WEEKEND WARRIOR: GETTING BACK INTO THE FITNESS GAME
Expert Advice to Become an Exercise Enthusiast

SEPSIS IN THE SPOTLIGHT
A Task Force, Tools, and Quick-Thinking Take on Sepsis

BY THE NUMBERS: DON’T DODGE THE DOC
Simple Tips to Stay in Tip-Top Shape
PIT STOP FOR MEN’S HEALTH
Join UPMC Health Plan to ensure you’re firing on all cylinders.

WEEKEND WARRIOR:
GETTING BACK INTO THE FITNESS GAME
Matt Schaffer, MD, gives expert advice on going from couch potato to exercise enthusiast.

Q&A: BREAST CANCER IN MEN
Shannon Puhalla, MD, talks about the importance of recognizing early signs of breast cancer in men.

SEPSIS IN THE SPOTLIGHT
A task force, tools, and individual quick-thinking are helping to fight fast-moving sepsis.

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Simple tips to help you stay in tip-top shape.
Pit Stop for Men’s Health Event

To celebrate men’s health, UPMC Health Plan wants to make sure you’re firing on all cylinders!

Join us this June in Pittsburgh or Erie for our men’s health events. The events will provide the opportunity to speak one-on-one with UPMC Health Plan health coaches about staying on top of preventative screenings, nutrition, and physical activity.

Each event will feature:

• Proven ways to keep heart health, diabetes, and other conditions in check
• Successful tips to stop smoking
• Energy-boosting and stress-busting methods that work
• Simple advice for losing your gut and keeping fit
• Free blood pressure, cholesterol, and glucose screenings
• Free body mass index and body fat screenings

Wait, there’s more!

• Enjoy a free 7-minute chair massage
• Bring the kids for free face painting and balloon art

Pittsburgh
Saturday, June 18, 2016
Noon to 5 p.m.
Monroeville Mall
UPMC Health Plan Connect Service and Sales Center
(second floor near JCPenney)

Erie
Saturday, June 25, 2016
Noon to 5 p.m.
Millcreek Mall
UPMC Health Plan Connect Service and Sales Center
(near Best Buy Mobile)
WEEKEND WARRIOR: Getting Back Into the Fitness Game
by Jason Walker

It’s Saturday morning and you are lying on the couch finishing a bag of chips and watching reruns when the phone rings. It’s a friend you haven’t seen in a while calling to ask if you want to join a basketball league that starts in three weeks.

You’ve been thinking about trying to get back into shape, but the only running you’ve done lately is running your kids to soccer, dance, gymnastics, or baseball.

You were never LeBron James, but at one point in your life you could hold your own on the basketball court. Now you’re afraid you might embarrass yourself.

In this situation, Matt Schaffer, MD, Renaissance Family Practice — UPMC and Burke & Bradley Orthopedics, encourages you to give it a shot. Dr. Schaffer offers the following tips on incorporating exercise back into your routine.

Get Your Muscles Used to Activity
To prepare for any type of exercise program, try mimicking some of the activities you will be doing. If you are joining a basketball league, find somewhere to shoot some lay-ups.

Start Out Slowly
Don’t try to do too much at once, especially if you haven’t exercised in a while. Start with 15 to 20 minutes of aerobic activity three days per week, gradually increasing to a half hour of activity five times a week.

Know When to Consult a Physician
If you’ve been living a sedentary lifestyle, you should consult your primary care physician before beginning any exercise program. If you have a family history of heart disease, are a smoker or overweight, have high cholesterol or diabetes, this step is particularly important.

Take Time to Warm up and Cool Down
Consider jogging or running in place to warm up for a workout, and cooling down with some static stretching afterwards.

Be Prepared to Be Sore
Muscle soreness is common, especially when starting a new exercise program. Staying hydrated during and after any type of activity is important to minimize pain. You also should stretch and ice any sore areas, or acetaminophen to assist in reducing soreness. It may not seem like it at the time, but most muscle pain will go away on its own within 72 hours.

If you experience any type of severe pain, get checked out by your physician.

Don’t Make Excuses
Make time for exercise by lumping it in with other parts of your routine. Try bringing workout clothes to work and hit the gym on the way home. Or, try breaking up your exercise, instead of doing 30 minutes all at once, walk for 10 minutes three times a day.
How common is breast cancer in men?

It’s pretty rare, about 0.5 to 1 percent of all breast cancers happen in men — that’s about 2,000 cases a year in the United States.

Literature does suggest that the incidence in men is increasing, probably in part related to lifestyle. In particular, obesity and lack of exercise are emerging risk factors for male breast cancer and female breast cancer.

What are concerns around breast cancer in men?

One of the concerns with male breast cancer is that because men don’t get screened with mammograms, it’s not really on their radar. Often, men present with breast cancer at a more advanced stage. You are not picking up the cancer on mammograms like you are in women when it’s small. You’re waiting until you can actually feel something.

The important public service message is: If a man does feel something in his breast tissue or on his chest wall, he needs to bring it to the attention of his physician.

Where does breast cancer occur in men?

It usually happens behind the nipple and feels like a lump or a hard marble. If it hurts, it can be cancer; if it doesn’t hurt, it can be cancer.

When breast cancer spreads, it goes to the lymph nodes that are in the armpit. Sometimes, men and women will actually feel the mass in the armpit instead of the breast.

What causes breast cancer among men?

It’s relatively similar to the issues we see with female breast cancer, which are related to estrogen exposure.

For instance, men can have something called Klinefelter syndrome, which is a genetic abnormality, a chromosomal issue, that changes estrogen levels in men and predisposes them to breast cancer. Some inherited gene mutations have been linked to breast cancer. These mutations are passed to you from either parent and can affect the risk of cancers in both women and men.

How exactly does obesity contribute to the risk of breast cancer among men?

Data shows us that fat cells, in essence, can produce estrogen or lead to a high estrogen environment, which can then stimulate breast cancer cells to grow.

What are the treatments for men who develop breast cancer?

Most men will have a mastectomy (removal of the breast tissue). Men can have a lumpectomy, which is just removal of the lump itself. That’s the first step.

The second step is preventing recurrence of cancer. We can treat men with chemotherapy or hormonal treatment.

What are other challenges you face helping men battle breast cancer?

Women can usually find other women at work, or in their community, who have had breast cancer. For a man, the only people he may know who have had breast cancer are women. I think there is a sense of isolation for men.

UPMC is part of the Translational Breast Cancer Research Consortium, that is trying to help characterize male breast cancer by following patients over time. It’s important that we participate since we see about 1,300 new cases of breast cancer a year and about 1 percent of those are men.

For decades, efforts to find a cure and raise awareness about breast cancer have been literally colored pink, but breast cancer is not a health care concern exclusive to women.

Many men who develop breast cancer miss or ignore the early warning signs, said Shannon Puhalla, MD, assistant professor of medicine and director of the Breast Cancer Clinical Trials Program, Magee-Womens Hospital of UPMC.

Dr. Puhalla covers the basics about male breast cancer and sets the record straight about misconceptions surrounding the disease.
Around 8:30 a.m. every morning, the nurses at UPMC Passavant conduct their rounds. During her first week on the job, Stephanie Policaro, a recent nursing graduate, noticed odd behavior from one of her patients. Stephanie had worked with this patient previously, and knew him to be extremely observant and talkative. But on this morning, he wasn’t acting like himself.

“He was quiet and confused, his blood pressure was low, his breath was fast and shallow, and his temperature was high,” Stephanie recalled. She decided it was time to assess the patient for sepsis.

Sepsis is like a weed in your garden: It pops up everywhere, can be difficult to see among your plants, and grows out of hand quickly.

Put simply, sepsis is a life-threatening condition that arises when the body’s response to an infection injures tissues and organs. Identifying sepsis can be extremely complex, and once identified, treatment needs to begin quickly to increase the patient’s chance of survival.

Stephanie decided to alert UPMC Passavant’s sepsis response team, who began running through the Sepsis Management Checklist, one of the tools created at UPMC to assist in the identification and treatment of sepsis. The tools meet the Centers for Medicare and Medicaid Services’ (CMS) reporting requirements, and are consistent with standards set by the Surviving Sepsis Campaign.

After further evaluation from critical care nurses and doctors, the patient was transferred to the ICU, where the health care team was able to intervene with the fast-moving condition.

“It was nerve-wracking to make the call because I didn’t want to make a big fuss over nothing. However, timing is critical with sepsis management, and I was so thrilled to see him go home nine days later,” said Stephanie.

**Sepsis Management**

Since sepsis can permeate throughout the hospital — from the Emergency Department to the Inpatient Unit — it is important to provide quick and standardized treatment to ensure patient safety. In 2015, there were 8,930 patients with sepsis across all UPMC hospitals.

“Just by virtue of all these patients, this is something we need to make a priority,” said Judy Shovel, RN, corporate improvement specialist, the Wolff Center of UPMC. Judy serves as a lead project contributor on the ICU Service Center team.

The ICU Service Center strives to deliver the highest quality critical care with compassion to critically-ill patients and their families. Currently, they are providing oversight to teams building tools and processes to combat sepsis and provide a unified approach to sepsis management across UPMC.

“I believe it was Stephanie’s critical thinking and decision-making that saved the patient’s life,” said Betsy Tedesco, MSN, who is currently working on a capstone project on sepsis management.

According to Melanie Heuston, DNP, director of Nursing, UPMC Passavant, the project aligns perfectly with the service line approach that is making UPMC Passavant a learning laboratory for identifying sepsis and alerting a response team.
Task Force Takes On Sepsis Management

The sepsis conversation has taken a step into the national spotlight, revealing a new definition of the syndrome. A 19-member joint task force evaluated evidence from clinical trials to redefine sepsis as, “life-threatening organ dysfunction caused by a dysregulated host response to an infection.”

One of our own, **Chris Seymour, MD**, led the evaluation of over 1 million electronic health records (EHR) to compare criteria and analyze results that led to the redefinition.

“UPMC should take credit — for many years, patients from the system contributed to the criteria and without that data, the study wouldn’t have been possible,” said Dr. Seymour.

Previous definitions focused heavily on systemic inflammatory response syndrome (SIRS) criteria, which is not always exclusive to sepsis.

Additional criteria used to construct the new definition included:
- Sequential organ failure assessment (SOFA) score
- Logistic organ dysfunction system (LODS) score
- Quick sequential organ failure assessment (qSOFA)

“The commitment to improving the care of our sepsis patients at UPMC is one of our top priorities. We have the world’s leading researchers right here at the University of Pittsburgh, and are now leveraging that knowledge and skill to benefit our patients,” said **Tami Minnier**, chief quality officer, UPMC.

Current tools include:

- **Standardized Sepsis PowerPlans**: Available through eRecord, these groups of activities — including physician orders — use standardized evidence-based practice for treatment of a diagnosis, condition, or problem.
- **Physician Documentation Tools**: Selectable content and Dragon Voice Recognition commands are imported into physician documentation, expediting the identification process.
- **Sepsis Early Identification Alert**: This Cerner alert constantly searches through a patient’s chart looking for signs pointing to sepsis and notifies caregivers to further assess the patient. This tool is still in development with the eRecord team.
- **Sepsis Management Checklist**: Assists caregivers in tracking care, and are especially helpful during caregiver handoffs when patients move to different units. This tool is currently being piloted at UPMC Passavant and will be available in eRecord once the pilot outcomes are reviewed.

The ICU Service Center is working to increase sepsis promotion through education modules and feedback from doctors and nurses. Two teams are working on sepsis management projects in eRecord and Cerner that establish standardized management and documentation of patient care while providing guidelines on what to do when sepsis is identified.

Eating Well

**Choose grilled, steamed, roasted, baked, or broiled dishes ... instead of fried.**
Yes, guys, we’re talking to you, but these tips are good for all of us. When it comes to your health, visiting the doctor is one of the best things you can do for yourself. That, plus diet and exercise of course!

We tapped Anthony Fiorillo, MD, and Francis Solano, MD, both of Solano & Kokales Internal Medicine Associates — UPMC, for their best advice on how you can take small, easy steps to a better you.

**Be a Part-Time Vegetarian**
Choose a Mediterranean diet high in fruits, veggies, fish, eggs, nuts, grains — and even a little red wine.

**Outsmart “Sleep Mode”**
Eat 70 percent of your calories before 5 p.m., which is when your body enters a “stored state” and processes food into fat, not fuel.

**Eat a Fistful**
Don’t be a slave to your portions. Only eat what you can fit into the palm of your hand. Bonus: Each item on your plate can be the size of your palm!

**Get On the Oat Boat**
Steel-cut oatmeal binds bad cholesterol together, and raises the good kind.

**Ax the Asphalt**
As you age, transition from court sports to activities that are less stressful on the joints. Your go-tos? Biking and swimming.

**Follow the Rule of 250**
A brisk 30-minute walk a day can help you burn 250 calories, or a half a pound a week. That’s 25 pounds in a year!

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**Get Screened!**

**Blood Pressure:** Yearly

**Cholesterol:** Every five years

**Testicular:** Self-exams twice a year between ages 20 and 40

**Colorectal and Prostate:**
After age 50, consult with your doctor
I’m walking for
My daughter Rory
June 4 Schenley Park
Register Today!

Sponsored by
PNC
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First Friday is a digital magazine published monthly by UPMC Internal Communications to capture the spirit of innovation, dedication to caring, and attention to quality that permeates the work done across UPMC every day.

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A world-renowned health care provider and insurer, Pittsburgh-based UPMC is inventing new models of patient-centered, cost-effective, accountable care. It provides more than $888 million a year in benefits to its communities, including more care to the region’s most vulnerable citizens than any other health care institution. The largest nongovernmental employer in Pennsylvania, UPMC integrates 60,000 employees, more than 20 hospitals, more than 500 doctors’ offices and outpatient sites, and a more than 2.9 million-member Insurance Services Division, the largest medical and behavioral health services insurer in western Pennsylvania. Affiliated with the University of Pittsburgh Schools of the Health Sciences, UPMC ranks No. 13 in the prestigious U.S. News & World Report annual Honor Roll of America’s Best Hospitals. UPMC Enterprises functions as the innovation and commercialization arm of UPMC, while UPMC International provides hands-on health care and management services with partners in 12 countries on four continents. For more information, go to UPMC.com.
Top 5 Reasons Why You Should Nominate the Person Next to You for ACES

5. She can recite UPMC’s values at the drop of a hat, and, even more importantly, models them every day with customers and co-workers.

4. He takes patient-centered care to heart, making each hospital stay a better experience for the entire family.

3. She’s a customer service superhero. You watched her leap tall buildings to make sure a member was completely satisfied.

2. His innovative idea helped you and your team eliminate hours of paperwork ... and cured your daily headache.

1. She makes your department — and UPMC — a better place to work.

Nominations are open through Thursday, June 30, for UPMC’s Award for Commitment and Excellence in Service.

Visit Infonet.UPMC.com/ACES today and tell us about your amazing co-worker.