POETRY COMPETITION

All sickle cell disease clients are asked to submit their favorite, original poem for publication in the September 2013 newsletter.

Your poem should be submitted to Mrs. Brittany Brown at brittanybrown@usouthal.edu in pdf format by July 31, 2013. The top three poems submitted will receive a prize of $50 for first prize, $35 for second prize, and $25 for third prize. Only one poem per client can be submitted. The Sickle Cell Center faculty and staff look forward to sharing in your creative writings.

Johnson Haynes, Jr., MD
Director, USA Sickle Cell Center

Visit the Comprehensive Sickle Cell Center website at: http://www.usahealthsystem.com/sicklecellcenter
Checking Your to-do List for Transitioning

Brittany Brown, RN, BSN - PACT Coordinator

Do you know the correct way to transfer from pediatric care to adult services? Do you know what paperwork and insurance information are required for successful transfer to adult services? Listed below is a step-by-step approach outlining the transfer process to adult services at the University of South Alabama Comprehensive Sickle Cell Center. The PACT (Pediatric to Adult Care Transition) program begins preparing the pediatric clients for transitioning to adult services starting at age 13 years. The pediatric physicians continue care through the age of 19. Once the transfer process has been completed, clients will be notified at their last pediatric clinic visit. The client has a 30 day grace period to contact their pediatric providers for questions, concerns, and medication refills.

Check List:

1. Define a primary care provider (PCP) if one has not already been established. Please confirm that your chosen PCP sees adult patients. Patients are required to maintain a relationship with their PCP for health issues other than sickle cell disease.

2. Determine if your health insurance requires a prior-authorization or referral to see a sickle cell specialist. Your PCP will provide the necessary paperwork. Please request that prior-authorizations and referrals be faxed to the adult sickle cell clinic at 251-470-5893. Prior-authorizations and referrals are needed prior to an adult clinic appointment being made.

3. Medical Records are required prior to your adult sickle cell clinic appointment. As a transferring pediatric patient from the USA system, medical records will be obtained from the USA pediatric sickle cell clinic prior to your adult clinic appointment by the transitioning nurse coordinator (Mrs. Brittany Brown). Please notify the PACT coordinator if your demographic information, including current mailing address and contact numbers, has changed.

Please contact Brittany Brown, R.N. at the USA Comprehensive Sickle Cell Center at 251-470-5893 for questions or concerns regarding a new patient appointment with our adult sickle cell providers, Dr. Johnson Haynes, Jr. and Ardie Pack-Mabien, C.R.N.P. Please be mindful that appointments are made, until all required paperwork, as listed above, has been received in our office. New clients will be notified by our office with their new patient appointment date, time, and the clinic location. We look forward to seeing you on the adult side!

Transition in a word means... Change!

THE SOCIAL WORKER’S CORNER

The Knights of Peter Claver, Inc. and Ladies Auxiliary award grants to individuals affected by sickle cell disease (SCD) and to institutions or individuals that provide research in this area. The Sickle Cell Disease Association of America-Mobile Chapter, Inc. was successful for the third consecutive year in securing grant funding for a client with SCD that resides within the nine-county service area.

The most recent recipient for the Knights of Peter Claver National Sickle Cell grant is Johnyell Rodgers of Jackson, Alabama. Mr. Rodgers has experienced many complications related to SCD. This grant will assist Mr. Rodgers in covering many of the costs typically associated with managing this type of illness. The Knights of Peter Claver Ladies Auxiliary, Court 1 provided this award to Mr. Rodgers in the fall of 2012. Alisha Grayson and Dexter Jones were recipients of this award in 2010 and 2011, respectively.

The Sickle Cell Disease Association of America-Mobile Chapter, Inc. and The USA Sickle Cell Center would like to thank the Knights of Peter Claver, Inc. and Ladies Auxiliary for their continued support of the sickle cell community.

If you would like more information in regards to this or any of our community service projects or programs, you may contact us at (251) 432-0301. Until next time, so long from the social worker’s corner.

Adrienne Petite, LBSW
Social Worker Case Manager
SCDAA-MC

Graduating Class of 2012

It is with great joy and pleasure that the University of South Alabama Comprehensive Sickle Cell Center take this opportunity to congratulate the graduating class of 2012 on a job well done. These individuals have endured medical challenges associated with their disease in conjunction with the day-to-day academic challenges. They have met their challenges with unrelenting hope and determination and are now graduates. The following individuals have successfully completed high school, college, technical school or a career development program. We encourage all of the graduates to continue your education and/or training as you prepare yourself for the ever competitive and demanding job market.

2012 High School Graduates:
Stanley Barnes, Jr.
Kendrae Dennis
Kenisha Dennis
DeJuan Edwards
Javares Gebrehiwet
LaClara Peyton
Reginald Rodgers
Tovah Williams

2012 College and/or Vocational Program Graduates:
Kimberly Burden
Kathryn Davis
Joshua Evans
Essie Jackson
Jeremy McDonald
Hiram Wright

Congratulations from the USA Comprehensive Sickle Cell Center!
USA ANNUAL SICKLE CELL CONFERENCE 2012: A Legacy of Excellence

Johnson Haynes, Jr., MD

Over 70 participants consisting of physicians, physician assistants, nurse practitioners, registered and licensed practical nurses, pharmacists, social workers, and staff attended the 2012 conference. The 2012 conference was the 12th conference conducted by the USA Sickle Cell Center. The conference theme is geared annually to address practical issues in medicine that impact the care of patients affected with sickle cell disease (SCD). Unique to the 2012 conference was the emphasis on a more holistic approach in the care of sickle cell clients, which entailed discussions on psychosocial, ethical and medical issues involved in effective healthcare delivery. In addition, the 2012 conference was expanded from one day to a two day conference.

The Dr. Cecil L. Parker, Jr., Distinguished Lectureship was presented by Dr. Robert “Bob” Adams from the Medical University of South Carolina in Charleston. He lectured on how the early identification of children at risk for stroke using the transcranial doppler and implementation of chronic red blood cell transfusions have resulted in a failing rate of childhood stroke in SCD. The 2012 conference featured a second guest lecturer, Dr. Alan Sanders, Director of Ethics at Catholic Health East in Newton Square, Pennsylvania who spoke on “Ethics in pain management, fears, realities and needs.” The conference also featured University of South Alabama faculty, Dr. Thomas Butler, Associate Professor, Mitchell Cancer Institute, lectured on “Platelet disorders in sickle cell disease.” Dr. Johnson Haynes, Jr., Director, USA Sickle Cell Center, discussed the potential challenges of sickle cell disease in air travel. Dr. Susan Baker, Associate Professor, Department of Obstetrics and Gynecology, addressed issues in pregnancy unique to SCD. Dr. Felicia Wilson, Professor of Pediatrics, discussed newborn screening in sickle cell disease. Dr. Juvonda Hodge, Assistant Professor, Department of Surgery, discussed the clinical indications and special considerations involved in performing cholecystectomy in the sickle cell disease client. Dr. Anthony Martino, Professor and Chair, Department of Neurosurgery, lectured on the pros and cons of encephaloduroarteriosynangiosis (EDAS) in managing moyamoya in sickle cell disease. Dr. Elise Labbe-Coldsmith, Professor, Department of Psychology, discussed psychosocial issues commonly seen in individuals affected by sickle cell disease. This year’s conference included interesting cases that were presented for discussion by Dr. Zakyya Douglas, Fellow, Pulmonary and Critical Care Medicine; Dr. Sheryl Falkos, Associate Professor of Pediatrics and Dr. Michelle Grier-Hall, Pediatric Medicine, private practice.

Many thanks for the financial support from the USA Medical Center Auxiliary and Center for Healthy Communities. Their support has been vital in keeping the cost of meeting registration affordable and has enabled the Sickle Cell Center to provide affordable continuing education for healthcare providers in the communities we serve.

The next annual conference will be held in the spring of 2014. Congratulations to Mable Barron, LPN, winner of the early bird registration drawing for complimentary admission to the 2014 Annual Regional Sickle Cell Conference. For additional conference information and your chance to win complimentary admission for the 2015 conference, call (251) 470-5893.

Annual Blood Drive Makes Goal: Youth on the Move and Making Strides in 2012

Ardie Pack-Mabien, CRNP

The USA Comprehensive Sickle Cell Center staff, Alpha Phi Alpha Fraternity, Inc, Franklin Primary Health Center, and the Sickle Cell Disease Association of America, Mobile Chapter 2012 Blood Drive was a great success. This partnership began in 2005 and is conducted during the month of September in recognition of National Sickle Cell Awareness Month. The 2012 blood drive was held on Saturday, September 22, 2012 at the Franklin Memorial Complex Mall located at 1303 Martin Luther King Avenue, Mobile, Alabama.

Many lives in the community have been affected by the local blood drive and each year it has grown in participant numbers and success. There was an enormous amount of support from the youth of this community at the 2012 blood drive. Youth supporting the blood drive included University of South Alabama medical and physician assistant students, the Alpha Elites, and local area, middle, high school, and college students. Community youth volunteer efforts included registering donors, serving refreshments, prize distribution, and blood donation. Blood drive sponsors were extremely proud of the efforts put forth by our youth as they make strides toward a more positive future. While the goal of this year’s blood drive was to collect 44 units of blood, the goal was exceeded with 49 units collected. Sixty-four people presented as possible blood donors; eleven more than the previous year and seventeen were first time donors. Forty-one participants were able to donate. Four donors gave what was equivalent to two units using the ALYX procedure. Each unit of blood obtained was separated into red cells and plasma potentially affecting the lives of 141 individuals.

For the third consecutive year, the Pacesetter Motorcycle Club set the standard of community involvement with the highest group participation for blood donors; “Job Well Done” goes out to each and every volunteer at the 2012 blood drive. Thank you for your dedication and continued support and for giving the “Gift of Life” through blood donation. The life you save may be yours, your family, or friends. We hope to see you and your organization at the 2013 blood drive.

The 2013 Blood Drive is tentatively scheduled for Saturday, September 21, 2013 at Franklin Primary Health Center located at 1303 MLK Drive, Mobile, Alabama.

L to R: Shernell Mabien, Austin McGrew-Haynes, and Brittany Brown, RN
I am a third generation graduate of Meharry Medical College. After graduating number one in my class in 1980, I began an emergency medicine residency at Beth Israel Hospital, which is a major teaching hospital of Harvard University. While at Harvard, I quickly gained the respect of the faculty and of my colleagues as being a future leader in Emergency Medicine. The division director, Dr. Diggs, and I had just recently returned from a national meeting where I presented some of our work on the emergency room management of asthma. A new technique to stabilize the chest wall following blunt trauma. This work was receiving much attention from the emergency medicine community. Because of these scholarly activities, I was being heavily recruited to join the faculty at Baylor College of Medicine. After a series of interviews, I decided to join the Baylor faculty as an assistant professor of medicine. There I continued my research, teaching, and clinical activities. I was referred to by many as a "triple threat." This one was the expected but because of changing economics in medicine, very few physicians in academic medicine were able to achieve this. All served me well. I rose quickly through the ranks at Baylor to professor of medicine, which led to the next phase of my professional life. It was now time for me to begin looking at division director jobs in emergency medicine. As I combed through ten potential positions listed in various journals, I finally saw a position available at what I thought was the perfect place, Beth Israel. The next day, as fate would have it, Dr. Diggs called and asked if I would consider moving back to Boston. He wanted my interview introduced to all of the residents in the program. They reminded me of myself some years ago and were obviously very bright. From there I met with one of the more senior staff. He looked me over from top to bottom, as if to say, I was too young. As the interview went on, it became clear he loved this place and was an excellent teacher. I left him thinking, if for no other reason than his love for the place, we would be able to work things out. Following several more interviews with faculty, the day ended with Dr. Diggs. He asked what did I think? I told him I thought this was a great place to be a part of and would love to take the job. I knew ultimately it was up to the dean of the medical school but that Dr. Diggs could influence his decision. Dr. Diggs and I stopped and had a quiet dinner. My mind raced with the thoughts of becoming the new director. I am sure I seemed distant during dinner but I knew he understood how I felt. After all he was also a little distant and consumed with the changes about to occur in his life well. We arrived at his place at the same time on the way back home the following day. I told Dr. Diggs not to worry and I would just catch a cab to the airport the next day. I felt better and got ready for the interviews. My first interview was with a young, energetic, associate professor in the emergency department who felt her research was of primary importance at this time in her career. Clearly, she would be a major player in containing a strong academic group. He wanted an interview introduced to all of the residents in the program. They reminded me of myself some years ago and were obviously very bright. From there I met with one of the more senior staff. He looked me over from top to bottom, as if to say, I was too young. As the interview went on, it became clear he loved this place and was an excellent teacher. I left him thinking, if for no other reason than his love for the place, we would be able to work things out. Following several more interviews with faculty, the day ended with Dr. Diggs. He asked what did I think? I told him I thought this was a great place to be a part of and would love to take the job. I knew ultimately it was up to the dean of the medical school but that Dr. Diggs could influence his decision. Dr. Diggs and I stopped and had a quiet dinner. My mind raced with the thoughts of becoming the new director. I am sure I seemed distant during dinner but I knew he understood how I felt. After all he was also a little distant and consumed with the changes about to occur in his life well. We arrived at his place at the same time on the way back home the following day. I told Dr. Diggs not to worry and I would just catch a cab to the airport the next day. I felt okay and to look to hear from the dean in about two weeks. We said good night and I went to my room.

That night about 10 p.m. my legs and back started hurting. I took something for pain but did not get any relief. Three hours later the pain was some of the worst I had ever experienced. I called the front desk and told them to have me a cab waiting because I wanted to go to the emergency room at Beth Israel. Looking a bit through pain, I felt better and got ready for the interviews. I was referred to by many as a "triple threat." This one was the expected but because of changing economics in medicine, very few physicians in academic medicine were able to achieve this. All served me well. I rose quickly through the ranks at Baylor to professor of medicine, which led to the next phase of my career at Beth Israel. I was to begin in three years. I was able to schedule a later flight home that day. Although not feeling my best, I thought I could handle the flight. I continued my pain medicine by mouth and drank lots of water. Thankfully, the flight home was a direct flight and was uneventful. I arrived home safety and after a day or so was back to normal only to wait on the decision from the dean.

The two weeks passed slowly but finally the letter came. I was officially offered the position of Division Director of Emergency Medicine at Beth Israel. I accepted and was happy. This was the beginning of the rest of my life. I was to begin in three short months. I could hardly wait.

I spent much of the next three months preparing for the move to Boston. It is amazing how much stuff one can accumulate over the years. To my surprise I found myself a little sad about leaving Houston, leaving Baylor, and leaving many old friends. None-the-less, that day came and the movers packed my office and I headed what was being bagged on 100% oxygen, had a flailed chest and was hypotensive. The patient's airway was intubated through the nose, two large bore IV's were established and the chest was stabilized. He subsequently developed a malignant heart rhythm that required the patient to be shocked to establish a normal rhythm. After being cardioverted, the patient was stable but critical and we were able to transfer the patient to the intensive care unit for further evaluation and management. Shortly thereafter, things quieted down in the emergency room. The resident looked at me with a big smile on his face and said, "you really are as good as they said you are." I smiled and went on. Before I left I told him to come by my office the following day so we could talk. He said I'll be there and went on to see some of the other patients.

The following day the resident came by as we had discussed. As he entered we began by discussing his future plans. He, like I once was, was ranked as one of the top residents. He someday wanted to head his own division. Without warning he said I couldn't help but think we have met before. I said, "We have. Do you remember treating a lady about three and a half months ago for a sickle cell pain crisis that looked like me?" He stared closely and mumbled, "yes, but no, you're that lady?" "Yes."

"You've got sickle cell disease?" "Yes." "Who would have thought?"

"Let this be a lesson, always treat your patients the way you want to be treated. You never know they may be your doctors some day."

Written

John Johnson, Jr., MD

Johnson Haynes, Jr., MD

"Let this be a lesson, always treat your patients the way you want to be treated. You never know they may be your doctors some day."

Note: The characters in this narrative, "Who Would Have Thought?" are fictional and was written to address attitudes reflected by sickle cell disease clients experienced globally in healthcare settings.