During an event described by top academic health system leadership as “way cool,” telehealth projects focused on reducing readmissions after transplant and providing early and better prenatal care in underserved populations took top honors.

The two teams—one led by Shimul Shah, MD, UC associate professor of surgery and UC Health transplant surgeon; and the other led by Carri Warshak, MD, UC associate professor of obstetrics and gynecology and director of the Fetal Ultrasound Center at UC Medical Center—were each awarded $20,000 at the inaugural Care Delivery Innovation Competition Thursday, Nov. 19.

In a surprise twist, UC Health President and CEO Richard Lofgren, MD, and UC Senior Vice President for Health Affairs and College of Medicine Dean William Ball, MD, announced at the competition’s end that they will fund all four of the projects presented at the 2015 telehealth-focused event.

Shah and team will use their award to provide transplant patients discharged from the hospital with technologies designed to track things like vital signs and medication adherence, and offer them the ability to communicate in real time with transplant clinic clinicians if concerns arise. Their goal is to reduce hospital readmission within the first 90 days post-transplant.

Warshak and team will use their award to implement a community-based program of providing prenatal ultrasounds in urban underserved areas—through community women’s health centers—and offering real-time consultation with maternal-fetal medicine physicians when needed. The goal of the project is to get pregnant patients earlier and more convenient access to recommended prenatal imaging and care.

Other finalists in the Nov. 19 competition included a team led by UC College of Nursing faculty who proposed the use of telehealth robots to assist seniors desiring to age in place, and a team led by Stephanie Dunlap, MD, UC associate professor of medicine and medical director of the UC Medical Center Heart Failure Program, who sought funding to provide in-home, real-time monitoring for heart failure patients to prevent hospital readmissions.

Co-sponsored by UC Health and the UC Academic Health Center, the Care Delivery Innovation Competition was designed to showcase successes in care delivery innovation and to drive, recognize and reward novel ideas throughout our academic health system. Finalists made it through two earlier elimination rounds to get to the November competition event.

>> FOR MORE INFORMATION

For more about the competition, contact Pamela Kimmel, UC Health’s director of telehealth, at 513-520-3716 or pamela.kimmel@uchealth.com.
Restructuring to Operate at One Exceptional Standard

COLLEAGUES,

Since UC Health was created as an independent health system in 2010, we have consistently been moving toward creating a single management structure that is most efficient, effective and best supports our effort to provide the highest quality clinical care and personal service for our patients.

We began as a group of separate organizations with individual management structures. Now that we are more closely affiliated under one organization, UC Health, we have been taking the steps needed to create a single, system-wide management structure, with these leadership positions:

- **UC Health CEO**
  (Richard Lofgren, MD, December 2013)
- **UC Health Chief Medical Officer**
  (Bill Hurford, MD, February 2015)
- **UC Health Chief Operating Officer**
  (Pete Gilbert, June 2015)
- **UC Health Senior Vice President for Ambulatory Services**
  (Nita Walker, MD, August 2015), bringing together all of our ambulatory services.

Each of these steps has reduced duplication of efforts, and enhanced coordinated, consistent seamless care for our patients.

Effective December 1, we are taking the next step in creating a single management structure for UC Health by creating the position of senior vice president (SVP) for inpatient services. This position will unite management of inpatient care at UC Medical Center, West Chester Hospital and Daniel Drake Center for Post-Acute Care. The current CEO positions at UC Medical Center and West Chester Hospital will be eliminated.

The SVP for inpatient services will report to COO Pete Gilbert, who will continue to have lead executive responsibility for overall integrated system operations and functions, all major operational and programmatic matters, and will serve as the point of interaction with clinical department chairs, institute and service line leaders.

The new SVP for inpatient services will lead inpatient and post-acute operations across the system, with a fully integrated approach. The SVP will focus on responsibilities such as patient flow, operating room function and performance, and ensuring that all support systems work effectively and efficiently for patient care and ease of function for faculty and staff. This will enable patient care services to operate at one exceptional standard across the system to drive performance in **QUALITY**, **SAFETY**, **EFFICIENCY** and **SERVICE**.

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The SVP for inpatient services will oversee chief administrative officers (CAOs) at UC Medical Center, West Chester Hospital and the Daniel Drake Center. Each CAO will be accountable for day-to-day operations of the sites, bringing a system focus to each facility of the system.

We have asked Kevin Joseph, MD, president and CEO of West Chester Hospital, to serve as interim SVP for inpatient services for UC Health. Jen Jackson, DNP, vice president of patient care services and chief nursing officer at UC Medical Center, and Tom Daskalakis, vice president and chief operating officer for West Chester Hospital, will serve as interim CAOs of their respective facilities. Amy Schroyer will continue to lead Daniel Drake Center with the new title of CAO.

Lee Ann Liska, who has served as president and CEO of UC Medical Center, will be leaving UC Health to pursue other executive leadership opportunities. She has agreed to work actively with us through the end of the year to facilitate the transition to our new structure. We thank Lee Ann for her service, her dedication, and her many contributions to UC Health.

RICHARD P. LOFGREN, MD, MPH, FACP
President and Chief Executive Officer
UC Health
Many Not Aware of Deadly Cardiovascular Foe
Patient says staying active is her defense against thrombosis

Judy Kleinmann injured her hip after a motorcycle accident 12 years ago. She worked as a landscaper and later at a greenhouse before the pain led her to a more sedentary job. She visited University of Cincinnati Medical Center’s emergency room in spring of 2014 when the pain became unbearable.

“The nurse was concerned because my blood pressure was a little high although I attributed it to nerves and being a little anxious,” says Kleinmann, 56, of Cincinnati. “Then they checked my oxygen levels and those were kind of low and that’s why they did a chest X-ray and a CT scan, and they became aware that I had a blood clot in the lower lobe of the right lung.”

Kleinmann was placed on a blood thinner and spent three days in the hospital. When she came back for hip surgery in December 2014, she was taken off blood thinners for the surgery and again, a blood clot returned.

Doctors were able to correct the problem, but the occurrences made Kleinmann much more aware of a less well-known cardiovascular foe that can be as deadly as stroke or heart attack.

Annually, about 10 million people worldwide, including 600,000 Americans, suffer from venous thromboembolism, explains Richard Becker, MD, director and physician-in-chief of the UC Heart, Lung and Vascular Institute and professor of medicine at UC. It’s a condition that includes the formation of a blood clot in a deep vein typically in the leg or pelvis (deep vein thrombosis) and pulmonary embolism, which results if a clot dislodges and travels to the lungs, says Becker.

“If not diagnosed rapidly and treated effectively the outcome can be life-altering or even life-threatening,” says Becker, a UC Health cardiologist with advanced training and experience treating blood clotting disorders and diseases. “While some people have inherited or acquired conditions—including undiagnosed cancer—that are predisposing factors for developing blood clots, the most common risk factor is being hospitalized for a serious medical condition, surgery or following a motor vehicle accident.”

Kleinmann says staying active is now among her best defenses against thrombosis.

“I have always loved gardening and my garden has gone neglected for several years mostly because of the hip problem, but I am back at that,” she says. “I do still have some shortness of breath now and then, but I have kind of learned to take good deep breaths and keep moving.”

The Centers for Disease Control and Prevention offers some suggestions for preventing thrombosis:
• Move around as soon as possible after having been confined to bed after surgery, illness or injury.
• If you’re at risk for deep vein thrombosis, talk to your doctor about the use of graduated compression stockings and possible medications (anticoagulants) as preventive measures.
• When sitting for long periods or traveling for more than four hours, get up and walk every two to three hours.
• Reduce your overall risk by maintaining a healthy weight, avoiding a sedentary lifestyle and following your doctor’s recommendations based on your individual risk factors.

UC Health and UC College of Medicine—through their joint institutes focused on heart, lung and vascular; neuroscience; and cancer—are collaborating in the investigation, prevention, diagnosis and treatment of arterial and venous thrombosis across a broad spectrum, including heritable and acquired conditions.

To schedule an appointment with the UC Heart, Lung and Vascular Institute, call 513-475-8521.

Appendix

APPOINTMENTS & REFERRALS

The Centers for Disease Control and Prevention offers some suggestions for preventing thrombosis:
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Strengthening MS Care in Our Region
Waddell Center adds clinicians to meet demand

The Waddell Center for Multiple Sclerosis at the University of Cincinnati Neuroscience Institute has recently added four new physicians, a nurse practitioner, social worker and two new medical assistants to strengthen MS care for residents of the Tristate and beyond.

“I feel there is a lot of demand here—a large number of patients needing an MS specialist,” says Aram Zabeti, MD, medical director of the Waddell Center and an assistant professor in the UC College of Medicine’s Department of Neurology and Rehabilitation Medicine. Zabeti came to UC in 2013 from the Oregon Health and Science University’s Multiple Sclerosis Center. “We at the Waddell Center are pleased to be able to expand our clinical services to meet this demand.”

Multiple sclerosis is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Most MS patients experience muscle weakness in their extremities and difficulty with coordination and balance.

According to the National Multiple Sclerosis Society, more than 2.3 million people are affected by MS worldwide. There is as yet no cure.

Welcome New Clinicians
New to the UC Neuroscience Institute team and accepting patients are:

Michelle Bowman, MD
Sees patients at the UC Health Physicians Office North–West Chester

Allen DeSena, MD, MPH
Sees adult patients at the UC Health Physicians Office–Clifton
Sees pediatric patients at Cincinnati Children’s Hospital Medical Center

Elizabeth Dragan, MD
Sees patients at the UC Health Physicians Office (Clifton and West Chester) and at the Hoxworth Building

Lawrence Goldstick, MD
Sees patients at the UC Neurology clinic offices in Dayton

Sandy Parawira, DNP
Sees patients at the UC Health Physicians Office (Clifton and West Chester)

DeSena, Bowman and Dragan are assistant professors in the Department of Neurology and Rehabilitation Medicine; Goldstick is an associate professor.
TO START, LET ME THANK ALL OF YOU for participating in the Patient Safety Culture Survey way back in July. I know that probably seems like forever ago. It does to me. Hopefully by the time you read this, you will have already heard details about how we performed. Let me recap the highlights.

Participation was strong.
A lot of you responded to the survey. We had 12 percent more surveys and 20 percent more comments than last year. This tells us that you care about the organization and want your thoughts to be heard.

With focus comes improvement.
In 2014 when we conducted the survey, you identified two areas of high concern for patient safety:
- Handoffs and Transitions
- Non-Punitive Response to Errors

Based on that feedback in 2014, we, as a system, focused on these areas and both improved substantially. Everyone should feel good about that. Across all of our sites, we systematically made these two things safer. Not perfect yet, but a lot better.

We are still falling short.
Your evaluation this year tells us we are still short of your expectations and have a significant amount of work to do. Particularly in the areas of teamwork, staffing and being heard and respected. This gets at the heart of our values and the UC Health culture. We have important work to do here.

Dr. Lofgren has encouraged every leader in the organization to have local conversations about what can be done at the site level to have meaning for your patients and your workplace. As this happens, I encourage you to not only share problems, but also share solutions. I encourage you to conduct small tests of change and measure to see if your solution works. This does not have to be complex. In a safe manner, try something with one patient, one doctor and one nurse. Then ask, “Was this better?” “Why?”

Over the coming year, we will be arming all of our leaders with more tools and techniques to allow them to make system changes. Approaches like Standard Work, 5S, Daily Huddles, Asking WHY?, Go See, and Small-Cycle Change should become more the norm.

We will not improve everything instantly. We have problems. It is likely that we will always have problems. We need to be excellent at problem solving.

In my next column, we’ll turn our attention back to regular monthly Enterprise Goals updates and our new scorecard for tracking progress.

Thank you for all you do.
Be well,
Jeff Norton
Vice President and Chief Performance Officer

I encourage you to conduct small tests of change and measure to see if your solution works.
in brief

UC Medical Center Named Rising Star
UC Medical Center has been selected as a 2015 Rising Star award winner by University HealthSystem Consortium (UHC). The award, given Oct. 1 during UHC’s annual conference in Orlando, Fla., recognizes UC Medical Center for its significant improvement in its year-over-year ranking in UHC’s annual Quality and Accountability Study. The Quality and Accountability Study identifies exemplary performance in safety, mortality, clinical effectiveness, efficiency, patient centeredness and equity of care.

In the 2015 study, UC Medical Center ranked No. 19, placing it among the top 25 percent of ranked institutions. In 2014, it was ranked near the 50th percentile.

UC Health Sponsoring Cincinnati’s Pro Soccer Team
UC Health was introduced in October as a major sponsor of FC Cincinnati, the city’s new professional soccer team. UC Health will serve as presenting sponsor, alongside other major sponsors Toyota, United Dairy Farmers and Legion Logistics. FC Cincinnati is owned by a group led by American Financial Group Inc. Co-CEO Carl Lindner III. Home games will be played at UC’s Nippert Stadium. The season opens in March.

‘Five Star’ Recognition for UC Medical Center
UC Medical Center has been designated a “Five Star Hospital” through the Ohio First Steps for Healthy Babies program. This voluntary designation program was developed by the Ohio Hospital Association and the Ohio Department of Health to recognize centers for their promotion and support of breastfeeding. Stars are awarded for steps achieved within “Ten Steps to Successful Breastfeeding,” as defined by the World Health Organization and Baby-Friendly USA. A five-star rating is the highest a hospital can achieve.

UC Medical Center Named to ‘Most Connected’ List
UC Medical Center has been named to U.S. News & World Report’s list of “Most Connected Hospitals,” which recognizes hospitals for their commitment to the use of digital technology in healthcare. Those who made the list (159 in total) demonstrated an ability to share data with providers, improve patient safety through computerization, and engage patients in their own care by providing them electronic access to their medical information. Data for the list was pulled from the information technology supplement of the American Hospital Association’s Annual Survey.

West Chester Hospital Awarded Bronze Achievement Award
West Chester Hospital has received the American Heart Association/American Stroke Association’s Get With The Guidelines®-Stroke Bronze Quality Achievement Award. The award recognizes West Chester Hospital’s commitment to and success in ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

UC Health Hospitals Named Top Performers by Joint Commission
UC Medical Center and West Chester Hospital have each been recognized as a 2014 Top Performer on Key Quality Measures’ from The Joint Commission. They are among only 1,043 hospitals—out of more than 3,300 eligible hospitals in the United States—to achieve 2014 Top Performer distinction. Both UC Health hospitals are recognized in the Joint Commission’s 2015 annual report “America’s Hospitals: Improving Quality and Safety,” for attaining and sustaining excellence in accountability measure performance for heart attack, heart failure, pneumonia and surgical care. The Joint Commission’s report was made public Tuesday, Nov. 17.

CLINICAL TRIAL SPOTLIGHT: Your opinion matters!
Would you or your loved ones want to be in a research study that might improve your recovery if you had a life-threatening blood clot from traumatic brain injury?
If you were a patient at University of Cincinnati Medical Center, would you object to participating in such a study without your prior permission due to the need for emergency care?
We want your opinion. Please call us at 513-558-3546.
November, the month in which we celebrate what we’re thankful for, is now that and more for 60-year-old Geri Rowan.

It’s the month where she can help educate others on lung and pancreatic cancers, both of which she’s experienced firsthand.

“I am a nine-year lung cancer survivor and a one-year pancreatic cancer survivor,” she says. “I’m so lucky.”

It was a routine follow-up scan ordered because of her previous lung cancer diagnosis that led to the discovery of dilated biliary ducts.

“They ordered endoscopies and MRIs and did several biopsies, which kept coming back inconclusive,” she says. “My physicians kept telling me that they thought it was pancreatic cancer, but I didn’t believe them. To me, at that time, pancreatic cancer was a death sentence. I couldn’t believe that I had it.”

Rowan’s surgeon, Syed Ahmad, MD, UC professor, UC Health surgeon and director of the University of Cincinnati Pancreatic Disease Center, part of the UC Cancer Institute, decided that a Whipple procedure (named for the surgeon who first performed it), was needed.

The procedure, a pancreaticoduodenectomy, involves removal of the “head” of the pancreas next to the first part of the small intestine (duodenum). It also involves removal of the duodenum, a portion of the common bile duct, gallbladder and sometimes part of the stomach. Afterward, surgeons reconnect the remaining intestine, bile duct and pancreas.

“That is when the cancer was found—at the head of the pancreas—and then, I believed them,” she says.

Chemotherapy and radiation were ordered following the surgery. Olugbenga Olowokure, MD, assistant professor in the Division of Hematology Oncology and an oncologist within the UC Cancer Institute, is part of Rowan’s care team.

“I finished up with treatment in April and had my last scans in August,” she says. “All is looking good, and I’m truly starting to feel like myself again, and carry on with my life.”

Rowan, who is a senior systems analyst in the IS&T department at UC Health, says she wants others to know that pancreatic cancer is no longer a death sentence.

“I completed the PurpleStride walk at the end of September, and I think it just really hit home that people are beating this disease,” she says. “It really inspired me to get involved and to raise awareness about a disease that causes so much fear. You can survive this now.

“Everyone says that after surviving Stage IV lung cancer and Stage I pancreatic cancer, God must have a plan for me. I truly believe that you have to be positive and say, ‘I’m going to fight this.’ I have a great support system, a great group of co-workers, a great health care team and along with them and prayers, I’m doing well.”

“It really inspired me to get involved and to raise awareness about a disease that causes so much fear. You can survive this now.”

Geri Rowan UC Cancer Institute patient

>> APPOINTMENTS & REFERRALS
To schedule an appointment with the UC Cancer Institute, call 513-584-8500.
SARA FRAZEE, A REGISTERED NURSE
in UC Medical Center’s Hemodialysis and Apheresis Unit, has a mission for helping others that carries across both her work and home life.

She regularly volunteers in her community and spends many weekends doing hands-on projects. Recently, she participated in a community cleanup day and washed windows for many elderly people. One disabled veteran particularly touched her heart.

“He’s an older gentleman who gets enjoyment from sitting and looking out his windows, but he’s not able to clean them,” Frazee says. “He has a Purple Heart. He risked his life for us. The least we could do was support him doing what he enjoys, and the time that we spent helping him left him beaming.”

At work, Frazee leads a number of projects within her current unit and is a mentor for the Nurse Mentoring Program, which is aimed at improving nursing satisfaction and retention rates. She’s also a team leader of a Patient and Family Centered Care Improvement Study in the Hemodialysis Unit. This interdisciplinary study team, she says, has received support and mentoring from many hospital-wide committees and research experts.

“Our hospital also greatly supports its nurses, which includes providing resources to those interested in advancing evidence-based care and the professional practice of nursing,” she adds.

Frazee says she loves working for UC Health because of the world-class care offered to all patients.

“It’s exciting and motivating to be part of a group that provides cutting-edge technology and the latest in progressive, innovative services,” she says. “This is what we do on a daily basis, resulting in patient care second to none.”

“I also admire that our system is very committed to having a consistent presence in our community through educational programs and health care screenings, like Jason Huff’s Renal Ambassador Program or the First Ladies Initiative, both of which help so many people to gain the knowledge and resources to make positive health and wellness choices.”

Frazee was one of many UC Health staff who volunteered for the First Ladies Initiative community-wide event.

She says she does all she can to promote the amazing things being done by others at UC Medical Center—evidenced by the time she spends volunteering, the nominations she writes for staff recognition, or the stories she pens for the hospital’s newsletter.

“What I do is representative of most UC Health employees,” she says. “This is truly an extraordinary organization and I’m so happy to be part of it.”