Season of Change

One year after a breast cancer diagnosis, Christie McCullough is ready to embrace the future with peace of mind.
None of us expected 2020 to play out like it has. But for all of the uncertainty COVID-19 has brought our society, here in mid-Missouri, it’s also brought a unified team.

It’s our mission to save and improve lives — regardless of the situation, no matter how daunting or unexpected it may be. I’d like to share with you a few ways that our more than 6,000 amazed employees responded to the challenges brought on by COVID-19. Even before the virus made its way to mid-Missouri, we set up a dedicated incident command to coordinate our health system’s preparedness planning and response to the pandemic. Led by key leaders in our health system, this structure allowed us to make decisions and mobilize quickly through a coordinated, centralized effort.

We established dedicated units to care for patients with COVID-19 and quickly stood up testing sites for our community. To date, we have administered more than 61,000 COVID-19 tests, including 47,000 drive-thru tests. We shifted many of our clinic visits to virtual visits. From March to June, we had 46,000 virtual care visits for primary and specialty care.

To reduce the spread of the virus, we continue to screen anyone who enters our facilities, and we have an enhanced visitor policy. These were difficult decisions that we made after much, many thoughtful discussions. We are proud of how the community has responded to these challenges and supported us in our efforts.

Early in the pandemic, the availability of masks and appropriate personal protective equipment, or PPE, was a very real concern. We saw a need and answered the call by partnering with us to create masks. With the help of countless volunteers, more than 90,000 masks were sewn by more than 260 community volunteers and distributed to our patients, visitors and employees. That is so amazing and is a testament to the caring and collaborative spirit of mid-Missourians.

As our community continues to deal with COVID-19, you may be wondering how MU Health Care is adapting and continuing to provide care. Know that your safety is our top priority. To find the latest information on our response efforts, as well as our testing and patient numbers, please visit muhealth.org/conta and follow us on social media. We would love to hear how we’re doing.

While we are combating COVID-19, it’s also very important that we remain vigilant against the flu. Because of the pandemic, reducing the spread of respiratory illnesses is more important than ever. Please visit muhealth.org/flu to find more information on how to get vaccinated against the flu this year. I would also like to take this opportunity to introduce an important new leader of our team, Buck Barshon, MD. He is MU Health Care’s executive vice chancellor for health affairs and the scientific director of the NextGen Precision Health Initiative. You can learn more about Dr. Barshon and the initiative on page 16.

Thank you for trusting us with your care. It’s an honor to take this journey with you.

Jonathan Curtright
Chief Executive Officer
University of Missouri Health Care

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MU Health Care employees showed their holiday spirit

My family had to visit the Women’s and Childrens Hospital ER on Christmas Day after one of my 4-year-old twins was jumping on a bunk bed at her cousin’s house and fell off the top and hurt her neck. I tested our pediatrician, Nathan Ezura, who told us we wouldn’t know if it was bruised or fractured unless we got X-rays, so we decided to make the drive to Columbia.

Once we arrived at WCH, they had us in a room and Gentry’s neck in a brace within 4 minutes of arriving. Everyone was so friendly, as usual, but we really appreciated it even more on Christmas Day. We had to get X-rays and a CT scan (Gentry even said she wanted to be like the X-ray/CT tech when she grows up). The CT showed two minor fractures, so we had to be transferred to University Hospital via ambulance to have a neuroradiology consultation and stay overnight for observation. Everyone we interacted with on Christmas was amazing, from the WCH emergency department team (nurses [Jennifer Hagan and Leigh Mirts and physician assistant Krysta Arnold]; to the transport team [paramedics Stacy McCullough and EMT Wayland Tarbel], to the ICU emergency department team (nurse Makzinsha Swarthout and doctors Job Rodgers and Timothy Koboldt), to attending physician Jeffrey Litt and the surgical ICU nurses [Audrey Freeman and Haley Neff].

Gentry didn’t need surgery, and after a few weeks of rest and no physical activity for six weeks, she was back to her lovely and energetic self. The experience was not what we expected our Christmas to be, but it definitely one we will remember forever, along with all the doctors, nurses and staff who helped us.

Lindsey Turner
ASHLAND

Patient service representative goes beyond the call of duty

I would like to share my experience with an exceptional employee. Her name is Cody Brethorst, and she is a patient service representative at the Missouri Orthopedic Institute.

On March 13, I had an MRI and stopped to ask a question and I was directed to her. It was about 4 on a Friday afternoon, and I wanted to see if I could ask a question of the nurse. She took the time to go ask for me. She watched me wait to receive the news that I needed an emergency neck surgery and needed to talk to the neurosurgeon. This was not the news I expected. Once I was done, it was after 5, and she made sure that the valet people were still there to get my car for me and even offered to get it herself.

I had surgery on March 19, and she spoke to me the next day as we were having an X-ray. Cody has checked on me every time I have been in the office to see how I was doing. One time she wheeled me down to my physical therapist appointment, as the walk was too long for me. She has watched me go from a walker to a cane to walking unassisted. Fast forward to May when I found out I had to have a breast biopsy, and she was there to give me a hug (with her mask on) and encourage me. She anxiously awaited my next visit to hear the news from the biopsy. In July, I broke my foot — 2020 hates me — and she was there to ask what happened. When I found out I had to have surgery on it, she was as frustrated as I was.

These are the types of people who make a difference in the world. It isn’t just a job to her — she cares and helps patients. She has an amazing attitude and a smile to help you through a tough time. I have no doubt she will continue to do what she does and see what other fun adventures life has in store for me at 50+.

Melinda Lane
COLUMBIA

CONNECT WITH US

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When Jen Truelove completed her coursework to become a licensed practical nurse, one of the speakers at her graduation said something that stuck with her. “She said as a nurse you have the opportunity and privilege to be a part of people’s most vulnerable and needy moments, whether it be death, birth, sickness or education,” Truelove said. “You can make a difference in how you treat people, and you can make or break their experience. That has stayed with me, and even after 20 years, it motivates me to do my best to honor that.”

Early in the COVID-19 pandemic, Truelove, who works at the Thompson Center for Autism and Neurodevelopmental Disorders, volunteered to serve at MU Health Care’s drive-thru testing site. She wanted to do her part to help during a public health crisis. Truelove thought it would just be for a few shifts, but after enjoying her first day working outside with a new group of teammates, she was determined to help at the site every chance she could.

“Jen has been such a joy to work with,” said Athena Bouras, who helps manage the drive-thru testing site. “Her dedication and positive attitude have kept us going through the difficult days. She is always willing to jump in, pick up extra hours after work and help us in any way she can.”

Truelove and her colleagues perform the nasal swab test for COVID-19 and a variety of other administrative duties. Remembering the words of her graduation speaker, she tries to reassure nervous patients by smiling with her eyes and letting them know exactly what to expect from a test many of them dread.

“This experience has reminded me that it doesn’t take much time to make a connection with people, and even though our encounters are brief, you can still make it personal,” Truelove said. “I remember a couple who came through, and in our conversation they revealed they were pregnant with their first baby and were going home to tell their parents. So technically I was the first one they told. It was such a great moment as we shared the excitement of it all.

“I also will never forget someone who, when telling me this test was for an upcoming procedure, started to cry as she shared she was starting chemo for the first time. I cried with her but also tried my best to give encouraging words and let her know that we would be rooting for her. So this has been more than taking people’s information or doing a nasal swab. It’s finding a way to connect and project the kindness that’s in all of us.”

**Warm Welcome**

Jen Truelove believes that even brief encounters at a COVID-19 drive-thru testing site are opportunities to make a personal connection.

Al and Dottye Van Iten were at their most vulnerable from July 7-23, 1980. Their 4-year-old son Jim had been hit by a car during a family fishing trip in southern Missouri, and he spent two weeks in the burn unit at MU Health Care’s University Hospital receiving skin grafts on his scalp and shoulder.

“We had decided there at the hospital that if the Lord would spare him and help us to get him back to normal that we would support the burn unit at the University of Missouri for what it would do for other patients,” Al Van Iten said.

Many people make those promises. The Van Itens followed through. For 40 straight years, they have donated to what is now called the George D. Peak Memorial Burn and Wound Center. “The support provided by Mr. and Mrs. Van Iten has contributed to not only the excellent burn care we provide on a daily basis but also has allowed increased educational opportunities for numerous staff members,” said Jeffrey Litt, DO, the director of MU Health Care’s burn and wound program. “It’s allowed the University of Missouri to be at the forefront of advances in burn care.”

Al, a former school principal, and Dottye, a former social studies teacher, raised their family in Independence, Missouri, and are now retired and living in the Lake of the Ozarks area. Their son Jim made a complete recovery and went on to be a fine athlete and honor student. He is still doing well, and his parents are forever grateful for the care he received 40 years ago.

“Being educators and with a family, when we started this we were on a pretty limited budget,” Al Van Iten said. “But we felt like we could and should do something, since so much was done for us. It was our way of returning the blessing we were given.”

There are many ways you can support MU Health Care’s mission to save and improve lives. To learn how you can help, visit muhealth.org/giving.
Coming Together to Fight COVID

Keeping our employees, patients and community safe during a pandemic is a team effort that requires innovation and extra effort.

Above left, Damon Coyle makes new face shields for controlled air-purifying respirator (CAPR) masks worn by doctors, nurses and respiratory therapists to guard against infection from airborne viruses.

Above right, Tammy Broadus hangs protective masks to dry at MU Health Care’s in-house disinfecting station.

Right, nurses Molly Sells and Kate Hunt are on the front lines, providing care to patients with COVID-19.

MU Health Care is committed to helping you navigate the COVID-19 pandemic.

For the latest information on how to get tested and how we are keeping you safe at our hospitals and clinics, please visit muhealth.org/coronavirus.
Eric Kelly started his career at MU Health Care 15 years ago, working the overnight shift in the distribution center. He restocked supply closets throughout University Hospital.

When Kelly needed extra money after the birth of his first child, he picked up a part-time shift as a care team associate. He cared for the basic needs of his patients, taking their vital signs and assisting them with eating and bathing.

“It was fulfilling, but I thought I could do more for the patients,” Kelly said.

Kelly, 36, wanted to become a registered nurse. But with a family that had grown to three children, he wasn’t sure how he could afford to give up his job and benefits to attend nursing school and earn his RN degree.

Then he heard about a program offered by MU Health Care’s Career Institute. Employees selected for the program attend nursing school while working 16-hours a week. MU Health Care pays their tuition and fees, continues to provide their full-time salary and benefits, and guarantees them a nursing job after graduation. In return, the employees agree to spend at least two years working at MU Health Care as a nurse in a high-need area.

“Within the organization, almost everyone knows Eric Kelly,” said Kym Hultman, the manager of health care recruitment. “When you say his name, they smile, because Eric embodies what we call the ‘Culture of Yes.’ He gives a warm welcome. He anticipates needs. He is a hard worker. He is dedicated. He’s just a great employee. ”

He graduated in December 2019 and officially became an RN. He began his job on the Family Medicine wing of University Hospital in February. The people who helped him through the journey have no doubt about his potential.

“They probably wish they could clone him,” Robbins said. “That’s going to make him a fabulous nurse. He’s patient and listens to people. You can tell when you’re talking to him that he’s listening to you.”

— BRIDGETT ROBBINS, RN

GROWING YOUR OWN

MU Health Care started growing its own workforce in 2015 with a focus on certified medical assistants — employees who work in clinics checking in patients, taking vital signs, giving medications and completing other tasks. The program grew out of a shortage of certified medical assistants. There were not enough candidates for the number of openings.

“I thought we should just train our own people to do these jobs,” said Peter Callan, senior director of talent at MU Health Care. “We made a proposal in leadership that we will take our best people, select them internally, send them to school and supplement that with hands-on training.”

Based upon the success with certified medical assistants, the program has now expanded to include other jobs, including registered nurses. Although MU Health Care’s 9% nursing vacancy rate is lower than the state average, supplemental staffing is needed. The program has now expanded to fill high-need positions in major challenge.

“If there’s a housekeeper who wants to be a nurse, or somebody in food services who wants to be a nurse, or if there’s somebody working in distribution who wants to be a nurse, this program is for all of them,” said Bridgett Robbins, RN, the director of nursing at MU Health Care.

“THE GREATEST OUTCOME’

As Kelly took his classes at Columbia College, he didn’t tell many friends what he was doing. He wasn’t sure how tough nursing school would be and didn’t want to brag before he finished. Kelly’s experience in patient care served him well, and he handled the coursework just fine.

He graduated in December 2019 and officially became an RN. He began his job on the Family Medicine wing of University Hospital in February. The people who helped him through the journey have no doubt about his potential.

Eric is a connector. He connects with people. That’s going to make him a fabulous nurse. He’s patient and listens to people. You can tell when you’re talking to him that he’s listening to you.”

— BRIDGETT ROBBINS, RN

call the ‘Culture of Yes.’ He gives a warm welcome. He anticipates needs. He is a hard worker. He is dedicated. He’s just a great employee.”

In October 2018, Kelly began the 14-month Associate of Science in Nursing program at Columbia College.

“I’m still at an age where I can push myself,” he said. “I felt like it was a great opportunity.”

THE GREATEST OUTCOME’

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Kelly has worked his way up from an entry-level position to a bigger role with better pay and more responsibility. He’s proud of the journey but even more excited about what the journey has put him in position to do.

“The money will be nice, but it’s not about that,” Kelly said. “Being able to help others would be the greatest outcome.”
After Breast Cancer Diagnosis

Christie McCullough went through a difficult time after being diagnosed with breast cancer last December. But with the support of her son, Jacob, her husband, Michael, and treatment at MU Health Care’s Ellis Fischel Cancer Center, she has a bright outlook.

**Ringing in a New Year**

About one in five breast cancers are categorized as HER2-positive, meaning the cancer cells carry unusually large amounts of HER2, a growth-promoting protein on the outside of breast tissue. This form of breast cancer grows and spreads quickly. McCullough’s tumor wasn’t detectable on her annual mammogram in February 2019, but nine months later, she noticed the lump. An MRI revealed she had one large mass about six centimeters in diameter and also two smaller ones. Fortunately, she had immediately called her OB-GYN when she discovered the lump. The cancer had not yet invaded her lymph nodes. “Traditionally HER2-positive tumors have always been more aggressive, but since the development of specific therapies that target HER2, we’re seeing a great response,” Albright said. “The prognosis for HER2-positive tumors has dramatically improved, so much so that the new staging system reflects this.”

The nurses and the staff in the infusion unit are so fun and supportive. They lined up in the hallway and cheered me on as I walked down to ring the bell.”

— Christie McCullough

Beginning in early January, McCullough received a combination of drugs, some designed to block the HER2 receptors in order to prevent cancer cells from multiplying and others dedicated to killing the existing cancer cells. At first, she experienced sickness that left her so dehydrated she had to be hospitalized for five days. As expected, she lost her hair. But the difficulties were worth it, as the treatments drastically shrank the tumors. She participated in the tradition of ringing the bell, celebrating the end of four months of chemotherapy. Usually it’s an event attended by family and friends, but by this time, visitors weren’t allowed in MU Health Care facilities because of the COVID-19 threat, so McCullough celebrated with her new Ellis family.

“The nurses and the staff in the infusion unit are so fun and supportive,” she said. “They lined up in the hallway and cheered me on as I walked down to ring the bell.”

**A Personal Decision**

In May, McCullough met again with Albright to discuss surgery options. She had gone through genetic testing, which revealed no known mutations that would indicate increased risk for future cancer. She could choose a lumpectomy, which would remove the tumor but save the breast, or a mastectomy, which would remove the entire breast. “It is mainly a patient’s decision if she wants to save her breast with breast conservation surgery versus having a mastectomy,” Albright said. “My goal is to help a patient make the best cancer decision. If I think, in trying to save the breast, I won’t be able to remove the whole tumor and give them a good cosmetic result, then I typically recommend a mastectomy. But there are many reasons why women choose breast conservation versus mastectomy.”

For McCullough, the decision came down to peace of mind. When she was a teenager, her father was diagnosed with liposarcoma, a rare form of cancer that attacked his arm. He had an option to get an amputation in the beginning but decided against it. “The cancer kept coming back and ultimately took his life.”

“I always told myself if this ever was up to me, if I had cancer and I had the option to be aggressive early on, I would,” McCullough said. “That was always in the back of my mind. Dr. Albright kept assuring me that it’s not the same in breast cancer, but it’s a life experience I had, and it shaped my decision-making.”

McCullough opted to have both breasts removed and to have reconstruction. In June, Albright performed the bilateral mastectomy. Plastic surgeon Stephen Colbert, MD, immediately began the reconstruction process by placing tissue expanders, which are replaced by permanent implants months later. McCullough will continue to get infusions of targeted therapy drugs Herceptin and Perjeta until the end of the year as a precaution, but she no longer shows any evidence of cancer.

“Given how well she’s done, she has an excellent prognosis,” Albright said. The heaviness that hovered over her holidays celebrations last year has lifted McCullough is already thinking ahead to a more joyous season this year. “I was just talking to my family about that,” she said. “I think I’m ready to celebrate.”

**Moving Forward With Peace of Mind**

After Breast Cancer Diagnosis

Christie McCullough meets with Emily Albright, MD, a breast surgical oncologist at MU Health Care’s Ellis Fischel Cancer Center. Albright advises and listens to patients to ensure they make the surgery decision that gives them peace of mind.

Christie McCullough has navigated a difficult year after being diagnosed with breast cancer last December. But with the support of her son, Jacob, her husband, Michael, and treatment at MU Health Care’s Ellis Fischel Cancer Center, she has a bright outlook.
Fulton restaurant owner finds support through YMCA-based therapy clinic

Stephen Gao spends long hours managing China Palace, the Fulton restaurant that’s been in his family since 1998. After his mother, Ling Ling Wang, had a knee replacement, he spent his free time driving her to Columbia for physical therapy appointments.

“In our culture, we take care of our elders, because when we were young, they took care of us,” Gao said.

“The YMCA is a great environment for PT to take place, because the patients get to know the staff, other members and feel comfortable using the equipment. I encourage previous, current and prospective patients to stop by my office anytime for guidance. It’s a great continuum of care.”

— SARAH MOORE, DPT

In October 2019, when MU Health Care opened a Mizzou Therapy Services clinic in Fulton, Wang was the first patient to schedule an appointment with physical therapist Sarah Moore, DPT. The convenient location saved time for Wang and her son.

“She provided good service, very friendly and patient,” Wang said.

The Fulton clinic is located inside the YMCA of Callaway County.

“My job is to not only help patients reach their rehabilitation goals but to educate each patient on the importance of continuing an exercise program for life,” Moore said. “The YMCA is a great environment for PT to take place, because the patients get to know the staff, other members and feel comfortable using the equipment. I encourage previous, current and prospective patients to stop by my office anytime for guidance. It’s a great continuum of care.”

When Boonville’s Pinnacle Regional Hospital closed in February 2020, area residents risked losing access to the doctors who had cared for their families for decades.

“Dr. Koch has been in Boonville for 35 years and I’ve been here for 20 years, so having their own primary care physicians suddenly gone was a hard blow to people,” Brownfield said. “The new clinic has helped bring back the providers the patients know and trust. They’re able to get their health care locally instead of travelling."

For Boonville area patients who already saw MU Health Care doctors for specialty care, now their primary care physician and specialists will share the same electronic health record. That will ensure clear communication.

“Before, I would have to try to get the record or rely on a patient telling me what happened at the specialist’s office,” Brownfield said. “Now, not only can I see exactly what the specialist did, I can see the results and not have to repeat labs that have already been done. When we need to, we can directly reach specialists through the electronic health record and shared email.”

The clinic is located at 102 Isle of Capri Blvd. In-person and virtual appointments are available. To schedule an appointment, call 660-882-3585.

“The new Boonville family medicine clinic supports MU Health Care’s mission to maintain local access to quality health care,” said Michael LeFevre, MD, chair of the MU School of Medicine’s Department of Family and Community Medicine.

When Boonville’s Pinnacle Regional Hospital closed in February 2020, area residents risked losing access to the doctors who had cared for their families for decades.

Five months later, the MU Health Care Family Medicine Clinic in Boonville opened. It is staffed by former Pinnacle Regional Hospital family doctors Mona Brownfield, MD, and Robert Koch, MD, along with nurse practitioner Lori Weekley, FNP.

“Dr. Koch has been in Boonville for 35 years and I’ve been here for 20 years, so having their own primary care physicians suddenly gone was a hard blow to people,” Brownfield said. “The new clinic has helped bring back the providers the patients know and trust. They’re able to get their health care locally instead of travelling.”

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Centralia Craftsman Returns to Workshop After Innovative Surgery Saves Thumb

When he graduated college, Jamie Mills received a special gift from his father. It was a gun cabinet made by a family friend. At the time, Mills knew nothing about woodworking — he never even took a shop class in high school — but that beautiful walnut cabinet with interlocking dovetail joints inspired him. He bought a used jigsaw for $20 and started teaching himself. Mills got married and settled down in Centralia, and over the course of three decades, his hobby became a second job. He operates Mills Fine Woodworking, building custom cabinets for kitchens and bathrooms.

Mills, 55, dreams of eventually retiring from his day job in agribusiness sales and devoting himself to his labor of love. “Woodworking has actually been my relief from all the stress of the corporate world,” he said. “I want to be that old man in bib overalls making furniture for my grandkids.”

On the night of April 5, 2020, Mills was operating a table saw safely, using a push stick to feed a board into the blade, as he had done thousands of times before. He’s not sure exactly why, but the board kicked back while his left hand was close to the blade, and his thumb slapped into harm’s way. The saw sliced off the top part of the thumb, just below the nail line.

Mills hurried to his house and asked his wife, Lori, to drive him to the emergency room at MU Health Care’s University Hospital. This wasn’t their first trip to the emergency room at MU Health Care’s University Hospital. “This wasn’t their first trip to the ER together. In 1999, Mills lost his right eye when the tip of a table saw blade broke off and struck him.

“As my wife was driving me, I said, ‘I’m sorry ... again,’” he said.
A specialist told Hammond the location of the aneurysm in the center of her brain would make surgery dangerous. If the aneurysm—a balloon-like abnormal growth in a weakened artery wall—grew and was in danger of rupturing, surgery might be worth the risk. Until then, the best course was to wait, get regular scans and know the symptoms of a rupture just in case.

“He told me not to let it ruin my life,” Hammond said.

She followed that advice as best she could. Hammond returned to work as an elementary school secretary. She resumed her favorite hobbies of quilting, cross-stitch and scrapbooking, which gave her the chance to create keepsakes for her family. She and her husband, Phil, retired and moved to the Lake of the Ozarks area in 2008, and she spent two decades growing the Department of Neurology and elevating KU’s medical research stature.

Her husband rushed her to the emergency room at Lake Regional Health System, where she was diagnosed with a subarachnoid hemorrhage, a type of stroke. She was quickly transferred to MU Health Care’s University Hospital by helicopter. Hammond didn’t remember that, nor anything else about the next three days.

What Hammond didn’t know was that in 2019, the Food and Drug Administration had approved a new device called the Woven End Bridge (WEB) to treat certain brain aneurysms. WEB is a soft expandable mesh ball that looks like a tiny ball of yarn attached to a delivery wire. Doctors insert the device through an artery in the wrist or groin, thread it to the site of the aneurysm and deposit it in the neck of the aneurysm. The mesh ball expands to fill the hole and prevents blood from entering the aneurysm.

MU Health Care is the only hospital in central Missouri that performs the procedure. Neurosurgeon Farhan Siddiq, MD, and his colleagues previously had implanted WEB devices in patients whose aneurysms hadn’t ruptured but not on a patient with an active brain bleed. With the approval of Hammond’s husband and daughters, Siddiq performed the procedure. It took just 45 minutes and treated a life-threatening problem.

“She is proof that we can do these procedures, even on patients as they get older, because the procedures are safe and quick,” Siddiq said. “This technology is going to improve aneurysm care.”

When Hammond woke up in her hospital room, she received the best possible news. “Dr. Siddiq came in and told me they had contained my aneurysm and it was gone,” she said. “This was a very emotional moment for me. I give thanks to God and my doctors for saving my life.”

When she returned home, Hammond got back to work on a patriotic quilt she had began before the stroke. It was a complicated project that required fitting eight small quilts together to make a bigger one, and she initially struggled to make sense of it. The stroke had caused some short-term memory loss, but she didn’t give up.

“I had quilted for 40 years, and I couldn’t remember how to quilt,” Hammond said. “It was kind of scary. So I got kind of aggressive with it. I have a friend who is a quilter, and I got her to come over and show me. With her help, I was able to put the first piece together, then I got on the internet, and when they would mention a particular technique, I got my quilt books out and looked it up. I kind of re-taught myself.”

Hammond finished the patriotic quilt just in time for Independence Day. It was one more keepsake: this one reminding her that she was finally free from the worries she had carried in the back of her mind for 18 years.

New Treatment for Brain Aneurysm Offers Freedom from Worries

In 2002, Jeradline Hammond visited her doctor in St. Louis seeking treatment for a sore shoulder. An MRI scan revealed an unrelated and far more serious problem. She had a brain aneurysm.

In 2020, Jeradline Hammond shows off the quilt she finished after recovering from a ruptured brain aneurysm. Hammond was treated with a new device called the Woven End Bridge.
As the COVID-19 pandemic wears on, MU Health Care pediatrician and weight management specialist Julie Benard, MD, has fielded more questions than usual from parents worried their kids are gaining extra weight. With some schools opting for virtual learning, children miss out on gym classes and recess while having easy access to their own kitchens for unlimited snacking. These habits are likely to get worse in the winter months as the weather limits outside activities.

"Parents are noticing that their kids generally aren’t as active and they’re doing a lot more on their screens now because they’re home more," said Benard, who specializes in treating childhood obesity. "One of the biggest things we worry about long-term is cardiovascular disease. We know children who struggle with obesity as children are at greater risk for cardiovascular disease later on. That includes having heart attacks and strokes earlier in life."

Bernard advises parents to model healthy behavior and not just dictate it.

"If healthy lifestyle changes are going to stick," Benard said, "it needs to be a whole family involvement."

Benard offered these practical tips for parents concerned about their kids maintaining a healthy weight.

**Highlight the benefits**

When you explain lifestyle changes to your children, frame the discussion by highlighting the benefits. Use terms like “health” and “strength” rather than “weight.” For example, family members are going to start drinking water rather than soda because they want to be healthy, not because they want to lose weight. “What we don’t want kids to do is focus on counting calories or getting on a scale and checking their weight,” Benard said.

**Make exercise fun**

The goal is 60 minutes of physical activity a day, but it doesn’t need to be one grueling session. Break the activities into manageable chunks throughout the day and make them enjoyable. If you’re stuck inside, you can play motion-controlled video games on the Wii or Xbox Kinect system, hold a family dance party or set up an indoor obstacle course.

**Appeal to your kids’ competitive instincts**

This doesn’t mean pitting one child against the other in feats of strength or endurance — unless you enjoy refereeing disputes — but rather challenging each child to improve from week to week. For example, set the goal of doing 10 jumping jacks during a commercial break this week, and then increase the total to 15 next week. "That highlights them getting stronger and being able to exercise for longer periods of time," Benard said. "That is encouraging for them."

**Turn to the professionals**

If you need some help getting your child to live a healthier lifestyle, ask your primary care doctor about MU Health Care’s Tigers on Track program. If your child qualifies, he or she will be assessed by Benard or another expert and join a program that includes doctors, dietitians, physical therapists and social workers who work with families to come up with a blueprint for better health. As part of the program, physical therapists lead regular Fitness Club workout sessions. Those workouts used to be held in person, but during the pandemic they are conducted over the Zoom video conferencing app.

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**THANKS FOR ALL YOU DO**

Whether on the front lines or behind the scenes, MU Health Care is full of heroes who are helping in their own way during a pandemic. Thanks to all of our employees who save and improve lives every day.
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