



# PULASKI COUNTY MEDICAL SOCIETY News

May 2025

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When you think professional, ethical, quality healthcare,  
think physicians of Pulaski County Medical Society.

## Pulaski County Medical Society (PCMS) Funds Two Student Led Projects in 2025

During the first quarter of 2025 medical students at UAMS submitted a total of four projects to be considered for PCMS funding. At the March PCMS board meeting two projects were chosen; The 12<sup>th</sup> Street Pop-Up Clinic, and the Vision Without Limits projects.

The 12<sup>th</sup> St. Pop-Up Clinics are designed to provide accessible medical care to Pulaski County residents as well as spread awareness about 12<sup>th</sup> St. HWC and how it serves as a resource for follow-up care. The format for the pop-ups includes: first, partnering with an organized community center like the El Zocalo bi-weekly food pantry. Second, on a Saturday morning, a multidisciplinary team of volunteers and preceptors host a health fair where participants are screened for diseases. Third, necessary medications or lifestyle changes are prescribed including scheduling further follow-up appointments at HWC.

The Vision Without Limits program will facilitate glaucoma screening of at-risk patients at 12<sup>th</sup> Street Health & Wellness, a student-run free clinic housed under academic affairs that provides interprofessional clinical

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*Vision Without Limits Student Leaders (left to right): Sarah Jang and Dania Rahal*



*12<sup>th</sup> Street Pop-Up Clinic Student Leaders (left to right): Madison McClanahan, Katherine Marquardt, Elizabeth Jade Dorman, and Viraj Vora.*

# Communication Breakdown

Jeff Williams, JD, Senior Claims Attorney, SVMIC

REPRINTED FROM THE SVMIC SENTINEL

“Communication breakdown, it’s always the same  
Havin’ a nervous breakdown, drive me insane” –  
Lyrics from “Communication Breakdown” by Led Zeppelin

The truism here is communication breakdowns, in a healthcare setting, will drive us all insane. But there are many ways breakdowns happen, and it’s usually not the same.

Communication between the many medical professionals who are caring for a patient with a critical condition can be a life-or-death matter. Hospitals and physicians’ offices have systems in place so that communication across all providers is executed effectively. Protocols, electronic medical records, cell phones, call services, secure messaging systems, and, in this story, pagers (aka “beepers”)<sup>1</sup> are used to establish lines of communications among the many healthcare providers involved in the care of each patient. Even when multiple systems function properly, providers must proactively participate in the process for patient care to be carried out in a safe manner. The consequences in a healthcare setting can be dire when there are multiple breakdowns in communication.

Mary Cutler<sup>2</sup> was a 71-year-old retiree who presented on a Friday to the emergency department (ED) with complaints of significant chest pain for three days. Cardiologist Dr. Mays Cario took over her care from the ED and admitted Mrs. Cutler onto the telemetry floor. Prior bloodwork obtained at an outside rural hospital revealed elevated troponin indicative of an NSTEMI (Non-ST-Elevation Myocardial Infarction). She was started on a heparin drip and a statin. An echocardiogram (EKG) showed reduced cardiac function. Mrs. Cutler was told that a diagnostic catheterization was necessary. She had expressed a general distrust of doctors and told Dr. Cario not to perform any unnecessary procedures that would “run up the bills.” Her initial hesitancy in deciding to undergo the diagnostic procedure caused a delay into the weekend. Ultimately, she consented to the diagnostic catheterization which occurred on Saturday. While the results indicated a severe coronary blockage, Dr. Cario deemed her condition non-emergent as her chest pain had subsided. After being told the results of the diagnostic procedure, Mrs. Cutler agreed to a stenting procedure. Because it was the weekend, she was scheduled for a percutaneous coronary intervention the following Monday.

Hospitalist Dr. Seth Patel was working at the hospital over the weekend. The hospital nursing staff was tasked with monitoring Mrs. Cutler until the stenting procedure could be performed. On Sunday evening, she complained of back pain which was relayed to Dr. Patel. He ordered

an EKG, Computed Tomography (CT) scan, and lab work. The EKG indicated concerning changes in Mrs. Cutler’s cardiac condition showing ST segment elevations, but the results were not regarded as requiring urgent attention. Less than two hours later, a nurse informed Dr. Patel by phone that Mrs. Cutler’s blood pressure was low, and she was again complaining of chest pain. Mrs. Cutler was repositioned, and a saline bolus was ordered. She was put on a vasoconstrictor to increase her blood pressure. During this time, Dr. Patel ordered her to be moved to the Intensive Care Unit (ICU). Another EKG was obtained, again indicating concerning results, but not recognized as critical. In hindsight, had the second set of EKG results been recognized as urgent, the hospital’s STEMI protocol likely would have been invoked, necessitating immediate cardiac intervention.

While being transferred to the ICU, Mrs. Cutler asked a nurse, “Am I going to die?” She knew something was gravely wrong and was noted to be blue in the face. In an apparent attempt to convey the urgency of the patient’s condition, a nurse sent a report to Dr. Patel indicating that the patient had asked if she was going to die. Mrs. Cutler also asked to be seen by a physician. Dr. Patel was the physician in the hospital responsible for her care. He never saw her in person, opting to communicate with the nursing staff by phone.

Once Mrs. Cutler was in the ICU, a nurse attempted to contact the cardiologist, Dr. Cario, by various means. There was an appreciable delay in getting in touch with him. Later, a nurse was finally able to reach Dr. Cario on his cell phone. He was on his way into the hospital. Mrs. Cutler went into cardiac arrest while undergoing the CT scan. Unfortunately, resuscitative measures administered by the nursing staff were unsuccessful. By the time Dr. Cario arrived at the hospital, it was too late.

Throughout these events, Dr. Cario and Dr. Patel never communicated in any manner.

The family filed a lawsuit naming Dr. Cario, Dr. Patel, and the hospital as defendants, alleging various acts of negligence that led to the untimely death of Mrs. Cutler. The case was focused on the lack of communication between the hospital nurses and the physicians involved in the care of Mrs. Cutler. Throughout the case, multiple depositions were taken from family members, hospital nurses, and the physicians. The testimony showed that each side had its own take on who was communicating and who was not. As usual, each party produced multiple medical experts to bolster their positions. The Plaintiff would eventually pursue distinct theories against the hospital, Dr. Cario, and Dr. Patel. The cases against the two physicians will be detailed here next month.

<sup>1</sup> According to Wikipedia, pager usage in America was in rapid decline by 2002. See <https://en.wikipedia.org/wiki/Pager>.

<sup>2</sup> All names have been altered.

## PCMS Funds Two Student Led Projects in 2025

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experiences and free healthcare to primarily uninsured individuals. With the addition of ophthalmic equipment to the clinic, we will perform basic screening tests including visual field testing, tonometry, pachymetry, and gonioscopy with the aim of diagnosing the disease before the patient becomes symptomatic. We will select patients for screening based on established risk factors recognized by the American Academy of Ophthalmology,

including age > 40, Black or Hispanic race, type 2 diabetes mellitus, and family history of glaucoma, all of which are prevalent in our patient population. Patients who screen positive will be provided with education about the condition, along with information on available options for potential treatment. They will be referred to a local glaucoma specialist for further diagnostic evaluation and to the UAMS Financial Assistance program.

These projects fit nicely into the society’s missions of promoting medical care and public health. Thank you to our members who are making these projects a reality.

## CHI St. Vincent Reaches Agreement with UnitedHealthcare Patients Will Maintain In-Network Access to Care to Providers They Know and Trust

[CHI St. Vincent](#), a leading regional health network serving Central and Southwest Arkansas, is pleased to announce a new multiyear agreement with UnitedHealthcare, effective April 9, 2025. The renewal agreement will allow patients to maintain in-network access to all CHI St. Vincent services across existing contracted products, including UnitedHealthcare and Medicare Advantage.

CHI St. Vincent sought to work with UnitedHealthcare to reach an agreement, with the end goal to ensure that it could continue to meet the needs of Arkansas patients today and in the future.

“We are excited to have reached an agreement with UnitedHealthcare,” said Chad Aduddell, Market President of CHI St. Vincent. “We are proud to continue to provide them with in-network access to local, high-quality care.”

The agreement allows CHI St. Vincent to continue its mission of delivering quality, affordable healthcare to patients today and for generations to come at its primary care, specialty clinics, urgent care, hospitals, home health, rehabilitation and surgery centers across the state. CHI St. Vincent has hospitals in Little Rock, Hot Springs, Sherwood and Morrilton.

## Inaugural Baptist Health Stroke Walk Set For May 16 in Little Rock

Join Baptist Health on Friday, May 16, from 10 a.m. to 2 p.m. for a walk celebrating stroke survivors, honoring loved ones and raising crucial awareness about stroke symptoms.



The Baptist Health Stroke Walk is a 2.2-mile walk on the campus of Baptist Health Medical Center-Little Rock will be a special day of hope, remembrance and community.

This free event is an opportunity to connect with fellow survivors, families, health care professionals, and the caring community of central Arkansas.

Together, participants will walk in faith and solidarity, sharing stories and spreading hope. Whether you’re a survivor, a caregiver, or simply want to show your support, your presence makes a difference.

For details on how to register, visit [baptist-health.com/step-out-for-stroke](https://baptist-health.com/step-out-for-stroke).



## UAMS Colleges of Medicine, Nursing, Health Professions, Public Health Ranked Among Nation's Top Graduate Schools

The University of Arkansas for Medical Sciences (UAMS) colleges of Medicine, Nursing, Health Professions and Public Health rank among the top academic programs in *U.S. News & World Report's* annual list of Best Graduate Schools for 2025.

In the rankings released today, the UAMS College of Medicine is recognized as a Tier 1 school for primary care education, placing it among the highest-performing institutions in the nation.

*U.S. News & World Report* evaluated dozens of medical and osteopathic schools and separated them into four tiers based on factors such as faculty resources and the academic achievements of entering students. It also considered the proportion of graduates practicing in primary care specialties, including family medicine, general internal medicine, general pediatrics, geriatrics, general practice and internal medicine pediatrics.

Reflecting UAMS' commitment to improving care for medically underserved patients in Arkansas, the College of Medicine ranked fifth in the nation for its percentage of graduates who practice in medically needy areas, 12<sup>th</sup> for graduates who work in rural communities and 22<sup>nd</sup> for graduates who serve as primary care physicians.

"Ensuring that all Arkansans have access to high-quality primary care, both today and in the decades to come, is a top priority for the UAMS College of Medicine," said Steven Webber, M.D., executive vice chancellor of UAMS and dean of the college. "The newest rankings from *U.S. News & World Report* confirm yet again that our medical school is one of the nation's very best for primary care education and generating physicians for rural and other areas where they are needed most."

The UAMS College of Nursing also received recognition for its graduate programs, ranking 47<sup>th</sup> for its master's degree track and 52<sup>nd</sup> for its Doctor of Nursing Practice program. The College of Nursing was the only Arkansas school in the top 100 in either category.



"As we face nursing shortages at all levels in Arkansas and across the nation, it's important that students are prepared to move quickly and capably into advanced nursing practice roles in the workforce," said Patricia Cowan, Ph.D., RN, dean of the College of Nursing. "This year's rankings reflect the hard work of faculty and staff members who make the College of Nursing a valuable steppingstone for nurses aspiring to advance their careers."

The UAMS College of Health Professions offers degree programs in a wide variety of allied health careers, and several of them were represented in the *U.S. News & World Report* rankings. The college ranked 58<sup>th</sup> in the nation for its physician assistant (PA) program, 79<sup>th</sup> for its physical therapy program and 95<sup>th</sup> for its occupational therapy track. The PA program was the only one in Arkansas ranked in the top 100.

"The recognition from *U.S. News & World Report* shows the reputation these programs have built on the strength of their student outcomes, faculty expertise and innovative curricula," said Susan Long, Ed.D., dean of the College of Health Professions.

The UAMS Fay W. Boozman College of Public Health made a significant jump in the rankings of top public health programs, climbing 20 spots to No. 68 in the nation. Mark Williams, Ph.D., dean of the College of Public Health, said the college is focused on its mission to improve the lives of Arkansans through public health education, research and service.

"This national distinction communicates to those thinking about pursuing careers in public health or health care administration that they will receive a top-notch education at UAMS," he said. "The College of Public Health strives to create the best educational experience for students, foster the best environment in which to conduct research, and find the best methods to serve the public health of Arkansans."

# Baptist Health Performs First Procedure Using Ion Robot, Revolutionizing Lung Cancer Diagnosis and Treatment

Baptist Health on Wednesday, April 9, performed its first procedure utilizing a groundbreaking technology aimed at transforming the diagnosis and treatment of lung cancer. The new tool, the Ion robotic-assisted bronchoscopy system, aims to improve early detection and provide faster access to life-saving treatments.

Physicians at Baptist Health’s hospitals in Little Rock, North Little Rock and Fort Smith use the Ion technology.

“Early detection is crucial for better survival rates,” said Kelley Hamby, chief nursing officer at Baptist Health. “With the latest advancements in imaging, genetic testing, and targeted therapies, we can now identify and treat lung cancer at its earliest and most treatable stages. As a leading health care provider in Arkansas, Baptist Health remains dedicated to enhancing the lives of their patients.”

Lung cancer diagnosis often requires biopsies of lung nodules, which can be located in difficult-to-reach



areas of the lungs. As a result, many patients face the challenge of “watchful waiting” – undergoing prolonged monitoring with imaging but without definitive diagnosis, leading to increased anxiety and potential delays in treatment.

The Ion system, however, enables precise, minimally invasive biopsies even for small and hard-to-reach nodules, allowing for earlier and more accurate diagnoses.

According to the American Lung Association, Arkansas has one of the highest lung cancer incidence and mortality rates in the nation, ranking among the states with the worst lung cancer survival rates. The introduction of the Ion system is a critical step in addressing this urgent public health issue.

To learn more about the Ion system or schedule an appointment, visit [Baptist-Health.com](https://www.baptist-health.com)



Stephen Routon, M.D.

## CARTI Expands Team of Fellowship-Trained Breast Imaging Specialists

Welcomes Dr. Stephen Routon to The Breast Center at CARTI

In April, CARTI expanded its team of fellowship-trained breast imaging specialists with the addition of [Stephen Routon, M.D.](#) Dr. Routon will see patients at the CARTI Breast Centers in Little Rock, North Little Rock and Pine Bluff.

“Dr. Routon has consistently shown a commitment to delivering compassionate and innovative care,” said Donald Norwood, M.D., medical director of diagnostic radiology. “His steadfast dedication to patients and his expertise make him a natural fit for The Breast Center at CARTI.”

Dr. Routon graduated from the University of Arkansas for Medical Sciences (UAMS), where he was inducted into the Alpha Omega Alpha Medical Honor Society. He completed his residency and internship in diagnostic radiology and his fellowship in breast imaging at UAMS. He is a diplomate of the American Board of Radiology. He holds a bachelor’s degree in chemistry, summa cum laude, from Hendrix College. He is affiliated with the Arkansas Radiological Society, American College of Radiology, Radiological Society of North America and Society of Breast Imaging.

## In a First for Arkansas, UAMS Uses NanoKnife Technology to Treat Prostate Cancer

The University of Arkansas for Medical Sciences (UAMS) recently became the first provider in Arkansas of NanoKnife technology, a new form of focal therapy for localized prostate cancer.

Focal therapy is a minimally invasive outpatient procedure that uses different forms of energy to target only the area of the prostate where cancerous cells are located and destroy them while sparing damage to surrounding tissue. It carries a lower risk of side effects — such as erectile dysfunction and urinary incontinence — than radiation and surgery, which are the other treatments for prostate cancer.

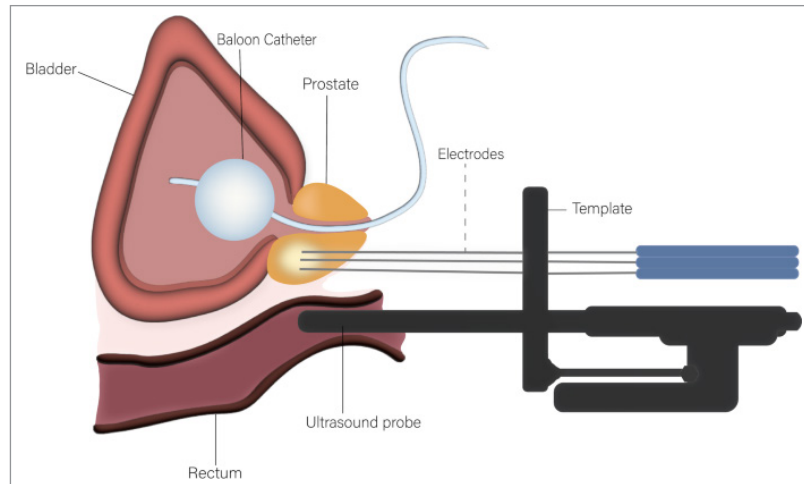
The NanoKnife form of focal therapy uses irreversible electroporation (IRE), which consists of short, high-voltage electrical pulses, to isolate the tumor without overtreating the entire prostate gland.

Other types of focal therapy destroy the tumor with cold gases (cryotherapy), heat from a laser (focal laser ablation), heat from high-frequency sound waves (high-intensity focused ultrasound), or heat from sound waves (transurethral ultrasound ablation of the prostate, known as TULSA).

“The NanoKnife System is the only function-preserving, minimally invasive therapy that uses electricity to destroy prostate tumors,” according to AngioDynamics, a medical technology company that designs and manufactures the technology.

“This is a more advanced version of focal therapy,” said Tim Langford, M.D., a urologist and chair of the UAMS Department of Urology. “It treats the tumor only and will virtually eliminate the risks of incontinence and erectile dysfunction.”

On March 21, A. Murat Aydin, M.D., a urologic oncologist at UAMS who has extensively trained on



the use of NanoKnife Technology, performed the state’s first procedure using the technology.

The patient went home the same day and was doing well when he returned to UAMS for a follow-up visit 10 days later, Aydin said.

“Prostate cancer is the most common cancer in

men, and there is a very wide disease spectrum in terms of stage and survival,” Aydin said. “Overtreatment of low-risk and intermediate-risk localized (early stage) prostate cancer by surgery or radiation is a major issue, and this leads to increased frequency of quality-of-life issues, such as erectile dysfunction and urinary incontinence, without any survival benefit.

“Patients with localized low-risk prostate cancers have a very good prognosis and can be managed with active surveillance and stringent follow-up,” he said. “However, each year, about 10% of men on active surveillance still receive radical treatment with surgery or radiation due to disease progression, a blood test showing increased levels of PSA marker, patient choice or patient anxiety.”

He said focal therapy emerged as a novel treatment option to destroy the cancer while minimizing the adverse effects of radiation and surgery; however, thermal ablation using ultrasound waves or freezing has had “variable results.”

NanoKnife Technology is a nonthermal form of ablation that uses a novel energy source, Aydin said.

“With IRE, we place thin needles in the perineum to deliver electrical pulses to destroy the cancerous cells,” he said. “This technique has been shown to be very effective, avoiding energy spread beyond the needles to protect essential organs and structures related to functionality such as the rectum, the sphincter muscles responsible for urinary continence and the nerves around the capsule of prostate that are responsible for erection.”

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## In a First for Arkansas, UAMS Uses NanoKnife Technology to Treat Prostate Cancer

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“To put this in context,” Langford said, “this is kind of the Holy Grail for prostate cancer. We’re in the position that breast cancer was in many years ago. We’ve never had a ‘lumpectomy’ for prostate cancer. This technology allows us to treat small tumors with minimal risks of side effects and is a real game changer. We’re proud to offer the latest advancement in focal therapy to patients from across Arkansas.”

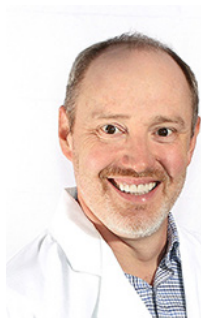
Langford said that Aydin and another urologic oncologist, Marcelo Bigarella, M.D., perform the NanoKnife Technology procedure at the UAMS Health Urology

Center at Premier Plaza in Little Rock. It takes about 45 minutes while the patient is under general anesthesia, and the patient is discharged the same day with a urinary catheter that will be removed in two to five days.

“The follow-up for patients after the procedure consists of a PSA (prostate-specific antigen) test, MRI and biopsies at regular intervals,” Aydin said.

This advanced form of focal therapy adds to the comprehensive array of advanced oncological services, including proton therapy, that are available at UAMS, which provides a multidisciplinary approach to health care.

## Kirk Reynolds, MD Named President of OrthoArkansas



*Kirk Reynolds, MD*

OrthoArkansas is pleased to announce that Kirk Reynolds, MD, a seasoned orthopedic surgeon, has been named the new President of the physician-owned orthopedic clinic. Dr. Reynolds, who has been with OrthoArkansas for more than 10 years, will lead the practice as it continues its mission to provide exceptional orthopedic and comprehensive musculoskeletal care to patients across Arkansas.

Dr. Reynolds succeeds co-presidents, Drs. Tad Pruitt and Jimmy Tucker, who will remain active board of director members. Known for his dedication to patient-centered care and his leadership in driving clinical excellence, Dr. Reynolds’ appointment marks an exciting new chapter in OrthoArkansas’ history.

Dr. Reynolds, who specializes in sports medicine, has consistently demonstrated a commitment to advancing

both patient care and the overall healthcare experience. He has been instrumental in several initiatives at OrthoArkansas, including the expansion of services and physicians to meet the growing needs of patients across the state.

“I am incredibly honored to step into the role of president at OrthoArkansas,” said Dr. Reynolds. “OrthoArkansas has always placed a strong emphasis on quality care, collaboration, and putting the needs of our patients first. I look forward to working alongside our talented team of physicians, providers, leadership and staff to ensure that we continue to set the standard for orthopedic care in Arkansas.”

In his new role, Dr. Reynolds will work closely with the leadership team on long-term strategic planning and short-term initiatives that enhance clinical services and expand OrthoArkansas’ presence and offerings. He will continue to champion the importance of a physician-led approach, ensuring that decision-making remains patient-centered and focused on clinical excellence.

<https://www.facebook.com/Pulaski-County-Medical-Society-100260252095789>



## Baptist Health Hospitals Recognized for Excellence During National Donate Life Month

Baptist Health hospitals across Arkansas have been recognized for their outstanding commitment to saving and honoring lives through organ and tissue donation.

As part of National Donate Life Month in April, Donate Life America and the Health Resources and Services Administration (HRSA) have honored several Baptist Health facilities with awards based on their organ and tissue donation efforts, including the number of lives saved and community outreach initiatives.

Award recipients are as follows:

### Platinum Award

- Baptist Health Medical Center-Little Rock
- Baptist Health Medical Center-North Little Rock
- Baptist Health-Fort Smith

### Gold Award

- Baptist Health Medical Center-Conway

### Silver Award

- Baptist Health Medical Center-Drew County

### Bronze Award

- Baptist Health Medical Center-Stuttgart

Throughout the year, Baptist Health hospitals host a variety of events aimed at increasing awareness about the importance of organ donation. These include donor registration drives, educational events for employees and the public, and meaningful tributes such as honor walks and moments of silence to recognize donors and their families.

According to Donate Life, more than 100,000 people are currently on the national transplant waiting list, including over 300 Arkansans. National Donate Life Month, celebrated each April, serves as a time to raise awareness, honor donors and their families, and celebrate the lives saved through transplantation.

Registering as an organ donor is a powerful way to make a lasting impact. To register, visit your local Department of Motor Vehicles or go online to [RegisterMe.org](https://www.registerme.org).

## CARTI Becomes First in State to Offer Contrast-Enhanced Mammography



Women in Arkansas now have local access to contrast-enhanced mammography (CEM). The Breast Center at CARTI recently became the first in the state to offer the diagnostic screening tool to qualifying patients at its flagship Little Rock campus and El Dorado location.

“The Breast Center at CARTI is committed to ensuring no woman goes without access to care, including lifesaving screenings like 3D mammography,” said Stephen Routon, M.D., breast imaging specialist. “As the first in Arkansas to offer contrast-enhanced mammography, we will continue to set the bar for empowering and equipping women with the leading-edge tools they need to take control of their breast health.”

CEM is a diagnostic imaging tool used to evaluate suspicious findings from a conventional mammogram and assess potential breast cancer spread. CEM may also serve as a breast MRI alternative for qualifying patients. In addition to CEM, The Breast Center at CARTI provides 3D mammography and supplemental screenings, such as whole breast ultrasound for patients with dense breast tissue.

Women of average risk should begin their annual mammograms at age 40. At age 25, all women should receive a risk assessment from their primary care provider to determine whether earlier, more frequent or additional screenings may be beneficial. Those interested in scheduling a 3D screening mammogram may call 501-537-MAMO.