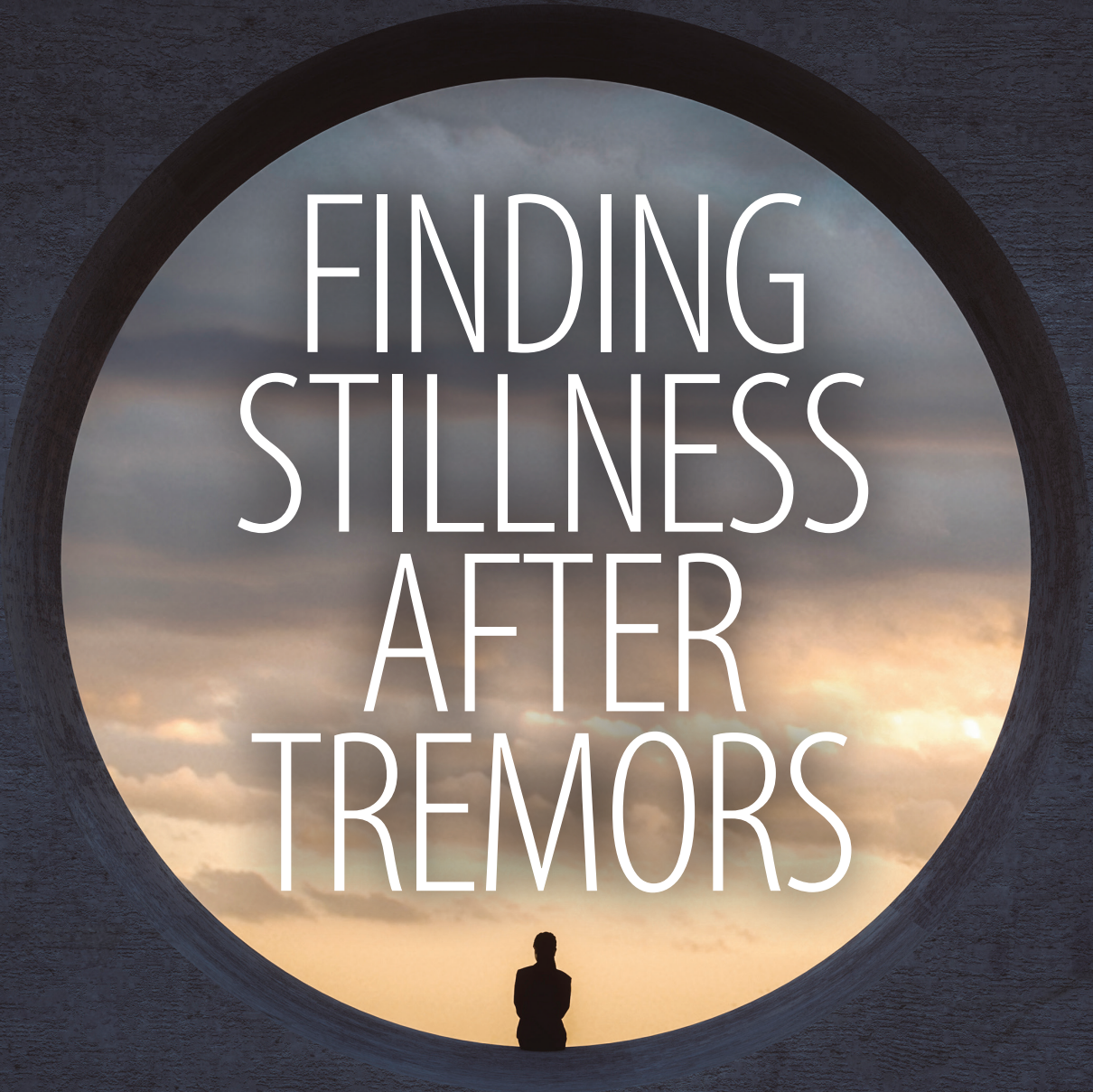


# OL

## OPENLINES

# FINDING STILLNESS AFTER TREMORS



## 04

### Nurturing Healthy Beginnings

UF Health Jacksonville nurses and staff support mothers and infants in the community.

## 06

### COVER STORY

Deep brain stimulation helps a patient with Parkinson's disease.

## 08

### Increasing Access to Mental Health Support

Licensed clinical social workers help integrate behavioral health and primary care.



## RECOGNIZING AWARDS AND ACCOMPLISHMENTS

As an enterprise, we are constantly working toward our mission to heal, to comfort, to educate and to discover. Recently, UF Health has been recognized by prestigious organizations as a result of your hard work, dedication and commitment.

The UF Health Cancer Center on the Jacksonville campus received a prestigious three-year accreditation from the Commission on Cancer of the American College of Surgeons. The cancer program met 34 CoC quality care standards and demonstrated levels of excellence in the delivery of comprehensive patient-centered care.

The program takes a multidisciplinary approach to treating cancer as a complex group of diseases and requires consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists and other cancer specialists. The program will be reevaluated every three years through a survey process. This accreditation highlights our continued commitment to maintaining quality standards.

The UF Health Total Care Clinic – Jacksonville was recently honored at the Florida Blue Foundation Community Health Symposium. The practice received the 2021 Sapphire Award for Health Equity and \$60,000 toward its mission to provide comprehensive and high-quality care to underserved patients in Jacksonville. Ross Jones, MD, medical director of the Total Care Clinic, was at the event and accepted the award on behalf of the team.

Jeffrey Goldhagen, MD, chief of the division of community and societal pediatrics, was also honored at the symposium with the 2021 Individual Sapphire Award for Health Equity. He was recognized for his commitment and incredible contributions to the health and well-being of children battling addiction, depression and other conditions.

Dr. Goldhagen and the Total Care Clinic team have worked hard over the years to help achieve health equity in our community. I am happy to see their work recognized.

I am exceedingly proud of the work all of you do on a daily basis. Thank you for your diligence and continued support as we work together to move medicine forward.

Sincerely,



Leon L. Haley Jr., MD, MHSA  
CEO, UF Health Jacksonville  
Dean, UF College of Medicine – Jacksonville



*Thank you*

to everyone who has made our COVID-19 vaccination efforts a success! You have made a difference in helping fight the pandemic.





# Nurturing healthy beginnings

## Nurses and staff at UF Health Jacksonville support mothers and infants in the community.

The phrase “It takes a village” is true for expectant mothers and families. Having a support system throughout pregnancy, delivery and newborn care is invaluable. That village at UF Health Jacksonville is made up of passionate and skilled nurses and staff whose goals are to provide support, resources and access to high-quality health care.

UF Health Jacksonville has several programs to help pregnant women and new moms, including Healthy Start, Little Miracles, Nurse-Family Partnership and Connect, a one-stop entry point to help patients find the right service for their needs.



Nurses and staff in the Healthy Start, Little Miracles and Nurse-Family Partnership programs were named the “most diverse department” in 2016 by the UF Health Jacksonville Diversity Council.

## Creating a supportive environment for all

Little Miracles is open to all expectant mothers who are delivering at UF Health Jacksonville. This program was developed to provide assistance with scheduling medical appointments and applying for Medicaid. Little Miracles offers educational materials and classes, and even hosts free baby showers throughout the year.

Expectant mothers are given a tour of the Labor and Delivery Unit at UF Health Jacksonville. They can also be referred to other support programs, including the Healthy Start Program and Nurse-Family Partnership, or NFP.

## Forging a healthy path to new life

Healthy Start is available for expectant mothers and families with children up to age 3. Healthy Start offers screenings for mothers and their infants, care coordination for moderate-risk patients and case management for high-risk patients.

Ongoing prenatal and parenting education is provided, along with home visits for one-on-one support. Nurses can also assist with referrals and connecting patients with other health care providers, like dietitians and social workers.

Ana-Bernal Martinez, a registered nurse with Healthy Start, emphasized, “Whether patients are uninsured or underinsured, or have language or socioeconomic barriers, we are here to support them.”

A mom successfully completes the program after 13 months, but the relationship with her nurse does not stop there.

“We have had moms come back when they’re expecting their second child, asking for the same nurse,” said Martinez. “They want to continue their relationship with the same person after that initial level of trust was developed.”

A mother of a premature baby born at UF Health recently sent a kind letter to thank staff and Martinez for all the support and guidance provided throughout her pregnancy and beyond. About Martinez, she emphasized, “You have always been a phone call away. You cared about my mental and physical health. You are such a nurturing person. I learned so much through our day, night and evening conversations. You made (having a child during) the pandemic OK because you always answered my calls!”

## Partnering for better futures

NFP is a two-year home-visit program for new parents living in high-risk communities. Specially trained UF Health nurses provide education and support to first-time mothers. Mothers can be referred by Little Miracles, Connect or any other agency.

Once the child turns 2, NFP nurses and families take part in a celebratory graduation ceremony. Camila Restrepo, a registered nurse with NFP, continuously develops lasting relationships with patients in the program.



Community outreach did not stop during the COVID-19 pandemic. Our staff attended the first sidewalk festival sponsored by the Historic Eastside Community Development Corp. in fall 2020.

## Innovating during COVID-19

When the COVID-19 pandemic started, nurses and staff swiftly thought of ways to stay safely connected with patients and families.

Martinez continued to schedule regular calls with her patients in the Healthy Start program. She hosted multiple virtual education events, including childbirth classes. She also quickly thought of a safe and easy alternative to in-person tours of the Labor and Delivery Unit.

“I decided to film the unit and create a video tour,” said Martinez. “This allowed patients to virtually tour our unit and still feel connected to our facility and staff.”

Community outreach is a major focus for each program. Claudette Christopher, a Connect supervisor and quality assurance educator, works closely with staff in each program, monitors screenings and referrals, and coordinates community and educational events. COVID-19 did not stop her team from staying engaged with new moms.

“We hosted and participated in outdoor events to continue to provide educational resources and supplies to families,” Christopher said. “We were even able to hold a safe and socially distant drive-thru graduation for NFP families to celebrate their accomplishments.”

Restrepo also continued to support her patients. She dropped off supplies at patients’ homes and safely spoke with families from a distance.

## Breaking down barriers together

Nurses and staff members in these programs are extremely passionate about supporting mothers, families and the community. They are proud to come together from different backgrounds and levels of experience to make a difference in patients’ lives. Nurses and staff in the Healthy Start, Little Miracles and Nurse-Family Partnership programs were named the “most diverse department” in 2016 by the UF Health Jacksonville Diversity Council. In addition, UF Health Jacksonville was deemed a Healthy Start Employer by the Northeast Florida Healthy Start Coalition in 2018.

“These programs serve as a safety net for our patients,” said Martinez. “Everything we do breaks down barriers to health care access, so all moms and families can have a healthy and safe pregnancy and delivery.”

“We work together — we are UF Health,” said Christopher. “We are an extension of health care. We focus on prevention and education, covering conditions that women may not even know can affect them throughout pregnancy and beyond.”

**For questions or more information on these programs, please contact director of Obstetric Services, Donna Ghanayem, at 904.244.8108.**



## Deep brain stimulation improves the quality of life for a patient with Parkinson's disease.

Phillip Cooner has been happily married to his wife, Shannon, for 12 years. They met while hunting in Alabama, and the rest was history. Phillip was an avid hunter and worked as an electrician for nearly 34 years. Today, he can no longer hunt and is retired, as Parkinson's disease has altered much of his life. However, thanks to the highly skilled team at UF Health Jacksonville, he has seen major improvements in his symptoms and quality of life.

### THE DIAGNOSIS

Phillip first noticed signs of the disease in his early 40s, when his pinky finger was shaking. As the tremors began to worsen, Phillip and Shannon made the decision to seek medical care.

They learned about the UF Health Neuroscience Institute – Jacksonville, which includes a highly skilled, nationally recognized, interdisciplinary team of neurologists and neurosurgeons.

Phillip consulted with Odinachi Oguh, MD, a former UF Health neurologist, who diagnosed him with Parkinson's disease. Oguh put Phillip on a medication regimen to help manage his symptoms, which included stiffness, balance issues and tremors.

### SEARCHING FOR SOLUTIONS

Over time, Phillip experienced adverse reactions to the medications and his tremors continued to worsen. At this point, Oguh referred Phillip to UF Health neurosurgeon Daryoush Tavanaiepour, MD, who specializes in treating movement disorders.

Tavanaiepour and the UF Health multidisciplinary team reviewed Phillip's case, and determined he was a good candidate for deep brain stimulation, or DBS, which uses a device to treat Parkinson's disease and other movement disorders. It is designed to change how brain cells work by providing electrical stimulation to a certain area of the brain.

### IT TAKES A TEAM

Phillip's surgery involved a fully integrated team of highly trained medical professionals who specialize in movement disorders. The surgery takes about three to four hours, and every step is crucial to a successful outcome.

One of the first steps is administering anesthesia, which is more complicated in DBS than in other types of surgery, because surgeons wake up the patient in the middle of the procedure to test the device.

For most patients with Parkinson's disease, the electrode is placed in the subthalamic nucleus region of the brain. Before placing the electrode, the team needed to confirm they had found the correct spot.



Phillip Cooner and his wife, Shannon, have been married for 12 years. Shannon is passionate about educating the public on Parkinson's disease.



Phillip and Shannon enjoying life with a visit to Disney.

# FINDING STILLNESS AFTER TREMORS



Phillip with his dog, Berta.

"Each region of the brain has different brainwaves and firing patterns," Tavanaiepour said. "Some regions have a signature way of firing neurons. Our neurophysiologist looked closely at this to determine if we had found the right location for Phillip."

The team also used a state-of-the-art computer system that can track where the electrode is traversing and confirm it has reached the right location.

Tavanaiepour then made an incision and delicately implanted the DBS electrode. At this point in the surgery, the team carefully woke Phillip up.

Once they confirmed he was awake, Tavanaiepour turned on the device. They gave Phillip a half-full bottle of water and observed his hand shaking from the tremors as he held it. Within seconds the tremors went away and Phillip's hand was steady. This confirmed correct device placement.

Following surgery, Phillip recovered at UF Health Jacksonville for a couple of days before being discharged.

### A UNIQUE CASE

After the surgery, Phillip's quality of life greatly improved. The left-hand tremors were better, but his right hand still showed signs of tremors.

Phillip's neurologist continued to adjust his DBS settings to help improve the lingering symptoms, but the tremors in his right hand remained.

After a few months, the UF Health multidisciplinary team met again to review Phillip's case. They determined he was a good candidate to receive a second electrode in the ventral intermediate nucleus region of his brain to target the right-hand tremors.

"By placing an electrode in another region of his brain, we believed we could improve the tremors in his right hand," Tavanaiepour said. "This procedure is not unheard of, but it's not common either. Phillip's situation was very unique."

Phillip had another electrode placed and this surgery followed the same steps as the first DBS placement. Ultimately, it was a success.

### LIFE WITHOUT TREMORS

Following his recovery, Phillip's tremors were completely gone. Phillip considers himself a "foodie" and said that the first thing he did when his tremors finally stopped was enjoy a big bowl of zuppa toscana at Olive Garden.

"Eating that soup brought me to tears," Phillip said gratefully.

Today, Phillip sees UF Health neurologist Natalya Shneyder, MD, every four to six months, and reports that his tremors are still gone. As part of regular maintenance, the battery in his chest must also be replaced every few years.

Parkinson's disease symptoms will still worsen over time, even with DBS and a medication regimen. Despite this, Phillip continues to stay positive with the support of his wife and family. They are forever grateful to the whole team for supporting them through this journey.

"Throughout this process, Phillip and Shannon have been incredible," Tavanaiepour said. "Their relationship is inspiring and the way he is coping with this difficult situation is inspiring to me."

**Visit [UFHealthJax.org/neuroscience](https://UFHealthJax.org/neuroscience) to learn more about our interdisciplinary team of specialists and treatment options for movement disorders.**





Chelsea Foote, LCSW, practices at four primary care locations in Jacksonville.



Kimberly Matthews is the director of health care administration for the UF College of Medicine – Jacksonville department of community health and family medicine.



# Increasing access to **mental health** support

## Licensed clinical social workers help integrate behavioral health and primary care

Coping with stressful life events, physical ailments, isolation from loved ones and the COVID-19 pandemic can take a toll on one's mental health. Not knowing where to seek help, a reluctance to ask for assistance and the stigma associated with mental health challenges may prevent some individuals from getting the support they need. Help is available and scheduling a primary care appointment is a good place to start.

Licensed clinical social workers, or LCSWs, are seeing patients in a primary care setting at UF Health family medicine practices and through UF Health Virtual Visit. They assess, diagnose and treat behavioral health conditions and coordinate care services. Patients receive psychotherapy for anxiety, depression, grief and loss, PTSD and other behavioral health conditions.

Social workers have been on staff at several UF Health family medicine practices since 2015. There are currently eight licensed clinical social workers with various work experiences and specialties seeing patients at 20 practices. Not all locations have one on staff, but patients may visit any of the practices with social

workers or they can be offered a virtual visit. The goal is for all family medicine practices to have one full-time licensed clinical social worker in the near future. Kimberly Matthews, director of health care administration for the UF College of Medicine – Jacksonville department of community health and family medicine, is building the model that provides patients immediate access to behavioral health care alongside physical care.

"I researched what the model should look like and how to successfully embed LCSWs within our primary care practices," Matthews said. "Our model is being built in collaboration with our LCSWs, who share their expertise. There is so much opportunity to help expand the care our patients receive."

There are a few ways patients may be referred, including through self-referrals and by primary care providers. Family medicine social workers also partner with UF Health emergency room case managers to ensure discharged patients get the services they need. They also connect with UF Health Psychiatry – Jacksonville, which may refer less severe patient cases.

Chelsea Foote, LCSW, who sees patients with anxiety, mood disorders or cancer, practices at four UF Health family medicine practices in Jacksonville. Foote emphasizes that although the stigma around mental health lessened since COVID-19 arrived, it is still important for patients to feel comfortable seeking treatment.

"People want access to mental health resources, and they already feel safe and comfortable at their primary care office," Foote said.

When patients attend a primary care appointment, they will complete a screening questionnaire to assess for anxiety and depression symptoms. If they score high, it may serve as an alert to the physician for further evaluation. The physician may recommend mental health care, such as therapy, and introduce the patient to the social worker.

"Our role is to help and support, never to judge. Patients often feel comfortable and safe knowing that it's a judgment-free zone. We can be an objective party to help find solutions to issues taking place in someone's life," Foote said. "We also connect patients to

community resources and help break down barriers to meet their needs."

According to the Centers for Disease Control and Prevention's National Center for Health Statistics data brief published in 2018, from 2012 to 2014, on average an estimated 30 million mental health-related physician office visits were made by adults 18 and older.

In addition to office appointments, patients may be seen through a virtual visit, receiving care from the comfort of their home. No matter the setting, social workers are improving patient access for mental health support.

"We've received excellent feedback from physicians and staff," Matthews said. "There is continuity of care between the social workers and primary care providers, and we're collaborating with other departments in new ways."

**Visit [UFJaxPrimaryCare.org](https://www.UFJaxPrimaryCare.org) to learn more about the availability of services.**



# COMMON PELVIC FLOOR DISORDERS AND TREATMENTS

## UF Health Jacksonville urogynecology offers a variety of treatment options for women with pelvic floor disorders.

Pelvic floor disorders, or PFDs, are conditions affecting the muscles, ligaments and connective tissue in the lowest part of the pelvis. For women, the organs supported in this area are the bladder, rectum, uterus and vagina. PFDs are common and can affect 1 in 4 women over the age of 20.

Some of the contributing factors for PFDs include aging, childbirth, diet, heavy lifting, menopause, obesity and smoking. PFDs can include bowel incontinence and fistulas, but the two most common PFDs are urinary incontinence and pelvic organ prolapse.

Ruchira Singh, MD, MS, FACOG, is a urogynecologist at UF Health Jacksonville and chief of female pelvic medicine and reconstructive surgery for the University of Florida College of Medicine – Jacksonville. Singh is committed to providing compassionate and personalized care to women with PFDs using a spectrum of therapeutic options. These include dietary modifications, pelvic floor therapy, medications and nonsurgical treatment options, as well as minimally invasive robotic-assisted surgical procedures.

“Women don’t have to suffer from pelvic floor disorders,” Singh said. “There are treatment options available, and you can have a better quality of life. I encourage women to talk to their doctor and seek consultation from a urogynecologist.”

Ruchira Singh, MD, MS, FACOG, is a urogynecologist at UF Health Jacksonville and chief of female pelvic medicine and reconstructive surgery for the University of Florida College of Medicine – Jacksonville.



## URINARY INCONTINENCE

The two common types of urinary incontinence are stress urinary incontinence and urge incontinence. Stress urinary incontinence is urine leakage due to coughing, laughing, exercising or sneezing. Urge incontinence is a sudden urge to urinate that leads to involuntary loss of urine.

“Urinary incontinence can affect quality of life and there are multiple treatment options available for women,” Singh said.

Treatment options for stress urinary incontinence may range from lifestyle modifications and pelvic floor physical therapy to nonsurgical devices, such as a pessary, and surgery. A pessary is a silicone device inserted into the vagina, and designed to support the urethra and improve urinary leakage.

Singh specializes in midurethral sling procedures, which is a common minimally invasive procedure performed for stress urinary incontinence. It can result in improvement of symptoms in 85% of women and has a quick recovery time and high cure rate.

Urge incontinence, or overactive bladder, is a condition whereby patients may experience a strong urge to urinate, frequent urination and urinary leakage with the urge to void.

As an initial management option for overactive bladder, Singh recommends a conservative treatment that includes dietary modification, limiting bladder irritants, such as caffeinated and carbonated products, lifestyle modifications and pelvic floor physical therapy.

Other treatment options that can help improve overactive bladder symptoms include medications, bladder Botox injections and nerve stimulations.

“Educating women about PFDs and the available options is the key to empower them to achieve treatment goals,” Singh said.

## PELVIC ORGAN PROLAPSE

Pelvic organ prolapse occurs when the muscles around the pelvic floor are weakened and cause the pelvic organs to drop. Symptoms of pelvic organ prolapse may include constipation, low back pain, pressure in the pelvic area, painful intercourse or spotting from the vagina.

Nonsurgical treatment methods for pelvic organ prolapse include lifestyle changes, pelvic floor physical therapy and a pessary device.

Surgery for pelvic organ prolapse is recommended based on the severity of prolapse and symptoms, general health and patient preference. Singh specializes in different types of prolapse surgery, including robotic-assisted sacrocolpopexy.

Sacrocolpopexy is a procedure for treatment of uterine or vaginal prolapse. This minimally invasive procedure can be performed with a few small incisions, rather than one large incision, which can usually expedite recovery after surgery.

“I see a trend in women who are embarrassed to talk about their condition and end up not getting treatment,” Singh said. “My goal is to provide comprehensive patient-centered care and transform the lives of women suffering from pelvic floor disorders.”

Singh, along with her care team of advanced-level nurse practitioners and physical therapists, offers comprehensive care for surgical and medical management of PFDs. Patients with PFDs undergo detailed evaluation, after which an individualized treatment plan is developed.

**Visit [UFHealthJax.org/female-pelvic-medicine](https://UFHealthJax.org/female-pelvic-medicine) for more information or call 904.427.8898 to schedule an appointment.**



# OL

## OPENLINES

### NEWSLETTER DEADLINES

November – Aug. 15

December – Sept. 15

January 2022 – Oct. 15

February 2022 – Nov. 15

Submit your copy and photos via  
email to **[openlines@jax.ufl.edu](mailto:openlines@jax.ufl.edu)**.

---

#### EDITOR

Sarah Le

#### DESIGN & LAYOUT

Darcy Ladd

#### PHOTOGRAPHY

Cole Brown

Nelson Keefer

#### CONTRIBUTORS

Sarah Le

Angela Mack

Bonnie Steiner

Wesley Taff

---

**UFHealth**  
JACKSONVILLE

**[UFHealthJax.org](http://UFHealthJax.org)**

### PHOTO SUBMISSION REQUIREMENTS

We welcome photos that are taken or submitted by employees. Photos should be at least 3 megabytes (3MB) in image size to be published. Please try to take or submit photos that are clear (camera is held very still); not backlit (flash is used and/or light source is not behind the subject); and framed correctly (feet are not cut off and/or subject is not shown too far away). Employees are encouraged to arrange photography with the Media Center before an event to ensure quality. **Direct questions to [openlines@jax.ufl.edu](mailto:openlines@jax.ufl.edu) or call 244.9750.**

*Visit [OpenLines.UFHealthJax.org](http://OpenLines.UFHealthJax.org) to find current and past issues of Open Lines.*