

MARCH 2015



MEGAN SULLIVAN

## 8 We're all UC Health

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## UC Cancer Institute Launching Colorectal Cancer Center

The UC Cancer Institute is launching a Colorectal Cancer Center to serve as a one-stop destination for patients with cancers of the colon, rectum and anus. Patients at this clinic will be seen by a multidisciplinary team of physicians on the same day and in a single location to expedite care.

Additionally, the clinic is unique because it offers multi-institutional, investigator-led trials; has oncologic surgeons who specialize in minimally invasive colorectal cancer procedures as well as dedicated lower GI subspecialists in radiation oncology, pathology and radiology; and actively participates in the national database of surgical quality measures (NSQIP).

"Caring for patients with colorectal and anal cancers requires a team of physicians from multiple specialties," says Jordan Kharofa, MD, assistant professor of radiation oncology at the UC College

of Medicine and UC Health radiologist.

"Treatment can often include surgery, radiation and chemotherapy.

"I am excited to be a part of the new Colorectal Cancer Center, which will bring all these specialists together in one place as well as access to experts in gastrointestinal radiology and pathology. This will provide a streamlined treatment recommendation and care plan for patients at a time that is often filled with anxiety."

### >> APPOINTMENTS & REFERRALS

Referrals can be made through EPIC. Patients can call 513-584-4437 for more information or to schedule an appointment.

### COLORECTAL CANCER CENTER

*Patients with cancers of the colon, rectum and anus will be seen by a multidisciplinary team of physicians on the same day and in a single location to expedite care. Features of the center include:*

- oncologic surgeons who specialize in minimally invasive procedures
- lower GI subspecialists in radiation oncology, pathology and radiology
- multi-institutional, investigator-led trials



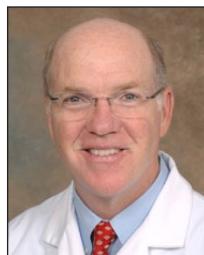
Jordan Kharofa, MD

## Patient-First Philosophy Guides UC Cancer Institute

**COLLEAGUES,**

It was just over a year ago that I became director of the UC Cancer Institute, a position I consider both an opportunity and a privilege. Guided by our mission statement, we are committed to focusing on superb patient care. That sentiment trumps every other priority—and as we focus on it, everything else takes care of itself.

We have a particular opportunity and obligation to our community. We strive to stand out as the example of premier, showcase level of care to be emulated by others. Our competition is not other facilities and people delivering cancer care in this community; it is the disease of cancer—and we support anything and anyone who lessens the suffering and mortality associated with this dread disease. We have subspecialty and multispecialty care not available anywhere but an academic medical center and we are part of the community, as opposed to an out-of-town center



*Rich Beatty*

of excellence. We have a vested interest in the optimal outcome of every patient we see. We **have** to be technically excellent. A patient who comes here with curable disease has to be cured, with as little toxicity as possible.

We have incredible potential with the UC Cancer Institute. We can be the best in the world. That may or may not be reflected by national surveys, research funding or clinical volume, but no matter how large or small we appear, we can provide a level of expert care second to none, with more genuine interest, commitment and compassion than exists in other centers.

Working at the UC Cancer Institute is

not just a job for any of us. It is a higher calling where we consider every single patient our friend and relative and we want the best for them and their families. The ultimate in human experience occurs at the UC Health Barrett Cancer Center many times every day—making the difference between someone having or not having more good years of life with their family and providing patients and their families comfort and dignity at the most important time of their lives.

**WILLIAM BARRETT, MD**  
Director, UC Cancer Institute  
Professor and Chair, UC Department of Radiation Oncology

*...we are part of the community.... We have a vested interest in the optimal outcome of every patient we see.*

### Connected

Connected is a monthly publication for clinicians and associates of UC Health. Send your comments and ideas to CorporatePR & Marketing [@uchealth.com](mailto:@uchealth.com).

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# Catching Voice and Swallowing Disorders Early

## Center expanding and taking steps to track patients' progress

Eating and talking are important parts of American culture, and almost every gathering involves food, drink and conversation shared with loved ones. That's why voice and swallowing disorders, even when treated effectively, can be so devastating.

"Our voice is the way we engage with one another; it's our identity, and so much pleasure is derived from eating. I feel like otolaryngologists and the field of medicine as a whole could do a better job of helping patients regain the ability to talk and swallow, particularly after surviving cancer treatment," says Rebecca Howell, MD, assistant professor in the Department of Otolaryngology at the UC College of Medicine, member of the UC Cancer Institute and a UC Health physician who specializes in treating voice and swallowing disorders.

With this in mind, Howell is working with the UC Cancer Institute's Comprehensive Head and Neck Cancer Center and the UC Health Voice and Swallowing Center to collect data on patient progression and early interventions for best outcomes.

"We are expanding our practice with the addition of two more speech and language pathologists, adding to our team of now two laryngologists (fellowship-trained specialists in voice, airway, and swallowing)—me and Dr. (Sid) Khosla," says Howell, who just joined the practice and the UC faculty in the fall.

"In addition, we've begun distributing a validated quality of life questionnaire to every patient who comes to the



**Khosla**

**REBECCA HOWELL, MD**, whose research interest is in swallowing outcomes in head and neck cancer survivors and establishing protocols for their care, is the first otolaryngologist in the area with a specialized clinic focused on swallowing disorders. Clinically, she sees both benign and malignant swallowing, voice and airway disorders. She has additional training in outpatient transnasal esophagoscopy (a scope to see the larynx, esophagus and upper stomach) and is the first in the Cincinnati area to perform in-office (KTP) laser procedures to remove chronic, benign tumors from the vocal cords.



**Rebecca Howell, MD**

Voice and Swallowing Center so that we have a way to track their progress, regardless of their diagnosis."

Howell says that for those patients who do not initially have trouble swallowing, physicians are establishing points of care in which they can reassess the patient's needs. In addition, by meeting with speech and language pathologists during an initial evaluation session, the team hopes to increase awareness and accessibility if patients begin to have problems with their voice or swallowing during or after cancer treatment.

"Our overall goal is to catch patients with problems early and to help them retain their ability to eat and maintain their ability to communicate with less effort and strain on the voice," Howell says. "We don't realize how much we speak or swallow on a daily basis until it becomes a problem. We've done such a great job in medicine of improving

survival, but we can really show we care by paying attention to not only how long patients live but also how they live, cancer-free." ●

*We've done such a great job in medicine of improving survival, but we can really show we care by paying attention to not only how long patients live but also how they live, cancer-free."*

Rebecca Howell, MD  
UC Health Voice and  
Swallowing Center

### >> APPOINTMENTS & REFERRALS

For appointments and referrals to the UC Health Voice and Swallowing Center, call 513-475-8400. Howell sees patients in both the Clifton and West Chester offices.

# Building a New Approach to Brain Health

## Memory Disorders Center implementing ‘Toolbox’ protocol

**T**oolbox in hand, Rhonna Shatz, DO, has arrived as the new medical director and the Sandy and Bob Heimann Chair in Research and Education of Alzheimer’s Disease at the UC Memory Disorders Center. Working from the ground up, she hopes to build a new approach to brain health for cognitive specialists, primary care providers and residents of Greater Cincinnati and Northern Kentucky.

A new approach is needed, Shatz says, because cognitive decline is a complex, lifelong process. It is not hereditary in most people, and three or more decades may pass before a single symptom emerges. And while no single pill will address all types of dementia, individually tailored strategies may help vast numbers of people delay or avoid dementias, including Alzheimer’s disease.

“We need to build a different infrastructure and model of how we approach brain health,” Shatz says. “We need to approach it in an entirely new way.”

Shatz comes to Cincinnati having built a comprehensive memory disorders center at Detroit’s Henry Ford Hospital, where she served as director of behavioral neurology and the Clayton Alandt Chair. She was among the first in the nation to pilot the National Institutes of Health Toolbox, and she is implementing that protocol in one of her first initiatives at the UC Memory Disorders Center, a center of excellence at the University of Cincinnati Neuroscience Institute.

“The Toolbox is a cognitive test meant to elevate the way doctors evaluate cognition,” Shatz explains. “We want to pick up the very earliest changes, and the Toolbox is refined for very, very, early, non-memory-related changes—the things that happen before function is affected.”

During the next year Shatz will establish her clinic with the new model, establishing baseline cognitive profiles

of her patients. She will begin to acquire information about how the model impacts families; she will work with the Greater Cincinnati Chapter of the Alzheimer’s Association to determine which interventions are working and which are not; and she will work to determine the Toolbox’s effectiveness in differentiating among the various types of dementias.

Imaging research also will play a role in helping to determine which interventions work and which do not. For while games like Lumosity and Sudoku are challenging, fun and much publicized, Shatz says they have “not been proven” to prevent or delay dementia. Whether interventions involving music and drama can make a difference, Shatz hopes to find out through collaborations with UC’s College-Conservatory of Music, Neurosensory Disorders Center specialists and community outreach programs that others have already created.

Shatz’s short-term focus will be on the education of primary care providers and prevention. “We want to incorporate brain health as an annual focus of primary care from the get-go, not after you’re having symptoms,” she says. ●



Rhonna Shatz, DO (right), with UC Memory Disorders Center colleague Jennifer Molano, MD.

### Rhonna Shatz, DO

- Medical director and the Sandy and Bob Heimann Chair in Research and Education of Alzheimer’s Disease, UC Memory Disorders Center
- Previously served as director of behavioral neurology and the Clayton Alandt Chair, Henry Ford Hospital, Detroit
- Built a comprehensive memory disorders center at Henry Ford
- Among the first in the nation to pilot the National Institutes of Health Toolbox—a cognitive evaluation protocol—which she will be implementing at UC

### >> FOR MORE INFORMATION

The UC Memory Disorders Center is a center of excellence at the UC Neuroscience Institute, a collaboration between the UC College of Medicine and UC Health. To learn more, visit [ucneuroscience.com](http://ucneuroscience.com).

**“We want to incorporate brain health as an annual focus of primary care from the get-go, not after you’re having symptoms.”**

Rhonna Shatz, DO  
UC Memory Disorders Center

**HOW WE MAKE A DIFFERENCE**

# Celebrating Outcomes and Spreading the Good Word

## Two-time lung cancer survivor and family call Barrett Center staff 'Godsend'

**W**hen non-smoker Bonnie Winters, 65, discovered she had lung cancer the first time in 2001, she was shocked. But with determination, family and the power of prayer, she overcame it.

Eleven years later, after a trip to the gynecologist led to surgery for what was believed to be an ovarian tumor, Winters was completely stunned to learn that she had lung cancer again—and that it had spread to her pelvis and abdomen.

"During my annual exam, my physician felt something that wasn't quite normal, and a blood test showed cancer, which was assumed to be ovarian cancer," she says. "They scheduled a surgery, which was supposed to be simple, but it ended up lasting between six and seven hours. My surgeon removed as much as he could, but knew there was

more to it and collected tissue samples for testing. Results confirmed that I had a lung cancer recurrence and that it had metastasized."

Winters was referred to Nagla Karim, MD, PhD, faculty member within the Division of Hematology Oncology at the UC College of Medicine and lung cancer expert at the UC Cancer Institute.

  
Karim  
After conducting tests, they informed me that I had stage-4 lung cancer which had spread. This was obviously a very serious diagnosis; life expectancy for this stage of lung cancer is only three to five years, but Dr. Karim told me that she'd do everything she could to help me," Winters says.

After healing from her surgery, Winters began chemotherapy in February 2012 and has been receiving treatment ever since—but the good news is that it's working.

"The cancer in my abdomen and pelvis is completely gone, and the cancer in my lung is stabilized," she says. "It's inspiring. Dr. Karim and the entire staff at the Barrett Cancer Center are godsends. The Barrett is a wonderful facility with wonderful people—from the people at the check-in desk to the staff in the infusion suite. I just adore Louis (Stoffel), head of the infusion suite. I've never had a bad day there."

"I love Dr. Karim; she's become more than my doctor. She's my friend."

With these promising results, Winters' family is celebrating her outcomes and spreading the word about lung cancer risks.

"In November, my grandson, Willie, who is 13, saw that it was Lung Cancer Awareness Month and wanted to do something to raise awareness for the illness that has impacted our family so



*"I hope that my story does help to bring awareness to the fact that lung cancer can happen to anyone, and it can happen without a history of smoking. ... I'm just glad that SO FAR MY STORY IS TURNING OUT TO BE A HAPPY ONE."*

Bonnie Winters, UC Health patient

much," she says. "He created a T-shirt that he and my other three grandchildren wore during the week of Thanksgiving. It said, 'I Wear a Ribbon for My Grandma: Support Lung Cancer Awareness.' I was so touched because Willie came up with the idea on his own; it brought tears to my eyes."

"I hope that my story does help to bring awareness to the fact that lung cancer can happen to anyone, and it can happen without a history of smoking. There's so much that is still unknown about its development. I'm just glad that so far my story is turning out to be a happy one." ●

### Lung Cancer Topic of May 4 Talk

The UC Cancer Institute (UCCI) is hosting community education events in 2015 covering various types of cancer, risk factors and the interventions and treatments available. Lung cancer is the topic of a presentation on Monday, May 4, at the Cancer Support Center in Ft. Wright, KY, 1717 Dixie Highway, Suite 1600, from 6-7:30 p.m. Speakers are **John Morris, MD, PhD**, and **Sandra Starnes, MD**, both physicians with UC Health and co-directors of the Comprehensive Lung Cancer Center within the UCCI.

Other topics in the series include gynecologic oncology on March 16 and pancreatic cancer on April 20. These talks will be held at the Cancer Support Community in Blue Ash, 4918 Cooper Road, from 6-7:30 p.m.

All events are free and open to the public. For more information, contact Tara Mink at 513-584-2656.

# in brief

## Anesthesiology Chair Hurford Named Chief Medical Officer

William Hurford, MD, chair of anesthesiology at the UC College



**Hurford**

of Medicine, was named Feb. 13 as the first chief medical officer of UC Health. In making the announcement, UC Health CEO and President Richard Lofgren, MD, said this newly created position is extremely significant for UC Health. As chief medical officer, Hurford will be responsible for the overall performance of the UC Health clinical services in terms of quality, safety, service, efficiency and clinical outcomes. Lofgren acknowledged Hurford's record of achievement as a clinician, educator, researcher and administrative leader and that he is already well acquainted with UC, the College of Medicine and the UC Health system.

## Feinberg, Crawford Honored as Health Care Heroes

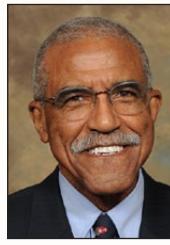
UC Health providers Judith Feinberg, MD, and Alvin Crawford, MD, were among the



**Feinberg**

winners at the *Cincinnati Business Courier's* 2015 Health Care Heroes Awards dinner Thursday night, Feb. 12, at the Hyatt Regency, downtown.

Feinberg won in the Community Outreach category, and Crawford was honored with the Lifetime Achievement Award.



**Crawford**

Feinberg, a professor in the Division of Infectious Diseases, is a nationally known expert in HIV/AIDS and leads the Cincinnati Exchange Project, an initiative she created to provide drug education and clean needles and syringes to individuals struggling with heroin addiction.

Crawford joined UC Health with more than 35 years of clinical experience in diagnosis and treatment in orthopaedics. He is the recently retired founding director of the Crawford Spine Center at Cincinnati Children's Hospital Medical Center.

## Alliance Honors Rohlffing for Community Support

Ron Rohlffing, vice president, operations, at UC Health West



**Rohlffing**

Chester Hospital, was honored March 6 at the West Chester/Liberty Chamber Alliance's annual celebration and awards dinner.

Rohlffing received

the RCF Community Support Award at the dinner, held at the Cincinnati Marriott North at Union Centre.

## Cardiovascular Disease Symposium April 25

UC Health is sponsoring the fourth annual Cardiovascular Disease for Primary Care and Specialists symposium Saturday, April 25, at the METS Center in Erlanger, Kentucky.

The fee is \$25. The activity has been approved for 6 AMA PRA Category 1 credits through the University of Cincinnati Continuing Medical Education Office. For more information including registration, visit [www.regonline.com/UCCardiologyPrimaryCare2015](http://www.regonline.com/UCCardiologyPrimaryCare2015) or contact Eva Meunier at [eva.meunier@uc.edu](mailto:eva.meunier@uc.edu).

## Hoxworth's Blood Supplies Affected After Winter That Wouldn't Go Away

Winter can often be a difficult time for blood donations because of the inclement weather. Though the worst of winter is over, the season's snow and extremely cold temperatures affected Hoxworth Blood Center's blood supply. Several blood drives scheduled during the winter months were canceled around the Tristate, taking away opportunities for blood donations.

While the severe weather impacted blood donation opportunities, hospital patients still need blood transfusions. The need for blood and blood components is constant to support patient usage in the 30 area hospitals served by Hoxworth. Every day, 350 blood donors and 40 platelet donors are needed to ensure sufficient supply at all times.

Donors of every blood type are encouraged to donate when it's convenient to your schedule.

Anyone who is eligible may donate on behalf of UC Health at any Hoxworth Neighborhood Donor Center or Hoxworth blood drive. When donations are made on UC Health's behalf, donors potentially save lives of the patients who need blood transfusions and UC Health gets an increasing discount on the cost of blood used for those patients.

To donate blood, visit [hoxworth.org](http://hoxworth.org) to view a listing of upcoming blood drives or to schedule an appointment at one of the Neighborhood Donor Centers or blood drives. You may also call 513-451-0910 for the listings or to schedule an appointment.



### CLINICAL TRIAL SPOTLIGHT:

## Research Study for Recurrent Head & Neck Cancer Phase I research study testing the combination of chemotherapy and radiation

**WHAT:** This Phase I research study will test the safety of a chemotherapy drug called docetaxel and focused radiation therapy called stereotactic body radiotherapy (SBRT). The combination of chemotherapy with docetaxel and SBRT is investigational. The study will look at the side effects of docetaxel and SBRT in combination, and see if they are safe enough to continue and 500 more people can join, and if the results are good enough to continue the study.



You will not be paid to participate in this research study. This phase I research study will test the safety of a chemotherapy drug called docetaxel and focused radiation therapy called stereotactic body radiotherapy (SBRT) in combination. The study will look at the side effects of docetaxel and SBRT in combination, and see if they are safe enough to continue and 500 more people can join, and if the results are good enough to continue the study.

**PAYMENT:** You will not be paid to participate in this research study.

**WHO:** Adults 18 years of age or older and who have been diagnosed with recurrent squamous cell carcinoma of the head and neck.

**DETAILS:** For more information, contact the UC Cancer Institute at [kastla@ucmail.uc.edu](mailto:kastla@ucmail.uc.edu) or 513-584-7698.

## PURSUING PERFORMANCE EXCELLENCE

## Focusing on 'Why'—Not 'Who'

**CONGRATULATIONS!** YOU continue to make good progress toward meeting our enterprise goals. To refresh your memory, these six goals were established to provide a balanced measure of factors which directly affect our patients. Candidly, we also picked areas where we were not

performing as well as we would like in order to meet their needs. We continue to meet four of our six goals, and I'm proud to report that in the most recent month, we were **High Performing** on five of our six! This means that for five of our six goals we met or exceeded our stretch target. *Thank you!*

ENTERPRISE-KEY PERFORMANCE METRICS (Most Current as of February 10, 2015)						
ENTERPRISE-GOALS	Monthly Performance			YTD Performance		
	Actual	Goal	FY14 Month	YTD	Goal	FY14
QUALITY	Number of patients that acquired a central IV infection, urinary tract infection or surgical site infection	2	10	7	72	67
SAFETY	Number of patients with an adverse safety event	27	35	51	205	248
SERVICE	% of INPATIENTS rating the hospital as either a "9 or 10"	73.6	70.3	70.8	72.8	70.3
	% of OUTPATIENTS rating the provider a "9 or 10"	84.4	83.0	82.8	83.0	81.5
EFFICIENCY	Supply cost/Adjusted discharge (adjusted for case mix index)	\$1,724	\$1,710	\$1,757	\$1,858	\$1,710
GROWTH	Number of patients referred from "outlying" areas	1,116	1,011	982	7,957	7,729
						7,503

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

## SOME GENERAL HIGHLIGHTS OF OUR PERFORMANCE:

- While we don't like for problems to happen, we recognize that they do. We want to be excellent problem solvers. We are getting good at swarming and asking "WHY".
- There has been continued improvement in reducing the number of Catheter Associated Urinary Tract Infections (CAUTI). This is reflected in our Quality goal. **Last month was our lowest CAUTI number yet.** Tremendous!
- In December, the **Inpatient Satisfaction scores** (our Service goal) **were the highest for the year.** This is a direct result of the work many of you are doing in our ambulatory clinics to make sure our patients are treated in a manner consistent with an academic medical center.
- Our board of directors has recently reformed its sub-committees and now has a newly formed Patient Care Committee. This group is appropriately challenging us to be a premier academic medical center. This is what we are aspiring to be and why we have set challenging performance goals.
- Throughout all of these improvements, one of the common things I see is **an increase in caregivers (you) asking WHY questions.** WHY was the test late? WHY could we not reach the physician? WHY are our customers not thrilled with our service? WHY did the first case not start on time? WHY did this patient get an infection? WHY is our staff frustrated when they try to deliver excellent care?

Asking WHY is based on the belief that we have good people, trying to do a good job every day. When they can't do this, it's not because of WHO; it's because of the system. The system produces exactly the results it is designed to produce. If our system is producing unsatisfied customers 10 to 15 or 20 percent of the time, we need to ask ourselves some hard WHY questions. Once we have correctly diagnosed our system, then we can begin to try small tests of change to improve it. Many are already doing this. Next month I hope to share with you some of their failures (yes, small tests of change fail) and successes.

Thank you for your continued work for our patients,

Jeff

Jeff Norton

Vice President and Chief Performance Officer



Norton

## &gt;&gt; News Or Ideas?

Have performance improvement ideas or news to share?  
Contact Norton at [Jeff.Norton@UCHealth.com](mailto:Jeff.Norton@UCHealth.com).



While we don't like for problems to happen, we recognize that they do. We want to be excellent problem solvers. WE ARE GETTING GOOD AT SWARMING AND ASKING "Why."

## We're all UC Health

### Megan Sullivan

Director of Quality  
UC Health University of Cincinnati Physicians

**AS SOMEONE WITH**, as she puts it, “a passion for patient care, safety and service,” Megan Sullivan is in exactly the right spot: Director of quality for UC Health University of Cincinnati Physicians.

“I am very proud to be a leader in the only academic medical center in the region and the advanced subspecialty care that we provide,” says Sullivan. “I enjoy my colleagues and the challenges we tackle every day to make our clinics operate smoothly and safely.”

Sullivan’s days typically involve meetings to promote patient experience, patient safety, clinical outcomes, population health, care coordination and pay-for-performance metrics. She also spends time vetting and sharing data to drive improvement.

“It’s challenging to scale improvement in an organization as large as UC Health,” she says, “but I find success because our clinic leaders work as a team and we focus on similar goals.”

A veteran of 14 years in the health care field, Sullivan has worked in UC Physicians

Administration since 2011, first as quality manager and now as director of quality. She worked for the Department of Obstetrics and Gynecology in the UC College of Medicine from 2001 to 2005 as a student helper and then accounts payable specialist. In between, she managed a local home health agency.

Sullivan’s Ohio roots are deep: Born and raised on the West Side, she earned a BS in magazine journalism from Ohio University and an MS in business administration and accounting from UC. “My husband, John, and I recently purchased a home in Bridgetown, so we’re here to stay,” she says.

Away from the job, Sullivan stays busy with three children—Blake, Ava and Aaron—and a variety of shared family interests. “We enjoy trips to the zoo and the Children’s Museum, and trying new restaurants,” she says. “Personally, I enjoy home décor, reading and scrapbooking.”

**“I am very proud to be a leader in the only academic medical center in the region .... I enjoy my colleagues and the challenges we tackle every day to make our clinics operate smoothly and safely.”**

Megan Sullivan



#### uhealth.com

Inpatient and outpatient services available in the following communities:

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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