

JUNE 2013

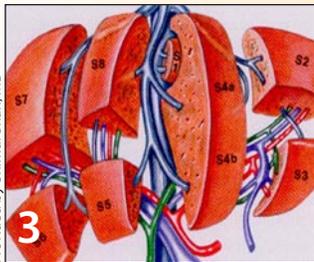


SHARON MULLINS

8 We're all UC Health

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Provided by Shimul Shah, MD

Sepsis Patient From 'Near Death' to 'Nothing Is Impossible'

In winter 2011, 48-year-old Greg Andrews felt nauseated and progressively ill after eating dinner with a friend. He suspected food poisoning, but his symptoms worsened until he couldn't bear it and called 911.

Andrews recalls, "I was taken to a local hospital where I was discharged after several hours because of minimal symptoms."

The next day, family members took the sick and disoriented Andrews to the emergency room at University of Cincinnati Medical Center (UCMC). That was the last thing he recalls prior to a three-week coma in the intensive care unit.

What started as pneumonia had progressed to a blood infection, or sepsis. The prognosis was grim. Andrews' organs had begun shutting down, and family members were gathered to say goodbyes.

Weeks later, Andrews recalls waking up and seeing his mother's face. "She didn't have to say a word. Her expression said: 'You'll get through this.'"

The sepsis had reduced blood flow to Andrews' extremities, and amputations on all four limbs were required.

Andrews gained four prosthetic limbs—and with them, a sense of determination. After UCMC, he was admitted to UC Health Drake Center, where he benefited from both long-term acute care and skilled nursing.

He hated relying on others for help, which motivated him to work hard to regain independence.

Today, Andrews continues to visit Drake weekly for outpatient physical and occupational therapy. "All the



"We have the same vision to achieve the most. Nothing is impossible."

Greg Andrews

Andrews worked with several members of the occupational and physical therapy team at Drake Center, including Alan Zidek (above, left) and Jody Chrowl (below, right).

therapists are really great, especially Alan," he says. "We have the same vision to achieve the most. Nothing is impossible."

Andrews' trust in Alan Zidek is apparent. "Greg's been really good at setting goals and achieving them," says Zidek. "He's gone from being able to stand for only few minutes at a time to walking without any help."

Zidek helped create a specialized amputee program—one of only a few accredited programs in the nation—before moving to Cincinnati and bringing his expertise to Drake Center.

Andrews says, "With Alan's assistance, I was able to do the one thing I wanted most, to walk again. I feel like I've been given a second chance at life, an opportunity to redefine myself." ●



Executive Transitions Underway at UC Health

COLLEAGUES,
When you enter University of Cincinnati Medical Center (UCMC) from Goodman Garage, you'll walk past a permanent



Jim Kingsbury

display of 14 large panels with photos, graphics and text. They explain UCMC's and the UC College of Medicine's leadership in clinical care, research and education over the course of nearly 200 years.

History of Strong Leadership

As you read the material, you'll learn how much

Cincinnati's devoted medical professionals have contributed. Each has further advanced science, research, education and administration for the next group to take up and, in turn, make its own contributions.

The panels start with Daniel Drake in the early 1800s, and progress through the development of the first oral polio vaccine and other major milestones, ultimately leading you to the welcome desk for the region's largest and most sophisticated hospital.

I know the facility well. I was executive director and senior vice president at UCMC from 2004 to 2008, when I left for the United Arab Emirates to serve as chief executive officer (CEO) of University Hospital-Dubai and interim CEO of the Al Maktoum Academic Medical Center.

I then retired to Colorado, but nearly three years ago was asked to return to Cincinnati to be president and CEO of UC Health.

Long-Term Plan Established

I had some specific goals for the newly formed system, including creating a long-term strategic plan to carry the organization forward. Plan 2017, launched in October 2012, is already in motion and accomplishing great things for UC Health.

It is certainly not solely my plan. Many talented people contributed to its creation. Every person in this organization is playing a role in keeping Plan 2017 going, through their work, their interactions with patients, their input on how to do things even better and by undertaking the seven actions to ensure its success.

Executive Transitions

As I announced in May, it's now my turn—like those before me who have been faithful stewards of UCMC, UC Health and its partners—to begin the process of succession planning so that I may return to retirement. My wife and I would like to resume our mutual interests, including being full-time grandparents.

Brian Gibler is likewise making a transition. Having served faithfully as UCMC's CEO since September 2010, he will return to his faculty role with the College of Medicine.



Gibler

Through his leadership and vision,

UCMC realized significant gains in market share, earned the *U.S. News & World Report* "Best Regional Hospital" distinction in 2010 and 2011 and launched several new services, including the George L. Strike Bone Marrow Transplant Center in honor of our past board chairman.

Dr. Gibler's experience as a clinician and administrator will be invaluable for his role as an educator of tomorrow's health care professionals.

Lee Ann Liska, who was UCMC's chief executive from 2008 to 2010, has



Liska

returned to be its president and CEO. She most recently served as chief operating officer of Mercy Health in Cincinnati.

I recruited her previously from Florida, where she was chief operating officer of the Cleveland Clinic Florida Health System. Prior to that, she had served in executive roles for both MetroHealth and the Cleveland Clinic in Cleveland.

Lee Ann is passionate about academic medicine, our tripartite mission and the exciting course we've charted for UC Health and UCMC through Plan 2017.

Please join me in approaching these changes the same way we've welcomed so many other advances in our past. They are part of our natural progression as we add to the rich history of UC Health.

JIM KINGSBURY
President and Chief Executive Officer,
UC Health

Connected

Connected is a monthly publication for clinicians and associates of UC Health. Send your comments and ideas to CorporatePR & Marketing @uhealth.com.

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Innovative ‘Split Liver’ Transplant Saves Two Lives

Cincinnati Children’s and UC Health teams work together to share gift of life

With a new member of the UC Health transplant team and a partnership with surgeons at Cincinnati Children’s Hospital Medical Center, two patients received the gift of life this spring.

The UC Health Liver Transplant team led by surgeons and College of Medicine faculty Shimul Shah, MD, and Tayyab Diwan, MD, participated in a split-liver transplant at University of Cincinnati Medical Center (UCMC) Saturday, April 27, transplanting three-quarters of a donor liver into patient Andrea Beegle. A 1-year-old child at Cincinnati Children’s received the remaining quarter of the organ.

Split liver transplants are rare and require complex, highly skilled surgical teams. “The idea behind split liver transplant is that you can take one organ and give it to two people,” says Shah, who joined UC Health in 2012 as director of the liver transplant program. “It’s a great way to reduce our organ shortage and transplant wait list. In Mrs. Beegle’s case, she was sick for a long time, but her MELD (model for end-stage liver disease) score wasn’t high enough that she was regularly attracting offers for a transplant.”

Beegle, a hair stylist from Kentucky, had suffered fatigue and pain of chronic liver failure for years before receiving her diagnosis in 2010.

She had been on the transplant wait list just 18 months when she received a call from her transplant coordinator late in the night Saturday, April 20. At the hospital with her husband and sister, Beegle had prepared herself for a false alarm. Then, the nurses told her it was time to go to the operating room.

“It felt like something sucked all the air out of the room,” she remembers.

For the donor surgery, Diwan worked with Greg Tiao, MD, surgical director of the Cincinnati Children’s



SEATED (left to right): Tayyab Diwan, MD (surgeon), Andrea Beegle (patient), Shimul Shah, MD (surgeon).
STANDING (left to right): Angie Hensley (pre-transplant coordinator), Sarah Diersing (transplant coordinator), Jen Garrett (liver transplant physician assistant), Teresa Cavanaugh, PharmD, (transplant pharmacist), Rebecca Montgomery (liver transplant social worker), Travis Doty (pre-transplant coordinator), Stephanie White (liver transplant admin), Ashish Singhal, MD (fellow), Megan Holscher (liver transplant admin).

liver transplantation program. As the site with the donor organ receives priority, surgeons split the liver at Cincinnati Children’s, with Tiao advising Diwan and Shah on the size and condition of the available organ.

“My job then is to find the perfect recipient—based on how sick they are, their size and other considerations based on their liver anatomy,” says Shah. “It’s complex decision making.”

In order to avoid a complication called “small-for-size syndrome,” Shah looked for a patient who can function with a smaller organ.

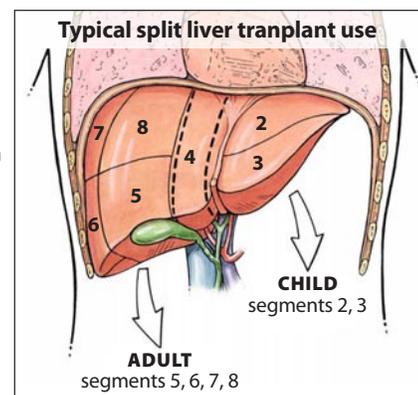
“The main complication is that all the vessels are half the size, so the risk for thrombosis is very high. Everything is a lot smaller and alignment is critical,” he says, “Because of that, your complication rate is higher. The key with the small-for-size syndrome is getting patients through the first two to six weeks—that’s when the liver is regenerating, and that’s the critical part.”

Because of the higher complication

rate, Shah says split liver transplants are not recommended for very sick patients. But he estimates that, with the right conditions, UC Health could soon perform three to five split liver transplants a year.

“There are many technical considerations and moving parts to make these operations work,” he says, “but we have a very nice partnership with Cincinnati Children’s, and we are trying to help our patients in every way possible. All over the country, patients die waiting for a liver transplant. We have to try and get our patients transplanted as often as we can.” ●

*A month after her transplant, Beegle and her “Beegles’ Buddies” walked in the **Liver Life Walk 2013**, raising \$1,108. Team “**UC Transplant**,” also at the event, was top fundraiser at \$4,205.*



Provided by Shimul Shah, MD

Don't Let Illness Ruin Your Summer Vacation

UC Health physician offers tips for staying healthy while traveling

It's summer vacation season, but illness doesn't take a break and sometimes strikes at the most inopportune times.

Kathleen Downey, MD, UC Health primary care physician and associate professor in the department of family and community medicine at the UC



Kathleen Downey, MD

College of Medicine, says there are tips for travelers to follow to avoid getting sick—or sicker—during trips and ways to handle illness on the road.

First: obtain a copy of your full medical history and plan to keep one to two days' worth of regular medications on your person, in case your luggage gets lost.

Downey says physicians often get calls from ill patients who are traveling, which is fine if it pertains to a pre-existing condition or an illness that a

physician feels comfortable treating over the phone.

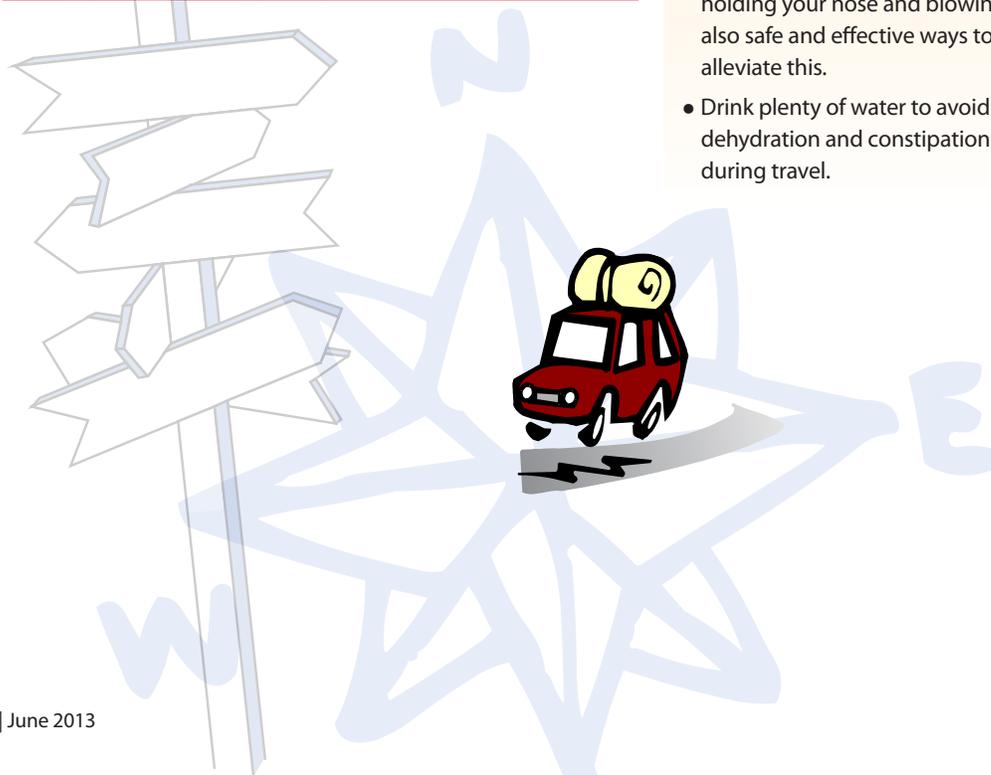
"However, that may not be the case, and you may be told to go to an urgent care, which is a completely suitable place to go if your condition is not life-threatening," she says. "If you do call your primary care physician in need of a prescription, having the pharmacy fax number and name ready will ensure the quickest communication and treatment." •

Tips for Managing Illness While Traveling

- Put together and carry a first-aid kit for fast access to items you may need like ibuprofen, cough drops or Band-Aids.
- Move your legs or get up and walk around every two hours to avoid possible blood clots which could occur in your legs during long plane or car rides.
- Decongestant can help reduce ear pain experienced because of changing pressure in an airplane. Sucking on a candy, swallowing or holding your nose and blowing are also safe and effective ways to alleviate this.
- Drink plenty of water to avoid both dehydration and constipation during travel.
- To avoid jet lag, try to copy the sleep pattern of the place you will be awakening.
- Ask your physician for any special medications you may need for your trip—patches for sea sickness if you are taking a cruise or a sedative if you are uncomfortable flying.
- Take normal precautions to avoid general sickness—eating right, getting plenty of sleep and washing your hands—before and during your trip. If you do get sick while away, take the proper action to remedy the problem before it worsens.
- If you are traveling internationally, consult a physician one month prior to ensure your vaccinations are up to date.

>> APPOINTMENTS & REFERRALS

To reach UC Health Primary Care, call 513-475-8000. Appointments are available in Clifton, Corryville, Fairfield, Forest Park, Harper's Point, Mason, Montgomery, Red Bank, Trenton, West Chester and Wyoming.



Geriatric Medicine May Help with Age-Related Concerns

Primary care, geriatric medicine together address elder patient needs

Primary care physicians are able to assess your overall health and decide if you need more specialized care from additional experts.

However, at a certain time in life, even the primary care you receive may become specialized because of age-related chronic conditions.

This is when a geriatrician may be beneficial, says Gregg Warshaw, MD, UC Health geriatrician and UC College of



Warshaw

Medicine professor.

“A geriatrician is specially trained to evaluate and manage the unique health care needs and treatment preferences of an older population,”

he says. “Older adults may have special needs that can make their medical care more complicated. More than half of adults aged 65 and older have three or more medical problems, which can make caring for them a little trickier.”

For example, a medication that treats one health problem can worsen another, Warshaw notes.

“Geriatrics teams work together to take all conditions and treatments as well as quality of life and mental stability into consideration.”

Warshaw says the field of geriatrics is known for its team approach to care, supporting not only the patient but also their families and other caregivers.

A team is made up of physicians, nurses, social workers, pharmacists, nutritionists, physical therapists and speech and hearing specialists.

“Together, this team evaluates the person’s medical, social and emotional needs as well as other health concerns common in older populations, like incontinence, falls, memory problems and managing multiple chronic conditions and medications,” he says, adding that specialists also take the patient’s social and living situation into consideration and his or her ability to perform everyday tasks.

Warshaw says that while a geriatrician might be the right fit for you or a loved one, that may not always be the case.

“People over age 65 have varying degrees of disability and illness, and some have no health problems at all,” he says. “Since most geriatricians focus their clinical practice on the very frail individuals in the older population who have extremely complicated medical and social problems, not all older persons need to see a geriatrician. In fact, most older people are cared for by their primary care physicians, family physicians and internists.

“No matter if you decide to see a geriatrician or continue to go to your primary care physician, it’s important to regularly receive your checkups and screenings and to continue to enjoy a healthy life.” ●

>> **APPOINTMENTS & REFERRALS**

To find a UC Health Geriatric Medicine or Primary Care specialist, call 513-475-8000. Appointments are available at locations across Greater Cincinnati.

Warshaw says the field of geriatrics is known for its team approach to care, supporting not only the patient but also their families and other caregivers.



in brief

Schwallye Named Director of Corporate Risk Management

David Schwallye has been appointed director of corporate risk management for UC Health. He is responsible for risk management of UC Health and its components, including hospitals and University of Cincinnati Physicians. He will continue to serve as assistant senior vice president in the University of Cincinnati office of risk management.

Schwallye assumes his new role with more than 25 years of experience. He has been responsible for managing a wide variety of risk and liability related matters, including serving as director of risk management for the University of Cincinnati Medical Center. Schwallye received his bachelor of science degree, *cum laude*, from the University of Dayton and his *juris doctor* degree from the University of Cincinnati College of Law.

Duplechan Joins Drake Center

Lester S. Duplechan, MD, clinical assistant professor of physical medicine and rehabilitation (PM&R) at the University of Cincinnati College of Medicine, is now seeing patients at Drake Center.



Duplechan

With a focus on musculoskeletal rehabilitation and conservative spine and sports medicine, Duplechan treats patients with spine pain and recent disk herniation as well as shoulder, elbow, wrist, hip, knee and ankle injuries. He provides comprehensive outpatient PM&R consultation, emphasizing overall wellness. His procedures include EMG, musculoskeletal ultrasound and spine/joint injections.

Duplechan is board-certified in physical medicine and rehabilita-

tion with a subspecialty certification in pain medicine. He is also board-certified in neuromuscular and electrodiagnostic medicine.

Barrett Shares Expertise at International Cancer Congress

William Barrett, MD, chair of the UC College of Medicine Department of Radiation Oncology, recently served as a visiting professor at the King Hussein Cancer Center in Amman,



Barrett

Jordan. As part of the visiting professorship, he presented on the management of advanced prostate and head and neck cancers at the 13th Annual Pan Arab Cancer Congress. The conference included more than 300 oncologists from 18 countries. Barrett also serves as director of community outreach for the University of Cincinnati Cancer Institute and medical director of the Barrett Center, the health system's adult outpatient cancer care facility.

Jackson Earns Nursing Doctorate

Jennifer Jackson, chief nursing officer and vice president of patient care services at University of Cincinnati Medical Center, has



received a doctor of nursing practice (DNP) degree from the University of Cincinnati College of Nursing. Jackson leads UCMC's more than 1,300 nurses and is responsible for nursing operations across all inpatient medical and surgical units, including cardiovascular services and the neurosciences. She also oversees Air Care & Mobile Care, the emergency department and the family centered care initiative. ●

Free Skin Cancer Screening July 13

UC Health Dermatology will offer a free skin cancer screening on **Saturday, July 13, from 10 a.m. to noon** at the Hoxworth Building, first floor. Screening slots will be given on a first-come, first-served basis but appointments are required. **To schedule a screening, call 513-475-7631.**



Hugh
Gloster, MD

CLINICAL TRIAL SPOTLIGHT: Bipolar 1 Disorder Study

WHAT: The purpose of this research study is to evaluate the safety and effectiveness of an investigational drug in individuals with bipolar 1 disorder.



WHO: Those eligible to participate are adults 18 to 65 years old who have been diagnosed with bipolar 1 disorder and:

- Have needed treatment within the past 3 years
- Have experienced a mood episode within the last 4 months
- Are taking lamotrigine (Lamictal) or valproic acid (Depakote)

PAY: Participants will be reimbursed for their study-related time and travel.

DETAILS: Contact Cristina Spinner at Cristina.Spinner@uc.edu or 513-558-8606.

Oncology Key in Outpatient Social Work Expansion

American Cancer Society navigator also joins to help patients, families

As the University of Cincinnati (UC) Cancer Institute continues to grow, the health system is changing the way it delivers supportive services to ensure patients' holistic needs are met.

UC Medical Center (UCMC) launched an outpatient social work service to support various units across the medical center, with a strong focus on oncology. Georgia Anderson, a master's trained oncology social worker, leads the unit as well as existing palliative care services. Anderson spent the past five years as the oncology social worker for patients receiving care at the UC Health Barrett Center, the primary adult outpatient cancer care

facility of the UC Cancer Institute. She now leads a team of 12 outpatient social workers assigned to various service lines across the medical center.

Three social workers have joined the team to serve oncology: Claire Bifro (malignant hematology and bone marrow transplant); Kristin Jordan (head/neck cancer, lung cancer, brain tumors); and Anne Shibilski (genitourinary, gastrointestinal, gynecologic, breast and melanoma). Debra Brundidge has joined the palliative care team, along with nurse practitioner Tracey Adams.

"Cancer is the great equalizer. It doesn't matter if you have money or not—the disease changes the way your

family operates and causes tremendous strain. That's where social work can really help," says Anderson. "Too often, patients and their families turn to us after their personal lives are starting to fall apart. Our goal is to identify patients who need help earlier so patients receive the maximum benefit of social work services."

Focus on Counseling

Although many people think of social work as helping patients with material needs—such as transportation or housing assistance—Anderson stresses that the UC Cancer Institute oncology social work model is shifting to allow social workers to focus on what they do best: counseling.

This includes empowering patients with information about their specific diagnoses, personal health rights and health insurance/benefits coverage; connecting to support and educational programs; and helping the patient understand how to best communicate with their medical team.

"We are not medically trained, but we are medically savvy so we can help families and patients understand what types of questions they should be asking so they are able to make more informed treatment decisions," adds Anderson.

UCMC has partnered with the American Cancer Society to offer a patient resource navigator—Julie Behan—at the Barrett Center. Nearly 200 patients have taken advantage of this resource since it launched in January. ●

>> FOR MORE INFORMATION

Learn more about oncology social work and palliative care at uccancer.com.

To reach the oncology social work team, call 513-584-3200.

Palliative care can be reached at 513-584-8181.



Oncology Social Work

Georgia Anderson, a master's trained oncology social worker, leads the unit as well as the palliative care services.

Social workers serving oncology include:

- **Claire Bifro**
malignant hematology and bone marrow transplant
- **Kristin Jordan**
head/neck cancer, lung cancer, brain tumors
- **Anne Shibilski**
genitourinary, gastrointestinal, gynecologic, breast and melanoma

Recent additions to the palliative care team include:

- **Debra Brundidge**
- **Tracey Adams**

The oncology social work team served 1,078 patients in the first quarter of 2013.



Members of the oncology social work team (left to right): Anne Shibilski, Kristin Jordan, Georgia Anderson (director) and Claire Bifro.

Commission on Cancer Changes Fuel Expansion

By 2015, the American College of Surgeons Commission on Cancer will require that all accredited cancer care facilities like the Barrett Center demonstrate that they screen patients diagnosed with cancer and identify the issues that can negatively impact treatment and outcome.

The Commission on Cancer is a nationally recognized consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education and the monitoring of comprehensive quality care.

Anderson's team is in the pilot phase of integrating a distress screening tool at the UC Cancer Institute. She expects it to be fully implemented in oncology services by this summer.

We're all UC Health

Sharon Mullins

Instructor, Clinical Education, UC Health Drake Center

THE ONLY THING CONSTANT in health care is change.

That's the mantra fueling Sharon Mullins, clinical education instructor at UC Health Drake Center. Each new class she coordinates, customizes or designs is responsive to a new change in the workplace.

Mullins understands that everyone is working to capacity, and finding time to attend a course can feel like more of a burden than an opportunity. That's why she considers it a victory when someone tells her, "At first I felt too busy to come, but now I'm really glad I took your class. It will make a difference for my patients."

Fortunately, Mullins hears this often, which speaks to both her exceptional teaching and interpersonal skills.

Mullins doesn't seek the limelight and is quick to point out that clinical education at Drake Center is a "team approach," not a "me approach." Her plate is frequently full, and there are two other department members to share teaching responsibilities.

Mullins estimates that from 2012 to today, the clinical education department has taught 526 instructor-led courses and coordinated 120 web-based training courses, which translates into more than 34,000 learning hours completed by Drake Center associates.

"I like what I do here," she says. "Education is always something I wanted to do, and I really like the people at Drake."

Erin Scott, Drake Center's pharmacy director, speaks for many when she says, "Sharon works diligently with every discipline to facilitate the education needed to advance Drake. She is always kind and willing to help anyone with any task."

Mullins helped with Epic training and gets clinical new hires up to speed to start their jobs, added Scott. "Sharon is very knowledgeable and welcoming, making her a go-to person for many staff."

Recently, Mullins said an associate walked into a CPR class and asked: "How long is this going to take?"

But when the class was over, the trainee was a convert, saying, "I'm so glad I came. Now I know how to save a life." ●

Each new class Sharon Mullins coordinates, customizes or designs is responsive to a new change in the workplace.



uchealth.com

Inpatient and outpatient services available in the following communities:

- OHIO**
- ADAMS COUNTY
- ANDERSON
- BROWN COUNTY
- CLIFTON
- FAIRFIELD
- FOREST PARK
- HARPER'S POINT
- HARTWELL
- KENWOOD
- KETTERING
- LEBANON
- LIMA
- MASON
- MONTGOMERY
- MT. AUBURN
- RED BANK
- SPRINGDALE
- TRENTON
- WEST CHESTER
- WESTERN HILLS
- WILMINGTON
- WYOMING
- KENTUCKY**
- FLORENCE
- LEXINGTON
- MAYSVILLE
- SOUTHGATE
- INDIANA**
- AURORA
- BATESVILLE
- GREENSBURG
- MADISON
- NORTH VERNON
- RUSHVILLE



Sharon Mullins