

Making a Difference

A woman with long brown hair, wearing a pink hoodie and blue jeans, is crouching and holding a young child with short blonde hair wearing a blue jacket. The woman is smiling warmly at the camera, while the child has a neutral expression.

A new heart for a new mom

A young mom inspires
extraordinary acts of caring.

An anniversary to remember

Frankfort couple finds
Chandler Emergency to
be a welcome surprise.

Life without seizures

Brain surgery gives
woman a life she
only dreamed of.

Cooking for special diets

Recipes for those
with heart disease,
hypertension and diabetes.

Making a Difference

Fall 2008

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A new heart for a new mom

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Cooking for special diets

UK HealthCare is teaming up with a local TV station to offer tasty recipes that meet the needs of patients with three of Kentucky's most common diseases: heart disease, hypertension and diabetes.

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Developing a seamless continuum of care



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

UK HealthCare is not simply a hospital, a college of medicine or a practice plan. We are rapidly becoming a health care delivery system that serves the Commonwealth in an efficient, high-quality way guaranteeing the public access to the very best care.

Sharing our strength in advanced subspecialties thanks to strategic recruitments nationally and local talent, UK physicians are traveling out to Kentucky's communities to work with rural providers so that patients receive a broader array of services closer to home. But when local services are no longer sufficient and the patient needs more, we are focused on creating ambulatory care services that are efficient and coordinated with the referring hospital or physician – a seamless system of care that treats inpatient care as just one aspect of the overall continuum.

To move us forward in that direction, UK HealthCare operations were recently reorganized under the model of a chief clinical officer. The CCO is responsible for coordinating and integrating all clinical activities at UK HealthCare across the spectrum of inpatient and outpatient care.

Richard Lofgren, MD, our former chief medical officer, has accepted this responsibility. Dr. Lofgren and I believe efficiency and quality go hand in hand. UK HealthCare will always be committed to the highest level of care, but when careful process improvement is sought, both quality and efficiency will benefit.

As evidence, we received the national 2007 Rising Star Award as Top Performer in Quality Improvement from the University HealthSystem Consortium. And for three years running we have been recognized by Thomson Reuters as a 100 Top Hospital: Benchmarks for Success recipient, one of only 15 academic medical centers recognized in 2008.

To stay disciplined and focused on efficiency, quality, safety and service, we need the best thinking and

creativity of every single one of the 7,000 professionals who represent UK HealthCare. I always say if we do the right thing for Kentucky, we will be successful. At our current rate of growth, I believe we're on the right track.

Michael Karpf, MD



Dr. Karpf with Dr. Richard Lofgren, UK HealthCare's new chief clinical officer responsible for integrating clinical activities into a seamless continuum of care.

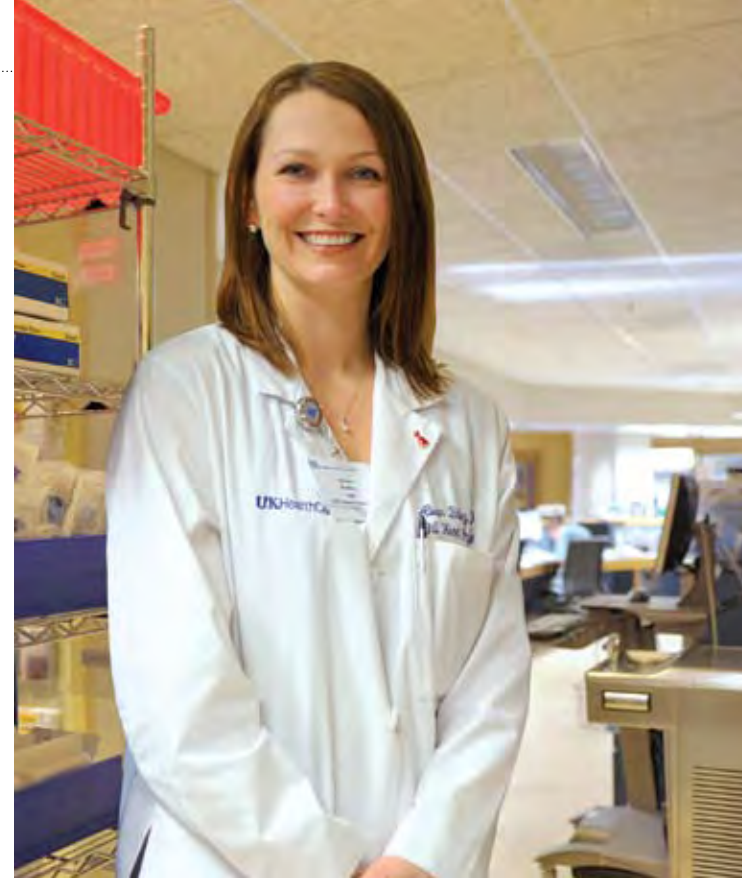
The patient who broke our hearts

“I don’t think I could have made it without them, I feel like I got so lucky to have the best doctors and nurses. They always checked on me and were concerned.”

– Carla Sparrow

Any way you look at it, Carla Sparrow’s story is a special one.

Not many people get a heart transplant at her age – 22 (only about 5 percent of heart-transplant patients are that young). Or have a dramatic emergency C-section in an intensive care unit (ICU) with doctors fighting to save both her life and her baby’s.



Cardiologist Dr. Alison Bailey brought Carla Sparrow a heating pad and magazines to help her get through weeks in the ICU.

a heart, and it was devastating to see her with her son and think that one day he might not have a mom. But one day I did take care of her, and we hit it off. I was determined I would make each day the best day I could for her.”

In and out of hospital

Sparrow had spent the past two years in and out of UK Albert B. Chandler Hospital and UK Gill Heart Institute, struggling with the effects of a failing heart that started causing problems during her pregnancy. When she was 29 weeks pregnant, she was admitted to UK Chandler Hospital because of shortness of breath and a racing heart. As she worked to keep Sparrow’s condition from worsening, Dr. Alison

Bailey, chief cardiology fellow at the time, also kept an eye on Sparrow’s unborn child. Concern for the baby led to the emergency delivery in the ICU by obstetrician Dr. Kristine Lain.

Weighing only three pounds at birth, Blake was quickly taken to Kentucky Children’s Hospital’s neonatal ICU. He would stay there for many weeks while his mother recovered enough to go home with her son.

“We all hoped that Carla’s heart would be okay after the pregnancy and the stress that goes with it was over, but she continued to have problems,” said Dr. Bailey, who is now director of the Cardiac Rehabilitation Program at UK Good Samaritan Hospital.

ICU nurse Maggie Kathman, RN, would ask herself, “What could I bring to Carla tomorrow to make her day?”

But perhaps the best part of the Lexington woman’s story is the bond that has formed between her and those who took care of her and her son, Blake, now 2.

“At first, we were reluctant to take care of her because she broke everybody’s heart,” remembered Crystal Lindsay, RN, one of the nurses who cared for Sparrow in the cardiac care unit in ICU for five weeks earlier this year. “We’ve seen people not get

Carla Sparrow now has the energy to keep up with her 2-year-old son, Blake.

“We always deliver the best care we can to our patients, but when a patient is undemanding and thankful for our work, it makes it so much easier for us to work even harder.”

– Maggie Kathman, RN





Sparrow eventually had surgery to replace two heart valves by cardiac surgeon Dr. Chand Ramaiah. While that helped, it wasn't long before Sparrow's heart could no longer keep up with her thriving son. Last April, she was again admitted to the hospital ICU because her heart was barely functioning.

"She still desperately wanted to return home to be with Blake. I told her that I understood, having a 2-year-old myself," recalled heart transplant

aortic balloon pump implanted into her leg and heart to help her stay alive.

Knowing that each day could be Sparrow's last, Lindsay, Christina Ellis, RN, Maggie Kathman, RN, and Kristina Tuttle, RN, bent the rules (with doctors' approval) to let her son come visit so he wouldn't forget her face. When Sparrow couldn't join the rest of her family for a Mothers Day outing, they got the okay to give her the salsa and chips she craved –

said. "They always checked on me and were concerned. They washed my hair and braided it for me. They'd come in and talk to me and always made me feel good. Dr. Bailey would bring me magazines, and when my back was hurting, she brought me a heating pad with a massager."

Dr. Bailey, also a young mother of a toddler son, had much in common with Sparrow. "I don't do that for all of my patients, but she and I have been through a lot together."

Sparrow made it easy for all of her caregivers to show their concern.

"She's a very ill, but very sweet young woman with a 2-year-old – that by itself sort of grabs you," said Dr. Bonnell. "But she is an incredibly engaging person who very quietly endears herself to you by her gentility and graciousness."

"She was so young and just so sweet, she never once complained about anything and always had a smile on her face," added Ellis.

"We always deliver the best care we can to our patients, but when a patient is undemanding and thankful for our work, it makes it so much easier for us to work even harder," Kathman said. "Her story just touches

ICU nurse Kristina Tuttle, RN, accompanied Sparrow to the operating room for the heart transplant.

"Every now and then a Carla comes by and brings a whole lot of things to light. UK does such a great job of doing for other patients what we were able to do for Carla."

– Mark Bonnell, MD

surgeon Dr. Mark Bonnell. "But I feared if she left, she might not be able to make it back to the hospital the next time. She said she'd think about the transplant. We then had this conversation every night for about four days."

Sparrow remembers those conversations. "Dr. Bonnell was always comforting me, talking to me. He's mainly the one who changed my mind about doing the transplant."

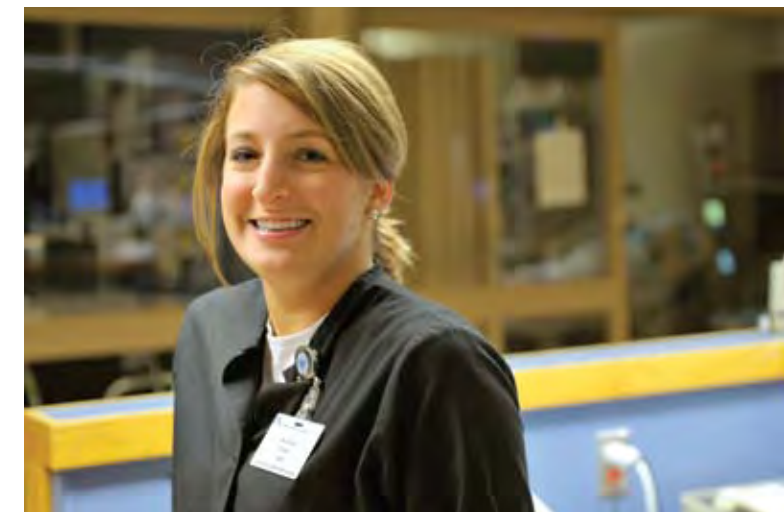
With the decision made, Sparrow waited and hoped for a suitable heart to become available. But waiting meant lying flat on her back for most of the time in the ICU. She couldn't get out of bed because of the intra-

a "no-no" on her diet.

When Sparrow was depressed because she had not breathed fresh air in weeks, Lindsay and Tuttle arranged to have her bed – and all of the equipment she was connected to – wheeled outside. And to cheer her up, Ellis arranged for three DJs from radio 98.1 The Bull, to visit, bringing T-shirts and lots of laughs. Four hours after their visit and two days after her outing, Sparrow was told that a generous family had donated a loved one's heart.

"I don't think I could have made it without them, I feel like I got so lucky to have the best doctors and nurses," Sparrow

Transplant surgeon Dr. Mark Bonnell believes Carla Sparrow did more for those who took care of her than they did for her.



Kentuckians wait for needed donated organs

More than 130 people benefit from organ transplants each year at the UK Transplant Center. But another 600 Kentuckians are still waiting for a life-saving transplant.

UK's specialists have been performing transplantation services since 1964. The center specializes in the transplantation of all major organs, including the heart, lung, kidney, pancreas and liver.

One donor can provide tissue, organs and bones for nearly 50 people in need. Some organs – the liver, kidney, intestine, pancreas and lung – can be used from a living donor.



Donors can be newborns to senior citizens. Anyone over the age of 18 can indicate a wish to be a donor by simply signing his driver's license

or donor card, or registering as an organ donor at the Kentucky Organ Donor Registry: www.donatelifeky.org.

people, it helps me deal better with it.”

Tuttle said it helps to “put myself in their situation and just make the hospital setting as accommodating as possible. I always try to ask, ‘What can I do for you?’ and really try to empathize and do what I can to make it better. But I also try to give myself a break, too.”

It helped that the four nurses had each other. “We were always calling each other and checking with each other on how Carla was doing,” Tuttle said.

It also helped that Sparrow had the same nurses assigned to her every day, providing continuity in her care. “We try to do that for all of our patients,” said Ellis. “That way the patients get to know and trust you and the family knows you. You can talk to them on a personal level.”

“I was determined I would make each day the best day I could for her.”

– Crystal Lindsay, RN

Sparrow reminded them that, “The greatest part of this job is the humanity of it, the interpersonal connections,” said Dr. Bonnell. “It can be scary to put yourself out there and let your patients know you care about them. But that’s the way my grandfather practiced, and the way my uncle practiced.”

Showing concern is as simple as looking patients in the eye, holding their hand, and “actually listening to what they are saying. We should do this for any patient, but some patients are harder than others. They test our

compassion,” Dr. Bonnell added.

Perhaps the best part about Sparrow’s story is that it “highlights what happens here to other patients every day in other ways,” said Dr. Bonnell. “Every now and then a Carla comes by and brings a whole lot of things to light. UK does such a great job of doing for other patients what we were able to do for Carla.” ■

Sharing the ups and downs helps, say ICU staff, from left, Christina Ellis, RN, Alison Bailey, MD, Crystal Lindsay, RN, and Kristina Tuttle, RN.

For Carla, going home was a day to celebrate with Drs. Bonnell, left, and Bailey, right.



your heart. She remained strong and faithful and thankful throughout.”

Transplant brings new life

When word came last May 28 that a heart was available, Lindsey came in on her night off to be with Sparrow as she was prepared for surgery by the UK transplant team. Tuttle accompanied Sparrow into the OR. She watched Dr. Bonnell and Dr. Ramaiah carefully replace Sparrow’s ailing heart with the healthy one.

“It was amazing,” Tuttle remembered. “Almost immediately,

her new heart started beating, and we said, ‘Wow, she is a lucky girl.’ I was so happy for her.”

Sparrow wasn’t out of the woods as doctors dealt with some complications. But after a couple of weeks, she was ready to go home to Blake and her family who had been caring for Blake.

Caring can be difficult

Working with critically ill patients like Sparrow can be tough, especially if a strong bond develops. “You have to come up with a way to cope with it,” said Lindsay. “By getting to know

“Almost immediately, her new heart started beating, and we said, ‘Wow, she is a lucky girl.’ I was so happy for her.”

– Kristina Tuttle, RN



Emergency visit **exceeds** expectations

“I expected quality care when we walked in the door. What I didn’t expect was the level of caring that went with it.”

– Mike Schillhahn

Celebrating their 34th wedding anniversary in the emergency department last January wasn’t what Mike and Rebekah Schillhahn had in mind. Instead of going out for a romantic dinner, the couple wound up waiting for three days at UK Albert B. Chandler’s Emergency Department (ED) for a hospital bed for Rebekah.

“They treated her like she was both an old friend and the only patient in the world.”

– Mike Schillhahn

Despite the change in plans, the anniversary turned out “to be a good one,” Mike said.

In fact, what happened in the ED so surpassed the couple’s expectations of a busy trauma center that Mike Schillhahn felt compelled to write a letter commending the Emergency Department staff.

“I expected quality care when we walked in the door,” the former LEX18 television reporter said in his letter. “What I didn’t expect was the level of caring that went with it.”

What brought them to the ED was Rebekah’s fall at their Frankfort home. Her family physician ordered both an X-ray of Rebekah’s sore ankle and an MRI of her brain. The images of a tumor on the right side of Rebekah’s brain had the physician quickly calling UK HealthCare neurosurgeon Thomas Pittman, MD. They arranged for Rebekah to go straight to UK’s Emergency Department to be evaluated for possible emergency brain surgery.

No empty hospital beds

When the couple arrived at UK on Wednesday, Jan. 16, “everyone was so nice,” Rebekah recalled. “They took me in through triage, and then we met with a panel of doctors who asked

lots of questions, and did more tests.” The doctors decided to delay surgery till the following week, but they wanted to admit her to the neurology unit in the hospital. She needed to be closely monitored while on medications to reduce the swelling in her brain caused by the tumor.

However, there were no empty beds in the neurology unit. So Rebekah became a “boarder” and was admitted as an inpatient but had to stay in a new 12-bed Acute Care Unit in the ED. There she got all of the needed care as if she was in a more typical hospital bed. The small rooms are private, and they have flat screen TVs.

It’s not unusual for patients to have to wait in the ED until a bed becomes available in the hospital, explained Penne Allison, RN, director of emergency and trauma services. The overflow of admitted patients in emergency is indicative of a national problem, not just one at UK HealthCare. Allison said reasons include an increase in sicker patients who stay longer in the hospital; problems with discharging patients who can’t leave until they get a ride from a family member who may live many miles

ED nurse Kari Blackburn, RN, left, gets lots of letters from satisfied patients, said Penne Allison, RN, right, director of emergency and trauma services.



Rebekah Schillhahn, pictured with husband Mike, said she never felt forgotten during her three days in the ED.



away; and the need for specialized treatment in a specific nursing unit or for beds that are monitored, such as in critical care or a neurology unit.

Chandler Hospital’s 40-bed ED is a Level I trauma center, which means they get the sickest, most critical patients from surrounding counties. “If we get three or four traumas, it impacts the rest of our operations,” as those patients are first in line to get needed services, Allison explained.

There is also a growing demand for emergency services, Allison said. More people come to the ED with a minor ailment because they can’t get an appointment with their family doctor. The busier the ED, the higher the number of admitted patients; one-fourth of the nearly 47,000 ED patients wind up being admitted, accounting for up to 47 percent of all hospital patients.



Michael Miller, RN, learned from his grandmother to treat everyone like family.

Couple never felt neglected

Despite a busy ED and a hospital filled to the brim, the Schillhahns said they never felt forgotten or neglected. “It’s easy to be nice and cheerful when things are going well, but your crew was nice and cheerful (and extremely professional at the same time) when things weren’t going well,” Mike wrote. When his wife became disruptive after waking up in a strange place, “they treated her like she was both an old friend and the only patient in the world.”

The Schillhahns were reluctant to name all of their caregivers, for fear of leaving someone out. When pressed, however, they remembered three nurses in particular: night charge nurse Carrie Dunaway, RN, and staff nurses Kari Blackburn, RN, and Michael Miller, RN.

Allison credited Dunaway with championing many of the changes that have been made by the staff to help patients feel well cared for, including:

- In addition to regular nursing care, having the charge nurse visit or

“We tell each other if something needs to be improved upon, and no one takes it personally.”

– Kari Blackburn, RN

“round on” all patients at least once during a 12-hour shift. “I try to visit all 40 or 50 patients at least three times to see if they or their family members need anything,” Dunaway said.

- Visits to patients who are there for longer than 24 hours by a hospital administrator who apologizes and explains what’s being done to help.
- Making sure the staff always introduces themselves.
- Paying attention to the needs of the family. That may mean finding a gurney, pillows and warm blankets so that the loved one can get some sleep or simply offering them a cup of coffee.
- Starting the ball rolling on needed tests, even if the patient is still in the waiting room, so that results are ready when the patient can be seen.
- Creating a separate Express Care area for patients to be seen who have minor ailments; and there’s also the new Makenna David Pediatric Emergency Care Center for children only.
- Calling patients after they’ve gone home to see how they are doing.

“Some of the nurses who were there that first night would come by every

day and see me for a minute,” Rebekah recalled. “They were great. I knew I was in good hands.”

Staff treats patients like family

Blackburn remembers the Schillhahns. “They were so nice and so appreciative. We stayed in touch with e-mail because I wanted to keep updated about her condition. She was so sick when she came into the ED, but by the third day she was perky.” That was Friday, the day Rebekah was moved to the neurology unit. She went home on Saturday, returning the following week for successful surgery to remove her brain tumor.

“We’re trained to treat everyone the same and make everyone feel the same, even if we are overwhelmed,” said Blackburn, who graduated from nursing school two years ago. “We

Charge nurse Carrie Dunaway, RN, championed many changes to improve patient satisfaction, including a supervisor rounding on each patient.



Always open for emergencies

When you or a loved one needs urgent medical attention, emergency care is always available, 24 hours a day, at both UK Chandler Hospital and UK Good Samaritan Hospital.

UK Good Samaritan Hospital, located at 310 Limestone on the corner of Maxwell Street, offers a convenient option for more routine emergency care, as well as free garage parking.

UK Chandler Hospital has the facilities and on-call specialists to handle any type of emergency:

- The Level I Trauma Center, one of only two in Kentucky, is for the most critically injured patients. Last year, 2,877 adults and children were treated at UK Chandler’s Trauma Center.
- The new Makenna David Pediatric Emergency Center puts children and their parents at ease, with a separate waiting area for kids and their parents. Six child-friendly



treatment rooms have flat-panel TVs (with video games coming soon). Emergency physicians and nurses specially trained in pediatric care are backed by specialists from Kentucky Children’s Hospital.

- For minor ailments, there is Express Care. This four-bed area offers quicker treatment for those needing after-hours care for minor ailments such as a sprained ankle, dental emergency or broken arm.

Parking is easy at UK Chandler Hospital’s new parking garage with 24-hour free shuttle service. The

Ambulances from throughout Kentucky keep UK’s ED busy, said Director Penne Allison, RN.

garage is on South Limestone between Conn Terrace and Transcript Avenue, across the street from the medical campus. Temporary parking is available at the Chandler Emergency entrance to allow drivers to drop off patients before parking in the garage.

For directions to either UK Good Samaritan or UK Chandler Hospital, visit ukhealthcare.uky.edu or call **257-1000** or toll free **1-800-333-8874**.

take care of the really sick, and then we go into the next room and smile and put on a happy face. If my family member was here, I wouldn’t want someone to come in and be grumpy.”

When things do get too overwhelming, “we share it with each other, we can’t take it home,” Blackburn said. “It’s made us into a close team of people. We tell each other if something needs to be improved upon, and no one takes it personally.”

“We work hard, and we work together. We have to rely on each other,” said Dunaway, who has been there for eight years. “If one nurse is busy, the others will help out. Sometimes we see the worst of the worst. For

people to come here and work and then come back tomorrow and be just as eager to help everyone, even if it was chaotic the night before, speaks volumes about the staff.”

Miller, an ED nurse for more than a year, was surprised to hear that the Schillhahns singled him out. He wondered if it’s because he’s “honest and blunt” and talks like a “normal human being” when explaining things to patients or that he treats everyone like family?

“My grandmother always tells me, ‘You make sure you treat them like you were treating me or your mom,’” Miller said. “I don’t feel like I went above and beyond for them

(the Schillhahns), I do that for everybody.”

Letters like the one written by Mike Schillhahn mean a lot to ED Director Allison, who came to UK HealthCare four years ago. “UK is a great place to work, with some of the best staff I’ve ever worked with,” the former pediatric emergency nurse said. “They are the ones who make things happen for their patients.”

Mike Schillhahn finished his letter by noting that his wife had “similarly excellent (and wonderful) treatment” from the neurosurgery and Markey Cancer Center staff. “But there will always be a warm spot in our hearts for the caring people of the Emergency Department.” ■

Henry County woman finds relief from a lifetime of seizures

“When I had a seizure, my husband would . . . set me down under a tree. I’d fall asleep, and when I woke up, I’d start pushing my lawn mower again.”

– Lenora Russell

Epilepsy has ruled Lenora Russell’s life. Now 56, the Henry County woman had been having epileptic seizures since she was “knee-high to a grasshopper.”

She’s spent her life dealing with seizures and the side effects of the medications she’s had to take. She

endured ridicule growing up, feeling shame as people made fun of her.

All of that changed last March when UK neurosurgeon Thomas Pittman, MD, removed the damaged part of her brain where electrical misfires were causing seizures. Before surgery Russell experienced as many as 10 “violent, jerking” seizures a week that sent her “directly to the ground.” She now is seizure free, and odds are good they are gone forever.

Russell says she feels so great, she wants everyone to know about the procedure that gave her back her life, a life she’s shared for the past 35 years with her husband Sam and her grown children Shawn and Michelle.

“I never thought I’d have a family; what man would want to marry a woman with seizures?” Russell said. For 18 years, they worked together in a family landscaping business. “When I had a seizure, my husband would stop the riding lawn mower he was on and set me down under a tree. I’d fall asleep, and when I woke up, I’d start pushing my lawn mower again.”

A feeling in the pit of her stomach – called an aura – warned her when a seizure was coming. She kept her children safe by locking the doors when she felt a seizure coming. At work as an aide with adults who have disabilities, the aura gave her time to get a replacement.

Russell has tried everything to control her seizures. An experimental drug brought relief for six years, but then it quit working. As the seizures returned, Russell – who had always used laughter to get through difficult times – became despondent.

Now that she is seizure free, Lenora Russell can get back to making wood crafts with husband Sam.



Coordinator Amber Chumley makes patient visits as easy and convenient as possible.

Ready to try anything

When her Louisville physician suggested she pay a visit to Toufic Fakhoury, MD, medical director of UK’s Comprehensive Epilepsy Center in August 2007, she was ready to try anything.

She underwent several outpatient diagnostic tests at UK’s Epilepsy Clinic. She also spent two days at the six-bed Epilepsy Monitoring Center on the seventh floor of UK Albert B. Chandler Hospital. There doctors observed and recorded Russell during two epileptic seizures.

“They put me through the ringer,” she recalled, crediting Amber Chumley, the epilepsy coordinator, for making things easy by scheduling appointments and answering questions.

Tests confirmed that Russell had intractable epilepsy – epilepsy that can’t be controlled with medications – and pinpointed the source of her seizures. About one-third of the 3 million Americans with epilepsy have uncontrolled seizures. The Multidisciplinary Epilepsy Surgery Conference team at UK discussed Russell’s case at their monthly meeting. Team members included Drs. Pittman and Fakhoury, as well as a neuroradiologist who

reviewed Russell’s brain images; a neuropsychologist who determined if Russell’s memory and speech would be affected by surgery; a social worker; and coordinator Chumley.

They agreed that Russell was a candidate for an anterior temporal lobectomy – surgery to remove the damaged area on the right side of her brain. The temporal lobe, located on either side of the brain just above the ear, plays an important role in hearing, language and memory. The procedure has been around for years, though its use has increased dramatically as its effectiveness has been proven. However, the surgery typically isn’t done on older patients such as Russell.

“We like to get people when they are younger, but people get into the system, they are trying different drugs, and years go by before they are evaluated as a candidate for surgery,” said Dr. Pittman. “This is effective surgery for a select group of people, it’s reasonably safe, and it’s life-changing.” About 70 percent of people are seizure free after surgery, with an even better



success rate for those like Russell who have a defined area of damage in the temporal lobe.

Advances in the tools used allow the surgery to be done through a smaller incision with greater accuracy. Precise mapping of the affected area of the brain is done with the aid of functional MRIs to help the neurosurgeon pinpoint the area to be removed without damaging healthy areas that could affect memory or speech.

“The conjunction of all of these things helps us feel better about being in the right place, heading the right way,” Dr. Pittman said.

“We discussed the option of surgery with Mrs. Russell four or five times before she became convinced,” said Dr. Fakhoury. “I try not to influence patients’ decisions too much. I give them the options and the chances of success. But if I’m going to offer brain surgery to someone, we define

“If I’m going to offer brain surgery to someone, we define chances of success not as making seizures better but rather as having zero seizures.”

– Toufic Fakhoury, MD

chances of success not as making seizures better but rather as having zero seizures.”

Russell credited Dr. Fakhoury’s attentiveness as helping her to reach her decision. “He discussed all of my options; he was really very thorough and he gave me his full attention,” she recalled. “When my husband would talk, he’d say, ‘Excuse me, I was asking her.’”

“I like to put people at ease,” Dr. Fakhoury said. “We see husbands or

wives begin to answer for the patient and I encourage that, but I also want to hear from the patient. Everyone else involved is important, but they are number two, the patient is number one.”

Surgery stops the seizures

Once convinced, Russell couldn’t wait. “I went to see Dr. Pittman on a Monday and I told him I had one question – ‘How fast can we get this surgery done?’ He told me he had a



Dr. Thomas Pittman’s sense of humor and nurse Diana Shappley’s professionalism made an impression on Lenora Russell.

She still has auras; doctors say they may continue for several years.

Best of all, Russell said she is standing up for herself more now. “I used to always walk with my head hung down because people made so much fun of me. Now I’m flying

high. I have a great love of life that I’ve never had before.” ■

cancellation on Wednesday and I said, ‘Let’s do it.’”

Diana Shappley, RN, who works with Dr. Pittman in the Neurosurgery Clinic, got everything set up for Russell’s surgery. “Diana was great,” Russell said. “Every time I called with a question she would tell me that she would ask the doctor and call me back later that day, and she always did. And she still wears her nurse’s cap!”

Shappley, who has worked for UK HealthCare for nearly 39 years, finds that wearing the cap and the traditional white nurse’s uniform helps patients feel more secure. “Most patients, especially the older ones, say it’s comforting to know who the nurse is because it sure is difficult to tell anymore,” Shappley explained.

Compliments from patients mean a lot to her. “Nurses go into nursing because they want to take care of patients. We are here to take care of patients, even if we miss a meal or don’t get a break; even if that means returning calls at 7 or 8 at night to answer a patient’s questions.”

After her surgery, Russell stayed for one day in ICU and went

home a day later with hardly a headache and no seizures.

“I was so well taken care of,” she recalled, “They treat you like a queen or king, from the nurses’ aides bringing you towels to the people at the cafeteria. There were some great nurses. And the transporters, they always had a great sense of humor. My husband is always such a cutup and so am I, so they blended with us. They got us where we really needed to go, and they got us there fast.”

She had to visit Dr. Pittman two times after the surgery. On the second visit when he said she didn’t have to come see him again, she gave him a big hug. “I told him, ‘I just want to thank you and God for giving me my life back.’”

Russell is back to work full time at Cedar Lake Lodge and is looking forward to driving again. She will be weaned from the medications that have made her sleepy and depressed.



The Russells said they were treated like royalty by everyone, including cafeteria workers such as Esterlene Cruite, left, and transporter Juanita Warner, above, demonstrating her skill at transport with another co-worker.

Comprehensive Epilepsy Center



The Comprehensive Epilepsy Center is part of the Kentucky Neuroscience Institute at UK HealthCare. The center is one of only two of its kind in Kentucky, and the only one serving eastern Kentucky. Comprehensive diagnosis and treatment options are offered for children, adolescents and adults with epilepsy who have been referred by their neurologist or primary care physician. Treatment options include medication and surgery, with the opportunity to participate in clinical research trials for the latest in epilepsy treatment. For more information, call **859-218-5049**.

Epilepsy specialist Dr. Toufic Fakhoury, seated, works with a team of specialists to understand the disease and design treatment plans.



Wellness Cooking for special diets

UKHealthCare is excited to team up with WLEX-TV, Healthy Cooking 101 chef Susie Quick and UK nutritionist Maria G. Boosalis to bring you a series of video recipes designed especially for folks with special dietary needs due to diabetes, high blood pressure and cardiovascular disease.

When you have specific health conditions such as those listed above, your food choices become very important components in helping you manage some of the effects of



these conditions. For this reason, UK is working with Quick and Boosalis to develop the recipes you'll see on the Wellness Cooking for Special Diets page at lex18.com.

One of the featured recipes from the site is shown at right. To view the other recipes and watch them being prepared, visit lex18.com and click on the Wellness Cooking for Special Diets banner.

“We’re showing how a special diet can be delicious; all it takes are smart, simple substitutions.”

– Maria G. Boosalis, PhD, MPH, RD, LD
UK College of Health Sciences

Baby Spinach with Apples, Goat Cheese and Honey-Cider Dressing

Here’s a delicious salad that’s filled with antioxidants, calcium and healthy monosaturated fats found in olive oil and nuts.

- 2 Golden Delicious apples, unpeeled, cored and cut into large cubes
- 4 tablespoons fresh lemon juice (from about 2 lemons)
- 10 cups baby spinach leaves (about two- 5-ounce packages washed and spun dry)
- 2 tablespoons extra-virgin olive oil
- 1 tablespoon apple cider vinegar
- 1 tablespoon honey (or 2 teaspoons sugar substitute such as Splenda)
- Pinch of freshly ground black pepper
- 1/2-cup chopped pecans (or walnuts*), toasted
- 5 ounces plain goat cheese, broken into big chunks

Toss the apples with 2 tablespoons of the lemon juice. Place the spinach in a large salad bowl and remove long stems and any bruised leaves. In a separate bowl, whisk together the remaining lemon juice, olive oil, vinegar, honey or sugar substitute, and pepper. Toss the spinach and apples with just enough vinaigrette to coat. Divide among four plates and top with nuts and goat cheese.

Yields: 6 servings

CALORIES 226; CARBOHYDRATE 18.3g;
PROTEIN 6.6g; TOTAL FAT 16.35g;
SATURATED FAT 3.6g; CHOLESTEROL 20.8g;
SODIUM 122mg

*analysis is with pecans



UK HealthCare facilities now completely tobacco free

We have created a tobacco-free medical campus as a part of our obligation to provide a healthy environment for patients, visitors and employees. We’re joined in this effort by 14 other medical centers in central Kentucky alone.

Employees

If you are an employee of UK HealthCare and you would like to take this opportunity to quit using tobacco, ask your supervisor for information on special opportunities for tobacco treatment.

Patients

If you anticipate being on campus as a patient for an extended period of time and worry about managing without tobacco, call UK Health Connection toll free at **1-800-333-8874** and ask for our brochure describing tobacco withdrawal support for patients.

Visitors

Others visiting Kentucky Clinic, UK Chandler Hospital or UK Good Samaritan Hospital will find nicotine gum available for purchase in the



Chandler Hospital cafeteria and both hospital gift shops along with the full range of nicotine replacement products at the Kentucky Clinic Pharmacy. The pharmacy also provides education and counseling.

We’re happy to provide information on tobacco treatment or a map of the tobacco-free campus. Simply call UK Health Connection toll free at **1-800-333-8874**.

More voices on hold

Two more employees have added their stories to the employee on-hold messages launched last spring and now available on many telephone systems at UK HealthCare. In addition to the new employee voices, 17 new or updated messages have been added with tips on everything from the importance of getting a flu shot to information about the new pediatric emergency center.

Here are the two new “voices” of UK HealthCare with excerpts from their recordings:



Terri Savage,
Advisor,
UK Health Connections

“Sometimes people are frantic and all they need is a calming voice. I’m glad I can be that voice and can give them what they need.”



Judi Dunn, RN,
Patient education manager,
UK Chandler Hospital

“It is truly an honor to help patients and their families get the information they need and see the positive effect it has on helping them through their hospital stay and recovery.”

Clinics move to UK Good Samaritan

A service and two clinics have recently opened on the UK Good Samaritan campus as part of a reshuffling of services at Kentucky Clinic. The changes give each room to grow and make way for other services at Kentucky Clinic to expand. At the new location patients enjoy free parking at the door.

Clinics now seeing patients at Good Samaritan are:

- The **UK Orthopaedics Spine & Total Joint Service**, UK Good Samaritan Medical Plaza, 125 East Maxwell Street, Suite 201. Drs. Carter Cassidy, Mauro Giordani, William Shaffer, Jay Grider and Jeff Selby are now seeing patients exclusively at this new location.
- The **UK Asthma, Allergy and Sinus Clinic**, Professional Arts Center (behind UK Good Samaritan Medical Plaza), 135 East Maxwell Street, Suite 250. The Allergy Clinic has extended hours for its shot clinic on Tuesdays and Thursdays, 1-6 p.m. Seeing patients at this loca-

tion only are Drs. Beth Miller and James Temprano, as well as nurse practitioner Jody Holl.

- The **UK Surgical Specialties Clinic**, UK Good Samaritan Medical Plaza, 125 East Maxwell, Suite 302 (in addition to the Kentucky Clinic location). Seeing patients at this location are the following surgical specialists: ear, nose and throat, Dr. Richard Haydon; urology, Drs. Katie Ballert and David Preston; general surgery, Drs. Erik Ballert, Raymond Gagliardi and David Sloan; and vascular surgery, Drs. Eric Endean, David Minion, Ehab Sorial and Eleftherios Xenos.

Opening this fall at UK Good Samaritan is the Gill Heart Institute's **Cardiac & Pulmonary Rehabilitation** program at the Professional Arts Center, 135 East Maxwell Street, Suite 103. Under the direction of cardiologist Dr. Alison Bailey and pulmonologist Dr. Scott Morehead, this medically supervised program is designed to help heart and



lung patients recover quickly and improve their overall physical, mental and social functioning while reducing the risk of heart and lung disease or another cardiac event.

For information or appointments for any of these services, call UK Health Connection at **257-1000** or **1-800-333-8874**.

These services are in addition to other highly respected UK Good Samaritan Hospital programs, including a sleep diagnostic center, wound care center, physical medicine and rehabilitation, diagnostic imaging services and a 24-hour emergency center. Located at 310 South Limestone, Good Samaritan joined UK HealthCare in 2007, offering exceptional patient care in a community-hospital atmosphere.

UKHealthCare
**Making a
Difference**

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