HR Q&A

By Patti Bielby, Director of Human Resources

***Question:** I overheard my employees talking about being friends with one of our patients on Facebook. I also recently heard about an employee at another office posting negative comments about their workplace. Should we be concerned about these types of behaviors at our office too?*

Answer: The lines between work and private lives have increasingly become blurred with the popular use of online social networking. While it is impossible to keep social networking completely out of the workplace, it is not impossible to contain its impact. Two main areas of concern for employers are how your employees are spending their time at work, and how employees are portraying your practice online when they are not at work.

First, you should get to know the various social networking venues. If you don't have a teenager at home or aren't internet savvy, find someone who is. The main social networking sites include Facebook, Twitter, and MySpace. LinkedIn is also a popular networking site but it is used for professionals to connect to other professionals. This is one site that could be appropriate for the workplace.

Second, consider implementing internet blockers and filters so that employees cannot access certain cites via your practice's computer network. However, for positive employee relations, you may also want to offer access to the social sites during lunch hours or breaks. This is most easily accomplished by having one PC away from the work area that is configured to allow access.

And lastly, communicate your expectations to your staff clearly in a formal policy statement. Key points to consider including are:

· Anything in cyberspace can be used as grounds to discipline an employee, no matter whether the employee wrote it from work or outside of work. There should be consequences for any information that negatively reflects on your business.

· Do not participate in online social networking with patients. This is too much of a blend between personal and professional lives. It is best for the patients to see you in a professional light only.

· Remind them of HIPAA confidentiality rules and how these apply online too. Online communications can be easily misinterpreted and could lead to inadvertently breaching patient confidentiality or violating HIPAA privacy.

· Urge employees to report any violations or perceived violations. Be specific to whom they should report these occurrences.

Patti Bielby has served as the Human Resources Director for Lansing Ophthalmology for eleven years. She graduated from the University of Michigan Business School and has been in management for 22 years, 17 years of which have been in Human Resources. For further information or questions about this article or any Human Resources subject, please feel free to email Patti directly at pbielby@loeye.com.

Annual Snapshot of Eye Injuries

In the United States, men are three times more likely to suffer an eye injury, according to the Eye Injury Snapshot, an annual survey conducted by the American Academy of Ophthalmology (AAO) and the American Society of Ocular Trauma (ASOT). Conducted during a 1-week period in the spring of 2010, the survey revealed that men suffered about three-quarters (73.5%) of all reported eye injuries, and the survey also found that most of the total eye injuries suffered occurred at home, while doing chores or playing sports.

The AAO and the ASOT collect eye injury data each year to help increase public awareness and to encourage behavior that can help circumvent eye injuries. The Eye Injury Snapshot survey also found the following:

*One quarter of eye injuries that occur at home resulted from play/sport activities.

*One quarter occurred during home repair work or while using power tools.

*Most home-based eye injuries occurred in the yard or garden.

*About 50% of reported injuries occurred in men and women 30 to 64 years of age; children younger than 12 years of age accounted for about 12% of injuries.

*Almost half of eye injuries occurred between noon and 7:00 PM.

To prevent some of the most common eye injuries that happen during household chores and repairs, the AAO and the ASOT recommend that every household have at least one pair of eyewear approved by the American National Standards Institute (ANSI). ANSI-approved eyewear is available at most hardware and home improvement stores and can be identified by the mark "Z87." For sports activities, eyewear approved by the American Society for Testing and Materials is recommended. To locate appropriate eyewear for specific sports, the AAO and the ASOT suggest that clinicians tell their patients to talk to their ophthalmologists or visit the AAO Web site, www.geteyesmart.org.

Finding the Causes of Pediatric Cataracts

Although approximately 200,000 children worldwide are bilaterally blind from cataracts, the causes of the majority of cases remain undetermined, making prevention often problematic. A retrospective study of pediatric cataracts by Lim et al from the Hospital for Sick Children, Canada, indicates that, although the cause remains unclear in many instances, understanding associated and potential contributing factors can be a powerful tool in both treatment and diagnosis of the condition.

"Data on the characteristics of pediatric cataracts are useful for the purposes of diagnosis, genetic counseling, and selection of treatment options," the authors wrote in a 2010 issue of the American Journal of Ophthalmology. "Prevention strategies also require information about etiology."

The authors reviewed 1122 eyes of 778 consecutive patients suffering from cataract. About a third of syndrome-associated cataracts occurred in patients with Down syndrome. Posterior subcapsular cataract was the most common morphologic type, and more than half of all patients presented with unilateral cataracts. Almost 13% of patients examined had developed cataracts as the result of trauma, and almost 12% of cases had genetic origins. Although the most common systemic association involved diseases treated with steroids, about 58% had no clear etiology.

"Slightly over half of our patients had cataracts of unknown etiology despite examination of their parents and siblings and, where indicated, laboratory investigations," the authors noted. "Idiopathic cataract is a diagnosis of exclusion. A metabolic and genetic examination tailored, with the assistance of a pediatrician, according to the medical and developmental history may be indicated when there are no other clear etiologic factors." The authors added that while steroid use is clearly associated with some types of cataracts, so far "studies have not clearly established a relationship between the incidence of cataracts and the dosage or duration of steroid therapy."

Decreasing the Risk of Vision Loss in Herpes Simplex Patients

The use of oral antiviral medications in patients with herpes simplex virus (HSV) appears to help decrease the risk of recurrence of epithelial keratitis, stromal keratitis, conjunctivitis and blepharitis, and

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may decrease the risk of vision loss in these patients, according to a retrospective study conducted by Young et al from the Mayo Clinic, Minnesota. The results of the study were published in a 2010 issue of the Archives of Ophthalmology.

In the study, researchers reviewed the outcomes of 394 residents of Olmsted County, Minnesota, diagnosed with ocular HSV from 1976 through 2007, and compared the frequency of recurrence and adverse outcomes, such as vision loss or need for surgery, among patients treated prophylactically with oral antiviral medication and those who did not receive oral antiviral medication. According to their data, the authors found that patients who were not being treated prophylactically were:

*9.4 times more likely to have a recurrence of epithelial keratitis

*8.4 times more likely to have a recurrence of stromal keratitis

*34.5 times more likely to have a recurrence of blepharitis or conjunctivitis

Of the 20 patients included in the study who experienced adverse outcomes, 17 were not being treated with oral antiviral medications immediately prior to the adverse event.

HSV is a common cause of corneal disease, and recurrence is relatively common. Following initial exposure and primary systemic infection, HSV establishes a latent infection in the trigeminal or other sensory ganglia. Once HSV is reactivated in the ganglia, disease may recur in one or both eyes, with the risk of recurrence significantly increasing over time. The cumulative effect of these reactivations may lead to stromal inflammation or neurotrophic keratitis, resulting in scar or perforation, the authors noted.

"The results of this study suggest that oral antiviral prophylaxis should be considered for patients with frequent recurrences of corneal disease," the authors concluded. "Additionally, we recommend an evaluation of the possible barriers preventing compliance with antiviral prophylaxis and a reassessment of the cost-effectiveness of long-term oral antiviral therapy."

For more information visit www.loeye.com.

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Ophthalmology Update

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Blepharoptosis Evaluation and Treatment by Craig Lewis, M.D.

Patients presenting to ophthalmologists commonly complain of drooping upper eyelids. Patients with this complaint usually have one or more of the following conditions: upper eyelid blepharoptosis, upper eyelid dermatochalasis, or brow ptosis.

Brow ptosis and upper eyelid dermatochalasis are caused by redundant or drooping tissue overhanging the eyelid margin. These conditions are treated by surgical excision (eyelid skin) or repositioning (eyebrow) of the involved tissues.

Upper eyelid blepharoptosis refers to a drooping of the eyelid margin itself. Blepharoptosis, especially when combined with diplopia, pain, or sudden onset, may be due to serious conditions such as 3rd cranial nerve palsy, Horner's syndrome, or myasthenia gravis. Most commonly, however, blepharoptosis is due to age-related dehiscence of the levator palpebrae superioris aponeurosis, called aponeurotic blepharoptosis.

Surgical tightening of the upper eyelid retractors, by either an external approach through the eyelid skin or an internal approach through the conjunctiva, effectively treats aponeurotic blepharoptosis. I prefer the internal approach, called Conjunctival-Mullerectomy-Levator-resection (or CML) ptosis repair when possible. I have found this approach yields more predictable outcomes with less invasive surgery. CML ptosis repair does not require an external skin incision and overcorrections are rare. Surgical planning is based on pre-operative measurements, and so patient cooperation during surgery, which is required for external ptosis repair, is not needed during CML ptosis repair surgery.

Complications of blepharoptosis repair surgery include under-corrections, overcorrections, and worsening or unmasking of dry eye syndrome. Serious complications, such as retrobulbar hemorrhage or serious infection, are rare.

Dr. Lewis is an ophthalmologist at Lansing Ophthalmology and specializes in Ophthalmic, Plastic & Reconstructive Surgery.

Lansing Ophthalmology Welcomes New Retina Specialist

Ahmed El-Sanhouri, M.D. has joined Lansing Ophthalmology. He specializes in retinal diseases and surgery and will be a welcome addition to Lansing Ophthalmology's Retina Service.

Dr. El-Sanhouri obtained his undergraduate degree from Wayne State University in Detroit. He earned his medical degree from Wayne State School of Medicine and completed his ophthalmology residency at the Kresge Eye Institute, Detroit. Dr. El-Sanhouri finished his retina fellowship at the Cincinnati Eye Institute in June of 2011.

Dr. El-Sanhouri is a Michigan native who will be based at Lansing Ophthalmology's East Lansing – Coolidge Road office. He will also have office hours in Mt. Pleasant at the office of Central Eye Consultants as part of Lansing Ophthalmology's Retina team in that community.