

YALE HEALTH CARE

news from Yale Health
fall 2012

Treating Concussions
Fighting Childhood Obesity
Bringing the “Wow Factor”



SPRAINED ANKLE TREATMENT
SINUS CONGESTION RELIEF
ADULT IMMUNIZATIONS



Increased awareness around concussions and their long-term effects have coaches, parents, and players **taking new precautions when it comes to head injuries.**

Head Games

Greater awareness of concussions has changed the way we play

“GET BACK OUT THERE.” “Suck it up.” “Walk it off.”

These common phrases heard on the sidelines of sports fields have become a thing of the past as increased awareness around concussions and their long-term effects have coaches, parents, and players taking new precautions when it comes to head injuries.

A concussion is a type of traumatic brain injury that occurs when the brain comes into contact with the skull due to some form of blow to the head. It is often associated with sports injuries, but can occur any time there is an impact to the head.

“The brain sits inside the skull in cerebral spinal fluid, and when the head is struck it causes the brain to move in the fluid until it hits the skull,” said Dr. John Iannarone, Acute Care. The severity of a brain injury depends on the impact it has with the skull.

An estimated 1.7 million people sustain a traumatic brain injury in the United States every year, according to the Centers for Disease Control and Prevention. About 75 percent of those are concussions or other mild forms of traumatic brain injury.

Concussion symptoms may include headache, nausea, dizziness, blurred vision and fatigue. Iannarone said a common misconception is that in order to have a concussion, you must have lost consciousness.

“There is a grading system to determine the severity of a concussion, and loss of consciousness is one part of the grading process,” he said.

If you suffer a head injury, you should call the appropriate department such as Internal Medicine for adults, Pediatrics for children or Acute Care on nights and weekends. The clinical evaluation may include an evaluation of your mental status, alertness, and ability to perform higher functioning cognitive skills.

Based on the results, the nature of your injury, and your symptoms, you may need further testing with a CT scan.

GAMES CONTINUED ON NEXT PAGE

1.7 million people sustain a traumatic brain injury in the United States every year

Centers for Disease Control and Prevention

GAMES CONTINUED FROM PREVIOUS PAGE

“Imaging is not always necessary and if we don’t think you need it, we won’t order it,” Iannarone said. “Many studies have shown that observation works just as well as imaging.”

Treatment for a concussion includes rest and limited physical activity. In the past, it was recommended that you should not sleep after suffering a concussion, but Iannarone said sleep is important and those caring for you should be looking for changes in behavior, multiple episodes of vomiting, and seizure-like activity. Limiting physical activity allows time for your brain to heal, and your return to that activity will be based on the severity of the injury as well as how you respond during your recovery time. Iannarone said if you were to sustain multiple frequent head injuries, you may be advised not to return to that activity. Multiple head injuries can lead to post-concussion syndrome in which symptoms such as headaches, dizziness and loss of concentration may last for months at a time.

Iannarone said there is a much greater awareness of concussions especially in athletics, but parents still need to be sure the proper precautions are being taken when it comes to the safety of their children. This includes asking if their child’s



John Iannarone, MD

school has pre-sport cognitive testing, which it would keep on file so athletes can be re-tested in the event of a head injury.

“In most sports there is some risk of head injury,” he said. “If you have a kid playing in youth sports, make sure the coach is aware of head injuries. You as a parent need to be an advocate for your child and go to the organization running the program if you feel the coach is being somewhat cavalier about taking head injuries seriously. I think the education piece is out there now and many more people are aware and understand how serious this is and the impact it could have.”



Vanessa Jefferson, APRN

Briefs



Vanessa Jefferson Honored

Vanessa Jefferson, APRN and Certified Diabetes Educator in Internal Medicine, has been awarded the Annie Goodrich Award for Excellence in Teaching by the Yale School of Nursing. Annie Goodrich was the Yale School of Nursing’s founder and first Dean.

Each year, students nominate faculty members, highlighting their outstanding teaching skills, professional activities and effectiveness as a role model, availability and support to students, and community activities. A student committee reviews and evaluates the nominees before choosing a winner.

Congratulations Vanessa!



Pharmacy Academic Hours

The Pharmacy has resumed academic hours effective Tuesday, September 4th.

Monday 8:00 am–6:30 pm

Tuesday 8:00 am–7:00 pm

Wednesday 8:00 am–7:00 pm

Thursday 8:30 am–6:30 pm

Friday 8:00 am–6:30 pm

Saturday 8:30 am–3:30 pm

CONCUSSION SYMPTOMS

Thinking/Memory	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability	Sleeping more than usual
Feeling slowed down	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Nausea or vomiting (early on)	More emotional	Trouble falling asleep
Difficulty remembering new information	Dizziness	Nervousness or anxiety	
	Sensitivity to noise or light		
	Balance problems		
	Feeling tired, having no energy		

Source: Centers for Disease Control and Prevention



We used your input . . . to create a call center at the Yale Health Center, which is staffed by a large group of dedicated telephone agents.

FROM THE DESK OF PAUL GENECIN, MD

We often ask our members about their healthcare experiences, usually through Press Ganey surveys of patient satisfaction. The message our members have communicated most consistently is that we needed to focus on improving our telephone system. **We heard you—and I am pleased to share some of the work we have been doing to transform the Yale Health telephone system.**

The Yale Health telephone project began with input from Yale Telecommunications, outside consultants, and internal stakeholders including nurses, managers, and many others across our organization. We used your input and worked in partnership with Local 34 union leadership to create a call center at the Yale Health Center, which is staffed by a large group of dedicated telephone agents. We collaborated with these expert staff members and their manager, Carrie Bemis, to initiate the best possible service for our patients.

By centralizing in one department, we have made strides in staff scheduling, call volume forecasting, standardizing our processes and, most importantly, resolving patient inquiries correctly the first time. We added new technology, which we use to learn more about the nature of our telephone calls and collect data to help us to keep improving.

I am proud to report on our progress and share some of the lessons we have learned.

Prior to the start of the Yale Health telephone project in Internal Medicine and Obstetrics & Gynecology, we were seeing a 25 percent abandonment rate, which means 25 percent of callers to these departments disconnected their call prior to reaching a staff member.

With a simplified phone tree and a dedicated group of agents, the abandonment rate has been reduced to only 5 percent in these departments, which means **95 percent of callers are being answered prior to disconnecting.**

We have added Pediatrics and Specialty Services in the past few months and we are seeing similarly dramatic improvements in those departments. We are targeting to transition Dermatology telephone calls to the Call Center in the fall.

The telephone project is far from finished. **In the future, I would like to see calls to all of our departments handled by dedicated agents and with ever-improving results.** Branching out from the work on our telephones, we are determined to make improvements in our patients' experience throughout Yale Health. In this issue of Yale Health Care, you can read about an important new member of our executive team, Nadine Morandi, our first Associate Director of Patient Experience.

The most important lesson we have learned is that each member of our team wants to give exemplary service and remove barriers that interfere with easy access for our patients. Leadership will provide the resources, but much of the know-how already exists in our dedicated staff. Union partnership has been invaluable and we have been fortunate that Local 34 leadership and our unionized workers care deeply about patient experience and finding creative new ways to solve problems.

While we cannot yet claim that we have solved every telephone problem, I hope that you have noticed the dramatic improvements. **In our quest for outstanding patient experience, our best source of information is your feedback.** As we strive to improve communication, please continue to let us know how we are doing and share your thoughts about how we can do a better job.

Paul Genecin

A Heavy Responsibility

The battle against childhood obesity starts at home

EVERY DAY, CHILDREN ARE surrounded by unhealthy food. Whether it's ads for fast food restaurants during their favorite television shows or simply seeing another child eating a sugary treat in the school cafeteria, the social pressures have become overwhelming.

Michelle Brei, APRN, Pediatrics, said parents are not going to be able to shield their children from all of these pressures, but they can help prepare them for a lifetime of healthy eating habits by setting a good example at home.

"Parents really want to make good choices for their children, but in today's environment it's very difficult to do that," said Brei, who is researching childhood obesity while earning her Doctorate of Nursing Practice (DNP) from Johns Hopkins University. "It's essential to have healthy food options at home. Parents need to protect the home environment."

Roughly 12.5 million (approximately 17 percent) of children and adolescents ages 2–19 in the United States are obese, according to the Centers for Disease Control and Prevention. That number has nearly tripled since 1980.

Brei said there are a number of factors that have led to the dramatic increase. Food has become more processed and higher in calories, sugar, and fat. Portion sizes have also increased significantly. With electronic devices such as computers, video games, television, and smart phones, children are exposed to more



Michelle Brei, APRN

media than they once were and have become less active. **Approximately 17 percent of children and adolescents ages 2–19 in the United States are obese.** Centers for Disease Control and Prevention

The American Academy of Pediatrics recommends children get 60 minutes of physical activity every day and have no more than two total hours of screen time per day, which includes computers, television, and video games.

"Kids may be more sedentary because they're consuming more media, and while they're sitting there, they are being marketed to," Brei said. "So in addition to being less active, they are also getting messages about unhealthy foods."

Education begins at birth. Parents should watch their infants' feeding cues and try to avoid overfeeding. Infants often need to try new foods up to 10 times before they get used to a new texture or taste so you should give them ample opportunity before giving up on new foods. They will acclimate more quickly to items that are sweet, but you should continue to try to give them healthy foods even if it may be a bit more difficult or time-consuming.

Including older children in the shopping and food preparation process helps them be more open to eating healthy foods. Eating as a family also has many benefits. Studies have shown family meals are often more nutritious and eating as a family can improve children's well-being, Brei said.

But even if your child joins you at the grocery store, you still need to be aware of what is in the food you are buying. Sugar can be hidden behind names such as dextrose, glucose and sucrose. "Unfortunately, a lot of food is marketed in a way that makes it appear healthy," Brei said. "You need to do some detective work and really look at the ingredients. For example, there are often claims made that something is low fat, but that doesn't necessarily mean that it's healthy."

Items that are advertised as being low fat may be higher in salt or sugar to help improve the taste. While 100 percent fruit juices might not have added sugar, they still contain high amounts of sugar.

If your child's growth curve indicates their weight is above the healthy range for their height or they are gaining weight too quickly, your clinician can give you guidance about healthy lifestyle changes, Brei said.

Early intervention is important because children who are obese are likely to be obese as adults and at greater risk for health problems. Obesity has also been linked to mental health issues such as low self-esteem and depression.

"It's truly an epidemic," Brei said. "The health consequences of obesity start in childhood. The good news is that obesity is generally preventable and many of the diseases it causes are reversible with weight loss."



OR



For more, listen to the healthcast on yalehealth.yale.edu/healthcasts.

Bringing the “Wow Factor” to Yale Health

Morandi fills role as Associate Director of Patient Experience



Nadine Morandi

NADINE MORANDI HAS SPENT the past 10 years in various positions at Anthem Blue Cross Blue Shield, but was looking for an opportunity to work in a smaller environment for one simple reason.

“I really wanted to be able to make a difference every day, all day, in a community-based environment,” said Morandi, who joined Yale Health as the Associate Director of Patient Experience in June and immediately began meeting with staff members to understand Yale Health as an organization and how each role impacts the patient’s experience.

“When you are trying to do the things that we aspire to here, you have to immerse yourself in the setting where you are shoulder to shoulder with the folks who are creating that experience for our members” she said. “We have a terrific staff of individuals who are passionate about caring for our members—that makes for a very solid foundation.”

Morandi has over 20 years of experience with the development and implementation of service-based

improvement strategies. At Anthem Blue Cross Blue Shield, Morandi supported Service Operations where she had responsibility for strategic planning associated with enhancing the member experience.

She earned her undergraduate degree in Industrial Engineering and Operations Research from the University of Massachusetts and her Master of Business Administration from Quinnipiac University.

Morandi said there are some basic elements of good service—attributes such as being courteous, helpful, and knowledgeable.

“After the basic service need is met, exceptional service follows,” she said. “It’s what I call the ‘wow factor.’ That’s where we really need to understand from our members’ perspective what would make a difference.”

She plans to review feedback from Yale Health members about their service experience as well as expectations pertaining to their health care.

And while acknowledging that exceptional service may mean different things to different segments of Yale Health’s membership, she said the patient experience should encompass the entire continuum of interactions with Yale Health.

“The overall experience comes from all of these interactions that occur across multiple departments over time,” she said.

Morandi also said “it’s a testament to the commitment of the senior leadership in this organization” that her position was created, but added that it will take every staff member working together to deliver consistently outstanding care; compassionate, patient-centered service; and innovative practices to our membership and Yale University.

“We each play a critical part in enhancing the experience, irrespective of role, title, and where we happen to sit in the organization,” she said. “We will foster a culture of service excellence by 300-plus individuals first understanding how they impact the experience, followed by engagement and commitment every day, all day.”

“We will foster a culture of service excellence by 300-plus individuals first understanding how they impact the experience, followed by engagement and commitment every day, all day.” *Nadine Morandi*

New Clinicians Bring Experience to Yale Health



Christopher G. Bunick, MD, PhD
DERMATOLOGY

Christopher Bunick has spent the last two years participating in a Dermatology Research Fellowship at Yale University, focusing on dermatological research with Dr. Thomas A. Steitz, a Yale chemistry professor and the 2009 recipient of the Nobel Prize in chemistry.

Prior to his arrival in the Dermatology Department, Bunick completed his medical internship and Dermatology residency at Yale-New Haven Hospital.

Bunick received his BS in molecular biology and mathematics in 2000, his PhD in biochemistry in 2006, and his MD in 2008, all from Vanderbilt University.

He earned the Dermatology Foundation Research Fellowship Award in 2012, was the Preliminary Year Intern of the Year at Yale-New Haven Hospital in 2009, and was awarded the Dean's Award for Research from Vanderbilt University School of Medicine in 2008.



Kristin Hoffmann, MD
DERMATOLOGY

After serving as co-chief resident in the Dermatology Residency Program at Yale-New Haven Hospital for the past three years, Kristin Hoffmann recently joined the Dermatology Department's clinical staff.

She earned her BA in neuroscience from Wellesley College in 2002 before receiving her master's degree in Health Science in 2007 and MD in 2008 from the Yale University School of Medicine.

She won the Fiske Prize in Biology from Wellesley College in 2002, the American Cancer Society Thesis Prize from the Yale University School of Medicine in 2008, and the New England Dermatological Society Case of the Year in 2010.



Robert D. Messina, MD
DIAGNOSTIC IMAGING

Robert D. Messina has been named interim chief of the Diagnostic Imaging Department after spending the last two years as a clinical instructor covering neuroradiology and emergency department radiology and teleradiology at Yale-New Haven Hospital.

Messina completed his internship in internal medicine at S.U.N.Y. Upstate Medical University, his residency in diagnostic radiology at the Albany Medical Center, and a neuroradiology fellowship at the Yale School of Medicine.

Messina graduated from St. John's University with a BS in biology in 1999 and earned his MD from Ross University School of Medicine in 2004.

He is certified through the American Board of Radiology and is a member of the American Society of Neuroradiology, American College of Radiology, American Roentgen Ray Society, and Radiological Society of North America.

HOME TREATMENT**How can I treat a sprained ankle?**

⊕ Most mild ankle sprains can be treated at home with rest, ice, compression, and elevation, also known as the R.I.C.E. method.

You can also take Tylenol®, Aleve® or Motrin® to help with pain relief.

Ankle sprains typically last about 4–8 weeks and can sometimes last up to 10 weeks depending on the severity of the sprain. In the case of mild to moderate sprains, you should be seeing significant improvement in 3–4 weeks.

If you have had multiple ankle sprains, you may be referred to physical therapy, professionally-guided strength training or proprioception training, which trains your muscles and tendons subconsciously to do their jobs more efficiently.

If those methods are unsuccessful, you may be referred to an orthopedic surgeon.



If you sprained your ankle and are unsure of the severity, you should call your primary care department during regular business hours or Acute Care on nights and weekends to be evaluated.

Thomas Brady, PA-C
Specialty Services

SINUS RELIEF**How can I clear sinus congestion?**

⊕ There are a number of ways to help you clear sinus congestion at home including spraying saline solution in your nose, drinking plenty of fluids throughout the day, and elevating your head with pillows.

Neti pots may also help clear your sinuses by washing away some of the secretions and substances on the mucus membranes that may be causing the irritation.

Some neti pots look like a small tea pot. Another type is a plastic bottle with a spray top. Either can be filled with a mixture of sterilized water and powdered solution made of sodium and bicarbonate. The solution is mixed in the pot or bottle and poured or sprayed into your nostril. It goes up into your sinuses and out the other side of your nose.

You may be able to take a decongestant, but if you have a chronic health condition or may be pregnant, you should first speak to your primary care clinician.

If your symptoms are more severe including a fever of 102 degrees F

or more, difficulty breathing or swallowing, trouble taking in enough fluids or just feeling severely ill, you should call your primary care department to speak to a nurse.



Helen Dzujna, PA-C
Internal Medicine



For more on these topics, listen to the complete healthcasts on yalehealth.yale.edu/healthcasts.

Making the Rounds

HEALTH AND WELLNESS INFORMATION
FROM YALE HEALTH'S CLINICAL STAFF

VACCINES**What immunizations should I have as an adult?**

⊕ Yale Health follows recommendations from the Centers for Disease Control and Prevention for adult immunizations, which are given on a walk-in basis in the Preventive Health Department. You do not need an order from your primary care clinician unless otherwise noted.

All adults should have a one-time booster of the tetanus, diphtheria, pertussis (whooping cough) vaccine, also known as Tdap. This is especially important if you have close contact with newborns or young children.

Zostavax®, the shingles vaccine, is recommended for everyone over the age of 60 and is a one-time immunization.

Anyone over the age of 65 should receive a dose of the pneumococcal vaccine, which protects against pneumonia.

Vaccines to protect against Hepatitis A, a virus which is transmitted through contaminated food and water, and Hepatitis B, which is transmitted through blood and body fluid, are also available. Diabetics under the age of 60 are encouraged to receive the vaccine. You should speak with your primary care clinician to see if you are a candidate to receive either of these vaccines.

Gardasil®, which protects against the human papillomavirus (HPV), is recommended for all males and females under the age of 26. It is administered in three doses over the course of six months.

Every adult should also get a flu shot every year (see flu clinic schedule on pg. 8).

Common side effects to any vaccine typically include mild soreness, swelling, or redness at the site of the injection. Rarely, you may experience a low-grade fever for a day or two.

If you have a chronic health condition or have had an allergic reaction to a vaccine in the past, you should speak with your primary care clinician prior to coming to the Preventive Health Department.



Fran Batesole, RN
Assistant Nurse Manager, Preventive Health

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KEEP IN MIND

Flu Schedule

Flu clinics are available to Yale University employees and Yale Health members.

DATE	TIME	LOCATION
MONDAY, OCT. 15	10 AM – 3 PM	Med School, Harkness Lounge
FRIDAY, OCT. 19	10 AM – 3 PM	Yale Health Center
TUESDAY, OCT. 23	10 AM – 3 PM	Med School, Harkness Lounge
* THURSDAY, OCT. 25	3 PM – 7 PM	Yale Health Center
TUESDAY, OCT. 30	10 AM – 3 PM	Woolsey Hall, President's Room
THURSDAY, NOV. 8	10 AM – 3 PM	Med School, Harkness Lounge
WEDNESDAY, NOV. 14	10 AM – 12 PM	West Campus
* THURSDAY, DEC. 6	1 PM – 7 PM	Yale Health Center

REMEMBER to wear clothes that allow you to easily reveal your upper arm.

REMEMBER to bring your Yale University ID badge or Yale Health member ID card.

Visit yalehealth.yale.edu/flu
to register for pediatric
flu clinics.

**Also available to children over 8
who are Yale Health members.
Children under 18 must be accompanied
by a parent or guardian.*

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