

UNIVERSITY OF MISSOURI HEALTH SYSTEM

# Archives

APRIL/MAY 2010

## Let's talk

Nursing reports  
go live at the  
bedside

**Read this  
b4 u tweet!**

*Social media  
guidelines  
Page 18*

**PLUS**

**Get with the script**

Local actors help new hires  
train at simulation lab

**Parfait perfection**

Recipes on page 20





# Let's talk

How 4 West improved patient hand-offs



# Features

*In every issue*

## 4 Let's talk

Conversations at the bedside yield big results

## 6 Beyond bandages and batteries

In the warehouse with our supply chain staff

## 8 Making every moment count

Missouri Rehabilitation Center employees embrace patient satisfaction

## 10 Connecting technology and patient care

Introducing Tiger Institute's chief information officer, Tiger Power and MU Health

## 13 The literature of caring

Book club unites employees throughout health system

## 14 Quality

Simulation lab brings customer service into focus

## 16 Heartfelt thanks

Zuhdi Lababidi, MD, retires after 40 years of treating kids with heart diseases

## 18 Read this b4 u tweet

Social media guidelines for employees

## 19 My job

Nancy Roper, PT

## 20 To your health

## 21 An insider's look

Get a sneak peak inside the Missouri Orthopaedic Institute and Children's Hospital

## 22 Snapshots

## 24 Service excellence heroes

## 26 Letters

## 27 Good neighbor

Church community unites for sickle cell patients

**Cover:** Leticia Pulley, RN, and her colleagues in University Hospital's Adult Step-down Unit adopted a new method of communication that is a hit with patients.

# Archives

VOLUME 7, NUMBER 11  
APRIL/MAY 2010

**Archives** is published for staff members and friends of University of Missouri Health System.

If you have questions or suggestions concerning this publication, please call (573) 882-5818 or e-mail [hasnerv@health.missouri.edu](mailto:hasnerv@health.missouri.edu). Visit University of Missouri Health Care on the Web at [www.muhealth.org](http://www.muhealth.org).

Editor: Velvet Hasner

Designer: Ann Ellebracht

Photographer: Justin Kelley

The University of Missouri-Columbia does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era. For more information, call Human Resource Services at (573) 882-4256 or the U.S. Department of Education, Office of Civil Rights.



For additional copies of **Archives**, please contact Velvet Hasner at (573) 882-5818 or by e-mail at [hasnerv@health.missouri.edu](mailto:hasnerv@health.missouri.edu) with your name, address and the number of copies you would like.



## Enter to win movie tickets!

This MU paw graphic is printed in one other place in this issue of **Archives**. Find the paw, e-mail the page number where you found it to [hasnerv@health.missouri.edu](mailto:hasnerv@health.missouri.edu) by **June 15, 2010**, and you'll be entered to win a pair of movie tickets. Congratulations to our winners in the previous issue of **Archives** — Nova Berg, LPN, nurse at the University Physicians-Fairview Internal Medicine Clinic, and Faith Phillips, RN, clinical educator for the Center for Education and Development.

# Let's talk

Adult Step-down Unit's new method of communication yields big results

**T**his summer, University Hospital's Adult Step-down Unit will celebrate its fifth anniversary. The 20-bed unit plays an important role in transitioning patients from one of University Hospital's four adult intensive care units to the hospital's general patient population. Usually, step-down unit patients spend 24 to 48 hours there.

Along with the anniversary milestone, staff members are celebrating another victory: a turnaround in patient satisfaction numbers, from about the 20th percentile a year ago to the 90th percentile by December 2009.

Roland Ragan, RN, manager of the unit, said the dramatic shift can be attributed to a number of factors, such as implementation of "It Begins with Me" initiatives and remodeling patient rooms. But he believes the No. 1 reason for the shift is simple: nurses at the unit are doing a better job of talking to each other and to their patients.

## A tradition challenged

Before the change, when a nurse was getting ready to end his shift, it was customary to record patient updates on tape recorders. When the next nurse arrived, she listened to the report to find out what tests had been ordered that day, when medications were last given and any problems the patient had been having.

Rita Carney, RN, and Rhonda Burge, RN, round with patient Kenneth Tull of Columbus, Ind., as Carney ends her nursing shift and Burge begins her shift on University Hospital's 4 West.



**"It's a much faster way to learn how a patient is doing. It's a good way to check and countercheck with another person. Clearly, the patients like it, too."**

Leticia Pulley, RN







Matt Nusbaum, RN, clinical supervisor, and Sara Speight, RN, staff nurse, discuss Marlon Schweighauser's care with him during a patient handoff procedure on University Hospital's Adult Step-down Unit

The tape recorders had been the gold standard for such reports for decades and are still used in many nursing units. They were convenient because nurses could record them as time allowed, and they created a record that could be fast-forwarded and rewinded.

But for the Adult Step-down Unit, the tape recorders couldn't keep pace with the dynamic nature of the unit.

"Our patients aren't critical, but they are complex," Ragan explained. "Our patients' needs can change quickly. Sometimes, a lot can happen from when the report was recorded to when a nurse has a chance to listen to it."

Accordingly, nurses who had already recorded reports would sometimes have to flag the next nurse on duty and explain updates to the patient's status.

"Basically, it was an inefficient way to communicate," Ragan said.

At the end of June, the unit switched entirely to person-to-person handoffs when nursing shifts change. Not only did the new communication method allow the nurses to quickly communicate what was going on, it also involved the patient and his or her family.

These reports are made at the bedside, so the patients can correct misinformation, express how they feel and be in the loop about their care.

By all measures, the bedside reports have been embraced by patients, families and nurses. In addition to soaring patient satisfaction numbers, nurses on the unit who were

surveyed about the changes strongly agreed the bedside reports improved communication.

However, making the transition took months of preparation.

## Out with the old

Leticia Pulley, RN, admits she was hesitant about abandoning the tape recorders.

"When you're used to one thing, you don't want to change," she said.

Plus, she had concerns. What about privacy? What if she had something to say to the new nurse coming on duty and didn't want the patient to hear, such as the results of a sensitive test that the patient's doctor hadn't shared yet? Or, what if she didn't feel comfortable talking about an issue with family members in the room?

To hear from nurses on the unit, staff members were surveyed in the spring of 2009 and asked open-ended questions about the change.

Concerns were addressed in meetings, slide-show presentations and an educational video in which staff members posed as patients and nurses and acted out various scenarios incorporating nurses' concerns, including privacy. Nurses were given scripts addressing different types of patients and situations.

On the issue of privacy, for example, nurses were instructed to meet away from the patient room before the bedside handoff. Although sensitive items could be discussed then, the bulk of the handoff is still done at the bedside.

Also, before the staff went live with the handoff, so-called "super users" were identified. These were nurses who had been in the Adult Step-down Unit for some time, some of whom had leadership roles on the unit.

Three weeks before all nurses adopted the reporting technique, super users gave the technique a trial run, modeling how the report would work. Project managers followed up with them daily, modifying the process as needed.

Before the handoff went live, signs were posted in patient rooms telling them what to expect.

Stephanie Hunt, RN, unit educator, said 4 West leaders talked about instituting a person-to-person handoff when the unit opened five years ago. At the time, so much was changing that it was decided to stick to the familiarity of using the tape recorders.

However, the 4 West leadership team eventually felt the time was right, and staff members began reviewing medical literature, seeing how other facilities implemented this process.

"Ultimately, the staff was really receptive," she said. "And, it makes sense that patients would like it better — they just get to be more involved in their care."

Pulley, who was at first unsure about the new method, said she's even convinced it's a better process.

"It's a much faster way to learn how a patient is doing," she said. "It's a good way to check and countercheck with another person. Clearly, the patients like it, too."

*Story by Liz Van Hooser*

*Photography by Justin Kelley*

Travis Leonard, a receiving coordinator, hauls boxes on a pallet jack at MU Health Care's 16,000-square-foot warehouse within Quarterdeck.



# Beyond bandages *and* batteries

Taking stock of MU Health Care's global supply chain

**H**overing 20 feet in the air, tethered to his cherry picker for safety, Ronald West grabs a handful of kidney-shaped plastic containers. He tosses them into a box bound for Columbia Regional Hospital. "You could count them all one by one, but I count in fours," he said. "It's faster that way."

Fast, seamless service is the key. Modern, high-quality health care requires clinicians to have medical supplies just a reach away.

West is a distribution technician in University of Missouri Health Care's Distribution Department, part of the Sourcing and Supply Chain Department. His job, and the job of approximately 50 other employees in the supply chain, is to provide all MU

Health Care's employees the materials they need to do their jobs — soap for housekeepers, bandages for paramedics and 3,500 other regularly stocked items, in addition to countless special-order products.

"Our focus is to continually find the best products, set contracts to purchase supplies and distribute them to Columbia Regional Hospital, Ellis Fischel Cancer Center, the Missouri Psychiatric Center, Missouri Rehabilitation Center, University Hospital and nearly 40 clinics," said Tony Hall, director of the Sourcing and Supply Chain Department. "When clinicians and support staff need something, our job is to make sure they get it."

One way the supply chain staff achieves that goal is by securing competitive prices for more than \$100 million items in the department purchases annually. Each dollar saved on purchasing good, affordable light bulbs is a dollar MU Health Care can use to care for patients.

To help save money on supplies, MU Health Care's supply chain department merged with the University of Missouri System's procurement office in July 2009. By combining the buying power of MU Health Care with MU, the University of Missouri-Kansas City, the University of Missouri-St. Louis and the Missouri University of Science and Technology in Rolla, the entire UM System finds the best value for its dollars. Think of it as buying in bulk, but for a family of 90,000 faculty, staff and students.

Another way the department pinches pennies is through a partnership with the University HealthSystem Consortium (UHC), an organization that includes 107 academic medical centers such as MU Health Care. Among other services, UHC negoti-



“When clinicians and support staff need something, our job is to make sure they get it.”

Tony Hall, director of the Sourcing and Supply Chain Department

ates competitive prices on thousands of commonly used medical supplies, services and equipment.

When MU Health Care needs to purchase new supplies, contract specialists including Rob Hollinger investigate options for the best value. They may use a deal arranged by UHC, bid out the contract or negotiate a deal with local businesses.

Before MU Health Care finalizes any contract for medical supplies, though, Michelle Reynolds, RN, clinical coordinator of value analysis, works with nurses, physicians and other health professionals to evaluate whether the items meet MU Health Care's quality standards.

“Our focus is to get the best price, best service and best quality for every product we purchase,” Hollinger said.

Once the contract is signed, the purchasing department grabs the baton, ordering supplies as the warehouse shelves wear thin. Handling more than 3,000 purchase orders a month, they manage the daily flow of supplies. They also hit their share of snags, such as a national backorder of syringes during the 2009 H1N1 pandemic. When that happens, purchasing staff must practice their detective skills: contact the vendor to see if the item was shipped, call the shipping company to locate the product, contact the employee who ordered the held-up product, check their deadline and arrange a substitute if necessary.

“We had a lot of stuff stuck in a surprise snowstorm in Memphis one week this winter,” said Brenda Fuemmeler, a buyer in the Purchasing Department.

Each day, receiving coordinator Travis Leonard and his team accept enough supplies to fill two semi-trailers. They give special-order packages to drivers who deliver them and send warehouse items to be restocked by their coworkers in the picking team.

“Pickers” share with the receivers MU Health Care's 16,000-square-foot warehouse, located in the Quarterdeck building on Lemone Industrial Boulevard in Columbia. They drive cherry pickers up and down four shelves that house 80 percent of the most commonly ordered items. Supply chain staff regularly assess how best to stock the shelves to work most efficiently.

Every time an MU Health Care employee completes a product requisition for supplies stocked in the warehouse, the distribution prints off the order at Quarterdeck. After West and his coworkers pick the items from the shelves, colleagues package



Bob Schoebinger, a distribution technician, refills supplies at a periodic automatic replenishment location for University Hospital's operating rooms.

them for transport and drivers shuttle them to MU Health Care's hospitals and clinics throughout mid-Missouri.

If the supplies are headed to a clinic, the driver delivers them to the employee who ordered them. If the supplies are going to University Hospital, the driver drops them off at the loading dock. The next stop is the hospital's supply depot on the ground floor, where the staff members continually restock a standard number of items, for example, 20 bars of soap, 60 toothbrushes and 12 boxes of Band-Aids. Distribution techs use that cache then to restock more than 50 rooms, closets and shelves called PARs (periodic automatic replenishment locations) in supply-chain terminology, where supplies are stored on patient floors and offices. In total, MU Health Care has approximately 190 PARs.

Their ultimate goal is ensuring all MU Health Care employees have the pencils, defibrillators, sutures and any equipment they need to perform their jobs.

“When our distribution technicians arrive in the morning, the first thing they do is go up to the PARs to take orders for what needs to be replenished, and by the afternoon, supplies arrive from the warehouse, and we restock the PARs,” said Chuck Shoemaker, distribution coordinator. “Distribution techs try to get supplies back on the shelves before staff even knew they were running low.”

#### A sample of the 75 items “picked” on a Saturday for University Hospital's Medical and Neurosurgical Intensive Care Unit:

- 8 wash basins
- 25 specimen containers
- 5 bed pans
- 4 slippers
- 2 oxygen masks
- 3 bottles of shampoo
- 3 packs of blood-glucose meter test strips
- 4 large and 4 extra-large surgical gowns
- 5 boxes of small and 4 boxes of medium gloves
- 2 bottles of skin lotion
- 6 packs of oral-hygiene swabs
- 5 sharps containers
- 12 feeding pump bags

Story by Colin Planalp

Photography by Justin Kelley

## Missouri Rehabilitation Center embraces patient satisfaction

# Making every

'Every staff member.  
Every patient. Every interaction.'

That phrase is the mantra behind efforts at Missouri Rehabilitation Center to increase patient satisfaction scores.

"It has to be good customer service every time," said Karen Benson, patient assistance coordinator at MRC.

Benson leads the center's committee to increase patient satisfaction scores from surveys gathered and analyzed by Press Ganey Services.

Efforts have paid off. According to the results for the second quarter of fiscal year 2010, the Missouri Rehabilitation Center ranked in the 99th percentile among 57 long-term acute care hospitals, or LTACHs, nationwide. Simply put, MRC rated in the top 1 percent in its category for patient satisfaction.

### On the front lines

Each department at MRC uses the survey results to gauge the areas in which they can make improvements.

"One of the areas we identified that we could measure within our nursing department was our response to the call light," said Amanda Blankenship, RN, manager of Hearnest 5 and Hearnest 6. "We would randomly have someone check once or twice a week how fast our staff responded to the call light."

The survey results have reflected her team's attention to detail. From January 2009 to January 2010, the Hearnest 5 unit has consistently ranked above the 90th percentile.

Blankenship also attributes the high patient satisfaction to the good rapport that staff members build with their patients, who are usually at the center for about 30 days.

"I think part of it is just because our staff has worked with these types of patients for a long time," Blankenship said. "They take the time to educate patients and be an emotional cheerleader to help them get through their disabilities and become more independent."

MRC patients require comprehensive rehabilitation and may be recovering from a stroke, spinal cord injuries, traumatic brain injuries or orthopaedic injuries. A specialized team of physicians, nurses, nurse technicians, occupational therapists, physical therapists and speech therapists cares for the patients.

### Adding the personal touch

Traditionally, surveys have been mailed to patients' homes after they are discharged. Hospitals can expect approximately 20 percent of mailed surveys to be returned.

"We might have 20 discharges in a month, whereas an acute care hospital like University Hospital will have hundreds," Benson said. "So a high return rate is important to us."

Committee members discussed ways to increase the survey return rate. Staff members thought more surveys would be returned if someone presented them to patients and their families before they left the hospital.

Verla Swinney, an auxiliary member, has been happy to help. Swinney, who worked at MRC as an administrative assistant for nearly 40 years before retiring, has served on the five-member auxiliary for three years.

"I think just the personal contact with the patient helps," she said. "Once in a while we miss them, and they are discharged before we can talk to them. But when we do, I think the personal contact helps."

When a patient is about to be discharged, an auxiliary member will go to the patient's room, introduce herself and present the survey. She will offer to assist the patient by reading it or helping them fill it out. Patients submit their completed surveys at one of the locked boxes throughout the center or take it home and return it with the enclosed self-addressed stamped envelope.

MRC's return rate is currently 44 percent, more than double the national average for hospital surveys.

### Involving everybody

Similar to the "It Begins With Me" program at University of Missouri Health Care facilities in Columbia, all the departments at the Missouri Rehabilitation Center participate. Because staff members working in food services, housekeeping and human resources contribute to patients' experiences, they monitor survey results and implement action plans for improvement.

Also similar to the "It Begins With Me" program, good survey results are acknowledged at MRC. A congratulatory banner is displayed any time a department hits the 99th percentile. Employees are also treated at recognition receptions. At a recent celebration for MRC's staff, the members of the administration council prepared, served and washed the dishes.

Behind the celebrations, Benson points out, is the continuous work to provide patients and families with the best experience possible.

"I think being in the 99th percentile is awesome," Benson said. "But I don't think that means we've arrived. We have to keep working, working, working on it."

---

*Story by Velvet Hasner*

*Photography by Justin Kelley*



# moment count



**Top left:** Catherine Woell, a physical therapy student, leads Donald Gordy, a spinal cord injury patient from Atlanta, through a physical therapy session.  
**Top right:** Jimmy Jones, a traumatic brain injury patient from Brookline, Mo., works on balance exercises with John Clay, PT, a physical therapist.  
**Bottom left:** Ryan Butler, an anoxic brain injury patient from O'Fallon, Mo., works out on a gait trainer with the assistance of physical therapy staff.  
**Bottom right:** John Cobine, a spinal cord injury patient from Sarcoxie, Mo., visits with his daughter, Sarah Pratt, of Joplin, Mo., in his room.

# CONNECTING TECHNOLOGY

In 2009, the University of Missouri and Cerner Corporation partnered to create the Tiger Institute for Health Innovation. The Tiger Institute's goal is to bring Missouri health care into the digital age — connecting health care professions to one another, to the information they need and to their patients.

At University of Missouri Health Care, the Tiger Institute is forging an electronic medical record for the 21st century. Beginning this summer, the efforts of the Tiger Institute's staff and leaders will begin bearing fruit with an electronic medication administration record (eMAR) and a computerized provider order entry (CPOE) system.

## A DIGITAL MAKEOVER

### The Tiger Institute's new CIO is bridging the gap between clinicians, IT workers

In health care, there often appears to be a figurative fire-wall between the people who make the computers run and those who take care of patients.

Joanne Burns, the recently named chief information officer (CIO) of the Tiger Institute for Health Innovation, has been chipping away at that wall for more than 20 years.

Burns, RN, MPA, began her career as a staff nurse at Memorial Sloan-Kettering Cancer Center in New York in the early 1980s. By the end of the decade, she had moved across the country to Palo Alto, Calif., where she began climbing the nursing management ladder at Stanford Hospital and Clinics.

It was there, as care for bone marrow transplant patients was being shifted from an inpatient, hospital-based care to an outpatient care center, that Burns began working with programmers to develop applications to keep track of patient records.

As a nurse and a manager, Burns observed that accurate records that could be updated instantly were crucial to offering better patient care in a more efficient manner.

"Historically, a lot of people have seen the IT department as a necessary evil," she said. "That dynamic has changed."

Burns is on the forefront of that change.

As CIO of the Tiger Institute, an alliance between the University of Missouri and Cerner Corporation, she's responsible for establishing the strategic directions for use of technology in the delivery of care as well as directing the operations of information technology services at MU Health Care. She also supervises employees who comprise the Tiger Institute team.

"Joanne Burns brings more than 25 years of clinical nursing and information technology experience to the Tiger Institute," said Jim Ross, MU Health Care's chief executive officer.

Although nursing is her first love, Burns has always been interested in computers. While working as a nurse in the 80s, she took a programming course and quickly gained a reputation as someone who wasn't intimidated by technology.

"My boss realized I had the ability to figure out how this IT 'stuff' could work to our advantage," she recalled.

At Stanford, Burns was promoted to IT applications director and later became director of information technology at Stanford's Lucile Packard Children's Hospital. In 2004, she parlayed her years of health care IT experience into a job with Cerner, a Kansas City-based company that specializes in providing health care IT applications and support.

"Joanne has a proven track record of developing and implementing IT strategies in a global market," said Sherry Browne, executive director of the Tiger Institute.



# LOGY AND PATIENT CARE

## Joanne Burns at a glance ...



**First job:** Grocery store bookkeeper and clerk

**Hometown:** New Rochelle, NY

**Family:** I've been married to Steve for 20 years and we have two daughters: Megan, 17, and Lauren, 15.

**Pets:** We also have a black lab, Herc (short for Hercules).

**Three words that describe you:** Energetic, demanding, inquisitive

**Words to live by:** Don't settle for less than you deserve.

**Hobbies:** Reading, travel, movies, visiting national parks

**Favorite book:** "The Poisonwood Bible" by Barbara Kingsolver

**Favorite TV show:** Criminal Minds

**Favorite food:** Seafood

**Many people are surprised to learn:** As a college student I worked at the Lake Placid Olympics in 1980 and saw all the USA hockey games (including USA versus USSR) and the gold medal ceremony.

Burns said her charge is to develop MU Health Care's electronic medical record and related applications to the point where it can serve as a hub for a statewide network of medical information. Overall, this project is named Tiger Power.

"We're aiming to be in the top five percent of health care systems in the country to advance care delivery through IT applications," she said.

Burns has an aggressive time line. By the summer, her team plans to launch an inpatient medication distribution system in which barcodes are used to make sure the right patient gets the right medication.

By the fall, the institute plans to go live with computerized provider order entry, which will allow doctors to order tests and medications electronically.

Another project, MU Healthe, will give patients a way to communicate with their health care professionals at any time from any computer.

The Tiger Institute will serve as MU Health Care's IT support. For example, if an employee has a computer problem

and calls the helpline at (573) 884-4537, it is now handled by a Tiger Institute employee

However, Burns emphasized that the institute will be much more than ancillary support.

"I see us as true partners in improving health care for all patients," she said.

*Story by Liz Van Hooser*

## EMPOWERING PATIENTS

MU Health Care is working with the Tiger Institute to implement MU Healthe, a service designed to help patients communicate with their health care professionals electronically. Approximately 1,300 patients at the University Physicians-Fairview General Internal Medicine Clinic and the University Physicians-Woodrail Family Medicine Clinic are enrolled in the first phase of the program.

### MU Healthe allows patients to:

- Send a secure message to their caregivers
- Request, reschedule or cancel an appointment
- Request a medication refill
- View personal medical information, including medications, allergies, immunization records, health issues and surgeries or procedures

Robert Hodge, MD, medical information director for MU Health Care and a general internal medicine physician, said the patient's message is routed to the appropriate person in the clinic. For example, if a clinic's nurse typically handles medication refill requests, the message will go to the nurse. Patient service representatives who schedule appointments will receive appointment requests from patients.

Hodge said that MU Healthe, which is a free service to patients, is not intended as a way to replace the doctor visit. Instead, it is a way to offer convenience for tasks that would previously be handled on the phone. If a person has a question about his immunization history after office hours, he can simply log onto MU Healthe on his home computer and look at his immunization list instead of calling the clinic, leaving a message and then getting a return phone call the next day.

MU Healthe is currently being piloted at Fairview and Woodrail clinics, with plans to expand it and offer it to patients at other clinics in the future.

*Learn about Tiger Power on page 12.*

# WHAT IS TIGER POWER?

**A**s chief information officer of the Tiger Institute for Health Information, Joanne Burns is leading University of Missouri Health Care's efforts to create a state-of-the-art electronic medical record — collectively named Tiger Power.

For the first major Tiger Power project, MU Health Care will implement an electronic medication administration record (eMAR) in June 2010 and a computerized provider order entry (CPOE) system in October 2010.

Every step of a hospital patient's medication administration — from when the drug is ordered, to when the order is filled in the pharmacy, to when a nurse administers the medication to a patient — will be automated when eMAR is implemented.

For example, when a medication order is entered into the electronic medical record, the computer system will cross-reference the new drug with the patient's other medications, looking for potential drug interactions and drug allergies. When a nurse administers a medication, he or she will scan a barcode on the drug and one on the patient's wrist band, double checking and documenting electronically that the proper medication is administered.

In addition, using the electronic medical record, the physician will be able to view a complete record of the medications his or her patient has received while in the hospital. It can be done in real time simply by logging into a computer.

CPOE will allow physicians to enter orders directly into the electronic record, eliminating handwritten orders. The system also will display the standard of care based on best practices for a specific condition. For example, if a physician needs to treat a patient with pneumonia, the standard orders for pneumonia treatment will be displayed on the computer screen. Using his or her judgment, expertise and knowledge of the individual patient, the physician can use the CPOE system to guide a patient's treatment.



In April, physicians attended computerized provider order entry (CPOE) device fairs at Columbia Regional Hospital and University Hospital to test drive future CPOE devices and vote on their favorites. Above, general internal medicine physician Robert Lancey, MD, tries his hand at a device designed to eliminate handwritten orders.

# TIGER POWER

**For more information about Tiger Power**

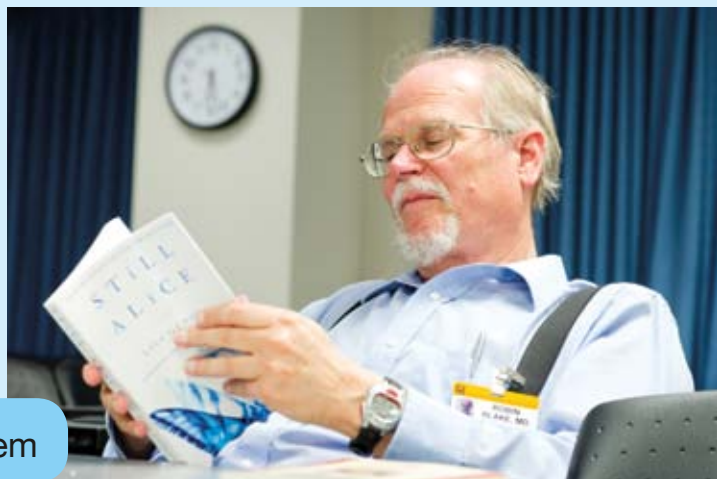
Please visit [www.muhealth.org/tigerpower](http://www.muhealth.org/tigerpower).

*Story by Colin Planalp  
Photography by Justin Kelley*



# The literature of caring

Book club unites employees throughout health system



Before discussing the month's reading, "Still Alice" by Lisa Genova — a novel about early-onset Alzheimer's — they were asked if their lives had been touched by the disease. They went around the room, ticking off people they had known: A mother had it. A grandfather. A family friend.

The Literature in Health Care Program at the University of Missouri began like any other book club. But soon, the discussion began to touch on the work that brings them together: caring for others.

An emergency room nurse said she saw Alzheimer's patients at the E.R. on occasion. A doctor said he had treated many throughout his career. The facilitator of the group, George "Brick" Johnstone, PhD, professor of health psychology, said he does research on Alzheimer's disease.

The book club, which has been meeting since January and continues through May, is comprised of employees from MU Health Care, the School of Health Professions, the School of Medicine and the Sinclair School of Nursing.

Health care-themed book clubs like MU's have been meeting for several years, but Deborah Ward, director of the

J. Otto Lottes Health Sciences Libraries and one of the organizers of the program, said MU's is unique in that it brings together health care workers from a wide variety of professional backgrounds.

A recent discussion included two nurses, a service coordinator, a doctor, an occupational therapist, a medical interpreter and an administrative associate.

The program is funded by the Missouri Humanities Council. Ward said she hopes the books and short stories will give the employees perspective on their jobs, whether looking at care through the eyes of a patient, as in "Still Alice," or through the eyes of a practitioner, as in "The Scalpel and the Silver Bear," about the first Navajo to attend Dartmouth Medical School.

Sandy Scotten, RN, MEd, program director for MU Health Care's Art in Health Care program, participated in the process to select readings for the book club.

"It helps us connect with our emotional sides," she said. "It helps us remember why we chose these careers and what motivates us every day."

A retired professor and physician, Robin Blake Jr., MD, participated in the Literature in Health Care Program.

Participants have been meeting one evening a month since January and will wrap up in May. Organizers hope to hold another series, although no date has been set yet.

"Health care can be so data driven that sometimes you lose the human side of medicine," Johnstone said. "Reading these stories helps us understand the personal experience of illness and disability."

Story by Liz Van Hooser

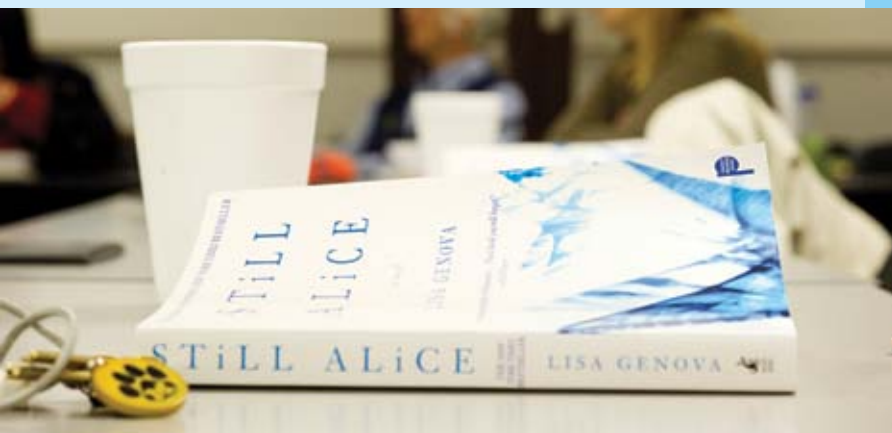
Photography by Justin Kelley

For more information about the program, please contact Shelley Worden, a librarian at the J. Otto Lottes Health Sciences Library, at [wordens@health.missouri.edu](mailto:wordens@health.missouri.edu).

## Read along

The following readings were selected for this year's Literature in Health Care Program.

- Two short stories written by Robert Blake Jr., MD, professor emeritus at the School of Medicine
- **"The Diving Bell and the Butterfly"** by Jean-Dominique Bauby. Written by a person with locked-in syndrome after a stroke
- **"Still Alice"** by Lisa Genova, a novel about early onset Alzheimer's disease
- **"The Scalpel and the Silver Bear: The First Navajo Woman Surgeon Combines Western Medicine and Traditional Healing"** a memoir by Lori Arviso Alvord, MD
- **"Fourteen Stories: Doctors, Patients, and Other Strangers"** by Jay Baruch, a collection of fictional stories by an emergency room physician



# Simulation lab

## brings customer service into focus

**O**n the sixth floor of University Hospital, Mr. Jones has just discovered he was brought meatloaf, not chicken, for lunch.

"This is not what I ordered," he informs a food service worker.

"I'm sorry, let me get that straightened out for you," the worker says.

She radios her supervisor and asks for a new order.

In a separate room, Dena Higbee is watching the scene unfold on two cameras and taking notes.

It looks like a realistic patient-employee interaction, but take a closer look and you'll see the food is made of plastic and "Mr. Jones" isn't connected to that heart monitor nearby. In fact, "Mr. Jones" is actually L.R. Hulst, a local actor.

Higbee, MS, is director of the Russell D. and Mary B. Shelden Clinical Simulation Training Center. Since opening in May 2008, the simulation center has been used to teach nurses and other clinicians how to use medical equipment and perform certain procedures.

The lab allows clinicians to learn protocols with an actor and watch their own performance on video afterwards. In essence, the sim lab, as it is called, gives employees a trial run in the hospital setting.

In the fall of 2008, these trial runs were extended to non-clinical employees, including employees in Dining

Dena Higbee, MD, director of the Russell D. and Mary B. Shelden Clinical Simulation Training Center, observes an employee during a training session.

and Nutrition Services, Environmental Services and Hospitality Services.

Sarah Knoerr, coordinator of employee services and quality improvement, said the goal of training non-clinical workers in the lab is two-fold: to improve patient relations and also to boost employees' confidence.

"We certainly wanted to improve our customer service, but we also wanted our employees to feel empowered, to have rehearsed what they would do in a variety of situations," she said.

So far, about 350 non-clinical staff members have completed the training. Before coming to the lab, they are given scripts outlining a variety of situations and how best to handle them.

For example, if an environmental services worker is called into a room and asked to clean ceiling tiles overhead — which could result in dust and debris falling onto the patient — the worker is coached to apologize and say the ceiling can't be cleaned while the patient is in bed.

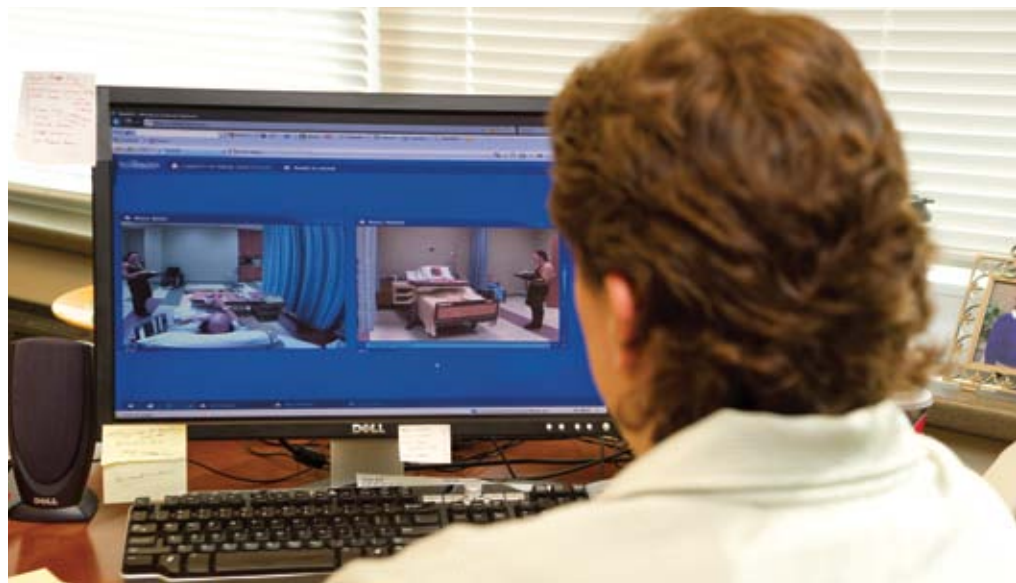
*"We certainly wanted to improve our customer service, but we also wanted our employees to feel empowered, to have rehearsed what they would do in a variety of situations."*

*Sarah Knoerr, coordinator of employee services and quality improvement*

"Will you be leaving the room for any reason today?" the employee is instructed to say. "If so, we'll get that cleaned for you."

Higbee said the employees seem to appreciate the training.

"A lot of times, these staff members have not had an opportunity to be involved in any advanced training," she said. "Many of them are seeing themselves on film doing their jobs for the first time."







Breanna Hunter, a food service worker, delivers plastic food to LR Hults, a local actor, during a training session at the simulation center.

Tammy Bradford, a hospitality coordinator, said she was nervous to see herself on screen when she went through the training last year.

However, she did notice some areas where she could improve. In her training scenario, a diabetic patient received regular gelatin instead of sugar-free gelatin.

Bradford handled the problem as she was coached to do and left the room. She later watched the interaction and noticed it went smoothly except for one thing.

"I didn't exit right," she said. "When I left the room, I forgot to ask the patient if I could do anything else for them. I always make a point to ask that now before I leave."

*Story by Liz Van Hooser  
Photography by Justin Kelley*

## And the Oscar goes to ...

The following are some scenarios acted out by non-clinical employees in the Russell D. and Mary B. Sheldon Clinical Simulation Training Center. Non-clinical employees include those employees in Dining and Nutrition Services, Environmental Services and Hospitality Services.

**Patient:** Since you only serve Pepsi here, could you run down to the Coke machine and get me a Coke if I give you some money?

**Staff member:** Let me contact your hospitality coordinator and see if we can help you with that.

**Patient:** Can you help me get up? I want to eat my dinner in my chair.

**Staff member:** I have not been trained to safely help you get up; let me call your nurse for you.

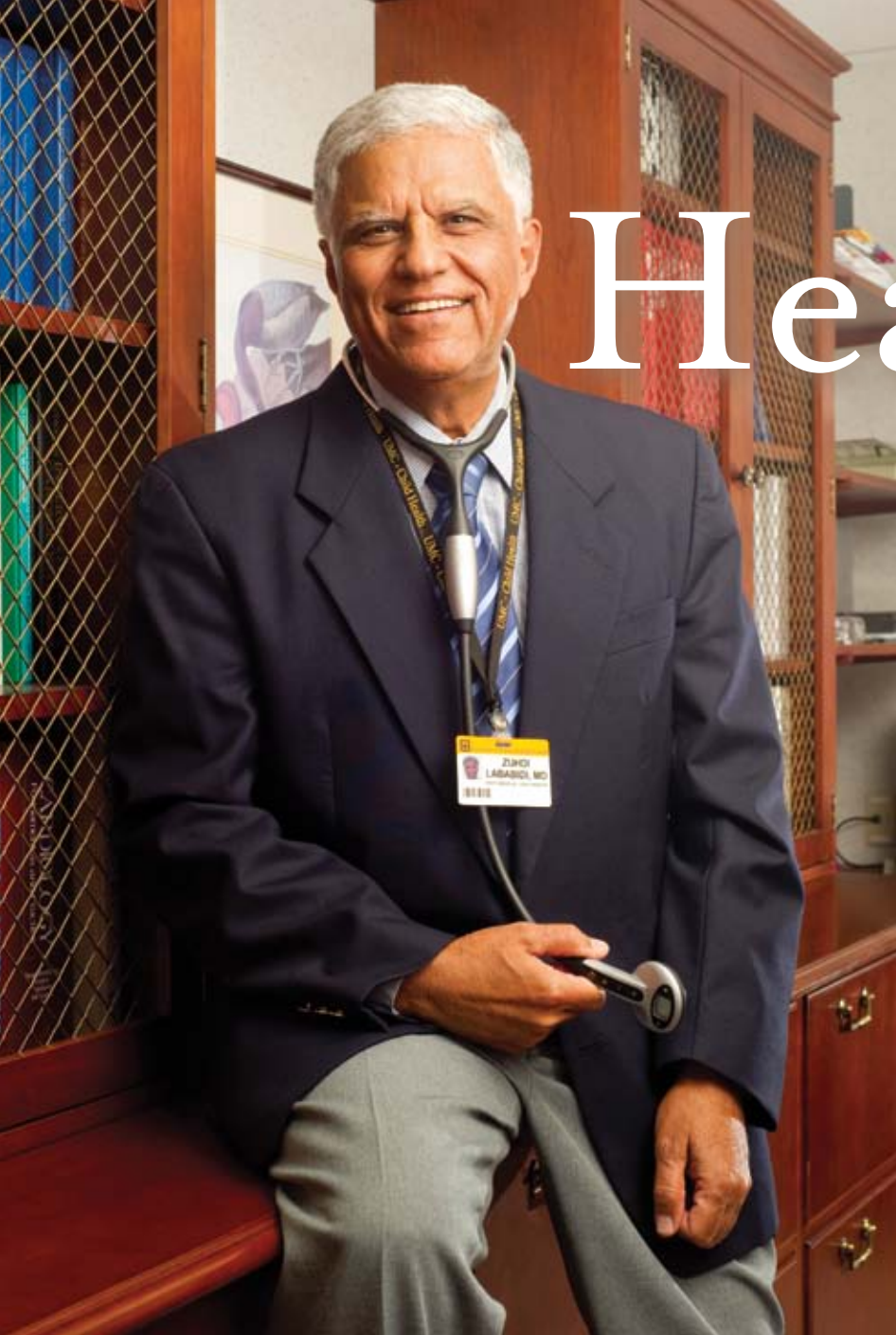
**Patient:** Will you hand me those glasses and my pitcher of water?

**Staff member:** Yes, I would be happy to help you with that.

### Patient visitor at University Hospital:

Can I get some linens, some towels and a toothbrush? I plan to stay the night here. Also, can you tell me where I can take a shower?

**Staff member:** I would be glad to find you items. The showers available for visitors are on the ground level of the hospital in rooms GW8 and GW12.



# Heartfelt

*“Dr. Lababidi was a godsend to us in 1988. My son, Benjamin DeVign, is now 21 years old, married and a wonderful young man.”*

*Barbara Wallenmeyer Jones of Jefferson City, Mo.*

“I enjoyed seeing my patients returning with their children, but when recently I saw them with their grandchildren, I knew it was time to quit,” he said.

Lababidi will retire in September. He leaves a legacy of pioneering new treatments.

“Because we didn’t have a pediatric heart surgeon here, I felt it was important to treat patients non-surgically,” Lababidi said. “I came up with the balloon procedures that can open heart valves.”

In 1982, Lababidi performed the first balloon coarctation angioplasty to open a blocked aorta in a patient’s heart. In 1996, he performed it on the tiniest patient in the world to undergo the procedure, a baby weighing only 13 ounces.

Among the procedures he has developed, Lababidi said he is most proud of creating the balloon aortic valvuloplasty procedure. It can be used as an alternative to open heart surgery in developing countries where heart surgeons are sparse and when religious beliefs discourage blood transfusions that are necessary for open heart surgery. It also does not leave a scar.

Lababidi estimates that he has cared for approximately 80,000 patients throughout his 40-year career at MU Health Care.

“I think he is very upfront and open with his patients’ parents and straightforward with them about what they can expect,” said Malika Clayton, LPN, a nurse who works with Lababidi. “He’s very honest. I think parents appreciate that.”

Barbara Wallenmeyer Jones of Jefferson City, Mo., credits Lababidi with saving her son’s life.

“Dr. Lababidi was a godsend to us in 1988,” she said. “My son, Benjamin DeVign, is now 21 years old, married and a wonderful young man.”

## Lababidi retires after 40 years of pioneering treatments

**Z**uhdi Lababidi’s dance card fills up quickly when spring and summer rolls around.

“I encouraged all children to get a college degree, and I accepted their invitations to their high school graduations, college graduations and weddings,” he said. “If fact, two of them are having their weddings this June.”

The children Lababidi refers to are his patients. Lababidi, MD, has served University of Missouri Health Care as a pediatric cardiologist for the past 40 years. He met many of his patients when they were infants with severe heart conditions.



# thanks

Lababidi reunited with his patients each year at follow-up appointments scheduled close to their birthdays. He always had a gift ready for each child.

"As a little kid, it was just normal to see Dr. Lababidi," said Jared Stiek, 24, of Norfolk, Neb.

Stiek doesn't remember the two heart procedures Lababidi performed before he was four years old, but he does remember follow-up appointments.

"He always asked questions about my school and future," Stiek said. "He showed an overall interest in the lives of his patients and remembered things about us."

Lababidi admits that he will miss seeing his patients in clinic. For the future, he is looking forward to traveling and ballroom dancing with Cynthia, his wife of 45 years. The Lababidis plan to spend a lot of time together — including going to weddings.

## Dr. Lababidi at a glance ...

**Birthplace:** Israel

**Family:** Wife, Cynthia, a retired nurse, and two children, both MU alumni: son, Sami, DO, anesthesiologist in Boulder, Colo., and daughter, Dina, president of domestic home entertainment for Sony Pictures in Culver City, Calif.

**Military service:** 23 years, Army Reserve from 1973 to 1995, served as a physician colonel for five months during the Gulf War in 1990

**Hobbies:** Ballroom dancing, hiking, fishing, deer hunting, oil and acrylic painting, travel, gourmet cooking and history of medicine before Hippocrates

**Favorite food:** French cuisine

**Favorite book:** "A Prince of Our Disorder: The Life of T. E. Lawrence," biography about Lawrence of Arabia by John Mack

**Favorite movie:** "The Godfather"

**Favorite type of music:** Classical

**If I could travel anywhere in the world, I would go to:** Caribbean islands

Story by Velvet Hasner

Photography by Justin Kelley

## Dr. Lababidi's milestones



Apollo 11 image  
courtesy of NASA

### 1969

Lababidi develops a non-invasive impedance cardiac output machine for NASA's Apollo programs to monitor the heart rhythm and cardiac output of astronauts in outer space. It has since become standard technology used to calculate non-invasive heart output beat by beat.

### 1970

Lababidi helps establish MU Health Care's first outreach clinics, beginning in Rolla, Mo.

### 1982

Lababidi pioneers three pediatric heart procedures: balloon coarctation angioplasty, balloon pulmonary valvuloplasty and balloon aortic valvuloplasty.

### 1987

The U.S. Surgeon General, C. Everett Koop, presents Lababidi with the Paul Dudley White Award for Outstanding Accomplishments in Cardiology.



### 1990

Colonel Lababidi, during activation to Desert Storm, developed the button occlusion device to close atrial septal defects (a hole in the heart).

### 1996

CNN and ABC News cover Lababidi's successful balloon coarctation angioplasty on the world's smallest patient, a baby weighing 13 ounces with a heart the size of a peanut M&M.

American Health magazine names Lababidi to its "Best 12 Pediatric Cardiologists in America" list. He also receives the Fred Heinkle Award for Excellence (also awarded to Mikhail Gorbachev) and Miracle Maker awards from Children's Miracle Network and Kiwanis.



### 1997

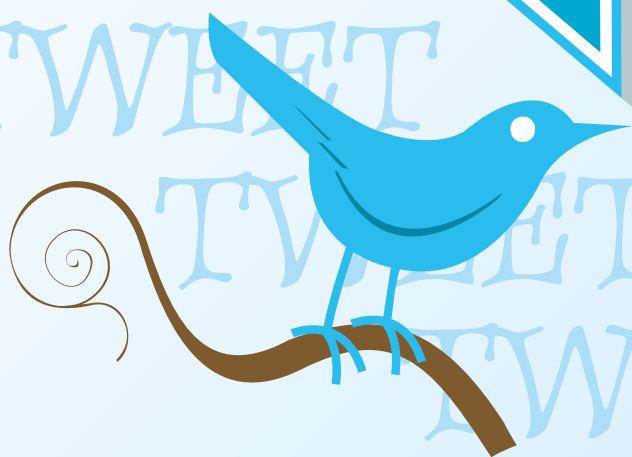
Ali Hussam, a computer expert at MU, collaborates with Lababidi to design a Virtual Reality Heart as a teaching tool for medical students.



### 2004

Lababidi helped found and served as president of the Dr. Hugh Stephenson Heart Ball, an annual fundraiser for the American Heart Association.

@employees  
Read this  
b4 u tweet



## What you need to know before you go online

New media, social media, social networking — all these terms describe the communication revolution under way as people join online communities and conversations. Popular websites such as Twitter, YouTube and Facebook are attracting millions of followers online. Conversations formerly shared in person or over the phone are now happening online, visible for anyone, anywhere, to read.

A team of representatives from MU Health Care began meeting last fall to address the emergence of social media and its impact on MU Health Care. The group identified ways to amend existing policies as they relate to social media and developed guidelines for patients, visitors and staff in using social media websites when they relate to MU Health Care.

## The team's guidelines for employees include:

- Be aware that you are personally responsible for your comments online.
- When you are away from work, you must comply with the same Health Insurance Portability and Accountability Act (HIPAA) regulations as when you are at work.
- Communicating information online about patients without proper authorization is unacceptable and can lead to disciplinary action.
- Postings on personal social media platforms should not discredit coworkers, patients, visitors or MU Health Care.

"As a health care provider, we are bound to protect the privacy and confidentiality of the patients we serve," said Mike Lynch, MPA, director of compliance for MU Health Care. "Since postings on social media sites are viewed as public information, we want to caution anyone against publicly discussing patients, employees or any work-related matters online."

To protect the safety and privacy of patients, physicians and staff, no video recording, audio recording or photography is allowed inside University of Missouri Health Care facilities without the prior permission of the MU Health Care Public Relations Department. An exception is the Family Birth Center at Columbia Regional Hospital, where limited videotaping by family members or friends is allowed in private patient rooms with the prior permission of the patient's attending physician.

Postings about or on behalf of MU Health Care are made only on officially created MU Health Care social media websites by the MU Health Care Public Relations and Marketing Department. Last fall, MU Health Care established a Twitter account and Facebook fan pages dedicated to many of its health care facilities. Representatives from the public relations and Marketing department update the pages with news, events and photos.

Social media played an important role in University of Missouri Children's Hospital winning \$50,000 from Foresters, a Toronto-based life insurance provider. The donation came as the result of Columbia radio station Y107, a member of the Zimmer Radio Group, winning a national online voting contest to determine "North America's Most Caring Radio Station" in February. MU Health Care promoted the contest extensively on our Facebook and Twitter Web pages, and the voting link was shared by some of MU Health Care's Facebook fans and Twitter followers.

**If you have information about  
your department or official MU  
Health Care activities and events  
you would like publicized,  
please contact the public relations  
staff at (573) 882-1081.**



Story by Matt Splett

### Become a Facebook fan at [www.facebook.com](http://www.facebook.com).

#### Our pages include:

- University of Missouri Health Care
- Ellis Fischel Cancer Center
- Missouri Orthopaedic Institute

- Missouri Rehabilitation Center
- University of Missouri Children's Hospital
- University Hospital
- University Physicians
- University of Missouri Health Care jobs

Follow MU Health Care on Twitter at <http://twitter.com/muhealth>.



# Put me in, coach

## Nancy Roper helps patients regain their independence

**N**ancy Roper, PT, has never ordered a patient to drop and give her 50 push-ups. Despite popular imagination, a physical therapist is less like a drill sergeant and more like a coach — teaching and encouraging patients, Roper explained.

### It's easy to spot Roper's coach's instinct.

To illustrate how to get in and out of bed safely in the weeks after a hip replacement, she grabs a drinking straw, twisting and bending it in the shape of a human body. To help patients avoid pinching a nerve in the armpit, she demonstrates how to hold crutches against the rib cage.

Roper's job is to return people to independence and self-sufficiency after illness or surgery.

"I ask all my patients what their goals are," Roper said. "Sometimes they answer 'going to the bathroom by myself.' Sometimes a dad wants to dance with his daughter at her wedding this summer."

Thirty years of experience as a physical therapist have taught her when to coax patients up the stairs if she knows they can do it and how to urge them to take it easy if they need more recovery time. Her experience also has taught her what questions to ask.

"How many steps do you have in your house?" she asks. "Is there a

hand railing? Which side is it on? Do you live with someone who can help you? Can your wife come in so I can show her your exercises, too?"

Roper uses those details to teach patients how to stand up from their dining room chair onto crutches or how to climb their front-porch stairs with a walker. She instructs patients in exercises that strengthen muscles and stretch tendons and ligaments needed for them to make the best of their new joints.

Once patients leave Columbia Regional Hospital, their recovery depends on their own determination and efforts, but Roper teaches them what they need to succeed.

"Nancy is a very good educator, and she is able to bring information to a level that patients and family can understand it," said Kim Dohm, OT, an occupational therapist and clinical supervisor of rehabilitation services at Columbia Regional Hospital. "That empowers patients because most of their recovery is at home, after they leave the hospital."



Nancy Roper, PT, helps June Jorgensen, of Lebanon, Mo., regain mobility after a total hip replacement at Columbia Regional Hospital.

Physical therapy is tough for the patient and the therapist. Exercises can be uncomfortable, and few people are cheery when they hurt. For Roper, the intellectual challenge of making a plan to reach each patient's goals and the patients who come back to say "thank you" make the stress well worth it.

"I get the most satisfaction out of seeing people who have confidence and know they are able to do what they need to do for themselves — and when a dad tells me he made it to his daughter's wedding," she said.

*Story by Colin Planalp  
Photography by Justin Kelley*

## To your health



### Smart snacking

Snacks can boost your energy between meals and supply essential vitamins and minerals. Elizabeth Freeman, RD, LD, clinical dietitian for MU Health Care, offers these snacking tips from the American Dietetic Association.

- Think of snacks as mini-meals that contribute nutrient-rich foods. You can fit snack calories into your personal healthy eating plan without overspending your day's calorie budget.
- Snack only when you're hungry. Skip the urge to nibble when you're bored, frustrated or stressed. Feed the urge to do something by walking your dog or gardening.
- Keep portion control in mind. Have a single-serve container of yogurt or put a small serving of nuts in a bowl. Eating directly from a multiple-serving package can lead to overeating.
- Plan snacks ahead of time. Keep a variety of nutritious ready-to-eat supplies on hand, such as whole-grain crackers and low-fat cheese.



### Cool off with a parfait

Take any combination of fat-free yogurt, fruit and granola, layer, and voilà — a parfait! Parfaits are great as a breakfast dish, summer snack or dessert. Plus, they look great when layered in a clear glass.

#### Perfectly quick parfaits

- **Basic parfait:** Layer 6 ounces fat-free yogurt, ½ cup berries and ¼ cup granola.
- **Tropical treat:** Layer vanilla yogurt, mandarin oranges and pineapple.
- **Patriotic parfaits:** Layer vanilla yogurt with blueberries and strawberries.
- **Strawberry lover:** Layer strawberry yogurt, fresh strawberries and top with strawberry-flavored whipped cream.
- **Berry good:** Layer plain or berry-flavored yogurt with raspberries, blueberries and strawberries. Throw in blackberries or mulberries for homegrown flavor.
- Depending on your tastes, you can also layer in coconut flakes, nuts, crunchy cereal, gelatin cubes or low-fat pudding. Use flavored yogurts to complement the fruit you choose.

### Worth the work

#### Rhubarb-strawberry parfaits

- 1 pint strawberries, hulled and thickly sliced
- 1/2 lb. fresh rhubarb, cut into 1 1/2-inch pieces
- 1/4 cup water
- 1/4 cup orange juice
- 1/4 cup sugar
- 1 vanilla bean, split lengthwise
- 1 1/2 cups nonfat plain yogurt
- 1 tsp. pure vanilla extract
- 1 tsp. sugar, preferably superfine (optional)

Combine strawberries, rhubarb, water, orange juice, sugar and vanilla bean in a heavy, medium sauce pan. Bring to a boil over medium heat, stirring to dissolve the sugar. Reduce heat, cover and simmer until fruit is very soft, about 10 minutes. Put mixture in a bowl and refrigerate until cold, about 4 hours.

Mix yogurt and vanilla until well combined. Taste and, if desired, stir in superfine sugar. Chill until serving time. To serve, layer yogurt mixture and strawberry-rhubarb mixture alternately into wineglasses or parfait glasses, ending with fruit. Parfaits can be prepared a few hours ahead and refrigerated.

Recipe from the American Institute for Cancer Research, [www.aicr.org](http://www.aicr.org).

## Calendar of events

### June

**June 1** Missouri Orthopaedic Institute opens

**June 5** Safe Kids Day, 10 a.m. to 2 p.m. at Columbia Regional Hospital's Conference Center

**June 6** National Cancer Survivors' Day celebration, 2 to 4 p.m. on Ellis Fischel Cancer Center's lawn. R.S.V.P. by June 2 to Kristen Fritschie at **(573) 882-5456** or [fritschiek@health.missouri.edu](mailto:fritschiek@health.missouri.edu).

**June 11-12** American Cancer Society's Boone County "Relay for Life," 6 p.m. Friday, June 11, to 6 a.m. Saturday, June 12, at Rock Bridge High School in Columbia, Mo. To register, visit [www.relayforlife.org/boonecomo](http://www.relayforlife.org/boonecomo).

**June 14** 10th annual Deon Starman Memorial Golf Tournament to benefit Ellis Fischel Cancer Center, 11:30 a.m. at the Columbia Country Club. To register, contact Dave Starman at **(573) 808-3050** or [dstarman1@vaughnpool.com](mailto:dstarman1@vaughnpool.com).

**June 18** David G. Hall Symposium in Obstetrics, Gynecology and Women's Health, 11 a.m. to 4:30 p.m. at Columbia Regional Hospital's Conference Center. To register, contact Lynn Stevenson at **(573) 882-1725** or [stevensonl@health.missouri.edu](mailto:stevensonl@health.missouri.edu).

### July

**July 12** Children's Hospital employee forum, 11:30 a.m. in Columbia Regional Hospital's Conference Center

**July 21** Safe Kids Columbia meeting, 3:30 to 5 p.m. in Columbia Regional Hospital's Conference Center

To view the University of Missouri Health Care calendar of events, please visit <http://www.muhealth.org/calendar>.



# An insider's look

**A**s nearly two years of construction approach an end, the Missouri Orthopaedic Institute will open this June. A few months later, Children's Hospital will open in its renovated new home at Columbia Regional Hospital. These photos give a peek behind the construction barriers, and you don't even need a hard hat.

## Children's Hospital



**Top:** Children's Hospital, including this pediatric unit nurses' station, is being decorated with a jungle theme that includes foliage, coconut trees and bamboo huts.

**Bottom:** The 16-bed adolescent unit has its own unique, colorful decor — as displayed on this nurses station — designed to be more mature for older kids.

## Missouri Orthopaedic Institute



**Top:** This nurses' station is located on the orthopaedic institute's first floor, along with five operating rooms and two procedure rooms.

**Middle:** The orthopaedic institute's second floor will house approximately 40 clinic rooms such as this one.

**Bottom:** The four-story, 113,500 square-foot Missouri Orthopaedic Institute will open June 1.



## Big thanks for new boutique



Edlyn Donovan, supervisor of Ellis Fischel Cancer Center's Gift Shop and Boutique, thanks Phyllis Hahon, a volunteer and auxiliary member, for her generous donation to renovate the gift shop at a reception Feb. 16.

## Angels without wings



Stephanie Johnson, central division director of the Greater Missouri Chapter of the March of Dimes, presents John Pardalos, MD, medical director of the Neonatal Intensive Care Unit, with the Guardian Angel Award on Feb. 16. The award honors the outstanding work of NICU employees to save the lives of newborns born prematurely in mid-Missouri.

## Heart of the Tiger game puts cardiology on center court



**Left:** Thanks to the fast response and lifesaving efforts of University Hospital's heart care team, John Cadice's potentially life-threatening heart condition was discovered and treated shortly after he collapsed while playing basketball at MU's recreation center. The MU junior was presented with a commemorative basketball by Sarah Reesman, MU's senior associate athletic director, and Richard Weachter, MD, associate professor of internal medicine and cardiologist, at the Heart of the Tiger game on Jan. 30 at Hearnes Center.

**Above:** Children's Hospital mascot, T.J., greets fans during halftime.



## Community support pays off — Children's Hospital wins \$50,000!



Children's Hospital won a \$50,000 donation from Foresters, a Toronto-based life insurance provider, during a national online voting campaign to determine "North America's Most Caring Radio Station." Mayor Darwin Hindman proclaimed February 5 as "Vote Y107 the Most Caring Station in America and Win \$50,000 for University of Missouri's Children's Hospital's Day." He presented the proclamation to Y107 radio personalities Cosmo and J.C. at the event in University Hospital's lobby.



Molly Myers, coordinator of Children's Miracle Network at Children's Hospital, serves cake to employees at a reception to thank staff for voting in the contest. During the three-week campaign, more than 1 million of the nearly 3 million votes in the online campaign were cast in support of Columbia-based radio station Y107.

## Essentials restaurant to open soon



Dermatologists Victoria Gunn, MD, and Barbara Ebert, MD, cut the ribbon at an open house for the University Physicians-Jefferson City Dermatology clinic Feb. 9. Pictured are Robin Baumbach, patient service representative, Alicia Jones; LPN, nurse; Gunn; Ebert; and Tama Bratton, supervisor. The clinic is located at 2702 W. Edgewood Drive, Suite 102.



Building trades specialists Steve Wyatt and Jeff Klemme install paneling at the site of University Hospital's future restaurant, Essentials. The restaurant is scheduled to open in June. It will feature plenty of seating, a contemporary design and a new menu with healthy, flavorful dishes.

Employees are recognized as Service Excellence Champions for providing exemplary service to patients, visitors and staff.



Francisco Saenz

A patient nominated **Francisco Saenz**, a nurse technician on 5 West at University Hospital.

"During my many stays at this hospital, I've encountered many employees who have helped immensely in making a painful and sometimes frustrating and depressing time a bit brighter," she said. "One of

these outstanding individuals is nurse tech Francisco Saenz."

"He's very efficient and knowledgeable in his work, very patient and empathetic, even when I feel I'm being a total bear or pain in the neck," she said. "Cisco also has a special gift of making me smile no matter how miserable I'm feeling. Being able to share a smile even briefly is a mini vacation from illness."



Jim O'Neill and Tony Sumpter

Sharon Van Arsdale, a nurse practitioner for Ellis Fischel Cancer Center's oncology unit, 5 East at University Hospital, nominated **Jim O'Neill** and **Tony Sumpter**, staff members in plant engineering.

"Jim and Tony are unsung heroes who make it possible for the staff and patients to continue to work in comfort and ease," Van Arsdale said. "They make sure that our environment has what we need to do our jobs."

"They spent hours correcting problems that led to the overheating and overcooling of spaces in the Symptom Evaluation Unit," Van Arsdale said.

"Jim and Tony always have a smile and are ready to help no matter how small the task," she said.

A patient on University Hospital's 5 West nominated **Dan Smith, RN**, staff nurse; **Josh Hickman**, nurse technician; and **Kelly O'Toole**, a student at MU's Sinclair School of Nursing.

"Their tenderness and caring was appreciated," she said.

"Dan talked me through some rough patches of pain and gently encouraged me when my courage was lacking," she said. "He also brought me a bedside fan, a personal convenience I greatly enjoyed."

"I would like to mention that the IV team was gentle and very capable."

"Joshua on nights was very polite and efficient."

"Kelly, the nursing student, was gentle and eager to learn and not scared of touch," she said. "At times a gentle pat on the back can be so reassuring."



Dan Smith, RN



MRC's dining room staff

Melinda Ireland, RN, a staff nurse at Missouri Rehabilitation Center, nominated **MRC's dining room staff**.

"Anytime I go down to the dining room I am greeted with a friendly smile, no matter who is working," she said. "They all work as quickly as possible and still maintain pleasant conversation."

"I want to especially comment on Thomas," she said.

"He went out of his way to remember a comment made by a family member the day before on a drink choice for a patient, and he made an extra effort to find that patient's nurse to confirm that the patient was getting what he really wanted."

"The entire staff responds very quickly anytime we call on them

to deliver a special snack or change an order to please the patient," Ireland said. "They play a vital role in keeping our patients happy. Thank you!"

The traumatic brain injury (TBI) therapy team at Missouri Rehabilitation Center nominated **Fred Ulam, PhD**, a neuropsychologist at the center.



Fred Ulam, PhD





"Dr. Ulam has provided excellent services to our patients, families, physicians, nurses and therapists," they said.

"We are especially proud and pleased with the services he has provided in the TBI program," the team said. "Despite his extremely busy schedule, he is always willing to talk with anyone who has concerns about patients and families or to just answer a question. He has taken time to provide education to the TBI treatment team and has helped elicit excitement and pride in the services we provided to our patients.

"In addition to being a wonderful resource for patients' families and our treatment team, Dr. Ulam has been a very caring, conscientious colleague who respects all those around him," they said.



Julie Gregory

Brenda Obert, a senior nursing technician at MRC, nominated **Julie Gregory**, a senior LPN who serves on the night shift every week-end.

"Julie answers her phone when MRC calls her at home and usually comes on in, no matter what floor needs the help," Obert said.

"Julie encourages health on nights by walking," she said. "Due to her example and personality, other workers are walking. This reduces stress and keeps us alert.

"We have never heard Julie be negative about any staff, policy or scheduling," she said. "Julie keeps a calming atmosphere to work in. She listens to our patients and responds to the needs effectively and quickly. Julie educates families on policies professionally. She has a huge heart and great people skills."

The outpatient physical therapy staff at MRC nominated **Krista Meeks, OT**, an occupational therapist, for her dedication and exemplary patient care. Meeks, who has served MRC for three years, is certified as a hand therapist and certified

in augmented soft tissue mobilization, or ASTYM.

"She is always looking for ways to improve herself as a therapist to better serve the patients," the staff said. "Her dedication goes beyond normal office hours — she has taken on caring for the kids of Mount Vernon in all four schools and continues with her duties as our only outpatient occupational therapist.

"Many days Krista works through her lunch as well as comes in early in order to see all of her patients," they said. "She meets every patient as if he or she were her only one for the day and each patient feels cared for. Paperwork is often done on her own time to allow for as much patient care time as possible.

"As if caring for patients wasn't enough, she also has a role in marketing for our department," they said. "Krista is a huge asset to not just our outpatient department, but to the hospital as a whole."

Betty Sawyer, a clinical dietitian, nominated **Sandy Hoff, PT**, a physical therapist for outpatient services at MRC. Betty's husband, Mike, passed away after an aggressive battle with brain cancer. Betty wrote Sandy a note to thank her for the care she provided Mike.

"I wanted to let you know how much Mike thought of you," Betty wrote. "He held you in such high regard and he was very appreciative not only of your help with his knee (which he said you



Krista Meeks, OT

fixed), but that you also took time to give him suggestions for some strengthening exercises during his chemo and radiation treatments. It meant so much to him.

"When I came home with those exercises you copied for him, he was happy to try them out, had a big smile on his face and thought your idea of selecting two at a time was great," Betty said. "He was so pleased that you took the time to send him something to try.

"Mike thought highly of you and was very appreciative of your time and efforts," she said. "It meant a lot to him."

Donna Zgonc and Shawnda Rowden, senior nurse technicians, nominated **Ashley Mayberry**, a senior LPN at Missouri Rehabilitation Center's Special Brain Injury Unit.

"She is always on top of things, Zgonc said. "Ashley works hard and always stands up for her techs and her unit. I am always so happy when I come to work and see that she's here.

"Ashley always shows initiative when faced with obstacles," Rowden said. "She can get things done that normally take two nurses. I am proud to be part of her team. She is upbeat and pleasant. Her personality makes for a wonderful LPN."



Ashley Mayberry



Sandy Hoff, PT

To nominate a faculty member, staff member, student or volunteer, please e-mail [serviceexcellence@health.missouri.edu](mailto:serviceexcellence@health.missouri.edu).

"I would like to say thank you so much from the bottom of my heart. I only have one mother and she means the world to me and I am so happy this hospital understands that and treats her the way that I would take care of her, with love and tender care. Everyone's bedside manner is wonderful."

*Ashley Minter, Bonnots Mill, Mo.*

### CHILDREN'S HOSPITAL

"My daughter was diagnosed with Type 1 diabetes last May at age 2 and spent a week at Children's Hospital. Her nurses at the hospital were absolutely wonderful but my note today is regarding her diabetes team. They are the most knowledgeable and understanding care team.

"Danita Rife, a nurse practitioner, is a tremendous asset to your facility! I do not know how to explain how lucky we are to have her on Kennadie's team as we figure out how to treat this disease. Danita is always there to answer our questions, to help with our daily insulin regimen as we figure what is best for Kennadie or to just give me as a parent a reassuring word when I need it. On top of that — and probably the main thing — is Kennadie loves Miss Danita and Miss Jill (Jill Schremp, our dietitian). We mainly see Danita and Jill at our clinic visits.

"Our entire team consists of Dr. Amie VanMorlan, Danita Rife, Andrea Friedrich, Jill Schremp and Elizabeth Freeman. They are all amazing care providers in their respective fields and on top of that, they are amazing, compassionate individuals.

"Thank you to everyone at Children's Hospital who helped us during our stay and to our diabetes care team. You are amazing!"

*Tracy Higgins, Jefferson City, Mo.*

### UNIVERSITY HOSPITAL AND ELLIS FISCHEL CANCER CENTER

"Every nurse and tech who was assigned to me throughout my stay was far and above the best my husband and I have experienced in our lifetime. They were always cheerful, courteous, patient and quick to help whenever I needed them. I filled out the survey, but I thought it was important to send you this note also.

"Of course, Dr. Paul Dale and his staff were absolutely great and I can't thank them enough for making my stay at University Hospital as pleasant and positive as it was."

*Darlene Bergquist, Camdenton, Mo.*

### UNIVERSITY HOSPITAL

"We are truly grateful for the treatment we received while our father was treated at the Cardiac Intensive Care Unit. The care was amazing and the staff wonderful!

"Unfortunately, we are not able to recall the names of all the staff we encountered. Please know that each of you are special and are truly appreciated for all you do. Thank you Jan, Betty, Greg and everyone else, from the medical team to the housekeepers to the people who were friendly as they stocked supplies and those who smiled as they delivered meals.

Thank you for the quality care. Thank you for taking super care of my dad. You make a very stressful situation better for our family. Thank you!"

*Sheri Parker, Lacey, Wash.*

"Thank you for taking such good care of my Dad. He was in for open heart surgery with a triple bypass. The staff was very nice and courteous. They kept us, the family, informed about every step of the way throughout the surgery. I really do believe that your hospital is doing great things. Keep doing exactly what you are doing. We, as the patients and visitors of patients, really enjoy the atmosphere.

Also, your hospitality crew is wonderful. Jill is superb and went above and beyond to make all of us comfortable and took care of us as her own. We appreciate all that was done."

*Rebecka Gillen, Ozark, Mo.*

"My mother went under a 4 ½ hour surgery. When my stepdad and I first came to the hospital to check her in, every person we made contact with was very helpful and informative. The nurses kept an upbeat attitude and were always available.

"My mother needed to be attended by the Cardiac Intensive Care Unit staff. The nurses and receptionist were wonderful non-stop, especially her nurse, Jackie R. We could not have asked for a better nurse to attend to my mother and her special needs. I would like to say thank you so much from the bottom of my heart. I only have one mother and she means the world to me and I am so happy this hospital understands that and treats her the way that I would take care of her, with love and tender care. Everyone's bedside manner is wonderful."

*Ashley Minter, Bonnots Mill, Mo.*

"This was the first time I have had to stay in a hospital for any length of time and I have to say it was incredible. I loved my care staff. The medical and surgical teams were very knowledgeable and easy to understand.

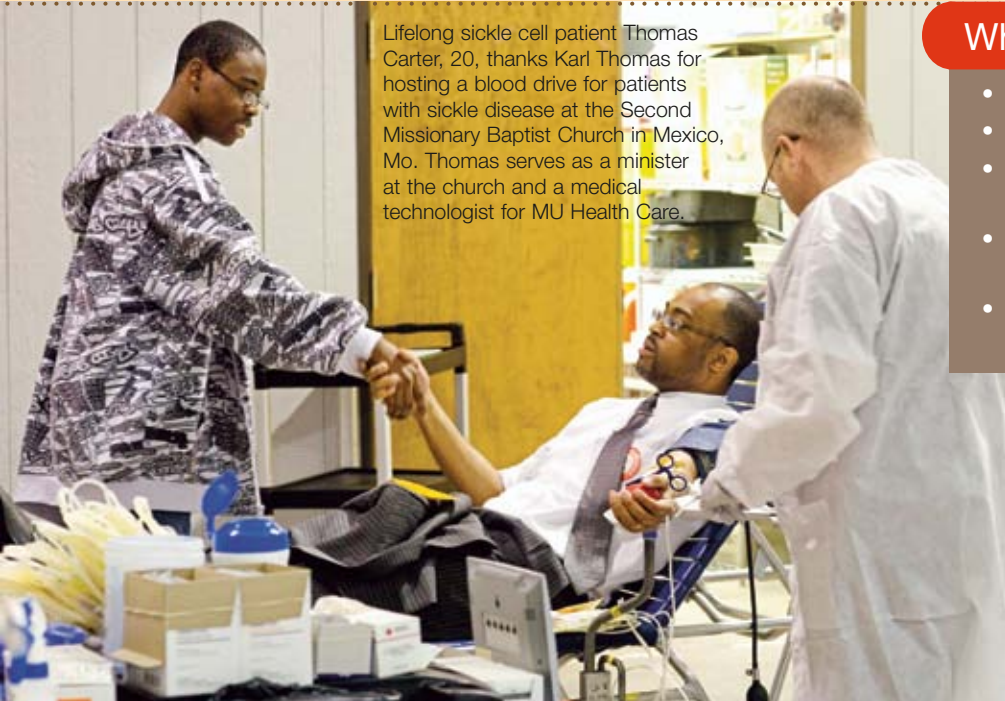
"Kudos to whoever hired Leticia Pulley. She is, in my opinion, the best RN on the planet! She is very smart and nice but strict and genuine at the same time. It's hard to find golden personalities like that. Good job, University Hospital — keep it up!

*Jason Smith, Columbia, Mo.*



# Blood ties

Church community unites for sickle cell patients



Lifelong sickle cell patient Thomas Carter, 20, thanks Karl Thomas for hosting a blood drive for patients with sickle disease at the Second Missionary Baptist Church in Mexico, Mo. Thomas serves as a minister at the church and a medical technologist for MU Health Care.

## What is sickle cell disease?

- A chronic, inherited disease
- Most common among African-Americans
- Named for the sickle-shaped cells formed by abnormal hemoglobin molecules
- Can cause severe pain, acute chest syndrome, stroke, anemia and jaundice
- Can damage tissue, the spleen, kidneys, liver and brain

"It decreases patients' risks of a transfusion reaction if they get blood from someone that matches their ethnicity," Gunier said. "That's why it is important to have programs like the Charles Drew program."

The church's blood drive was part of the American Red Cross' Charles Drew Community Blood Donation Campaign in which African-Americans donate blood that is used for sickle cell treatments.

Through his work as a medical technologist at University Hospital for nearly 20 years, Karl Thomas recognized the need for such a blood drive.

"I wanted to do something more specialized as a way to help our community, to help a group of kids I'm involved with in a clinical sense," Thomas said.

Serving as pastor at the Mexico church, he enlisted the help of Harrington and Gunier.

"We work in a big system at the University," Gunier said. "Having Karl and Denise champion the cause of sickle cell patients really made our motto, 'it begins with me,' true to me. I really saw it begin with Karl. Then he worked with Denise and they made it happen. It truly meant the world to me and will for our patients, too."

**B**ooming laughter and friendly chatter echoed throughout the activity room of the Second Missionary Baptist Church in Mexico, Mo., on Sunday, March 14. The scene would be like any other gathering at the church if not for the cots, needles and blood donors dressed in their Sunday best.

"So many people benefit from your donation," said Denise Harrington, LPN, the church's health ministry coordinator and a compliance specialist for MU's Institutional Review Board. "You never know, there could be a point in time when you or your family member is in need."

Harrington helped organize the event and gave blood herself. It was not the first time she had donated blood, but it was the first time for 15 of the other 20 successful donors.

Thomas Carter, 20, of Columbia, Mo., walked around the basement and

thanked donors. The young African-American man is soft-spoken, but he felt compelled to share his experiences to encourage congregation members to donate blood.

"I talked about basically my lifestyle, when I grew up with sickle cell and how it is living with it," Carter said. "It's not good. Sickle cell disease is really painful and not healthy."

Carter has suffered from two strokes and spent his life in and out of Children's Hospital. He must undergo blood exchange transfusions every three weeks.

Elizabeth Gunier, RN, the sickle cell coordinator at MU Health Care, compares a blood exchange transfusion to an oil change — a patient's sickle cell blood is removed and replaced with healthy blood. She spoke at the church two weeks prior to the blood drive, explaining why closely matched blood match is essential.

*Story by Velvet Hasner*

*Photography by Justin Kelley*



WORLD-CLASS ORTHOPAEDICS  
HIP AND KNEE SHOULDER AND ELBOW  
PATIENT-FOCUSED FOOT AND ANKLE  
PHYSICAL THERAPY SPINE PEDIATRICS  
PRIVATE INPATIENT ROOMS PHARMACY HAND  
SPORTS MEDICINE TRAUMA DEDICATED STAFF  
COMING JUNE 2010

(573) 882-BONE 1100 VIRGINIA AVE., COLUMBIA, MO. FOLLOW US ON FACEBOOK.

 Missouri  
Orthopaedic Institute  
*University of Missouri Health Care*  
[www.muhealth.org/ortho](http://www.muhealth.org/ortho)

Faculty and staff open house 11 a.m. to 2 p.m., Wednesday, May 26. Ribbon cutting at 11 a.m.  
Public open house 4:30 to 6:30 p.m., Thursday, May 27.