

A MONTHLY PUBLICATION OF McLAREN REGIONAL MEDICAL CENTER

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experience
back pain at
some point
during
their lives.**

McLaren Opens Spine Program

Straight Facts About Back and Neck Pain

Four out of five Americans will experience back pain at some point during their lives. This pain can be the result of an accident or injury or simply due to everyday wear and tear. Fortunately, for 80% of these people, their back or neck pain will subside with time and exercise. Those who continue to suffer can now seek help through the new McLaren Spine Program.

Launched in November, the McLaren Spine Program offers a uniquely specialized approach to diagnose and treat back and neck pain. The program is totally designed around the mission of improving function, alleviating pain and enhancing quality of life for people with spine problems.

A Team of Specialists to Help You Feel, Move and Live Better

As the region's first truly comprehensive spine program, the McLaren Spine Program features a multidisciplinary approach in the treatment of back and neck pain. The program combines the expertise of specialists in the following specialties:

- Neurosurgery
- Orthopedic surgery
- Physical medicine
- Physical therapy
- Clinical health psychology
- Pain management
- Interventional radiology
- Certified case management

These experts work together in a coordinated system to identify and treat conditions of the back and neck, ranging from the most common to the most complex. Whether a patient's treatment is medical or surgical, the team of specialists at the McLaren Spine Program is dedicated to applying leading edge technology, the latest

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Michael Wheeler, D.O., physical medicine and pain management specialist, treats a patient in the injection suite.

McLaren Opens Spine Program *continued from page one*

techniques and the most effective therapies to help patients feel, move and live better.

Individualized Treatment Plans

The physicians associated with the McLaren Spine Program work closely with physical therapists to develop a complete, individualized treatment plan for each patient that considers his or her diagnosis, lifestyle and treatment goals. The goal is to work together as a team to achieve the best possible outcomes for patients.

When To Seek Help

The following symptoms of chronic back and neck pain may indicate the need to seek help:

- Pain that is persistent and cannot be relieved
- Pain radiating into the buttocks, leg or groin or pain radiating into the shoulder, arm or hand
- Muscle spasms in the back or neck
- Headache

- Numbness in the legs or arms
- Weakness or loss of bladder or bowel control

Treatment Options

From the first visit to the final follow-up session, the McLaren Spine Program offers appropriate and effective treatment from a full range of available options.

Whenever possible, the McLaren Spine Program will explore nonsurgical treatments first. These treatments may include pain management, physical therapy or a psychological intervention. To strengthen the muscular structure that supports the spine, treatment may involve a combination of MedX technology and McKenzie therapy supervised by our team of specialists. MedX is the most advanced system

(Right) Mary Ellen Rinks, a physical therapist at the McLaren Spine Center, demonstrates the features of the MEDX equipment, which is able to measure the force a patient's back is capable of exerting.



(From left to right) Members of the McLaren Spine Program are Michael Wheeler, D.O., David Fernandez, M.D., James Stathakios, M.D., Nicola Pavelka, administrative director, Barbara Wolf, Ph. D., Vivekinand Palavali, M.D., Hugo Lopez-Negrete, M.D., Ed Atty, M.D., Erin Foster, Ph. D., Christopher Sweet, M. D., and Jawad Shah, M.D.

McLaren Opens Spine Program *continued from page 2*

available worldwide for back and neck diagnostic and rehabilitation therapy. This state-of-the-art equipment has the ability to effectively isolate, test and rehabilitate injured or weakened muscles of the spine unlike no other equipment available.

The McKenzie Method is a philosophy of active patient treatment that emphasizes injury intervention and prevention. This method provides the patient with lifelong pain management skills that can be used in daily living activities.

Surgical Treatment

For some problems, surgery is the only feasible solution. The team of surgeons at the McLaren Spine Program is experienced and well skilled in performing a wide range of procedures with advanced techniques and technology.

Surgeons associated with the McLaren Spine Program include the following neurosurgeons, Hugo Lopez Negrete, M.D., Vivekanand Palavali, M.D., and Jawad Shah, M.D. Orthopedic surgeon David Fernandez, M.D., is also associated with the program.

Physiatrists associated with the McLaren Spine Program include: Ed Atty, M.D., James Stathakios, Jr., M.D., and Michael Wheeler, D.O.

Rounding out the team of specialists are interventional radiologist Christopher Sweet, M.D., and clinical health psychologists Barbara Wolf, Ph.D., and Erin Foster, Ph.D.

Nicola Pavelka, RN, BSN, MBA, is the administrative director of the McLaren Spine Program.

For more information or to schedule an appointment, contact the McLaren Spine Program at 1-877-BACK (2225), call directly to Nicola at 810-691-0907 or visit the McLaren website at www.mclaren.org.

McLaren Spine Program Sites and Physical Therapy Sites

Great Lakes Spine Center

Hugo Lopez-Negrete, M.D.
Vivekanand Palavali, M.D.
Michael Wheeler, D.O.
G-3239 Beecher Road, Suite D,
Flint, MI 48532

Jawad Shah, M.D., P.C.

G-3317 Beecher Road,
Flint, MI 48532

Family Orthopedic Associates

David Fernandez, M.D.
G-4466 W. Bristol Road,
Flint, MI 48507

The Back, Pain and Sports Rehabilitation Specialists

Ed Atty, M.D.
James Stathakios, M.D.
3400 Fleckenstein Dr., Suite 1,
Flint, MI 48507

McLaren Regional Medical Center Therapy Services

401 S. Ballenger Hwy.,
Flint, MI 48433

McLaren Therapy – Bristol

4466 W. Bristol Road,
Flint, MI 48507

McLaren Therapy – Davison

2140 Fairway Drive,
Davison, MI 48423

McLaren Therapy – Fenton

4045 Owen Road,
Fenton, MI 48430

McLaren Therapy – Flushing

2500 N. Elms Road,
Flushing, MI 48433

McLaren Therapy – Owosso

216 E. Comstock St., Suite C,
Owosso, MI 48867

McLaren Therapy – St. John's

505 Dayton St.,
Davison, MI 48423 ■

Diabetes Self Management Program Expands

McLaren's Diabetes Self-Management Program has expanded its classes to a second location. Patients can now take their diabetes self-management classes at one of two locations, either McLaren Regional Medical Center 401 S. Ballenger Hwy., Flint, or at its newest location, the McLaren Community Medical Center-Flint Township, 1314 S. Linden Rd. (at the corner of Court St.). Initial, one-on-one consultations are still taking place at the hospital. McLaren offers a comprehensive Diabetes Program that covers: what diabetes is, personal care, self-monitoring, other monitoring methods, complications, medications, risk factors, gestational diabetes, nutritional counseling, exercise, stress management, and the feelings someone may have when first diagnosed. McLaren's Diabetes Program also offers prediabetes classes for people at risk of becoming diabetic, as well as monthly support group meetings. For more information or to sign up for classes, please call (810) 342-4110. ■



New Ambulatory Surgery Center Takes Shape

Construction is underway at the new Mid Michigan Surgery and Endoscopy Center, which is taking shape across the street from McLaren Regional Medical Center.

Slated to open in June of 2007, the Mid Michigan Surgery and Endoscopy Center is a joint venture between McLaren Regional Medical Center (MRMC), United Surgical Partners International (USPI), and surgeons on our Medical Staff.

The Mid Michigan Surgery and Endoscopy Center is being built in response to a growing need for targeted outpatient surgeries to be performed in a setting specifically designed and operated for that purpose.

The new ambulatory surgery center will serve a number of valuable functions, including:

- Enhancing patient satisfaction and convenience;

(Below) Snow falls on the newly erected steel frame of the Ambulatory Surgery Center located just to the south of MRMC.

(Right) Temperatures dipping below freezing did not slow progress as this ironworker braces against the chilling wind to solder a steel girder connection.

- Enhancing efficiency, convenience and satisfaction for physicians;
- Relieving congestion in the MRMC operating room by accommodating specific outpatient surgeries that previously were performed at the medical center;
- Freeing up space in the MRMC operating room to allow for additional and more complex surgeries to be performed at the medical center;
- Providing opportunities for new business partnerships and physician partnerships that respond to competitive changes in the health care environment.

Specifically, the Mid Michigan Surgery and Endoscopy Center will target the following outpatient procedures:

- Endoscopy
- General surgery
- ENT

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This 28,400 sq. ft., one-story facility, houses four operating rooms, three procedure rooms, a recovery suite and appropriate support services.



Ambulatory Surgery Center *continued from page four*

- Orthopedic cases, such as arthroscopies, sports medicine injuries, hand surgeries etc.

According to Cheryl Ellegood, MRMC Vice President of Business Development, the medical center is targeting 750 cases to move to the new Surgery Center from the time of its opening in June of 2007 through September of 2007. She noted that all outpatient endoscopies will be shifted from MRMC to the new Surgery Center upon its opening. This will allow the medical center to put increased emphasis on growing its programs in bariatric surgery, neurosurgery, orthopedic surgery, general surgery and cardiac surgery.

“We have several strategic initiatives in place to achieve our goal of making this venture highly successful,” Ellegood clarified.

The new Surgery Center is designed as a 28,400 sq. ft., one-story facility, housing four operating rooms, three procedure rooms, a recovery suite and appropriate support services. The Surgery Center will also house an imaging suite, including a comprehensive breast center with advanced digital mammography, CAD and ultrasound technology, fluoroscopy, nuclear medicine and a state-of-the-art 64-slice CT scanner.

Under the business structure for the new Surgery Center, USPI will fulfill the managing function and oversee all operations. Employees of the Surgery Center will be employed by the joint

venture. The Mid Michigan Surgery and Endoscopy Center will have its own governing board, medical staff with accompanying bylaws and regulations, and will execute its own contracts for medical services such as anesthesia. In fact, our own Michigan Medical Anesthesia, P.C. has recently been awarded the anesthesia contract for the Center. The imaging component at the Surgery Center will be operated by McLaren Medical Management, Inc.

“United Surgical Partners International are well experienced in developing and operating successful ambulatory surgery centers across the country,” noted Donald Kooy, MRMC President/CEO. “In fact, McLaren Health Care has contracted with United Surgical Partners, Inc., to develop multiple ambulatory surgery sites throughout Michigan, using the same business strategy.”

USPI has established joint venture relationships with 19 large healthcare systems and hospitals across the country. Headquartered in Dallas, Texas, USPI has ownership interests in or operates 99 surgical facilities in the United States and the United Kingdom.

For more information about the Mid Michigan Surgery and Endoscopy Center or physician partnership opportunities, contact Cheryl Ellegood at 810-342-2298. ■

(Below) Ironworkers use care and precision as they frame the new Ambulatory Surgery Center across from McLaren.



Kidney Center Receives Commendation for Quality

The McLaren Kidney Center was commended at the recent Renal Network of the Upper Midwest, Inc. meeting for providing excellent care to their dialysis patients. The Kidney Center was the largest of five dialysis units in a five-state region to achieve the distinction of “Best Practices”. Renal Network of the Upper Midwest, Inc., also called Renal Network 11, is one of 18 geographic networks in the U.S. established by the federal government to improve the quality of dialysis and kidney transplant services for people with end-stage renal disease. Renal Network staff collected laboratory data for the region’s dialysis facilities for the fourth quarter 2005. The territory that encompasses McLaren includes 354 dialysis units and geographically covers North Dakota, South Dakota, Minnesota, Wisconsin, and Michigan. The McLaren Kidney Center has been caring for patients with end-stage renal disease since 1992. On average, the Kidney Center treats 50 patients each day, 6 days a week, performing an average of 1200 treatments per month. The Kidney Center has been under the administrative direction of Deanna Marvin, RN, CNN, and the medical direction of Nabil Zaki, M.D. since 1991. ■

Harvest Gathering Food Drive Yield is Bountiful

McLaren employees donated 1,625 pounds of food and household supplies to the Food Bank of Eastern Michigan. Donations were generous and exceeded last year's amount by 500 pounds. Each year, the marketing department and nutritional services coordinate the Harvest Gathering Food Drive at McLaren, which is a collaborative program involving hospitals throughout Michigan. Collection boxes were placed at several locations within MRMC as well as at 11 McLaren satellite facilities during the months of October and November. The Harvest Food Gathering is a statewide effort to replenish the shelves of the Food Banks throughout Michigan. The local Food Bank of Eastern Michigan provides food and related necessities to needy families in the Greater Flint community. ■

(Left) Chris Curtin, manager of Nutritional Services at MRMC thanks Julian Garcia, MRMC storekeeper for the extra effort put into emptying and collecting the donation boxes.



(Above) Chris Curtin of Nutritional Services, leads a tour of the McLaren cafeteria and food services.

GISD Teachers and Administrators Learn at McLaren

Administrators and managers at McLaren Regional Medical Center, and administrators and teachers from the Genesee Intermediate School District (GISD), partnered for a first of its kind job shadowing day. Approximately 40 GISD teachers and administrators spent the day at the hospital getting to see firsthand what knowledge and skills are needed to perform many of the jobs included in Michigan's Six Career Pathways. Each pathway has its own group of careers tied to it. School curriculum and activities are tied to the pathways.

McLaren welcomed the opportunity to partner with educators so they can better prepare students for the workplace. GISD representatives requested the opportunity to view workplace career pathways so they can better match what they do in the classroom to the work environment. The GISD participants were very complimentary of their experience, and future collaborations are expected to take place. ■

Approximately 40 GISD teachers and administrators spent the day at the McLaren gaining first hand knowledge

Family Practice Residency Program Earns 5-year Full Accreditation

The McLaren Family Practice Residency program has received a five-year full accreditation by the Accreditation Council for Graduate Medical Education (ACGME). This is the longest approval given out by the Council and is a tribute to the direction and management of the program.

Since the Family Practice Residency program received its initial accreditation in 1995, the practice has provided primary care for people of all ages and health conditions. Family practice physicians are educated and trained in obstetrics, pediatric, and geriatric care. The birthing unit at MRMC has a Family Practice resident on staff at all times to care for obstetric patients. Currently, there are 18 residents on staff at MRMC with six new residents accepted into the program each year. Several graduates of the Family Practice Residency Program have gone on to establish their own practice in the area. Pamela Dasher, M.D., Jaime Yambao, M.D., Cristina Ocampo, M.D., and Alexander Rodriguez, M.D. now offer complete primary care and are accepting new patients. The Family Practice Residency program is under the medical direction of Paul Lazar, M.D. New patients are welcome. For more information, or to schedule and appointment, call 810-733-9650.

(Below) Family Practice physician Scott Plensdorf, M.D. (left center), discusses patient cases with residents during daily rounds at MRMC. Family Practice resident physicians from l to r: Anca Voinov, M.D.; Hossam Hafez, M.D., and Chief resident Kenny Luong, M.D.

The Family Practice Residency Group is currently located at 3245 Beecher Road in Flint. However, there is currently a one million dollar capital campaign underway to support the development of a medical education building. The proposed site for the new building is on the north side of Beecher Road near the Republic Bank office complex. Plans for the facility include office space for the Internal Medicine residency and the Family Practice residency groups, as well as an auditorium-style meeting room. Please call Roxanne Caine, Director of Fund Development, at 342-4087 for more information.

The Accreditation Council for Graduate Medical Education is a private, non-profit council that evaluates and accredits medical residency programs in the United States. The ACGME has 28 review committees (one for each of the 26 specialties, one for a special one-year transitional-year general clinical program, and one for institutional review). Each residency committee comprises about 6 to 15 volunteer physicians. Members of the residency review committees are appointed by the AMA Council on Medical Education and the appropriate medical specialty boards and organizations. ■

Social Worker Recognized for Role in Combating Child Abuse



Nancy Walsh-Clifford, LBSW, MSed., has been named Social Worker of the Year by the Child Advocacy Center (CAC), a Genesee County based support service to

help stop the victimization of children who have been sexually or severely physically abused. The recognition was presented on November 9 at the Stars for Children Dinner and Awards for the Child Advocacy Center. Walsh-Clifford, a medical social worker at MRMC, was recognized for her outstanding service assisting these children and their families.

In Genesee County, the CAC and the Child Evaluation Center are greatly needed. Genesee County has the second highest number of sexual and severe physical abuse in the State of Michigan and twice the national average. Since their opening in May, over 1,000 children have been interviewed.

“Nancy has been a very positive influence moving the CAC forward,” said Deborah Pascoe, Chief Executive Officer of the Child Advocacy Center.

Walsh-Clifford’s involvement with the Child Advocacy Center includes serving on the development and design team that implemented the program. Walsh-Clifford also rotates with the social work staff at MRMC, attends meetings to review child abuse cases with local agencies. She works with physicians, the child, and the child’s family during the medical examination process. Walsh-Clifford facilitates communication between the Child Advocacy Center and The Child Evaluation Clinic, which is supported by McLaren Regional Medical Center’s Club 401. Please join MRMC in congratulating Nancy on a job well done! ■



PET/CT Technology Aids in Alzheimer's Detection

Alzheimer's Disease (AD) is a progressive brain disorder that gradually destroys a person's memory and ability to learn, reason, make judgments, communicate and carry out daily activities. Early diagnosis can provide the patient access to therapies, which are more effective earlier in the disease. The PET/CT Imaging System, available at McLaren Regional Medical Center can supply important diagnostic information and confirm an Alzheimer's diagnosis at the earliest stages of the disease.

Alzheimer's is the most common form of dementia, a group of conditions that gradually destroys brain cells and leads to progressive decline in mental function. The acuity of AD varies, from the slightest moment of forgetfulness in its earliest stages to the complete inability to care for oneself in advanced conditions. Although there is currently no cure for Alzheimer's, new treatments are on the horizon as a result of accelerating insight into the biology of the disease. As with many medical therapies, the earlier treatment can begin the greater the ability to manage the illness. Although several fairly accurate sets of criteria have been developed for the diagnosis of Alzheimer's disease, until recently, autopsy has been considered the only definitive test for diagnosis. Today the disease can be diagnosed by looking at the structure and metabolic activity in the brain.

Brain Imaging

New imaging technologies have revolutionized our understanding of the structure and function of the living brain.

- Structural imaging provides information about the shape, position or volume of brain tissue. Structural techniques include magnetic resonance imaging (MRI) and computed tomography (CT).
- Functional imaging reveals how well cells in various brain regions are working by showing how actively the cells use sugar or oxygen. Functional techniques include positron emission tomography (PET) and functional MRI (fMRI).

Source: Alzheimer's Association website (alz.org)

The ability of positron emission tomography (PET) to measure metabolism has significant implications in diagnosing Alzheimer's disease, Parkinson's disease, epilepsy and other neurological conditions, because it can vividly illustrate areas where brain activity differs from the norm. A study reported in the November 2000 issue of *The Journal of Nuclear Medicine* confirms a long-standing belief that PET can be an effective diagnostic tool for identifying Alzheimer's disease. This study, by comparing PET scan findings

The ability of positron emission tomography (PET) to measure metabolism has significant implications in diagnosing Alzheimer's disease

of a significant number of patients with the pathologic findings in the same patients, confirms PET's ability to diagnose and differentiate the disease. PET is also useful in differentiating Alzheimer's disease from other forms of dementia disorders, such as vascular dementia.

How Does PET Work?

Cells in the body metabolize glucose. An image of this cellular activity is created through a PET scan. First, patients receive an intravenous injection of radioactive glucose tracer. The substance then circulates in the body for a specific amount of time before the images are taken via the PET. Areas where cells metabolize glucose rapidly "light up" brighter than where normal metabolism occurs. Areas in the brain where cells have died appear darker because of decreased brain cell metabolism in those areas. These



"dark spots" reveal AD affected areas of the brain.

When comparing normal brain function versus an AD-affected brain on a PET scan, a distinctive image appears in the area of the AD-affected brain. This pattern is seen very early in the AD course. Conventionally, the confirmation of AD is a long process of elimination that averages between two and three years of diagnostic and cognitive testing.

The Alzheimer's Federation of America (AFA) supports the use of PET for some individuals with suspected Alzheimer's disease.

"With no silver bullet for dementia in the immediate future, we need to fully use all preventive measures and early interventions," the AFA wrote in an official comment letter supporting the Medicare reimbursement proposal in 2004. "PET studies will provide a valuable tool in predicting disease, and maximizing the therapeutic effects of available and evolving treatments."

Certain criteria must be met before most medical insurance companies, including Medicare, will reimburse the cost of the PET scan. In most cases a patient must have at least a six month history of symptoms. For more information about the reimbursement guidelines or to schedule a PET scan, contact Jenny Dickson or Brian Madison at 342-2877. ■

GLCI Colorectal Cancer Screening Program Awarded Collaborative Honor

The Network-Wide Colorectal Cancer Screening and Education in Mid-Michigan Project is the recipient of the 2006 Michigan Cancer Consortium Spirit of Collaboration Award.

Representatives from the Great Lakes Cancer Institute (GLCI)- Bay City, Flint, Lansing, and Lapeer; the GLCI Director of Community Outreach and Education, the American Cancer Society, and Beckman Coulter Inc. collaborated to promote colorectal cancer screening and education in mid-Michigan.

The collaboration was the first attempt to conduct a unified public service initiative among the entire McLaren Health Care Service area. Response to GLCI's Network-Wide Colorectal Cancer Screening and Education collaboration was positive, both from the public and from peer organizations. The Michigan Cancer Consortium presented the group with the 2006 Spirit of Collaboration Award at their annual meeting in November.

"The reviewers were very impressed by (the) collaborative project and its contribution to cancer control

in Michigan," said Pamala Bardon, former Director of GLCI's Community Outreach and Education.

The collaboration yielded the following results:

- Development of a single screening education message that covered the majority of a 22 county area in mid-Michigan by way of radio and newspaper advertising and television and newspaper feature articles.
- Distribution of over 400 free Fecal Occult Blood Tests (FOBT) kits per public requests with a 61.1% return rate.
- Educational Seminars held in Flint, Lapeer, and Bay City
- Identification of 12 individuals that tested positive for fecal occult blood. All are receiving follow up care.

Partners comprising the Network-Wide Colorectal Cancer Screening and Education in Mid-Michigan are: the American Cancer Society, Great Lakes Division, Inc. (Lansing and Flint areas), Bay Regional Medical Center, Beckman Coulter Inc., Great Lakes Cancer Institute, Ingham Regional Medical Center, Lapeer Regional Medical Center, and McLaren Regional Medical Center. ■



Research News

Studies Approved by the MRMC Institutional Review Board in September 2006

- PACCT-1, Dr. Singh: To determine whether patients who have a tumor with an Oncotype DX recurrence score of 11-25 benefit from chemotherapy and to create a tissue and blood specimen bank that will allow researchers to evaluate new diagnostic tests in the future.
- PGT 305, Dr. Singh: To compare the overall survival of female patients with non-small cell lung cancer randomized to CT-2103 to that of female patients randomized to paclitaxel.
- SWOG E5597, Dr. Singh: To evaluate the efficacy of selenium supplementation in reducing incidence of second primary lung tumors in patients who have been treated for stage I non-small cell lung cancer with complete surgical resection.
- NSABP B-42, Dr. Singh: To determine whether or not prolonged adjuvant hormonal therapy with letrozol with improve disease free survival in post-menopausal women with ER-positive and/or PgR-positive tumors who have completed 5 years of an aromatase inhibitor or 5 years of a combination of up to 3 years of tamoxifen followed by an AI.
- Correlation between cardiac dysfunction and early initiative of dialysis, Dr. Akkineni
- Evaluation of patients with Failed AV grafts for possible secondary fistula placement, Dr. S. Ahmed
- Use of APACHE III Scores to triage patients from emergency department to appropriate critical care unit, Dr. Wadenstorer, Carol Higgins, RN, MSN
- NAPA-3, Dr. Dall'Olmo: To evaluate the efficacy and safety of alfimeprase in subjects with acute peripheral arterial occlusion. ■

Applause



Colleen Streeter, RHIT and Tumor Registrar in the Tumor Registry recently passed the certification exam to become a CTR (Certified Tumor Registrar). Colleen has worked in the Tumor Registry since July of 2000 and in the Medical Records Department prior to that for eight years.

The Tumor Registry is responsible for maintaining a database of all patients diagnosed and/or treated at McLaren Regional Medical Center and Great Lakes Cancer Institute – McLaren Campus. This involves abstracting information from each patient's medical record into the Tumor Registry database which includes the cancer site, histology, stage of the cancer, treatment information, including surgical procedures, radiation therapy, chemotherapy, hormone therapy, etc. Once these patients are entered into the Tumor Registry database, they are followed for the remainder of their life to determine any disease recurrence and subsequent treatment received.



Kristin Chevrette, RN, OCN, has recently attained certification, focused on adult oncology, by the Oncology Nursing Certification Corporation. Nurses receiving this certification are distinguished with the OCN credential. Certification is granted to candidates who meet the eligible criteria and successfully complete a comprehensive examination.



Jennifer Dickerson, RN, OCN, has recently attained certification, focused on adult oncology, by the Oncology Nursing Certification Corporation. Nurses receiving this certification are distinguished with the OCN credential. Certification is granted to candidates who meet the eligible criteria and successfully complete a comprehensive examination.



Amy Madden, a surgical tech at MRMC, was featured in the November 2006 issue of AORN Journal (Association of periOperative Registered Nurses) as a recipient of an AORN scholarship to complete her Bachelor of Science in Nursing. Madden anticipated completing her degree from the University of Michigan – Flint in 2007.



Robert G. Molnar, M.D., a vascular surgeon from the Michigan Vascular Center, recently presented at the 141st Annual Michigan State Medical Society Scientific Meeting. Dr. Molnar presented on the current indications and treatment options for patients with carotid occlusive disease. He was chosen to present this topic at the MSMS Annual Scientific Meeting based upon the Michigan Vascular Center's extensive experience with carotid stenting. The Michigan Vascular



**Club 401
Save the Date!**

Please join us

for an evening of fun, friendship and fine fare at the 14th annual Club 401 Charity Benefit for the Child Evaluation Clinic and related child advocacy efforts.

The Club 401 Charity Benefit Gala is set for:

**Saturday,
January 27, 2007**

at the Holiday Inn Gateway Centre, 5353 Gateway Centre Drive (off Hill Road), Flint

Sponsorship packages are available along with individual tickets. Silent auction items are needed.

**Entertainment and Dancing
by Chez-Zam**

For more information about sponsorships, tickets, or to make a donation of an auction item, contact the McLaren Marketing Office at (810) 342-4475. ■

Center has been performing carotid stenting for nearly five years and has one of the most extensive carotid stent trial experiences in the Midwest with nearly 200 carotid stent procedures having been performed. Michigan Vascular Center has participated in eleven national carotid stent trials and continues to be selected as one of the few principle investigator sites for this exciting new technology in the country. In fact, the recent FDA approval of the first carotid stent system for high-risk patients was made possible by the data achieved through the Archer III carotid stent trial. The Michigan Vascular Center was the 14th largest enroller of patients in this trial nationwide, and Dr. Molnar was the first to implant the newly approved device in the State of Michigan (09-07-04). For more information on carotid stenting, drug therapy, or any of the newest, cutting edge, minimally invasive treatment options for peripheral vascular disease offered by the Michigan Vascular Center, please call Dr. Molnar at (810) 732-1620.



Sukamal Saha, MD, FACS, FRCS(C), received top honors at the 2006 ACS Clinical Congress. Dr. Saha's Poster, "Impact of Lymph Node Metastases in the Era of Sentinel Lymph Node Mapping in Colorectal Cancer: A Multi-Institutional Study" was selected as "Best Scientific Exhibit."

The goal of the Scientific Exhibit program is to provide timely and innovative information and findings on scientific research, case studies, surgical procedures, practices, and approaches to practicing surgeons, residents, and medical students. Young investigators and trainees are particularly encouraged to submit abstracts for consideration.

The Scientific Exhibit is a chance for interaction with surgeons and health care personnel from around the world, to educate the Fellowship, and to expose work to an audience of more than 10,000 registered attendees. Abstracts are evaluated by the Review Committee, for which Dr. Barbara L. Bass, MD, FACS serves as Chair. The quality of the exhibit and a balanced program remain the Program Committee's principle criteria for evaluating the abstracts received. For 2006, of the 157 accepted abstracts twelve (12) were chosen for the Exceptional Merit honor, and of those Dr. Saha's poster scored highest.



Kathy Wolowiec, a registered nurse in McLaren's Emergency Department, was selected as the Community Advocate of the Year at the annual Athena Awards program, which recognizes outstanding women in the community. Wolowiec was honored for her countless hours of service promoting safety to elementary students, teen drivers, and elderly adults. The Athena Awards ceremony was held on November 2 at the Holiday Inn Gateway. Genesee Regional Chamber of Commerce sponsors the program. Wolowiec is one of McLaren Regional Medical Center's five Nursing Excellence Award honorees for 2006. In addition, she was selected by the Michigan Center for Nursing to attend the Fall 2006 Institute of Nursing Excellence Retreat held November 5-8. ■

McLaren Salutes the Real McCoy



Richard McCoy holds a plaque given by AFSCME Local 2650 for his union participation.

After 35 years of dedicated service, Richard McCoy is retiring from the Laundry Department at McLaren Regional Medical Center. He was honored at a tea in Ballenger Auditorium on December 15. On his last day before retiring as an employee of McLaren, Richard McCoy showed up to work early. He always likes to relax and have a cup of coffee before starting his shift at 4:00 a.m. When asked about his career at MRMC which began in 1971, Richard said "McLaren has been the best place to work."

"Richard is an institution himself around here," noted Dave Haddon, Director of Support Services at MRMC. "I think just about everyone in the hospital knows Richard, no matter what shift. He has always been friendly to everyone and welcoming to new employees."

Richard looks forward to devoting more time to volunteering at his church upon retirement. ■

Welcome to the Medical Staff



M. Cristina Ciotor, M.D., an internal medicine specialist, has joined the medical staff at McLaren Regional Medical Center. She has joined Hospital Consultants, P.C. and is seeing in-patients at the Medical Center. Dr. Ciotor completed her residency at St. Joseph Mercy Hospital in Pontiac. She received her medical degree from the University of Medicine and Pharmacy in Cluj-Napoca, Romania.



Shawn L. Reiser, D.P.M., a podiatric surgeon, has joined MRMC's medical staff. Dr. Reiser received her degree from Temple University School of Podiatric Medicine in Philadelphia, Pennsylvania. She completed a residency in Foot and Ankle Surgery at The Graduate Hospital in Philadelphia. Dr. Reiser is seeing patients at 1303 Linden Road, Suite D in Flint and can be reached by calling (810) 230-0177.



Adrienne Gutierrez, M.D., a board certified internal medicine specialist, has joined the medical staff at McLaren Regional Medical Center. She is seeing patients at Internal Medicine Associates of Flint, P.C., G-5067 W. Bristol Rd., Flint. Dr. Gutierrez completed her residency at Henry Ford Hospital in Detroit. She received her medical degree from the University of Santo Tomas Faculty of Medicine and Surgery in Manila, Philippines.



David F. Schwarz, M.D., a board certified family practice specialist, has joined the medical staff at McLaren Regional Medical Center. He is seeing patients at the McLaren Community Medical Center-Fenton, at 2420 Owen Rd., Fenton. Dr. Schwarz completed his residency at Genesys Regional Medical Center in Grand Blanc. He received his medical degree from Medical College of Ohio in Toledo, Ohio.



Megan LeCureux, P.A., has joined the medical staff at McLaren Regional Medical Center. Under the direction of Shafi Ahmed, M.D., she is seeing patients at Court Street Family Medicine, located at 4007 W. Court St. Megan received her Master of Science in Physician Assistant Studies from Central Michigan University in Mt. Pleasant. She received her Bachelor of Science in Nursing from Michigan State University in Lansing. Megan can be reached by calling (810) 732-7716.

Paul Chrenka, M.D., a pediatrician, has joined the medical staff. Dr. Chrenka received his medical degree from Wayne State University and completed a residency in pediatrics at MERC/ DeVos Childrens Hospital in Grand Rapids. He is seeing patients at The Children's Office located at G-2184 S. Ballenger Highway in Flint and can be reached by calling (810) 232-5627. ■

Connection

A monthly publication for employees and friends of McLaren Regional Medical Center.

Donald Kooy, President and CEO,
McLaren Regional Medical Center

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McLAREN
REGIONAL MEDICAL CENTER

MISSION: McLaren Health Care
Corporation, through its subsidiaries, will
be Michigan's best value in healthcare
as defined by quality outcomes and cost.

VISION: McLaren Regional Medical
Center will be the recognized leader
and preferred provider of primary and
specialty healthcare services to the
communities of mid-Michigan.

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