Program in 2013. She also volunteered at the St. Jude Baton Rouge Affiliate Clinic during college, where she helped counsel and comfort patients and their families while observing clinic physicians.

"Volunteering at the St. Jude Affiliate Clinic as

an aspiring doctor was a great opportunity for me, and helped to solidify my career path," said Dr. Sims. "I am thrilled to be returning to Baton Rouge to be a part of the clinic again while at the same time preparing to move into the new children's hospital. The opportunity to re-join the organization at this pivotal time in its history is rewarding on both a personal and professional level."

Dr. Sims received a Bachelor of Science in biology from LSU in 2004, and her medical degree from LSU Health Sciences Center in 2010. Following her pediatric residency at Our Lady of the Lake, Dr. Sims moved to Oklahoma City, Okla., where she completed her master's degree in clinical and transitional sciences from the University of Oklahoma Health Sciences Center Graduate School, and a Fellowship in pediatric hematology-oncology at Oklahoma University Health Sciences Center.

BRG Welcomes Cancer Specialist Dr. Pavani Ellipeddi to Bluebonnet Campus

Baton Rouge General (BRG) announced that Dr. Pavani Ellipeddi has joined the Hematology Oncology Clinic at Baton Rouge General – Bluebonnet. New to Baton Rouge, Dr. Ellipeddi completed her internal medicine internship at Kathmandu Medical Teaching Hospital in Nepal, and her internal medicine residency at Baptist Health Systems in Birmingham, Alabama, then completed fellowships in Hospice and Palliative Medicine and Hematology and Oncology at the



OLOL CHILDREN'S HOSPITAL KIDS' HEALTHY FUN FEST

This summer, OLOL Children's Hospital showed kids how fun being healthy can be, during the Our Lady of the Lake Children's Hospital Kids' Healthy Fun Fest. The free event provided health and safety information alongside face painting, balloons, games, and activities.

Participants included: Our Lady of the Children's Hospital Pediatric Physical Medicine, Baton Rouge Children's Health Project, Our Lady of the Lake Children' Hospital Pediatric Nutrition Team, 5210+10, Alliance Safety Council, Lake After Hours Kids, LSU Health BR, Exerfit/Crawfish Aquatics, Xtreme Talent Face Painters, Health Teacher, American Red Cross, Baton Rouge Parents Magazine, East Baton Rouge Parish Library, St. George Fire Department, LSU AgCenter, and more.

Our Lady of the Lake Children's Hospital treats more than 100,000 patients annually from across Louisiana, Mississippi, and Texas. The hospital is the only healthcare provider that provides a full range of pediatric services, including a 24/7 pediatric emergency room and a team of more than 100 pediatricians and pediatric specialists, in the Baton Rouge area.

Hospital Rounds



Pavani Ellipeddi, MD

University of Kansas Medical Center in Kansas City, Kansas.

"Dr. Ellipeddi is a great addition to our team," said Dr. Gerald Miletello. "We've seen tremendous growth over the last year, and her enthusiasm for treating cancer and blood disease will help us continue to provide patients with innovative, high-quality care."

"One of the things I find most rewarding is to be able to provide the latest leading edge treatments and compassionate care to my patients with a wide range of issues," said Dr. Ellipeddi. "Whether patients have blood disease or cancer in their stomach, chest, colorectal area, liver, lung or breast, I have experience and interest in caring for their needs."

Practicing with Dr. Ellipeddi are Drs. Gerald Miletello, Christopher McCanless, and Michael Castine, III and Nurse Practitioners Auldyn Hirschey, Wendy Gill, Anna Rountree, and Alicia Sears. In addition to the Baton Rouge office, the Hematology Oncology Clinic has an office in Zachary at 6180 Main Street, Suite A.

Mary Bird Perkins – OLOL Cancer Center Earns National Accreditation

The Commission on Cancer (CoC), a quality program of the American College of Surgeons, has granted Three-Year Accreditation with Gold-level Commendation to Mary Bird Perkins – Our Lady of the Lake Cancer Center. To earn voluntary CoC accreditation, a cancer program must meet 34 CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care.

As a CoC-accredited facility for more than



BR General Internal Medicine Residency graduates.

20 years, the Cancer Center takes a multidisciplinary approach to treating cancer as a complex group of diseases that requires a multidisciplinary approach, including consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists.

"Clinical excellence is driven by every physician and staff member," said John Lyons, MD, chair of the Cancer Center's Cancer Committee, the multidisciplinary leadership body that provides support in maintaining compliance with CoC standards. "I commend our entire team for their commitment to providing the highest level of care to patients from diagnosis, to selecting the appropriate treatment based on national guidelines, to the transition of survivorship."

Like all CoC-accredited facilities, the Cancer Center maintains a cancer registry and contributes data to the National Cancer Data Base (NCDB), a joint program of the CoC and American Cancer Society. This nationwide oncology outcomes database is the largest clinical disease registry in the world.

"We are proud to be a part of this shared effort to enhance cancer care throughout the region for more than 20 years," said Linda Lee, Cancer Center administrator. "But our greatest satisfaction comes from knowing that outstanding care results in opportunities for enhanced patient outcomes.

There is an honored, trusted partnership between our team and our patients and their families, and we appreciate and respect this relationship."

Baton Rouge General Internal Medicine Residency Program Honors Graduates

Eight new physicians, Robert Territo, Aaron De Witt, Vijay Neelam, Kishan Talagadadevi, Bahareh Binesh, Martin Binesh, Rahul Kurapati, and Justin Hogan, are beginning their careers at health systems and physician practices across the country after graduating from Baton Rouge General's internal medicine residency program. Five of the graduates will begin their clinical practices or additional specialty training in Louisiana, with three staying at BRG.

"We are committed to continually improving the excellent training experiences that began at BRG more than 20 years ago," said Dr. Vasudev Tati, Internal Medicine Residency Program Director at Baton Rouge General. "Being able to teach new physicians our model of delivering quality care, one patient at a time, benefits the overall quality of healthcare."

Baton Rouge General trains more than 100 medical students and residents annually, and serves as the satellite campus for Tulane University School of Medicine, offering the state's only Primary Care Sports Medicine Fellowship Program, as well as



Lori McBride, MD

other programs, including nursing and radiologic technology schools.

"As a teaching hospital, we are proud to cultivate Louisiana's future physicians and contribute to the growth of advanced medical training in Baton Rouge," said BRG President and CEO Edgardo Tenreiro. "By developing the physician of the future, whose patient-centered practice is driven by quality, value, and clinical evidence, we are aligning patients with healthcare partners who can determine the best screenings and medications for their needs."

LOL Children's Health Welcomes Pediatric Neurosurgeon Lori McBride, MD

Baton Rouge native and pediatric neurosurgeon Lori McBride, MD has returned home to join the team at Our Lady of the Lake Children's Health as it continues to grow its network of highly trained pediatric specialists. Dr. McBride, one of only eight pediatric neurosurgeons in Louisiana, brings more than 20 years of experience in specialty areas such as neurotrauma, epilepsy, and brain tumor surgery.

"Dr. McBride is one of the top pediatric neurosurgeons in the state and a game-changer in terms of the patients we will be able to treat and the high level of care they will receive," said Shaun Kemmerly, MD, chief medical officer for Our Lady of the Lake Children's Hospital. "Dr. McBride's decision to join our team is a testament to the talented providers our freestanding children's hospital is able to attract and why it is such an important resource for the community."

Dr. McBride has practiced at Children's Hospital New Orleans for the past 12 years and served as the chief of pediatric neurosurgery since 2013.



Jeffrey Burnham, MD

There she established herself as one of Louisiana's leading pediatric neurosurgeons, treating a wide range of conditions including hydrocephalus, spina bifida, brain and spinal cord tumors, traumatic brain injury, and craniosynostosis. She is certified by the American Board of Neurological Surgeons and the American Board of Pediatric Neurological Surgeons, and is a member of several industry societies including the American Association of Neurological Surgeons, the Joint Section on Neurotrauma and Critical Care, and the American Society of Pediatric Neurosurgeons.

"Returning home to Baton Rouge to be a part of building the new Our Lady of the Lake Children's Hospital is a dream come true for me," said Dr. McBride. "With this new facility, the team of providers who are coming together, and the culture of shaping the future of healthcare in the region, there is something really special here that is going to benefit so many kids not only in Baton Rouge, but across the state. I'm proud to be a part of it, and I'm glad to be home."

BRGP Welcomes Dr. Jeffrey Burnham, Family and Sports Medicine Specialist

Baton Rouge General Physicians (BRGP) announced that Jeffrey Burnham, MD, has joined Baton Rouge General Physicians – Family Medicine to practice Family and Sports Medicine.

After earning his undergraduate degree from LSU, Dr. Burnham received his medical degree from the University of Mississippi Medical Center. He completed his Family Medicine Residency at LSU's Earl K. Long program in Baton Rouge, and then served as the LSU Athletic Department team physician from 1996 to 2012.

As a former Medical Director for BRG's Sports

Medicine and Outpatient Rehabilitation for 10 years, Dr. Burnham has served on BRG's Family Medicine Residency faculty for nearly two decades. As Program Director, Dr. Burnham started, and led, the BRG Sports Medicine Fellowship program from 2007 to 2011.

Ochsner Health Center – Denham Springs Now Open

Ochsner Health Center–Denham Springs is now open to serve the medical needs of the community, one year after last year's flood devastation. As the region continues to rebuild from the August 2016 floods, Ochsner Health Center – Denham Springs, located at 30819 Highway 16, provides residents much needed access to primary care and specialty services.

"We are extremely proud to reopen this facility after last year's devastation, and again be able to provide the Denham Springs community with two health centers. This helps ensure the continued availability of medical access close to home," said Eric McMillen, Chief Executive Officer at Ochsner – Baton Rouge. "We know that residents are still rebuilding their homes and lives, so it is vital that they have medical options in their community. This represents our commitment to this region, and the people who live here."

The health center offers access to primary care, cardiology, and diabetes, as well as education. "Serving the healthcare needs of the families in our area is our highest priority," said Dr. Arif Qureshi, lead physician at Ochsner Health Center – Denham Springs. "Our entire team of physicians and staff is dedicated to providing excellence in care that is both convenient and comprehensive. We are thrilled to reopen this facility."

LOL's Denise Dugas Selected for National Behavioral Health Council

Denise Dugas, Executive Director of Mental and Behavioral Health for Our Lady of the Lake, has been selected for the American Hospital Association's (AHA) Section for Psychiatric & Substance Abuse Services National Advisory Council. In this role, she will provide valuable input and participate in the advocacy and public policy development processes of the AHA.

Dugas, who has more than 25 years of



Denise Dugas



Jenna Bourgeois, MD



Zachary J. Liner, MD



Nayan Agarwal, MD

experience as a senior level executive in integrated healthcare organizations and freestanding behavioral health facilities, will also take an important role in identifying and tracking issues of special interest to behavioral health providers and patients. Council members serve as field experts in behavioral health, and use their experience and expertise to influence AHA policy positions impacting all Americans.

"Denise is highly regarded as an expert in the mental and behavioral health community, at the local, and state level," said K. Scott Wester, president and CEO of Our Lady of the Lake. "She has an excellent grasp of mental and behavioral health policy, and implications of policy changes on local, state, and federal initiatives. She has a mission-driven attitude, and her level of commitment to the mental and behavioral health community in making sure Our Lady of the Lake delivers the highest quality of care possible to those she is privileged to serve."

Throughout her career, Dugas has been appointed by governors and senators for various task forces and commissions focused on behavioral health care. She is a member of the Louisiana Hospital Association Behavioral Health Statewide Constituency Group, and successfully chaired four two-year terms. She is a current member of Med BR, under the Mayor's Healthy City Initiative/Behavioral Health Group, and is a strong proponent of primary and behavioral healthcare integration. Additionally, Dugas is on the Board of Directors for the Baton Rouge Mental Health Association, and is also on the Board of the Baton Rouge Bridge Center, that is dedicated to treating the mentally ill with the dignity they deserve.

Dr. Jenna Bourgeois Joins Associates in Plastic Surgery

Dr. Jenna Bourgeois has joined Associates in Plastic Surgery as a plastic and reconstructive surgeon after completing a six-year residency at the University of California Department of Aesthetic and Plastic Surgery in Orange, Cal. A graduate of Tulane University Medical School, Bourgeois is the author of numerous journal articles, with a focus on breast reconstruction.

Associates in Plastic Surgery is one of the largest plastic surgery groups in Louisiana, serving Baton Rouge for 40 years. Members of the group offer all aspects of cosmetic and reconstructive surgery procedures, and accept most insurance plans.

Interventional Radiologist Zachary Liner Joins North Oaks Imaging Associates

Interventional Radiologist Zachary J. Liner, MD, has joined North Oaks Imaging Associates in Hammond. Dr. Liner completed his undergraduate degrees in Anthropology and Biology at Emory University in Atlanta, and earned his medical degree from the Louisiana State University School of Medicine in New Orleans. He has completed an internship in General Surgery at Emory University, a residency in Diagnostic Radiology at Rochester General in Rochester, N.Y., a fellowship in Interventional Radiology through Baylor Scott & White Health in Temple, Tex., and an additional fellowship year in Interventional Neuroradiology through the University of California – San Francisco.

Interventional radiologists use minimally invasive image-guided procedures to diagnose and treat diseases in nearly every organ system. In

addition to aiding in diagnosis, these specialists also can identify and correct areas with obstructed blood flow, and deliver cancer treatments directly to tumors. Other providers belonging to North Oaks Imaging Associates include Drs. Jeremy D. Cannell, Edward R. Hernandez, John P. Miller, Matthew S. Proctor, Robert E. Smith, Brett R. Travis, and Stephen M. Williams; and Physician Assistant Julie Edmiston.

Lane Regional Welcomes Nayan Agarwal as New Cardiologist

Lane Regional Medical Center announced the addition of interventional cardiologist Dr. Nayan Agarwal to its medical staff. Dr. Agarwal is now seeing patients at Cardiovascular Institute of the South in Zachary.

Dr. Agarwal is board certified in internal medicine, cardiology, echocardiography and nuclear cardiology. He is trained in coronary and peripheral interventions, echocardiography, nuclear cardiology, cardiac CT, cardiac pacemakers and transcatheter aortic valve replacement. He is a member of the American College of Cardiology and the American College of Physicians.

Pointe Coupee General Hospital Receives Excellent Clinical Ranking

In recent data released by the Centers for Medicare and Medicaid Services (CMS), Pointe Coupee General Hospital was ranked 76 out of 1134 Critical Access Hospitals in the United States in clinical quality. The analysis is intended to provide Critical Access Hospitals with an estimate of their performance potential under a scenario for the Critical Access Hospital Value-Based Purchasing program. In



POINTE COUPEE HOSPITAL TEAM

Chad Olinde, CPA, CEO; Valerie Jarreau, RN, MSN, CNO; Kelli Barker, RN, BSN, Performance Improvement, Quality Assurance, Infection Control Manager; and Dania Tolliver, RN, BSN, Assistant CNO, Education Manager.

The measures are grouped into four domains: patient experience of care, clinical care, safety of care, and efficiency and cost reduction.

Valerie Jarreau, RN, MSN, CNO, states, "Together, as a team, our employees take pride in providing the highest quality of care to the citizens of our community."

"We are pleased to rank in the top 10 percent of similar hospitals across the country," said PCGH CEO, Chad Olinde. "Our clinical staff works hard to ensure that these measures are met or exceeded for all of our patients."

Our Lady of the Lake Welcomes Infectious Disease Specialist Dr. Scott Anderson

Infectious disease specialist Scott Anderson, MD, has joined Our Lady of the Lake Physician Group Infectious Disease in Baton Rouge. Dr. Anderson provides diagnosis and treatment for a wide range of conditions caused by bacteria, viruses, and other organisms, including fungal

infections, infections of the skin and soft tissue, influenza, sexually transmitted diseases, travel-related infections, tuberculosis, meningitis, and more.

Dr. Anderson received his medical degree from Louisiana State University School of Medicine in New Orleans. He went on to complete his residency in internal medicine at Our Lady of the Lake Regional Medical Center in Baton Rouge, and recently completed a fellowship in infectious diseases at Virginia Commonwealth University in Richmond, Va. Dr. Anderson joins Dr. Maria Reyes in serving patients at OLOL Physician Group Infectious Disease.

Baton Rouge General Plans Neighborhood Hospital in Ascension Parish

Baton Rouge General (BRG) announced plans to open a neighborhood hospital in Prairieville, La. Plans for the 60,000 square foot facility include a 10-bed inpatient hospital, a lab, a 14-bed emergency room, physician practices, and office space.

"Last year, thousands of Ascension residents drove into Baton Rouge to visit Baton Rouge General," said BRG President and CEO Edgardo Tenreiro. "Our new neighborhood hospital will make it more convenient for Ascension Parish families to

get the care they trust closer to home. The smaller campus will make navigating the hospital faster and easier, while the BRG name means patients will receive the same safe and high quality care they receive at our other facilities."

Neighborhood hospitals are a relatively new concept, designed to be convenient and easy to access for a local community. However, like larger hospitals, BRG Ascension will offer care for conditions that range from minor to life-threatening – including heart attack and stroke. The hospital will provide care 24 hours a day, and will be fully-equipped to offer comprehensive, convenient care for a variety of conditions, including chest pain and heart attacks, broken bones, stroke, abdominal pain, burns, seizures, dehydration, allergic reactions, and much more.

Our Lady of the Lake Hosts Trauma Symposium

Our Lady of the Lake Regional Medical Center hosted "From Casualty to Recovery," a trauma symposium for healthcare professionals that featured experts from across the United States and Louisiana speaking on various topics related to traumatic injury care. Topics explored included the 2016 Dallas police shootings (presented by Dr. Alexander Eastman, trauma surgeon and



Baton Rouge General neighborhood hospital planned for Prairieville, LA.

Hospital Rounds

assistant professor at University of Texas Southwestern Medical Center), the East Baton Rouge District Attorney's Office Victims' Assistance Program, combat casualty and anesthesia, pediatric trauma, cranial and spinal trauma, organ donors and recipients, insights from a trauma survivor, and the past, present, and future of trauma and acute care surgery.

Our Lady of the Lake is the only level-designated trauma center serving the Baton Rouge Metro area, with the highest level of care for trauma injury. With extensive training and experience in the complete range of trauma care,



LOL's specialists, researchers, and educators deliver the highest level of life-saving care to both adult and pediatric residents of the Gulf Coast region.

Nurse Practitioners Carla Graves, Melissa Varnado Join North Oaks Orthopaedic Specialty Center in Hammond

Nurse Practitioners Carla Graves and Melissa Varnado have joined North Oaks Orthopaedic Specialty Center in Hammond, and are accepting new patients.

Varnado first joined North Oaks as a Family Nurse Practitioner in 2012, diagnosing and treating minor illnesses and injuries in the Emergency Department. She earned a master's degree in Nursing through the family nurse practitioner program of Loyola University in New Orleans, a bachelor's degree in Nursing — also from Loyola

University — and an associate degree in Nursing from Angelina College in Lufkin, Tex.

Joining North Oaks in 2014, Graves has established expertise in many areas of nursing, including cardiovascular/telemetry, surgery, home health, and orthopaedics. She earned a master's degree in Nursing from Walden University, based in Minneapolis, Minn., and an associate degree in Nursing from Southwest Mississippi Community College in Summit, Miss.



OUR LADY OF THE LAKE HOSTS MOTHER-SON DANCE

Our Lady of the Lake Children's Hospital welcomed more than 500 participants at its Mother-Son Dance at the Crowne Plaza in Baton Rouge. Led by a volunteer committee of more than 40 area moms, the event raised more than \$25,000 for the freestanding children's hospital.

OLOL CHILDREN'S HOSPITAL PATIENTS RECEIVE NEW GOWNS, VISIT FROM NFL PLAYER

Starlight Children's Foundation teamed up with Athletes for Hope ambassador Ethan Poci, former LSU Tiger and current Seattle Seahawk, to deliver Starlight Brave Gowns, and bring smiles to hospitalized children and their families at Our Lady of the Lake Children's Hospital. The program is part of a major distribution of 100,000 Starlight Brave Gowns to hundreds of Starlight partner hospitals and healthcare facilities across the United States. The first 20,000 gowns have been delivered, with an additional 80,000 gowns coming throughout the summer, and into the fall. The inaugural gown designs are created by Michaels, the program's official launch partner, and longtime Starlight corporate partner.



OLOL Mission Leader Applauds EBR Metropolitan Passing Smoke-Free Policy

Coletta Barrett, Mission Leader at Our Lady of the Lake Regional Medical Center, applauded East Baton Rouge Metropolitan Parish Council for passing a smoke-free policy.

"Smoking is the most preventable cause of premature death in the United States. Smoking doubles the risk of heart disease and stroke for those who smoke, and those exposed to second-hand smoke," explained Barrett. "Today, we celebrate a historic win for the health of all of Baton Rouge's workforce. The East Baton Rouge Metro Parish Council took a stand to protect all workers, including bar employees and musicians, from the harmful consequences of second-hand smoke. I applaud the Council for putting health first, and making Baton Rouge safer for all to live, work, and play."

Auxiliary Donates \$15,000 to Lane Regional Medical Center

The Lane Regional Medical Center Auxiliary donated \$15,000 to the hospital during its annual luncheon. Auxiliary president Velita Benjamin presented the check to Lane Nursing Home administrator Tamika Lipscomb. Funds will be used to purchase much needed special equipment for the nursing home residents.

"I am extremely proud of our work during this past year," said Benjamin. "It is especially rewarding to know that in addition to serving patients and families on a daily basis, the results of our fundraising efforts are being put to good use, where they are needed most throughout the hospital."

CEO Larry Meese thanked the group for their volunteer services, and praised their on-going fundraising efforts, which include gift shop sales, Popcorn Fridays, and special events such as jewelry shows, book fairs, and bake sales.

Baton Rouge General Family Medicine Residents Graduate

Eight new family medicine physicians, Daniel Naul, Maryann Sandy, Jason Schrock, Edith Mbagwu, Lauren Pitre, Matthew Bumgardner, Kristen Thomas, and Timothy Durel, are beginning their careers at health systems and physician practices across the country after graduating from Baton Rouge General's residency program. All



Lane Regional Medical Center Auxiliary president Velita Benjamin presents a check for \$15,000 to Lane Nursing Home administrator Tamika Lipscomb.



Baton Rouge General Family Medicine Residents graduates.

graduates are board certified through the American Board of Family Medicine, and two will be returning to complete a fellowship with BRG's Sports Medicine Fellowship Program.

As one of the few Primary Care Sports Medicine Fellowship programs in Louisiana, BRG trains more than 100 medical students and residents, annually. BRG offers other educational programs, including nursing and radiologic technology

schools.

Family medicine residency programs typically require three-year commitments, following medical school. Upon completion of residency, physicians take exams to obtain board certification, then begin medical practice, or continue with additional fellowship training in sub-specialties, such as sports medicine, geriatrics, OB-GYN, global health, or others. ■



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