

# Making a Difference

## Returning a boy's smile

Treated in the nick of time,  
a boy's injury is healed.

## Looking after the family

Caregivers reach out to offer  
support in even the most  
difficult situations.

## Hip replacement

A man's career is saved thanks to  
surgical skill and a new procedure.

## FanMail

A sampling of the  
hospital's mail reveals  
everyday heroes.



# Making a Difference

Summer 2007

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For information, write:  
2317 Alumni Park Plaza, Suite 500,  
Lexington, KY 40517

**Director**  
Bill Gombeski

**Editor**  
Jan Taylor

**Writers**  
Cary Willis  
Paul Gosselin

**Creative Director**  
Phillip Booth

**Photography**  
Lee Thomas

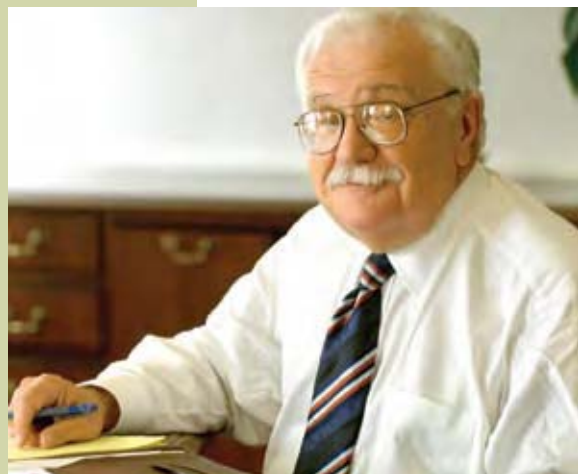


UK Chandler Hospital was recently ranked one of "America's Best Hospitals" in the specialties of cancer; ear, nose and throat; and gynecology.

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# Milestone reached, but we've just begun to change.



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

Fifty years ago, the University of Kentucky broke ground on the original Albert B. Chandler Hospital. Since that time we've grown into a world-class academic medical center serving all of the counties of Kentucky. On May 30 we broke ground on the new Albert B. Chandler Hospital and did more than celebrate a building; we celebrated and reaffirmed the commitment of the University of Kentucky to serve the Commonwealth of Kentucky and its citizens.

Over the next couple of years, a beautiful facility will rise out of the ground just north of the College of Agriculture. Its brick, limestone and federal architecture will be absolutely beautiful. But all of us know that health care isn't about bricks and mortar; health care is about people. It's about patients and their families; it's about the nurses and other staff who care for them; it's about the physicians who treat them.

For our patients, we are building a facility that is welcoming, and if bricks and

mortar can be empathetic, this hospital will be empathetic. For our faculty and staff, this facility will be totally functional, efficient and a much easier place to work. It will allow physicians, nurses and all of the rest of us to raise the bar for health care in Kentucky.

Breaking ground for the new UK Albert B. Chandler Hospital is a reaffirmation of the commitment the university has to the Commonwealth and people of Kentucky. If we do it right, we will improve health care in this state; we will train the health care work force of the future and give opportunities to young Kentuckians for rewarding professional careers; and we will conduct

research that will not only improve health in Kentucky but health around the world.

As you read this issue of *Making a Difference*, I hope you will come to better appreciate how vital our roles are in the lives of our patients and how broad and vast are our opportunities to become even better at what we do. Many of us signed a congratulatory banner for the groundbreaking. Above my name I added, "This is only the beginning."

A handwritten signature in cursive script that reads "Michael Karpf".

Michael Karpf, MD

# Pediatric dentist gives teen his smile back

“In something like this, not only do you have really excellent patient satisfaction, you also have a dentist in residency who’s doing things right. And that makes all the difference in the world.”

– John R. Mink, DDS, MSD

Julie Vickers was working at her home computer in Frankfurt one afternoon in November 2005 when her son, Alex, burst into the room.

“I heard him run up the steps,” she recalled. “I turned around and I looked up, and there he stood, and his front teeth were gone, he was bleeding all over the place, and all he



could do was mumble, 'I think I need to go to the emergency room.'"

Alex, then 13, had been assaulted by two other boys.

Vickers, who works for the Kentucky State Police, was so alarmed she didn't want to see the inside of her son's mouth. "I did not even look," she said. "I sort of went into automatic, grabbed my purse and my keys, and we headed out the door to the truck."

Vickers first drove to the hospital nearest their home. "They told us they weren't really equipped to address it, and that we really needed to go to UK," Vickers remembered.

Lucky for Alex, the region's only Level 1 trauma center was just down I-64. UK offers the only hospital in the area prepared for any emergency, where specialists are on call 24 hours a day. It's hard enough to find an adult medical specialist after hours, but a pediatric specialist in dentistry is rarer still.

Once the Vickerses got to Lexington a pediatric dental team—led by Dr. Mark Casafrancisco, DMD, a second-year dentistry resident—went to work. Just a year after being liberated from orthodontic braces, four of Alex's upper teeth had been knocked out of their sockets and were pressing against the roof of his mouth.

"I felt them come out of

Dr. John Mink discussed dental X-rays with second-year pediatric dental resident Dr. Mark Casafrancisco, DMD, who has also just completed a master's degree at UK in public health.



the bone, laying on my tongue but still attached," Alex said.

"It was very frightening," Julie Vickers said. But the gentle touch and professional manner of the UK team put her mind at ease in a hurry.

"From the moment we arrived at UK, people were caring," she said. "They were very thorough and reassuring to both of us. Alex was X-rayed, and then Dr. Mark came in. He said there was only so much time left to get Alex's teeth back in their sockets, and he put them back in place."

Dr. Casafrancisco agreed that timing in a situation such as this one—known clinically as a dental avulsion—is critical. "The prognosis of the teeth was pretty poor," he said. "But we elected to reposition them, and we were pretty successful. If Alex hadn't come in a timely fashion, I don't think we would have been able to save them. The nerves would not be likely to survive."

After repositioning the teeth, Dr. Casafrancisco inserted a splint to hold the teeth in place, then applied a material called a medicament to preserve the roots.

A couple of weeks later, he had Alex return to UK so he could determine whether the teeth were still alive. Two were fine, while the other two required root canals to be salvaged. "That's actually a very great outcome, considering what happened to him," Dr. Casafrancisco said. All four teeth remain in place to this

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## **John R. Mink, DDS, MSD: A 45-year commitment that he would gladly undertake again.**

As a post-doctoral dentistry resident, Dr. Mark Casafrancisco serves under the oversight of an attending dentist.

That task usually falls to Dr. John R. Mink, chief of the UK Division of Pediatric Dentistry. Dr. Mink has held that position—and taught aspiring dentists—ever

Dr. Mink examines the teeth of a 15 year-old patient.

since the dentistry department was founded in 1962.

“I’ve been here 45 years this June,” Dr. Mink said. “I came here as head of the division, and I loved what I was doing so much I stayed.”

Simple math means Dr. Mink has to be nearing retirement, right? “Well, I’ve exceeded retirement,” he said with a laugh. “I’ll be 80 in September. I still like it, I still see patients, I enjoy seeing special-needs patients.”

Why didn’t he do what so many other workaday people do—retire at age 65 and go golfing?

“Well, I had the other extreme. I’ve done my golfing,” Dr. Mink said. “I still do things I want to do. I still jump horses—with me holding on and hoping I don’t fall off—and I live on a little farm. I have fun. But, I love teaching students. It’s an extremely rewarding job. I tell my students I would do it all over again tomorrow.”

**“From the moment we arrived at UK, people were caring. They were very thorough and reassuring to both of us.”**

**– Julie Vickers, mother of patient**

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day, and while there is always a risk of problems later, Dr. Casafrancisco expects Alex will get normal use from the teeth for most if not all of his life.

The attending dentist in the Vickers case, Dr. John R. Mink, was present for each of Alex’s follow-up visits, and he found a lot to like.

“In something like this, not only do you have really excellent patient satisfaction, you also have a dentist in residency who’s doing things right,” Dr. Mink said. “And that makes all the difference in the world.”

Julie and Alex Vickers said they were impressed not just with Dr. Casafrancisco’s technical exper-

tise, but also with his patience and work ethic.

The Vickerses didn’t leave UK until around 11 p.m. “On our way out, Dr. Mark was behind us,” she said. “He had to be so tired. He’d been in the clinic all day, and happened to be there on call that night and got involved with us. And as tired as he was, he still walked us to the car, made sure we had all the instructions and our prescriptions to get filled, and even made sure we knew where we could get something filled that late at night. And he did not walk away until we were in the truck and driving off.”

“That’s when I knew he was the real deal,” Alex added.

All in a day’s work, Dr. Casafrancisco insisted. “That’s just me,” he

said. “I just wanted to make sure they didn’t have any problems.”

Helping young people, in fact, is one of the things Dr. Casafrancisco lives for. “I just love to work with kids. They keep you young. And they take the seriousness out of life,” he said.

“It’s a true win-win for me working in pediatric dentistry, because you can not only receive from your career every day, you’re also able to give back to the profession, and more so to the children. I love working with my hands, and I am very grateful to the UK pediatric dentistry program for their extensive and valuable training. It’s equipped me for a life-long commitment to high-quality care.”

A year and a half after the incident, Alex said, there’s no sign of the trauma he experienced, and he owes it all to UK. “I never thought they’d be able to save the teeth, but they did,” he said, flashing a—well, let’s say a *toothy* grin. “Dr. Casafrancisco definitely knew how to do his job. I don’t think there’s any better hospital in Kentucky. The doctors at UK actually care about you.”



# Looking after **the family** as well as the patient

**W**hen Linda Watts, a UK staff development nursing instructor, went on a weeklong vacation last September, she had no idea how much or how quickly her life would change. That week of vacation suddenly turned into two and a half months of family medical leave when her husband, Ron, was diagnosed with terminal cancer. Their story, while showing the extraordinary outpouring of support of her co-workers at UK, also reveals an underlying philosophy of care meant for every UK patient.

## Three months, maybe four

Ron Watts' prognosis came as a shock said his wife. "Really, the only symptoms he had were weight loss and a suppressed appetite. Nothing. Not pain. Not pressure. Not anything that indicated that it was spread as far as it was." She credits UK Primary Care Physician Mary Meek and Dr. Eric Bensadoun for treating her husband with kindness and swiftly seeking a diagnosis for his symptoms. They initially thought he might have a less serious respiratory problem.

Leslie Cummings-Kinney, RN, (top) and Bobbie Sue Barnett, RN, (right) were there for colleague Linda Watts, RN, when her husband was dying of cancer.

Instead, Ron, who had retired five years earlier from the *Lexington Herald-Leader*, was diagnosed with stage-four metastatic cancer. It was in his liver, his lungs and many other places. "They never found the primary site," Watts said.

Because the cancer had spread into so many places, Linda and her husband met with UK oncologist Dr. Bryan Kee who informed them there really was no treatment for him. Dr. Kee estimated Ron had three months to live, possibly four if he chose to undergo chemotherapy.

Despite the short timeframe, Watts and her husband waited for more than a precious week to inform family and friends of the grim news. Their daughter had just left on a weeklong business trip, and they felt that she and their son, a college student, deserved to be told in person before anyone else.

There was also an important decision to be made: Whether to undergo

chemotherapy or not. According to Watts, her husband ruled out chemotherapy early on. "Ron had a very good, but dry, sense of humor. He told the oncologist, 'I wouldn't look good bald. My head's not shaped well.'"

Instead, he decided that he wanted to spend his last days at home. So they began to consider using hospice, a not-for-profit organization outside the hospital for terminally ill patients.

Such an organization emphasizes pain control and emotional support for both the patient and family, while refraining from taking extraordinary measures to prolong life. To aid in the decision, Watts and her husband turned to Sandra Earles, RN, a hospice/palliative care case manager

who Linda had worked with in her role in nursing staff development. Earles is often brought in by UK physicians to counsel terminal patients.

"I was low key in talking about



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## Palliative Care or Hospice?

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“My job, after talking with people and helping them get over the initial shock, is to get their information, their medical records, the contact information for their doctors at UK, their lab work—all those things—to the hospice organization.”

– Sandra Earles, RN, Hospice/Palliative Care Case Manager

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When should a hospital transfer a patient's care to hospice, a non-profit organization that cares for patients when nothing more can be medically done to save their lives? The answer to that question is complex and often relies on the mindset of the patient.

“There are times when the patient would be physically ready for hospice according to their doctor, but the patient and their family aren't emotionally ready to handle it,” said Sandra Earles, RN, of Patient and Family Services. “That's because they think, ‘If I accept hospice, then I am dying right now.’”

For this reason, she is often asked to refer patients to hospice care in the

Sandra Earles, RN, on the second floor of the Roach building at the Markey Cancer Center.

last two months to two weeks of their lives. However, she says many patients are medically ready long before then.

"A physician has to think about it this way: Will this person likely die within six months? Then he would say they are medically ready for hospice. But most patients don't think they are ready for hospice until they are lying in the bed and unable to get out of it."

"Usually, this is not short lived. It is a long, drawn out affair with most individuals. Many times a terminal illness can be chronic for years before it becomes terminal. And people here can work with patients a long, long time, whereas hospice is usually six months or less."

According to Earles, UK Health-Care is working on a long-range plan to expand its offerings to terminal patients who aren't ready yet for hospice. Markey Cancer Center deputy director Dr. Kevin McDonagh is leading a palliative care workgroup that is exploring the possibility of a consulting service that would take over seeing patients in the hospital who are not in hospice yet. Part of the vision also includes the development of a clinic where the terminal patients can take advantage of UK's multidisciplinary approach to medicine.

For now, she and another registered nurse, Rosa Campbell, continue to gently counsel terminally ill patients on the merits of hospice care. "I give people information, help educate them, answer their questions, provide support, but they have to make the decision. And they don't need any pressure from me or anybody else to make the decision," she said.

**"From the Chief Nursing Officer all the way down, many people reached out to us. I want to say thank you. If we take better care of each other like a family, the care we give to each other reflects on the care we give to our patients."**

— Linda Watts, RN

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hospice and what it can and cannot do," said Earles. I take my cues from when I'm talking to patients and their families...their facial expressions and body language. I'm looking at them to see how they are accepting what I am telling them. I could tell just by looking at him that he needed time."

Within days, however, Ron was ready for a referral. So she put the Wattses in touch with Hospice of the Bluegrass, a hospice organization in Fayette County. "My job, after talking with people and helping them get over the initial shock is to get their information, their medical records, the contact information for their doctors at UK, their lab work—all those things—to the hospice organization," said Earles. Hospice then takes over the patient's care. The hospital stays involved by helping set up equipment in the home and arranging prescriptions with the hospice pharmacy.

### **Partners in crime**

About this time Linda's other co-workers were beginning to learn what was going on and sprung into action. Staff development instructor Leslie Cumming-Kinney and Bobbie Sue Barnett, an orthopaedic nurse on the 5th floor, emerged as ringlead-

ers of a group of nurses who vowed to look after Linda and her husband. Cumming-Kinney coordinated the staff development contributions while Barnett coordinated the help from the hospital's 5th floor, where Watts had worked prior to moving into staff development.

Said Barnett, "I heard about Linda's situation before she even had a chance to call. So I got some baked goods that day and took them over. I told Linda and Ron that first week, 'Now I'll be back every week with something.' I decided I wouldn't ask, I would just show up."

True to her word, Barnett showed up each week with things such as meals, paper products, stamps, envelopes, bottled water and more. Another 5th floor nurse, Vickie Brown, RN, collected money to have dinner catered to the Watts when family members arrived and to provide Linda with the opportunity to get a massage (she finally used it after Ron passed away.) On Sundays, Barnett would attend an early church service then stop by the house to watch Ron so Watts could attend a later church service.

As Ron became more ill, the weekly trips became every day stops to see what was needed or to deliver supplies that she and Cumming-Kinney had collected (early on, the

“When we have patients whose families are in the medical field, everyone is looking to them to have all the answers. You have to give them permission to just be family. They don’t have to do all the medical stuff. They can just be the dad, the mom, the brother or the sister.”

– Bobbie Sue Barnett, RN, 5th Floor

nurses took inventory of medical supplies staff members had purchased to take care of family members that Linda and her husband might be able to reuse).

“We were running and getting different items for her. Whatever she needed, we got,” said Cumming-Kinney. “I told Ron one day when he was still alert that we were ‘reallocat-

ing equipment.’ He looked at Bobbie and he looked at me and said ‘You two are going to jail.’ We all started laughing. He knew we hadn’t really done anything wrong. That was just his sense of humor.”

Staff development put together the couple’s Thanksgiving dinner. The department sent flowers. And the staff also agreed that each person would

take turns attending to the Watts each week. In addition to providing meals, they would sometimes watch Ron while Linda needed to run errands or visit the dentist.

Cumming-Kinney would personally stop by once or twice a week to see how Linda was doing. “I felt that she needed a lot of emotional support. You always look at the family member who has the illness, and sometimes we forget about those who are taking care of them,” she said.

Barnett adds they felt that part of their duty to their friend was to allow Linda the opportunity to be a wife, and not a nurse. “When we have patients whose families are in the medical field, everyone is looking to them to have all the answers. You have to give them permission to just be family. They don’t have to do all the medical stuff. They can just be the dad, the mom, the brother or the sister.”

“Linda did an excellent job of taking care of her husband...absolutely phenomenal job of taking care of him.



Even though she had that nursing background, she was first and foremost a wife who took excellent care of him,” said Cumming-Kinney.

### **Imagining you’re in their place**

One of the other things that drew Cumming-Kinney and Barnett together is a philosophy of patient care they shared long before Ron Watts became ill. “You can never go wrong as a nurse if you treat someone the way you would want them to treat your family,” said Barnett. Cumming-Kinney echoes her sentiments. “My philosophy of patient care has always been to take care of them the same way you take care of a family member,” she said.

Watts says that was definitely true in her case. “From the Chief Nursing Officer all the way down, many people reached out to us. I want to say thank you. If we take better care of each other like a family, the care we give to each other reflects on the care we give to our patients.”

**“My philosophy of patient care has always been to take care of [the patient] the same way you take care of a family member.”**

– Leslie Cumming-Kinney, RN, Staff Development

Barnett elaborates, “I don’t know if you can care for patients too much. I’ve gone to patients’ funerals. I still correspond with the families of patients who have died. I have a patient from my first year at UK 25 years ago and we still send Christmas cards and correspond with one another.”

Watts says she is grateful for all the support, not only from staff development and the 5th floor, but from across the hospital. Whether it was phone calls offering pain management for her husband should he need it, the emergency room nurses who cleaned a bed during a visit to make one available for him a little faster or

the general nursing staff who showed up during visitation after her husband passed away, it has all had great meaning to her.

“If we’re going to try and be this top 20 university and hospital, I do think the emphasis has to be on our staff as well as our patients. It has to be a two-way mix because we may be the patient one day. We probably will be,” she said.

“We have some very special people here and there is no way to thank them for everything they did.”



# Fighting

crime with an artificial hip

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“I believe I walked the day after the surgery. And it just got progressively better.”

– Allen Harris, patient

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**I**t was pitch black and the winding country road was wet. London, Kentucky police officer Allen Harris was behind the wheel and responding to another officer's call for backup. As he steered his police cruiser toward the other officer's location, the requesting officer radioed to inform him that the situation was currently under control. So Harris turned off his siren and reduced his speed to a more leisurely pace. Ironically, that's when he lost control of the car.





As Harris went around a curve that fateful May night, his car lost its grip on the wet pavement and plowed head-on into a tree at 50 miles an hour. The crash dislocated Harris' hip, crushed the ball joint inside, and broke the femur in one leg. Once he was removed from his car, he was airlifted to UK Chandler Hospital, more than 70 miles away.

Three days later he had his first surgery to repair the damage. A UK trauma team put 10 screws in his hip and femur and they attempted to reattach a portion of the ball that had broken off the bone. Unfortunately, damage to his hip socket proved to be too severe, and avascular necrosis—a disease that results from the temporary or permanent loss of blood supply to the bone—set in. The bone tissue in his ball joint began to die and collapse.

Harris thought that his career as a police officer and a National Guardsman might be over at the age of just

33. "At first, I thought I would be fine. I would heal up because I was young, I was strong and my body was in good shape. When my ball joint died, it got me down. But when I met Dr. Giordani, he was real upbeat. He thought I could have a normal life again and he got me upbeat again," said Harris.

Harris had been referred to Dr. Mauro Giordani, a UK orthopedic surgeon who had just relocated to Lexington from Dartmouth in New Hampshire. Because of Harris' young age, Giordani, an expert in metal-on-metal joints, recommended a new procedure: the Birmingham Hip™.

### **A young technology for younger patients**

Named after the city in England where it was first developed, the Birmingham Hip has been approved for use in the United States by the Food and Drug Administration for just over a year now. Dr. Giordani is one of only two surgeons in Kentucky certified to perform the procedure.

The Birmingham Hip is designed especially for younger patients who are more active than the traditional

total hip replacement candidate. Its metal-on-metal construction makes it ideal. Both the ball and the socket of a Birmingham Hip are constructed of highly polished carbide chrome, which wears much longer than the metal ball/plastic socket construction in traditional total hip replacements.

According to Dr. Giordani, studies in England, where the device has a longer track record, indicate that 98 percent of patients under the age of 60 who've had the device installed still have a perfectly functioning hip socket after 10 years of use. On the other hand, 35 to 50 percent of patients under 60 who've had traditional total hip replacements need a second operation within five years. "That's a scary statistic," Dr. Giordani said.

Another advantage of the Birmingham Hip is that the procedure removes much less bone. In conventional total hip replacement surgery, the ball is cut completely off the top of the femur bone and an artificial one is attached. With the Birmingham Hip, just enough bone is cut away to accept a metal cap that is then affixed to the ball. This is important,

London Police Sargeant Allen Harris is back at work with a new hip.

Dr. Giordani said, because every time an orthopedic surgeon has to revise a total hip joint, more bone has to be removed.

“If you have a Birmingham Hip that fails, all you have to do is cut away the head and put a conventional hip stem in. That takes care of it. It’s like doing a standard total hip replacement, but with all-metal construction,” he said.

### Keeping his spirits up

Harris decided to have the surgery in November and said he couldn’t be more pleased with the results. “I believe I walked the day after the surgery,” he said. “And it just got progressively better.” His condition has improved so much he returned to active duty as a police officer in January. While he has had to make some physical accommodations, he is still able to perform his job.

“Dr. Giordani suggests I don’t run or jump unless I have to. I used to run quite a bit—10 to 20 miles a week. I used to play basketball, softball—and flag football—and I can’t do that anymore. I have to be careful how I bend, too. There is a downside to it, but the upside outweighs it,” Harris said.

According to Dr. Giordani, Sgt. Harris can now perform low-impact activities such as riding a stationary bike, but will have to wait a year before he can return to other activities such as road bicycling, swimming, low-impact aerobics, doubles tennis, power walking, dancing and bowling. Contact sports are a definite no-no.

Sgt. Harris said the staff at UK not only treated his injury, but his spirit as well. In particular, he credits physician’s assistant Bill Adkisson with helping him through some of the darker moments. The two bonded almost immediately because they are

both in the National Guard.

“There are some patients you can get attached to real quick. I think he liked me because I was a real straight shooter, like he is. I don’t beat around the bush and try to make things rosy if they aren’t,” said Adkisson. “At the same time, I encouraged him when things weren’t looking so good after the first surgery. I told him, ‘Hey, it’s okay, we’re going to be able to get somewhere even if this doesn’t work.’ Part of my job was to keep him steamed up knowing everything was going to be okay.”

Harris said Adkisson did even more. “He’s an officer in the Air National Guard and went above and beyond

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Dr. Mauro Giordani specializes in hip, knee and shoulder replacements; adult reconstruction; and malunions.

Below: Third-year resident Michael Krueger, MD, and UK Orthopaedic Surgeon Dr. Mauro Giordani.





Physician Assistant Bill Adkisson helped Harris with straight talk and encouragement.

## Working Away in Mortaritaville

Bill Adkisson, PA-C, says he's not in medicine to make money. He's there to help people. But the 18-year veteran of UK HealthCare has gone farther than most to fulfill that commitment: all the way to Iraq.

A lieutenant colonel in the Kentucky Air National Guard, Adkisson volunteered last year to go to Iraq and treat the wounded for three months. He was assigned to Camp Anaconda in Balad, Iraq, affectionately nicknamed by the soldiers there as "Mortaritaville."

"We would be in the operating theater and hear mortar rounds from the insurgents being launched in the distance. We would just keep working away and hope they didn't hit nearby because we had so many wounded who needed our attention," he said.

His experience in orthopaedics and trauma served him well because most of the injuries he saw were to limbs. He attributes this to the improved body armor the soldiers wear

today—it protects the head and chest, but leaves the extremities exposed.

His medical care was not limited to soldiers. "There was a little Iraqi girl who had a severe arm injury. The surgeon I was working with was busy operating on someone else so he couldn't get to her. But he knew if we didn't operate soon, she would lose the arm," Adkisson said. "He told me, 'You're going to have to do it yourself.' I removed the vein from her leg that was needed and installed it in her arm. We knew the operation was a success when we saw the arm immediately pink up."

While the hours were long—he would sometimes work 30 hours straight—Adkisson said the experience was the most rewarding of his career. "The courage of the men and women serving was amazing. If you weren't patriotic before you went over, you were when you came back. I saw soldiers who had limbs amputated asking when they could go back

to their units so they could finish the jobs they came to do."

In addition to his tour of duty in Iraq, last year marked another professional milestone for Adkisson. For his service in Iraq and in New Orleans during the Katrina disaster, he was selected as the 2005 Air National Guard Outstanding Physician Assistant of the Year. This prestigious award recognizes and rewards outstanding individual performance of duty and achievements during the previous calendar year.

Adkisson, the father of five girls, says his dedication to his profession can be hard on his family. Still, he wouldn't have it any other way. "I don't get to spend a lot of quantity time, so I spend a lot of quality time to make up for it. My hours aren't going to be dictated by what I want, but by what the need is," he said.

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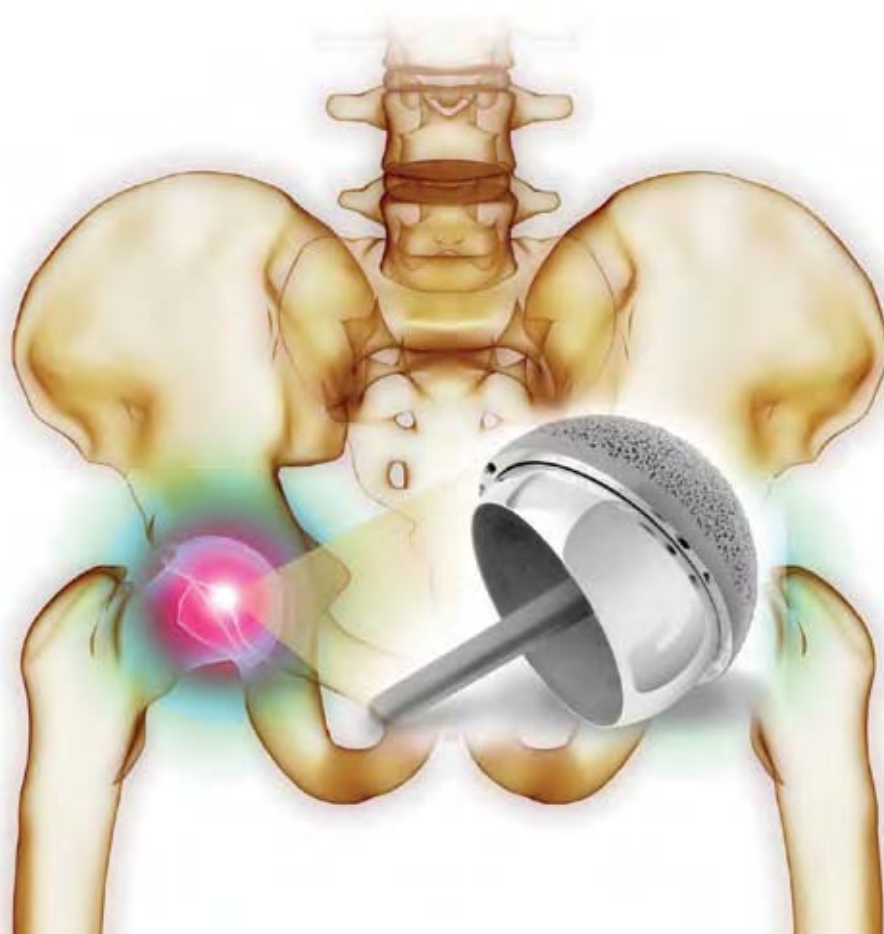
the scope of his medical duties to help me. I was worried about my future in the police and the Guard. He guided me through some of the steps I needed to take when I went back, who to talk to and things of that nature.”

For his part, Harris was a model patient according to Adkisson. Sometimes patients begin to take advantage of family members by having them do everything. “Sometimes I have to tell them it’s time to start doing things for themselves. They may get mad at me that day, but the next time they visit the clinic they are thanking me for

getting them on the ball. It’s not tough love so much as recognizing when someone needs to be pushed,” said Adkisson. “I never had to do that with Allen. He was very self-motivated. He wanted to get back to the work he did as a police officer.”

So now that Harris’ lifelong dream of being a police officer has not ended as he once feared, what does he see in his future? An even bigger job in law enforcement. Said Harris, “My plans are that I want to work for 20 years and then run for sheriff. If I don’t get it, I’ll retire. If I do get it, I’ll work for as long as they keep electing me.”

The innovative Birmingham Hip Resurfacing System preserves bone and joint stability for young, active patients.



## UKHC nurse praised for ‘great calming effect.’

### To the UK HealthCare Community:

I’m writing on behalf of my mother, Eula Mae Hutchins, and our entire family, simply to say thank you.

In particular, I’d like to thank Ollie Smith, the RN in the Gamma Knife Center, for going beyond the necessary to make my mother and the rest of us feel comfortable.

Ollie’s concern for his patients is such that he actually came back to the Markey Center one night after getting off work to check on my mother. His presence had a great calming effect on her, as it always did.

Ollie is extremely competent and knowledgeable, but he’s more than that; he’s also attentive and compassionate. To someone undergoing such a major procedure, all of these attributes are important in a health care provider.

It’s the little things, too. One day I spilled some coffee and made a bit of a mess, and Ollie immediately grabbed some towels to clean it up. I also cut my finger, and Ollie bandaged it. As one can see, Ollie Smith doesn’t treat just the patient; he treats the families. I can’t tell you how much I appreciate that.

Any public relations posters or television ads for UK HealthCare should feature Ollie Smith because he epitomizes all that is best at UK.

**Pamela Hornbuckle**  
West Liberty, Ky.

# FanMail



Smith

## Reply

*"Gamma Knife procedures can be scary and often people are worried. It is my job to make them feel better. I go out of my way because this is just how we do it here. The nursing staff prides itself on providing total care. And I enjoy working with the family as much as the patients."*

**Ollie Smith, RN**

Gamma Knife Radiosurgery

## Total knee replacement also improves patient's enthusiasm.

### To Jeffrey Selby, MD, Orthopaedic Surgery:

I cannot believe how well everything has turned out. My walk is normal. My legs are now the same length, and I have no limp. You're right, I do not need the "handicapped" parking sticker anymore and will not renew it again.

My plans: 1) Walk the Bluegrass 10,000; 2) go snow skiing by December 2007; 3) ride a bike from Cincinnati to Cleveland; and 4) walk

as far as I want to every day.

Thank you so much for all you have done for me. People tell me I look, and walk, like someone 20 years younger!

**Timothy A. Cantrell**

Total knee replacement patient



Shelby

## Reply

*"We never get tired of hearing comments like these. It's not unusual for patients to tell us they feel as if 20 years have been shaved off their age because they are able to be active again. Total knee replacement has come a long way since it was first developed in 1974. With proper care, one should last between 12 and 25 years."*

**Jeffrey Selby, MD**

## Aunt thankful for ways oncologist 'touched our lives.'

### To John A. D'Orazio, MD, PhD, Pediatric Oncologist:

Hi. I'm the aunt of Tyler Jenkins

and sister of Amy Harper. I just wanted to let you know that you were a wonderful doctor to Tyler. He spoke about you all the time, and the few times I came with my sister to the clinic and Tyler got to see you, he would talk about it all day.

I never got a chance to thank you at Tyler's visitation, but I wanted to take the time to tell you that any child who is treated by you is very lucky. Thank you for the time you gave us with him, no matter how short.

**Amanda Harper Soh**



D'Orazio

## Reply

*"I'm glad to hear that I made a positive impression on Tyler. I just wish there was a new treatment that could have done more for him. Often when I treat children like Tyler, I try to think of how one of my own children would want their oncologist to interact with them if they had cancer. Sometimes, it's just a little playful teasing, showing a genuine interest in what matters to them, and making them feel as special as they really are."*

**John A. D'Orazio, MD, PhD**

# UK HealthCare adds Good Samaritan Hospital to its growing system of care.

On June 29, UK HealthCare purchased the assets of Lexington's Samaritan Hospital. Under the University of Kentucky's ownership, the 302-bed community hospital has been renamed UK HealthCare Good Samaritan Hospital, reclaiming the name it used since its founding in 1888 until recent years when the name was changed to Samaritan Hospital.

Along with the purchase of the Samaritan assets, UK HealthCare is privileged to welcome 548 employees and 408 members of its independent medical staff.

UK HealthCare Good Samaritan Hospital is retaining its status as an excellent community hospital. It will not become a teaching hospital like its sister facilities UK Chandler Hospital and Kentucky Children's Hospital. As such, UK Good Samaritan Hospital will continue its important role providing care for less complex cases in a comfortable setting. UK Good Samaritan Hospital

will benefit from greater access to UK specialists, purchasing networks, recruitment resources and patients.

Patient demand for care at UK Chandler Hospital has been on a sharp increase since 2004—a testament to the quality and level of care the UK HealthCare team has been providing for Central and Eastern Kentucky. Discharges have grown by 43 percent during the last four years. One side effect is that UK Chandler Hospital is experiencing extremely high occupancy rates.

To meet this challenge, UK HealthCare has added about 1,300 jobs at UK Chandler Hospital and the UK College of Medicine since 2004. The purchase of Samaritan Hospital, with its license for more than 300 beds, will help relieve the pressure created by UK's high occupancy rates, as well as strengthen UK HealthCare's role in providing a full continuum of

high-quality care.

This new arrangement is good for UK HealthCare, it benefits the staff, employees and patients of Good Samaritan Hospital, and it ensures downtown and north Lexington continue to have a trusted provider of health care.

