

Calendar/Events

Volunteer services will hold information sessions on April 16 and 30 for high school students who are interested in volunteering this summer at Rhode Island Hospital. High school students should register for a session at www.lifespan.org/volunteering/high-school-students or by calling 401-444-5530.

Save the Date! The Rhode Island Hospital Employee Service Award Dinner will be held on Thursday, June 14 at Rhodes on the Pawtuxet. Honoring employees who celebrated a landmark anniversary (five year increments) in 2011, the event begins with a cocktail hour at 5 p.m. and continues with dinner at 6 p.m. Ask your manager for more details.

Drop-in Cancer Support Group. Open to patients and families, this support group is offered on Mondays from 1:30 to 2:30 p.m. and is held in Fain 3 at The Miriam Hospital.

All patients and families are welcome to attend The Miriam's monthly **"Lunch and Learn"** programs, held from 12:30 to 1:30 p.m. in Fain 3 at The Miriam Hospital.

April 25 – *Minority Cancer Awareness Month, Jorge Castillo, MD*

May 23 – *Blood Cancer Awareness Month, Edward Wittels, MD*

GENEROSITY

Champlin Foundations Grant Supports Joint Replacement Center of Excellence

The Miriam Hospital was recently awarded a grant of \$800,000 from The Champlin Foundations. The funds will be used to purchase equipment to outfit the operating rooms of The Miriam's new Total Joint Center, located in a dedicated, 32-bed wing of the hospital.

The funding comes at a critical time, as The Miriam positions itself to meet a dramatically increasing demand for joint replacement procedures. It is estimated that by 2030, hip replacements will double nationally from their current annual rate of 285,000 to 573,000, and knee replacements will increase nearly fivefold from 581,000 to more than 2.5 million.

Many factors are creating the rise in demand, most notably the aging of the baby boom generation. Nearly 80 million baby boomers are now between the ages of 47 and 65, and Rhode Island has one of the highest percentages of baby boomers in the nation. This population is largely affected by arthritis which, more than any other condition, drives patients to joint replacement surgery. A growing number of both younger and older

patients increasingly choose the surgery as implants and surgical techniques continue to improve.

For more than four decades, The Champlin Foundations have been generous supporters of The Miriam and its partner Lifespan hospitals. Maria Ducharme, MS, RN, senior vice president of patient care services and chief nursing officer at The Miriam says, "The Champlin grant will provide support integral to acquiring state-of-the-art equipment for the most technologically advanced joint surgery. We are very excited about this new and already growing center of excellence and for the wonderful support that has been received."

The Miriam Hospital was one of 209 organizations to receive grants from The Champlin Foundations in 2011. The Champlin Foundations fund tax-exempt organizations that will have the greatest impact on the broadest possible segment of the population. Since 1932, The Champlin Foundations have distributed more than \$460 million, almost all in the state of Rhode Island.

Brite Lites Shine

The Brite Lite program at Hasbro Children's Hospital was founded in 2002 to recognize five employees each year who have gone above and beyond their everyday duties. These exemplary staff members make the patients and families with whom they come into contact feel safe, important and well-cared for. Brite Lites are those who best demonstrate Hasbro Children's Hospital's patient and family centered care core values of collaboration, dignity and respect, information sharing and participation. Congratulations to our 2011 winners: Susan Duffy, MD; Nicole D. Femino, RN; Briana Kells, RN; Matthew Swan, DDS; and Jeremy Yardley, MD.



From Left: Myra Edens, RN, MSN; Governor Chafee; Briana Kells, RN; Jeremy Yardley, MD; Nicole D. Femino, RN; Matthew Swan, DDS; Susan Duffy, MD; Timothy J. Babineau, MD; Robert B. Klein, MD



Timothy J. Babineau, MD, with Nicole D. Femino

FIT for Families and Visitors

The patient satisfaction team at The Miriam Hospital is made of 10 subcommittees that review, analyze and act on patient satisfaction results throughout the hospital. One of the subcommittees is the family improvement team (FIT), which focuses on improving the family and visitor experience at The Miriam.

FIT comprises a multidisciplinary team including staff who provide direct patient care, as well as those in ancillary and support services. One of FIT's proudest accomplishments is Family Feedback Day, an event in which family members and visitors answer a seven-question survey—developed using Press Ganey language—and speak with FIT team members about their experience at The Miriam Hospital. To date there have been two of these events, which collectively saw more than 100 attendees.

FIT has used the feedback to follow up on issues and to research new programs that may benefit families and visitors. In doing so, FIT helped increase patient satisfaction percentages in the family and visitor experience from 84 in November 2010 to 90 in December 2011. Current initiatives include obtaining new folding chairs for patient rooms and redesigning the visitor's brochure to be more user friendly. In addition to providing invaluable information about the family and visitor experience, Family Feedback Day also provides an opportunity to recognize and reward staff throughout the hospital for their efforts and diligence.

This year, FIT will expand their efforts by holding quarterly feedback events, collaborating with the room and noise team, and continuing to make improvements as often as possible, with the goal of ensuring that families and visitors always have a positive experience at The Miriam Hospital. For more information on FIT, please contact Jeni Mowry at jmowry@lifespan.org.

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Lifelines

is produced by the Marketing and Communications Department

117 Ellenfield Street
Suite 100
Providence, RI 02905

To submit news and story ideas, contact Caitlin Quinn at CQuinn@lifespan.org.

Timothy J. Babineau, MD
President and Chief Executive Officer, Rhode Island Hospital and The Miriam Hospital

Mark Montella
Senior Vice President External Affairs

Jane Bruno
Vice President, Marketing and Communications

Susan Ryan
Director, Communications

Carolyn Castellucci
Manager, Creative Services

Ashley Peck
Graphic Designer

Caitlin Quinn
Communications Officer

Cheryl Lisi
Senior Marketing Officer

Rebecca Hancock
Senior Marketing Officer

Bill Murphy
Photographer

Contributors

Jessica Collins Grimes
Senior Media Relations Officer

Nancy Cawley Jean
Senior Media Relations Officer

Jill Reuter
Senior Media Relations Officer

Ellen Slingsby
Senior Media Relations Officer

Wendy Lewis
Development Communications Officer

Lifelines

March/April 2012

MESSAGE FROM PRESIDENT AND CHIEF
EXECUTIVE OFFICER TIMOTHY J. BABINEAU, MD



In the past 20 years, information technology has literally transformed the way we live our lives: the way we buy and listen to music; the way we communicate with our friends; the way we look up information, shop, buy concert tickets, bank and make airplane and hotel reservations. Whether we're talking about iTunes, smart phones or Kindle, the trend is toward convenience, portability, ease of use and immediate access.

The same "ease of use" that we have come to experience in our everyday interactions with our handheld computers and laptops has raised the expectations (some would argue, appropriate expectations) that our medical information systems perform at the same level. And yet, for a variety of reasons, the truth is that the medical information technology industry has lagged behind its counterparts at Google, Microsoft and Apple. The reasons for the lag are many and include the complexity of the processes required to care for patients (as opposed to the relatively "simple" transactional processes in banking) and the lack of agreed upon informatics standards that exist in other industries. These challenges have hampered the progress in medical informatics—both here at our hospitals and nationally.

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INFORMATION SYSTEMS KEY TO HIGH QUALITY, SAFE CARE

Lifespan's history and future with electronic medical record technology



Damian Dupuy, MD, Paula M. Campbell, RN and Amy Doorley, NP, check a patient's status in the diagnostic imaging post procedure unit.

Information systems (IS) are crucial to the delivery of high quality, safe patient care. The founders of Lifespan recognized this in 1994 and invested significantly in IS for our hospitals. Since then, we've used the same IS platform and used it well: our hospitals have been recognized as national leaders in electronic medical record technology, achieving HIMSS Analytics Stage 6 status—out of 7—for integration of technology with patient care. We are among only 5.2 percent of hospitals in the United States to achieve this recognition. However, as with all technology, time and growth have tested the limits of our IS platform. Gaps are beginning to emerge in our ability to see all of our patients' information

in a single location. As a result, Lifespan has undertaken a large effort to evaluate our IS infrastructure and its capabilities for the future. Leading this effort is an enthusiastic and dedicated steering committee of 25 individuals representing a broad cross section of our care delivery teams.

Currently, the information on our patients is fragmented and in different locations. The reason for this is that when Lifespan originally adopted our IS platform, software application systems were specifically designed for individual departments and specialties. Over the years, it became increasingly important for the different "systems" to talk to

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PREMIER BURN CARE CLOSE TO HOME



The Burn Center at Rhode Island Hospital provides superior burn care to patients through all phases of recovery, including rehabilitation after a patient leaves the hospital. It's the only accredited burn center in the state, with a team that comprises experts from many fields. The center had a busy year in 2011, seeing more patients than ever before and expanding its role beyond the bedside.

In March the Burn Center hosted its fourth annual symposium, an event for providers and patients that explores 25 topics related to burn care. "You can see that people are really interested and engaged in learning about areas that are outside of their immediate field. That's what multidisciplinary care is all about," says David Harrington, MD, director of the Burn Center. Harrington and his burn care team brought this spirit to Costa Rica on their most recent trip to Central America, where they've traveled a few times per year for the last three years to train local medical professionals in burn care and recovery.

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David Harrington, MD

“My father was a pediatrician. He inspired me. I liked the idea of being able to have a job that was rewarding, and that allowed you to have human contact and to help people with significant, real problems,” says David Harrington, MD, burn critical care surgeon and director of the Burn Center at Rhode Island Hospital.

Harrington left his hometown of Pittsfield, Massachusetts, to study history at Duke University in North Carolina, but returned to New England for medical school at Tufts University. He completed his surgical residency at the University of Chicago, where he was chief resident, and went on to serve one year of required service in the military, which had paid for his medical education. He was stationed in the military burn center at the Brookline Medical Center in San Antonio, Texas, where he was first exposed to the burn specialty.

“Burn surgery isn’t as appealing to most residents because it’s not the most technically challenging, and skin grafting isn’t as racy or prestigious. So burn care was not a rotation that I would have chosen, but I was really surprised by how much I loved it,” says Harrington. “It was the only place that I had observed true multidisciplinary care, where rounds were made with nursing, rehabilitation, pharmacy, pathology and more. I signed up for a total of five years at the burn center.”

Harrington eventually came to Rhode Island Hospital and has remained here for nearly 15 years. He says, “I think what’s fun is that we are still in a growth phase as an institution. That gives a lot of opportunity to roll up your sleeves and get involved. I enjoy the process of building things, of building systems of care; it’s thrilling for me.”

When he’s not at the hospital, you might catch Harrington playing squash in a men’s league around the state, reading or saltwater fly fishing and, until about five years ago, you would have seen him on the soccer field. “For 10 years, I coached two of my three daughters on different teams at any one time, year round. I took a back seat once they started playing in the premier leagues. It was a crazy time, but I kind of miss it.”

RESEARCH NEWS

\$2.2 million grant to study treatment of post-traumatic osteoarthritis

Rhode Island Hospital has received a grant of \$2.2 million from the United States Department of Defense to support a research study on a treatment that may prevent post-traumatic osteoarthritis, a common condition in men and women who suffer joint injuries to the knee and hip. The research will allow for further development of lubricin, a manufactured recombinant protein similar to a natural form of lubricant for the joints, which may prevent osteoarthritis following trauma. Visit the Intranet or Lifespan.org to learn more.

Weight loss can be contagious, study suggests

According to a new study published online in the journal *Obesity*, teammates in a team-based weight loss competition significantly influenced each other’s weight loss, suggesting that shedding pounds can have a ripple effect. Researchers from The Miriam Hospital’s Weight Control and Diabetes Research Center and The Warren Alpert Medical School of Brown University found that team members not only achieved similar weight loss outcomes, but participants who said their teammates played a large role in their weight loss actually lost the most weight. Visit the Intranet or Lifespan.org to learn more.

Renovating the ED and Cardiac Cath Lab



Left to right: Charisse Draleau; Gary Bubly, MD; Patricia Cardin, RN; Jaime Wheelock; Debra Christianson, RN; Donna Ward, RN; Kenneth S. Korr, MD; Cheryl Pappas, RN; Nancy Robin, RN; Robin Ford, RN; Ashley McAuslin, RN

New construction underway at The Miriam Hospital will not only modernize the hospital’s busy emergency department (ED), but will also create a new outpatient unit for patients undergoing diagnostic and interventional cardiac catheterizations. All construction will take place inside the current footprint of the hospital’s emergency department.

“These improvements are critical in order to keep pace with increasing demand for emergency medical services and advances in cardiology, including sophisticated, minimally invasive techniques,” says Arthur Sampson, executive director of The Miriam Hospital. “Our patients, physicians and staff deserve the most modern and efficient facilities equipped with the latest technology. We’re confident these updates will create an environment that promotes high quality, patient-centered care and will ensure The Miriam Hospital remains a national leader in emergency and cardiac medicine.”

The first phase of the project, currently underway, will create an 18-bed outpatient unit adjacent to the catheterization lab. This will provide additional capacity for patients undergoing specialized procedures such as angioplasty, stenting and pacemaker implantation, as well as an area where patients can be evaluated before, and recover after, diagnostic and interventional cardiac catheterizations. The new unit enables patients to be closely monitored following their procedure and can accommodate those patients

requiring a post-catheterization overnight stay for observation. In addition, the unit will also house a pre- and post-endoscopy care area.

The second phase of the project, scheduled to begin in July 2012, calls for renovations of The Miriam Hospital’s emergency department. Private exam areas will replace existing curtained bays to help promote infection control, reduce noise and improve patient confidentiality. As part of the new configuration, a section of the emergency department will be dedicated to more critical patients while a new triage area will be made easier and more convenient for emergency medical services personnel bringing patients via ambulance. The ED will also have its own dedicated 64-slice CT-scanner to diagnose patients quickly without having to rely on equipment being used by the rest of the hospital.

“Having these two departments in such close proximity means a patient who arrives at The Miriam Hospital following a sudden cardiac event will receive seamless expert care as they move from our emergency room directly next door to the cath lab,” says Sampson. The hospital’s existing emergency room and cardiac catheterization laboratory will remain in full operation during construction. The project is expected to be completed by December 2013.

DISTINCTIONS



James Arrighi, MD

James Arrighi, MD, director of nuclear cardiology at Rhode Island Hospital, has been appointed chair-elect of the Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committee for internal medicine, effective July 1, 2012. The ACGME is a private, nonprofit council that evaluates and accredits residency programs in the U.S. Arrighi has been a member of the review committee since 2009.



William Corwin, MD

William Corwin, MD, chief medical officer for The Miriam Hospital, has been named to the 2012 New England Comparative Effectiveness Public Advisory Council (CEPAC). The 19 new members of CEPAC represent a wide variety of backgrounds, specialties and perspectives, and come from all six New England states. CEPAC consists of practicing physicians and methodologists with experience in evaluating and using evidence in the practice of health care, as well as patient/public members with experience in health policy, patient advocacy and public health.



Silvia Degli Esposti, MD

Silvia Degli Esposti, MD, director of the Center for Women's Gastrointestinal Medicine at the Women's Medicine Collaborative, was recently honored by the Rhode Island Region of the National Organization of Italian American Women at its first Epiphany celebration in Providence.

Edward Marcaccio, MD, Named Medical Staff President

Edward Marcaccio, MD, chief of the division of vascular surgery at Rhode Island Hospital, has been named president of medical staff association for the hospital. Marcaccio previously served as vice president and president-elect for the medical staff association, during which time he participated in the bylaws revision process, before being named president.

Marcaccio received a bachelor of science degree from Brown University and a medical degree from the University of Rochester School of Medicine and Dentistry. He completed a general surgery residency at Cornell Medical Center at New York Hospital and a fellowship in vascular surgery at The New England Deaconess Hospital. Marcaccio currently serves as chief of the division of vascular surgery at The Warren Alpert Medical School of Brown University, where he is also a clinical associate professor of surgery. Marcaccio is an active member of several committees at Rhode Island Hospital.



Brian Alverson, MD, Named Physician of the Year



Commitment to enhancing the health care system and to creating a safer and healthier community has earned pediatric hospitalist Brian Alverson, MD, the prestigious Milton Hamolsky Outstanding Physician of the Year award. Alverson's advocacy work to change the laws in Rhode Island regarding HIV testing for pregnant women and newborns has not gone unnoticed by his colleagues and the community.

"I see on a regular basis how Dr. Alverson's work, advocacy and actions go far beyond the long hours he committed to changing

the law in RI regarding HIV testing," says Nicole Alexander, MD, MPH. "Because of Dr. Alverson's heroic efforts, HIV testing rates among pregnant women improved from 53 percent to an amazing 99-100 percent consistently since 2009. This has almost eliminated new infants in RI from being infected with HIV."

Alverson joined Hasbro Children's Hospital in 2005 to help establish a pediatric hospitalist program. "Dr. Alverson has spearheaded a service line that is relatively new to

the medical community, but is such a vital part of our mission to provide excellent, personalized care to each and every one of our patients," says Robert Klein, MD, pediatrician-in-chief at Hasbro Children's Hospital. "His tireless work in this endeavor alone would make him worthy of this award. However, it is his endless compassion, humility, eagerness to teach others and true love of his life's work that has made Dr. Alverson distinguishable."

Alverson received his bachelor's degree from Yale University and his medical degree from the University of Pennsylvania. He holds a keen interest in the education of the students and colleagues around him, and has received numerous teaching awards over the years.

"He has made a difference in so many lives," says Paul Loberti, MPH. "While these goals and accomplishments are impressive enough, I know that Dr. Alverson has set a pace that is distinguishable from all others. This pace is measured by his life output and indicative of the humble man he is."

State's First Dedicated Stroke Unit Opens

In January, Rhode Island Hospital opened a dedicated stroke unit—the first of its kind in New England—on Main 6A. The unit, located on the neurosciences floor, will allow disease-specific diagnosis and treatment following admission. The stroke unit features 10 beds available exclusively for stroke patients, including those coming straight from the emergency department. This new unit will enable all

"There is robust scientific evidence supporting the beneficial value of stroke units. We are proud to offer this service to our patients at Rhode Island Hospital,"

— Brian Silver, MD, director of the stroke center

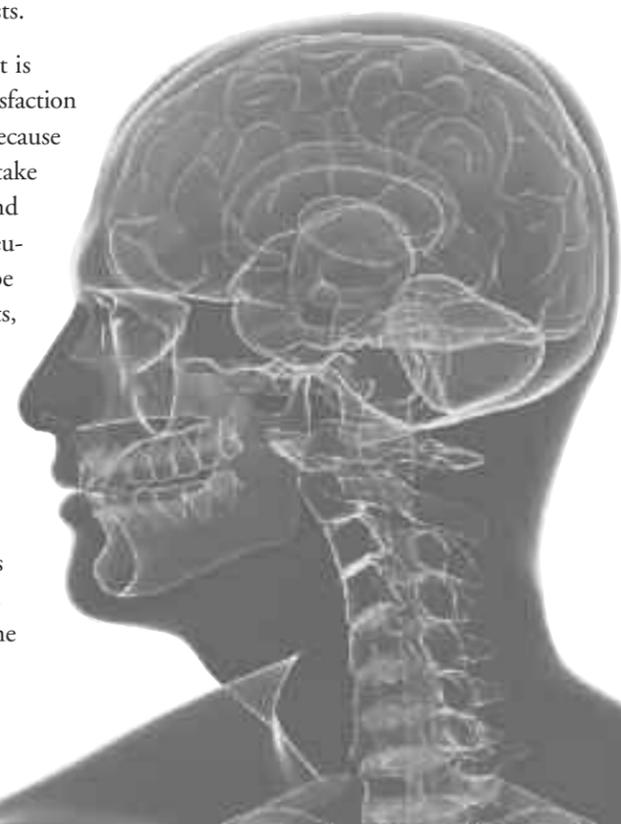
stroke patients to be treated in a single space within the first 48 hours of their inpatient stay.

The new stroke unit offers many benefits. All 10 beds feature telemetry units and fiberoptic cabling, which allow monitoring of the heart rhythm from outside the rooms. In addition, bedside testing for blocked arteries with a painless ultrasound test can be performed. Other unique features include the ability to administer tPA (the clot buster for stroke) in the patient's room.

The patient-to-nurse ratio is very small, with only three patients to each nurse, half as many as on a regular unit. All nurses have been specially trained and competency-tested in stroke treatment, and have experience in neurological care as a result of their

time on the floor prior to the launch of the stroke unit. The collaborative stroke unit team also includes neurologists, social workers, physical and occupational therapists, and speech language pathologists.

The opening of the stroke unit is expected to improve patient satisfaction and increase patient volume. Because the new unit has the ability to take on most recently treated tPA and ischemic stroke patients, the neurology intensive care unit will be freed up to accept more patients, allowing us to care for our patients in the most efficient manner possible. "There is robust scientific evidence supporting the beneficial value of stroke units. We are proud to offer this service to our patients at Rhode Island Hospital," says Brian Silver, MD, director of the stroke center.



Continued from cover...Message from the President and Chief Executive Officer

The practice of medicine has grown almost unmanageably complex. The limitations of the health care system at the beginning of the 21st century are such that the old paper-based medical care paradigm is less viable and emergence of a new way of practicing medicine is almost inevitable. Trends that suggest we need a new paradigm are the non-viability of paper-based systems for supporting clinical care; the increasing unreliability of medical practice that depends on human memory; the business and quality imperative for capturing accurate and timely clinical data; and increasing consumer expectations for improved, accessible, patient-centered, health care.

These and other reasons demand that we take a fresh look at our information systems and that is exactly what we are doing. You can read about our efforts in this issue's cover story. In the upcoming months many of you will be asked to participate in this engagement and provide your input. Your help is critical as we evaluate our current platform and help decide where we need to go in the future. Thank you in advance for your help with this important endeavor.

In the steadfast pursuit of excellence, I remain, sincerely yours,

Timothy J. Babineau, MD
President and Chief Executive Officer
Rhode Island Hospital and The Miriam Hospital

“We always overestimate the change that will occur in the next two years and underestimate the change that will occur in the next ten.”

— Bill Gates Jr.

Continued from cover...INFORMATION SYSTEMS KEY TO HIGH QUALITY, SAFE CARE

one another so that information could be shared across the patient's hospital stay. As a result, different software programs, known as interfaces, were written enabling the disparate systems to “talk” to one another. Presently, there are nearly 408 such interface programs that help tie together all of our clinical information systems into one cohesive system across Lifespan. In addition, our IS staff (at the helpdesk) field over 16,000 calls per month and support nearly 12,400 personal computers to keep the whole enterprise up and running.

While an impressive and remarkable achievement by any standard, this system may not be sustainable. Health care is changing, and with those changes comes the need for a unified platform that includes other aspects of care beyond inpatient stays, such as critical care, emergency department, ambulatory care, surgical care, oncology, behavioral health, obstetrics and gynecology, health information exchange and others.

As part of this effort, Lifespan and the steering committee will ensure that appropriate emphasis is placed on how our IS systems support an expanding ambulatory care and physician alignment strategy. An appropriate IS platform should support all of our caregivers—those who come to work at our hospitals every day and those who work in various off-campus settings. Such focus will require that we develop more proactive partnerships with physician groups, and leverage our organization's information technology resources to extend beyond our campuses. It will also require us to think much more like a true health care delivery system, putting the patient at the center of all that we do, and beginning to break down the many silos that have been built over the years. This change in thinking—from a provider-centric environment to a true patient-centric environment—may be challenging. However, once accomplished, we will have a system where all aspects of care are available to all physicians and other health care professionals caring for the patient in any setting.



Continued from cover...PREMIER BURN CARE CLOSE TO HOME

The Burn Center also created a burn survivors support group this past year. Harrington says, “Sometimes the scarring of burn patients can take months or even years to heal, so we end up having long relationships with patients. You have to remember that they also many times have emotional scars and problems reintegrating into society.” Patients can join at any stage of recovery, tell their stories and listen to fellow survivors. The center plans to hold support group meetings once each quarter.

This spring, the center will begin the application process for re-verification. “We became a verified burn center because we want to do more; we want to be held to a higher standard,” says Harrington. “The process has allowed us to do more community outreach and to provide the opportunities to make sure that our nurses and therapists have the highest certifications. We expect a visit in the late fall of 2012 at the earliest, but we've been doing well and have good outcomes to report.”

Harrington is excited to report that Rhode Island Hospital, Lifespan and University Surgical Associates will sponsor the World Burn Conference in 2013, which is being held in Providence to coincide with the tenth anniversary of the Station Fire. “Rhode Island Hospital is very supportive of the Burn Center. I've been very happy and impressed that when we need things to happen, the hospital finds a way to help.”

Going Green with Blue Wrap Re-Use Project

The Miriam Hospital has always had a strong “green” presence, with an environmental team comprised of both employees and community members. Over the years, this team has undertaken many efforts to promote environmentally prudent sustainability at the hospital. One such effort is the blue wrap re-use project, which involves collecting blue wrap from The Miriam's surgical suites and looking for alternative ways it can be used outside the hospital.

According to Practice Greenhealth, a nonprofit organization committed to finding environmental solutions and sustaining practices in the health care industry, it's estimated that between 20 and 30 percent of the total waste generated by a hospital comes from the operating room. “Blue wrap is a plastic number 5, but the state of Rhode Island doesn't collect it as a recycling material. From hospitals across the state, blue wrap is ending up in the Johnston landfill and it shouldn't. It's very reusable,” says Monica Anderson, community liaison and green team leader for The Miriam.

The blue wrap re-use project was the brainchild of another Monica on The Miriam's green team, Monica Manooshian, RN, a nurse in the operating room. Anderson says, “Monica is the poster child for a green ambassador. In her own quiet but persistent way, she has gotten the OR staff to not only recycle, but also to stop and think about what they're disposing of and how.”

In the short term, Anderson and her team are donating the blue wrap to artistic and educational sources in the community, including Recycling for Rhode Island Education, an organization that takes clean manufacturing wastes from businesses and supplies them at a very low cost to teachers. The blue wrap also has been used at the Rhode Island School of Design in fashion and architecture classes.

The ultimate goal is to find a partner to help The Miriam dispose of the blue wrap in large quantities. Once that happens, Anderson and her team will design a pilot program with the hope of implementing at other hospitals. The blue wrap re-use project falls under the umbrella of Miriam Greenways, an employee-based sustainability effort that will be announced this spring. Stay tuned for more information in the coming months.



Introducing Our Board Leadership

Lifespan and The Miriam Hospital are pleased to welcome new leadership to their boards. Scott Laurans has been named chairman of the Lifespan board of directors, succeeding Al Verrecchia, who served as chairman for 10 years. Alan Litwin, CPA, MST, MBA, has assumed the role previously held by Edward Feldstein, Esq.,



Laurans is a managing director in the Rhode Island office of BNY Mellon. From 1991, he was managing director and partner of The Providence Group Investment Advisory Company, which was sold to Mellon in 2004. In addition, he developed and owns Eastside Marketplace, Inc. Laurans was a member of the Rhode Island Hospital board of trustees from 1989 to 1998, and during that time served as chairman of the finance committee, vice chairman of the board and, in 1998, as chairman of the board of trustees. Since 1994, he has been a member of the Lifespan board, and from 2002 to 2011 was chairman of the finance committee.



Litwin is managing director of the Providence-based accounting firm of Kahn, Litwin, Renza & Co. A resident of Providence, he has been an active member of The Miriam community for more than 25 years, serving as treasurer of the board of trustees and assuming leadership roles in several philanthropy-related initiatives. He is currently chair of the finance committee for The Miriam Hospital and Rhode Island Hospital and is a member of the Rhode Island Hospital board of trustees. Litwin has received numerous awards for his many charitable and community service activities. Litwin is a past chair of the board of the Wheeler School and the Jewish Community Center and has held leadership positions with dozens of area organizations.

who served as chair of The Miriam Hospital board of trustees for three years. In their new positions, Laurans and Litwin join Lawrence Aubin, Sr., chairman of the board for Rhode Island Hospital.



Aubin is president and chief executive officer of Aubin Corporation and has been involved with Rhode Island Hospital since 1991. A member of the Rhode Island Hospital board of trustees for 15 years, Aubin served as vice chairman before he was named chairman in 2007. As a board member, he has chaired the Lifespan facilities committee and has been instrumental in overseeing the planning of several major construction projects at the hospital, including the Bridge Building. He also served as chairman of the Rhode Island Hospital development committee, leading efforts to develop philanthropic support to fund new programs and services.

“These individuals possess a vast array of talent and experience, but all share something in common—their deep commitment to helping lead our institutions. We are grateful for their tireless efforts to advance health care in Rhode Island and for their contributions to the success of our hospitals in bringing the best care to the people of the state.”

—Timothy J. Babineau, MD
President and Chief Executive Officer
Rhode Island Hospital and The Miriam Hospital

Rhode Island’s Only Home Hemodialysis Program

Rhode Island Hospital has built one of the largest dialysis programs in the state, and one of the many services it provides to patients is home hemodialysis—the only such service in Rhode Island. Hemodialysis is the removal of waste and extra fluids in the bloodstream. The vast majority of patients nationwide who require dialysis receive hemodialysis; however, about only one percent of patients receive it at home.

Home hemodialysis offers many benefits to patients, including convenience, flexibility and affordability. The dialysis machine that patients take home is portable and can easily fit in the trunk of most cars. It’s easy enough for anyone to use without formal medical training and is very cost effective. A typical dialysis machine requires 200 to 300 liters of water per treatment, while the machine used at home requires only 30 liters.

“Observational studies indicate that patients who receive dialysis at home, and more than three times per week, tend to do better than those dialyzed for the same amount at a hospital or center,” says Douglas Shemin, MD. “Home hemodialysis is another wonderful treatment option we can offer to patients with end stage renal disease. We even had one patient who brought the machine on a cruise and dialyzed while on board.”

After an initial assessment for eligibility, patients undergo a three-week training program during which they learn how to use the machine. All dialysis patients, including those who are completely new to the treatment, are welcome to talk with the experts at Rhode Island Hospital to determine whether home hemodialysis is right for them.

Peter Snyder, PhD, Appointed Chief Research Officer

Peter Snyder, PhD, has been appointed to an expanded role as chief research officer for Lifespan. Since 2008, Snyder has served as Lifespan’s vice president of research. In his new role, Snyder will oversee research interests at our hospitals with the goals of strengthening our national profile as an academically based health care system and ensuring that our research efforts are tied to, and advance, our clinical and educational programs. He will represent our hospitals in new and ongoing strategic research relationships with our institutional partners, including The Warren Alpert Medical School of Brown University.

Snyder is an internationally recognized leader in the field of developing new diagnostics and treatment advances for Alzheimer’s disease and, as such, he will continue to play a pivotal role in establishing centers of neuroscience excellence as part of the Norman Prince Neurosciences Institute. He also will continue to serve as Lifespan’s scientific integrity officer and institutional official.

Under Snyder’s leadership, research programs at Lifespan have flourished despite the difficult economic environment, and in the past year we received more total external

grant funding (more than \$80 million) than in any prior year. Our three institutional review boards are now fully accredited by the Association for the Accreditation of Human Research Protection Programs, and the institution provides a comprehensive range of laboratory care and grants/contracts services to our research community.

Snyder has held several leadership positions throughout his careers in clinical practice, the pharmaceutical industry and in academia. He is presently a professor of neurology (research) in the department of neurology, and serves on several steering committees for the Alpert Medical School, various graduate programs, the NIH and several nonprofit organizations. He continues to maintain a productive research program, and is the associate editor of two journals, including *Alzheimer’s & Dementia: The Journal of the Alzheimer’s Association*.

