La Voz de la Familia helps families one parent at a time

Parkland Radiology adds four new key technologies
There are literally thousands of people who work in concert together to keep Parkland running. Many of these people work behind the scenes. They may not interact directly with patients. You may not see them everyday. But their roles are critical to keeping the complex machine of Parkland running at its best.

Nothing is probably more complex than the environment of a teaching hospital. I have come to understand that we are all interdependent.

I understand this particularly as a physician of internal medicine. I seldom take care of an individual patient by myself. It’s a team game. Our goals are seldom achieved by one individual but rather by a team of people. As a doctor, I have to depend upon the nurses, other physicians, the pharmacists and allied health professionals as well as social workers, dietitians, HUCs, facilities personnel and many others.

A lot of this teamwork is invisible to patients. Those of us who interact directly with the patients may receive accolades because of the visibility of those interactions.

But there are literally thousands of people who work in concert together to keep Parkland running. Many of these people work behind the scenes. They may not interact directly with patients. You may not see them everyday. But their roles are critical to keeping the complex machine of Parkland running at its best.

Sometimes we take them for granted. But if Dietary doesn’t work or if Linen Services doesn’t work or if any support system falls apart, everything downstream is affected. We all feel the impact. Can you imagine Surgical Services without anesthesiologists? Can you imagine WISH without nurses in their many and varied roles?

Similarly, a large army of people work daily as a critical element to many areas of the hospital system. They are the Pathology Department. They help diagnose, treat and keep our patients well. They aren’t always visible but they are here, working diligently behind the scenes across the system – on the basement level, in the ER, in the COPCs, in the ACC, among others.

They are becoming more and more adept at timeliness, accuracy and quality. But what’s also critical is their patient-centered and provider-centered approach to service.

We don’t thank them enough. In the last couple of years, Pathology has made great strides to help improve patient care with innovations such as the point of care concept. They are working to streamline processes. If a systematic change can cut ER dwell time down a couple of hours, that’s a remarkable improvement for patient care.

At the same time, we are sending them a constant bombardment of work. Volumes have increased. In response, Pathology has added new technology that has allowed them to handle increasing volumes in the limited space they have. In fact, they probably have less space than they did 20 years ago.

But they’ve always tried to find a way to accomplish their goals. We have one of the largest training programs in the United States in Pathology. We have a very dedicated professional staff. While it might be a job that isn’t always visible, these professionals open doors that can improve quality and patient care that no one else can open for us.

We must realize that a patient’s experience in the hospital isn’t determined by the actions of the individual doctor or nurse, but by the whole system of care. We cannot take Pathology for granted nor any other single person or department that keeps this hospital system whole.

My challenge to Parkland employees is to recognize this interdependence and work cooperatively and in partnership with these critical aspects of our team.

“There are literally thousands of people who work in concert together to keep Parkland running. Many of these people work behind the scenes. They may not interact directly with patients. You may not see them everyday. But their roles are critical to keeping the complex machine of Parkland running at its best.”
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All of us have a passion growing up, something that we would probably do forever if we had the choice, impractical as it may be. And for most of us, at some point we abandon that passion in pursuit of a career that will pay the bills.

But Beth Broyles has found a unique way to keep her passion alive. Broyles, Chief Communications Officer at Parkland Foundation, has made a hobby of singing the national anthem at events around the country.

She first performed “The Star-Spangled Banner” at a Baylor University baseball game during her junior year at the school, and since then has continued to perform it on a regular basis. Broyles has performed at marathons, motorcycle rallies, political rallies, minor league hockey and baseball games, Texas Rangers baseball games, Jacksonville Jaguars football games in Florida, and most recently at the Lone Star Park horse racing track in Grand Prairie.

For almost as long as she can remember, Broyles has been a singer. With a church minister for a father, she began singing and performing at 3 years old. She continued singing with the school choir at Duncanville High School, where she was twice named all-state vocalist. She also received a scholarship to Baylor for vocal performance, before eventually changing her major to broadcast journalism.

But singing has always held a special place in her heart.

“The national anthem is a very important song to me, as it is to all of us,” Broyles said. “It’s a very emotional song, and I always try to really think about the words I’m singing each time.”

“The Star-Spangled Banner” is a notoriously difficult song to sing and takes a lot of confidence, but Broyles says that once she found a key that fit her range, it became very comfortable. Of course it’s a lot easier to sing at home than in front of 80,000 people, she added. Sound systems can cause a delay, the wind can take away your breath or blow hair in your mouth. But she says she’s never had a major mistake while performing the song.

“There’s always nerves involved when you perform, but I feel like it also gives you that extra energy,” Broyles noted. “One of the worst things that happened to me was at a baseball game when I got the heel of my shoe stuck in the dirt, and at a hockey game where I almost fell walking on the ice to the microphone.”

Broyles has never been paid for singing the anthem, and she wouldn’t have it any other way. As far as she is concerned, the chance to continue doing something she loves is payment enough.

– Robert Behrens
Educator takes life changing ‘vacation’

In January, Wanda Knapp took some time off from work for a little international travel. But she didn’t spend the time relaxing.

Instead, Knapp assisted at a clinic, interpreted English and Spanish, hauled cinderblocks and built a warehouse — and also played with about 85 happy, thankful children.

“We get a raging tan, but we’re not relaxing,” joked the East Dallas Health Center women’s health educator.

It’s all part of her volunteer work in the Dominican Republic with an organization called Blue House Effect that supports an orphanage and school in the tiny town of La Urena. The town has no running water and electricity is unreliable. Children range from 4 years old to middle school.

Projects have included training teachers, installing a water purification system, building a garden and compost system to help supplement meals, constructing additions to the orphanage and school buildings, building playground equipment as well as building homes and teaching crafts and other skills to the children and other community members.

Knapp first became involved with the group through her church, helping with local fundraisers and making donations. But in 2005, she opted to make the trip herself.

“It’s a life changing trip,” she says. “I knew when I went the first time that I’d be hooked.”

Volunteers like Knapp pay their own way to the Dominican Republic as well as their lodging costs while there so that 100 percent of donations go directly to the needs of the children. In addition, volunteers carry their own belongings in small carry-on bags, but each lug two 50-pound suitcases filled with sneakers, school supplies as well as much-needed vitamins and medications.

Despite the heat, the hard work and the cost, Knapp will go back next year. “They steal your heart,” she says. “The children are so grateful.”

– Melissa Turner

ED NURSES TEAM UP FOR RELAY

Whether saving lives in the Parkland Emergency Department or crossing the finish line together at a relay, four trauma nurse clinicians proved that team work plays an important part in success.

With only a few steps to go, Michael Lopez remembers teammate Justin Fink’s words as they headed toward the finish line of the “Rock N Relay.”

“You’re almost there,’ he said, ‘sprint after this next tree.’”

For Lopez it was nice to see the Parkland spirit at the relay.

Fink headed up the idea by talking Lopez, Jilliane Meyers and Jennifer Stephens, all avid runners, into forming a team. Precordial Thump, a team name thought up by Fink, finished a strong second in the relay and earned honors for the most creative team name.

“It took us a while to come up with a name for the team,” said Fink. “We came up with ‘Parkland Pacers,’ ‘Parkland Pacesetters’ and ‘Precordial Thump.’ We liked the way Precordial Thump sounded and as a medical term this is something that would identify us.”

For curious minds, a precordial thump is a medical procedure that can be used in the first moments of a witnessed cardiac arrest.

While each team member had their own fond memory of the relay, from helping promote team work and physical fitness in the workplace to making sure everyone crossed the finish line together, Precordial Thump certainly jumpstarted a fun and healthy team tradition.
Dr. Susan Spalding creates a medical home for the homeless

Her husband’s job brought them to Dallas from Chicago 14 years ago and her wheels have been in motion (literally) ever since.

As medical director of the Homeless Outreach Medical Services program, Dr. Susan Spalding actually ended up at Parkland by chance - or fate as some may call it.

“I had previously worked with the underserved population while in Chicago and I was interested in pursuing that in Dallas. Since my background is in pediatrics I originally interviewed with Children’s.”

It was staff at Children’s Medical Center who directed her to Parkland.

“They quickly set up an interview for me here…”

And the rest, as they say, is history.

Fast forward to the present and you will see Spalding on the go in the mobile medical units, each equipped with the means necessary to care for the homeless population in Dallas County.

“I am the happiest in clinic. I think it defines who I am. It’s hard to imagine working anywhere else.”

Spalding also loves the diversity her job brings.

“I work with so many different disciplines and outlets in the community. I am truly lucky to be a part of this program. There are so many things the mobile units provide outside of medical care it’s wonderful to see it all come together to help the most needy.”

Spalding also sees the mobile medical units as a challenge she is willing to take on.

“I am always trying to find a way to improve things and make our jobs more efficient, more caring. But I also think Parkland is a special place because of Dr. Anderson’s vision and leadership.”

Spalding shares this vision as she was placed on the Mayor’s Task Force on Homelessness and is also a board member of the Metro Dallas Homeless Alliance, the entity that will oversee the Homeless Assistance Center to be built in Dallas.

Most of all Spalding wants the community and public to know what Parkland is all about.

“I love that employees are so dedicated to Parkland’s mission. I don’t think people understand the wonderful things we do. They don’t know the talent we have working here. I think our advocacy for the underserved makes us different and it’s why I love Parkland.”

– Lynsey Purl
Growing up in Southern California, a love of mountains and hiking has always been a big part of her life. But in recent years, Dr. Kathleen Delaney has taken her interest across the globe, looking at the world from 19,000 feet.

The Professor of Emergency Medicine explains that while she can be found on mountains, she’s not a climber but a trekker. This gives her the opportunity to interact more with nature and follow the same paths as those who live in the area, she says.

“In a span of 10 years I trekked through the Himalayas in Nepal twice,” said Dr. Delaney. “Over four weeks, we trekked over 200 miles and were able to visit many villages.”

Even for someone who lived in New York for many years, she found the trek to be bitterly cold and would sometimes wake up hyperventilating from the altitude. For food Dr. Delaney described different types of grains, depending on their altitude, cabbage, cheese, eggs and sometimes meat.

“(Because of the altitude,) just walking was so physically demanding that we felt hot in spite of the cold, and sometimes only light clothing was needed,” she said.

Although Dr. Delaney planned to escape and see how others live, she was also at work, serving as the trip’s physician.

“I managed to keep everyone in my group well,” she said. “I have a significant interest in illness related to altitude.”

While in Nepal she also took time to visit local hospitals and talk with physicians about the kind of care available to the people. Many didn’t have access to what Americans consider basic health care such as vaccinations. Patient families had to provide their own medical supplies and nursing care.

Dr. Delaney has trekked another 100 miles through the mountains of Switzerland. Although the altitudes are lower, the terrain in the Alps is much more difficult, she says.

Now back at Parkland caring for patients and teaching in one of the busiest ERs in the country, Dr. Delaney claims she’s giving her knees a rest.

—Candace White
Although many of us may not consider the lack of a bond with children as a form of neglect, sometimes it can lead to neglect and abuse according to statistics collected by the staff of the Injury Prevention Center of Greater Dallas (IPC).

In one area of Dallas in particular, IPC is working to improve parent-child relationships and prevent neglect and abuse before it begins.

“Especially in the Bachman Lake area,” explains Isabel Colunga, IPC assistant, “residents are primarily low-income and new-immigrant Hispanics working multiple jobs to make ends meet.”

The Bachman neighborhood of Dallas is the western portion of the 75220 zip code. Approximately 40,000 people live in this neighborhood that lacks many social services and does not house a single church building. In 2002, there were 95 confirmed cases of child abuse and neglect in the zip code.

But the IPC program, called La Voz de La Familia, is helping to change this.

In 2005, to remedy the growing problem of family abuse, more than 100 Bachman area parents received training through the program. Local parents teamed with the IPC, the Department of Family and Protective Services and Parents Anonymous to create “La Voz de la Familia” (The Voice of the Family) a parent-driven coalition of parents and community groups focused on reducing child abuse and neglect and, ultimately, aimed at improving the Bachman community.

“I can really see a difference and feel this program has created a bond. So many parents work two jobs to support their family but don’t
The Injury Prevention Center of Greater Dallas (IPC) was created in 1994 when five area hospitals and more than 100 local agencies collaborated to address a staggering 38 percent increase in traumatic injury among Dallas County residents. The IPC has identified injuries resulting from motor vehicle crashes, violence, falls and burns to be the most emotionally and financially burdensome to Dallas County residents. It is a collaboration of Parkland, Baylor Healthcare System, Texas Health Resources, Children’s Medical Center of Dallas and Methodist Hospitals of Dallas.

The mission of the Injury Prevention Center is to use science-based interventions to reduce the incidence and severity of injuries. Methods to reduce injuries include data collection, building coalitions, providing community-based interventions and research.

‘WHO’ VISITS IPC

The Injury Prevention Center of Greater Dallas (IPC), housed at Parkland, recently played a key role in a major announcement for Dallas. The city was recently named a “Safe Community” by the World Health Organization (WHO) following a recent visit to the IPC.

The World Health Organization is the United Nations’ agency for health. Dallas was the first city in the U.S. to be designated a “Safe Community” in 1996 by the group. Certification requires review by WHO every five years of local injury data and input from the community when identifying and resolving injury issues.

For a “Safe Community,” WHO reviews several criteria including long-term safety programs for high-risk groups, data collection and evaluation of programs, among others.

“Being certified as a WHO ‘Safe Community’ is an honor and a responsibility. The certification means that we are working collaboratively and effectively to be safer,” explains Martha Stowe, director, IPC.

“The responsibility is to continue to work in Dallas and also to share what we learn with other communities. By being part of this network, we are connected with communities all over the world that share information on how to improve safety and health.”

“Dallas has every reason to be proud of this accomplishment. We have numerous applicants from all over the world and very few live up to what they report,” said Diana Hudson, a representative of the World Health Organization.

La Voz de la Familia works to prevent child abuse through physical, mental, moral and spiritual growth. This unique program helps parents address the challenges of parenting, gain the knowledge and skills to act in leadership roles for their children and create a “parent voice” to help shape the direction of their families. They in turn share their skills with others in the community.

“This program helps make parents feel they can create other programs and work to share the leadership model with other parents,” explains Colunga. “We hold computer classes for parents, we have an after school soccer program and a ‘Creative Girls Program’ to establish bonding between mothers and daughters.”

One of the greatest successes of La Voz de la Familia is that it’s catching on.

“We started in one school and have since spread to two others,” smiles Colunga. “We started with around 23 families and have expanded to more that 75.”

La Voz de la Familia meets at 8:30 a.m., every first and third Thursday at David G. Burnet Elementary School, 3200 Kincaid Drive, Dallas.

Diana Hudson, WHO rep, with Martha Stowe of IPC and Robert Ekman, also with WHO.
Parkland’s Radiology Department has continued to stay ahead of the curve with four recent technological advancements that make it one of the most advanced in the area.

The department now operates three 64-slice CT scanners, the most advanced scanner technology available. Scans that used to take several minutes to perform can now be performed in only a few seconds with images than can be reproduced in several formats, including three-dimensional.

“Having three 64-slice scanners is something very few hospitals can boast,” said Terry Napper, director of the Radiology Department.

In addition, Radiology Special Procedures has a new system that creates highly detailed three-dimensional images of the vascular system. This faster, more accurate system improves the ability to view and diagnose patient ailments.

And in the Emergency Department, a new x-ray machine now produces all images electronically, improving efficiency by eliminating the need for film. The images are available within seconds, not minutes, after they are produced, saving valuable time in a setting where every second counts.

Also, MagicWeb is now at the COPCs. The system produces all images electronically, allowing for faster processing and viewing on a computer instead of film. In addition, images can be seen at the COPCs, even if those images were produced at the main hospital’s Radiology or ER departments.
Kicking the habit
Smoking Cessation clinic fights addiction

by Robert Behrens

Smoking is one of the biggest health threats in our country, according to research. Those who have quit will tell you that it is one of the hardest things they have ever done. But patients as well as employees have help in their fight through Parkland’s Smoking Cessation outpatient clinic.

Located on the seventh floor of the Ambulatory Care Center (ACC), the clinic helps patients who have made the decision to quit smoking but need extra help. The clinic offers weekly support classes, medical therapy and behavioral counseling. Also, patients’ carbon monoxide levels in their breath are monitored throughout treatment.

According to the American Heart Association, 44.5 million Americans smoke cigarettes. In addition to causing many conditions like lung cancer and emphysema, smoking can also worsen many pre-existing conditions like asthma and contribute to high blood pressure and other cardiovascular diseases.

The Smoking Cessation clinic shows Parkland’s continued effort to not only treat illness, but help patients learn how to prevent it.
Behind the scenes

TECHNOLOGY BOOSTS BLOOD BANK by Lynsey Purl

New technologies are helping create a faster, better Transfusion Services. Turn-around times have dramatically dropped. Technical support can “dial in” and trouble shoot remotely. Results that used to take close to an hour to obtain, now takes seconds. These changes in blood analysis are giving staff in Pathology plenty to smile about.

The first of two new technology improvements is the addition of two Galileo blood analyzers with touch-screen computers that do leaps and bounds over what three older machines could do. In the first month alone, turn around times dropped by 50 percent.

“The beauty of the new system is time and convenience,” explained Marty Koch, Lab Supervisor. “Previously if you needed to get to a sample after you started the analyzer you had to wait at least an hour to get to it or do it manually. Now, if we need a sample stat, we can take it straight from the machine without interrupting the other tests it’s performing.”

“The Galileo can also think for itself. It actually analyzes what you are trying to do and determines the best and most efficient way to get the results,” added Gene Fedorko, also a Lab Supervisor.

Efficiency has improved significantly.

“We now have continuous access to the samples and can test up to 46 samples in 45 minutes, a process which used to take an hour for only four samples,” said Koch. “We do a lot of routine testing for the WISH clinics, which used to take several days to complete. Now we can have the results back in one night.”

Another new technology is really “cool.” A newly installed temperature monitoring system continuously records temperatures of refrigerators and freezers where blood and samples are stored in the labs and pharmacies. Room temperature and humidity can also be monitored in certain testing and storage areas.

Many research protocols and regulatory agencies, such as the Food and Drug Administration, require blood, laboratory reagents and medicines to be stored at specified temperature ranges. For example, blood is stored between one and six degrees centigrade. If the temperature moves outside that range, the system activates audible (beeps and music) and visual (flashing lights) alarms. This helps ensure samples do not have to be discarded.

Though the system is located in the blood bank, wireless technology allows for monitoring off campus as well.

“Even if the audible alarms are not acknowledged, the system will send out a text message to the appropriate staff to let them know the temperature needs to be corrected. This is useful when remote alarms occur after hours,” explained Julia Daly, Technical Coordinator. “The monitoring system has already made a significant impact on how we can control the environment of the products we are storing. I anticipate continuing to be very pleased as we explore its effectiveness and capacity.”

TOUCH-SCREEN ANALYZING:
Tiffany Haney, medical technologist I, works with the new Galileo system.
in Pathology

From training to patient care, Pathology contributes to the health of Parkland
PATHOLOGY SERVICE CENTER MOVES TO FOREFRONT

Pathology is often thought of as a behind-the-scenes department, but the planned Pathology Service Center (PSC) is aiming to be front and center with Parkland staff. A pilot program was launched May 7 and once the kinks are worked out and the system is running smoothly, the PSC will officially be open later this year. The center staff will work with physicians, residents, fellows and other caregivers as an informational resource. It will also serve as a laboratory call center for specimen requirements, test availability, processes and other inquiries. These are questions that for years have been spread out among different areas of Pathology. The goal is to more efficiently help others by providing them one place to go to with questions or for assistance.

"The goal of the PSC is to provide exceptional service and value to caregivers by offering information regarding laboratory services, serving as an educational and clinical resource and resolving problems associated with specimen collection, testing and result reporting," said Michael Fehner, director of the PSC. "If you have a pathology-related question, we will be the ones to go to."

DID YOU KNOW?

A small army of experts in Pathology work to find critical pieces of information to help doctors and health care providers make diagnoses and treatment decisions for Parkland patients. But did you know that...

- Pathology Department operates 24 hours a day, seven days a week.

- Pathology is made up of several different areas: Lab Central (including Chemistry, Hematology, Urinalysis, Routine Coagulation), Cytology, Immunology, Laboratory Information System (LIS), Microbiology, Outpatient Clinic Laboratory/Phlebotomy, Pathology Administration, Pathology Client Services, Anatomic/Surgical Pathology, Special Coagulation/Bone Marrow, Transfusion Services and COPC/WHC Labs.

(continued)
PATHOLOGY MOVES CLOSER TO PATIENTS

The addition of a small device – about the size of a shoe box – in eight COPC clinics has made dramatic changes in results for a test for newborns. The change is saving money, reducing turn-around times and, most importantly, keeping more babies - and their moms - happy, healthy and safe.

"We're bringing the test out of the laboratory and closer to patient care. It allows us to act more quickly and make decisions quickly, especially if there's a change in diagnosis," explained Kevin Stuteville, Assistant Lab Manager.

Using the point of care concept, Pathology set out to find a way to improve turnaround for results, decreasing the amount of time from when a sample is sent to the Lab and when the results are sent back to the provider. COPCs were identified as a place to address this issue, specifically with the bilirubin test for newborns.

"First, we had to address the concerns of the American Association of Pediatrics outlined in 2005 in Joint Commission Sentinel Alert 31, and then work on the newborn schedule templates at the COPC pedi clinics," Stuteville said. "In the past we have had to use a courier to deliver samples for testing from the clinic to the lab at the main hospital. We wanted to change that."

The test measures the amount of bilirubin in a baby's blood. Bilirubin is produced by the liver to break down old red blood cells. However, some newborns' livers aren't fully developed and levels of bilirubin may be too high, which can cause jaundice or other complications if not treated.

"If we can assess it, it's a preventable condition," he added.

Previously, turnaround times were averaging three to four hours. If a result indicated urgent intervention was needed, often doctors (see 'PATIENTS' page 14)
and patients would be gone. Sometimes, doctors sent patients to the emergency room or the Newborn Nursery for treatment if they felt the patient couldn’t wait that long for results.

Pathology staff began planning a new process, researching and testing different instruments that would allow the test to be done in the COPCs for immediate results.

Earlier this year, the Unistat Bilirubinometer was placed in the eight COPCs that provide pediatric care. Turn-around times have dropped to less than 30 minutes.

"Results can be obtained in a few minutes instead of a couple of hours. That’s the main advantage for the patient," said Dr. Greg Jackson, a pediatrician at Parkland’s Newborn Nursery.

The device is not a new technology; however the use of it at off-site clinics is unique, he explained. Often the device is used at smaller or rural hospitals with less lab capabilities than Parkland’s main lab operations.

An article in *Journal of Perinatology* about Parkland’s point of care bilirubin testing has other hospitals calling with questions about the success of the program.

Doctors are better able to take appropriate action based on real results rather than speculation that something might be wrong. The test has also helped reduce unnecessary referrals to the ER.

"The danger is particularly great for the patient because if there are high levels of bilirubin and it’s rising rapidly it could cause kernicterus and result in brain damage… Therefore, you want to get quick results to make decisions," added Dr. Jackson.

A ninth Bilirubinometer will be placed at Irving COPC when it opens later this year.

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NEW SYSTEM HELPS PICK UP THE PACE

Thanks to a new patient registration system, The Outpatient Laboratory and Phlebotomy Clinic can help patients faster and more efficiently.

The new Q-Matic system is software that incorporates a numbering system to better organize patient waiting lists and flow. Patients are given a ticket that has a number, the time it was issued and their approximate waiting time. That number is displayed on a light board when a staff member is ready to see them. The new system improves efficiency, increases patient privacy and also cuts wait times. It now takes two fewer phlebotomists to do the same job as before.

But while it helps the staff tremendously, the real benefit is to the patients.

“Patients used to stand in line for hours and felt like they couldn’t leave because they never knew when they might be called. The Q-Matic system manages expectations as well and also calms the frustrations of many patients,” said Michelle Bowen, phlebotomy supervisor.

This isn’t the first time the Q-Matic system has been implemented at Parkland. It also currently operates in the Outpatient Pharmacy. This new system in the Outpatient Laboratory and Phlebotomy Clinic was coupled by a renovation of the 20-seat waiting area. The entire area has undergone a facelift that also helps the space function better.

“Patients are often very impressed at the changes we’ve made, ‘boh high tech,’ they’ll say," Bowen said with a smile. “We are just so glad to have it.”

– Robert Behrens
Ready for a Challenge
Outpatient phlebotomists work on location in ED

A new Pathology program that places specialists in the Emergency Department is saving seconds—and lives.

A plan six months in the making became a reality last summer when five phlebotomists, or lab support specialists, were hand picked to provide lab services to the West side of the ED by actually being stationed on the floor.

“You have to find a truly unique person for these positions,” said Michelle Bowen, supervisor, Outpatient Laboratory. “These specialists are ready for this challenge and want to be there.”

Previously, nurses and technicians were responsible for blood draws in the ED and most often it was obtained through an IV. With the presence of the lab specialist, not only has there been a decrease in specimen rejections but also an increase in the quality of the specimen leading to faster turn-around times for results, a critical component in emergency care.

In turn, the nurses are free to focus on their many other duties.

“This has certainly improved our antibiotic core numbers,” said Jennifer Sharpe, director, Emergency Department. “These numbers are measured from the time the patient walks in the door until they receive their antibiotics.”

Basically, a physician needs results from the lab before any type of medications can be given. Now once an order is written and entered, the blood draw and pathology process begins immediately.

“They have truly become a part of the team in the ED,” said Linda Siddens, manager, Outpatient Laboratory. “If they aren’t drawing samples then they can usually be found helping other staff members in any way possible.”

In fact, requests for more lab specialists have been made for the East side of the ED as well as the Psych area.

The ED lab support specialists have also made a positive impact in other areas including improved patient safety such as less needle sticks, decrease of re-draw as well as an overall sense of teamwork.

The new set-up has also facilitated more collaboration between Pathology and ED staff. The Lab Specialists have been able to provide additional education, such as classes to teach nursing and paramedic students the “tricks of the trade” for blood draws.

“It has been very helpful and we appreciate their initiative in teaching students and staff the true technique which has made a big difference,” said Jennifer Hay, unit manager, Emergency Department.
The burns Patricia Morrison Fleming suffered 30 years ago seemed fresh as she walked down the hallway of the Burn Center at Parkland. She came to console her great nephew, John Schneider, who was burned while grilling in the backyard with his dad on January 14, 2005.

Once at Parkland, Fleming was caught off-guard by her fear of returning to a burn facility. Yet, she quickly found comfort after discovering a personal tie to Parkland through a gift made to that unit years earlier.

“When I went to see John, I didn’t know what was going to happen,” recalled Fleming. “My palms were sweaty and my heart raced.” As she approached the nurses’ station, she noticed a plaque recognizing the Lowe Foundation for money given to help renovate the burn unit. Fleming served on the board that unanimously approved a gift to Parkland’s burn unit.

“When I saw the plaque, I was stunned. I was overwhelmed and then suddenly I felt a connection, a warmth and deep feeling of gratitude.”

Fleming had traveled from Austin to offer support to her 5-year-old nephew who suffered severe burns. She too had 2nd and 3rd degree burns over 80 percent of her body – the result of an accident that occurred when she was 33.

“At that moment, I was grateful that I had gone through what I had so that I could be there for John in a way no one else could.”

John would spend the next three weeks at Parkland. Fleming remembered the pain of recovery that John would face.

“I survived. And now, I could help John,” she said.

John was surrounded by support from his family, as well as the staff that cared for him.

“Everyone at Parkland was so helpful. It was a positive atmosphere considering what we were going through,” added Mary Frances Schneider, John’s mother.

“I kept thinking how grateful I was that the

Burn Center at Parkland was staffed by people who do a job that is unrelenting and that their thank you is seeing the patient walk out the door,” Fleming said.

John Schneider is now 7 years old. He enjoys spending time with his family in the backyard, especially skateboarding and playing basketball with his older brother Charles.

“You could say that things had come full circle, that God’s hand was there, that it was serendipity,” Fleming reflected.
Memorial fund to honor local jazz artist

IT’S ALL ABOUT HOPE: David Krause (far right), Parkland Foundation President & CEO, joins Hans Wango, Jeannette Brantley’s widower, Miriam Sibley, RN, Vice President of Women and Infants Specialty Health at Parkland and Saundra Lohr, as they sign the contract for the Jeannette Brantley Cancer Research Fund at a special kick-off event held February 28.

Her first breath was taken at Parkland as was her last, yet she will still be a source of hope for others. Jeannette Brantley, an internationally acclaimed jazz artist, was born at Parkland and ultimately lost her battle with a rare gynecological cancer at Parkland as well. And now through the efforts of her husband, a fund has been set up that will hopefully one day help other patients who fight similar battles.

“Jeannette was a strong-willed woman. She had tenacity,” recalled Melanie King, nurse practitioner for Women and Infants Specialty Health at Parkland. “She must have had unbearable pain, but she would always face it with such strength.”

Brantley was performing in Germany in June 2005 when she became ill. She was diagnosed with uterine leiomyosarcoma, a rare malignant cancerous tumor comprised of smooth muscle cells and small cell sarcoma. That fall, she began treatment at Parkland.

“Jeannette had a vigorous tumor,” said Thomas Heffernan, M.D., ob/gyn resident at Parkland. “Her condition was advanced. In Jeannette’s case, it was too late to cure the cancer. We simply tried to offer her comfort.”

Brantley’s spirit lives on through a special fund named in her memory. The Jeannette Brantley Cancer Research Fund, administered by Parkland Foundation, strives to promote advances in the prevention, diagnosis and treatment of uterine leiomyosarcoma and other gynecological cancers as well as to support further research.

Brantley’s husband, Hans Wango, helped establish the fund to honor his late wife and help other women beat the odds to survive.

“It’s all about hope. With this fund we want to shed some light on the need to find a cure for gynecologic cancers.”

– Beth Broyles

For more information about the Jeannette Brantley Cancer Research Fund, contact Parkland Foundation at 214.266.2022.
‘Parkland Perspectives’ available by podcast

Health education has gone high-tech at Parkland. The 30-minute radio talk show, called Parkland Perspectives covering a wide variety of health care topics discussed by Parkland experts, is now offered through weekly podcasts.

Parkland Perspectives airs each Sunday at 7 a.m. on 98.7 KLUV-FM in Dallas. After each broadcast, the show is converted to a digital format for podcasting.

Parkland Perspectives features health experts engaging in a friendly question and answer session with host Mark Willis on different health care topics focused on education and prevention. Topics cover a variety of subjects, such as stroke, heart disease, cancer, nutrition, mental health and many others.

A podcast is a media file that is distributed over the Internet for playback on portable media players and personal computers. It is distinguished from other digital audio formats by its ability to be downloaded automatically, using software capable of reading feed formats such as RSS or Atom.

To learn more about how to access and subscribe to the Parkland Perspectives podcast, visit the Media section of Parkland’s website at www.parklandhospital.com.

PARKLAND COPC’S RECOGNIZED

In May, Parkland COPC Community Development Specialists were recognized by the Dallas County Commissioners Court for their continued efforts to improve the health of men in Dallas County.

PARKLAND ED NURSES HONORED

Advance for Nurses magazine recently recognized five outstanding nursing teams from Texas and Louisiana. Parkland’s Emergency Department nurses were selected as one of these award-winning groups. They were named a 2007 Best Nursing Team Runner-Up and nominated by fellow team member, Jennifer Baumann, RN, for their hard work and dedication in one of the nation’s busiest emergency rooms. Teams were scored based upon five core values such as initiative, adaptability, team work, recruitment/retention and knowledge.
PARKLAND EDUCATES FOREIGN VISITOR

In March Parkland hosted a visitor from China who was part of the U.S. State Department’s International Visitor Leadership Program. Fumao Shi is a lawyer and the director of the Beijing City Migrant Worker’s Legal Aid Center. Accompanied by Charles Wang, an interpreter provided by the State Department, Shi spoke to Dr. Ron Anderson, Parkland’s president and chief executive officer, about how the U.S. health care system and Parkland operate. He was also interested in learning more about immigrant access to health care in the U.S.

Despite the language differences, there was no misunderstanding about how important Parkland is to the community. Even though he speaks another language, the surprise on his face was obvious when he learned that Parkland delivers more than 16,000 babies each year.

“More than anything, these visits are about making connections and learning from one another,” said Conrad Ornstein, a coordinator with the North Texas Council for International Visitors who helped arrange the meeting. “It should never be a one-way conversation, but instead an open exchange of knowledge and ideas.”

Shi visited Dallas from March 27-31. His stop in Dallas was part of a three-week, nationwide tour that included San Francisco, Salt Lake City, Kalamazoo, Michigan and Washington, D.C.

Meet Ace, Parkland’s newest animal therapy dog. The 3-year-old Teacup Poodle weighs just 3 pounds. But he has a much bigger impact on Parkland patients than his tiny size would indicate.

Ace began “treating” patients last year. He continues to bring much-needed cheer to patients who are ill, also helping to distract from pain, stress and fear. In addition, petting and brushing helps as a form of physical therapy for some patients as well.

Ace had excellent teachers. He came with his “mom” Susie Moore and Zip, Parkland’s beloved and long-time animal therapy dog who sadly passed away earlier this year. Susie Moore first came to Parkland in March, 2000, as part of the Parkland/SPCA of Texas Animal Assisted Therapy Program.
Highlights of the past ...

This June edition marks the third issue of the newly designed and renamed Parkland magazine. Published since the early 1970s, the magazine has a long history at Parkland. As you’ll see in these pictures, its name and cover have changed significantly over the years. Yet while the outside might look different, inside the magazine still includes inspirational stories of employees and their hard work to improve and change lives.
New beds given to NNICU

The Neonatal Intensive Care Unit at Parkland will be able to provide even more specialized care to its tiniest patients.

Seven new Giraffe OmniBeds will soon be added to the NNICU thanks to a generous gift from the Theodore and Beulah Beasley Foundation.

The beds are designed for infants weighing less than two pounds and allow staff to monitor the babies while keeping them in a warm, shielded environment. The beds are unique in that they are designed so that the hood can quickly be opened without losing the heat source for the baby.

The special beds are much needed. In just one month, Parkland’s medical teams delivered and cared for 10 neonates who were less than 27 weeks of development. Before the gift, there were only four beds with these specialized capabilities.

“It’s the next best thing to a mother’s womb,” said Anne Tudhope, RNC, BSN, associate director of the NNICU. “Parkland already has one of the lowest mortality rates in the country when it comes to preemies and with improved technology like the Giraffe OmniBeds, we can only get better.”

Parkland receives books for tiniest patients

Sharing a bedtime story is a treasured ritual for families, but this bond is often missed when an infant is critically ill and in the hospital. Now, families with an infant in the NNICU can take comfort in reading to their child, thanks to a donation of books and book carts by Scholastic Inc. to a March of Dimes program at Parkland.

The book donation has been designated for March of Dimes’ NNICU Family Support program which aims to make the journey of healing in newborn intensive care smoother and less traumatic. The soothing sound of a parent’s voice can be important in establishing the parent-infant relationship, according to Dora Acosta, NNICU Family Support Specialist.

But when that infant is separated from parents by medical equipment and an incubator, it’s a challenge to build the usual bonds, she added. “Putting a library of books at the bedside to read to your baby, as well as to big brother and sister, will make it easier,” Acosta said. “Thanks to Scholastic, it’s now part of the array of information and comfort the program provides to families of premature babies and other critically ill newborns being cared for in a NNICU.”

Dallas is one of the first three sites in the nation to receive the gift of a children’s book when the baby goes home from the NNICU.
Jody Springer has joined Parkland as Vice President of Accounting. She is responsible for Strategic Sourcing and oversees the direction of the department as well as multiple strategic planning projects. Springer comes to Parkland from American Radiology Associates in Dallas where she served as Vice President of Finance and Development. Springer earned a master’s of business administration from Case Western Reserve University. Springer has served in various capacities of health care finance for more than 30 years, including Vice President of Planning at Children’s Medical Center, Dallas and Senior Manager for Health Care Consulting for PricewaterhouseCoopers.

In addition, Michael Silhol has joined Parkland as Chief Counsel. Most recently, he served as Senior Vice President, General Counsel and Secretary for Radiologix Inc. in Dallas. Silhol earned a bachelor’s degree from Vanderbilt University and a law degree from the University of Wisconsin Law School. Silhol served in the U.S. Army as a Captain in the Judge Advocate General’s Corps. He since has added years of experience in the health care industry, including at Triad Hospitals in Plano.

Beth Broyles, Chief Foundation Communications Officer, shares her latest copies of Parkland magazine with nurses from Odonto-Maxillo-Facial Center in Ho Chi Minh City, Vietnam. She traveled there in April with an organization called Facing Futures, a team of medical professionals who help children all over the world with facial deformities.

“I saw faces completely melted away by acid, cleft lips and palates, facial growths, enlarged tumors as well as eye deformities. Despite the condition, most of the children and their families overwhelmed us with their smiles and hugs. I won’t soon forget this exchange of gratitude that needed no translation,” she reflected.
Employee reimbursement program enhances opportunities

Two simple words uttered at an Employee Orientation have impacted the careers of two of Parkland’s own. For Rod Jackson and Oswaldo Ruiz, tuition reimbursement, a program that gives Parkland employees the opportunity to further their education, has enabled them to go back to school and receive master’s degrees in health care administration.

Jackson, an occupational therapist, and Ruiz, a respiratory therapist, join the ranks of Parkland’s executive team as new members of the Administrative Residency program for 2007. Both graduating from the University of Texas at Arlington, Jackson began his residency in January and Ruiz will begin in July.

With Parkland’s assistance in the cost of tuition and the option to attend classes at night, Jackson and Ruiz continued to serve as team leaders for their departments while completing the course work in two years.

“I first heard about the tuition reimbursement program at orientation but recently decided that I wanted the opportunity to grow professionally as well as learn about numerous areas of hospital operations,” said Jackson, a 13-year employee.

Ruiz, an employee for four years, also remembers learning about the tuition benefit at orientation and admits to always having had an interest in the business side of health care.

“I look at this residency as an opportunity to better understand the operations of a large scale public hospital,” he said.

For more information about the tuition reimbursement program, visit the Training and Development page on the Parkland Intranet or call ext. 28135.

CareFlite honors Parkland

Randy Blanchard (center), Parkland’s vice president of Access Services, is presented with a certificate from James Swartz (right), president & chief executive officer of CareFlite, and John Haupert (left), Parkland’s chief operating officer. Blanchard was presented the certificate for his service on the CareFlite Board of Managers from October 2005 to October 2006.
DALLAS POLICE DEPARTMENT

On behalf of the men and women of the Dallas Police Department, may I express our deepest gratitude for your assistance at the death of our officer, Senior Corporal Mark Timothy Nix.

We are deeply saddened by the loss of Mark, but we are thankful for the people in our community who help us during our time of grief. Your kindness by allowing our department to take up a meeting room for several hours was most generous. Your security staff, chaplains, and the kitchen staff, who provided drinks for our officers, were both professional and extremely courteous.

Your entire medical staff is forever in our debt for their valiant attempt to save Mark and the way they consoled both the family and our officers.

Thank you again for your wonderful support.

David M. Kunkle
Chief of Police
Dallas Police Department

CARDIAC LAB AND OUTPATIENT DEPT.

I had occasion to spend two and a half days at Parkland and wish to thank you and congratulate you on your medical team and food. I wish to call to your attention the superior service extended to me, including the surgeon and nurses in the cardiac lab and in the outpatient department. I am full of gratefulness and wish to pass some of it on to you. No wonder Parkland is considered the finest hospital in the world.

Marguerite Lambert

WONDERFUL HELPERS ON 7 SOUTH

To all the staff who have taken care of my dear and sweet friend Jackie Colson, thank you! You all have been such wonderful helpers to her in this valley she has been walking in.

Khristal Harris

A REAL DOCTOR

Parkland should know what a gem you have in Dr. Pillow, ER/Trauma. I was recently admitted to your facility and rushed to trauma for tachycardia and swelling to my tongue. That was about seven weeks ago. Today, I received a call from Dr. Pillow to check on me. That is a real doctor, the kind we have forgotten about, real doctors from the past who made house calls. I believe he is one of your greatest forces at Parkland. Just as his father, a family practitioner, was for over 60 years of service to the community of North Richland Hills. Thanks to Dr. Pillow for calling me. Thank you, Parkland, for taking care of me.

Colette Warren

SENIOR HOUSE CALLS

I am writing this letter in regards to two wonderful people on your medical staff. They are Ms. Charlotte Rosetta, nurse, and Ms. Sondra Rolater, nurse practitioner, both of the Senior House Calls Department of Geriatrics. These two nurses are the greatest ever. They are patient and kind individuals and easy to talk and discuss my condition with. I find them to be pleasant and very joyful people.

I just wanted to express my thanks to you and your staff for the placement of these two lovely ladies with me. They have been with me now for several years and I feel so secure when they are talking to me. My care has been absolutely excellent. Not only do they care for me and my concerns but they show concern about my family as well. They are angels.

Ms. Bernistine Christian and family

EXPRESS GRATITUDE TO PARKLAND

I would like to express my gratitude to Parkland for having their in-patient help center. It’s been marvelous during my surgery not having to stand and wait in the lines. If only everyone who came to Parkland knew about this program, their time would go much easier. Thank you all so very much.

Manuel Ibanez Tovar

KINDNESS SHOWN BY BURN CENTER

I wish to express my gratitude for the kindness I was shown by your burn center staff, especially Dr. Cumby who saw me in the emergency room and Jane Wadle, RN, clinic care coordinator. Although my burn was not serious, it was reassuring to know I had expert care. Thank you for your wonderful staff.

Angela Glugensky

7 SOUTH PRAISES

High praises to 7 South from a patient. He states you all are taking “very good care” of him. Keep up the good work!

LaToya Spencer
Patient Advocate

EDITOR’S NOTE

FEEDBACK is a forum for patients, their families or friends. The majority of letters are courtesy of Dr. Ron Anderson. Dr. Anderson forwards only the letters that cite incidents of outstanding patient care. Complaints are not published. Letters are not meant to publicly embarrass an employee or department. Because of the volume of mail received, all letters cannot be printed. Letters may be edited for length.

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The Right Place. The Right Time.

In 1973, Parkland created Dallas’ first Neonatal Intensive Care Unit. Since then, we’ve helped thousands of moms create something even more special.