Oh, baby!
What a Baby-Friendly® birth center means to families
Welcome to the winter issue of MU Health, a magazine featuring stories about patient care, education and research at the University of Missouri Health System. Perhaps you were compelled to open this issue when you saw our exuberant cover model, Gwendolyn May. Gwen’s parents share why they chose MU Women’s and Children’s Hospital for their daughter’s birth. You can also read about the benefits of our hospital’s Baby-Friendly® certification as well as a new low-intervention birthing program that allows families to welcome their child in a home-like setting with limited medical interventions.

We’re not taking baby steps when it comes to progress. In July, we broke ground with leaders from CoxHealth and Mercy health systems of Springfield, Missouri, for a $42.5 million medical education building at MU and the new MU clinical campus in Springfield. We anticipate the expansion will provide more than 300 additional doctors in Missouri, add more than $300 million annually to Missouri’s economy and create 3,500 jobs.

To learn more about the great work and accomplishments at the University of Missouri Health System, visit our websites, muhealth.org and medicine.missouri.edu, or give us your feedback on our social media sites. We look forward to hearing from you.
Best beginnings
Why a Boonville family chose Women’s and Children’s Hospital for their daughter’s birth, plus what the hospital’s Baby-Friendly® designation and Low-Intervention Birth Program mean for patients

School of Medicine snapshots
Homecoming highlights, construction news and more

United in the fight against cancer
More than 20 Ellis Fischel physicians certified by MD Anderson Cancer Network®

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Pros of an academic medical center

“I have been receiving excellent care from everyone I have seen. I am a difficult patient with all my diagnoses but the physicians are truly concerned and vested in trying to locate proper avenues available to them to try to keep me feeling physically and emotionally comfortable, while addressing my illnesses and reducing the plethora of debilitating symptoms. I could not ask for a better team of doctors or care, and I expect I will be with these physicians throughout my illnesses. There are an amazing amount of specialists in so many areas at the university and I doubt I would find this at any other local hospital or clinic. I am so thankful for MU Health Care!”

Angela Ricketts
COLUMBIA, MISSOURI

In good hands

“I just wanted to drop a note and say what a positive experience my recent procedure (colonoscopy) was last week. The staff from the check-in to the discharge could not have been more exceptional. Their professionalism and scope of knowledge and caring put me at complete ease that I was in the best hands possible. Thank you all!”

James Lamb
COLUMBIA, MISSOURI

Calming manner at cancer center

“Elo Oseogo, a nuclear medicine technician, demonstrated an extraordinary level of care with my dad. My father was undergoing a bone scan to evaluate for possible metastatic disease and Elo did a great job of explaining the procedure and what the results would indicate. Throughout the experience, Elo showed utmost respect for the fact that my dad was concerned about his condition. Elo’s calm and caring manner eased my dad’s anxiety greatly. Elo even shared some personal experiences from his own life to give us some perspective on our situation. Many thanks!”

David M. Hayes, MD
JEFFERSON CITY, MISSOURI

TLC at MOI

“We were amazed at the care we received by everyone at the Missouri Orthopaedic Institute, from the check-in lady named Mary, to our nurse, Cathy, to the X-ray tech, Nikki, and a special “thank you” to Arlene, the administrative assistant, who went beyond what was expected to get our next tests and appointments close together so my husband, Leonard, would be as comfortable as possible.”

Mary Mills
MEXICO, MISSOURI

Raising the bar for hospital care

“The caring and attentiveness of the nursing staff on University Hospital’s 5 East was outstanding. In particular, Gretchen and nursing aides Violet and Sam were pleasant, cheerful, efficient and readily available. They answered questions and addressed my needs promptly. They set a new standard in my mind of what constitutes excellent care.”

Carla Allen
NEW FRANKLIN, MISSOURI

Positive experience at South Providence

“I had an appointment with Dr. Kristen Deane at South Providence Medical Park. Every staff person I encountered was wonderful, from check-in to Samantha at checkout. Dr. Deane and her assistant, Julie, were caring and professional. They took the time to listen and respond to my needs. I particularly want to thank the technician, Tammy, who did my lab draw. I literally did not feel a thing. This was the best experience I have ever had with a lab draw. She is very skilled, caring and professional. Thank you for the great service. I really appreciate it.”

Deborah Summers
COLUMBIA, MISSOURI

During the 2015 Mizzou football season, parents of newborns at MU Women’s and Children’s Hospital received caps for their little Tigers.
App Aids Patients with Depression

Users log mood, activity levels on smartphone application

Approximately 16 million American adults are affected by depression. However, many patients see a psychiatrist only once every two to three months. Recognizing that patients often forget how their moods vary between visits, a team from the University of Missouri, Missouri University of Science and Technology and the Tiger Institute for Health Innovation has developed a smartphone application that lets users log their moods and symptoms and share that data with their psychiatrists.

"Some patients keep a mood diary during their treatment, which can be helpful in assessing their well-being," said Ganesh Gopalakrishna, MD, an assistant professor of psychiatry at the MU School of Medicine and a psychiatrist at MU Health Care. "But I thought that there must be a better way to record moods and activity. That led to the development of the MoodTrek™ app, which allows patients to log their moods, sleep patterns and activity levels between appointments. People tend to forget what their moods were like just a few days ago, but through this app, I can now see that data and can use it to provide the best care possible."

Gopalakrishna worked with Sriram Chellappan, a computer science faculty member at Missouri S&T, to create the app. The two, along with Missouri S&T's technology transfer and economic development staff, coordinated development of the app with the Tiger Institute.

"It forces you to take time for self-analysis and really reflect to find out why you're feeling the way you do."

- MoodTrek™ app user Kody Ihnat

App users can record their moods on a scale of one to five by selecting the appropriate "smiley face" icon that matches their current feelings. By linking the app to a Fitbit activity tracker, users can integrate their sleep and exercise activity, which is then shared with their provider. If a patient is seen by a provider who uses a Cerner-developed electronic medical record, the information is uploaded instantaneously to their medical records. Users also can download reports of their mood, sleep and exercise activities to bring to their visits.

Kody Ihnat, a mathematics and physics student at the University of Missouri, began using MoodTrek™ in January 2015. Ihnat struggles with depression, but she has seen an improvement in her mental well-being since using the app.

"I update my mood at least once a day," Ihnat said. "It forces you to take time for self-analysis and really reflect to find out why you're feeling the way you do."

In addition to recording mood, sleep and activity, the app has a journaling feature that lets users record notes they can then share with their psychiatrists. The app also includes a helpline that can connect the user with the National Suicide Prevention Lifeline.

"My family is very much comforted by the fact that I have something in my pocket that is looking out for me and allows me to be in touch with my doctor," Ihnat said.

By understanding how activity, sleep and mood interact, both the patient and the provider can take steps toward better health.

"It's helping you help yourself and helping the doctor help you," Ihnat said. "I've certainly enjoyed using it, and I've definitely seen an improvement in my mood and mental state."

MoodTrek™ is available for free on Android devices, with plans to bring the app to Apple devices.
When Boonville residents Holwell and Kasey May began thinking about starting a family, they faced a couple big decisions. They wanted to find an obstetrician who would be a partner, not just a provider, and they wanted a hospital that would respect their wish to have as natural a childbirth experience as possible.

Best Beginnings

Boonville family chooses Women’s and Children’s Hospital for daughter’s birth

“When Boonville residents Holwell and Kasey May began thinking about starting a family, they faced a couple big decisions. They wanted to find an obstetrician who would be a partner, not just a provider, and they wanted a hospital that would respect their wish to have as natural a childbirth experience as possible.

“I did a lot of research and asking around,” said Kasey May, 26. “The more I realized that we wanted to go that natural route, the more I confirmed my decision that Women’s and Children’s was the place to be.”

Kasey particularly liked that Women’s and Children’s Hospital was working toward the Baby-Friendly® designation, which signifies...
that a hospital takes steps to ensure babies and mothers get off to the best start possible.

After the Mays decided where they wanted to deliver, they focused on finding an obstetrician. They visited Jacqueline Ruplinger, MD, a family physician at MU Health Care and an associate professor of family and community medicine at the MU School of Medicine, on the recommendation of a friend who had two babies under Ruplinger's care.

Ruplinger said her philosophy is simple. "It's my job to see what the parents want as a birth experience and then to talk to them about their options," she said. "It's such a special time and such a special experience — it's a miracle. You want that to be memorable and safe and you want everything to go perfectly."

The power of choice

Kasey wanted a natural childbirth experience, but she knew that plans can change once labor starts. She called her birth plan a birth guide to acknowledge that fact.

A central part of her strategy was to surround herself with a lot of support. Her husband accompanied her to every prenatal appointment to ensure he was ready, and they enlisted a doula (a person who assists a woman during childbirth) to further strengthen their birth team.

"When we were admitted, they wrote my doula's name on the board, and she was part of the process," Kasey said. "They were very respectful of that."

Kasey's husband and doula helped her make choices as they were presented by the Women's and Children's Hospital staff. At one point, when her labor wasn't progressing, she was asked if she wanted to have her amniotic sac ruptured.

"I wanted to wait, and they were fine with that," Kasey said. "And just five minutes later my water broke on its own, so that was great."

Kasey ended up choosing some medical interventions, including an epidural injection for pain relief and Pitocin, a synthetic hormone given to stimulate contractions, but those were conscious choices, she said.

"I never felt pressured. It was always, 'Here are your options. It's up to you,'" she said. "It was never on their clock. It was always, 'How do you feel about this?'"

Holwell said that approach helped make the experience less stressful for everyone.

"There was never really any pressure," he said. "It was really nice because there is a lot of stress already as it is."

The Baby-Friendly® approach

Ruplinger delivered Gwen on Feb. 16, 2015. Gwen was 7 pounds, 9 ounces and 20 inches long. She was born on her due date, and the family immediately began bonding.

"We loved that right after I delivered her, she was right to my chest," Kasey said.

That's one of the tenets of the Baby-Friendly® approach. A baby goes right to her mother's chest after birth, and staff members help mothers initiate breastfeeding within one hour of birth.

Women's and Children's Hospital also promotes "rooming in," which means mothers and infants remain together 24 hours a day.

Ruplinger said that's been one of the biggest changes in obstetrics since she became an obstetrician in 1991. Previously, babies were separated from their mothers shortly after birth for routine procedures. Then they were separated from their mothers each morning when they were taken to the nursery for their daily examination.

Now, routine exams are performed in the rooms with parents.

"Everything was done right there in the room, and that was great," Kasey said.

Ruplinger said that allows doctors to talk to parents and educate them while they check on the babies.

"It's really an educational opportunity," she said.

Kasey said all the nurses and staff members were "wonderful."

"They were all so patient, kind and encouraging," she said. "And you could tell they cared about us. The nurse that we had all day during labor tried to stretch her shift out to be there for my delivery, but she just couldn't stay. The next day, she made sure to stop by our room in postpartum to meet Gwen and congratulate us. It made our day."

"The more I realized that we wanted to go that natural route, the more I confirmed my decision that Women's and Children's was the place to be." - Kasey May

"It's such a special time and such a special experience — it's a miracle. You want that to be memorable and safe and you want everything to go perfectly."

– Jacqueline Ruplinger, MD
Continuing care

Although the May family had a great start in the hospital, mother and daughter experienced some trouble with breastfeeding at home.

Kasey had taken a lactation class led by Lori Lampe, RN, IBCLC, while she was pregnant and thought she was “totally prepared.” But, she said, she wasn’t ready for the challenges.

“Breastfeeding is so much harder than you think it’s going to be,” Kasey said. “The first week we struggled with a good latch.”

Gwen lost some weight and was hospitalized for a weekend to recover from dehydration. Kasey also experienced mastitis, a painful infection of the breast tissue, and a yeast infection caused by the antibiotics used to treat the mastitis.

“It was really just a difficult time,” she said. “But Lori was instrumental in helping us.”

Lampe suggested supplements to help increase milk production and different feeding positions to improve Gwen’s latch. Lampe even involved Holwell. She made a finger syringe that he could use to feed Gwen breast milk that his wife had expressed using a pump.

“During that time, I saw her weekly because she had challenges that she didn’t expect, but she was educated and motivated that she could work through these with support,” Lampe said.

It wasn’t easy, but when Kasey looks at Gwen, healthy and happy and well-fed, she knows it was worth it.

“It took us three months to get in a good place with our breastfeeding relationship,” Kasey said. “The biggest thing was just being really dedicated. And in the end, it paid off.”
Low-Intervention Birth Program

Designed for women with low-risk pregnancies, the Low Intervention Birth Program is a new option at Women’s and Children’s Hospital. The program includes prenatal care and education, labor and delivery and postpartum care with low levels of medical intervention. Women’s and Children’s Hospital is the first hospital in central Missouri to offer such a program, which includes a certified nurse midwife and specialized birthing rooms that are designed to feel like home.

“Our low-intervention program features new birthing rooms in a home-like setting, with ample nurturing for expectant moms and limited technological monitoring,” said Courtney Barnes, MD, medical director of the program. “Expectant mothers who don’t want epidurals, induced labor or instrument-assisted deliveries now have this birthing option. However, we offer mother and child a safety net of medical experts who are easily and quickly accessible in the event of any unexpected complications during delivery.”

Baby-Friendly® designation

In 2015, Women’s and Children’s Hospital became the fourth hospital in Missouri and the only hospital in central Missouri to earn the Baby-Friendly® designation from the World Health Organization (WHO) and the United Nations International Children’s Emergency Fund (UNICEF). To receive the designation, the medical team completed and must continue to follow 10 steps that promote and support best practices for mother and baby care. If a mother decides not to breast-feed, the staff supports her decision and provides the best feeding options for the infant’s needs.

LOCAL RESOURCES FOR FAMILIES

Breast-feeding class

Lori Lampe, RN, IBCLC, a lactation consultant, leads a breast-feeding class at MU Women’s and Children’s Hospital. The class is held from 7 to 9 p.m. at Women’s and Children’s Hospital. Upcoming dates include:
- Monday, Feb. 8, 2016
- Monday, March 21, 2016
- Monday, April 18, 2016
- Monday, May 16, 2016

For more information or to sign up for a class, please contact Women’s and Children’s Hospital at 573-499-6175.

Lactation consultant

To help ensure a successful breast-feeding experience, the MU Pediatrics clinic at South Providence Medical Park in Columbia offers lactation consultation services.

For an appointment, please call the clinic at 573-882-4730.

Tiger Tot Mommies

Each Tiger Tot Mommies meeting is free and features a topic for expecting or new mothers. The topic of the next meeting will be midwives and doulas. It will be held:
- 5:30 to 6:30 p.m. Thursday, Feb. 4, at Women’s and Children’s Hospital Conference Center
- 10 to 11 a.m. Wednesday, Feb. 10, at the South Providence Medical Park’s second-floor conference room

Get more details at muhealth.org/tigertot.
The University of Missouri, MU School of Medicine, CoxHealth and Mercy health systems of Springfield celebrated their partnership to address a critical shortage of physicians by breaking ground on July 9 for the Patient-Centered Care Learning Center in Columbia. The groundbreaking ceremony was held to celebrate the start of construction for a $42.5 million medical education building at the University of Missouri and the new MU clinical campus in Springfield.

The project’s goal is to train more physicians for Missouri by expanding the class size of the MU School of Medicine and adding an MU clinical campus in Springfield.

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The six-floor Patient-Centered Care Learning Center, depicted in an artist rendering, will open in 2017 and add approximately 97,000 square feet to MU’s medical school campus.

Medical students John Clohisy, Molly Johnson and Joshua Geltman participated in a groundbreaking ceremony for MU’s Patient-Centered Care Learning Center on July 9, 2015.

Leaders estimate the project will provide more than 300 additional Missouri doctors, add more than $390 million annually to the state’s economy and create 3,500 new jobs.
Alumni Return to Missouri Roots


During the scientific program on Oct. 9, attendees heard from nine leaders in their respective clinical and research fields, including a presentation about the MU School of Medicine class expansion from MU medical students and Linda Headrick, MD, senior associate dean for education.

The Milton D. Overholser Lecture was presented by C. Kent Osborne, MD, a member of the MU School of Medicine Class of 1972, director of the Dan L. Duncan Cancer Center, and Dudley and Tina Sharp Chair for Cancer Research at the Baylor College of Medicine in Houston, Texas.

Surrounded by family and friends, faculty members and alumni, members of the Class of 1965 were honored during the annual alumni banquet at the Country Club of Missouri. Members of the class who traveled in from across the United States received custom-made black jackets adorned with gold buttons featuring the University of Missouri seal.

Graduates from the University of Missouri School of Medicine’s Class of 1975 and Class of 2005 show their Tiger pride during MU’s 58th Annual Physicians Alumni Weekend.

PHOTOS BY LANA EKLUND

Stannard named interim dean

University of Missouri leaders named James Stannard, MD, interim dean of the MU School of Medicine in September 2015.

Stannard continues to serve as the chair and J. Vernon Luck Sr. Distinguished Professor in Orthopaedic Surgery and medical director of the Missouri Orthopaedic Institute. Stannard also serves as medical director of the Mizzou BioJoint Center, located at the Missouri Orthopaedic Institute. He helped develop a tissue preservation system to improve biological joint replacements. BioJoint surgery involves a biologic or natural surgical procedure to treat joint problems.

A 1986 graduate of the University of Virginia School of Medicine, Stannard completed internship and residency training at Brooke Army Medical Center in Fort Sam Houston, Texas, and trauma fellowship training in Switzerland. He completed 10 years of active service with the U.S. Army, including service as a paratrooper with the 82nd Airborne Division at Fort Bragg in North Carolina. He received an Army Commendation Medal twice, three Meritorious Service Medals, and Airborne wings from four countries (the U.S., Germany, Honduras and South Africa) before retiring at the rank of major in 1996.

Following his military career, Stannard served as a faculty member and orthopaedic trauma surgeon at the University of Alabama-Birmingham for 13 years. At UAB, Stannard was director of orthopaedic trauma surgery and operated a successful research program, acting as the principal investigator for eight grant-funded projects, including a National Institutes of Health study on hip fracture repairs. He also built a broad referral base for his clinical niche of repairing and reconstructing patients’ dislocated knees through a combination of sports medicine and trauma surgical techniques.

Stannard has served as a member of the Orthopaedic Trauma Association Board of Directors and is a trustee of the AO Foundation. He has been a visiting professor and invited lecturer at universities throughout the world. In 2008, his book Surgical Treatment of Orthopaedic Trauma received the Professional and Scholarly Publishing Award for Excellence in clinical medicine from the Association of American Publishers. It has been the best-selling book in orthopaedic trauma and is published in six languages (English, Portuguese, Turkish, Polish, German, and Chinese).
Ever listen to someone's heartbeat and wonder what causes that sound? It is the constant opening and closing of heart valves that regulate blood flow to and from the heart and lungs. These “drummers” are tissue-paper thin membranes and contribute to approximately 80 million beats a year. With all this use, it is not surprising that any one of four valves can wear out over time.

“Although people may attribute being tired or short of breath to aging, in fact, it may actually be because of a valve disease like aortic stenosis, which is treatable,” said Arun Kumar, MD, an interventional cardiologist at the MU Heart and Vascular Center. “We encourage families to be present at clinic visits because treatment is a joint decision and families may have a perspective that is helpful to everyone.”

University of Missouri Health Care’s heart valve team is dedicated to caring for patients with valve disease due to aging or other causes, such as a birth defect.

MU’s Heart Valve Clinic is located at University Hospital’s Cardiology Clinic in Columbia. Most patients are elderly and their family members are active in making decisions with them and the health care team. Jessica Holt, RN, nurse coordinator of the clinic, serves as the facilitator for patients and families. She schedules all appointments and tests, from the patient’s initial appointment and evaluation through treatment and follow-up care.

“I am the patient and family’s contact person so they don’t have to call for scheduling different tests or appointments for the clinic,” Holt said. “Our approach is nice because they see two physicians — a cardiologist and a surgeon — in one visit. Both physicians are able to talk right there with the patient and be on the same page. We take this information to our multidisciplinary meetings to make sure we provide the best care for each patient, as a team.”

“We formulated the clinic so that tests can be done in an efficient manner and patients can interact with multiple providers in one clinic experience rather than repeated visits to see multiple providers,” Kumar said. “It is very helpful because, if we take the example of aortic stenosis, this disease is most common in elderly individuals. We respect how difficult it often is for patients to travel and make arrangements for family members to take off work to take the patient to and from appointments, so we try to make that easier.”

Aortic stenosis is the most common valve disease among patients at the clinic. It is a narrowing of the aortic valve opening, which restricts blood flow. Symptoms include shortness of breath, a heart murmur, fatigue, chest pain, fainting or light-headedness.

“Many patients with severe symptoms benefit from an aortic valve replacement,” said Ajit Tharakan, MD, a cardiothoracic surgeon at the MU Heart and Vascular Center. “However, their other health conditions can prevent some patients from being a candidate for a traditional open replacement procedure.”

In December 2014, MU Health Care began offering a new, less invasive procedure for patients previously considered too high-risk for a traditional repair with open-heart surgery. University Hospital was the first hospital in mid-Missouri to offer this procedure, named transcatheter aortic valve replacement, or TAVR.

“With this procedure, we are able to repair the damaged valve using a transcatheter approach, a less invasive method that does not require open-heart surgery,” Tharakan said. “It is an excellent technology for patients who are extremely high-risk for open-heart surgery. After TAVR, we have seen remarkable improvement. Patients have had a significant resolution of symptoms and improved quality of life.”

Tharakan, Kumar and Holt all stress that a patient’s quality of life is an important factor in determining the best treatment for each patient.

After all, patients are at the heart of everything they do.
INTERVENTIONAL CARDIOLOGY
Arun Kumar, MD
Richard Webel, MD
Interventional cardiologists oversee medication management of diseases and perform non-surgical procedures such as cardiac catheterization, coronary angiography and coronary stenting.

To learn more about the MU Heart and Vascular Center, please visit muhealth.org/heart. To contact the Heart Valve Clinic, please call Jessica Holt, RN, at 573-884-0296.

New Valve Replacement Option
For patients who could benefit from heart valve replacement but are considered too high-risk for a traditional open heart surgery, MU Health Care offers a less-invasive procedure. It is named transcatheter aortic valve replacement, or TAVR. During the minimally invasive procedure, a team of interventional cardiologists, imaging specialists and surgeons insert a catheter through an artery in the groin (a transfemoral procedure) or the left side of the base of the chest (a transapical procedure). They then thread the catheter to the heart and position the new, synthetic heart valve and implant it over the old valve.

Helping patients with heart valve disease takes a team. The patient, family members and patient’s primary care doctor or cardiologist who referred the patient to MU’s Heart Valve Clinic all play important roles. At the clinic, patients benefit from the collaborative talents of MU’s cardiovascular care team with expertise in the three fields below.

CARDiac Imaging
Kul Aggarwal, MD
Sudarshan Balla, MD
Senthil Kumar, MD
To see and evaluate valve function, cardiologists use specialized noninvasive cardiac imaging, including 3-D echocardiography (or “echo”), cardiac MRI and a 64-slice CT scanner.

CARDIOthoracic Surgery
Ajit Tharakan, MD
Richard Schmaltz, MD
Patients who require surgery are in good hands and undergo procedures in state-of-the-art facilities. University Hospital’s hybrid operating room combines the functions of a catheterization lab with the surgical functions of an operating room, allowing surgeons and cardiologists to perform both open and minimally invasive procedures in the same room.

INTERVENTIONAL CARDIOLOGY
Arun Kumar, MD
Richard Webel, MD
Interventional cardiologists oversee medication management of diseases and perform non-surgical procedures such as cardiac catheterization, coronary angiography and coronary stenting.

The MU Heart and Vascular Center team performed a TAVR procedure on Marcella Haskamp, 92, of Jefferson City, Missouri, in August. One month later, she reported having more energy, breathing easier and no E.R. visits at a follow-up appointment with Sudarshan Balla, MD, left, and Ajit Tharakan, MD, at MU’s Heart Valve Clinic. Read her story at healthsystem.missouri.edu/magazine.
As the United States was on the brink of a world war in 1940, Ellis Fischel Cancer Center opened its doors in Columbia to wage a war on cancer. The Ellis Fischel State Cancer Hospital opened as the first state cancer center west of the Mississippi River in 1940, one year before MD Anderson Cancer Center opened in Houston. Both hospitals were trailblazers in cancer care — using multidisciplinary teams to care for patients and offering hospitals with the singular mission of caring for cancer patients.

Now, 75 years later, Ellis Fischel remains committed to improving the lives of cancer patients every step of the way, from diagnosis to survivorship.

“Though Ellis Fischel has gone through many changes in its 75-year history, our dedication to winning the fight against cancer has never wavered,” said David Parker, executive director. “Our expert caregivers continue to provide exceptional patient care, and our teams of researchers are conducting research that we hope will one day help eradicate cancer.”

In the 1970s, Ellis Fischel researchers participated in the first clinical studies of Interferon, now a common chemotherapy drug. In 1988, University of Missouri’s nuclear reactor — the world’s most powerful university reactor — was awarded approval for its first commercial radiopharmaceutical, Ceretec, paving the way for future radiopharmaceuticals to treat cancer.

The University of Missouri and Ellis Fischel Cancer Center merged in 1990, combining strengths in cancer research.
and treatment. Two years later, researchers took a lead role in the first nationwide breast cancer prevention study of tamoxifen. In 1997, the MU-developed radiopharmaceutical Quadramet was approved by the Food and Drug Administration to relieve pain caused by bone cancer.

MU researcher M. Frederick Hawthorne, PhD, made headlines in 2013 when U.S. President Barak Obama presented Hawthorne with the National Medal of Science for his work with the element boron and developing Boron Neutron Capture Therapy for patients with cancer.

In 2013, all inpatient and outpatient care was consolidated into a new, $50 million Ellis Fischel Cancer Center facility at University Hospital. Today, Ellis Fischel is the only cancer center in the region to provide screening, diagnosis and treatment all under one roof.

“Over the years, cancer has become more of a chronic condition,” said Mary Williamson, RN, manager of surgical oncology and Ellis Fischel employee since 1983. “We care for so many people who survive and thrive. So many of our patients are very appreciative of their care and we develop relationships with them and their families.”

During 75 years, Ellis Fischel has played a significant role in making vast improvements in cancer care. Patients are surviving cancer like never before, and new research holds the potential for detecting cancer at its earliest stages and developing better ways to treat it.

The Man Behind the Name

A St. Louis surgeon, Ellis Fischel attacked cancer in every part of the body — even the brain — and was among the first to use radium as a weapon against the disease. As a member of the Missouri Medical Association’s Cancer Committee, Fischel persuaded the American Cancer Society to conduct a statewide cancer survey. The results showed that poor Missourians were in critical need of cancer care. Armed with the survey and his experiences caring for cancer patients, Fischel asked elected officials to support his plan for a state cancer hospital. The plan was approved and construction began in January 1938. Tragically, Fischel died in an automobile wreck before the building was complete. His name, however, continues to live on at MU’s Ellis Fischel Cancer Center.

“The great fight against cancer is worldwide in its appeal to humanity. It is also a battle fought in every country. In our own United States, it should arouse every state to move forward with an inspired courage and the determination and optimism to surmount every obstacle.”

Ellis Fischel, MD
1883-1938

ABOVE LEFT: Mary Williamson, RN, and Sandy Bailey, RN, in 1986

FAR LEFT: Cathy Cutler, PhD, Kattesh Katti, PhD, and Raghuraman Kannan, PhD, in 2010

LEFT: Debbie Ritchie, FNP, reviews documents with Michael Perry, MD. Perry, who died in 2011, was a renowned cancer clinician, educator, researcher and administrator at the University of Missouri for 35 years.
When you see a doctor at Ellis Fischel Cancer Center wearing this pin, you can be sure that he or she has met MD Anderson Cancer Network® standards for exceptional care.

Twenty-six physicians at Ellis Fischel have been certified by MD Anderson Cancer Network, a program of The University of Texas MD Anderson Cancer Center, as meeting MD Anderson’s nationally recognized standards in the diagnosis and treatment of cancer. The doctors received custom pins during a ceremony at the cancer center in September 2015.

“Ellis Fischel Cancer Center offers the region’s only facility with inpatient and outpatient prevention, diagnosis and treatment services,” said Kevin Staveley-O’Carroll, MD, PhD, director of Ellis Fischel Cancer Center. “We’re proud that MD Anderson has recognized and certified the depth and breadth of our many cancer specialists, and the compassionate care we provide to patients. Our patients from Missouri benefit because we’re able to provide the expertise of a world-renowned cancer center close to home.”

For patients like Bill Ratliff of Jefferson City, cancer expertise close to home is reassuring. Ratliff, a lobbyist for the Missouri Bankers Association, was diagnosed with multiple myeloma, a rare form of blood cancer, in 2013. Since undergoing treatments at Ellis Fischel with Donald Doll, MD, a certified physician of the MD Anderson Cancer Network, Ratliff’s blood work has improved from approximately 90 percent cancer to only about 11 percent.

“When you get a diagnosis like that, it’s like getting hit out of nowhere with a sledgehammer,” Ratliff said. “But when you have a hematology expert like Dr. Doll on your side, who is so upbeat and positive, you’re able to think positively and realize that you can deal with this.”

Mid-Missouri’s most advanced cancer center, Ellis Fischel became the first academic medical center to join the MD Anderson Cancer Network in 2014. To become a certified physician of MD Anderson Cancer Network, Ellis Fischel physicians underwent a comprehensive review in which educational background and the performance and quality of patient care were evaluated.

Ellis Fischel Cancer Center doctors were recognized at a pinning ceremony Sept. 17, 2015, in the Ellis Fischel Gala and the Brown Family Healing Garden.
Two key leaders joined Ellis Fischel Cancer Center and the University of Missouri School of Medicine in September 2015.

Renowned cancer surgeon Kevin Staveley-O’Carroll, MD, PhD, is the chair of the Hugh E. Stephenson Jr., MD, Department of Surgery and director of Ellis Fischel Cancer Center. He is joined by Eric Kimchi, MD, the chief of the Division of Surgical Oncology and medical director of Ellis Fischel Cancer Center. Both oncologists come to MU from the Medical University of South Carolina in Charleston.

“As accomplished academic physicians, Dr. Staveley-O’Carroll and Dr. Kimchi are up-to-date with the latest medical knowledge and treatments for patients,” said Mitch Wasden, EdD, chief executive officer of University of Missouri Health Care. “They are not only training the next generation of physicians but are providing our cancer patients and families with the highest level of care.”

Staveley-O’Carroll’s research and mentoring activities have been funded by the National Institutes of Health and American Cancer Society, as well as foundations, universities and industry. His active involvement with national and international organizations includes serving as president of the Association for Academic Surgery, the largest organization of academic surgeons in the world. He is the author or co-author of more than 90 peer-reviewed articles and book chapters.

After receiving a medical degree from the University of Oklahoma College of Medicine, Staveley-O’Carroll completed training in surgery and surgical oncology at The Johns Hopkins University in Baltimore. He also received a PhD in pharmacology and molecular biology from Johns Hopkins.

Kimchi is a leader in research involving hepatobiliary and pancreatic malignancies. His research and mentoring activities have been funded by the Association for Academic Surgery, as well as foundations and industry. His research has led to advancements understanding the immune system’s response to liver cancer. He is the author of more than 60 peer-reviewed journal articles and book chapters.

After receiving his medical degree from Pennsylvania State University College of Medicine, Kimchi completed his residency training in general surgery and a research fellowship in thoracic oncology at Wayne State University in Detroit. He completed a clinical and research fellowship in surgical oncology at the University of Chicago. He also received an MBA at The Citadel, the Military College of South Carolina in Charleston.
The Bull Shoals Lake on the Missouri and Arkansas border bustled with activity on the Friday of Memorial Day weekend as families gathered to enjoy the three-day weekend. Bored with staying indoors as he had been instructed, Ely Hamilton, 3, snuck outside to talk to his grandpa who was mowing the lawn.

“My assumption is that Ely caught his left toe under the riding mower and fell down, but we’ll never know for sure,” said Ely’s mother, Teena Merritt.

The mower blades chopped into Ely’s right leg, fracturing bones, destroying tissue and exposing his kneecap. An ambulance rushed Ely to a hospital in Springfield. Then he was airlifted to University Hospital’s Frank L. Mitchell Jr., MD, Trauma Center in Columbia.

Hundreds of miles from home

University Hospital’s trauma team was ready for Ely when he arrived in Columbia, more than 200 miles from where he was injured and his home in Aurora, Missouri. The team evaluated Ely and found no internal injuries, and he was transferred by ambulance to MU Women’s and Children’s Hospital for the pediatric team to address his leg and foot injuries.

“Ely’s worst injury was around his knee, where he had a fractured bone and had torn a lot of soft tissues, including his patella, or kneecap,” said Sumit Gupta, MD, pediatric orthopaedic surgeon. “His knee was basically wide open. There wasn’t really anything left to close it with because he lost a lot of his tissue in the accident.”

That evening, Gupta performed the first of six “wash out” procedures on Ely in which he used water, saline and antibiotics to cleanse the boy’s massive wound.

“With lawn mower wounds like this, they have a lot of grass and dirt in them, which are bad for harboring bacteria,” Gupta said. “If you leave anything like that in the body, it will get infected in the long run. To clean it out is not easy because everything kind of gets stuck into the tissue and crevices. It often needs four or more wash outs to make sure it is 100 percent clean.”

Gupta oversaw all of Ely’s care at Women’s and Children’s Hospital, seeking out the appropriate MU experts needed to address his injuries.

“If I were working by myself, I couldn’t have taken care of Ely,” Gupta said. “I needed the help of foot and ankle specialists and a microvascular surgeon, and that’s what you get in an academic medical center.”

Ben Summerhays, DPM, a podiatrist and foot and ankle specialist at MU’s Missouri Orthopaedic Institute, performed an operation to repair the cut tendon on Ely’s left toe. Jay Bridgeman, MD, an orthopaedic surgeon who specializes in microvascular surgery, led a flap procedure and the reconstructive surgeries that ultimately saved Ely’s leg.

“In a flap procedure, we take tissue from one site — Ely’s back, in this case — and moved it to the wounded area,” Bridgeman said. “Using a high powered microscope, I connected a blood vessel in the tissue taken from his back with a blood vessel in his leg to restore the blood supply around his knee joint.”
Teena and Ely’s father, Eric Hamilton, waited anxiously during the 12-hour flap surgery on June 18. They knew that if this procedure did not work, the next step would be amputating their son’s leg. Ely stayed in an intensive care unit for five days following the surgery. His parents recall how warm the room was — 80 degrees Fahrenheit — and the vacuum-assisted closure (VAC) pump used to create a seal around Ely’s wound to bring nutrients to the wound and help it heal.

“I was very pleased with all of Ely’s doctors and nurses,” Teena said. “They were very thorough and explained everything: where they were at with his treatment, what they were looking for and the results. Dr. Gupta was on top of everything. I remember Dr. Bridgeman coming to visit Ely after his shifts to check on him, taking extra measures.”

After 34 days in the hospital, which included Ely’s fourth birthday, Ely went home with both legs intact. He left the hospital wearing a brace on his injured leg and instructions for physical therapy sessions three times a week.

Mowing Safety

Sumit Gupta, MD, said his pediatric orthopaedics team treats five or six patients with severe lawn mower injuries at MU Children’s Hospital every year, plus several minor injuries caused by lawn mowers. Ideally, he said, these accidents would be prevented and never happen in the first place. He offers these lawn mower safety tips:

1. Keep your children indoors whenever you or someone else mows.
2. Never allow your children to play with a lawn mower, even if it is turned off.
3. Never let your child ride on a riding lawn mower.

For more safety tips on preventing injuries, please visit muhealth.org/services/emergency/prevention.

Eric and Teena are thankful to have their son back at home, running and jumping with the seemingly boundless energy he had before the accident. Before coming to MU Health Care, she was unfamiliar with an academic medical center. Sometimes called a teaching hospital, an academic center like MU Health provides patient care, education and training for the next generation of health care professionals and research to discover ways to improve health.

“Going to a teaching hospital can be scary at first if you’ve never been to one,” Teena said. “Now that I know what it is, I think it’s the best type of hospital. As a mother, it is definitely where I want my child to be treated. You have a team of doctors consulting with each other.”

Gupta said the future looks bright for Ely as he continues to recover.

“He seems to be doing quite well,” Gupta said. “For the long term, we’ll watch for infections and monitor his growth because a growth plate on his bone was injured. That’s something we’ll follow and will address if needed. In the short term, we’ll look at his knee range of motion and his strength.

“The best thing Ely has going for him is he’s a kid,” Gupta said. “They recover marvelously and do things you would never expect.”

Ely Hamilton, 4, relaxes at home in Aurora, Missouri, with his parents Eric and Teena, and sisters Zoey, 8, and Kelsee, 9, in October 2015.

PHOTOS BY NATHAN PAPES
In talking with Robert Douglas, it is clear he cares deeply about two things: the University of Missouri and helping provide mental health resources for everyone.

The Douglas family decided to put these passions into action recently with a $1.1 million gift to the University of Missouri School of Medicine to fund an endowed chair in the Department of Psychiatry.

“This generous and transformational gift offers the unique opportunity to advance the University’s teaching and research missions while also enhancing our leadership position in psychiatric care and mental health,” said John Lauriello, MD, chair of the school’s Department of Psychiatry.

Lauriello has been named the first Robert J. Douglas, MD, and Betty Douglas Distinguished Faculty Scholar in Psychiatry.

The family announced their gift to the university in the company of classmates celebrating a 50-year reunion during the 58th Annual Physicians Alumni Weekend.

“Missouri gave me the tools I needed to be successful and so I felt the need to give back to them,” said Douglas, who lives in Cascade, Idaho. “I’m also really proud to give to Mizzou because that’s my home.”

Originally from Springfield, Missouri, Douglas is a member of the MU School of Medicine’s Class of 1965. Initially, after finishing his undergraduate coursework at Missouri State University, he considered going to dental school, but he ultimately decided to attend medical school because of the benefits and cost savings a state university afforded him. He credits the Singing Doctors of Springfield Loan Fund for providing him with support that helped him finish the first two years of medical school. His wife, Betty, also provided support working as a nurse during his time in medical school.

“I came from a situation with meager resources,” Douglas said. “I want other people to have the same opportunity at Mizzou that I did. My hope is that my stimulus will enable or inspire others to give to scholarships to help students deal with a debt today that is astronomical.”

A radiologist involved in many charitable organizations through the years, Douglas previously established the Robert Douglas Lectureship in Radiology and made a gift in support of diabetes research at MU, with the hope that such research will lead to a cure for diabetes for their granddaughter and other children with diabetes. In the area of psychiatry, Douglas saw an opportunity to make an impact on the needs of a vulnerable population. In conversation, he recalled a few staggering statistics such as more than 20 percent of United States prison and jail inmates report mental health issues and an annual suicide rate for members of the military that is estimated to be 50 percent higher than that of civilians.

“I realized in my own life experience and the experience of other family members that psychiatry programs in the U.S. were really underfunded,” Douglas said. “There are not enough doctors and facilities available to take care of the needs of the mental health population.”

In the end, Douglas said he is just happy to have the opportunity to give.

“God has been very good to us financially so I’m able to give back with a happy heart because I feel it’s the right thing to do,” Douglas said.
Focus on what matters.

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Healthy Bites

News and tips from University of Missouri experts

Slow-cook your way to healthy weeknight meal

Cooking healthy meals during the week doesn’t have to be a struggle. One way to eat healthy and save time is to use a slow cooker. Slow cookers do most of the work for you. “All it takes is a little prep early in the day to ensure a hot and healthy meal at night,” said Laurie Knauf, RD, LD, clinical dietitian at MU Health Care. “Many people rely on takeout to save time in the evenings, but restaurant food often is higher in calories, sodium, and fat than homemade fare.”

Slow cookers are another way you can save time, eat healthy, and enjoy homemade meals. Knauf provides this recipe, modified from the Chelsea’s Messy Apron food blog, for a good source of protein and fiber.

Sweet Potato, Chicken and Quinoa Soup

PREP TIME 10 minutes  \  COOK TIME 4 hours  \  SERVES 6 to 8

1 1/2 pounds boneless skinless chicken breasts
1 cup quinoa (pronounce “KEEN-wah”)
2 large sweet potatoes (1 pound or about 3 1/2 cups)
1 can (15.25 ounces) low-sodium black beans
1 can (14.5 ounces) petite diced tomatoes
1 teaspoon minced garlic
1 packet (1.25 ounces) chili seasoning mix
5 cups low-sodium chicken broth
Fresh parsley, optional

1. Spray the slow cooker with nonstick spray. Remove the fat from the chicken breasts and put them into the slow cooker along with the rinsed quinoa.
2. Remove the skins and chop the sweet potatoes into cubes. Add them into the slow cooker.
3. Drain and rinse the black beans and add them. Add in the undrained petite diced tomatoes, minced garlic, chili seasoning mix, and chicken broth.
4. Place on high for three to five hours.
5. Using two forks, shred the chicken and stir all the ingredients together.
6. Add salt and pepper and, if desired, fresh parsley. Serve immediately.
Heart disease is the No. 1 killer of men and women in the United States, but there are steps you can take to reduce your risk. Mary Dohrmann, MD, professor and medical director of MU Health Care’s cardiovascular medicine clinic and cardiac rehabilitation program, shares these steps:

**Protein packs a punch**

High-protein breakfast prevents body fat gain in overweight teens

Approximately 60 percent of young people skip breakfast up to four times a week. University of Missouri researchers recently found that eating a high-protein breakfast – containing 35 grams of protein – may help overweight teens who typically skip breakfast eat fewer calories without feeling hungry and stabilize their blood sugar.

Heather Leidy, PhD, an assistant professor in the Department of Nutrition and Exercise Physiology at the MU School of Medicine and lead author of the study, said the key to eating 35 grams of protein is to consume a combination of high-quality proteins including milk, eggs, lean meats and Greek yogurt.

Leidy and her colleagues fed two groups of overweight teens, who reported skipping breakfast between five and seven times a week, either normal-protein breakfast meals or high-protein breakfast meals. A third group of teens continued to skip breakfast for 12 weeks.

“The group of teens who ate high-protein breakfasts reduced their daily food intake by 400 calories and lost body fat mass, while the groups who ate normal-protein breakfast or continued to skip breakfast gained additional body fat,” Leidy said. “These results show that when individuals eat a high-protein breakfast, they voluntarily consume less food the rest of the day. In addition, teens who ate high-protein breakfast had more stable glucose levels than the other groups.”

Leidy said that large fluctuations in glucose levels are associated with an increased risk of Type 2 diabetes among young people, which can make health complications associated with weight gain more intense.

Leidy’s research was published in the Journal of Obesity and the Journal of International Obesity and was funded by the National Pork Board’s Pork Checkoff.

Watch a video about this research at healthsystem.missouri.edu/magazine.

**If you smoke, make a plan to quit.**

Cigarette smoking increases the risk of coronary heart disease, increases blood pressure, decreases exercise tolerance and increases the tendency for blood to clot.

**Eat a heart-healthy diet.**

Changing your diet can have a dramatic effect on your heart health. Start with these tips:

- Eat more fruits, vegetables, whole grains and high-fiber foods.
- Eat foods low in saturated fat, trans fat and cholesterol. (Read food labels.)
- Eat foods high in omega-3 fatty acids, such as fish.
- Limit salt (sodium) to two grams per day.
- Limit drinks and foods with added sugar.

**Walk 10,000 steps daily.**

The American Heart Association recommends at least 30 minutes of moderate-intensity aerobic activity five days per week for a total of 150 minutes.
Hospitals and clinics want employees who best meet the needs of their patients and families. They want the best of the best.

Peter Callan, director of talent acquisition for University of Missouri Health Care, is in charge of finding the best nurses to work in MU Health Care facilities. Callan seeks nurses who can perform the complex nursing skills needed in an academic environment that provides care in every specialty. He knows he can and will find nurses who consistently raise their standards by focusing on hiring MU Sinclair School of Nursing graduates.

“When I speak to our hiring managers or nurse recruiters, people universally recognize MU nurse graduates as a cut above,” Callan said. “They simply are well prepared and educated.”

Because being accepted into the school is extremely competitive, only the best students get into MU’s program.

“When you combine that with being taught by first-class faculty members, it creates a group of students who are some of the best in the country and will succeed in anything they do,” Callan said. “Coming from Mizzou with a BSN or MSN degree, they are also the type of nurses who likely will want to advance their careers, either at the bedside or in leadership roles.”

MU Health Care is not the only health care system to take note of Mizzou nurses. Sinclair School of Nursing graduates are held in high regard throughout the state and country.

Kathy Howell, RN, MBA, senior vice president and chief nurse executive for Saint Luke’s Health System in Kansas City, Missouri, said often an MU nurse graduate is at the top of their health system’s recruitment list. Howell wants a nurse who is a critical thinker and will be able to manage almost any situation.

“Their ability to manage complexity is a differentiator,” Howell said. “When I talk to our chief nurses who are really focusing on a nurse’s success, I hear a real consistent message about Sinclair School of Nursing graduates.”

Chief nurses at St. Luke’s Health System often tell Howell that MU nurses are great critical thinkers and fit well into their vision of patient care leaders. Howell says when they think of a SSON graduate, they know what they are going to get. They will get a smart and confident nurse who brings value to the bedside.

“We have a huge need for leadership and will continue to,” Howell said. “That need puts Mizzou as a program we view with high regard.”

Callan shares that confidence in Sinclair School of Nursing graduates. He believes what separates a good nurse from an outstanding nurse is his or her approach to patients and colleagues.

“There is a trust level that our managers have when they know they have a Sinclair School of Nursing graduate,” Callan said. “They feel confident that nurse is going to learn fast and enhance our patient care.”

“When I speak to our hiring managers or nurse recruiters, people universally recognize MU nurse graduates as a cut above.” — Peter Callan
Swim lessons for many kids can mean endless hours kicking in the pool or facing their fear of the diving board. The experience for children with autism, however, can be quite different.

With constant distractions around the pool, and the need for individualized attention, group swim lessons often do not cater to the diverse needs of children with autism.

Five occupational therapy students at the University of Missouri recognized this need and set out to fill it for the Columbia community.

Occupational therapy students Gabrielle Heckman, Caroline Thompson, Hannah Ruzicka, Alexis White, and Anna Lourens spent months creating an adaptive swim program for children with autism.

“Typical swim lessons are very structured and you have to pass these set things to move on to the next level,” Thompson said. “That just doesn’t necessary work for any kid, much less kids with autism.”

According to the National Autism Association, accidental drowning caused 91 percent of the deaths for children with autism from 2009 to 2011.

With these facts in mind, the team set out to promote water safety as well as social participation and exercise.

Thompson and Heckman attended training at the University of Kansas Medical Center in Kansas City, which has a swimming program for children with autism. They watched instructors provide swimming lessons for children with sensory processing issues (oversensitivity to sound, touch, taste, sight or sound). The students spoke to parents about their experiences. The pair learned that regular swim lessons lacked accommodation for the varying needs of kids with autism, and the environment was full of too many distractions.

The training was just the start of the group's extensive research on the topic. The group continued their research in Columbia with guidance and assistance from School of Health Professions faculty Brittney Stevenson, MOT, OTR/L, occupational therapist, and Lea Ann Lowery, MEd, OTR/L, associate professor of occupational therapy. The students surveyed and interviewed parents throughout Columbia and contacted local pools.

After the group found high interest in the program, they moved forward with using their research to develop a project plan: Swimming and Water Instruction Modifications (SWIM) for Children with Autism Spectrum Disorders (ASD).

The Mizzou Recreation Center donated space and equipment for two 30-minute swim lessons. The pilot program had four participants with a 2:1 instructor-to-swimmer ratio.

Before the lesson, each child received a visual story to illustrate how the day's lesson would go.

“Some kids with autism want to know what's going on, what's going to happen,” said Heckman. “They have a lot of anxiety about that, so that saved us time with some kids because they already knew what was going to happen.”

The lesson focused on basic swimming skills, from kicking and floating to blowing bubbles. During the lesson, the students showed the children a water safety video and held a focus group with the parents to evaluate the progress of the lesson. After just one swim lesson, the group began to see the effect of their work.

One participant, a 5-year-old who had never been in a pool, gave the group their biggest insight.

“My son was so proud of himself after he got home and he's called all his family to tell him about his fun swim lesson,” said the child's mother.

Heckman said the pride and excitement the boy felt from the lesson went on to help him use the bathroom for the first time.

“We always hoped that self-achievement would be an outcome, but never expected something this exceptional,” Thompson said.

Since the success of the first program, the group is now applying for an Autism Speaks grant and working on installing an eight-week program at the MU Student Recreation Center.
Two nurses at University of Missouri Health Care were named March of Dimes 2015 Nurses of the Year.

Heather Dennis, RN, left, a triage nurse and certified breastfeeding educator at the pediatric clinic at South Providence Medical Park, won the 2015 Pediatric Nurse of the Year award. Helen Jankowski, RN, a clinical informatics nurse, won the 2015 Clinical Informatics Nurse of the Year award. Dennis and Jankowski were two of 29 nurses from MU Health Care to be nominated in various categories. They received their awards at a ceremony Oct. 10 in St. Louis.

"It is great to be recognized for a job that I love that is both challenging and enjoyable," Dennis said. "Helping others is one of my greatest joys. I am passionate about our patients, their parents and my co-workers."

Dennis has worked for MU Health Care for 10 years and has been a nurse for more than 20 years. She enjoys the sense of satisfaction she gets from using her expertise to help others. It was this type of help that she recalls receiving from a nurse when she was a young girl.

"As a child, I watched as my mother battled cancer," Dennis said. "The first time I visited her in the hospital, I was overwhelmed. A nurse saw me and explained what the I.V. was, what the machines did and that they were there to help my mother feel better. I will never forget the impact that nurse had on me. Now I am able to do the same for other children and parents."

Jankowski has been a nurse for 37 years and has worked at MU Health Care for 35 years. She said she was honored to be nominated and chosen as the 2015 Clinical Informatics Nurse of the Year.

"This award acknowledges the involvement of nurses in all aspects of technical advances we implement at MU Health Care," Jankowski said. "It also provides awareness for the importance of informatics nurses."

Jankowski said her favorite part of her job is working with clinicians and the Tiger Institute for Health Innovation to design, test and implement technical advances that improve care for patients.

"MU Health Care and the Tiger Institute have a progressive stance concerning technology in health care," she said. "I am very fortunate to work for them."

Cardiologist implants MRI-friendly defibrillator

Sandeep Gautam, MD, implanted central Missouri’s first MRI-friendly defibrillator Oct. 9 at University Hospital.

Many people with irregular heartbeats have surgically implanted defibrillators to monitor and correct their heart rhythms. Patients with defibrillators also often have other medical conditions that may require magnetic resonance imaging (MRI) for diagnostic tests, which is not advised for those with defibrillators.

"Patients who need implantable cardioverter defibrillators are often older adults with other serious medical conditions," said Gautam, a cardiac electrophysiologist. "Until now, the risk that an MRI may cause the defibrillator to malfunction has prohibited use of this diagnostic tool."

Because implantable cardioverter defibrillators deliver an electrical signal to the heart, the magnetic energy from MRIs can interfere with that signal, preventing the device from correctly monitoring heart rhythm and delivering appropriate therapy.

The new MRI-friendly defibrillator implanted Oct. 9 is safer because of hardware, software and programing changes that prevent malfunction during MRI scanning.

To learn more about MRI-friendly defibrillators and other services at the MU Heart and Vascular Center, please visit muhealth.org/heart.
Test catches asthma in kids before symptoms appear

University of Missouri researchers have found that a common pulmonary function test can help with early diagnosis and better outcomes for children with asthma. This early diagnosis could reduce the number of people who have serious complications of the disease later in life.

Typically, patients with respiratory diseases such as asthma are given a spirometry test, which is a pulmonary function test that measures airflow in different parts of the lungs. In their study, MU researchers found the part of the test measuring airflow in the small airway can detect asthma earlier than the more commonly used part of the test that measures airflow in the large airway.

“This could mean a big difference in catching the disease before serious health problems start,” said Peter Konig, MD, professor emeritus of child health at the MU School of Medicine and pediatric pulmonary disease specialist. “When the disease is still in the small airways, it tends to not show symptoms. By the time the disease gets to the large airways, patients typically cough, wheeze and experience shortness of breath.”

Data from a study of more than 2,300 spirometry tests showed asthma was detected much earlier by analyzing airflow obstruction in the small airway, yet, doctors typically have used only the airflow obstruction results in the large airway. The MU research team also found most asthma cases begin in the small airway before moving up to the larger airway.

“All of the information we need to diagnose asthma is there; it is just a matter of not ignoring some of these numbers, even if the patient isn’t showing symptoms,” Konig said. “If you look at the small airway test, you can detect asthma before it worsens, and that means treatment starts earlier and results from the treatment are better.”

Results of the study were published in the Journal of Asthma in May.

Global award recognizes health tech innovations

University of Missouri Health Care received the global HIMSS Enterprise Nicholas E. Davies Award of Excellence for health care technology innovations that are improving patient outcomes.

HIMSS — which stands for the Healthcare Information and Management Systems Society — is a global not-for-profit organization focused on better health through use of information technology. Since 1994, the Davies Awards program has promoted electronic health record-enabled improvement in patient outcomes through the sharing of case studies and lessons learned across a range of health care efforts.

“At MU Health Care, we know that better health is a journey in which technology plays a bigger role than it ever has before,” said Mitch Wasden, EdD, chief executive officer of MU Health Care.

“That’s why we’re committed to using technology to inform and transform how we care for our patients. We’re proud that this commitment has placed MU Health Care among a handful of health systems to earn the prestigious HIMSS Davies Award this year.”

In partnership with the Tiger Institute for Health Innovation, MU Health Care submitted four case studies to demonstrate a robust use of information technology to improve patient care.

Davies Awards represent the highest level of achievement for electronic medical records excellence that HIMSS offers. The award is open only to organizations that have achieved HIMSS Analytics Stage 6 or Stage 7 designation for advanced electronic medical records. MU Health Care achieved Stage 7 designation in November 2013 for its transition from paper to electronic patient records in clinics.
University of Missouri Health Care’s Heart and Vascular Center is the first in mid-Missouri to provide transcatheter aortic valve replacement (TAVR). Today this minimally invasive procedure is reserved for high-risk and inoperable surgical patients. The center’s multidisciplinary valve team of cardiologists, cardiothoracic surgeons and valve coordinators work together with patients to provide comprehensive care and expertise to determine the best aortic valve treatment options.

TO LEARN MORE ABOUT THE TAVR PROCEDURE, PLEASE VISIT muhealth.org/TAVR