

Making a Difference



Specialty team attacks cancer

Rare, aggressive bone cancer requires quick, aggressive treatment

Twenty-six week run

Pediatric critical care transport, advanced life support save premature twins

“The widow maker”

When minutes count, heart outreach is the difference

New retail pharmacy

Chandler Hospital to offer convenient bedside service

Making a Difference

Spring 2013

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Quick action saved a Kentucky man from a rare, aggressive type of cancer that targets the cartilage, usually of the thigh bone. Survival depends on removing the tumor before the cancer has spread.



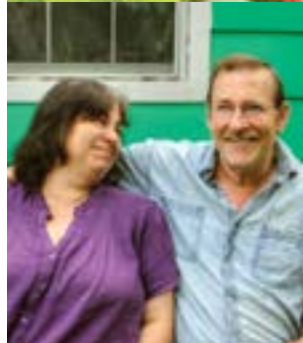
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High-quality care

That's why we're here

My wife Ellen and I are proud grandparents of Noah. Like many of you, we are careful about our own health and fiercely protective when it comes to the health of our family.

When we talk about quality at UK HealthCare, we bring to that discussion what we would expect as patients...and certainly what we would expect for any loved one. It's common to hear members of the UK HealthCare team, when thanked for some kindness, reply, "You don't have to thank me, I'm only doing what I would want if [insert here I, my mother, my own child, etc.] were a patient."

So that's where we start. We put ourselves in the patient's shoes. But we need to do even better than that. We need to create an environment of care that produces the *best* clinical outcome possible.

The quality outcomes to which we aspire are ever changing. Our "target" must change as the medical evidence points to even better diagnostics and therapies. We must measure our own performance and hold each other accountable for delivering care of the highest quality. And we do.

As a result, we have made remarkable progress in all areas of quality. In just one measure of quality, patient survival, we now rank among the Top 7 academic medical centers (source: University HealthSystem Consortium). But high-quality care is not reflected by only one measure. It is as complex as the care we provide.

I invite you to visit the UK HealthCare website where we share important quality and safety data. These measures are discussed throughout UK HealthCare and drive our efforts at continual improvement.

In a sense, each of the patients who share their stories in this issue has benefited from this focus on quality. As clinicians, we can pick out aspects of each story that are the result of a quality initiative. As a patient, you may not see those items, but you will definitely see how they figure in the life each enjoys today. And in the final analysis, that's what matters to all of us.

Thank you for trusting UK HealthCare with your care and the care of your loved ones. We do not take that responsibility lightly.



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



Mike and Ellen Karpf on holiday last year with grandson Noah.

Retired teacher owes life to bone cancer team

Rare bone cancer
requires quick,
aggressive treatment

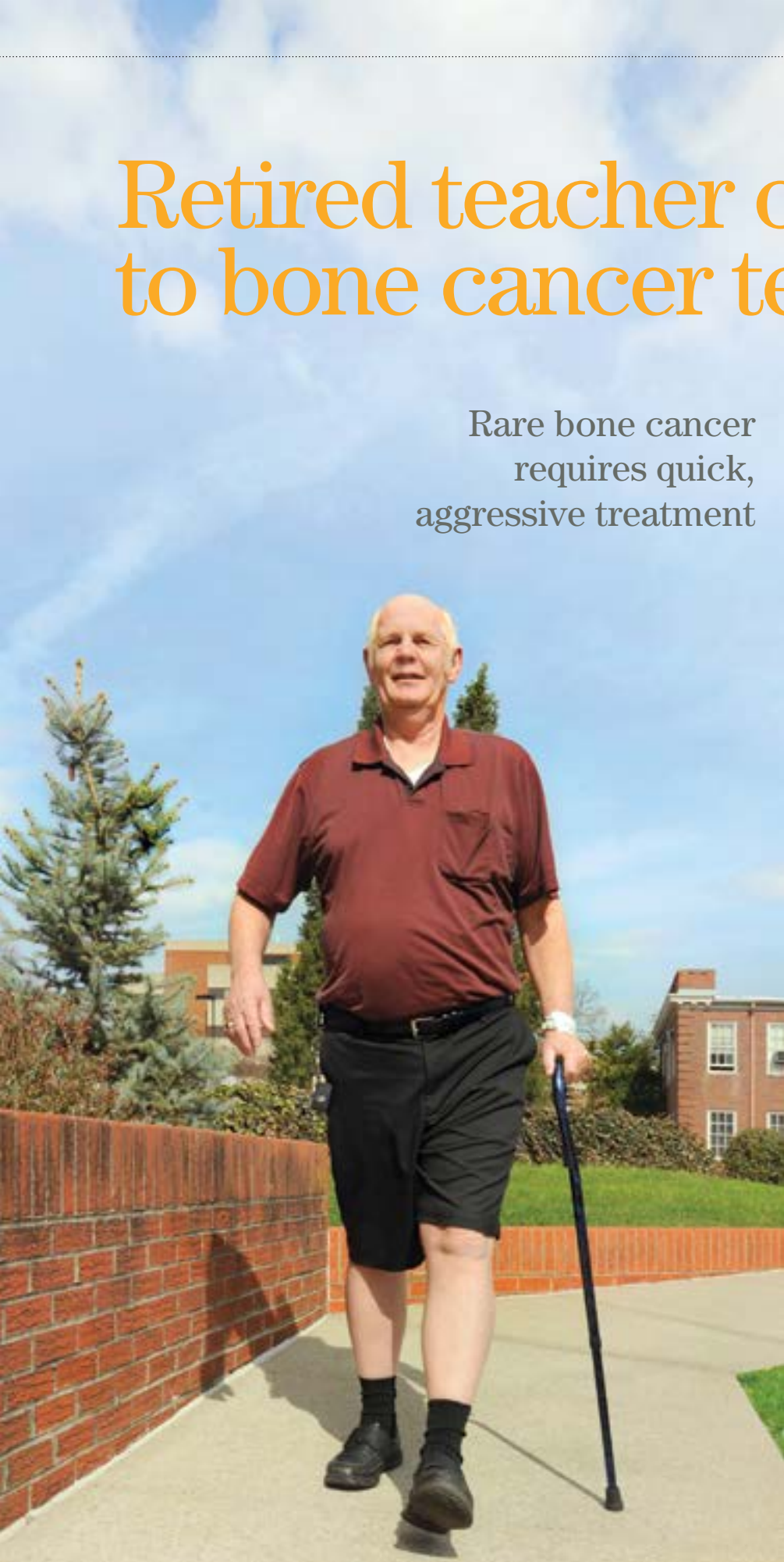
Retired teacher Monte Farmer isn't the kind of guy who worries a lot. "My philosophy has been to work to change what I can or find an alternative solution to a difficult situation rather than to worry about it," the longtime Irvine, Ky., resident explained.

So when his right leg started to hurt in March 2012 "after I hyper-extended my leg," he asked his doctor to arrange for physical therapy at the local hospital. After six weeks of therapy failed to help, he and his therapist Margaret Gagnon agreed there was something seriously wrong.

The 67-year-old former industrial education and physics teacher went to Richmond orthopaedic surgeon Michael Heilig, MD. "He was sharp; as soon as he saw the MRI, he knew there was something strange and that Monte needed to go to Markey Cancer Center at UK," explained Farmer's wife of 43 years, Nancy. "We were just very thankful that happened."

Arrangements were quickly made for an appointment on Sept. 24 with orthopaedic cancer specialist Patrick O'Donnell, MD, PhD. O'Donnell had only recently moved to Lexington to head up Markey Cancer Center's musculoskeletal oncology program. Any concerns Farmer had were quickly put to rest. "Dr. O'Donnell

Monte Farmer is back on his feet after cancer surgery removed bone in his leg and hip.



put my mind at ease during that first meeting,” he said.

Three days later, Farmer underwent a complex outpatient surgical biopsy of a mass on his right upper thigh bone (femur) at UK’s Albert B. Chandler Hospital.

On Oct. 9, Dr. O’Donnell delivered the news that Farmer had an aggressive form of cancer called dedifferentiated chondrosarcoma. Sarcomas are rare types of cancer that affect bone and soft tissues such as cartilage, fat and blood vessels. Farmer’s type of sarcoma targets the cartilage, usually in the thigh bone. It can only be treated with surgery. Since survival depends on removing the tumor before the cancer has spread, surgery was quickly set for Oct. 12. The couple’s planned Hawaiian vacation was postponed.

“Dr. O’Donnell told us his team had met about Monte’s case – not an individual but a team – and we were impressed by that,” said Nancy Farmer, a retired English and biology teacher. “This was an aggressive approach to treatment; they didn’t fool around.” From the beginning, she said, the doctor’s staff – particularly sarcoma team nurse Jo Ann Wright, RN – supported the couple, keeping them informed and scheduling convenient appointments.

“It’s my job to oversee things, making sure everything gets done and letting patients know to call me if they have any problems,” explained Wright, a former endoscopy nurse who came to work for Markey two years ago after watching her late brother battle melanoma. “It’s a stressful time for patients so I try to ease their minds.”



Irvine residents Monte and Nancy Farmer have a lot to be thankful for – surgery removed sarcoma in Monte’s right leg and now he is considered cancer free.

“Tricky diagnosis”

Markey’s musculoskeletal oncology team includes physicians and staff who came together after three years of planning to create this specialty program, the only one in Central and Eastern Kentucky, said O’Donnell. Together they planned a way to remove the cancer while saving Farmer’s leg.

“Mr. Farmer is a distinguished gentleman, a salt-of-the-earth kind of a guy with a bad bone cancer,” explained O’Donnell. “We spent a fantastic amount of time consulting with radiologist Dr. (Francesca) Beaman, looking at all of the patient’s images, and determined we needed the biopsy. Once we did the

biopsy, we worked closely with the pathologist, Dr. (Dana) Richards; dedifferentiated chondrosarcoma is a tricky diagnosis to make.”

12-hour surgery

Using 3-dimensional images of Farmer’s tumor, O’Donnell created a preoperative map. He used that map in a 12-hour surgery to carefully remove the football-sized tumor and surrounding muscle and tissue without injuring vital blood vessels.

“Mr. Farmer lost about half of his femur, from the mid-thigh up, as well as a portion of his hip,” the surgeon noted. The challenge was removing the tumor and a wide enough margin of surrounding muscle to get all of

“Dr. O’Donnell told us his team had met about Monte’s case – not an individual, but a team – and we were impressed by that.”

– Nancy Farmer

Admiration for the bravery of cancer patients like Monte Farmer led Patrick O'Donnell, MD, to specialize in treating the disease.



The Farmers are grateful for the support of sarcoma team nurse Jo Ann Wright, RN, seen here saying hello to Monte.



the cancer before it's had a chance to spread. "The old wife's tale that the doctor did surgery and the cancer spread more quickly is true when it comes to sarcoma; if you cut into it, it will spread."

The intricate removal of the cancer accounted for about 80 percent of the surgery. "Only 20 percent was reconstructing his leg; that was the easy part," O'Donnell said. He repaired the leg using a 10-inch stainless steel rod and a ball for Farmer's hip socket. This type of surgery was why O'Donnell chose his specialty.

"I knew at an early age that I wanted to work with cancer patients," he said. "I was fascinated by how brave they are, how they will show up

and put a smile on their faces, and I was fascinated by cancer and why the body actually attacks itself." His decision to focus on bone cancers came when he realized "Orthopedic surgery is the ultimate shop class, carpentry in a sterile environment; but it's the patients I love the most."

Nurse returns favor

Once Farmer was out of surgery, he was moved to Chandler Hospital 7 South, an acute care, multispecialty unit.

"The nurses were really good to us, tending to our needs expediently, but one of the night nurses turned out to be a former student; he really helped us," Nancy Farmer said.

The nurse was Omar Maggard,

RN, who was in junior high when he took industrial arts from Farmer 35 years ago. Ironically, Nancy Farmer had been a last-minute replacement as the pianist at his wedding 22 years ago.

"He was actually another nurse's patient; Mrs. Farmer had come out of the room to tell us her husband was having trouble getting his pain under control, so I said 'let's see what we can do.' The moment I walked into the room I knew who they were," Maggard said.

Farmer was using a PCA pump – patient-controlled analgesia – that allowed him to press a button to get a preprogrammed dose of painkiller as needed. But he hurt so much that he was afraid to move. Maggard

"Mr. Farmer is a distinguished gentleman, a salt-of-the-earth kind of a guy with a bad bone cancer."

– Patrick O'Donnell, MD, PhD, orthopaedic oncologist, Musculoskeletal Oncology Program

“It was a privilege to get to do that for two people who had done so much for me; it was an opportunity for me to give back to them.”

– Omar Maggard, RN, Chandler 7 South



called the pain team, specially trained nurses who are on 24-hour call to help patients; they determined an additional medication would help. Maggard also got his colleagues to help reposition Farmer so he could be more comfortable, without causing additional pain.

Maggard noticed there was only a recliner in the room for Nancy Farmer. “I offered to get her a pull-out bed, that’s what we do for all of our patient families; it helps to have them there so we want to make them as comfortable as well.”

She appreciated the offer. “UK encouraged family members to be there with the patients so they wouldn’t be on their own.”

The next morning, Farmer told Maggard he’d had the best night of sleep he’d had in a long time.

“It was a privilege to get to do that for two people who had done so much for me,” said Maggard. “It was an opportunity for me to give back to them.”

For Maggard, who has been working on 7 South for about nine years, giving back to patients is why he went to nursing school at the age of 40; an earlier attempt out of high school was derailed by a hand injury, marriage and the birth of three children.

Monte Farmer credits former student and UK nurse Omar Maggard, RN, with pain-relief that led to the “best night of sleep he’d had in a long time.”

“I am truly thankful
for the opportunity
I have been given.”

– Monte Farmer



Monte demonstrates for Dr. O'Donnell how well he is able to walk after physical therapy. He will probably always need a cane because of the amount of muscle removed around the cancer.

“Zombie gait”

After seven days in the hospital, Farmer was moved to Cardinal Hill Rehabilitation Hospital in Lexington where he stayed for two weeks before returning to his home on the Kentucky River. He finished up physical therapy at Marcum and Wallace Hospital in March and credits physical therapists Kristen Francis at Cardinal Hill and Bryan Waits at Marcum and Wallace for helping him learn to regain use of his leg.

“Since we took a lot of the muscle, the leg will never be great and he will probably always use a cane,” said O'Donnell.

Farmer said his “current challenge is to improve on my zombie gait.” While he can no longer do some of the things he used to do, like add another antenna to his roof or replace siding on his house, he says he is “truly thankful

for the opportunity I have been given.”

The pain in his leg is now an improving mild discomfort. He says it won't stop the couple from scuba diving during their rescheduled trip to Hawaii, enjoying their five grandchildren or fishing on the river.

The Farmers agree that the support and prayers of friends through email and Facebook helped get them through the last few months. “We also just feel like we were led to Markey, it was the perfect place for him,” said Nancy Farmer.

As for Farmer's prognosis, dedifferentiated chondrosarcoma is a lethal form of cancer with only a 10 percent survival rate after five years. “I tell all of my patients that numbers are just numbers. The hope is we got it all during the surgery and that Mr. Farmer has as good a chance as anyone of beating those odds.” ■



Team tackles bone cancer

The team approach so valued by Monte and Nancy Farmer in the treatment of his rare bone cancer is part of Markey Cancer Center's Musculoskeletal Oncology Program. The program's specialized team is nationally recognized for their expertise in the diagnosis and treatment of bone tumors, soft tissue sarcomas and metastatic diseases of bone.

Team members have specialized training and expertise in the following fields:

- medical/pediatric oncology
- musculoskeletal radiology
- surgical pathology
- radiation oncology
- orthopaedic oncology

The team treats both pediatric and adult patients suffering from bone and soft tissue tumors along with tumor-like conditions affecting the musculoskeletal system.

In addition to clinical care, this unique team of physicians and researchers is currently pursuing research in cancer immunotherapy, advanced tumor imaging, biomedical engineering of bone-like substances and clinical trials – all dedicated toward improved patient-centered cancer care.

To request an appointment, call 859-257-4488 or toll free 1-866-340-4488 or go online to ukhealthcare.uky.edu/appointmentform/.

The musculoskeletal oncology team is led by orthopaedic oncologist Patrick O'Donnell, MD, (center) and includes, left to right, pathologist Dana Richards, MD, radiologist Francesca Beaman, MD, Jo Ann Wright, RN, Mark Yuhus, MD, and nurse practitioner Tracy Profitt, APRN, NP-C.



Twenty-six week run

How advanced pediatric skills made the difference for two tiny preemies



When Todd and Michelle Shelley of Williamsburg, Ky., discovered they were pregnant, it was a surprise to say the least. Michelle, told she would never be able to have children again after the premature birth of her first child Hannah 12 years earlier, was even more surprised when she heard the twist: twins.

“The doctors were amazed I was able to conceive, but Todd and I could not have been happier.” Even though her obstetrician considered her high risk because of past issues, the pregnancy was progressing without complication and the babies were thriving.

One cold, snowy morning after Christmas, Michelle felt a slight cramp. “It really wasn’t much of anything. I was



Macie and Maddie Shelley today and two years ago (above) in the neonatal intensive care unit at Kentucky Children’s Hospital.

just a little crampy feeling. It wasn't even painful, but I thought maybe we had better go have it checked out just in case something was wrong."

Following her instincts, Michelle and husband Todd trudged out into the blowing snow and cold for what is normally a short drive to the hospital in Corbin. "It was 6 a.m. when we left for the hospital, and the drive normally takes 10 minutes. That morning it took longer because of the weather," said Todd.

Unstoppable events

When the Shelleys arrived at the hospital, labor and delivery staff evaluated Michelle. "When they checked me, people started scrambling around. Everything was happening so fast and one of the nurses said 'We have to get the doctor in here,' and I wasn't sure what was happening."

Michelle was in labor, her cervix was dilating, and she was too unstable to be transferred by ambulance to a larger hospital, leaving only one option: she would have to deliver in Corbin – 3 ½ months before her due date.

Recognizing the situation and the extreme prematurity of Michelle's babies, her obstetrician made a call to the Kentucky Children's Hospital Neonatal/Pediatric Critical Care Transport team. The team was asked to come to Corbin for the birth. In the meantime, the Corbin doctors and nurses treated Michelle delicately, doing nothing that might speed her labor.

Even with inclement weather, the transport team arrived just a few moments before the first baby was delivered. On duty that day were nurses Deb Rice, RN, and Alissa Richey, RN.

"We were able to get there before the first baby was born and were already set up in the nursery to receive the babies from the delivery room," said Richey. Equipped with what appears to be a fancy transport isolette surrounded by supplies, the transport team brings a mobile intensive care unit complete with the latest equipment and tools to stabilize even the smallest of babies and prepare them for their journey back

Michelle saw the girls for only a short moment.

"They placed Macie on my chest in the delivery room and she let out a small cry, but I didn't see Maddie until the transport nurses brought the girls in together before they left for UK," said Michelle.

Rice, a transport nurse since 1987, remembered the scene. "It was really important that we were able to get there early," she said. "When

"These babies are as important to us as our own children, and we take our commitment to them and to their families very seriously."

– Alissa Richey, RN



Kentucky Children's Hospital neonatal/pediatric transport team nurses Deb Rice, RN, (left) and Alissa Richey, RN, made the run to Corbin for the premature birth of Macie and Maddie Shelley at 26 weeks.

to Lexington.

Quick thinking for tiny miracles

Michelle's labor progressed rapidly and Macie Hope was born at 9:58 a.m. followed by a cesarean section delivery for Maddie Grace at 10:34 a.m. Weighing in at 2 pounds, 2 ½ ounces and 2 pounds 5 ½ ounces,

the babies were brought to us, we were able to assess them and begin stabilization. Both babies required intubation and a medication called surfactant to help their stiff lungs expand more easily. Most babies don't begin to make this hormone until about 36 weeks gestation and Maddie and Macie were struggling



A distinctive blue ambulance serves as a mobile intensive care unit for the Kentucky Kids Crew. Weather conditions that day forced the crew to travel to Corbin via ambulance rather than helicopter.

to breathe. We also placed lines through the blood vessels of their cut umbilical cords to monitor blood pressure, blood gas levels and administer medications.”

Working as a team, Richey and Rice cared for the girls simultaneously. “Because we are a small team and work together so much, we are able to anticipate each other’s needs and help each other accomplish tasks quickly,” said Rice.

Outside in the hallway, Todd Shelley was peeking through the nursery blinds trying to get a glimpse of his girls and the situation. “I could see the nurses from UK were in charge. Everyone else in the nursery just stood to the side. I believe if it hadn’t been for God’s grace and those nurses, my babies wouldn’t be here today.”

Once the girls were stable enough for transport, Richey took a moment to speak with the Shelleys about the girls and provide them with a few precious moments to see and touch their children. “We always give families time to touch their babies before we leave with them,” said Rice.

Once loaded into the ambulance, the team takes great responsibility for their tiny cargo. “It isn’t enough for us just to get them back to UK alive. We want to get them there with no

complications and in the best possible physical condition. These babies are as important to us as our own children and we take our commitment to them and to their families very seriously,” said Richey.

Macie and Maddie made the trip to Lexington without event, but their journey was far from over.

The long journey begins

Admitted to the neonatal intensive care unit (NICU), the girls were cared for by several doctors and nurses – many of whom would come to feel like family by the end of their 69-day stay.

For the oldest twin, Macie, doctors were working to treat a common but potentially serious congenital heart defect known as a patent ductus arteriosus (PDA) – a hole in the heart necessary inside the womb but which should close after delivery. With Macie off the ventilator a few days after birth, doctors gave rounds of medication to encourage the hole to close, but it remained open. The doctors began discussing surgical treatment with Todd and Michelle.

“There were so many people praying for the girls, and by God’s grace the hole closed on its own without surgery,” recalled Michelle.

Then, just a few weeks later, one of Macie’s nurses noticed Macie was not acting as well as she had on previous shifts and began looking for a cause. Blood work revealed an inner battle with E. coli that was making this tiny two-pounder very sick.

Placed on antibiotics and back on a ventilator, Macie lost weight and struggled to overcome the infection.

“When Macie got sick, it was her nurse who picked up on it first. If she hadn’t already been familiar with Macie, she might have missed those subtle signs. Our doctor [neonatologist Hubie Ballard] also made a special effort to call us and let us know not to be alarmed when she was placed on the ventilator again. They made sure we were prepared for each change,” said Michelle.

Dr. Ballard recalled the girls’ management, “Macie and Maddie didn’t choose to be born early and as the case is with premies, their health was fragile. It’s my goal to treat every baby with the same care and dedication I would want my own child to have and that’s easy to do when you have a great family like the Shelleys. I was happy to spend time talking with them and answering their questions. Giving good care is what it’s all about and that takes a team of providers all working together. I think

the girls had such a positive outcome because of the teamwork between our staff and the family.”

Second twin faces her own battle

Meanwhile, Maddie stayed on a ventilator for two weeks after delivery and battled her own PDA. Too small for surgery or medications to treat the hole in her heart, Maddie’s health was fleeting and doctors feared she would not survive. The chaplain was called to be with Todd while Michelle was still in the hospital in Corbin.

“I had to call Michelle and tell her about Maddie. We didn’t think she would live, but the chaplain prayed with me and we had so many people praying with us for her,” said Todd. Then, after just a few hours and with no additional medical intervention, Maddie began to improve.

As the days passed, she grew strong enough for medication, and the hole in her heart finally closed. But then a routine ultrasound of her head showed a grade IV intracranial hemorrhage.

“Maddie had two spinal taps to clear her bleed but didn’t require any other procedures,” said Todd. “We have been so blessed and believe that God made this trial a blessing for our family. Everyone was wonderful to us and went above and beyond – from the nurses to the receptionists and even the janitor. They made our trial a lot easier. ”

Primary care nursing makes a difference

Part of the NICU’s treatment approach involves primary care nursing, assigning only a small number of nurses to the same babies each time they work, allowing for a seamless stream of care and



Katie Caddle, RN, is one of a team of nurses who provided 24/7 care for the tiny twins.



(Above) Jessica Moore, RN, provided care during nighttime hours. Emily Talbert, RN, (right holding Maddie) credits their primary nursing model with giving the twins the “most consistent care possible.”

familiarity with the babies and their families. Emily Talbert, RN, was one of the girls' night shift primary care nurses.

"Todd and Michelle were so dedicated to their girls and played a huge role in their health," said Talbert. "We did everything we could for them, and we all became very close during the time they were with us. Through primary nursing, Macie and Maddie were able to get the most consistent care possible."

Totally focused on the babies, Todd and Michelle faced a challenge many parents must tackle: finances. "I think we had a bill that was close to \$700,000 dollars by the end of our stay," said Michelle. "Our private insurance would cover some of it, but we were still left with a big financial impact."



Alice Carpenter, RN, did not care for the twins but rather found herself sometimes caring for the family.



Mary Mullis worked with the Shelleys to uncover sources of financial support for their medical bills. She meets with every family that comes through the NICU.

To help families like the Shelleys, Mary Mullis, a Kentucky Medical Services Foundation staff member is always on hand to guide parents through the hoops of insurance and financial assistance. Based entirely in the NICU, Mullis provided Todd and Michelle with valuable information about medical cards for the girls. Because of their very small birth weight, the girls qualified for SSI while in the hospital – a fact neither Todd nor Michelle would have ever known without Mullis.

"I want to make myself available to all families who have a baby in our NICU and help them apply for the best financial services available," said Mullis. "Some families are not from this area and are not aware of what services are available to them. It is my job to make that easier for them, but most importantly, I want to do something that makes a difference because I care."

Surprise goodbyes

Over the following weeks, the girls showed everyone just how resilient they were. Ounce by ounce, they grew stronger and there was soon talk of going home.

"Macie was going to have hernia surgery and we were thinking we would have to take one baby back to Williamsburg early, then drive back every day to see the other until they were both home. That was going to be very hard," said Michelle. But yet another twist of events brought blessings. When Maddie took her two -month set of immunizations, she had a brief, benign drop in her oxygen levels. However, given their premature status, the event resulted in a longer stay for monitoring.

"While we were waiting the extra days with Maddie, the doctors did Macie's hernia surgery. She did so well, they took her off the ventilator early and 24 hours after surgery we

were allowed to take both girls home together,” said Michelle.

Weighing 5 pounds 11 ounces and 4 pounds 6 ounces when they left the hospital, the Shelleys went home as a family on March 5, 2011, 23 days before Michelle’s original due date.

“When it was time to go, it was almost like a death to us. We had made that drive every day, and while we were happy to go home, we stood in the parking garage and sobbed because we were leaving the nurses and staff who we had become so

close with,” said Michelle.

“Todd and I want to thank all of the staff at UK, our family, friends and churches for their prayers and support during this time.”

Today Macie and Maddie are happy, energetic two-year-olds who walk, talk and enjoy life as any child should. The Shelleys remain close with the nurses who protected and monitored their girls as if they were their own, and often return for hugs and smiles from the staff who they will always consider family. ■

“God made this trial a blessing for us. Everyone was just wonderful to us and went above and beyond – from the nurses to the receptionists and even the janitor. They made our trial a lot easier. ”

– Todd Shelley





Training on a cold day in March, Kentucky Kids Crew members load a simulated patient into an air ambulance.

Pediatric Critical Care Transport Service: Kentucky Kids Crew

The Kentucky Kids Crew – the Kentucky Children’s Hospital’s pediatric/neonatal transport team – provides hospital-to-hospital critical care transport for both neonatal and pediatric patients. The only team in the region exclusively dedicated to transporting newborns and children, crew members are on call 24 hours a day, seven days a week, 365 days per year. The team averages 700 transports a year in a service area that includes Kentucky, West Virginia, Ohio and Tennessee.

The Kentucky Kids Crew is led by neonatologists and pediatric intensivists and includes:

- Critical care nurses trained in advanced procedures such as intubation, chest tubes and umbilical line placement.
- Emergency medical technicians and paramedics from the UK Emergency Communications Office who drive the ambulances and assist the nurses when necessary in patient care.
- Air Methods of Kentucky, which provides pilots and helicopters used for air transport.
- A dedicated transport team on duty 24 hours a day, ready to be mobilized immediately when a referring facility calls.

The transport team utilizes state-of-the-art ambulances, helicopters and other equipment specially designed to meet the needs of young patients. Team

vehicles are equipped as mobile intensive care units that enable the team to provide neonatal and pediatric critical care.

“Research shows that transporting these fragile patients requires an experienced team and access to specialized vehicles and equipment,” said Scottie Day, MD, medical director of the Kentucky Children’s Hospital pediatric/neonatal transport team. “As a parent, you can rest assure that when we arrive at outside facilities, we bring the cutting-edge intensive care capabilities of Kentucky Children’s Hospital.”



Scottie Day, MD

The team is also involved in other endeavors beyond the transport and stabilization of neonatal and pediatric patients. In January 2012, the Kentucky Children’s Hospital joined six other children’s hospitals to form the first-ever national consortium to benchmark and set guidelines for quality and safety on critical care transports.



Respiratory therapist Lisa Wright, RRT-NPS, trains Kentucky Kids Crew nurses on the use of a mobile isolette that supports infants struggling to breathe.

“He said it was the widow maker.”

UK cardiac specialty care provided in Hazard saves the life of one Harlan County man

Bobby Rowe, 50, counts himself lucky to have survived multiple heart attacks last June.

Vickie Rowe knew something was wrong as soon as she saw her husband on the front porch of their Harlan County home. Bobby Rowe had arisen around 1 a.m. that summer morning to sit on the porch because his arms were hurting. Vickie found him there about 6:20 a.m.

“He didn’t know it, but he was in the middle of trying to have a heart attack,” she said. Vickie knew the signs that told her Bobby was in serious trouble. She struggled to





CT surgeon Hassan Reda, MD, was in Hazard the day Bobby Rowe arrived in cardiac arrest. Although most of Bobby's vital signs had flatlined, Reda noticed a blip in the blood pressure that re-energized the team to continue resuscitation.

move her husband to the living room couch as she called for an ambulance.

"When I hung up, he started having a heart attack on the couch," she said. "He got stiff as a board."

No warning

The day before Bobby had assembled a trampoline and gone about his day as usual. The 49-year-old security manager was accustomed to active work. He had a hobby of restoring old cars and had recently started to work on a '63 Impala. Asked if he had any hint of the heart attack to come, he could think of none.

Bobby did not care for doctors, so he had not been to one. Both of his parents had had heart disease. Later he would discover that in addition to a family history of heart disease, he also suffered from undiagnosed diabetes, which had silently damaged his heart.

Multiple cardiac arrests

Nageswara Rao Podapati, MD, a cardiologist working at Hazard ARH Regional Medical Center, later told Vickie that what Bobby experienced that morning at home was the major myocardial infarction, or heart attack.

"He said it was the widow maker," remembered Vickie. It was close to being just that. Bobby suffered several more cardiac arrests during the ordeal June 25, 2012.

Dr. Rao Podapati was in the process of placing stents to open the blocked arteries when Bobby went into cardiopulmonary arrest, as others on the medical team at Hazard

ARH performed chest compressions. A heart attack may or may not cause cardiopulmonary arrest, which is when the heart stops pumping blood to the body's organs. As the heart stops, breathing may stop completely.

Hassan Reda, MD, a UK cardiothoracic surgeon, was called into the room. Reda and partner Michael Sekela, MD, of the UK Gill Heart Institute, provide coverage for their colleague Edward Setser, MD, a UK cardiothoracic surgeon who is based in Hazard. Reda was in the hospital providing outreach service on one of the rare weekends when Setser was out of town. Reda recalls rushing into the room where Rowe was being treated: "His heart was failing as the pump that pumps the blood through his body."

"Basically, he died," Reda said of the patient's condition at this point. The stents were key, he said, because "unless you get blood to the heart, there is no hope of recovering the heart."

"He reached the limit to where we decided there was no hope; we could not bring him back," Reda remembered. But then he noticed a slight trace of blood pressure offering a sliver of hope. Reda urged the team to continue.

Vickie was waiting alone nearby. The team had been working to resuscitate Bobby for more than an hour.

At one point Dr. Reda had come to tell Vickie that he would like to call a chaplain for her. "I don't need a chaplain," she said. "I just need my Bobby." She urged the doctor

"I don't need a chaplain. I just need my Bobby."

— Vickie Rowe

to let her see her husband of more than 30 years. He reluctantly agreed. When she entered the room, she said, “That’s Bobby?” because the man in front of her was very swollen from edema, one result of the failure of Bobby’s heart to circulate his blood adequately. She was assured this was indeed her husband.

When the heart needs assistance

Stents alone were not enough; Bobby also needed a balloon pump. A balloon pump is placed in the aorta

to augment the functioning of the heart, said Charles L. Campbell, MD, a UK cardiologist who treats many critically ill heart patients.

“It’s not a great source of cardiac output, but it’s a pretty good source to help the heart have some output,” Campbell said. He was part of the team treating Bobby after he was transferred to UK Chandler Hospital.

Campbell said Bobby was lucky the cardiologist in Hazard was able to put in the stents and balloon pump so quickly. Each attack damages the heart, and Bobby had had several.

The doctors needed to implant stents to restore the blood flow to Bobby’s heart, which would stop the heart attacks. The balloon pump was needed to help Bobby’s damaged heart supply blood to his five-foot, 10-inch frame.

Bringing cardiac expertise closer to the patients

The Gill Heart Institute’s outreach service is designed to support the efforts in local hospitals so physicians in areas of the state farther from specialized medical care have another source of support in difficult situations like this one.

“It’s a goal of our practice that local hospitals survive and thrive and that we provide the support for things they can’t provide,” said Campbell.

Bobby spent a few days at the Hazard ARH hospital before being transferred to the cardiothoracic intensive care unit (CTICU) at UK HealthCare in Lexington. He was in an induced coma and on a ventilator – a device that breathes for the patient. Bobby remembers that his arms hurt, and then does not remember anything else until he woke up in the hospital in Lexington.

“We just took our time,” said Campbell, “and we were able to wean the balloon pumps and all the various other pumps away and then transition him to a more straightforward approach to his management.”

Bobby was hospitalized in Lexington for two months.

Campbell credits the nursing staff in the CTICU with doing the little things to make those transitions easier. Vickie Rowe said the team of providers were all a part of having her husband alive today, but particularly remembered the

Bobby and Vickie Rowe of Evarts, Ky., feel fortunate to have found specialized cardiac care in Hazard, which is still more than one hour from their home.





Justin Davis, RN, and cardiologist Charles Campbell, MD, took care of Bobby Rowe while he was in critical condition at UK Chandler Hospital. Rowe was transferred from Hazard ARH hospital after his condition was stabilized somewhat.

“It’s always patients first. The patient comes first, and teamwork is the key there.”

— Justin Davis, RN

contribution of Justin Davis, RN, as having a major impact.

“He watched over Bobby like a chicken hawk,” Vickie said of Davis. “He would not let anything happen to him.”

Davis was nearing the end of his six-month orientation as a new critical care nurse at UK when he took Bobby Rowe as a patient. He remembers the dire condition Bobby was in when he arrived at UK. As a new ICU nurse, he said the expertise of veteran nurses helped him in this case. But he also tries to take cues from the patient.

“It’s always patients first,” he said of his philosophy of care. “The patient comes first, and teamwork is key there.”

He also knows the family member who accompanies the

patient to the hospital is going through a lot, especially if she is a long way from home and staying at the hospital, as was the case with Vickie Rowe.

While Bobby may have limits to what he can do that he didn’t have before, his prognosis is very good, according to Campbell. He will be returning periodically to Lexington for follow-up care. His diabetes is under control and his wife has changed his diet. “I can’t tell you how long it’s been since he had a hot dog or a hamburger,” she laughed, and then admitted she allows red meat once a month.

Vickie was pleased with the care throughout her husband’s time at UK and is thrilled with the outcome.

“It’s sitting over there in the chair,” she said about Bobby and chuckles. ■



UK Gill Heart Institute extends its expertise to Hazard

UK HealthCare collaborates with Hazard ARH Regional Medical Center, shown here, to give residents of Eastern Kentucky access to advanced heart care.

Since 2011, Hazard ARH Regional Medical Center and UK HealthCare have partnered to provide cardiovascular care in Hazard and surrounding Kentucky communities. Eastern Kentucky suffers from some of the highest rates of death from heart disease and stroke in the nation. The alliance strives to change those statistics and provide residents of the region access to the highest quality and most advanced care possible.

The partnership began with the recruitment of UK cardiothoracic surgeon Edward Setser, MD. Setser sees patients in the UK Gill Heart Institute office located at 243 Roy Campbell Drive. He specializes in vascular and cardiothoracic surgeries and operates at Hazard ARH Regional Medical Center, which means patients do not have to travel all the way to Lexington for surgery. He also provides emergency services for patients who are critically ill.

"When I tell people I'm UK, they ask me how long it takes to go back and forth," Setser said with a smile, knowing they are measuring the distance between Lexington and Hazard. "'About eight minutes,' I tell them. And that impresses them. The idea is to offer services locally that can be done with the same level of quality that would be done at UK," he added.

Eliminating a two-hour drive to Lexington is of obvious benefit to patients and families, as is the comfort of remaining near their family doctor.

"With this arrangement we are not only able to provide cardiothoracic procedures close to home for many patients," said Joseph "Jay" Zwischenberger, MD, UK HealthCare surgeon-in-chief, "but all the advantages and expertise of our comprehensive academic medical center are readily available when needed."

The UK Gill Heart Institute Hazard practice has recently added an electrophysiology (EP) clinic to diagnose and treat heart arrhythmias. Jeffery Brumfield, MD, also a member of the UK College of Medicine faculty, travels from Lexington to Hazard once a week to see patients. In addition to the CT surgery and EP programs, the Hazard ARH Regional Medical Center is also a member of the UK Stroke Care Affiliate Network.

And in 2012, Keeneland and Makers Mark dedicated \$150,000 from the sale of the 16th in its series of commemorative bottles to the UK Gill Heart Institute to improve the heart health of Eastern Kentucky.

"At UK HealthCare we have a mission and a responsibility to improve access to high-quality care for all Kentuckians," said Michael Karpf, MD, UK executive vice president for health affairs. "Thanks to partnerships with community health care providers such as the Hazard ARH Regional Medical Center, we are able to team up to make this a reality benefiting the people of Eastern Kentucky."

CT surgeon Edward Setser performs complex cardiac procedures in Hazard, making it possible for residents to remain close to home for most of their cardiac care.



UK HealthCare quality, safety data now online

“As a patient-centered health care enterprise, continually reviewing and discussing this data helps us focus on providing the very best care to every patient, every time.”

— Michael Karpf, MD, UK executive vice president for health affairs

Information on UK HealthCare clinical outcomes can now be found at ukhealthcare.uky.edu/quality, including measures of performance in key components of quality such as patient survival, quality of care, patient safety, efficient care and patient centeredness.

Information found on the website includes regularly updated and externally reported quality measures, as well as improvement efforts related to those measures. It includes data reported to government agencies, but also data more current than can be found on other reporting sites.

Patient survival rates are included, comparing survival rates for seriously ill patients at UK HealthCare to the national average rate. Another area of comparison is quality of care, which looks at UK's performance as well as that of similar hospital systems nationwide. Quality of care measures

include readmissions within 30 days of a previous hospital stay as well as measures related to the care of patients who have had heart attacks, heart failure, pneumonia and surgery.

Also included:

- Patient safety data that tracks infections and complications during a hospital stay.
- Efficiency data that tracks spending per patient with Medicare coverage.
- Patient satisfaction.

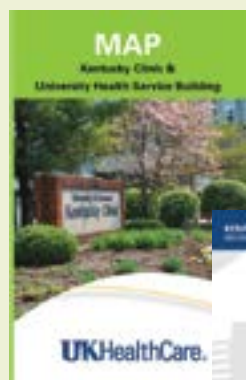
Hospital Acquired Conditions

This shows certain injuries or other serious conditions patients got while they were in the hospital. These hospital-acquired conditions (HAC) are not common. However, if one does occur, it is up to hospital staff to identify and correct the problems that caused it.

Measure	UK HealthCare	UK HealthCare	U.S. Average
All numbers are per 1,000 patient discharges. Lower numbers are better.	July-Sept. 2012	July-Sept. 2011	
Objects accidentally left in the body after surgery	0	0	0.028
Air bubble in the bloodstream	0	0	0.003
Mismatched blood types	0.109	0	0.001
Falls and injuries	0.109	1.07	0.527
Signs of uncontrolled blood sugar	0	0	0.058

Source: 2011 data from www.medicare.gov/hospitalcompare (most recent data publicly available).
2012 data from UK HealthCare.

An example of patient safety data available in the Quality section of the UK HealthCare website.



Need a map for the Kentucky Clinic?

New maps printed and online are a big help.



To help our patients and visitors find their destinations easily, new Kentucky Clinic maps have been developed. The map booklets feature large, easy-to-read maps of each floor of the clinic building. An index lists all clinics and areas within the building and directs readers to the appropriate page.

Map booklets are available at information desks and in racks throughout Kentucky Clinic. Staff at information desks also have individual floor maps for visitor use.

Kentucky Clinic maps are also available online at ukhealthcare.uky.edu/Ky-Clinic-Maps. A clickable list of clinics allows site visitors to select their destination and get a printable version of the appropriate map.

Our quality shows



Best Doctors®

115 UK physicians included on the 2013 Best Doctors in America® ranking.



Gold Plus Award from the American Heart Association and American Stroke Association for commitment to evidence-based, proven practices in treating stroke.

UK Comprehensive Epilepsy Center qualifies as a Level 4 Center again, the highest level awarded by the National Association of Epilepsy Centers.



Ranked No. 1 hospital in Kentucky by U.S. News & World Report, "high performing" in 10 specialties: Cancer, Diabetes & Endocrinology, Ear, Nose & Throat, Gastroenterology, Geriatrics, Gynecology, Nephrology, Neurology & Neurosurgery, Pulmonology, and Urology.

Ranked among the nation's best hospitals in Orthopedics by U.S. News.

One of fewer than 30 centers in the country certified to implant the Total Artificial Heart™, and the first to do so in Kentucky.

Chandler Hospital given the 2012-13 Consumer Choice Award for Lexington-Fayette County by the National Research Corporation.



Excellence in Life Support designation is given by the Extracorporeal Life Support Organization (ELSO).

Ranked in the top 10 nationally among 119 participants in the University HealthSystem Consortium for patient mortality (the observed survival rate is better than one would expect given the sickness of the patients).

Giving heart patients an encore.
That's why we're here.



Only UK HealthCare offers the most comprehensive heart care in the region. No one appreciates this more than Deb Lander, who suffered sudden cardiac death on a Lexington sidewalk. To give her the best chance at a full recovery, our cardiac team induced therapeutic hypothermia – a treatment few heart centers are able to do. And we didn't stop there. We implanted a wireless defibrillator to jumpstart Deb's heart should it ever stop again. This was all done with one goal in mind: to allow Deb to continue pursuing her passion of teaching viola at the UK College of Fine Arts.

More advanced diagnostic and treatment options. More appropriate care. More hope. That's why we're here.

UKHealthCare.

Options, appointments, hope
→ 800.333.8874
ukhealthcare.uky.edu

Albert B. Chandler Hospital • Good Samaritan Hospital
Markey Cancer Center • Kentucky Neuroscience Institute



Watch powerful patient stories

Continuing our series of powerful patient stories, two cardiac patients share stories in brief videos found on the UK HealthCare YouTube channel.

At 49, **Charles Shelton**, a local psychiatrist, was diagnosed with biventricular heart failure that took him away from his practice and put him on bedrest awaiting heart transplant. UK Gill Heart Institute specialists managed his failing heart until a donor heart became available. Today, a year after transplant and with the benefit of cardiac rehab, Charles is active and home, looking forward to a future with his family.

Violist and music professor **Deborah Lander** was on her way to a UK Opera performance when she suffered sudden cardiac death and fell to the sidewalk. Passersby rushed to her aid and performed life-saving CPR, and then UK cardiologists gave her the best chance at a full recovery by chilling her body and implanting a wireless defibrillator to jumpstart her heart should it ever stop again. Today, her prognosis is excellent, and Deborah has returned to her students and the viola.

To hear Charles and Deborah tell their stories, go to www.youtube.com/UKHealthCare and look for Why We Are Here, or call UK Health Connection at **800-333-8874** and ask for a printed copy.

New retail pharmacy open at Chandler Hospital

The new Chandler Retail Pharmacy is now open on Floor 1 of Pavilion A near Don & Mira Ball Surgery Waiting. The pharmacy's location provides easy access for patients and employees to pick up prescription and over-the-counter medications.

UK Pharmacy Services is also dedicating a discharge pharmacy team to distribute prescribed medications for certain patients prior to discharge. This bedside service will use a new mobile point-of-sale system so patients can receive and pay for their prescriptions in their rooms while awaiting discharge.

Communicating with the Chandler Retail Pharmacy will be easy: phone, fax, website or electronic prescribing can be used to send prescription orders and refill requests.

This full-service discharge pharmacy offers retail prescriptions, over-the-counter medications, immunizations, medication therapy management and medication counseling services.

For more information about the new retail pharmacy, visit ukhealthcare.uky.edu/pharmacy/chandler or call **859-218-3340**.

Open seven days a week

Monday - Friday,
7:30 a.m. - 9 p.m.

Saturdays,
9 a.m. - 5 p.m.

Sundays,
1 - 5 p.m.

