

FEBRUARY 2015

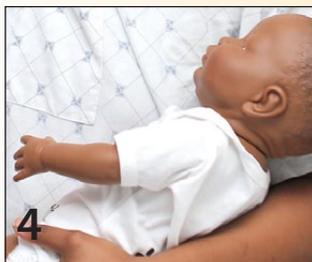


KATE FRENCH

8 **We're all UC Health**

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To Help Others, LVAD Patient Tells How Device 'Saved My Life'

Arnetta Profit-Greer has a left ventricular assist device (LVAD) implanted in her chest and a story she will share with anyone who listens.

"I pretty much do everything I want to do," explains Profit-Greer, a retired Evanston resident. "I shop, I clean and I go to the grocery store. I've had good days and bad days and I always say if I had to do it again, I would because the LVAD saved my life."

Two years ago, Profit-Greer had an LVAD, a mechanical pump designed to help the left ventricle pump blood to the aorta, implanted by UC Health heart surgeon Louis B. Louis, MD. Initially she hated it, but after an 82-day hospital stay leading up to LVAD surgery, her views on the device and life changed.

Today, Profit-Greer offers support to other patients who are candidates for the LVAD. She makes hospital visits to offer pep talks, speaks with their families and offers her phone number if they need encouragement. She is currently seen by Stephanie Dunlap, DO,

medical director at the UC Health Advanced Heart Failure Treatment Center.

"I talk to them about the LVAD and carrying the bag," she says. "I understand how they feel when they ask, 'Why do I have to carry this bag all the time?'"

"I got to go to the bathroom with it. I have to do this and that with it. That was depressing for me, but it is what it is," she explains. "I had to accept it. It becomes normal, a part of you. I've told other patients 'I've been there,' but you have to overcome it."

Jennifer Lukes, advanced heart failure clinical manager at UC Health, says Profit-Greer also accompanies medical staff to training sessions with firefighters, police and emergency workers who may have to respond to LVAD patients. "It is one thing for us to sit and tell patients you are going to come through this and you are going to do great, but Arnetta has walked in their shoes." ●

Below, left to right: Louis B. Louis, MD; Stephanie Dunlap, DO; Arnetta Profit-Greer; and Russell Hoffman, nurse practitioner in the Heart Failure and Transplant Program

What is an LVAD?

A left ventricular assist device, or LVAD, is a mechanical pump designed to help the heart's left ventricle pump blood to the aorta. For some patients, it is a bridge while waiting for a heart transplant, and for others, a long term therapy for a malfunctioning heart. LVADs are powered by external batteries, which patients transport in bags.

>> APPOINTMENTS & REFERRALS

To reach the UC Health Advanced Heart Failure Treatment Center, call 513-584-7217.



Vision, Generosity Deliver a Limitless Future at West Chester

COLLEAGUES,

In 2014, West Chester Hospital celebrated its fifth anniversary. During this five-year period, we have experi-



enced an evolution in who we are, how we serve our communities and how we fit into UC Health. While we are proud to play an important part in the growth of UC Health, we are particularly excited about our newest delivery, Maternity Services.

In just a few months, we will be able to provide families that wish to bring their children into the world with UC Health the option to do so in the northern suburbs. As the second-fastest growing ZIP code in the state, West Chester is a prime area for obstetrical demand. But it takes more than need

for a change to make that change happen.

I am humbled by the generosity and teamwork that has gotten us to this point. Frederic and Julie Holzberger, founders and owners of the Aveda Fredric Institute here in West Chester, will be recognized for their \$100,000 gift. In their honor, our new nursery will bear their names.

The Holzbergers represent people in the community who make both living here and working here a tremendous experience. Not only do they provide a benefit through their business, but they have also chosen to invest generously in future generations of area residents.

This lead gift has spurred further generosity within our community. A second gift has been received from Patti Alderson, CEO of the Community Foundation of West Chester/Liberty and longtime supporter of West Chester

Hospital, and her husband, Dick Alderson, president of Alderson Properties.

As the construction project progresses and the unit begins to take shape, I can't help but reflect upon all the children who will be born here and whose futures will begin with us. Our community, both within UC Health and the neighborhoods we serve, has come together through vision and a generous spirit to build and shape the futures of so many individuals.

It is with this sense of hope and awe at the sheer number of lives we touch every day that I turn my focus ahead to the many exciting changes and challenges we will face together.

KEVIN JOSEPH, MD
President and CEO
West Chester Hospital

UC HEALTH MISSION

- Provide life changing, patient-centered medical care
- Drive innovation through groundbreaking research
- Educate and inspire the next generation of health care professionals

UC HEALTH VISION

- To be the region's quality health care partner and a national leader in solving complex medical problems

UC HEALTH VALUES

- Respect
- Integrity
- Teamwork
- Excellence

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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UC Academic Health
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Volume 7, Issue 2



Palliative Care Puts Focus on Quality of Life

Team strives to relieve suffering, act as support network

There are often misconceptions and confusion when discussing the field of palliative care.

Palliative care is often discussed interchangeably with hospice care. However, it is important to understand that palliative care is not reserved only for end of life.

Georgia Anderson, manager of palliative care and outpatient social work at University of Cincinnati Medical Center and as part of the UC Cancer Institute, says it's important to know the difference between the two fields and that palliative care can greatly improve life for those who are living with life-limiting illnesses.

"Palliative care is specialized medical care for people with serious, life-limiting illnesses that focuses on



Georgia Anderson

>> **APPOINTMENTS & REFERRALS**

Inpatient palliative care is offered at UC Medical Center from 8 a.m. to 5 p.m., Monday through Friday; outpatient palliative care is offered at the UC Health Barrett Cancer Center from 10 a.m. to 2 p.m. on Mondays and from 1 to 5 p.m. on Wednesdays. **To request inpatient palliative care services, physicians can call 513-584-8181 with detailed instructions; for outpatient service requests, physicians can call 513-584-2400.**

"Palliative care is specialized medical care for people with serious, life-limiting illnesses that focuses on providing patients with relief from the symptoms, pain and stress—whatever the diagnosis."

Georgia Anderson, manager, UC Medical Center Palliative Care

providing patients with relief from the symptoms, pain and stress—whatever the diagnosis," she says. "Hospice is end-of-life care, but palliative care can be beneficial throughout the course of an illness. Palliative care is provided at the same time as disease directed treatment, which is sometimes called curative treatment. The overall goal of palliative care is to relieve suffering by improving quality of life for both the patient and the family throughout the course of illness."

Palliative care is provided by a team of doctors, nurses, social workers and other specialists who work together with a patient's other doctors to provide extra support, both physically and mentally.

"It is appropriate at any age and at any stage in a serious, life-threatening illness and can be provided in partnership with disease directed care," Anderson says, adding that palliative care has been shown to be particularly helpful in patients with cancer, cardiac diseases, like congestive heart failure, chronic obstructive pulmonary disease, kidney failure, Alzheimer's, Parkinson's, amyotrophic lateral sclerosis (ALS) and other serious, chronic conditions.

"Palliative care is truly a medical specialty and the whole goal of it is to relieve suffering from the symptoms that come from treatment, like pain, fatigue or even depression," she says. "It can help patients gain the strength to carry on with daily life and improve their ability to tolerate medical treatments. Additionally, it helps patients

feel like they have more control over their care by helping them consider choices about their treatment options and overall goals."

She adds that there is a strong family component to palliative care and that the palliative care team members do their best to be a support network for anyone who may need them.

"It's a partnership, where the team not only supports the patient and their family every step of the way by controlling symptoms, but also by improving understanding of treatment options and goals," Anderson says.

In order to provide these services more efficiently, UC Medical Center's palliative care program, which is the only one in the region to offer both inpatient and outpatient palliative care, has expanded outpatient hours and has brought on a new palliative care expert, Anumeha Gupta, MD, who is also a UC Health oncologist and an assistant professor in the Department of Internal Medicine, Division of Hematology Oncology, at the UC College of Medicine.

"We're thrilled to expand our services to help and educate more people," says Anderson. "Palliative care doesn't mean focusing on dying from an illness. Instead, palliative care helps patients focus on living with the disease, as long and well as possible. Palliative care helps people think about the big picture, which includes death, but empowers people to consider their personal priorities and communicate with the medical team." ●

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Gupta

UC Medical Center Receives ‘Baby Friendly’ Designation

Breastfeeding support policies required for special recognition

Congratulations to the University of Cincinnati Medical Center maternity unit for leading UC Medical Center to the prestigious “Baby-Friendly Hospital” designation.

The Baby-Friendly Hospital Initiative (BFHI) was launched by the World Health Organization (WHO) and United Nations Children’s Fund (UNICEF) in 1991 to ensure that all birthing hospitals and centers become centers of breastfeeding support. Baby-Friendly status is only awarded to birthing facilities that successfully implement the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes.

“It’s not an easy feat to get this recognition ... many hospitals start and



Ruby Hemphill-Crawford

drop out because it’s too challenging—and for a big, academic medical center it’s really challenging,” says Ruby Hemphill-Crawford, assistant chief

nursing officer, Women’s Health Services at UC Medical Center.

The BFHI assists hospitals in giving all mothers the information, confidence and skills necessary to successfully initiate and continue breastfeeding their babies or feeding formula safely, and gives special recognition to hospitals that have done so.

The BFHI process requires verification of policies, action plans, quality improvement projects, staff training and competency. To achieve Baby-Friendly designation hospitals must complete all requirements and demonstrate during an on-site assessment that they have integrated the Ten Steps to Successful Breastfeeding into practice.

The UC Medical Center project team—consisting of the women’s health senior leader, lactation consultants, obstetricians, neonatologists, nursing staff and WIC Community partners—was charged with educating and training all personnel who came in contact with new mothers, from admission to discharge. Hemphill-Crawford says the project was particularly demanding given the large number of residents and fellows who rotate in and out of an academic health center.

WHO/UNICEF administer the program internationally, but appoint a national authority in each country to confer the Baby-Friendly designation in their country. More than 150 countries around the world, including the United States, participate in the Baby-Friendly Hospital Initiative. Baby-Friendly USA, Inc. is the national authority for the Baby-Friendly Hospital Initiative in the United States. ●

The Baby-Friendly Hospital Initiative was launched by the World Health Organization and United Nations Children’s Fund in 1991 to ensure that all birthing hospitals and centers become centers of breastfeeding support.



UC Medical Center lactation consultants (left to right) Stephanie Burke and Sue Williamson

>> FOR MORE INFORMATION

For information on Women’s Health Services at UC Medical Center, visit uhealth.com/womens-health/.

HOW WE MAKE A DIFFERENCE

Diagnosed Correctly At Last, Patient Can Breathe Freely

'I wanted to give him a hug,' he says of UC Health pulmonologist

In September 2013, Dan Schmitz, 65, of Fairfield Township, began experiencing shortness of breath which progressively got worse. A trip to the emergency department revealed that he had fluid in the sac around his heart, which was drained, and he was sent home. However, the problems didn't stop there.

"I was hospitalized four or five times after that initial hospitalization for fluid in the sacs around my lungs," he says. "Physicians at the hospital I was going to at the time thought I had a virus or undiagnosed pneumonia. I went to the

Cleveland Clinic for a second opinion, but they thought it had to do with a heart condition. I was also told I had pleurisy (inflammation of the lining of the lungs and chest). Physicians even suggested a procedure where they would insert powder in the lung sac to prohibit the collection of fluids, which I was later told could have made my situation much worse.

"I knew these diagnoses and suggested treatments weren't right, and I was getting frustrated and discouraged."

A friend of Schmitz's wife Karen suggested UC, and in January 2014, that's where he went.

"I was admitted with fluid on my left lung again the day I came in," he says, recalling the day he met Sadia Benzaquen, MD, assistant professor at the UC College of Medicine and UC Health interventional pulmonologist. "There were three doctors in the room, and one of them began reading my lung pressures out loud. Dr. Benzaquen began charting these numbers on a graph, and I wondered what in the world he was doing, but at the end of it all, he looked at me and said, 'I know what you have. You have trapped lung.'"

"I asked the other physician, 'Who is that guy?' I wanted to give him a hug."

Interventional pulmonology focuses on the use of advanced diagnostic and therapeutic techniques to treat patients with lung cancer, pleural disease and other advanced airway disorders. Benzaquen is currently the only highly trained and board-certified interventional pulmonologist in the area, and UC is the home to this specialized program.

Trapped lung, also known as unexpandable/unexpanded lung, is a term used where a fibrous membrane develops around the lung sac and hinders it from re-expanding once fluid is removed.



Sadia Benzaquen, MD

Schmitz says Sandra Starnes, MD, John B. Flege, Jr. Chair in Cardiothoracic Surgery and chief of cardiothoracic surgery and UC Health thoracic surgeon, performed the procedure to



Starnes

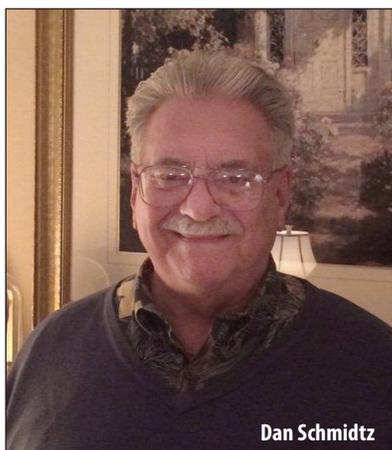
remove the membrane, known as a "peel," in March 2014. Schmitz says he hasn't experienced shortness of breath since then.

"I had such a supportive team working together for me at UC, between the lung experts and my cardiologists, I couldn't ask for better," he says. "Dr. (Tehmina) Naz, my cardiologist, told me when I first got to UC that she wouldn't give up, and she—as well as the rest of the team—never did.

"I want others to know about the expertise available right here in Cincinnati. They told me what other experts couldn't, and my life has improved because of it." ●

>> APPOINTMENTS & REFERRALS

Sadia Benzaquen, MD, sees patients at the UC Health Physicians Office—Clifton. To schedule an appointment, call 513-475-8523.



Dan Schmitz

"I want others to know about the expertise available right here in Cincinnati.

They told me what other experts couldn't, and MY LIFE HAS IMPROVED BECAUSE OF IT."

Dan Schmitz
UC Health patient

in brief

Privitera Appointed 1st VP of American Epilepsy Society

Michael Privitera, MD, director of the Epilepsy Center at the UC



Privitera

Neuroscience Institute and a professor of neurology and rehabilitation medicine in the UC College of Medicine, has been appointed

first vice president of the American Epilepsy Society.

Privitera previously served as treasurer (2008–2013) and second vice president (2014) of the society, which is the world’s largest association of professionals dedicated to the prevention, treatment and cure of epilepsy. The announcement was made at the society’s 2014 annual meeting in Seattle in December.

Privitera established the Epilepsy Center at the UC Neuroscience Institute—a partnership of the College of Medicine and UC Health—more than 25 years ago as the first comprehensive epilepsy program in the region, and has authored more than 100 scientific publications on epilepsy.

UC and UC Health to Host 2nd Annual National Telehealth Conference March 19-20

The UC College of Nursing, UC Health and other local and regional partners will host the second annual National Telehealth Conference March 19-20, 2015, at Procter Hall.

Speakers include UC Academic Health Center faculty and UC Health clinicians and administrators, as well other national experts. Opening remarks will be provided by Dean Greer Glazer, PhD, UC College of Nursing; Interim Dean William Ball, MD, UC College of Medicine; and Richard Lofgren, MD, UC Health president and CEO.

Bill Woodson, a senior vice president and national thought leader for Sg2, will present the keynote address, “The Future of Health Care and the Role of Telehealth.”

Learn more about the event and register at www.nationaltelehealth-conference.com.

Lewis Named ‘2014 Champion for Children’ for Outreach Effort

Christopher Lewis, MD, UC Health family physician, assistant dean for diversity and inclusion in the UC College of Medicine and associate professor of family and community medicine, was honored at a Jan. 24 ceremony as a “2014 Champion for Children” by the Cincinnati nonprofit organization 4C for Children.



Lewis

Lewis and two other “champions” were recognized for their work to ensure bright futures for children in Greater Cincinnati and Northern Kentucky and beyond. He is the founder of the Village Life Outreach Project, a nonprofit organization started in 2004 with a mission to unite communities to promote life, health and education. Most of Village Life’s work focuses on three remote and impoverished villages in the Rorya district of Tanzania.

MAY 4-8

Mark your calendars now for RESEARCH WEEK 2015
Highlights of the week long research showcase include a **technology and core facilities fair**, and a talk by **J. Michael Gaziano, MD, MPH, of Harvard Medical School, about the Million Veteran Program, a effort to build one of the largest, voluntary medical databases to study the impact of genes on health.**

Join a Team for UC Health Sing-Off

UC Health will participate in the CincySings ArtsWave singing competition for Cincinnati-area companies and institutions this spring. All UC Medical Center and Business Center associates are invited to join a UC Health team consisting of four to 20 members. The UC Health Sing-Off will be held at 4:30 p.m. Wednesday, March 11, in the Medical Sciences Building’s Kresge Auditorium. The winner will represent UC Health in the CincySings semifinals. For more information, contact Jenna Kelly at Jenna.Kelly@UCHealth.com.

CLINICAL TRIAL SPOTLIGHT:

DO YOU HAVE POST-TRAUMATIC STRESS DISORDER (PTSD)?

Do You Have Stress Symptoms Related to Military Service?

WHAT: This is a research study to find out more about the safety and tolerability of an investigational medication. Researchers want to see

whether it can help people with PTSD.

An “investigational” medication is a medication that is being tested and is not approved for use in the United States by the U.S. Food and Drug Administration (FDA).

WHO: Men and women between 18 and 65 years of age, with military service who have symptoms of PTSD.

PAY: Participants will receive reimbursement for time and travel.

DETAILS: For more information contact Alicia at helleram@ucmail.uc.edu or 513-558-6612.



Cancer Survivorship on March 27

“Transforming Cancer Survivorship Through Research and Best Practice,” provided by the University of Cincinnati Cancer Institute Survivorship Program, is scheduled for 8 a.m. to 4 p.m. Friday, March 27, at the Kingsgate Marriott Conference Center. Continuing Education credit will be available.

The keynote speaker will be Julia Rowland, PhD, director, National Cancer Institute Office of Cancer Survivorship. Other nationally prominent experts in the field will also be speaking.

For an agenda and registration, visit uhealth.com/events/transformingsurvivorship/ or contact Pat Woellert at 513-558-9911 or patricia.woellert@uc.edu.

Gift Will Fund Research at UCCI

A \$1.3 million gift to the University of Cincinnati from the family of Steven Goldman through the Greater Cincinnati Foundation will create the Steven Goldman Memorial Pancreatic Cancer Research Endowed Fund, which will be used to drive research discovery in the field of pancreatic cancer at the UC Cancer Institute.

Using this gift, the UC Cancer Institute—a partnership of UC Health and the UC College of Medicine—will annually solicit grant applications from research faculty for the Steven Goldman Memorial Pancreatic Cancer Research Grant. The award will be granted to the strongest application in an amount no less than \$50,000. ●

PURSUING PERFORMANCE EXCELLENCE

Eliminating Variation in Care Key to Better Efficiency

THERE IS GOOD NEWS AND BAD NEWS THIS MONTH. ... Bad news first.

The bad news is that our efficiency goal is headed in the wrong direction. This goal measures the money we spend on the supplies for each patient. It is severity adjusted, meaning that we expect that our more complex patients will need more supplies. This just makes sense. What this is telling us is that we are spending more on “stuff” for our patients than we expect or want. The people who pay the bills, Medicare, Medicaid, insurance companies and private individuals see this in the cost of our care. They look for value. Value = high quality, great service, low cost. So how do we fix this?

It just so happens that we have fantastic people working at UC Health. In fact, there are people within our organization who know how to fix this and are doing it. People who know how to do this look for variation in treatment which has no value to our customers and then systematically eliminate the variation. For instance, at West Chester Hospital, individuals found variation in the treatment of podiatry patients. This had evolved over time, yet didn't really produce a better outcome. They worked with the clinical providers to make sure that a change would not disrupt the care to our patients. The savings was substantial! Great out-

comes, great service and lower cost—the patient received the best care we know how to deliver.

So the challenge for each of us is to look for places where we have variation in care—which adds no value to our patients—then figure out a way to eliminate that variation. It's simple, but not easy.

So the challenge for each of us is to look for places where we have variation in care—which adds no value to our patients—then figure out a way to eliminate that variation. It's simple, but not easy.



Norton

>> News Or Ideas?
Have performance improvement ideas or news to share? Contact Norton at Jeff.Norton@UCHealth.com.

Enterprise Goals – Meeting 4 of 6 Year to Date

ENTERPRISE-KEY PERFORMANCE METRICS (Most Current as of January 10, 2015)							
ENTERPRISE-GOALS		Monthly Performance			YTD Performance		
		Actual	Target	FY14 Month	YTD	Target	FY14
QUALITY	Number of patients that acquired a central IV infection, urinary tract infection or surgical site infection	7	10	11	67	48	63
SAFETY	Number of patients with an adverse safety event	41	35	56	176	213	310
SERVICE	% of INPATIENTS rating the hospital as either a “9 or 10”	71.1	70.3	68.9	71.9	70.3	68.8
	% of OUTPATIENTS rating the provider a “9 or 10”	83.1	83.0	80.5	83.0	83.0	81.3
EFFICIENCY	Supply cost/Adjusted discharge (adjusted for case mix index)	\$1,860	\$1,710	\$1,961	\$1,866	\$1,710	\$1,740
GROWTH	Number of patients referred from “outlying” areas	1,044	1,077	1,030	6,769	6,717	6,521

KEY	
Red	< Acceptable
Orange	> Acceptable
Yellow	≥ Goal
Green	> High Performing

THE GOOD NEWS: We are meeting four of the six goals we have set for ourselves and the Quality measure, while not yet meeting the goal, is on a good path of improvement.

I continue to be encouraged by the progress we are making.

Thank you for the work you do,
Jeff

Jeff Norton
Vice President and
Chief Performance Officer

THE GOOD NEWS, CONTINUED

Why?

I'm hearing more people ask "WHY?" questions and not "WHO?"

The question “*Why do we do it this way?*” is still a little scary. It's particularly scary if it comes from your boss. But it's the only way to figure out what is and is not working for our patients. **When we ask this respectfully of one another, it opens the door to producing a better system of care.**

We have to correctly diagnosis our process before we can fix it.

We're all UC Health

Kate French

Radiology Technician
UC Health Physicians Office—Clifton

AS A RADIOLOGY TECHNICIAN for UC Health, Kate French is working at her “dream job.”

French has worked at UC Health for almost three years, but started out working for Steve Knost in the administrative office at the UC Health Physicians Office—Clifton after hearing of an opening from Pattie Rankle. That was her “foot in the door,” and from there, with her training from the Radiologic Science program at Northern Kentucky University, she was able to move to Radiology. “I am very grateful for everyone that has helped me get to where I am today,” she says.

A typical day starts with coffee (“do not talk to me until I have my cup of coffee!”), then she’s either X-raying patients—many from across the hall at UC Health Orthopaedics—or spending the day at the UC Medical Center 3D Lab post-processing images.

“I love that I get to work with different people every day,” French says. “My co-workers are great, and I know that every day is going to be an enjoyable one. But the absolute best part of my job is seeing the regular patients because you get to track their progress. I love being able to see them from their initial visit all the way through to when they are fully recovered. It is a very rewarding experience to be able to see and hear how great they feel during and after the whole process.”

Originally from Lawrenceburg, Indiana, French grew up in rural Lawrenceburg and Harrison, Ohio. She has known her husband, Tyler, since the second grade and he also works for UC Health, which “makes a very interesting dynamic,” as she puts it. Both husband and co-workers are well aware of such quirks as her love of Batman and habit of “singing any song to my own

made-up tune” (think 1971’s “Timothy”), and they’re teaming up to persuade her to add a puppy to the household. She loves to work on scrapbooks and puzzles and is always up for a trip to the multiplex: “I’m counting the days until ‘Jurassic World’ comes out this summer!” ●

“...the absolute best part of my job is seeing the regular patients because you get to track their progress. ... It is a very rewarding experience to be able to see and hear how great they feel during and after the whole process.”



Kate French



uchealth.com

Inpatient and outpatient services available in the following communities:

- OHIO**
- ADAMS COUNTY
- ANDERSON
- CLIFTON
- DOWNTOWN
- FAIRFIELD
- HARPER’S POINT
- HARTWELL
- KENWOOD
- KETTERING
- LIMA
- MASON
- MIDTOWN
- MILFORD
- MONTGOMERY
- MT. AUBURN
- TRENTON
- TRI-COUNTY
- WEST CHESTER
- WESTERN HILLS
- WHITE OAK
- WILMINGTON
- WYOMING
- KENTUCKY**
- FLORENCE
- LEXINGTON
- MAYSVILLE
- INDIANA**
- AURORA
- BATESVILLE
- GREENSBURG
- MADISON
- NORTH VERNON
- RUSHVILLE