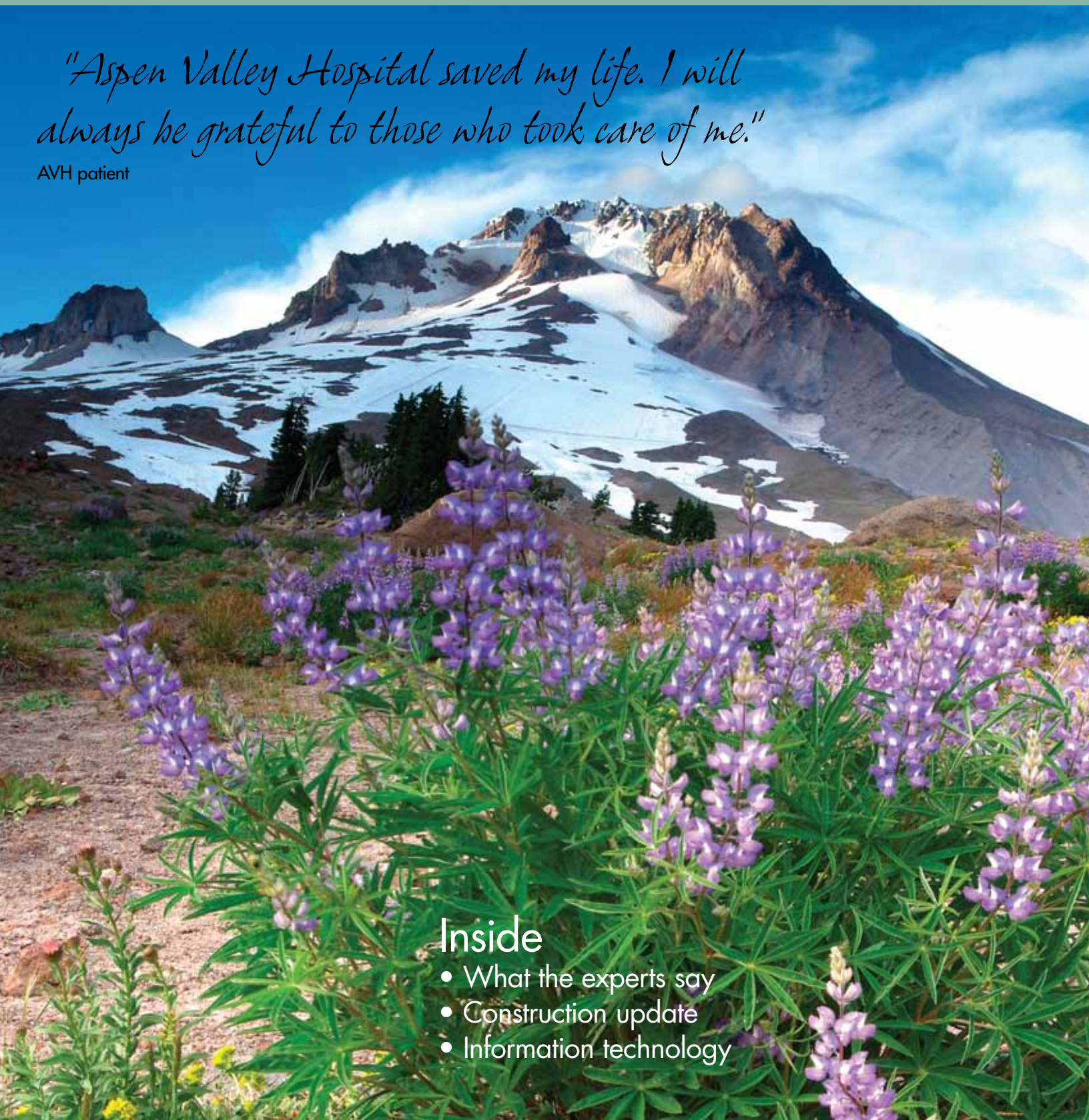
Spring 2012

Health Matters
at Aspen Valley Hospital



"Aspen Valley Hospital saved my life. I will always be grateful to those who took care of me."

AVH patient

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What the experts say

The field of health and medicine is extremely complex. Rarely is there just one definitive perspective on a medical issue. For that reason, we want you to hear what your local healthcare professionals have to say about a variety of topics. These are the people you know and trust. We hope you'll find their advice to be helpful.

Current treatment of knee arthritis

by Tom Pevny, MD

Osteoarthritis (OA) occurs when the cartilage on the end of a bone wears out. Articular cartilage is a very efficient bearing surface and, as anyone suffering from OA knows, when not functioning properly it leads to pain, stiffness, and loss of joint function.

OA is the leading cause of physical disability in the United States, limiting everyday activity for 10 million people. The knee is the most common joint involved, and approximately 500,000 knee replacements are performed in the United States each year. As the U.S. population ages, the number of replacements is expected to double over the next 10 to 20 years.

One of the most recent and exciting advances in knee replacement surgery is the ability to make patient-specific implants. By obtaining pre-operative X-rays and MRI studies (to determine the exact dimensions of the knee), specific instruments are made and used to custom cut the bone of that particular patient. This allows for more efficient surgery with less blood loss, quicker recovery, and better outcomes for our patients.

Dr. Pevny is a board-certified orthopaedic surgeon at Aspen Valley Hospital (AVH) and Aspen Orthopaedic Associates. A graduate of Baylor College of Medicine in Houston, he joined the AVH medical staff in 1997. He is actively involved in research and educational activities. Aspen Orthopaedic Associates administers the Rocky Mountain Sports Medicine Fellowship, a teaching program for orthopaedic surgeons. Dr. Pevny can be reached at ***925.4141****.*

Advance directives . . . for you **and** your family

by Siobhan Conway, RN, CHPN

Every one of us will, someday, come to the end of our life. About 10 percent will die suddenly and unexpectedly; 90 percent will have a slower demise.

Have you given thought to how you would like to die? Do you have specific ideas about what type of medical treatment you would like to receive as your death approaches? Do you know where you would like to be or with whom you would like to be when you die? Are there things you would want your loved ones to know?

Just as we plan major life events, it is important to plan for the end of life. Advance directives — living wills, durable powers of attorney for healthcare, etc. — let your healthcare team, and your family, know your feelings about just how you wish to be taken care of at the end of your life or when you are unable to speak for yourself.

Not planning for one's death does not mean it will not occur; only that your wishes may not be known by your family and healthcare team.

Advance directives are available at **www.putitinwriting.com**. This website also offers thought-provoking questions, a self-help worksheet, suggestions, and other resources. And, as always, Aspen Valley Hospital (AVH) remains committed to honoring your wishes as enumerated in your advance directives.

Siobhan is an RN working in AVH's Oncology/Chemotherapy Clinic. She was instrumental in developing a system in which both patients ***and*** *non-patients can record their advance directive documents with the hospital. If you have questions, Siobhan can be reached at* ***544.1507****.*

Vitamin D: Should you be taking a supplement?

by Jenny Connery, MD

Over the last few years, sales of vitamin D supplements have soared. Vitamin D has been touted to prevent cancers, cardiovascular disease, diabetes, high blood pressure, and depression — although studies in these areas have been inconclusive.

What **is** known is that vitamin D is vital for mineral metabolism and calcium absorption, both essential for proper bone strength.

In November 2010, the Institute of Medicine (IOM) reviewed thousands of studies and gathered information from experts to determine new reference ranges for appropriate vitamin D supplementation. Per the IOM, recommended dietary allowances for vitamin D intake are 400, 600, and 800 International Units daily for people ages 0 to 12 months, 1 to 70 years, and 70-plus years respectively.

Here in sunny Colorado, sensible, limited sun exposure can help prevent vitamin D deficiency (10 minutes of arm and leg exposure two times per week). Vitamin D is also found in heart-healthy fatty fish.

Interestingly, many people are found to be vitamin D deficient based on laboratory reference ranges that may be flawed. Ultimately, patients must discuss appropriate vitamin D testing and supplementation with their doctor. However, as with so many other dietary recommendations, moderation may be best and too much of a good thing may actually cause more harm.

Dr. Connery is a new provider with Aspen Medical Care and is a graduate of the University of Vermont College of Medicine in Burlington. One of the more recent additions to the Aspen Valley Hospital medical staff, she is board certified in family medicine. Dr. Connery's special interests include nutrition, women's health, mental health, and pediatrics. She can be reached at ***920.0104****.*

Speak up for a safe healthcare experience

by Lori Maloy, RN

Safety and quality of care are **everyone's** responsibility — including yours! You can improve your care by becoming a more informed healthcare consumer, working as a team with your doctor and other providers, and following the agreed-upon treatment plan.

The following are ways you can become more actively involved in your healthcare:

- Know your health history, medications (including vitamins and herbals), and allergies and share this information with your healthcare team.
- Write down questions as they occur to you and then ask for answers.
- If something doesn't seem right — SPEAK UP!
- If you don't recognize a medication or don't know why you are having a test, ask for clarification.
- Make sure anyone who cares for you checks your name and date of birth first.
- Ask anyone who is caring for you to wash their hands before they touch you.
- Listen carefully to all instructions, don't hesitate to ask for them to be repeated or written down, and then follow the instructions. If something changes that you're concerned about, reconnect with your doctor.

At Aspen Valley Hospital (AVH), we believe that by creating a partnership with your healthcare team, the quality and safety of your care will be greatly improved. We invite and encourage you to practice all of these suggestions.

Lori is an RN who oversees many of AVH's outpatient services and chairs the Quality Improvement Committee. She is committed to ensuring patient safety and quality and works with all clinical managers to identify and implement improvement initiatives. Lori can be reached at ***544.7343****.*

Monogenic diabetes

by Mary Margaret O'Gara, RN, CDE

In adults, monogenic diabetes is also called Maturity Onset Diabetes of the Young (MODY). It is typically diagnosed in early adulthood, but it has been known to develop in adults as late as their 60s. As in type 1 or type 2 diabetes, with MODY the blood sugar runs high because there is not enough insulin to keep the levels normal.

MODY happens when there is an error (mutation) in a single gene. If a gene has a mutation, it can cause diabetes that can be passed from parents to their children. Scientists do not yet understand exactly why genetic mutations occur, but it is known that the human body has about 30,000 individual genes. So far, more than 20 genes have been linked to monogenic diabetes.

Who should be tested for MODY:

- Type 2 diabetes patients who are normal weight and show no signs of insulin resistance.
- Type 1 diabetes patients who need to take very small amounts of insulin because they are still producing insulin years after diagnosis (have detectable blood levels of c-peptide).
- Diabetes patients who are part of families with three or more consecutive generations affected by diabetes.

Treatment changes with MODY:

Treatment changes depend on the type of MODY. MODY caused by mutations in the HNF1A or HNF4A genes often, though not always, respond well to low doses of sulfonylureas, such as Glyburide/Glipizide. In addition, some endocrinologists use a non-insulin injectable drug called Victoza once per day, but this is currently being used "off label" (as an unintended use by the FDA).

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*Mary Margaret has served in varying roles at Aspen Valley Hospital since 1980. An RN, she has been an ICU nurse and inpatient nurse manager. For the past 20 years, though, she has focused on helping diabetic patients better understand their condition, monitoring, and treatment, thus promoting self-management in conjunction with the physician. A certified diabetes educator, Mary Margaret sees patients in both Aspen and Basalt and can be reached at **544.7394**.*

Prostate cancer screening: Should you get a PSA test?

by Paula Kadison, MD

Should all men have regular prostate-specific antigen (PSA) screening for prostate cancer? Lately, it seems the experts don't agree.

Last fall, the U.S. Preventive Services Task Force issued revised recommendations against routine PSA testing for men of any age, saying the test did little to reduce deaths and may increase a man's risk of side effects such as incontinence and erectile dysfunction from treatment of prostate cancer that would never be life-threatening. That said, there is some evidence that PSA screening may help reduce mortality in men who develop cancer at a younger age.

On the other hand, the American Urological Association recommends that men have a baseline PSA test at age 40 with subsequent screenings based on the individual's risk. The American Cancer Society offers a similar recommendation: PSA testing starting at age 50 for those with average risk and at age 40 to 45 for men with close family members who have had prostate cancer.

What is the best advice? Discuss your personal risks and the pros and cons of PSA screening with your doctor.

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*Dr. Kadison is board-certified in internal medicine and is on staff at Aspen Valley Hospital. She is in practice with Dr. Ann Mass of Aspen Internal Medicine Consultants. Trained at Duke Medical School and Harvard, Dr. Kadison's special interests are personal risk assessment and disease prevention, genetic testing, and autoimmune disease. She can be reached at **544.1234**.*

Hospital construction update

Although it was a cold, grey February day, spirits were high as the Aspen Valley Hospital Board of Directors toured the hospital's Phase II construction project. After years of planning and preparation, the board was excited to see the fruits of their labor.

A significant part of 2011 was dedicated to earth moving and site work, followed by footers, foundations, and the erection of steel. Now, the new east entry vestibule, cafeteria, individual patient rooms, physical therapy, and medical office space are identifiable.

Soon, our first "mock-up" patient room will be complete. This room will give staff the opportunity to "practice" patient care in the new environment. If any adjustments need to be made, they will occur before the remaining rooms are finished. In addition, the panoramic views — considered a key element for a healing environment — are now evident.

Continuing work includes the parking structure — although concrete work is on hold until the winter weather subsides — as well as the final aspects of the mechanical system. "Most of the infrastructure is done with new systems that will be significantly more energy efficient and will have a useful life of up to 50 years," explains John Schied, facilities director and project manager. "This is the invisible part of the plan, but it is absolutely essential to a successful project. We have invested a lot of resources to ensure that the mechanical systems will support the hospital for many years to come."

The project continues to be within budget. Much of Phase II will be completed in the fall of this year, with the remainder finalized by mid-2013. In the meantime, meetings with interested neighbors and community members are ongoing.

Questions and comments about the hospital's Master Facilities Plan can be directed to community liaison Frank Goldsmith at **FGoldsmith@aspenhospital.org**.

Aspen Valley Hospital board president John Sarpa, board member Lee Schumacher, and board treasurer Chuck Frias tour the construction site.

The front entry of Phase II and the new cafeteria (left) begin to take form.

Calendar of Events

Community Blood Drive
Tuesday, May 15
11 a.m. - 3 p.m.
Aspen Valley Hospital

Health Fair
Thursday, May 31
8:30 - 11:30 a.m.
Blood tests only at After-Hours Medical Care in Basalt

Health Fair
Saturday, June 2
8:30 - 11:30 a.m.
Blood tests only at Aspen Valley Hospital

Health Fair
Sunday, June 3
8:30 - 11:30 a.m.
Blood tests and all screening stations at Aspen Valley Hospital

Call **544.1296** for more information.

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Information technology at its finest

Most often, when we speak about state-of-the-art technology at Aspen Valley Hospital (AVH), we're referring to medical technology — the latest CT scanner, operating room equipment, or monitoring devices.

But in reality, AVH is also on the leading edge of information technology. For example, point-to-point Internet connections support communication of all types and allow interaction with medical records systems between the hospital, physician offices, off-site physical therapy, and urgent care facilities such as the Snowmass Clinic and After-Hours Medical Care. Diagnostic images are manipulated for the best clarity, stored, and shared with radiology subspecialists in Denver with merely the click of a button.

Quality Health Network, a health information exchange system, acts as the routing agent for all data between AVH, regional physicians, and other hospitals and healthcare practices throughout western Colorado. This secure sharing of patient information improves communication, helps eliminate duplication, and ultimately results in better and more efficient care.

Vicki True, IT, and Mary Fran Powell, RN, ICU, are just two members of the multidisciplinary team that implemented the eMAR project.

Most recently, AVH implemented an electronic Medication Administration Record (eMAR), replacing the paper form of documenting and tracing medications and IVs given to a patient. The most obvious advantage of eMar is that charting is done online, and thus is live and up to date. It becomes an integral part of the patient's permanent hospital record. The eMar system allows users to identify medications by generic or trade name and can be programmed to give alerts for the next medication due, doses that are documented as higher or lower than the Rx order, and medications that need a co-signer.

The eMar gives a complete medication profile and history which can be viewed or printed at any time. Furthermore, the nurse can view the actual pharmacy order with patient data, Rx information, and a complete administration history with details.

With the various alerts and warnings, as well as the absence of manual documentation on a paper MAR, electronic medication documentation helps reduce drug administration errors.

"These are just a few examples of what we do at AVH to improve patient care and efficiency with information technology — all while maintaining the integrity of the system and patients' rights to privacy," said Dave Bingham, AVH's IT director. "The evolution of IT has been slow, steady, and essential in a rapidly changing world of communication."