

NOVEMBER 2012



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New Lung Cancer Screening Program Now Open

Lung cancer is the leading cause of cancer-related death for both men and women, with more than 222,000 expected new diagnoses this year. The Greater Cincinnati area has a lung cancer rate that is consistently higher than the general population, primarily due to high smoking rates.

"About 90 percent of lung cancer diagnoses are made in current or former smokers," says Sandra Starnes, MD, chief of thoracic surgery at the UC College of Medicine and UC Health chest surgeon with the UC Cancer Institute.

Through UC Health, the UC Cancer Institute now offers a screening program for people at increased risk for lung cancer. Individuals who have smoked a pack of cigarettes a day for more than 20 years and those with a prior lung cancer diagnosis are considered at increased risk.

In 2011, the National Cancer Institute published data supporting chest computed tomography (CT) scans as an effective lung cancer screening tool for a high-risk patient population. The study showed that when heavy smokers were screened with low-radiation dose CT scans versus traditional chest X-rays, there was a 20 percent reduction in lung cancer-related deaths.

CT scans combine multiple image "slices" to provide a 3-D image that allows lung cancer specialists to look

more closely at the anatomical structure of lung nodules to identify and follow up on concerning areas.

The UC Cancer Institute Lung Cancer Screening Program—the first such program in the Tristate area—will be offered at both UC Health University Hospital (Clifton) and University Pointe Surgical Hospital Imaging Center (West Chester).



Starnes



Morris

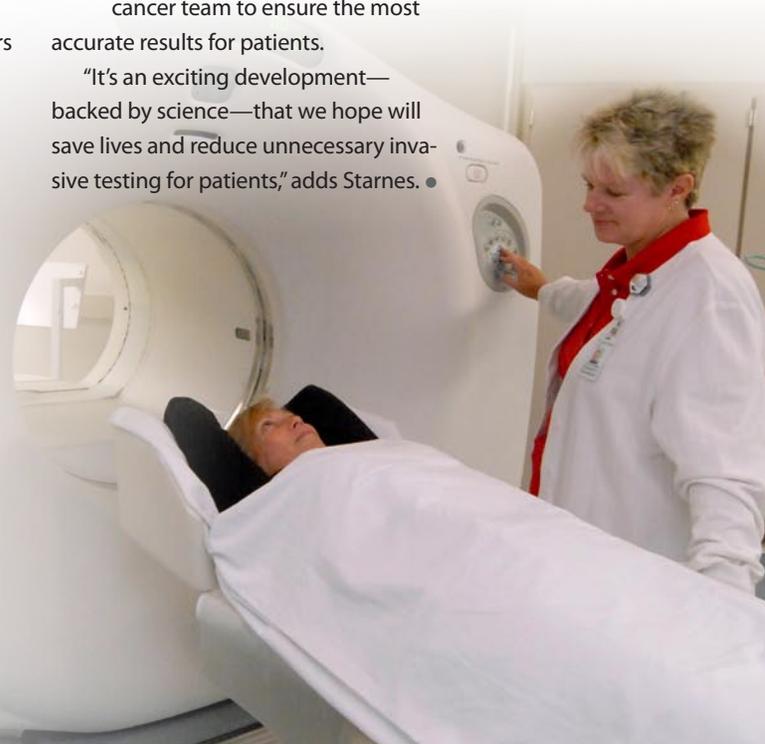
"Unlike breast, colorectal and prostate cancers, there is currently no nationally accepted lung cancer screening tool for the general population," explains John Morris, MD, UC Health hematologist oncologist and director of the UC Cancer Institute Experimental Therapeutics Program.

Screening is performed under a strict clinical protocol that capitalizes on the expertise of the entire multidisciplinary lung cancer team to ensure the most accurate results for patients.

"It's an exciting development—backed by science—that we hope will save lives and reduce unnecessary invasive testing for patients," adds Starnes.

>> **APPOINTMENTS & REFERRALS**

To reach the Lung Cancer Screening Program, call 513-584-LUNG or visit uccancer.com/lungcancer to learn more.



Five-Year Strategic Plan Charts Path for System Success

COLLEAGUES,

In the fall of 2011 and the spring of 2012, I shared email updates about UC Health's long-term strategic planning process.



Jim Kingsbury

I'm happy to report that our board of directors accepted the proposed plan, and we're moving forward with a bold direction designed to build on our strengths and improve our ability to deliver outstanding health care.

The plan is the result of more than 100 physicians, executives and administrative associates from across UC Health working together to develop a roadmap designed to meet the needs of a growing organization.

That growth will involve additional funds, and we anticipate our plan requiring more than \$100 million in capital—some of which we'll earn through operations and the remainder we'll cover with our impressive philanthropy

efforts or through financing.

We're well positioned for seeking financing, considering our rankings with Moody's Investors Service and Standard & Poor's Rating Services credit ranking agencies.

What, you might ask, does this plan entail, and how does it affect me and the people I serve?

We've worked to provide you answers in an engaging, easy-to-understand format through a program called "Plan 2017," pronounced "Twenty One Seven."

It's Plan 2017 because the strategic plan lasts five years, through 2017. It has 20 initiatives for 1 health system, and there are 7 actions you can take to help ensure its success.

The program was officially launched Oct. 23 and 24, and by now everyone should have Plan 2017 guidebooks with further details. Be sure to visit the microsite uhealth.com/plan2017 for additional information.

Remember that this is our plan, and we must work together to successfully implement it now and long after the launch. Every individual at UC Health



has a role in it, whether they work in patient care, administration, support services or in a volunteer capacity.

You'll hear more about the initiatives referenced in the plan over the coming months and years because this plan is designed to be an outline we'll continue to build upon. It will be supplemented with business plans, implementations plans, specific accountability, tracking mechanisms and annual updates.

Some of our departments were not ready to do this level of planning; we will add them over the coming years. As health care reform becomes clearer or other things change, we will make adjustments and improvements.

This is by no means the "end" of our planning, rather it is the next step in our development as an academic health system.

We have an outstanding board and staff, physicians, nurses, volunteers and leaders whose dedication and skills will create a foundation for our shared success.

We're definitely going places at UC Health. Are you going with us?

JIM KINGSBURY
President and Chief Executive Officer, UC Health

Every individual at UC Health has a role in Plan 2017, whether they work in patient care, administration, support services or in a volunteer capacity. uhealth.com/plan2017

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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Liver Transplant Program Grows, Adds New Director

Leader brings added emphasis on clinical research in patient outcomes

UC Health's liver transplantation team welcomed a new director this summer with the arrival of Shimul Shah, MD, as UC Health transplant surgeon and UC associate professor of surgery.

Shah will serve as director of UC Health's Liver Transplantation and Hepatobiliary Surgery Program, the busiest in the region with an average of 45 liver transplants per year. Its surgeons have also performed more than 1,000 advanced hepatobiliary surgical procedures for benign and malignant tumors of the pancreas, liver and biliary tree.

"I was driven to come to Cincinnati by our ability to provide state-of-the-art, innovative surgical care to 2 million people," says Shah. "There are great

opportunities here for clinical research around the UC campus."

Shah says he hopes to build a research program drawing from UC's strengths and focusing on patient care, quality metrics and health care delivery.

Before coming to UC, Shah was an associate professor of surgery at University of Massachusetts Medical School. He specializes in the care of patients with end-stage liver disease, colorectal cancer metastases and hepatocellular carcinoma—patients who are often very sick and needing urgent care.

"Transplantation is always on the brink," he says. "It's like walking a tightrope and you have to be ready for every challenge. There is never a dull moment. But the biggest reward is celebrating the gift of life. I'm privileged to care for these patients."

Shah also recently received his master's in health care management at Harvard University, a degree he pursued to change how surgical care is delivered to patients.

"Since transplant patients are chronic care patients and with us for a long time, we have the ability to provide different strategies to improve their everyday health through innovation,

e-technology and multidisciplinary care teams," he says. "By studying both surgery and health care management, I hope to understand how to best provide quality—but also value—to our community." ●

New Surgeons

UC Health's Transplant Program also welcomed two new surgeons: **Madison Cuffy, MD, MBA, and Flavio Paterno, MD.**



Cuffy



Paterno

Madison Cuffy, MD, MBA, specializes in end-stage liver disease and end-stage kidney disease care, and has a specific interest in access to organ transplantation for minority patients.

Flavio Paterno, MD, specializes in transplant surgery (liver, kidney, pancreas), hepatobiliary surgery, and dialysis access procedures.

>> APPOINTMENTS & REFERRALS
For appointments and referrals, call **513-475-8787**.

Understanding Patient Outcomes

With a research focus on health care delivery, Shah is researching how patient location, demographics and barriers affect outcomes in transplantation. Working with a team based in the UC College of Medicine surgery department, he will analyze data from the Scientific Registry of Transplant Recipients to redefine the allocation process in liver transplantation with the goal of maximizing organ use and survival while integrating donor and recipient factors in the selection process.



Hospitalists Fill Important Role for Inpatient Care

Specifically trained physicians keep delivery process ‘seamless’

For a general checkup, you see a primary care physician. For heart problems, you see a cardiologist. For joint problems, you see an orthopedist or rheumatologist.

And as an inpatient at UC Health University Hospital, you see a hospitalist.

Hospitalists are physicians who focus on inpatient medicine, working hand-in-hand with other specialists to coordinate the in-hospital care of their patients.

At University Hospital, all hospitalists are board-certified or board-eligible internists who are teaching faculty within the division of general internal

medicine. A hospitalist may see patients either independently or as the supervisor for a team of students and resident house staff.

Regardless, they are intimately involved in care while patients are hospitalized.

With the addition of 60 new medi-

Hospitalists Across UC Health

UC Health hospitalists serve at University Hospital and at other UC Health facilities including West Chester Hospital and Drake Center, to provide the best care for patients and reduce hospital stays.

cine beds at University Hospital, Mark Eckman, MD, director of the division of general internal medicine, along with Kevin Dell, MD, director of the section of hospital medicine at University Hospital, are expanding the hospitalist program and hiring 11 new experts.



Eckman

“Hospitalist care is beneficial to both patient care and physicians,” Eckman says. “It was once standard for physicians in an ambulatory clinic to set aside time to go to hospitals and check on their patients who were admitted.

“With this system, a hospitalist is specifically trained to care for patients in-house and work with primary care or specialist physicians to coordinate care once the patient is released. This works seamlessly to deliver quality, efficient care to the patient and saves time and money.”

Eckman says that this addition will also supply night hospitalist coverage for the division of hematology oncology’s bone marrow transplant program, improving care for cancer patients around the clock. It will also expand teaching opportunities for residents in the hospital.

“Previously, we had teaching teams and non-teaching teams, but now, all of our inpatient medicine teams will be teaching teams, supporting and improving our educational mission,” he says.

“Hospitalists only do inpatient care, day in and day out; it’s their forte. Hospitalist care has been shown to reduce stays for patients,” he adds. “We’re happy about this expansion, which will improve the operations within our hospital—and most of all, will improve the way we care for patients.” ●

“... a hospitalist is specifically trained to care for patients in-house and work with primary care or specialist physicians to coordinate care once the patient is released.”

Mark Eckman, MD
UC Health General Internal Medicine



Hospitalist Ahmad Anjak, MD (left), nurse Amanda Watson, and Kevin Dell, MD, director of hospital medicine at UC Health University Hospital.

'SOAR' Gives Burn Victims and Families Holistic Support

Mentoring, support group are key parts of University Hospital-based program

Four years ago, Bridgetown resident Tony Nuss got into his car to start his morning drive to work. Seconds later, an electrical spark ignited gas from a leaking acetylene tank in the backseat.

Nuss' car exploded and he received third-degree burns on more than 20 percent of his body, including his back, legs, arms, neck and ears.

After a month-long stay in the UC Health University Hospital burn unit, he was released to begin his outpatient recovery with the help of his wife, Mary Beth, and family. He says he didn't see the need to talk about his injury—until a physical therapy session introduced him to the unit's Survivors Offering Assistance in Recovery (SOAR) program.

SOAR links burn survivors with new patients for mentoring relationships, and holds a monthly patient support group for patients and caregivers. The program is part of the national Phoenix Society, an organization for burn survivors and their families.

"After my accident, the care, support and kindness that our family received was out of this world," says Nuss. "Joining SOAR was the best way that we could think to give back—to provide the same support that we received and to help somebody in the way that we were helped."

Locally, it's organized by Lisa Glanz, physical therapy supervisor, and Heather Hubbard, an occupational therapist. University Hospital's chapter currently has nine peer supporters, six of whom are survivors and three caregivers.

Glanz says this type of support system is particularly important for burn survivors, who face a long recovery and potentially a long-term physical change from their injury.

"A lot of patients have questions about their recovery," she says. "We can



Survivors Offering Assistance in Recovery (SOAR)

- Program of the Phoenix Society, national organization for burn survivors
- Links burn survivors with new patients for mentoring
- *University Hospital chapter*
- Organized by Lisa Glanz and Heather Hubbard
- Currently nine peer supporters (six survivors, three caregivers)

>> FOR MORE INFORMATION
For more information about SOAR, contact Lisa Glanz at Lisa.Glanz@UCHealth.com.

tell them the answers, but for a survivor to come in and share their story, show their graft sites—it's much more powerful. They've actually experienced it."

The support group includes adult members of all ages, with all ranges of burn injuries. Mary Beth Nuss says it serves as a kind of extended family for both burn survivors and caregivers.

"After the accident, I was so focused on making sure that Tony and our kids were OK that I didn't worry about myself. I only wanted my family back," she says. "It was a huge relief to have someone to talk to. It means everything to have the group and to know you can count on them."

For patients, Tony Nuss says SOAR's most important function is showing survivors that there's a way forward from devastating injuries.

"Patients need to know, to hear, to see somebody with their same type of injury, to help them cope with that injury, so that's what we try to provide," he says. "We can show them that it's not the end of the world. It's going to be hard work, but the support is there for them." ●



Tony Nuss and wife, Mary Beth

"Patients need to know, to hear, to see somebody with their same type of injury, to help them cope with that injury, so that's what we try to provide."

Tony Nuss, burn survivor and University Hospital SOAR participant

in brief

Ono Named University of Cincinnati President

On Oct. 23, 2012, the University of Cincinnati Board of Trustees voted unanimously to appoint Santa Jeremy Ono, PhD, as president of the university. Ono had served as interim UC president since Aug. 21. He arrived at UC in 2010, serving two years as the senior vice president for academic affairs and provost. In this role, he led the development of an academic master plan aligned to the university's strategic plan, "UC2019: Accelerating Our Transformation." Mission-based health care is named as one of 9 guiding operational principles for the UC academic master plan.



Ono

UC Health Launches Plan 2017

UC Health launched Plan 2017, its five-year strategic plan, to associates Oct. 23 and 24 at sites including Drake Center, the UC Health Business Center, University Hospital, the CARE/Crawley Building and the West Chester campus.

It's called Plan 2017 and is pronounced "Twenty One Seven" because it has 20 initiatives for 1 system, and there are 7 actions associates can take to get involved. The plan lasts five years, through 2017.

For more, visit uhealth.com/plan2017.



AT DRAKE CENTER



AT WEST CHESTER HOSPITAL



AT UNIVERSITY OF CINCINNATI PHYSICIANS



AT THE BUSINESS CENTER



AT UNIVERSITY HOSPITAL



West Chester Hospital Named Top Nationally for Spine Surgery

UC Health West Chester Hospital has been named one of America's 100 Best Hospitals for Spine Surgery for 2012-2013 by Healthgrades, a provider of information that helps consumers make informed decisions about physicians and hospitals.

The findings are part of "American Hospital Quality Outcomes 2013: Healthgrades Report to the Nation," which evaluates the performance of approximately 4,500 hospitals nationwide across nearly 30 of the most common conditions and procedures. Healthgrades bases its measures solely on clinical performance.

West Chester Hospital's Healthgrades recognitions within the service line include:

- Received the Healthgrades Spine Surgery Excellence Award in 2013
- Ranked among the top 10 percent in the nation for spine surgery in 2013
- Ranked among the top five in Ohio for spine surgery in 2013
- Five-Star Recipient for Back and Neck Surgery (Spinal Fusion) in 2013

Lopez Elected to Epic Council

Mary Lopez, corporate director of privacy and HIPAA for UC Health



Lopez

and UC, has been elected by Epic customers to serve a two-year term on the national Care Everywhere Governing Council.

Care Everywhere is a tool comprising two Electronic Health Record products: Care Epic, which is used for exchanging clinical information between two Epic customers, and Care Elsewhere, which is used for exchanges between an Epic customer and a non-Epic customer.

The Governing Council assists in the oversight of Care Everywhere, including monitoring member compliance, updating rules and promoting best practices. The council includes 11 voting members elected by customers and two non-voting members who are Epic employees. UC Health implemented the ambulatory portion of Epic July 10 and inpatient portion Oct. 27.

Drake Center Marks 200 Patients in Stroke Recovery Program

More than 75 stroke survivors and their caregivers attended a Sept. 19 event marking 200 patients having completed Drake Center's START (Stroke Team Assessment & Recovery Treatment) program, which began in 2008. Speakers included Joseph Broderick, MD, Albert Barnes Voorheis Chair of Neurology at the UC College of Medicine, and co-medical directors of the START program: Brett Kissela, MD, UC Health neurologist and UC vice chair of neurology, and Mark Goddard, MD, chair of the UC College of Medicine Department of Physical Medicine and Rehabilitation.

Drake's START program—one of the first of its kind in the country—is designed for stroke survivors who are months or years post-stroke, have completed standard treatments and want to review their condition to determine if a fuller recovery is possible. For more information about the program, call 513-418-2470.

Celebrating 10 Years of Service to West Chester

More than 750 community members visited the UC Health West Chester medical campus at the 2012 UC Health Safety and Wellness Fair, held Saturday, Oct. 6. Attendees participated in health screenings, wellness talks and family-friendly activities. The West Chester Liberty Chamber presented UC Health with an award for 10 years of service to the community in conjunction with the event.



FEDERAL REPRESENTATIVE TOURS HEART FAILURE UNIT

Steve Chabot, the U.S. Representative for Ohio's 1st Congressional District, visited the UC Health heart failure team at UC Health University Hospital on Oct. 22. Chabot was interested in the heart failure program's efforts to reduce readmissions. He is shown here with UC Health cardiologist and program director Stephanie Dunlap, DO.

CLINICAL TRIAL SPOTLIGHT:

Fibromyalgia and Depression Research Study

WHAT: Research study to find out how well a study medication treats fibromyalgia in adults who take an antidepressant. The use of the study medication in patients who take an antidepressant is investigational.

WHO: Adults with fibromyalgia who also have been diagnosed with depression and have taken antidepressants for at least three months may be eligible to participate.



COMPENSATION: Participants will be compensated for time and travel.

DETAILS: For more information, contact Alicia Heller, RN, at 513-475-8115 or alicia.heller@uc.edu.

HOW WE MAKE A DIFFERENCE

Previously Untreated Hypertension Spurs Radical Lifestyle Changes for Heart Patient

Carl Satterwhite, West Chester resident and businessman, was getting ready to board a cruise ship that would take him to a tropical location last April when he says a case of pneumonia “hit him like a tsunami.”

A team of cardiologists at UC Health—including electrophysiologist Khalid Almuti, MD, and interventional cardiologists Imran Arif, MD, and Faisal Khan, MD—performed tests for eight days on Satterwhite and worked together to discover the problem.



Carl Satterwhite

“My condition was mimicking congestive heart failure, and I underwent an angiogram. They found only 10 percent of my heart muscle was working.”

Carl Satterwhite

Members of Satterwhite’s comprehensive UC Health team



Almuti



Arif



Khan



Dunlap

“My condition was mimicking congestive heart failure, and I underwent an angiogram. They found only 10 percent of my heart muscle was working,” he says.

Satterwhite developed irregular heartbeats, known as atrial fibrillation, and a greatly reduced ejection fraction (pumping) rate for his heart. But still, no one knew what was causing these issues.

Satterwhite left the hospital with an external defibrillator vest to treat any detrimental heart rhythms with the thought that an implantable defibrillator might be in order if his condition did not improve.

He returned home, determined to change his life, and began to exercise, eat right and eliminate stress, but his condition stayed the same.

“After my hospital stay, I had several visits with my physician team for blood work and to check on my general health,” he says. “My blood pressure was very high. I had been diagnosed with borderline hypertension years before, but I never knew that was a problem.

Hypertension Risk Among African-Americans

On the day he had to decide whether or not to have an implanted defibrillator, he met with Stephanie Dunlap, DO, who educated him about the risks of hypertension in African-Americans.

“She told me I should have been medicated three years ago. African-Americans aren’t often represented

in research, and the hypertension standards taught in medical school often don’t apply. I was stunned,” recalls Satterwhite.

He was prescribed blood pressure medication and continued his new and improved healthy lifestyle. Over several months, his health problems resolved, and his heart function normalized.

Doctors presumed his issues were related to a transient viral illness or poorly controlled high blood pressure.

“I take my medicine like I should, I walk or jog every day and I’ve cut the excess sodium out of my life, in addition to managing my stress,” he says. “I’m down 50 pounds and have my blood pressure under control. I feel great.”

In addition to his improved health, Satterwhite was inspired by his experience and took it upon himself to educate his family, friends and the community about this gap in the care of African-American patients.

“If I would have known years before what Dr. Dunlap told me, I might not have experienced the problems that I did,” he says. “I bought a blood pressure cuff for one of my siblings and educated the others to help them get control of their health and get the treatment they need.” ●

>> APPOINTMENTS & REFERRALS
The UC Health Cardiovascular Diseases team sees patients in Clifton and West Chester. For appointments, call 513-475-8521.

Courtesy of Carl Satterwhite

We're all UC Health

Fredia Reedy

UC Health Patient Service Representative

FROM THE MOMENT YOU MEET Fredia Reedy, you know she represents the perfect match of person and job. As patient service representative at the UC Health Physicians Office in Clifton, she greets patients, family and visitors with a smile while juggling a constant stream of telephone calls.

How long have you been with UC Health?

"I'll be here a year in December. I've done customer service basically all my life."

Where did you work before?

"Most recently, I worked for the Midland Company (insurance) and a hospital in Piqua, Ohio. I'm originally from Piqua, but I've lived in Bethel, Ohio, for the past eight years."

What is it that you like about your job?

"The co-workers and the patients. Each one of them seems to have their own personality and bring life to the day. And helping others is rewarding. People might come in and they have no idea where their appointments are, or even if they're in the right building. When you see someone who's confused, it's pretty satisfying to get them pointed in the right direction."

How do you spend your time outside of work?

"With my family. My children range from 5 to 21—three girls and the youngest, a boy. My oldest is graduated and is out on her own working full time. My 17-year-old is looking forward to graduating and looking at colleges. My 13-year-old has been in dance for six years and is in the seventh grade dancing with the high school girls' dance team. And my little boy, who's 5, just started kindergarten this year so that's a big transition from being at home to being at school."

Know an Outstanding Employee?

If you have a suggestion for someone we should feature in an upcoming issue of Connected, please send us an email at CorporatePR&Marketing@uchealth.com.



IN MEMORIAM

George Strike, Leader and Advocate

UC Health and the Cincinnati community lost a treasured leader, advocate and friend with the passing of George L. Strike on October 20, 2012.



George Strike



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
- 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

George Strike made a lasting impact as a business executive and civic leader whose skill at guiding complex organizations toward consensus and the greater good was unmatched. He served as chairman of the University of Cincinnati Board of Trustees, as a founding member of the Board of Trustees of the former Health Alliance, as a chairman of the University Hospital Board of Directors and, most recently, as the first chairman of the UC Health Board of Directors.

“Many legacies grew out of George’s remarkable life and successful business career, but perhaps his greatest legacy, apart from a loving family, is UC Health,” says James Kingsbury, UC Health’s president and chief executive officer.

“We are here today as a health system because of George and the focus and determination he brought to building an organization designed for one purpose: to heal the sickest of the sick. How UC Health came together after the breakup of the old Health Alliance could have played out very differently (and quite unfavorably) if George and a very few others had not intervened and provided swift and decisive leadership at a critically important and fragile time.”

Steady and firm, yet kind and respectful of others, George Strike helped lay a solid foundation for the birth of UC Health. “In the midst of distrust, everyone could trust George,” Kingsbury says. “In the midst of high emotions, George brought calm. And in the midst of confusion, George brought clarity and straight, honest talk.”

George Strike was determined to make a difference in this world, and he succeeded with every organization he served and every challenge he faced. He will be dearly missed by those he mentored and those who had the privilege of calling him their friend. ●