



# Health

UNIVERSITY OF MISSOURI \ SUMMER 2018

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Medical team gets veterinarian feeling like herself again after cancer diagnosis

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Limb preservation surgery saves Mid-Missouri woman's foot

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Sinclair School of Nursing renovation will help address national nursing shortage

A newborn baby is being held gently by a person in a hospital setting. The baby is wrapped in a white blanket and is looking towards the camera. The background is slightly blurred, showing other people in the room.

## **Great Expectations**

The gentle C-section means even a mother who requires surgery can witness the birth of her baby

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# FEATURES



Here at MU Health Care, we know that patient-centered care isn't just about providing the highest quality care, but it's also about being accessible to our patients when and where they need us most.

Our integrated health system is home to the latest technology that helps our patients recover better and faster. Our online

patient portal puts your medical provider — and your own clinic notes and records — at your fingertips. We know that technology plays an instrumental role in health care. Perhaps most importantly, it allows for more face-to-face time with our most valuable assets: our employees.

It's no secret that the heart of our health system isn't our technology or our facilities. Our roughly 6,000 physicians, nurses and health care professionals are the glue that binds our culture together. I couldn't be more proud that for the second year in a row, we have been named one of the "150 Top Places to Work in Healthcare" by the health news publication Becker's Hospital Review.

This validation from Becker's Hospital Review reinforces something I've known since I first joined MU Health Care: We're committed to creating an engaged workplace full of diverse ideas and people.

I firmly believe that in order to provide the best care possible to each and every one of our patients, we need to have a top-notch team that anticipates and recognizes potential health concerns before they arise. That's not possible if we don't have an environment that allows our employees to thrive and do their best work day in and day out. Our employees touch the lives of Missourians from every county in the state. Having employees who are engaged and invested in their work has lasting positive effects on the health of our patients and families.

As you read this issue of *MU Health* magazine, I hope you'll see our relentless spirit of optimism that drives our stories of hope and recovery.

## Jonathan Curtright

CEO

University of Missouri Health Care

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## ON THE COVER

No two pregnancies are alike. That's why MU Health Care offers options ranging from traditional modalities to the latest technological advancements. These include the low-intervention program, advanced pain management techniques and gentle C-sections.

Read more on page 12.

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## A warm welcome

On May 8, 2018, I brought my 14-year-old to see Dr. Fiala. Upon arriving, we were greeted by the most polite, respectful, charming and caring woman I have ever encountered. Lorna absolutely set us up for success. Congratulations to you for having such a great employee meeting your patients on the way in the door. She makes me very happy to be going to MU Health Care.

**Ellen Lance**  
MARSHALL, MISSOURI

## Intelligent, thorough care

Dr. Reust is the most intelligent doctor I have ever gone to. She looks for information and treatments when I ask her about anything I need. She understands I know my body, so when I question something, we talk about it and she is not afraid to tell me what she thinks or knows about it.

**Phillis Dunwoody**  
MOBERLY, MISSOURI

## Teamwork improves patient care

You guys are doing the very best you can for the amount of volume that comes to you. That is why I drive an hour and 15 minutes to get my health care: because I know you will do your very best to meet my needs. I am very blessed to have Dr. Hansen, nurse David, my infection doctors and my blood doctor. They all work as a team and get it done. Thank you, and keep up the good work!

**Kathy Wooden**  
HIGGINSVILLE, MISSOURI

## Keeping the family informed

My son is in boarding school at the Missouri Military Academy and was brought in by staff to see nurse practitioner Cindy Rose. As I was unable to be present, I was grateful Cindy took the time to call me during his appointment and personally review and discuss his medical issues.

**Jill Gookin**  
LEXINGTON, KENTUCKY

## Building relationships through preventative care

The Mamm Van ladies are amazing. We see the same ones every year. They are funny and professional, and I'm so thankful for this service and the ladies who work on the Mamm Van. A big thank you to all — you are such a blessing!

**Gayla Roach**  
MILAN, MISSOURI

## Ellis team puts patient at ease

Cassie, the LPN who was the nurse for Dr. Koivunen, was a delight! She answered all of my questions, did a great job of scheduling appointments for me and was just all-around amazing. Dr. Koivunen and her team were awesome as well.

**Betty Jean Miller**  
MOKANE, MISSOURI

## Praise for Danita and the Women's and Children's Specialty Clinic

Danita is always so kind and compassionate. She never rushes us through things and went out of her way to make accommodations for the day of our appointment. She is so understanding of our son's struggles and always has his best interests at heart. We couldn't imagine seeking care for him anywhere else. We love Danita and the staff at Women's and Children's Specialty Clinic!

**Angie Hays**  
SHELBYVILLE, MISSOURI

## Bravo to the BioJoint team

The BioJoint team was excellent. On my first visit, the entire team came in for my consultation — the whole team! Each of them was top-notch in their specialty. Dr. Jim Stannard and Dr. Jimi Cook took the time to answer all my questions. Each of the other team members was so thorough and competent and willing to get things right. Kylee Rucinski worked through the insurance issues. Cory Crecelius worked with me to help me understand the physical therapy that would be needed. Allison Shaw worked hard to get the right graft. Sure, BioJoint is innovative, but it's not just innovation — the BioJoint Dream Team knows how to execute.

**Mike Roberts**  
CODY, WYOMING



**IT'S WHEN WE SAID **YES**, HE'D HAVE SOMETHING  
EVEN BETTER THAN A LEADING CANCER DOCTOR.**

**AN ENTIRE TEAM OF THEM.**

In a moment, YES changes everything. Like when a patient learns he's in the hands of not just any team of doctors, but a team that specializes in the most important cancer of all - his. That's the difference of Ellis Fischel Cancer Center. A difference made by our multidisciplinary team that is developing new breakthrough treatments, conducting trials to provide the latest therapies and researching to make tomorrow's knowledge available today. YES, that's what we call strength in numbers.



[YesMakesItPossible.com](http://YesMakesItPossible.com)

# Warm Welcome

Tara Sunderland describes how she brings out the best in her team each day as a clinical manager at Ellis Fischel Cancer Center

“My goal as a nurse is to brighten the day and help make people smile, whether they are my co-workers or the patients in our care.”

— Tara Sunderland, RN



## ABOUT ME

I am from a small town, Fayette, located 45 minutes from Columbia. My husband, Ted, and I have four beautiful children: daughters Skylar, 11, Kynna, 4, and Taya, 2; and a 5-month-old son, Ty. I spend a lot of time being a mom, watching softball games and coaching youth basketball. I became a nurse eight years ago and took my first nursing job with MU Health Care in Family Medicine. I later transferred to oncology, where I've found a passion for the work we do here.

## ABOUT MY ROLE

I am the manager for the inpatient oncology and observation units and for supportive and palliative care. I am so excited about this new role as we have such wonderful, talented staff on these units.

## FAVORITE PART OF MY JOB

We like to have fun at work, and I enjoy my co-workers. My goal as a nurse is to brighten the day and help make people smile, whether they are my co-workers or the patients in our care.

## Why is it important to provide quality care?

Our patients trust us to provide the best care possible, so we have to perform to provide the best for them every day. It is important to care for patients as we would want our family treated.

## How do you feel supported by your co-workers?

We are a team, and they step up to help whenever it is needed. They check in and make sure you are OK on rough days. Plus, we laugh a lot at work, so the humor definitely helps support a fun working environment.

## Why do you choose to work 45 minutes from home?

I love having land in the country. I like the quietness of living away from the city. But I also love working for MU Health Care and the great work that we do here.

## What sets MU Health Care apart as an employer?

It is a great place to work. With all the different areas, you can really find a home here. The benefits are great! It's a bonus that you work with such talented, fun co-workers and do work that is important and makes a difference.



# A United Front

Surgical oncologist, plastic surgeon team up to get woman feeling like herself again after breast cancer diagnosis

Jennifer Boatright is used to taking care of others' health. As a veterinarian, she has dedicated her life to taking care of four-legged friends and their owners. In 2014, though, she had to take some time off to care for herself.

That July, Boatright went in for a routine mammogram in her hometown of Sedalia. Her gynecologist noticed an abnormality on the X-ray and felt a lump in Boatright's right breast. She referred Boatright to Ellis Fischel Cancer Center.

## Deliberate decision-making

Boatright scheduled a second mammogram at Ellis Fischel and had a biopsy taken. She also met with one of the surgical oncologists, Debra Koivunen, MD. The biopsy results revealed Boatright had a triple-negative breast tumor.

About 15 percent of breast cancer cases are triple-negative — the name refers to the absence of estrogen receptors, progesterone receptors and HER-2/neu gene from the tumor — according to the National Breast Cancer Foundation. It can be more aggressive and difficult to treat, and it's more likely to spread and recur. After speaking with Koivunen, Boatright decided to have a bilateral mastectomy to limit the chance of the cancer returning.

## Two surgeries in one

Boatright's surgery took place in August 2014 and involved two teams of surgeons. First, Koivunen and team performed the bilateral mastectomy. Then, Stephen Colbert, MD, a plastic surgeon with MU Health Care, and team performed the initial surgery for Boatright's breast reconstruction.

"I knew I wanted to have reconstruction, and I didn't want to have to go back at a later time — when I wasn't feeling healthy — to have another major surgery," Boatright said. "I was already going to be on pain medication for the mastectomy. To be able to have another procedure at the same time that would speed up getting back to normal was just exceptional."

By starting her breast reconstruction at the time of her bilateral mastectomy,

Boatright was almost done with the entire reconstructive process by the time she finished chemotherapy.

## Back to the farm

Three-and-a-half years after her diagnosis, Boatright is cancer-free and enjoying her time on the farm with her husband, their 280 cows, 90 sheep, 80 goats and two grandsons. While she still finds time to take care of others, Boatright says she has tried to slow down a bit and enjoy her surroundings more.

Before breast cancer, Boatright said she was a private person. Now, she has taken her diagnosis as an opportunity to open up and talk to new people.

"Everyone's journey is different," Boatright said. "I chose to be vocal about my cancer and not let it control me any more than possible. It's really taught me to step back and evaluate what I want to do with the hours in my day."

When asked what advice she would give to other cancer patients, Boatright said two things: don't internalize it, and have a great support team.

**"Everyone's journey is different. I chose to be vocal about my cancer and not let it control me any more than possible. It's really taught me to step back and evaluate what I want to do with the hours in my day."**

— Jennifer Boatright

"There are folks who will pray for you and be there for you," she said. "Ones who understand when you want to talk and when you just need a shoulder to lean on or just to pray for you daily during your journey."



When a routine mammogram revealed an abnormality, Sedalia veterinarian Jennifer Boatright, center, and her medical team worked together to make some deliberate decisions on treatment and recovery options.

# One for the Ages

Partner with a primary care physician for a lifetime of good health



**E**stablishing a relationship with a primary care physician is one of the most important things you can do for your health. In addition to seeing you when you're sick, your physician becomes your partner in preventative medicine.

Lucas Buffaloe, MD, a primary care physician at MU Health Care, said there are **three goals in preventative medicine:**

1. Preventing diseases before they start
2. Detecting diseases when they're the most treatable
3. Keeping diseases in check so they don't cause bigger problems later on

For people in their 20s and 30s, most preventive services focus on behaviors.

"They don't often have heart disease and rarely get cancer, so what we worry about is: Are they exercising? Eating a healthy diet? Smoking? Drinking more alcohol than they should? Are they using any illegal or dangerous drugs?" said Lucas

Buffaloe, MD, a primary care physician with MU Health Care.

During your 40s, 50s and 60s, the focus shifts more toward preventing heart disease and detecting cancers.

"We're checking people's cholesterol levels, screening for colon cancer or breast cancer," Buffaloe said.

It's also important to note that no matter what your age — or what health issues you might have had in the past — it's never too late to take action toward a healthier future.

"There isn't really one point where you're not going to be able to get your health back," Buffaloe said. "I will say that the longer you go without taking care of your health, the harder it is to regain the health that you've lost. But it's still possible to make improvements in your health, whatever your age is."

To that end, one of the most important things you can do is get moving.

"We know that physical activity preserves health," Buffaloe said.

He encourages patients to remember that any physical activity, no matter how small, is better than no physical activity at all.

"Find something you can do that gets you up and gets you moving," Buffaloe said. "It can be broken up in small amounts throughout the day or big chunks a few days a week. Don't get discouraged if you can't exercise a lot when you're first starting out. The important thing is to get started."

## AN OUNCE OF PREVENTION

People who establish care with a primary care physician experience:



Better preventative care through routine screenings



Less likelihood of ER visits and hospitalization



Improved management of chronic diseases



Higher levels of satisfaction with their health care



Lower overall health care costs



To find a primary care clinic near you, visit [www.muhealth.org/conditions-treatments/primary-care](http://www.muhealth.org/conditions-treatments/primary-care)



If your primary care physician doesn't have any same-day appointments for a sudden ailment or you require after-hours assistance, MU Health Care has three convenient care options.

### MIZZOU QUICK CARE

Conveniently located in Columbia's three Hy-Vee grocery stores on West Broadway, Conley Road and Nifong Boulevard, Mizzou Quick Care clinics are open from 7 a.m. to 7 p.m. Monday through Friday and 8 a.m. to 4 p.m. on weekends. Nurse practitioners on staff see patients 24 months and older for common illnesses such as cold and cough, insect bites, allergies, simple rashes, sports and camp physicals, flu vaccinations and adult tetanus booster.

### MIZZOU URGENT CARE

For conditions that aren't life-threatening but still require immediate attention, visit Mizzou Urgent Care, 551 E. Southampton Drive. The physicians there see patients for issues such as cuts and burns, joint and muscle injuries, urinary tract infections and work-related injuries. Mizzou Urgent Care also offers imaging services such as X-rays and lab work such as blood tests.

### VIDEO VISITS

Use your smartphone, tablet or computer to connect with a board-certified physician without leaving your home or office. Providers are available 24/7/365 for conditions such as cold and flu, sinus infections, pink eye, abdominal pain and migraines. Each visit costs \$49.



For more information, go to [muhealthvideovisits.org](http://muhealthvideovisits.org).



TALK TO A PROVIDER  
**24/7/365**  
USING VIDEO VISITS

# A Numbers Game

What you need to know about the new blood pressure standards

If you're an American adult, there is a 46 percent chance you have high blood pressure. The odds increased last November when the American Heart Association and American College of Cardiology issued new standards that lowered the threshold for hypertension diagnosis.

The new definition of Stage 1 high blood pressure is a systolic pressure of at least 130 or a diastolic pressure of 80 or above. Systolic refers to pressure during heart contractions, and diastolic refers to pressure between beats. The previous standard was 140/90.

The change meant 30 million more American adults have high blood pressure. Brian Bostick, MD, PhD, is an MU Health Care cardiologist. In this Q&A, he explains the new standards and how you can keep your blood pressure in the normal range below 130/80.



**The new definition of Stage 1 high blood pressure is a systolic pressure of at least 130 or a diastolic pressure of 80 or above. The previous standard was 140/90.**

## Q&A with cardiologist Brian Bostick, MD, PhD

### Q: What prompted the guideline change?

A: Hypertension is one of the biggest risk factors for heart disease and stroke. Lower blood pressure is associated with improved outcomes. What this group did was look at all the studies and determined the association of each level of blood pressure and your risk for heart disease and stroke. Redefining these, while it does classify more people with Stage 1 hypertension, it's going to give them better access to treatments, therapies, knowledge and awareness of having high blood pressure so we can prevent heart disease and stroke.

### Q: What advice do you give patients whose blood pressure is in the 130/80 range who previously weren't diagnosed with high blood pressure?

A: This new classification is not saying that you or your doctor have been doing anything wrong with your blood pressure. We have always classified blood pressure above 130/80 as high. The goal of the new classification is to raise awareness about high blood pressure and improve treatment. By diagnosing high blood pressure earlier, we can help prevent more heart attacks and strokes.

These new guidelines are not necessarily going to change whether you are prescribed medication for your high blood pressure or what medications you're on — the levels. We're still prescribing the same medications you were on before. We are trying to help give everyone access

to the treatments they need and more early aggressive treatment. We're just focusing a lot more on diet, weight loss and exercise.

It's really at 140/90 that we're treating patients with medications. At 130/80, we're looking at lifestyle changes. It's only people with a lot of risk factors that we will be aggressive with and try to get lower than 130/80.

### Q: What can people do between visits to the doctor to monitor their blood pressure?

A: We tell our patients to check their blood pressure at home before they take their medications. Write those numbers down and bring them to your visit. Bring your home blood pressure monitor to the clinic so we can look at those readings and correlate with office blood pressure measurements. We want to get better at tracking blood pressure so we know where each patient is at.

### Q: What level of improvement in blood-pressure readings have you seen from those who really apply lifestyle changes?

A: It can make a big difference. Every kilogram you lose — about 2 to 2½ pounds — has been shown in studies to lower your systolic blood pressure a point. We recommend the DASH diet, which is low salt, low cholesterol, low fat, high in vegetables. That can lower your blood pressure five to 10 points. Certainly things like stopping smoking can have major effects on your blood pressure and your risk, too.



## Level 1 STEMI Center

MU Health Care earned the state of Missouri's highest designation as a Level 1 STEMI center, making it the only health care system in the region that offers patients Level 1 trauma, stroke and STEMI care programs.

STEMI stands for ST-Elevation Myocardial Infarction, a life-threatening type of heart attack caused by the complete blockage of a heart artery. This blockage can cause some of the heart muscle to die from lack of nutrients and oxygen. STEMI patients also are at a high risk of cardiac arrest. More than 250,000 Americans suffer STEMI each year.

"Patients who have this type of heart attack require time-critical diagnosis and treatment," said Arun Kumar, MD, medical director of cardiovascular services at MU Health Care. "When blood flow to the heart is completely shut off, every minute that goes by means more damage to the heart muscle. Once the heart muscle is damaged, there is no way of bringing it back. This is why it's so vital that patients receive immediate intervention."

The goal for centers across the country is to get patients from the ER door to unblocking their artery in 90 minutes or less. MU Health Care's team gets patients from the ER door to unblocking the artery in significantly less than 60 minutes.

Some of the other important components of Missouri's Level 1 designation include:

- Cardiac cath lab available 24/7.
- Cardiac surgeons available 24/7.
- Availability to accept all STEMI patients 24/7 without diversion.

### 7 simple tips to get an accurate blood pressure reading

- 1 PUT CUFF ON BARE ARM**  
Cuff over clothing adds 5-50 mm Hg
- 2 USE CORRECT CUFF SIZE**  
Cuff too small adds 2-10 mm Hg
- 3 SUPPORT BACK/FEET**  
Unsupported back and feet adds 6 mm Hg
- 4 DON'T HAVE A CONVERSATION**  
Talking or active listening adds 10 mm Hg
- 5 KEEP LEGS UNCROSSED**  
Crossed legs add 2-8 mm Hg
- 6 SUPPORT ARM AT HEART LEVEL**  
Unsupported arm adds 10 mm Hg
- 7 EMPTY BLADDER FIRST**  
Full bladder adds 10 mm Hg





**“IT WAS UNREAL. YOU KNOW YOU’RE HAVING A BABY, BUT IT’S STILL AN ABSTRACT THOUGHT UNTIL THAT MOMENT. THAT’S MY CHILD. THAT’S AMAZING.” — KRISTEN RICHTER**



# Great Expectations

At Women's and Children's Hospital, gentle C-sections mean every mother can witness the birth of her baby

**T**he moment is remarkable, the pictures stunning: A new baby enters the world. The bond begins. The connection between a mother and her baby is special. Now there is a way to keep that magical moment as powerful as possible for all mothers through what is called a gentle C-section.

"For many women, a C-section isn't in the plans," said Courtney Barnes, MD, an obstetrician and medical director of the Low Intervention Birth Program at Women's and Children's Hospital. "Mothers can have anxiety, sadness or disappointment when their delivery doesn't turn out the way they imagined. The gentle C-section is a way for us to provide needed surgical intervention while prioritizing the emotional needs of our patients."

Jacqueline Leasure, clinical manager of nursing services at Women's and Children's Hospital, said much of what differentiates a



**"The gentle C-section is a way for us to provide needed surgical intervention while prioritizing the emotional needs of our patients."**

— Courtney Barnes, MD

gentle C-section from the standard procedure are environmental considerations.

"It includes dimmer lighting, a quieter environment and music of the patient's choice," Leasure said.

But the most notable difference is what's sometimes referred to as the peek-a-boo drape. During a C-section, a curtain-like drape is used to create a sterile area for the surgery to take place. Although having the drape in place lowers the risk for infection, many mothers feel disconnected from the births of their babies.

However, the peek-a-boo drape has a flap that can be fastened down to reveal a window, which allows the mother to see — moment-by-moment — the birth of her child.

Kristen Richter was one of these moms. Her son, Langston, was born April 29.

"The plan was for a vaginal birth, but it just didn't work out," Richter said.

Labor was hard. Richter was in a lot of pain despite having had an epidural, and after 14 hours it still wasn't time to push.

"I asked for the C-section at that point. It was just like, 'I can't do this anymore,'" Richter said.

Although she'd been dreading the surgery, Richter said it turned out to be the most positive aspect of the delivery. Obstetrician Karen Thies, DO, and the team of nurses who performed the surgery worked quickly and efficiently — a welcome relief for Richter. And then Langston made his appearance.

"It was unreal. You know you're having a baby, but it's still an abstract thought until that moment. That's my child. That's amazing," Richter said.

Leasure said the gentle C-section can be an especially moving experience for women who were disappointed with their first C-sections.

"It's exciting for our patients. We have moms who end up having an unplanned C-section with their first delivery who now get to look forward to observing the birth of their baby for their next C-section," Leasure said.

After a quick towel off, baby is immediately given to mom for bonding time.

"In most cases, we are still completing the mom's surgery when her baby is placed on her chest," Barnes said.

Women's and Children's Hospital introduced the gentle C-section in 2015 as it pursued its Baby Friendly designation, a recognition bestowed by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) that honors excellence in providing education and encouragement for breastfeeding.

Delaying some routine care such as general assessments and bathing allows mom and baby the opportunity for immediate skin-to-skin contact, which yields benefits including stabilized blood sugar for baby, decreased anxiety for mom and greater success in breastfeeding. And, of course, it helps build that beautiful bond.

"Preserving these moments not only improves health outcomes for our patients, but also feels like the right thing to do. From patients to nurses to doctors, the response to these changes has been overwhelmingly positive," Barnes said.



## Benefits of Skin-to-Skin Contact Immediately After Birth

From the moment children are born, their needs become clear: warmth, comfort and nourishment. Although modern medicine does amazing things to care for babies in need, the obstetrics team at MU Health Care has found great success with a remarkably simple policy for newborn care, put into practice as soon as baby is born.

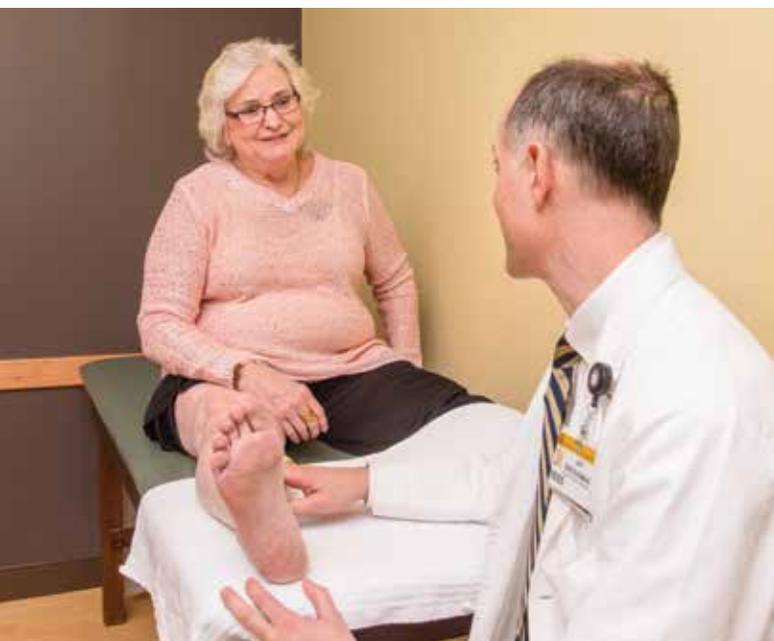
"Research has shown just how important it is to get all babies in contact with their parents as soon as possible," said Lori Anderson, MSN, Certified Nurse Midwife (CNM) with MU Health Care. "Women's and Children's Hospital makes that a priority and plans for baby to go directly to mom's skin immediately at birth."

Anderson said this method of skin-to-skin contact, otherwise known as kangaroo care, offers a slew of benefits for babies.

### With kangaroo care:

- A newborn's temperature regulates and stabilizes earlier and more easily.
- Breathing and heart rate are steadier, and the transition from in-utero to breathing is easier and better accepted.
- Blood sugars regulate faster.
- The baby colonizes with the mother's skin bacteria, which gives the baby better immunity from allergens.
- Babies are calmer and happier.
- Breastfeeding success rates are much higher.

"Parents benefit by bonding quickly and forming an early attachment," Anderson added. "Dad can also do skin-to-skin with baby and get those benefits."



## Back on Her Feet

With help from orthopaedic surgeon, woman recovers from car accident

**D**onna Boggs had just pulled into the driveway in a borrowed late 1980s model Buick Skylark with her 1-year-old grandson asleep in the backseat. She stepped out to check the mailbox. Then she realized that she hadn't fully shifted the car into park.

As the car started to roll back toward the road, she scrambled to open the door and climb back inside, but she was knocked down. The left front tire rolled over her right foot and pinned her to the pavement.

There isn't much traffic along East Stark Avenue near its intersection with Brown Station Road in northeast Columbia, and Boggs estimated she was stuck for 20 minutes, crying for help.

"I laid there and said, 'Please, God, don't let the car roll any farther. Don't let me die,'" Boggs said. "Just about that time, I heard a man say, 'Ma'am, are you OK?'"

The man was Russ Mulkey, an employee of Socket Telecom, who was on his way home to eat lunch and let his dog out when he noticed Boggs' predicament.

It was a warm September day in 2015, so after driving the car off Boggs' foot, Mulkey put her grandson in his air-conditioned truck, called 911 and comforted her.

"The heel of her foot and up the ankle was bleeding pretty badly," Mulkey said. "I just remember thinking, 'Gosh, I hope she's not going to lose that foot.'"

Although she suffered no broken bones, Boggs' heel pad was nearly ripped off. She had three surgeries in the next year, but the wound wouldn't heal. The loss of the cushioning heel pad made it too painful to stand.

"Before I had my accident, I would climb trees, I would play football, played basketball, played with the grandkids, cleaned houses, got down on my hands and knees. I was told I was like the Energizer Bunny," Boggs said. "After that accident, my energy went down to nothing."

Deeply frustrated and facing the possibility of amputation, she was referred to Jay Bridgeman, MD, of the Missouri Orthopaedic Institute's Limb Preservation Center.

"What we offered her at the Limb Preservation Center was to use a muscle from her thigh and add that muscle over her wound, which would allow us to put a skin graft there to seal the wound and let it heal," Bridgeman said. "It also gave us a thick muscle to provide cushion, so it would restore some of the cushion she lost in her injury. That process requires microsurgery, which is what I do. I'm a hand surgeon, but I also do microsurgery."

"It's a technically difficult surgery, but it's one we do at the University of Missouri on a weekly basis. We've had good success with this type of surgery. It's not something that's found at most hospitals."

Boggs has regained feeling in her foot and can now walk comfortably and enjoy life again.

"If it wasn't for Dr. Bridgeman, I probably would have lost my foot," Boggs said. "I just love the guy."

Facing the possibility of amputation, Donna Boggs was referred to Jay Bridgeman, MD, of the Missouri Orthopaedic Institute's Limb Preservation Center. Bridgeman performed a microsurgery to restore the padding to her heel and save her foot.

A man and a woman are shown in a joyful piggyback ride during a rainstorm. The woman, wearing a bright yellow raincoat, is sitting on the man's shoulders. She has her mouth wide open in a laugh and her hand is on the man's chest. The man, wearing a dark blue raincoat, is also smiling and looking towards the camera. The background is a soft-focus outdoor setting with rain falling heavily around them.

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# A Team Approach

MU Bridge Program brings parents, teachers and psychiatrists together to help kids

The idea for the program that has helped hundreds of Boone County students in need of psychiatric treatment was hatched in a hallway at the Missouri Psychiatric Center. Walking out of the inpatient youth unit, Carole Schutz, RN, mentioned to Laine Young-Walker, MD, that they needed to eliminate the barriers to child psychiatry.

“Carole said, ‘You know, we really need to have psychiatrists in the schools,’” Young-Walker recalled. “I said, ‘What do you mean?’ She said, ‘In the past, I participated in this

**“Access to child psychiatry was a problem. The length of time to get in to see a child psychiatrist could be up to six months. The lack of insurance, underinsurance for mental health services and problems navigating the mental health system by families created challenges for children with problems. Bridge answered all of those issues and resolved them.”**

— Laine Young-Walker, MD



A casual conversation between Carole Schutz, RN, and Laine Young-Walker, MD, grew into what now is known as the MU Bridge Program, which helps children in school access mental health care.

program in St. Louis, and we went to schools and saw kids. I think that’s where we should be.”

That conversation turned in to the MU Bridge Program: School-Based Psychiatry. After a successful three-month pilot study at four local schools in 2014, Bridge received full financing from the Boone County Children’s Services Fund and began operation in 2015. It is now available for any Boone County student in public, private or home school. The program helped more than 350 children in 2017.

“Access to child psychiatry was a problem,” Young-Walker said. “The length of time to get in to see a child psychiatrist could be up to six months. The lack of insurance, underinsurance for mental health services, and problems navigating the mental health system by families created challenges for children with problems. Bridge answered all of those issues and resolved them.”

## The Bridge Program works like this:

1. A child is identified as having a need for a psychiatric evaluation, and parents give their consent to a Bridge referral. The school counselor, parent or primary care provider contacts Bridge.
2. Bridge responds to set up a free evaluation of the student conducted at school by a child psychiatrist. A parent or guardian is present.
3. Bridge team provides two or three follow-up appointments, also free, in which they re-evaluate the student and explain treatment options to the parents. Treatment often — but not always — includes medication. The nurses also help parents schedule the next steps for treatment outside the Bridge Program with either a child psychiatrist or primary care provider.

Making sure children and their families get lasting assistance through therapy, a psychosocial rehab program or the Family Access Center of Excellence is a priority.

“One of the paramount concerns the Bridge team has is that children’s treatment will discontinue at some point after they’re discharged,” said Schutz, who is one of the Bridge Program managers, along with Chris Petner, RN, and Anna Compton, RN. “For this reason, much emphasis is placed on wraparound support.”

The program has been mutually beneficial to schools and students. A nationwide shortage of child psychiatrists has led to lengthy waits for appointments — if the parents can figure out how to navigate the mental health system at all — so Bridge offers some immediate answers and a link to long-term solutions.

“Before Bridge existed, counselors referred families to hospitals and/or community providers in the hopes that they could and would take advantage of the resources offered,” said Lou Ann Tanner-Jones, PhD, the director of Boone County Schools Mental Health Coalition. “Often the wait times were prohibitive to getting good mental health care. Bridge has changed all of these barriers by bringing excellent medical care to students at Boone County schools.”

Rachel Kirchner is a counselor at Parkade Elementary School in Columbia. She said before the Bridge Program was in place, she referred students to a local behavioral health center or to their family doctors, but often the students never got help because of their parents’ work schedules or transportation issues. The Bridge Program removed those barriers by seeing the students at school.

Kirchner said Parkade made 30 Bridge referrals in the 2017-18 year, and 25 of the students received follow-up care — either medication or therapy, depending on the diagnosis and the parents’ wishes — after their initial evaluation.

“I can’t say enough wonderful things about the Bridge Program,” Kirchner said. “They have made things so much easier for us as far as accessing mental health services for our kids.”

Young-Walker got a sense of how important the program could be when she was contacted by one of the students from the pilot study.

“She said the Bridge Program saved her life,” Young-Walker said. “Without it, she wouldn’t have known what to do or where to go.”



## Talking to Kids About Mental Health

Whether your child is 2 or 16, families need to help children navigate through hard emotions.

“Things that become a problem — sadness, anger, anxiety — are normal at first,” said Laine Young-Walker, MD, chief of the Division of Child and Adolescent Psychiatry at the MU School of Medicine. “If you normalize communication about mental health, your child will know they can come to you when they need help.”

### Young-Walker offers this advice for talking to children about mental health:

#### Start the conversation, even when it’s not easy

If you’ve noticed a disturbing change in behavior patterns or habits in your child, take the initiative to ask questions.

A conversation starter may be as simple as saying: “You seem anxious — is something going on?” or “I’ve sensed a change in you.”

Point out the change you have noticed — such as spending more time alone with less communication with family, not enjoying his or her favorite activities, or worse grades — and let your child know you care about whatever they are feeling.

#### Set a loving and supportive tone

Let your teen know it is important to you to know what is going on and that if he or she is struggling, you will be there to work through whatever he or she is going through together.

“When they seem sad or depressed, they may withdraw when you try to talk to them,” Young-Walker said.

But don’t hold back on reaching out and letting them know you are there.

#### Let your teen know it’s OK to talk about feelings

The fear of the stigma of mental health often leaves teens hesitant to talk, so reinforce that whatever they are going through is OK.

“Teens don’t want to be different than anyone else,” Young-Walker said.

Fears of what might come next, such as medication, if they admit their struggles might also leave teens hesitant to talk, so encourage them to address whatever they are feeling and not hold back.

“Tell your teen that it’s OK to talk about what’s going on,” she said. “Let him or her know, ‘I’m going to work with you to help you get to a better place.’”



If you think your teen needs more support or you are concerned for his or her safety, seek professional help. Contact a school counselor or seek a therapist or counselor through the MU Psychiatric Center. You also can ask your primary care provider for a referral.



By increasing the amount of physical space at the University of Missouri Sinclair School of Nursing, the program will be able to accommodate more students.

## Sinclair School of Nursing expansion will address nursing shortage

It's well-established that there is a serious shortage of skilled nurses. To keep up with the nation's health care needs, there will need to be 1 million new registered nurses by 2022.

To address this issue, the University of Missouri Sinclair School of Nursing plans to expand and renovate its current building, which will allow it to increase its class size by 30 to 40 percent.

Currently, lack of space forces the program to reject two-thirds of qualified applicants. Between 2005 and 2015, the school has turned away more than 2,200 potential nursing-school students.

"We simply can't take them all," said Roxanne McDaniel, PhD, RN, who recently served as the school's interim dean.

The school's application includes a rigorous interview process and a required minimum GPA of 3.5. The program is so competitive that the average is almost 3.8.

"The hardest thing we do is tell students, 'no,'" McDaniel said.

In its most recent ranking, the College Atlas Encyclopedia of Higher Education ranks the school No. 1 for nursing-school programs. Once they graduate, these students are the most sought-after in the state. Hospitals in Columbia and elsewhere in Missouri frequently request that the undergraduate program be expanded in order to satisfy their needs for highly skilled nurses.

International Architects Atelier, a Kansas City firm responsible for renovating the

historic Swallow Hall on the main MU campus, will present ideas to the MU Board of Curators this fall. The renovation will transform the building into a modern, state-of-the-art facility with updated simulation labs, more classroom space, lounge areas for students to study and collaborate, and an expanded research area.

The project will cost an estimated \$20 million. Fundraising efforts already are underway. A majority of the need has been met by funds the school had saved, along with a contribution from MU Health Care and gifts from private donors.

The project is slated for completion in 2021.

 Additional donations are needed and can be made at [nursing.missouri.edu/giving](https://nursing.missouri.edu/giving).

# Fastball

With help from occupational therapy students, boy gets in the game

When 9-year-old Hunter Brown takes the baseball field with his YMCA team, he uses a one-handed method of throwing and catching he's been practicing for months. In January, Hunter told student occupational therapists Lyndi Plattner and Makayla Thompson that he wanted to play baseball, and they've worked hard together to make sure he's game ready.

After a stroke at birth, Hunter was diagnosed with left hemiplegic cerebral palsy, meaning he struggles with pain, weakness and muscle control on the left side of his body. He's been in occupational and physical therapy since he was a baby but came to TigerOT two years ago when long-time occupational therapist Tiffany Bolton, now assistant clinical professor in the MU Department of Occupational Therapy, needed a client to work with to help train student OTs. TigerOT is the experiential learning clinic in the School of Health Professions Department of Occupational Therapy. Bolton said TigerOT is unique because it's a teaching clinic.

"We don't bill insurance, so students can work with clients in a variety of contexts to

**"The clinic is beautifully set up so we are able to interact with and treat real clients and gradually increase our independence using clinical skills throughout each treatment session."**

— Lyndi Plattner

meet goals they set together — in whatever context it takes to overcome a particular challenge. For some clients, it can be grocery shopping. For others, it's visiting a restaurant. For Hunter, it's playing baseball," Bolton said.



Hunter Brown in the TigerOT clinic with student therapists Makayla Thompson and Lyndi Plattner.

Occupational therapy student Lyndi Plattner is one of Hunter's therapists this semester. She said working in TigerOT has been the most beneficial part of her education so far.

"The clinic is beautifully set up so we are able to interact with and treat real clients and gradually increase our independence using clinical skills throughout each treatment session," she said. "On top of that, the research opportunities present through our program have substantially increased my appreciation for occupational therapy as a profession."

Bolton said participation in Tiger OT benefits both students and clients.

"The greatest advantage for the students is being able to experience research, clinical practice, and their classroom

learning really come together," she said. "They get to learn in a safe space where they are allowed to try things on their own but with enough supervision and guidance to learn from everything that happens," she said.

Plus, clients and families receive the dedicated focus of the students' attention to occupation-based practice and research and the flexibility to meet their needs in ways that make sense for them.

Occupational therapy is a profession dedicated to helping people overcome challenges and participate fully in the activities of daily life that are most important to them. For Hunter Brown, that means sports and having the confidence to play them on his own terms.



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