

Making a Difference

Everything comes together **to save**
a teen's life

Timely diagnosis **saves**
baby from disease damage

SBRT treatment
brings hope to lung cancer patient

**New Chandler
Emergency Dept.**
opens July 14



Making a Difference

Summer 2010

Inside...



2

Markey Cancer Center trial helps lung cancer patients breathe easier

A cancer patient takes part in the only SBRT trial for Stage 3 lung cancer in the entire country, with promising results.

8

Baby Harry's prompt diagnosis and treatment pays off

Thanks to a referring physician's insightful diagnosis, Kentucky Children's Hospital helps prevent damage to tiny arteries.

12

Trauma care saves young farmer's life

After being crushed by a tractor, UK trauma staff save Justin Hatchett's life and help him start on the road to recovery.

17

An ED the size of a football field

Opening July 14, the new UK Chandler Emergency Department will be twice the size of the current facility and revolutionize emergency and trauma care for all Kentuckians.

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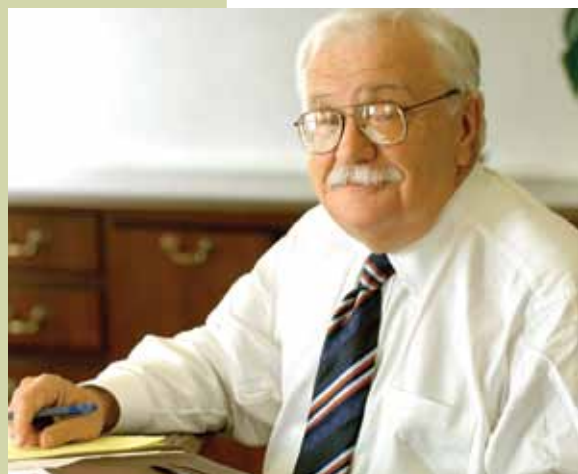
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New Emergency Department

supports vision to provide
care rivalling nation's
best medical centers



Michael Karpf, MD
Executive Vice President
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One of the most gratifying experiences in life is to be part of achieving a landmark goal – a bold initiative that ultimately will touch the lives of thousands of Kentuckians.

So many people will have that experience on July 14 with the opening of the new Emergency Department (ED) at UK Albert B. Chandler Hospital. Many of you have shared the vision for building the most advanced emergency and trauma care center in the Commonwealth. We can all celebrate this tremendous accomplishment, knowing lives will be saved as a result. And we can all take pride in daring to think big and caring enough to make sure we built a facility that will support both the medical advances of today, as well as those to come. I hope you'll take a moment to read about the new ED on the back cover of this issue of *Making a Difference*.

Now our focus shifts to the completion of the first phase of construction at UK Chandler Hospital in 2011. We had the ceremonial "topping-out" last fall to mark the final stages of steel-frame construction for the 1.2 million-square-foot hospital. The construction project – one of the largest in Kentucky's history – is on time and on budget. Before we know it, 2011 will be here and we'll be celebrating the opening of the first two patient care floors and public areas of the new hospital.

While work continues on building a hospital that will help us meet the challenges of the 21st century, every day we have the chance to bring comfort to patients and their loved ones in ways great and small. A caring word, a silent moment, a simple smile or a cup of coffee can mean the world to a frightened patient or family member.

When all is said and done, UK will have a facility that fosters medical innovation and quality of care. But it's the employees of UK HealthCare who help us achieve every goal we set on our path to becoming a Top 20 medical center. While grateful patients may not know who to thank for exceptional health care, I do. Thank you to all the faculty and staff of UK HealthCare for all that you do for the people of Kentucky and beyond.

Michael Karpf

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Breath of fresh air

SBRT trial gives new hope to patients with late-stage lung cancer.

“Dr. McGarry told me he thought this research trial had a good chance of stopping my cancer from coming back. I really didn’t have anything to lose.”

– Dale Allen

When Stanford resident Dale Allen stopped smoking about seven years ago, he also stopped worrying about the possibility of lung cancer. At 52, he felt good and was glad his smoking days were behind him.

But five years later, he began having shortness of breath and wheezing. His doctor treated him for asthma. Allen



changed jobs, leaving the body shop where he'd worked for years so he would no longer be exposed to dust, paint and chemical fumes.

Still, he had problems. Just walking down the hallway of the Lincoln County school at his new job as a janitor left him short of breath. So his doctor referred him to a lung specialist in Danville for follow-up tests.

He remembers clearly the date he got the diagnosis of lung cancer – tax day, April 15, 2008. That's when he decided to see the cancer specialists at UK Markey Cancer Center.

"I had squamous cell cancer in my left lung, Stage 3A," Allen recalled. "That means that it was so far gone into the process of starting to spread, it wouldn't be good to operate, so instead, they used radiation and chemotherapy." UK medical oncologist Susanne Arnold, MD, and radiation medicine specialist Ronald McGarry, MD, PhD, would coordinate this standard two-pronged attack on the tumor in his left lung.

The National Cancer Institute (NCI) describes squamous cell as a form of non-small cell lung cancer – the most common form of lung cancer. Smoking cigarettes, pipes or cigars now or in the past is the main

cause of lung cancer, but exposure to secondhand smoke, air pollution or asbestos, radon, chromium, nickel, arsenic, soot or tar can all be contributing factors.

Allen and his wife, Donna, began making the 100-mile round-trip drive from Stanford to Markey Cancer Center on UK's Lexington campus five days a week for six weeks of radiation therapy. Chemotherapy was given every Friday. Friends and family gave them gift gas cards to help with the cost of gasoline.

Clinical trial offers hope

Doctors warned him that even if his cancer responded to the treatment it could return in two to five years, making it much harder to cure. The NCI suggests patients such as Allen participate in clinical research trials. That's what he decided to do after talking with Dr. McGarry, a pioneer in the use of noninvasive stereotactic body radiation therapy (SBRT) for the treatment of inoperable lung cancer.

Dr. McGarry is the principal investigator for four clinical trials at UK looking at whether SBRT helps lung cancer patients live longer. Markey Cancer Center is one of 10 institutions nationwide participating in three NCI studies looking

specifically at use of SBRT on patients with early lung cancer. Dr. McGarry's own study is for patients like Allen who have more advanced inoperable Stage 3 lung cancer. He is one of 16 patients participating in this particular clinical trial – the only one like it in the nation.

"Mr. Allen agreed to be on my 'boost' study in which he received two large doses – or fractions – of radiation by SBRT," explained Dr. McGarry, who is vice chair of radiation medicine. "The basic idea of the study is to see if we can improve the results of his initial therapy since there is at least a 30- to 50-percent chance of recurrence in the site of the primary cancer following conventional chemo and radiation therapy."

Early results from research done in other clinical trials show that higher doses of radiation decrease the risk of the cancer returning, but the results are still not as good as they should be. "SBRT allows the use of very high jolts of radiation to the cancer that we hope will be a knockout punch to the cancer in the chest," Dr. McGarry said. This enables cancer doctors to focus on stopping its spread to other parts of the body.

"Dr. McGarry told me he thought this research trial had a good chance of stopping my cancer from coming back," Allen said. "I really didn't have anything to lose."

SBRT takes 3-D aim

After completing 34 standard radiation therapy sessions at Markey Cancer Center, Allen went back for two more of the clinical research treatments using SBRT.

Dr. McGarry uses a powerful linear accelerator (LINAC) to deliver

"...we hope (SBRT) will be a knockout punch to the cancer in the chest."

– Ronald McGarry, MD, PhD, Radiation Medicine

Thanks to treatment with stereotactic body radiation therapy (SBRT), Dale Allen is back on his feet and fishing at a lake near his Stanford home.

SBRT to the cancerous tissue in the lung. He makes custom body molds for patients to ensure they are positioned accurately for each treatment so the cancer can be precisely pinpointed. Multiple tiny beams of super-high doses of X-rays are shot from all directions to kill the cancer, sparing normal lung and other tissues. This reduces the chance of side effects and improves the odds of destroying the rest of the tumor left behind after conventional treatment.

“Each treatment was 45 minutes and during that time, you can’t bat an eye, or cough or anything,” Allen said. His arms were placed above his head.

A device put pressure on the lower part of his chest to keep him from taking deep breaths. “Those 45 minutes were like 45 years.”

He remembers that Dr. McGarry was there for every step of the innovative use of SBRT. And he was impressed with the way Dr. Arnold and Dr. McGarry worked together, always on the same page with his treatment plan.

Dr. Arnold said she agreed with Dr. McGarry that SBRT was the way to go. “We both felt it was a great choice for him, and we are grateful that he took a leap of faith with us to agree to do this. The way we make



Dr. McGarry shows how SBRT pinpoints and destroys only the cancerous cells.



Tony Hart, RTT, and Laura Reichel, RN, keep a watchful eye on patient needs during weekly radiation treatments.

“We are a close-knit group here, and we work like a family to take great care of all of our patients...”

– Laura Reichel, RN, Radiation Medicine

progress in treating cancer is through clinical trials.”

Staff made treatment easier

When asked about what made his cancer treatment easier, Allen says it was the people at Markey Cancer Center. “Each time I went I saw a different person, but they all did their jobs professionally. I was just really overwhelmed with the caring way they do everything.”

It’s not unusual for patients to feel that way about the staff, said Laura Reichel, RN, an oncology nurse in radiation medicine. “We are a

close-knit group here, and we work like a family to take great care of all of our patients, treating patients and their family members like we would our own family.”

From the first appointment, the goal is to educate the patient and family about what to expect. “When they get the diagnosis of cancer, they are in a state of shock, and they’ve heard lots of stories about radiation,” said Dr. McGarry, “I spend a lot of time with them, answering their questions and helping them understand what they are getting into.”

During treatment, Reichel said it’s a matter of responding to patient needs, whether it’s getting answers to their questions, helping them with managing symptoms of treatment, or coordinating appointment scheduling so that chemotherapy and radiation treatments are conveniently timed.

Even though different chemotherapy nurses or radiation therapists gave him his treatments, Allen said he was always confident each caregiver knew what he needed. That consistency of care is due, in part, to the availability of a patient’s electronic medical record. “This

RADIATION MEDICINE GETS NEW LOOK & NEW TECHNOLOGY

Cancer patients coming to Markey Cancer Center's radiation medicine facility may not realize how much has changed since Dale Allen sought treatment for his lung cancer in 2008. A new \$14 million facility opened last year.

Patients now enter through the renovated first floor of Markey's Ben F. Roach Cancer Care Facility. Modern reception areas provide comfortable seating, replacing the days when patients might sit in hallways awaiting their treatment. Advanced technology helps deliver extremely precise beams of radiation to better target cancers without damaging healthy tissue, including

advanced linear accelerators (LINAC) with state-of-the-art imaging capability that allows the newest approaches to treatment. These new approaches include intensity modulated radiation therapy (IMRT), image-guided radiation therapy (IGRT) and 3-D conformal radiation therapy.

This is also home to the UK Brain & Body Radiosurgery Program, which offers two of the most modern technologies available for superior, noninvasive cancer treatment: Kentucky's only Gamma Knife® for brain radiosurgery and the TomoTherapy Hi-Art® treatment system for treating cancers of the

liver and spine. Most patients are treated on an outpatient basis with no sedation and little discomfort.

For more information about Markey Cancer Center, radiation medicine and the Brain & Body Radiosurgery Program, call **1-800-333-8874** or visit **ukhealthcare.uky.edu**.

Dr. Ronald McGarry explains to colleague Dr. Susanne Arnold how TomoTherapy pinpoints cancer with high doses of radiation without damaging surrounding healthy tissue.



“There are eyes and ears all over the place with everyone watching out for the patient – that’s one of the benefits of being treated in a cancer center.”

– Susanne Arnold, MD, Medical Oncologist

allows everyone involved in a patient’s care access to the same information,” Dr. Arnold explained.

“Plus, we constantly share information verbally with each other and review their cases in our multidisciplinary conferences. There are eyes and ears all over the place with everyone watching out for the patient – that’s one of the benefits of being treated in a cancer center.”

Reichel said that when problems arise, everyone does what’s needed to help the patient. “You can talk to any caregiver from any discipline, mention anything, and know that it’s not going to be received negatively. People listen to what you have to say and take care of it, if they are able to, or point you in the right direction.”

One person Allen remembers in particular is radiation therapist Tony Hart; Hart is from Stanford, too. “We often get patients from our hometowns, it’s something that ties us together and helps the patients feel

more comfortable,” Hart explained. Hart is now a dosimetrist, helping determine radiation treatment plans and dosages.

Today, Allen still has some problems with breathing and he hasn’t been able to return to work, but that’s to be expected, his doctors say. So far, follow-up tests show no sign of the cancerous tumor in his lung or any place else in his body, though he knows that could change. “I really believe that these doctors get their technology and their intelligence from the good Lord,” said Allen, who is glad he can still enjoy life with his wife and son Christopher, 16. “I know they can’t save everybody, but I didn’t expect to be here today.” ■

Dale Allen was impressed with the way Dr. Arnold and Dr. McGarry worked together, always on the same page with his treatment plan.



Is it just the flu or something worse?

“When Dr. Broughton came in with the test results, it was hard to hear that our 10-week-old had a heart condition. It was devastating and scary.”

– Erin Hilton

When their 9-week-old baby boy spiked a temperature of 104 last June, first-time parents Mike and Erin Hilton rushed him to a Lexington hospital emergency department. “Harry spent a week in that hospital with everyone thinking he had the flu,” recalled Mike. When they took their baby home a week later, they hoped the worst was over.



But long-time Lexington pediatrician John Riley, MD, who had taken care of Harry during this first hospital stay, suspected something far worse than the flu. “Because he didn’t respond to treatment as you would expect, I was worried it was Kawasaki disease, based on his marked irritability, fever and other symptoms,” explained Dr. Riley, who is with Pediatric and Adolescent Associates.

Kawasaki disease is a serious illness that affects primarily infants and young children. It causes an inflammation of the body’s blood



Lexington pediatrician John Riley, MD, was the first to suspect Kawasaki disease.

vessels and is the leading cause of acquired heart disease in children. Without prompt diagnosis and treatment, about 25 percent of children with Kawasaki develop cardiovascular disease involving the coronary arteries. Named after the Japanese pediatrician who first described the illness in 1967, Kawasaki disease is not contagious and its cause is unknown.

Dr. Riley shared his concern with the Hiltons at Harry’s follow-up visit two days later. He sent the family

straight to Kentucky Children’s Hospital to see pediatric infectious disease specialist Robert Broughton, MD. “I needed the help of the specialists at Kentucky Children’s to do the specialized tests I’m not able to do,” Dr. Riley explained.

The Hiltons went directly to the Makenna David Pediatric Emergency Center; from there, baby Harry, whose fever was back up and who now had a body rash and hives, was admitted to Kentucky Children’s Hospital for the first of three hospitalizations totaling 20 days.

“That was a good call on Dr. Riley’s part,” Dr. Broughton said. “We work closely with area pediatricians, making sure we are here when they need us to take care of a child who needs more specialized care, like little Harry.”

Vigilant staff builds trust

That first night, the parents said a frightening time was made easier by the caring staff they encountered first in the emergency department and then at Kentucky Children’s Hospital. “Everyone made us feel comfortable, as if we were the only ones staying there,” recalled Erin. The residents on duty spent time calming the frazzled couple. Dr. Broughton stopped by to explain the tests that would be

needed. Nurses eased their fears.

Jennifer Burchfield, RN, was there when baby Hilton was admitted to Kentucky Children’s. “Bless their hearts, when I first saw the Hiltons, they were very frightened. No one could give them an answer about what was wrong with their adorable baby,” she recalled. “I have a lot of life experience and it helps to put parents at ease.” The mother of four graduated



Pediatric nurses Jennifer Burchfield (left) and Donna Horton lean on years of experience to help frightened parents.

from nursing school four years ago at age 38. She chose pediatric nursing so that she could help sick children and their families.

The Hiltons later met pediatric interventional cardiologist Doug J. Schneider, MD, who would oversee steps taken to protect their baby’s cardiovascular system. Pediatric



Pediatric allergist, immunologist and rheumatologist Akaluck “Dr. Ben” Thatayatikom, MD, standing in the Makenna David Pediatric Emergency Center, collaborated with other specialists on Harry’s care.

rheumatologist Akaluck “Dr. Ben” Thatayatikom, MD, also joined Harry’s medical team of specialists.

“We definitely liked the doctors and were happy to trust them as they obviously knew what they were doing,” the young mother said. Her husband agreed: “We loved everybody we met.”

There is no one test to tell if a child has Kawasaki disease. “We learned it was a process of elimination,” Erin noted. One telltale test is an echocardiogram to see if the

arteries leading to the heart have widened, a sign of potential inflammation and damage. The test uses ultrasound to get images of the heart and blood vessels in action.

Jason Grabham, technical director of Kentucky Children’s pediatric and fetal echo lab, performed the first echocardiogram that confirmed Harry was suffering from Kawasaki disease. The Hiltons can’t say enough good things about Grabham. He would do most of Harry’s echo tests throughout the baby’s long ordeal, even coming in on his day off.

“Harry was a really sick child, and his parents were worn out and frustrated,” said Grabham. “When we saw them in the lab that day, I jumped in to make sure we got a good look at the coronary arteries that feed the heart. In a baby, they are about the size of a pencil lead, so they are tough to see.”

Mike Hilton said that Grabham “kept me calm, I didn’t feel concerned at all even though I was the father of one son and that son was being checked for heart problems – that was a big deal to me.” The Hiltons say Grabham still sends e-mails to check on how Harry is doing.

Diagnosis leads to treatment

“When Dr. Broughton came in with the test results, it was hard to hear that our 10-week-old had a heart condition. It was devastating and scary,” Erin Hilton said. “Dr. Broughton stayed and comforted us. Then our nurse (Donna Horton, RN) let me cry. All of the nurses were great, but I definitely remember her.”

Doctors ordered the standard treatment for Kawasaki disease – intravenous gamma globulin or IVGG. Gamma globulin is a class of proteins that includes antibodies to help fight infections and disease. Treatment takes up to eight hours. Erin was impressed that “though she didn’t have to, Donna sat at Harry’s bedside for the first hour or so to make sure there was no allergic reaction. Then she sat with him through much of the rest of the treatment.”

Horton said that when she saw the fear in the parent’s eyes, “I made a decision that I could calm them if I could just stay there with them, give them reassurance, and let them get some rest and something to eat.” She asked her colleagues to help with her other patients over the next three days so she could spend more time

New children’s emergency center opens in July

Most parents will agree, children are unpredictable. What may look like a simple illness in a child can quickly become something more serious requiring the prompt attention of pediatric specialists.

Many families coming for treatment at Kentucky Children’s Hospital often stop first at the Makenna David Pediatric Emergency Center, the only 24-hour pediatric emergency and trauma care center serving this region.

Here, board-certified emergency medicine physicians and pediatric nurses take care of infants and children with any type of injury or illness.

On July 14, a brand new and expanded Makenna David Pediatric Emergency Center opens. See the back cover for details about the many improvements it will offer.

The new Makenna David Pediatric Emergency Center features waiting and treatment areas dedicated to the care of children.





Pediatric cardiologist Doug J. Schneider, MD, watches while Lisa Coleman, RDCS, RN, captures an ultrasound image of another patient's heart, 2-year-old Addison Johnson (with father Joe).

“I told the Hiltons that if it was my child, I would want somebody to go out of their way to make me comfortable.”

– Donna Horton, RN, Kentucky Children's Hospital

with the Hiltons. This is not an unusual request at Kentucky Children's Hospital where family-centered nurses do whatever they can to gain patient and family trust. “I told the Hiltons that if it was my child, I would want somebody to go out of their way to make me comfortable.”

Harry responded to that initial treatment and his parents took him home. But he would have two relapses, which meant more stays at Kentucky Children's Hospital. “We'd

treat him and the inflammation would go away, and then it would roar back,” said Dr. Schneider. “It was like a fire we kept beating down, only to have it flare up again.”

The aggressive anti-inflammatory treatment seems to have worked. Harry has had no hospital stays since August 2009. Tests so far show the growing baby's coronary arteries are healing, and Dr. Schneider is hopeful Harry won't develop blocked arteries as he gets older. He's on medications to keep his blood from clotting and

causing a heart attack, and he'll be closely monitored by both family pediatrician Dr. Riley and the Kentucky Children's Hospital specialists.

“The Hiltons were a great family; their attitude, approach and expectations made it very easy to take care of them,” Dr. Schneider recalled. “They trusted us but were not afraid to ask questions; it's important for families to discuss things and communicate any concerns.”

Mike Hilton is grateful “we caught this in time; if we hadn't, we could have found out a year from now that our baby had had a heart attack.” He's able to laugh now about the one complaint he had about his son's hospital stay – the broken coffee pot on the nursing unit. “One nurse peeked her head in and handed me a good cup of coffee, she won me right there,” he said with a laugh. “The next time we were there, the coffee pot was working. I always say that if the only problem is the coffee pot, that's a great hospital.” ■



The Hiltons are full of gratitude to Jason Grabham who has been administering the echocardiograms that monitor baby Harry's arteries and heart.

The weight of the world

Trauma nurses and doctors fight to save a crushed teenager.

“I remember the tractor tipping, hitting the ground, and when I opened my eyes, here comes the tractor.”

— Justin Hatchett



On June 18, 2008, as Justin Hatchett prepared to work on his family's Mackville, Ky., farm, he had no clue he would end the day fighting for his life.

By 8 a.m., the 18-year-old recent high school graduate and two friends were at work on a section of his family's 950-acre farm. Justin's tractor pulled the hay wagon; the other two used their tractors to load large rounds of hay on Justin's wagon. With a full load, Justin started off down a hill. That's when his tractor began to slide sideways on the dewy grass. It gained speed as the wagon jackknifed. His older model tractor had no safety roll bar.

"I couldn't jump to the left because the wagon would get me, and I couldn't jump off the other side because the tractor would get me," Justin recalled. "I remember the tractor tipping, hitting the ground, and when I opened my eyes, here comes the tractor." The left fender of the 12,000-pound tractor landed on top of Justin, crushing him from just under his rib cage to his knees.

The only cellphone was Justin's, and it was crushed. One friend took a tractor to get help – at least a 30-minute ride – while the other stayed by Justin's side, holding his hand and praying.

It was after 9 a.m. before Justin's parents, Jeannie and Marty Hatchett, got to their son's side. The first of three volunteer ambulances, guided

by Justin's grandmother –whose husband had died in a 2007 tractor accident – got there minutes later. Using a jack, his father and another man were able to lift the tractor so rescue workers could pull Justin out. By then, an air-rescue helicopter from Campbellsville, Ky., was landing. Within minutes, the now unconscious teenager was on his way to the Level I Trauma Center at UK Chandler Hospital.

"They told us that it was a 'trauma alert red,' the highest trauma rating, so UK's trauma surgeons were there waiting for him when he arrived," said Mrs. Hatchett, who is a registered nurse. By the time the Hatchetts could drive to UK, Justin's surgery was well underway.



wasn't the initial trauma surgeon, Dr. Kearney was one of several involved in Justin's care. Several surgeries were performed by general surgeon Phillip

Teri Kephart, RN, (left) and UK trauma surgeon Paul Kearney, MD, provided medical and emotional care that made a difference to Justin and his family.

"Everything worked beautifully, just like we designed it."

– Paul Kearney, MD, UK Trauma Surgeon

UK trauma surgeon Paul Kearney, MD, credits all involved in Justin's rescue for giving the dying youth a chance to survive. As a Level I Trauma Center, UK works closely with area rescue workers, hospitals and air-rescue teams to create an immediate, seamless response system for trauma patients like Justin. "Everything worked beautifully, just like we designed it," he said.

Fight for life begins

When Justin reached UK, "he was bleeding to death and our first goal was to stop the bleeding," explained Dr. Kearney, who is chief of UK's trauma and critical care sections and professor of surgery. While he

Chang, MD. Other general surgeons involved were Andrew Bernard, MD, and Bernard Boulanger, MD, as well as orthopaedic surgeon Jeffrey Selby, MD.

Justin suffered a crushed pelvis and a shredded small bowel; his back was broken in three places, and he had a broken shoulder blade. His lung collapsed and he later developed pneumonia. Justin came close to dying more than once. He was given 78 units of blood – 35 in the first 24 hours – and had 14 surgeries.

Justin spent the next two summer months at Chandler Hospital, including three weeks in the Trauma Intensive Care Unit (ICU). Once out of the hospital, instead of starting his

first year of college, he stayed home with his family and completed months of physical therapy. He would return to UK for two more surgeries, his last one in May 2009.

Justin just finished his first year at Bluegrass Community & Technical College and is working at the farm. He still plans on being a farmer, and he speaks out about tractor safety. He has regained his strength, and the damage done to his body has been repaired. His big sister Jessica, a nursing student at the time of her brother's accident, is now a nurse in Chandler's Medical ICU.

Two years after the accident, the family reflected on how they got through those difficult times. Those first few weeks were a blur. "We couldn't take care of ourselves, everything was so hard for us," Justin's mother, Jeannie Hatchett, remembered. "Everyone at UK took care of all of our mental and physical needs while they took care of Justin. They healed us all in every way possible."

Mrs. Hatchett's first request was to have the UK chaplain meet them at the hospital. From then on, "We had chaplains visiting us every day; they would pray with us and sometimes they'd just sit with us. They didn't have to say anything." Pastors from area churches also showed up to help.

As that day turned into the first of many nights spent sleeping in the ICU waiting room, the family relied on UK staff such as Ollie Nichols. "He brought us cool rags and made sure we had pillows and blankets, and after awhile we could start resting," she said.

Nichols was a butler for 26 years before he took on the job of staffing UK's 32-bed ICU waiting area four years ago. He said he was given one responsibility – "to take care of families; to put myself in their shoes and do what they need."

"Everyone at UK took care of all of our mental and physical needs while they took care of Justin. They healed us all in every way possible."

– Jeannie Hatchett, Justin's mother

"Families like the Hatchetts don't ask to be here. It's difficult for them and I try to make them as comfortable as possible in a bad situation," the night-shift worker explained. "I make coffee for them, talk to them, let them talk, and I become their go-between with the nurse."

Justin doesn't remember much about his three-week stay in the Trauma ICU, but he and his family do remember one nurse in particular – Teri Kephart, RN. Though it was hard, the Hatchetts respected Kephart's

initial request that they not visit Justin. She explained that Justin's heart rate would go up dangerously high when they were with him. She kept them on top of Justin's fragile condition by making frequent visits to the waiting room. Calling her a "jewel," Mrs. Hatchett said Kephart "absolutely took care of Justin, and was such a big part in keeping him alive."

A UK trauma center ICU nurse for 10 years, Kephart said she's

Equipped to treat the worst of injuries

About 3,000 trauma patients from central and southeastern Kentucky are brought to UK Albert B. Chandler Hospital and Kentucky Children's Hospital each year. The UK Level I Trauma Center is verified for both adult and pediatric trauma care by the American College of Surgeons. It is the only Level I Trauma Center serving central and eastern Kentucky. And UK is one of only 20 centers in the country to have both pediatric and adult Level I verifications.

To achieve this highest designation, UK must be able to provide the highest level of surgical

care with a full range of specialists immediately available 24 hours a day, every day. The full trauma program at UK HealthCare includes emergency services as well as surgical care, intensive care, and all other hospital care provided to the critical patient.

Trauma is the leading cause of injury and death for Americans younger than 44 years of age. In 2009, motor vehicle crashes accounted for more than a third of the injuries (37.7 percent), followed by falls (22.7 percent). Farm accidents represented 0.06 percent of traumas seen last year at UK Chandler Hospital.

Trauma care is very much a team endeavor. Rachel Campbell, RN, (left) and Kathy Cisney, RN, played a major role in Justin's inpatient care after he left the ICU.





Ollie Nichols (left) watches over families in the UK ICU waiting room, helping them feel comfortable and at ease. Here, he enjoys a return visit from a former ICU patient who is greeting one of his nurses.

Kathy Cisney, RN, who got permission to take him in a wheelchair for short trips outdoors. A clinical nurse specialist in wound, ostomy and continence care, Cisney said she's done that for other patients also. "It's

part of helping them not only with their physical recovery, but their mental recovery as well."

When word got out that it was sister Jessica's birthday, the cafeteria baked her a cake. The food services staff noticed when Justin nibbled on his food; he needed to gain back the more than 50 pounds he had lost. "They'd call to offer him something else; they tried to accommodate him, like he was the only person in the hospital," his mother said.

"Families like the Hatchetts don't ask to be here. It's difficult for them and I try to make them as comfortable as possible in a bad situation."

— Ollie Nichols, ICU Waiting Room Support Staff

learned to balance what her patients need with the needs of their loved ones. "You have to nurse very carefully. The patient always comes first, but you can't allow the family to fall by the wayside."

When Justin recovered enough to move to what's now known as the Progressive Care Unit on 6 South, Rachel Campbell, RN, took over. "She would do anything for me, even if it was just talk to me," Justin said. His mother added that Campbell was always on top of whatever her son needed; if a monitor showed an irregular heart beat, Campbell was coming in the door to check on her patient before Mrs. Hatchett had a chance to call for help.

"Justin's story was so remarkable, after everything he went through, he still had a great outlook on life," Campbell said. "I made him work a lot. You can only help a patient so much with medication and surgery; they have to have that desire to want to help themselves, even though it's hard and it hurts. But that's part of nursing, to make sure the patient is pulling their part in their recovery." Campbell is now a pool nurse working as needed throughout the hospital while pursuing a master's degree to become a nurse practitioner.

The Hatchetts recalled the many other ways UK staff tended to their needs. When farm-boy Justin began to go stir crazy indoors, it was nurse

Trauma care is a 'roller coaster'

Dr. Kearney, a 22-year UK veteran, believes the Hatchetts' story epitomizes the type of care he wants for every family. "Trauma care is a long process, it's a wild ride on a roller coaster," he said. "You get over one obstacle and then there's another obstacle to get over." Quality care goes beyond medical expertise. "It's also about how everyone treats you," he added, "from the guy who sweeps the floor to the clerk at the desk. Everybody here cared very much for Justin, and we care just like that for everybody." ■

Secondhand Smoke

campaign seeks to protect
vulnerable nonsmokers

Secondhand smoke is both exhaled and comes from the burning end of cigarettes, cigars and pipes. It is the third leading cause of preventable death in the United States. Secondhand smoke contains at least 250 toxic chemicals, including formaldehyde and hydrogen cyanide.

Exposure to secondhand smoke makes children more likely to die from sudden infant death syndrome (SIDS) or develop health problems such as pneumonia, bronchitis, asthma and ear infections. Children exposed to secondhand smoke are hospitalized more than children who live in smoke-free homes.

Even pets are at greater risk of developing cancer as result of exposure to secondhand smoke.

If you'd like more information about secondhand smoke, how to reduce your exposure or how to protect nonsmokers in your life, call **1-800-333-8874** or visit **ukhealthcare.uky.edu/secondhandsmoke**.

UK HealthCare
and its community
partners are
raising awareness
of the dangers of
secondhand smoke.



WHEN YOU LIGHT UP
So Does He.

Many Kentuckians are unaware that secondhand smoke is a serious health concern, especially to children. Children exposed to secondhand smoke are more likely to die from sudden infant death syndrome (SIDS). They also have more health problems such as pneumonia, bronchitis, asthma and ear infections.

Please make your home smoke free by smoking outside. If you have a tip on how you've reduced secondhand smoke, please call 1-800-333-8874 or visit takeitoutside.org. Share your tip and you'll be entered to win four tickets to the 2010 FEI World Equestrian Games.



Three sets of four tickets to attend a day at the 2010 FEI World Equestrian Games will be randomly chosen from all who provide tips. Winners will be drawn by July 30, 2010. takeitoutside.org

Saddle Up Safe

Horseback riding is fun, but it can be dangerous, too. Horse-related injuries sent 78,000 people to America's emergency rooms in 2007; 9,600 of those needed further hospital treatment. Common injuries include bruises and abrasions, broken bones, sprains and strains, internal injuries and head injuries.

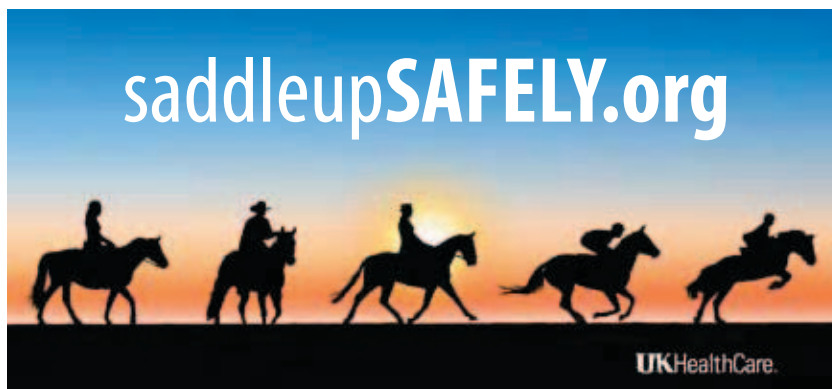
A recent study showed that 50 percent of patients injured in a riding accident believed their injuries were preventable and were the result of rider error. Riders can reduce their chances of injuries just by better understanding horse behavior and following proper riding practices.

UK HealthCare hopes to prevent horse-related injuries through its Saddle Up SAFELY rider safety campaign. The campaign is led by Kentucky's First Lady Jane Beshear, and John Long, CEO of the United States Equestrian Federation. Partnering with UK HealthCare is the UK College of Agriculture and more

than 20 community and horse-related organizations.

To keep horseback riding fun – without the hazards – ask for a copy of Saddle Up SAFELY by calling toll-free **1-800-333-8874** or visit **ukhealthcare.uky.edu/saddleup**.

The Saddle Up SAFELY campaign encourages riders to learn more about safe practices around horses.



Getting to the new Chandler Emergency Department

The new Chandler Emergency Department, opening July 14 (see story on back page), is located at 1000 S. Limestone on the ground floor of the hospital pavilion under construction. Entrances for children and adults can be reached from S. Limestone where signs will direct drivers to convenient, short-term parking at the door.

The hospital garage located directly across S. Limestone offers ample parking for the length of your visit and is connected to the new facility by a pedestrian skywalk. Free shuttles also operate between the garage and the emergency entrances. For customized directions, go online to ukhealthcare.uky.edu/directions.

As always, if you have a medical emergency, call 9-1-1.



Connect with UK HealthCare

UK HealthCare has harnessed the power and convenience of popular online social media sites – Facebook, Twitter and YouTube – and launched blogs and forums hosted by UK specialists so you can learn, share and discuss health information with friends and family in Kentucky and beyond.

Visit ukhealthcare.uky.edu/socialmedia to see what's available, including the following:

- External Affairs @ UK HealthCare, a blog hosted by Mark Birdwhistell, chief external affairs officer.
- Cancer Research @ UK HealthCare, a blog hosted by John Hayslip, MD, of Markey Cancer Center.
- Hernia Help Forum, features Scott Roth, MD, chief of GI surgery.
- ACL Answers Forum, offers the expertise of Darren Johnson, MD, chair of orthopaedic surgery & sports medicine.
- On Facebook, look for UK HealthCare, Kentucky Children's Hospital, UK Gill Heart Institute and UK Markey Cancer Center.
- On Twitter, UK HealthCare tweets breaking news and events.
- YouTube and Vimeo have UK HealthCare channels with news and other videos. Access all of these via ukhealthcare.uky.edu.



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New Chandler Emergency Department Opens July 14



Emergency patients coming to UK Albert B. Chandler Hospital on July 14 will be making history. They will be the first to seek care at the new UK Chandler Emergency Department (ED). The opening heralds a key milestone in the first phase of construction at Chandler Hospital, where two patient floors and public areas of the replacement hospital will open in mid-2011.

The new ED is more than twice the size of the current ED – occupying space equal to the length of a football field. It has four areas for specific types of patients: Level I trauma for the most critically injured adults and children, acute care for seriously ill or injured adults, Express Care for those with less urgent conditions, and the separate Makenna David Pediatric Emergency Center.

The facility takes advantage of the latest in advanced emergency medical care, with new equipment and comforting furnishings. The design of optimal patient care areas reflects the insight and input of staff who work in the areas.

Here's what to expect:

- Makenna David Pediatric Emergency Center has its own lobby with a children's interactive wall and computer play station area. High-acuity "crisis rooms" offer increased monitoring of seriously ill children. Ten exam rooms and two triage rooms round out the center.

- The UK Level I Trauma Center, verified by the American College of Surgeons for both adult and pediatric patients, can accommodate up to eight critical patients and includes state-of-the-art monitoring and life support systems.

- Adult Emergency Center has "crisis rooms" for patients with more urgent medical needs and 20 standard exam rooms.

- Express Care is designed to speed up a patient's stay for treatment of less urgent conditions. Patients who need minor evaluations and treatment are separate from those with more intensive needs.

Watch for updates on opening plans for the new UK Chandler Emergency Department, as well as updates on the status of construction of the new UK Chandler Hospital, by visiting ukhealthcare.uky.edu/new. Call **257-1000** or toll-free **1-800-333-8874** for information about any of the services mentioned above. (See page 17 for directions and parking information.)