

MAKING A Difference

SUMMER 2016



A small miracle

TEAM EFFORT HELPS
UK NURSES AND THEIR
HIGH-RISK BABY
BEAT THE ODDS

**SURVIVING ORGAN FAILURE,
TRANSPLANT & CANCER**

**HEART DISEASE
BUILT A RELATIONSHIP**

**UK HEALTHCARE ACHIEVES
NURSING'S HIGHEST HONOR**



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A STELLAR SUPPORT SYSTEM

Congenital disease sent 45-year-old Teresa Schladt into liver failure. A liver transplant seemed to save the day, then Teresa was diagnosed with advanced cancer. Now what?



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A SMALL MIRACLE

UK nurses Natasha and Alan Hendren found out how extended their "family" is when Natasha's routine pregnancy took an unexpected turn.



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A MATTER OF HEART

Thinking back over years of great care at UK, Reuben Ligon made certain that when he needed a new heart, he would not have to go anywhere else.



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ON THE COVER:

UK nurses Alan and Natasha Hendren cradle 10-month-old Natalan – initially given the smallest chance of survival. Baby and parents are making it through this most difficult of journeys with the support of co-workers and an entire network of caregivers.

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UK Transplant Center team



Michael Karpf, MD

HIGHLY COMPLEX CARE REQUIRES A NEW APPROACH TO COLLABORATION

This issue of Making a Difference illustrates the difficult cases our care teams face daily.

- **Teresa Schladt** came to us first with a genetic condition that was leading to organ failure; transplantation and then unexpectedly stage IV cancer would follow.
- The joy of **Natasha and Alan Hendren**, both members of our nursing staff, turned to despair when Natasha's routine pregnancy became high-risk with only a small chance for a good outcome.
- Heart failure patient **Reuben Ligon**, faced with the need for transplant, rejected other options and placed his faith in a relationship built with his caregivers over decades.

As you read their stories, the complexity of each case comes through clearly. Each needs not just one specialist but multiple specialists. And each member of

the care team must collaborate with the rest of the care team in a thoughtful, deliberate way to ensure the best evidence-based treatment plan is developed to meet patient and family needs.

Last July we began implementing a new strategic plan that has as its foundation patient- and family-centered care. All of our strategies and aspirations revolve around delivering the very best care at every touchpoint in the patient and family's journey.

After reading these stories, I think you'll understand why we are now changing the way we deliver care to account for the increasing complexity of our patients and the need to support so many different specialists and roles working together as a team. We are continuing our development efforts on a service line operating model that will support teams working efficiently and effectively around patient and family.

By doing so, we will be:

- Creating more integrated, multispecialty teams.
- Adding value through quality, patient experience and increased efficiency.
- Working to manage the patient across their entire continuum of care – spanning episodes of care.

In short, we will be delivering today's best medical care and holding true to our brand promise – The Power of Advanced Medicine.

To our highly skilled and deeply caring teams, thank you for your commitment to our patients and their families. To our patients, we are honored by your trust in us and pledge to continue our quest for improvement.

Sincerely,

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



On days off, Teresa and Tom Schladt of Lexington enjoy coffee and a newspaper together, thankful for the family, friends and medical professionals who have supported Teresa through liver failure, transplant and cancer. Teresa calls herself, "...one of the luckiest people you have ever met."

With feet connected to the earth and hands reaching to the heavens, Teresa Schladt painted herself leaping through space surrounded by stars representing members of her support system. The painting was completed through the Body Mapping Art Therapy program.



A STELLAR SUPPORT SYSTEM

Surviving end-stage organ failure, a liver transplant and cancer takes an extraordinary team

Teresa Schladt's life-size self-portrait, painted in 2013 during an art therapy project for organ transplant patients at UK Chandler Hospital, shows the Lexington woman springing into a star-filled, midnight-blue sky. Inside each star is the name of someone who supported her through her 2007 liver transplant and cancer treatment and in the days since. There are many, many stars and many, many names, among them family, friends and more than a few UK HealthCare medical professionals.

"I am one of the luckiest people you have ever met. I am happy with life."

- Teresa Schladt

As the 55-year-old looks at the painting and considers the life she has, she is quick to remind others and herself, "I am one of the luckiest people you have ever met. I am happy with life."

DIAGNOSED WITH GENETIC DISORDER AT 35

Schladt was diagnosed at age 35 with alpha-1-antitrypsin (AAT) deficiency, a genetic disorder that can damage the liver and lungs. Her younger brother, David

Bishop of Nicholasville, also has the disease and six years ago had a double-lung transplant at UK Chandler Hospital.

For a decade after her diagnosis, Schladt, a Lexington native, lived an active, near-normal life. "I was symptom-free for so long," she said. She and her husband, Tom, raised three children in a farmhouse they restored off Harrodsburg Road. Teresa, a UK graduate and chemical engineer, started her own environmental engineering firm.

But in late 2006, her health took a turn. The private-practice gastroenterologist who had long monitored her AAT deficiency referred her to the UK Transplant Center. "I was pretty healthy, but it hit me hard and fast," she said.

AAT is far down the list of reasons for transplantation, ranking probably sixth or seventh, said Roberto Gedaly, MD, who performed Teresa's surgery and remains her doctor. The UK Transplant Center sees only a few cases of AAT deficiency a year, he said. According to the Alpha-1 Foundation, some 100,000 Americans have the disorder.

In January 2007, Schladt began the required tests and screenings

for a transplant; based on the results, she was placed on the transplant list in March 2007.

As she waited for a new liver, transplant advanced practice provider Michael Cooper, PA-C, MPAS, monitored Schladt's liver function during visits to the Transplant Center clinic. The Schladts and Cooper, an Air Force veteran, found common ground – the Schladts' son Michael was joining the Air Force, and Cooper was happy to tell about the time he had spent in the military.

As months passed, there were warning signs that Schladt's liver was failing rapidly, including esophageal varices, a life-threatening condition in which blood vessels in the esophagus bulge and then burst. "She had lots of trips to the UK emergency room to tie off the veins in her esophagus that were bleeding," said Tom Schladt. "Her liver was turning into a rock, and the blood flowing through the liver had to find a way to get out."

By July, there was visible evidence



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that Teresa Schladt was in end-stage organ failure. “I was turning yellow,” she said.

The call that a liver was available came on June 9, 2007, as Schladt, her husband and their two daughters watched “Pirates of the Caribbean II” at a movie theater near their home. Within 30 minutes, they were at Chandler Hospital.

A CANCER DIAGNOSIS ON THE HEELS OF A LIVER TRANSPLANT

Schladt’s transplant went well, but 10 days later, tests on the removed liver revealed 10 small cancerous lesions. “It was a shock to everyone,” said Gedaly. In those days, despite screenings, liver cancer would be discovered in an explanted liver 10 to 15

Surgeon Roberto Gedaly, MD, performed Schladt’s liver transplant, supported her through cancer treatment, and still follows her as a transplant patient.

percent of the time at UK, according to Gedaly. “It is what we call incidental hepatocellular carcinoma (HCC).”

Today, according to Gedaly, it happens far less often because of changes in screening methods. “Now we use MRIs, and it is less and less common for liver transplant recipients to have liver cancer incidentally found.”

Because Schladt’s cancer was advanced, with multiple lesions, Gedaly referred her to Philip DeSimone, MD, a medical oncologist at the Markey Cancer Center. “There was so much disease, we wanted to do something, which is why I called Dr. DeSimone.”

Both Gedaly, whose research area is liver cancer, and DeSimone, whose practice areas include liver, pancreatic, gastrointestinal and colorectal cancers, knew that a drug used primarily for

kidney cancer, Nexavar, was being used off-label in some liver cancer cases after liver transplantation. There was little data to show it was effective in cases like hers, but both doctors felt it was worth a try.

DeSimone pulled no punches. Schladt had two choices: Nexavar or no treatment.

“She was nice and appreciative of what I was trying to do,” said DeSimone, “even though there was little, really no data, to show if it [the treatment] was either good or bad. But you need to be aggressive when you have spent so much time and so much effort in saving someone’s life.”

DeSimone also warned the Schladts that it was not a question of if her cancer would return, but when.

“He was straightforward,” said Tom Schladt, “but that is really all we are looking for in a doctor – straight answers.”

Joanne Dabit-Shadeh manages the Transplant clinic’s front desk. She has greeted Schladt many times after her surgery. “They know patients’ families, their history,.... It is personal, and they go out of their way to be that way,” Schladt said of her and others.

Schladt opted to take Nexavar in pill form. The six-month chemotherapy regimen left her sick and weak, but she has no regrets and has remained cancer-free.

“Did it help save my life? I don’t know,” said Schladt. “But for me, during that time, I felt I needed to give the best effort and that included Nexavar.”

Since Schladt’s surgery, the connection between the two specialty areas – transplantation and cancer – has become even more structured at UK HealthCare with the creation of a Liver Tumor Board whose members from transplant, oncology, radiation oncology, radiology and gastroenterology discuss every patient with liver tumors.

“Cancer is like transplant in that multidisciplinary is the way to go, with a lot of people thinking from different perspectives,” said Gedaly.

MOVING FORWARD WITH A UK MEDICAL TEAM

As a transplant recipient and cancer survivor, Schladt remains under the care of a team of medical professionals at UK HealthCare. She has consultations with the Markey Cancer Center’s

Circumstances make for a tight bond between transplant coordinator and patient. Such is the relationship between Schladt and Jennifer Watkins, RN, CCTC (right). Even though Watkins now works in a different area, the two easily pick up right where they left off.

Long-term Cancer Survivorship Program (see sidebar, p. 9). Most of her care, though, is through the Transplant Center. She visits every other month for blood tests and for an annual checkup with Gedaly and his team.

Like other transplant patients, much of Schladt’s time at the Transplant Center has been spent in the waiting room. She applauds receptionist Joanne Dabit-Shadeh and the late Marva Paris, LPN,

Schladt. “Joanne and Marva were always genuinely happy to see me. They wanted you to succeed.”

Dabit-Shadeh, now a senior patient services coordinator, considers herself a patient advocate.

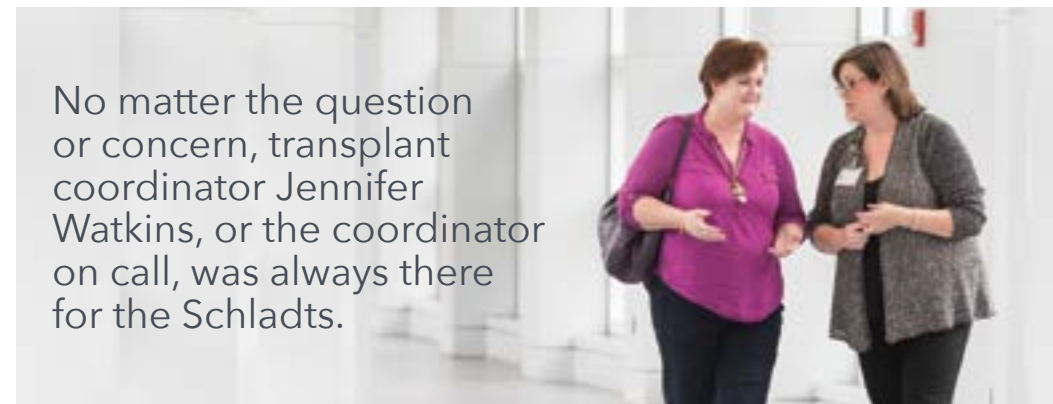
She’ll track down doctors and nurses if patients have urgent needs or serious problems; she’ll try to squeeze in tests so patients with long drives do not have to make an extra trip back to the

No matter the question or concern, transplant coordinator Jennifer Watkins, or the coordinator on call, was always there for the Schladts.

who were there to greet her through most of the years.

“They know patients’ families, their history, they greet everybody. It is personal, and they go out of their way to be that way,” said

center. When patients have trouble walking or standing, she and her staff take paperwork out to them and sit and visit as the paperwork is filled out. “I do whatever it takes to get the patient what they need,” Dabit-Shadeh said.



Liver and kidney transplant dietitian Susan Ibanez, RD, LD, (left) delivers nutrition education to patients like Teresa Schladt before and after transplant. She finds Schladt both informed and proactive about taking care of her new liver.

“People don’t realize how important it is for the front-desk staff to interact with patients and families” she continued. “I am the first person they see and the last person they see. We make an impression.”

Until Jennifer Watkins, RN, CCTC, moved into quality assurance and performance improvement in 2013, she was Schladt’s transplant coordinator.

No matter the question or concern, Watkins or the coordinator on call, has always been there for the Schladts. Tom Schladt never left his wife’s side during her 10-day post-transplant hospitalization; he was actively involved in her care and recovery. “Jennifer was the one who helped my husband the most,” Schladt said.

“Transplant is a change in the way you live your life... In some way, we are connected to you forever.”

– Jennifer Watkins, RN

If Schladt falls ill and must go to the emergency department, the first call she makes is to her transplant coordinator. “Anytime she enters the UK HealthCare system, we smooth the path for her,” Watkins said. “We let admitting know that she is one of our transplant patients.”

It is also the role of the transplant coordinator, as well as floor nurses, to educate transplant patients.



“Transplant is a change in the way you live your life,” said Watkins. “It is not as if you come in and get a new liver and see us a couple of times and you are done. In some way, we are connected to you forever.”

DIETITIAN IS PART OF THE CARE TEAM

Schladt is also connected to the Transplant Center through liver and kidney transplant dietitian Susan Ibanez, MS, MBA, RD, LD. Schladt’s transplant was done before Ibanez came on staff, but since Ibanez was hired eight years ago, she has seen Schladt in the center’s clinic.

“The main part of my job,” said Ibanez, “is to work with all patients, before and after transplant. I tell patients they have me as their dietitian from start to finish. This includes providing nutrition education and tips to help improve their overall nutrition and maintain their strength so they can better withstand transplant.”

In 2015, transplant requirements changed. It is now mandated that the dietitian see patients before they are placed on the transplant list. “This process was implemented in the UK Transplant Clinic in July, and it is a good change for patients,” said Ibanez. “Previously, I saw patients on a consult basis, and there were

often people who fell through the cracks. Now, I see every patient, which helps continuity of care.

“Usually, I have seen patients five to six times before transplant and I follow them closely in the clinic after transplant. They often have problems in those early weeks with poor appetite, nausea and weight loss. Then sometimes, a year later, I see them because they have gained too much weight.”

The new process results in more comprehensive care, Ibanez believes. “Now, I can develop a rapport with patients and work with them on the post-transplant side as well.”

As a patient, Schladt has been informed and proactive, Ibanez said. “Teresa is passionate about taking care of the organ.”

ONSET OF TYPE II DIABETES RAISES OTHER CONCERNS

Diet has become even more critical for Schladt since she developed Type II diabetes, the result of antirejection medications and family history.

In 2010, the Transplant Center referred her to diabetologist Kristen Stakelin, MD. Working with Stakelin, Schladt got off insulin and now controls her diabetes with other medications, exercise and diet.

“I see Teresa every three to four months and she has one of the best attitudes of anybody I see,” said Stakelin. “She is very proactive in taking care of herself, and she researches things. She doesn’t wait for us, but she is very reasonable in what she researches and what she is willing to do.”

As a patient, Schladt appreciates the time Stakelin spends with her.

“That is actually one of the things as a physician that I am the biggest advocate of: for patients to be well informed and well educated about why we are using which therapies or why we think one therapy will work better than another,” Stakelin said. “I feel like when patients understand ‘why’ they are much more likely to follow through. It also gives them some input into the treatment. I think when people are offered choices

“I have had so many people say, ‘Thank you for listening; nobody is sitting and listening to me like that.’”

– Kristen Stakelin, MD



Teresa and Tom Schladt walk their dogs Madame Curie and Sir Isaac Newton through their downtown neighborhood. Teresa is president of their condo homeowners association and her life is active, full of family, volunteer work and art.

and they feel empowered to have a say in their therapy, they are much more proactive to take care of themselves and be compliant.

“When you get to take the time with patients – and yes, that makes me run behind in clinic – it makes a difference. It makes patients feel valued. I have had so many people say, “Thank you for listening; nobody is sitting

and listening to me like that,” which makes me sad that we have progressed to that as a medical community – where patients are not feeling heard and we are just trying to rush everyone through. If you have someone who will listen, even if I can’t change anything for them, just getting to talk is often therapeutic.”

A FULL, FULFILLING LIFE

Even as Schladt contends with continuing health problems caused by AAT deficiency, she is living a full life, with few limits.

Most days, she and a friend venture to Fayette Mall to walk. “The older people, they pass me,”

Diabetologist Kristen Stakelin, MD, takes time to listen and spends the time needed to ensure patients understand their treatment plan. She has worked closely with Teresa Schladt to manage the Type II diabetes that has developed since her transplant.

she says, ruefully. On those walks and others of length, Schladt uses supplemental oxygen. AAT has started to impact her lungs, just as the disease has now started to impact her brother's liver.

She takes her dogs, Madame Curie and Sir Isaac Newton ("Can't you tell Tom and I are both engineers?" she asks.) for walks; she and Tom walk downtown to the movies, to dinner and to the High Street YMCA, where they take tai chi. She keeps up with her three adult children: Michael, an engineer; Nicole, in law school at Emory University; and Rebecca, an engineering major at UK.

Schladt is also active in the wider community. For the past two years, she's been a member of the Markey Cancer Center Patient Advisory Group. She's proud that the group got benches placed between the parking lot and the center's buildings. "Now there are places to sit down as you go to your car if you have to," she said. "I hope I am helping make the lives of cancer patients a little more comfortable."

The 2013 Body Mapping art therapy project at UK reawakened a long-dormant interest in art, and she spends time painting in her downtown condo. Its architecture makes it a natural art studio, with a two-story wall of glass facing west, toward UK.

During the day, the sun beams in. At night, she sees stars, a shining reminder of the stellar support system that has seen her through the last nine years. ■

ART EVENT CELEBRATES CANCER SURVIVAL

This spring, Teresa Schladt bought a large canvas, pulled out her paint and brushes and created a painting for Expressions of Courage, the Markey Cancer Center's (MCC) annual celebration for cancer survivors.

A grassroots event created by UK HealthCare staff, Expressions of Courage invites cancer survivors to use art to express their cancer experience.

Paintings, photographs, quilts, jewelry and other works of art made by survivors are displayed; survivors also tell their stories through music, dance, stories and poetry.



Teresa Schladt painted "76 Falls" for the 2016 Expressions of Courage event. It was inspired by the 76 Falls located on Cumberland Lake and captures the vertical movement of the water as it falls.

First held in 2014, Expressions of Courage was organized by Cindy Robinson, APRN, who oversees the MCC Breast and Multidisciplinary Long-Term Cancer Survivorship Program, and three of her colleagues - Carla Repass, MCC assistant director for administration; Mincha Parker, APRN; and Valeria Moore, RN, practice manager.

"The Markey Cancer Center had just gotten its National Cancer Institute designation, and I wanted to do something special and honor survivors," Robinson said. She chose a date in June, National Cancer Survivor Month.

The celebration has grown each year, and Robinson

expects that growth to continue. "We expect it to be larger this year, and even larger next year."

All past and current cancer patients of Markey are invited, along with their family and friends, to next year's celebration in June. For more information, call **859-323-6542**, email markeyconfidata@uky.edu or visit the Markey website, ukhealthcare.uky.edu/markey.

Program for long-term survivors of cancer expands

Cindy Robinson, APRN, greets cancer survivors like Teresa Schladt with a smile and a survivorship care plan, a hefty, two-ring binder that contains the history of their cancer treatment and educational information on healthy living.

The care plan is an important aspect of the Markey Cancer Center's Cancer Survivorship Program. Robinson spends around 45 minutes with each cancer survivor, counseling and reviewing their treatment summary and discussing other aspects of their health care.

"When I first see a patient in the survivorship clinic, I make sure they have a primary care provider and counsel them as to the importance of following routine prevention guidelines, such as having mammograms, colonoscopies and other recommended cancer screenings. We also talk about health maintenance, such as adult immunization schedule, the importance of daily walking, stress reduction and eating healthy," she said.

Each binder is tailored to the survivor who receives it. If the survivor is a smoker, for example, Robinson includes information about smoking cessation programs; for a postmenopausal woman, there will be recommendations for maintaining bone health.

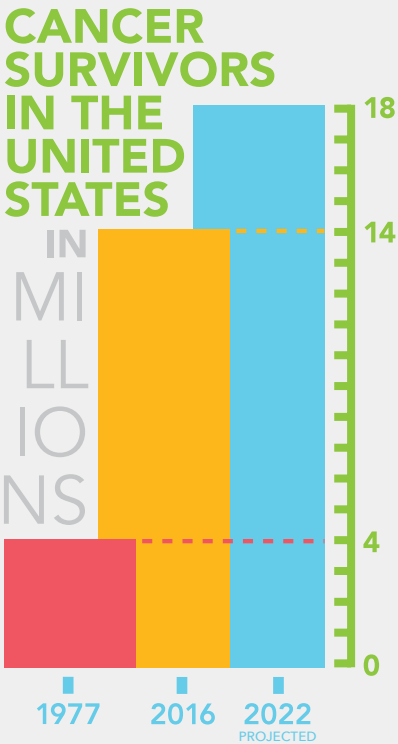
The detailed history of a patient's cancer care becomes a handy reminder and reference. "They are given so much information at the beginning of their treatment that it is hard to retain it all," said Robinson.

The care plan is a complete history of cancer treatment - from the size of a tumor and type of chemotherapy to the long-term effects of treatments and medications they received. The plan also includes information about symptoms that could indicate the survivor is having heart failure, lymphedema or other health issues that can be aftereffects of cancer treatment.

By 2019, all of Markey's cancer survivors who are treated with curative intent will receive a care plan when their cancer treatment is completed. During the preceding years, the survivorship clinics will incrementally increase capacity for care plans that are given. This year, 25 percent of survivors will have plans; in 2017, it will increase to 50 percent; by 2018, 75 percent. To handle the expansion, this year UK HealthCare and Markey added three advanced practice providers (APPs). Like Robinson, they will develop and review care plans with cancer survivors.

Although the Markey Cancer Center has provided personalized survivor care plans for several years, that effort is being expanded in light of growing numbers of people surviving cancer and in keeping with the best evidence-based practice. The Commission on Cancer (CoC) requires all cancer centers it accredits to provide cancer survivors with a care plan, and the National Cancer Institute (NCI) highly favors such plans.

Providing for the needs of the whole person - from prevention to diagnosis, treatment, follow up and survival - is a hallmark of the nation's best cancer centers. The Markey Cancer Center is the only cancer center in Kentucky with NCI designation and will seek accreditation for comprehensive status in 2018.



Source: Office of Cancer Survivorship, National Cancer Institute, 2013



Ten-month-old Natalan Hendren, in the arms of Enrique Gomez, MD, was admired by Nirmala Desai, MD, and parents Alan and Natasha during her first visit to the Neonatal ICU Graduate Clinic.

Natasha Hendren marvels at how her tiny baby knitted together such an incredible network.

Natasha and Alan Hendren led a quiet life. The young couple met seven years ago working at UK Good Samaritan Hospital. They married five years ago, worked, went to school – Natasha, now 29 and an RN, to finish her bachelor’s degree, and Alan, 28, and a nursing tech, to earn his nursing degree. Beyond work, they mostly kept to themselves.

“We used to joke that if we wanted to have a party, who would we invite?” said Natasha.

Then along came baby Natalan, named for both of her parents, born at 30 weeks and 2 days, weighing 3 lb., 6 oz. She’s been called a miracle baby by more than one of the seasoned medical professionals who had a hand in her care at Kentucky Children’s Hospital’s Neonatal Intensive Care Unit (NICU). The efforts by High-Risk Obstetrics and Maternal Fetal Medicine to keep Natasha safe during a difficult pregnancy and of Neonatology to save Natalan’s life brought

many important people into the Hendrens’ lives.

So when September 3, 2016 – Natalan’s first birthday – arrives, the guest list for her party will be long.

“There are going to be so many people to invite to the party,” said Natasha, who marvels at how her tiny baby knitted together such an incredible network. “Now that we have these people, well, I know if something happened, they would be there for us.”

EXCITEMENT TURNS TO FEAR

The Hendrens were elated when they learned Natasha was pregnant with their first child in March 2015. They made a pact to keep the news to themselves, but within hours, Natasha had told her mom and Alan had told his sister.

Just a few weeks later, their excitement turned to fear when Natasha began bleeding. Obstetricians at the UK Birthing Center triage determined that she had a subchorionic hematoma, an

accumulation of blood between the uterus and the placenta. Subchorionic bleeds usually resolve on their own, and women go on to have normal pregnancies.

Natasha was relieved, and even more so when she had a discharge a few weeks later and saw not blood but clear fluid. The couple thought the hematoma had finally resolved. Little did they know that leak signaled a much more serious problem.

ULTRASOUND SHOWS LACK OF AMNIOTIC FLUID

Natasha and Alan got back to the fun of being expectant parents. They planned a family get-together to “reveal” if the baby was a boy or girl, and headed to a business that does ultrasounds at 16 weeks so parents can learn their baby’s gender. The ultrasound tech there started the exam, then stopped and

The pink elephant – a gift from co-workers – reminds all just how small Natalan was at birth. Birth was only the first of many hurdles she would overcome.

A SMALL MIRACLE

Team effort helps UK nurses and their high-risk baby beat the odds

HEAR MORE FROM NATASHA
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Two members of the High-Risk Obstetrics team: John O'Brien, MD, delivered Natalan at 30 weeks by emergency cesarean section; Wendy Hansen, MD, could read Natasha's moods like no one else, knowing what to do or say to lift her spirits.

stared at her screen. There was a problem, she said.

Natasha and Alan went straight to UK Birthing Center triage, where another ultrasound showed that Natasha had had a preterm premature rupture of membranes (pPROM), a complication that occurs in roughly 3 percent of pregnancies. In a large number of cases, women go into labor soon after their membranes rupture.

HIGH-RISK PREGNANCY SPECIALISTS DISCUSS OPTIONS

Patients like Natasha see a team of physicians who specialize in high-risk pregnancies. Over the next two days, two of the specialists from Maternal Fetal Medicine would meet with the Hendrens to explain the complications posed by pPROM and lay out the options.

The first doctor they saw, Karen S. Playforth, MD, had seen other cases of pPROM, but none as early as 14 weeks, which was when Natasha's membranes had ruptured. "It was the earliest, and the worst case I had seen," Playforth said.

"She explained to us that babies use the fluid to make their lungs develop," said Natasha, "and it also allows them to move so that their musculoskeletal system gets strong." Without it, Playforth explained, the baby could be born with little or no lung tissue and have mobility issues or even cerebral palsy. Natasha would be at risk for infection.



Given the circumstances – the loss of fluids so early in the pregnancy and the fact that there had been no reaccumulation of fluid, the outlook was not good, Playforth said. "Could the baby make it?" Natasha asked. Playforth sadly shook her head.

"Our world just stopped," said Natasha. "I thought it was all over."

Playforth encouraged the couple to take time to think about how they wanted to proceed. Termination of the pregnancy was an option, she said.

"Our world just stopped, I thought it was all over."

– Natasha Hendren

Initially, the Hendrens considered it, but after an evening of prayer, discussion and some research that turned up little to help them, they agreed that unless Natasha's life was in danger, they wanted to go forward.

Looking at the ultrasound, Natasha had seen a perfectly formed baby. "And when I could see nothing else, I could see a heartbeat," she said. "I did not give her a heartbeat; it wasn't my place to take it away. I was willing to accept that she might not live or she might be born with disability.

I was going to put it in God's hands."

They requested a second opinion and within a day met with high-risk obstetrician Wendy Hansen, MD, at the time chief of Maternal Fetal Medicine, now chair of obstetrics and gynecology.

The Hendrens felt an immediate connection with her. "She came in, patted my leg and said, 'You guys have had a hard week,'" said Hendren.

Like Playforth, Hansen believed a good outcome was a long shot. She estimated the baby's odds of survival at 10 percent.

But she also offered something the Hendrens needed to hear – that no matter their decision, they would have the support of the high-risk pregnancy team.

"Dr. Hansen said, 'Your chances aren't good, but if you decide to go ahead with the pregnancy, I will support you and do everything I can to take care of you,'" said Hendren. "And for the first time, I felt like it wasn't us against the world."

MOTHER'S HEALTH IS THE PRIORITY

Natasha's health would be the high-risk obstetrics team's focus until the pregnancy reached 24 weeks, when fetuses are

considered viable. If Natasha reached that point without going into labor or having a serious infection, she would be admitted to UK Chandler Hospital, where she would be on bed rest until the baby arrived.

In the meantime, her doctors instructed Natasha to take her temperature twice daily, watch for signs of infection, and return to the hospital for a weekly check up. "We checked fluids and heart tones and made sure everything looked stable. Once a month, we would check growth," said Playforth.

Natasha Hendren cradles Natalan, home finally after a 72-day stay in the Neonatal ICU at Kentucky Children's Hospital.

Beyond the checkups, there were no interventions or medications for the condition. Natasha returned to work. And to everyone's surprise, including hers, she reached the 24-week mark and checked in for her prescribed bed rest. "I felt like I had won the lottery," she said.

SIX DIFFICULT WEEKS OF WAIT AND WORRY

Even though she had never been hospitalized, as a nurse Natasha knew how to be a good patient. "I decided I was going to get up, make my bed, walk the halls." But those plans went by the wayside as she became depressed and despondent. Her days were filled with worry. To console herself, she started an Instagram #babyhendrensjourney. "I thought maybe if I lose her I might want to

look back on this," Natasha said. "I tried not to let it show, but I was so scared. I felt like, 'Am I carrying this baby this whole time and it is just going to die?'"

When Natasha did get out of bed, she often bled and each time that happened, she would be rushed to the labor hall, where she would spend the night, only to return to her room for more waiting and worrying. Doctors gave her a round of antibiotics to protect against infection and steroids to help encourage whatever lung tissue the baby had to develop as fully as possible before she was born.

Hansen tried to brighten her patient's spirits in small ways. "She saw a change in me that no one else saw," said Natasha. "She would go and get the ultrasound machine and come in and take pictures for me to keep. She knew I needed every little bit of happiness I could get."

Two weeks before Natalan was born, Hansen sat down on Natasha's bed to talk.

"She said, 'We all hope this is a miracle baby, you know that. But I want you to remember this can still be a very bad situation.' I think she was trying to prepare me."

BABY NATALAN ARRIVES

On September 3, 2015, Natasha went into labor and was rushed to the labor hall. She had reached 30 weeks and two days. John O'Brien, MD, a member of the high-risk obstetrics team, had talked to Natasha two weeks earlier to explain how the cesarean section would go, but because the baby's heart rate dropped, Natasha had an emergency C-section.



Introduced by Virginia Apgar, MD, in 1952, the Apgar is a quick test performed on a baby at one and five minutes after birth. It examines breathing effort, heart rate, muscle tone, reflexes and skin color. Out of a possible 10, Natalan scored a 1.

APGAR SCORE	0	1	2
APPEARANCE	BLUE OR PALE ALL OVER	BLUE EXTREMITIES, BUT PINK TORSO	PINK ALL OVER
PULSE	NONE	< 100	> 100
GRIMACE	NO RESPONSE	WEAK GRIMACE WHEN STIMULATED	CRIES OR PULLS AWAY WHEN STIMULATED
ACTIVITY	NONE	SOME FLEXION OF ARMS	ARMS FLEXED, LEGS RESIST EXTENSION
RESPIRATIONS	NONE	WEAK, IRREGULAR OR GASPING	STRONG CRY

When O’Brien delivered Natalan, she was handed over to the Neonatal Intensive Care Unit (NICU) resuscitation team. Because the baby was not breathing, the team intubated her and performed CPR. Her heart was barely working, her limbs were contracted and her condition was grave. “Her Apgar score was 1; the best is a 10,” said Alan Hendren of the evaluation system used to rate the wellness of newborns minutes after they are born.

Neonatology fellow Enrique Gomez, MD, and Janell Hacker, MSN, APRN, were among those involved in Natalan’s resuscitation and initial care. “The first day, Natalan was critically ill, one of the sickest babies we see in the NICU.

It was all hands on deck; we didn’t sit down for hours,” said Hacker.

The team that handled Natalan’s care those first difficult days included two neonatology physicians, a neonatal fellow, four advanced practice providers, a pharmacist, a respiratory therapist and multiple staff nurses. They ordered medications, placed central lines, inserted chest tubes, reviewed labs and test results, and made minute-by-minute decisions.

Gomez and Hacker agree that Natalan’s successful care was the result of a team that worked together. “With UK being an academic institution, there are a lot of people involved,” said Hacker. “It is not one person making a decision. All of us were putting our heads together to come up with the best solution.”

For the next three days, Natalan’s fate was uncertain and the constant ups and downs were torturous for the Hendrens. “One thing we say to the parents is that this is an hour-to-hour situation,” said Gomez. “One hour the baby might be a little better, one hour worse, one hour the same, so just don’t lose all hope.”

It was hard not to. Natalan’s condition became so grave that NICU staff told the parents they should be prepared to say goodbye. Alan and Natasha prayed together in Natasha’s

room. Before long, news came that Natalan had made a “360-degree turnaround” the staff could not explain. Natasha remembered, “One nurse said, ‘I think the Hendren family was praying.’”

In his training in the NICU, Gomez has seen babies’ conditions rapidly and inexplicitly improve or decline. “It is why we tend to give these kids a chance, because kids can surprise you and Natalan is one of them,” said Gomez.

After that turnaround, Natalan “seemed to never look back,” said her mother. She did have other problems, but none as traumatic as those in the first days of her life.

Their baby was in the NICU over two months, but the Hendrens found comfort in the NICU nurses’ care. Dawn Waldrop, RN, would take photos of Natalan and send them to the Hendrens. She put bows in Natalan’s hair. Ellyn Willmarth, BSN, RN, did much the same.

“It was hard going home at night, knowing that she might die alone without us,” Natasha said, “but it helped knowing that there were nurses there that loved her and that Natalan loved. It was those kind of people who really helped us get through it.”

A NETWORK OF FRIENDS

Throughout the long stay, the Hendrens’ co-workers lightened the load. Jennifer Forman, MSN,



RN, CNML, Natasha’s supervisor, and Theresa Crossley, BSN, RN, CNML, Alan’s supervisor, were at the hospital when Natalan was born and visited her nearly every day. The Hendrens made them the only two people allowed to visit the baby without being accompanied by the parents.

“We were really rooting for a good outcome and wanted to be supportive through their hard time. I found it incredibly brave of both of them,” said Crossley.

“We cared for [Natalan] as a family member would – we got to hold her, change her diapers and feed her,” said Forman.

With the Hendrens’ permission, the two let others at Good Samaritan know how Natalan was doing. Other co-workers had prayer circles, held fundraisers and set up a GoFundMe page. When they learned that Alan and Natasha had had no time to prepare Natalan’s nursery, they bought furnishings



and other items needed for the baby’s room.

On day 72, when Natalan was finally discharged, Forman was there to help Natasha and Alan take Natalan to their car. She shot a video to mark the landmark occasion.

A YEAR LATER, A HAPPY FAMILY

Now, more than a year since Natasha’s troubles began, the

Top: Items gifted by family and friends, including gifts from their extended UKHealthCare family, can be found throughout Natalan’s room.

Below: Co-workers and Natalan’s nursing team offered support throughout, sending photos and supportive messages and making scrapbooks for the family. While Natasha has always taken great pride in working for UK HealthCare, this opportunity to see how caring staff and physicians are has given her even more pride in her work and in those she works alongside.

Natasha was comforted by the NICU nursing care, which included loving touches like bows for Natalan’s head and photos taken for the parents.



Hendrens are enjoying parenthood. They both still work at UK, and Alan has graduated from nursing school. Natasha works weekends at UK Chandler Hospital. They make frequent trips to Lexington for Natalan's medical appointments. Like most premature babies, her development is behind schedule but through the care she is receiving at the NICU Graduate Clinic (see sidebar, page 17) she is catching up.

The Hendren family has taught those around them a number of things.

"It is," said Hansen, "a remarkable

Natasha Hendren and Nirmala Desai, MD, see each other again for the first time since Natalan's discharge from the NICU after being a patient for 72 days. Natalan will be followed by Desai in the NICU Graduate Clinic for three years.

story of incredible determination and tenacity by a mom and a really good outcome."

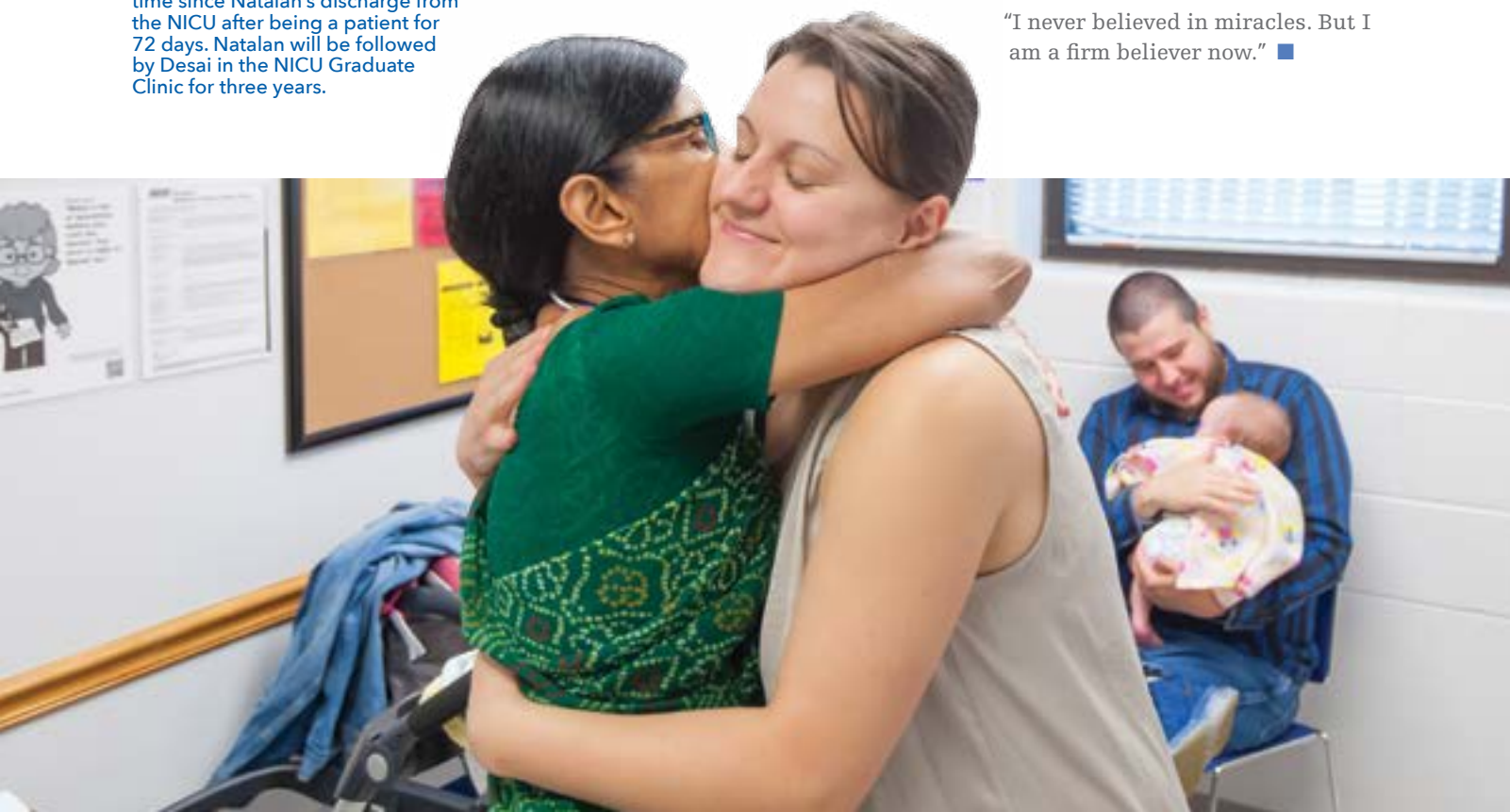
When Playforth did her residency and fellowship in New York City, most of the women she saw there with pPROM elected to terminate their pregnancies. "Here, in Kentucky, the culture is different," said Playforth. "Over the last six years back in Kentucky, the interactions I've had with wonderful people like Natasha has made me appreciate more and more that it is important to respect the patient's wishes and their views, to give them the information they need to make decisions, and then support them in that decision."

Keegan Smith, PT, DPT, (far left) works with Natalan practicing visual tracking. (Above) Alan Hendren practices head and neck control exercises that can be done at home.

Natasha says her experience has made her a better nurse. "As I'm taking care of patients now I keep in mind that you never know what their family is going through. UK is all about patient-centered care but now I think about the family as a whole."

She also hopes her family's story will give others hope when things seem hopeless. "Natalan is such an inspiration. I want people to know not to give up. God put the right people, the right support in our lives.

"I never believed in miracles. But I am a firm believer now." ■



HIGH-LEVEL CARE FOR HIGH-RISK BABIES CONTINUES AT NICU GRADUATE CLINIC

Natalan Hendren's ties to UK HealthCare did not end the day her parents took her home from her 72-day stay in the Neonatal Intensive Care Unit (NICU) at Kentucky Children's Hospital. She then became a patient at the NICU Graduate Clinic, a multidisciplinary practice that follows former NICU patients and other babies recommended for developmental care.

the most multidisciplinary teams at UK HealthCare.

"Our focus is on growth and development," said Desai. "These children can have multiple issues, the first year mainly motor and speech and feeding problems, but as the child grows older, language and behavior problems can also become issues."



As medical problems are resolved during that first year, visits taper off. Babies are typically seen at three months, six months, one year, two years and three years of age. A baby's chronological age is adjusted to correspond to his or her gestational age; in other words, a baby who is six months old but born three months premature is considered a three-month-old in terms of developmental expectations and recommendations.

Much of the clinic's work involves educating parents and involving them in their child's care. For example, an occupational therapist might show parents of a fussy baby how to console him through massage and other techniques. A dietitian could cover nutritional issues with parents of a child who is gaining too little or too much weight.

Clinic staff discuss developmental milestones. "We try to teach parents how to attain the next milestone," said Desai. In addition to instruction, parents receive handouts and other helpful materials. "We talk about how

they can help get the baby to roll over and those kinds of things," Desai said.

"Every part is education and through education, we are empowering them. These parents have to deal with ongoing challenges. It is hard."

The clinic has two locations, the UK Family Care Center at 1135 Red Mile Road in Lexington and the UK Center for Excellence in Rural Health in Hazard. For more information about the **NICU Graduate Clinic**, call **859-323-6469** or visit **ukhealthcare.uky.edu/kch/services/NICU-Graduate-Clinic**.

Nirmala Desai, MD, and an entire team see premature babies like Natalan Hendren at the NICU Graduate Clinic where their focus is on growth and development.

"Any baby born early doesn't develop as normally as other babies," said neonatologist Nirmala Desai, MD, who has run the clinic for more than 40 years. "Some delay in development is very common."

For the first three years of their life, babies are seen at the NICU Graduate Clinic by a team that includes a neonatologist, a nurse, a speech language pathologist, an occupational therapist, a physical therapist, a dietitian and a social worker. The NICU Graduate Clinic is among

A MATTER OF HEART

Reuben Ligon had a broken heart for years. When it came time to replace it with a transplanted one, there was only one place he would trust for the surgery: UK.

Congestive heart disease had plagued Reuben Ligon for almost 40 years. It limited his ability to work as a diesel mechanic – a job he loves – and to enjoy time with his family, which includes two sons, a daughter and, now, six grandsons.

It finally threatened his life.

Doctors and nurses at the UK Gill Heart Institute and later at the UK Transplant Center had taken care of Ligon, 59, and his failing heart for years, carefully managing the progressive disease and the symptoms it caused. Reuben and his wife Janet drove two hours, each way, from their home in Warsaw, Ky., to Lexington and then back on more occasions than they can count.

In 2011, Ligon had surgery in which doctors implanted a left ventricular assist device, or LVAD, a mechanical

pump for people with weakened hearts. His LVAD coordinator, Amanda Hart, became like family to Ligon and Janet.

“She called him ‘Ruby,’ and there’s nobody that can call him ‘Ruby,’” said Janet. But Hart had helped Ligon through many medical challenges, Janet said, so if she wanted to call him Ruby, that was fine with him.

Ultimately, there was no option for Ligon but a heart transplant. His weakened heart was wearing out. He was put on the transplant list at UK.

Then came a small catch. His insurance company told Ligon it would cover the out-of-pocket expenses for the surgery only if he went to a certain hospital in Ohio.

Ligon did not want to go there. He stood firm. If his life was on the line, there was only one place he would trust – and that was UK HealthCare. Doctors and nurses there had taken excellent care of him for years, and there was no place else he would feel comfortable, he said.

“I wasn’t about to go to Cleveland,” said Ligon. And it was not that he had concerns about that hospital. He

just did not want to leave UK and the great care that he – and the entire family – had received there.

“I got great care, always. I couldn’t ask for any better doctors and nurses,” said Ligon.

He also did not want to think of his wife “up there all by herself,” he said. And, Ligon wanted the TLC (tender loving care) for Janet and the couple’s three grown children that they had received at UK as well.

“They absolutely offer the best care so far as the patient but also for the family,” said Janet Ligon, remembering the support, kindness and information she received at UK many times over the years.

So, Ligon and his wife talked to his cardiologist, Navin Rajagopalan, MD, director of the UK Advanced Heart Failure Clinic. Ligon wanted desperately to stay at UK. The people, the trust, the care – he was scared to think of leaving that. Rajagopalan could not have been more comforting, the couple said.

“He said, ‘We’ve been through a lot together, and we want to keep you here,’” Ligon remembered the cardiologist telling him.

Rajagopalan then discussed options with medical and financial colleagues at UK HealthCare.

“Dr. Raj came back to us and told us he wanted us to stay,” said Ligon, choking up at the memory. “They made it work.”

THE CALL THAT CHANGES EVERYTHING

When Janet Ligon received the call Aug. 24, 2015, that a heart had become available for her husband, “I could have just sat on the floor,” she said in describing her surprise – and relief.

Transplant coordinator Donna Dennis explained that she would have to talk to Reuben to proceed. Janet knew it would be hard to reach Reuben that day. He was out with her father looking at diesel motors, and cellphone service was spotty. She anxiously waited and kept calling her husband.

By the time Ligon heard the news and returned the call to Donna Dennis, it was midday, Janet recalled. He accepted the surgery and the couple dashed to their car to begin the two-hour journey to Lexington they had made so many times. Only this time, the stakes were higher. This was a transplant – Alexis Shafii, MD, the surgeon who would perform the transplant, would be cutting into Ligon’s chest, taking out his failing heart and replacing it with a healthy one.



“I got great care, always. I couldn’t ask for any better doctors and nurses.”

– Reuben Ligon

UK cardiothoracic surgeon Alexis Shafii, MD, with heart transplant recipient Reuben Ligon. Ligon refused to go anywhere else for the surgery.



LVAD coordinator Amanda Hart met heart patient Reuben Ligon when she first started in the position and admits to getting emotional when it came time for his transplant.

HOURS LATER, REUBEN'S FAILING HEART IS EXCHANGED FOR A HEALTHY ONE

Surgery was scheduled for 4:30 p.m. – only about four hours had passed since Reuben said, “Yes.”

“As soon as we got there, there’s a roomful of people,” Janet recalled. “And then at 4:30, they were wheeling him down the hallway into surgery.”

Ligon got “a little emotional” before surgery, his wife learned from Amanda Hart. Because he was already in the operating room, she could not be there to comfort him. But Hart was, so she held his hand.

Hart said she felt emotional, too. She had met Ligon when she first started her position “and I could tell right then how dedicated a person he was.”

“He’s very driven and motivated but at the same time, very humble. He would do anything for anybody. When he was rolling down the hall, he said, ‘Now if there’s anyone who needs this more than I do, let him have it instead,’” Hart recalled.

In those tense moments, minutes turning to hours during surgery, information is vital for family and other loved ones. UK nurses provided updates just as often as Janet needed it.

“They would come in (to the waiting room) all the time. They’d update us. ‘We’ve got the old heart out now.’ ‘We’re implanting the new heart.’ There was always someone coming out with an update,” Janet said.

“Our patients are our family. The empathy is real. It’s genuine. What you get at UK is sincere.”
– Amanda Hart

And Hart was there for her, too.

“She was hugging me, telling me he was going to be OK,” Janet said. And, he was. Ligon made it through the surgery in excellent shape.

Hart said she felt honored to be there to support the Ligon family. All members of the transplant team have a



Reuben and Janet Ligon with three of their six grandsons. Family care is just as important as patient care.

sense of dedication to their patients that makes her proud to be part of the team.

“I feel like it comes naturally with our program,” Hart said. “Our patients are our family. The empathy is real. It’s genuine. What you get at UK is sincere.”

Hart and other members of the team strive to meet the needs of each individual patient and also each patient’s family. That’s particularly important with transplant patients, she believes.

“It’s such an amazing experience to be in a room with a patient when they are about to undergo a life-changing surgery. There can be a lot of anxiety,” Hart said. She makes sure to evaluate the needs of the patient and to respond accordingly.

Just as she held Ligon’s hand pre-surgery, she will sometimes talk quietly and reassuringly with other patients.

“I like to tell them that ‘We’re going to take great care of you and I’ll see you when you wake up,’” she

said. Sometimes, a patient will feel sad and needs to grieve. Hart aims to respect the emotional needs of the patient as she meets their medical needs. “My motto is, ‘I will treat every patient like I’d want my family to be treated,’” she said.

It’s a pervasive attitude, the Ligon family believes.

After Reuben’s surgery, the nurses were so attentive once he was settled in his room that the Ligon family said they will never forget the surprising touches and kindnesses they showered on them. As they look back, there were so many attentive nurses and aides they could not even begin to count them.

“Even the people who clean the rooms all have a special way about them,” said Janet. “You get the sense that they really care.”

At one point a few days after surgery, Ligon was craving a biscuit and gravy. One of the nurses heard him talking about one, and voila, the next day, she appeared with a biscuit and gravy.



CELEBRATING 25 YEARS OF HEART TRANSPLANTATION
Visit ukhealthcare.uky.edu/making-a-difference

Janet said that Rajagopalan told the couple, “I’ll make it happen, even if I have to pay for your motel room,” meaning that he would make sure Ligon would be out of the hospital that Sunday, even if it was too late in the day for the couple to travel.

“He emailed us throughout the day, saying everything’s great, we’re going to get you out,” said Janet. And he did. The Ligon family spent the holiday with their children and grandchildren.

LIFE WITH A NEW HEART

In June, the Ligon family went to Myrtle Beach for a vacation with the grandchildren – the family’s first in a decade or more.

“We still look at each other and say, ‘Did you think this day would ever come?’” said Reuben.

The donor and the donor’s family will always be in their hearts and minds.

“He worries about the donor’s family,” Janet said. “Someone lost their child. I tell him ‘God has a plan,’ and he wants to make sure he lives up to that plan. I don’t know if those parents will ever understand the gift they gave. But we do.”

Reuben Ligon promises that he, like his UK team of doctors and nurses, will make sure that the gift of life he received will not be in vain. ■

Dr. Rajagopalan, as the medical director for heart transplantation, was in their eyes the maestro coordinating all details throughout. He calmed the Ligon family when they were anxious or scared, and he took time to answer every question they had.

“He’s this really big, tall guy. He has a big, strong voice. But he talks to you person-to-person and makes sure you understand things,” said Janet.

“WE REMEMBER OUR WORK IS NOT IN VAIN”

Rajagopalan credits the entire transplant team, from dietitian to social workers, to nurses and surgeons, as being very committed to the program.

“We’ve all seen people who have been saved from dying,” he said, “and we remember that. We remember our work is not in vain.”

The team stresses communication, said Rajagopalan, among its own members and with patients. At the Tuesday morning staff meeting of doctors, nurses, dietitian and the various therapists who will help to restore a patient to good health post-transplant,

Surgeon Alexis Shafii, MD, and cardiologist Navin Rajagopalan, MD, belong to a team that stresses communication with each other and with patients.

“everyone has a voice,” said Rajagopalan. “We want everyone to know that their input matters,” he said.

They also want the patient to know that his or her concerns matter.

“We explain, we answer questions, we take our time,” Rajagopalan said. If patients and their families have questions after-hours, they are encouraged to contact their doctors.

Ligon was close to being ready for discharge in early September 2015, and was hoping he could be home in time to spend Labor Day with his grandchildren.

Discharge after surgery always takes time, but particularly so after a heart transplant. Patients often are discharged but then stay nearby so they can be close to the hospital for follow-up care after surgery.



“We still look at each other and say, ‘Did you think this day would ever come?’”

– Reuben Ligon

Kentuckians Reuben and Janet Ligon vacationing with their six grandchildren at Myrtle Beach, N.C.– their first family vacation in more than 10 years, made possible by Reuben’s new, healthy heart.

UK HEALTHCARE ACHIEVES NURSING'S HIGHEST HONOR



In February, UK HealthCare was notified that we have achieved Magnet status – the highest institutional honor awarded for nursing excellence. The recognition came from the American Nurses Credentialing Center.

Achieving Magnet status involves a rigorous and lengthy review. It shows a commitment to nursing excellence and improving professional practice, along with a solid commitment to continuing education and nursing specialty certification. Magnet nurses keep a laser focus on patient safety.

“It is truly an honor resulting from the leadership of our nurses, involving all of our caregivers, to keep the focus on meeting the needs of our patients, their families, and one another each and every day,” said Bo Cofield, vice president and chief clinical operations officer. “We are all proud to be one of less than 10 hospitals in Kentucky and less than 500 in the nation to have earned this distinction.”

CONGRATULATIONS TO THE UK HEALTHCARE NURSING TEAM - YOU'RE THE BEST!



“We are all proud to be one of less than 10 hospitals in Kentucky and less than 500 in the nation to have earned this distinction.”

(The Power of) advanced medicine

UK HealthCare’s promise to you: The Power of Advanced Medicine

How powerful is advanced medicine? At UK HealthCare it is seriously powerful. Life-changing powerful.

In March we launched a new advertising campaign built around our message of The Power of Advanced Medicine. The campaign showcases our role as Kentucky’s leading academic medical center.

From treating the most complex medical diagnoses to blazing new trails related to research and innovation, amazing things happen at UK HealthCare every day.

Perhaps you’ve seen our TV commercial featuring several of our programs and initiatives including orthopaedics, cancer and Alzheimer’s research, as well as the new Sports Medicine Research Institute. If you have not seen it, watch it at [youtube.com/ukhealthcare](https://www.youtube.com/ukhealthcare).

UK DERMATOLOGY NOW AT TURFLAND

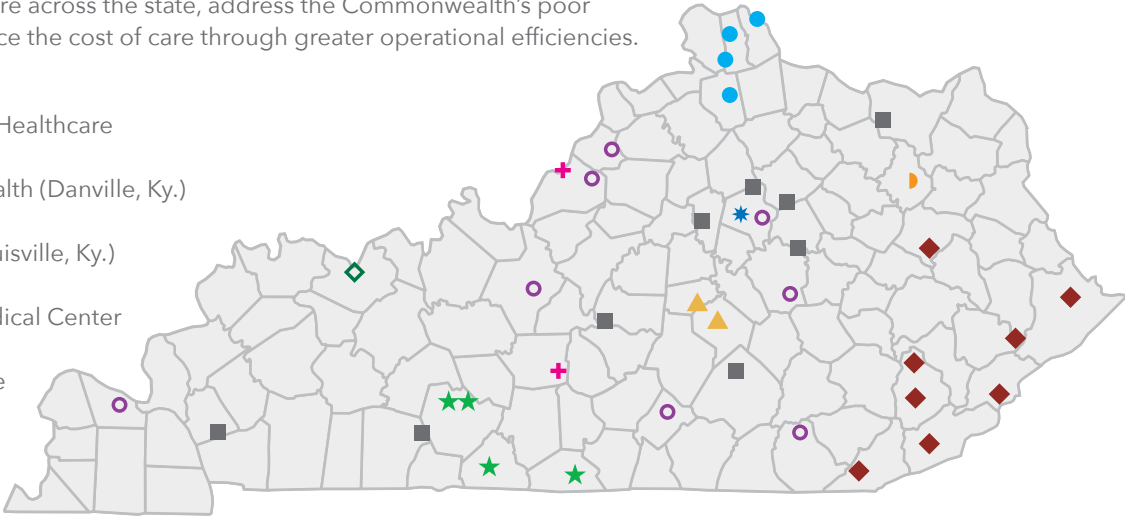
The Dermatology Clinic has relocated to UK HealthCare at Turfland on Harrodsburg Road from its former location in the Good Samaritan Medical Office Building. Alan Fleischer, MD, formerly of Wake Forest University and chair of dermatology there 2003-2011, has joined Stuart Tobin, MD, and Kate White, APRN-DNP, in the expanded clinic. UK Dermatology provides treatments for various skin conditions such as psoriasis, skin cancer, parasitic and bacterial infections, and rashes. Surgical dermatology services include treatments for benign, precancerous and malignant skin lesions; surgical removal of moles and skin growths; and examination of surgically removed growths to aid in diagnoses. To schedule a dermatology visit, please call 859-257-3235 and choose option 9.

Forming a statewide health care collaborative

In January, UK HealthCare joined nine other health care systems across the Commonwealth of Kentucky to form the Kentucky Health Collaborative. The collaborative’s primary objective is to raise standards of care across the state, address the Commonwealth’s poor health statistics and reduce the cost of care through greater operational efficiencies.

Charter members are:

- ◆ Appalachian Regional Healthcare
- Baptist Health
- ▲ Ephraim McDowell Health (Danville, Ky.)
- LifePoint Health
- ✚ Norton Healthcare (Louisville, Ky.)
- ◇ Owensboro Health
- St. Claire Regional Medical Center (Morehead, Ky.)
- St. Elizabeth Healthcare (Edgewood, Ky.)
- ★ The Medical Center (Bowling Green, Ky.)
- ★ UK HealthCare



WHAT YOU SHOULD KNOW ABOUT ZIKA VIRUS THIS SUMMER

The CDC recommends Zika virus testing for:

- Pregnant women who have recently traveled to an area with active Zika.
- Anyone who has traveled and has symptoms.

If you live in Kentucky and are not planning to travel this summer, your risk of catching Zika is very low.

The Zika virus is spread through mosquito bites or through sexual contact with an infected person. Currently, virus transmission is happening in many Caribbean and Central and South American countries. Although many people who become infected have mild or no symptoms, pregnant women who contract the disease are at high risk for complications. Zika has been linked to microcephaly in newborns, a potentially fatal neurological disorder characterized by an abnormally small head.

Currently, the only cases in the U.S. have been travel-associated. But concern is growing about the possibility of travelers spreading it to mosquitoes in the U.S., that can then infect people who have not traveled to countries with the active virus.

The *Aedes aegypti* mosquito, the main carrier of the virus, can be found in the U.S. during the summer months, including Kentucky. With no antiviral treatment or vaccine for Zika, the focus is on prevention and risk reduction.

The CDC recommends the following special precautions for pregnant women:

- Pregnant women should not travel to any area with Zika.
- If you must travel to one of these areas, talk to your doctor or other health care provider first and strictly follow steps to prevent mosquito bites during your trip.
- Until more is known, pregnant women with male sex partners who have lived in or traveled to an area with Zika virus should either use a condom every time they have sex or abstain from sex throughout the pregnancy.

To prevent mosquito bites:

- Wear protective clothes, including long-sleeved shirts and long pants. For extra protection, treat clothing with permethrin, a chemical that repels insects and kills mosquitoes and ticks when sprayed on clothing, tents and other gear.
- Use an EPA-registered insect repellent every day containing one or more of the following active ingredients: DEET, PICARIDIN or IR3535.
- Use screens on windows and doors; use air conditioning when available.
- Keep mosquitoes from laying eggs in and near standing water at your home.

If you are pregnant and have concerns about exposure to the Zika virus, please talk to your doctor.



Learn more by accessing:
BEHIND THE BLUE
UK’s Dr. Derek Forster on Dealing with Zika Virus
<http://behindtheblue.libsyn.com/podcast>

MAKING A
Difference

CLINICIAN NOTES AVAILABLE VIA OUR PORTAL!



As an added benefit to our patients, UK HealthCare is

sending clinician documentation from most outpatient and inpatient visits to patients who have set up **My UKHealthCare** portal accounts.

Discharge summaries from inpatient hospital stays that ended after Feb. 15, 2016, and clinician notes from outpatient clinic visits after March 15, 2016, can be viewed in patient portals after they have been approved by the patient's provider.

Find your clinician notes by clicking on the Documents tab in the top right of your My UKHealthCare portal account's home screen. (If you have not had a recent appointment, no notes will be visible.) It may take as long as 30 days for notes to be available in a patient's portal.

Most clinics are included. Like all other medical record information, documentation is not released electronically for any patient age 12-18 due to federal and state privacy laws.

As always, complete patient medical records for all dates of care, including clinician notes, are available in

hard-copy from our Health Information Management office. For information on how to request a hard copy of your medical record, visit ukhealthcare.uky.edu/med-records.

Patients who do not currently have an account can get more information and sign up at **myukhealthcare.org**. Once an account has been set up, notes from future inpatient and outpatient visits will be available.

Once you register for the My UKHealthCare patient portal, you can also:

- Request prescription renewals when it's convenient for you, not just when our offices are open.
- Request, cancel or reschedule appointments.
- View lab test results, radiology reports and office visit summaries.
- Get health maintenance reminders.
- View your immunization record and allergies.
- View your hospital discharge instructions.

Technical support for the My UKHealthCare patient portal is available weekdays 9 a.m. to 8 p.m. by calling **859-218-6221** or **844-820-7344 (toll free)**.