



February...we're tired of winter and rarely see the sun! Spring can't come soon enough. February also features the Super Bowl and numerous award shows, including the Oscars. It is a month of the "best of" .... Everyday, in the research world, we are trying to do the best work that we can. From developing protocols to analyzing data and designing posters, our goal is to make a valid and useful contribution to clinical science and ultimately patient care.

For our residents and fellows, one essential ingredient on the way to "best of" is the input and support of a faculty mentor. At Ascension St. John Hospital, our residents and fellows are fortunate to have so many faculty members who are willing to serve in the role of mentor. It is often not an easy job—but one that is ultimately worthwhile. February is American Heart Month and Go Red for Women, but I think it should also be Faculty Mentor month and *Go Red for Faculty Mentors!* Why Red? Because it takes a generous heart to share your knowledge and experience with a trainee.

So, thank you to all of our Faculty Mentors. Let's hope that many more physicians and other faculty will be able to join your ranks and work with residents and fellows in this most gratifying way. As a reminder, our "best of" awards show...aka Research Day is coming up soon: April 29, 2019. Please mark your calendars to spend part or all of your day listening to the best of our resident projects in 2019-2020.

Thanks,

*Dr. Susanna Szpunar*

Director, Biomedical Investigations and Research  
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Go **RED** for Faculty Mentors!

## Cost Effectiveness vs. Cost Benefit: The Correct Choice

Cost benefit analysis and cost effectiveness analysis are two methods for determining the value of medical procedures or programs. There are key differences between the two approaches.

**Cost-Benefit Analysis (CBA)** is an economic analysis in which the costs of medical care and the loss of net earnings due to death and disability are considered. The general rule for the allocation of funds in a CBA is that the ratio of marginal benefit (the benefit of preventing an additional case) to marginal cost (the cost of preventing an additional case) should be equal to or greater than one. A CBA results in statements such as: "This program yields \$3.00 in savings for every \$1.00 spent on the program."

**Cost-Effectiveness Analysis (CEA)** seeks to determine the costs and effectiveness of an activity, or to compare similar alternative activities to determine the relative degree to which they will obtain the desired outcomes or objectives. The preferred action or alternative is one that requires the least cost to produce a given level of effectiveness or provides the greatest effectiveness for a given level of cost. In the health care field, **outcomes are measured in terms of health care status.**

In public health, **CEA** tells us, for example, if we will save more lives by implementing a prevention program for breast cancer vs. oral cancer. Once that decision is made, **CBA** is used to determine which strategy for a given objective provides the most benefit (in monetary terms) per dollar spent.

CBA values outcomes in terms of dollars while CEA values outcomes in terms of health care status. Thus, CEA analyses tells us which objective to target and CBA tells us the way to get the most benefit per dollar spent.



## Resident Research Day is Coming!

- ☆ Our annual Resident Research Day will be on April 29, 2020. All activities will be held in the Auditorium and Lower Level Conference Room.
- ☆ Outstanding residents from each program will present their original research or quality improvement projects in 10-minute oral presentations.
- ☆ Fellows, pharmacy residents, non-presenting residents and medical students are invited to display posters of their work during the day.
- ☆ Some of the winners from our local Research Day will present their work at the SEMCME Research Forum.
- ☆ In 2019, there were so many excellent projects that we handed out a record number of awards.
- ☆ Please join us for this showcase of the best of our residents' research and quality improvement projects.



## Recent Publications

Crisher M, Giuliano C, Hartner C. Insulin detemir versus insulin glargine in the hospital: do hypoglycemia rates differ? Clin Diabetes 2019 Apr;37(2):167-171. PMID 31057223.

Hamza A, Khan U, Khurram M, Abraham R, Mazzara P, Hadid T, et al. Prognostic utility of tumor-infiltrating lymphocytes in noncolorectal gastrointestinal malignancies. Int J Surg Pathol 2019 May;27(3):263-267. PMID 30426804.

Patel V, Vendittelli P, Garg R, Szpunar S, LaLonde T, Lee J, et al. Neutrophil-lymphocyte ratio: a prognostic tool in patients with in-hospital cardiac arrest. World J Crit Care Med 2019 Feb;8(2):9-17. PMID 30815378.

Rock K, Hayward R, Edhayan E. Obesity and hospital outcomes following traumatic injury: associations in 9 years of patient data from a single metropolitan area. Clin Obes 2019 Apr;9(2):e12293. PMID 30657640.

Sharma M, Braekevelt K, Kale-Pradhan P, Szpunar S, Khatib R. Are blacks at higher risk for vancomycin-related acute kidney injury? J Pharm Pract 2019 Jan; epub ahead of print. PMID 30669919.

Pearson C, Kim D, Mika V, Imran Ayaz S, Millis S, Dunne R, et al. Emergency department visits in patients with low acuity conditions: factors associated with resource utilization. Am J Emerg Med 2018 Aug;36(8):1327-1331. PMID 29277493.

**Please inform the Research Department of any publications, including abstracts.**

**We will enter them into our database. Send information to Susan Szpunar or Alice Mar.**

## Institutional Review Board Reminders

### Non-compliance

Non-compliance means significant failure by an Investigator to abide by the Ascension St. John Hospital policies and Federal regulations protecting human participants in research. Instances of non-compliance would include but are not limited to:

- ◆ Beginning research prior to securing IRB approval.
- ◆ Misuse or non-use of approved consent forms.
- ◆ Failure to secure IRB approval before introducing changes in an on-going protocol.
- ◆ Continuing to gather data from participants after IRB approval expires.
- ◆ Failure to secure IRB approval by continuing review of protocols.
- ◆ Failure to inform the IRB of changes to the protocol, serious adverse events (SAEs) and adverse events (AEs) in a timely fashion.

Non-Compliance is a violation of the Federal Wide Assurances for Ascension St. John Hospital (FWA00003217) and Ascension Providence Hospital (FWA00003036), and Federal Regulations for the protection of human subjects. Incidents of non-compliance must be reported for the protection of the rights of human participants.

Non-compliance represents a serious challenge to the Institutional Review Board (IRB). Regardless of the Investigator intent, unapproved research involving human subjects places those subjects at an unacceptable risk. Any incident of non-compliance with IRB guidelines must be reported to the IRB Chairperson and the IRB Administrative Office immediately.

Federal regulations (45 CFR 46.113 and 21 CFR 56.113) provide the IRB with authority to suspend or terminate approval of research that is not being conducted in accordance with IRB requirements.

### Policies

Policies are uploaded in IRBNet and will soon be available on the Ascension St. John Hospital intranet.

### Ancillary Authorizations

If your study will require authorization from an ancillary department (i.e. pharmacy, radiology, or finance), please obtain and submit the appropriate authorizations in IRBNet with your new study documents.

### Expanded Use or "Compassionate Use"

This is a potential pathway for a patient with a life-threatening condition or serious disease to get access to an investigational medical product for treatment outside of a clinical trial. Please visit the FDA website for more information on the physician and industry roles and responsibilities at: <https://www.fda.gov/news-events/expanded-access/expanded-access-information-physicians>. Additional information needed by the Ascension St. John Hospital IRB can be found in IRBNet.

## Upcoming CME Events

- ◆ March 26, 2020 Radiology Seminar
- ◆ April 29, 2020 Pediatric Seminar
- ◆ June 3, 2020 Nephrology Seminar

Physicians wishing to complete their mandatory requirements for CME: [www.cmu.edu](http://www.cmu.edu) to access the courses.

## SECME Events

- ◆ March 13, 2020 Workshop for Residency Program Directors
- ◆ April 24, 2020 Annual Chief Resident Workshop
- ◆ May 27, 2020 5th Annual Michigan Summit on Quality Improvement and Patient Safety

To register: <https://semcme.org/>

## Consent for Case Reports

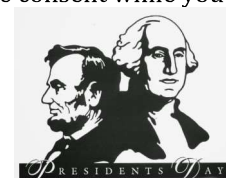
Many journals now require that patients or their legally authorized representatives provide consent for a case report. This is a relatively new trend, resulting primarily from evolving information technology and social media that make it easier to identify people with very little information.

At Ascension St. John Hospital, we have published guidelines for obtaining informed consent for a case report, as well as a standard case report consent form, and a consent for photography or videos, if needed.

The policy and forms can be found on PolicyStat at <https://ascensionsemichigan.policystat.com/>.

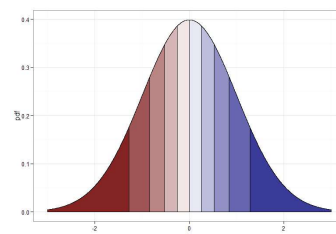
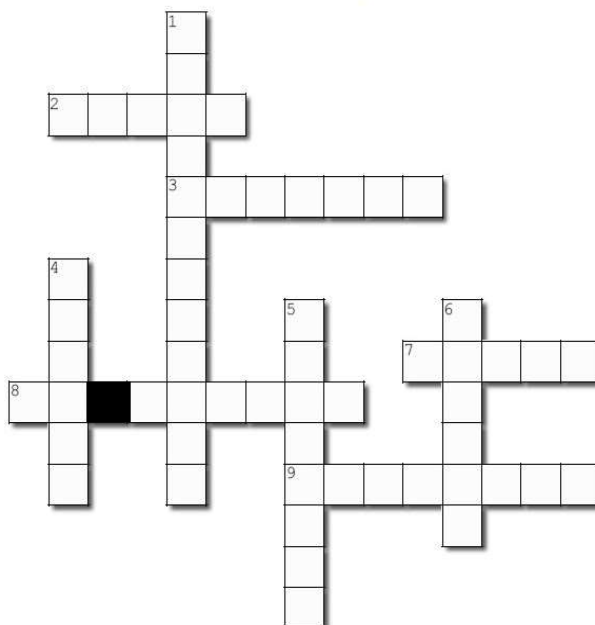
Once you access PolicyStat, search for "informed consent for case reports." The policy and forms are also available on the research page on the intranet <https://medicaleducationsjp.com/medical-education>.

Because it is often difficult to contact patients or their families after they leave the hospital, if you are caring for a patient and think there is a possibility that you will write a case report, please obtain the consent while you are with the patient. If you don't use it, that's okay. But, if you decide to write a case report, you have saved yourself the hassle of trying to track down the patient later.



## February Fun

Complete the crossword puzzle below



Created using the Crossword Maker on TheTeachersCorner.net

### Across

2. February is go red for...
3. February is also go red for...
7. First described the Normal Distribution
8. Also credited with the Normal Distribution
9. Betty White's favorite candy bar

### Down

1. Our newest Fellowship
4. The heads of departments or this year's Super Bowl winner
5. A freeloader organism or this year's 'Best Picture'
6. Polish favorite on Ash Wednesday



## Research and IRB Staff

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