

JUNE 2015



LINDA BAAS

8 **We're all UC Health**

ALSO INSIDE

3 **Melanoma**

4 **Sunscreen 411**



7

## FDA 'Triple Play' Having impact at a national level

**In the span of just one week last month, three from UC Health were involved in the national health care conversation.**

### 'Gold Standard' Study

Rita Alloway, PharmD, UC Health transplant clinical researcher and research professor of medicine at the University of Cincinnati, made a presentation June 5 to the Food and Drug Administration's (FDA) Office of Generic Drugs' Generic Drug User Fee Amendments (GUDFA) public hearing. She joined Wenlei Jiang, PhD, Office of Generic Drugs deputy director, for a discussion on the post-market safety and efficacy of generics.

During the presentation, Alloway highlighted her own research on the generic version of tacrolimus, a drug used post-transplant to lower the risk of organ rejection. Alloway and team have found that generic formulations of tacrolimus are just as good as the brand name version. Jiang highlighted this study and resulting letters from transplant nephrologists to their patients stating that generic tacrolimus is safe and effective and cited this study as a 'gold standard' for the impact GUDFA-funded research has on clinical practice and on addressing public concerns.



Alloway

### National Advocacy

Lisa Larkin, MD, director of UC Health Women's Center and associate professor at UC, offered testimony at the June 4 FDA Advisory Committee meeting on the new drug application for flibanserin, a non-hormonal tablet proposed for the treatment of hypoactive sexual desire disorder in premenopausal women.

Larkin, whose clinical interests include midlife women's health, sexual health and menopause, commented about the frequency at which she hears from patients about their own sexual health concerns. The FDA Advisory Committee voted 18-6 in favor of recommending approval for flibanserin. Additional review will now follow before the drug can be approved and made available for patients.



Larkin

### Research to Treatment

Frank McCormack, MD, UC Health pulmonologist and pulmonary, critical care and sleep medicine division director at UC, was the lead investigator on a clinical trial that enabled the FDA to rule at the end of May in favor of the approval of the drug sirolimus for the treatment of lymphangioleiomyomatosis (LAM), a rare lung disorder primarily affecting women.

McCormack, who has studied interstitial lung disease for more than 20 years, led the Multicenter International LAM Efficacy of Sirolimus (MILES) trial. He, along with his team from UC and collaborators at Cincinnati Children's found that sirolimus stabilized lung function and improved quality of life and measures of functional performance in LAM patients. The results were previously published in the *New England Journal of Medicine*. •



McCormack

## Your Feedback Shapes UC Health Process

COLLEAGUES,

In July, we are going to be inviting everyone to participate in a Patient Safety Culture Survey. You may recall



Hurford

that we conducted this survey last year and, since then, we have made many changes based on your feedback.

We have spread the good practice of daily safety briefings from University of Cincinnati Medical Center to West Chester Hospital and Daniel Drake Center for Post-Acute Care.

We have encouraged the reporting of incidents and the number reported continues to increase. That's good!

We have improved how we respond to incidents such that we learn from our mistakes and make our system of care a little bit better every day.

We have established enterprise goals with Quality, Safety and Service at the top of the list. As an organization we

have improved our performance on these goals. (See page 5 for an *Enterprise Goals* update.)

In addition, there are many site and unit-specific improvements which many of you have thought up and implemented. Thank you.

We are interested in hearing from you again about how our system could be better—safer—for our patients. The survey will be online, anonymous and will take about 10-15 minutes. We do ask some questions about where you work and your position, but if there's ANY question you are not comfortable answering, leave it blank or select the "not applicable" choice.

If you are non-clinical, we are interested in hearing from you. Some of the questions may not apply, but let us know what you think for those which do.

If you are a clinician, we are interested in hearing from you. The wording may not exactly match how you do your work, but let us know your thoughts.

**The survey will be online, anonymous and will take about 10–15 minutes. We do ask some questions about where you work and your position, but if there's ANY question you are not comfortable answering, leave it blank or select the "not applicable" choice.**

If you work in both a hospital and a clinic/practice site, as many physicians do, you are welcome to take both surveys, as there will be a version for our hospitals and one for our medical offices and clinics.

Thank you in advance for taking the survey and working to make UC Health better and safer.

**WILLIAM HURFORD, MD**  
Chief Medical Officer  
UC Health

We have established **ENTERPRISE GOALS** with *Quality, Safety and Service* at the top of the list.

... We are interested in *hearing from you* again about

**HOW OUR SYSTEM COULD BE BETTER—SAFER—FOR OUR PATIENTS.**

### 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  
Center Communications  
Services

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Volume 7, Issue 6

# Patient Survives Stage III Melanoma

## Multidisciplinary team's action plan keeps man 'moving forward'

**D**avid Witt, 61, has always been active. Golf, tennis, running, cycling and triathlons—there weren't many outdoor sports activities in which he didn't excel.

When a lump appeared on his neck in 2013, he didn't think it had anything to do with all of those years of golfing, running and biking in the sunshine.

"It just happened so fast, and it really seemed to come out of nowhere," he says, remembering the day he noticed the lump. "I just thought I'd ruptured a blood vessel during weight training."

Following two weeks on a prescription for shrinking the lump—with no visible change—a biopsy was ordered. Stage III melanoma was the diagnosis.

"I was completely devastated," Witt says. "I'd spent my whole life trying to take care of myself, and I thought I'd be the last person to get cancer. I was heartbroken, thinking, 'What am I going to go through now?' I thought it was a death sentence."

A second opinion appointment was scheduled with Jeffrey Sussman, MD, UC Cancer Institute surgical oncologist and professor at UC, and he arranged a consultation with a multidisciplinary team of surgeons, including John

Kitzmiller, MD, UC Health surgeon and professor and director of the UC Division of Plastic, Reconstructive, Hand Surgery and Burn Surgery. The team developed a "plan of action."

In April 2013, during a nine-hour surgery, the UC Health team removed Witt's tumor and the surrounding lymph nodes and performed reconstructive surgery on the scar, which spanned from Witt's ear to his shoulder.

"I felt like I had been through a boxing match," says Witt, "but I was thankful to my team for doing such a thorough job and getting all of the cancer."

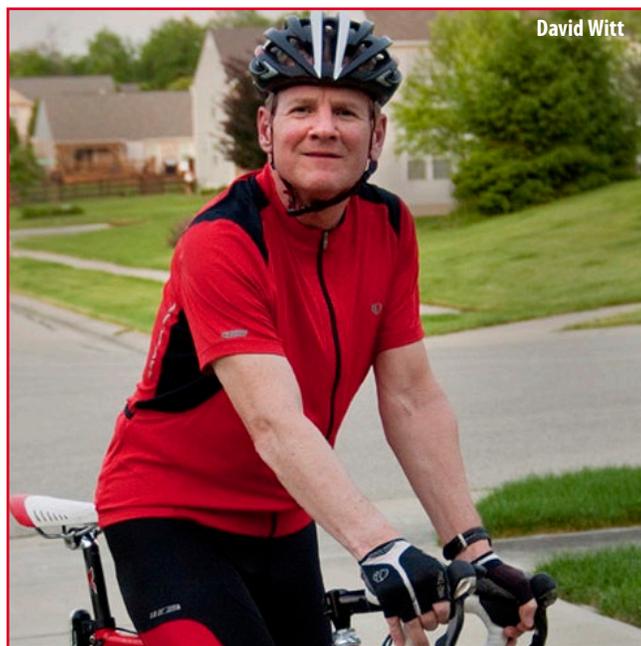
"Dr. Kitzmiller did such an incredible job that you can't even see the scar. My sisters, who are nurses, even say so. He's worth every penny he's paid."

For follow-up treatment, Witt began seeing Nagla Karim, MD, PhD, UC Cancer Institute hematologic oncologist and associate professor at UC, and was put on immunotherapy post-surgery. This, however, led to the failure of his pituitary gland. He now takes thyroid medication, steroids and testosterone supplements under the care of Nadia Yaqub, MD, UC Health endocrinologist and UC associate professor.

"Dr. Yaqub is fantastic; the treatment is just something that I have to live with, but I'm happy that I don't have any cancer in my body after two years," he says. "Dr. Karim, who now sees me for my chemotherapy, thinks I'm beating this. Each year that passes has me hopeful that the disease is gone for good."

"With Mr. Witt's strong will and his favorable physical activity, he is seemingly conquering his cancer," Karim adds. "All recent data are suggestive that physical activity is one of the cancer prevention strategies, and here, we see an improvement of outcome and quality of life."

"I can't say enough about the doctors and other health care providers,



David Witt

including those at Drake Center, who have treated and counseled me throughout this process," Witt says.

Witt is now cycling daily and hopes to ride his bike across the U.S. to raise money for cancer efforts. He competed in the Senior Olympic Games in June in Westerville, Ohio. It was his first competition since overcoming cancer.

"I have a lot of plans," he says. "Thanks to the wonderful support of my family, including my wife Rachel, my daughter Ciarra, and my mom Barbara who took care of me at home the first week I was out surgery, as well as the others who have been there to check up on me and keep me positive, and my wonderful team of doctors, I have hope to overcome this. My advice to others is to stay mentally and physically focused—don't dwell on the negative and keep moving forward." ●

**>> APPOINTMENTS & REFERRALS**  
To schedule an appointment with the UC Cancer Institute, call 513-584-8500.

Witt's team at UC Health included:

- surgical oncologist
- a multidisciplinary surgical team
- hematologic oncologist
- endocrinologist
- rehabilitation experts



Karim



Kitzmiller



Sussman



Yaqub

# Stay Safe: Get the 411 on Sunscreen

## UC Health skin expert answers common sunscreen questions



Ingraffea

*Applying sunscreen should be part of a daily regimen, but with so many options on the market today, it's hard to know what to use and when and how often to apply.*

*Adam Ingraffea, MD, UC Cancer Institute and UC Health dermatologist and assistant professor in the UC Department of Dermatology, answers common sunscreen questions.*

### >> APPOINTMENTS & REFERRALS

To schedule an appointment with UC Health Dermatology, call 513-475-7630.

#### What is SPF, and what level of SPF should you look for in a sunscreen?

“SPF, which stands for sun protection factor, is a way to measure a sunscreen’s ability to block UV-B radiation. For example if it takes 20 minutes for your unprotected skin to start turning red, using an SPF-15 sunscreen prevents reddening for 15 times longer—about five hours. The higher the number, the more UV-B radiation it is able to block. Although no sunscreen is able to block all UV-B radiation, an SPF- 50 sunscreen can block up to 98 percent of incoming UV-B.

“However, relying only on the SPF number is not enough to prevent UV damage. In the first place, sunscreens only provide their maximum protection for about two hours; after that, they start to break down and lose effectiveness. Secondly, SPF only measures protection from UV-B radiation. We know that UV-A radiation also causes damage to the cells of the skin. This damage can build up without the skin ever turning red.”

#### How do you select a sunscreen?

“Pick a sunscreen that is broad spectrum, provides protection against UV-A and UV-B radiation, has an SPF of 30 or higher and is comfortable and convenient to use. There are many different ingredients approved for use in sunscreens. Many of the popular sunscreens combine chemical with physical blockers to provide broad spectrum protection. The keys to successful sunscreen use are to use enough—one ounce per application—use it often and reapply frequently.

**The keys to successful sunscreen use are to use enough—one ounce per application—use it often and reapply frequently.**

#### Is there a difference between ‘waterproof’ and ‘water-resistant’?

“Under new rules introduced by the Food and Drug Administration last year, sunscreens can no longer claim to be waterproof. Sunscreens are now labeled as having either 40- or 80-minute water resistance. This change was made to emphasize to the public that sunscreens have only limited ability to resist water and need to be reapplied more frequently when users are in the water. Bottom line is that **there is no such thing as waterproof sunscreen.**”

#### What is the difference between sunscreen and sunblock?

“Sunscreen uses chemicals to absorb UV light before it hits the skin, while sunblock uses minerals to reflect the light away from the skin. Some of the popular sunscreens sold contain a mixture of chemical and physical blockers. In general, sunblock has a thicker consistency and is more difficult to apply than sunscreen.”

#### When should you use a sunscreen, and how often should you apply/reapply?

“Sunscreen use is recommended on a daily basis for everyone over the age of 6 months. Even if you work inside, you are still being exposed to UV-A radiation through car windows, windows in your office and the time you spend outside. UV-A radiation causes damage to the DNA of skin cells and degrades collagen in the skin, causing signs of premature aging. If a person works outside or is involved in an outdoor activity, it is especially important to apply sunscreen 30 minutes before the event and then re-apply every two hours.

“No matter what, it’s always important to use an SPF-30 or higher sunscreen, especially when you’re going to be out in the sun for long periods of time, and bring a hat, sunglasses or other protective clothing along as well.

“Skin cancer is by far the most common of all cancers, but by being cautious, one can reduce his or her chance of developing it.” ●



**PURSUING PERFORMANCE EXCELLENCE**

## A Culture of Safety Put Into Perspective

**I'M GUESSING THAT** the statement “you are invited to take a survey” isn’t exactly high on the list of things you like to see in your e-mail inbox. However, I’d like to really encourage you to participate in the Patient Safety Culture Survey coming your way in July. We want to hear from you.

To give a little perspective to this, let’s step away from our day-to-day work and think about one of the most dangerous things we do. DRIVE. For most of us, this is the single thing most likely to cause us harm. So I’ll ask a personal question. Do YOU have a culture of safe driving? I’m going to guess you said “yes I do”—because accidents can be inconvenient, expensive, painful or even life ending.

Now, a harder question: Does your behavior reflect your culture of safe driving? This gets a little tougher.

Do you wear seat belts, (helmets and full leathers for you bikers)? Are you diligent about not texting or looking at texts while driving? Do you come to a complete and full stop at the stop signs? Do you obey the speed limit?

I think we all have a culture of safe driving, but our behaviors don’t always match perfectly. I know mine don’t ... not always. I think the same is true in our health care setting, and really in every health care setting in the world. I believe we have a strong culture of health care safety, but that our behaviors, like our driving, could be better.

Please look for the Patient Safety Culture Survey and give us your feedback.



**Norton**



**I believe we have a strong culture of health care safety, but that our behaviors, like our driving, could be better.**

### An Update on Enterprise Goals

Safety isn’t something we just talk about. It’s something we measure. Before I end, let me provide a quick update on our progress in that area and in the other five we track.

We are meeting five of the six goals. The Efficiency goal has eluded us this year. For three of the goals (Safety, Service and Growth) we are hitting the maximum level of performance we set for ourselves.

Over the coming months you will be seeing an updated version of these. The basic content will be the same, but we have added a few elements, changed the look and feel and raised the bar on the level of performance we expect.

**Thank you for all you do. Be well,**

Jeff Norton

Vice President and Chief Performance Officer

**>> News Or Ideas?**  
**Have performance improvement ideas or news to share?**  
**Contact Norton at [jeff.norton@uchealth.com](mailto:jeff.norton@uchealth.com).**

<b>ENTERPRISE-KEY PERFORMANCE METRICS, JUNE 2015</b>							
ENTERPRISE-GOALS		Monthly Performance			FYTD Performance		
		FY15 Month	Goal	FY14 Month	FY15 YTD	Goal	FY14 YTD
<b>QUALITY</b>	Number of patients that acquired a central IV infection, urinary tract infection or surgical site infection	8	10	11	110	105	109
<b>SAFETY</b>	Number of patients with an adverse safety event	26	35	27	281	390	517
<b>SERVICE</b>	% of INPATIENTS rating the hospital as either a “9 or 10”	72.8	70.3	68.2	72.1	70.3	68.3
	% of OUTPATIENTS rating the provider a “9 or 10”	79.1	83.0	82.4	82.7	83.0	81.4
<b>EFFICIENCY</b>	Supply cost/Adjusted discharge (adjusted for case mix index)	\$1,954	\$1,710	\$1,748	\$1,868	\$1,710	\$1,779
<b>GROWTH</b>	Number of patients referred from “outlying” areas	1,220	1,121	1,020	12,450	11,956	11,607

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

# in brief

## Starnes 1st Woman Named President-Elect for National Thoracic Organization

Sandra Starnes, MD, co-director of the Comprehensive Lung Cancer



**Starnes**

Center at the UC Cancer Institute, and John B. Flege Jr. Chair and associate professor in the UC Division of Thoracic Surgery, Department of

Surgery, is the first woman to be named president-elect for the Thoracic Surgery Directors Association (TSDA). She will serve in this role for a two-year term, after which she will serve as president for two years.

There have been 20 presidents since the organization's founding in 1976, and all thoracic surgery training programs are members of the TSDA, which is responsible for overseeing the education of all thoracic surgery residents and fellows in the United States.

## Hinds Named Among List of 'CFOs to Know'

Rick Hinds, UC Health executive vice president and CFO, was



**Hinds**

recognized by Becker's Hospital Review as one of this year's health care finance executives who have made a positive impact to the health care

systems they help lead. Nominations from across the nation were narrowed down to an exclusive list of "150 Hospital and Health System CFOs to Know."

Criteria used by Becker's in making their selections included the CFO's ability to navigate their organizations through the Health-care Reform Act.

At UC Health, Hinds is responsible for overseeing and implementing all financial strategies and operations, along with forecasting for the system. Formerly, he served as vice president of finance at UC Medical Center.

## UC Health Recognized for Environmental Stewardship

The Ohio Hospital Association (OHA) in April announced that UC Health was among 13 hospitals/hospital systems in Ohio to receive the Melvin Creeley Environmental Leadership Award. Named in honor of Mel Creeley, retired CEO from East Liverpool City Hospital and past chair of OHA's Environmental Leadership Council, the award recognizes hospitals for promoting best practices in environmental stewardship.

# Established Status Epilepticus Treatment Trial (ESETT)

**Seizures that do not stop can happen to anybody of any age.**

ESETT is a research study being conducted at Cincinnati Children's and University of Cincinnati Medical Center. We are trying to find the best way to treat seizures that do not stop with normal treatment. A person having a seizure cannot talk, so they may be treated in the study without his/her consent. This is called "Exception from Informed Consent" (EFIC).

If you would like more information about the study or would like to decline participation, go to our website or contact us:

University of Cincinnati Medical Center at **513-558-8499** or **esett@uc.edu**

Cincinnati Children's Hospital Medical Center at **513-803-3738** or **esett@cchmc.org**

**Website: [www.esett.org](http://www.esett.org)**



UC Health is a presenting sponsor of "Red Bike" Cincinnati's 30-station bike share program that launched last September. Look for the UC Health logo on Red Bikes around town.



### Mahoney Named ELAM Fellow

Mary Mahoney, MD, UC Health radiologist and interim radiology department chair and Eugene L.



**Mahoney**

and Sue R. Saenger Professor of Radiology at UC, has been awarded a 2015-16 fellowship in the Hedwig van

Ameringen Executive Leadership in Academic Medicine® (ELAM®) program. This year-long part-time fellowship for women faculty in schools of medicine, dentistry and public health is dedicated to developing the professional and personal skills required to lead and manage in today's complex health care environment, with special attention to the unique challenges facing women in leadership positions. More than 800 ELAM alumnae hold leadership positions in institutions around the world.

### Concussion Education Event Held

The University of Cincinnati Sports Neuroscience Initiative presented a free program about concussion in contact sports Saturday, June 20, at the Richard E. Lindner Center on UC's campus.

"Fear and Concussions—Training to Stop It" was a half-day event geared toward middle and high school coaches, athletic trainers, parents and athletes and was presented in association with the UC Neuroscience Institute. Sessions included fear and concussions, interactive training and protecting brains of the future.

The UC Sports Neuroscience Initiative includes representatives from orthopaedic surgery (sports medicine), psychiatry and behavioral health, and neurology and rehabilitation. It was formed in 2014 to achieve research breakthroughs that will enhance student-athletes' health and safety.

## Integrative Health and Wellness Events

### FINDLAY MARKET POP-UPS

Merchants from Cincinnati's Findlay Market will set up shop from 11 a.m. to 1 p.m. July 20, Aug. 27 and Sept. 24 in the University of Cincinnati Academic Health Center's CARE/Crawley Building Kaplan Reception Area (near Subway). Fresh produce, locally made items and ready-to-eat foods will be available for purchase. Most vendors will be set up to accept cash and credit cards. The pop-up markets are coordinated by the UC Center for Integrative Health and Wellness.

### CITY SILENCE INITIATIVE

The UC Center for Integrative Health and Wellness is coordinating weekly silent meditation sessions on UC's medical campus. Led by UC Health physicians Mehran Attari, MD, and Marzieh Salehi, MD, the sessions are part of the international City Silence movement, a network of community mindfulness gatherings encouraging barrier-free silent meditation in city and community spaces. The sessions on UC's campus began in June and continue weekly on Wednesdays. Each session will run from 7:30 to 8 a.m. on the steps outside the CARE/Crawley Building. Participants can stay for a few minutes or the entire half hour. No prior experience is needed.

For more information on the market pop-ups or City Silence, contact Kelly Lyle, health affairs program officer, at [kelly.lyle@uc.edu](mailto:kelly.lyle@uc.edu).



### Vital Records Office Self-Service Kiosk at UC Medical Center

The Cincinnati Health Department's Vital Records Office, in partnership with AdComp Systems, has installed a self-service kiosk at UC Medical Center. Two other locations (Mt. Healthy WIC Office and Braxton Cann Health Center) have also received kiosks. The new kiosks will make it easier for Cincinnati residents to obtain birth and death certificates. A touch-screen allows you to enter information and pay for your certified birth or death certificate, which will then be mailed to you. Kiosks accept cash and credit card (American Express, Discover, MasterCard or Visa). A service fee is applied to credit card orders. For more information, call 513-352-3120.

### Orthopaedic Surgeon Part of Team Providing Care in India

Micah Sinclair, MD, UC Health orthopaedic surgeon and assistant professor of orthopaedic surgery at UC, traveled to India in early 2015



**Sinclair**

to provide free surgical treatment to children with complex spine and upper extremity deformities.

Organized by Shital Parikh, MD, of Cincinnati Children's, the medical mission trip comprised a team of five surgeons, two anesthesiologists and three support personnel who spent a week in Ahmedabad performing complex spine and hand procedures. Team members donate their time and expertise for the mission, each paying their own expenses. Donations from Allosource, Medtronic, and Evokes Inc., provided bone grafts, spinal implants and neuromonitoring supplies and equipment to perform the surgeries. ●

# We're all UC Health

## Linda Baas, PhD

Acute Care Nurse Practitioner  
UC Health Advanced Heart Failure Treatment Center

**LINDA BAAS, PhD**, considers it a privilege to care for patients with heart failure. As a registered nurse and acute care nurse practitioner, she is there to teach patients about their diagnosis and medicines and ease some of their worries about their condition.

Her patients in the UC Health Advanced Heart Failure Treatment Center come from all walks of life. They generally see Baas within seven days of discharge following heart failure treatment.

"This is a very vulnerable time in their lives and for most of them this is a new diagnosis of heart failure. I provide teaching and give them a feeling of hope and support during this time," says Baas. "Heart failure is a chronic progressive disease, but our job is to help people live to their fullest potential."

Symptoms of fluid overload are what primarily bring heart failure patients to the hospital, Baas says, adding that medicines can help, but often changes in diets and lifestyle help patients get the best cardiac function.

"What we are trying to do here is engage people in self-care because only they can control the amount of sodium they eat or their fluid intake. We can give them guidelines to help."

A Cincinnati native, Baas has been part of the heart failure nurse practitioners team at the center for the past three years, but her ties to health care in the community go back much further. She served as a cardiac clinical nursing specialist at what was University of Cincinnati Hospital in the 1980s. Pursuit of a doctoral degree sent her to Texas, but she returned to the UC College of Nursing from 1992 to 2009. During her 17-year tenure she often worked as a staff nurse at then-named University Hospital at least once a week to maintain her skills and certifications.

Baas is married to Gordon Allan, a retired professor from Miami University.

"I could have retired years ago, but I love what I do," says Baas. "I am one of the old gals still sticking around." ●

**Engaging patients in self-care is key to what Linda Baas, PhD (far right), and other team members hope to achieve at the Advanced Heart Failure Treatment Center.**

**Shown with Baas are (left to right): Delcenia Mabrey, Danielle Ondayko Lewis, Mandy Hronek, Mikki Dailey, Jennifer Lukes, Cassandra Johnson and Soyla Nunez.**



**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



Ann Hernandez