

Investing in Kentucky's Future





Custom art glass, such as this in the Gill Imaging Center, is being used in renovated and new areas at UK HealthCare to reference nature and allow light while ensuring privacy.

On the cover: The new concourse bridge over South Limestone links a 1,600-space parking garage with the new pavilion at UK Albert B. Chandler Hospital.



Michael Karpf, MD, executive VP for health affairs, is pictured in the new UK Chandler Emergency Department. On-time completion of the space and planning for transition from the old ED to the new were key accomplishments in 2010.

A report from the Executive VP for Health Affairs

By all measures, 2010 was a stellar year.

While we must be financially strong to survive, to flourish we know we must excel in quality, safety and service. The needs of our patients come first and thanks to an excellent effort on the part of faculty and staff, we've improved the quality of our clinical services as measured by national quality indicators, as well as our patient satisfaction scores.

Patients are benefiting from improvements in how we deliver care, such as specialized teams of health professionals working together on the patient's behalf. A good illustration of this is the new Kentucky Neuroscience Institute clinic. Patients come to this clinic to see neurologists and neurosurgeons and to have diagnostic images taken – all at one location on the same day. Key to our improved performance here and elsewhere is a continued focus on being more efficient, knowing the most efficient systems produce the best outcomes.

In October 2009 we launched a Patient Access Center designed to improve patient and referring physician access to our multispecialty group practice. A year later and thanks to the efforts of literally hundreds of staff and physicians, well over half of our physician practices partner with the center for scheduling and preregistration services. In this time, the center has fielded more than 300,000 calls and our patient satisfaction scores for access to care are steadily climbing. By the end of 2011 we intend to have all UK physician practices integrated into the center.

Two other improvements include integration of the University Health Service, our student health program, into UK HealthCare's Ambulatory Services division and creation of an Operations Manager University. The first improvement enabled UK to make a modest reduction in student health fees and the second offers a robust professional development curriculum to practice managers focused

on development of management and leadership skills. Both initiatives have been well received.

Construction of a new facility at UK Chandler Hospital to support our vision of providing world-class specialty care is on schedule and on budget. Academically, our medical school is attracting excellent applicants and faculty, and our research funding has increased dramatically. These fundamental underpinnings help us keep our promise to the Commonwealth of developing Kentucky's most comprehensive, integrated, multidisciplinary system of care.

Partnering proves prudent

Partnerships built with regional hospitals and physicians continue to mature. Our partners now know and trust us;

protocols and improving each community's access to a nationally recognized stroke center.

Relationships like this are fundamental to our success. We must continue to respond promptly when our partners ask for our help.

Recruitment fills gaps

Our successes make it easier than ever before to expand research and clinical capabilities and recruit faculty to fill gaps in key areas. We were able to enhance our heart transplant team by attracting Navin Rajagopalan, MD, a specialist in heart failure and transplantation. Dr. Rajagopalan provides the medical management piece critical to supporting congestive heart failure patients with their failing hearts. If it is determined a new heart is needed, he helps many survive while they await a

heart. Then after transplant, he continues their care. Without such expertise, it would be impossible to have a viable heart transplant program.

On the research side, Linda Jo Van Eldik, PhD, accepted leadership of the Sanders-Brown Center on Aging. A highly regarded Alzheimer's researcher, she is furthering the work of the late William R. Markesbery, MD. When the Sanders-Brown Center on Aging opened in 1979, its Alzheimer's Disease

Center was one of 10 original NIH-funded centers of this type nationwide. Over the years, the center's research has garnered numerous awards and national recognition, which I am confident will continue under Dr. Van Eldik's leadership.

As we prepare for future needs, we continue to assess what's missing and

Taking care of patients like new mom Bess Fender and baby Alexandra Christine is a top priority, something that comes naturally to nurses such as Courtney Howard, RN.



increasingly, they refer their patients for specialized services. In 2010 we were pleased to add St. Claire Regional Medical Center in Morehead to our already strong stroke affiliate network. By working together we're improving stroke awareness in these communities, helping our affiliates incorporate the latest and best stroke

target our recruitment efforts to filling those clinical and research niches.

Patient numbers surpass expectation

Fueling our return to a strong financial position in 2010 was an increase in the number of people who came to us for their health care needs. We are now seeing record numbers of patients, something unexpected so quickly after the downturn in 2009. This growth is due in large part to providing services – unavailable in other areas of the state – to people who no longer feel the need to leave the region for complex, specialized medical care.

We absorbed this additional activity with our existing staff. Our physicians and staff rolled up their sleeves and did what was needed. In fiscal year 2010 we found ways to be more efficient, improve our recruitment efforts, meet or exceed standards of national patient quality and safety, and position ourselves for strong financial performance in 2011.

With financial success, we can continue to invest in research and the latest technology, recruit the physicians and staff needed to fill gaps in certain areas of specialized care, and be a major economic driver in health care for Lexington and rural Kentucky. Doing well financially also means we can invest in the facilities needed now and in the future, such as the new UK Chandler Emergency Department that opened this summer in time for the 2010 Alltech FEI World Equestrian Games.

Looking forward

The leadership team spent a great deal of time looking at what we need to do in the coming years to meet the health care needs of Kentucky. The result was a detailed strategic plan for 2011-2015. This roadmap furthers our original approach of offering advanced subspecialty care – becoming a destination for patients from an even broader region for highly specialized services. We'll also continue to invest in partnering with other providers, as well as in refining our comprehensive, integrated and multidisciplinary system of care. Given the system's progress to date

"We've improved the quality of our clinical services as measured by national quality indicators, as well as our patient satisfaction scores."

and our forward momentum, our vision of becoming a Top 20 academic medical center is drawing nearer to reality.

Transition plans are already underway for the move into the new UK Chandler Hospital patient care facility in spring 2011. We must critically look at what we need to complete next in the new building and how we are going to fund it. Our surgeons are doing more than 550 surgeries a week, approaching maximum capacity. We will soon need additional operating suites to serve the people of the Commonwealth, and we will be turning our attention to meeting this need in the next phase of construction.

I feel confident we can provide Kentucky with a nationally recognized academic medical center, but all great academic medical centers rely on community and philanthropic support. Our center will be no different. As the needs of UK HealthCare continue to evolve, I will increasingly turn my attention to communicating our value and asking the community for the philanthropic support so necessary for UK HealthCare to be counted among the nation's elite institutions.

The years I've spent with UK HealthCare have been the most rewarding professional time of my life. I look forward to serving in this role for another five years, developing a logical succession plan to guarantee our successes extend for future generations.



Michael Karpf, MD

*Executive Vice President for Health Affairs
UK HealthCare/University of Kentucky*

Strategies to meet future health care needs



UK HealthCare is aggressively focused on stabilizing gains already made and advancing services and programs to accomplish even more. A revised strategic plan developed and approved in 2010 – Advancing to meet the health care needs of Kentucky and beyond: 2011-2015 – will serve as the road map. Key accomplishments of



initiatives outlined in the first strategic plan of 2004, as well key strategies and initiatives of the new plan, are summarized in the following pages. The objective is to further UK HealthCare's missions of patient care, research and education, as well as its vision of gaining a place among the nation's Top 20 academic medical centers.

"We were extremely successful in accomplishing the goals of the 2004 strategic plan; now we have a new plan that continues many of those strategies, but with a sharper focus."

Barbara Young, *Chair, University Health Care Committee of the UK Board of Trustees*



Barbara Young, chair of the university board committee overseeing UK HealthCare, on the concourse bridge leading to the new UK Albert B. Chandler Hospital pavilion. Successful completion of the \$532 million project in 2011 marks a major milestone for the committee and UK HealthCare.

Sharper focus guides future successes



UK HealthCare's momentum toward a position of prominence as a highly regarded regional academic medical center has energized all involved, believes Barbara Young. As chair of the University Health Care Committee of the University of Kentucky Board of Trustees, she and the other committee members fully supported the adoption of the enterprise's recalibrated strategic plan for 2011-2015.

"We were extremely successful in accomplishing the goals of the 2004 strategic plan; now we have a new plan that continues many of those strategies, but with a sharper focus," she said.

That focus will include zeroing in on filling gaps and expanding research and clinical services in subspecialty areas such as trauma, organ transplants, neurosciences and cancer care; continued partnering with regional health care facilities and physicians, helping keep patients closer to home until they need more specialized services; and providing a high quality, efficient, satisfying and safe environment for patients.

"We know health care reform is really going to shake some things up, but the leadership team has positioned us well to make sure whatever comes our way, our patients will continue to get the excellent, specialized care they deserve and expect from UK."

University Health Care Committee of the University of Kentucky Board of Trustees

(as of June 30, 2010)

Barbara Young, *Chair*
Ann Brand Haney
Stephen Branscum
Sandy Patterson
Charles R. Sachatello, MD

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2010 a time to reflect, recalibrate



Strategies and initiatives steer UK HealthCare in achieving a far-reaching vision of providing care that rivals the nation's best academic medical centers.

An accelerated pace of accomplishments exceeding all expectations prompted UK HealthCare to step back in 2010 to reflect on the path taken and the path ahead.

System leadership devoted much of fiscal year 2010 to an examination of existing strategies and capabilities, exploration of potential markets, evaluation of national reform and trends, and program-by-program discussions seeking to discover hidden potentials in major service lines. The result of this yearlong effort is a detailed roadmap that refines and recalibrates the clinical enterprise's first strategic plan of 2004.

Success fuels new ambitions

Advancing to meet the health care needs of Kentucky and beyond: 2011-2015 is a review of UK HealthCare achievements since 2004. It is also a comprehensive plan with strategies and initiatives to steer the integrated health system in achieving a far-reaching vision of providing care that rivals the nation's best academic medical centers.

Overall, the 2004 strategies succeeded beyond even what UK HealthCare leadership could envision. Most of the gaps preventing the enterprise from offering the full spectrum of advanced specialty and subspecialty services have been filled, a fact corroborated recently by a third-party health care strategy group. Today the UK HealthCare menu of specialty and subspecialty services compares very favorably with the nation's leading academic medical centers and a new opportunity is unfolding to determine how these services might be useful even beyond our traditional service area.

UK HealthCare will continue to build and nurture productive, mutually supportive relationships with regional and rural providers as well as remain focused on enhancing patient quality and safety, operational efficiency and service excellence. As of June 2010, the system can point to relationships with seven providers

UK HealthCare affiliations

(as of June 30, 2010)

ARH Cancer Center, Hazard

Frankfort Regional Medical Center

Georgetown Community Hospital

Harrison Memorial Hospital,
Cynthiana

Pattie A. Clay Regional Medical
Center, Richmond

Rockcastle Regional Hospital &
Respiratory Care Center, Mt. Vernon

St. Claire Regional Medical Center,
Morehead



that take on different hues depending upon the needs and characteristics of each community and provider.

Management philosophy

In seeking to improve quality, improve its ability to coordinate care with community partners, and improve flexibility as patients move between inpatient and outpatient care, UK HealthCare subscribes to three tenets in managing its operations:

- 1) The most efficient systems produce the best outcomes in terms of quality, safety, service, clinical outcomes and costs.
- 2) The needs of the patient come first.
- 3) Great service is a function of engaged employees.

With fundamental organizational, infrastructure and management changes now complete, UK HealthCare will focus even greater attention on improving patient safety and quality of care, finding additional operational efficiencies, and ensuring all of UK HealthCare's customers receive superior service. Strategies outlined in these areas, including benchmarking performance against University

HealthSystem Consortium (UHC) rankings, will propel the system forward in its quest to gain a place among the Top 20 academic medical centers.

In addition to gaining a place on the national stage, UK HealthCare is taking a leadership role in statewide efforts to address Kentucky's trauma needs. Experience gained from serving the state as a Level I trauma center for so many years will be used to help establish a statewide trauma system. The associated protocols for treatment, transport and education will help reduce Kentucky death and disability rates, while enhancing the capabilities of community hospitals.

Infrastructure enhancements

Supportive efforts in marketing, information systems, and investments in facilities and technology bolstered and supplemented our progress in these four strategic areas. A key factor in our ability to pursue a strategy of system integration is information technology, which supports and makes possible collaboration around the patient's care among many providers often geographically dispersed. Our progress in the area of the electronic medical record

Sheila Currans, RN, CEO of Harrison Memorial Hospital, is one of a growing number of hospital leaders who are finding ways to benefit from a UK HealthCare strategy that seeks mutually beneficial relationships with rural providers.

Opposite: The new pavilion at UK Albert B. Chandler Hospital, part of the 2004 strategic plan, is nearing completion in spring 2011.



UK trauma surgeon Andrew Bernard, MD, chairs the Kentucky Trauma Advisory Committee and, along with other UK HealthCare trauma personnel, is playing a key role in regional emergency medical services collaboration and development of a statewide trauma care system.

is a real strength today and in our plans to move forward.

In addition, we have made and are making significant investments in facilities and technology. Since 2004, our capital investments total \$870 million. The most visible of our investments is the new 1.2 million square foot pavilion nearing completion of the first phase of its construction. This much-needed facility supports our strategy of advanced subspecialty care and will form the centerpiece of the UK Albert B. Chandler Hospital.

Finally, the strategies outlined above are enabling UK HealthCare to contribute even more to the education and research environment of the University of Kentucky.

While each area has been employing its own strategies for growth, it is clear the physical, operational, and financial growth and contributions achieved by UK HealthCare are supporting demonstrated growth in both education and research.

Casting a wider net

As UK HealthCare expands the scope and breadth of advanced subspecialty care, the system's geographic reach must also expand to attract patients from throughout Kentucky and beyond its borders. This growth in patient numbers is necessary to support quality outcomes and further develop highly specialized clinical destination services in neurosciences, cardiovascular disease, solid organ transplant,

cancer, maternal-fetal medicine, neonatology, pediatrics and trauma care.

As capabilities and expertise have grown, UK HealthCare is poised to serve as a clinical destination for patients from beyond its original market boundaries. In areas near Lexington and the Bluegrass region, the public's interest in UK HealthCare services can be expected to be very broad. Farther from Lexington, we expect potential patients to be focused on more specialized services. And at the edges of UK HealthCare's reach, interest will be focused on only a handful of highly specialized services.

More integrated relationships

Our original strategy to develop relationships with other providers will continue. In some cases we need to initiate new relationships or cultivate established ones to build trust and confidence. In other cases the relationships are ready to become more structured so that as we gain experience and the information technology to do so, we envision a natural progression into an even more highly organized system of care.

Health care reform

Based on what we are seeing at the national and state level, it is clear Kentucky

can expect change to the way health care is delivered. Change will be essential to address calls to reduce the burden of cost, enhance access, and maintain or improve quality. Health care payment incentives will likely change from fee for service to those based on quality and outcomes over the course of disease. The latter model requires more coordination across the continuum of care. Development of highly integrated systems among key providers presents the best option for addressing these external forces.

Fiscal management

Driving this ambitious – yet achievable – strategic plan is UK HealthCare's continued financial success. Prudent fiscal management and financial efficiencies will be critical in generating the funds required to invest in the people, facilities, technology and programs that will assure Kentuckians need not travel far from home and family to receive appropriate care.

2011-2015 Strategies Summarized

Advancing to serve the health care needs of Kentucky and beyond.

- Continue to refine approach to subspecialty care
- Continue to mature relationships with regional providers
- Rely on local hospitals to organize primary care
- Provide leadership in addressing state's trauma needs
- Expand appropriate specialty care at selected local facilities
- Contemplate expanding primary care for complex patients
- Develop advanced subspecialty care as destination services
- Expand market footprint to attract volumes necessary for quality outcomes and program development



Hazard's Jyotin Chandarana, MD, is among several community-based nephrologists participating in UK's Kidney Organ Failure and Transplant Network. These doctors take care of kidney transplant patients such as Shelly Brashear in their home communities before and after a transplant is performed at UK HealthCare in Lexington.

Investing in Kentucky's Future Health



Strong financial performance in 2010 supported UK HealthCare's continued investment in the people, facilities, technology and programs necessary to secure Kentucky's future health. Strategic recruitment of clinical and research faculty has filled most gaps. Now UK HealthCare is able to offer a full menu of advanced specialty and subspecialty services. These



specialty practices are increasingly integrated in a multidisciplinary, collaborative approach to patient care, education and research. Investments in facilities and technology ensure the state's citizens will find the specialized services they need right here in Kentucky. Philanthropy makes possible innovative programs and research, as well as amenities that foster a healing environment. UK HealthCare's investments in the health of Kentucky are paying off.

Markey Cancer Center director Mark Evers, MD (in white jacket) and his administrative team have focused on laying the groundwork for NCI designation as a comprehensive cancer center. The team includes, from left, Thomas C. Tucker, PhD, David Gosky, MA, MBA, MPH; Heidi Weiss, PhD; Vivek Rangnekar, PhD; Daret St. Clair, PhD, Dr. Evers, and Xianglin Shi, PhD. Not shown, John Rinehart, MD.



MARKEY CANCER CENTER

Building a foundation for NCI designation

Creating an infrastructure to support designation as a National Cancer Institute (NCI) comprehensive cancer center was a top priority for the Markey Cancer Center in 2010. "Sixteen states don't have an NCI cancer center, and Kentucky is one of them," said B. Mark Evers, MD, director. "Kentucky has one of the highest rates of cancer in the country; we are number one in lung cancer; number two in colorectal cancer. To not have an NCI-designated center is a real problem."

The benefits of attaining this gold standard are many, including up to \$1.5 million in additional funding, access to the latest in cancer research clinical trials, enhanced

visibility among savvy patients looking for NCI-designated cancer centers, and improved ability to attract the best medical students and faculty. "NCI designation really opens up a lot of different avenues and sets us apart from other cancer programs," said Dr. Evers.

NCI designation is conferred upon cancer programs that excel in clinical research, evidence-based diagnosis and treatment, and community outreach. Nationwide only 66 cancer centers have earned this distinction; and of that number, only 40 are considered comprehensive cancer centers, meaning they are involved in laboratory, clinical and population-based cancer research conducted across multiple scientific disciplines.



"NCI designation really opens up a lot of different avenues and sets us apart from other cancer programs."

B. Mark Evers, MD, *Director, Markey Cancer Center*

grant for gastrointestinal (GI) cancers. Also, more attention is being devoted to pancreatic cancer, triple-negative breast cancer and minimizing chemotherapy's long-term effects on normal tissues. Today more than 175 clinical trials are underway at Markey and more are expected. All of this activity ensures Kentuckians access to the very latest in diagnostic and treatment options.

Research agenda strengthened

Thanks to changes large and small, the ability to conduct research at Markey is stronger than ever. All adult clinical trials are now managed under one office. Throughout the center people are working together to translate scientific discoveries into new ways to prevent, diagnose and treat cancer. New clinical and basic science recruits are adding firepower to Markey's ongoing research programs. The center's biostatistics staff has increased six-fold, serving as a central support to researchers with ideas.

Examples of cancer research include ongoing trials that are part of the Specialized Program in Research Excellence (SPORE)

Collaboration builds synergy

Partnerships forged with several University of Kentucky colleges and UK's Coldstream Research Campus are having a "synergizing effect" on research collaboration. "We are bringing together people you wouldn't ordinarily consider working with to find new ways of fighting cancer," Evers said.

For example, Markey and the colleges of Pharmacy and Engineering joined forces to apply for a five-year NCI grant to establish one of six cancer nanotechnology training centers in the country. Projects will involve Markey as well as the colleges of Medicine, Pharmacy and Engineering and the Department of Chemistry.

Until September 2012, the earliest an NCI application can be submitted, the Markey team will be documenting all that the center does for the Commonwealth and beyond. "We have made great strides this past year," said Evers. "We're all on the same page; people are focused, excited and engaged."

Transplant program strengthened by recruits, teamwork

Growth and development of the UK Transplant Center was a major focus in 2010. As a result, two abdominal surgeons, Michael Daily, MD, and Jonathan Hundley, MD, were recruited to bolster UK HealthCare's ability to perform liver and kidney transplants. Their successful recruitment to the abdominal transplant surgery team led by director Roberto Gedaly, MD, is only the latest enhancement to a program that has experienced tremendous evolution in the last year.

Surgical expertise may be critical for the success of any transplant program, but a patient with end-stage liver or kidney disease is also critically dependent on the experience of the medical team of

specialists in nephrology and hepatology who provide both the pre- and post-transplant care.

"The recruitment of top surgeons coupled with experienced medical colleagues yield the best results," said Joseph "Jay" Zwischenberger, MD, transplant center director and chief of surgery. The challenge, he says, becomes medically managing patients with failing organs to keep them as healthy as possible while waiting for organ donors. Equally important is how the post-surgery team deals with the possibility the body will reject the transplanted organ, as well as with infection and other problems. As a result, the UK Transplant Center is now organized



around medical-surgical transplant teams who work closely together to provide the multidisciplinary care necessary for the transplant patient.

This culture of collaboration often extends to the patient's local physician. Several community-based physicians are now participating in the UK Kidney Organ Failure and Transplant Network and also work closely with UK transplant teams to provide appropriate pre- and post-transplant care, enabling patients to spend less time away from home in Lexington and more time at home close to their support networks.

The UK Transplant Center is now organized around medical-surgical transplant teams who work closely together to provide the multidisciplinary care necessary for the transplant patient

UK surgical-medical teams collaborate on the care of transplant patients. Transplant team members include, from left, Roberto Gedaly, MD; Aftab Chishti, MD; Stefan Kiessling, MD; Alvaro

Koch, MD; Tom Waid, MD; Ana Castellanos, MD; Mchael Daily, MD; Wade McKeown, MD; and Ron Hundley, MD. Not pictured: Stephen Strup, MD, Jennifer Jackson, MD.



Heart failure specialist adds leadership to transplant program

The successful recruitment of Navin Rajagopalan, MD, UK's new director of the heart failure clinics and medical director of the cardiac transplant program, is taking UK HealthCare's heart transplant program to a new level of excellence.

"His skills and expertise have allowed us to take on even sicker patients who might otherwise have needed to leave the state for transplant consideration," explained David Moliterno, MD, co-director of the UK Gill Heart Institute and chief of cardiovascular medicine. "He also brings with him access to cutting-edge research protocols we might not have otherwise had."

For some patients with failing hearts – end-stage congestive heart failure – a heart transplant is their only hope. Specialized medical management such as that provided by Dr. Rajagopalan is critical in helping keep a patient alive until an organ donor is found, added Joseph "Jay"

Zwischenberger, MD, chairman of surgery and director of the UK Transplant Center.

After earning a degree from Ohio State University College of Medicine, Dr. Rajagopalan completed his medical residency at the Mayo Clinic. This was followed by a cardiovascular medicine fellowship and a dedicated heart failure cardiac transplantation fellowship at the University of Pittsburgh. He is board certified in internal medicine and cardiovascular diseases, as well as a new subspecialty in advanced heart failure and transplant cardiology. With clinical interests in cardiomyopathy, congestive heart failure, pulmonary hypertension and heart transplant management, Dr. Rajagopalan adds key leadership in UK HealthCare's cardiovascular service line.

Navin Rajagopalan, MD, new medical director of the cardiac transplant program, talks with Peter Forman, a UK cardiac patient for 20 years, who has been under Dr. Rajagopalan's care since his heart transplant.





Renowned researcher expands research agenda on aging

The recruitment of Linda Jo Van Eldik, PhD, as director of the Sanders-Brown Center on Aging, enables UK to both preserve the great strides made by the late William R. Markesbery, MD, and expand the center's scope of scientific interest. The new director considers the Sanders-Brown Center to be "one of the premier centers on aging in the world."

"We recruited an individual we knew would respect and honor the achievements of Dr. Markesbery and the people he recruited, and who would have a vision of moving into the next scientific era of aging research," said Michael Karpf, MD, executive vice president for health affairs. Van Eldik served as the associate director of Northwestern University's Alzheimer's Disease Center in Chicago. She brings to UK her basic and translational research into degenerative brain disorders, such as Alzheimer's disease.

The Sanders-Brown Center on Aging is one of the nation's first 10 Alzheimer's Disease Research Centers, one of 19 Geriatric Education Centers, and one of five Commonwealth of Kentucky Centers of Excellence.

Linda Jo Van Eldik, PhD, right, new director of the Sanders-Brown Center on Aging, shows retired UK faculty member Phyllis Jenness the MSD Imager, an impressive piece of technology able to accurately measure small amounts of protein in brain tissue. Jenness is a Senior Star honored this year by the center's foundation for exemplifying graceful aging by remaining engaged in active lifestyle. Adam Bachstetter, PhD, senior postdoctoral fellow in the Van Eldik lab, looks on.

"We recruited an individual we knew would respect and honor the achievements of Dr. Markesbery and the people he recruited, and who would have a vision of moving into the next scientific era of aging research."

Michael Karpf, MD, Executive VP for Health Affairs



Radiation therapists Andrea Davis and Brad Brown work in one of the treatment areas of the extensively renovated Radiation Medicine Center, located on the lower floor of the Ben F. Roach Cancer Care Facility.

Extensive renovations improve radiation medicine



Consolidating services, staff and technology in the new \$14 million Radiation Medicine Center has led to some very positive outcomes.

"We communicate better with each other and with our patients," explained Marcus Randall, MD, chief of radiation medicine. Medical physicists and dosimetrists working side by side with each other and with physicians can easily talk to each other about a patient's treatment plan and progress.

Exam rooms now are conveniently located in proximity to treatment areas. Patients no longer have to leave one building after treatment to go to another to be examined by their radiation oncologist.

"We communicate better with each other and with our patients."

Marcus Randall, MD, Chief, Radiation Medicine

The center is poised to accommodate a rapidly growing volume of patients coming to UK for highly specialized services such as stereotactic body radiation therapy and groundbreaking clinical trials. In addition to extremely precise, state-of-the-art linear accelerators, the center houses UK's Brain and Body Radiosurgery Program, home to Kentucky's only Gamma Knife® and the region's only Tomo Therapy Hi-Art® system.

Exceptional images help diagnose disease

2010 brought enhancements to UK HealthCare's ability to meet the growing demand for diagnostic testing. In particular, advanced MRI and CT scanners used for UK's Advanced Cardiovascular Imaging Program are helping doctors diagnose and treat patients with cardiovascular-related illness. The program shares the scanners of the new Gill Imaging Center, located in the UK Gill Heart Institute on the ground floor of the Linda and Jack Gill Building.

"The technology is fabulous; it's non-invasive, and it can be used for a wide range of patients who come in the door with cardiovascular disease," explained cardiologist David Moliterno, MD, co-director of the Gill Heart Institute and chief of cardiovascular medicine. "Most small community hospitals do not have this level of technology, nor do they have the physicians we have who are expertly trained in reading cardiac CT and MRI images."

A 64-slice dual-source CT scanner shortens the time and the radiation exposure for obtaining precise views of the heart. UK is also unique in offering both a 1.5 Tesla (1.5T) MRI and the more powerful 3T MRI for diagnosing tumors and other functional cardiovascular problems.

Martha Maier, MD, reads images taken in the new Gill Imaging Center. The center's technology produces sharply defined images useful in diagnosis, as well as in treatment planning and evaluation.

"The technology is fabulous; it's noninvasive, and it can be used for a wide range of patients who come in the door with symptoms of cardiovascular disease."

David Moliterno, MD, *Co-director, UK Gill Heart Institute & Chief, Cardiovascular Medicine*





Neuroscience clinic design leads to collaboration, comfort

Since the opening of the new Kentucky Neuroscience Institute clinic, all agree that the carefully planned design is working even better than anticipated in integrating neurology, neurosurgery and neuro-radiology services.

“All I have to do is walk 15 or 20 feet and I can talk with a neurologist about whatever is wrong with a patient I’ve just seen,” said neurosurgeon Byron Young, MD, institute director. If needed, the patient can usually see other specialists and have noninvasive tests the same day.

Warm colors, rotating displays of original art, a colorful space just for children, and a spacious lobby designed for comfort and privacy offer a soothing environment. Each examination room has a computer screen so that doctors and patients can view diagnostic images together.

“The move created a lot of enthusiasm and improved collaboration,” Dr. Young said. “It’s spurred us on to look for other ways to better help our patients.”

"The move created a lot of enthusiasm and improved collaboration."

Byron Young, MD, Director, Kentucky Neuroscience Institute



Facility design played an important role in making it easier for neurologists and neurosurgeons (above) to collaborate on the care of patients. (Above left) Diagnostic testing with neuroradiologists is nearby.

Art-lined hallways, soothing colors and new finishes (top right) have made the clinic an uplifting environment for patients, family members and clinic staff, such as Jalaya Lillard, a certified medical assistant (right).



"We are witnessing the construction of one of the most technologically advanced hospitals in the country."

Kentucky Gov. Steve Beshear

Topping out in September marks construction's highest point

A beam signed by workers was raised to the highest point of the new pavilion at UK Albert B. Chandler Hospital during a ceremonial "topping out" in September 2009. The traditional celebration for ironworkers marked the final stages of steel-frame construction for the 1.2 million-square-foot hospital. About 9,000 UK faculty, staff and students and 500 community members and dignitaries celebrated the history-making event that coincided with the annual employee-student appreciation picnic. Hundreds signed additional beams that will become part of the new structure.

"We are witnessing the construction of one of the most technologically advanced hospitals in the country," said Kentucky Gov.

Steve Beshear, one of the many dignitaries who attended the event. UK President Lee T. Todd told the gathering that the new hospital "represents UK's commitment to creating a healthier, better-educated Commonwealth."

The \$532 million facility is designed to ensure the building will adapt to meet ever-changing future needs. It opens in phases, starting with the new Emergency Department and the Makenna David Pediatric Emergency Center completed this year and opened to patients in July 2010. The first two patient care floors and public areas will open in spring 2011.



Hundreds of UK HealthCare faculty and staff signed their names to beams that will be used in the construction of the new UK Chandler Hospital patient pavilion.

During open houses held in June, UK HealthCare faculty and staff were able to try out the interactive wall found in the new Makenna David Pediatric Emergency Center waiting area. The wall is just one of the inviting features of the dedicated children's area.



UK staff get first look at new emergency department

At the end of fiscal year 2010, final preparations were underway for the July 14 opening of the new UK Chandler Emergency Department (ED). More than 3,000 UK HealthCare and UK employees, referring providers, donors and other guests toured the new ED during open house events held in June.

Giving staff a preview was fitting since so many had a say in the changes made to improve the patient experience. "Service was at the top of our list as we designed the new ED to meet the needs of patients, their families and our caregivers," said Penne Allison, RN, emergency and trauma services director. "Our patients tell us through satisfaction surveys that they think we are doing a great job; this new space will help us take service to the next level."

Among the amenities are comfortable welcoming areas, private treatment rooms,

flat-screen TVs, and computer games and other types of entertainment for younger patients.

The new Chandler ED has more than double the space of the previous ED. There are four areas for specific types of patients: the region's only Level I trauma center for the most critically injured adults and children, the Adult Emergency Center for seriously ill or injured adults, Express Care for those adults with less urgent conditions, and the separate Makenna David Pediatric Emergency Center. UK's ED is one of only a handful in the nation verified by the American College of Surgeons as a Level I trauma center for both children and adults.

"Our patients tell us through satisfaction surveys that they think we are doing a great job; this new space will help us take service to the next level."

Penne Allison, RN, Director, Emergency and Trauma Services



Academic success parallels clinical growth

While the clinical activities of UK HealthCare prospered, so did the UK College of Medicine, which celebrated its 50th anniversary of training physicians and researchers for Kentucky. “When the clinical enterprise is successful, it allows the academic enterprise to be successful,” explained the college’s Interim Dean Emery Wilson, MD. “We’ve been able to add new faculty members and students as well as develop new programs.”

New faculty members – 12 full-time researchers and clinicians in 2010 – enhance the educational experience and often bring with them additional money for research. “We had our most successful year of extramural funding with \$134.8 million in research grants – more than \$88 million of that came from the National Institutes of Health,” Dr. Wilson said. More

than 40 percent of all UK research funding is generated by the College of Medicine.

The college has responded to the need for physicians in rural Kentucky by adding 10 student slots, bringing the maximum number of first-year medical students to 113. These slots are for students taking part in UK’s Rural Physician Leadership Program (RPLP), a unique approach to training physicians in rural communities. RPLP students spend their last two years of medical school away from Lexington in a rural setting similar to one where it is hoped they will eventually set up practice. This fall the first cohort of students in this program is entering the third year of medical school in Morehead where UK has partnered with St. Claire Regional Medical Center and Morehead State University. Plans are underway for a second campus in Murray.

"According to a report by the Kentucky Institute of Medicine, 43 percent of Kentucky's population lives in rural areas, yet only 28 percent of physicians practice there," Dean Wilson said. "By getting students from rural areas, training them there, and giving them the education they need to start a practice in these communities, we hope to keep them there."

Rural Kentuckians also benefit from the college's five Centers for Rural Health. Clinical, educational and research services are offered in partnership with regional medical and academic centers in Hazard, Morehead, Danville, Madisonville and Murray.

Expert faculty, clinical excellence, well-funded research opportunities and unique educational opportunities help attract higher quality medical students, interns and residents. The applicant pool has grown to more than 2,000 – 500 of whom come from Kentucky. In 2010, graduating UK medical students scored above the national average in their U.S. medical licensing examination. And in the 2010 National Residency Match program, 95 percent of the UK residencies offered were filled on the first day.

"When the clinical enterprise is successful, it allows the academic enterprise to be successful."

Emery Wilson, MD, Interim Dean,
College of Medicine

Chad Knight, a third-year UK medical student, is continuing his studies in Morehead as part of a program meant to encourage students to practice in rural settings. Shown here with clinic patients Jessica Robinson and her 2-year-old daughter, Olivia, Knight gets instruction from Craig Burrows, MD, medical director of Family Medicine at Morehead.



UK responded to the need for physicians practicing in rural areas by adding slots for students taking part in UK's Rural Physician Leadership Program. The first four UK medical students arrived in Morehead this year to complete their last two years of medical school, from left, Larissa Kern, Chad Knight, Ilva Iriarte and Sarah Tibbs.

Philanthropy is key for all great academic medical institutions



Celebrating the creation of the Lucille Caudill Little Performing Arts in HealthCare Program and the Teresa Garbulinska Annual Performance Series are, from left, donor Ronald Saykaly, MD, Lucille Little Foundation board member Proc Caudill, Teresa Garbulinska Saykaly, and new music therapy director Lori Gooding, PhD, MT-BC, NICU-MT.

In 2010, philanthropic gifts advanced UK HealthCare's mission to excel in patient care, clinical research and education.

The new, Makenna David Pediatric Emergency Center, funded by the Makenna Foundation, led by Greg and Sheila David and Janice Mueller, opened in July 2010 as part of the new UK Chandler Emergency Department. Designed specifically for children, the 24-hour pediatric emergency and trauma care center is the only one serving Central and Eastern Kentucky.

Through annual events, the Makenna Foundation has involved thousands of Central Kentuckians in supporting Kentucky Children's Hospital.

A generous gift from a UK heart surgeon and his wife resulted in a research endowment and the naming of the Dr. Siby and Becky Saha Cardiovascular Research Center. Their investment substantially adds to the center's resources and bolsters the exceptional efforts of physician-scientists and researchers seeking to better understand and find cures for cardiovascular disease.

Neurosurgery residents have more access to research and educational opportunities thanks to the new Byron Young, MD, Research Endowment. Early gifts from Phillip Tibbs, MD, chair of neurosurgery, and three other neurosurgeons who trained under Dr. Young honor the longtime UK faculty member as a mentor and educator.

Overture to Healing, a gala evening of music and celebration of the arts on April 17, 2010, benefited the Lucille Caudill Little Performing Arts in HealthCare Program and the Lexington Philharmonic. Representing a collaboration between UK HealthCare, the UK School of Music and the Philharmonic, the evening helped establish a music therapy and performing arts program for UK HealthCare patients.

The evening also introduced the inaugural Teresa Garbulinska Annual Premier Concert Series as international violinist Nadja Salerno-Sonnenberg joined the Philharmonic in concert. The series was endowed by UK rheumatologist Ronald Saykaly, MD, to honor his wife Teresa, a concert pianist. The music therapy program directed by Lori Gooding, PhD, associate professor of music, will offer Kentucky's only graduate degree in music therapy, as well as a clinical program that uses musical experiences to help patients achieve health-related goals.

Overture to Healing Gala Supporters

Sponsors of UK's Overture to Healing gala and concert helped establish the Lucille Caudill Little Performing Arts in HealthCare Program and supported the Lexington Philharmonic.

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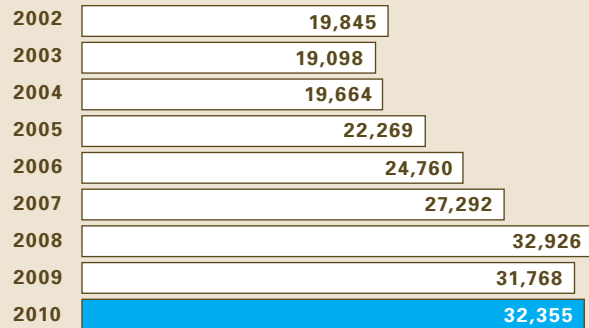
Saha Cardiovascular Research Center director Alan Daugherty, PhD, DSc, standing, discusses heart disease research with Dr. Siby and Becky Saha. The Saha's gift funded an endowment that supports the center's research priorities.

Statistics *Operating statistics for years ending June 30*

	2010	2009	2008
DISCHARGES			
Medicare	9,478	9,370	9,718
Medicaid	9,146	9,032	8,995
Commercial/Blue Cross	9,955	9,868	10,546
Patient/Charity	3,776	3,498	3,667
Total Discharges	32,355	31,768	32,926
Licensed Beds	791	791	775
Available Beds	643	636	611
Average Daily Census	508	495	487
Average Length of Stay	5.74	5.69	5.41
Case Mix Index	1.73	1.72	1.65
SURGERY			
Operative Cases	25,512	24,638	24,228
OUTPATIENT VISITS			
Hospital Clinic Visits	319,297	312,208	301,427
Emergency Visits	69,671	68,299	66,045
Total Hospital Outpatient Visits	388,968	380,507	367,472
Ambulatory Physician Visits	569,598	585,957	506,709
OTHER SERVICE RELATIONSHIPS			
Referring Physicians	4,630	4,316	4,020
UK•MDs Physician Calls	157,276	152,381	131,049
Health Connection Consumer Calls	145,363	139,700	116,145
Website Users (Avg/Mo)	93,436	72,995	69,069

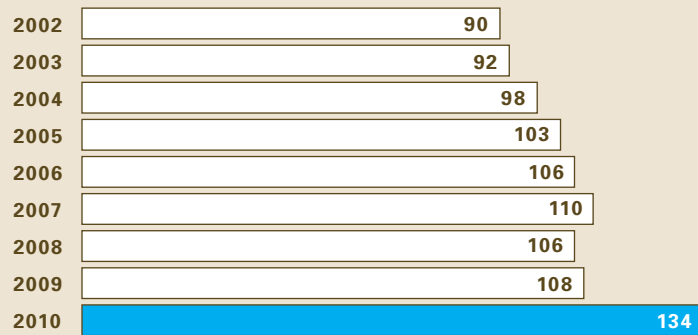
Trends

Discharges



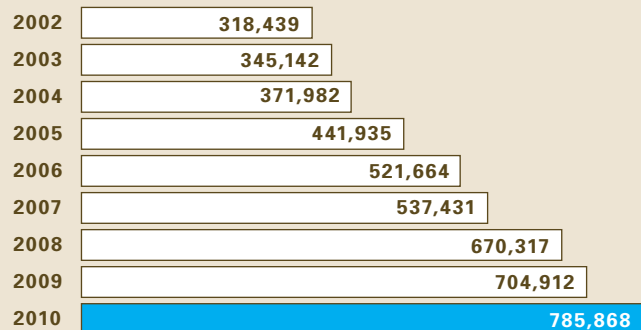
Grants and Contracts Awarded

(\$ in millions)



Operating Revenue*

(\$ in thousands)



* Note: Historical operating revenue is net of bad debt expense.

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Financial statements *Financial statements for years ending June 30*

Condensed Statements of Operating Revenues, Expenses and Changes in Net Assets (*\$ in thousands*)*

	2010	2009	2008
Net Patient Service Revenues	\$ 766,437	\$ 686,604	\$ 653,092
Sales and Services	19,431	18,308	17,225
Total Operating Revenues	\$ 785,868	\$ 704,912	\$ 670,317
Operating Expenses	742,456	698,179	621,840
Operating Income	\$ 43,412	\$ 6,733	\$ 48,477
Nonoperating Revenue (Expenses)	19,339	(36,556)	(9,303)
Income Before Transfers to UK	62,751	(29,823)	39,174
Transfers to UK/Other	(23,303)	(17,907)	(19,811)
Net Income (Loss) From Discontinued Operations	(14)	(17)	(20)
Total Increase in Net Assets	\$ 39,434	\$ (47,747)	\$ 19,343
Operating Margin	5.52%	0.96%	7.23%
Total Margin	5.02%	(6.77%)	2.89%

Net Patient Revenue by Funding Source (*\$ in thousands*)*

	2010	2009	2008
PAYOR			
Medicare	\$ 198,549	\$ 199,207	\$ 195,494
Medicaid	192,892	162,711	145,983
Commercial/Blue Cross	352,078	325,585	310,130
Patient/Charity	77,143	49,858	47,629
Total	820,662	737,361	699,236
Bad Debt	(54,225)	(50,757)	(46,144)
Total Net Patient Revenue (including Bad Debt)	\$ 766,437	\$ 686,604	\$ 653,092
Professional Net Revenue	\$ 196,754	\$ 195,385	\$ 175,223

* Note: The method for reporting operating revenues and expenses changed in fiscal year 2008 to comply with GASB statements; in the audited statements operating revenue is net of bad debt, which was previously reported as an operating expense.



UK HealthCare celebrated "Topping Out" of the new patient care facility at UK Chandler Hospital in September 2009 when the steel structure reached its highest point.

Condensed Statements of Net Assets
(\$ in thousands)

	2010	2009	2008
ASSETS			
Current Assets	\$ 253,039	\$ 286,800	\$ 272,386
Capital Asset, Net of Depreciation	667,580	488,596	350,241
Other Noncurrent Assets	242,283	222,790	406,604
Total Assets	\$ 1,162,902	\$ 998,186	\$ 1,029,231
LIABILITIES			
Current Liabilities	114,689	89,091	74,665
Noncurrent Liabilities	464,393	364,709	362,433
Total Liabilities	\$ 579,082	\$ 453,800	\$ 437,098
NET ASSETS			
Invested in Capital Assets, Net of Related Debt	208,407	124,643	135,130
Nonexpendable Other	116	115	14
Restricted Expendable	15,218	25,801	17,118
Unrestricted	360,079	393,827	439,871
Total Net Assets	\$ 583,820	\$ 544,386	\$ 592,133

Statement of net assets and related statements of revenues, expenses and changes in net assets for the year ended June 30, 2010, were audited by BKD, LLP, of Louisville, Ky.

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(as of June 30, 2010)

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Robert Tharsing, retired UK art professor and cancer patient, has been commissioned to create a signature piece of art for the Surgery Waiting Area of the new pavilion at UK Chandler Hospital. "Art is an expression of life and it connects us to nature and one another," he said. "I hope my painting will provide the viewer with a beautiful and positive evocation of what is wonderful and inspiring about Kentucky."



Art, music and landscaping create a healing environment for patients and their loved ones.

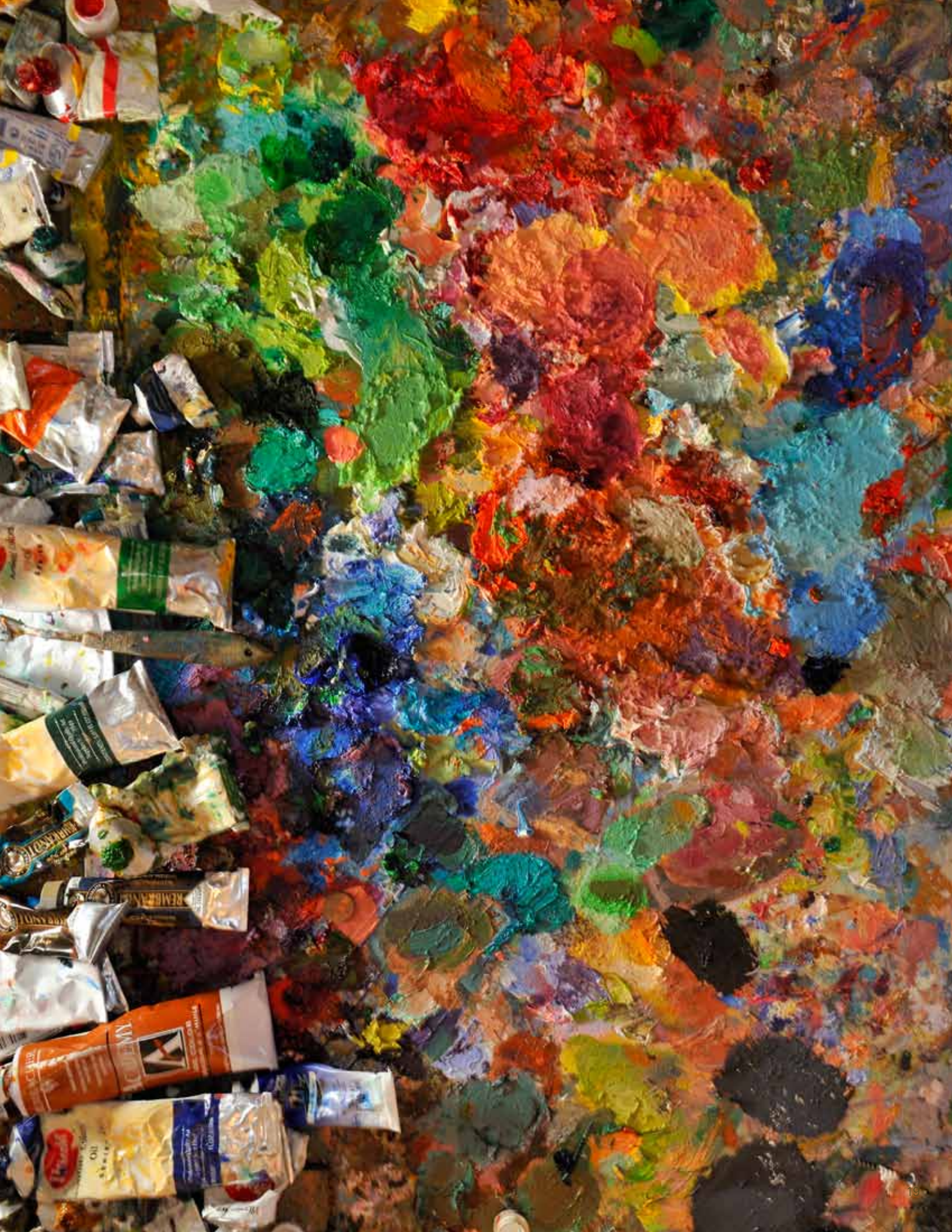
Visual, musical art enhance healing environment

The vision is a unique one for a health care environment – a donor-supported program that combines art, music and landscaping to create a welcoming, comforting, healing environment for patients and their loved ones. Thanks to donor support, the Arts in HealthCare Program is being felt throughout UK HealthCare.

More than 200 pieces of original art are already exhibited in areas such as the Kentucky Neuroscience Institute clinic, Markey Cancer Center's renovated Ben F. Roach Cancer Care Facility lobby, the new UK Chandler Emergency Department and UK Good Samaritan Hospital. Musical performances over the holidays heralded the beginning of planned year-round performances by both UK School of Music students and celebrated musical artists.

And in preparation for the opening of the new pavilion at UK Albert B. Chandler Hospital, artists from Kentucky and beyond are hard at work creating signature pieces that will contribute to an exceptional healing environment. One of the commissioned artists, retired UK art professor Robert Tharsing, knows first-hand the power art holds in healing the human spirit and body.

"Art has kept me alive," said Tharsing. "Art is part of the life force," he explained as he talked about its role in his journey to remission following cancer diagnosis and treatment and his plans to create a restive, meditative, absorbing piece for those who will use the new Surgery Waiting Area.



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