

MAY 2015



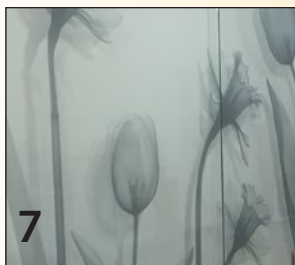
AMY HERNANDEZ

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Neurotrauma Center Adds Initiatives to Help Patients Recover

Patients with a traumatic brain injury (TBI) locally and beyond have an ally in their goal of returning to optimal health: The Neurotrauma Center at the UC Neuroscience Institute.

"In addition to embracing the newest technologies and clinical therapies, we are also implementing some new initiatives to help patients," says Norberto Andaluz, MD, an associate professor of neurosurgery at UC and medical director of the Neurotrauma Center.

Additionally, the Neurotrauma Center has collaborated with Jon Divine, MD, a professor of orthopaedic

surgery and head team physician for the UC Athletic Department, who manages a Multidisciplinary Concussion Clinic. This clinic provides comprehensive concussion management to any patient who has a concussion. It includes a vestibular therapist, optometrist, speech language pathologist, neurologist and others.

"Our collaborative, multidisciplinary team is dedicated to improving outcomes for our patients," says Andaluz. "We hope to build on these initiatives to provide the best possible results for them and their families." ●



Andaluz

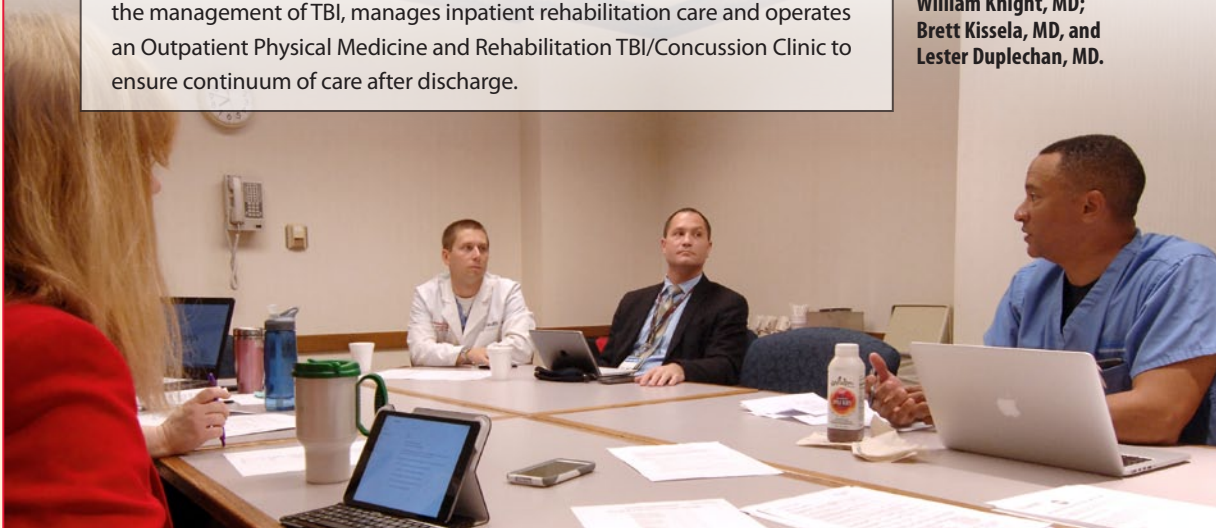
>> APPOINTMENTS & REFERRALS

To schedule an appointment with the Neurotrauma Center at UC Neuroscience Institute, call 866-941-UCNI (8264).

The center's recent initiatives expand the impact it has on patients' recoveries:

- **NEUROTRAUMA TBI HOTLINE** (513-584-2804). This dedicated nurse line provides education, resources, referrals, expert nursing advice and emotional support. The new position of neurotrauma nurse navigator has been implemented and filled by Amy Horner, registered nurse, to provide TBI education, coordinate outpatient services and ensure continuity of care.
- **MILD TBI CLINIC**, located in the University of Cincinnati Medical Center Outpatient Center (Gateway D, off Albert Sabin Way). Patients are seen by Erin Silva, a nurse practitioner trained in the management of TBI. Silva also provides follow-up care to patients at the Daniel Drake Center for Post-Acute Care and HealthSouth Rehabilitation Hospital at Drake.
- **REHABILITATION CARE**. Kelly Crawford, MD, an assistant professor of physical medicine and rehabilitation and UC Health physician with training in the management of TBI, manages inpatient rehabilitation care and operates an Outpatient Physical Medicine and Rehabilitation TBI/Concussion Clinic to ensure continuum of care after discharge.

Below: Neurotrauma Program team meeting
Shown are (clockwise from left): Lori Uphaus; William Knight, MD; Brett Kissela, MD, and Lester Duplechan, MD.



Nursing: A Calling and a Passion That We Should Celebrate

COLLEAGUES,

We're proud of the nearly 2,000 nurses at UC Health for their exemplary professional practice and contributions to the



Jennifer Jackson



P. Baker

field of medicine. It is with expertise, dedication and compassion that UC Health nurses deliver outstanding care and create a safe, healing environment for our patients.

Nurses are an important part of each patient's care, and UC Health is proud to celebrate the role nurses play in delivering the highest level of quality care. In early May, UC Health joined thousands across the country to celebrate National Nurses Week—a special recognition for the efforts in delivering compassionate nursing care while encompassing the principles of ethical practice in the nursing profession.

The purpose of National Nurses Week is to raise public awareness of the value of nursing and to help educate the public about the vital roles registered nurses play in meeting the health care needs of patients. The National Nurses Week 2015 theme, "Ethical Practice. Quality Care," recognized the importance of ethics in nursing and acknowledged the strong commitment, compassion and care nurses display in their practice and profession. The theme is an important part of the American

Nurses Association's 2015 Year of Ethics outreach to promote and advocate for the rights, health and safety of nurses and patients.

As you may recall, in late 2014 we announced both University of Cincinnati Medical Center's and West Chester Hospital's intent to seek national recognition for the great work nursing delivers every day. Over the next several years, we will be on a journey towards becoming Magnet designated hospitals through the American Nurses Credentialing Center (ANCC).

Magnet designation symbolizes the ultimate credential for high-quality nursing and is an honor held by only eight to nine percent of hospitals across the nation. Hospitals that receive this award have proven an elevated dedication to professional practice throughout their hospital as a whole, not just through nursing. Several other organizations including Leapfrog Group and *U.S. News & World Report* recognize the value of Magnet designation and reward and celebrate these hospitals.

Although this is a nursing designation, it is truly representative of the teamwork across all disciplines within the health system. Every associate is a crucial team member in this process and we look forward to working with all of you to gain the recognition we know we deserve.

Many consumers rely on this designation when choosing a hospital and understand it means excellence in nursing practice.

Although it will be at least a couple of years before we become designated, we are fully committed to seeing this journey through. UC Medical Center and West Chester Hospital are applying for this designation separately and are at different points along the path. West Chester Hospital has submitted their application and plans to submit their evidence to the ANCC in August or September, with hopes of having a sight visit by the end of 2015 or early 2016. UC Medical Center is gathering the supportive data to go along with their application submission.

This is an exciting time at UC Health. Although this is a nursing designation, it is truly representative of the teamwork across all disciplines within the health system. Every associate is a crucial team member in this process and we look forward to working with all of you to gain the recognition we know we deserve.

With appreciation,

JENNIFER JACKSON, RN, DNP, CNRN
Chief Nursing Officer
UC Medical Center

PATRICK BAKER, MHA, MA, BSN, RN
Chief Nursing Officer
West Chester Hospital

Connected

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

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Innovative Care Model Designed to Meet Needs of Many Patients with depression to benefit from more resources, better coordination

In a world where psychiatrists are in short supply and psychotherapy is difficult to access, how does a community begin to meet the needs of thousands of individuals who could benefit from mental health care? The answer lies in a novel approach with a strong evidence base known as the Collaborative Care Model, says Cheryl McCullumsmith, MD, PhD, associate chair for clinical integration in the UC Department of Psychiatry and Behavioral Neuroscience and a member of the UC Mood Disorders Center.

McCullumsmith recently began implementing the model at UC Health's resident internal medicine clinics at the Hoxworth Center in Clifton and at the Margaret Mary Hospital system in Batesville, Indiana. The model, developed largely at the University of

Washington, provides mental health care through a coordinated process that follows patients in their primary care clinic and escalates care as needed.

"The goal of the Collaborative Care Model is to provide evidence-based depression care to larger populations of people," McCullumsmith says. "It seeks to make the process of getting care flow better and to get people the level of care that they need in the most appropriate setting."

Patients are first screened for depression by their primary care physician with a series of nine questions covering the main symptoms of depression, including feeling sad, hopeless or lethargic and being uninterested in activities once considered enjoyable. When a patient tests high for depression, the Collaborative

*"It is a great example of
BRINGING CARE
to where patients
NEED IT MOST."*

Eric Warm, MD
*UC Health Internal Medicine
and Professor of Medicine*

Care Model inserts a new provider into the equation: a depression care manager, who is either a social worker or a psychologist.

The depression care manager then evaluates the patient and discusses the case in a weekly meeting with a psychiatrist. The psychiatrist makes a medication recommendation; the depression care manager relays that to the primary care physician; and the primary care physician writes a prescription. The patient then continues to be followed by the depression care manager, and further recommendations are made until the patient improves.

The depression care manager may also provide six to eight sessions of psychotherapy, usually problem-solving therapy or motivational interviewing. After an appropriate interval, the patient is evaluated again, and any additional recommendations are once again forwarded to the primary care physician. In cases involving severe or complex depression, the depression care manager will refer the patient to a psychiatrist.

"Collaborative Care will allow us to offer resources we have not been previously offering to our patients with depression," notes Eric Warm, MD, a UC Health internal medicine physician and the Richard W. & Sue P. Vilter Professor of Medicine at UC. "It is a great example of bringing care to where patients need it most." ●

>> FOR MORE INFORMATION
Patients who see physicians at the Hoxworth Center clinics can inquire about Collaborative Care by calling 513-584-4503.



"[The Collaborative Care Model] seeks to make the process of getting care flow better and to get people the level of care that they need in the most appropriate setting."

Cheryl McCullumsmith, MD, PhD
*Member of the UC Mood Disorders Center and associate chair for clinical integration,
UC Department of Psychiatry and Behavioral Neuroscience*

Liver Cancer Patient ‘Sings’ Message of Hope

Survivor shares story to inspire others to seek care, decide to live

“This cancer diagnosis was not a death sentence for me. It was a life sentence. I made a decision to ‘live!’”

Jodi Litmon
UC Cancer Institute
patient

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

In 2011 Jodi Litmon, now 45, started having more frequent and more urgent trips to the bathroom.

“It was during a praise and worship session at my church that I experienced a really intense pain that took my breath away,” she says, adding that she served as music, worship and arts director for her church at the time. “Days passed, and finally the pain subsided, but I still had to run to the bathroom after every meal. I thought I had a virus, but I didn’t have a temperature or any other symptoms.”

One evening, while lying on the bed talking with her husband, she said she felt a large lump in her stomach but it took her several months to see a doctor.

“I first canceled because I didn’t have money for the copay, and I almost canceled again when I found out they were sending me to a male physician.”

She says the doctor felt her stomach and ordered a scan for the same day.

“I didn’t know it then, but I know now that the urgency of the scan meant a major problem,” she says. “A song we often sing at church dropped into my heart that day—‘It Is Well With My Soul’—and I just repeated those lyrics to myself.”

Litmon called her husband and Pastor to accompany her for the scan. The following Monday, during her appointment with Jeffrey Sussman, MD, it was confirmed that she had hepatocellular carcinoma, a form of liver cancer.

Sussman, surgical oncologist at the UC Cancer Institute and professor in the UC Department of Surgery, recommended removal of the tumor via surgery, which seemed to work, until the symptoms returned months later.



Jodi Litmon, center, with her husband Keith (left), and Olugbenga (Benga) Olowokure, MD (right).

Olugbenga (Benga) Olowokure, MD, UC Health gastrointestinal oncologist and assistant professor in the Division of Hematology Oncology at UC, was providing Litmon’s follow-up care when he discovered the recurrence in her lungs, and later, her large bowel, peritoneum, mesentery and ovaries. He prescribed a combination of medicines, which is helping her continue her life.

“It all happened so fast—from being diagnosed to being cancer free to being diagnosed again. It was devastating, but I never lost hope thanks to my faith in God, my wonderful support system and my team of doctors at UC.”

“She really is an amazing patient determined to make a positive difference despite her many challenges,” adds Olowokure. “Whenever we have a newly diagnosed liver cancer patient who wants to speak with a patient who has liver cancer, Jodi is always happy to volunteer.”

To help spread her message of hope even broader, Litmon has written and recorded a song called

“Soar Above the Clouds” where she sings about coming to terms with her illness. She’s also written a book, “My Experience...For His Glory,” sharing her journey.

“I want my experience to urge others to not be afraid of going to the doctor,” she says. “I want my story to inspire others and to help them push forward through their life struggles. This cancer diagnosis was not a death sentence for me. It was a life sentence. I made a decision to ‘live!’”

“The team at UC Health was and still is a godsend and a blessing for me, and it started at the primary care level,” Litmon says. “When I met Dr. Benga, I knew I wasn’t going anywhere else for treatment. He told me, ‘You have to be a fighter to get through this. You must keep those boxing gloves on! People who survive the longest are those who are surrounded by others who love them.’ So, I decided then that I have to fight. I can’t fail Dr. Benga. I have found hope, faith and love, and I’m holding onto it for dear life.” ●

PURSUING PERFORMANCE EXCELLENCE

The Reason We Measure

I KNOW, I KNOW, THIS MONTHLY NOTE tends to be a lot about numbers. Enterprise Goals doing well, performing below target, blah, blah, blah. I appreciate that at least some of you find it useful enough to read. I really appreciate those who take the time to tell me what's right and wrong about my messages. And I get that it's not about the numbers. I doubt that any one of you decided to take on health care as a career so a box on a scorecard could be green. Our reason for being here is hands on and personal excellent patient care. But let's talk for a minute about why we measure and how we decide what will be our Enterprise Goals.

Why Measure?

Clinicians, you know this fully well. You take measurements to assess and diagnose. Then you take measurements to see if the treatment you have prescribed and delivered is helping as you expected. When things are not going as expected or the stakes are high, you increase the frequency of measures. Vital signs for instance might be measured every 12 hours, every 8 hours or continuously with telemetry.

We measure because we want to be excellent. Not just average, that's a "C." We are winners, and winners keep score so they know when they are winning and losing. And why? We measure to focus our attention on what matters. We measure so we know if a change is an improvement. Many changes are not. Without a measure we can't know for sure what is helping or hurting.

That's why we measure, but how do we decide what to measure?

So Which Measures?

To assess our system, we need system-level measures. By system I mean University of Cincinnati Medical Center, West Chester Hospital, our clinics, Daniel Drake Center for Post-Acute Care and Lindner Center of HOPE. The measures we pick let us know if we are moving the system in the right direction.

Now it gets messy. There is a tsunami of groups measuring health care right now. To name a few: *U.S. News & World Report*, *Consumer Reports*, the Leap Frog Group, the Ohio Hospital Association, Google, Yelp and Angie's List. And there are more. So how do we decide which measures should be our Enterprise Goals?

Our approach is systematic. We will consider any and all possible measures. We want measures which are well defined and have broad acceptance of being valid. We look for metrics defined by CMS (Centers for Medicare and Medicaid Services), AHRQ (Agency for Healthcare Research and Quality), NQF (National Quality Forum) or other significant bodies. We want measures for which we know our history, measures that we have been monitoring for at least 2 years. This assures us that we know how to measure and that we know how we perform.

At this point the selection becomes more subjective. We want a balance of metrics, like cost, quality, and service. We want things that we feel will make a difference to our patients, areas where we have opportunity and things which everyone can be engaged in improving. In brief that's how we arrived at the Enterprise Goals.

We measure so we know if a change is an improvement.

Many changes are not.

Without a measure we can't know for sure what is helping or hurting.



Norton

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

So How Are We Doing?

ENTERPRISE-KEY PERFORMANCE METRICS (Most Current as of May 10, 2015)							
ENTERPRISE-GOALS		Monthly Performance			FYTD Performance		
		FY15 Month	Goal	FY14 Month	FY15 YTD	Goal	FY14 YTD
QUALITY	Number of patients that acquired a central IV infection, urinary tract infection or surgical site infection	6	10	11	94	96	99
SAFETY	Number of patients with an adverse safety event	26	35	27	256	354	469
SERVICE	% of INPATIENTS rating the hospital as either a "9 or 10"	74.0	70.3	68.2	71.9	70.3	68.0
	% of OUTPATIENTS rating the provider a "9 or 10"	81.0	83.0	82.4	83.0	83.0	81.5
EFFICIENCY	Supply cost/Adjusted discharge (adjusted for case mix index)	\$1,918	\$1,710	\$1,850	\$1,860	\$1,710	\$1,781
GROWTH	Number of patients referred from "outlying" areas	1,113	1,051	1,020	11,233	10,835	10,519

KEY

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

Our performance has improved. Year-to-date data shows we are now meeting five of the six Enterprise Goals; only our efficiency measure is missing the mark. We spend more on supplies (stuff) than organizations with a similar mix of complex patients. The people who pay the health care bills look at this. They expect high-quality care but they also want value. The national trend is for health care consumers (that's

you and me) to pay and see more of the cost of the care received. As consumers we shop for value every day. We want safety, quality AND service at the best price possible.

Thank you for all the work you have done and are doing to improve our system of care. Be well,

Jeff Norton

Vice President and Chief Performance Officer

in brief

UC Health Names Peter Gilbert to Chief Operating Officer

Peter Gilbert has been named to the newly created position of chief operating officer (COO) at UC Health. Gilbert, who has held leadership positions at Johns Hopkins, the University of Kentucky, and most recently,



Gilbert

the University of Maryland, has a master's degree from Loyola University and has served in planning/accountability roles and in senior roles in administration and finance.

As COO, Gilbert will provide strong and supportive operations leadership for all of the system's clinical services and programs. This includes hospitals, clinics, ambulatory services, post-acute services and all system-wide support functions.

Jason Huff Named Among 2015 Nightingale Winners

Jason Huff, clinical director of transplant services at UC Medical Center, was honored in April by the UC College of Nursing with a Florence Nightingale Award for Excellence in Nursing.



Huff

Huff and five other area nurses

were selected by the UC College of Nursing's Board of Advisors to receive the distinction, which comes with \$1,000 and a commemorative award.

Included in Huff's nomination was praise for his organization, respect and leadership and recognition of his role in establishing policies that empower nurses to work more effectively and ensure that patients are receiving the best care possible.

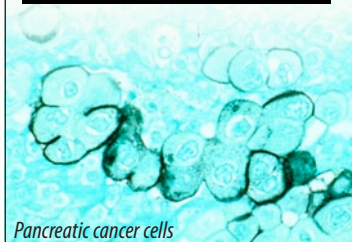
REMINDER:

'Rock Out Cancer' Concert June 20

The first "Rock Out Cancer" concert benefiting the UC Cancer Institute and GIVEHOPE Pancreatic Cancer Fund is set for the Horseshoe Casino at 6:30 p.m. June 20, 2015. The Guess Who will be performing. Gold Star Chili and BSI Engineering will sponsor the event.

Tickets are \$80 for general admission and include dinner by the bite featuring restaurants Gold Star Chili, Rock Bottom Brewery, Via Vite, Palomino, Bella Luna and Horseshoe Casino, and desserts by Patricia's Wedding cakes. VIP and Super VIP tickets with added perks are available.

Tickets available at this [link](#).



Pancreatic cancer cells

UC MEDICAL CENTER GIVES BOOST TO EDUCATION



Pictured (left to right): Brian Hurst, UC Foundation; Carl King, UC Health; Debi Sampsel, DNP, College of Nursing; Tom Chandler, UC Health; Robin Wagner, RN, MSN, College of Nursing; Eric Price, College of Nursing; and Mark Prell, UC Health.

The UC College of Nursing's simulation laboratories in Procter Hall and at UC East in Clermont County will benefit from a donation of equipment from University of Cincinnati Medical Center.

The hospital, on May 6, 2015, delivered a bed, anesthesia machine, IV pumps, vital sign monitors and several other

pieces of equipment to be used in skills training. The college's nurse anesthesia program, in particular, will be able to use the donated items to improve the fidelity of its operating room simulation space and provide more hands-on experience to students.

"We take every opportunity we can to use new or existing technology, supplies or equipment

and apply those things to the learning environment," says Debi Sampsel, DNP, chief officer of innovation and entrepreneurship at UC's College of Nursing. "Donations like the one from UC Medical Center allow us to enhance student learning in our classroom and simulation settings."

New Center for Women's Cancer to Open; Unveiling Set for June 27

An open house to unveil the new Center for Women's Cancer, housed on the third floor of the Barrett Cancer Center, will be held from 10 a.m. to 1 p.m., Saturday,

June 27. Tours of the new space and refreshments will be available.

The floor is equipped with a waiting room which will also be used for educational initiatives,

four mammography suites, three ultrasound suites, 18 exam and 18 infusion rooms, a procedure room and a large work area for physicians and staff, which is strategically

placed in the middle to promote communication between specialists and other care providers.

"We really put emphasis on communication and interdisciplinary care," says Rosemary Keiser, vice president of ambulatory service for UC Health. "We want our patients' visits to be seamless, eliminating the need for them to wayfind to the various buildings and clinics on the medical campus.

"It's everything they need in one place with their entire care team visible and available."

UC Health Integrative Medicine will also be at the open house June 27 offering auricular acupuncture, breathing workshops, YCat (yoga therapy in cancer and chronic illness) yoga and massage therapy.

RSVPs for the open house are not required. For more information or with questions, contact William Douglas-James at 513-584-3810. ●



Center for Women's Cancer

- housed on the third floor of the Barrett Cancer Center
- four mammography suites
- three ultrasound suites
- 18 exam rooms
- 18 infusion rooms
- procedure room
- strategically centralized work area for physicians and staff

OPEN HOUSE

Saturday, June 27
10 a.m. to 1 p.m.

Facility tours and refreshments as well as auricular acupuncture, breathing workshops, yoga and massage therapy offered by UC Health Integrative Medicine.

NICU REUNION JUNE 6

The Neonatal Intensive Care Unit at UC Medical Center will host a reunion from 11 a.m. to 2 p.m., Saturday, June 6, 2015, in the hospital courtyard. The special event will bring together NICU "graduates" and their guests for food and games for family members of all ages. For more information, visit <http://uchealth.com/events/nicu-reunion/> or call 513-584-TINY (8469).



CLINICAL TRIAL SPOTLIGHT:

A Research Study for Patients Who Have Recently Experienced an Acute Coronary Syndrome

WHAT: The purpose of this study is to determine whether an investigational drug, alirocumab, might prevent future cardiovascular events (such as heart attacks or strokes). The study will compare the drug alirocumab versus a placebo injection (an inactive solution injection) on the occurrence of future cardiovascular events such as heart attack and stroke, when given in addition to the best possible treatment for lowering cholesterol.

WHO: Adults over 40 years of age who have been hospitalized for an acute coronary event within the past 12 months may be eligible to participate in this study.

PAY: You will receive \$100 compensation for your time and travel for each of the study visits you complete.

DETAILS: For more information call Rachael Mardis BSN, RN, or Christina Clarke, BSN, RN, at 513-558-CARD.



We're all UC Health

Amy Hernandez

Social Worker
UC Health Stress Center

AS THE CHILD OF a U.S. Army veteran, the mother of an Army officer and an 18-year veteran herself, Amy Hernandez is in the perfect position to help individuals and families affected by posttraumatic stress disorder (PTSD). She's a social worker for the UC Health Stress Center, a treatment program for persons suffering from PTSD that began seeing patients in August 2014.

Directed by Kathleen Chard, PhD, the Stress Center is located in the Stetson Building, home to UC Health Psychiatry and the UC Department of Psychiatry and Behavioral Neuroscience. PTSD is most often associated with war veterans, but it also can affect survivors of physical and sexual assault, abuse, accidents, disasters and many other serious events.

"I perform a brief phone screening of potential patients for appropriateness of treatment in the Stress Center and set them up for in-depth assessments," Hernandez says. "I conduct in-depth psychosocial assessments and PTSD screenings, then provide evidence-based PTSD psychotherapy for individuals and couples."

Hernandez has been with the Stress Center since its inception less than a year ago but has worked for UC Health since April 2011, starting in medical social work working for Trauma Service. Before joining UC Health, she worked as a military technician with the Air National Guard. She has a bachelor of science degree in accounting and a master's of social work, plus specialized training working with military families and in psychotherapy with individuals and couples treating PTSD.

"I enjoy being able to help patients better manage their PTSD symptoms and improve their everyday quality of life," she says.

Hernandez's family connection to the military is strong. With a father in the Army, she lived many places as a child before settling in Cincinnati. She and her husband have three daughters, the oldest of whom graduated from the U.S. Military Academy at West Point and is stationed in New York. And she herself has been in the military for 18 years, currently assigned to the Springfield Air National Guard.

In her limited free time, Hernandez says, "I love laughing, spending time with family and friends and reading. And I would love to make an 'America's Best Dance Crew' parody video!" •

"I enjoy being able to help patients better manage their PTSD symptoms and improve their everyday quality of life."

Ann Hernandez



uchealth.com

Inpatient and outpatient services available in the following communities:

OHIO

ADAMS COUNTY
ANDERSON
CLIFTON
DOWNTOWN
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

