

Surgical focus



Spotlight on:

Our customer – Miami Plastic Surgery®

Education – Personal protective equipment (PPE)

welcome

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Matt Lehky
Sr. Marketing Manager
Ambulatory Care

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Credit

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- 1 Data on file. Tested in accordance with ASTM F1862, "Standard Test Method for Resistance of Medical Face Masks to Penetration by Synthetic Blood (Horizontal Projection of Fixed Volume at a Known Velocity)"
- 2 Data on file. Tested in accordance with ASTM F2101, "Standard Test Method for Evaluating the Bacterial Filtration Efficiency (BFE) of Medical Face Mask Materials, Using a Biological Aerosol of Staphylococcus aureus"
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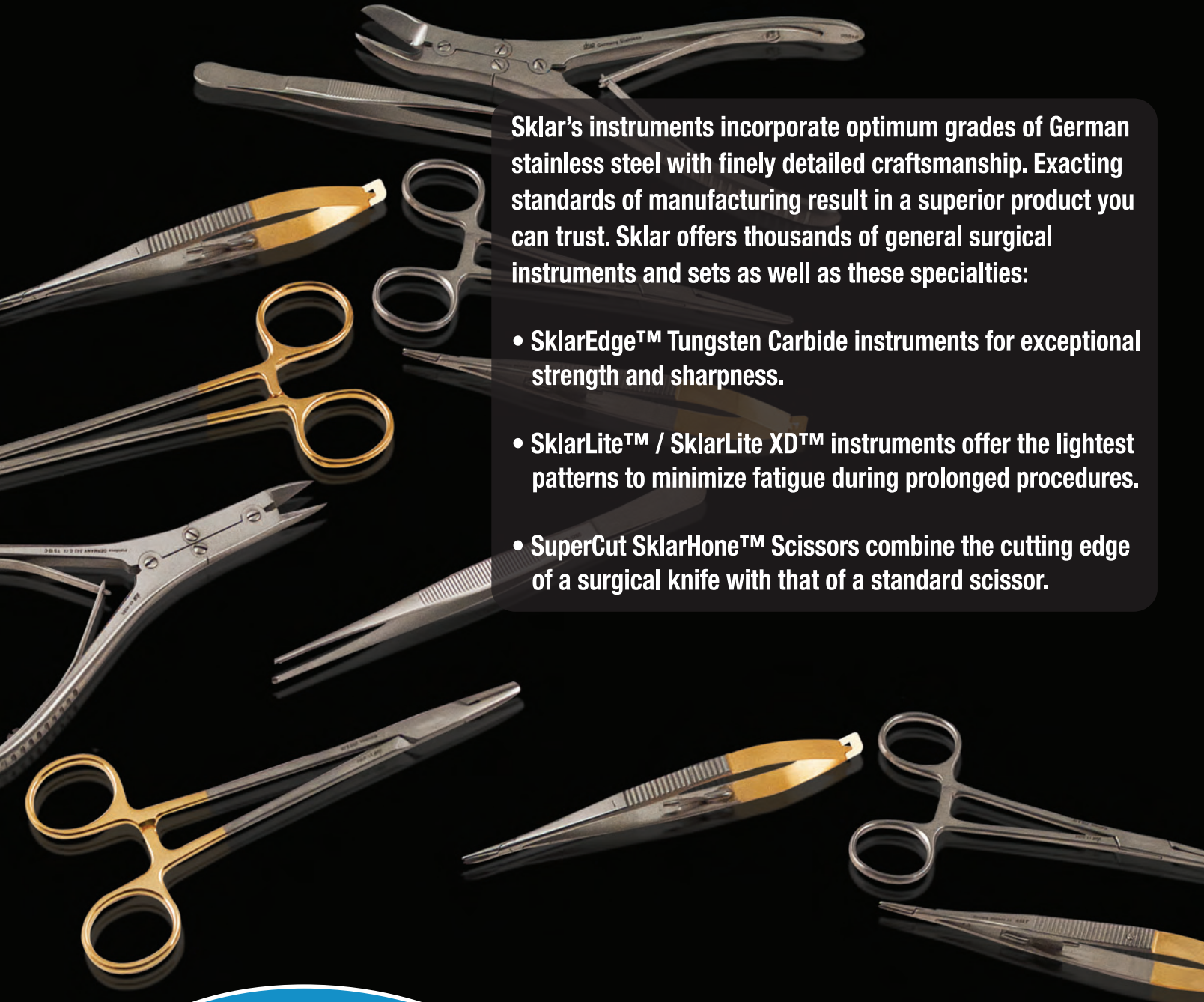
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SHARING EXPERTISE

1) Tosini, et al "Neelestick Injury Rates According to Different Types of Safety-Engineered Devices: Results of a French Multicenter Study", Infection Control and Hospital Epidemiology, Vol 31, No. 4 April 2012 (p. 402-407) 2) Bausone-Gazda D, et al, A Randomized Controlled Trial to Compare the Complications of 2 Peripheral Intravenous Catheter-Stabilization Systems, Journal Of Infusion Nursing, 2012, Nov-Dec: 33(6):371-8 3) Shears G MD, Comparing an Intravenous Stabilizing Device to Tape, Journal of Infusion Nursing, Vol. 29, No.4 July/August 2006 4) B. Braun Engineering Data on File 5) B. Braun Introcan Safety 3 Cost Analysis Model 6) McNeill, EE, et al., a Clinical Trial of a New All-in-one Peripheral Short Catheter, JAVA, 2009, Vol. 14, No. 1, pp46-50 7) Infusion Nurses Society (2011), Infusion Nursing Standards of Practice, Journal of Infusion Nursing Supplement, Vol. 34, No. 15, Std. 22, Std. 36

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Spotlight on:

Miami Plastic Surgery®



From left to right: Ileana (Lilly) Breaux R.N., Ivette Machado Lopez R.N., and Operating Room technicians Brici Garcia, Adriana Jaramillo, Alba Cardenas, and Edna Arenas

Eighteen years ago, plastic surgeons, Dr. Michael Kelly and Dr. Brad Herman merged practices to form a partnership.

Five years later, in 1999, the two took the then unorthodox step of merging with facial plastic surgeon, Dr. Carlos Wolf, and Miami Plastic Surgery® was born. Having recently added another surgeon, Dr. Johnny Franco, the group has developed a reputation as one of the top plastic surgery practices in the world.

Miami Plastic Surgery takes pride in the diverse population they serve. Clientele have flown-in from across the United States, Caribbean, South America and Europe. The practice sees approximately 300 patients and performs 25 to 30 procedures a week. Dr. Kelly attributes much of this success to their focus on the patient. He states, "We've been stressing the importance of taking care of patients from day one. We want a patient to have a Neiman-Marcus/Nordstrom experience and know they are going to be taken care of. That helps distinguish us from our competition."

Patient satisfaction levels are apparent through the amount of business generated from patient recommendations. According to Dr. Wolf, "Probably 85 percent of our business is through word of mouth." The word has spread in the media as well. Miami Plastic Surgery has been featured on a variety of television stations and publications including TLC, Telemundo, The Wall Street Journal and The New York Times. Dr. Franco speaks to this coverage, "Drs. Herman, Kelly and

Wolf all have a very high commitment to education, especially here in the Miami area. There is so much bad plastic surgery and bad information. Part of it is helping people know who they should be seeing and the good information. A lot of the TV shows, newspaper articles and videos are to educate people on options and what questions to ask to get a credible plastic surgeon."

Trustworthiness is something Miami Plastic Surgery takes pride in. "Doing the right thing and motivated by the right purpose. If someone comes in and wants something they don't need, you have to be willing to say no. It's all about results in plastic surgery. If you don't get good results, you aren't going to have a good practice," states Dr. Wolf. Dr. Kelly elaborates, "We always want to be credible. We believe in what we're doing and stand by what we do. Techniques come and go. We've seen 20 different devices and 20 different techniques. We avoid jumping on the bandwagon in the first six months. Our patients know that if we are doing it, it must be good."

In addition to establishing credibility in procedures completed, the employees at Miami Plastic Surgery are also dependable. Dr. Kelly states, "One of the philosophies we have is to look at new employees very closely to ensure they are of the caliber we want. If someone is



Baptist Medical Arts Building, home to Miami Plastic Surgery



Shellie Victorio, Cardinal Health Sales Representative and Ileana Breaux R.N., Miami Plastic Surgery

good, we want to keep them here. We have a good practice because of our employees." Upon walking into the office, it is apparent that the staff enjoys coming to work, evident through friendly greetings with sincere smiles. Many employees have been with the practice for several years, some up to 18. "No one leaves...you can tell a good practice if they have no turnover, that's a solid practice!" says Shellie Victorio, Cardinal Health Sales Representative.

"Ordering before was a nightmare, I'd have to set aside half the day just for ordering. Now, I look forward to it!"

Collaboration is likely a contributing factor to the employee satisfaction rates at Miami Plastic Surgery. Every Tuesday, an all-staff meeting is held to discuss any issues currently being faced and suggestions for improvement. A yearly off-site planning meeting also takes place to look at the big picture. Dr. Kelly states, "That constant look and management helps you establish a plan to help you get where you want to go." Planning includes evaluating inventory management and identifying opportunities for reducing costs and increasing efficiency.

Ileana (Lilly) Breaux, Registered Nurse-Operating Room, assists in enhancing the materials management at Miami Plastic Surgery. After switching to Cardinal Health as a distribution partner five years ago,

Breaux has seen many enhancements. One major change was the implementation of OrderConnect® (a personal, key ring-size scanner along with software that allows you to scan your bar codes, upload to our web site and transmit your entire order within minutes). "Shellie (Victorio) introduced me to OrderConnect® that has simplified everything. Ordering before was a nightmare, I'd have to set aside half the day just for ordering. Now, I look forward to it! Thursday comes around and I scan, scan, scan and the next day my stuff is here. It makes it much more efficient and makes my life easier," says Breaux. Victorio and Breaux work well together to improve efficiencies. Victorio states, "I consider them a real partner to Cardinal [Health]. If I have a new product I can bring it in and we evaluate it to look for savings opportunities."

Collaborating with Cardinal Health to explore cost reductions and improved efficiencies has placed Miami Plastic Surgery in a position of success. While elective surgeries have declined in today's economy, procedures performed at Miami Plastic Surgery have increased. Dependable employees, a team environment, concrete principles and dedication to the customer highly contribute to this achievement. Expect to see further worldwide exposure about Doctors Kelly, Herman, Wolf, and Franco and their thriving practice.



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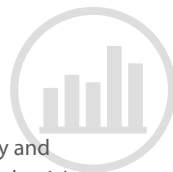


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Critical Congenital Heart Defects (CCHD) and Pulse Oximetry Screening

"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.¹

Kemper Recommended Screening⁷:

- **SpO₂ 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 SpO₂ 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

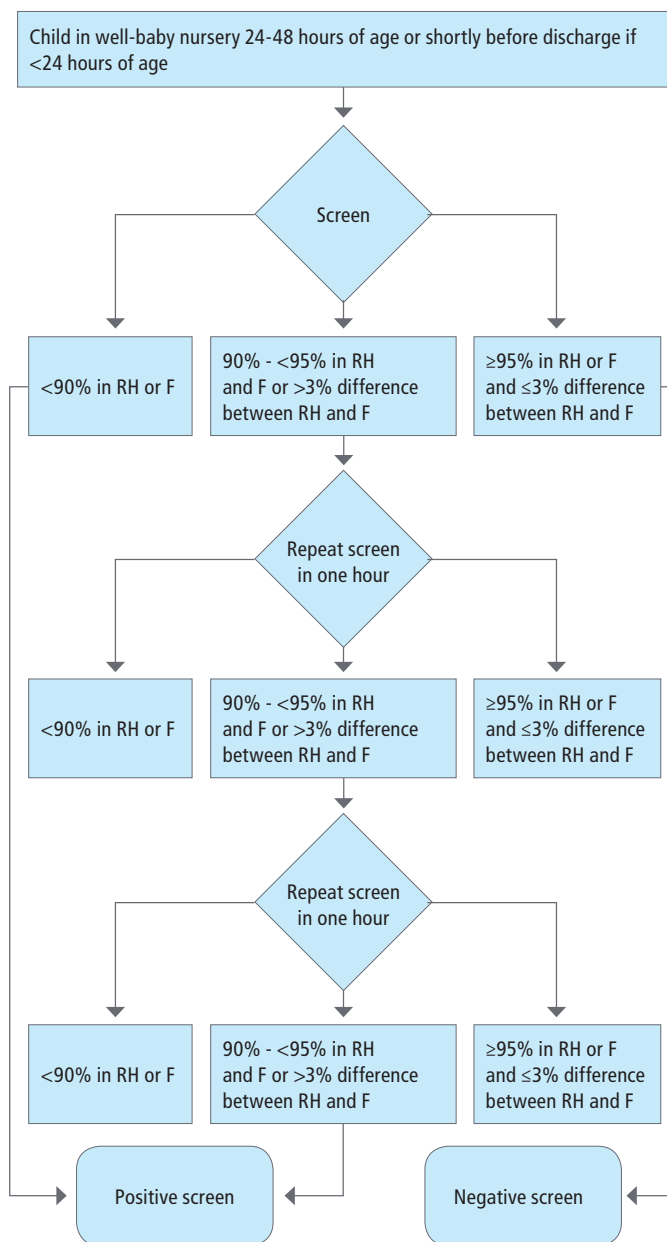
If the results are negative, it means that the baby's test results did not show signs of a CCHD. If the results are positive, it means that the baby's test results showed low levels of oxygen in the blood, which can be a sign of a CCHD, and further testing is needed.

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

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The safest option is synthetic. Hands

In the healthcare environment, the appropriate use of personal protective equipment (PPE) is a key factor in the prevention of transmissible infection for both healthcare workers and patients.

Medical gloves are the most commonly used items of PPE and one of the most important infection prevention products. Gloves help reduce healthcare providers' risks of occupational exposure to bloodborne pathogens, and they also help to reduce the risks of cross-contamination for both healthcare providers and patients.

Today, there are conversations happening in hospitals across the country about whether creating a latex-free environment is necessary or achievable. Is the risk latex poses great enough? Do the benefits outweigh the costs? And when it comes to transitioning away from latex personal preference items such as surgical gloves, how do you get everyone on board?

Footnotes:

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The need for change

It is estimated that 8 to 12 percent of healthcare workers are sensitive to natural rubber latex.¹ Why so many? Unlike other kinds of allergies where increased exposure can dampen the immune system's response, latex allergies can be developed or intensified the more a person comes into contact with latex. So for healthcare industry workers, many of whom literally have their hands in latex all day long, latex exposure may be a risk. Symptoms of latex allergies can range from skin irritation to sneezing, and may result in anaphylactic shock.

There is currently no cure or vaccine, so the only safety measure that can be taken is prevention. The goals of prevention are two-fold: to prevent reactions in individuals who are latex-sensitive, and to prevent initial sensitization of non-sensitized persons. The only effective preventative strategy at this time is latex avoidance.²

Healthcare workers and patients who are allergic to latex must use non-latex gloves,³ but many people are not aware of their sensitivity to latex. Facilities are minimizing the risk to both patients and healthcare professionals by reducing or eliminating their use of natural rubber latex products in patient care areas and in the surgical suite. Synthetic gloves provide those with a known latex sensitivity an alternative solution, and reduce the risk of developing latex sensitivity in those who aren't already sensitive.

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“In my career at other medical facilities, I’ve seen some life-altering, career-ending situations due to latex allergies.”

Case study: Ellis Medicine

In 2010, Ellis Medicine, a network of three medical campuses located in New York’s Schenectady County, addressed these concerns head on. Today, Ellis Medicine maintains an operating room (OR) environment completely free of latex surgical gloves. Their decision to remove latex surgical gloves, and the transition process they followed, provides a roadmap for hospitals of any scale contemplating a similar move.

“In my career at other medical facilities, I’ve seen some life-altering, career-ending situations due to latex allergies,” says Jonathan Blank, R.N., director of perioperative services at Ellis Medicine. “I’ve seen skin reactions so serious that they made scrubbing in too dangerous for the staff member and the patient. I’ve even witnessed severe respiratory reactions due to latex gloves.”

Using latex products may also pose a risk for patients. Some patients may not be aware of their sensitivity to latex, while others may not recognize the extent of their sensitivity and the risks associated with it. In other instances, patients may not be forthcoming with disclosing their sensitivity prior to surgery. Even if the operating room (OR) staff know in advance that a patient is latex sensitive and take the proper precautions of setting up the OR with only latex-free products, there’s still the possibility that latex proteins linger in the air from other products or cases, leaving open the potential for a patient’s latex reaction.

As careful as a hospital may be with planning ahead and minimizing the risk of exposing a latex-sensitive patient to latex, human error is always a threat. The only fail-safe measure is to completely remove latex from the facility.

With all of the risks in mind, eliminating latex throughout the Ellis Medicine OR environment would provide clear benefits and was a top priority when Blank accepted his position in 2009. He had already successfully converted the hospital OR where he was previously employed to a latex-free environment.

Garnering system-wide support

“If the objection was that synthetic gloves don’t have the same feel as latex ones, but they do now, what argument is there?” Blank says. The key, he understood, would be getting doctors and staff to realize this on their own. So he arranged a two-week long trial in which sales representatives set up carts in core supply areas where doctors and staff could sample a wide range of synthetic options to find those that fit and felt best to them. Surgeons and staff were able to evaluate the gloves during multiple procedures over many days. Based on the evaluations, 95 percent of respondents were satisfied with the synthetic gloves — 69 percent even preferred them over their current latex gloves. To address the concerns of the remaining 5 percent, representatives worked one-on-one with individuals to ensure that they were using the right gloves for the right occasion and offered solutions for any obstacles that they encountered. Those folks soon submitted their approval for latex-free gloves.

Settling on a single glove

Based on this data, Blank was able to settle on stocking the hospital system’s OR with a standardized selection of synthetic surgical gloves from a single manufacturer. “Becoming almost latex-free wasn’t an option. We’d still be putting people at risk.” By October 2010, Ellis Medicine became a completely latex-free surgical glove operating room environment. “There’s a philosophical belief in the hospital industry to do what’s best for patients and staff,” Blank says. “The goal is to be on par with the best practice model by meeting industry standards. Today, eliminating latex from the hospital setting is rapidly becoming the standard of care. It was an obvious choice for us.”

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Healthcare providers buy more MINI-BAG Plus systems than any other reconstitution drug delivery product in the U.S. Shouldn't your customers be buying it from you? And, with Baxter Healthcare Corporation's other reconstitution drug-delivery systems, your alternate site customers have even more reasons to rely on you for their reconstitution needs. From manual admix to ready-to-mix, when it comes to reconstitution drug delivery, Baxter has you covered.

MINI-BAG Plus Container System – Connects to standard 20 mm closure, single-dose, powdered-drug vials.

- Works with most manufacturers, branded or generic
- Integrated adaptor means no additional parts or pieces to handle
- Expiration dating simplifies inventory management

VIAL-MATE Adaptor – The ready-to-use device that adapts to you.

- Connects to a standard 20 mm closure, single-dose, powdered-drug vial
- Admixed when and where you need it
- Easy to assemble

Put Baxter's comprehensive system of products to work for you. Contact your Baxter sales representative to learn more.

IMPORTANT RISK INFORMATION:

- Inspect solution visually for particulate matter and discoloration prior to use. Do not administer unless solution is clear and seal is intact.
- Prior to administration, ensure drug is completely dissolved; do not remove from drug vial.
- Do not use containers in series connections.
- Additives may be incompatible.
- Sodium Chloride Injection, USP should be used with great care, if at all, in patients with congestive heart failure, severe renal insufficiency, and in clinical states in which there exists edema with sodium retention.

Baxter, Mini-Bag Plus, the More Balance Delivered logo and Vial-Mate are trademarks of Baxter International Inc.

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- ✓ **Recommended.** Meets CDC, SHEA and APIC guideline recommendations for killing *C. difficile* spores.
- ✓ **Results.** When used as part of a bundled disinfection program for one year, a leading US hospital reported saving up to \$203,000 in costs associated with treating *C. difficile* infections.



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30359 2/110ct refill

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- ✓ Meets OSHA bloodborne pathogen standards.
- ✓ Cleans and disinfects in one step.



Case UPC 68970 6/32 fl. oz.

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Case UPC 68978 4/128 fl. oz.

*3-minute *C. difficile* spore claim has been registered by the Federal EPA and may not be available in all 50 states. Please check with your sales representative for updates in your state. Use as directed on pre-cleaned hard, nonporous surfaces.** Based on EPA master labels 7/1/2012.

NI-19599

For more information, contact your Clorox sales representative or email: healthcare@clorox.com Visit us: cloroxhealthcare.com

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- The sealed bucket helps reduce splashes, spills and vapors that can harm end users when using a bucket or spray bottle.

Mfg #

58487 SofPull® Automatic Touchless Paper Towel Dispenser

59447 enMotion® Impulse® Automated Towel Dispenser

Mfg #

56747 Compact Quad® Vertical Four Roll Coreless Tissue Dispenser

29700 Brawny Industrial™ Surface System Wipers

54006 Brawny Industrial™ Surface System Dispenser Bucket

Sheets Per Case

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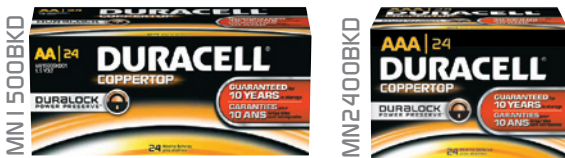
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