



UC Irvine Douglas Hospital Now Open

UC Irvine Medical Center's state-of-the-art hospital has opened and recently was bestowed a new name: UC Irvine Douglas Hospital. It is named in honor of the late M.A. Douglas, a former resident of Orange whose business acumen and real estate partnerships helped develop Orange County. His estate's \$21 million gift to UC Irvine is the largest single cash donation in campus history and enables the university to reach its fundraising goal for UC Irvine Medical Center's new hospital.

The seven-story centerpiece of UC Irvine Medical Center in Orange opened in March, offering the latest medical technologies and strengthening UC Irvine Healthcare's ability to provide the most advanced, highest quality treatments.

The hospital features spacious patient rooms that have been designed to ensure privacy, promote healing and accommodate multidisciplinary treatment teams. There are two cardiac catheterization lab suites furnished with the latest equipment, as well as 15 state-of-the-science operating rooms, including several specifically designed for robotic surgery and other minimally invasive surgery. Other top features include expanded and specialized intensive care units for neonatals and for neuroscience, burn, surgical and medical patients.

"The people of Orange County deserve the advanced patient care, research and education that a university medical center provides," says Terry Belmont, UC Irvine Medical Center CEO. "UC Irvine Douglas Hospital exemplifies the meaning of 'Discover. Teach. Heal.'"

For more information, including a virtual tour of UC Irvine Douglas Hospital, visit www.ucihealth.com/douglashospital.

www.ucihealth.com

Seniors: Ask the Doctor

Transitions of Care

As seniors age, their medical treatment can become complicated, requiring care in different settings by various providers. This can cause older patients to fall through the cracks by disrupting their continuity of care. Join us as Dr. Matthew Butteri, a UC Irvine SeniorHealth Center geriatrician, discusses this topic.

Q What's meant by "transitions of care"?

A This term refers to situations in which patients change doctors or medical settings as their healthcare needs evolve. For example, a person might be treated by a primary care physician, then admitted to the hospital. There, he might be treated by different medical teams in various units, and later discharged to a nursing home. Each change in caregivers or settings is defined as a "transition of care."

Q Why is this issue so important?

A A patient's care can become fragmented due to poor communication across care settings and among different doctors. This may lead to medication errors, duplication of services and poor outcomes.

Q What's being done to correct this situation?

A Medication reconciliation is an important strategy to protect patients during healthcare transitions. It begins with the provider taking a careful medication history. Most important, this record is reevaluated or "reconciled" each time the patient transitions through different care settings: home, hospital or skilled nursing facility. The goal is to identify potential drug interactions, omissions, duplications and incorrect dosages, all of which can have serious consequences.

Q What happens during a hospital discharge?

A A final reconciliation takes place, resulting in an accurate list of medications with instructions for use, as well as information about follow-up appointments. At UC Irvine Medical Center, geriatric hospitalists—doctors who oversee the

care of hospitalized seniors—coordinate this process. The record is taken by the patient or caregiver to the next healthcare transition point, ensuring continuity of care.

Q What can patients and caregivers do to ensure a smooth transition?

A They can bring an updated list of all their medications when admitted to a hospital or other healthcare facility. This should include the dosage and frequency of prescribed medications, herbal and over-the-counter products. Better yet, patients can brown-bag all medications and bring them along to help reduce medication errors.

Q What about healthcare providers?

A In addition to educating patients and family members about medication self-management, UC Irvine Medical Center is initiating new systems to improve communication with facilities that provide post-hospital care. We're also transitioning to a new electronic medical record system, which will facilitate the sharing of clinical data among providers and healthcare settings. At the end of the day, the most important issue is to provide clear and concise information to all involved in the transition of care, especially the patient.



Dr. Matthew Butteri specializes in the care of older patients. His interests include polypharmacy and the interactions of multiple drugs taken to manage increasingly complex illnesses.

For an appointment or more information, please call 877.UCI.DOCS or visit www.ucihealth.com.