CHILDREN’S MEMORIAL HERMANN HOSPITAL PERFORMS 10TH HEARTGIFT SURGERY

p.3
Amazing things take place every day on this Campus because of great people who make up this organization. Most people settle for the ordinary but we are beginning to develop a culture where the ordinary is not the norm. It is this combination of talent, ambition and pride that makes our hospital stand out not only in the Texas Medical Center, but also throughout the nation. What’s great is that extraordinary individuals don’t just exude this behavior in the workplace, but everywhere they go. I hear stories all the time about members from our team leading a volunteer effort, starting a fundraiser or traveling overseas to serve those in need. These stories make me proud to be part of this organization.

Several weeks ago, we had a torrential downpour – right at shift change! It certainly made it difficult for our Campus for a few hours. A few days after the event, I received an email from a woman named Debra about an employee that has really stuck out in my mind because of the extraordinary effort she put forth without hesitation to help someone in need. I hope you enjoy the story below and that it makes you proud to work among such inspiring individuals.

I would like to share a wonderful story involving Andrea ‘Christy’ Hall, who is a pharmacist at your hospital.

On Saturday (April 27), my nineteen-month-old son, David, and I were driving home from the Science Museum. The weather was terrible, raining and hailing. To avoid flooding, we turned onto Greenbriar and Fannin. Seemingly out of nowhere, we drove directly into a very flooded part of the street. What was I thinking? I was driving a small coupe! The car stalled and as I looked up, I could see the Metro Light Rail heading towards us. It was in the distance but close enough to make me panic. We had stalled right on the light rail track! The next thing I noticed was the water rising and no one was around.

Except miraculously, a women in a Prius had stopped and was now running toward us, arms extended with a big green beach towel. She was screaming, ‘Get out, get out!’ I opened the car door and the water was up to my knees. I cut my foot on debris and grabbed my son, leaving my wallet on the front seat of the car and not even stopping to close the car doors. She helped me wrap David up and we headed to her car. She told me to get David into the car. I looked at her with complete fear and told her that she was a stranger and there was no way that I could get into her car with my son. She handed me her car keys and her ID, and said she would stand outside the car but to get David out of this wet clothes and into a spare T-shirt she had in the car. Ironically, she was dressed for a pool party that she had been driving to. I took a picture of her ID and texted it to my husband letting him know what was going on.

Andrea came back to the car and said the water was rising and we had to move the car. I asked her if she had enough gas and she reminded me that we were in a Prius. I was shaking from the adrenaline but she spoke calmly, asking me questions about David meant to bring me down from the mountain of anxiety that I was feeling. I have never been so afraid in my life. My job as David’s mother is to keep him safe. Now we were in the middle of a flashflood in the backseat of a stranger’s car with no car seat. We drove until we found a medical research building that had a sloped driveway. We parked and Andrea said she was going to get out to look around and see if anyone was inside. A few minutes later, she came back with a Subway turkey sandwich for David. She thought he may be hungry because it was getting close to dinner time. She had also determined that no one was in the building and if the water kept rising, our only option would be to hunker down at Subway. We agreed to keep driving and look for a parking garage or somewhere safer/more populated to stop. We continued down Fannin with the plan to keep driving towards my house which was less than two miles away.

We ended up stopping a few feet before a line of cars that were stuck in the flooded street. To our left was an Extended Stay with a sloped driveway. We pulled in. Andrea offered to pay for a room since my wallet was back in the car. Another moment of trusting a total stranger as we checked into the hotel. We wait in room 214 eating dinner, talking and watching the news. I was still drenched but David’s clothes were drying on the A/C. Until we made it to the hotel, David had been silent. Usually a boisterous toddler, the saddest moment for me was having him hold on to me for dear life and not say a word through this entire ordeal. Now, he was jumping on the bed watching Shrek for the first time.

Andrea let David play with her iPhone showing him pictures of her dog, her niece and her last hiking trip. She played Grateful Dead on her iPod for him since it’s his favorite. For a moment – and for the first time – I felt relieved. We waited several hours until my father-in-law could get through the streets with his truck where he always keeps a car seat for David. The drive home was met with more flooded streets, but options to navigate around until we made it home.

(Continued on page 3)
On May 20, a medical team at Children’s Memorial Hermann Hospital gave the gift of open-heart surgery to a 3-year-old suffering from a congenital heart condition. The patient, Angel Rodriguez, is from San Juan de la Maguana, a city in a remote part of the Dominican Republic where access to specialized medical care is scarce.

When Angel was 1 1/2 years old, his mother, Juana, took him to the local doctor after seeing him struggle while learning to walk. “He would take a step and then fall down, take a step and then fall – he would lose strength too easily,” she said.

The doctor referred her to a specialist in Santo Domingo, the Dominican Republic’s capital, which is a three-hour road trip from San Juan de la Maguana. There, Angel was diagnosed with tetralogy of Fallot, a life-threatening congenital heart condition caused by four structural defects. The combination of these abnormalities results in a lack of oxygen in the blood, which causes symptoms such as bluish color to the skin, shortness of breath, fainting, clubbing in the fingers or toes, low body weight, presence of a heart murmur, and a tendency toward exhaustion, irritability and crying.

Unfortunately, even in Santo Domingo, no doctor was specialized enough to treat Angel’s condition. “We were going every four months but they couldn’t perform the surgery he needed - there was nothing they could do,” Juana said.

Then, in January of this year, she received some incredible news: Angel had been recommended to the HeartGift Foundation, a nonprofit organization whose mission is to provide life-saving heart surgery to children from developing countries around the world where specialized medical treatment is unavailable. Children in need are referred to HeartGift by various non-governmental international agencies stationed in these remote locations. Angel had been recommended by Gift of Life International, an organization that has arranged for heart surgeries for over 12,000 children worldwide.

HeartGift has chapters in Houston, Austin, Dallas, Fort Worth, San Antonio, and in Louisiana. Each chapter works with local hospitals and medical teams comprised of surgeons, cardiologists, pediatricians, dentists, anesthesiologists and nurses, all of whom volunteer their time and services at no cost. The Houston chapter partners with Children’s Memorial (Continued on page 11)
Among the many Hallmark cards, heart-shaped balloons, bouquets of flowers, boxes of chocolates and breakfasts in bed, one Oklahoma mom received an extra special Mother’s Day delivery this year that topped them all.

A few days after the official Sunday celebrations, Alicia Blackburn gave birth to healthy twin boys – an event that, up until a few months ago, she and her husband – Nick Blackburn, a Major League Baseball pitcher for the Minnesota Twins – weren’t sure would ever come to pass.

“There were times I was pretty concerned about the chances of both surviving,” said Nick Blackburn. “In situations like this, it’s hard not to think about the bad side of things.”

On the baseball front, Blackburn has had a difficult few months. He has yet to play in a game this season as he continues to undergo rehab for two recent surgeries: one last October to remove a bone chip from his throwing elbow and one in January on his right wrist. But despite his personal injuries, the only condition Blackburn had been worried about was that of his wife, who was diagnosed with a potentially fatal fetal disorder several weeks into her pregnancy.

“The struggles on the baseball field are nothing compared to family struggles,” said Blackburn. “In the end, baseball is just a game. It will continue on much longer than I will. But my family means everything to me.”

Late last year, the Blackburn family received the difficult news that Alicia was suffering from twin-to-twin transfusion syndrome (TTTS), a rare condition that occurs when twins who share a common placenta produce an uneven sharing of blood between their blood vessel connections, meaning one twin gets too much blood and the other does not get enough. This unequal sharing of blood can cause critical problems for both babies and, if left untreated, one or both twins could die.

“When I first got the news that I had TTTS, I think I was in denial,” said Alicia. “I asked my doctor if he was worried and when he said yes, that’s when I realized the seriousness of the situation.”

Based on 2010 USA National Center for Health Statistics, the rate of twin births per year is approximately one out of every 30 pregnancies. The majority of identical twins share a common (monochorionic) placenta and, of these, approximately 15 percent go on to develop TTTS. There are at least 4,500 TTTS cases per year in the U.S. alone, according to the Twin to Twin Transfusion Syndrome Foundation. Severe TTTS has a 60 to 100 percent mortality rate.

“Alicia only had stage 1 TTTS, the less severe form, but TTTS can advance without warning and progress to stage 5 – which is death of one or both babies – in a matter of days. And, in Alicia’s case, the abundance of amniotic fluid was placing her at risk for premature labor, delivery and loss. It was clear to us that it was time to intervene,” said Moise.

After much prayer and serious consideration, Alicia, together with her husband, made the decision and, on Valentine’s Day of this year, she underwent the in-utero laser ablation procedure.

“In this procedure we used a drinking straw-sized catheter to go in and locate the connecting vessels between the babies,” said Kenneth Moise, M.D., Alicia’s surgeon and co-director of the Texas Fetal Center at Children’s Memorial Hermann Hospital, where the team of maternal-fetal experts counseled the couple on both the details of their situation and their treatment options.

“When Alicia first came to us, she was scared,” said Karen Moise, lead clinical nurse coordinator of the Texas Fetal Center. “We tried to ease her fears by answering her questions and reassuring her we could handle this. We see 400 of these cases a year; this is what we do. Then, we did an ultrasound to assess the severity of her TTTS.”

Depending on the severity of the case, several treatment options are available. One option is a serial amnioreduction. This procedure involves removing excessive amniotic fluid from the enlarged sac and has been used to reduce the risk of membrane rupture, improve maternal discomfort and prolong the pregnancy.

For more advanced stages of TTTS, a selective laser ablation procedure may be necessary. Laser ablation involves identifying the vessels that connect the two fetuses and interrupting the blood flow in these vessels using a laser. Survival with this procedure has been reported to be as high as 85 percent for one twin and 60 percent for both.

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(Continued on page 5)
Across the country, the need for primary care providers continues to outpace the number available, causing physician shortages and reduced access to care. Memorial Hermann Medical Group (MHMG) is addressing the shortage through strategic growth and the incorporation of advanced practice providers (APPs) such as physician assistants and nurse practitioners.

Established in 2006, MHMG is a physician-led subsidiary of Memorial Hermann that manages the operations of previously private practices, allowing physicians to focus on their patients instead of the administrative hassles that come with running a business. These physicians also gain access to Memorial Hermann’s extensive resources, including state-of-the-art outpatient diagnostic services, electronic medical records, online patient portals and world-renowned specialists.

MHMG is currently comprised of 58 separate clinics and 178 providers, including many of Houston’s leading primary care physicians and specialists.

In the next fiscal year, MHMG hopes to add an additional 45 new providers, 80 percent of whom will be primary care. Many of these new clinics will be in neighborhoods, making access to healthcare easier for patients scattered throughout the Greater Houston area. Jennifer Zimmerman, System executive for physician network development at Memorial Hermann, explains that “by expanding MHMG, we can provide greater access to care and improve our ability to effectively manage the population.”

Staffing the clinics with physician assistants and nurse practitioners is another means by which MHMG plans to broaden the availability of primary care. “The integration of advanced practice providers allows primary care physicians to focus on more clinically complex patients while the APPs focus on less-acute and walk-in patients – all of course under the supervision of the PCP,” says Zimmerman. The addition of APPs also allows clinics to expand their hours of operation during the week and offer weekend appointments, opening up even more access for patients.

Each MHMG clinic adheres to the criteria set for a patient-centered medical home by the NCQA, the National Committee for Quality Assurance. A patient-centered medical home is a model of care that focuses on coordinated, clinically integrated and team-based care. MHMG doctors also practice evidence-based medicine and clinical integration, ensuring that each clinic upholds Memorial Hermann’s commitment to excellence in clinical outcomes and patient care. To locate a physician in your area, visit www.mhmg.memorialhermann.org

(Continued from page 4)

Hermann Hospital. He also happens to be married to the center’s lead clinical nurse coordinator, Karen Moise.

“We then used laser light to spot weld the vessels so that the circulation of each baby was now separated. On the way out, we also removed the excess amniotic fluid that had accumulated in the bigger baby’s sac. The procedure took about an hour and was fairly straightforward. All went exactly as it should have.”

“When Dr. Moise came out and told me everything had gone well, it was such a huge relief. It literally gave me goose bumps,” said Blackburn. “I knew there were still major steps ahead before we could call it a complete success, but he was very confident with the immediate results of the surgery.”

If there are going to be any problems after surgery, they typically occur during the first week. So once two weeks had passed, and the doctors saw that the fluid in both twins’ sacs had returned to normal indicating the disease process had abated, Dr. Moise once again delivered the happy news.

“We couldn’t feel more blessed,” said Alicia. “I see so many other women who develop TTTS and hope to make it to 26 weeks. I’m just so grateful for my whole medical team – my doctor in Oklahoma and the Moises and their staff in Houston – for all being so proactive in my case.”

“Thousands of women suffer from this unfortunate fetal syndrome but don’t realize there is treatment available that could save the lives of their babies,” said Moise. “The survival rate is high and only getting better. No more multiples need die unnecessarily. That’s why we’re here.”

On the Tuesday after Mother’s Day, Alicia delivered two healthy twin boys, bringing the running total for team Blackburn to six. “Having all of my kids healthy is the best Mother’s Day present I could ask for,” she said.

Nick Blackburn is just thrilled to have a healthy, growing family. He says it’s changed his whole outlook on life.

“My wife and kids are motivation for me to prolong my career,” he said. “It’s tough now being away so much, but the more I can accomplish, the more I’ll be able to provide for them. It’s a great feeling to come home to your family after any kind of a day at the stadium. Good or bad there is always the support from them.”

And does he see baseball in the twins’ futures?

“My wife is also athletic and competitive so it’s in their genes. The way things are going we pretty much have a basketball team. If they all decided to play sports I would be pretty excited. If not, I think I’ll keep them anyway.”
The Memorial Hermann Heart & Vascular Institute–Texas Medical Center is celebrating the achievement of yet another significant milestone after earning The Joint Commission’s Gold Seal of Approval™ for its ventricular assist device (VAD) destination therapy program. The certification recognizes the Institute’s dedication to continuous compliance with The Joint Commission’s rigorous standards for healthcare quality and safety in disease-specific care.

The HVI’s ventricular assist device program underwent an arduous onsite review in March, and expert Joint Commission reviewers evaluated a number of departments across the HVI, including the ORs, the ICUs and the IMUs. In addition to interviewing the VAD patients themselves, the surveyors also interviewed a myriad of caregivers and the entire multidisciplinary team it takes to care for VAD patients, including nurses, circulatory support specialists, VAD coordinators, social workers, financial counselors, dietitians, surgeons, medical directors and more.

“In achieving Joint Commission advanced certification, the Memorial Herman Heart & Vascular Institute-Texas Medical Center has demonstrated its commitment to the highest level of care for its ventricular assist device patients,” says Jean Range, M.S., R.N., C.P.H.Q., executive director, Disease-Specific Care Certification, The Joint Commission. “Certification is a voluntary process and I commend the HVI for successfully undertaking this challenge to elevate its standard of care and instill confidence in the community it serves.”

Preparing for the site visit was an incredible team effort according to LaRhea Nichols, transplant administrator. “The nursing staff was extremely engaged, and the entire team put forth a monumental effort to make this happen,” said Nichols. “The multidisciplinary committee has been relentlessly working on this since August. From the OR, pathology, radiology, physical therapy and nursing to the VAD team, physicians, surgeons and administration – the entire group was committed and focused from the beginning, and it’s just amazing what we were all able to achieve together.”

The Joint Commission’s Advanced Certification in Ventricular Assist Device Destination Therapy, developed in response to Medicare requirements, provides standards for hospitals related to:

- Staffing and facility infrastructure to support ventricular assist device placements
- Participation in a national, audited registry for patients who have received mechanically assisted circulatory support devices
- Volume requirements for board-certified cardiac surgeons who place ventricular assist devices
- Quality data and outcomes

According to Nichols, among the criteria necessary to achieve certification is several months of very specific data that shows quality outcomes. “We’ve proven that we have an excellent VAD program. It’s proven in our outcomes, it’s proven by the breadth and depth of our program, and it’s proven by the commitment of our team.” Nichols added that by achieving certification, the VAD program is now eligible to apply for large contracts with insurance companies, which opens the door for increased volume. At press time, there have been 21 VAD placements at the HVI, and that number is expected to grow quickly.

“It took an immense amount of time and effort to get ready for the certification process, and Dr. Kar, Dr. Loyalka and I feel incredibly humbled and inspired to work among such a dedicated team of individuals,” said Igor Gregoric, M.D., medical director of the ventricular assist device program. “I want to congratulate the VAD team for their vital role in obtaining this wonderful achievement.”

Paul O’Sullivan, chief executive officer of the HVI, said “The Joint Commission has provided the framework for us to take the Institute to the next level and helps us create and sustain a culture of excellence, but I credit the effort of this talented and hard-working team for achieving this certification. I am proud to work alongside our incredible staff and physician partners who provide such high-quality care for our patients every day.”
June marks the beginning of hurricane season for the Atlantic basin, and according to the National Oceanic and Atmospheric Administration (NOAA), this year may be especially active. NOAA forecasts 12 to 18 named storms, three to six of which are predicted to be major hurricanes, with winds of 111 mph or higher. Hurricane risks range from heavy rainfall and flooding to high winds and tornadoes, their aftermath often devastating to individuals and communities.

The best way to mitigate risk in the event of a natural disaster is preparedness. “Hurricane season provides an opportunity to talk about emergency preparedness, but the reality is that disasters could occur at any time and without warning – the key is to always be prepared for the unexpected,” says Amy Lopez, emergency preparedness manager at Memorial Hermann-Texas Medical Center. “Think about the unpredicted flooding in Houston just a few weeks ago – it is critical that organizations and individuals create a formal plan in order to be as prepared as possible for any emergency.”

Memorial Hermann requires all employees to complete the storm preparedness online registration process through Employee Self Services (ESS) during annual benefits enrollment. Information collected will indicate whether an employee lives in a mandatory evacuation area, has federal or state obligations such as the Army Reserve or the National Guard, or has family members or dependents he or she would be responsible for in the event of an emergency.

Based on the information provided, as well as skill level and unit-specific criteria, employees are assigned to one of two teams: A or B. The A-Team is the ride-out team, and members will be assigned to staff the facilities during the storm. In general, A-Team members will report to their designated facility two days (48 hours) prior to landfall. The B-Team is the ramp-up and relief team. Members of the B-Team will prepare the Campus for the anticipated storm and will be dismissed upon the A-Team’s arrival.

After registration with ESS is completed, employees should check with their department managers to learn their team designation. In the event of a major hurricane, further direction will be provided to each employee regarding his or her role during the storm.

“Each employee plays an essential role in our mission to meet the needs of our patients and communities and to provide exceptional care on a daily basis – even in the event of a natural disaster,” says Lopez. If the city of Houston is evacuated, Memorial Hermann won’t close its doors on those in need, and both clinical and nonclinical employees are expected to report to work. “Our employees are outstanding and I’ve seen them work together during a storm before. We all step up in times like this, and I am proud that we are an organization our community can rely on, no matter what.”

In addition to having an organizational plan in place, individuals are strongly encouraged to create a personal disaster preparedness plan to protect their homes and families. Some helpful hints to help you and your family prepare for a storm-related disaster are listed below:

- Build a basic emergency supply kit. Include non-perishable food items, water, battery powered radio, flashlight, moist towelettes, can opener, local maps, first aid kit, plastic sheeting, duct tape, cash or traveler’s checks and extra batteries.
- Keep a list of items you would need to pack at a moment’s notice, such as medication, glasses, pet food, important family documents, matches, sleeping bags or blankets, clothing and activities for children.
- Keep plywood in your garage for boarding up windows.
- For more information, check the Emergency Preparedness page on InSite and read through the Storm Disaster Preparedness Guide.
On April 20, Memorial Hermann-Texas Medical Center hosted a regional conference for the Society of Clinical Research Associates (SoCRA). The all-day event took place in the Hermann Conference Center and covered topics such as research, risk issues, quality assurance, electronic remote monitoring, HIPAA in research, and more. Attendees were comprised primarily of research nurses, study coordinators, investigators, pharmacists, and institutional review board members and staff.

This is the first time Memorial Hermann-TMC has hosted the conference, and the turnout was larger than expected with approximately 90 attendees. As a certifying association, this conference provided CEUs toward the Certified Clinical Professional designation.

“The fact that our Campus hosted this important conference, compounded with the immensely successful turnout, really reflects our position as a leading research hospital in Houston,” said Cheryl M. Chanaud, Ph.D, C.C.R.P., executive director for the Center for Clinical Innovation and Research at Memorial Hermann-TMC.

Prior hosts of this conference include Baylor College of Medicine, Methodist Hospital and the Michael E. DeBakey VA Medical Center.

SoCRA is a nonprofit organization made up of clinical research professionals who work in industries ranging from academia to private clinics to pharmaceutical and biotechnology companies. Their mission is to provide continuing education and development opportunities while striving to advance the quality and integrity of clinical research.

“Regardless of the changes in healthcare, clinical research will always be a vital component of the industry. Participation with organizations like SoCRA keeps our staff current on the latest trends and benchmarks in facilities across the nation, and solidifies our position as a leader in clinical research,” said Chanaud.

### Upcoming Events

**Schwartz Center Rounds: “What Would You Do If...”**

*June 6*

Schwartz Center Rounds are a multidisciplinary forum where caregivers from diverse disciplines discuss difficult emotional and social issues that arise in caring for patients. This session will examine a case involving a young family whose life was forever changed by violence and the decisions they were forced to make as a result. All employees are invited to attend this free event in the Hermann Conference Center. A complimentary lunch will be served at 11:30 a.m. and the program will take place from noon to 1 p.m. Continuing education credit provided for nurses, physicians, social workers and other allied health professionals.

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**Memorial Hermann-Texas Medical Center Hosts Turkish Minister of Health**

In April, Memorial Hermann-Texas Medical Center hosted Mehmet Muezzinoglu, M.D., the Turkish Minister of Health, Mr. Cemallettin Aydin, the Turkish consul general of Houston, and their delegates. Atilla Ertan, M.D., medical director of the Ertan Digestive Disease Center, a Gastroenterology Center of Excellence, and professor at the UTHealth Medical School, along with UTHealth director of gastroenterology, hepatology and nutrition, Michael Fallon, M.D., led the visiting team on a tour of the hospital. The group discussed a collaboration between the Turkish Government, Memorial Hermann-TMC and the UTHealth Medical School. The affiliation will provide an opportunity to enhance patient care, postgraduate education and clinical research for the institutions involved and their respective communities. Dr. Ertan expects this exciting new program to begin with a focus on gastroenterology and expand into other departments in the future.
Each Year, the National Safety Council designates June as National Safety Month, an occasion for organizations to raise awareness about safety and the leading causes of preventable injuries and deaths.

“Safety means ensuring the best possible outcomes using evidence-based practices in our prevention of falls, maintenance of our environment and reduction of employee injuries,” says Martha Porinchak, director of risk management at Memorial Hermann-Texas Medical Center. “Patient safety and employee safety remain top priorities on our Campus. Our goal this month is to raise awareness of safety as a vital component of everything we do and everything we plan.”

Systemwide, Memorial Hermann is working to implement more effective safety protocols. Each Campus has identified their major safety risks and is tasked with developing programs aimed at reducing these risks and, ultimately, related injuries. Memorial Hermann-TMC’s three most common employee injuries are:

1. **Patient Handling:** These injuries are mostly caused by overexertion from repeated manual patient handling activities such as transferring a patient from toilet to chair, transferring from chair to bed, transferring from bathtub to chair, repositioning from side to side in bed, lifting a patient in bed or repositioning a patient in chair. Strains and sprains in the shoulders and lower back are most commonly reported.

2. **Needlesticks:** Needlesticks and other sharps-related injuries may expose workers to bloodborne pathogens, infectious microorganisms in human blood that can cause diseases. Needlestick injuries can occur during procedures, as a result of mishandling or in the process of disposal.

3. **Body Fluid Exposures:** Body fluid exposure is defined as contact with a potentially infectious body fluid such as blood, cerebrospinal fluid, amniotic fluid, pleural fluid, synovial fluid, and peritoneal and pericardial fluids. Contact can occur through skin penetration injury or through mucous membrane, parenteral and non-intact skin exposure.

To address these issues, our Campus has formed a safety committee comprised of staff from various departments, including risk managers, nurses and physical therapists. The committee, under the guidance of safety managers Janet Fleming and Harold Sias, is currently developing new safety programs to address various types of workplace injuries. The pilot programs will be customized to each individual department based on its own safety statistics and the specific areas classified as most in need of improvement. Each pilot program will incorporate training and education and will undergo rigorous review after implementation. The programs that are most successful will then be customized to fit the broader needs of the entire Campus and, eventually, the Memorial Hermann System.

“Protecting our patients is and always has been our priority,” says Alissa Clark, manager of occupational health at Memorial Hermann-TMC, “but we are trying to change the culture to reflect the fact that employee safety is a vital component to patient safety. The safest hospitals are those that hold each individual accountable for the safety of themselves, their co-workers and their patients – reducing employee injury benefits everyone.”

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**Be Safe!**

- Always use personal protective equipment such as gloves, lab coats, masks and face shields to reduce exposure to blood and body fluids.
- Practice hand hygiene.
- If available, use patient handling equipment such as lifts, or find help.
- Pay attention to detail: pause and focus on the act at hand.
- Engage in training and initiatives related to safety.
- Always comply with policies, procedures and protocols.
- Help your co-workers: look out for each other and positively reinforce safe and productive behaviors.
- Speak up if you have questions or concerns. Contact Occupational Health at 713-704-2979 for more information.
According to the American Red Cross, more than 44,000 blood donations are needed each day in the United States alone. As healthcare providers, we know that access to healthy blood is often a matter of life or death for patients suffering from a traumatic injury, battling cancer or undergoing an organ transplant. We also know that blood cannot be manufactured in a lab, and there is no synthetic substitute: patients in need of blood ultimately rely on the generosity of donors.

On June 20, Partners in Caring will host a blood drive at Memorial Hermann-Texas Medical Center for employees and visitors. Everyone who is eligible to donate is encouraged to do so. Unsure if you are qualified? We’ve compiled a list of common misconceptions about donating, as well as their corresponding truths. For more information, please visit www.giveblood.org or call 713.791.6612.

### I CAN'T GIVE BLOOD BECAUSE...

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
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<tbody>
<tr>
<td>I’m diabetic.</td>
<td>You can still give blood if you are asymptomatic.</td>
</tr>
<tr>
<td>I weigh less than 110 lbs.</td>
<td>This is true. Donors should be at least 17 years old and weigh 110 lbs. or more.</td>
</tr>
<tr>
<td>I’m anemic.</td>
<td>Your iron levels will be checked prior to donating, and if they are too low, you will not be allowed to give blood. Eating foods rich in iron such as spinach and red meat can help combat anemia.</td>
</tr>
<tr>
<td>I’m on medication.</td>
<td>Medications such as antibiotics and blood thinners, among others, will defer you from donation. Please bring a list of your current medications and a phlebotomist will review it before taking your blood.</td>
</tr>
<tr>
<td>I have a tattoo.</td>
<td>You can donate one week after getting a tattoo in a Texas licensed facility.</td>
</tr>
<tr>
<td>I need all the blood in my body.</td>
<td>Unless you are suffering from specific types of illnesses, your body will replenish your blood in a few weeks. For a normal healthy adult, donating blood should have no adverse effect.</td>
</tr>
<tr>
<td>I've traveled out of the country in the past 12 months.</td>
<td>This only applies to countries with a high incidence of certain infectious diseases such as malaria, dengue fever and mad cow disease.</td>
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<tr>
<td>I've undergone treatment for cancer.</td>
<td>Many cancer survivors can give blood three years after completing treatment; however, those affected by leukemia, lymphomas or melanomas are generally ineligible.</td>
</tr>
<tr>
<td>My blood isn’t healthy.</td>
<td>Healthcare providers will determine if a sample is safe for transfusion to a patient by performing at least a dozen tests on the donated blood; if your blood isn’t healthy, it won’t be used.</td>
</tr>
<tr>
<td>My donation won’t help that much.</td>
<td>Each donation can potentially save three lives because whole blood can yield multiple transfusable products: red blood cells, plasma, platelets and cryoprecipitate.</td>
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### Donate on June 20!

- The Blood Drive will take place in the Cullen Lobby from 6 a.m. to 6 p.m.
- You can sign up online at www.giveblood.org or call Faizbano Rayani at 713.704.2074.
- Walk-ins are welcome.
- Snacks such as ice-cream, juices, cookies and chips will be available to participants.
- Each donor will receive a free T-shirt.
- Donors are automatically entered into a drawing for various other prizes.

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Donate on June 20!
Hermann Hospital, and Angel is our 10th HeartGift patient. “We are tremendously proud to partner with HeartGift and provide these surgeries to children who would otherwise never have access to the medical intervention they need,” said Michael Hines, M.D., the pediatric cardiothoracic surgeon who performed Angel’s operation.

After Angel’s application was approved, HeartGift arranged for a local family to host Angel and his mother during their stay in the United States, and American Airlines agreed to donate the plane tickets for their travel to and from the Dominican Republic.

And so, on Tuesday, May 14, Juana and her 3-year-old boarded a plane in Santo Domingo and flew to Miami and then Houston. Anxious, excited and exhausted, they arrived at midnight and were greeted by members of HeartGift. The team at Children’s Memorial Hermann Hospital had created a detailed itinerary for Angel and his mother for the days leading up to his surgery, including multiple pre-op appointments and a tour of the PICU. However, on the Friday following their arrival, Angel suffered a severe “Tet spell,” a condition common in children with tetralogy of Fallot, caused by a rapid drop in the amount of oxygen in the blood and resulting in extreme shortness of breath. Angel was immediately transported by ambulance to Children’s Memorial Hermann Hospital where they measured his oxygen to be very low.

“He was incredibly lucky to have been in Houston at the time,” said Sandra Salazar, director of patient services at HeartGift Houston. “If he had been anywhere else, that could have been his life.”

After his oxygen levels stabilized, the surgical team made the decision to perform Angel’s procedure early. The procedure, called intracardiac repair, is an open-heart surgery that addresses the four cardiac malformations inherent in tetralogy of Fallot. It involves the surgeon placing a patch over a hole in the wall that separates the heart’s two lower ventricles, which stops oxygen-rich and oxygen-poor blood from mixing. He or she then widens the pulmonary blood vessels and widens or replaces the pulmonary valve, both of which are generally narrowed in a patient with tetralogy of Fallot. This widening allows increased blood flow to the lungs which creates more oxygen in the blood throughout the body.

Knowing that Angel would most likely not have the opportunity to come back later in life to receive the follow-up care standard for this procedure, Dr. Hines made a few adjustments to his surgery. The patch Dr. Hines used was made without any foreign substance, which is common in many of the standard patches on the market. Instead, Angel’s patch was pure pericardium - the double layered membrane which covers the heart, also known as the “heart sac” - making his procedure completely natural and easier on the body.

Additionally, Angel’s pulmonary valve was mostly normal and did not need treatment, which is rare in a patient with tetralogy of Fallot. As many as half of the patients who receive a valve replacement will need surgery later in life, so the fact that Angel’s valve was not replaced means his chances for requiring further specialized medical intervention for this condition are slim.

The surgery was successful and Angel was discharged from the hospital only three days later. Angel and his mother are scheduled to stay in the U.S. for a few weeks as he continues to recover and receive post-op care. “We are so thankful to all of the people who have helped us,” Juana said.

Numerous individuals at Children’s Memorial Hermann Hospital made this gift possible for Angel, including the surgical team, cardiologists, anesthesiologists, perfusionists, nurses, physician assistants, personal care assistants, respiratory therapists and others.

“We are incredibly grateful for the medical team at Children’s Memorial Hermann Hospital for their remarkable work and dedication,” said Salazar.

If you are interested in getting involved with the HeartGift Foundation, visit their website at www.heartgift.org.
Gateways is a publication for employees of the Memorial Hermann-TMC Campus, a leading healthcare facility that proudly stands at the gateway to the world-renowned Texas Medical Center.

We welcome your suggestions and comments. If you have news to share, concerns to address or questions you’d like answered, please send an email to medicalcentercommunications@memorialhermann.org or call 713.704.1222.