2020 ANNUAL REPORT
WE ARE MADE FOR TIMES LIKE THESE
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We Are Made for Times Like These

The benefits of UK HealthCare’s academic, research and clinical mission have never been clearer. In fiscal year 2020, we utilized fully every aspect of our mission in supporting the Commonwealth of Kentucky through an unprecedented pandemic.

Looking Ahead

Our vision – One community committed to creating a healthier Kentucky – expresses how we want to be, as well as what we have to offer to our state.

Our Values

Five key LIVING DIReCT values will guide us in becoming a high-reliability organization.

- Diversity
- Innovation
- Respect
- Compassion
- Teamwork

Cara Bowman, RN, and Martin Yang, MD, gown up for work with COVID patients on 10th Floor Medicine. Dr. Yang is also on the cover.

Photography by:
Pete Comparoni
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Tim Webb
At the end of FY19, if asked to forecast the major challenges ahead in FY20 and FY21 for UK HealthCare, a global pandemic would not have been on the list. At that time, the board and executive leadership of UK HealthCare were focused on economic and market dynamics in a more familiar health care environment.

Instead, in the latter half of FY20 with the unexpected arrival of a worldwide pandemic, they were faced with the need to quickly and effectively respond to COVID-19 and its impact on every aspect of the UK HealthCare system. Inpatient care, outpatient care, surgical care, personal protective equipment (PPE), staffing needs, and the uptick of telemedicine, are only a few of the many areas that were upended and reinvented during these tumultuous days.

In truth, I still cannot fully comprehend how our health care system was able to adjust and adapt with such speed and effectiveness. There was no existing roadmap or plan, but the UK team was capable and nimble.

As a result, UK HealthCare was able to emerge at the end of FY20 with both a stable operating and financial performance.

It is not over yet, but there is a glimmer of light at the end of the tunnel.

I’d like to thank Executive VP Dr. Mark Newman and everyone on the management team and staff for their hard work and special service to the university, our community and the commonwealth over the past year in a very challenging environment. It has been an exhausting but essential time.

Your contributions and sacrifices have made a difference, and I applaud and thank you.

Barbara Young, Chair
University Health Care Committee of the University of Kentucky Board of Trustees
On 10th Floor Medicine, caring for a COVID patient requires significant protection for providers and staff.
2020: A YEAR LIKE NO OTHER

Mark F. Newman, MD
Executive Vice President for Health Affairs
UK HealthCare®/University of Kentucky
Fiscal year 2020 started off so well.

**Solid financial footing gained**

As FY 2020 began, we were working closely with the University of Louisville to propose a model for Medicaid directed payments. These payments would help pay the cost of activities we perform in medical education and research. Early in September 2019, our proposal was approved by the Centers for Medicare & Medicaid Services.

Acquiring these directed payments removed some financial uncertainty, and in September 2019 we signed a $350 million contract with the Epic organization for a new electronic health record. When launched in June 2021, this critical improvement to our information systems will have far-reaching impact on patient care and experience.

In fall 2019, we also launched a highly collaborative, inclusive effort to build a five-year strategic plan for UK HealthCare.

All together, UK HealthCare was making great strides in crafting a strong future.

**2020 left its mark**

Then, in January 2020, an attack on UK HealthCare’s information systems infrastructure escalated and eventually impacted the entire university.

And only hours away from full resolution of the cyberattack in early March, the first Kentucky patient infected with a novel coronavirus SARS-CoV-2 was admitted to a UK hospital.

From that moment forward, our carefully laid plans for FY20 were constantly being re-evaluated as we responded to the events of what became a global pandemic.

During this time, we:

• Paused strategic planning to turn our full attention to meeting the moment.
• Responded to state orders designed to slow the spread of disease.
• Launched an all-out effort to protect the safety of our people and our patients.
• Accelerated roll-out of eICU, eAcute and telehealth capabilities.
• Initiated a “smart restart” plan.

**We are made for times like these**

UK HealthCare’s performance outlined on pages 16-21 depicts the paradox of 2020.

On the one hand, it was a stressful, unrelenting exercise in attempting to stay one step ahead of the pandemic. The level of severity and complexity of services our patients required broke all records.

On the other hand, it was an opportunity to demonstrate the true value of an academic health center in facing the unknown.

Despite the times, we continued to be ranked the No. 1 hospital in Kentucky by U.S. News & World Report. Our performance for the year earned a four-star rating out of five among our academic medical center peers, ranking 19th out of 100 centers.

We continued physician-led initiatives to improve clinical protocols that will contribute to safety, quality, efficiency and the overall value of our services, as well as extensive work in preparation for a new electronic health record.

In a year where we experienced dramatic dips in patient volumes and revenues, our ability to react quickly meant we finished the year on strong operational and financial footing.

While our response to the COVID pandemic continues, we are back on track with our strategic planning and find new hope in the advent of COVID vaccines authorized for emergency use.

As always, UK HealthCare is committed to “doing the right thing” in every aspect as we serve our patients.

Through it all, the resilience of our leaders and teams has been tested as never before. Yet, it is in times like these where the unique capabilities of an academic medical center shine.

Looking forward to better days ahead.
2020 WAS A ROLLER COASTER OF A YEAR

- SEPT 5: Medicaid Directed Proposal approval
- SEPT 12: Signed EHR contract
- OCT 31: 2025 Strategic Plan begins
- DEC/JAN: Rebudget
- JAN: EHR build begins
- JAN: Cyber Attack
- FEB: Medicaid Productivity and Value Program

2020 WAS A ROLLER COASTER OF A YEAR
The image of a roller coaster was used often to describe the events of FY20.
THESE SOLDIERS WEAR SCRUBS

In spring 2020, Geneva Coleman, wife of a UK HealthCare patient and COVID-19 survivor, wrote a tribute to her husband’s caregivers. She titled it, “These Soldiers Wear Scrubs.”

2020 presented us with difficult-to-describe times, so instead of writing about them, we rely here on images to tell the story of a year that took us to places we never expected to go.

In scanning this essay in photos, you can sense the enormity of the effort required to meet the moment. For every person shown here, there are 20, 50, 100 more behind them working to support the academic health system through this unprecedented event.

Geneva Coleman’s piece begins, “Every day they get up, they gear up, they show up.” That describes 2020 well.

INFECTION CONTROL

Take a new virus that poses a threat as serious as death and imagine the questions that would follow. At the outset, infection prevention and control leaders Derek Forster, MD, medical director, and Kimberly Blanton, DNP, enterprise director, worked around the clock to provide information, develop guidelines and protocols, teach, and reassure employees, patients and the public.
As community concern for health care workers grew, so did their desire to help. Gifts of food, gift cards, handmade masks and cash donations for COVID relief poured in. UK HealthCare Philanthropy and the Office of Patient Experience teamed up to ensure that every member of the UK HealthCare community “felt the love.”

**10TH FLOOR MEDICINE**

The 10th Floor Medicine teams have worked nonstop since March 6, 2020, to care for the complex, extremely ill COVID-19 patients. The work is physically, emotionally and spiritually draining. Employing every tool at their disposal, they have saved those they could and wept over those they could not.

**ENVIRONMENTAL SERVICES**

Our environmental services teams felt the pressure to keep surfaces spotless in order to reduce the possibility of viral transmission. The cleanliness of the hospital and clinic environments has been key to reassuring employees and patients they would be safe.

**COMMUNITY SUPPORT**

As community concern for health care workers grew, so did their desire to help. Gifts of food, gift cards, handmade masks and cash donations for COVID relief poured in. UK HealthCare Philanthropy and the Office of Patient Experience teamed up to ensure that every member of the UK HealthCare community “felt the love.”
When in-person, nonemergent health care practices were closed to slow the virus’ spread, Dr. Roberto Cardarelli, Shawn Crouch and others worked to stand up UK HealthCare Telecare – first for urgent care, then primary care and soon more specialty practices. In under two weeks, clinics were video-conferencing with patients – safe at home.

**FAMILY COMMUNICATION**

Health care teams used iPad tablets to facilitate opportunities for COVID patients to video chat/FaceTime with family members or loved ones since visitor restrictions have been in place. Nurses also provide scheduled updates to a designated partner in care in an extra effort to ensure families stay connected.

**LABORATORY TESTING**

Early on it was obvious that testing for COVID-19 would be key to management of the pandemic. Laboratory staff members did everything from packaging testing kits for clinical areas, to providing 24/7 testing for UK HealthCare and 45 outreach sites, to delivering 90% of COVID test results within 24 hours.

**TELEMEDICINE**

Health care teams used iPad tablets to facilitate opportunities for COVID patients to video chat/FaceTime with family members or loved ones since visitor restrictions have been in place. Nurses also provide scheduled updates to a designated partner in care in an extra effort to ensure families stay connected.
At the frontline of this crisis, Chandler and Good Samaritan emergency services personnel were deluged by those who suspected they had COVID, especially when screening and testing were not widely available. Concerned that other sick and injured would avoid the ED, a separate ED area was quickly designed and built for COVID.
Health and wellness for every employee has been a priority. Support for employee well-being is offered through peer support, counseling, exercise, nutrition, stress reduction, coping skills, integrative medicine and many other resources. Here, Dr. Connie Jennings uses the labyrinth located in the Chandler Hospital atrium lobby to take a meditative walk.

PPE PROCUREMENT

With personal protective equipment in high demand worldwide, acquiring sufficient supplies of PPE became around-the-clock work for many in UK HealthCare’s Materials/Purchasing Services. Taking a “war room” approach to locating, negotiating and purchasing supplies, Lorra Miracle and team persevered to acquire enough supplies for whatever the future would demand.

INCIDENT COMMAND

Health systems drill on response to disaster, but disaster in the form of a deadly, novel coronavirus was new. Operations and medical leaders designated to guide during times of crisis or disaster adapted the tools of their training to a new type of crisis. Shown here, operations and nursing administrators Jennifer Rose, Gwen Moreland and Angie Lang.
Vaccination brought hope; the “beginning of the end.” Thanks to medical leadership, Employee Health and Pharmacy Services, frontline employees began vaccination within hours of receiving the first doses of vaccine. And in an even more remarkable effort, vaccination is reaching patients and the community through the Vaccination Clinic at Kroger Field.
SURGE PLAN

Early models projected hospitalizations at a catastrophic rate. UK clinicians and administrators used scenario mapping to prepare for potential critical care needs. First, a surge plan to house the maximum number of patients within the hospitals, and then a 400-bed field hospital erected on the UK campus – never used, but a vital exercise to assure preparedness.

GOVERNMENT SUPPORT

The pandemic hit UK HealthCare in multiple ways. Financially, it dramatically reduced and increased costs. VP Mark Birdwhistell and team went to work alongside university colleagues to apply for waivers and grants that would help recover millions in lost funding to offset the dramatic impact of the pandemic.

COMMUNICATIONS

Frequent, clear communication is critical in managing any crisis, especially in a system of more than 10,000 employees. From his first email on March 6 to the present, Dr. Mark Newman, supported by his corporate communications team, has ensured the UK HealthCare community is well-informed via broadcast emails, a focused COVID-19 internal website, town halls, videos and digital screens.
COVID testing would be key to protecting the safety of employees, but where to conduct the testing, and how? An ambulatory team of clinicians and staff led by Drs. Kelli Trent and Sarah Schuetz collaborated and within days a tent was erected behind Turfland for drive-thru testing of symptomatic employees and patients.

**DRIVE-THRU TESTING**

As schools and day care centers closed, many employees were suddenly left without care for their children. A team from hospital operations and UK Human Resources quickly went to work to seek emergency authorization to open centers and to subsidize care for children of essential workers.

**CHILD CARE SUPPORT**

When in-person, nonemergent procedures and practices were suspended in March 2020, it would take a big lift to restart them again under the state’s phased plan. Teams of physicians, nurses and administrators worked quickly to bring services back up with all of the required protocols in place for screening, masking, social distancing, cleaning and information.

**SMART RESTART**
Health System Performance

In the first six months of the fiscal year, UK HealthCare was on track to have one of its best years ever.

Then in February 2020, an attack perpetrated by cryptocurrency miners seeking data power, took down the health system’s Citrix environment for a short time. While there was never any evidence that protected health information (PHI) or other important data was taken or compromised, the integrity of the health system’s computer environment was at risk.

UK HealthCare and the University of Kentucky took aggressive action to assess the risk and harden the network against intrusion. Additional downtime events occurred in February, each shorter than the last. An eviction event was strategized and completed in the early hours of March 7 to ensure the intruders would no longer have access to the university’s systems.

One day before their final eviction on March 6, the first Kentucky patient infected with a novel coronavirus SARS-CoV-2 was admitted to UK Albert B. Chandler Hospital.

From this point forward in fiscal year 2020, UK HealthCare teams were involved in responding to the most significant global pandemic of our lifetime. In many ways, 2020 became a test of the resiliency of UK HealthCare and its teams. And although none of the circumstances were normal or routine, UK HealthCare teams still found ways to improve quality, safety and efficiency.
EXCEPTIONAL CLINICAL CARE

From the earliest days of fiscal year 2020, a priority was our Advancing BEST Care initiative to improve the quality, safety, equity and effectiveness of the care delivered at UK HealthCare. This effort led by nurse, physician and administrative leaders started with some of the most complex, costliest therapies that UK HealthCare delivers. Despite a pandemic, significant gains were made in clinical quality.

ADVANCING BEST CARE PHYSICIAN-LED INITIATIVES
• Craniotomy/Endovascular Intracranial
• Tracheotomy/Ventilator/ECMO
• Colorectal Surgery
• Heme/Bone Marrow Transplant
• Hip & Knee Replacements
• Neonatology
• Acute Myocardial Infarction
• Coronary Artery Bypass Grafting
• Liver Disorders/GI Bleed
• Sepsis

PERFORMANCE DOMAIN

4-STAR RATING and ranked 19TH AMONG 100 academic centers by the Vizient Quality & Accountability Study

61.3% OF CLINIC PATIENTS were screened for depression and received a follow-up plan if needed - up 20% over FY19

Ranked NO. 1 HOSPITAL in Kentucky for 5th consecutive year by U.S. News & World Report

NO. 1 TRANSFER CENTER in the U.S.
Performance Domain

Safe, Effective Care

While always a priority, efforts around safety quadrupled as we moved quickly to protect our people and build a safe environment of care in unusual times. Safety became our mantra during the pandemic – Safety for our patients and our people.

Daily Briefing for Safety and Operations

Initiated in September 2019, is resolving quick hits and complex issues, at an average of 84 safety and operational issues per month.

Medicare Quality Payment Program - Exceptional Performer Status

Progress on Patient Safety Indicators over FY19

- 68% Fewer pressure injuries
- 100% Fewer iatrogenic pneumothoraces
- 55% Less postoperative respiratory failure
- 2% Fewer postoperative hemorrhages/hematomas

Progress in reducing harm from infection over FY19

- 45% Fewer surgical site infections following colon surgery
- 10% Less hypoglycemia
- 34% Fewer central line-associated bloodstream infections
- 6% Fewer catheter-associated urinary tract infections

2020 Vizient Quality & Accountability Study - 8th in Safety among 100 centers

83% of Clinic Patients were screened for fall risk
EXTRAORDINARY CARE EXPERIENCE

Extraordinary times called for a care experience few of us could have anticipated before the pandemic struck. In March when elective procedures and visits were canceled, we swung quickly into action to stand up a telehealth program in 10 days that had been planned to take months to develop. The need to protect our people and our patients led to the most restrictive visitor rules ever implemented at UK HealthCare. And when our COVID patients could not have visitors, our teams took on the job of connecting patient and family members via Facebook Live and other online options.

1,519 EMPLOYEES have attended Virtual Patient Experience Training since April 2020

55 PATIENT/FAMILY ADVISORS transitioned from in-person to virtual and stayed engaged in quality improvement work to impact patient experience

Telehealth expansion – 920% increase in encounters

When COVID patients and at certain times, other patients, were not allowed visitors, staff members armed with tablets helped keep communications with family members going. Shown here, social workers Lauren Sawyer, MSW, CSW (left), and Amanda Muse, MSSW, CSW.
Our already high case mix index (CMI) hit new heights in 2020. UK HealthCare teams found themselves taking care of sicker patients for longer periods of time – some due to COVID and some because patients delayed getting care. Even so, we managed to improve overall average length of stay over last year and rank very high among our peer academic health centers in efficiency. Newly approved Medicaid Directed Payments are tied to several measures of performance, including value.

**PERFORMANCE DOMAIN**

**EFFICIENT, AFFORDABLE CARE**

- **Case mix index (CMI)** - 2.1656 up 0.18 over previous year
- **CMI adjusted length of stay** - 3.24 down 0.18 over previous year
- **Vizient Quality & Accountability Study 2020** - **RANKED 5TH IN EFFICIENCY** among 100 centers

**MEDICAID DIRECTED PAYMENTS TIED TO:**
- Utilization and delivery of services to Medicaid patients
- Improved access and health outcomes for the Medicaid population
- Quality and value metrics

**40.65% OF NEW PATIENTS** were able to get an appointment within 14 days - up 11.8% over the previous year
Early in the pandemic when personal protective equipment was in short supply, the state requested that nonemergent, nonurgent in-person health care practices cease. This order had a dramatic impact on patient volumes and revenues. Yet, as soon as a phased plan for restarting operations began, volumes in ambulatory and inpatient areas began to return.

Despite events touched off by the pandemic, the resiliency of the UK HealthCare team was evident when the health system ended FY20 in healthy financial condition. Planned investments in eICU technology, a new ICU unit at Good Samaritan Hospital, and work toward a new electronic health record platform continued, as well as unplanned investments in a separate emergency area for COVID patients and COVID clinical trials.

Federal CARES Act Provider Relief Funding: $41 MILLION

$524.5 MILLION approved in Medicaid and Medicare funding

$40 MILLION implemented in planned capital investments

Capital investment in FY20 included the opening of a new intensive care unit at Good Samaritan Hospital led by Seth Curtis, MSN, RN, patient care manager, shown here with ICU staff nurse Amber Paul, BSN, RN.
MISSION
The UK College of Medicine promotes a diverse and inclusive environment that provides excellence in education, equitable health care, and transformative research to improve the health and wellness of Kentuckians and beyond.

VISION
The College of Medicine is a national leader in solving the challenges in health care through transdisciplinary and transformational research, education and advanced clinical care.
The University of Kentucky College of Medicine possesses the resilience to face the most difficult challenges. It is because of our strength that we were able to accomplish so much in such an unparalleled, challenging year.

Not only did we lead the fight against Kentucky’s most crucial health challenges, educate future physicians and scientists, and develop new discoveries; we maintained this fight while taking on the global COVID-19 pandemic.

In a short amount of time, our team stepped up. We fostered strong collaborations across UK and within our college to develop strategies for combating the virus. We led teams to find cutting-edge solutions through science and strategy to reopen our campus efficiently and safely, and we implemented virtual learning while preparing for safe in-person classroom settings.

As we faced COVID-19, our nation worked to heal following the devastating losses of Black lives. These tragic events instilled within us more urgency to take action. Under the leadership of Stephanie White, MD, MS, associate dean for diversity and inclusion, we have laid the foundation for a more diverse, inclusive and welcoming environment.

Amid everything, we sustained research growth with a record number of grant submissions and established the cross-campus Alliance Research Initiative to work toward solutions to Kentucky’s most serious health care needs. We also admitted a record number of students at our campuses across the state, preparing the next line of defense against disease.

Finally, we emphasized wellness and well-being as a priority across all aspects of the college by establishing a single hub for all resources, creating counseling opportunities for all of our learners and promoting university programs.

We did all of this while staying “calm amidst the storm” and without losing focus on the College of Medicine Map to Impact through a Transdisciplinary Strategy (COMMITTS), which continues to guide the college. While we could not have expected this year’s challenges, our team’s resilience propelled us forward.

Robert S. DiPaola, MD
Dean, University of Kentucky College of Medicine
Vice President, Clinical Academic Affairs
Dean Robert DiPaola, MD, remains strongly committed to the strategic plan - the College of Medicine Map to Impact through a Transdisciplinary Strategy (COMMITS.)
ALLIANCE RESEARCH INITIATIVE

INCREASING OUR RESEARCH PROFICIENCY FOR THE GOOD OF THE COMMONWEALTH

Despite the year’s challenges, the UK College of Medicine has maintained a thriving research environment for scientists to continue making more groundbreaking discoveries that will improve the health of the commonwealth.

A major influence on our ability to expand our research capability was the launch of one of our most innovative and impactful programs, the Alliance Research Initiative.

Aligned with our transdisciplinary strategy, the Alliance Research Initiative is an innovative approach to research involving the creation of teams that include clinicians and basic scientists from multiple departments and centers within our college, as well as faculty from colleges across the university.

The goal of these teams is to focus on specific health challenges disproportionately affecting Kentuckians; mentor and grow the expertise and grant funding for additional team members; and translate more discoveries to patient care.

With the support of the UK College of Medicine, the Office of the Vice President for Research, and UK HealthCare, these teams focus on UK’s research priority areas. In response to the pandemic, we also have a team dedicated to learning more about potential treatments and cures for COVID-19.

By establishing the Alliance Research Initiative, we have fostered important relationships among our scientists that will allow us to increase team research and enhance our reputation as an academic medical center with the capability for greater national impact. Through this initiative, we are going to be able to change standards of health care, health and well-being.
Kenneth Campbell, PhD, is a member of the Myocardial Recovery Alliance (MYRA). With funding from the Alliance Research Initiative, the MYRA team is leveraging existing clinical and scientific strengths at the institution to improve understanding of myocardial recovery.
As a strong academic medical center, the UK College of Medicine is in a unique position to lead the fight against COVID-19.

The University of Kentucky established the COVID-19 Unified Research Experts (CURE) Alliance, part of our Alliance Research Initiative, to learn more about the virus that is causing a global pandemic. The team’s goals are to better understand the virus and find effective treatments. The ultimate goal is to find a cure.

Led by Rebecca Dutch, PhD, chair of molecular and cellular biochemistry, the CURE Alliance consists of researchers from departments and centers across UK who have been at the forefront of the battle. These researchers have assessed current and emerging data, monitored national trends, and launched clinical trials to help us better understand the disease and potential treatments.

The team meets as often as twice per week to keep up with publications and frequent breakthroughs. The scientists, clinicians and pharmacists who are members of the CURE Alliance are dedicated to informing the public on important findings and maintaining their vigor with ongoing clinical trials and pilot proposals.

As the world learns more about COVID-19 and more findings are presented, UK and its CURE Alliance will continue to swiftly adapt. The CURE Alliance has already proven its ability to do so. In June, it added two teams, one focusing on materials and methods and another focusing on social sciences. These additional teams complemented the health focus of the original team, and each has honed expertise into specific areas for better concentration on COVID-19-related research and connection to funding opportunities.

With its combined expertise and continued support, the CURE Alliance is a leader in this global fight to discover more about the virus.
Rebecca Dutch, PhD, chair of molecular and cellular biochemistry, leads the CURE Alliance, a team with combined expertise to combat the virus that caused a global pandemic.
As the Fall 2020 semester approached, questions and concerns were raised about how the University of Kentucky would be able to continue conducting its instruction. There was a need for a safe, efficient reopening strategy.

UK College of Medicine Dean Robert S. DiPaola, MD, was selected to lead the UK Screening, Testing, and Tracing to Accelerate Restart and Transition (START) team that developed recommendations to the university’s Emergency Operations Center (EOC) involving screening, testing, tracing and isolation/quarantine protocol that would allow students to return to campus.

Dean DiPaola’s team was an interdisciplinary group of virologists, public health experts, physicians, pharmacists, information technologists, communicators and other experts.

The UK START team leveraged the scientific strength of a diverse team to dissect emerging evidence to ensure a safe campus. These efforts led to protocols that informed the campus as well as national standards for testing and quarantine.

Thanks to these thoroughly planned strategies, our faculty have been able to continue providing excellent education to our students.

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<th>START Team:</th>
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<td>Robert DiPaola, MD</td>
<td>Vaneet Arora, MD, MPH</td>
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<td>Donna Arnett, PhD</td>
<td>Scott Berry, PhD*</td>
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<td>Susanne Arnold, MD</td>
<td>Gail Brion, PhD</td>
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<td>Jay Blanton</td>
<td>James Keck, PhD*</td>
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<td>Richard Chapman</td>
<td>Mary Vosevich</td>
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<td>David Hibbard</td>
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<td>Tyler Gayheart, PhD</td>
<td>*also invited to a number of START meetings</td>
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<td>Lauren Greathouse</td>
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<td>Hanine El Haddad, MD</td>
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<td>Cliff Iler, JD</td>
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<td>C. Darrell Jennings, MD</td>
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<td>Jill Kolesar, PharmD</td>
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<td>Ian McClure, JD</td>
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<td>Erin McMahon</td>
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<td>Brian Nichols</td>
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<td>Lance Poston, PhD</td>
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<td>Captain Evan Ramsay</td>
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<td>Frank Romanelli, PharmD</td>
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<td>Heidi Weiss, PhD</td>
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<td>Pam Woods</td>
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**NEARLY 50,000 COVID-19 TESTS** conducted in the Fall 2020 semester for members of the campus community

**$9 MILLION** in federal relief funds – the Coronavirus Aid, Relief, and Economic Security (CARES) money – distributed to students who needed assistance

Resources invested to ensure that **90% OF CLASSROOMS** across campus had upgrades to technology that made it easier for faculty and students to teach and learn

**100 DAYS** that campus was able to remain open for students during the 2020 fall semester because of our work

**42 COVID-19 PROTOCOLS** advised by the team from June 30, 2020 – Jan. 4, 2021 to keep the campus safe
Dean Robert DiPaola, MD, and the UK College of Medicine played a crucial role in helping the University of Kentucky safely reopen its operations amid COVID-19.
ADAPTING OUR EDUCATION TO THE PANDEMIC

This past year, our learners witnessed the impact of illness to its highest degree – but also the capability of an efficient health system to make a difference. Our faculty and staff went above and beyond to ensure the same excellent educational experience for learners at all levels.

Faculty and staff adapted quickly by transitioning to digital and hybrid instructional platforms. As the virus was contained, our team eased into in-person learning while keeping the virtual platforms available for lecture-based instruction. Meanwhile, residents and fellows learned alongside medical professionals using telemedicine to reach patients, introducing them to a modern health care platform.

When COVID-19 safety protocols restricted the number of people in gatherings, the college combined virtual aspects with safe social distancing measures to adapt Match Day, graduation and White Coat ceremonies, which typically have hundreds of attendees.

In these unprecedented times, the UK College of Medicine recognized the urgency in establishing more wellness opportunities for all of our learners. This included a partnership that allowed us to offer additional counseling options for our learners. The college also made current well-being opportunities more accessible through a wellness resource website.

The UK College of Medicine continues to grow to meet the needs of our state and showed resolve and perseverance with a calm and consistent approach amidst the toughest times.

The college welcomed another class of students to our campus in Lexington and at each regional campus, expanding the number of future physicians and scientists we are training in Kentucky for Kentucky.

We also saw a rise in our Rural Physician Leadership Program in Morehead. These students will be uniquely prepared to address the physician shortage in rural, underserved areas of our commonwealth. The COVID-19 pandemic has made their next role even more important.

Through the challenges of receiving their medical education during a pandemic, students prevailed in honorable ways. They collected donations for needy families, participated in a blood drive competition and offered babysitting for doctors fighting on the frontlines.
Residents and fellows of our Graduate Medical Education programs as well as our third- and fourth-year medical students received vital clinical experience – both in-person and through telemedicine.
Expanding our team to meet the needs of our college

One of the crucial focuses in the UK College of Medicine’s strategic plan is to foster an environment that maintains inclusive excellence through recruitment, hiring, retention and promotion of diverse faculty, staff and learners. To meet this goal, the college needed a leader who would be a driving force for change.

At the start of 2020, we welcomed Stephanie White, MD, MS, as the college’s associate dean for diversity and inclusion. Dr. White, who is also an associate professor of pediatrics, began at UK with a clear strategy and has since implemented a series of new diversity initiatives that have helped us make progress in our strategic plan.

Dr. White joined UK from the Geisel School of Medicine at Dartmouth College, where she was an important architect and decision maker for the curriculum, student support and the planning of strategic changes needed to create a more inclusive environment.

Dr. White’s wealth of experience in medical education, clinical practice and diversity program leadership has made her an asset to the UK College of Medicine and UK President Eli Capilouto’s Diversity, Equity and Inclusion (DEI) Leadership Team.

The UK College of Medicine has committed to putting the necessary resources into ensuring inclusive excellence, and this meant expanding the capacity of the Office of Diversity, Equity and Inclusion (ODEI).

The office welcomed Brian Hamilton, MEd, an experienced leader of diversity and inclusion programming, to join as director of diversity and inclusion. In this newly established role, Hamilton works under the direction of Dr. White to advance the mission of ODEI. Hamilton arrives to the UK College of Medicine with nearly a decade of experience developing recruitment strategies and leading diversity programs. He most recently served as assistant director of the UK Center for Graduate and Professional Diversity Initiatives.

In recognition of the urgency to develop strategies for recruiting underrepresented minorities in research, the ODEI also added Kevin Pearson, PhD, as the team’s director of inclusive research initiatives. Dr. Pearson,
professor of pharmacology and nutritional sciences, is tasked with serving as a liaison for departments and divisions across the college, guiding the development of diverse research training initiatives and working to enhance pipelines for underrepresented students. In 2020, Dr. Pearson received the university’s Inclusive Excellence Award for implementing successful practices in his department.

**Making impact on a national level**

This year, the UK College of Medicine was offered opportunities to make a difference on a national platform. In May, we were selected in a highly competitive process to be a member of a Restorative Justice program run by the Association of American Medical Colleges. The program has helped both the college and university work toward building an inclusive and equitable environment.

The college also was one of 25 inaugural members of the National Center for Pre-Faculty Development, which provides trainees with foundational knowledge to be successfully appointed, promoted and tenured at academic institutions.

**Building upon our successes**

The UK College of Medicine has developed and enhanced its existing diversity programs to ensure progress in accordance to our strategic plan.

In July 2020, April R. Hatcher, PhD, associate professor of neuroscience, began her two-year term as chair of Women in Medicine and Science (WIMS). The mission of WIMS is grounded in networking and mentorship. Dr. Hatcher believes WIMS should be an avenue for women at all stages of their careers to transform their working environments into places that acknowledge, sponsor and grow one another in a mutually generous synergistic community.

The Faculty of Color Network (FCN) is led by faculty members from underrepresented groups of color in the UK College of Medicine. The
organization is undeniable, uncompromising and unstoppable in its pursuit of diversity and inclusion. Rosalind Ritchie, MD, who was named the FCN chair this year, is a professor of anesthesiology and medical director of UK Chandler Hospital’s Center for Advanced Surgery. Her vision for FCN’s future is one of continued professional development, scholarship and community.

Paving the way for the college’s future

The LGBTQ* Advisory Committee advises the ODEI on the needs of the college’s LGBTQ* community. The committee is responsible for reviewing and suggesting policy updates, collaborating with the Inclusive Education Advisory Committee, and making recommendations to ensure the safety and wellness of the LGBTQ* community. Inaugural co-chairs are Nikita Gupta, MD, assistant professor of otolaryngology - head and neck surgery; Emily Neiport, project manager; and Rachel Cox, a medical student in the Class of 2022.

One of the LGBTQ* Advisory Committee’s biggest successes this year was its collaboration with ODEI, UK HealthCare, and the UK medPRIDE student group to organize the UK College of Medicine’s first annual Pride Week. Over four days, the groups hosted events that gathered feedback, shared important local resources and displayed the college’s commitment to continued progress toward inclusivity. The impact of this event continues to be felt throughout the College of Medicine through SAFE badges, pledges and electronic signatures that allow members and allies of the LGBTQ* community to feel supported.

We recognize that creating a culture of shared community that values diversity, equity and inclusion throughout our institution requires intentional, sustained effort with the need for collaboration and the allocation of resources across departments. Departmental Diversity and Inclusion Ambassadors spearhead initiatives within their local environment to create and support opportunities for advancing a culture of respect, inclusion and equity.

The deaths of George Floyd and Breonna Taylor, along with the COVID-19 pandemic that exacerbated our current health disparities, impacted our college, but especially our faculty, staff and learners of color. Through seven virtual Moments of Reflection, our college provided opportunities to come together, connect with one another and share ideas for next steps in taking appropriate action.

As we plan for the year ahead, we continue these efforts to inform, support and connect in order to build an inclusive environment for all.
Kaylin Batey, a medical student in the Class of 2023, joins the “A Time for Action” event, which provided a chance for faculty, staff and learners to come together in solidarity for Black lives.
OPERATIONAL STATISTICS AND TRENDS
The downturn in discharges and provider RVUs reflects the impact of a pause of in-person nonemergent, nonurgent services.
# OPERATIONAL STATISTICS & TRENDS

## Hospital Operating Statistics

*For year ending June 30, 2020*

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>14,330</td>
<td>15,058</td>
<td>14,566</td>
</tr>
<tr>
<td>Medicaid</td>
<td>13,912</td>
<td>14,778</td>
<td>15,023</td>
</tr>
<tr>
<td>Commercial/Blue Cross</td>
<td>10,323</td>
<td>10,734</td>
<td>10,574</td>
</tr>
<tr>
<td>Patient/Charity</td>
<td>801</td>
<td>1,019</td>
<td>746</td>
</tr>
<tr>
<td><strong>Total Discharges</strong></td>
<td><strong>39,366</strong></td>
<td><strong>41,589</strong></td>
<td><strong>40,909</strong></td>
</tr>
<tr>
<td>Licensed Beds</td>
<td>945</td>
<td>945</td>
<td>945</td>
</tr>
<tr>
<td>Available Beds</td>
<td>969</td>
<td>942</td>
<td>913</td>
</tr>
<tr>
<td>Average Daily Census</td>
<td>754</td>
<td>774</td>
<td>755</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>7.01</td>
<td>6.79</td>
<td>6.73</td>
</tr>
<tr>
<td>Case Mix Index</td>
<td>2.17</td>
<td>1.98</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operative Cases</td>
<td>32,079</td>
<td>34,284</td>
<td>33,320</td>
</tr>
</tbody>
</table>

## Hospital-based Outpatient

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charged Hospital Clinic Visits</td>
<td>585,697</td>
<td>600,712</td>
<td>565,903</td>
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<tr>
<td>Emergency Visits</td>
<td>104,116</td>
<td>111,819</td>
<td>112,093</td>
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<tr>
<td><strong>Total Hospital Outpatient Visits</strong></td>
<td><strong>689,813</strong></td>
<td><strong>712,531</strong></td>
<td><strong>677,996</strong></td>
</tr>
</tbody>
</table>

## Other Operating Indicators

*For year ending June 30, 2020*

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Physician Visits</td>
<td>888,845</td>
<td>896,404</td>
<td>834,142</td>
</tr>
<tr>
<td>Professional Net Revenue*</td>
<td>$304,464</td>
<td>$302,836</td>
<td>$281,113**</td>
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</table>

*Accrual-based and does not include bad debt; $ in thousands. **Year 2018 has been restated.
### Hospital Discharges

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>39,366</td>
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<tr>
<td>2019</td>
<td>41,589</td>
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<tr>
<td>2018</td>
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<tr>
<td>2017</td>
<td>38,706</td>
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<tr>
<td>2016</td>
<td>37,789</td>
</tr>
<tr>
<td>2015</td>
<td>37,043</td>
</tr>
<tr>
<td>2014</td>
<td>35,180</td>
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<tr>
<td>2013</td>
<td>35,511</td>
</tr>
<tr>
<td>2012</td>
<td>34,453</td>
</tr>
<tr>
<td>2011</td>
<td>32,557</td>
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</table>

### Hospital Operating Revenue ($ in the thousands)

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue</th>
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<tbody>
<tr>
<td>2020</td>
<td>2,148,992</td>
</tr>
<tr>
<td>2019</td>
<td>1,758,613</td>
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<td>2018</td>
<td>1,639,281</td>
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<tr>
<td>2017</td>
<td>1,500,781</td>
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<tr>
<td>2016</td>
<td>1,423,695</td>
</tr>
<tr>
<td>2015</td>
<td>1,329,133</td>
</tr>
<tr>
<td>2014</td>
<td>1,115,007</td>
</tr>
<tr>
<td>2013</td>
<td>951,450</td>
</tr>
<tr>
<td>2012</td>
<td>912,826</td>
</tr>
<tr>
<td>2011</td>
<td>797,453</td>
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</tbody>
</table>

### Grants and Contracts Awarded ($ in the millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>271</td>
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<tr>
<td>2019</td>
<td>257</td>
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<tr>
<td>2018</td>
<td>193</td>
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<td>2017</td>
<td>169</td>
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<td>2016</td>
<td>167</td>
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<td>2015</td>
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<tr>
<td>2014</td>
<td>135</td>
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<tr>
<td>2013</td>
<td>132</td>
</tr>
<tr>
<td>2012</td>
<td>145</td>
</tr>
<tr>
<td>2011</td>
<td>154</td>
</tr>
</tbody>
</table>
COMMUNITY SUPPORT

LOVE IN THE TIME OF COVID

Gratitude takes many forms, and during the COVID-19 pandemic the community stepped up to honor our health care heroes in several ways, including messages of encouragement; donations of food, masks and hotel rooms; and monetary gifts to our COVID-19 Staff Support fund.

Your support helped:
• ease the psychological burden on our staff
• secure housing for staff subject to quarantine and patients traveling to Lexington for their cancer treatment
• underwrite day care expenses for staff while schools and child care facilities were closed
• boost staff morale

And you were heard. While the emotional and psychological challenges of patient care during a pandemic were – and still are – undeniably significant, your efforts to provide comfort and encouragement hit the mark.

Thank you.
Thanks to the generosity of a grateful community, UK HealthCare was able to share thousands of well wishes and gift cards with overwhelmed providers and staff.
Partnerships can be greater than the sum of its parts, and this is certainly true of our relationship with donors.

Thousands of you who share our passion have donated more than $170 million in the past decade to help us serve this commonwealth through superlative patient care, research and medical education.

We have been able to recruit talented faculty and provide the resources necessary for their research. We have also been able to attract medical students who might otherwise be burdened with hundreds of thousands of dollars of school debt. And philanthropic support facilitates capital and technology updates so that our citizens have access to the best possible specialty care as close to home as possible.

We continue to stretch to meet the needs of this commonwealth in pursuit of our mission to create a healthier Kentucky: educating greater numbers of medical students to address physician shortages, finding answers to the mysteries of disease (including COVID-19) through research, and returning ever-larger numbers of citizens of all ages back home to live healthy and productive lives.

We are grateful that you are our partners in that vision.
CHANGING
MARKET DYNAMICS

Work on the 2020-2025 UK HealthCare Strategic Plan was paused during the intense March – June 2020 changes brought on by the COVID-19 global pandemic. When work restarted in late summer, those experiences only served to reinforce UK HealthCare’s vision to be “One Community Committed to Creating a Healthier Kentucky.”

The centrality of our mission to serve the entire commonwealth grounds us. We must help our partners across the state survive and thrive through a variety of health, social and economic upheavals, while continuing to focus on improving access to high-quality care.

UK HealthCare experienced tremendous growth from 2005 to 2020. Now, given the new marketplace dynamics, how can we position ourselves to continue to thrive in this new decade, especially in the shadow of a global pandemic?

Reaffirmation of our core role in Kentucky has emerged with new emphasis on certain growth areas – focusing on innovation and technology, becoming a provider of choice in key markets, and being a partner of choice to drive continued access to advanced care.

Innovation and technology

As the state’s premier academic health center known for innovative, advanced care, the implementation of our new integrated electronic health record, advanced e-ICU monitoring capability, and expansion of telehealth services are the tools needed to support a region challenged by access.

Provider of choice

Our commitment to ensuring patients across Kentucky have access to advanced care has led us to focus on becoming the provider of choice in Fayette County and the surrounding Bluegrass region.

To do so, we must expand our access and right size our hospital and ambulatory services, moving some services to other locations away from our downtown Lexington campus where possible. Our partnership in Lexington Surgery Center (more convenient for ambulatory surgery patients) and expansion of key specialty services at our off-site Turfland location are two examples.

Partner of choice

Our strategic growth plan also includes becoming the partner of choice in Eastern, Central and Southern Kentucky and beyond. Our partners in these markets must be able to rely upon us for access to advanced specialty and subspecialty care for their sickest patients.

Throughout 2020, UK HealthCare and King’s Daughters Health System in Ashland, Kentucky, were working on a joint venture agreement that would hardwire the relationship between two of the largest providers in our region, creating a strong presence on the Eastern Kentucky border with access to Southern Ohio and West Virginia.
Thanks to eICU technology, UK HealthCare is able to offer nursing and critical care support to area hospitals, enabling patients requiring higher-level care to stay closer to home and their support systems.
Making good on our commitment to serve the health care needs of Kentucky, UK HealthCare continues to grow its presence across the commonwealth. Our team takes pride in the breadth and depth of clinical programs, networks and affiliations that make it possible for Kentuckians to remain in state – closer to home – for complex, subspecialty care.

In 2020, UK HealthCare operated 240 clinics across Kentucky. In response to the COVID-19 pandemic, UK HealthCare was able to adapt and expand UK TeleCare substantially to continue to provide exceptional care for patients despite pandemic-generated disruptions. In addition, UK HealthCare made significant strides to deepen the relationship with Frankfort Regional Medical Center by contracting for and jointly growing clinical services in cardiology, neonatology (ICU) and radiology in Frankfort.

Our efforts to build a statewide network are ongoing. We continue to add new clinical affiliates across the state and acquire the volumes necessary to support our traditional mission to provide highly specialized, complex care, research and education as the state’s premier academic health center.
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Executive Vice President for Health Affairs

Mark D. Birdwhistell  
Vice President for Health System Administration & Chief of Staff

Craig C. Collins  
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Robert S. DiPaola, MD  
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Rob L. Edwards, DPH, MBA  
Chief Strategy & Business Development Officer

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Vice President for Administration of the UK Medical Group

Peter N. Gilbert  
Senior Vice President & Chief Operations Officer

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Chief Physician Executive  
CEO, Kentucky Medical Services Foundation

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Associate Vice President for Philanthropy

R. Brett Short, CHC, CHPC, CHRC  
Chief Compliance Officer

Colleen H. Swartz, DNP, MBA, RN, NEA-BC  
Vice President for Hospital Operations

Tukea L. Talbert, DNP, RN, CDP  
Chief Diversity Officer

+As of Dec. 31, 2020