Surgical providers: Don’t ignore the EMR alerts for anemia management that pop up when you are planning elective high blood loss procedures, or have a patient with low hemoglobin. The Anemia Management Clinic (AMC) at UI Hospitals and Clinics provides an extraordinary service that helps address this risk factor for perioperative morbidity and mortality by optimizing the patient’s own blood and hematopoietic system prior to surgery.

The AMC recently moved to the fifth floor of Iowa River Landing, which means easier access for many patients. Staffed by Amy Leitch, DNP, ARNP, the Clinic continues to offer same-day referrals. When a provider activates the Epic Anemia Management Clinic referral, the AMC receives an automatic page and the patient is immediately in the Clinic pipeline. By the time the patient arrives at the AMC, Clinic staff are ready with automatic blood testing, results and information.

The impetus behind the AMC came from our institutional blood management plan, which called for a reduction in the usage of blood products. Preoperative anemia management has been shown to reduce transfusion requirements.

“We’ve always known that being anemic before major surgery is one of the biggest risk factors for transfusion,” said Dr. Sundara Reddy, MBBS, Clinical Associate Professor of Anesthesia and Medical Director of the Anemia Management Clinic. “Now we are very well prepared to deal with that. Anemia care is a very essential cog in the wheel.”

There has been a steady increase in utilization of the Anemia Management Clinic: patient visits and iron infusions more than doubled in the first two quarters of 2016 compared to 2015 (594 vs. 195 and 366 vs. 124 respectively).

Surgical patients who have been treated in the Clinic have a significant reduction in stay – 2.78 days – compared with patients who were not seen at the AMC.

Patients appreciate the opportunity to proactively treat their anemia before surgery. “We consistently hear from patients who like having the choice, and the option of treatment,” Reddy said. “The issue of avoiding blood transfusions is universally accepted.”

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**Contact the Anemia Management Clinic**

UI Hospitals and Clinics Anemia Management Clinic
Iowa River Landing, 5th Floor | (319) 467-3583
anemiamanagementclinic@healthcare.uiowa.edu
Hours: 8 a.m. to 4:30 p.m., Monday through Friday
Epic Burnout? Coping with the Electronic Medical Record

UI physicians work long hours. Data shows that many UI doctors are logging on outside scheduled clinic times, on weekends, and well into the night. And much of that time is spent in Epic.

The adoption of certified electronic health record technology, spurred by ‘meaningful use’ and a transition from fee-for-service to value-based payment, has added to physician job demands and may lead to increased stress levels. Maia Highetower, MD, MBA, MPH, Chief Medical Information Officer for UI Health Care, studies physician work patterns. “Health care has changed tremendously with rapid digitization,” she said. “Just one to two extra minutes of electronic recordkeeping per patient can mean an additional hour or two every day – and that really adds up fast.”

Since reliance on electronic data will only increase, Hightower is finding ways to improve efficiency, alleviate stress, and give physicians more time to pursue the passion for research, teaching or patient care that drew them to academic medicine in the first place.

Hightower seeks to build a supportive social network of Physician Informatics Officers, a newly created role of physician coaches, and new resources such as Epic Thrive classes to increase physician comfort with the Epic system. Epic experts and physician peers will provide insight and understanding into individual workflow, in addition to valuable instruction and timesaving tips.

Engaged clinicians are needed to help influence the design and function of Epic, a continuously changing tool. Hightower is looking for physicians who understand Epic workflow and see opportunities for improvement. These Physician Informatics Officers will receive additional training, and compensation, to help build tools that fix problems, improve efficiency and make the program more user-friendly.

“Avoiding burnout is the low bar. We want a place where our faculty members are professionally fulfilled”

Maia Highetower, MD, MBA, MPH
Chief Medical Information Officer, UI Health Care

Addressing physician burnout doesn’t stop with Epic. “We’re also looking at changing our way of thinking, of redefining institutional demands,” Hightower said. “How can we leverage care coordinators, nurses, MAs, etc., so that every person is working at the top of their licensure, and finding maximum fulfillment in their work?”

How do you Overwork?

No Time is Sacred Pattern: Logging in at all hours of the day and night.

“The Parent Trap” Pattern: Regularly logging in from 8 p.m. to midnight.

New Main Operating Rooms and Cath Labs Expand Capacity

With construction completed this summer on four new main operating rooms (MORs) and two new pediatric cath labs, UI Hospitals and Clinics is poised to meet ever-increasing demand while getting patients to the procedures they need sooner.

Located on the fifth floor of the John Pappajohn Pavilion, these new facilities are larger than their predecessors. And all feature adjustable booms that deliver power, data, and gases from above, eliminating the need for wall outlets and cords on the floor.

Main Operating Rooms
• Full video integration, allowing images to be viewed on any of eight monitors and letting residents view procedures from a distance
• Special wall cutouts in two of the new MORs, so that the heating/cooling units used with heart-lung bypass machines can stay outside the OR

Pediatric Cath Labs
The two new cath labs replace the single lab previously available. They include:
• Smart design that allows for quicker transition from diagnosis to surgery
• The latest diagnostic tools, including 3-D imaging
• An abundance of monitors, for multiple views during procedures
• Quick access to the new children’s hospital, via a connector between the two buildings
LGBTQ Clinic

The UI LGBTQ Clinic has earned a lot of attention, winning multiple awards, presenting at national conferences, and being noticed in the media. Most importantly, it has become a welcoming and affirming primary care home for more than 400 unique patients.

The LGBTQ Clinic is the shared vision of Nicole Nisly, MD, Associate Chair for Diversity and Clinical Professor of Internal Medicine and Katie Imborek, MD, Clinical Assistant Professor of Family Medicine. Both emphasize the true team aspect of care at the Clinic, a partnership of not only physicians, nurses, a pharmacist, and medical assistants, but of lawyers, mental health providers, social workers and more.

“We’re all here to take care of patients, demystify the process and make everyone feel welcome,” said Nisly. “We want patients to come into our system and feel like ‘this is my place, and I know who my champions and advocates are.’”

Imborek estimates that about 80 percent of the Clinic’s patients are transgender or gender-nonconforming. Also, about 80 percent of the clinic’s patients live outside of Johnson County, coming from as far away as St. Louis and Omaha. “We’re still surprised by the volume,” Imborek said. “We have worked closely with Marketing and Communications, but it’s mostly word of mouth.”

CultureVision™: A Step Toward Culturally Responsive Care

In September, 2014, UI Hospitals and Clinics subscribed to an online database of meticulously researched information on dozens of ethnic groups, numerous religious traditions, and a variety of additional cultural factors. CultureVision™ provides thousands of insights into beliefs, traditions, and attitudes that affect patient care. In two years it has received hundreds of thousands of hits from our staff, making us one of CultureVision’s top users.

Part of the overall UI Health Care plan to increase culturally responsive care, CultureVision™ helps providers serve an increasingly diverse patient population and in turn, support and advance UI Health Care’s goal of creating an inclusive environment where individual differences are respected and everyone feels welcomed.

CultureVision™ has proven to be a valuable resource for physicians, nurses, chaplains, social workers and more. Denise Martinez, Clinical Assistant Professor of Family Medicine and Assistant Dean for Cultural Affairs and Diversity, emphasized that this is just one step on the path to understanding patients from different backgrounds. “Sometimes we don’t know what we don’t know,” she said. “CultureVision™ doesn’t give us answers, but it gives us better questions.”

CultureVision™ continually updates information in response to both changing demographics and user comments. The site recently added a new section on refugees and torture survivors, and the many categories that deal with substance use are currently being augmented and revised. Usage data shows that Amish, Sudanese and LGBTQ2 are routinely among our top-searched groups, as are Islam, American Indian, and Jehovah’s Witnesses. “Treatment issues” and “language and communication” are among the most popular topics for all groups.

Available through Epic, The Loop, The Point, and an icon on every clinical workstation, CultureVision™ is easy to get to. It is also easy to use, and the Office of Cultural Affairs and Diversity is making it even easier. “We’re happy to talk with providers, and bring the training to them,” Martinez said. “We will come to you!”

For more information about CultureVision™, and how you can arrange training for your staff, please contact Denise Martinez at denise-martinez@uiowa.edu, or Janet Niebuhr at janet-niebuhr@uiowa.edu and 335-9696.
Welcome New UI Physicians!

MANISH BANSAL, MBBS
Clinical Assistant Professor of Pediatrics
Specialties: Pediatric Cardiology

NATHAN BLAIR, MD
Associate of Anesthesia

ANDREW FEIDER, MD
Clinical Assistant Professor of Pediatrics
Specialties: Pediatric Anesthesia

IAN HAN, MD
Assistant Professor of Ophthalmology

YUMI IMAI, MD
Associate Professor of Internal Medicine
Specialties: Endocrinology

ESPERANZA INGERSOLL-WENG, MD
Associate of Anesthesia
Specialties: Anesthesia

JULIE SOMMERFIELD-RONEK, MD
Clinical Assistant Professor of Pediatrics
Specialties: Pediatric Cardiology

ANDREI ODOBESCU, MD
Clinical Assistant Professor of Surgery
Specialties: Retinal Diseases

HEATHER MENONE, MSN
Clinical Assistant Professor of Obstetrics and Gynecology
Specialties: Certified Nurse Midwife

ANDREI ODOBESCU, MD
Clinical Assistant Professor of Surgery
Specialties: Plastic and Reconstructive Surgery

KARRA JONES, MD, PhD
Clinical Assistant Professor of Pathology
Specialties: Neuromuscular Pathology, Autopsy Neuropathology

AARON KUNZ, DO
Associate of Family Medicine
Specialties: General Family Medicine

HEATHER MEONE, MSN
Clinical Assistant Professor of Obstetrics and Gynecology

DIONNE PEACHER, MD
Associate of Anesthesia
Specialties: Pediatric Anesthesia

SNEHA PHADKE, MD
Clinical Assistant Professor of Internal Medicine
Specialties: Hematology/Oncology

JOSHUA RADKE, MD
Clinical Assistant Professor of Emergency Medicine
Specialties: Toxicology

STEPHANIE RADKE, MD
Clinical Assistant Professor of Obstetrics and Gynecology
Specialties: Obstetrics and Gynecology

HUY TRAN, MD
Associate of Internal Medicine
Specialties: Gastroenterology/Hepatology

JULIE SOMMERFIELD-RONEK, MD
Clinical Assistant Professor of Pediatrics
Specialties: Pediatric Cardiology

DEV VENUGOPAL, MD
Clinical Assistant Professor of Internal Medicine
Specialties: Electrophysiology

JUSTIN WIKLE, MD
Associate of Anesthesia
Specialties: Pain Management

MELISSA WILLIS, MD
Clinical Assistant Professor of Dermatology
Specialties: General Adult and Pediatric Dermatology