

Making a Difference



Child's puzzling paralysis

diagnosed and cured by UK doctors

'Adopt-a-Milton'

sends hope, love to injured UK colleague

Kidney transplant

the perfect birthday gift

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marks milestone

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Highlights of new hospital pavilion showcased

As the new patient pavilion at UK Chandler Hospital readies for a May 22 opening, employees, students and the public are invited to take a peek inside. Go online to find out more or attend one of the pavilion's opening events.

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For information, write:
2333 Alumni Park Plaza, Suite 300,
Lexington, KY 40517

Director
Bill Gombeski

Editor
Jan Taylor

Writer
Anne Streeter

Creative Director
Sean Donahue

Photographers
Lee Thomas
Leita Cowart

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New pavilion shows change, growth to meet state's health care needs



Michael Karpf, MD, UK executive vice president for health affairs, stands in a new intensive care room, one of the stops on a tour employees, students and the public can take May 13-16 in advance of the pavilion's opening for patient care.

This issue of *Making a Difference* shares the stories of three patients who have benefitted from skilled and caring teams committed to great medical care. It also announces the much-anticipated opening of the first two patient care floors and public spaces in the new 1.2 million-square-foot pavilion at UK Albert B. Chandler Hospital. How do these two subjects relate? I think you'll find as you read this issue that while advanced medicine is not about bricks and mortar, the two are related.

When I arrived at UK in 2004, one of the first commitments I made was to aggressively develop the right kind of space to support our nationally recognized specialists and patient care teams, as well as the patients like those in this issue who challenge us daily to be at the top of our game. Our management team became convinced we must upgrade our facilities and technology to capitalize on all today's medicine has to offer. So this May, thanks to the hard work of hundreds of UK HealthCare staff, we open the first areas of a facility designed to do just that – support us in delivering safe, efficient care and service of the highest quality.

You are invited to join us for this historic milestone (*see the back cover for opportunities*). Come see for yourself what makes our new patient care pavilion unlike any other. Experience first-hand how we've bridged the art and science of medicine, creating a healing, tranquil environment using art, music and landscaping that is uniquely Kentucky.

Enjoy what we have accomplished and know we still have much to do as we have already begun the next phase to fully fit-out the facility. By December 2011, we anticipate completing a \$35 million project to build eight advanced operating rooms and a hybrid operating room that combines advanced imaging technology with surgical capabilities. The rate at which we are able to expand services or transfer them to the new pavilion will be dictated by the success of our operations, generous community support and need.

Fortunately, this facility has already stimulated the local economy, and it will continue to do so. It is our pleasure to proudly deliver a gift to Kentucky, a gift of a facility that speaks volumes of how much we are changing and growing as a system to meet the state's health care needs.

A handwritten signature in black ink that reads "Michael Karpf". The signature is written in a cursive, flowing style.

Michael Karpf, MD
Executive Vice President for Health Affairs
UK HealthCare / University of Kentucky

‘Adopt-a-Milton’

sends hope, love to injured UK colleague

“He had what would normally have been a mortal wound. Had he been any farther way, he probably wouldn’t have made it.”

—Paul Kearney, MD, UK Chief of Trauma and Critical Care

An unprecedented outpouring of love and concern that began when Milton Sullivan Jr., assistant director of environmental services at UK Albert B. Chandler Hospital, was rushed, near-death, to the UK Level I Trauma Center on October 25, shows no signs of subsiding many months later. Employees from 18 departments are taking part in the “Adopt-a-Milton”



initiative, rotating responsibility for sending weekly messages of encouragement as he makes what some call a miraculous comeback at an Atlanta rehabilitation center.

In his job since 2008, Milton had worked with a lot of employees from throughout the hospital. Those who know him describe the 26-year-old as “always respectful,” “courteous,” someone “who listens” and “always does what he promises to do.” His friends say his only flaw is that he is a die-hard Duke University basketball fan.

Employee near death

Word quickly spread the night Milton was brought to UK after he was stabbed in the heart at a nearby restaurant while trying to be a good Samaritan. He was protecting others when a fight broke out. The fact that he was only a three-minute ambulance ride away from UK’s trauma center may have been what saved his life.

“He had what would normally have been a mortal wound,” explained Paul Kearney, MD, UK chief of trauma and critical care and professor of surgery. “Had he been any farther away, he probably wouldn’t have made it.”

When Milton got to the trauma center, his heart had already stopped beating. A team led by emergency physician Bill Young, MD, charge nurse Lee Terry, RN, and surgical resident Chris Culpepper, MD, resuscitated him. Milton was rushed to the operating room where Dr. Kearney repaired the knife wound. Milton’s heart would stop a second time, and again, he was resuscitated. Because his brain was deprived of oxygen for several minutes, doctors feared there would be neurological damage.

Calls went out to his parents, Milton Sr. and Addie, in Jonesboro, Ark. Fiancée Desternie Richmond, a senior law student at the University of Pittsburgh, caught the first available flight. While all made their way to Lexington, Milton’s colleagues gathered outside the Trauma ICU.

“We waited all day and into the night till his family could get there,” remembered Penne Allison, RN, director of the UK Chandler Emergency Department. She had worked closely with Milton getting ready for the opening of UK’s new Emergency Department last summer. Among those who stood watch were Sandra Chambers, associate hospital administrator, and Milton’s

colleagues from Crothall Healthcare, the company that provides environmental services at UK HealthCare, Jerome Latch, Val Emory and Sylvia Rucker.

Outpouring of concern

“Before I even got to the hospital, I felt like I was also being cared for,” said Richmond. She was picked up at the airport and brought to the hospital chapel. “Penne said she wanted to meet there first so that they could explain to me what I could expect when I saw Milton, that there would be tubes everywhere and he wouldn’t be awake,” she said. “So many people from different departments came together from day one. They told us they were here for us, if we needed anything, but they also respected our boundaries, our need to sometimes be alone.” As days turned into weeks, meal cards, help with lodging, invitations to coffee or lunch – even gift baskets filled with nourishing treats – helped Milton’s loved ones get through a difficult time.

The nurses who provided round-the-clock care in the Trauma ICU “were all great,” Richmond recalled, but three in particular stand out: Stefanie Bull, RN, Gina Andreoli, RN, and Verona Fennelly, RN.

“Before I even got to the hospital, I felt like I was also being cared for.”

–Desternie Richmond, Fiancée

“The night I admitted him was probably one of the scariest nights of my life,” said Bull, who has worked in the Trauma ICU for two years. “It’s a miracle he is alive.” Both she and Fennelly, who came on duty that morning, answered frequent calls from Richmond and the Sullivan family who wanted to know how he was.

“All we could tell them was that he was still alive,” said Fennelly, who has worked at UK for 17 years. She remembers giving Richmond a hug when she arrived and crying with her over Milton’s condition. Fennelly had worked with Milton and liked him. “I tend to get emotional and cry with patients and families,” she said. “It’s

my way of showing I understand the anguish they feel.”

The nurses grew close to Milton’s family. Richmond and Milton’s father, two brothers, two sisters, half-brother and half-sister made sure Milton was never left alone (his mother is unable to travel due to illness). Having a family member stay with a critically ill patient is now encouraged, unless their presence puts the patient at risk. Visiting hours are much more flexible and dependent on the patient’s needs. “It helps the patient, it helps the family, and it helps the nurse,” Fennelly said.

Just before Thanksgiving, Milton, who was semiconscious, was transferred to the highly regarded



Crothall Healthcare colleagues Jerome Latch and Sylvia Rucker have been overseeing Environmental Services for Milton Sullivan in his absence. Both spent the day in the Trauma ICU waiting area while Milton’s family drove to Lexington.



Quick-acting response from UK’s Level I trauma team kept Milton Sullivan alive. Here, chief trauma surgeon Paul Kearney, MD, left, takes a moment to catch up with colleagues Chuck Eckerline, MD, Charles Spillman, PA, Lisa Fryman, RN, Bari Lee Mattingly, RN, and Jon Fletcher, CRNA, before he heads back to the OR.



Colleagues and friends of Milton, from left, Jennifer Christmann, Sandra Chambers and Penne Allison, RN, made it a point to greet Milton's fiancée and family, prepare them for his condition, and support them throughout his stay at Chandler Hospital.

“This outpouring of concern, it’s because of who Milton is as a person and the work he’s been able to do here.”

—Sandra Chambers, Associate Administrator, UK Chandler Hospital

Shepherd Rehabilitation Center in Atlanta. The center specializes in treating brain injury caused by lack of oxygen.

On December 10, Milton regained full consciousness. Since then, he’s made tremendous strides to a full recovery, moving into an outpatient rehabilitation apartment in Atlanta in mid-February. He has regained his ability to speak, read, write, walk, feed himself and work on the computer.

He is slated to leave the center

in mid-April and will likely go home to Arkansas to continue his recuperation. And if he wants to return to work, “Milton has a job with us whenever he’s ready to come back,” said Latch.

Gone, but not forgotten

Even though he was hundreds of miles away, Milton wasn’t forgotten. Dan Miesle, UK’s director of facilities planning and development, came up with the idea of organizing departments to “Adopt-

a-Milton” for a week, sending cards, posters and photos. With the hospital administration’s backing, he and Gloria Tyler, administrative support associate for UK Chandler Hospital administration, organized the 18 departments volunteering to cover 15 weeks before starting the rotation again. “He really had no one there to see or touch or to remind him of us here at UK, so I came up with the idea that if everyone does a little bit, it all adds up,” Miesle said.

Jennifer Christmann, associate director for facilities planning and

“He has so many cards and letters, so much stuff from UK, he knows that somebody’s always thinking of him and it makes him smile.”

—Milton Sullivan Sr.

development, visited Milton whenever she drove through Atlanta on her way to and from family visits in Florida. Ten-year-old Landon Martin, whose mother, Sandra, works with Milton in Environmental Services, sent his first homerun baseball to “his buddy.”

“One nurse told me that Milton has no idea the number of people who are praying for him,” said Chambers. “This outpouring of concern, it’s because of who Milton is as a person and the work he’s been able to do here.”

It’s made a difference, said Milton Sr., a retired car salesman, who has stayed with his son throughout the ordeal. “He has so many cards and letters, so much stuff from UK, he knows that somebody’s always thinking of him and it makes him smile. They have shown a lot of love for him, and my wife and I really appreciate it.” Mother Addie added that she is glad so many care about her son. “He is a wonderful boy, and I’m so grateful to God that he’s alive and doing so well.”

Richmond says not a week goes by that she doesn’t get a text or a call from Allison, Chambers and others. The couple’s plans for a September wedding may be postponed, but they know one thing: that small wedding they wanted no longer seems possible. “We have to add at least 50-75 more people from UK to the guest list,” Richmond said with a laugh. “Everyone has really been there for us. While they are doing great things for Milton at Shepherd, none of this would be possible if UK had not saved him.” ■



Trauma ICU nurses Stefanie Bull, RN, Gina Andreoli, RN, and Verona Fennelly, RN, left to right, each found time for quiet conversations with Milton’s family – moments that strengthened family and caregiver alike.



Eighteen UK HealthCare departments took turns sending weekly cards and gifts to Milton while he recovered in Atlanta.

Trauma patients among first to move to new pavilion

Trauma patients like Milton Sullivan will be among the first to experience UK Chandler Hospital's new pavilion when two new patient care floors open May 22 (*see back cover for opening details*). One wing of Floor 7 will house the highly specialized services needed by critically injured patients and their families, including 12 Trauma ICU beds (four more than in the current Trauma ICU), six progressive care and 14 acute care beds.

Centralizing these inpatient services in the new pavilion brings together the full complement of UK's trauma care services. UK's Level 1 Trauma Center is located on the ground floor of Pavilion A; two new helipads will supplement the existing two helipads used by medical helicopters transporting patients from throughout the Commonwealth. Trauma surgery and diagnostic capabilities are in close proximity.

The innovative design places patients with similar conditions and medical needs together on one floor with staff who have specialized skills to meet those needs. Including intensive, progressive and acute care services on each floor eliminates the need to move patients to other areas of the hospital.

All rooms in the new pavilion are private. Each comfortably furnished patient room has nearly 300 square feet of space with specific areas for the patient, caregivers and family. Essential clinical technology is readily available at the bedside.

Families and visitors enjoy amenities such as a sofa that converts to a sleeper (acute and progressive care rooms); a work desk with Internet wireless access; a TV with entertainment and educational content; and large, private, easily accessible bathrooms.

For more information about the new pavilion at UK Chandler Hospital, visit ukhealthcare.uky/new.



All patient rooms in the new pavilion are private, offering large windows with panoramic views, advanced bedside technology and convenient patient and family amenities.

Child's puzzling paralysis
**diagnosed
and cured** by UK doctors

“The neurosurgery team and Dr. Alhajeri have told us they never expected Chloe to walk again, but she’s our miracle baby.”

—Lena Wash

Watching their youngest daughter Chloe change from a typical energetic toddler on a Monday to a child who could barely walk by Wednesday was just the beginning of a month-long nightmare for parents Drew and Lena Wash.

Chloe, who was just days away from her second birthday, had been sick with diarrhea and vomiting. She



didn't feel like playing with sisters Leah, 10, or Natalie, then 7. When she looked a little wobbly on her feet, her mom figured it was just one more symptom.

But when wobbly became falling, her dad took her to a walk-in children's clinic. From there she was sent to a local hospital and then on to UK HealthCare's Makenna David Pediatric Emergency Center. Tests ruled out broken bones and doctors thought maybe it was just an inflammation of her hips and knees that would go away. They sent Chloe home and told her parents to keep an eye on her.

"But it just kept getting worse," said Lena Wash. So they took Chloe back to UK where doctors did more blood tests and a spinal tap. Based on those results, Chloe was diagnosed with Guillain Barré syndrome, a serious condition caused when the body's immune system mistakenly attacks the nervous system. This can cause progressive weakening of the muscles, starting in the legs and moving to the upper body and arms, eventually leading to total paralysis.

Chloe was admitted to the pediatric intensive care unit at Kentucky Children's Hospital on September 1, but treatment for this autoimmune disease wasn't helping. The tow-haired youngster's legs kept getting weaker; even her hands were beginning to lose strength. "She was her normal self, constantly in high spirits," her mom recalled. "But you could tell she was hurting and she was drained."

Her dad, Drew, saw the frustration and bewilderment in Chloe's eyes. "Watching my little girl go through this was probably the worst thing that's ever happened in my life," he said.

Tests find rare condition

An MRI scan found bleeding in Chloe's spinal cord as well as enlarged veins. Next, a magnetic resonance angiogram (MRA) helped radiologists get a closer look at the child's spinal arteries – vessels that can't be seen with traditional MRI or CT scans.

What they found was an extremely rare abnormality called an

arteriovenous fistula. Chloe was born with two arteries linked directly into a single vein, bypassing the normal and necessary flow of blood into smaller capillaries near her spinal cord. The misrouted blood flow deprived Chloe's spine of the oxygen-rich blood it needed. Without treatment, Chloe's condition would only worsen.

"Initially, we didn't want to do



Interventional neuroradiologist Abdunasser Alhajeri, MD, diagnosed and treated, with the help of Dr. Capasso and others on the child's multidisciplinary team, Chloe's rare arteriovenous fistula of the spine.

"There are few things in life as rewarding as this."

–Abdunasser Alhajeri, MD, UK Interventional Neuroradiologist



Kentucky Children’s Hospital child life assistant, Erin McAnallen, enjoys using art to help pediatric patients like Chloe and here, Layla Bowling, 5, cope with a hospital stay.

the MRA because of Chloe’s age and body size,” explained interventional neuroradiologist Abdunnasser Alhajeri, MD, who had come to UK only a month earlier after completing his fellowship training. An MRA study requires the child be put under general anesthesia and makes use of a contrast material that might cause future health risks. Special equipment and specially trained staff are also required, both of which are available at UK.

Dr. Alhajeri consulted with Chloe’s team of doctors, including

Kentucky Neuroscience Institute pediatric neurosurgeon Thomas Pittman, MD, and Patrizio Capasso, MD, chief of vascular and interventional radiology. Both agreed he should talk to the parents about using a nonsurgical procedure called endovascular transarterial embolization. Dr. Alhajeri had done similar procedures before on adult patients, and he has a special interest in treating children.

“He told us there was this procedure, but they didn’t know if it would work, if it would cause

paralysis, or if they’d have to stop the procedure and do spinal surgery,” Lena Wash said. We told him that she was in his hands – please make her walk again. And he did.”

Procedure blocks fistula

The two-hour procedure on September 27 involved making a tiny cut into the sleeping child’s upper leg to reach her femoral artery. Using a form of X-ray called fluoroscopy to guide him, Dr. Alhajeri carefully threaded a tiny tube

into the artery, following it up to the fistula. Dr. Alhajeri then injected onyx, a special solvent made from dissolved quartz, into the catheter, successfully sealing off the fistula and restoring normal blood flow to the area. While he worked, neurosurgeons stood by, ready to perform surgery should the embolization fail.

“When we were done, she wasn’t walking,” Dr. Alhajeri said. “The first day was spent in bed, the second day she was standing and by the third day, she was walking almost without assistance.” A follow-up MRA showed the fistula was gone. “There are few things in life as rewarding as

“Kids have to take their medicine at a certain time and get poked with IV needles or when they need blood drawn, so we give them choices such as ‘do you want your sticker before or after.’”

–Nikki Oakes, Child Life Specialist



Chloe Wash's month-long stay at Kentucky Children's Hospital was made easier with the attention of child life specialists at Kentucky Children's Hospital, says mother Lena Wash.

this," said the doctor, who explained this rare condition is even rarer in children. Adults with the same condition rarely regain lost function, but few could predict what would happen with a child as young as Chloe. Her ability to walk so quickly surprised everyone.

Chloe left the hospital on October 2 for a week of intense physical therapy at Cardinal Hill Rehabilitation Hospital.

"Fun Girls" made stay less scary

Ask the Wash family what helped get Chloe through her month-long ordeal and they agree it was the Child Life Program at Kentucky Children's Hospital (KCH). In particular, they credit child life specialist Nikki Oakes as well as child life assistant Erin McAnallen with helping their daughter understand what was happening.

Called the "fun girls" by the kids,

Oakes is one of four certified child life specialists at KCH. Together with McAnallen, the team makes sure that sick children have daily access to a variety of services designed to make the hospital stay less frightening.

"The child life specialists were constantly knocking on the door, offering us movies or books or stickers – Chloe loved those stickers," said Lena Wash. "They made sure she had plenty of things to do, since she was paralyzed, while sitting in a bed." When McAnallen stopped by, the two women realized they know each other through a mutual friend.

The "fun girls" explained to Chloe, in terms she could understand, why she needed to have intravenous (IV) needles in her arm, shots, medications or other treatments or procedures. "They called the IV a Charlie," said Chloe's dad, "so Chloe still says 'no Charlie, daddy' when we come to the

hospital for follow-up appointments." Using language sensitive to a child's needs and level of understanding, kids don't get shots at KCH; they get "poked."

Child life specialists are trained in child development and in how a hospital stay impacts a child, explained Judi Martin, child life coordinator. "We help prepare children for what's going to happen by using medical play." Letting children play with dolls, using medical equipment such as a stethoscope or an IV lets them feel more in control.

Giving them choices in the regimented hospital environment also helps. "Kids have to take their medicine at a certain time and get poked with IV needles or when they need blood drawn, so we give them choices such as 'do you want your sticker before or after,'" explained Oakes. She was drawn to this role after watching her brother endure hospital stays because of a childhood football injury.

The children can also participate in creating art thanks to Kreative Catz, a program that uses volunteer art students from UK's School of Fine Arts. McAnallen, who started the program seven years ago, said the program is another means of giving youngsters control; they can choose from a variety of playful art activities, such as using syringes to squirt paint onto paper.

Back to normal

Life is back to normal for Chloe and her family. "She's walking, running and jumping," says her dad, though sometimes her leg hurts. She's watched closely by doctors at Kentucky Neuroscience Institute and will have follow-up MRAs for at least the next five years.

"The neurosurgery team and Dr. Alhajeri have told us they never expected Chloe to walk again," Lena Wash said. "But she's our miracle baby." ■

Kidney transplant

the perfect birthday gift

“Now I can get back to life instead of just hanging on.”

—Melissa Meatyard

Melissa Meatyard, right, credits patient care manager Amy Wright, RN, CTC, with giving her needed information during her kidney transplant experience.



1:16 a.m., Jan. 21, 2011.

That’s when Melissa Meatyard got the call from UK’s Transplant Center telling her that the donor kidney she needed was available. She needed to quickly pack a bag, feed her cats, call her family and get to the hospital for surgery.

“It was a momentous occasion,” recalled the Lexington graphic designer who had just celebrated her birthday. “Yet it was such an odd situation because you are happy for

yourself but sad for the person who died and so grateful to them and their family for helping save people’s lives.” Within hours, Melissa’s healthy new kidney was working perfectly.

Melissa, who has polycystic kidney disease, had been placed on the active list for a kidney transplant only 11 days earlier. She had been on the national waiting list for 18 months but was considered inactive because doctors wanted her to reach a healthier weight to improve chances for a successful transplant. She never expected to get a donor kidney so quickly.

Polycystic kidney disease (PKD) is an

inherited disorder that is passed on through families. Cysts form on the kidneys (and sometimes the liver), causing the organs to grow larger than normal. Over time, the cysts keep the kidneys from filtering the toxins from the body, leading to end-stage kidney failure. Treatment is limited to dialysis and, for some, a kidney transplant from either a living person or an organ donor who has died. The new kidney is not affected by the disease.

Melissa discovered she had the condition when she went for testing nearly 20 years ago to see if she could donate one of her kidneys to her brother Michael, who also had PKD. He lived seven years with a transplanted kidney before dying from a blood infection. Her brother Christopher also has the disease but



Isaac Payne, RN, is one of two pretransplant coordinators following and serving as an advocate for 450 patients like Melissa referred for transplant consideration. Currently 180 people are on UK's list for kidney transplant.

“We work with our patients to try to optimize their situation and decrease their chances of having a problem.”

—Roberto Gedaly, MD, Director, UK's abdominal transplant surgery program

does not yet need a transplant.

“We think it comes from our father's side of the family,” she said, but they will never know. Her father, renowned Lexington photographer Ralph Eugene Meatyard, died in 1972 at age 46 of complications from cancer treatment.

Melissa's progressively worsening condition has been monitored by nephrologist Randy Rosen, MD, and other specialists at Nephrology Associates in Lexington. They placed her on peritoneal dialysis at home to help filter out the waste products in her blood left by her failing kidneys. For eight hours every night while

she slept, a special machine filled her abdomen with a solution called dialysate, which absorbed the toxins from blood vessels. The fluid empties into a collection bag.

One of the side effects of this form of dialysis is weight gain caused by the sugar used in the solution. The extra calories just compounded Melissa's life-long battle with her weight. The Nephrology Group's dietitian Kara Pendergraff, RD, helped Melissa figure out how to drop some pounds, but overwhelming fatigue from working a full-time job she loves at Top Marketing Group kept her from exercising enough to burn

calories. Her enlarged kidneys added 18 pounds to her petite frame.

Coordinator helps her reach goal

In 2009, her doctors sent her to the UK Transplant Center to see if she was a candidate for a kidney transplant. That's where she met Isaac Payne, RN. Payne and colleague Angela Zimmerman, RN, are pretransplant coordinators who help patients navigate the many tests and evaluations needed before they can be approved for a transplant. “Isaac is just a wonderfully friendly, caring and special person,” Melissa said.

Payne said it's his job to be a patient's “main voice” during the evaluation process, which can take several months. “We are a patient's point person, the people they get to know and trust – we are always there for them, 24 hours a day.” He gathered her medical records and scheduled needed tests.

Among those Melissa met with during her three visits for evaluation were a UK nephrologist, transplant

surgeons, a social worker and a dietitian.

Payne presented her case to the multidisciplinary Transplant Committee. They determined that Melissa met the national standards for a transplant, providing she lost the weight that would increase her chances of surviving surgery.

“As coordinators, we monitor and update the health status of patients on the wait list,” Payne said. “With Melissa, I was in frequent contact, monitoring her weight. And I actually got to call her to come to the hospital the night she received her kidney.”

When Roberto Gedaly, MD, director of UK’s abdominal transplant surgery team, saw Melissa last January, he was so impressed with her 15-pound weight loss that he put her on the active waiting list. “She did a good job,” Dr. Gedaly said.

Helping patients tackle health concerns such as being overweight, diabetes, smoking and heart-related conditions reduces the risk of

“We are a patient’s point person, the people they get to know and trust – we are always there for them, 24 hours a day.”

–Isaac Payne, RN, Pretransplant Coordinator

complications and improves the chances for a successful transplant. “We work with our patients to try to optimize their situation and decrease their chances of having a problem,” Dr. Gedaly explained.

Melissa’s surgery was performed by Michael Daily, MD. She said he goes out of his way to check on her and to “personalize my care and answer my questions.”

Dr. Daily says that’s just his way. He originally wanted to be a family practice doctor so that he could

build long-term relationships with his patients. As a transplant surgeon, however, he gets to do challenging surgery and spend a lot of time with patients building a relationship based on trust.

Dr. Daily and Jonathan Hundley, MD, are the two newest members of UK’s abdominal transplant surgery team. Together with Dr. Gedaly, the team has nearly doubled the number of kidney transplants done in the past two years, going from 54 in 2008 to 88 last year. More than 2,200 kidney

Surgery patients, families benefit from new pavilion



This rendering of the new Surgery Waiting area depicts how this spacious setting, with seating for about 200, offers families varying degrees of privacy and seating options.

Many surgical patients and their families will benefit from the opening of the new pavilion at UK Chandler Hospital May 22. General and orthopaedic surgery patients, as well as abdominal transplant surgery ICU patients, will be hospitalized on Floor 7; neurosurgery patients will be on Floor 6. (*See back cover for opening details.*)

Also, a new Surgery Waiting area on Floor 1 provides a comforting environment with convenient amenities and services. Ample seating for about 200 offers varied degrees of privacy as well as opportunities for families to sit together.

The opening of the new pavilion marks completion of the first phase of construction. The next phase – construction of eight state-of-the-art operating suites and a hybrid operating room – is already under way, with opening set for January 2012.

For more information about the new pavilion, visit ukhealthcare.uky/new.



Patient Melissa Meatyard said her surgeon Michael Daily, MD, goes out of his way to make her feel comfortable.



Roberto Gedaly, MD, director of UK's abdominal transplant surgery program, leads a team that works with patients to reduce the risk of post-transplant complications.

“I find that a little bit of information goes a long way to helping our patients.”

—Amy Wright, RN, Manager, UK Transplant Clinic

transplants have been done at UK since the program began in 1964.

Help for post-transplant anxiety

Payne also helped smooth Melissa's transition to post-transplant coordinator Taylor Dean, RN. “Isaac brought Taylor in to introduce me, and gave me my transplant bible with a listing of drugs and schedules; he even popped in to see me during one of my clinic visits, just to say hi,” she said. Dean and fellow post-transplant coordinator Todd Maynard, RN, help patients with the new challenges of living life with a donor organ. Transplant nephrologists

Thomas Waid, MD, medical director of the kidney transplant program; Wade McKeown, MD; and Ana Lia Castellanos, MD, took over monitoring her progress.

After a five-day stay in the hospital, Melissa returned to the UK Transplant Clinic for her follow-up care. While the clinic staff members “were really great,” she said one person stood out – Amy Wright, RN, clinic manager. “I'm a big chicken, and this whole process has given me a lot of anxiety,” Melissa explained. “Amy is super-sweet and gentle, and she answers my questions honestly, telling me what to expect.”

Wright, who has been with the clinic for nearly six years, said that she gets to know her patients well because they come there both for the pretransplant evaluations and for their postoperative appointments. “After that, they are a part of our transplant family for the rest of their lives,” she said.

“I find that a little bit of information goes a long way to helping our patients,” she said. “This is a scary business, but a lot of that fear and anxiety comes from not knowing what to expect.”

Melissa said that before surgery, “I had no life.” With her regained energy, she said she has a long list of things she wants to do, including giving her house a good cleaning and doing more in her garden than just mowing the lawn.

“Now I can get back to life instead of just hanging on.” ■

Maintenance worker's compassion earns praise

Landis Harding is not sure why he is being singled out as an example of extraordinary employees going the extra mile to help patients and their families. "I see many acts of kindness from many different departments, so I really feel undeserving," the UK maintenance tech said.

Harding was given the Above and Beyond award after Ann Smith, UK Chandler Hospital's chief administrative officer, received a note from a 76-year-old retired nurse. The note, signed by "Shirley (a grateful family member)," told of how she had driven 500 miles from North Carolina to be with her gravely ill sister-in-law and brother. "When I got here I was exhausted and confused by the large campus," she wrote. She had parked her car in a tow zone and couldn't find the patient's room.



we do is all about taking care of the patient and their family; you have to have compassion."

Landis Harding,
UK Maintenance
Tech

Shirley was wandering on the hospital's third floor when Harding found her. "Mr. Harding dropped what he was doing and escorted me to the parking garage. He also carried my bags, helped me find the right room and retrieved my cell phone when I left it behind!" He also went back to the car to get her cash-filled purse and other forgotten belongings.

Harding, who has worked at UK for about a year, said he and his fellow maintenance workers believe that whether it's helping a disoriented guest find their way or repairing a broken TV in a patient's room, "What

Patient Access Center's first year a success

Callers are getting better service and are more pleased with gaining access to UK HealthCare's services thanks to a new Patient Access Center that just celebrated its first anniversary. With improved efficiency, technology and training, more than 60 representatives are well-equipped to respond to patient requests for appointments and information.

"We are serving more patients and serving them better than we ever have," said Jonathan Curtright, chief operating officer for ambulatory services. Most of UK's physicians and clinics have their calls handled by the centralized center.

In the center's first 12 months, the knowledgeable staff answered more than 300,000 calls. They have reduced by half the number of callers who hang up before someone can answer.



Hospice care at the bedside

Hospitalized patients nearing the end of life can now get hospice care during their stay at UK Albert B. Chandler Hospital, including Markey Cancer Center. UK has partnered with Hospice of the Bluegrass to bring these specialized services to the patient's bedside. Previously, hospice care was limited at UK, and many patients had to be transferred elsewhere to receive those services.

Qualifying patients are now transferred to the care of a UK-based team from Hospice of the Bluegrass that includes a physician, nurse, chaplain and social worker. They work closely with UK doctors

and staff to coordinate the needed services

"Patients who are in the process of dying may be admitted to the hospital for a variety of reasons," explained Sandra Earles, RN, UK's palliative care case manager. "Some are too sick to be at home or their symptoms, such as pain, need to be better controlled."

Inpatient hospice care brings "the expertise of people experienced in making the end of life as peaceful as possible to the patient," Earles said. It also gives family members the support they need.



Nutrition blog

answers cancer patients' questions

Karina Christopher, RD

Writing a weekly blog about what foods are best for patients undergoing cancer treatment wasn't Karina Christopher's idea. It came from members of Markey Cancer Center's Patient Advisory Group.

Christopher, a registered dietitian at Markey, says the response from readers since launching her blog, Markey Menu: Nutrition For You, last November has been "even better than I ever anticipated." Readers want to know what to eat during treatment to minimize side effects, what foods prevent cancer and the latest on nutritional research.

"Nutrition is huge in complementing medicine to make side effects less severe, but treatment may change how things taste or smell, causing a loss in appetite," she said. "It's really important to maintain a healthy diet to help your body recover from what it's going through."

To read Christopher's Cancer Nutrition blog and other blogs written by UK HealthCare experts, go to ukhealthcare.uky.edu/forums/blogs/.



Highlights of new hospital pavilion showcased online

UK HealthCare's website offers videos and detailed information about what will make the new patient care pavilion at UK Chandler Hospital truly one of a kind when it opens in phases, beginning May 22. *(See back cover for open house details.)*

The website offers an overview of the pavilion's patient-centered design and amenities, as well as the uniquely Kentucky offerings of healing art, music and landscaping – all designed to make patients and family feel comforted and cared for in times of need.

Just visit ukhealthcare.uky.edu.

Music's healing power helps patients

Breathing in time to music lessens a patient's pain. Songwriting helps patients cope with a new diagnosis. Playing the drum distracts a child from a medical procedure. These are just a few examples of how a new clinical service – music therapy – is helping UK HealthCare patients achieve health-related goals through musical experiences. UK HealthCare and UK School of Music have partnered to create the program, as well as launch Kentucky's only music therapy graduate degree program.

"A music therapist is trained as both a musician and therapist," explains Lori Gooding, PhD, MT-BC, NICU-MT, UK HealthCare's music therapy director and associate professor of music. Music therapy helps patients manage pain and anxiety, and improves coping and communication skills. It also promotes wellness, facilitates physical rehabilitation, enhances memory and helps patients express feelings.

Music therapy services are offered at no charge to inpatients. The W. Paul and Lucille Caudill Little Foundation established an endowment to launch the program. The gift was matched by state Research Challenge Trust Fund dollars and proceeds from last year's Overture to Healing Gala.

Making a Difference

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You Are Invited

Dedication
Sunday, May 15
1:30 p.m.*

Community Open Houses
Saturday, May 14
9 a.m. - 5 p.m.*

Sunday, May 15
3 p.m. - 7 p.m.*

**UK HealthCare Employee/Student
Open Houses**
Friday, May 13
8 a.m. - 9 p.m. (4 p.m. - 9 p.m. families invited*)

Monday, May 16
6 a.m. - 6 p.m.



Celebration events will offer everyone a first look at the new University of Kentucky Albert B. Chandler Hospital patient care pavilion before it opens May 22. The new centerpiece of UK Chandler Hospital bridges the art and science of medicine to provide the highest quality care.

Two floors of private rooms – Floor 6 for neurosurgery and neurology patients and Floor 7 for trauma and general surgery patients – will be the first to open in the 12-story, 1.2 million-square-foot pavilion.

Also opening will be a new, larger surgical waiting area, as well as convenient amenities such as a gift shop, coffee shop, health education center and chapel. The two-story atrium lobby sets the tone for the pavilion's tranquil environment that includes the work of visual and performing artists through UK's donor-supported Arts in HealthCare Program.

For more information, call **1-800-333-8874** or visit **ukhealthcare.uky/new**.

*Complimentary parking provided to community guests at the Chandler Hospital Parking Garage, South Limestone and Transcript Ave.