

Employee News



From left to right: Kathleen Weinstein, R.N., Shannon McCarville, R.N., Bita Zadeh, M.D., Holly Phelan, R.N., Bethany Fontenot, R.N., Patti Taylor, R.N., and Jessica Kubisch, R.N.

UCLA Health System Team Responds to Aftermath of Haitian Earthquake

In response to the tragic earthquake in Haiti and with the help of the military through Operation Mend, a doctor and six nurses were flown to Haiti to assist with medical relief efforts. The team was transported to Jacksonville, Florida, on Sunday, February 14, and from there was flown to the USNS Comfort, a 1,000-bed ship-turned-hospital operated by the U.S. Navy that is currently docked outside Port-au-Prince, the Haitian capital. The pilot UCLA team, lead by Patti Taylor, R.N., who previously served in the U.S. Army for 38 years, was in Haiti for two weeks.

UCLA Health System had already sent a half-ton of medical and surgical supplies to Haiti via Operation USA and worked alongside the Navy, which provided the team with transportation, room and medical supplies. The health system has also reactivated a leave program created to

respond to Hurricane Katrina in 2005, which allows hospital employees to donate their vacation time to the employees who volunteer in Haiti through UCLA.

To learn more and to watch a video, visit: uclahealth.org/Haiti

UCLA Operation Haiti Team

- Shannon McCarville, R.N. – RRUCLA ICU
- Bethany Fontenot, R.N. – RRUCLA ICU
- Jessica Kubisch, R.N. – RRUCLA Pediatrics
- Holly Phelan, R.N. – RRUCLA ICU
- Patti Taylor, R.N. – UCLA School of Nursing, Operation Mend Nurse Volunteer and retired Army Lieutenant Colonel
- Kathleen Weinstein, R.N. – SMUCLA Ortho/Spine
- Bita Zadeh, M.D. – Anesthesiologist, SMUCLA

On the web:

Operation Mend

Operation Mend – a unique collaboration among UCLA Health System, Brooke Army Medical Center and the V.A. Greater Los Angeles – brings wounded servicemen and women to UCLA for reconstructive surgery and other medical treatments to rebuild their bodies – and their lives. Since its inception in 2007, 30 servicemen and women have been treated at UCLA through Operation Mend.

To learn more, visit: operationmend.ucla.edu



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Innovative Program Gives Medical Students Head Start in Understanding Patients

New Physicians

We welcome these new members to the UCLA Medical Group*

Anesthesiology

Adriaan E. Van Rensburg, M.D.
Cynthia C. Wang, M.D.

Cardiology

David Hai-Ru Chang, M.D.
Ann Hickey, M.D.

Child & Adolescent Psychiatry

Michael Enenbach, M.D.
Marcy Forgey, M.D.
Judith Piggot, M.D.

Dermatology - Pediatric Dermatology

Ki-Young Suh, M.D.

Diagnostic Radiology

Omid Bendavid, M.D.
Christopher Gottsegen, M.D.
Antonio Guterrez, M.D.
Benjamin Levine, M.D.
Weichung Liu, M.D.
January Lopez, M.D.
Sachit Malde, M.D.
Conor Meehan, M.D.
Shaden Mohammad, M.D.
John Moriarty, M.D.
Jason Pang, M.D.
Shervin Rafie, M.D.
Sachin Rastogi, M.D.
Pierangelo Renella, M.D.
David Sandman, M.D.
Lien Tran, M.D.
Alice Wang, M.D.
Nam Yu, M.D.
Kathryn Yung, M.D.

Family Medicine

Lawrence Hwang, M.D.
Kerri Keslow, M.D.

Gynecologic Oncology – Hematology & Oncology

Gottfried Konecny, M.D.

Internal Medicine

Janina Cervera, M.D.
Edward Ha, M.D.
Ryan Hadley, M.D.
Daniel Kang, M.D.
Deanna Kasperski, M.D.
Erik Lum, M.D.
William Reid IV, M.D.
Armand Ryden, M.D.

Medical Oncology

Mary Sehl, M.D.

Neurological Surgery

Nader Pouratian, M.D.

Neurology

Lara Schrader, M.D.

Neuropathology

Negar Khanlou, M.D.

Neuroradiology

Ryan Cramer, M.D.

Nuclear Medicine

Aaron Lichtman, M.D.

Obstetrics & Gynecology

Kirsten Jensen, M.D.

Ophthalmology

Kouros Nourimahdavi, M.D.

Pediatric Hematology & Oncology

Gay Crooks, M.D.

Pediatric Radiology

Shahnaz Ghahremani, M.D.

Pediatric Surgery

Steven Lee, M.D.

Psychiatry

Scott Fears, M.D.

Radiation Oncology

David Demanes, M.D.
Christopher King, M.D.
Kenneth Wong, M.D.

Surgery

David Chen, M.D.
Timothy Donahue, M.D.

Urology

Arnold Chin, M.D.

Vascular & Interventional Radiology

Alice Chen, M.D.
Vineet Chib, M.D.
Todd Drasin, M.D.
Juan Echeverria, M.D.
Michael Kuo, M.D.
Elan Rosenthal, M.D.

* Physicians with full membership status are listed.



Bruin Buddies and participant in front of Welcome Wall. Front row (left to right): Angelica Zen, Giselle Fernandez (patient) and Jennifer Neeper. Back row (left to right): Brandon Ross and Katrina Lin

An innovative program called Bruin Buddies, launched last spring through a partnership between the David Geffen School of Medicine at UCLA and the Child Life / Child Development Program at Mattel Children's Hospital UCLA, gives some first- and second-year medical school students a head start on understanding how life-threatening illnesses affect the lives of patients and their families.

"Many pediatric inpatients have spent most of their lives facing lengthy and repeated hospitalizations due to their conditions, which often include cancer and diseases that require organ transplantation," says attending pediatrician, Leslie Hamilton, M.D., medical director of the UCLA Medical Home Program for Kids. "The students interact frequently with medical personnel and can share important insights about how we can provide respectful, patient-centered care."

The objectives of the program include strengthening the students' abilities to communicate with pediatric families, helping students understand how social and developmental factors as well as family support, dynamics and culture influence the care of seriously ill children, developing students' skills in demonstrating compassion and empathy toward patients and families and building trust. The buddies, who range in age from 10 to 18 years, are referred by Child Life specialists and matched based on the background and the experience of the students as well as the goals and interests of both the students and buddies. Twelve students and 12 buddies are participating in the first year of the program. To participate, students must apply and commit to the program for at least one year, for which they earn selective (required elective) credit. The students attend training sessions and seminars specifically designed to help them interact with the children.

"Social reintegration is a struggle when children are distanced from their peers and school settings," says Amy Bullock, director of UCLA Health System's Child Life / Child Development Program. "The program provides a means by which teen and adolescent patients experiencing or anticipating new social transitions may benefit from positive social interactions with role models."

"I've really loved being a Bruin Bud," states Angelica Zen, student coordinator. "This program has showed me that despite the hardships that these kids have to go through, they are so resilient and determined to have a positive outlook and to live life to its fullest. We can all learn something from them."



UCLApeople

Chelsea Hoffman, MSN, CNS, CPNP, Pediatric Nurse Practitioner and Clinical Nurse Coordinator, Children's Comfort Care Program

Nurse Coordinator Devotes Her Life to Comforting Others in Need

Chelsea ensures patients, families and underprivileged communities receive compassion, support and comfort, and, when necessary, quality end-of-life care.

What are your job responsibilities?

As the clinical coordinator for the Children's Comfort Care Program, my primary responsibility is to see pediatric patients on a daily basis who have been referred to our service. I spend one day a week alongside Lonnie Zeltzer, M.D., director, Pediatric Pain Program, in the outpatient pediatric pain clinic. I spend the rest of my days helping pediatric inpatients who have life-threatening illnesses. Our goal is to develop a relationship with them from the time they are first admitted, following them throughout their treatment, managing their pain and symptom issues and, ultimately, ensuring them the best quality of life. If the child's disease or illness gets to a point where curative treatment is no longer possible, then our focus shifts to quality end-of-life care.

What drives you to be so passionate?

I feel like the luckiest person in the world to be able to do what I do. I have always had a passion for working with kids and have been particularly drawn to the sickest of the sick. My family and I have always been healthy and my heart aches for those who are not. I feel like I've been called to pour as much of myself into these kids and families as I can, to hopefully improve their quality of life, whatever direction it takes. Our comfort care team is made up of several individuals who are just as passionate about caring for these kids and their families, so we really understand each other and support each other as much as we can. I am also very lucky to have good friends and family who are always willing to listen and be supportive when things are tough.

What is the most memorable experience you've had while working at UCLA?

Back in 2006, I took care of a patient who was very special to me as well as to so many members of our staff. She was a teenage girl who had a bone marrow transplant, and just before she was ready to be discharged, she suddenly developed a massive infection that took her leg, and eventually took her life. I was working night shift at the time and became very involved in the events that followed the initial onset of the infection and quickly became the point person for all communication between the family and the on-call doctors. When it came to a point that everyone realized there was nothing more we could do to treat this infection, I was able to come back for a fourth night of work just to take care of this patient and be with her and her family before she passed away. Although this was a very painful situation to be in, I felt so honored to be able to be there and to support her family. Three and a half years later, I still keep in contact with members of her family.

Tell me about your volunteer work in Brazil with Medical Missions.

I have had the opportunity to go down to Brazil the past two summers to participate in a medical mission. We partnered with a group of Brazilians who live in Manaus, the capital of the Amazonas region, and belonged to a large Presbyterian church that owned two medically-equipped boats. Once we arrived in Brazil, we spent the next week and a half living on this boat and traveling down the Amazon River, providing medical care to people in outlying villages.

"I feel like I've been called to pour as much of myself into these kids and families as I can, to hopefully improve their quality of life, whatever direction it takes."

I saw all types of patients, young and old, and treated rashes, wounds, common colds, gastroenteritis, corneal abrasions, pneumonias, hypertension and scabies. I also set up a women's meeting at each village to provide education for the women on self-breast examinations, personal hygiene, body mechanics, and safe-sex practices. Going on medical missions takes me out of myself and puts me in someone else's shoes, something that I think is so important.

What are your personal hobbies?

I love to run! Running is a great release for me and I've been running long distances for the past 13 years. I would also have to say that wedding planning has become quite a hobby for me right now; my fiancé and I are getting married in November.

For more information about the Children's Care Program, visit: uclahealth.org/cccp

Early Intervention Helps Children with Craniofacial Birth Defects

Cleft lip, cleft palate or both affect approximately one in 700 children in the United States annually, which make these conditions among the most common birth defects involving the growth of a child's head and facial bones (craniofacial anomalies). These anomalies – as well as other common birth defects that can also cause craniofacial anomalies – not only affect the way the child's face looks but may also lead to problems with swallowing, speech, hearing and vision. UCLA experts say addressing the unique issues of children with craniofacial anomalies requires a multidisciplinary approach involving collaboration among many specialists.

"It's all interrelated," explains pediatrician and geneticist Katrina Dipple, M.D., Ph.D., co-director of the UCLA Craniofacial Clinic. Dr. Dipple says that other common birth defects include craniosynostosis, a condition in which an infant's sutures (soft spots) close too early and cause the head to become misshapen and prevent normal brain and skull growth, and hemifacial microsomia, a condition in which the tissues on one side of the face are underdeveloped, affecting primarily the ear, mouth and jaw areas. Craniofacial defects may also occur after birth.

"If the clinicians treating children with craniofacial anomalies don't pay careful attention to other developmental problems – such as speech impediments or hearing loss – in addition to the



Craniofacial Team, counterclockwise from bottom to top: Laura Carillo, Reza Jarrahy, M.D., Yoshio Setoguchi, M.D., Henry Kawamoto, Jr., M.D., Katrina Dipple, M.D., Jane Peredo, Christina Chang, Leslie Davila, and Marinda Tu, M.D.

physical defects, these issues will persist until children have difficulties socializing or keeping up in school, among many other concerns. That's why I love being part of a team that is focused on these details."

The team at the UCLA Craniofacial Clinic includes pediatricians, plastic surgeons, neurosurgeons, speech therapists, audiologists, dentists, orthodontists, ophthalmologists, otolaryngologists, geneticists and social workers. Patients can be seen by multiple specialists in a single day, in one location, at the UCLA clinic. At the end of the clinic, these specialists meet to discuss and develop an individualized plan of care for each patient. The UCLA clinic also provides information, such as genetic counseling, and social support, including forums and activities through which affected patients and families can meet to discuss their unique challenges. Among these challenges, says UCLA plastic surgeon Reza Jarrahy, M.D., are the multiple surgeries that children with craniofacial defects face beginning as early as the first week of life and continuing through the late teenage years.

"With early intervention, most of these children do very well," says Dr. Jarrahy. According to Dr. Jarrahy, implementation of specialized

techniques that are available at UCLA often result in superior outcomes. Examples of such techniques include nasoalveolar molding, a nonsurgical method to reshape the gums, lip and nostrils prior to cleft lip and palate surgery; neonatal mandibular distraction, or lengthening of the jaw, to open the airways of infants with obstructive sleep apnea and feeding difficulties in order to eliminate the need for tracheostomy; and minimally invasive endoscopic surgery for craniosynostosis, which reduces surgical trauma, bleeding and length of hospital stay. Dr. Jarrahy says that the best outcomes result from early intervention and teamwork. "Patients should be referred to our clinic as soon as a problem is identified or suspected," he urges, emphasizing that delayed presentation may disqualify some patients from being candidates for these techniques.

Stressing the importance of the multidisciplinary model that defines the UCLA Craniofacial Clinic, Dr. Jarrahy says, "It's really a team approach involving all levels of care that allows us to produce excellent results for these children and their families."

For more information, visit:
www.uclahealth.org/craniofacial

SMUCLA Unit Works to Alleviate Burden of Chronic Pain

As the issue of chronic pain has become more prominent in the United States, longer term solutions to manage debilitating chronic conditions have improved, and the demand for pain management procedures has increased. The chronic pain unit at Santa Monica-UCLA Medical Center and Orthopaedic Hospital (SMUCLA) now handles more than 3,000 outpatient procedures annually. According to anesthesiologist and pain-management specialist Nirmala Abraham-Hidalgo, M.D., the real challenge is identifying and balancing the diverse needs of these patients.

“Sorting out the various conditions that may be contributing to the patient’s pain is the first step in treating them,” Dr. Abraham-Hidalgo explains. “We also face challenges in terms of developing an appropriate plan that promotes rehabilitation and recovery of functionality using adjunct treatments, such as physical therapy or acupuncture, because treatment can’t consist of injections alone.” Dr. Abraham-Hidalgo says that pain management has evolved to include radiofrequency ablations and other neuroablative procedures designed to provide longer term relief, as well as traditional epidural and joint injections. While Dr. Abraham-Hidalgo and other pain management physicians focus on providing overall diagnosis and treatment, the nursing staff at SMUCLA deals with the immediate needs of chronic pain patients during their procedures.

“Our biggest challenge is helping patients deal with their immediate discomfort,” says Vicki Landry, R.N., whose staff in the 5-Tower outpatient pain management unit at SMUCLA provides care during procedures to patients with chronic conditions such as low-back pain caused by degenerative disc disease, degenerative joint

disease or spinal stenosis; neck pain related to spine disorders; and pain caused by a variety of nerve conditions. “Chronic pain patients often see no end in sight and because they’ve been hurting for so long, they get frustrated more easily. We have to be organized, quick-thinking and very patient,” she says.

Team members who care for patients before and after their procedures must also be able to think and act quickly, according to Divina Finger, R.N., who manages 53 beds in the three units responsible for providing pre- and post-procedure support to ambulatory care, inpatient/outpatient surgery and chronic pain patients at SMUCLA. “Our patients tend to have many co-existing conditions, which may cause potentially



Front: (left to right): Vicki Landry, R.N., and Nirmala Abraham-Hidalgo, M.D., with SMUCLA 5-Tower Chronic Pain Unit nurses and technicians.

serious problems while patients are in our care,” Divina explains. “Our staff includes experienced critical care nurses who are flexible and ready to handle any situation.”

“Excellent communication and teamwork are essential to success when caring for a high volume of diverse patients,” Dr. Abraham-Hidalgo says. “We purposely organized this level of teamwork from the beginning. It has now evolved to the degree of a family-type atmosphere, which significantly improves the experiences of our patients.”



Gail Abarbanel (above) pictured with her banner

March is a ‘Banner Month’ for Gail Abarbanel

Gail Abarbanel, director of SMUCLA’s nationally known Rape Treatment Center (RTC), was honored by the city of West Hollywood, which has unveiled a banner imprinted with her image on its main thoroughfare, Santa Monica Boulevard, as part of its celebration of “National Women’s History Month.”

Each year, the city recognizes two notable, American women who have dedicated their lives to bettering the status of women in this country. Previous honorees include Gloria Steinem, Hillary Clinton, Shirley Chisholm and Rosa Parks.

Gail was recognized for her pioneering work with the RTC, which has served as a national model for the care and treatment of rape victims since 1974, as well as other innovations, including Stuart House for sexually abused children and the Verna Harrah Clinic to provide state-of-the-art medical care and forensic exams to rape victims. She also has been the driving force behind efforts to change the way rape and other sexual crimes are viewed in society and how victims are treated by law-enforcement officials, medical personnel and the judicial system.

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wellness INITIATIVE



REGISTER TODAY
MARCH FOR BABIES WALK
Saturday, April 24, Exposition Park

As the Los Angeles Chair for the 2010 March of Dimes, March for Babies campaign, UCLA Hospital System CEO David Feinberg, M.D., M.B.A., encourages employees and their friends and families to participate in the walk on April 24.

Register to walk and fundraise for chances to win big prizes such as a signed LA Lakers basketball, theme park tickets or \$75 on your BruinCard! Visit <http://hr.uclahealth.org> and click on the green apple logo for walk information.

"Your participation will help send a clear message that we are strongly committed to working toward a healthy life for all children," Dr. Feinberg notes.

To sign up, speak with your department/unit manager, or contact Ragini Gill at WellnessInitiative@mednet.ucla.edu



live life well.

Bruin Run/Walk

Sunday, May 23

Make a difference in a child's life by putting a team together with your family and friends to help pediatric patients. The 11th Annual Bruin 5K Run/Walk fundraising event benefits the Child Life / Child Development program at Mattel Children's Hospital UCLA. Join us for free food, live music and performances, silent auctions, celebrity guests, and a day of fun!

For more information, visit: www.runwalk.ucla.edu



UCLA Health System

Get Ready, Stay Ready

Personal Preparedness



Personal Preparedness Challenge

Are you prepared for a disaster? The Office of Emergency Preparedness encourages you to participate in the 2010 Personal Preparedness Challenge. Remember, awareness and preparedness will save lives!

Employees who have completed last month's tasks are encourage to go to <http://www.surveymonkey.com/s/3JHJFMS> and fill out the survey for a chance to win a complete Family Survival Kit (four-person), Dynamo/Solar Radio/Flashlights, and a 50-gallon heavy-duty container to store all your emergency supplies! This month's theme is WATER.

For more information, call (310) 319-4491 or go to <http://disaster.mednet.ucla.edu/2010challenge.pdf>

March Recognitions

Please take a few minutes to recognize March national healthcare observance for:

- Child Life Month
- Colorectal Cancer Awareness Month
- Doctors' Day
- Patient Safety Awareness Week
- Professional Social Work Month



UCLA Health System

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Director of Marketing: Pattie Cuen | Marketing Communications Manager: Judi Goodfriend | Editor: Tiffani Quach Mendinueto
Contributors: Ted Braun, Kimberly Enard | Design: Oglesby Design | Photography: Margaret Sison
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UCLA Health System Marketing | 10920 Wilshire Blvd., Suite 1850, Los Angeles, California 90095-6923