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## From the RUSH Clinical Trials Office

### Pediatric Hypertension Study

The Department of Pediatrics is conducting a study to determine the safety and optimum effective dose of an investigational drug to lower the blood pressure in hypertensive children between the ages of six and 17 years. This is a randomized, placebo, double-blind control study. To be eligible for the study, subjects must be between the ages of six and 17 years, with a mean, sitting systolic blood pressure between the 95th percentile + 20 mmHg and/or a mean, sitting diastolic blood pressure between 95th percentile + 10 mmHg. All hypertensive children in the presence or absence of kidney disease, cardiovascular disease, endocrine dysfunction or diabetes mellitus will be included in the study. Signed informed consent is required prior to the study. Exclusion criteria includes prior known allergies to any antihypertensive medications, including angiotensin-converting enzyme inhibitor, and being unable to be off the anti-hypertensive medications for a period of two to six weeks (wash-out period) at the start of treatment. For more information, contact Farahnak Assadi, MD, director of pediatric nephrology, at (312) 942-4035.

### Sleep Study

The Sleep Disorders Center is participating in a study to determine the long-term efficacy and safety of an investigational medication for the treatment of primary insomnia in adults as compared to placebo. The study requires a total of nine visits to the Sleep Disorders Center and will be carried out over a period of six months. No overnight sleep studies are required. In order to participate, subjects must have difficulty falling and/or staying asleep and be between the ages of 18 and 64. For more information, contact Edward Stepanski, PhD, director of the Sleep Disorders Center, at (312) 942-5440.

## RUSH Programs and Services Spotlight

### Spine and Back Center at RUSH

With four out of five adults experiencing significant back pain at some point in their lives, it helps to have the best spine, back and neck experts in Illinois close at hand. The Spine and Back Center at RUSH brings together neurosurgeons, orthopedic spine surgeons and physiatrists, along with specially trained nurses.

For patients who are unsure whether they want to explore neurosurgery, orthopedic surgery or nonsurgical options for their spine, back or neck issues, this combined approach is ideal. Treatment — whether surgical or nonsurgical — is tailored to each patient, including a spine program specifically designed for women.

The Spine and Back Center offers a wide variety of minimally invasive procedures for spine disorders, including degenerative and herniated disc disorders, myelopathy, vertebral compression fractures and spinal stenosis.

Conditions treated at the Spine and Back Center:

- Acute pain
- Adult and pediatric scoliosis and other deformities
- Back, neck, arm and leg pain
- Cervical pain
- Chronic pain
- Degenerative disc disease
- Discogenic back pain
- Facet joint syndrome
- Herniated discs
- Kyphosis
- Low back pain
- Myelopathy
- Osteoporosis
- Radiculopathy
- Sciatica
- Spinal cord injuries
- Spinal cord tumors and vascular malformations
- Spinal infection
- Spinal stenosis
- Spondylolisthesis
- Thoracic pain
- Vertebral compression fracture

#### Participating Practices

Chicago Institute of Neurosurgery and Neuroresearch  
Midwest Orthopaedics at RUSH  
Orthopaedics & Scoliosis, LLC

#### Address and Phone

Spine and Back Center at RUSH  
1725 W. Harrison, Suite 118  
(312) 942-8700

### Progress Notes

**James L. Mulshine, MD**, was appointed associate provost for research in RUSH University. Mulshine comes to RUSH from the National Cancer Institute, where he served as head of the intervention section in the Center for Cancer Research. He is also co-chair of the upper aerodigestive faculty at the Center for Cancer Research of the NCI. He will join RUSH full time in July. An internationally known expert on lung cancer, Mulshine's recent work concentrates on management of early diseases as a key to success in improving outcomes. Mulshine will be the primary academic officer responsible for all aspects of RUSH's research enterprise.

### Kudos

**C. Anderson Hedberg, MD, FACP**, associate professor of medicine at RUSH, took office as president of the American College of Physicians in April, 2005. Prior to taking office, Hedberg served one year as president-elect. Hedberg directed the Section of General Internal Medicine at RUSH from 1992 to 2000 and was assistant chair of the Department of Internal Medicine from 1987 to 2000.

**Denis A. Evans, MD**, the Jesmer Professor of Medicine and director of the RUSH Institute for Healthy Aging, was awarded the Alvan R. Feinstein Memorial Award at the American College of Physicians's annual meeting in April, 2005. The Feinstein award recognizes a major contribution to the science of patient care in clinical epidemiology or clinimetrics. His key research interest is the epidemiology of chronic diseases affecting the elderly population, particularly risk factors for Alzheimer's disease.

## NEWS TO USE

The Section of Palliative Care was recently incorporated into the Section of Geriatric Medicine. In the next few months, the combined sections will develop clinical and educational programs in the areas of pain, hospice and palliative care.

#### A few items of note:

- Inpatient palliative care and pain management consults can be requested by calling (312) 942-7030. For an outpatient appointment, call the same number between 8:30 a.m. and 4:30 p.m.

- RUSH will be available as a teaching site to palliative care fellows based at the Palliative Care Center of the North Shore and John H. Stroger, Jr. Hospital.

## Clinical CORNER

### Less Invasive Procedure for Treating Uterine Fibroids Found Effective

Women who suffer from the frustrating and painful chronic symptoms of uterine fibroids have a safe and effective alternative to surgery according to new five-year studies presented at an annual meeting of the Society of Interventional Radiology held in April. Studies found that uterine fibroid embolization has a 73 percent success rate at five years.

"This procedure offers many benefits over surgery," says Nilesh Patel, MD, director of interventional radiology at RUSH, who helped establish the national practice guidelines for uterine fibroid embolization (UFE). "Most important for many women, it preserves the uterus."

The procedure uses microscopic beads injected into uterine arteries to cut off blood supply and shrink the fibroids without the need for surgery. UFE is performed using a small catheter inserted into the femoral artery at the top of the leg.

Compared to several days of hospitalization and weeks of recovery after myomectomy or hysterectomy, patients undergoing UFE go home the next day and routinely return to normal activities within a week.

Not all fibroids can be treated with UFE. At RUSH, patients are screened using MRI to ensure the fibroids will respond to this treatment and to rule out other pelvic conditions.

### Minimally Invasive Bypass Graft Procedure Available at RUSH

Cardiovascular surgeons at RUSH are now able to harvest a blood vessel from the leg for coronary bypass graft surgery through a small one-inch incision.

"Endoscopic vessel harvesting has a tremendous potential benefit for patients by reducing leg wound complications and getting patients back on their feet faster," says Robert March, MD, cardiovascular surgeon at RUSH.

With the endoscopic vessel harvesting system, the clinician inserts a small camera through a one-inch incision to view the saphenous leg vein on a video monitor. The vessel is dissected from surrounding tissue and CO<sub>2</sub> gas is infused to create a working tunnel. Tributaries are retracted, cauterized and divided from the vessel. Once this is completed, the vessel is harvested intact and removed from the patient's leg. The technology is also now available to harvest the radial artery from the arm.

**INTRODUCTIONS** The following is a list of physicians who joined the RUSH medical staff between March 1, 2005 and April 30, 2005. The Medical Staff Office and the Office of Marketing Communications have made every effort to publish accurate information that is as complete as possible; however, if the information below is incorrect or we have omitted information, we apologize and ask that you contact Muriel Coleman in the Medical Staff Office at (312) 942-5496.

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## For Our Patients: A Report From Quality Improvement

### Patient Satisfaction Ratings for Physicians

Although the patient satisfaction rating for physicians at RUSH has been high over the past 10 years of using Press Ganey surveys, the mean score for patient satisfaction with physicians has declined from 89.2 (January – March 2004) to 87.0 (January – March 2005). This decline brings the University HealthSystem Consortium ranking from the 97th percentile to the 62nd percentile. Complaints, when made, typically revolve around a lack of communication (or information received) between the patient/family and the physician, as well as limited time spent with the physician.

Another key piece of information from the quarterly report is the internal "priority index," meaning the top 10 patient satisfaction issues. This index combines information about the hospital's performance and the relative importance of each question to respondents' overall satisfaction. Recently, "time physician spent with you" has appeared on the priority index intermittently. Its appearance underscores the expectation patients have about their interaction with their physician.

Quality Improvement is working with physician leadership to identify ways to increase the ratings. Nevertheless, it is important to note that patients share positive comments about their physicians, including state-

ments like "I chose RUSH because of Dr. XYZ."

### Accessing Physician-Level Patient Satisfaction Data

Patient satisfaction data are now available at the individual physician level. Some departments within the Medical Center are already tracking patient satisfaction at the physician level, which enables them to provide feedback and extra coaching. With Press Ganey's interactive Web-based data center, users can obtain "real-time" data (including patient comments) and use it for their quality improvement initiatives. For questions regarding this, please contact Latha Sudhakar at (312) 942-4009 or e-mail latha\_sudhakar@rush.edu.

## focus on CONTINUING AND GRADUATE MEDICAL EDUCATION

### Upcoming CME Courses at RUSH

#### The Role of Liquid Antiretroviral Formulations: Customizing Patient Therapy to Enhance Outcomes

Via Internet

Release date: July 1, 2005

Expiration date: June 30, 2006

Credit hours: 1

Course director: Harold Kessler, MD

Sponsoring department: Department of Medicine, Section of Infectious Disease

Location:

www.cchiv.com

Cost: None

Contact: Chris Fleming, R&R Healthcare Communications

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