

## New Interventional Radiology Procedures for Oncology Patients

BY SANDEEP BAGLA, M.D.  
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*Department of Cardiovascular  
and Interventional Radiology*

Over the past five years, interventional oncology has been one of the fastest growing areas within the field of interventional radiology. As the number of image-guided interventions has grown, innovative new technologies have become available to physicians of all specialties. In cooperation with the departments of Radiology and Radiation Oncology, our scope of practice was expanded to include the most advanced interventional oncology therapies available.

Minimally invasive techniques represent a significant advancement in the management of oncology patients and play a critical role in their continuum of care. Minimized side effects and exceedingly low rates of complication provide access to life prolonging treatments for patients that may not be able to tolerate traditional surgical therapy. These interventions, many offered as outpatient procedures, can be

performed without general anesthesia and can reduce the risk, pain and recovery times compared to traditional surgery.

Our program includes radiofrequency ablation and cryoablation to treat hepatic, renal, pulmonary and osseous lesions in patients with primary or metastatic lesions; and radioembolization utilizing Yttrium-90 SIRspheres and Drug-Eluting Beads infused with Irinotecan or Doxorubicin for the treatment of metastatic adenocarcinoma, neuroendocrine tumors and hepatocellular carcinoma.

We are available to see patients in consultation for a broad range of oncologic interventions and continue to provide a full range of oncology services including biopsies and vascular access, such as chest ports. If you would like to discuss any of these procedures or have your patient scheduled for a consultation, please feel free to contact us personally in the department of CVIR at 703-670-1771.

With your support and the advantages of a multi-disciplinary approach, we can develop comprehensive treatment plans for patients experiencing the increasing complexity of oncologic disease. ■

## New Treatment for Scoliosis in Elderly

BY HAJEER SABET, M.D.

Scoliosis, a common spinal disorder affecting both the young and old, is becoming more prevalent in adults as the population ages, with typical onset between age 50 and 80. In young patients, scoliosis typically affects adolescents going through a growth spurt, but it can occur at any time during development. The cause of this form, known as adolescent idiopathic scoliosis, is unknown. In older patients, scoliosis occurs due to asymmetric degeneration caused by wearing through the facet joints and intervertebral discs.

Making a diagnosis of scoliosis is usually accomplished with plain radiographs that document the curvature of the spine. Full-length, standing anteroposterior and lateral films should be obtained to assess the sagittal and coronal balance allowing the magnitude of the curve to be measured. More important than the coronal bend is the loss of sagittal alignment that occurs with scoliosis in older patients.

In most cases, treatment for adult scoliosis begins with a combination of non-operative therapies that may be administered for weeks to months. These include physical therapy to stabilize the spine, NSAIDS and mild narcotics to relieve back pain, and epidural steroid injections to relieve leg pain.

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Please join us as we  
Celebrate Our Physicians

## DOCTORS' DAY 2010

Tuesday, March 30

Hylton Education Center  
Rooms ABFE

Breakfast Buffet 8:00 to 9:30 a.m.

Lunch Buffet 11:30 a.m. to 2:00 p.m.

## Active without Privileges Category May be Added

We continually strive to provide the best services to our community and this includes continuity of care. To this end, about two years ago, the Bylaws Committee began research and discussion of a proposed new Medical Staff category called "Active Staff Without Privileges."

The purpose of this category would be to link to the hospital those physicians included in our medical staff community who do not admit patients. Due to the hospitalist program and the changing medical practice patterns, many very active physicians in our community who used to admit do not do so any longer. However, they still refer patients here for labs, x rays, ER and specialist care.

We as Medical Staff want to keep these physicians included in our organization and we value their contributions to the community. The Bylaws Committee and the Medical Staff leadership spent a considerable amount of time to develop an amendment to the Bylaws to establish this category. It will come up for vote at the March 18 General Medical Staff meeting and I encourage everyone to consider this and to attend the meeting and vote. ■



**Denis Halmi, M.D.**  
President,  
Medical Staff

## White Coats On Call

BY WILLIAM C. REHA, M.D., MBA  
MSV, Vice-Speaker

On February 4 and March 2, physicians from Sentara Potomac Hospital and the Prince William County Medical Society traveled to Richmond for the Annual White Coats on Call (WCOC) legislative advocacy event at the Virginia General Assembly. Legislative issues discussed with our elected representatives included the Medical Malpractice Cap, Virginia's low Medicaid Reimbursement Rate, Scope of Practice concerns, and Mental Health Reform.

Physicians participating in WCOC included Drs. Art Vayer, Zerline Chambers, Alan Wynn, Carol Shapiro, Atul Marathe, Alex Yadao and myself. Sheila Mulcahy (Executive Director, Prince William County Medical Society) helped organize and participated in the event. ■

## Sentara tops IHN 100, again

BY DAVE BERND  
CEO, Sentara Healthcare

I am happy to report that for the second time in a decade, Sentara Healthcare has been named the #1 most integrated healthcare network (IHN) in the nation by SDI, a respected healthcare analytics firm, in Modern Healthcare magazine.

SDI surveys thousands of hospitals on eight performance metrics including clinical and technology integration, services offered and utilization. Our continuing deployment of the Sentara eCare® Health Network was certainly instrumental in boosting our scores for technology integration. However, for 2009, SDI gave particular weight to financial stability due to the impact of the recession on healthcare systems. I think this #1 ranking is due, in part,

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## New Services Available at Community Health Center

BY SALLIE EISSLER, MSN, R.N.  
Director of Partnership Development,  
Sentara Potomac Hospital, &  
Chairman, GPWCHC Board of Directors

Greater Prince William Community Health Center (GPWCHC) will expand to include three new practices: dental, behavioral health, and prenatal offered to both insured and uninsured patients of the community. That these services are available in one location means GPWCHC is on the cutting edge of community health – providing care via an integrated care service delivery model. No other health center in Virginia currently provides these four services.

Prenatal care will be provided by Dr. Jennifer Kasirsky, board-certified obstetrician, and Lisa Wiener, certified nurse midwife. Both providers have worked extensively in the community and have over two decades of experience between them. Patients will receive comprehensive prenatal care including labs, ultrasounds, and education about staying healthy while pregnant. Appointments are now being accepted.

The Dental Clinic will be led by Jill Adams, DDS. Dr. Adams joins GPWCHC with several years of experience at a community health center with the same integrated care service delivery model, making her a valuable resource during our transition. Dr. Adams and her team will have five dental operatories to provide preventative and emergency care. Appointments will be available beginning in April.

Two licensed clinical social workers will support the behavioral health practice. Prince William Community Service Board (CSB) is collaborating with

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## Thanks to members of the team

Our new year began at Sentara Potomac Hospital with an orientation for members of our new Sentara Potomac Hospital board, which serves as the new governing body for the hospital and replaces the Potomac Hospital Board of Trustees.

Many of the board members' responsibilities remain the same. They review and/or recommend plans for new services, operating and capital budgets, and quality assessment and improvement (including risk management programs relating to patient care and safety, staffing and recruiting). They also set overall direction by approving mission, vision, values, and strategic and tactical plans, and have oversight of the new MAC (Medical Affairs Committee).

I would like to thank our board members for volunteering their time and service. While they have oversight responsibilities for ensuring that quality patient care is delivered to our community, we make that happen day in, day out, sunshine or snow, snow and more snow.

This winter has been a great challenge in that regard with our record-breaking storms, and I want to thank our physicians, staff, and auxiliary members who worked extra shifts, made arrangements with coworkers for carpools, and even spent the night at the hospital to make sure patient care was not interrupted. Here's hoping spring truly is right around the corner! ■



**William H. Flanagan, Jr.**  
President & CEO,  
Sentara Potomac Hospital

## Scoliosis *from page 1*

For patients who continue to suffer with severe back pain or leg pain, surgery may be required. It is important to note the age should not restrict an individual's treatment options.

New approaches that limit doses of anesthesia and effectively and safely restore a patient's quality of life are now available. These include new minimally invasive surgical techniques, such as the XLIF (eXtreme Lateral Interbody Fusion) or DLIF (Direct Lateral Interbody Fusion) procedures that create a small portal in a patient's flank to operate, minimizing muscle stripping but maximizing access to the intervertebral disc. These approaches not only offer the surgeon the ability to

correct the coronal bend but also restore the patient's sagittal balance. Restoring the sagittal balance in a patient with scoliosis is perhaps the single most important factor contributing to a good outcome following treatment.

In older patients with scoliosis, kyphoplasty or vertebroplasty can be used to augment posterior instrumentation in patients with osteoporosis who undergo spinal deformity surgery. These techniques combat the effects of osteoporosis by augmenting the cancellous vertebral bone with bone cement to restore the strength of an old vertebra to that of a young vertebra, limiting the post-surgical failures secondary to weak bone. ■

## What you need to know about writing heparin orders

BY TABATHA TALBOTT, *PharmD Candidate*, & SUSAN BECKER, MSN, R.N., CCRN, CCNS, CNS

Pharmacy and the Special Care Committee would like to remind physicians to be very specific when writing heparin orders.

Sentara Potomac Hospital has revised order sets, which contain three separate doses of heparin all within the same page. The indications are specified on the reverse side. Each protocol can result in significantly different amounts of heparin being delivered to the patient. These protocols have been established to help avoid adverse patient outcomes and to assist healthcare staff throughout the hospital with making things run more smoothly, which subsequently benefits everyone.

In a study performed in 2005 and published in JAMA entitled "Excess Dosing of Antiplatelet and Antithrombin Agents in the Treatment of Non-ST-Segment Elevation Acute Coronary Syndromes" it showed that the recommended heparin dose was only administered 30.3% of the time to patients and about 50% of the time patients actually received excessive dosing.

Not surprisingly, this study found a link between excessive dosing and increased risk of bleeding, which was financially costly and associated with worse patient outcomes including increased mortality and longer hospital stays. Similarly, an article published in the American Journal of Medicine in 2008 on excessive dosing of fibrinolytic-treated patients with STEMI found that of 79% of patients receiving heparin therapy, 49% received excessive dosing and this excess was associated with an increased risk of bleeding complications.

As evidenced by studies like these, special attention should always be given when ordering heparin protocols, as excessive dosing can lead to major complications. Using preprinted orders and following established protocols can help all staff make sure our patients receive optimal care.

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to the way we have managed our company during the recession.

Sentara responded to the crisis by instituting our Performance Improvement initiative, which trimmed \$59 million in expenditures while avoiding layoffs and enhancing clinical excellence. We continued the eCare deployment and grew outside of Hampton Roads in spite of the economy. We were also named the first Network Cancer Program in Virginia by the American College of Surgeons and we committed to achieving Magnet status for all our hospitals by assigning an experienced nurse executive to that job.

Sentara is accustomed to being near the top in the annual SDI/Modern Healthcare rankings. We have been in the top 10 for all 13 years it has been produced and we've been in the top 5 for five consecutive years. But, being #1 twice in 10 years is really something! ■

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GPWCHC to ensure behavioral health patients have both their behavioral and primary care health needs met. Two days a week, GPWCHC's Mobile Clinic will be on-site at the two CSB locations to provide primary care. Behavioral health visits will be available at GPWCHC five days a week.

By adding these new services, GPWCHC is moving towards its goal of truly serving as a medical home for the community. All staff at GPWCHC look forward to partnering with other local health organizations to provide care to the community. Hospital providers may refer patients for follow-up care or to initiate care in one of the four practices. Please contact us for more information at 703-680-7950, ext 107.

**Editor's Note:** *The Prince William Regional Chamber of Commerce named Greater Prince William Community Health Center as its 2009 Nonprofit of the Year. This award recognizes the hard work involved in building the health center. The panel praised the number of patients served, the quality of care provided, and the dedication to serving the community.* ■

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**Pulse** is the newsletter of the Sentara Potomac Hospital Medical Staff. Contributions are welcome and may be submitted to the Medical Staff president, Denis Halmi, M.D., via email at [denis.halmi@potomachospital.com](mailto:denis.halmi@potomachospital.com)

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