

Making a Difference

Back on his feet

After sudden paralysis,
referee learns to walk again.

Fighting Heart failure

Skill and encouragement help
Corbin man beat the odds.

Speaking of surgery

Delicate surgery preserves
salesman's ability to speak.

Faces behind the voices

Revealing the heart
of UK HealthCare.



Making a Difference

Spring 2008

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

Director
Bill Gombeski

Editor
Jan Taylor

Writer
Anne Streeter

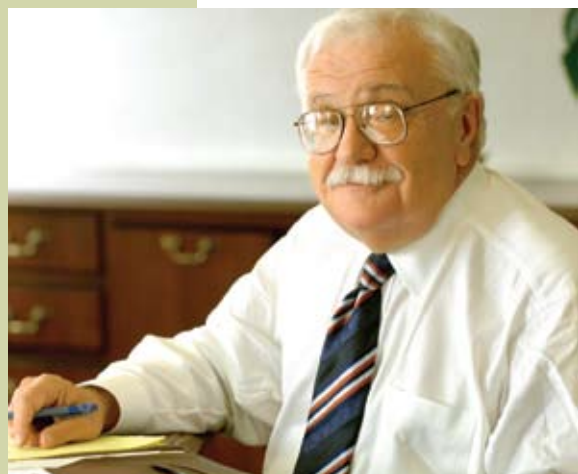
Creative Director
Phillip Booth

Photographer
Lee Thomas

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Unprecedented growth sparks transformation



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

Today UK HealthCare is a very different organization from what it was four years ago.

When I arrived at the University of Kentucky in 2003, we developed a strategic plan that took an aggressive and bold view of the future. Since then we have exceeded all of our initial goals and timelines and have experienced unprecedented growth. This growth is propelling us toward our goal of becoming one of the nation's top 20 medical centers.

The articles contained in this issue of *Making a Difference* highlight the fact that our advanced subspecialty services have been enhanced dramatically. Our attention to delivering personalized, compassionate, efficient care is now sharper than ever. In addition, we are creating a virtual or real network with regional providers that allows lower acuity patients to stay close to home while expediting the movement of higher acuity patients to our academic medical center.

As our clinical volumes have soared, we have been forced to re-evaluate and expand our patient care facility project several times. Recently we were granted approval to add two additional floors to the two planned bed towers. Consequently, we have gone from planning a replacement facility of 473 beds to one in excess of 630 beds.

We continue to streamline and integrate functions between UK Good Samaritan Hospital and UK Chandler Hospital, and we are committed to providing the best of primary care and referral medicine. When complex patients are referred to the Kentucky Clinic, our goal is that they be seen by multiple physicians, have several complex diagnostic studies within a few consecutive days, and have a comprehensive evaluation sent back to the referring physician on an almost immediate basis.

The next five years are critical for UK HealthCare. I have been nothing less than astonished with the progress we have made over this first four and a half years, and I look forward with much enthusiasm to what we can accomplish in the next five years. This is an exciting time to be part of the University of Kentucky academic health center.

Best regards,


Michael Karpf, MD

Spinal Surgery

gives Hazard man his life back.

Lisa Carroll vividly remembers the quick, difficult decision she had to make to approve delicate spinal surgery for Don Carroll, her husband of only two years.

She made the right choice that day—Dec. 6, 2006—when her paralyzed husband was flown by medical

Dr. William Shaffer. “To do nothing meant I’d be a paraplegic for the rest of my life; surgery was the only hope of my walking again,” he said.

The first signs of his life threatening condition appeared suddenly on Dec. 5, 2006. The day had begun like any other for the hospital

months earlier. Sara was a welcome addition to the extended family that includes his daughters, Brooklyn, 15, and Kayla, 13, and her son Trevor, 11.

Pain turns into paralysis

On this day, Don said he quickly scooted his chair back and was struck with sudden, intense neck pain. It hurt so bad that he left work, making arrangements for his aunt to take care of the baby while he went to a nearby clinic. There he was told he was having muscle spasms and was given medication to help. But the pain persisted.

The next morning, “I was experiencing things I’d never felt before.” He stopped at the chiropractor before going to the nearby hospital ED. “While I was lying on the exam table, I lost all feeling on my right side. I went into

“When Dr. Shaffer came in (after the surgery) and said Don could wiggle his right toe, I knew he’d walk again.”

— Lisa Carroll

helicopter from ARH Regional Medical Center in Hazard to UK Chandler Hospital. “He was delirious when he got to emergency at UK; he was on all types of pain medication,” she recalled.

Don is grateful Lisa trusted the recommendation of UK spinal surgeon

social worker who referees for high school and college sports after hours. His wife was in Corbin for the week auditing a school as part of her job with the Kentucky Board of Education.

The Hazard couple had celebrated the birth of daughter Sara four

Things are better than ever for Don and Lisa Carroll and their youngest child Sara.





(l-r) Marial Miesle, Dr. William Shaffer and Kristy Seeley, ATC, lead process changes to improve the experience of spine patients.

'Small changes' make big difference in patient care

Like many patients, the story of Don Carroll's care doesn't end when he walked out of UK Chandler Hospital on Dec. 11, 2006. In the 12 months to follow, he had five follow-up visits at the spine

clinic in Kentucky Clinic. His appointments coincided with the implementation of a pilot program to improve the patient's experience and satisfaction at the spine clinic, which is part of UK Orthopaedic Surgery & Sports Medicine.

Modeled on Toyota's production system, an approach called the "Lean" process involves

staff at every level working together to find barriers and develop strategies to help the patient have the best experience possible during their appointments.

panic mode; I was paralyzed. I'm still thinking it's muscle spasm, and when they told me they were flying me to UK at Lexington, I thought they were crazy to do that."

Images taken at the Hazard hospital showed severe damage to the discs in the neck that surround the spinal cord. Doctors there called for the helicopter to take him to UK where Dr. Shaffer was standing by.

"The ER at Hazard was afraid that if they didn't get Don to UK, the disc damage would have caused him to stop breathing," Don's wife Lisa explained.

"The entire system got him here efficiently, that was extremely important," Dr. Shaffer said. "The

imaging folks at both hospitals, the OR crews, getting surgery done to get the pressure off of his spinal cord, if he hadn't had that type of care he might have had to live in a wheelchair for the rest of his life." The retired Navy surgeon who has been with UK for seven years also credited the medical helicopter crew that got Don to UK quickly without causing further damage to the spinal cord.

More tests at UK Chandler Hospital showed that Don had a traumatic herniation of a disc in the upper part of his neck, what Dr. Shaffer called "a structural failure of the spine." The disc was pressing on the spinal cord, causing paralysis. "This truly was a life-

threatening, limb-threatening injury and being managed by a team that is knowledgeable about it is where you get your best results," he added.

As Don was flown to Lexington, Lisa began the nearly two-hour drive north to Lexington and UK Chandler Hospital. By the time she reached the hospital, Dr. Shaffer had determined that surgery was the best way to go; he just needed her approval.

"I couldn't see Don paralyzed; he needed the surgery," Lisa remembered. "Dr. Shaffer told me that most people who had that type of injury would never walk again without the surgery."

Dr. Shaffer removed a bone spur the size of a lima bean that had been pressing against the spinal cord.

from the time a patient arrives at the registration desk until the last step, when leaving the clinic,” explained Marial Miesle, senior clinical analyst. “We look at everything: where there are delays, where the handoffs are, where the patient gets moved or people had to walk that wasted time or was unnecessary. Anything that is done that is frustrating and slows you down has no value.”

Lots of “small changes” were made, said Kristy Seeley, a clinical services technician who is also a certified athletic trainer. She coordinates the scheduling and the appointments for patients like Don Carroll who have follow-up visits with the spine surgeons.

Some of the improvements included checking the schedule a week ahead of time, making sure all tests are done and results available before the patient comes for the appointment. “We don’t want patients

to waste their time if we don’t have what we need,” Seeley said, especially those who come long distances, like Don Carroll.

Overbooking appointments is avoided, so the schedule is usually on time. Once the patients arrive, they are moved from the registration area to the examination rooms when the doctor is ready to see them, “so they aren’t sitting back there waiting alone.” She also uses a nearby computer to schedule follow-up appointments with them, “so they don’t have to go out front, they can leave right from here.”

Radiology has moved an X-ray machine adjacent to the clinic so that if an image is needed, the patient doesn’t have to go to a distant area. When done, they go back to the exam room.

Lean training for doctors, too

The doctors had to be trained as

well. “It took me stepping back and releasing control, which is hard for a surgeon of my age,” said spinal surgeon Dr. William Shaffer, who repaired Don Carroll’s spinal cord injury. “What we did helped us become much more efficient. Our goal is that our patient never has to wait for the surgeon. I am a much happier surgeon for having done this.”

Patients like Don Carroll are happier, too. “The process, whether it was new or old, really worked,” he said. He never had to wait for his appointments. “I was so amazed at how I could get an X-ray within a matter of minutes. The staff at the clinic is so kind, very respectful and answered all the questions that needed to be answered. I have nothing but the kindest words to give the clinic and UK HealthCare.”

Many other areas within UK HealthCare are using “Lean” processes, learning from pilot programs such as the one at the spine clinic.



“The imaging folks at both hospitals, the OR crews, getting surgery done to get the pressure off of his spinal cord, if he hadn’t had that type of care he might have had to live in a wheelchair for the rest of his life.”

- Dr. William Shaffer, spine surgeon

“When Dr. Shaffer came in (after the surgery) and said Don could wiggle his right toe, I knew he’d walk again,” Lisa said.

Learning to walk again

After surgery, Don spent five days as a patient on 5 Main where the staff is trained to handle patients with traumatic and orthopaedic injuries. Lisa’s



parents took care of the children, and she moved into the hospital room with her husband.

Within a day, Don was out of bed trying to walk. “I thought I could just get up and go; my mind said ‘Go,’ but my legs didn’t respond,” he said, remembering that first fall. “I’d reach for something to grab and I’d miss, my depth perception and coordination was off. I had to learn to walk all over again.”

“Dr. Shaffer made sure I was comfortable, and he reassured me that I was going to be fine. He gave me limits, but I often ignored them because I wanted to get better quickly,” Don said.

Together, Lisa and Don walked the halls day and night, sneaking down to the cafeteria for their meals. Both recall how the nurses helped calm their loved one’s fears and took care of them both in those first few days when it wasn’t clear if Don would fully recover.

“I believe in total care, taking care of both the patient and the family....I try to treat patients as I would want to

be treated, or would want my family members to be treated,” said Vickie Brown, RN, one of the nurses on duty when Don was moved from surgery to 5 Main. She has worked as a trauma nurse on the unit for the past eight years, ever since she got her nursing degree.

“If family members are upset, your patient is upset, particularly in difficult situations. We do what we can for the family,” she said. That includes arranging for loved ones like Lisa to stay in the room with the patient or finding lodging nearby, as well as making sure patients have the privacy they need to recover.

Don found strength and inspiration from daily visits to a plaque on the wall next to a 7th floor hospital

Vickie Brown, RN, shown here with another patient, was one of Don Carroll’s nurses. She believes in taking care of both the patient and their loved ones.

window that has a view of the rooftop helipad and Commonwealth Stadium, where he one day hopes to referee a football game. The plaque is in memory of the four members of an air rescue crew who died June 14, 1999, in a Breathitt County crash. “I’d rub my hand over it every time,” Don said. “It reminded me that life is so short and we take it for granted. And knowing they died to help others made me want to work harder.”

Recovery continues at home

When Don left the hospital, he walked out. After three months of

“If family members are upset, your patient is upset, particularly in difficult situations. We do what we can for the family.”

– Vickie Brown, RN, 5 Main

“I thought I could just get up and go; my mind said ‘Go,’ but my legs didn’t respond.”

– Don Carroll

physical therapy, more walking and even some jogging, Don was able to return to work as a social worker and as a referee at high school baseball games. Soon after, he was picking up his baby Sara.

Now the only signs of the surgery are the titanium plates that cover two of the discs in his neck to keep them from collapsing on the spinal cord and a slight limit to how far he can move his neck. “The doctor says the titanium will be with me until I’m dust,” Don said.

He’s back officiating at high school football, basketball and baseball games, as well as for Mid-South Conference college teams, and is an alternate for the Ohio Valley Conference.

“Everyone was great,” Don said. “From Dr. Shaffer, to the people who cleaned the room, it was always the same thing; it didn’t matter if it was Lisa who called, or if I did, we got what we needed, everything was quick, every time. My family was well taken care of during our stay.”

“Of course, my best nurse was my wife, who was granted the space to stay in my room. She gave me so much support,” he said. “I guess I found out the true meaning of so much during this entire episode in my life.”

Don Carroll, a hospital social worker, referees for high school and college games after hours.



Hope, faith and timing help fight heart failure.

“You can’t treat a patient just by looking at a piece of paper, a chart or graph. People respond differently.”

– Dr. David Booth, cardiologist

Life was good for Mel Scarberry. He and his wife Deborah had been married two years. They had a new home in Corbin.

“I was buzzing through life, 39 years old with a good career at a Fortune 500 company in sales when I started having all of the symptoms of congestive heart failure (CHF),



“Our approach is that if we don’t have a way to help at this moment, we’ll keep looking, keep digging, stick with you, and if we don’t have something, we’ll make something.”

– Dr. John Gurley, interventional cardiologist



only I didn’t know what that was,” he recalled. “I thought maybe I had the flu, with a cough in my chest, but this went on for weeks. I started not having energy, and I had shortness of breath. I had to prop myself up to sleep, I couldn’t lie flat on the bed.

“It really hit me when I was rushing through the airport in Atlanta. I ran up against a brick wall with such labored breathing. When I got back, I went to the emergency room in Corbin where they diagnosed me with CHF.”

He was referred to Dr. David Booth, a cardiologist at UK Gill Heart Institute, and spent about a week at UK Chandler Hospital. “Dr. Booth told me that I did have a very weak heart. I had a 50/50 chance of living maybe five years.”

That was 12 years ago.

Today, Scarberry is 51. While he had to leave the job he loved, the care he received at UK HealthCare “gave me a really good quality of life.”

Back in 1995, with a grim prognosis and uncertain future, Dr. Booth offered a glimmer of hope.

Cardiologist David Booth and nurse practitioner Peggy Hardesty discuss with Mel Scarberry the device that will allow staff to monitor his ICD via telephone.

“He suggested that advancements in technology and drug therapies were constantly improving and that if I followed doctor’s orders and protected the health I did have, who knows what might be available for treatment down the road? His encouragement made all the difference.”

Turns out Dr. Booth was right. New treatments have helped Scarberry beat the odds.

Heart failure affects millions

Also known as heart failure, CHF means the heart can’t pump enough blood to supply the body’s other organs. It is a chronic condition that affects an estimated 5 million Americans, with 550,000 new cases diagnosed each year. The heart loses its efficiency, causing symptoms such as fatigue, shortness of breath and swelling in the arms, legs and other parts of the body.

Treatments include medications that help the heart work more efficiently and rid the body of excess fluid, losing excess weight, stopping smoking, controlling diabetes, limiting salt in the diet, implanting special pacemakers to help the heart pump blood efficiently and, as a last resort, a heart transplant.

The causes of congestive heart

Dr. John Gurley holds a device similar to the one he placed under the skin of Mel Scarberry’s shoulder.

failure vary, and include narrowing of the arteries that supply blood to the heart, a heart attack, high blood pressure, heart valve disease, a disease of the heart called cardiomyopathy, heart birth defects or an infection of the heart.

Both Dr. Booth and Scarberry think his heart failure may be due to a viral infection of the heart when he was a teenager. Scarberry also has Type 1 diabetes. Diabetes is associated with an increased risk of cardiovascular disease.

“The week I went into the hospital in 1995, I was in really bad shape,” Scarberry remembered. “Then they placed me on beta blockers. My body responded really well to the drugs, they are one of the reasons why I’m still around.”

Beta blockers are a class of drugs that improve how well the heart’s left lower chamber (the left ventricle) pumps, improving blood flow, reducing blood pressure, slowing the heart rate and improving heart rhythm.

At the time, using beta blockers to treat heart failure was still a “clinical hypothesis,” Dr. Booth recalled. “A lot

of us believed in them as a therapy for CHF. Now there's a large volume of randomized scientific data that shows the effectiveness of the therapy."

Eight years went by with frequent checkups at the Cardiology Clinic at the Gill Heart Institute. "They kept really close watch on my progress," Scarberry said.

Research leads to implant

Four years ago, Scarberry became a candidate for a new device, a biven-tricular implantable cardioverter defibrillator (BiV ICD). About the size of a quarter, the battery-operated device is implanted under the skin. Three leads or wires are threaded through the veins into the heart: one stimulates the right atrium (the upper chamber of the heart); another stimulates the right ventricle (bottom chamber of the heart); and the third stimulates the left ventricle (the pumping chamber of the heart).

Called cardiac resynchronization therapy, the BiV helps the heart's lower chambers pump in synchrony. In at least half of the people with heart failure, their heart's electrical system causes their heart to beat in an uncoordinated fashion, which may cause heart failure to worsen. The ICD monitors the heart, shocking it to stop abnormal heart rhythms and contract if it beats too slowly.

"It's like the timing of a car's engine, if the timing is off, you're not going to get optimal efficiency,"

explained Dr. John Gurley, the inter-ventional cardiologist who placed the BiV ICD under the skin of Scarberry's shoulder in a procedure at the Gill Heart Institute. After an overnight stay, Scarberry went home.

"It doesn't cure the symptoms, but it gives me some relief, provides me with a little more energy," said Scarberry.

Dr. Gurley was involved in the clinical research trials at UK that led to FDA approval of the device. "Our approach is that if we don't have a way to help at this moment, we'll keep looking, keep digging, stick with you, and if we don't have something, we'll make something," said Dr. Gurley, who is also a UK professor of medicine. "It's why I enjoy being here at UK, because we get to work with patients like Mr. Scarberry who really need our help and need for us to be innovative and creative."

"Mel shows how timely and appropriate medical therapy will make a difference and have a significant impact on the outcome in patients, especially for patients who are compliant and follow what we want them to do,"

said Dr. Booth. "The way you want to manage a patient is to use evidence-based therapy as soon as it's available."

Dr. Booth, also a professor of medicine, has been involved in clinical research trials for treating heart failure and other types of heart disease for 15 years. He is also a specialist in treating pulmonary hypertension and he takes care of patients after they've had a heart transplant at UK.

The reputation of both doctors earned them places on the most recent list of the Best Doctors in America.

Scarberry answers questions for Peggy Hardesty, ARNP, while Henry Thomas prepares to "interrogate" the ICD to see if it has recorded any cardiac episodes since the last visit.

"Everything they do (at UK) is all on a personal level. They treat you like you are part of the family."

– Mel Scarberry, heart patient





Mutual admiration

For the past 10 years, Scarberry has been invited to tell his story and answer questions from first-year medical residents at UK College of Medicine. “Dr. Booth tells them that ‘You can’t treat a patient just by looking at a piece of paper, a chart or graph. People respond differently. You have to treat the patient, not the diagnosis by itself.’”

“I just love Dr. Booth,” said Scarberry. “He’s my hero.”

The respect and admiration are mutual. “Mel makes it easy, it’s been a privilege to take care of him,” said Dr. Booth. “He’s been meticulous about taking care of himself. He doesn’t overload his heart unnecessarily; he keeps his diabetes under control; it’s why he’s done so well.”

Dr. Booth’s belief in doing everything he can for his patients comes

from watching his mother help his brother learn to cope with his dyslexia. “I also had the good fortune to be an orderly in high school, working with dynamite nurses. They taught me that when you accept a patient into your care, you have to do everything you can, short of being a detriment to your own family, to make the patient’s life better.”

Scarberry has benefited from that philosophy. “Everything they do is all on a personal level, they treat you like you are part of the family. They are very attentive to what you need and treat you well. They always seem to be on the cutting edge of whatever is new, always up to date on the best medicine to treat their patients.”

Today, Scarberry likes to play golf, though he has to ride in the cart instead of walk. He exercises every day, takes his medicine, and watches

Scarberry finds the ability to call clinic nurses anytime with questions and concerns extremely comforting. “We give them our number and our names, and they know us; they feel comfortable asking us their questions,” said Jami Kyle, RN, (center) who shares this role with Debra Powers, RN (l) and Leanne Bird, RN (r).

what he eats. He gets help from his wife who is a registered dietitian. “If I don’t do anything to exert myself, you wouldn’t know I had a heart problem,” said Scarberry.

“I’ve had good caretakers who knew exactly what needed to be done and how to treat me. This and the longstanding faith I have in God’s plan for my life provide the strength I need for tomorrow. Without hope in the future, there is no power in the present. If you have faith and hope, you can hang around for a little bit longer. Dr. Booth gave me that hope.”

Delicate microvascular surgery gives man back **his speech.**

“The first thing I wanted to see is if I could speak. I could and that made me feel pretty good.”

– Tom Hayse

Talking was how Tom Hayse made his living selling automotive parts. That’s why when his tongue started hurting, he ignored the warning signs of a serious problem.

Then he lost his job in the fall of 2003 and finding a new one was a





priority. Though his tongue hurt more, and he had noticed a sore, Hayse delayed seeing a doctor since it was close to the holidays. He started a new job in January 2004. When Debbie, his wife of 37 years, noticed he wasn't speaking as clearly, he decided it was finally time to see a doctor.

"As soon as I opened my mouth, the doctor said that, yes, it was probably a tumor, probably cancer," he recalled. A biopsy confirmed that he had advanced squamous cell cancer of the tongue, one of the most common types of mouth cancer. His wife, who works in research at the Veterans Administration Hospital next to UK Chandler Hospital, called a friend who said there was only one head and neck cancer surgeon to see—Dr. Joseph Valentino at the Markey Cancer Center.

"I went to see him and within a week we had a master plan, so to speak, with Dr. Valentino as the surgeon, as well as Dr. Susanne Arnold for my chemotherapy and

Tom Hayse has recovered use of his tongue so that now he can join his wife Debbie in eating almost anything.

Dr. (Mahesh) Kudrimoti for my radiation," Hayse said.

Doctors collaborate on plan

"Like most people who come in with cancer, Mr. Hayse was extremely anxious," recalled Dr. Valentino, who has spent the past 15 years honing his skills as a microvascular surgeon. "He was very nervous and worried about his tongue and his ability to talk. That's clearly very important, it's at the heart of who you are, how we communicate with others."

Hayse said it helped that he had three doctors he trusted and liked collaborating on his case. Every Tuesday at Markey Cancer Center, Drs. Valentino, Arnold and Kudrimoti—all specialists in treating head and neck cancer—join colleagues from eight specialties to discuss the best treatment options for patients.

"We get everybody's input and the patient gets an opinion from multiple areas," explained Dr. Kudrimoti, a Markey radiation oncologist.

The team's recommendation was to enroll Hayse in novel clinical research designed by the UK Head and Neck Program. The trial called for high doses of chemotherapy and low

After surgery, Tom Hayse amazed his care team by his ability to speak with his modified tongue.

doses of radiation before surgery. This would shrink the tumor, giving Dr. Valentino his best shot at preserving as much of Hayse's tongue—and his ability to talk—as possible. After surgery more radiation would be needed.

The decision to accept the treatment plan was a tough one. "He was a smart man, he asked all of the right questions, but when it comes right down to it, this is a gut decision. When he made his decision, he never looked back," said Dr. Arnold, who joined the Markey faculty in 1998.

Getting ready for tongue surgery

Before his presurgery treatment could begin, Hayse had all of his teeth pulled at UK's College of Dentistry because his teeth were not strong enough to withstand the effects of radiation. He also smoked his last cigarette, giving up a life-long habit. In early February 2004, he began the combined chemo and radiation treatments, and by the end of March his tumor had shrunk 60 percent.

Then it was Dr. Valentino's turn. On April 18 in a 10-hour procedure, Dr. Valentino surgically removed what was left of the cancer, taking with it about 50 percent of Hayse's tongue. Then he used microvascular surgery to do a free tissue (or flap) transfer, molding a new section of tongue using a thick sheet of skin, fat and blood vessels taken from Hayse's left wrist. The wound on the arm was repaired with skin taken from the top of his leg.

"Free tissue transfer involves taking tissue from somewhere distant in the body, then moving it to match function and form to what was removed, installing it and stitching the blood vessels to the tissue in the region where we put it to give it a healthy blood supply," explained Dr. Valentino. "The brain then compensates, figuring out how to move the new part of the tongue."

"I went to see [Dr. Valentino] and within a week we had a master plan."

– Tom Hayse

When Hayse woke up after surgery, "The first thing I wanted to see is if I could speak," he remembered. "I could and that made me feel pretty good."

After surgery a speech therapist showed him how to use his new tongue. "You've got to learn how to use the portion of the tongue that's still there to control anything that's in your mouth," he said. Some people have to learn how to form certain letters or words with their newly modified tongue, "but in my case they were amazed; there was pretty much not anything that I couldn't say right off the bat."

Grueling radiation treatment

After about a month of recovering at home, he was ready for the final, and most difficult, phase of his treatment: radiation therapy.

Radiation to the head and neck area to kill cancer cells that may have been left behind by surgery "is a tough treatment that can break down the toughest of patients," explained Dr. Kudrimoti, who comes from a family of 14 doctors in India. "It wears you down slowly as treatments go on. You have to turn up for treatment daily for six to seven weeks; disrupts your life and you have side effects."

Hayse experienced those



LPN Mary Mayfield sees that head and neck cancer is so tough on patients, "They need all that I can give."

side effects, including dry mouth, inability to swallow, difficulty getting nourishment, fatigue, pain, mouth sores and nausea. A little over 6 feet tall, Hayse went from his normal weight of 160 pounds to 115 pounds before his treatment ended on July 13. Through it all, he only missed one-half day of work, partly because he was able to schedule his 10-minute treatments at times that were convenient to his work schedule.

What got him through were the encouragement of his wife and the attentiveness of the doctors and nurses in radiation medicine at Markey. One particularly helpful person was Mary Mayfield, LPN. Mayfield worked at the center for 25 years before taking early retirement



in 1997. Now 65, she fills in as needed, usually twice a week. But when Hayse was a patient, she saw him nearly every day. "He did get down," she remembered. "But I tried to help him be as comfortable as possible, and made sure he was getting his nutrients."

She also spent time with Debie Hayse. "It's hard for family members to see their loved one in this condition," Mayfield said. "I give them information, show them what to do, and it relaxes them. The nurses are always at the clinic, doing whatever they can to help the patient."

Back to normal

Today, "The doctors have pretty much given me a clean bill of health," he said. He has eaten his way back to a healthy weight of 175 pounds.

Radiation permanently altered most of his taste buds, but he still enjoys the taste of most foods, unless they are spicy ones. "My taste buds are very sensitive, so Mexican food is out," he laughed. He is talking about getting teeth implants to replace the

dentures. He has launched his own automotive consulting firm. And he's back working in his rose garden, enjoying life with his wife; their grown children, Wes and Beth; and two granddaughters, Haley and Carly.

"If work is all you think about and your goals are number one, you find out number one takes on a new meaning," Hayse reflected. "By that I mean, your grandchildren, your family, being able to just sit at home and watch a television show with your spouse, to be able to see the sun come up, smell fresh flowers—all of those things the average person who has 100 percent health takes for granted every day."

"Your life is forever altered after a cancer diagnosis, but it's not over, you can appreciate life after treatment," said Dr. Arnold. "It takes a brave person to go through all of that."

Dr. Valentino agreed. "Mr. Hayse had the courage it takes to face something like this; none of it was easy. Patients are really the courageous ones, they are the ones who require an immense pat on the back."

Dr. Susanne Arnold (l) and **Dr. Joseph Valentino (center)** are two of 106 UK physicians named to the most recent list of Best Doctors in America. The multidisciplinary head and neck cancer team, which includes **Dr. Mahesh Kudrimoti (r)**, also represents specialties recognized in 2007 by *U.S. News & World Report* as being among the nation's best.

“Reality” telephone for callers

Rather than the “sounds of silence,” callers to UK HealthCare now have interesting messages to listen to when placed on hold – true stories told by real employees. Call it “reality telephone.”

Fourteen employees from a variety of UK HealthCare services speak from the heart about themselves and their jobs. Callers also hear brief messages with helpful information about UK HealthCare services. Research has shown that customer satisfaction drops each time one has to re-place a call for assistance. By providing interesting content to engage and educate callers, they are more likely to remain on the line and therefore receive help the first time they call.

Here are the “voices” of UK HealthCare with excerpts from their stories:



Joe Alverson,
chaplain, UK
Chandler Hospital

“Each person has their own particular faith or beliefs; I try to hear what’s important to them and support them however I can.”



Linda Brock,
patient services
coordinator,
Kentucky
Children’s Hospital

“I came back to work after my husband died because of the care he got at UK Markey Cancer Center. I’ll never be able to thank the staff for taking such good care of him.”



Vickie Brown, RN,
5 Main, UK
Chandler
Hospital

“I believe in treating patients and families as I would want to be treated, or would want my family member to be treated.”



Lisa Butcher, RN,
assistant acute
care manager,
Kentucky
Children’s Hospital

“We do everything we can here to make it easier on the kids and their families. Families are important – having them here helps make the children’s stay shorter.”



Michelle Carroll,
clinical program
administrator,
Comprehensive
Breast Cancer
Center

“In managing the process of all new patients coming into the breast care center, I believe listening and comforting patients is an important first step.”



Nadine Deehan,
LPN, neurology,
Kentucky Clinic

“A very special young woman with Lou Gehrig’s disease asked her family to call me so I could be with her in her last moments....This wonderful person taught me to be a better caregiver.”



Michael Dillard,
computer support
specialist

“I grew up in a family where we always took care of one another. We learned that when you have the ability to help someone else, you should.”



Kristal Doctor, RN,
progressive care
unit, UK Chandler
Hospital

“I became a nurse so I could take care of my kids as a single mom. But now I can’t see myself doing anything else.”



Lynne Humkey, RN,
lactation
consultant, UK
Chandler Hospital

“Breastfeeding is not for everyone, but it’s my job to make it as easy as possible for those who want to breastfeed. I love my job.”



Jennifer Martin,
cardiothoracic
program
coordinator

“We want patients to have faith in us, to believe that they are our number one priority.”



Tina McCoy, RN,
neonatal/pediatric
transport,
Kentucky
Children’s Hospital

“We go by ambulance or medical helicopter to pick up the tiniest, sickest babies as well as critically ill children and bring them back to Kentucky Children’s Hospital...To see the improvement just in the short time we’re with them is absolutely amazing.”



Jeff Ritzler, RN,
night supervisor,
emergency &
trauma services, UK
Chandler Hospital

“The emergency room is the front door to the hospital, and I believe that we’re here to take care of everyone who comes through those doors.”



Vickie Rohall,
Dental Public Health
Program, College of
Dentistry

“One of the best parts of this job is going out every October with our first-year dental students to elementary schools. We put sealants on the children’s teeth to help fight cavities.”



Tara Ware, RN,
Markey Cancer
Center

“It takes a special kind of person to work with cancer patients, but I honestly believe God has a plan for each of us, and this is mine.”

UK HealthCare facilities

going tobacco free, November 20.

UK HealthCare is one of the many medical centers in Lexington and across the state going tobacco free. Effective November 20, 2008, all UK HealthCare properties in Fayette County will become tobacco free. Included in the tobacco-free areas will be:

- UK Chandler Hospital
- UK Good Samaritan Hospital
- Kentucky Children's Hospital
- UK Markey Cancer Center
- UK Gill Heart Institute
- UK Oral Health Center/
College of Dentistry
- Kentucky Clinic and Kentucky
Clinic South
- UK Polk-Dalton Clinic (formerly
Kentucky Clinic North)
- All health professional colleges
(Medicine, Dentistry, Nursing,
Health Sciences, Pharmacy,
Public Health)
- Parking garages, shuttles and lots

The policy's intent is not to force anyone to quit smoking or stop using tobacco; only to refrain from using cigarettes or other tobacco products while on the medical campus. However, employees and patients who wish to quit will be offered support and assistance in doing so.

The use of tobacco is inconsistent with a medical environment and increasingly poses a risk for those with medical conditions such as asthma or other conditions sensitive to environmental pollutants.

As the date draws near, information will be made available to employees, patients and visitors regarding the tobacco-free boundaries, support and assistance resources, and enforcement.

Across the board, the most effective action any person can take to improve their health profile is to stop smoking. Tobacco in all of its forms has been proven to be a health risk for all people, including the ingestion of second-hand smoke.



For information on tobacco cessation opportunities for employees and the public, please call UK Health Connection at 257-1000 or 1-800-333-8874 or visit ukhealthcare.uky.edu.

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UKHealthCare
**Making a
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University of Kentucky
2317 Alumni Park Plaza, Suite 500
Lexington, KY 40517

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