

Social Work Employee Reveals Career Assets

By Anya Armes Weber

In recognition of March being Social Work Month, the Focus asked social work staff to respond to several questions about their work. This is our third installment.

Louise Strange Social Services Worker II, Bath County

What inspired you to become involved in social services work?

It is where my interest is and my heart's desire, for years, has been to help young people, and people in general.

What resources have been most helpful to you in your work?

A dependable car.

How has assisting others through social services rewarded you personally or professionally?

It has been rewarding to see a parent get off drugs and get their children back, to see them get jobs, to see them have hope again. It is rewarding to get a hug from a client before closing a case and for them to thank you for your help. I was told today by a new client, "I'm so glad I have you to talk to." These are experiences that make social work worthwhile.

Cutline: Jennifer Cochran

Adoption Specialist Honored by National Program

By Anya Armes Weber

A caseworker in the Department of Community Based Services' Adoption Services Branch has been honored by a national adoption group.

Special Needs Adoption Program (SNAP) Specialist Jennifer Cochran, who works in the central office, has been named AdoptUSKids' Caseworker of the Month and will be featured on the group's website.

AdoptUSKids is a national nonprofit group that works to raise awareness about the need for foster and adoptive families for children. It recruits families for the country's waiting children through state-specific photo listings on its [website](#).

Cochran's job is to respond to family inquiries about adoption and receive home studies from families who are interested in a specific child and track progress of paperwork.

Her responsibilities also include coordinating events for children in SNAP, scheduling children for features during television news, and completing court-ordered birth searches for adult adoptees requesting their adoption record.

Cochran's supervisor, Adoptions Services Branch Manager Mike Grimes nominated her for the award.

"Jennifer never ceases to amaze me!" Grimes wrote. "She is tenacious in her efforts to find permanency for the children in Kentucky's Special Needs Adoption Program. She advocates for both children and prospective adoptive families."

Cochran said one of her job's biggest challenges is finding homes for teen-aged children. "We're trying to dispel the myth that children can be too old to need a family," she said. "One of five children will never be adopted and many of them will exit foster care at age 18 on their own, without a family."

Comments from an adoptive couple who worked with Cochran were part of her award nomination.

"To express in words the gratitude that we have for what Jennifer Cochran has done for us is impossible," they wrote. "Jennifer took four individuals from this world and created a family. Without her help we sincerely believe our lives would be less today than they are. Her job is to help the children but it's the parents that reap the rewards of her efforts. We will be forever in her debt."

Working in adoptions does have many rewards, Cochran said. "But the greatest by far has to be finding that permanent match, that forever family and the knowledge of knowing our child is finally home," she said.

Cochran said that AdoptUSKids is a good training resource and gives children in SNAP a chance to be seen across the nation, and that Kentucky regularly receives inquiries from the website.

"AdoptUSKids also brings a national voice to many issues and creates a forum that draws needed attention to specific areas of need," she said, like a humorous advertising campaign that encouraged the adoption of older children.

Look for Cochran's picture and biography soon on the AdoptUSKids website.

Kentucky Moves Ahead with Efforts to Adopt Electronic Health Records

More Hospitals, Providers Receive EHR Incentives; State Plan Receives Federal Approval

Governor Steve Beshear announced that Kentucky continues to forge ahead with efforts to adopt electronic health records (EHRs), with more hospitals and providers receiving monetary incentives for EHRs and linking to the Kentucky Health Information Exchange (KHIE).

The recent developments are part of ongoing work to install viable EHR systems in hospitals, medical practices, pharmacies, labs and other medical facilities, and linking those systems to an exchange where data can be transmitted to and from facilities. The effort is being closely monitored by the federal government, which provides monetary incentives for EHRs and is setting guidelines and specific criteria for the health information exchanges.

“This is an exciting time for the American health care industry as we work to improve health care through technology,” said Gov. Beshear. “Kentucky is leading the way in the effort to adopt electronic health records nationwide and this puts us that much closer to fully achieving our vision. We know that health information technology can help improve patient care by creating greater efficiency and reducing errors.”

The Office of National Coordinator (ONC) in the federal Department for Health and Human Services also recently approved the strategic and operational plan submitted by the Cabinet for Health and Family Services (CHFS), which details the state’s strategy for deploying KHIE. The ONC’s approval makes available \$9.75 million in previously announced federal funds awarded to CHFS under the 2009 American Recovery and Reinvestment Act (ARRA) for the implementation of a statewide electronic health network.

Meanwhile, numerous Kentucky hospitals and medical providers have already received federal incentive dollars from the Centers for Medicare and Medicaid Services (CMS) for adopting electronic health records. Medicaid incentive payments began in January 2011 to assist with the purchase or upgrade of information technology systems for health care records. In February, payments exceeded \$12 million, reaching the state’s urban areas, as well as rural communities.

In January, CHFS awarded the first two incentive payments to University of Kentucky Healthcare and Central Baptist Hospital. In the first round of incentive payments, UK received \$2.8 million and Central Baptist received \$1.3 million.

Since then, several hospitals and health care practices have received incentive payments, with more expected.

Staff Invited to Vote for Favorite Team, Join Wellness Walk

By Anya Armes Weber

The CHFS March Madness Walk is this week, and all employees are invited to join.

Offices across the state are invited to plan their own walks for wellness on Thursday, March 17. That day, you can also support the team of your favorite college or university.

On Thursday, wear the colors or gear promoting your favorite college basketball team and take the time to walk during work hours. Many offices will schedule group walks that you can join, or you can walk on your own.

Employees must use their lunch or break times to walk.

The CHFS March Madness Walk is part of the Cabinet's efforts to support the Personnel Cabinet's Journey to Wellness.

Let the Wellness Committee know which basketball team is your favorite! Don't forget to log on to this intranet [site](#) and take a simple four-question survey. Click "Respond to Survey" on the upper left side of the page to begin.

Check out the [Personnel Cabinet's Journey to Wellness Website](#) for more information about how you can take steps toward a healthier life.

E-mail [Julie Brooks](#) or [Kris Hayslett](#) for more information about the March Madness Walk or other Cabinet wellness activities.

Colorectal Cancer Awareness: Talk to Your Doctor

Colorectal cancer screening saves lives. Tests can detect colorectal cancer early, and some of them can also find pre-cancers. Colorectal cancer develops from adenomatous polyps (grape-like growths in the colon or rectum) that may become cancerous overtime. With screening these polyps can be found and removed before they become cancer.

When you turn 50 years old, talk with your health care professional about colorectal cancer (Have that talk when you are younger, if you are at higher risk.). If you are not satisfied with the responses you hear, talk with another health care professional. Here are some questions to help you begin this important conversation:

1. I just turned 50 years old. Should I be tested for colorectal polyps or colorectal cancer?
2. I don't have any family history of colorectal cancer or of colorectal polyps. Should I still be tested?
3. Or ... My medical history and/or my family medical history put me at an increased risk for colorectal cancer; should I be tested at a younger age and more often?
4. I understand there are a number of screening tests available; would you tell me about each of these tests and the risks and benefits?
5. I don't know which screening test is appropriate for me now. Which test do you recommend and why?
6. Will you perform the test? If not, who will?
7. Will I be awake or asleep during the test?
8. What will happen during the test?
9. Will the test hurt?
10. How will I learn the results of the test?
11. What kind of follow-up care will I need if the tests show a problem?
12. If the tests show nothing wrong, when should I be tested again?
13. What is the cost of these tests? Will my insurance cover the cost?

Organ Donation: Pass it on

From the National Institutes of Health

A gift with a major impact—one that will long be remembered with gratitude—takes just a bit of preparation. When you become an [organ](#) donor, you can save the lives of up to eight people. And if you donate tissues like blood cells, bone or corneas, you can help even more.

Organ transplantation was once considered an experimental procedure with a low success rate. Many transplanted organs survived just a few days or weeks. But researchers have transformed transplant surgery from risky to routine. It's now the treatment of choice for patients with [end-stage organ disease](#). Each day, about 80 Americans receive a lifesaving organ transplant.

“The outcomes of transplantation are really so good these days that it truly makes a difference for the people who receive organ transplants,” says Dr. Sandy Feng, a transplant surgeon at the University of California, San Francisco. “The organs are clearly lifesaving.”

The problem now is that there aren't enough organs to meet the demand. In early 2011, more than 110,000 people were on the nationwide waiting list for an organ. An average of nearly 20 of them dies each day while waiting.

The kidney is the most commonly transplanted organ. More than 16,000 kidney transplantations were performed in the U.S. last year. The wait, though, can be long. In February 2011, nearly 90,000 people were on the national waiting list for a kidney. Next most commonly transplanted is the liver, with more than 6,000 surgeries in 2010. That's followed by the heart, lungs, pancreas and intestines.

You can donate some organs—like a kidney or part of your liver—while you're still alive. You have 2 kidneys but really need only one. And the liver can re-grow if part of it is removed. But donating these organs requires major surgery, which carries risks. That's why living donors are often family or friends of the transplant recipient.

Most organs, though, are donated after the donor has died. The organs must be recovered quickly after death to be usable. Many come from patients who've been hospitalized following an accident or stroke. Once all lifesaving efforts have failed and the patient is declared dead, then organ donation becomes a possibility.

“When a person dies, it can feel like a burden to a family to make decisions about organ donation,” says Feng. “So it would be a real gift to a family to indicate your decision to be an organ donor while you're still alive, so they don't have to make the decision for you.”

In addition to organs, you can donate tissues. One of the most commonly transplanted tissues is the cornea, the transparent covering over the eye. A transplanted cornea can restore sight to someone blinded by an accident, infection or disease. Donated skin tissue can be used as grafts for burn victims or for reconstruction after surgery. Donated bones can replace cancerous bones and help prevent amputation of an arm or leg. Donated veins can be used in cardiac bypass surgery.

National Institutes of Health (NIH)-funded scientists are exploring a variety of ways to improve organ transplantation. The biggest problem is that when an organ from one person is transplanted to another, the recipient's [immune system](#) attacks the implant as though it's a disease-causing microbe.

"We'd hit a home run if we could find a way to re-educate a person's immune system so that it continues to fight infection just as effectively as ever but it didn't recognize a transplanted organ as foreign. That's called transplantation tolerance," says Dr. Nancy Bridges, chief of the transplantation immunology branch at NIH.

To prevent organ rejection, recipients must take drugs, called immunosuppressants, usually for the rest of their lives. "Immunosuppressant drugs have revolutionized our ability to do organ transplantation over the last 30 years," says Dr. Jerry Nepom, who heads an NIH-funded program called the Immune Tolerance Network. "But those 3 decades have also taught us that these immunosuppressants are not very selective, which is a big problem."

Immunosuppressants knock down the entire immune system, so that the body has trouble fighting off infections. The drugs also boost the risk for cancer, especially skin cancer. In addition, over time, these potent drugs can damage the kidneys and raise the risk for diabetes, high blood pressure and cardiovascular disease.

"These medications are sort of a necessary evil. You can't live without them, because you might reject your organ. But it's difficult to live with them because they cause side effects that need to be managed," says Feng.

If a patient stops taking immunosuppressants, the transplanted organ nearly always fails. But in very rare cases, people can go off their medications. Last year, NIH-funded scientists spotted a pattern of gene activity in patients who had successfully stopped taking their immunosuppressants after a kidney transplant. Other researchers are testing whether certain liver transplant patients could be weaned off their medications.

"Ultimately, it would be valuable if we could do a blood test to predict who could stop taking their drugs or maybe be on a lower dose," says Bridges. "We have evidence that it might be possible, but we're not there yet."

In other studies, Nepom says, "we're exploring how to get the recipient's immune system in a receptive mode, so that it doesn't become excited and angry when a transplanted organ comes into the body." In one small clinical study, researchers gave a kidney recipient some of the donor's bone marrow before surgery. Bone marrow produces cells that fight infection. The procedure created a hybrid immune system in the recipients that better tolerated the transplants. A few patients were able to go off their immunosuppressants within a year after surgery. While some scientists continue to improve current methods, others are exploring completely new ideas. One cutting-edge approach is to create artificial transplants that won't trigger an immune system attack. Although years of research will be needed to apply these emerging techniques, researchers have made progress toward engineering livers, lungs and other organs.

You can help reduce the need for donated organs in the first place by living well. Lower your risk of developing a long-term disease that could lead to organ failure by being physically active and eating a healthy diet rich with high-fiber foods, fruits and vegetables. Talk to your doctor about your weight, blood pressure and cholesterol. And while you're taking these healthy steps, be sure to sign up to be an organ donor so you can help others as well.

Employee Enrichment

By Anya Armes Weber

Making mistakes can be a little rewarding when you learn from them. Human resource management expert Bob Guns suggests that when your team falls short of its goals, have a group meeting to address these questions:

- What did we intend to do?
- What did we assume would happen?
- What did we achieve?
- What was the gap between what we assumed would happen and what really happened?
What caused that gap?
- What lessons did we learn, and how can we use them on our next project?

Guns emphasizes that groups ban the word "blame" and be open about improving for next time.