

## honors and recognitions

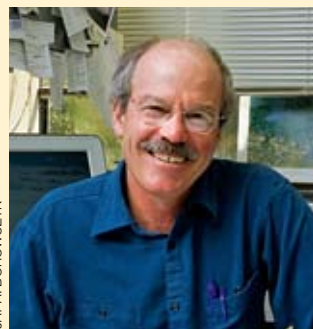


For the fourth consecutive year, the **University of Utah College of Pharmacy** was ranked second in the nation for funding received from the National Institutes of Health (NIH). According to data compiled by the American Association of Colleges of Pharmacy (AACP), the pharmacy school's 67 faculty members received a total of \$23.6 million in NIH peer-reviewed grants, coming in a close second to the No.1 ranked University of California San Francisco, which received \$25.3 million. The College of Pharmacy has been ranked among the nation's top four schools for NIH funding since 1975.

The National Institutes of Health (NIH) has selected **Mary Beckerle, Ph.D.**, executive director of Huntsman Cancer Institute, to serve as one of five new members of the Advisory Committee to the Director (ACD). ACD advises the NIH director on policy and planning issues important to the NIH mission of conducting and supporting biomedical and behavioral research, research training, and translating research results for the public. "These five esteemed new members to the NIH Advisory Committee to the Director will bring an even greater depth and range of expertise to this dedicated team of advisors," said NIH Director Elias A. Zerhouni, M.D. The Office of the Director, the central office at NIH, is responsible for setting policy for the NIH's 27 institutes and centers.

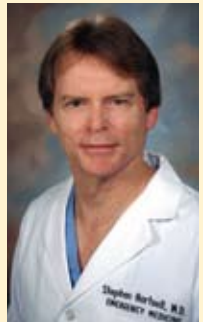


COURTESY OF THE HUNTSMAN CANCER INSTITUTE



The American Association of Colleges of Pharmacy (AACP) will honor **Glenn D. Prestwich, Ph.D.**, for his outstanding research and contributions to the field of pharmaceutical sciences. He will receive the prestigious Volwiler Research Achievement Award at the AACP's annual meeting in July. "Glenn is an exceptional leader and teacher. He is not only known for his incredible contributions to pharmaceutical education, but for a commitment to research that is vital to the academic community," explained Lucinda L. Maine, Ph.D., AACP executive vice president and CEO. "It is an honor to present him with this prestigious award." Prestwich is presidential professor of medicinal chemistry at the U's College of Pharmacy and holds adjunct appointments in the departments of chemistry, biochemistry, and bioengineering. During his 32 years as a faculty member, Prestwich has published more than 600 technical papers, patents, and book chapters, including popular articles in "National Geographic" and "Scientific American." The overarching theme in all of Prestwich's research is the use of organic chemistry to address unmet clinical needs.

**Stephen C. Hartsell, M.D.**, director of the U's emergency residency program and professor of surgery, was recognized as a "Hero of Emergency Medicine" by the American College of Emergency Physicians (ACEP). The honor recognizes physicians who have significantly contributed to emergency medicine, quality patient care, and service to the community. Hartsell established the first emergency medicine residency in Utah and has been the program's director since its inception. "Emergency physicians are on the front lines of America's healthcare system, providing the essential community service of emergency care," said ACEP President Linda L. Lawrence, M.D. "The dedication, passion, and commitment Dr. Hartsell has shown embodies the vision of ACEP's founders and the ideals of our specialty."



On Feb. 15, Health and Human Services Secretary Mike Leavitt announced the appointment of **Andy Pavia, M.D.**, chief of the

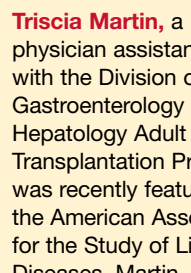


Division of Pediatric Infectious Diseases and professor of internal medicine and pediatrics, to the National Biodefense Science Board (NBSB). The NBSB will provide "expert advice and guidance to the Secretary on scientific, technical and other matters of special interest to the department regarding activities to prevent, prepare for and respond to adverse health effects of public health emergencies resulting from current and future chemical, biological, nuclear and radiological agents."

**Gordon J. Chelune, Ph.D.**, professor of neurology and senior neuropsychologist at the Center for Alzheimer's Care, Imaging and Research, recently was elected to the office of Treasurer of the International Neuropsychological Society. Chelune was also invited to serve as a member of an advisory panel to the American Bar Association-American Psychological Association Assessment of Capacity in Older Adults Project, established to improve cross-communication between psychologists, attorneys, and judges.



**Dayle Benson**, executive director of the University of Utah Medical Group, was nominated to serve a three-year term as the Faculty Practice Plan Representative on the Governing Board of the University Health System Consortium. The Governing Board focuses its efforts on strategy, research, system integration, partnering and business development.



**Triscia Martin**, a physician assistant with the Division of Gastroenterology and Hepatology Adult Liver Transplantation Program, was recently featured by the American Association for the Study of Liver Diseases. Martin, a fellowship-trained hepatologist, handles the outpatient component of the Utah liver transplant program.



ALAN BLAKELY



**EASTER EGG DECORATING**  
University Hospital's 1st floor bridge, March 19 - 21, from 11:00 a.m. - 2:00 p.m.

March 2008

FOR STAFF AND FRIENDS OF UNIVERSITY HEALTH CARE

### Pillar Award Burn Trauma ICU credits teamwork, compassion for high patient satisfaction

When asked to describe an example of exceptional patient care, Burn Trauma Intensive Care Unit (ICU) Nurse Manager **Lezli Matthews, R.N.**, couldn't think of one - she thought of many. "I could fill a book with really wonderful stories," said Matthews. She remembers the time when a burn rehab patient desperately wanted to go home to her young sons, but didn't want to show up empty-handed. A nurse took her shopping as a therapeutic activity. When the patient was finally discharged, she went home with new clothes and toys in tow, just as she had hoped. Another time, a patient needed money to get home after being cleared to leave the unit, so a staff member went out of his way to pick up a wire transfer from the patient's family.

These examples, Matthews said, are small examples of the Burn Trauma ICU's commitment to quality care, teamwork, and compassion for patients and families who are under intense emotional, mental, and physical stress due to burn trauma.

"Burns are just devastating for the patients," said **Barbara Schuster, R.N.**, a Burn Trauma ICU staff member. "But we understand their worries and we have a good idea of where they're going." Staff and physicians take time to get to know patients and their families, address concerns, and offer open, honest advice," said Matthews.

In late January, the Burn Trauma ICU received the Pillar Award, an honor granted quarterly by hospital administration to the department with the highest patient satisfaction. "I think our teamwork is stellar, our physicians are wonderful, and I think the patients recognize that," Matthews said. As the only burn center in the Intermountain region, Matthews stressed how important it is for her unit to maintain a high standard of care. "We have, and will, always strive to be the absolute best."



Robert Pendleton, M.D., assistant professor of internal medicine and medical director of the U's Thrombosis Service, believes there's been a national failure to recognize and properly educate people about DVT, a potentially deadly condition. Walter McPhie, who's had three blood clots, had never heard of the condition before diagnosed with it 25 years ago.

## Deep Vein Thrombosis: A Silent Killer

It's a distinct feeling, unlike any other pain I've ever had," says **Walter McPhie**, describing the sensation associated with deep vein thrombosis (DVT). "It's as if there is electricity in it."

DVT occurs when a thrombus (a blood clot) forms in one of the large veins, usually in the legs or feet. Some of these gelatin-like clots anchor themselves to a vein wall, inhibiting circulation, but other clots that are not anchored down or are somehow jarred loose will start traveling upward toward the lungs and cause a deadly pulmonary embolism (PE).

McPhie, a former marathoner and University professor, has experienced three such blood clots, the first two lodging in his lower left leg and the last clot traveling to his lungs. "I had maybe one or two days left when it was found," recalls McPhie, who was treated by the newly named University Healthcare Thrombosis Service.

Like most people, McPhie had never heard of the condition before diagnosed with it 25 years ago. Yet, despite this lack of awareness, more than 2 million Americans are affected annually by DVT, and some 300,000 die from the ensuing pulmonary embolism—more than AIDS and breast cancer deaths combined. Pulmonary embolisms are considered the most common cause of preventable hospital death, with two-thirds of all blood clots occurring in a hospital or surgery setting.

**Robert Pendleton, M.D.**, assistant professor of internal medicine and medical director of the U's Thrombosis Service,

has focused his career on DVT, transforming a typical Coumadin Clinic into a comprehensive program staffed by highly trained nurses, pharmacists, physicians, and support staff and focused on treatment, prevention, clinical research, and education.

The U's Thrombosis Service team works closely with patients and staff throughout the hospital on prevention measures, blood-thinner medications, mechanical devices that promote blood flow, and education, which can reduce a patient's risk of developing DVT or PE by 60 percent. They closely follow patients from the moment they are identified as at-risk for blood clots, prior to and during their hospital stay, after discharge, and during clinic visits.

"This wide spectrum of care allows us to follow patients through their entire anticoagulation therapy, reducing the risk of clots and bleeds," says **Laura Roller**, pharmacy supervisor of the Thrombosis Service. "There's opportunity to educate patients at every stage."

Pendleton says that more than 90 percent of patients who are admitted and potentially at risk for DVT are receiving intervention to reduce that risk. Nationally, only 50 percent receive this kind of intervention.

This year, anti-coagulation (the

prevention of blood clots) is a key initiative on the Joint Commissions 2008/2009 National Patient Safety report card for hospitals. "Our goal is now to make our approach 'translatable' for other hospitals to model," says Pendleton. He and his staff organize DVT seminars (see below) and recently launched a Web site, <http://healthcare.utah.edu/thrombosis>.

### Educating Yourself on DVT

Melanie Bloom never envisioned herself taking center stage on an important public health issue.

The sudden death of her husband, David Bloom, an NBC News correspondent who died from complications of Deep Vein Thrombosis while covering the war in Iraq, prompted her to help spearhead a national effort to bring awareness to the condition, including how to recognize the signs, symptoms and risk factors.

As the National Patient Spokesperson for the Coalition to Prevent DVT, Bloom shared her personal story with staff, patients and families at a seminar on March 11 in the School of Medicine. Bloom has received more than 15,000 letters and e-mails from people whose lives were saved because they were made aware of their risk for DVT.



[utah.edu/thrombosis](http://healthcare.utah.edu/thrombosis), that includes the most recent research and education for patients and healthcare providers.

**The University Healthcare Thrombosis Symposium 2008 is Friday, April 18 from 7:30 a.m. to 4:00 p.m. The symposium is open to regional practitioners who treat patients with blood clotting problems. Frank Michota, MD, of the Cleveland Clinic will be a key speaker. For further information or to register, call 581-7818 or visit [www.healthcare.utah.edu/thrombosis](http://www.healthcare.utah.edu/thrombosis).**

### Employee Benefits Save Money on Preventive Care Services

No one should know better than those who work in health care that regular checkups and recommended screenings help keep you healthy and saves lives, right? Now there's a financial incentive to make all those doctors appointments you've been putting off for months. From now until June 30, all co-pays and co-insurance payments on most preventive care services will be waived for all University employee health plan members. That includes physical exams, gynecological, dental and vision exams, as well as immunizations and several screening procedures (pap smear, PSA test, mammography, bone density scan, colonoscopy, among others.) For a detailed description of qualifying services and restrictions, please visit [www.hr.utah.edu/wellu](http://www.hr.utah.edu/wellu) or the Employee Benefits page at [www.hr.utah.edu/ben](http://www.hr.utah.edu/ben)

### Check Your Mailing Address

Open Enrollment is a once-a-year opportunity to enroll in the U's healthcare plan or a Flexible Spending Account, change your medical and dental options, add or remove dependents, and elect or cancel participation in your Group Legal Plan. Important materials to do all this will be sent out in April, so make sure the University has your correct mailing address. Log onto the Campus Information System at <https://gate.acs.utah.edu>, and click on "Personal Bio/Demo Information" under "My Human Resources/Payroll."

## pulse

Do you have story ideas from your corner of campus or suggestions on improving the distribution of Pulse? Call 587-7212 or e-mail your idea to [pulse@hsc.utah.edu](mailto:pulse@hsc.utah.edu).

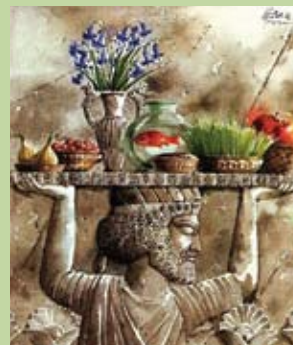
Pulse is a publication of the University Health Care Office of Public Affairs and Marketing. Find the latest news about University Health Care, local and national news articles, and current and past issues of Pulse and Health Sciences Report online at [healthcare.utah.edu/publicaffairs](http://healthcare.utah.edu/publicaffairs).

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### Interfaith Awareness No Ruz: Iranian New Year

By SUSAN ROBERTS, Chaplain

The Iranian New Year, No Ruz, is a celebration of the spring equinox. Zoroastrianism was the religion of Ancient Persia before the advent of Islam, and is considered the mother religion in the area. Modern Iranians celebrate the New Year for 13 days. The first few days are spent visiting older members of the family and other relatives and friends. **We will observe No Ruz, which is a celebration of life, humans, and all of creation, on Thursday, March 20, at 3:30 p.m. in the Hope Chapel.**



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*This column is intended to expand interfaith awareness of the University's religiously and culturally diverse community. Each month, Chaplain Susan Roberts will highlight one of the many different traditions celebrated during that month. Roberts invites you to learn about other religious holidays on the interfaith calendar displayed outside the Hope Chapel.*



Elaine Skalabrin, M.D.

### A Healthy U Recognizing Signs of Stroke

Knowing your risk for a stroke and controlling what health issues you can is the best line of defense against a stroke, the nation's third leading cause of death. **Elaine Skalabrin, M.D.**, neurologist and director of University Health Care's Stroke Center, says controlling high blood pressure, maintaining a healthy diet and exercise, managing diabetes and heart disease, along with not smoking can reduce the risk of a stroke. 700,000 people suffer a stroke each year, so it's important to recognize the warning signs.

- Sudden numbness or weakness of the face, arm or leg on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Trouble walking, dizziness, loss of balance or coordination
- Severe headache with no known cause

If you or someone you know experiences these symptoms, Skalabrin says to call 911 immediately. "Strokes need to be treated as medical emergencies," she says.



**Doctors By the Numbers** Doctor Day is Sunday, March 30, and to celebrate we thought we'd give you some statistics about the University of Utah's 904 physicians. M.D. 833 | M.D./Ph.D. 71 | Women: 260 | Men: 644 | Departments with highest percentage of women: Radiation Oncology: 67%, Obstetrics/Gynecology: 55%, Family and Preventive Medicine: 45% | Instructor: 159 | Assistant Professor: 292 | Associate Professor: 198 | Professor: 242 | Smallest Department: Radiation Oncology, 6 | Largest Department: Pediatrics, 185 | Longest Residency: Cardiothoracic Surgery, 8 years | Longest Serving Physician: Joseph Adams Knight, M.D., pathology, 41.5 years

## Health Sciences Transitions



**David Craner**, has joined University Health Care as the new manager of the Cardiovascular Clinic and Vascular Lab. David has worked as a manager for a women's health clinic in Utah County and a heart center in Salt Lake County. "I'm confident David will be a great manager in the CV service line and work well with the Ambulatory Leadership Group and other departments," said **Don Zarkou**, service director for Cardiovascular Services.

**Casey Leavitt**, has joined the Office of Public Affairs and Marketing as referral development director, a new position designed to focus on strengthening University Health Care's referral processes and relationships with referring physicians in our five-state service area. Previously, Leavitt was the contracting director for University of Utah Medical Group. "I'm eager to work with our physicians and staff to increase University Health Care's referral base and develop long-term relationships with referring providers," says Leavitt.



**Dennis Scott Jolley**, has accepted the newly created position of neurosciences marketing manager. Jolley brings more than 15 years of experience to his position, most recently serving as development director for the University of Utah Health Care Foundation.

**Jennie Zeigler**, R.N., has accepted the position of manager of Rehab II. Zeigler, who most recently worked in Women's and Children's Services, has also served in the infusion room and several of the medical specialty clinics. "I'm excited to have Jennie join our team," said **Kathy Schmitz**, R.N., service director of Acute Care & Rehab Nursing. "She will be a great asset."



## U Celebrates First Nobel Prize Winner

At a recent gala honoring the University of Utah's first Nobel Prize Winner, President **Michael Young**, surprised the crowd with an announcement that part of Wasatch Drive will soon be renamed Mario Capecchi Drive. "My uncle is rolling in his grave right now," responded the characteristically humble Capecchi, referring to his Quaker roots.

Young assured the U geneticist, and the crowd filled with friends, colleagues and dignitaries, that the University is completely egalitarian when it comes to how they treat their Nobel Prize winners. With that straightened out, he went on to present Capecchi, winner of the 2007 Nobel Prize in physiology or medicine, with two reserved parking spaces: one at his lab in the Eccles Institute of Human Genetics and one at the Field House, where he exercises every day.

The biggest surprise of the evening was when Spencer F. Eccles, chairman and chief executive officer of the George S. and Dolores Doré Eccles Foundation and chairman emeritus of Wells Fargo, took the podium and announced the foundation's \$2 million gift to create the **Mario R. Capecchi**, Ph.D., Endowed Chairs in Genetics and Biology, established in honor of the University of Utah's First Nobel Laureate.

The two new chairs will be awarded to untenured junior faculty members who will have the opportunity to work with Capecchi for three years. "We know that many outstanding young scientists in the years to come will be inspired by the opportunity to occupy these chairs that bear your name," said Eccles. Capecchi, who is distinguished professor of human genetics and biology, co-chair of human genetics and a Howard Hughes Medical Institute investigator, was clearly honored.



## a note from david entwistle



David Entwistle, CEO, University Hospitals & Clinics

### Patient Satisfaction Scores Show Need to Focus on Core Principles

Dear Colleagues:

In his book, "From Good to Great," author Jim Collins writes about "confronting the brutal facts" on the journey to becoming a great organization.

Our latest patient satisfaction survey brings Mr. Collins' words to mind. While the large majority of our patients—82 percent—rate our care as "good" or "very good," compared with our peer hospitals nationwide, University Hospitals & Clinics ranks in the 28th percentile in patient satisfaction. In the past six months, our overall patient satisfaction rate has declined.

Some areas of U hospitals & clinics—Huntsman Cancer Hospital and University Hospital's 2 East unit, for example—consistently achieve excellent patient satisfaction scores already. Other areas, such as the Emergency Department and inpatient rehab, are making great improvements.

But we can't be satisfied with individual areas reaching the goal. Our entire organization must reach our core goal—to consistently provide an exceptional patient experience. The only way we can do that is if every employee in every department shares in that vision and feels individually accountable for each patient's experience. We will deliver results when our core goal goes beyond a catch phrase and becomes an integral part of who we are.

Our goal for fiscal year 2008, which ends June 30, is to raise our patient satisfaction rank from the 28th

percentile to 46th percentile. Some might question how ambitious that goal is, but I think it's an attainable step toward our ultimate goal, which is much closer to the 100th percentile in patient satisfaction.

### University Hospitals and Clinics Patient Satisfaction Scores

FY 2nd Quarter	Average Score (patients who rated care as "good" or "very good")	Ranking (compared to national peer group)
HCH	89.3 %	94 percentile
UNI	83.3 %	51 percentile
U Hospital	80.9 %	12 percentile
<b>System Total</b>	<b>82.2 %</b>	<b>28 percentile</b>

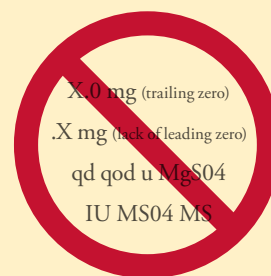
So how do we get there?

One of the best ways is for each of us to model the behavior that creates an exceptional patient experience. For senior leadership and management, that means not only conveying the vision for our goals but also meeting with patients and learning firsthand about their experience. I'd also like to see more managers and supervisors engage our patients. Nursing supervisors, for example, might spend more time interacting with patients in their areas, and clinic managers may benefit from spending time at the front desk to see how patients are treated from the moment they walk in the door.

But it's not just those in direct patient care who need to understand and engage in our vision and goals. Every employee has the opportunity every day to improve the patient experience through simple acts, such as greeting people courteously, helping them find their way through the hospital or offering assistance in whatever way is needed.

We have less than four months to work together to reach this year's goal of being ranked in the 46th percentile nationwide in patient satisfaction. We owe this to our patients, and we owe this to each other.

*David Entwistle*



### Quality Improvement

## Using Medical Abbreviations Compromises Patient Safety

Physicians long have had a bad rap for illegible handwriting, forcing pharmacists to become experts in deciphering what they consider some of the worst penmanship in the world. But sloppy handwriting combined with the use of ambiguous medical notations and error-prone abbreviations is a recipe for disaster.

According to a Harvard Medical Practice Study of hospitalized adults, medication errors represent the most frequent cause of injuries from medical care. One of the most common causes of medication errors is the use of ambiguous medical notations.

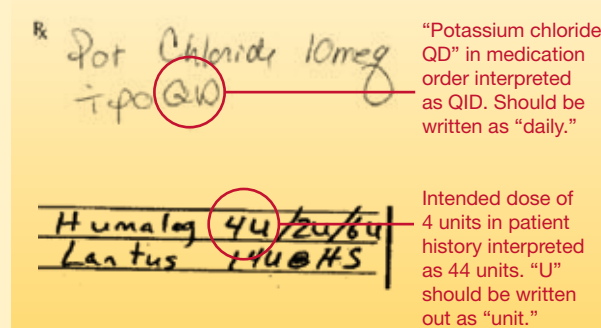
Take, for example, one of the most widely publicized sentinel events that involved the death of a 9-month old infant who received 10 times her weight-appropriate dose of morphine due to what is referred to as "lack of a leading zero before a decimal." (Institute for Safe Medication Practices, 2001). In this case, 5 milligrams was misinterpreted in transcription as 5 milligrams. A nurse who was unfamiliar with pediatric dosing administered the morphine. A leading zero would have avoided this error. A patient at another hospital died because 20 units of insulin was abbreviated as "20 U," but the "U" was mistaken for a "zero." As a result, a dose of 200 units of insulin was accidentally injected.

In May 2005, the Joint Commission, with broad support from the medical community, came out with a "Do Not Use" list of abbreviations, acronyms, and symbols because of the danger they posed to patients. During the UUHC's Joint Commission Survey in November, 2007, "U" and "qd"—both considered "Do Not Use abbreviations"—were the two abbreviations

found in some of patient charts and records. Not only does using abbreviations compromise patient safety, it also wastes time spent in clarification and can delay therapy.

The University's transition to an electronic medical record will significantly decrease potential transcription mistakes. All Computerized Provider Order Entry (CPOE) orders, for example, will be prebuilt and will not allow the banned abbreviations. However, even after CPOE goes live, there will still be many opportunities for improper use of abbreviations, e.g. hand-written notes such as progress notes, paper consent forms, ancillary documentation forms, outpatient reports, discharge orders and documentation, TPN orders, unit protocols, etc.

A reference source for approved abbreviations is available on the UUHC intranet Web site: <http://www.medabbrev.com/main.cfm>



## Special Section Technology Improving Patient Care

### Computerized Provider Order Entry is next step toward fully integrated electronic health record

With Computerized Provider Order Entry (CPOE)—a system that allows providers to enter patient orders electronically instead of with handwritten notes—University Health Care is taking the next step toward realizing a fully integrated electronic health record.

Increased safety, efficiency and higher quality patient care are the primary reasons for changing to a computerized system. "Electronic order sets will unify practices, increase patient safety and help promote national quality standards for disease management," said **Michael Strong**, M.D., assistant professor of internal medicine and a physician lead on the CPOE project. The system will provide brief reminders that include quotations taken directly out of nationally published patient guidelines, safety checks for allergy alerts and drug-to-drug interactions, among others, and also generate task lists.

"Medicine has become incredibly complex and it's impossible for any single provider to know everything no matter how good they are," Strong said.

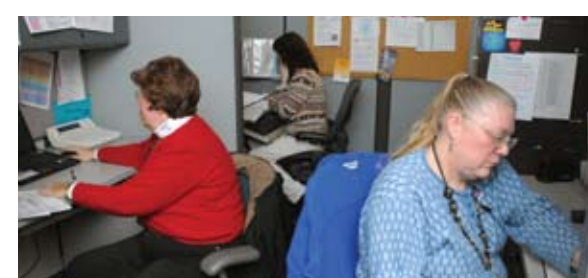
There is some apprehension about the transition but overall people have been supportive. "There will be a period of adjustment as people's workflow changes," he says. "But one thing I'm sure of is that we'll never want to go back to the old system."

### CPOE Go-Live Date Postponed to Ensure Success

Two recent incidents of unplanned computer system downtime prompted the Care Transformation team to delay CPOE implementation. The Information Technology (IT) team identified weaknesses in the computer network and backend infrastructure that need to be resolved before increasing system demands. "Of course, we're disappointed, but the good news is that while the IT team upgrades the network, we will have the opportunity to continue refining CPOE care sets and order systems," says physician co-lead Michael Strong. "Not only will it be a more sophisticated system when we go live in six to nine months, but we'll also have the best trained staff ever."



Steve Morris, M.D., associate professor of surgery and Michael Strong, M.D., assistant professor of internal medicine, are physician leads on the CPOE project, which will go live in six to nine months.



### Center Streamlines Patient Transfers

To the casual observer, University Health Care's Transfer Center looks like a typical office setting: cubicles, computers, and phones. But the center's low-key appearance belies the heavy workload of its employees, who with headsets and keyboards, field more than 5,500 calls a month for urgent consultations and treatment and coordinate the logistics for more than 700 monthly patient transfers.

The 16-member staff of experienced registered nurses, hospital supervisors, medical assistants, and EMTs triage the calls concerning critically ill patients.

Within three minutes of answering a call, they're typically able to identify the right specialist and have them on the phone with the referring facility.

"A physician is usually on the phone for five minutes, depending on the seriousness of the patient," said **Seari Hulse**, R.N., clinical nurse coordinator. After accepting the patient, the physician can then return to the bedside while the Center handles all the logistics.

Before the Transfer Center was established three years ago, the process of admitting or transferring patients was convoluted and slow. Now, referring physicians call one number, 1-877-ADMIT-2-U, and receive immediate assistance 24 hours a day. The streamlined process handles interfacility transfers, unanticipated admissions, and urgent consultations. While the Transfer Center mainly serves the five-state Intermountain Region, staff have facilitated consults and transfers for patients as far away as Egypt and China.

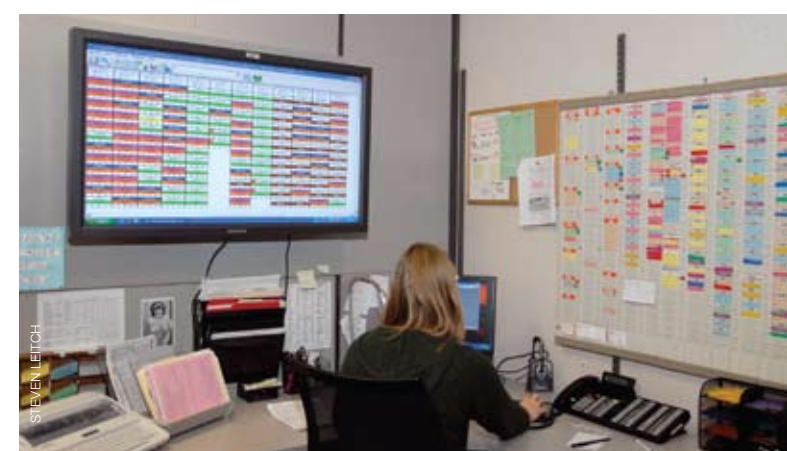
The Center's desire for excellence hasn't gone unnoticed. Physicians in other facilities refer to the U's Transfer Center as the gold standard. Asked why that is, Hulse replied, "Because we follow through and get it done."

### ARUP Consult® helps physicians navigate through thousands of lab tests

Information overload is a fact of modern life, and there may be no field where it's more obvious than healthcare. "There's a lot more information out there than any single doctor can keep track of," says **Brian Jackson**, M.D., assistant professor of pathology and medical director of informatics with ARUP Laboratories. According to Jackson, this information disconnect is particularly large in diagnostic testing.

To help physicians navigate through the several thousand lab tests that are commercially available, faculty from the U's Department of Pathology collaborated with sponsoring partner ARUP to create ARUP Consult®, The Physician's Guide to Laboratory Test Selection and Interpretation. As a free online resource specifically designed to use at the point of care, it provides current lab testing information, as well as diagnostic advice regarding how to select and interpret more than 1,500 laboratory tests. They're categorized into disease-related topics, with direct links to national guidelines and relevant references and more than 40 algorithms to support clinical decision-making.

"There's a lot of valuable knowledge and expertise in an academic medical center like the U's Department of Pathology," says Jackson. "Our goal was to capture it and make it available to the world." ARUP Consult is available in both Web and PDA formats at [www.arupconsult.com](http://www.arupconsult.com).



### New teletracking system increases efficiency and satisfaction

Keeping track of 530 beds across three hospitals is a complex endeavor. But a new teletracking system that electronically monitors bed rotation, transport assignments, and housekeeping functions at University Hospital, the Huntsman Cancer Institute, and University Neuropsychiatric Institute, has just made doing that job easier and more efficient.

Instead of answering calls manually and then dispatching messengers by phone, a new electronic system allows staff to make patient transfer requests through a Web application that automatically pages the nearest messenger. When a patient is transferred or discharged, the system pages Environmental Services, notifying them that a bed needs cleaning and staff when the room is ready.

"Teletracking will reduce bed turnover and patient placement wait time, which will increase patient, employee, and physician satisfaction," said **Chris Shirley**, project administrator for University Health Care Patient Access Services. "Rather than searching for a bed right when it's needed, we can proactively manage patient flow."

Shirley says things are going well. "We're just getting all the bugs out and getting everyone up to speed." But the icing on the cake will come on May 27. That's when all the old sheet metal-and-plywood bed boards will be replaced by an electronic bed board, which can be accessed throughout the system, allowing nursing stations to manage incoming and outgoing patients and beds at all times.