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# **Spotlight on:**

Our customer – Lafayette General Endoscopy Center Preferred supplier – GOJO® Industries, Inc.



# welcome

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Contact your sales consultant for more information about how Cardinal Health can help you save time and reduce errors by integrating your technology with ours.

Director, Technical Product Management

Brende Womack

# Table of Contents



Focus on our customer 6-7 Lafayette General **Endoscopy Center** 



Focus on our 16 preferred supplier GOJO<sup>®</sup> Industries, Inc.

On the cover: Dr. Jacque Noel, Dr. Stephen Abshire and Marsha Williamson, Nurse Administrator (left to right) of Lafayette General Endoscopy Center

# Credit

**Editor-in-Chief** – Tracy Howard **Deputy Editor** – Jennifer Lewis Senior Editor/Contributing Writer – Michelle Duffey

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# **Spotlight on:**

afavette General Endoscopy Center







Gloria Freeman, Laboratory Manager

# Located in the heart of Lafayette, Louisiana, Lafayette General Endoscopy Center (LGEC) strives to do everything possible to ensure the health of local residents.

The center was originally founded as Saints Streets Endoscopy Center in 1985 by Doctor Stephen Abshire, a legend in the Louisiana gastrointestinal (GI) circle. This facility became Medicare certified in 1988 and was one of the first facilities in Louisiana to be designated as an Ambulatory Endoscopy Center. Dr. Jacque Noel joined the endoscopy center in the early 1990's and Dr. James Arterburn came on board in 2000. Realizing the need to improve efficiency, the three doctors formed a partnership with Lafayette General Medical Center and opened a new facility, becoming Lafayette General Endoscopy Center in 2009.

In addition to leading the way in the outpatient model, Lafayette General Endoscopy Center was also one of the first facilities to adapt new endoscopic technology. Dr. Abshire states, "We differentiate ourselves by looking at new technology and as long as we feel it is reasonable, we adopt it as soon as possible." The practice was one of the first in Louisiana to utilize video endoscopes in the mid 80's and also high-definition endoscopes in 2007. LGEC will be bringing in an enhanced high-definition platform in the first half of this year.

According to a study conducted by Lafayette General Endoscopy Center in 2009 and presented at Digestive Disease Week, the use of high-definition endoscopes have significantly improved detection rates of adenomatous polyps. Early detection is critical as polyps are the precursor to colorectal cancer. "Screening is what it is all about in colon cancer, because it is the only cancer that is totally preventable," says Marsha Williamson, Nurse Administrator at LGEC. Therefore, it is essential to increase awareness about the importance of colonoscopies.

Lafayette General Endoscopy Center is actively seeking to educate the community about the need for screening. "We do a big public relations and media campaign beginning in February leading up to Colon Cancer Awareness Month in March. We partner with Lafayette General Hospital and Walgreens® Pharmacy and we work with KLFY, Channel 10, a local CBS affiliate. We do a number of segments during the month, soft advertisement, but mostly an awareness campaign," states Abshire. The campaign includes a drawing for several free colonoscopies as well as handing out several thousand free stool kits to detect occult blood. LGEC is also planning to launch an awareness campaign about the relationship of Barrett's esophagus to esophageal cancer, a disorder where the lining of the esophagus is damaged by stomach acid and undergoes transformation to a metaplastic lining that is more susceptible to dysplasia and cancer.

The campaigns must be effective as LGEC is well known in Lafayette and the surrounding areas. "It's fair to say that throughout Acadiana, they [LGEC] are very respected. People from surrounding parishes will drive up here to visit because they know the type of patient care they will get and the knowledge that Dr. Abshire, Dr. Noel and Dr. Arterburn bring," states Jason Castro, Cardinal Health sales representative. Dr. Noel contributes this success to the facility and their employees, stating "I think we have a well run facility that is well designed. People are always talking about the comfort of the facility, but I think what sets us apart is our staff. We are always receiving comments about how nice everyone is that works here."



Marsha Williamson, Nurse Administrator and Stephen Abshire, MD of Lafayette General Endoscopy Center with Jason Castro, Cardinal Health Sales Representative (left to right)

Derek Meaux, CRNA, James N Arterburn, MD, Brandi Stevens, Gl Tech, and Tara Bozeman, RHIA/Scribe (Top left to bottom)

As Nurse Administrator, Williamson has contributed greatly to the efficiency of the center. When she joined the center in 2004, materials were purchased through local vendors. Her first priority was to join a Group Purchasing Organization and bring on Cardinal Health as a distributor to reduce costs. She was familiar with Cardinal Health from her previous position and was pleased with the service and continues to be today. "That's the thing with Cardinal [Health], I want

""That's the thing with Cardinal [Health], I want to save money, especially in today's economy, but we aren't going to sacrifice quality to do it."

to save money, especially in today's economy, but we aren't going to sacrifice quality to do it. Anything new that we want to try, Jason always gets me samples so we can make sure it's apples to apples before we switch," she says. Williamson also speaks highly of Castro, stating "Jason is very supportive of his customers. He takes calls on the weekend or while he is on vacation. He'll borrow from someone he knows has something or get it from another warehouse. He is very good at taking care of us."

When the physicians decided to build an ancillary physician office histology lab, for processing specimens from LGEC, Cardinal Health was able to help the center reduce their costs. Williamson states, "Another endoscopy pathology service provider wanted to set up the lab and they did a proforma, but I knew I would be paying an additional middle man. It just so happened that I was looking through the Physician Focus publication and saw that Triangle Biomedical Sciences was working with Cardinal for design and set up of ancillary labs, so I called Jason and we ended up setting the whole lab up through Cardinal Health and it worked out great!"

Lafayette General Endoscopy Center is always looking for ways to improve and stay on the cutting edge of technology. According to their Business Office Manager, Myia Johnson, the implementation of a patient portal and a complete Electronic Medical Records (EMR) system increased efficiency and patient communication. She says, "Patients don't have to call and leave a message and wait for a nurse, but they can send a message directly to the nurse which goes to our EMR and it gets linked to the patient account. They can also update their patient forms or ask for a prescription refill. It is an easier way for the patient to get in touch with the office or vice versa, us contacting the patient." The entire office is electronic, except for five consent forms, but LGEC is working on getting tablets for patients to sign those electronically as well. Williamson says the doctors love it because they can look at their lab or X-ray reports from their phones, or pull up records from their house. If a different doctor is on call, they can see the full patient record without trying to figure out the history."

Residents of Lafayette Louisiana and surrounding areas are fortunate to have access to the advanced technology available at Lafayette General Endoscopy Center. This has allowed the center to see nearly 6,000 patients and complete almost 13,000 procedures in 2012. Dr. Abshire foresees many advances in the field, "I think down the road we will have a platform to examine a lesion and determine its nature as we are actually looking at it. The endoscope manufactures are experimenting with microscopy through the endoscope and different wavelengths of light to look at tissue in a different fashion." With the current expansion taking place at LGEC and their quick adaptation to new equipment, local patients are ensured to receive the highest quality of endoscopy care available.

6 Surgical focus 7



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**Medication Delivery** 

# Supplier Spotlight – GOJO<sup>®</sup> Industries, Inc.

Founded in 1946, GOJO<sup>®</sup> Industries, Inc. was created by the ingenuity, inventiveness and compassion of Goldie and Jerry Lippman.

Goldie Lippman worked at a rubber factory during World War II and after a hard day's work, it was nearly impossible for her and her co-workers to remove the graphite, tar and carbon black from their hands without irritation. This set Jerry Lippman on a quest to find a safer, gentler solution. Jerry collaborated with Professor Clarence Cook from Kent State University and together, they invented a hand cleaner that cut through the tough soils, safely removed them from hands and rinsed off easily. When naming the company, the Lippman's first choice GoGo, Goldie's nickname, was taken. They decided upon the second choice, GOJO®, with the "G" and "J" standing for Goldie and Jerry. Today, GOJO® remains a privately-held, family-owned company with Jerry's nephew Joe Kanfer serving as Chief Executive Officer.

The Lippman mission to get dirty hands clean without damaging the skin has greatly evolved over the past six decades. With a team of microbiologists, research and development professionals, GOJO® expanded into specialized markets like healthcare and foodservice in the 1990s. A complete line of products for healthcare was introduced under the PROVON® brand name. Another popular GOJO® brand, and household name, is PURELL® Instant Hand Sanitizer.

Creation of PURELL® hand sanitizer was sparked when a fast-food chain started to face legal action when food borne illness cases were traced to hand-spread germs. At the same time, healthcare associated infections (HAI) were identified as a significant risk in hospitals and long-term care facilities. Concern grew over how to clean hands when soap and water were unavailable. GOJO® scientists found the solution and developed the PURELL® formula.

Mark Lerner, President and Chief Operating Officer at GOJO®, speaks to the need for PURELL® hand sanitizer in healthcare. He states, "Doctors, nurses and healthcare workers are very busy. If they met the previous regulations, they would have to wash their hands 30, 40 or 50 times a day. Frequent washing not only takes time, but it can remove the oils off your hands and can damage your skin. Hands are the primary tool of a healthcare worker!" Today the United States Center for Disease Control and Prevention (CDC) recommends healthcare workers use hand sanitizers as a first measure, unless their hands are visibly soiled.

"Our job is to develop solutions that make hand sanitization easily accessible and top of mind for every healthcare worker that comes into contact with a patient," says Lerner. This mindset sparked the creation of point of care (POC) solutions, the location at which three elements come together: the patient, the health care worker and treatment involving contact with the patient or their surroundings. GOJO® has equipped healthcare facilities with fixed wall mounted dispensers, personal carriage, touchless dispensers, wipes

and other solutions such as educational resources for infection preventionists.

Education through science is a key part of the GOJO® evidence-based business. Jane Kirk, Clinical Director and infection control nurse states. "One of our main goals is education. We go to APIC (The Association for Professionals in Infection Control and Epidemiology) and enlighten



Mark Lerner, President and COO, GOJO®

people with science about what they should be looking for in a hand sanitizer. It does not have to be 85% alcohol to be effective, the synergies of the formulation also impact how well the product kills transient bacteria on healthcare workers hands."

Kirk also enjoys the innovative and creative culture at GOJO®. Their teams have developed dispensers with a lifetime guaranteed battery, chips to track compliance, and provide a consistent dosage required for an efficacious amount of sanitizer to kill transient bacteria. "We have the technology, solutions and clinical application to look at data and help healthcare facilities improve their hand hygiene compliance rates. We are taking time that the infection preventionist or a team of people were spending to measure compliance and we are doing it electronically and providing options for ways they can improve through a six sigma method," says Kirk.

According to the CDC, hand hygiene is one of the most effective ways to reduce HAIs, yet healthcare workers perform hand hygiene less than 40% as often as they should. HAIs cost the healthcare system upwards of \$46 billion and result in close to 100,000 deaths per year. In order to help reduce these rates, GOJO® decided to work with Cardinal Health to drive supply chain and logistic efficiencies and bring technology and total-cost-reduction opportunities to Cardinal Health customers. Working together brings effective hand hygiene solutions across the continuum of care, including hospitals, ambulatory surgery centers and physician offices.

"Saving lives and making life better through wellbeing solutions," Lerner states the purpose of GOJO®. This is seen through the continuous development of market leading hand hygiene solutions sold through facilities in the United States, Europe, Japan and Latin America. It is also evident through the company's caring and collaborative environment. The Lipmann's first employee forgot his lunch and, not wanting anyone to go hungry, they shared theirs. Now and in the future, every employee at GOJO® has access to peanut butter, jelly, bread and a cold glass of milk to wash it down, no matter how many locations!





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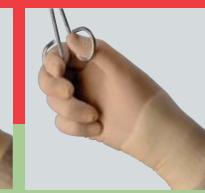
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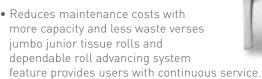
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"Any 'hospital-grade' pulse oximeter that is cleared by the FDA for use in neonates is suitable for CCHD screening. It is important that the entire system is designed and cleared to work together, from the sensors that are designed for use in the neonate population, to the pulse oximeter. Reusable pulse oximetry sensors are also a viable solution, as long as the proper cleaning protocols are practiced."

 Alex R. Kemper, MD, MPH, MS, Duke University Medical Center

www.covidien.com/rms

# **CCHD** and Pulse Oximetry

In September 2011, the United States Department of Health and Human Services approved adding screening for critical congenital heart defects (CCHDs) with pulse oximetry to the Recommended Uniform Screening Panel.

In the United States, about 4,800 (or 11.6 per 10,000) babies are born every year with CCHDs. These babies are at significant risk if this condition goes undiagnosed.¹ Since 1993, Nellcor™ pulse oximetry technology has been utilized on more than 33,000 newborns spanning five separate clinical studies evaluating the use of pulse oximetry for critical congenital heart disease screening.²-6 Using Nellcor pulse oximetry screening has been shown to be a simple and economical means to detect CCHDs that may be missed by routine exam.6

The seven classifications for CCHDs are:

- 1. Hypoplastic left heart syndrome
- 2. Pulmonary atresia (with intact septum)
- 3. Tetralogy of Fallot
- 4. Total anomalous pulmonary venous return
- 5. Transposition of the great arteries
- 6. Tricuspid atresia
- 7. Truncus arteriosus

## **Pulse Oximetry Screening**

At 24 to 48 hours of age, or just prior to discharge if less than 24 hours of age, a series of pulse oximetry readings are taken to determine the amount of oxygen in a baby's blood and the baby's pulse rate. Low levels of oxygen in the blood can be a sign of a CCHD.<sup>1</sup>

Kemper Recommended Screening<sup>7</sup>:

- SpO<sub>2</sub> readings from the right hand and either foot (in parallel or in sequence)
- Protocol:
- <90% is an automatic positive screen
- 90% to <95% in both extremities on three measurements, separated by one hour = positive screen
- >3% difference in SpO<sub>2</sub> between right hand and foot on three measurements, separated by one hour = positive screen
- ≥95% in right hand or foot and ≤3% difference between right hand or foot is an automatic negative screen

#### **Pulse Oximetry Screening Results**

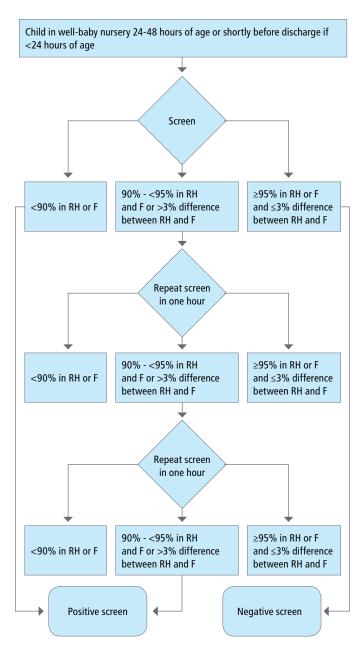
If the results are negative, it means that the baby's test results did not show signs of a CCHD. If the results are positive, it means that the baby's test results showed low levels of oxygen in the blood, which can be a sign of a CCHD, and further testing is needed.

\*Pulse oximetry screening can be an effective tool in identifying CCHDs, but there still could be instances of false positives and negatives.

## **Nellcor™ Pulse Oximetry**

For more than 25 years, clinicians have been using Nellcor pulse oximetry technology. Connect with your local Covidien representative to learn more about our full offering of pulse oximetry sensors and monitoring platforms to meet CCHD screening needs. Register at:

#### http://solutions.covidien.com/content/CCHD



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