

DECEMBER 2014



TERESA WOLFER,
TERESA HALL, JEFF REIFSTECK

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UC Health**

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Transport Program Marks Milestone

UC Health Air Care & Mobile Care turned 30 in November. Named Program of the Year in 2013 by the Association of Air Medical Services, Air Care & Mobile Care provides advanced transport medicine to Greater Cincinnati, Northern Kentucky and Southeast Indiana.

It was one of the first medical transport programs in the country to be Commission on Accreditation of Medical Transport Systems-accredited in four levels of transport—rotor wing, mobile intensive care unit, advanced life support and basic life support. •

By the Numbers

44
percent of Air Care flights that serve trauma patients

700+
hours logged annually by Air Care pilots

4,800
hours logged annually by Mobile Care drivers

30,000
accident-free flight missions since 1984

60,000
miles flown annually by Air Care pilots

80,000
gallons of jet fuel used annually

100,000+
patient transports by ground since 1984

160,000
miles logged annually by Mobile Care drivers

AIR CARE & MOBILE CARE SNAPSHOT

- Carries blood, plasma, tranexamic acid (TXA) and hypertonic saline on every flight, making it a leader in the advanced transport medicine industry.
- Uses two state-of-the-art EC 145 helicopters, equipped with enhanced safety and patient care features.
- Has a special events crew to provide medical coverage for University of Cincinnati sporting events and premier events in the community.
- Has a Medical Intensive Care Unit (MICU) that specializes in complex and critical transports, including extracorporeal membrane oxygenation (ECMO) and intra-aortic balloon pumps (IABP).
- Staff members volunteer for and hold paid positions at many fire and EMS agencies in Ohio, Kentucky and Indiana.



We Have Lots to Celebrate, Much to Achieve

COLLEAGUES,

A “year-end look back” is a tradition in most organizations—and when we consider 2014, there are many accomplishments to celebrate. To highlight just a few from a long list:



Richard P. Lofgren

Recognition, including University of Cincinnati Medical Center ranked among Ohio’s top 10 best hospitals by *U.S. News and World Report* in its annual “Best Hospitals” rankings; nearly 300 UC Health physicians named Best Doctors in America or Top Doctors in Cincinnati, and Air Care and Mobile Care named Program of the Year by the Association of Air Medical Services (AAMS).

Growth, with two new UC Health Physicians offices in Florence and Midtown, plus two primary care offices in Milford and Trenton; a new UC Health long-term acute care unit operated by Daniel Drake

Center for Post-Acute Care and located at the Christ Hospital; and 18 new ICU beds at West Chester Hospital, doubling the size of the ICU. And in six months, we’ll have a new maternity unit at West Chester.

Success, reflected in an upgraded bond rating from Moody’s Investors Services based on our volume, market share growth and strong financial performance. Moody’s noted, appropriately, that we are the region’s only academic medical center, and the upgrade came at a time when many hospitals and health systems are being downgraded due to weakened performance.

There are dozens of other achievements we could look back on—but I think it’s equally important, and exciting, to shift our vision from the rear-view mirror, and to look forward to what I believe is a very promising future for UC Health.

We should all be proud to be part of the only academic medical center in this region, and one of the leading such organizations in Ohio. For all of us, health care is a higher calling, and academic medical centers have the most significant mission: caring for people with the most complex injuries and illnesses, finding today’s newest cures and treatments, and training the medical professionals who will preserve health and save lives in the coming decades. This mission, along with our community covenant to care for the economically vulnerable, defines a role that is unlike any other health care system in the Cincinnati area.

With our unique portfolio, we are well positioned to grow, and we will by being able to meet the market’s demands for consistent quality, service, convenience and affordability—the new value proposition.

We must become known and valued as the preferred provider of advanced specialty services that leverage our academic backbone—bringing the latest in translational research

to the bedside and destination services to Cincinnati that only an academic medical center can legitimately support.

How will we achieve these goals?

- We will **build on the great foundation** we have inherited, and make sure that all of our services are of consistently high quality, personal and caring.
- We will **be as operationally efficient as possible**. Instead of the typical academic medical center tradition of many silos, we must be an organization of one—one vision, one mission, one team. You’ll be hearing the word “integration” a lot in the coming months. We will be an integrated clinical enterprise to drive performance. No one department or unit can unilaterally achieve superior results—health care today is very much a team endeavor, a team sport.
- Because the most efficient systems of care produce the best outcomes, we must **commit to improving the effectiveness of all our programs and services** in terms of quality, outcomes, patient experience, cost and efficiencies so that we offer the consistency and reliability that patients, referring physicians, insurers and employers expect and demand. If we can do this—and I know that we can—then we’ll be in a strong position to succeed no matter what changes occur in reimbursement and regulations that may lie ahead.

THE OPPORTUNITIES FOR UC HEALTH ARE ENORMOUS, but we are in a very competitive market, so it’s important for us to move deliberately and with appropriate speed. Those whom we serve, and whom we want to serve, have options and choices throughout Ohio, Indiana and Kentucky, so we want to make sure we are well positioned to be their first choice, recognized and respected as the predominant and pre-eminent regional referral system.

In the coming months, we’ll be talking about the way we’ll be adapting what we do, and adopting best practices to achieve our goals. We’re going to be enhancing our internal communications efforts so we can share more details in a more timely way with all of you, and just as importantly, so we can listen to your ideas and your concerns.

So, as they say on TV news, stay tuned. We have accomplished much in 2014, and will do even more in 2015. I thank each of you for your commitment, your professionalism, your concern for our patients, and also for your patience as you’ve gone through what I know has seemed like a lot of change in the last 10 years. Your commitment is what has helped the organization deal with change, and continue to grow and prosper. The achievements highlighted at the beginning of this letter are because of all of you!

Wishing you all a happy and healthy holiday season.

RICHARD P. LOFGREN, MD, MPH, FACP
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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'Get Out and Do' Is Transplant Patient's Motto

Two-time kidney recipient, clinical trial participant, thankful

It was Thanksgiving Day 2012 when David Weber left University of Cincinnati Medical Center following a successful kidney transplant. But the journey to that day was a long one.

The now 33-year-old from Southeast Indiana was attending Purdue University in his 20s when he first became ill. A number of symptoms in the middle of flu season masked what he was ultimately diagnosed with in 2005: IgA nephropathy.

The kidney disorder is marked by a buildup of antibodies, called IgA, in the kidney tissue. When too much IgA is present in the kidneys, the organs become inflamed and damaged.

Aggressive therapy to treat the disease wiped out Weber's immune system. He developed histoplasmosis, shingles and pneumonia and ended up in the emergency room at UC Medical Center, which ultimately led him to the UC Health nephrology and transplant teams.

In 2009, Weber's kidney's failed and he started dialysis while being worked up for transplant. As luck would have it, his sister was an identical match and on March 31, 2010, Weber received one of her kidneys.

Belatacept Early Steroid withdrawal Trial (BEST)

For his second transplant, Weber was enrolled in a national, multicenter randomized clinical trial led by Woodle. Called the Belatacept Early Steroid withdrawal Trial (BEST), the study seeks to determine if replacing a normal regimen of antirejection medications with an FDA-approved belatacept-based regimen for post-transplant patients can prevent organ rejection without the harmful side effects posed by corticosteroids and calcineurin inhibitor (CNI) immunosuppressants.

In November 2014, Weber became the first patient to complete enrollment in the study. While randomized, the trial is not blinded, so both Weber and his care team knew he received the study medication. Results have not yet been analyzed, so researchers cannot yet determine if Weber's involvement in the study aided in his successful transplant.

BEST is just one of many studies led by transplant researchers at UC Health and UC. **For more information on transplant studies, call 513-558-1568.**

His UC Health transplant nephrologist, Amit Govil, MD, says that such a well matched kidney is expected to have an excellent outcome. However, Weber experienced a very rapid and aggressive recurrence of his IgA nephropathy in his transplanted kidney.

"We tried all forms of interventions including plasma exchange and some novel immune-suppressive regimes to slow down the rapid deterioration of the kidney function and progression of proteinuria. But this was one of the most aggressive and destructive recurrence of IgA nephropathy that we had come across," says Govil.

"For the longest time everyone had told me how great I would feel after the transplant and how much better life would be. And it wasn't," Weber says. "Every day brought new problems, or more of the same problems. And I remember thinking 'what if this is as good as it gets?' It was hard to stay positive, but with support from my terrific family and friends I survived it."

Theorizing that Weber's sister's kidney may have been too similar, doctors suggested it be removed and that Weber go back on the transplant list. This time, he'd need a non-relative match.



E. Steve Woodle, MD, with David Weber

"IgA nephropathy is one of the more common causes of kidney failure, and although it recurs often in the transplanted kidney, the recurrence usually does not result in the kidney transplant being lost," says E. Steve Woodle, MD, UC Health transplant surgeon and director of the division of transplantation at UC. "David experienced a very rare complication, in that his IgA nephropathy recurrence was very severe and resulted in a rapid loss of his transplant. In hundreds of transplanted IgA patients I have never seen this before."

Following another eight months of dialysis, posts to Facebook seeking people willing to be donors, and handing out cards to those interested in learning more, Weber found a match in a high school friend.

He received his second kidney Nov. 19, 2012, and says he felt good waking up from the surgery.

His whole experience has left him with a new perspective on life.

"I just want to go out and do and see as much as possible while I'm feeling well," says Weber. "The time we have today is not guaranteed tomorrow." ●

Below: Weber on the way down from his hike to Mt. Washburn in Yellowstone National Park. Its summit, 10,234 feet, is something Weber says he could not have done without his healthy kidney.



Good Nutrition Important in Cancer Care

New screening tool helping UC Cancer Institute identify at-risk patients

People need nourishment from food to live and flourish.

However, people undergoing cancer treatment are often plagued with nausea, a lack of appetite, gastrointestinal issues, dry mouth and swallowing difficulties, among other issues.

“Malnutrition in patients undergoing cancer treatment is correlated to decline in function as well as treatment intolerance, increased infection rates and increased hospitalization,” says Tammy Ward, registered dietitian and specialist in oncology nutrition for the UC Cancer Institute. “When these patients are losing weight because they can’t or don’t want to eat, they’re losing fat and muscle mass as well as stores for vitamins and minerals to support healing and health.”

Knowing the important role nutrition plays in better outcomes for

patients, the American College of Surgeons Commission on Cancer requires that all cancer programs create policies and procedures for assessing the nutritional well-being for those with cancer and determine best ways to intervene.

At the UC Cancer Institute, Ward and colleague Kelly Guthrie, registered dietitian, have begun the process of screening patients to identify those who are at risk of malnutrition.

“The tool we are using is called the Malnutrition Screening Tool Questionnaire, which includes three simple questions about a patient’s weight loss and appetite,” she says. “If the patient has a score of 2 or more, a consultation with a dietitian is warranted.”

Patients are seen by dietitians one to two times per week once the patient begins treatment to provide ongoing education about altering diet to manage symptoms.

Currently, this screening tool is being implemented in the gastrointestinal, surgical oncology, hepatobiliary (liver and gallbladder) and lung cancer clinics, as well as the Esophageal Disease Clinic.

“This tool is only given to new patients at this time, and we’re still trying to determine the best way to catch existing patients who may be at risk for malnutrition,” Ward says. “However, our efforts are working. As of the last week in October, 75 percent of new patients in these clinics were screened, 40 percent of whom were identified as being at-risk.”

Ward and Guthrie work closely with the cancer care team and the patient as part of the treatment plan to provide individualized education about good nutrition, adequate protein intake and nutritional management of treatment-related symptoms.

“As part of an initial nutrition assessment we identify eating habits and cultural preferences for each patient,” Ward says, adding that patients are seen by dietitians one to two times per week once the patient begins treatment to provide ongoing education about altering diet to manage symptoms.

“We are happy to see that our assessments are working, but there is a lot more to be done, and we hope to roll this screening tool out further in coming months. Food is such an important part of life—both physically and socially. We’re happy to provide these services and will work to continually help patients have better outcomes and quality of life.”

>> FOR MORE INFORMATION To contact UC Cancer Institute dietitians, call Ward at 513-584-4508 or Guthrie at 513-584-6987.



Ward



Guthrie

ent Name:

e of Birth:

Nutrition Screening Questionnaire

Please respond to the questions below by circling the best answer.

1. Have you lost weight recently without trying?

Response:

a. No

b. Unsure

c. Yes * (If yes, please complete next section)

a. No

b. Unsure

c. Yes * (If yes, please complete next section)

Score:

0

2

2. If yes, how much weight (in pounds) have you lost?

a. 2 – 11

b. 12 – 22

1

PURSUING PERFORMANCE EXCELLENCE

Sharing Progress and A Problem-Solving Process

I WANT TO LET YOU KNOW about two things this month. First, how we are performing on the Enterprise Goals and second, how many of you are moving our organization to a still higher level of reliability and performance by “swarming” problems.

Enterprise Goals: Meeting 4 of 6 for the Year-to-Date

ENTERPRISE-KEY PERFORMANCE METRICS (Most Current as of November 10, 2014)							
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	12	47	38	45
SAFETY	Number of patients with an adverse safety event	27	35	61	110	142	209
SERVICE	% of INPATIENTS rating the hospital as either a “9 or 10”	70.0	70.3	65.8	72.2	70.3	68.8
	% of OUTPATIENTS rating the provider a “9 or 10”	85.2	83.0	81.8	83.9	83.0	80.4
EFFICIENCY	Supply cost/Adjusted discharge (adjusted for case mix index)	\$1,854	\$1,710	\$1,754	\$1,924	\$1,710	\$1,676
GROWTH	Number of patients referred from “outlying” areas	1,218	1,150	1,116	4,644	4,579	4,445

From the table you can see our six goals, our most recent monthly performance, and our year-to-date performance. The table also shows as a comparison how we were doing at this time last year. For example, the Safety measure shows that in October (the most recent month recorded) we had 27 patients with an adverse safety event. That’s significantly better than the 61 we had in October of last year, and better

(lower) than the goal we have set for ourselves. While we want this number to be zero, we have made great improvement and when we are performing in the green range, we are in the top half of all academic medical centers. This is really strong work!

The two year-to-date red areas show where we still need to improve. Your help is needed!



Norton

>> News Or Ideas?
Have performance improvement ideas or news to share?
Contact Norton at jeff.norton@uchealth.com.

Swarming: A structured way to ask WHY? (Not Who!)

High-reliability organizations have some common traits. They recognize that there will be problems and, hence, the organization needs to be very good at identifying and fixing those problems. There is a realization that understanding WHY a problem occurred is crucial. If the diagnosis is not correct, then the treatment doesn’t matter.

At West Chester Hospital, University of Cincinnati Medical Center, Daniel Drake Center for Post-Acute Care and in the ambulatory clinics, people have begun to “swarm” our more serious events.

Here’s how it works: When we recognize that we have had a problem, an incident report is entered and someone calls for a swarm. There are individuals trained to facilitate the swarm. They pull together the people who know the most about the incident. They try to do this as soon as possible, usually the day of the incident. In one hour, following a simple structured format, the group determines what really happened and what we need to do to prevent it in the future. This is difficult but important work. Frequently people involved in the incident feel like it was their fault. This is rarely the case. When we can get past the WHO, we find we have system problems. If the system were better, the

When we can get past the WHO, we find we have system problems. If the system were better, the problem would not have occurred. To get a better result, we need to understand and then fix the system.

problem would not have occurred. To get a better result, we need to understand and then fix the system.

Swarming isn’t an acronym. It’s a behavior or process for problem solving which has been recognized as a best practice for hospitals. It really means that when a problem occurs, people swarm around it as close in time and space as possible. In a structured way, they uncover WHY it happened.

Your ongoing help in improving all aspects of patient care is appreciated. Please continue to fix things which don’t work well for our patients. When you do, please share your story.

Thank you for all your work,

Jeff Norton

Vice President and Chief Performance Officer

in brief

West Chester Hospital Receives Maternity Services Gift

UC Health West Chester Hospital has received \$100,000 from Julie and Frederic Holzberger. The gift, which jump starts a fundraising initiative called Exceptional Beginnings, will name the Julie and Frederic Holzberger Nursery. Frederic Holzberger is founder, owner and CEO of the Aveda Fredric Institute.

West Chester Hospital an-

nounced in summer 2014 plans to open a full-service maternity unit that focuses on enhanced patient experiences. Scheduled to open by May 2015, the new maternity unit will include eight spacious delivery suites, two Caesarean-section operating rooms and triage rooms. In addition, the adjacent nursery will function as a Level IIB neonatal intensive care unit.



Ralston Named Interim UC Health Vice President

Chris Ralston has been named interim vice president for marketing and communications. He succeeds Tony Condia, who left in November for a position with West Virginia University Healthcare and West Virginia University Hospitals.

Ralston began his career with UC Health 11 years ago as physician liaison and for the last seven years, has served as director of marketing and physician relations for University of Cincinnati Physicians. Previously, Ralston was a sports reporter, sports producer and news writer for a local television station.

During his time at UC Physicians, Ralston worked to unify all individual practice plans under one brand and played a

critical role in transitioning UC Physicians into the UC Health brand. He has held executive oversight over UC Health's media relations and digital marketing initiatives.

Joseph Named Among Top 100 Physician Leaders

Kevin Joseph, MD, president and CEO of West Chester Hospital, has been included in a national list of 100 Hospital and Health System Leaders by Becker's Hospital Review, a health care business analysis

publication for health care executives. This is the fourth year Joseph has been recognized by Becker's. From 2011 to 2013, he was named among of the nation's "Rising Stars" in the health care industry as one of the "25 Healthcare Leaders Under 40."



Ralston



Joseph

Cancer Institute Speaker Series Begins in January

The UC Cancer Institute will hold a series of educational events throughout 2015 to teach the community about various types of cancer, risk factors and the interventions and treatments available. These seminars will be held from 6 to 7:30 p.m. at Cancer Support Community in Blue Ash, 4918 Cooper Road. Locations could vary throughout the year. The events are free and open to the public. For more information, contact Tara Mink at 513-584-2656.

Events scheduled for the first quarter of 2015 are as follows:

January 19

Nutrition; "Healing and Cancer: Is there more than traditional medicine has to offer?"
Presented by Rekha Chaudhary, MD, and chef Suzy of La Soupe

March 16

Gynecologic Oncology
Presented by Eric Eisenhauer, MD, and Thomas Herzog, MD

April 20

Pancreatic Cancer
Presented by Michelle Mierzwa, MD



Chaudhary



Eisenhauer



Herzog



Mierzwa

Women's Center Newsletter Wins Award

The UC Health Women's Center newsletter won a Blacksmith Award from the Cincinnati chapter of Public Relations Society of America (PRSA) in the category of external communications. Blacksmith Awards recognize the best of public relations in the Greater Cincinnati region.



Mark your calendars now for Research Week 2015, May 4-8

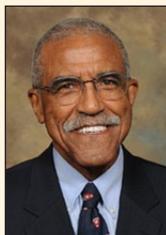
The week long research showcase will include a keynote presentation with Nobel Laureate David Baltimore, PhD, and a "Shark-tank" style research competition with cash prizes.

Health Care Heroes Finalists Announced

The *Cincinnati Business Courier* has announced its finalists for the 2015 Health Care Heroes awards. Several from UC Health will be honored at the Feb. 12, 2015, awards ceremony at the Hyatt Regency Cincinnati. In addition, Alvin Crawford, MD, orthopaedic surgeon and professor emeritus at UC, will be honored with the Lifetime Achievement Award.

Finalists include:

- Charles Brady, PhD, psychiatry, Lindner Center of HOPE (*Provider finalist*)
- Judith Feinberg, MD, infectious diseases (*Community Outreach finalist*)
- Jay Johannigman, MD, trauma and critical care surgery (*Provider finalist*)
- Rosemary Keiser, vice president of ambulatory service (*Manager finalist*)



Crawford



Brady



Feinberg



Johannigman



Keiser

Pelvic Floor Therapy Offers Additional Options

Because thousands of women experience pelvic health related conditions and a growing number of our patients can benefit from innovative pelvic health therapies, UC Health has added pelvic floor disorder physical therapy to its line of services. Gynecologists, obstetricians, urologists and other doctors can refer to this resource when confronted with a gender-specific medical problem, such as discomfort during sexual intercourse, pre/post childbirth issues or bowel/bladder conditions.

Stacey Clarke, DPT, pelvic floor physical therapist, provides expertise in treating women who suffer from pelvic pain, incontinence, pelvic organ prolapse, sexual function disorders and post-surgical pain or weakness. She also treats lower back pain in pregnant women and provides

home exercise and behavioral modification programs that reduce risk of diastasis recti and back pain after delivery.



Clarke

Pelvic floor physical therapy can be a resource for post-gynecologic cancer rehabilitation as well as the female athlete needing core and pelvic floor strengthening.

Clarke has a doctorate in physical therapy and is widely known throughout Cincinnati for her expertise in treating pelvic floor dysfunction. A physician referral is necessary to make an appointment at the West Chester or Clifton outpatient therapy locations. Please call 513-585-7171.

SAVE THE DATE: 2015 Martin Luther King Jr. Celebration

Friday, Jan. 16

Mark your calendars for 10 a.m. Friday, Jan. 16, for UC Health's annual Martin Luther King Jr. Day celebration, tentatively scheduled for Kresge Auditorium in the UC Medical Sciences Building. The program will feature a keynote presentation by Cincinnati State President O'dell Owens, MD, MPH, live music and recognition of a community member and UC Health associates who have made contributions toward a better society.

Spine Surgery Excellence Award Given to West Chester Hospital

West Chester Hospital is Greater Cincinnati's only hospital to receive the Healthgrades Spine Surgery Excellence Award for three years in a row (2013-2015). This distinction ranks West Chester Hospital among the nation's Top 10 percent for Spine Surgery. West Chester Hospital also achieved five-star ratings for "Total Hip Replacement" and



"Spinal Fusion Surgery" from Healthgrades. Healthgrades is the leading online resource helping consumers make informed decisions in order to find the right doctor, the right hospital and the right care. Every year, Healthgrades evaluates

hospital performance at over 4,500 hospitals nationwide for 33 of the most common inpatient procedures and conditions. •

CLINICAL TRIAL SPOTLIGHT:

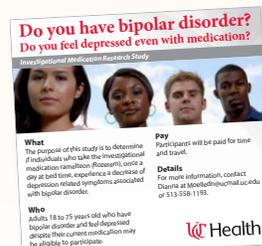
Do you have bipolar disorder? Do you feel depressed even with medication?

WHAT: The purpose of this study is to determine if individuals who take the investigational medication ramelteon (Rozerem), once a day at bed time, experience a decrease of depression related symptoms associated with bipolar disorder.

WHO: Adults 18 to 75 years old who have bipolar disorder and feel depressed despite their current medication may be eligible to participate.

PAY: Participants will be paid for time and travel.

DETAILS: For more information, contact Dianna at moelledn@ucmail.uc.edu or 513-558-1193.



We're all UC Health

Jeff Reifsteck, Teresa Hall, Teresa Wolfer

Radiology Technologists
UC Health Lung Cancer Screening Program (West Chester)

SOMETIMES A TEAM just clicks. That's the case at the West Chester branch of the UC Health Lung Cancer Screening Program. A trio of radiology technologists—Jeff Reifsteck, Teresa Hall and Teresa Wolfer—perform cancer screenings on roughly 300 patients per year and have earned accolades from patients, physicians and other staff members alike for their positive, upbeat attitudes, efficient work ethic and strong communication skills.

"We just treat people how we want to be treated," says Reifsteck. "We've been working together for so long that we're on the same wavelength. We know we can trust each other to do what needs to be done."

Recently, a patient reached out to let the staff know just how much they had impacted his health and his life, saying that his experience with the screening program was excellent, and he appreciated how the staff members went above and beyond to create a positive experience and make him feel comfortable. Moreover, he was so excited about the care he received that he asked for the name of a primary care physician with UC Health so that he could switch to the UC Health system.

Program coordinator and registered nurse Michelle Ottersbach says that the rap-

port the team shares is like that of a family.

"The department is a true team from the front of the house to the back," she says. "The techs are dedicated to excellence and have a high level of expertise."

"What makes our team special is that individual attention each patient gets every step of the way," says Valerie Williams, MD, UC Health thoracic surgeon and UC assistant professor of surgery. "During the initial screening CT scan, it is the radiology technicians' positive and welcoming attitudes that make what could be an anxiety-provoking experience a smooth and easy process for patients."

Says Gavin Udstuen, MD, UC Health radiologist and UC assistant professor of radiology: "They have a meticulous attention to detail, remarkable reliability, excellent fund of knowledge, and truly outstanding ability to care for patients in a thoughtful, efficient and compassionate manner."

The UC Health Lung Cancer Screening Program is the only such program in the Cincinnati area to be recognized as a Screening Center of Excellence by the Lung Cancer Alliance. Through the program, a patient who has a high likelihood of lung cancer will be screened annually, if needed, receive follow-up exams and physician consultation, and have any necessary surgeries—all performed on the West Chester Hospital campus. ■

"We just treat people how we want to be treated.... We've been working together for so long that we're on the same wavelength. We know we can trust each other to do what needs to be done."

Jeff Reifsteck



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



Left to right: Teresa Wolfer, Teresa Hall and Jeff Reifsteck