



Images from Inpatient Unit 36: one of the rooms and a hallway after the unit's wholesale refurbishment. Soon to be re-opened.

FJD MASTER PLAN: CONSTRUCTION AND REFURBISHMENT WORK IN THE HOSPITAL

Three Years of Continuous Renovation

For the past three years, the FJD has been undergoing sweeping renovations as outlined in the FJD Master Plan: a modernization program designed to rejuvenate the hospital's facilities and offer the finest-quality care in the most comfortable setting possible.

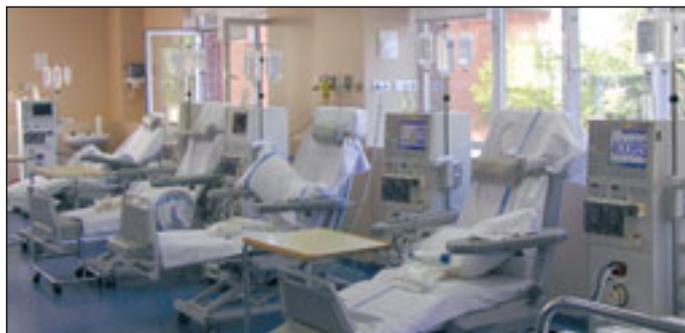
This initiative has brought such improve-

ments as a comprehensive makeover procedure for the hospital's oldest inpatient units; now, Units 54 and 55 are equipped with 30 beds to treat its patients. Next to show off its new look will be Unit 36, which will soon be re-opened following its own remodeling process. New to the FJD is a 375-square-meter Pedia-

tric Emergency Room, showcasing 3 consultation rooms, a resuscitation room, a surgical room, and a 6-bed observation room.

In technological enhancements, the FJD recently acquired a new 40-slice CT and a state-of-the-art MRI.

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Facilities in the new Pediatric Emergency Room. Below, two images from the newly-renovated Dialysis Unit.

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FROM THE HOSPITAL MANAGER

Taking Stock of our Gains

Year's end is always a time to look back and evaluate. As 2006 draws to a close, we feel drawn to assess not only this year that is winding down, but also all that has happened in the past three. On the front page of this issue, we have included an extensive photo essay on the primary renovations that have taken place in the Fundación Jiménez Díaz since the beginning of 2004. Here, we get a clear picture of the progress made possible by the FJD Master Plan for Construction Work. Drafted three years ago, this project is already a palpable reality.

The commitment made back in 2004 to invest in the FJD has borne fruit. The oldest inpatient units in the hospital have been completely renovated, now housing modern rooms that offer comfort to meet the demands of our patients and their families. The latest of these to get a new look is Unit 36, which will soon be re-opened to the public. Beyond the Emergency Room remodeling project, other key facilities have been renovated, like the Dialysis Unit; a pioneer of its kind in Spain; soon this unit will, thanks to these efforts, regain its position as the standard by which all others in the country are compared. Meticulous planning and advanced construction techniques have made the Master Plan a success without having to suspend treatment, thus saving our patients from the ramifications involved in having to change hospitals.

Along these same lines, the teaching component of the hospital has been far from forgotten. Another classroom-completely renovated to offer utmost comfort-has joined the others like it, where each day students from the Medical School of the Universidad Autónoma de Madrid train to become doctors.

Time-tested hospitals like the Fundación Jiménez Díaz, which has a seventy-year history, need constant updating of their installations and equipment. This is truly a never-ending endeavor; and future projects like it will be necessary in order to maintain the same level of quality care. This conviction is the driving force behind the ***upcoming construction of a new hemodynamics room and installation of brand-new cardiac electrophysiology equipment.

Some may say that improvements are still needed. The truth is that in spite of the work that has been done in these last three years, there is still a long road ahead of us. However, we are moving in the right direction. Improvement projects and other renovations will undoubtedly continue in the coming years in order to stay the course laid down years ago by our founder. We make the future day by day by working toward shared goals above individual ones.

In personnel news, ten new professionals have joined our team here in the FJD.

I would like to take this opportunity to express once again my thanks to the FJD professionals and those who use the hospital's services for their patience and understanding in light of the impact caused by this renovation project. This is a sizeable challenge for us in that we have to achieve our goals while interfering as little as possible in the hospital's functioning. Some disturbances are inevitable, but we are doing fine work.

Thank you all. The result makes it worthwhile.

Juan Antonio Álvaro de la Parra
FJD Hospital Manager

The Dialysis Unit of the Fundación Jiménez Díaz, the country's oldest alongside its counterpart in the Hospital Clinic de Barcelona, recently became the most modern of its kind in Spain.

Created in 1964 by Professor Luis Hernando, the unit has been in continuous operation since it first opened its doors, and has treated an ever-growing number of acute- and chronic-dialysis patients throughout its history. In the second half of this year, the unit underwent a large-scale renovation project which transformed the same pre-existing physical space into an entirely new service with expanded capabilities. Now, FJD dialysis patients enjoy the most advanced machinery on the market and medical care which capitalizes on the expertise of other units both inside and out of the Autonomous Community of Madrid. Thanks to meticulous planning and advanced construction techniques, the Fundación's patients have seen no interruption in their care, and not one patient has had to endure a change of hospital and its accompanying ramifications for their health.

UNIT FEATURES

The completed unit has 661 m² of space distributed as follows:

- **A treatment room with 14 hemodialysis stations.** This room is divided into two different zones: a larger one with 11 stations for able-bodied chronic patients equipped with mechanical chairs; and another one, easily accessible from the first, with three stations fit for acute and/or bed-ridden patients. Each dialysis station in these areas is connected to central oxygen and vacuum services and has TV, radio, and computer connections.

- **A room for treatment, training, and entertainment of peritoneal-dialysis patients.** Made up of 3 different areas, this space is comprised of a medical-examination and nursing room for patients in the program; two treatment rooms where the patients learn how to self-administer dialysis treatment in their own homes

New FJD Dialysis Unit



The new treatment room, the most modern of its kind in Spain, has fourteen hemodialysis stations.

(CAPD); and an inpatient peritoneal-dialysis exchange center.

- **A hemodialysis room for patients with hepatitis B** is located in a separate area, housing two permanent hemodialysis stations and a third one for emergency use. FJD professionals, under extenuating circumstances, also use this room for peritoneal-dialysis treatments. The area is equipped with its own restroom and dressing room for patients located apart from the rest of the unit.

The Dialysis Unit also features:

- A reception desk complete with secretary, waiting room, document archive, and restroom for people accompanying patients.

- A meeting room with a projector for patient- and personnel-training programs.

- Offices/consultation rooms for 3 on-staff physicians and unit supervisor, outpatient consultation rooms, and an examination room for patients with advanced chronic renal disease who have yet to begin dialysis.

- A room with multiple beds for ABPM (ambulatory blood-pressure monitoring) and metabolism studies.

- An office/study area for resident physicians.

- A staff room for nurses and other personnel, a training room, and a day-cafeteria.

- An area for machine revision and repair where high-intensity

freezers and an ice machine can be found.

- Two restrooms/dressing rooms for patients and two for personnel.

- An office.

- Two storerooms for materials, clothing, and pharmaceutical products.

- A room with a continuously-running water treatment system and heat sterilization system. This treatment, which has required a sizeable investment, is the most advanced of its kind in the country, providing ultra-pure water to all the hemodialysis stations by way of orbitally-sealed stainless-steel tubing. With the help of this new system, the FJD Dialysis Unit offers finest-quality hemodialysis treatment which stands out, most

of all because of its success in preventing complications, especially those involving inflammation.

- Central air conditioning and newly-refurbished material such as TV, radio, ECG monitor, wheelchairs to move patients, a normal scale, and a crane scale.

- State-of-the-art dialysis monitors, allowing for individualized hemodialysis sessions which help minimize the appearance of symptoms that result from such treatments.

STAFF

In addition to the unit's medical residents, three assistant physicians are affiliated with the service.

The unit's nursing personnel consists of 1 supervisor, 13 nurses-6 in the morning shift, 5 in the afternoon, and 2 undefined substitutes-as well as 6 assistant nurses.

1 A technician, a full-time secretary, and two maintenance personnel.

All of these are highly-trained professionals in their respective fields, thus allowing the unit to guarantee top-notch care, which is reflected in their high level of performance.

ACTIVITY

The unit sees patients from 8 o'clock in the morning to 10 o'clock in the evening, Monday to Saturday. Its size allows the unit to provide continuous treatment to 60 patients in chronic need of dialysis in addition to acute patients and people in the ICU.

The first-ever Artificial Kidneys



The Fundación Jiménez Díaz was the first hospital in Spain to establish a nephrology service. FJD physicians in this specialty, which focuses on the kidney and the ailments affecting it, were one of the first to use artificial kidneys. Thanks to this innovation, they were able to successfully dialyze urea and other toxic substances found in patients suffering from renal diseases.

Renewing our Facilities, Making

(continued from page 1)

It has clearly been a difficult stretch for the FJD professionals during this time when construction work has gone on without any stoppage in hospital activity. Thanks to this extra effort, both admitted and ambulatory patients have suffered the least possible in-

convenience and have received uninterrupted care at the FJD.

Inpatient Unit 33, occupying more than 1,500 m² of the hospital's space, has been divided into 26 rooms-including two single rooms-and now families of admitted patients can enjoy using the unit's new day room. Another completely-refurbished unit is the Inpa-

tient Unit 64; this part of the FJD Gynecology Ward now has a total of twelve rooms-nine of which are singles with room for visitors-and three suites.

Teaching in the FJD has also been strengthened under the Master Plan; the furniture and the acoustics in the classrooms have been totally made over.

Lastly, the Dialysis Unit has been completely refurbished, making it one of the most modern services in all of Spain for patients with renal diseases.

In the past three years, the FJD has renovated a large part of its facilities. The work will not stop here, however; some areas are still in need of similar updating.



Improvements for our Patients



- 1-2: New surgical consultation room.
- 3: Emergency examination room.
- 4: Newly-renovated classrooms.
- 5-6: Waiting rooms.
- 7-8: General Emergency Room.
- 9-10: Inpatient Units 54 and 55.
- 11: Inpatient Unit 64 (gynecology).
- 12-13: Inpatient Unit 33 (gynecology).

3rd Nursing Conference on Neurology

The Coordinator of the Fundación Jiménez Díaz Epilepsy Unit, Esther Díaz Gomez, along with one of the nurses on her team, Ms. María Barat González, recently co-authored a paper entitled "Quality of Life in Epilepsy Patients Receiving Surgical Treatment." In recognition of this achievement, the two were awarded first prize during the 3rd Nursing Conference on Neurology, an event held recently in the FJD main lecture hall.

The paper set out to present the experience of FJD professionals in working with patients who undergo surgery for their epilepsy. By examining the relationship between patient characteristics and the effectiveness of surgical procedures in reducing the number of seizures one year after operation, the two co-authors were able to gain insight into the impact of surgery on patients' quality of life.

FEWER SEIZURES

The conclusions reached in the project demonstrate that surgical techniques significantly reduce the number of seizures that epilepsy patients suffer, thus leading to an increase in their quality of life.

According to the authors, the number of seizures is not the only factor involved in a patient's overall good health; indeed, other circumstances such as wait time before surgery mostly likely play a major role as well. Since the study was carried out with a small sampling, the two pointed out the study's inability to prove this point, though their work opens the door to other studies seeking to determine which other factors are involved.

WHAT LIES BEHIND YOUR SILENCE?

Second prize went to the paper entitled "What Lies behind your Silence?" by the FJD Unit 34 nurses María del Carmen Pajue-



Right: Opening proceedings for the session with the President of the Spanish Society on Neurological Nursing, Dolores Vázquez; Dr. Luis Guinea, the FJD Medical Director; and the Director of Nursing of the FJD, Natividad Comes. Above: Vicenta Sánchez Bernardos, a nurse in the Neurology Department of the FJD Day Hospital and coordinator of the conference's organizing committee.



lo Díez, Cristina Blázquez Pecis, Ana María Jordán, Mayte Medina de Toro, and Consuelo Beltrán.

The study reflects on the occurrence of depression in patients suffering from postictal aphasia and the degree to which their condition creates a barrier in their path toward recovery.

Cardiovascular illness is currently one of the most pressing issues in public health, bringing about the largest number of neurosurgical hospital admissions.

For the majority of such patients, the most devastating manifestation of the disease is their loss of independence, affected speech and, consequently, their inability to communicate their ideas, feelings, fears, worries, pain, and the like. Faced with this, their only response is silence.

Caused by brain lesions, these afflictions, which prevent or otherwise hinder the use of language that the patient had previously, are collectively known as aphasia.

If the patient falls into depression, the rehabilitation process is prolonged. For this reason, to

help depression sufferers, the most important step is to help the patient receive the appropriate diagnosis and treatment.

The objectives in such cases are to evaluate the seriousness of the patient's postictal depression according to an established scale and then set a nursing-action protocol.

DEPRESSION

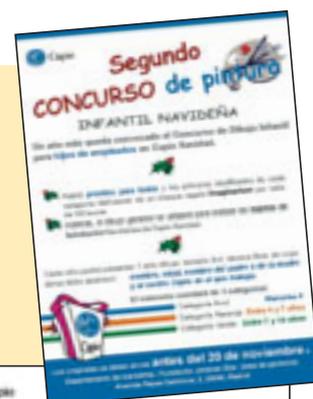
The conclusions reached in the study indicate that:

-Post-stroke depression reduces the quality of life of stroke survivors because of the wide impact that it has on their lives.

-Depression in aphasia patients has potential for treatment, and diagnosis should be considered when faced with any change in the patient's disposition.

-Care professionals need to gauge the patient's degree of depression with the appropriate scale and then administer treatment by partnering with other health-care teams working in other hospitals.

-A nursing protocol is needed to set guidelines for actions to be taken in these cases.



Second-Annual Children's Christmas Painting Contest

Once again, the Capiro Children's Painting Contest was held for children of employees. Participants were divided into one of three categories:

- Blue Category: Under 4
- Orange Category: 4 to 7 years of age.
- Green Category: 7 to 14 years of age.

Everyone who participated received a prize, and the winner of each category was awarded a 100-euro gift certificate to Imaginarium.

WINNERS

- This year's winners were:
- Miguel Kuhn** (8 years old): Fundación Jiménez Díaz.
 - Marta Altimira** (7 years old): Capiro Hospital General de Catalunya.
 - Iris Cano** (3 years old): Capiro Recoletas Albacete

OVER 21,400 HITS IN SEPTEMBER

Number of Visitors to the FJD Web Site on the Rise

Since the new FJD Web site was launched this past July 10th, both the number of visits to the site and the links accessed through it have gone up.

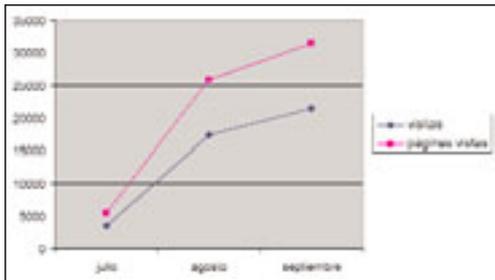


Chart mapping the number of visits.

In the month of July, more than 3,500 people entered the new Fundación Web site. The following month, 17,000 surfed the Web page, and by September that number surpassed 21,400. The section most people visited was "Service Offering," followed by "Private Sector" and "Get to Know Us."

The most popular of all the site's tools were the physician search and medical-specialty search; the specialties with the highest volume were gynecology, cardiology, and endocrinology.

Some new features have been added to the Web site in these past



three months, like the photo gallery, which displays the center's newly-renovated units. Also an introduction to the company in En-

glish is now available on line, and the latest Fundación news and the FJD's appearances in the media have joined the site.

Premio Top 20 in Cardiology for the FJD

The Fundación Jiménez Díaz has received the "2006 Top 20 Award" in cardiology, this year's special category.

This ranking is published annually by the company Iasist, selecting the hospitals with the most outstanding care results.

This study analyzed the results posted by the 124 hospitals treating patients with congestive heart failure (CHF), coronary ischemia, or aortocoronary bypass, as well as inpatients with arrhythmia as their cause for admission.

The Fundación Jiménez Díaz is one of the hospitals chosen for the "Top 20" list among those offering cardiac surgery.



New Intranet Discussion Forum for medical professionals

The FJD Intranet now offers health-care professionals an opportunity to discuss with colleagues via the center's Intranet.

Both the Medical Management and the Nursing Portals have their own knowledge-sharing platforms. This space is designed as a vehicle for the exchange of knowledge and opinions on clinical pathways, the Care Committee, or for general discussion on any care-related topic that the professionals choose to bring to the forum.

To access these sites and become a participant, all you have to do is go to <http://intranet/default.aspx> and then click on either the Nursing Portal or the Medical Management Portal.



INFORMING EMERGENCY ROOM PATIENTS AND THEIR FAMILIES

The FJD Launches a Volunteer Program for its Emergency Room



Top left: Dr. Luis Guinea, Medical Director of the FJD, during his speech given at the Volunteer Orientation Session. Right: Dr. Azofra, Emergency Room Coordinator. Below: Juana Saez, Emergency Room Supervisor

In order to better inform patients and their families, the FJD has put in motion a Volunteer Program for its Emergency Room. On October 17th, the Orientation Program for the soon-to-be volunteers in the FJD was held in the Francisco Grande Lecture Hall. The program has come about as the result of an agreement between the Fundación and the non-profit organization Desarrollo y Asistencia (Development and Care-Giving).

This organization already has under its belt a successful program of a similar nature which it carried out in the Hospital de Princesa; thanks to these past results, Vicente Mozo, the group's director, has approved this new endeavor. Desarrollo y Asistencia coordinates programs like this one, and will provide the FJD with both volunteers and also a coordinator, Alberto Hernández, who will be in charge of supervising the different volunteer activities.

Volunteers sign up for one two-hour shift each week in which they work to bring a more personal environment to the Emergency Room. They do so fundamentally by eliminating the tension and uncertainty often felt by those who have to come into the ER. In addition to accompanying patients in the boxes, one of the primary goals of the volunteers is to bridge the informational gap between patients and their families. Lastly, they also

help locate the family members of those people who come into the Emergency Room unaccompanied.

Time permitting, the volunteers in the program attempt to spend time with the loneliest and most anguished patients, informing the volunteer coordinator or social worker should the patient request anything beyond the standard services provided by volunteers.

MAKING GOOD USE OF FREE TIME

Alberto Hernández, 72, is currently the coordinator of the program run by the non-profit organization Desarrollo y Asistencia. As a retired person, he explains that "It is a good way to make use of my free time...I have a lot of interests, so I got in touch with organization after I retired."

Alberto remarks that he and the rest of his peers in the organization were well received by the professionals working in the FJD. As he puts it, "For those of us who provide this service, it is very gratifying to see that the people are so thankful. I try to give all the affection I can and I am fully invested in people feeling very well cared-for."

With operations in Madrid, Desarrollo y Asistencia cares for the needy, the ill, marginalized people, broken families, those dealing with loneliness, and the like. This way, the organization helps to bring a human touch to certain set-



tings by bringing in individuals like Alberto through its several programs geared toward providing company in the home, in hospitals, special-education centers, occupational-educations centers, and homes for the elderly. In addition to this, the group organizes large-scale emergency assistance and runs a program in the San Isidro Municipal Shelter.

Desarrollo y Asistencia has 1,100 volunteers, 700 of which are elderly and retired. Volunteers need only to devote two hours a week of their time, and participants can choose the program they would like to be involved in. In addition, Desarrollo y Asistencia accommodates its volunteers as much as possible in terms of location and schedule, working with the needs each person willing to lend a hand.

For information, contact:

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www.desarrolloyasistencia.org

Building Capio, building the future

A booklet was recently released with key questions and answers on Capio and on our future.

Capio has an established set of values:

- Attention focused on the patient

- Confidence

- Respect and empathy

- Initiative

- Benefit for society

Nonetheless, we want to lay down our vision for 2010 with the help of some Guiding Stars.

- We are focused on the individual.
- We unite public and private.
- We unite medical and commercial know-how.
- We are characterized by Operational Excellence.
- We provide comprehensive care for defined populations.
- We have a strong Capio culture rooted in common values.
- We work and develop in a stimulating, passionate, and learning environment.
- We have a mature leadership with a vision for the future.

We lead the market in the majority of regions where we have operations.

- We are in rapid growth, providing stable profitability.

In the "Renew and Unite" booklet, a series of questions were posed for individual or group reflection on these Guiding Stars and on how we put Capio values into practice in our day-to-day work.

Afterward, these reflections were offered to the group.

Applications Accepted for the Fundación Conchita Rábago Grants

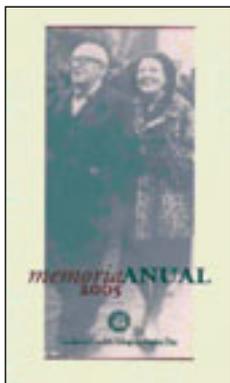
SHORT-TERM GRANTS IN SPAIN OR ABROAD

Open to staff of the Fundación Jiménez Díaz, the grants will be awarded for periods of one to six months. In addition to travel expenses, recipients will receive a monthly stipend set according to each of their individual needs. Applications must be submitted to the office of the Fundación Conchita Rábago de Jiménez Díaz before December 11th, 2006; March 16th, June 15th, or September 14th, 2007.

SCHOLARSHIPS FOR THE CONTINUATION OF STUDIES ABROAD

These scholarships are offered to on-staff personnel of the Fundación Jiménez Díaz, residents who have completed their training in the FJD, and interns who have been in the center for three years. These one-year scholarships include a stipend to be determined according to

the country where the participant will be studying. Applications must be turned in to the office of the Fundación Conchita Rábago before December 1st, 2006 or June 15th, 2007.



Front page of the recently-released 2005 FCR Annual Report.

Dr. Pedro Esbrit Receives the Fundación Renal Álvarez de Toledo Award

The Fundación Renal Iñigo Álvarez de Toledo (FRIAT), a renal research foundation, has awarded Dr. Pedro Esbrit, a staff member of the Fundación Jiménez Díaz, with this year's prize in recognition of the contributions made under his leadership.

According to information provided by the Fundación, the members of the award's jury concluded that Dr. Esbrit's research has provided "a substantial contribution to knowledge of renal disease and how to prevent, diagnose, and treat it."

In the paper entitled "Parathormone-related protein (PTHrP): A new Proinflammatory and Pro-fibrogenic Cytokine in Renal Pathology," Esbrit and his collaborators shed light on the role played by PTHrP, a hormone related to bone metabolism, in the progression of different renal pathologies.

"The value of this project is that it evidences how a hormone that has

nothing to do with renal function plays a vital role in kidney fibrosis, which is to say, in the process by which the kidney is progressively damaged until it ceases to function and the patient needs dialysis or a transplant," explains José Miguel López-Novoa, of the Renal and Cardiovascular Physiology Unit of the Department of Physiology and Pharmacology at the Universidad de Salamanca and a member of the Basic Research Evaluation Committee of the FRIAT. In López-Novoa's opinion, this finding "opens a new and important avenue for research."

The Research Awards given out each year by the Fundación Renal Iñigo Álvarez de Toledo have become a reference point within the field of nephrology. Joan Rodés agrees, claiming that these awards provide a "very important" stimulus for research, as can be seen in "the high quality of the projects presented."

Research Fellows Working under Dr. Esbrit, Recognized during the European Conference of the ERA-EDTA

As part of the 43rd Conference of the European Renal Association-Dialysis and Transplant Association (ERA-EDTA), which took place in Glasgow, Scotland from July 15th to the 18th, Mr. Juan Antonio Ardura Rodríguez and Mr. David Rámila Gutiérrez, both research fellows working under Dr. Esbrit, co-authored the following papers:

"Parathyroid Hormone-related Protein Interacts with Transforming Growth Factor-, Epidermal Growth Factor and Vascular Endothelial Growth Factor in Epithelial-Mesenchymal Transition" (JAA Ardura et al).

"Parathyroid Hormone-related Protein (PTHrP): A New Proinflammatory Factor in Renal Disease" (D Rámila et al).

The two received a prize and a certificate for outstanding papers in this conference for young researchers.



IN BRIEF

♦ **Dr. José Julio Zapatero Gaviria, Head of the General and Digestive Surgery Service at the FJD,** has been designated as President of the Thoracic Surgery Section of the Spanish Association of Surgeons. Dr. Zapatero Gaviria accepted the position du-



ring the 29th National Surgical Conference in Madrid, which took place from November 6th to the 9th.

♦ On November 17th, a master class on **New Solutions for Osteoporosis Treatment** was held in the main lecture hall of the Fundación. The course was organized by Capiro and the FJD.

♦ The FJD hosted the **1st Master Class on Shoulder and Elbow Surgery** from November 23rd to the 25th. The gathering consisted of a lecture held in the main lectu-



re hall of the FJD as well as a hands-on course.

PART OF THE TEAM IN THE NEPHROLOGY DEPARTMENT

Dr. Carmen Gómez Publishes latest research in "Circulation Research"

Dr. Carmen Gómez-Guerrero, who has been a part of the Nephrology Department since 1989, when she received a grant from the Fundación Conchita Rábago, has published her most recent results in the latest issue of "Circulation Research," one of the most prestigious publications in the field of experimental cardiology. Dr. Gómez-Guerrero is the author of numerous papers that have appeared in a variety of leading journals.

Presently, Dr. Gómez Guerrero is a researcher in the Ramón y Cajal program.

Collaborating in the project alongside her were the post-doctoral students Purificación Hernández-Varas and Oscar López-Franco; the doctoral students participating in the effort were Guadalupe Ortiz-Muñoz, Guillermo Sanjuán, and Virginia López-Parra. Yusuke Suzuki, a foreign researcher, also contributed to the project, as well as the Director of the Department, Jesús Egido.

The publication, entitled "Receptor Deficiency confers Protection against Atherosclerosis in Apolipoprotein E Knockout Mice," can be summarized as follows:

Atherosclerosis is considered to be a chronic inflammatory disease of the arterial wall characterized by the progressive accumulation of lipids, cells, and extracellular matrix. A chain of immunological processes has been discovered in recent years which conditions the develop-

ment, transformation, and evolution of atherosclerotic plaque. Thus, characteristic cells and molecules of the immune system such as macrophage, T-cells, CD40, interferon, histocompatibility complex, complement and antibodies have been found in atheroma plaque. Researchers have found immune complexes formed of immunoglobulins that recognize oxidized LDL formed during the atherogenic process as well as receptors for these immune complexes known as Fc receptors. In general, Fc receptors participate in activating the immune system and in maintaining peripheral tolerance. Nonetheless, scientists did not previously know their specific role in atherosclerosis. We have developed an experimental atherosclerosis model in apolipoprotein E (apoE)-deficient mice induced with genetic deficiency in Fc for immunoglobulin G and immune complex, concretely in activation-type receptors. The double-deficient mice obtained in the study demonstrated longer survival rates than those of normal apoE.

In our experiments, we gave fatty diets to mice with normal levels of apoE and mice deficient in Fc receptors, then comparing the formation of atherosclerotic plaque in both of the mice strains. In the Fc receptor-deficient mice, the lesions were almost unable to develop, which is to say, they had quite "clean" arteries. We also observed how this deficiency did not af-

fect lipid metabolism, though it did control the arrival of inflammatory cells, especially of macrophage cells, which are the primary factors in creating artery-obstructing plaque. We then analyzed the group of genes involved in attracting macrophage cells and T-cells in the lesions, observing that there had been a decrease in gene expression and protean expression of chemotactic cytokines and adhesion molecules to the vessel wall. In addition, in experiments performed with cell cultures, we observed that the immune complexes were able to activate not only the macrophage cells, but also the very blood-vessel cells. This suggests that the Fc receptors in vascular cells also contribute to the inflammatory process, in part, by regulating chemokine expression and leukocyte invasion of the vessel wall.

Our results underscore the critical role of Fc receptors in the development and evolution of atherosclerosis. Therefore, we believe that Fc immunoglobulin receptor could be an attractive target for drugs designed to control inflammation in a wide array of diseases which manifest themselves in immune-system activation, such as cardiovascular illnesses, illnesses of joint or intestinal inflammation, neurodegenerative diseases, and other conditions mediated by immune-complex formation.

Dra. Carmen Gómez-Guerrero

COURSES

♦ **"FROM DONATION TO TRANSPLANT: LATEST INNOVATIONS, NEW CHALLENGES"** This course, which took place on November 6th and 7th in the FJD, was designed for physicians and nurses

to provide information on the latest advances in organ and tissue extraction and transplanting in terms of their legal, logistical, and bioethical ramifications.

Attending the course, among others, were speakers such as the Director of the National Transplant Organization, Dr. Rafael Matesanz; the Transplant Coordinator for the Autonomous Community of Madrid, Dr. Luis Escalante; the FJD Transplant Coordinator, Beatriz Matesanz; and Dr. Pérez Calvo, Head of the ICU at the Fundación.



♦ **"BIOETHICAL AND LEGAL ASPECTS: PREVIOUS INSTRUCTIONS"** The FJD hosted this course from November 20th to the 22nd to increase participants' awareness on the importance of legal problems in clinical practice for decision making, relationships with families, diagnostic tests, and the points of contact with the legal system.

The course was led by the Director of the Bioethics and Care-Orientation Unit of the Board of Health and Consumer Affairs of the Autonomous Community of Madrid, Javier Sánchez-Caro, and it was divided into three topics: "Patient Autonomy"; "Privacy, Confidentiality, Secrets, Documentation, Clinical History"; and "Responsibilities of Physicians and other Care Professionals."



TEACHING

CO-DIRECTED BY PROFESSORS DÍAZ CURIEL AND OYA

New Sponsored Chair for Bone Metabolism Diseases

The Universidad Autónoma de Madrid has created the Sponsored Chair in Bone Metabolism Diseases as a part of the Department of Medicine. Sponsored by Lilly Laboratories, this program is the first of its field in Spain. Over-

seeing the chair will be Professor Manuel Díaz Curiel-Head of the Bone Metabolism-Diseases Department of the Fundación Jiménez Díaz Internal Medicine Service and Associate Professor of Medicine at the UAM-and Manuel

Oya, Professor of Medicine at the university.

With this, Lilly Laboratories, the UAM, and the Fundación look to address the overall lack of education on bone-metabolism diseases in medical school curriculum. These illnesses make up an important field in medical research and care, including some prevalent ailments like osteoporosis and Paget's disease. Despite society's clear need for advancements in their research and treatment, these diseases seem to fall through the cracks of medical-school curriculum, lost in the disciplinary shuffle of such

disciplines as general pathology, rheumatology, endocrinology, radiology, genetics, and other areas like pediatrics, gynecology, orthopedics and traumatology, biochemistry, and pathological anatomy.

This new initiative is geared primarily toward post-graduate teaching, though it will play an active role in educational issues related to these illnesses under the auspices of other disciplines. In addition to its teaching function, the chair will hold training courses for primary-care physicians and lead both clinical and basic research projects.



Drs. Oya (left) and Díaz Curiel (center) during the signing ceremony presided by the Vice-Chancellor of the Universidad Autónoma, Ángel Gabilondo (second from the right), along with representatives from Lilly Laboratories.

Passing of Professor Oya Otero

At the time this issue of ImPULSO, the informational bulletin of the Fundación Jiménez Díaz, was going to press, we received news of the sudden death of Professor Oya Otero on November 28th.

Professor Manuel Oya Otero, Head of the FJD Internal Medicine Service and Professor of Medicine at the Universidad Autónoma de Madrid, was a nutrition specialist, producing numerous research papers on the field throughout his career. His work was closely tied to education, for which he enjoyed considerable prestige. Professor Oya was the Fundación Jiménez Díaz Medical Director from January 2003 to June 2004.

In the next issue of ImPULSO we will honor Professor Oya's memory. We join his family, friends, and colleagues in their grief at his loss. Rest in peace.

AVAILABLE AS OF THE SIXTH WEEK OF PREGNANCY

Fetus Sex-Diagnosis by Blood Test

For the last nine years, the FJD Genetics Department has been involved in research based on new molecular techniques for diagnosing fetal DNA circulating in the blood of pregnant women.

The most recent projects carried out by Dr. Carmen Ramos Corrales and the researchers Dr. Marta Rodríguez de Alba, Dr. María José Trujillo, and Ana Bustamante have allowed scientists to detect the different paternally-inherited fetal DNA sequences that

are present in mutations causing cystic fibrosis, Huntington's Disease, as well as some types of recessive deafness.

The use and fine-tuning of PCR (Polymerase Chain Reaction) techniques have also allowed scientists to validate prenatal fetal-sex diagnoses, and in the near future it will become possible to gauge Rh factor in a large part of soon-to-be mothers. By analyzing a sample taken from pregnant women's peripheral blood, scientists can now tell if the fetus

contains the SRY gene, which is the gene responsible for masculinization. The Genetics Department now offers all FJD obstetricians the option to request fetal-sex testing. This diagnosis can be performed as of the sixth week of gestation. The process is fast and inexpensive. Early diagnosis is useful given the pressing needs presented by sex-linked diseases such as hemophilia, Duchene muscular dystrophy, and other alterations, like congenital adrenogenital syndrome, for which know-



Images of a fetus obtained through 3-D ultrasound.

ing the fetus's sex determine whether there is a need to perform invasive fetal tests or not.

“My experience in the HOPE program”

▣ *María del Mar García Álvarez, a nurse in the FJD Emergency Room, recounts the time she spent in the European Hospital Federation's exchange program*

From May 22nd to June 25th, I participated in the HOPE 2006 Program. For those who have never heard of HOPE, it stands for the European Hospital and Health-Care Federation. One of the Federation's professional-training objectives is to promote exchange programs and thus educate and fine-tune the skills of professionals, who are called to work in a European setting.

With this goal in mind, HOPE organizes an exchange program for hospital employees that seeks to equip professionals with a better understanding of the way European hospitals and health-care systems work and, in particular, facilitate cooperation, exchange, and the free movement of professionals through management activities. Each country hosts a group of participants of different nationalities who are sent out to work in different areas. At the end, the group has to create a project on the topic assigned to their given year; this year's topic was waiting lists and waiting periods. Each group had to present their findings in the evaluation meeting, which is normally held in a different country each time, and the country chosen for this year was Italy.

The hospital in France where I was assigned was Le Centre Hospitalier de Roanne- a hospital with an over-seven-hundred-year history and in the midst of a renovation, with all the problems that such a change involves. There are 1,000 beds in the hospital, which cares for an area of 257,000 inhabitants and has a close relationship with other hospitals in its area. Roanne is a small city near Lyon, with beautiful landscapes of valleys and mountains and, the most stunning of all, the Loire River. I was very well received there; they put me up in a house right in front of the hospital and I was taken under the wing of not one, but two advisors who looked after me personally and oversaw my daily activities in the hospital. Their names were Azziz Labdaoui, the Emergency Room Coor-

dinator, and Olivia Cocteau, Quality Director.

My program consisted of visiting each and every one of the services located on the hospital premises, from admissions to surgical theaters, social workers, and outpatient examinations, to name a few. And outside of the hospital, I got the chance to see mental-health centers, to go out with the Mobile Emergency-Room Team, accompany the Mobile Palliative-Care Team, visit nursing- and nurse-assistant schools, and observe how cadres (supervisors) are trained. Throughout all this, I collected information on how they worked, searching for useful data on waiting lists and waiting periods for our final project. I had the opportunity to attend many of the meetings held by the hospital director, André-Gwenaël Pors, and its directors and other top-level cadres. In one of these meetings I had to give a presentation that I had put together on my hospital, on the Spanish health system and on waiting lists in the Autonomous Community of Madrid.

I remained in constant contact with the rest of the group via e-mail-I had my own computer-and we shared the information we had gathered. At the end, we all met in Paris to give shape to the project that we would present in Viareggio. A very condensed version of our findings shows that in France there are no official logs for waiting lists, though there is a waiting period for health care. We came up with a good project, we learned a lot, and had a lot of fun.

It was a marvelous experience, both professionally and personally. I encourage all of you to get going on learning a foreign language. It is essential to speak the language where you are going well in order to get the most out of the program, and if you also know English, then you will have a hand up in the game, because the rest of the program's participants-over 200 of them-all speak English.

The only thing about this program is that you can't do it more than once.

Training for Nurse Assistants in the FJD

From September to December, 11 young women studying to be nurse assistants at the Colmenar Viejo High School will be working alongside Fundación Jiménez Díaz personnel to complete their training.

The students are to work in the hospital Monday to Friday mornings-and the occasional Saturday-rotating between different wards: Unit 67, the Digestive Ward, Neurology, General Surgery, Pediatrics, Orthopedics and Traumatology, Vascular Surgery or Internal Medicine.

Each Monday, an academic advisor from their school will come to the hospital to ensure that the students receive the proper training and correctly perform their tasks.

NEW EXPERIENCE

The FJD has also designated Javier Alcocer, of Unit 67, as the program coordinator, who has this to say about the new experience in teaching: “Just as we can train future doctors

and health-care technicians so that later they may join us in the hospital, we are now extending this concept to nurse assistants, a profession that is becoming more and more valued and needed by the vast majority of health-care centers.

“As the students' tutor during this 4-month internship in our center, I serve as the conduit between the student and the hospital, keeping myself updated as to which wards they need to work in, how long their shifts will be, or any problem which may come up during their stay in the hospital.

“This is an enriching new incentive for our work. Having the opportunity to share all of your professional experience and the years that you have put in with young people who are so willing to learn and absorb what you tell them is very rewarding. And for them, this is priceless experience because they are gaining knowledge on the most important topic: people.”

Commission for the Promotion of Nursing Research

This past June, the FJD Committee for the Promotion of Nursing Research was created. The group seeks to achieve the following objectives:

- Expand the researcher base among nurses, identifying potential research professionals on our staff and involving them in on-going projects.

- Increase the quality of their research projects by stimulating methodology training and coordinating expert advising.

- Foment collaborative research efforts between nurses and physicians at the points where physician-provided care and the work of nurses intersect.

- Encourage participation in multi-center projects and help nurses become integrated in national and international research networks.

- Guarantee the communication and clinical application of research findings.

- The following professionals are part of the Nursing Committee: Esperanza Vélez, Ángela González, Teresa Castillo, Marta García, and Agustina Borrás.

The Dysphagia Unit of the Fundación Jiménez Díaz is made up of a multi-disciplinary group of specialists led by Dr. Raimundo Gutiérrez Fonseca of the Ear, Nose, and Throat Service. All of the team's physicians have broad experience in treating patients with difficulty swallowing.

"Dysphagia" is what we call any difficulty or discomfort with swallowing or deglutition. By "deglutition", we mean the process by which the food we put in our mouths makes its way to our stomachs.

A MULTI-DISCIPLINARY TEAM

Several departments help to make this multi-disciplinary unit a success:

- **Ear, Nose, and Throat:** These professionals are in charge of the phases of swallowing, of coordinating the team, interpreting the basic studies, and running the studies that need to be carried out (Dr. Raimundo Gutiérrez Fonseca).

LOCATED IN THE EAR, NOSE AND THROAT SERVICE

Disphagia Unit

- **Pneumology:** Assess the respiratory state of the patient and treat any complications in the patient's breathing that may present themselves, while treating, together with the Gastroenterology Department, possible tracheoesophageal conditions (Dr. Javier Flandes Aldeyturriaga).

- **Neurology:** Diagnose and follow-up on the neurological illnesses that cause problems in swallowing, thus helping to address and remedy dysphagia cases. (Dr. Jorge Rabano Gutiérrez del Arroyo, Dr. Pedro García-Ruiz Espiga).

- **Gastroenterology:** Treat secondary esophageal motility disorders and participate in specific digestive studies needed to evaluate patients (Dr. Juan Carlos Porres

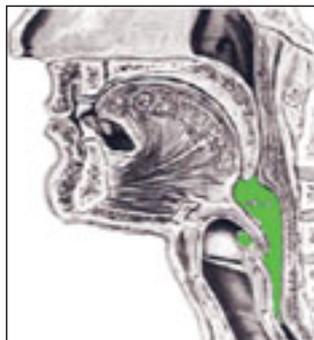


Diagram representing the development of dysphagia.

Cubero, Dra. Agustina González Guirado).

- **Radiology:** Perform auxiliary studies necessary for diagnosis, such as videofluoroscopy (Dr. Angeles Franco López, Dr. José Ur-

bano García).

- **Nutrition:** Provide the patient with nutritional guidelines according to their needs as determined by the swallowing tests (Dr. Pilar Rioboo Serván).

- **Rehabilitation and Speech Therapy:** Introduce the rehabilitation measures that will help the patient swallow better (Dr. José Ignacio Ibarra Luzar, Cristina García Fernández, Speech Therapy).

ACCESS AND HOURS OF OPERATION

Patients access the unit by way of the Ear, Nose, and Throat Service of the Fundación Jiménez Díaz, located on the second floor of the Cristo Rey building.

The Unit is open to see patients (with previously-scheduled appointments) from 8 in the morning to 7 in the evening Monday to Friday.

For information or to schedule an appointment, please call 902111152

The "Intragastric Balloon" Program is a service offered by the Private-Sector Unit. Under the coordination of Dr. Pilar Riobó, Associate Head of Endocrinology and Nutrition, the program was designed to help obese people lose weight. The intragastric balloon helps with weight loss by making patients feel full, thus reducing the amount of food taken in during each meal and making the person shed excess fat during the first six months. Nonetheless, because the balloon is a mere support system for weight loss, it should be used in conjunction with a nutritional-education plan and an exercise regimen to help maintain the person's new weight once the balloon is removed.

The program in the FJD is led by Dr. Riobó, a renowned specialist in nutrition and obesity. During this six-month period, patients periodically receive consultation and attend informative sessions in which they learn the principles of healthy eating habits and also are counselled on what changes they need to make in their lifestyle, thus laying the groundwork for long-term weight loss. This way, when the balloon is re-

"Intragastric Balloon" Program for Obesity Treatment



In the procedure, a soft and inflatable ball is inserted in the stomach.

moved at the end of the six-month treatment, patients have a high success rate in keeping off the weight.

NON-INVASIVE PROCESS

The balloon inserted inside the stomach is soft and inflatable, and once inside, it is filled with sterilized saline solution. Because the balloon partially fills the stomach, patients feel full, which makes them eat less and lose weight. Doctors insert the balloon through

a simple endoscopic process which takes less than 20 minutes and is performed with the help of anesthesia, allowing the patient to go home the same day. The procedure takes place in the Endoscopy Service, which is directed by Dr. Porres Cubero. The balloon remains in the patient's stomach for six months. It takes only 20 minutes to remove the balloon, and this procedure is also carried out in the Endoscopy Unit by the same team as in the beginning.

Both the amount of weight that patients lose as well as the time the weight is kept off depends on how the individual adapts his or her way of life to the changes made in eating habits and exercise. Whether or not they gain back the weight depends on how well patients make their new "lifestyle" a daily habit, which means eating right and exercising regularly. If they do so, the program will have successfully helped them to keep their weight down and feel he-

althy and in-shape for the rest of their lives.

To date, 20,000 intragastric balloon treatments have been administered to patients around the world, and the demand continues. Before the balloon is inserted, and as a support measure for weight loss, patients are interviewed by Dr. Riobó, who answers their questions, listens to their expectations, and evaluates the advantages and possible risks of the treatment. In addition, patients undergo routine psychiatric and/or psychological interviews.

PREREQUISITES FOR CANDIDATES

Candidates for balloon treatment must fulfill the following prerequisites:

- Be over 18 years of age.
- Be overweight with a BMI (Body Mass Index) of 30 or 27 + 2 comorbidities, such as diabetes or high blood pressure.
- Have health risks associated with excess weight.
- Be willing to accept a supervised, serious, and efficient medical weight-loss program.

To schedule and appointment or request information, please call 902 11 11 52.

Capio Participates in the 24th Conference of the Spanish Society of Care Quality

The 24th Conference of the Spanish Society of Care Quality was held this past October 24th to 27th. In addition to its work in organizing the conference, Capio took an active role in the proceedings, as evidenced by the many presentations given by Capio professionals:

1.- "Quality in Human-Resources Management: Analyzing Work Climate as a Method of Improvement" Oral presentation given by Montserrat Gratacós of the HGC.

2.- "Reducing the Frequency of Infections Associated with the Use of Catheters in Hemodialysis Treatment: An Improvement Project" Poster by Agustina Borrás of the FJD.

3.- "Management Indicators: An IT System for Quality in a Health-Care Corporation" Oral presentation by Marta Moratilla

of the Capio Spain Head Office.

4.- "Major Outpatient Surgery Unit" Poster by Elena Portero of the Hospital Sur.

5.- "Adverse Effects- and Patient Complaint-Management System" Oral presentation by Jorge Martín of the Capio Spain Head Office.

6.- "Clinical-Practice Guidelines on Pressure Ulcers: Impact of Evidence Obtained in Nursing Care" Oral presentation by Juan José Zamora of the Capio Quality Department.

7.- "A Corporate Management System for Continuing Training" Poster by Sandra Calvo of the Capio Spain Head Office.

8.- "Quality Portal: Document Management and Cooperative Environment System" Poster by José Mollá of the Capio Spain Head Office.



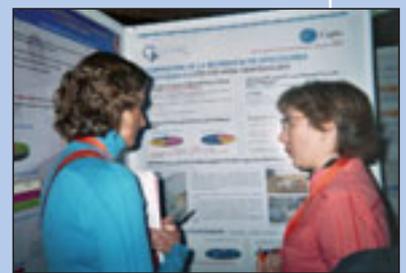
Some of the posters presented at the conference.

9.- "Monitoring In-Hospital Falls" Poster by Asunción Bleda of the HGC.

10.- "Information Process for a Quality System: Computerized Assessment and Care" Capio Spain poster by Carme Farré of the HGC.

11.- "Challenges and Reality: Evaluating Professional Competence" Poster by Montserrat Viura of the HGC.

12.- "Improvement Project in a Surgical Block: Role of the Head Nurse" Poster by Pilar Prieto of the FJD.



CAPIO HOSPITAL GENERAL DE CATALUNYA

3rd Graduate Course of Surgical Nursing on Anesthesia and Resuscitation

During the 2005-2006 academic year, nursing professionals in the Capio Hospital General de Catalunya completed their third graduate-level course of surgical nursing on anesthesia and resuscitation, a program that began in October and was administered in partnership with the Universidad Internacional de Catalunya (UIC).

The course is designed for all health-care technicians who wish to obtain a high level of training in these very specialized areas, and it teaches nurses how to use the instruments necessary for the discipline. Those participating also gained know-

wledge and practice with the new technologies applied to the field of surgery and anesthesia.

The objective of the course is to address all the topics that the profession requires, expanding the professionals' knowledge and skills so they may administer comprehensive and quality care to patients undergoing surgery. Nurses who successfully completed the course left with new knowledge on how to improve nursing care in the different surgical specialties and had gained greater familiarity with the new technological advancements in the field.

In addition to a broad theoretical

curriculum, it is worthwhile to note the high number of practical sessions for the students, either in the classrooms or in the different services located in the hospital: a total of 300 hours (30 credits), divided into 120 hours of theory and 180 practical hours.

SURGICAL EXPERIENCE

In the graduate course, students perform their practical component in the surgical theaters of all the different specialties offered by the Capio-HGC Surgical Block (in total, 120 hours of practical work in surgical nursing); the 60 hours devoted to the anesthesia specialty take place in the in-patient theaters, in the Major Outpatient Surgery (MOS) theaters, and in the post-operation resuscitation rooms.

Classes are conducted by nursing professionals, a high number of Capio HGC physicians, and by professors from the UIC.

AENOR Certification for Capio Ciudad Real and Capio Recoletas Alcalá de Henares

The Capio centers Hospital Santa Justa, Clínica Virgen de Guadalupe, and Recoletas Ciudad Real passed their re-certification audits on October 16th and 17th. This, in spite of the one minor deduction for Capio Recoletas Alcalá de Henares, is the best result posted yet by our group in an external quality audit.

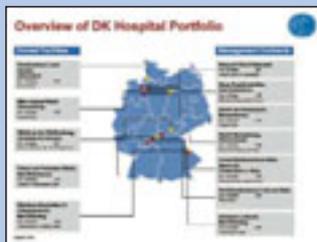
Employment opportunities
on line: www.capiosanidad.es

Capiro Acquires the Health-Care Groups Deutsche klinik in Germany and the Tonkin Group in France

German authorities have approved Capiro's acquisition of Deutsche klinik GMBH.

With this new absorption, Capiro enters the German health-care market—the largest in Europe—and strengthens its position as a pan-European leader in medical management and care. Deutsche klinik is a for-profit health-care group that owns 5 hospitals and manages 7 others throughout Germany. In all, the group has over 750 employees and 2,000 beds.

With the addition of Germany, Capiro now has presence in 9 European countries: Sweden, Norway, Denmark, Finland, the United Kingdom, France, Portugal, and Spain.



Capiro has also made an offer to buy 100% of the Tonkin Hospital Group, a leading company in management and care in the Rhone-Alps region. The group has three hospitals located in the Lyon region.

Tonkin's hospitals total 604 beds, 1,000 employees, and over 300 physicians.

The FJD to Host the 2nd International Meeting on Translational Research and Individualized Medicine

The 2nd International Meeting on Translational Research and Individualized Medicine will be held in the FJD on February 8th, 2007. The purpose of this year's installment, entitled "New Therapeutic Applications," is to bring together experts from all over the world and create highly-sophisticated discussion and debate forums.

The content of the meeting will be geared toward the contributions of new therapeutic tools to personalized medicine, a field which aims to provide each patient with a custom-made solution to his or her health problems.

Eight symposiums will be conducted throughout the course of the meeting to enlighten participants on the new vaccines of the 21st century; new antiretroviral AIDS drugs; advances in reproductive medicine; in medicine for aging; in the diagnosis and treatment of colorectal cancer; or neurological, dermatological and nephrological diseases.

In addition, there will be two master classes given by guests of honor: Professor José Esparza of the Bill and Melinda Gates Foundation and Professor Joseph Torrent Farnell of the European Medicines Agency.

CAPIO HOSPITAL VALDEMORO

The President of Madrid Visits the Hospital Construction Site

On October 23rd, the President of the Autonomous Community of Madrid, Esperanza Aguirre, visited the construction site of the future Capiro Hospital de Valdemoro. Accompanying Ms. Aguirre on her tour were Victor Madera, Head of Operations of Capiro Spain; Luis Javier García, the company's General Director; and Juan Carlos González, its Chief Financial Officer. Upon completion, the hospital will attend the citizens of Valdemoro, San Martín de la Vega, Titulcia, and Ciempozuelos. Constructed and managed by the Capiro group, the new hospital will become part of the health-care network of the Autonomous Community of Madrid. Some 100,000 madrileños will benefit from its services once the hospital opens its doors in 2007.

The hospital is located in the northwestern part of Valdemoro. Nearby highways and other roads will provide easy access from the other municipalities for which it will be the hospital of reference: San Martín de la Vega, Titulcia, and Ciempozuelos. Its architecture



Computerized representation of the hospital's main facade.

will allow those who visit the hospital to appreciate and respect the surroundings, thanks to its use of light, its views, how it relates to the buildings around it and the infrastructure of the area.

The hospital will have 175 individual rooms, 90 of which will be for medical-surgical inpatients, 17 for psychiatry, 8 maternity beds, 8 for pediatrics patients, and 10 for the ICU. The hospital offers services in pediatric emergency care, day hospital, radiology, magnetic resonance imaging (MRI), cardiology, and a clinical-testing laboratory. In addition, the center will be equipped with a blood bank, a pharmacy, a dialysis unit, a rehabilitation unit, pathological anatomy, and a pain-management unit.

NEWLY-APPOINTED

♦**DR. JUAN JOSÉ TAFALLA GARCÍA, MANAGER OF CAPIO VIRGEN DE GUADALUPE.** - Dr. Tafalla is a graduate of the Universidad de Navarra, where he earned a degree in Medicine and Surgery and specialized in Medical Oncology. Later, Dr. Tafalla obtained his doctorate in Internal Medicine from the Universidad Complutense de Madrid. In his years as a practitioner, he has played an important role in the oncology wards of several hospitals, the last of which as the Head of the Oncology Service of the Hospital General de la Defensa.

♦**DR. DAMIÁN MANZANO, MANAGER OF THE CAPIO HOSPITAL SANTA JUSTA -SERENA.** - Dr. Man-

zano has been the center's medical director from the time it opened, and he will continue to carry out his previous functions at the same time that he manages the clinic.

♦**DR. MARÍA JOSÉ SALCEDO, MEDICAL DIRECTOR OF THE CAPIO HOSPITAL TRES CULTURAS.** - Dr. Salcedo holds a degree in Medicine and Surgery from the Universidad Complutense de Madrid, after which she specialized in Geriatrics at the Hospital Universitario de Getafe. In addition, she successfully obtained her MBA from the Universitat Pompeu Fabra. Before joining Capiro, she was the Medical Director for the specialties of Geriatrics and Internal Medicine at the same time that she served as the regional delegation-coordinator from Castile-La Mancha for Sanitas.

FJD DOCTORS PARTICIPATE IN AN OPHTHALMOLOGICAL CAMPAIGN IN KENYA

Mission in Turkana

DIn the second half of March, a group of doctors from the FJD-UTE of the Capiro Group participated in a campaign in northern Kenya to bring eye care to the people of this devastated part of the world.

The region of Turkana, in northern Kenya, is one of the most troubled spots on the entire planet. Its total lack of basic infrastructure such as water, electricity, and highways makes it impossible for its population to achieve even the most minimal development. The people of Turkana barely get by, since searching for drinking water and food is the most pressing activity.

Four years ago, the non-profit organization Nuevos Caminos (New Paths) approached a group of ophthalmologists to request their help in remedying the absolute lack of eye care in the area. One of these doctors was Dr. Blanca García Sandoval.

Following their first visit, the group has returned to the area to carry out subsequent care-giving trips. With each successive visit, the program's doctors have become increasingly committed to the mission, bringing with each journey a little bit of hope and executing an ever-increasing number of projects to improve



Patients treated during the ophthalmological care campaign. Left: a map of the area where the campaign is being undertaken.



the locals' eyesight. Some of these initiatives include helping an orphanage for girls, constructing potable water-containment structures, setting up a food-for-work program, and creating a mobile health-care unit (a real-live all-terrain-vehicle to be able to navigate the area's "highways": dried-up river beds).

Last year, the group recruited me as an anaesthetist to provide care for children who in previous years either had to be sent to Nairobi or could not receive surgery at all. The mission focused on the local hospital in the "city" of Lokitaungy; for this effort, the group had to bring along with it everything it needed to care for and operate on patients. There, we spent some very intense days of work, comaraderie, and emotions, which gave us a better apprecia-

tion of the privileges that we have here. Our exposure to the local people has given us great respect for their strength of character and reminded us of the importance of little things.

After what amounts to a drop in the bucket for these needy people, we returned to Spain with heavy hearts after seeing how much work was left to do.

We would like to express our sincere gratitude to the group and hospital management teams for facilitating our participation in this campaign. We would also like to send our special thanks to our colleagues and the Service Heads in Ophthalmology and Anesthesiology for their support.

Javier Rodrigo
FJD Anaesthetist

Capiro Sanidad, nuestros centros

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- Capiro Policlínico Puertollano
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- Capiro Residencia Duquesne
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- Capiro Hospital de Matina
C/ Anselmo, s/n
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- Capiro Hospital Tres Culturas
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- Capiro Clínica de Talavera
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- Capiro Hospital General de Catalunya
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- Capiro Clínica Recoletas Albacete
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