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## On the Job

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## On the Job

### Florence Williams

Florence Williams is the Director of Clinical Operations in the Department of Surgery.

**You've been at Jefferson for a long time. What positions have you held?**

I started as a nursing assistant on an oncology unit. Later I accepted a position in the clinical practice of Francis E. Rosato, Sr, MD, Chair of the Department of Surgery. In 1997 he promoted me to Director of Clinical Operations.

**How do you support the Department's programs and faculty?**

I oversee the clinical operations of the department and 60 support staff. I review practice business operations, develop recommendations, and support their implementation at the divisional level, including charge capture, patient registration, and accounts receivable. I am also the Department Compliance Administrator. So, I monitor documentation requirements and ensure that we meet all Jefferson University Physician guidelines.

**What is an example of a special project you've overseen?**

I coordinated moving the Colorectal Surgery practice within the Medical Office Building to increase efficiency of exam room utilization while reducing expenses.

**What do you like about your position?**

I enjoy problem solving, which is a large part of what I do in a typical day. I like that my position is always changing and never boring.

**What is the most challenging aspect of your job?**

Providing each division with the undivided attention and support they need.

**What are some of your current projects?**

I'm drafting a white paper to identify and implement positive changes to improve patient care and satisfaction. The Electronic Medical Record (EMR) project is also underway; we're now reviewing the current state workflow and formulating a plan for the future.

## Changing Lives Through Research



Kidney transplant recipients, Kim and James LaSalvia, pose with their 5 year old twins, Anthony and Vincent, at a recent Gift of Life celebration in Philadelphia.

# Transplants and Pregnancy: A Surprisingly Good Fit

March 10th, 2008 marks the 50th anniversary of a modern surgical landmark: the first documented birth to an organ transplant recipient. Jefferson is in a unique position to celebrate this achievement, as the home to the National Transplantation Pregnancy Registry (NTPR) – the only one of its kind in the U.S.

The Registry is a voluntary study in which transplant recipients (both men and women) report their experiences

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with parenthood, pregnancy, childbirth, and the health of offspring in relation to organ failure, transplant surgeries, and related medications. The NTPR was founded in 1991 by Director Vincent Armenti, MD, PhD, a Jefferson alumni and former fellow who has a dual faculty appointment as Professor in the Department of Surgery (Transplantation Division) and the Department of Pathology, Anatomy and Cell Biology.

Dr. Armenti's interest was sparked when a transplant recipient told him she had terminated a pregnancy after transplant. "I realized then that if it was our goal after transplant to restore recipients to health as fully as possible, we needed reliable data to provide better counseling," he says.

Transplants and pregnancy may sound like a dangerous combination – for the mother as well as the fetus or newborn. But the Registry provides more than 15 years of evidence about some 1,400 women who have undergone transplants, many with successful pregnancies and healthy children.

Dr. Armenti describes a Registry patient who was – unbeknownst to her or her physicians – pregnant before her kidney transplant, and she went on to deliver a healthy child. "We have heard of many amazing success stories," he says.

Kim and James LaSalvia, are parents who share a unique bond – they have both had kidney transplants. Kim, who worked as a kidney transplant coordinator at Jefferson, met James after his third transplant. When Kim became pregnant, they discovered they were

having twins. She had a normal pregnancy and gave birth around 37 weeks – on time for twins. Their boys, who just turned five, continue to flourish. Dr. Armenti says the LaSalvia's success is typical, especially for female recipients who have been very stable since a kidney transplant.

The risks of pregnancy vary according to what kind of organ has been transplanted. "After a kidney transplant recipients facing adverse effects can go back on dialysis, if necessary," Dr. Armenti explains. "But for liver, heart, and lung recipients, the consequences are more severe without an alternative therapy, other than retransplantation. The registry helps to identify these risk factors."

One result of the NTPR research was



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identifying a higher incidence of spontaneous abortion and a birth defect risk in the newborn of mothers taking the drug CellCept®, an antirejection medication, during pregnancy. The Registry data, in combination with another data set from the pharmaceutical manufacturer, led the FDA to include more specific warnings for pregnant women in package inserts.

The NTPR also offers unique counseling and networking opportunities to recipients and physicians around the country. "We can often match a transplant recipient with someone who has had the same transplant, faced similar risk factors, and can share their experiences," says Dr. Armenti.

For more information about the NTPR, visit [www.jefferson.edu/ntprr](http://www.jefferson.edu/ntprr).