Internal Medicine Division Chair Leads Palliative Care Unit to National Award Status

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What is palliative care?
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Who is a candidate for palliative care?
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Dr. Jonathan Perlin was sworn in as Under Secretary for Health in the Department of Veterans Affairs on May 5, 2005, having served as acting in that role since April 6, 2004. As the Chief Executive Officer of the Veterans Health Administration (VHA), Dr. Perlin leads the nation’s largest integrated health system.

Dr. Perlin’s background includes health care quality management, health information technologies, medical education and health service research. Prior to joining VHA, Dr. Perlin served as Assistant Professor in the Department of Internal Medicine and Medical Director, Quality Improvement at the Medical College of Virginia Hospitals – Virginia Commonwealth University Health System. At VCU, he helped establish the Health Services Research Fellowship in the Division of Quality Health Care and was Associate Director of the Internal Medicine Residency Training Program, following his year as Chief Resident.

Former Chief Resident and Faculty Member to Lead Veterans Health Administration

It is estimated that 5–10% of inpatients will develop an infection while hospitalized. Over the past few years, there has been increasing pressure by third-party payers, regulatory organizations and consumers for hospitals to publicly report adverse outcomes. In the area of nosocomial infections, five states (including Virginia) have passed laws mandating public reporting, and an additional 35 had bills before their legislative bodies this year.

From the consumer standpoint, public reporting of nosocomial infection rates is important because consumers believe they have a right to review this information in order to choose where they receive their care. Moreover, by holding hospitals accountable to the public, market forces should provide incentives for hospitals to improve infection control efforts in order to decrease the incidence of nosocomial infections.

Unfortunately, the concept is much more complicated than it initially appears. Because hospitals use different methods to collect nosocomial infection data and even define infections differently, comparing infection rates across hospitals is difficult and may potentially mislead consumers. This can be addressed by mandating a standardized methodology for data collection, and transmit their infection rates to CDC’s National Healthcare Safety Network, all hospitals will be required to use a comprehensive medical management (CMM).

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We can also transfer people to the TFCU for symptom control or end-of-life care.

How do I call for a consultation?

Easy! Call 628-1295, the TFCU, and ask to speak to the attending, fellow or Advanced Practice Nurse on call. Or, enter a consult on Cerner – just like a neurology consult. One can always call telepage, 828-0951, and speak to the attending or fellow on call.

Contributed by Thomas J. Smith, MD, FACP, Chair, Division of Hematology/Oncology; Medical Director, Thomas Palliative Care Unit

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The Department of Internal Medicine continues to make progress in the area of research. One of its faculty members, Paulina A. Essah, MD, has been awarded a NIH R03 grant to fund a project in which she is the principal investigator. Dr. Essah is an assistant professor with joint appointments in the Division of General Medicine and the Division of Endocrinology and Metabolism. She completed her medical training at the Johns Hopkins University School of Medicine and residency training at the University of Missouri-Kansas City. The R03 is a two-year grant for $100,000 intended for pilot studies. Dr. Essah’s project is entitled “Combination metformin and oral contraceptive for polycystic ovary syndrome.” The study aims to determine whether combination therapy with an oral contraceptive and an insulin-sensitizing drug provides optimal maintenance therapy for women with polycystic ovary syndrome in terms of preventing long-term complications, particularly cardiovascular disease.

Grant for Dr. Paulina Essah

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