The national blood supply crisis has affected hospitals and health systems across the country in recent months, including the University of Pennsylvania Health System (Penn Medicine).

The Penn Medicine Lancaster General Health Blood Donor Center historically collects blood donations in Lancaster to ensure patients have adequate access to blood in moments of need; whereas, other Penn Medicine hospitals traditionally rely on the American Red Cross for their blood products.

As blood products grew scarce, the LG Health Blood Donor Center — Penn Medicine’s only active blood donor center – partnered with Penn Transfusion Medicine to hold two all-day blood drives at the Hospital of the University of Pennsylvania’s (HUP) Pavilion — one on Saturday, Jan. 22, and one on Saturday, Feb. 5. The LG Health blood donor center and the team at HUP used equipment, materials and staff from both locations to collect as many units as possible per hour.

LG Health Blood Donor Center employees traveled to Philadelphia, with some staff arriving the night before each blood drive, to prepare for the Saturday events. Thanks to their commitment, passion and resilience, the team collected a total of 153 units of blood from 180 individuals. All products were then sent back to the Lancaster General Hospital (LGH) Blood Bank for final processing.

“The blood drive held at HUP was a huge success and we have the graciousness and hard work of our LG Health Blood Donor team and the LGH Blood Bank to thank for that,” said Brian Stambaugh, director, laboratory operations, Penn Medicine Lancaster General Health. “They deserve to be recognized for going above and beyond to help patients in need — and this collaboration shows the benefit of being a part of the greater Penn System.”

To read more about the collaboration between LG Health and HUP on blood donation, visit HUPdate’s online newsletter.

While we might recognize the need to prioritize self-care, that can be challenging with the many other seemingly unrelenting demands on our time and energy, particularly during the past few months. Sometimes we just don’t know where to start.

Over the last few years, I have been fortunate to work with a coach, Greg Hiebert, whose insight and guidance have helped me find the balance I need to keep personal health and well-being a priority. I especially appreciate Greg’s seven self-care strategies, which are easy to incorporate into our busy lives. I’d like to share those strategies with you here.

1. Cultivate positive emotions. Happiness is a choice that each one of us can make. Spend a short time each day reflecting on three to five positive experiences — a practice called “hunting for the good.”
2. Live with greater purpose and deeper meaning. Stay connected to your sense of purpose and reason for being, both personally and professionally. Think about when you feel most alive, excited and passionate. What is your big “why” for working in health care and pursuing your own personal goals?
3. Deepen social bonds and empathy. Build nurturing relationships with people who have played an important part in your life. Authentic connections come only when we have the courage to be vulnerable and open to the support, help and insight from others.
4. Reflect and express gratitude and appreciation. Keep a gratitude journal where you write down three to five things, large or small, for which you are thankful each day. Express your appreciation to others in a handwritten note or another concrete way.
5. Promote hope and optimism. Reflect on your best possible self and your best possible day, and think about how you can make each a reality. Having clear goals and the determination and plan to achieve them creates hope.
6. Be mindful. Set aside a few minutes at least twice each day to de-stress and create emotional and mental distance from the many demands on your time, energy and attention.
7. Move your body throughout the day. Start each day with some form of movement. If you commit to making Greg’s seven self-care strategies a habit, they will soon become part of your daily routine. I think you will find that the potential benefits to your personal health and well-being are immeasurable.
For more than two decades, common calculations used to estimate kidney function, or the estimated glomerular filtration rate (eGFR), have included race — Black and non-Black — as a variable. In fall 2021, a task force established by the National Kidney Foundation and the American Society of Nephrology, backed by research from the PennMedicine School of Medicine at the University of Pennsylvania, recommended that race no longer be used in eGFR test results—ultimately promoting health equity and increasing Black patients’ access to kidney transplants.

Penn Medicine Lancaster General Health stopped using race when reporting eGFR findings on November 29, 2021. The clinical change was identified as a key priority for Penn Medicine’s Action for Cultural Transformation (ACT) strategic plan that launched in 2020. Through the ACT, the health system’s goal is to bring together as many diverse voices as possible to identify key goals and provide fresh insight on actions that will strengthen our organization.

Understanding the Need for Change
“Black patients are at higher risk for developing kidney failure that requires dialysis or kidney transplant and have a higher prevalence of diabetes and hypertension, which are major drivers of disproportionate chronic kidney disease burdens,” said Christina Pierre, PhD, a clinical chemist and section director of clinical chemistry testing, who spearheaded the implementation of the new eGFR equations at Penn Medicine Lancaster General Health.

The common eGFR equations estimate kidney function based on measured creatinine levels while also considering a patient’s age, gender and race. With the former measurement practice, eGFR equation assigned a higher estimated kidney function to Black patients compared to non-Black patients at the same serum creatinine concentration. This meant that a Black patient needed to reach a higher creatinine level than non-Black patients to be referred for a nephrology consult, or to be put on the kidney transplant waitlist.

“Algorithms, risk scores and calculations that incorporate race, such as the two most commonly used eGFR equations, are utilized in multiple areas of medicine. The practice of using race to infer and/or assign physiologic attributes is flawed for several reasons,” Pierre added.

The American Heart Association recently donated 60 Infant CPR Anytime training kits to Penn Medicine Lancaster General Health’s Women & Babies Hospital. The donation was made possible with support from Orthopedic Associates of Lancaster (OAL), as part of its sponsorship of the Lancaster Heart Ball.

While Lois Derosa, administrative assistant for the Diagnostic Imaging Department at Penn Medicine Lancaster General Hospital, has always enjoyed art, it was only a few years ago when she took a class in a Lancaster art gallery to learn about fluid art. “Fluid art” or “liquid pour” is a technique that involves combining paint colors into a cup and pouring them onto the canvas to create an abstract art piece. “It’s similar to the waves of water in the ocean or bay,” Derosa noted.

Derosa, who grew up in Maryland along the Chesapeake Bay, finds that the movement and colors of the water bring her a sense of peace and rejuvenation. Using her newfound knowledge and inspired by her time growing up on the Maryland coast, Derosa created Chesapeake Bay, a fluid art display that resembles the waves that she loves. In November 2021, her abstract art piece was chosen to be featured in Penn Medicine’s Perelman Celebration of Life & Art exhibit in early 2022. Once the artwork is displayed in the exhibit, it will be open for purchase.

This exhibit, which features employee artwork from across the Health System, was very competitive, attracting more than 100 artists who submitted more than 400 pieces of work.

“It is a great honor to have my art recognized at the Perelman exhibit and I love that the exhibit displays the talent our fellow colleagues have — talent that we may not get to witness in our traditional job roles,” said Derosa.