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OPENLINES



Going Great Lengths for the Love of a Child

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New President for UF Health

David R. Nelson assumed his role April 30.

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UF Health medical teams help deliver great results for mother and baby.

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Surgeon's Childhood Changes Lives

Oral and maxillofacial surgeon travels overseas to help patients and doctors.

Celebrating Service

When we were children, the adults in our lives stressed the importance of saying “please” and “thank you.” Simple words, yet so powerful. I found this quote online that encapsulates how strong those two words are: “A simple thank you has magic. It warms the heart and creates a moment of connection and peace between two people.”

With that, I want to thank you for what you do day in and day out to care for patients and their loved ones, as well as each other. Working in health care is not easy, whether you provide hands-on patient care or support those who do. It’s a 24-hour business, and the stakes are high. We can see incredible joy one moment and deep sorrow the next.

No matter the challenge, we choose to stay here because we know what we do really matters. We have many people who have worked here for decades and seen a lot of changes. In all, 95 hospital employees celebrate milestone anniversaries in 2019.

Two of those employees, Theresa Lightner and Odessa Walker, have been with us since 1969. That same year, Apollo 11 launched into space and Neil Armstrong became the first person to walk on the moon. Also 50 years ago, “I Heard It Through the Grapevine” by Marvin Gaye, “Come Together” by The Beatles, “Everyday People” by Sly and the Family Stone and “Sweet Caroline” by Neil Diamond made Billboard magazine’s Top Hot 100 songs list. How about that for perspective?

Congratulations and thank you to each of these employees for their many years of service. Your contributions to UF Health are invaluable.

Sincerely,



Leon L. Haley Jr., MD, MHSA, CPE, FACEP
CEO, UF Health Jacksonville



UF Health Employee Service Milestones

20 Years
47 Employees

25 Years
27 Employees

30 Years
43 Employees

35 Years
18 Employees

40 Years
7 Employees

45 Years
5 Employees

50 Years
2 Employees

UF Health Jacksonville
UF Jacksonville Physicians Inc.
UF College of Medicine – Jacksonville



Dr. David R. Nelson Named President of UF Health

David R. Nelson, MD, has been named senior vice president for health affairs at the University of Florida and president of UF Health, the university’s academic health center, UF President Kent Fuchs announced April 30.

For nearly a year, Nelson — also a professor of medicine, assistant vice president for research and director of the UF Clinical and Translational Science Institute, or CTSI — has done an admirable job as the interim in this important role, Fuchs said, and has impressed faculty, staff and students alike with his ability to ensure that the university’s research, teaching and patient care missions have continued to move forward on their upward trajectory.

“Dr. Nelson is a highly respected and remarkably talented physician, researcher, scholar and educator — all qualities that make him the right leader for UF Health at a key moment in its trajectory,” Fuchs said. “With him at the helm, I am confident that UF Health in Gainesville, Jacksonville and throughout the state will accelerate its rise as one of the most exceptional and influential academic health centers in the Southeast and beyond.”

Nelson has successfully guided operations for all components of UF Health, which has campuses in Gainesville and Jacksonville. This includes six health science colleges, nine interdisciplinary research centers, two hospital systems and more than 100 physician practices. In recent months, he has already begun to hold important and collaborative conversations with key leaders at the health system and the university aimed at strategically positioning the system for smart growth; enhancing operations; supporting faculty, staff and students; and fostering a diverse, inclusive and equitable community. He also has continued to explore ways to optimize the speed of the translation of research, bringing science to the bedside and to the community to improve patient care for individuals and populations.

At the same time, Nelson continued this past year to direct the UF CTSI, which he has led since 2010. The CTSI has served as a catalytic hub for translational science at UF, throughout the state and across the country. The CTSI has received two National Institutes of Health Clinical and Translational Science Awards totaling more than \$42 million since 2009, and he helped drive the institute’s mission to speed the translation of scientific discoveries into better health by transforming the university’s ability to advance research across a wide range of disciplines, diseases and populations.

“I am honored to continue to serve this great university and its health system in this important position in support of our stellar faculty, staff and students who work so hard every day to advance our missions of high-impact research, outstanding education and top-quality patient care,” Nelson said. “I am looking forward to fostering an environment that helps people connect and collaborate, whether it’s around translational, interdisciplinary research, the training of the health care practitioners of tomorrow or the introduction of clinical innovations that will improve patients’ lives.”

In total, Nelson — who with his wife, UF Health anesthesiologist Jill Freedman, raised their two sons in Gainesville after they were born at UF Health Shands Hospital — has spent 26 years working at UF’s academic health center. An expert in liver disease, his research has generated more than \$80 million in funding, and he has authored more than 200 publications. He has held multiple leadership roles in his area of expertise, co-authoring the U.S. treatment guidelines for hepatitis C and representing the United States on the World Health Organization HCV guidelines committee. As a principal investigator on basic science, translational research and training grants, he co-leads an international hepatitis C research network and oversees multiple ongoing clinical trials.

UF Health's First Robotic Whipple Procedure Provides Hope.

Maureen Stowell and her husband, Richard, reside in the quiet Florida town of Ormond Beach, where she enjoys spending time with her sons and grandchildren. As a retiree, she can often be found in the garden, tending to her fruits and vegetables — that is, if she isn't busy baking for those grandchildren.

Stowell had been working a part-time job in retail to stay active when she began to experience fatigue. She lost 35 pounds. A side effect of the new job? Maybe.

However, her body began to tell her that something was wrong with her digestion, so she sought an exam from her doctor in Port Orange.

A few tests and an endoscopy confirmed a diagnosis of ampullary cancer, which is found in the ampulla of Vater — a very small section of the bile duct at the head of the pancreas.

Stowell's doctor was quick to recommend surgery to remove the tumor and treat her cancer.

Her doctor asked: "What kind of surgeon do you want? Good, or the best?"

The answer being obvious, her doctor referred her to Ziad Awad, MD, medical director of minimally invasive surgery at UF Health Jacksonville.

Upon first examination, Awad recommended the robotic Whipple procedure.

For UF Health and Awad, the fully robotic Whipple would be a first. Today, it is one of only a few surgeries of its kind performed in the state.

The robotic Whipple is the most minimally invasive option for the procedure and results in less blood loss, a shorter hospital stay, a shorter recovery time and fewer complications.

"Only around 30 percent of pancreatic cancer patients qualify for the Whipple due to the size and location of the tumors," Awad said. "Stowell was an ideal candidate; the cancer was caught early, and the anatomy was favorable for this method."

THE WHIPPLE

First introduced in 1935 by Allen Oldfather Whipple, MD, the procedure is considered the most promising surgical option for patients diagnosed with pancreatic cancer and ampullary cancer. It is a surgery in which the head of the pancreas, gallbladder, bile duct and parts of the stomach and small intestine are removed. The organs are then reconnected to allow for normal digestion again.

"Performing the first robotic Whipple at UF Health Jacksonville is a significant accomplishment for Dr. Awad and his team," said Scott Lind, MD, chief of surgery at UF Health Jacksonville. "The Whipple procedure is perhaps the most complex operation performed by oncologic surgeons, and it requires a highly skilled surgeon and operative team."

Because of the surgical expertise required, the American Cancer Society recommends having the surgery performed by an experienced surgeon in a hospital that accommodates at least 15 to 20 Whipple procedures every year. Awad performs about 40 each year, treating pancreatic cancer, pancreatitis and neuroendocrine tumors.

THE SURGERY

Awad and his team use the da Vinci Xi, an advanced surgical system that features robotic arms to allow for greater stability. The surgeon is in complete control of the da Vinci and guides the surgical instruments on high-definition monitors.

With instruments that provide better dexterity and greater range of motion than the human hand, Awad maintains more control and precision than one would see in traditional open operations and even some laparoscopic procedures. The true advantage of robotics, according to Awad, is the improved ergonomics that help decrease the impact of fatigue on the surgeon.

"The nimble movements, 3D visualization and ease of suturing with robotics are unmatched," Awad said. "The medical field is moving toward the use of robotics to improve patient outcomes."

During the procedure, Awad removed Stowell's bile

duct, duodenum, gall bladder, head of the pancreas and 2 inches of her stomach. The team then completed three reconstructions to reattach remaining organs and allow for normal digestion.

"I credit teamwork for the phenomenal outcome of this surgery," Awad said.

The six-hour procedure required coordination among two surgeons and two anesthesiologists, along with two anesthesia technicians and other operating room personnel.

"The care I received was excellent. The entire staff was wonderful to me," Stowell said. "When I left the hospital, I saw a double rainbow and I knew everything would be OK."

The procedure went extremely well and, as a result of the minimally invasive, robotic approach, Stowell experienced less pain and a shorter hospital stay than a patient would with a standard open procedure.

"Patients who undergo this complex oncologic operation also receive state-of-the-art postoperative care by our surgical critical care team," Lind said. "The technical expertise of the surgeon and the care delivered in the perioperative period are critical."

Stowell looks forward to continued healing and good health. Other than a few dietary restrictions, she has returned to her usual schedule. She has completed her first rounds of chemotherapy and will have a few more months of treatment for the remaining cancerous cells.

"Despite chemotherapy, I feel fine most days and look forward to getting back in the garden," Stowell said. "I am so thankful to have my husband's support and my sons close by. I am feeling fine after my surgery and look forward to spending more time with my family."



Synchronized Surgeries for a High-Risk Pregnancy Delivery at UF Health Jacksonville



A team of specialists came together to perform multiple surgeries on a pregnant patient with a rare condition.

Olivia Mia Elizabeth Bartley curiously took a bite of sugary cake and frosting at her first birthday party, oblivious to the palpable emotions of the adults surrounding her high chair. Just one year earlier, during a dramatic 34-week pregnancy, it was uncertain that such a celebration would ever take place.

Olivia's mother, La'Trece Bartley, did not experience complications during her first two pregnancies and delivered both babies via cesarean section. During an early ultrasound with her third pregnancy, the baby appeared to be low in her uterus. She was referred to a local obstetrics practice for women with high-risk pregnancies and was diagnosed with placenta accreta, meaning the uterus was embedded in the cesarean scar. The rare condition occurs only in 0.3 percent of women with one previous C-section delivery and increases to 6 percent for women with five or more past C-section deliveries.

La'Trece was told her life was at risk due to the possibility of uterine rupture, which would cause fast and substantial blood loss. Her providers at the time told her she would likely carry the baby for only 19 weeks and the chances of the baby surviving were low. They recommended immediate termination of the pregnancy.

La'Trece was concerned about such a hasty decision and felt strongly that she should continue carrying the child. She decided to seek a second opinion. During the first two months of her pregnancy, she saw four specialists, all of whom told her multiple times she should terminate the pregnancy. She describes this time as the most contentious and difficult in her life.

"Every appointment felt like a war zone," La'Trece said. "I was told I was going to die and my baby was going to die."

La'Trece stayed strong. She didn't feel aborting the pregnancy was the right decision for her, and she would not back down. Her faith and personal convictions carried her, providing strength to have her voice heard. La'Trece's husband, Javier, never missed an appointment and her mother joined them to offer support. La'Trece was told her records would be transferred at 23 weeks to a local hospital equipped to handle her high-risk delivery via C-section. Her family was encouraged to donate as much blood as possible, as transfusions during the surgery were highly likely. The delivery was planned for 25 weeks. At 24 weeks, no specifics had been discussed, and La'Trece started to feel concerned.

"Something didn't feel right," La'Trece said. "No one was saying anything to me anymore about the transfer or delivery."

When she questioned a nurse, she was told that the team of surgeons were meeting to decide whether to take her case. Feeling angry and confused that she was not included in the decision-making, La'Trece turned to prayer. She felt she needed to advocate for herself and the baby, and for her, that meant leaving the practice.

She was five months pregnant, and her life and the life of her baby were on the line. She wasn't sure where to turn and felt she needed a miracle. She called a friend who works as a labor and delivery nurse. Knowing her condition, the friend suggested she meet with Erin Burnett, MD, an OB/GYN who specializes in maternal and fetal medicine at UF Health Jacksonville.

Then La'Trece got a text from her supervisor at work. She gave La'Trece the name of a physician who might have been able to help. La'Trece got chills. The names matched. She agreed to meet with Burnett.

The nurse friend contacted Burnett about arranging a meeting. She was on vacation but came right in to meet with La'Trece and Javier, understanding how critical timing was for this condition.

"The fact that Dr. Burnett would see me on such short notice and while she was on vacation told me who she was as a person," La'Trece said.

La'Trece describes Burnett as caring, honest and gentle, but with a strength and knowledge that immediately brought the couple peace.

"She has a big heart and listened to my whole story," La'Trece said. "She spoke with my initial OB/GYN to get all the history and receive my medical records."

Burnett made it very clear that she could make no promises, but that she would give it her all by forming a team of specialists necessary to give La'Trece and the baby the best chance at survival. The couple knew the situation was very serious, but for the first time in five months, they felt hope.

Timing was the deciding factor. La'Trece would deliver at 34 weeks' gestation. Burnett assembled the team and gave La'Trece the day and time to arrive at the hospital. It was a packed house in the operating room, with participating providers and also medical students there to observe and learn during the six hours it took to finish all the procedures. The group prayed together before the surgery began, calming La'Trece and Javier and taking a mindfulness moment



to recognize how unified they all needed to be to best serve mother and baby.

"This was such an exciting yet scary day for the family, but one they had been hoping and praying would come," Burnett said.

First up was Anjum Anwar, MD, an obstetrical anesthesiologist resident. She explained her role to La'Trece and told her she would stay with her the whole time to keep her dosing level accurate to sustain many hours of surgery.

Burnett performed the C-section, delivering Olivia on Oct. 26, 2017, at 8:49 a.m., with Stephanie Tootle, MD, an OB/GYN resident. The neonatal team took charge of Olivia, addressing a few health issues during her weeklong stay in the NICU.

"There are a plethora of specialists at UF Health, which made it easy to assemble a team," Burnett said.

The formed mass where the uterus and placenta joined at the scar had grown too large to be an exit point for the baby. Instead of following a horizontal, or bikini-cut, style, Burnett made a vertical skin surgical incision to stay above the level of the placenta accreta. Without using this technique, the placental mass could have led to excessive blood loss, causing La'Trece to bleed out very quickly.

"Dr. Burnett saved my life," La'Trece said. "I got so many nos from doctors during my pregnancy, and only one that said 'I'll stand with you.'"



La'Trece and Javier Bartley with Dr. Burnett, who delivered Olivia. ▶

◀ Professional photography by Sarah Hedden

Because placenta accreta involves the invasion of the uterus by the placenta, a full hysterectomy was a necessary part of the delivery. The hysterectomy alone took nearly two hours, with Karina Hew, MD, an OB/GYN who specializes in gynecologic oncology, leading the surgical group, which also included Isaac Delke, MD, an OB/GYN who specializes in maternal and fetal medicine.

Removing the uterus required removal of a portion of La'Trece's bladder as well. Joseph Costa, DO, a urologist who specializes in neurourology and reconstructive surgery, performed a complex reconstruction of La'Trece's bladder. The nature of the complicated pregnancy and delivery created the potential to have lasting negative effects for her bladder, but Costa was pleased with the results.

"It was a big win at the end of the day — an awesome job by Dr. Burnett's team, with a healthy mother and a healthy baby," Costa said. "La'Trece is the kind of person with a wonderful, positive attitude toward recovery who you know is going to recover well."

La'Trece recounts the many providers who made sure she understood each procedure and answered any questions before and after the surgery.

"I don't think there was a department at the hospital that didn't treat me in some way that day," said La'Trece. "I can't thank everyone enough."

Burnett describes the whole day as one she will never forget and feels it was a great honor to be a part of Olivia's birth under these rare circumstances.

"What an honor to have such a great team behind me and to be able to help this family meet their daughter," Burnett said.

La'Trece willingly signed consent forms to allow her placenta and uterus to be donated to research to help future women facing the same condition.

"At UF Health, I was never made to feel my decision to continue the pregnancy was wrong — that meant a great deal to me," La'Trece said. "I don't want any other mothers to go through what I did to continue a pregnancy."

As La'Trece Bartley snapped photos of her healthy daughter eating cake with balloons in the background, images of her delivery day flashed through her mind, filling her with gratitude to have this beautiful child in her life.

Lessons from Childhood Influence a Career in Academic Medicine

Salman O. Salman, MD, an oral and maxillofacial surgeon at UF Health Jacksonville, is fortunate.

The son of a Palestinian chemical engineer who was three times displaced by war in the Middle East, Salman knows this to be true.

"There are 6 to 7 million Palestinian refugees in the world. Not everyone is fortunate enough to be a U.S. citizen and have the lifestyle that my parents were able to give us," he said. "That makes me want to do something."

Salman was born in Kuwait, but was able to immigrate to the United States during the first Gulf War thanks to his father's education. That taught him and his siblings a valuable lesson, which is why he has pursued a career in academic medicine. It's also why Salman is involved with the Palestine Children's Relief Fund and participates in a mission trip to Gaza or the West Bank each spring. Along with a group of surgeons covering multiple specialties, including pediatric neurosurgery, cardiovascular, cardiothoracic, urology, orthopaedics and more, Salman visits the Palestinian territories to bring his expertise to patients who otherwise would not have access to it.

"The biggest factor there is the training and education level of the local surgeons," he said. "It's not at the level that we get in Europe or in the United States, so they're not able to do more complex things."

But for Salman, it's not sufficient to simply drop in, help out for a week and pat himself on the back on the flight home. So he spearheaded a survey to really drill into the local needs of the people he's been serving for a decade. The results were published in the Journal of Surgical Research under the title "Improving Surgical Outreach in Palestine: Assessing Goals of Local and Visiting Surgeons."

The goal was to determine the specific needs of the population served and tailor future missions to meet those needs.

"It would be a great day for us to never have to come back," Salman said. "I would be very happy if there was no longer a need for us to come. Ultimately, that's the goal."

While Salman performs cleft lip repairs for 3- and 4-month-old babies, cleft palate repairs for 1-year-olds and the ensuing secondary procedures such as bone grafts and jaw surgeries in the ensuing years, he also takes time to educate local surgeons. It's the difference between giving a man a fish and teaching a man to fish.

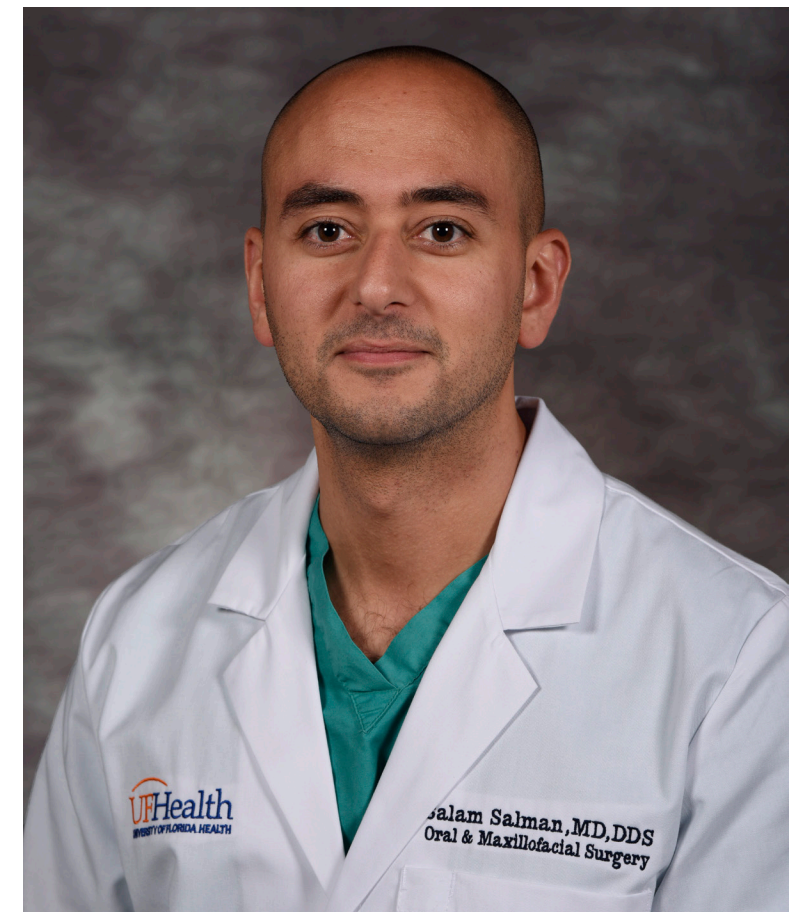


▲ Dr. Salman, seated third from the right, is joined by medical professionals from around the world.

Palestinian surgeons — 92 percent of those who participated in the survey — indicated they desired protected time for didactic teaching during each mission trip. The same proportion also stated they best learn new techniques by performing skills on patients under observation by expert surgeons who can provide real-time feedback.

In addition to didactic teaching time and observing local surgeons in the field, Salman has begun giving free, online lectures for Palestinian surgeons so he can continue serving even when he is on the other side of the globe. Palestinian surgeons can access lectures on mandible fractures or orthognathic surgery or head and neck cancer — the same talks Salman gives for OMFS residents at the University of Florida College of Medicine – Jacksonville.

"We're not going there to pat ourselves on the back and say, 'Look, I'm helping people, but to further educate them so that they can take care of themselves is the ultimate end goal,'" Salman said.





Treatments to combat MRSA involve implementing new protocols.

Personnel in UF Health Jacksonville's critical care units closely track hospital-acquired bloodstream infection rates in order to improve patient health, with methicillin-resistant staphylococcus aureus, or MRSA, being of particular interest.

MRSA is contagious and has several strains, making preventing this infection crucial for critically ill patients. MRSA rates in the hospital have decreased by 50 percent during the past two years. The most dramatic decrease began 18 months ago, when the hospital implemented a universal ICU MRSA decolonization protocol.

In 2015, 28 hospital-acquired MRSA blood infections were documented and treated hospitalwide. At the end of 2018, there were only 14 cases.

Chad Neilsen, MPH, director of infection prevention and control at UF Health Jacksonville, credits the dramatic decrease to the new MRSA protocol. It involves five days of nasal antibiotics for all patients upon admission to any adult critical care unit, along with strict hand-hygiene practices using improved hand sanitizer dispensers.

In addition, all patients admitted to these units receive five days of chlorhexidine gluconate, or CHG, wipes to treat MRSA. Antibiotics administered through a nasal swab, coupled with regular bathing with CHG wipes, destroy the strains coming into the hospital and reduce the spread of existing strains within the hospital.

"By implementing these steps on the front end, we are preventing instead of responding to infections," Neilsen said.

The Duval County Department of Health designates the area where UF Health Jacksonville is located as Health Zone 1, which has the county's highest population density per square mile. The

dense population and higher-than-average poverty rates can cause increased patient volumes for the hospital. Critical care patients are more susceptible to MRSA due to weakened immune systems and comorbidities.

"Readmissions can be higher here. So if they are decolonized here and sent home, they are less likely to return with MRSA," Neilsen said.

Kelly Gray-Eurom, MD, chief quality officer at UF Health Jacksonville, emphasizes how reducing infection rates in the hospital involves many departments working together.

"The new protocol has not only improved patient safety by reducing the number of MRSA infections, but it has also shown that a multidisciplinary team can work quickly and effectively to translate documented evidence in the

literature to better clinical outcomes," Gray-Eurom said.

Neilsen and his team continue to meticulously track the number of bloodstream infections, using funds from an awarded research grant. They hope to see continued decreases as they learn more about strains of MRSA and the most effective ways to prevent and treat the bacteria.

"It's a good example of people coming together to implement an evidence-based intervention and make it happen in a short amount of time," Neilsen said.

According to Gray-Eurom, the program goal has now moved from implementation to standardization to ensure lasting cultural change.

"From the patient perspective, this is yet another way our organization is evolving practices to increase patient safety," Gray-Eurom said. "The excellent outcomes of the new process have given staff an increased trust that infection prevention and quality leadership are at the forefront of translating research into action."

INNOVATIVE INITIATIVES TO PREVENT THE SPREAD OF INFECTIONS



From left to right, Eric Mann, president and CEO of First Coast YMCA; Leon L. Haley Jr., MD, CEO of UF Health Jacksonville; Justin Taylor, chair of the Nassau County Board of Commissioners; and Chris Corr, president of Raydient Places + Properties, turn the dirt at a groundbreaking ceremony for UF Health Rehabilitation – Wildlight in April. The facility is set to open in summer 2020 in the heart of the Wildlight community. Services will include adult and pediatric physical and occupational therapy, speech language pathology, a healthy living center and a YMCA fitness center.

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15255 Max Leggett Parkway / Jacksonville, FL 32218
Bed Tower, First Floor Conference Room

Seating is limited. A light meal will be provided. RSVP online at UFHealthJax.org/POYL or call 904.244.2060 by June 14.

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September – June 21

October – July 15

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