

Archives

UNIVERSITY OF MISSOURI HEALTH SYSTEM

CLEAN SWEEP

*Our hardworking
housekeeping staff*



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*Match veteran employees
to their quotes*

READY FOR LIFT-OFF (PAGE 12)

Is crew training right for you?

BRIDGING THE GAP (PAGE 26)

*Dr. Ellis Ingram reaches out
to promising students*

EMERGENCY

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Archives

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

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

On the cover: Linda Hunt has been a loyal housekeeping employee for 15 years. Get a behind-the-clean look at the daily work of our Environmental Services staff on page 4.

CLEAN SWEEP



If you're impressed by the shining floors in our Medical and Neurosurgical Unit, you can thank floor care technician Tyrone Falles and his coworkers.



From cleaning O.R.s to changing sheets, our housekeeping crew works behind the scenes for patients and staff.

by COLIN PLANALP



Linda Hunt, a custodian at University Hospital, cleans a patient room on 7 West.



Jean Simpson, a lead linen attendant, makes labels before delivering cleaning cloths, bed sheets and O.R. scrubs throughout the hospital.

THE MOMENT YOU STEP OFF THE ELEVATOR ONTO 7 WEST AT UNIVERSITY HOSPITAL, YOU'RE ON LINDA HUNT'S TURF — AND SHE PROTECTS IT FIERCELY.

"See that mirror?" she asked, pointing above the sink in a patient room. "I have a thing about mirrors. They have to be perfect. When you're sick in the hospital, you don't want to look up from your bed and see a mess."

A 15-year veteran of University of Missouri Health Care's housekeeping force, Hunt knows there's a lot at stake for her job as a hospital custodian. That's why she's so particular. At home, it may not hurt to let your dog clean up that ham sandwich you dropped on the floor. In a hospital, strict housekeeping saves lives.

While germs can make even the healthiest people ill, hospital patients are especially at risk. A cancer patient is more susceptible to catching the flu because her immune system is weakened by chemotherapy. An appendectomy patient is at risk for a surgical site infection if germs reach his incision. And germs aren't the only hazard. Even a tiny bit of dust can cause health problems for a person with asthma or severe allergies.

The job of Hunt and her colleagues in the Department of Environmental Services is to ensure patients have a comfortable, clean and safe environment where they can recover.

CLEANING HOUSE

"When people think about a hospital, they think about nurses and doctors — not usually housekeeping," said Cindy Cook, manager of environmental services at MU Health Care. "We're not in the limelight, but a hospital couldn't exist without the work we do. That's what makes our jobs so rewarding. We don't perform surgeries or deliver babies, but patients depend on us. We serve people when they are most vulnerable and need our help more than ever."

With more than 150 employees, MU Health Care's housekeeping staff members work 24/7 to keep our facilities spotless. Most housekeeping employees specialize in a specific area — some clean patient rooms on a particular unit, such as Hunt; others work in surgical services, disinfecting operating rooms between procedures; some clean offices during the evenings; and others shampoo carpets and wax floors.

Tyrone Falles has served as a floor care technician at University Hospital for 13 years, traveling from unit to unit, cleaning floors. As in the O.R., every procedure has special tools and techniques. When cleaning carpets, Falles jumps onto an extractor, a machine that looks like a miniature ice-rink Zamboni. He drives the extractor across the floor, spraying water and cleaning solution into the carpet, and vacuuming the used solution back into the machine, leaving a fresh carpet.

To clean tile floors, such as those in University Hospital's intensive care units, Falles works with colleagues to scrub the floors and wax them. It's a job that can take nearly a month for an entire ICU, as the cleaning crew coordinates with the nurses and physicians on the unit to work around their needs.

"We can't close down the entire unit to clean the floors, so we have to work together to get it done," said Falles, as he pushed a 150-pound scrubber — which looks and works like a giant electric sander — across the floor of the medical and neurosurgical intensive care unit floor. "You have to be able to stand the pressure and open up the floor quickly. If a doctor needs to get in a patient's room, he can't wait for us to finish."

After Falles and his coworkers, Rick Smith and Mike Hargis, finished scrubbing and rinsing the ICU floor, they began waxing it. In an ICU, which gets lots of foot traffic, they apply six coats of wax.

"The best part of the job is when you finish," Falles said. "It feels good, especially when it looks good and people tell you they love it."

DIRTY LAUNDRY

If you see Jean Simpson pushing a rack full of laundry down the hallways of University Hospital, give her some room. Fully loaded with towels, hospital gowns and other linens, that giant metal rack weighs 700 pounds and takes two people to maneuver.

"A hospital couldn't exist without the work we do. That's what makes our job so rewarding."

Cindy Cook, MANAGER OF ENVIRONMENTAL SERVICES

Housekeeping

— fast facts —

Simpson has worked in MU Health Care's Linen Services Department for 32 years, since Valentine's Day 1980. She and her colleagues handle every piece of cloth that is used in University Hospital, from the cleaning cloths custodians use to clean the hospital to the sheets on patient beds and the scrubs that surgeons and nurses wear in operating rooms.

"If you want to work here, you better have some good walking shoes," Simpson said. "I feel like I walk 100 miles a day."

Each day at University Hospital, linen attendants such as Simpson rotate linens throughout our hospitals. They collect used linens at the laundry chutes on the ground floor of University Hospital and by walking

from unit to unit to pick up laundry bags, collecting it and bringing it back to their home on the ground floor. Later, they will deliver loads to units throughout the hospital, each with its own special orders.

Attendants drop off used laundry on the hospital dock, and they pick up deliveries of clean linens twice a day Monday through Friday and three times on Saturday. They sort through the fresh laundry, inspecting for stains, trimming stray threads and patching holes.

"We want our patients to have the best linens," Simpson said. "You wouldn't want to use a stained towel or pajamas with holes at home, so why would we have that in our hospital?"

Employees perform **4,100 HOURS** of cleaning each week at University Hospital.

MU Health Care uses **3 MILLION POUNDS** of linen each year.

Custodians **DEEP-CLEAN 90 PATIENT ROOMS** for discharged patients each day at University Hospital.

The average patient at Women's and Children's Hospital uses **20 POUNDS** of linen per day.

It takes an average of **30 MINUTES** to clean a patient room after discharge, and nine minutes to clean an O.R. between procedures.



OUR HOUSEKEEPING CREW comes in after construction and renovation projects are finished to prepare the facilities for patients. In preparation for the Missouri Neurosciences Center's open house on July 31, custodian Yoni Huaco, housekeeping supervisor Ron Carlyle and lead floor care technician Mike Hargis clean the renovated unit on University Hospital's seventh floor.

CHILDREN'S HOSPITAL

"When our daughter needed medical attention, we made the drive to Columbia. Not knowing which hospital we were going to choose at that time, our family is so grateful we chose yours!

"The up-to-date facility and renovations gave us hope that our child would receive nothing but the best, and that she did. Starting from your emergency room department, — wow! — we received immediate attention and very little waiting.

"Once admitted, we were greeted with open arms from everyone on the fifth floor. We received remarkable service by all of your nurses, doctors, housekeeping staff, food service staff and volunteers.

"The university is blessed to have Dr. Kristin Koehn on their team. Professional, caring and understanding was our experience with Dr. Koehn.

"Your playroom, selection of DVDs and Wii was awesome. What a great gift to a parent with a sick child. Our room was clean and contemporary, a great way to relax and take care of our child. Our family would definitely consider your facility again."

Jayme Clevenger and family, Moberly

MISSOURI DIGESTIVE HEALTH CENTER AND UNIVERSITY HOSPITAL

"I drove to Columbia from Buffalo, Mo., to have an endoscopic variceal sclerotherapy procedure, and it was well worth the 100-plus miles!

"My nurses, Sheryl, David and Puri, were professional, understanding and very caring. My doctor, Ghassan Hammoud, was great!

"Everyone, from the coffee clerk to the receptionist, seemed to really care about all the patients. I will be using your facility again if I have other medical issues.

"God bless everyone there. Keep up the good work."

Leslie Collins, Buffalo

ELLIS FISCHEL CANCER CENTER AND UNIVERSITY HOSPITAL

"Congratulations! You have one of the most caring, professional staff I have encountered in the past 21 years of my nursing career as a registered nurse. I am here from the Daytona Beach area in Florida to help care for my family. And I can tell you, you are light years ahead in technology as well as the human component.

"Every staff member, from an attending physician to a housekeeper, imparts a genuine concern for the physical and emotional needs of my sister, Barbara Ray. Her attending physician is Dr. Mark Wakefield.

"This past December, my brother, James Edward Kendall, had surgery for cancer of the tongue. His surgeon was Dr. Robert Zitsch. I stayed in the facility with my brother

Rita Jorgensen, RN, Port Orange, Fla.

"Congratulations! You have one of the most caring, professional staff I have encountered in the past 21 years of my nursing career as a registered nurse. I am here from the Daytona Beach area in Florida to help care for my family. And I can tell you, you are light years ahead in technology as well as the human component."

throughout his four-day stay. He spent three days in the cardiac intensive care unit.

"I cannot begin to tell you how appreciative and thankful we were for the exceptional treatment, both physically and emotionally. It simply felt like we were part of an extremely professional, yet loving and caring family.

"I've told everyone who's asked about our stay in the hospital that it just felt like everywhere we turned there was an angel there to take care of our every need.

"Thank you all. Be proud of the tremendous goodwill and quality care you provide here at the University of Missouri. What a team!"

Rita Jorgensen, RN, Port Orange, Fla.

MISSOURI ORTHOPAEDIC INSTITUTE

"My husband just completed his second treatment period for a rotator cuff tear. Both surgeries (bilateral shoulders) were led by Dr. Matthew Smith. We feel that we could not have found a better person. He has always been so knowledgeable, confident, professional and warm. We have always felt very welcome in his exam rooms and that he was there just for us. He has always welcomed our questions. Both surgeries were very successful and we continually give his name out freely to anyone who may need his services. Thank you so much, Dr. Smith!

"And I have to mention his nurse, Lori. She is such a warm and caring person. She personifies what a nurse should be. Thank you too Lori, for always greeting us with a warm smile and sincere concern. You're the best!

"And I absolutely have to mention that both surgical experiences were very smooth and seamless for us, from the first office visit with Dr. Smith to the preop, surgical day and immediate postop recovery. You have a great staff in all these areas. (I wish I could remember specific names).

"From the pre-admission and registration staff to the person who wheeled my husband out to our car after his surgery, kudos to everyone. I would not hesitate to seek further medical care at your facility for us or our loved ones. Fantastic job, everyone, and thank you from the bottoms of our hearts."

Bobby and Sherry Skinner, Waynesville

PROUD ★ ★ ★ TO ★ ★ ★ SERVE



MU Health System's military veterans

BY COLIN PLANALP

**CHANCES ARE THAT
YOU WORK WITH A
MILITARY VETERAN
EVERY DAY,
AND YOU MAY NOT
EVEN KNOW IT.**

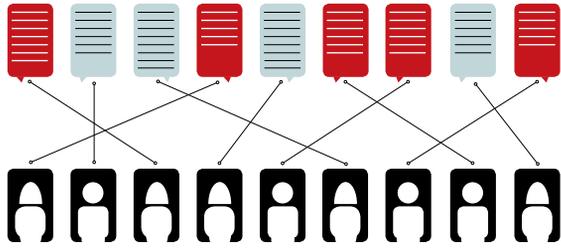
"One thing to remember is that veterans sometimes hesitate to tell their experiences," said Lee Lewis, a security officer at the Missouri Psychiatric Center, and a veteran of the U.S. Army. "They are proud of their service, but they don't want to brag."

There often are little clues that give it away even if they don't mention their military service, however. Kristen Fritschie still holds herself at attention in photographs. James Klinefelter throws on an Army backpack to head home after a shift for University Hospital's ambulance service.

No one is sure how many veterans serve at University of Missouri Health Care, but it's probably hundreds. According to the U.S. Department of Labor, nearly one in eight workers is a veteran. That would be about 500 people at MU Health Care.

Randall Floyd, MD, spent 15 years in the U.S. Navy, and he knows exactly what he'd say when meeting another veteran.

"I'd say 'thank you,'" Floyd said.



Who's who?

Can you match these nine MU Health System veterans to their quotes and short descriptions of their time in the military?

(ANSWERS ARE ON PAGE 11)

①

"The biggest lesson I learned from the Army is that the word 'no' can't be part of your vocabulary. You always have to give it your all. You don't say 'I can't' until you try, because you'll usually find that you can do it."

I spent eight months in Army security doing Morse code. After that I became a dental assistant. I did that for two years in the Army, then I worked as a dental assistant for another 20 years as a civilian. I love health care because you can help people, and everyone needs health care.

②

"One of my favorite things was to set up MASH units in the field for exercises. I loved MREs (pre-packaged meals ready to eat) — the greatest peanut butter ever!"

My title was medical administrative assistant, also known as 'Radar O'Reilly. I had so many jobs. I was assistant manager of obstetrics and gynecology at our hospital. I helped with air-evacuation of patients to other hospitals. I checked the credentials of physicians. I worked with medical insurance. I had never really considered health care as a career before my time in the Air Force.

③

"I was in Germany in the 1950s and '60s, during the Cold War. I still remember the sacrifices of the East German people as they tried to escape to freedom. I was sitting in my living room years later, watching when they brought the wall down. It brought tears to my eyes."

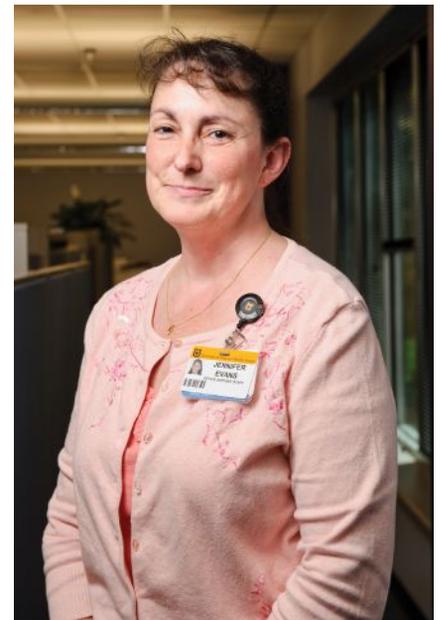
I had a hard time finding work when I came back to the states and got out of the Army. It was rough. From time to time, we see soldiers at the hospital who are having a hard time after coming back from overseas. I try to talk to them and tell them things get better. I think that helps, coming from another soldier who knows what it's like to be in their shoes.



Kristen Fritschie, MBA
COORDINATOR OF GUEST SERVICES



Lee Lewis
SECURITY OFFICER



Jennifer Evans
OFFICE SUPPORT STAFF MEMBER

4

"In the late '90s, I went with my wing on a medical mission to an indigenous village in Honduras. Imagine all of the ailments that we treat in the United States and take for granted – something as simple as pulling a bad tooth. We saw people who had walked for two days just for the chance to stand in line at our clinic."

I was just 17 years old when I joined the Air Force Reserve, so my parents had to sign for me. I've served in many roles, as a security specialist, as a medical assistant and now as superintendent of nursing services for my reserve wing at Whiteman Air Force Base, overseeing 20 nursing technologists. Probably the biggest lesson the military has taught me is perspective. When you look at what we have compared to people in some other countries, it's incredible.

5

"The military provided me the opportunity to learn, to grow and to develop a sense of responsibility. Looking back, I owe the military a lot."

During my first four years in the Navy, I was a corpsman. I worked as the military equivalent to an LPN in a hospital, then I worked in a medical laboratory. The experience gave me a great appreciation for the importance of support personnel and the role they play in patient care.

When I went into the Navy a second time after going back to school, I had a wide variety of experiences. I worked with the Marines in Camp Lejeune. I got to see Cuba from Guantanamo Bay, which is not something many Americans can say. I had wonderful opportunities I never would have had otherwise.

6

"When Iraq invaded Kuwait in the fall of 1990, we got the call that we would ship out. We set up our Navy hospital in Bahrain, a small island nation in the gulf. We were there for eight weeks, and we were busy from Day One."

The first time I went into the military was in the 1970s, and I served as an advisor to the South Vietnamese Navy as a supply corps officer. Years later, after I had gone back to school, I joined the Navy's medical corps. A Navy pharmacy is so fast-paced, and the people are so good at what they do. It helped prepare me for my work at University Hospital. This hospital is the closest thing I've seen to a Navy pharmacy since getting out.



Greg Clawson
COORDINATOR OF HEALTH CARE COMPLIANCE



James Klinefelter
EMERGENCY MEDICAL TECHNICIAN



Tim McCulloch
MEDICAL TECHNOLOGIST

Show-Me HEROES

In 2012, MU Health Care was recognized by the Missouri Division of Workforce Development for joining the Show-Me Heroes program and hiring veterans returning from overseas.

“We recognize the burdens and sacrifices of those who have served in the military to protect our national security,” said Peter Callan, director of talent acquisition for MU Health Care. “We also recognize that much of the training in military service can be advantageous to our workforce.”

7

“When I got out of the army, I knew that a Level I trauma center was where I needed to be. I feel like if I didn’t put my skills to use, it would be a waste.”

In the Army, we were training constantly. We’d participate in medic competitions and carry a person on a stretcher for four miles, or we’d have to crawl under barbed wire with a stretcher. I was awarded a bronze star for my service during fighting in Iraq. Because of my training and experience, I’m not timid or scared of anything when we get a call. There are new challenges here, but the Army helped prepare me to tackle them.

8

“I trained to be a corpsman, but I had no idea what I’d be doing until I showed up. After that first day, I was almost ready to quit – my hands were shaking because I was so nervous. But I stuck with it, went to Navy laboratory school and am using that education 40 years later.”

While my main job was working in the laboratory in a small medical depot at Port Hueneme in southern California, I also worked search-and-rescue missions. We responded to stranded boats and medical emergencies in the ocean. Once we responded when a small airplane was having engine trouble and crashed into the water. In 1975, when I was returning from laboratory school, I volunteered to go to Guam, where I assisted in rescue operations during the evacuation of Saigon.

9

“I was a radio operator in the military. While my job doesn’t transfer over to what I do at the university, the attitude I first learned in the Navy does. When I was in high school, I was shy and meek. But after the military, I came out of my shell, and I’m more outgoing. If I have an idea for improving something, I’ll speak my mind.”

I spent two years in Greece when I was in the Navy. I loved it. I liked seeing another country and another culture. You can learn a lot from experiencing other cultures. I also served five years in the Missouri National Guard. I think my time in the military made me a better person. It gave me direction, and it taught me respect.

Answers: 1. Campoli 2. Fritschie 3. Lewis 4. Clawson 5. Floyd 6. Jackson 7. Klinefelter 8. McCulloch 9. Evans



Randall Floyd, MD
ASSOCIATE PROFESSOR OF OBSTETRICS,
GYNECOLOGY AND WOMEN’S HEALTH



Ric Jackson, RPh
PHARMACIST



Jeanne Campoli
UNIT CLERK



*fly*ing Lessons

BY COLIN PLANALP



It's a bird ... It's a plane ... It's a hospital? **How surprising similarities between aviation and health care help us improve patient safety.**

When Bret Barrier, MD, heard an overhead page that the emergency department at University Hospital needed an obstetrics physician, he knew it was urgent. Deliveries haven't been performed at University Hospital since the labor and delivery unit moved to Women's and Children's Hospital years ago.

Fortunately, barrier was at University Hospital for a meeting that day.

The seasoned obstetrician and gynecologist rushed to the E.R. and found a woman ready to give birth. There was no time to transport her across town to the Family Birth Center. Barrier quickly assembled a team, and within minutes they helped deliver the baby.

The delivery went incredibly smoothly, but there was one issue. Barrier needed a clamp for the baby's umbilical cord. Because the birth center isn't based at University Hospital anymore, the E.R.'s regular supplies didn't include the type of clamp he needed. The staff found one, but it took a couple of minutes.

Many people would have considered that a job well done. After all, the team had just delivered a perfectly healthy baby. But that day he had a different perspective. Just a few days earlier, Barrier had taken part in flight crew training, where expert pilots taught him and a classroom of other health care professionals about airline safety.

"Aviation and medicine may seem different, but they are extremely similar," Barrier said. "In aviation, a problem with dire consequences can occur in seconds. To prevent that, you need complex systems to operate properly. Health care is the exact same."

Right after the delivery, Barrier called for a team debrief, a tool he learned from the pilots in his training session.

"Everyone thought they were in trouble," he said. "Everyone was out of their element. It's not something they normally did."

During the debrief, the team discussed their experience — what went well and how they could improve. They learned from the experience. Now, University Hospital's E.R. stocks an emergency delivery pack with all the supplies needed for a delivery, including umbilical clamps.

Learning lessons

You can find debriefs like that hundreds of times a day, all across the globe. While it's uncommon in health care, debriefs are common practice for pilots. Airline crews perform them after every flight. It's designed to improve safety. When you're flying a plane, soaring through the sky at hundreds of miles an hour, thousands of feet above the ground, mistakes can be incredibly dangerous. A tiny error may not cause a serious problem the first time, but you want to learn from that mistake so it doesn't happen a second time, when you might not be as lucky. By debriefing after every flight, you can catch and solve those minute issues before they become big problems.

Karen Cox, PhD, believes the stakes are just as high in health care. As manager of quality improvement and patient safety, she works throughout University of Missouri Health Care to help improve patient care everywhere she can.

"You can't overstate the importance of safety in health care," Cox said. "Our patients are relying on us. We need to do everything we can to improve the quality of care we provide. One way we can do that is looking to other disciplines that emphasize safety, such as aviation."

Today, it's conventional wisdom that flying is the safest way to travel — that you are more likely to be hurt in a car wreck on your way to the airport than on a plane. There's nothing magically safe about airplanes, though. Flying is safe because of the hard work of pilots, mechanics, flight controllers and others.

"The aviation industry has a culture built around communication and teamwork,"
BARRIER SAID. "We want to create an environment like that here, and I think we are succeeding. I have been amazed by how much people appreciate having a voice in these debriefs."

The Tenerife tragedy

From the Wright brothers' first flight in 1903 through most of the 20th century, flying was nowhere nearly as safe as it is today. There were a lot of flight accidents, and most of them were caused by mechanical problems, inclement weather and other issues beyond the control of pilots. As technology advanced, with more reliable planes, the development of weather radar and flight equipment to manage through bad weather, fewer and fewer accidents were occurring.

But human error was one issue that wasn't going away, said Steve Chafe, a veteran pilot who teaches flight safety at MU Health Care.

"The Tenerife accident was a watershed moment in aviation safety," Chafe said. "After that accident, the Federal Aviation Administration decided it needed to look more closely at the issue of human error."

Tenerife was a black day in the history of flight. In December 1977, at a small airport on the Spanish island of Tenerife, two Boeing 747 airliners collided on the runway. The accident killed 583 people, and it remains the deadliest accident in aviation history. That's largely because of the lessons that we have learned since.

In the aftermath of the accident, investigators discovered that many things went wrong to cause the tragedy. Severe fog and an overcrowded airport created an already dangerous situation. Poor communication in the planes' cockpits and radio problems meant pilots couldn't communicate well with air traffic controllers. And even when people noticed something was wrong, they were reluctant to speak up.

Numerous changes have occurred as a result of that accident. According to Chafe, one of the most important changes was introducing crew resource management training. It has improved teamwork and communication, resulting in a significantly safer airline industry than three decades ago.

"It took a decade or more, but these days it's part of our culture," Chafe said. "These days a pilot may only get a limited amount of dedicated crew training, but it's peppered throughout everything we do — from the way we communicate to the way we operate the plane."

Today, University of Missouri Health Care is an international leader in applying the lessons of flight crews to improve the quality of health care. Since 2003, more than 2,000 MU Health Care physicians, nurses, pharmacists and other health professionals have trained in crew resource management methods — the same as pilots throughout the world.

The Office of Clinical Effectiveness, which sponsors the training, has surveyed participants since the training program began, and 97 percent say they believe the training improves the safety of care for patients.

"I've been coming to the University of Missouri since 2007, and I've been amazed at the changes I've seen over those years," Chafe said. "There is a tipping point when crew training becomes part of the culture, just as there was in aviation. I feel like you are on the cusp of that."

Our own flight

Bret Barrier remembers thinking to himself during his crew training course, "if pilots can improve safety like that, how can we do it?" Since then, he has looked for ways to apply the lessons he learned. In his opinion, one of the most important tools, debriefing, is especially suited to health care.

In late 2011, he went to Karen Cox looking for some help. As an academic medical center, University of Missouri Health System both cares for patients and trains many of tomorrow's physicians, nurses and other health professionals. Barrier serves as director of the residency program in the Department of Obstetrics, Gynecology and Women's Health. He oversees the education of the resident physicians in his department. He wanted to teach his residents to tackle their own quality improvement projects.

After discussing numerous options, Cox and Barrier came back to airline-style debriefings.

"Debriefs are great because you have the opportunity for instant improvement, plus you have can gather data and track patterns," Barrier said.

In January 2012, teams at the Family Birth Center began performing debriefs after deliveries. Their goal is to debrief after at least 60 percent of all deliveries, approximately 1,000 births a year. Because there is often another patient who needs help from the delivery team, they can't hold a debrief after every birth.

Each debriefing lasts around 3 minutes and includes every member of the delivery team, including resident physicians, attending physicians, anesthesiologists, nurse anesthetists, nurses, surgical technologists and any other health professionals in the room. The debrief leader, usually a resident, asks three questions:

- "What went well?"
- "What can we improve?"
- "Is there anything else to discuss?"

Every team member is given an equal voice and is encouraged to voice his or her opinion. It's a technique borrowed from aviation debriefs, created because of accidents like Tenerife that could have been avoided if someone had spoken up.

Sometimes the teams make immediate improvements, such as the emergency delivery kit in University Hospital's E.R. The debrief leader also makes notes about the meetings, compiling the comments and sharing them with the Office of Clinical Effectiveness. Cox and her staff then decode patterns and help develop solutions.

"The aviation industry has a culture built around communication and teamwork," Barrier said. "We want to create an environment like that here, and I think we are succeeding. I have been amazed by how much people appreciate having a voice in these debriefs."



INTERESTED IN CREW TRAINING?

Crew training is a four-hour course taught by veteran pilots who serve as coaches for Lifewings, an organization that trains health professionals at hospitals throughout the United States and internationally.

The interactive course covers topics including insights into the causes of human error, the limits of human performance and ways to prevent errors, including:

- Effective techniques for teamwork and leadership
- Methods for building situational awareness and recognizing safety red flags
- Managing difficult situations
- Assertive, professional communication
- Communication tools, such as team briefings, cross-checks and checklists

If you're interested in participating in an upcoming crew-training session, please contact Holly Forbis, executive staff assistant in the Office of Clinical Effectiveness, at **(573) 884-2373**.

BRINGING IT HOME

EARNING THE MISSOURI QUALITY AWARD took lots of teamwork from everyone at University of Missouri Health Care. Follow our journey to the MQA, and get ready as we gear up for the Malcolm Baldrige National Quality Award.

December 2010

Build your MQA teams. Just six months until our 2011 application's due!

MISSOURI QUALITY AWARD TEAMS

- Leadership
- Strategic planning
- Customer focus
- Measurement, analysis and knowledge management
- Workforce focus
- Operations focus

October 2011

SUCCESS! The hard work and process-improvement have paid off. We're going to receive the award.

September 2011

They're here. It's time to show them what we're made of.

January 2011

Start tacking our opportunities for improvement. There's always room to grow.

November 2011

And the award goes to ... *MU Health Care* and three other Missouri organizations receive the prestigious recognition.

August 2011

The Excellence in Missouri Foundation has announced our site visit!

March 2011

Get out that red pen: It's time to review our application draft.



April 2011

Ready to print our final application. It's 50 pages; better make sure the copier has plenty of ink!



May 2011

It's time to mail our application. Someone buy an extra book of stamps.



December 2011

OK. Now it's time to gear up for the national Baldrige Performance Excellence Program in 2012.



May 2012

How do you overnight a package? Time to mail our Baldrige Award application!





teaching from the HEART

By Cheri Ghan

A AS WITH ANY HEALTH CARE PROFESSIONAL, B.J. RODEMAN HAS NO TYPICAL DAYS AT WORK.

One minute she is helping admit a new patient to the University Hospital cardiology department, where she has worked as a clinical nurse for the past 20 years. The next minute you can find her assisting a physician with patient care. From reading the device remote monitor reports of several of the 650 patients she

B.J. RODEMAN'S PATIENT EDUCATION "TO DO" LIST:

Assessing how a patient is dealing with new health information and learning to manage it requires not only observation, but sometimes a question-and-answer session. Rodeman uses this method at her patients' first clinic visit after they've received their implantable cardioverter-defibrillators and in later visits. To ensure patients are best prepared, she:

- ✓ Asks if there is someone in the waiting room they would like to call in for this part of the clinic visit
- ✓ Checks to ensure the patient is engaged. She notes if the patient is alert—making eye contact and asking questions or withdrawn and seemingly not interested. If this is the case, Rodeman determines the reason why, addresses that and moves on with the session.
- ✓ Asks the question: "Is there something about your device, hospitalization, disease, medications, etc. that you want to discuss today?"
- ✓ Asks if the patient would like to take notes or just listen.
- ✓ Asks if the patient wants to take handouts and graphs that explain their discussion.
- ✓ Asks if the patient wants to see pictures of what is going on with their health issue.
- ✓ Asks if the patient wants her to discuss a particular piece of information in detail now or at another session they can schedule.

follows, to assisting in the clinic, she is a seeming non-stop fireball of activity. But if you ask Rodeman, RN, MSN, what aspect of her job gives her the greatest satisfaction, she says it is teaching.

While Rodeman is a nurse, she spends a great deal of her time teaching. She teaches patients about managing their heart conditions, and she teaches less experienced nurses about their profession. She is widely admired and respected by other health care professionals, and her patient education skills led colleagues to nominate her for the Karna K. Kruckenberg Award for Excellence in patient education by an advanced practice nurse. Rodeman received the award in November 2011.

Rodeman has been a University of Missouri Health Care employee since 1983. In the cardiology department, she

works with some of University Hospital's most critically ill patients. She said helping them understand their condition and how to live with it is one of the most important aspects of care.

"Patients are challenged to work with so many different aspects of their care, and they can become frustrated," Rodeman said. "The typical stay is too short to learn it all. The doctors don't have enough time to do that, and the nurses on the floors are taking care of patient safety. So that's where I come in."

Sarah Collins, an LPN in the cardiology clinic where Rodeman works, is one of the colleagues who nominated Rodeman for the Krukenberg award. She recalls Rodeman's skill in helping a patient understand his care options in getting an implantable cardioverter-defibrillator.

"I believe with all that I am that B.J. saved his life," Collins said. "Her discussing his situation, and explaining it effectively, are what comforted this patient with his decision. She realizes that most people don't make decisions well when they don't understand. With a little patient education, it's amazing the differences you can make in patient care."

For Rodeman, her own education has come full circle.

"Back in nursing school when we learned about self-care deficit theory, it all seemed so esoteric, but now I understand that you have to figure out at what point a patient is in his or her understanding," Rodeman said. "By customizing a treatment plan for each person, I can help identify what those deficits are and work with the patient to meet them."

Picking DAISYS

BY VELVET HASNER



Mark and Bonnie Barnes, founders of the DAISY Foundation, visited MU Health Care in January. More than 1,000 health care facilities in seven countries honor their nurses through the DAISY Award program.

You never know where Anita Larsen, RN, MBA is going to show up with cinnamon rolls and a bag of prizes. If you're a nurse, you could be the target of a surprise DAISY Award reception in your workplace.

In 2011, University of Missouri Health Care launched the DAISY Award program, based on a national program for excellence in nursing. The DAISY Award was established by the DAISY Foundation in memory of J. Patrick Barnes, who died of an auto-immune disease at the age of 33. DAISY is an acronym for "diseases attacking the immune system." Impressed by the clinical skills, caring and compassion of the nurses who cared for Patrick, the Barnes family created this national award to thank nurses everywhere.

Each month, the nurses on our Professional Nursing Council review about 40 new nominations from patients, family members of patients and coworkers. The council selects one or two winners from the nominations. Each winner's supervisor helps plan a surprise reception.

At each ceremony, Larsen, the chief nurse executive of MU Health Care, reads the nomination to the winner in front of his or her peers and presents the winning nurse with prizes. The nurse receives a pin, a certificate and a hand-carved stone sculpture titled "A Healer's Touch." Additionally, everyone in the unit celebrates with cinnamon rolls, one of Patrick's favorite treats.



MARY LAMMERS, RN

Workplace: Children's Hospital's neonatal intensive care unit (NICU)
Nomination by: The mother of a former NICU patient
Career at MU Health Care: Lammers has served our tiniest patients and their families for the past 21 years. Fourteen years ago, she started the NICU's Books for Babies program, which has provided thousands of books for parents and their babies through the years.

"I just enjoy the families so much," Lammers said. "I love to teach parents to care for their babies, then watch their children grow and get better and come back to visit."

Lammers, far left, was MU Health Care's first DAISY Award winner.



PHYLLIS THOMAS, LPN

Workplace: University Physicians-Green Meadows Family Medicine Clinic
Nominated by: Two nurses and two physicians at the clinic
Career at MU Health Care: Thomas has worked at the University Physicians-Green Meadows clinic for 15 years.

"She is incredibly organized, a quiet leader and always patient-centered," said Erika Ringdahl, MD, a physician and professor of family and community medicine. "I know I will have a pleasant and efficient clinic and my patients will receive great care if it's a day I get to work with Phyllis. She is a great role model for our new nurses and a great representative of MU Health Care."



DEB HAMILTON, RN



Workplace: Missouri Palliative Care Program

Nominated by: A coworker

Career at MU Health Care: Hamilton has worked at University Hospital for 17 years, serving cancer patients for the past 10 years. She joined the palliative care team in October 2011.

“Deb found her patient and family distraught and weeping,” said Sam Black, an office support staff member for the palliative care program. “They expressed only one wish — for the patient to receive a full immersion baptism. Within hours, Deb arranged for the patient and family to gather around a physical therapy tub with members of the care team, hospital chaplains and palliative care counselor to sing hymns and witness the patient’s baptism.”



DOT SHANNON, RN



Workplace: Children’s Hospital’s NICU

Nominated by: The mother of a former patient

Career at MU Health Care: Shannon has worked in the NICU for seven years.

“With Dot, what you see is what you get,” said Barb Brucks, RN, NICU manager. “She’s bubbly and very good with families. She has a heart as big as a mountain, endless energy and will just do anything for patients and their families.”



ANDREA BELL, RN



Workplace: University Hospital’s 5 East

Nominated by: The wife of a patient

Career at MU Health Care: Bell has worked as a nurse for less than a year, but she is already making a positive impression on patients, families and colleagues.

“She is a model for all of us on how to be a great human being,” said the family member who nominated Bell.

Bell, center, hugs coworker Jennifer Parzych, RN.



ASHLEY PROBST, RN



Workplace: Currently University Hospital’s Emergency Room – nominated for her work as a nurse in the hospital’s cardiac intensive care unit (CICU)

Nominated by: A former patient

Career at MU Health Care: Probst began working for University of Missouri Health Care as a nurse technician in 2007. After graduating from MU’s Sinclair School of Nursing, she joined University Hospital’s CICU nursing staff in June 2010. She worked in the CICU until transferring to the emergency department in January 2012.

“Nursing is definitely a rewarding profession,” Probst said. “You get to see changes in people for the better.”

Picking DAISYs



SARA LEONARD, RN

Workplace: University Hospital's CICU

Nominated by: A coworker

Career at MU Health Care: Leonard has worked in MU Health Care intensive care units for more than 20 years. She has served in the CICU for about six years.

"Sara earned her nickname 'Mama Sara' because of her enveloping love for patients and staff," said Hillary Claunch, RN. "The opportunity to work with Sara has made me a better nurse."

Leonard, front right, displays the traveling DAISY banner with coworkers.



SILVIA TRIBBLE, RN

Workplace: University Hospital's medical and neurosurgical intensive care unit (MNSICU)

Nominated by: The son-in-law of a patient

Career at MU Health Care: Tribble has served in the MNSICU since she began working at University Hospital in 1994.

"Silvia is one of the most compassionate nurses I've ever met," said Christina Vollrath, RN, MSN, manager of the MNSICU. "She gives her heart and soul to everyone. We get multiple cards thanking our nurses, and Silvia is always one of the nurses mentioned."



THELMA SWEETZER, RN

Workplace: MU Health Care's ostomy program

Nominated by: A former patient

Career at MU Health Care: Sweetzer retired from Ellis Fischel Cancer Center's oncology unit 10 years ago, but she continues to work part-time. She began her nursing career in 1976 as a licensed practical nurse at Ellis Fischel. She was a nursing supervisor on University Hospital's 5 East when she retired.

"My advice to new nurses is to always keep learning," Sweetzer said. "Try to put yourself in your patient's situation."



THE DAISY AWARD

FOR EXTRAORDINARY NURSES

IN MEMORY OF J. PATRICK BARNES

KNOW AN EXCELLENT NURSE who deserves recognition? Nominate him or her for a DAISY Award at www.muhealth.org/DAISYAward.

my MUHealth

Policies & Procedures	Directories & Pagers	Employee Resources	Human Resources	Training	Intranets	Clinical Services
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BY CHERI GHAN

EMPLOYEE INTRANET *makes connections*

Creating an informed, involved workforce is critical for any organization. **My MU Health.org**, the employee intranet for the University of Missouri Health System, is designed to do just that.

The website, <https://www.mymuhealth.org>, is updated daily and draws more than 4,000 visitors each week. Since January, My MU Health.org has received more than 51,000 home page visits and 186,000 total page views. On the home page, you'll notice rotating pictures of MU Health System employees; the top headlines from InSight, the daily employee newsletter; upcoming events and a plethora of links to resources to assist you in your job, like an approved abbreviation list or webmail access. In addition to these resources, you can also enjoy interactive contests, classified ads and a weekly quick poll on work as well as leisure topics.

Doris Eagle, an administrative assistant in the Department of Ophthalmology, uses the intranet for work to locate physician contact information and medical journals. Eagle also is a regular participant in the employee photo contest, Photo Finish.

"It gives the employees an outlet to share creativity and creates an atmosphere where employees can learn more about each other's interests and hobbies," Eagle said. "Through these photos, I have learned a lot about some of the other employees. It creates a sense of camaraderie."

When it was introduced to MU Health System employees at the end of 2011, the site was available only by logging on to on-campus computers on the health system's server. You can now access it from home, on your smartphone or anywhere with Internet access. Just log in with your employee pawprint and password.

"I have set the My MU Health page as my home page and find the information very convenient," said Amy Camp, a planning analyst for MU Health Care.

5 most popular pages

In addition to the main page of the website, these are the most-visited pages, with the most popular listed first:

1. Classified ads
2. Photo Finish Photo of the Week
3. Abbreviations
4. Photo Finish Guidelines
5. Construction videos

By request

The intranet's design includes many features suggested by employees, including:

- Employee directories that allow you to search by a person's partial name or department
- Webmail (email) access
- Policy and procedure links, such as links to DocuShare and material safety data sheets
- Construction and parking information
- Cafeteria menus
- Forms
- Center for Education and Development website and training resources
- Classified ads
- Authorized abbreviations list
- Links to intranet sites for Human Resources, payroll and Employee Health
- Patient-education materials for use in patient units and clinics
- Weather and safety information

IS THERE SOMETHING ELSE YOU WOULD LIKE TO SEE?

If you have any suggestions for **My MU Health.org**, please email Cheri Ghan, publications coordinator, at ghanc@health.missouri.edu. If you have difficulty accessing the website, please contact the Help Desk at (573) 884-4357 (HELP).

Building On PROVIDENCE

NEW CLINIC TO SERVE SOUTHWEST COLUMBIA

BY COLIN PLANALP

Grab your shovel. On May 1, University of Missouri Health Care purchased land to build a new clinic, and site preparations began this summer.

Located at the intersection of Providence Road and Southhampton Drive, near State Farm Insurance and Rock Bridge High School, the site will house a larger, more comprehensive clinic on the southwest side of Columbia to replace the University Physicians-Green Meadows clinic.

The clinic will house general pediatrics, family medicine and adult psychiatry clinics, which are currently housed at Green Meadows, in addition to the family medicine clinic located at University Physicians-Woodrail. The new clinic also will house a medical laboratory, a larger pharmacy, and radiology and imaging services, including computer tomography (CT) and magnetic resonance imaging (MRI).

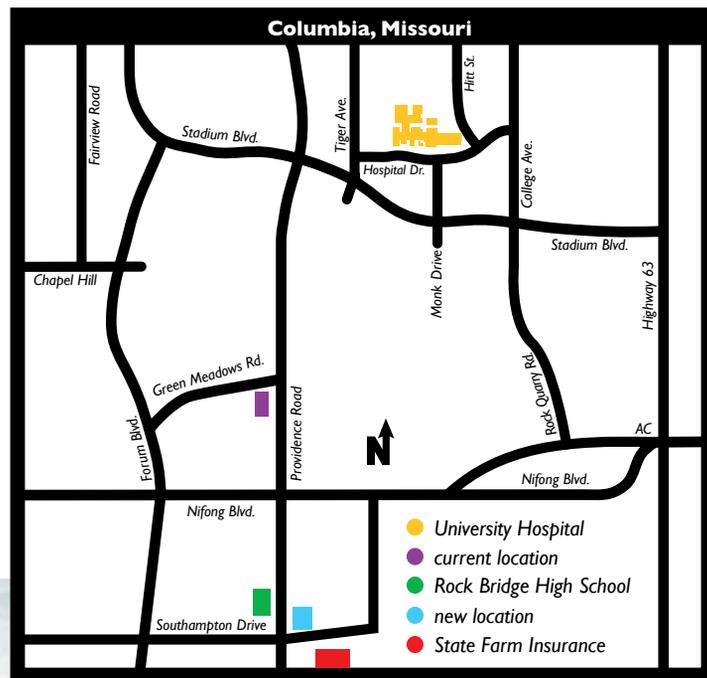
“When the new clinic opens, patients are going to find a comfortable, modern environment for patient-focused and family-friendly care,” said

David Mountjoy, executive director of ambulatory care for MU Health Care. “We’re designing the facility around a model of comprehensive care, so a patient can visit his physician, get lab work done, have an imaging procedure and pick up a prescription — all without driving across town.”

University of Missouri Health Care staff members are working with architects to design the facility, and construction is

planned to begin on the clinic in early 2013. The two-story facility is expected to open in summer 2014. At approximately 80,000 square feet, it will be about two-thirds the size of the Missouri Orthopaedic Institute.

“The larger clinic will allow us to care for a growing number of patients needing outpatient care, and it will expand our pharmacy and imaging services in a larger, more efficient layout,” said James H. Ross, chief executive officer of MU Health Care.



State Farm
INSURANCE



the **HARD-HAT** TOUR



As crews haul away the construction cranes, construction workers are finishing the interior of the University Hospital expansion. The building is scheduled to open in spring 2013, but you can sneak a peek behind the construction fence now. Check out these construction pictures, and step inside the new Ellis Fischel Cancer Center with a video tour at www.mymuhealth.org/construction-countdown.

CLOCKWISE FROM TOP LEFT

- Construction cranes have installed 596 glass panels and 246 brick panels on the new building.
- The windows of patient rooms in the new tower are decorated with etched dogwood flowers, the Missouri state tree.
- Two diesel-powered generators have been installed to provide the University Hospital expansion with backup power.
- A stack of copper pipes are waiting to be installed by contractors.
- The healing garden — planted with shrubs, flowers and trees — will be the centerpiece of Ellis Fischel Cancer Center's new home.
- Dozens of spools of networking cable line sit inside the construction site. When the building is completed, it will have 2 million feet of cable — enough to stretch from Columbia to Chicago.



HealthyU

University of Missouri Health Care

Investing in a HealthyU

University of Missouri Health Care's wellness program, HealthyU, is a combination of both education and engagement to help you better understand and implement good fitness and nutrition into your life. This spring, HealthyU hosted a 5K training program, guest speaker presentation and a racing event. Check out the program's blog, "It's About U," at www.muhealthu.org.

Go Girl Run

More than 1,100 individuals ran or walked the inaugural MU Women's and Children's Hospital Go Girl Run half marathon or 5k on May 26. The race was the largest timed event in mid-Missouri, and the only all-female half marathon in the Midwest region.



Couch to 5K

Certified personal trainer Ted Brandt demonstrates a strengthening exercise at a Couch to 5K training class at Quarterdeck. More than 100 individuals attended one of three Couch to 5K sessions led by MU Health Care experts in February and March. The program helped participants kick-start their training to complete a 5K (3.1 miles) race.



Chatting with the 'biggest loser'

Before taking the stage, Ali Vincent speaks to winners of backstage passes and the press. Vincent, the fifth-season winner of NBC's hit series, "The Biggest Loser," shared her story of weight loss and adopting a healthy outlook on life at a free presentation May 9 at MU's Jesse Auditorium. She lost more than 100 pounds and has maintained a healthy body weight since she appeared on the show in 2008.



Running for a reason

The 10th annual Jay Dix Challenge to Cure race in downtown Columbia on May 12 raised \$13,000 for research programs at Ellis Fischel Cancer Center. Runners included Jeremy Harvey, Jason Thornhill and Max Perry. Thornhill and Perry both finished first in their age divisions, with paces of 7:07 and 7:15 minutes, respectively.



They're here for you

The latest members of University of Missouri Health System's forYOU team graduated in May at Quarterdeck. These grads join a team of health care clinicians (doctors, nurses, allied health professionals and managers) who are trained to assist staff members during difficult situations. To learn more about the forYOU program, which is available to all employees, please visit <https://www.mymuhealth.org> and select the "forYOU Team" link from the menu on the left.



CMN Missouri Champion

Jayla Kemp, a six-year-old cystic fibrosis patient from Fulton, is the first Children's Miracle Network Hospitals Champion Child selected from MU Children's Hospital. She will serve as a goodwill ambassador for the 17 million kids treated worldwide each year at CMN hospitals.

TOP LEFT: Jason Kemp, Jayla's father, presents her with flowers before the "Meet Jayla" ceremony at Columbia Regional Airport on April 30.



the Gap

by CHERI GHAN

REACHING OUT TO STUDENTS OF PROMISE



WHEN IT WAS FIRST RECORDED IN THE U.S. IN LATE 1967, “WHAT A WONDERFUL WORLD” SOLD LESS THAN 1,000 COPIES AND WAS HARDLY NOTICED. ITS WORDS OF HOPE AND OPTIMISM RESONATED WITH THE UNITED KINGDOM, THOUGH, WHERE IT BECAME THE BIGGEST-SELLING RECORD OF 1968. SOMETIMES USED AS A LULLABY TO CALM A FUSSY CHILD, IT ACTUALLY WAS WRITTEN AS A COMMENTARY ON THE POLITICAL AND SOCIAL CLIMATE OF ITS DAY AND TO CALM A WORRIED WORLD.

The song could also be an anthem for the works of Ellis Ingram, M.D. A professor of pathology and anatomical sciences, he is trained to diagnose disease and make the world a healthier place. He has also spent his adult lifetime helping bridge the diversity gap in health care. For Ingram, seeing the youth of today head to tomorrow with greater thinking skills and a plan to succeed is the basis of a wonderful world.

I SEE 'EM BLOOM, FOR ME AND FOR YOU . . .

Ingram, senior associated dean for diversity and inclusion and interim chair of the Department of Pathology and Anatomical Sciences in the School of Medicine, has been working with at-risk and disadvantaged youth for years. In 1994, he and his wife, Pamela Ingram, started a program called Calling to Academic Leadership Excellence — Building Character and Confidence, CALEB. They chose the name to represent the Hebrew patriarch Caleb, who believed there was a promise for his life.

I HEAR BABIES CRY, I WATCH THEM GROW . . .

The Ingrams use a three-pronged approach with the CALEB project. The oldest branch, Excellence in Learning, is a partnership with Washington University to work with St. Louis area schools and their students to create learning and mentoring opportunities for minority youth. The goal is to help them find career opportunities they are passionate about.

The second, the Leadership Development Program, connects pre-medical students at Mizzou with other faculty members. The students meet every other Saturday morning, and Ingram now has them learning the principles of the Baldrige National Quality Program.

“Our mission is to develop a group of outstanding students that the medical schools will all compete for,” Ingram said.

The third CALEB program, the Science Club, matches junior high and high school students with mentors from the Leadership Development Program. They meet monthly on Saturday mornings to get an overview of health programs. But this year, in the quest to teach Baldrige principles, it is the pre-college students who are running the science classes.

Ingram listens quietly at their Friday after-school planning sessions. He gently nudges them toward thoughtful and thorough planning of their program. One of the younger leaders is Cameron Solomon, a Hickman High School senior. Ingram calls him the CEO of the March science program.

“I’ve had leadership roles before, but never with this many people and this much detail,” Solomon said. “It’s a unique opportunity. He makes sure we pay attention to the details in our work. This is an important skill that we can later translate to life.”

A proud Ingram smiles approvingly as the group wraps up its Friday session with plans for a Sunday conference call to further discuss the next science program. He believes that the seven Baldrige principles used to improve performance and produce sustainable results can serve the young people well in many facets of their own personal journeys.

“While the dean works with the faculty, we’re helping them before they even enter college,” Ingram said of the Baldrige criteria. “When they understand the principles, think how incredible they’ll be when they graduate from medical school.”

THE COLORS OF A RAINBOW . . .

The MU Medical School has become the only medical school in the country and the only institution in Missouri to become a national partner with the Cristo Rey Network of high schools for disadvantaged youth. The School of Medicine’s Area Health Education Center has been working with the Kansas City Cristo Rey High School since 2008, bringing students to campus in the summer for three days of exploring careers in medicine, nursing and health professions. Ingram connects with the Cristo Rey students, and many have become mentors for the pre-college CALEB program.

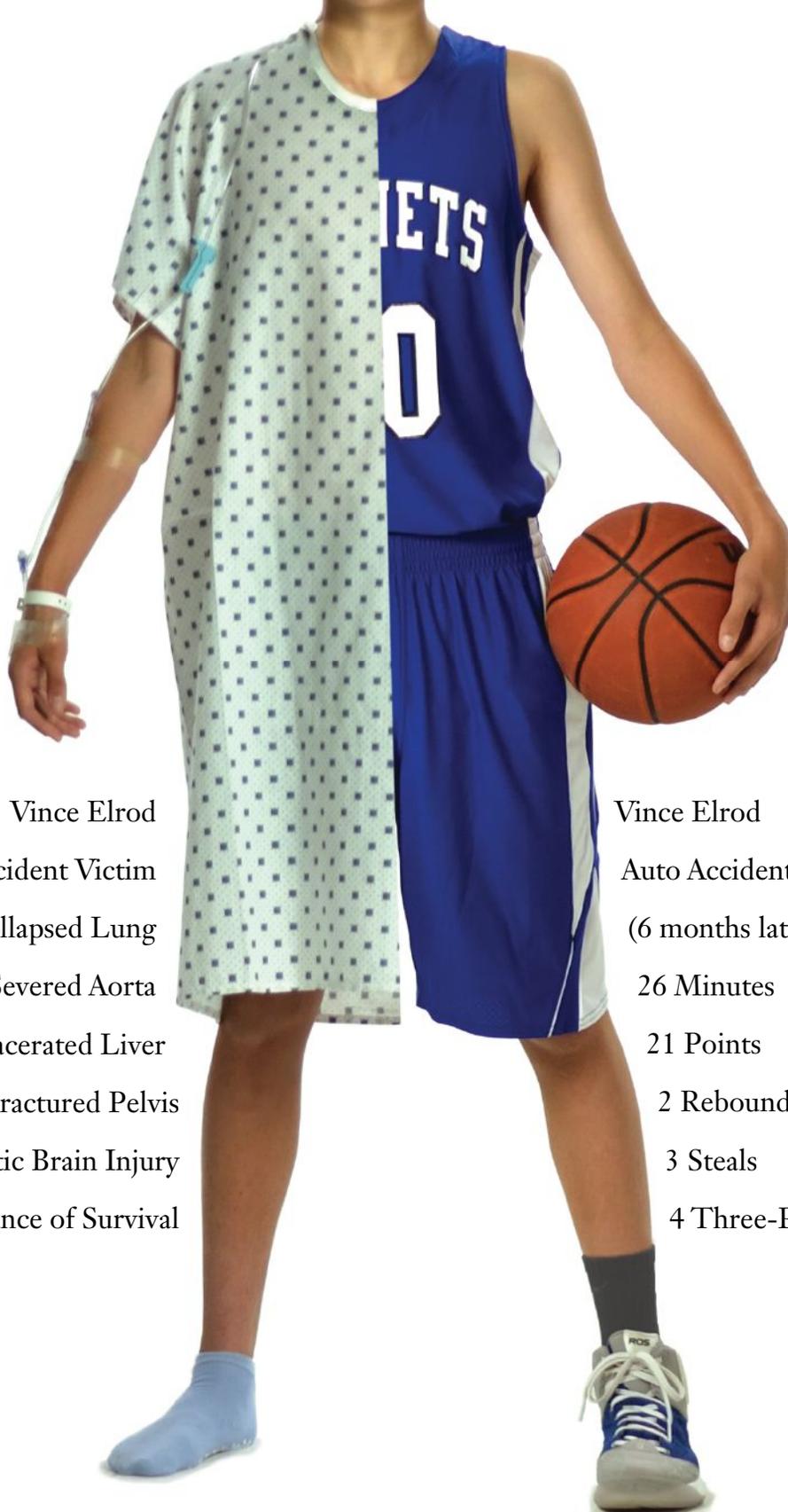
“We hope the students who benefit from our outreach and development programs will ultimately become successful professionals who give back to the communities where they were raised,” Ingram said. “When it comes to medicine, data proves that students from underserved urban or rural areas are much more likely to return to those areas as physicians.”

“WE CHALLENGE
THE STUDENTS BY ASKING,
‘DO YOU WANT TO MAKE
SOMETHING OF YOUR LIFE?’”
Ingram said. “IF THEY DO, AS CALEB
KNEW, THE PROMISE IS THERE
FOR THEM. THEY JUST NEED
TO TAKE ADVANTAGE OF
THE PROMISE.”

THEY’LL LEARN MUCH MORE THAN I’LL EVER KNOW . . .

Ingram also focuses on diversity throughout the health system with service on its Diversity Advisory Council as well as numerous committees. His tireless efforts to help foster a more wonderful world were recognized in January as the City of Columbia honored both him and Pamela with the Columbia Values Diversity Award.

“We challenge the students by asking, ‘Do you want to make something of your life?’” Ingram said. “If they do, as Caleb knew, the promise is there for them. They just need to take advantage of the promise.”



Vince Elrod
Auto Accident Victim
Collapsed Lung
Severed Aorta
Lacerated Liver
Fractured Pelvis
Traumatic Brain Injury
5% Chance of Survival

Vince Elrod
Auto Accident Survivor
(6 months later)
26 Minutes
21 Points
2 Rebounds
3 Steals
4 Three-Pointers

We gave Vince his game back.

 Health Care
University of Missouri Health System

When life is on the line