

W Health.

our purpose

To advance healing and reduce suffering.

our mission

We are committed to advancing medicine and improving the health of all people—regardless of race, ethnicity, geography or ability to pay—by fostering groundbreaking medical research and education, delivering outstanding primary and specialty care services, and building a diverse workforce.

our vision

To use the power of academic medicine to advance the science of discovery and transform the delivery of care.

our values

PRIIDE: We will serve our patients, our community and one another by:
Putting PATIENTS and families first
Showing RESPECT
Acting with INTEGRITY
Embracing INCLUSION
Seeking DISCOVERY
Offering EMPATHY



A perfect match read about one man's plea for a new kidney, and a near-stranger's willingness to give. PAGE 6

Central Line is a bi-monthly publication for employees and clinicians of UC Health. It is produced by UC Health Marketing & Communications. Send your comments and ideas to central-line@uchealth.com.

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Colleagues,

From excellent patient care to collaborative teamwork, UC Health employees and clinicians make an impact on our patients, their families and each other every single day.

In fact, our organization is filled with countless stories of teams and individuals going to extraordinary lengths to live into our purpose: to advance healing and reduce suffering.

It's important that we recognize the great work of our teams and team members. This fall, we are launching a new, systemwide recognition program. Called the PRIIDE Awards, and celebrated quarterly at each of our locations, these awards give us the chance to say thank you to one another.

Making gratitude a common practice can go a long way toward driving positive engagement.

I encourage everyone to consider nominating a colleague for our UC Health PRIIDE Awards. Details for submitting your nomination can be found on page 3 of this edition of *Central Line*.

Sincerely,

Richard P. Lofgren, MD // UC Health President & CEO

on the cover

Richard P Sofgier

DUSTIN CALHOUN, MD, always knew he wanted to go into emergency medicine. He chose to complete his fellowship training at UC Health because, he says, "it's one of the few health systems in the country that offers so many opportunities—and I could never imaging working anywhere else." An assistant professor at the UC College of Medicine and associate director of the UC Department of Emergency Medicine's Division of Emergency Medical Services, Calhoun and his team is always at the ready. In fact, when area organizations or local law enforcement need help with health-related protocols, Calhoun's team is usually one of the first to be called. Calhoun's pride in working at the region's academic health system shows every day, and he is especially proud of his emergency medicine team, which he describes as "incredibly capable and always focused on the most advanced, evidence-based medicine."



ON APRIL 16, 2018, THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS),

Office for Civil Rights (OCR), received a complaint alleging that University of Cincinnati Medical Center had violated the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information. A patient alleged that UC Health employees at UC Medical Center openly discuss patients' protected health information (PHI), which can be overheard by others.

The Privacy Rule requires UC Health to have in place appropriate administrative, technical and physical safeguards that protect against uses and disclosures not permitted by the Privacy Rule and that limit incidental uses or disclosures. However, the Privacy Rule does not exist to completely diminish conversations between healthcare providers when discussing patient care; in fact, HHS recognizes that oral discussions are vital to high-quality patient care, and that occasional overheard communication is inevitable. Nevertheless, UC Health is responsible for ensuring enough safeguards are in place to minimize the frequency of others overhearing these conversations.

Some of these inevitable situations may include, but are not limited to:

- Nursing staff coordinating services at the nurse's station.
- Phone calls with patients, patients' families or patients' other providers.
- Discussions of patient care in semiprivate rooms.



• Discussions of patient care and treatment plans during rounds in an academic or training setting.

In these situations, UC Health employees and providers should pay attention to what is being shared in the conversation. Is every piece of information vital to the discussion? Is a quick synopsis of a patient's status sufficient until a more private conversation is possible?

UC Health has a policy on maintaining reasonable safeguards when discussing patient information. The policy, "Reasonable Safeguards of PHI," specifically prohibits discussion of PHI in elevators, hallways and other public areas. However, the policy does allow quiet discussion when circumstances permit, and the use of private areas to discuss the patient's condition with family and friends. For more information, refer to the policy, found on the Intranet under Policies (within the policy portal under HIPAA).

Patient privacy is everyone's responsibility and is an important part of healthcare delivery. If you have experienced or witnessed a patient privacy concern, you can report it to your supervisor, any member of management, human resources, UC Health's chief privacy officer or privacy operations analyst.

You can also email hipaa@uchealth.com, call 58-HIPAA or make an anonymous call to the Compliance HelpLine at 1-866-585-8030.

This article was written by staff within UC Health's Compliance Department.



get involved

Recognize a Colleague

Do you know someone

- Who has gone the extra mile?
- Who lives by our values?
- Who comes to work every day driven by purpose?

Say thank you in a BIG way by nominating them for a UC Health PRIIDE Award.

UC Health's quarterly PRIIDE Awards recognize employees and clinicians who exemplify our values:

Patients and Families First Respect Integrity Inclusion Discovery Empathy

Nominations for these new systemwide awards are now open on The Link.

thelink.uchealth.com

Nominations are accepted on a rolling basis. To ensure your nominee is considered for the November PRIIDE Awards, please submit your nomination no later than Oct. 17, 2018.

Direct questions to priideawards@uchealth.com.



| safe & well |

Stay Safe: Get UC Health Alert



UC Health is launching a new emergency alert system and associated mobile application. Called UC Health Alert, the new system will send alerts of any potential safety threat to a UC Health campus and will replace the existing Everbridge system.

What do you need to do?

All employee and physician emails and mobile phone numbers (and those of contractors/vendors) currently on record with UC Health have been loaded into UC Health Alert. This means that you will automatically receive alerts based on your primary work location. To ensure you receive these important communications, it is recommend that you verify that your contact information is up to date. (Employees can do this through ePayroll, clinicians through credentialing, and contractors through their HR point of contact or through the app itself.)

Get the mobile app.

It's recommended that everyone download the UC Health Alert app, which will allow you to receive notifications relevant to your real-time location in addition to your primary work location. To get the app:

- Download the Rave Guardian app from your app store and select UC Health.
- Enter your information and update your preferences and profile.

Sign in online.

Visit www.getrave.com and search "UC Health." Enter your UC Health network user ID and password (single sign on) to log in. Update your contact information under the "My Account" tab and select the "Opt-in Lists" tab to choose to receive alerts for other UC Health locations.



WHAT STARTED ON JULY 1, 1998, AS A SMALL HIV RAPID TESTING SITE in the UC Medical Center emergency department is now a two-decades old Early Intervention Program (EIP) that's been able to provide nearly 53,000 HIV tests.

At its inception, the EIP focused on identifying and intervening at the earliest opportunity with high-risk populations, helping these individuals connect with community resources to improve health outcomes. The program was the first HIV testing program implemented in an emergency department on a sustained clinical basis.

The EIP has grown in size and scope, forming collaborations with both clinical and non-clinical academic departments—from medicine, to business, to communication—as well as Cincinnati Children's, governmental agencies and community organizations. These partnerships have allowed the EIP to address hepatitis C and work to combat substance use disorders, including the current opioid crisis.

The program hopes to continue to expand, with the goal of eventually adding services for hypertension, diabetes and other large-scale health concerns.

"The idea is to look at the population, not just at the level of the individual patients, but at the healthcare system's response to reaching this population and improving health in a more proactive way," says Michael Lyons, MD, associate professor in the Department of Emergency Medicine and director of the EIP. "It's getting out ahead of healthcare problems instead of playing catch up all the time, and a key part of that is merging missions and operations of public health and healthcare organizations.

"Care prevents new infections, reduces medical costs and saves lives. That's true of other interventions too, but the impact of the HIV screening is a perfect example of the EIP mission. Cincinnati would be a different city if we hadn't been here these past 20 years."

Adapted from a story by UC Academic Health Center Public Relations and Communications.

The EIP has brought in over \$12 million for prevention services and research to improve those services, which have included almost 53,000 HIV tests, according to Lyons.

From Cincinnati to Tanzania

Medical Students Gain Global Health Insight Through Village Life // By Elizabeth Beilman

Christopher Lewis, MD, UC Health physician, was a resident in the University of Cincinnati's family medicine program when a global health elective in Tanzania inspired him to found Village Life Outreach Project—a nonprofit organization that seeks to fight poverty and improve healthcare in Eastern Africa.

Fourteen years later, the Cincinnatibased organization continues to do good, exchanging knowledge across the globe by sending hundreds of UC Academic Health Center students to the organization's three remote partner villages—Roche, Nyambogo and Burere.

"The main evolution since that time has been the growth of our partnership with both UC Health and UC," said Lewis, UC vice provost for academic programs. "I think that has enabled us to get a whole lot of team members together that bring their expertise, their compassion, their passion for service together to get things done and solve real-world problems."

Village Life Executive Director Susan Casey-Leininger explains that Village Life takes a "hands-up versus hand-out" approach.

"The initiatives for change come directly from the Tanzanian community members in our partner villages. It is the responsibility of our staff, board and committees in the United States to pull resources, talent and expertise from our community here in Cincinnati."

Three second-year students in the UC College of Medicine traveled to Tanzania this summer through Village Life, observing healthcare in rural settings and gathering information vital to the organization's next major project.

In 2011, Roche Health Center (RHC), in the partnering village of Roche, opened its doors to provide permanent healthcare to 20,000 villagers.

UC Health awarded Village Life a \$1.05 million grant in 2014 to expand Roche Health Center. The students who traveled this summer completed surveys about access to child and maternal healthcare as Village Life looks to expand the RHC maternal and child health services.

"There's a resounding cry from the community that we need to expand those services, so we're trying to meet the needs of the community while at the same time providing global real-world training to our UC Health and UC partners," Lewis said.



"I was glad to see a system in place for the community, but the reality of barriers to healthcare access moved me ..."

Megan Wilson, Sarah Appeadu and Jamila Jamal, UC College of Medicine students, spent several hours interviewing women, each who received a free mosquito net for sharing their stories.

The students also shadowed physicians at RHC and other clinics, such as HIV



and leprosy clinics, to gain insight into rural healthcare in an impoverished location. This firsthand experience is central to Village Life's mission to promote "Life, Health and Education."

In their travel journals, the students witnessed ailments not common in the United States: malaria; Burkitt's lymphoma, a cancer associated with malaria; and schistosomiasis, a parasite found in sub-Saharan Africa.

Appeadu characterized the trip as "eyeopening and humbling."

"I was glad to see a system in place for the community, but the reality of barriers to healthcare access moved me to a realization that there is always more that can be done to promote equity on a global scale," she said.

The students wrote how they were shocked to hear the number of women who had home births and the number of patients who sought alternative healing—all because they couldn't afford medical care.

Nevertheless, the rapid tests, medications and immunizations offered at the clinics—as well as the resourcefulness of its providers—all greatly contribute to the health and wellness of the surrounding community, Appeadu said.

The trip further inspired Appeadu, a Ghanaian-American, to "help equip African communities just like Shirati that have endless potential."

"What Village Life Outreach Project has done in Shirati is a metaphor for what I hope to do with my career as a physician—give generously, empower those less fortunate and learn an entirely new definition of resilience through the process," she said. "I really admire the Tanzanian people, whose daily lives consist of working for everything that they need, without the daily conveniences here that we so easily take for granted."



It didn't take long for **Kenny Crawford** to decide that four-hour, three-times-a-week hemodialysis treatments just weren't for him.

After just a few, the 42-year-old—who had just suddenly learned in December of 2017 that he had end-stage kidney disease—switched to a dialysis treatment that could be administered at home overnight.

By March 2018, Kenny was on the registry to receive a kidney transplant.

But waiting for an organ from a deceased donor, which takes on average three to five years, wasn't something Kenny was willing to accept either.

"My goal was not to wait for a deceased donor, to really advocate things and try to promote people to get tested to see if they wanted to give a kidney for me," said Kenny, a Park Hills resident.

He began sharing his journey on social media. Soon, "Kenny Needs a Kidney," became the campaign slogan advertising his plea to the world.

And it worked.

Jeff Schwarz had never met Kenny before. He only knew him as a friend of his sister-in-law—and from a photo shared on Facebook of Kenny and some friends wearing "Kenny Needs a Kidney" T-shirts.

"I didn't really hesitate much," Jeff said—just weeks prior, he had been

talking to his wife and even said he would be willing to donate an organ if someone needed it. "Unless there was some real immediate risk to my health in doing it, it didn't seem like that big of a sacrifice to me."

Not only can a living donation decrease the time waiting for a new organ, but it often has higher long-term success rates. It also saves the life of the next person on the deceased organ waiting list.

Jeff got tested. Of three matches, he was the best one.

"A big weight had been lifted off my shoulders."

To Kenny, the match was a massive relief—"a big weight had been lifted off my shoulders," he said. The father and husband-to-be had endured a whirlwind of medical procedures and waiting over the last seven months.

Until just before New Year's Eve, everything was normal—Kenny even ran a half-marathon and a 10K in November 2017. A trip to an emergency room in Northern Kentucky because of sudden chest pains at the end of December dealt the diagnosis: hypertension crisis, the likely culprit of his newfound end-stage kidney failure.

"It was very overwhelming," he says. "Because you hear 'dialysis,' but you don't really know what it is because you may not really be exposed to it. It's just a lot of 'what if's."

On July 2, 2018, the waiting ended. Jeff, by then still just an acquaintance, was wheeled to the operating room to give one of his kidneys to someone he had just met. He gestured an "OK" sign with his hands to Kenny as he passed.

The two, now recovering well, share a common bond that will last a lifetime.

"The way I always said it, is with the things we have going on in our society these days, you kind of start to lose faith in humanity," Kenny says. "And then someone like Jeff comes along and restores it."

Jeff doesn't see himself as a martyr. "Finding out that I have the oppor-

tunity to make that kind of difference to somebody, I really do feel blessed to be able to do that," he said.

Individual groups taking either blueberry or fish oil did report a reduction in cognitive difficulties in everyday life.



|aha! moment |

Could Blueberries Give Your Brain a Boost?

RESEARCH IN RECENT YEARS SUGGESTS THAT CERTAIN FOODS CAN GIVE OUR BRAIN A

BOOST—dark berries, like grapes and blueberries, and cold water fish like salmon, just to name a few. With studies showing cognitive benefit from a diet rich in these foods, UC researchers set out to study whether steady long-term supplementation of blueberries and fish oil, either alone or combined, would show improvements in older adults with complaints of mild neurological deficits, like forgetfulness.

The answer they got, surprisingly, was yes and no. Separately, participants in the fish oil study group and in the blueberry consumption group both showed fewer cognitive symptoms, with objective memory improvement for those in the blueberry group. However, those in the group taking both blueberry and fish oil supplements showed no objective or subjective cognitive enhancement. These results are published in the journal *Neurobiology of Aging* (April 2018).

"We wondered whether combining fish oil and blueberry supplementation might produce enhanced benefit as opposed to either supplement alone. Our findings, showing an absence of benefit, were surprising, particularly in the context of our findings of benefit with the individual treatments," says Robert Krikorian, PhD, professor of psychiatry and behavioral neuroscience at the UC College of Medicine and corresponding author on the study.

However, the individual groups taking either blueberry or fish oil did report a reduction in cognitive difficulties in everyday life.

"People receiving the fish oil supplement reported fewer of those (cognitive symptoms) at the end of the study vs. beginning of the study. The same was true for those taking blueberries. They reported a reduction relative to the placebo, and in addition, there was a finding of improved memory performance in the blueberry-only group," notes Krikorian.

The study included 94 participants who were an average age of 68 years old and who had self-reported some mild neurological deficits. Participants took supplements daily for 24 weeks.

Now, Krikorian has launched three new trials in a slightly younger population to look further into how diet may affect the brain, perhaps even prevent neurological deficit.

Participants for the current studies must be between the ages of 50-65, have a BMI of 25 or greater, and be aware of mild memory decline such as forgetfulness or short-term memory difficulty.

For more information or to learn if you might qualify, contact Marcelle Shidler at shidlemd@ucmail.uc.edu or call 513-558-2455.

Krikorian's research efforts are supported by U.S. Highbush Blueberry Council, the California Strawberry Council and philanthropic support from the Lurie Family.

Content provided by UC Academic Health Center Public Relations and Communications.

| your questions answered |

Do I need a TB test this year?

In addition to an annual flu vaccination, many UC Health employees are also required to have an annual tuberculosis (TB) skin test—and some will need to complete a TB questionnaire. THE DEADLINE FOR FLU SHOTS AND COMPLETED TB TESTS (BOTH THE TEST AND SUBSEQUENT SKIN CHECK) IS MONDAY, DEC. 10.

REQUIRED TO HAVE ATB TEST IN 2018:

- Business Center employees and contractors/vendors.
- UC Medical Center employees and contractors/vendors.
- UC Physicians Company (UCPC) employees and contractors/vendors. (Exception: Employees located at Victory Parkway will be required to take TB questionnaire.)
- UC Physicians (UCP) employees and providers.

REQUIRED TO TAKE ATB QUESTIONNAIRE IN 2018:

 Daniel Drake Center employees (including those at Bridgeway Pointe), contractors/ vendors. Annual respiratory fit testing meets the requirement. Get a TB questionnaire at flu shot events or through Infection Control.

NOT REQUIRED TO TAKE A TB TEST OR QUESTIONNAIRE IN 2018:

- West Chester Hospital employees (with the exception of those not yet compliant for 2018). Non-compliant employees, contractors/vendors must complete their TB test by Dec. 10, 2018.
- Employees who were hired on or after July 1, 2018, and completed their TB test during the onboarding process, OR any employee who has a completed TB test on file which was performed after July 1, 2018.
- Remote contractors who NEVER ENTER our facilities are not required to have flu vaccinations or TB tests.

Questions should be directed to Employee Health and Wellness at 513-585-6600 or uch-employee-health@uchealth.com.

Do you have a question we can answer in the next edition of Central Line?

Email central-line@uchealth.com.

news and notes

Awards, certifications & recognitions

UNIVERSITY OF CINCINNATI MEDICAL

CENTER now ranks second among Greater Cincinnati hospitals, while West Chester Hospital now provides the most high performing specialties within Butler and Warren counties, according to *U.S. News & World Report*.

The publication's 2018-19 "Best Hospitals" rankings were released Aug. 14. For the

fifth consecutive year, the Ear, Nose and Throat program at UC Medical Center was ranked among the top 50 programs in the nation. UC Medical Center is the only hospital in Greater Cincinnati with a nationally ranked specialty.

UC Medical Center was also ranked among the top 10 hospitals in Ohio and was named "high performing" in the specialties of Cancer, Gastroenterology & GI Surgery, Nephrology, Orthopaedics, Pulmonology and Urology.

Among the publication's ratings of common adult procedures and conditions, UC Medical Center was again named "high performing" for Heart Failure and West Chester Hospital was named "high performing" for Heart Failure and COPD.





Featured post

Brian Wiles' triumphant story helped us to kick off UC Health Pulse of the City—an opportunity for Cincinnati to send a resounding message of hope to patients in our care.

Join us in sending hope to those who need it most by posting messages to patients like Brian—and those featured at uchealth.com/pulse. Use #PulseOfTheCity on Facebook, Twitter and Instagram with your message.

Be sure to follow UC Health on Facebook, Twitter and Instagram, where we curate content for you to like and share.

Facebook: UCHealthCincinnati

Twitter: @UC_Health Instagram: @UC_Health

Delivering better, safer and smarter care 'The UC Health Way'



Lauren Hargis and Kaelene Acosta, clinical managers in the postpartum unit at UC Medical Center, decided to get creative when developing their display of unit-based actions that the team is taking to drive quality, safety, engagement and efficiency performance. The two brought their departmental corkboard—their "visual management system"—to life with an interactive app. When an employee uses the app to hover over a picture on the board, a video message appears from their manager explaining the measures further. Taking an innovative approach to information sharing, Hargis and Acosta are aligning their teams to system goals while having a little bit of fun in the process.



New UC Health physicians



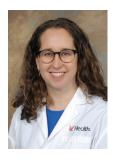
Singla Abhishek, MD Pulmonary & Critical Care



Shalini Bumb, MD Nephrology



Caroline Freirmuth, MD Emergency Medicine



Alisa Kanfi, MD Radiology



Naseer Khan, MD Cardiology



Emily Nurre, MD Neurology



Donald Wayne, MD Cardiology



Rebecca Yeager, MD Primary Care (Family Medicine)



For more information about each new physician, including practice location and scheduling information, search by last name at uchealth.com/physician-search.

Volunteers Needed for an Investigational Study of Breast Cancer Survivors



What UC Health is conducting a research study of laser therapy for treatment of vulvovaginal atrophy and dyspareunia (painful sex) in breast cancer survivors. Participants may undergo three laser treatments or may be provided usual care including topical lidocaine. The laser treatments and study-related medications and medical exams will be provided at no cost.

Who To qualify, you must be a sexually-active female breast cancer survivor between the ages of 18 and 65.

Details For more information, or to find out if you qualify, please contact 513-584-4100 and reference the study.



Behind the Scenes



Check out Season 2 of "UC Health: Behind the Scenes," an award-winning miniseries showcasing the life-saving power of academic medicine. Through a firsthand look, learn about the selfless dedication and compassion it takes to care for those with the most complex and critical care needs. Follow our physicians and clinicians through a normal "day in the life." Read and watch Season 2, and catch up on Season 1, at uchealth.com/behindthescenes.



of Greater Cincinnati

United Way Campaign

Sept. 17 – Oct. 12

Benefits Open Enrollment

Oct. 22 - Nov. 12 (5 p.m.)



Quarterly Leadership Meeting

Thursday, Nov. 8 8 a.m. and 1 p.m., Sharonville Convention Center

Deadline: Dec. 10, 2018

Annual Online Training Required Flu Vaccination Required TB Test



Save the Date

46th Annual Rev. Dr. Martin Luther King Jr. Celebration Ceremony Kresge Auditorium, UC College of Medicine Jan. 18, 2019 | snapshot: UC Health giving back |

A Family Affair



Hundreds of community members came together in August to line the streets of Avondale in celebration of the historic strengths and values of the Black Family. UC Health was proud to participate and serve as presenting sponsor of the 30th annual Midwest Regional Black Family Reunion celebration. The annual event takes place over the course of three days and kicked off with a breakfast at Word of Deliverance Ministries.

Day two began with a parade starting at Avondale Town Center. UC Health President and CEO, Richard P. Lofgren, MD, walked in the parade, shook hands with neighbors and passed out candy. He was joined by over 100 walkers made up of UC Health Volunteer Ambassadors, the UC Bearcats Marching Band, UC dancers, UC cheerleaders, friends and family—and, of course, the UC Bearcat.

UC Health provided more than 400 free health screenings at the reunion's Sawyer Point celebration, including blood pressure, breast cancer, head and neck cancer, lung cancer and prostate cancer screenings.





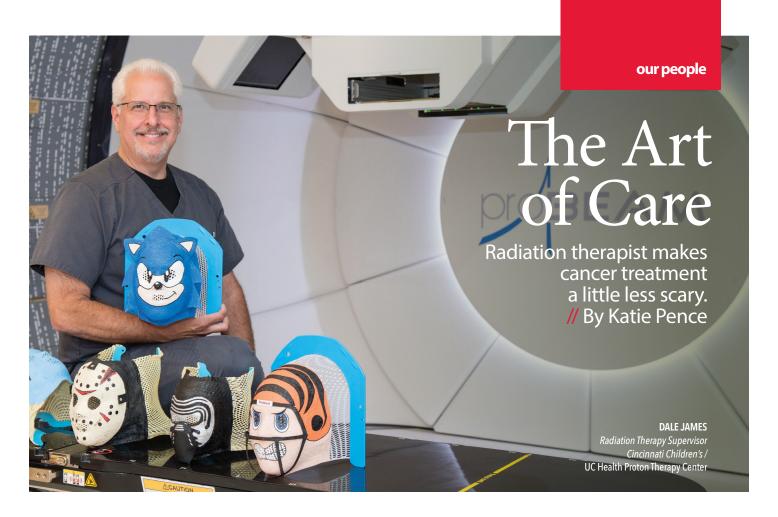




UC HEALTH IS AN ACTIVE SUPPORTER of a number of events and community health initiatives across the region, and many of our employees step up as volunteers to help out, share information and provide health screenings. And sometimes our community partners and legislators come to us!

Would you like to become a UC Health Volunteer Ambassador and learn about opportunities for representing UC Health in the communities we serve? Email ambassador@uchealth.com.





Dale James, radiation therapy supervisor at the Cincinnati Children's/ UC Health Proton Therapy Center, doesn't think of himself as an artist.

The 54-year-old also doesn't think of himself as a hero, even though what he does helps little patients at the center who are battling big cancers every day.

James, who has been at the center since its opening in 2016, paints elaborate, beautiful characters on the masks of pediatric patients from Cincinnati Children's who must wear them to receive radiation treatment, sometimes every day for months of their lives.

"I can't draw a straight line with a ruler."

"I can't draw a straight line with a ruler, but this happens when I pick up a paint brush," he says, gesturing to one of his masterpieces. "I'm pretty creative working on cars and hobbies, so maybe it goes hand-in-hand."

James, a radiation therapist for 23 years, has been sharing this talent with patients throughout the country for around 21 years. Prior to coming to Cincinnati, he was a therapist at Loma

Linda University Medical Center in Loma Linda, Calif., and California Protons Cancer Therapy Center in San Diego, Calif. He decided to come to Cincinnati when the new facility opened, and he saw an opportunity to work with a children's hospital.

Proton therapy is a form of radiation treatment used for various types of pediatric and adult cancers. A major advantage over traditional forms of radiotherapy is its ability to deliver radiation to a tumor while more effectively limiting the exposure to healthy tissues.

The facility—a joint effort between UC Health and Cincinnati Children's—is only one of about 28 of its kind in the U.S.; it houses the world's only gantry (treatment room) dedicated to research, where experts can determine the best way to use this precision therapy.

"The first mask I ever did was Mickey Mouse," James says, recalling all of the different genres and styles he's covered in painting 500 masks over the years. "I recently did a Jason mask from Friday the

13th—it was my first horror-themed mask. I really want to do a zombie one day."

He works with the child life specialist and the simulation therapists to find out what each child likes and surprises them with these creations to add some fun to a very serious and scary situation.

"I try to make it a game," he says. "And I can do this with a 50 cent roll of medical tape and a bottle of paint. It's not that much work for the amount of joy it can bring."

Patients are able to keep the mask after treatment is completed; one family even used the mask as a Christmas tree topper, to celebrate a huge hurdle they'd overcome during the year.

"It just makes you feel good when you see things like that," he says. "And I'm just a big kid.

"I'm so happy to be here and working with patients in Cincinnati. I think everything happens for a reason, and this is the reason I'm here."





