



**POISED
FOR CHANGE**
2017 ANNUAL REPORT

*Kate Zaytseva, PhD
Markey Cancer Center*

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On the Cover

Kate Zaytseva, PhD, a researcher at the UK Markey Cancer Center, is one of thousands of faculty and staff advancing medicine for the commonwealth.

POISED FOR CHANGE

A REPORT ON FISCAL YEAR 2017 FROM THE EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS

In September 2016, I announced my intention to step down in 2017 from the executive vice president for health affairs (EVPHA) role once a new EVPHA could be hired and the role could be appropriately transitioned. By the close of fiscal year 2017, a university search committee led by Wendy Hansen, MD, chair of obstetrics and gynecology, and Eric Monday, PhD, executive vice president for fiscal affairs, had a highly qualified set of finalists.

In this summary I reflect on the highlights of FY 2017, as well as some key insights I learned over my 14 years as EVPHA.

In 2014, our annual report looked back over a decade of exceptional growth; strong programs *and* strong relationships are key reasons for that growth. Today, UK HealthCare has a strong foundation on which to continue to grow and serve the people of the Commonwealth of Kentucky.

In the years since we developed our strategies to revitalize the clinical enterprise, the university has invested close to \$2 billion for faculty recruitment, program development, technology acquisition as well as facilities, while also fostering partnerships with leading regional health providers across the state to extend care to those who need it most.

As a result, hospital discharges in the last decade have nearly doubled. At the same time, health research into the problems most impacting Kentucky has grown considerably, capped off three years ago by legislative approval to build a new \$265 million health research facility focused specifically on the most daunting health challenges confronting the state. That facility is slated to open in summer 2018.

2017 - A Year of Transition

Hospital discharges in FY 2017 approached 40,000, while outpatient visits were more than 1.5 million. Transfers into UK hospitals or clinics topped 18,600. While our strategies to grow have been more successful, we are now faced with the challenge of improving access to our services – now in much demand. Meeting this challenge is an important feature of our 2015 strategic plan.

In 2017, UK HealthCare maintained a *case mix index* – a measure of the complexity of care required – that placed us above the 75th percentile of teaching hospitals.



Strong programs and strong relationships are responsible for UK HealthCare's dramatic growth.

Michael Karpf, MD
Executive VP for Health Affairs
2003-2017

In pursuing a future as a research-intensive academic referral center, we find ourselves competing with other academic centers for federal research dollars and federal designations that factor into grants and awards. Currently, we are well-positioned to achieve this aspiration because the university is:

- Recipient of a \$19.8 million Clinical and Translational Science Award (CTSA).
- Home to a National Institutes of Health-funded Alzheimer's Disease Center and National Cancer Institute designated cancer center.

Increasing UK's research profile over the next 10 years will be important and take sustained effort if we are to achieve status as a research-intensive academic medical center (AMC).

Heretofore, our strategies were designed to enable UK HealthCare to lead in improving the way care is delivered in Kentucky:

- Providing appropriate care as close to the patient and family as possible.
- Developing a seamless continuum of care that reduces stress on the patient and family while improving the quality of care.
- Creating a network committed to value-based care where superior outcomes are delivered in the most efficient manner.

- Utilizing relationships with providers, insurers and purchasers – as well as information systems and medical management tools – to do all of the above.

Legislative and Regulatory Outlook

Change is coming, and it is approaching from both federal and state directions. Throughout 2017, Mark D. Birdwhistell, vice president for administration and external affairs, and team monitored the constantly shifting forces around the Patient Protection & Affordable Care Act (ACA) and the Republican plan for health care reform.

Patient- and Family-Centered Care

In FY 2017, Colleen Swartz, DNP, our chief administrative officer/chief nurse executive, led UK HealthCare teams working on the foundation of our 2015 strategic plan, patient-centered care. New training launched for staff and faculty across the health care system is focusing on patient- and family-centered care principles.

During FY 2017, we launched a Cardiovascular Patient and Family Advisory Council, adding to councils already advising Markey Cancer Center and Kentucky Children's Hospital. We also have an advisory group of employees who have been patients, as well as one representing the Medicare patient population. Their stories, experiences and involvement enable UK HealthCare to continually enhance our processes and improve how we deliver care.

Responding to the opioid crisis

Chief Medical Officer Phillip Chang, MD, and colleagues in pharmacy, trauma and nursing took a look at the opioid crisis

and developed a different approach to pain management that relies first on nonaddictive pain relievers, turning to narcotics only as a secondary option. They were able to achieve a dramatic reduction in the number of patients on narcotics for pain relief at the time of discharge. We have been asked to share these new prescribing practices with other providers in Kentucky and West Virginia. The objective is to reduce the number of narcotic prescriptions written or the dose needed to relieve pain, with the ultimate aim of reducing the number of Kentuckians who become addicted to opioids.

Our People

Great work is happening in aligning our workforce with our community and the population we serve. We continue to work toward goals of minority representation in executive, administrative and managerial positions.

In terms of employee engagement, we continue to improve our overall engagement score and ranking among peer AMCs. We have seen continuous improvement since we began surveying in 2012. In response to staff feedback provided via the survey, we overhauled our celebration of career achievement (previously known as service awards) and launched a new reward and recognition program (STAR – Special Thanks And Recognition) to very positive response.



Mark D. Birdwhistell, vice president for administration and external affairs, leads a team closely monitoring federal and state legislative and regulatory changes affecting health care.

A YEAR IN REVIEW

July 2016

Markey Cancer Center hosts Cancer Moonshot Summit in conjunction with D.C. summit

Partnered with Hardin Memorial Health to provide cardiothoracic surgery clinic in Elizabethtown

August 2016

UK HealthCare is No. 1 in Kentucky according to U.S. News & World Report Ranked No. 45 in Geriatrics, and High-Performing in Cancer, Diabetes & Endocrinology, Nephrology, Neurology & Neurosurgery, Orthopedics, and Pulmonology

Chandler Dining opens

Floors 9 and 10 in Chandler Hospital Pavilion A open for Medicine patients

Named one of “Top Hospitals with Great Oncology Programs” by Becker’s Hospital Review

Two-year, \$150,000 grant received from the Kentucky Lung Cancer Research Program

Partnered with Frankfort Regional Medical Center to provide neurology hospital care

September 2016

Diagnostic Radiology opens new space in Chandler Hospital Pavilion A

UK Sanders-Brown Center on Aging one of a select group of NIH-funded Alzheimer’s Disease Centers

continued →

September 2016

UK physicians publish in The New England Journal of Medicine urging integration of medication-assisted opioid treatment into hospital care

Clinical-Translational Neuroscience Research Symposium hosted by the Kentucky Neuroscience Institute

UK trains health providers to respond to opioid epidemic

October 2016

UKHC joins NIH directors in Hazard to discuss cancer and substance abuse

UK receives \$19.8 million Clinical and Translational Science Award from the National Institutes of Health

Partnered with Clark Regional Medical Center to provide rheumatology clinic in Winchester

UK College of Health Sciences celebrates 50th anniversary

Kentucky Lung Cancer Symposium

November 2016

Markey Cancer Center launches Molecular Tumor Board

Markesbery Symposium on Aging and Dementia hosted by Sanders-Brown Center on Aging

Quintuplets are born at the UK HealthCare Birthing Center.

December 2016

Alzheimer's Association awards \$1 million grant to Sanders-Brown Center

Participation rates remained high in 2017 for our annual survey of our physician faculty. Provider interest in laying out the issues – many of them a direct result of our dramatic growth over more than a decade – was evidence that they can be relied upon to help us solve the issues.

Providing value-based care

A broad, substantive assessment of all areas of UK HealthCare and the College of Medicine was conducted in the spring and early summer driven by strategic decisions made in 2015 to emphasize value-based care. Value-based care is the result of improvement in service, quality, outcomes and efficiencies while lowering cost and variability. By the end of the fiscal year, more than 25 initiatives had been identified and were poised to launch in FY 2018.

Growth in Complex Care

During fiscal year 2017, we supported strategic growth of our service lines with the development of an academic service line (ASL) operating model designed to increase coordination and communication across disciplines as well as across the clinical, research and education pillars of our mission. Our goals with this model are to reduce unnecessary variation and costs while at the same time improving patient experience, faculty and staff engagement, safety and quality, and our use of resources.

During FY 2017, Bo Cofield, DrPH, chief clinical operations officer, established an executive position to help guide the ASLs. With the help of the chief of enterprise academic service lines and related department chairs, three ASLs were launched: Obstetrics-Maternal Fetal Medicine-Neonatology-Infant Follow-up (OMNI), Cardiovascular and Transplant. Eight others are in various stages of development. Read more about ASLs on pages 14–17.

Kentucky Health Collaborative

In addition to focusing on advanced subspecialty care in Lexington, UK HealthCare has also worked to develop strong relationships with community providers by expanding and improving the services they can offer. Read more about our strategic relationships on pages 18–19.

The culmination of our efforts to build relationships has been the launching of the Kentucky Health Collaborative, 10 major health systems in Kentucky comprising more than 50 hospitals. The collaborative serves as a framework to enable UK HealthCare and other providers to work together to deliver value-based care with the goal of producing the best outcomes at the highest level of efficiency.

In FY 2017, we estimated savings or cost avoidance of more than \$14 million for collaborative members, identifying opportunities in supplies and capital equipment.

Steady Financial Performance

Overall, we ended FY 2017 with an 8.3 percent operating margin, less than the margin budgeted but still much stronger than the average 3 percent margin of most AMCs. In April and May we experienced declines in revenues attributable to a decline in reimbursement following a shift in our payer mix and case acuity coupled with an increase in inpatient volumes and cost per case. As we entered FY 2018, this situation

seemed to right itself. Chief Financial Officer Craig Collins and his team continue to monitor financial performance closely. See pages 40–43.

Our Facilities

The 12-story Pavilion A at UK Chandler Hospital continued to evolve with the finishing out of Floors 9 and 10 in FY 2017. By the end of FY 2017, 96 percent of the 1.2 million-square foot Pavilion A is either occupied or has received Board of Trustees approval to be finished out. In addition to Floors 9 and 10, we were hard at work on the Markey Cancer Center floor – Floor 11 – which would be finished and occupied in December 2017.

At Kentucky Children’s Hospital (KCH), we anticipate the opening in spring 2018 of a new neonatal intensive care unit (NICU) with private rooms for babies and families, a new lobby and public spaces for the hospital, as well as new outpatient treatment and sedation facilities.

The emergency department at Good Samaritan Hospital is receiving a \$12.5 million renovation, with an additional \$10 million spent on multiple renovations and upgrades at the community hospital in 2017. Additional surgical suites and pre-operative areas at Chandler Hospital are under construction and slated to open in spring 2018.



Native Kentuckian Mark F. Newman, MD, was named the university’s executive vice president for health affairs in July 2017.

International Society of Neurogastronomy Symposium held at UK

February 2017

National Cancer Institute director visits Markey Cancer Center

New DanceBlue Kentucky Children’s Hospital Hematology/Oncology Clinic opens

College of Medicine announces a regional campus in Northern Kentucky

March 2017

First MACI cartilage repair in Kentucky and Midwest

Gill Heart & Vascular Institute becomes Lexington’s preferred provider of cardiovascular care

UK Advanced Eye Care Clinic opens in new Shriners Hospitals for Children building

Precision Medicine Symposium hosted by Markey Cancer Center for region’s providers

Ovarian Cancer Screening Program celebrates 30 years

April 2017

Chandler Hospital named among “100 Great Hospitals in America” by Becker’s Hospital Review

\$11.2 million awarded to launch Center for Cancer and Metabolism

National Rx Drug Abuse and Heroin Summit, Atlanta

continued →

April 2017

UK Orofacial Pain Clinic celebrates 40th anniversary

May 2017

UK HealthCare named Healthcare Equality Index Leader by the Human Rights Campaign Foundation

Lake Cumberland Regional Hospital joins Markey Cancer Center Affiliate Network

Practical Update in Neurology and Neurosurgery

Markey Research Day

WellCare of Kentucky promises \$180,000 in medical and nursing scholarships

Get With The Guidelines®- Stroke GOLD PLUS Achievement Award from The American Heart Association and American Stroke Association

Barnstable Brown Obesity and Diabetes Research Day

June 2017

UK HealthCare becomes the only facility in Kentucky to offer adult ECMO transport

Groundbreaking for College of Medicine – Bowling Green campus

Highlands Regional Medical Center joins Markey Cancer Center Affiliate Network

Memory Sunday Weekend brings awareness of dementia's impact on African Americans

UK Midwife Clinic opens

At our ambulatory (outpatient) locations, we have completed \$45 million in renovations, with an additional \$7 million in renovations underway.

Handing Over the Baton

Now that UK HealthCare is in a position to serve as a regional referral center, the next EVPHA must lead through transformational change around value-based care and payments and build out our capabilities in ambulatory care (primary and specialty).

Early in July 2017, UK President Eli Capilouto named Kentucky native Mark F. Newman, MD, to succeed me as the university's executive vice president for health affairs. Dr. Newman comes from Duke University with a distinguished career as a cardiothoracic anesthesiologist, professor and chair of anesthesiology, clinical researcher, and head of one of the country's largest and most renowned academic physician practice plans. He has the experience to guide UK HealthCare through the sea change ahead. His extensive experience in leading ambulatory strategies is exactly what is needed.

Wrapping Up 14 Years at UK HealthCare

Since arriving at UK in 2003, I have had the opportunity to see advanced subspecialty programs develop at UK HealthCare that are comparable to those available at the nation's very best referral, research-intensive academic medical centers. This has been achieved in great part through the recruitment of outstanding physicians and aggressively built, nationally competitive tertiary and quaternary programs that have grown dramatically both in volume and quality. These past 14 years have been challenging but also immensely rewarding.

As a result of our efforts to build programs and relationships, UK HealthCare's outpatient activity has grown dramatically. Patient transfers from other providers have grown by a factor of 18 since we launched our growth strategies.

As I transition to a part-time faculty position working on health service and health policy issues. I have no doubt UK HealthCare will continue to make good on its commitment to the Commonwealth.



Michael Karpf, MD
Executive Vice President for Health Affairs

PREPARING UK HEALTHCARE FOR THE FUTURE

Throughout 2017, members of the University Health Care Committee of the UK Board of Trustees were keenly aware of our responsibility to oversee the University of Kentucky's clinical enterprise – UK HealthCare – through a critical series of transitions.

As the system's strategic planning noted in 2015, our nation's health care industry is undergoing significant change brought on by fiscal, governmental, legislative and market forces. The industry is in transition and where it will end is not clear. Yet, change is certain. I am pleased to report that UK HealthCare is actively preparing for a future built on value-based care.

In September, UK HealthCare's visionary leader, Dr. Michael Karpf, announced his intention to step away from his executive role. Under his outstanding leadership of 14 years, UK HealthCare more than doubled its inpatient volume and its workforce, making a palpable impact on our state's health care system as well as the local and regional economy.

To succeed him, we have been very fortunate to attract a native Kentuckian. Dr. Mark F. Newman assumed the EVPHA role in September 2017, bringing a background perfectly suited to continue UK HealthCare's successful trajectory. Dr. Newman's leadership experience at Duke University Medical Center, specifically his experience in clinical research and as department chair, foundation board president and president of Duke's physician practice organization, establish him as uniquely qualified to help our commonwealth's largest academic medical center through these critical years.

As the landscape around us changes, UK HealthCare is holding fast to its commitment to high-quality care for all of the citizens of Kentucky.

We were once again ranked the No. 1 hospital in Kentucky by U.S. News & World Report, and our geriatrics programs ranked among the nation's Top 50. Services in cancer, diabetes/endocrinology, nephrology, neurology/neurosurgery, orthopedics and pulmonology were considered high-performing. Becker's Hospital Review ranked us among "Top Hospitals with Great Oncology Programs," a salute that complements the Markey Cancer Center's position as the state's only NCI-designated cancer center.

In addition to clinical recognition, UK was tapped to receive \$8.25 million in federal support as one of the nation's select centers for Alzheimer's disease research. UK also received the highly sought after Clinical and Translational Science Award worth almost \$20 million.

In our emerging role as a regional referral center, UK HealthCare is continuing to develop and improve upon its ability to deliver advanced specialty care. Kentucky's hospitals and providers are increasingly dependent upon us to do so. Our collaborative and referral relationships are the result of strategic, purposeful actions to lend support to the state's rural and community providers.

Members of the University Health Care Committee all feel keenly our responsibility to ensure high-quality health care is available to our state's citizens at a reasonable cost. We are sensitive and committed to the key role this academic medical center plays within the state's health care system.



Robert D. Vance, Chair
University Health Care Committee
of the University of Kentucky
Board of Trustees

University Health Care Committee, University of Kentucky Board of Trustees
As of June 20, 2017

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Robert (Bo) Cofield, DrPH
Colleen Swartz, DNP
Andrew Bernard, MD

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Mira Ball
Robert Clay
Luther Deaton
Nick Nicholson
Missy Scanlon

ADOPTING, LIVING & SUPPORTING OUR LIVING DIRECT VALUES

Five organizational values were fully embraced in FY 2017 as the foundation for UK HealthCare's cultural transformation toward becoming a patient- and family-centered care organization. As a result, all UK HealthCare employees are being asked to personally live, effectively communicate and reinforce these values.

Developed by a taskforce of faculty and staff, the five values – **Diversity, Innovation, Respect, Compassion, Teamwork** – are referred to collectively as LIVING DIRECT.

They set the tone for UK HealthCare's culture and organizational climate and express what is most important to all of us as we work to fulfill UK HealthCare's mission and vision.

Our LIVING DIRECT values provide norms that specify how we should behave and how we, as an organization, should allocate resources. Once expressed and understood fully, it is our hope that these values will become the soul of our organization, a driver of our culture and a key element in strategic decision making.

The goal is for every UK HealthCare employee to be able to take personal ownership of the values, inspire others, and create a work environment where we are comfortable providing feedback to each other regarding how we are living up to our values.

Weaving the values into the culture of UK HealthCare

To support hiring team members who can embrace LIVING DIRECT, value-based application and interview questions have been created to help reveal how a candidate's experiences support their ability to embrace values of diversity, innovation, respect, compassion and teamwork.

In the spring of 2017, a new reward and recognition system (STAR: Special Thanks And Recognition) was introduced at UK HealthCare built around the five values.

The five values will also become part of staff annual performance evaluations in FY 2018.

Creating a culture based on shared values is a critical step toward providing excellent customer service to patients, colleagues and all who seek our services. The values support our brand promise – The Power of Advanced Medicine – and lay the necessary groundwork for strategic cultural alignment as a provider of patient- and family-centered care.

UK HEALTHCARE'S LIVING DIRECT VALUES

Diversity

We foster a people-centered environment inclusive of all. *We will always:*

- Respect** differences of opinions
- Acknowledge** the expertise of everyone
- Promote** cultural sensitivity and social awareness
- Recognize** unconscious biases and overcome barriers

Innovation

We embrace continual learning and improvement to drive positive change. *We will always:*

- Be **visionary** with a passion for discovery
- Continuously** improve quality, safety and service
- Commit** to always being safe and error free
- Achieve** optimal outcomes with our expertise, research and resources

Respect

We value our patients and families, our community, our co-workers, ourselves, and the resources entrusted to us. *We will always:*

- Foster** a people-centered environment
- Demonstrate** professional behavior and ethics
- Practice** stewardship in resource management
- Commit** to honesty, transparency, dependability, confidentiality and trust

Compassion

We express empathy for the needs, thoughts and feelings of those we serve and with whom we work. *We will always:*

- Display** kindness to everyone
- Do** our best to relieve suffering
- Promote** healing and well-being
- Embrace** patient- and family-centered care
- Encourage** a welcoming and caring environment

Teamwork

We cultivate meaningful relationships to create positive outcomes. *We will always:*

- Share** information to optimize value
- Be **accountable** for our actions
- Embrace** interprofessionalism during care delivery
- Include** and empower all members of the team

LIVING DIREcT

By living our values every day, we bring our best to the patient experience and each other.



OUTSIDE AGENCIES AFFIRM UK HEALTHCARE'S DEDICATION TO QUALITY OF CARE

Awards and assessments received by UK HealthCare from respected national organizations in fiscal year 2017 serve as a stamp of approval on the high quality of care provided at Kentucky's leading academic medical center.

Chandler Hospital Earns Dual Recognition as One of America's Best Hospitals

Chandler Hospital remains No. 1 in Kentucky for the second consecutive year in the U.S. News & World Report's Best Hospitals rankings. The Best Hospital designation draws from a stringent data-driven ratings system that gauges performance in multiple clinical specialties, procedures and conditions. Four adult specialties earned national rankings, three more than in last year's results: diabetes and endocrinology (37th), geriatrics (43rd), neurology and neurosurgery (44th) and cancer (50th). In addition, five adult specialties were recognized as high-performing: gastroenterology and GI surgery, nephrology, urology, orthopedics and pulmonology. UK HealthCare's increased national stature reflects the solid teamwork and staff dedication that ensures every patient receives exceptional care.

Chandler Hospital was included in the 2017 list of "100 great hospitals in America" compiled by Becker's Hospital Review. The institutions are recognized for being industry leaders in innovation, quality patient care and clinical research. Chandler in particular was lauded for being the region's only Level 1 trauma center and Level IV neonatal intensive care unit as well as for the \$532 million renovation that, among other things, added 128 beds and updated the emergency department at Good Samaritan Hospital.





Kentucky Neuroscience Institute Recognized For Exceptional Stroke Care

UK HealthCare’s Kentucky Neuroscience Institute (KNI) received a dual honor in the American Heart Association/American Stroke Association 2017 **Get with the Guidelines** program. The **Stroke Gold-Plus Quality Achievement Award** recognizes UK HealthCare’s commitment and success in adhering to the most current evidence-based stroke treatment guidelines for stroke patient care and outcomes. The **Target Stroke Honor Roll Elite Plus recognition** – an elevation from the status earned last year – is given to hospitals that treat more than 75 percent of appropriate patients with clot-busting drugs within 60 minutes of arrival or more than 50 percent within 45 minutes.



New Partnership Elevates Quality In Pediatric Heart Services

Kentucky Children’s Hospital (KCH) has partnered with Cincinnati Children’s Hospital Medical Center to **jointly provide pediatric heart services** at KCH. This “one program, two sites” model combines the strengths of UK HealthCare’s advanced subspecialty care with the expertise of one of the country’s leaders in children’s health care. The partnership provides Kentucky’s youngest residents the opportunity to receive high-quality pediatric cardiac services close to home.



Proactive Leadership On Opioid Care

The **Opioid Stewardship Committee** is a multidisciplinary group of physicians, pharmacists, pain management specialists, nurses and others focused on minimizing opioid use without compromising pain control or patient care. UK HealthCare established the committee in advance of The Joint Commission’s requirement, effective January 2018, that a hospital have “a leader or leadership team that is responsible for...safe opioid use.” Guidelines and patient education materials have been made available to better inform use of non-opioid analgesics, improve pain management in patients with a history of opioid use disorder, and properly prescribe naloxone (which can block or reverse the effects of opioids) for high-risk patients. From July 2016 through September 2017, UK HealthCare reduced inpatient opioid use by approximately 10 percent.



A Leader In Epilepsy Care

The Kentucky Neuroscience Institute has been accredited by the National Association of Epilepsy Centers (NAEC) as a **level 4 epilepsy center**. Level 4 epilepsy centers have the professional expertise and facilities to provide the highest level medical and surgical evaluation and treatment for patients with complex epilepsy.



A Quality Leader In Primary Care

During fiscal year 2017, UK HealthCare’s Family and Community Practice Clinic earned the **“Patient Centered Medical Home” designation** from the National Committee for Quality Assurance. NCOA’s “medical home” model of primary care combines teamwork and information technology to improve care, improve patients’ experience of care and reduce costs. It fosters ongoing relationships between patients and their clinician-led care team that coordinate treatment across the health care system.

After the close of FY17, nine additional primary care clinics earned the designation. More on those in next year’s report.

UK HealthCare already carries these prestigious national designations that distinguish it as a provider of exceptional patient care in Kentucky.

UKHealthCare has Magnet status for nursing care, earned by only 7 percent of the nation’s 6,000 health care institutions. Recipients demonstrate better teamwork among all disciplines and have lower rates of infection, fewer medical errors, fewer in-hospital falls and fewer pressure wounds.

UK Markey Cancer Center is one of only 69 centers in the nation rated with the National Cancer Institute designation - and the only one in Kentucky to be so designated.

UK HealthCare is the first and only hospital in Lexington to achieve the Baby-Friendly designation, awarded by Baby-Friendly USA. The designation recognizes hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/ baby bonding.



Baby-Friendly

Quality Collaboration Among Front-Line Providers

The No Harm Initiative is a collaboration among front-line care providers – physicians, nurses, technologists, etc. – to improve patient safety and quality of care. The teams are targeting a 30 percent reduction in occurrence for 10 hospital-acquired conditions, including C-diff, MRSA and falls. They are also working to standardize care in order to create a high-reliability health system. Highly reliable health systems are able to achieve and sustain remarkable levels of performance related to patient safety. In highly reliable systems, there is an existent “collective mindfulness” where every single worker in the health system is keeping an eye out for any sign of systems weakness, failure or opportunity for improvement. There is no hesitation in pointing out the opportunity so it can be quickly addressed before becoming a substantive risk for patients and families. The “no harm” work contributes to UK HealthCare’s continued evolution into a high-reliability health system.

Taking High-Tech Critical Care On The Road

The University of Kentucky became the first medical center in the commonwealth to offer **Adult ECMO transport**. This service transfers desperately ill patients from throughout Kentucky to Lexington in an ambulance equipped with extracorporeal membrane oxygenation (ECMO) technology. ECMO mimics the natural function of the heart and lungs, reducing physical stress on patients with severe cardiac and respiratory illnesses. It’s a complex, advanced process that is provided only at quaternary facilities. The extension of this care into the transport environment is critical as time matters for these critically ill patients. UK HealthCare has been using ECMO since 1993 and drew on its expertise to take the technology on the road in response to a tremendous unmet need across the commonwealth.



Promoting Quality Improvement

Chief Clinical Operations Officer Robert “Bo” Cofield, DrPH, praises the work of quality improvement teams and announces projects selected for presentation at the trustees retreat.



Highest Accreditation Status

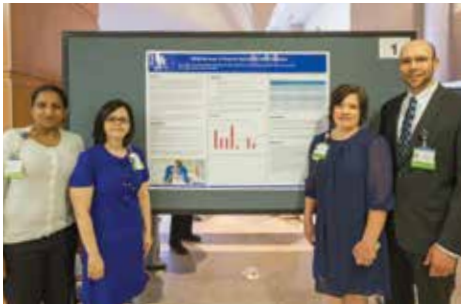
Accreditation by the Intersocietal Accreditation Commission (IAC) conveys to patients that the highest quality standards are maintained throughout every aspect of daily operation and patient care. The Gill Heart and Vascular Institute’s vascular lab is the only lab in the state to earn IAC accreditation in all five areas of vascular testing. Its adult echocardiography lab is the longest-accredited echo facility in Kentucky. It earned IAC accreditation in all three eligible testing areas, as did the nuclear cardiography lab, whose staff includes two board-certified nuclear cardiology technologists (NCT). Likewise, the pediatric cardiography lab at Kentucky Children’s Hospital carries IAC accreditation in all three areas of testing.

Promoting Quality Improvement

UK HealthCare hosted the first annual quality, safety, engagement, experience and performance improvement poster presentations in June 2017. Participation was impressive with 46 posters representing the work of various teams in contributing to safety and quality at UK HealthCare. Seven posters were selected to be presented at the University of Kentucky Board of Trustees meeting, June 15.

Not pictured: Improving ED Safety and Throughput: PIVOT and PIT

Patricia K Howard, PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN; Matthew Proud, BSN, RN, CEN; and Dixie Bryant, MSN, RN, CEN, NE-BC



MRSA Be Gone: A Proactive Approach to MRSA Decolonization

Kimberly Blanton, MSN, MHA, RN, NE-BC; Derek Forster, MD; and Rachel Howard, MSN, RN



Drawing Blood in the Light of Day to Increase Sleep for Hospitalized Patients

Paula Bailey, MD



Enhancing the Patient Experience in Ambulatory Practice

Patty Hughes, DNP, RN, NE-BC and Donny Johnson, MBA



Development of an ICU-based Specialty Technician to Improve the Medication Distribution Process

Melissa Thompson Bastin, PharmD, BCPS



Engaging Patients to Prevent Falls: Implementation of a Fall Prevention Program in a Stroke Progressive Care Unit

Leah Perkins, MSN, RN



Implementation of Hourly Rounding Using the EARN Initiative

Tanna McKinney, RN

ACADEMIC SERVICE LINES

Organizing service lines to support our three-part mission.

Academic medical centers face the challenge of delivering clinical services, educating the next generation of clinicians, and conducting research to advance medicine. While this three-part mission sets academic medicine apart, it also poses a challenge to coordinate all of these activities for greatest impact.

In 2017, UK HealthCare launched our first three Academic Service Lines (ASLs). This strategy gives us the ability to guide all aspects of care in a patient-centered interdisciplinary manner. The first service lines implemented were Obstetrics-Maternal Fetal Medicine-Neonatology-Infant Follow up (OMNI); Cardiovascular; and Transplant.

ASLs provide the structure and guidance for our outstanding physicians, nurses, pharmacists, therapists and others to work collaboratively across all disciplines and embrace the care delivery, educational and research missions of each discipline. This approach helps us meet our most critical objectives:

- Leveraging integration of clinical operations, education and research;
- Improving integration between inpatient and outpatient services; and
- Reducing unnecessary variation in care and support processes.

In addition, ASLs provide the necessary organizational structure to improve the patient and family experience; promote faculty and staff engagement; and define and develop strategic growth opportunities and regional relationships.

top right:

Interdisciplinary Care

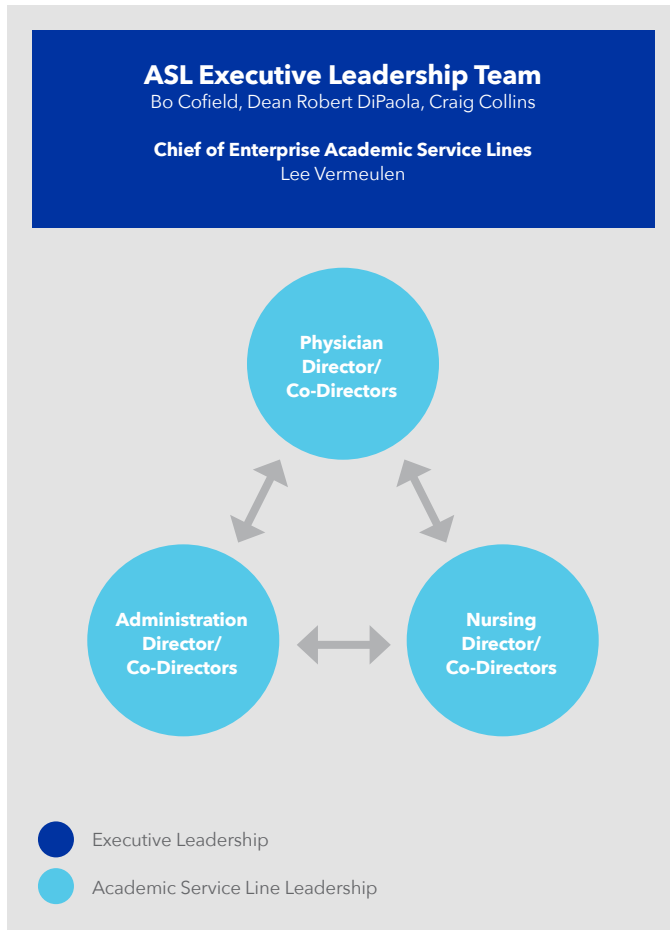
Cardiothoracic surgeon Alexis Shafii, MD (left), and cardiologist Navin Rajagopalan, MD, collaborate and find their practice impacted by two of the new academic service lines - cardiovascular and transplant.

bottom right:

Embracing Care Delivery, Education and Research

Transplant surgeon and director of the UK Transplant Center, Roberto Gedaly, MD, FACS, also provides leadership for the transplant academic service line where all aspects of the academic mission come together.





At the initiative’s helm is the ASL executive leadership team of Bo Cofield, DrPH, vice president and chief clinical operations officer; Robert DiPaola, MD, vice president and dean of the College of Medicine; Craig Collins, vice president and chief financial officer, and Lee Vermeulen, chief of enterprise academic service lines.

ASL Organization

Within each ASL, leadership is comprised of physician, administrative and nursing directors and co-directors who work with standing committees responsible for the integration and standardization of processes, and the recommendation, development, and implementation of tactical strategies and common metrics/dashboard initiatives. A project manager is assigned to each ASL.

In terms of measuring how an ASL is performing, the ASL dashboards are developing an identical look and feel, sharing about 60 percent of the same key performance indicators – for example benchmark, baseline and target numbers for specific categories of measures. These include:

- Mortality
- Patient safety, quality and experience
- Care continuum
- Market and growth
- Utilization of resources and reduction of costs
- Research
- Education
- Diversity and inclusivity
- Provider and employee engagement

The remainder are specific to the performance of each individual ASL based on the nature of the care each provides.

A Digestive Health ASL and Neuroscience ASL are in development, and an additional ASL in Oncology is in the planning stage for launch in 2018. Other ASLs will be considered in the future in response to the needs and aspirations of our evolving strategic plan.

Outreach and Engagement

Relationships with other providers and outreach play a key role in ensuring Kentuckians have access to sophisticated care uniquely available at UK. The first three academic service lines all have a network presence throughout the state. These collaborations range from informal relationships to full affiliation strategies.

By advancing these relationships, we are able to ensure that Kentuckians, regardless of where they live, can receive the best evidence-based care, utilize our clinical trials and profit from our education programs.

HEADING UP THE ACADEMIC SERVICE LINES LAUNCHED IN 2017

CARDIOVASCULAR



Susan Smyth, MD
Physician Leads



Eric Endean, MD
Physician Leads



Michael Sekela, MD
Physician Leads



Lacey Buckler, ARNP
Nursing Lead



Justin Campbell, MBA, MSHA
Administrative Lead

OMNI



John O'Brien, MD
Physician Leads



Peter Giannone, MD
Physician Leads



Gwen Moreland, MSN
Nursing Lead

TRANSPLANT



Roberto Gedaly, MD
Physician Lead



Melinda Fox, MHA
Administrative Lead

BUILDING A BETTER SYSTEM OF CARE FOR KENTUCKY BY WORKING TOGETHER

How can we create healthier communities across Kentucky?
Can we eliminate health disparities and improve access to care?
How do we lower the rates of chronic disease?

These daunting challenges cannot be met by a single hospital, one health system or even the best medical specialists in the world. They can, however, be tackled by working side by side with other clinical care providers who share our interest in delivering high-quality health care close to where patients and their support systems live.

UK HealthCare's relationships are broad and varied. In some cases, it may mean an affiliation with a hospital or practice where we appropriately share diagnostic and treatment protocols, educational opportunities and subject matter expertise with their providers. It may mean outreach that has UK HealthCare providers and staff seeing patients on a monthly basis at community hospitals or practices in underserved areas of the state.

In other situations, our relationship might involve the use of case conferences, tumor boards, telemedicine, or mobile and video conferencing to bring specialty care closer to where patients live. It is educational programs brought directly to

patients and families or to the state's physicians and nurses. Relationships may involve opening the way for access to clinical trials administered away from Lexington and nearer patients.

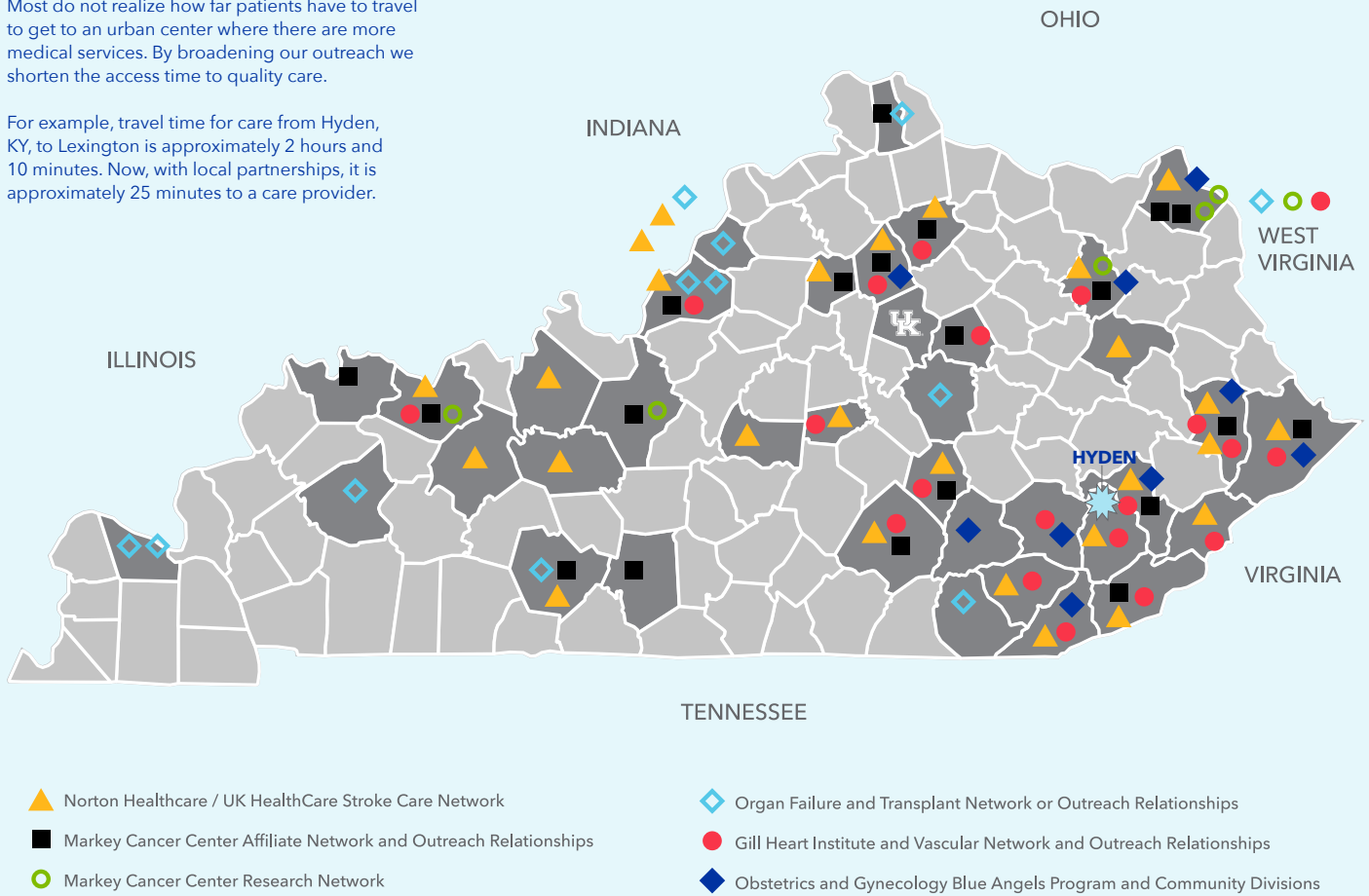
"Considering Kentucky, its geography and the distance patients must travel to seek care, our outreach is focused on building relationships and trust among the state's clinicians. The goal is a rational system of care where as much care as possible is provided close to home and a physician feels confident in sending patients to Lexington for complex care."

Rob Edwards, DrPH
Chief External Affairs Officer

Improving Access to Health Care

Most do not realize how far patients have to travel to get to an urban center where there are more medical services. By broadening our outreach we shorten the access time to quality care.

For example, travel time for care from Hyden, KY, to Lexington is approximately 2 hours and 10 minutes. Now, with local partnerships, it is approximately 25 minutes to a care provider.



And in some cases, it is experience for our resident physicians as they prepare to move into careers, at the same time providing medical coverage for the state’s rural and community hospitals.

High-risk expectant mothers can turn to the Blue Angels High Risk OB-GYN Ultrasound Program. The UK Organ Failure and Transplant Network facilitates outreach sites statewide used by those who need kidney, liver, heart and lung transplants, among others.

New network members for 2017 include Harrison Memorial Hospital, Owensboro Health and Highlands Regional Medical Center, as members of the Gill Heart & Vascular Institute Network. Lake Cumberland Regional Hospital, Tri-State Regional Cancer Center, Owensboro Health and

Highlands Regional Medical Center are now members of either the Markey Cancer Center affiliate or research networks.

Long-term relationships that helped in the formation of the Kentucky Health Collaborative – a group of 10 hospital systems representing more than 50 hospitals statewide working together to improve the state’s quality of care and find efficiencies – are vital to our goal of supporting the health of the people of Kentucky.

In the coming year, we will continue to forge relationships that improve patient outcomes, drive down costs and increase patient, staff and provider satisfaction. The synergy created by these collaborations will continue to make inroads in the most looming problems we face.



UNIVERSITY OF KENTUCKY **COLLEGE OF MEDICINE** **2017 ANNUAL REPORT**

MISSION

The 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.



TRANSFORMING EDUCATION, RESEARCH AND HEALTH CARE

2017 REPORT FROM THE DEAN

Change, evolution and growth are inevitable. During the last year, I have been fortunate to serve at the forefront for the College of Medicine and witness the continued impact and change created by our team.

As an academic medical center, we face a unique set of external pressures. Our team has made incredible progress and impact for the Commonwealth of Kentucky. From securing multimillion-dollar NIH grants, to the development of regional campuses to grow the number of physicians for Kentucky, to launching new clinical initiatives within our institution and around the state, we continue to transform education, research and health care.

Together, we are changing the landscape of health care.

This year, the UK College of Medicine made huge strides in propelling our institution forward as a leader in science discovery and medical education. A few of the College of Medicine highlights and accomplishments from 2017 are described here.

Multidisciplinary Value Program grants (MVP)

In 2016, we launched MVP to increase collaboration across multiple disciplines, departments and centers to best solve a problem. A total of nine teams were named as recipients this year. Their work includes:

- The potential benefits of verapamil and magnesium infusions to improve brain function of stroke patients
- Efforts to better understand precision medicine as a way of improving cancer treatments
- More effective treatment for children who experience trauma.

Each of these teams, as well as the remaining six, demonstrate the transdisciplinary work happening at the College of Medicine.

Value for Innovation and Implementation Program (VI²P)

VI²P was designed to complement the Multidisciplinary Value Program by addressing the need to improve access to and implementation of evidence-based practices in an effort to impact standards of care.



Advancing Medicine

Hilaree Frazier, MS, a fourth-year graduate student in Pharmacology and Nutritional Sciences, uses a combination of electrophysiology and calcium imaging techniques to study the impact of insulin on hippocampal neurons.

Campus expansion

To train more physicians across the commonwealth, the College of Medicine outlined plans and, in February, announced the intention to establish a full, four-year medical school campus in Northern Kentucky in partnership with Northern Kentucky University and St. Elizabeth Healthcare.

Additionally, in June, representatives from the College of Medicine, Med Center Health, Western Kentucky University and Bowling Green community leaders participated in a groundbreaking celebration for the new UK College of Medicine-Bowling Green Campus, which will welcome the first class in 2018.

Infrastructure update

Research continues to be a priority across the College of Medicine and UK HealthCare in fulfilling the university's role as an academic medical center. In 2017, construction continued on Research Building 2 – a 300,000 square foot, state-of-the-art research facility.

To improve the learning environment, the college also updated the student lounge and several classrooms to be more conducive to learning and collaboration as well as create the much-needed space to recharge from the daunting schedule of our learners.

Strategy Steering Committee

- Robert S. DiPaola, MD, *Chair*
- Alyssa Huddleston, *Dean's Office Liaison*
- Jim Zembrodt, *Strategy Support*
- Emery Wilson, MD
- Beth Garvy, PhD
- Katherine McKinney, MD
- Christopher A. Feddock, MD
- Lisa Cassis, PhD
- Susan Smyth, MD, PhD
- Darren Johnson, MD
- Larry Goldstein, MD
- Bo Cofield, DrPH
- Roxanne Allison, CPA

Research

- Linda Van Eldik, PhD, *Chair*
- Alyssa Huddleston, *Dean's Office Liaison*
- Alan Daugherty, PhD, DSc, *Dean's Office Liaison*
- Sharon Walsh, PhD
- Peter Giannone, MD
- Daret St. Clair, PhD
- Philip Kern, PhD
- Mark Williams, MD
- GQ Zhang, PhD
- S. Wally Whiteheart, PhD
- Roberto Gedaly, MD
- Lisa Cassis, PhD
- Patricia Howard, PhD, RN
- Kathy Isaacs, PhD, RN

Education

- Emery Wilson, MD, *Chair*
- Charles Griffith, MD, *Dean's Office Liaison*
- Andrew Hoellein, MD
- Peter Nelson, MD
- Carol Elam, EdD
- Christopher A. Feddock, MD
- Susan Smyth, MD, PhD
- Katherine McKinney, MD
- Rebecca Dutch, PhD
- Brett Spear, PhD

continued →

Clinical Care

Wendy Hansen, MD, *Chair*
Ann Smith, MPA, *Dean's Office Liaison*
Michelle Lofwall, MD
Raleigh Jones, MD
Marc Randall, MD
Andrew Bernard, MD
George Fuchs, III, MD
Larry Goldstein, MD
Colleen Swartz, DNP
John Phillips
James Lee, MD
Michael Dobbs, MD

Diversity & Inclusion

Anita Fernander, PhD, *Chair*
Alyssa Huddleston, *Dean's Office Liaison*
Wanda Gonsalves, MD
Cliff Iler, JD
Michael Rowland, PhD
Theodore Wright, MD
Ashlee Hamilton
MaryAnn Porter
Ese Ighodaro, PhD
Tukea Talbert, DrNP

Community Engagement

Tim Mullett, MD, *Chair*
Alyssa Huddleston, *Dean's Office Liaison*
Kevin Pearce, MD
Carlos Marin
Joe Claypool
Roberto Cardarelli, DO
Rick McClure, MD
Michael Dobbs, MD
Rob Edwards, DrPH

Leadership visits

In celebration of the Class of 2017, we were honored to host Darrell G. Kirch, MD, president and CEO of the Association American of Medical Colleges, which represents the nation's medical schools, teaching hospitals and academic medical societies. Dr. Kirch spent two days immersed in the work and learning about the accomplishments of UK College of Medicine faculty, staff and students and delivered the keynote address during the graduation ceremony.

Strategic planning

Perhaps the greatest achievement of 2017 was refining the mission, vision and values for the college and the development of our strategic plan. The College of Medicine Map to Impact through a Transdisciplinary Strategy – **COMMITTS** – was a collaborative effort with input from hundreds of team members including faculty, staff, learners, and cross-campus and UK HealthCare partners.

This plan will guide our efforts for the next five years and beyond with a focus on five strategic pillars – education, research, clinical care, diversity and inclusivity, and community engagement.



Impact through Transdisciplinary Strategy

Dean Robert S. DiPaola, MD, leads a group mapping out a strategy for the college that envisions a culture built upon teams using a transdisciplinary form of collaboration.



EDUCATION

Strengthen the quality and distinction of our educational programs to develop our learners into accomplished professionals who contribute through their clinical and community service, research and discovery, creative endeavors and teaching.



RESEARCH

Advance transformative research through collaboration and innovation – leading to scientific impact and improved health for the people of Kentucky and beyond.



CLINICAL CARE

Advance expert clinical care through highly engaged physicians, scientists and health care teams using evidence-based practices, while embracing a patient- and family-centered culture.



DIVERSITY & INCLUSIVITY

Enhance all forms of diversity through education, recruitment, hiring, retention, promotion and initiatives to provide experiences that ensure inclusive excellence.



COMMUNITY ENGAGEMENT

Establish bidirectional partnerships and employ leading-edge communication and technology, education and research in innovative ways to advance the health of the people in Kentucky and beyond.

Mission

The 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 University of Kentucky College of Medicine is a national leader in solving the challenges in health care through transdisciplinary and transformational research, education and advanced clinical care.

Values

- **Diversity** - We welcome and embrace diversity as a quality improvement strategy that will positively impact all functional areas of the college.
- **Innovation** - We will use creative initiatives to produce tangible outcomes in college processes and actions resulting in a critical mass of students, faculty and executives.
- **Respect** - We will encourage personal and group differences and use them to provide optimal solutions to health care disparities and to foster social justice in the educational and work environments.
- **Compassion** - We will practice self-reflection and be empathetic to the thoughts, needs and feelings of others.
- **Teamwork** - We will foster a climate of partnership and collaboration to create positive outcomes for all those engaged in teaching and learning.

With well-planned strategic goals and creative tactics to achieve those goals, we are positioned to blaze a path to a new level of impact for the people of Kentucky and beyond by shaping the future of medicine, even at a time when a challenging health care environment and significant medical concerns threaten our population.

Throughout the next several pages, you will read more about the significant milestones and accomplishments across the college in 2017. In partnership with UK HealthCare, we are blazing a path – a path as champions, a path to greater alignment of all missions, a path to more communication and connection, a path to more discovery and translational research studies, a path to greater expert clinical care, a path to educating more physicians for our commonwealth.

I think you will agree that we are creating positive impact on health care.



Robert S. DiPaola

Robert S. DiPaola, MD
 Dean, University of Kentucky College of Medicine
 Vice President, Clinical Academic Affairs

COLLABORATION DRIVES NEW CURRICULUM AND NEW BOWLING GREEN CAMPUS

Medicine is dynamic. Every year brings groundbreaking discoveries and innovations that advance caregivers' knowledge and refine the practice and teaching of medicine.

With the introduction of the **Kentucky Integrated Curriculum** in the 2016-2017 academic year, the College of Medicine has embarked on a dynamic new approach to medical education. This innovative multidisciplinary curriculum brings together experts from a variety of fields to broaden the mindset of our students and provide them earlier and more frequent opportunities to develop and master the advanced clinical skills they will eventually need in their residencies and chosen specialties.

The Kentucky Integrated Curriculum combines basic and clinical sciences with courses team-taught by faculty members ranging from scientists to engineers, pharmacists to toxicologists. During the first two years of instruction – called the core principle phase – students simultaneously gain their grounding in foundational science and learn how to apply that knowledge in clinical practice. For example, in their first course of clinical anatomy and radiology, students still receive traditional cadaver-based instruction but also learn where to place a stethoscope and how to read a CT scan.

That collaborative approach propels students into their third year, the application phase, in which they apply their honed skills in an array of patient-care experiences. In their fourth year, the advanced development phase, students enter their specialty rotation.

A hallmark of the Kentucky Integrated Curriculum is its innovative approach to evaluating student performance. Instead of earning grades, medical students earn certification in Entrustable Professional Activities (EPAs). Over their four years of instruction, students must be certified in 52 EPAs, ranging from taking a patient history in their first or second year, to interpreting an EKG in their third year, to obtaining informed consent in the fourth year.

Launched with the first-year students in Lexington, the curriculum is rolling out sequentially (second, third and fourth years) over the next three academic years at the flagship Lexington campus and will be introduced with the inaugural class at the regional campus in Bowling Green.



A Campus Expansion

A rendering of a new Med Center Health building that will serve as the home for the UK College of Medicine-Bowling Green Campus, the college's first four-year regional campus slated to open in August 2018.

Campus Expansion In Bowling Green

The College of Medicine's long-discussed plans to open a four-year medical school program in Bowling Green took a concrete and monumental step forward in fiscal year 2017 with a campus groundbreaking ceremony on June 6.

The UK College of Medicine-Bowling Green Campus will be a fully functioning campus, utilizing the exact same curriculum and assessments as in Lexington, which is at capacity. On-site faculty will teach in small groups, while faculty in Lexington will provide lectures through a live video stream. Clinical experiences will take place at The Medical Center at Bowling Green and surrounding community practices.

The inaugural class of 30 students will matriculate in July 2018 – increasing overall class size at the College of Medicine by approximately 25 percent. The expansion is a definitive step in addressing the physician shortage in Kentucky, especially in rural areas in the eastern and southwestern corners of the state – such as the counties that surround Bowling Green.

This collaboration with Med Center Health and Western Kentucky University (WKU) establishes a strong presence for the College of Medicine in the western part of the state. The partnership capitalizes on existing resources and institutions that are already anchors in the community. It could broaden the geographic base of medical school applicants by attracting talented students in Western Kentucky who not only seek first-class instruction but also prefer to remain closer to home. And perhaps, one day, those students might be more likely to

establish a practice closer to home, too. Research shows that doctors who train in rural areas are more likely to stay and practice in those areas.

That same regional model will drive the subsequent phases of the College of Medicine's campus expansion. Next, plans include development of a four-year regional medical school campus in Northern Kentucky in partnership with Northern Kentucky University and St. Elizabeth Healthcare. The college also plans to potentially transform the current Rural Physician Leadership Program in Morehead into a full four-year medical school program. In both locations, existing regional partnerships serve as the foundation for these newest endeavors in the College of Medicine's ongoing mission to train physicians in Kentucky for Kentucky.

Advancing Knowledge Among Health Care Professionals

College of Medicine faculty serve as a vital resource for current practitioners through CECentral. This robust program delivers high-quality live and enduring continuing professional development activities to physicians, pharmacists and other health care professionals. Courses are offered in more than 40 content areas, with heightened emphasis on aging, opioid misuse, health literacy, public health, trauma, ophthalmological disorders, and HIV/STD treatment and prevention. The college holds Accreditation with Commendation, the highest level of recognition offered by the Accreditation Council for Continuing Medical Education (ACCME).

COLLABORATION AND INNOVATION PROPEL RESEARCH FORWARD

At the UK College of Medicine, a dramatic transformation is taking place in the way that medical research is conducted and funded.

The traditional methodology of a solo investigator, laboring alone at the lab bench, has evolved into a vibrant team approach. Grants and research efforts now emphasize collaboration among experts from multiple disciplines, bridging the gap between basic science and clinical implementation, from lab bench to bedside.

In fiscal year 2017, the college leveraged this collaborative approach to secure significant National Institutes of Health (NIH) funding for new research endeavors and to advance existing programs that aim to speed the development and implementation of innovative treatments and medicines.

New Centers for Cancer and Metabolism, Interdisciplinary Research

The College of Medicine remains at the forefront of research. It received \$73.9 million in NIH funding in fiscal year 2017.

Among its most prestigious grants, the University of Kentucky was awarded a five-year, \$11.2 million COBRE (Centers of Biomedical Research Excellence) grant from the NIH to fund the Center for Cancer and Metabolism. The UK College of Medicine has substantial expertise in these two fields of critical importance to the Commonwealth. Kentucky leads the nation in cancer deaths and is in the top 10 for highest obesity rates in the country. The center will bring together promising investigators in these specialties and provide support, infrastructure and state-of-the-art technology they need to study the underlying mechanisms that link obesity and cancer and can influence how aggressive a cancer can become.

The college's vigilant focus on health disparities in Kentucky is also a driving force behind the new \$265 million interdisciplinary research building currently under construction. The 300,000-square-foot building will house investigators collaborating on key health concerns in the Commonwealth: cancer, diabetes, obesity, drug use and addiction, cardiovascular disease and neurological disorders. It is set to open in 2018.

MVP and VI²P: Pipelines From Bench To Bedside

The inaugural cohort of the Multidisciplinary Value Program (MVP) demonstrated how collaboration drives innovation and success in investigator-led clinical trials. The nine teams drew together physicians, professors, researchers, scientists, students and postdoctoral fellows in trials designed to speed the translation of new discoveries into clinical practice. The initial six teams focused on such diverse conditions as sepsis, asthma, ALS (amyotrophic lateral sclerosis), colon cancer, ACL (anterior cruciate ligament) injuries and opioid addiction. A second round of three MVP teams addressed issues related to acute lung injuries, pediatric injuries and cerebral ischemia. Two teams have already leveraged their pilot funding to secure external funding, which will continue and extend their research. Mark Evers, MD, PhD, director of the Markey Cancer Center, leads an eight-member team studying how altering lipid metabolism can be a novel target for colon cancer treatment. Christian Lattermann, MD, professor of orthopaedic surgery and sports medicine, spearheads a five-member team investigating anti-inflammatory treatment after ACL injury and reconstruction.



Research Excellence

As part of their work at the UK Markey Cancer Center, Anh-Thu Le, MD, Surgery; Nicholas Roller, laboratory technician; Yekaterina Zaytseva, PhD, Toxicology & Cancer Biology; and Heather Frohman, MD, Surgery, discuss the results of western blot analysis of human colorectal cancer tissues.

The new Value of Innovation to Implementation Program (VI²P) shares the same collaborative spirit as MVP but focuses on a later stage of the lab bench-to-bedside evolution. It strives to take new discoveries already proven successful in clinical trials and encourage their widespread implementation in clinical practice. Three inaugural VI²P projects address high-priority health issues in Kentucky: tobacco use during pregnancy, diabetes prevention and oncology precision medicine. A fourth – family check-ups for deaf and hard-of-hearing children – touches on the critical lack of medical services common in poor and rural communities in the commonwealth.

Research Excellence Across the Medical Spectrum

UK College of Medicine investigators demonstrate an impressive range and depth within their fields of research. Among the ongoing research is the work that Linda Van Eldik, PhD, director of the Sanders-Brown Center on Aging, is doing. Through a grant from the Alzheimer's Association "Part the Cloud" initiative, Van Eldik's team is testing a promising drug that targets inflammation of the brain, which is known to drive nerve cell damage and cognitive impairment in animal models of traumatic brain injury and Alzheimer's disease.

Bradley Taylor, PhD, received three NIH grants in fiscal year 2017 to further study the neurobiology and pharmacology of chronic pain. Sidney Whiteheart, PhD, secured two NIH grants for his ongoing studies of how proteins in platelets detect vascular damage and promote clot formation and tissue repair. The College of Medicine provided funding that enabled Analia Loria, PhD, to secure an RO1 grant to study the connection between early maternal separation and obesity in offspring later in life. She also received support and mentorship through her participation in Research and Education Coordination Hub (REACH), a developmental initiative to enhance the academic success of College of Medicine faculty. In that same spirit of training and professional development, Bret Smith, PhD, received an NIH grant that funds stipends and tuition for four early-stage PhD trainees interested in developing quantitative, translational research in the physiological sciences.

Such efforts not only continually raise the bar of excellence in the college's current research endeavors but lay a firm foundation for the promising UK College of Medicine investigators of tomorrow.

SERVING THE HEALTH NEEDS OF KENTUCKIANS WHERE THEY ARE

As part of an academic medical center, the UK College of Medicine has the unique ability to work hand-in-hand with the University's health care system - UK HealthCare - to serve Lexington and the state.

The collective mission is to provide all Kentuckians with the best possible care. By drawing on strengths and expertise in education, medical research and multidisciplinary care, the college collaborates with community provider partners throughout the state. Community engagement and outreach efforts break down barriers as they provide for the commonwealth's greatest health needs.

In fiscal year 2017, two additional hospitals joined the UK Markey Cancer Center Affiliate Network: Lake Cumberland Regional Hospital (LCRH) in Somerset in South Central Kentucky and Highlands Regional Medical Center in Prestonsburg in Eastern Kentucky. The network, which currently includes 17 institutions across Kentucky, was created to provide high-quality cancer care closer to home for patients across the region and to minimize the effects of cancer through prevention and education programs, exceptional clinical care and access to research.

In an effort to improve care for patients across the commonwealth, the Organ Failure and Transplant Network partnered with regional affiliate hospitals to offer an extracorporeal membrane oxygenation (ECMO) training program to seamlessly manage acute lung and heart failure patients. The network

also developed shared care protocols for its members to allow patients to stay closer to home for testing, follow-up appointments and basic clinical needs.

By serving the mission of UK HealthCare and the College of Medicine, the Gill Heart Affiliate Network continually seeks opportunities to provide patient-centered care across the state. In 2017, the team partnered with community hospitals to support the development of a percutaneous coronary intervention (PCI) program and a model to jointly recruit advanced practice providers to be placed at affiliate hospitals.

The UK/Norton Healthcare Stroke Care Network has expanded to include 34 institutions across Kentucky and West Virginia. Its mission is to improve the quality of care, preventive medicine, education and outreach for stroke and related disease throughout the state. In related efforts, the UK College of Medicine has strengthened its neurology partnership with Frankfort Regional Medical Center (FRMC). Danny Rose, MD, is concurrently serving as FRMC's medical director and an assistant professor of neurology in the college in Lexington.

The Center for Excellence in Rural Health (CERH) continues its work in bringing health care services and education to



Quality Care Close to Home

UK Center of Excellence in Rural Health is located in Hazard and brings health care services and education to Eastern Kentucky.

medically underserved regions of the commonwealth. In June, it hosted the third annual Appalachian Research Day, which invites UK researchers and community members to “come sit on the porch” and share research findings with the local communities involved in their studies.

This year’s topics included drug addiction, child well-being, causes of lung cancer, the health of grand-families and obstacles to eating healthier food. Much of the research was conducted with the assistance of community health workers from CERH’s Kentucky Homeplace program. Homeplace has connected thousands of the “neediest of the needy” with access to medical, social and environmental services in 30 counties in Eastern Kentucky.

The Telemedicine Cognitive Clinic brings the expertise of the Sanders-Brown Center on Aging out to patients and doctors in remote areas of the commonwealth. Utilizing the Kentucky Telecare Network – which includes more than 200

approved sites across the state – UK neurological specialists in Lexington use a videoconferencing system to connect with patients hundreds of miles away. They are able to see and talk with patients as if they were in the same room. Gregory Jicha, MD, who runs the program, and other clinicians employ the technology to conduct patient screenings for Alzheimer’s disease and related cognitive disorders. They draw on data from their telemedicine encounters to inform their research. And once a quarter, in partnership with the Alzheimer’s Association, they use the Telemedicine Cognitive Clinic to present educational programs about the medical, social and caregiving aspects of cognitive disorders.

Through the multitude of efforts focusing on clinical services, community education, physician training and youth enrichment, the UK College of Medicine’s outreach and engagement programs reach from border to border to serve Kentuckians where they are.

PRIORITIZING DIVERSITY AND INCLUSION IN OUR MISSION TO EDUCATE AND SERVE

In addition to its mission to train physicians in Kentucky for Kentucky, the College of Medicine strives to uphold a complementary, and crucial, principle: to recruit physicians, instructors, students and staff who reflect and respect the diverse demographics of Kentucky.

By embracing diversity and inclusion as one of five pillars in its 2018-2024 strategic plan, the college is indicating a heightened focus on this vital priority. Tremendous strides were made in the past year to propel this initiative forward.

Robert S. DiPaola, MD, vice president for clinical academic affairs and dean of the College of Medicine, demonstrated early in his tenure a dedication to this endeavor by creating the new position of associate dean of diversity and inclusion and conducting a nationwide recruitment effort, which was successfully concluded in the summer of 2017 with the appointment of Renay Scales, PhD.

Over the course of her career, Scales has advised more than 60 colleges and universities in the areas of strategic planning for social justice and inclusion, cultural competency, team building and conflict resolution. She earned a “best practice” award for training on inclusion by the Office of Civil Rights and has been recognized for her work in women’s studies, civil leadership and academic achievement.

In her most recent post as the director of faculty development and associate professor of family medicine at the University of Pikeville – Kentucky College of Osteopathic Medicine, she served as the institution’s representative for the national Empathy Project and worked in tandem with leadership to develop programs to enhance the teaching, research and service of faculty and to teach culturally conscious practices in patient care.

At the UK College of Medicine, Scales will support ongoing training under the university-wide Unconscious Bias Initiative. The initiative’s mission is to empower members of the UK community to be aware of and manage the impact of unconscious biases and to maintain a culture that is truly welcoming and inclusive, where every individual is respected and valued.

Scales also will develop new diversity and inclusion endeavors within the college as well as support the school’s existing efforts, including:

Women in Medicine and Science (WIMS)

WIMS provides mentorship, networking and professional development opportunities to female faculty and students across the college’s vast array of clinical practice specialties and basic science disciplines.



Leading the Way

Renay Scales, PhD, was recruited to the College of Medicine in 2017 to become the college's first associate dean of diversity and inclusion and guide the college's strategies toward inclusive excellence.

Student National Medical Association (SNMA)

The UK College of Medicine chapter of SNMA hosted the 2016 Region X conference, bringing together current and prospective underrepresented minority medical students from schools throughout Tennessee and Kentucky. The association provides networking and support to guide minority students through the medical school application process and the rigors of the medical curriculum.

University of Kentucky Minority Education Development for Prospective Medical Students (UKMED)

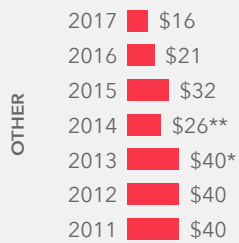
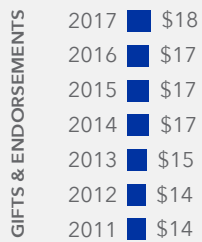
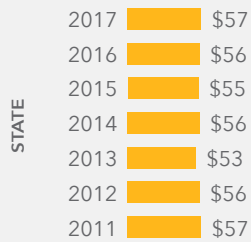
This annual two-day program invites underrepresented minority junior and senior premedical undergraduate students

to experience a "day in the life" of a UK medical student. The goals of the program are to increase interest among minority students in the medical profession and to increase the number of minority students applying and matriculating at the College of Medicine.

The success of these efforts is reflected in the demographics of the class of 2017. It has the highest minority enrollment to date, with 32 of the 136 students enrolled in the class of 2017 considered minority students.

STATISTICS & KEY NUMBERS

REVENUE



*Funding decrease due to Dept. of Corrections contract sunset beginning in December 2012.

**Previous years included VA faculty salaries of about \$12 million; reporting change beginning 2014.

RESEARCH

\$73.9 million

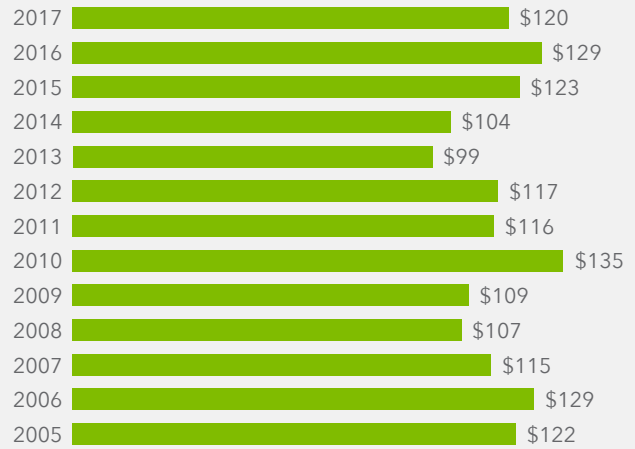
Grants and contracts to the College of Medicine in fiscal year 2017 (July 1, 2016, to June 30, 2017) included \$73.9 million in National Institutes of Health (NIH) funding.

64.8%

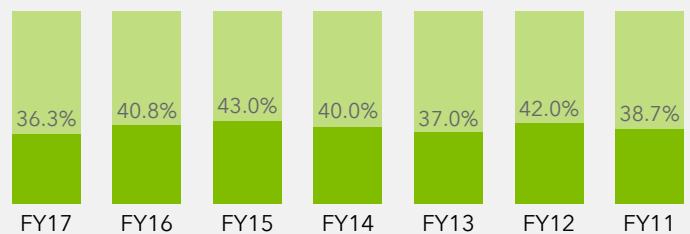
In federal fiscal year 2016, (Oct. 1, 2015 to Sept. 30, 2016) the College of Medicine received 59.6 percent of the NIH research funding granted to Kentucky medical schools. In federal fiscal year 2017, it received 64.8 percent.

COLLEGE OF MEDICINE GRANTS & CONTRACTS AWARDED

(in millions, including indirects)



The College of Medicine accounts for more than 36 percent of UK's grants and contracts.



RESEARCH SPACE

The College of Medicine has 260,276 square feet of research space. The newly approved research building will more than double the research space currently available to the college.

EDUCATION

CLASS OF 2021 MEAN SCORES

As of July 31, 2017

COLLEGE GRADE POINT AVERAGE

3.66

Science

3.83

Non-science

3.72

Total GPA

MCAT SECTIONS (118-132 range for each section)

127.5 Chemical and Physical Foundations of Biological Systems

127.1 Critical Analysis and Reasoning Skills

127.8 Biological and Biochemical Foundations of Living Systems

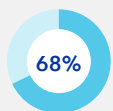
127.8 Psychological, Social and Biological Foundations of Behavior

510.2 Total MCAT score

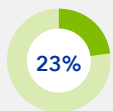
MCAT TOTAL SCORE (2016)

81.8 Total Percentile

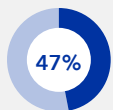
The College of Medicine is **accredited** by the Liaison Committee on Medical Education of the Association of American Medical Colleges and the American Medical Association.



Approximately 68 percent of all UK medical students enrolled for the 2016-17 academic year received federal student loan assistance, and 41 percent received scholarship awards.



In 2017, UK medical students matched into 23 different specialties for residency with 23 percent electing to stay at UKHC for training.

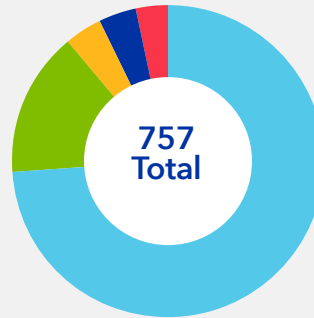


Of those residents who completed their residency/fellowship programs in 2016-2017, 47 percent (56 total) stayed in Kentucky to practice medicine, and 21 percent (25 total) elected to stay within the UK HealthCare system.

1 of 9

The college has one of nine triple-board residency programs in the nation where residents can train in Adult Psychiatry, Child and Adolescent Psychiatry and Pediatrics.

LEARNERS



- 757** House Staff Total
- 561** Residents
- 112** Fellows
- 31** Pharmacy Residents
- 28** Dentistry Residents
- 25** Other
(includes IM and Peds Chief Residents, Non-accredited fellows in GME, Path Student Fellowship, Optometry, Hospital Administration, Medical Physics)

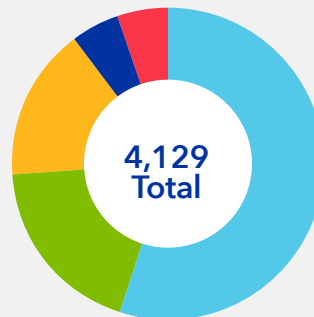
261
Graduate Students

(as of start of 2016 academic year; includes MS and PhD)

543
Medical Students

(as of start of 2017-2018 academic year)

FACULTY & STAFF



(as of June 30, 2017)

- 4,129** Faculty & Staff Total
- 2,278** Staff
- 783** Clinical Science
- 647** Community-based Faculty
- 213** Basic Science Faculty
- 208** Part-time Faculty

OUTREACH

42
Counties where our students do clinical rotations

551
Weeks of medical student rotations

188
Medical student rotations in fiscal year 2017



STATISTICS & **FINANCIALS**



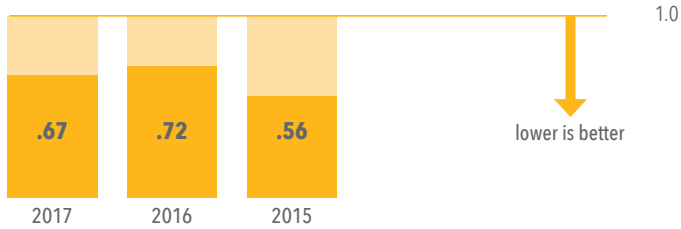


QUALITY STATISTICS & TRENDS

Systemwide Quality Statistics for Year Ending June 30

SAFETY

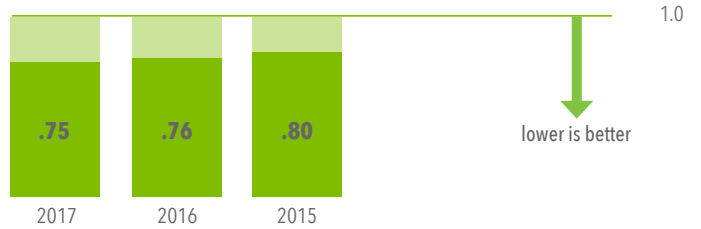
AHRQ Patient Safety Indicators: PSI-90 composite



PSI-90 Patient Safety Quality Indicator Composite was developed by the federal Agency for Healthcare Research & Quality, www.ahrq.gov. The composite measures hospital performance in eight areas of patient safety: pressure sores; collapsed lung resulting from medical treatment; infections from a large venous catheter; broken hip from fall after surgery; blood clots in the lung or a large vein in surgery patients; bloodstream infection post-surgery; rupture along a surgical suture; and accidental cuts or tears. Lower is better.

SURVIVAL

Patient Survival (Mortality)



Observed-to-expected mortality (death) compares the actual number of patients who died during a particular period with the expected mortality - some people are so sick they are not reasonably expected to survive. To calculate the mortality rate, the observed rate is divided by the expected rate. A score lower than 1.00 means more patients survived than were statistically expected to survive. UK HealthCare's ratio of 0.75 in 2017 means that for every 100 people expected to die, only 75 actually did. Twenty-five of those very sick people survived.

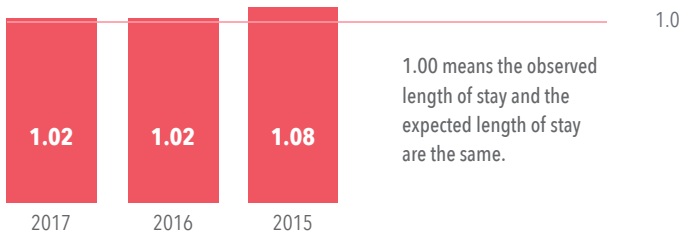
A Word About Patient Safety

UK HealthCare's quality, safety and service directors are focused on eliminating silos, bringing interdisciplinary teams together to encourage collaboration, and building a hub from which successful programs can be offered to all disciplines.

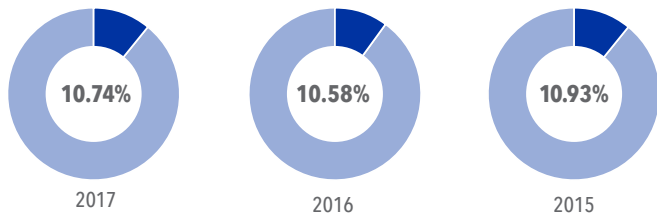
UK HealthCare's Patient Safety Team, an interdisciplinary steering team, was organized in 2013 with an overall goal to improve patient safety throughout UK HealthCare. The team serves as a 'clearinghouse' for all things patient safety related.

CARE CONTINUUM MEASURES

Length of Stay Index



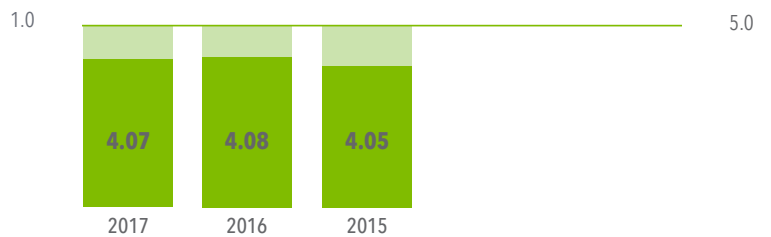
Readmission Rate



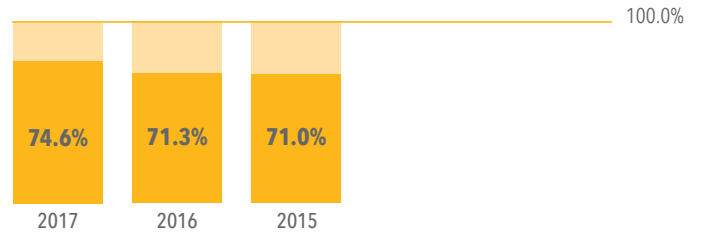
Length of Stay is reported here as a ratio of observed over expected. These rates are figured by Vizient, which performs risk-adjustment calculations for hospitals. An index of 1.00 means the observed length of stay and the expected length of stay are the same - patients are not staying in the hospital longer than expected. UK HealthCare's index higher than 1.00 indicates patients stayed in the hospital longer than expected. Vizient also calculates the readmission rate, which is the percentage of patients who needed to be readmitted to the same hospital within 30 days of discharge.

EXPERIENCE MEASURES

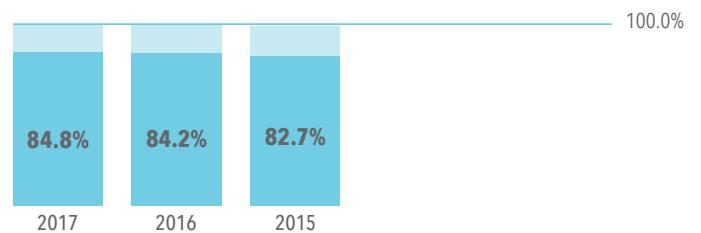
Work Environment



Hospital Patients Rating 9 or 10



Ambulatory Patients Rating 9 or 10



Work Environment is measured annually in the spring by survey of UK HealthCare staff. The score reported here is a composite of scores on six key questions known to be indicators of employee engagement. Highest rating is 5. *Patient Experience* is measured on an ongoing basis via surveys following discharge or an outpatient appointment. The hospital rating comes from patients responding to the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey used nationally; the score is the percentage of patients who rate their overall hospital experience a 9 or 10 out of a possible 10. *Ambulatory or outpatients* respond to a CGCAHPS (Clinician and Group Consumer Assessment of Healthcare Providers and Systems) survey, also used nationally, where the percentage of patients who rate their provider a 9 or 10 out of a possible 10 is reported.

OPERATIONAL STATISTICS & TRENDS

Hospital Operating Statistics

For year ending June 30

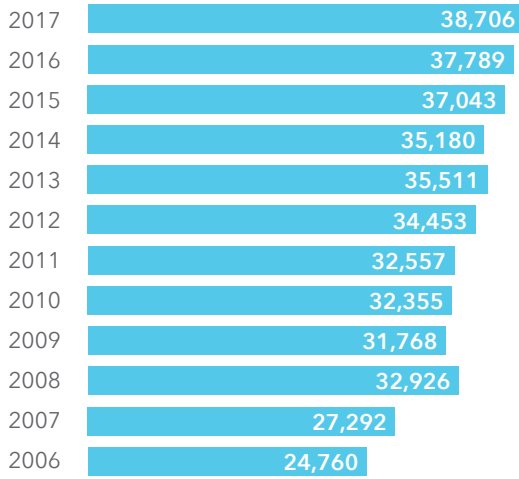
Discharges	2017	2016	2015
Medicare	13,463	12,700	12,591
Medicaid	14,789	14,756	14,286
Commercial/Blue Cross	9,791	9,655	9,519
Patient/Charity	663	678	647
Total Discharges	38,706	37,789	37,043
Licensed Beds	945	945*	825
Available Beds	883	860	816
Average Daily Census	722	709	689
Average Length of Stay	6.81	6.87	6.78
Case Mix Index	2.01	2.00	1.93
*A certificate of need for an additional 120 beds was approved in February 2016. The licensed beds increased to 945 with the opening of two patient care floors in 2016.			
Surgery			
Operative Cases	32,679	31,318	31,200
Hospital-based Outpatient			
Charged Hospital Clinic Visits	538,256	501,943	479,782
Emergency Visits	111,920	108,417	101,395
Total Hospital Outpatient Visits	650,176	610,360	581,177

Other Operating Indicators

For year ending June 30

Ambulatory Services	2017	2016**	2015**
Ambulatory Physician Visits	795,557	761,069	709,146
Professional Net Revenue*	\$ 278,465	\$ 257,167	\$ 235,454
*Accrual based and does not include bad debt; \$ in thousands. **Years 2015 and 2016 have been restated.			
Other Service Relationships		2016	2015
UK•MDs Physician Calls	181,428	181,868	183,315
Health Connection Consumer Calls	303,622	310,545	285,735
Website Users (Avg./Mo.)	157,049	92,154	87,705

Hospital Discharges



OFFICE OF THE EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS*

- Michael Karpf, MD
Executive VP for Health Affairs

- Mark D. Birdwhistell
VP for Administration & External Affairs

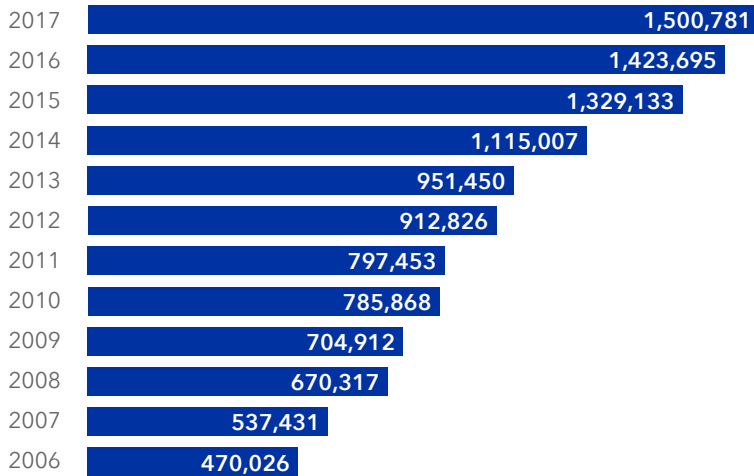
- Robert (Bo) Cofield, DrPH
VP & Chief Clinical Operations Officer

- Craig Collins
VP & Chief Financial Officer

- Robert S. DiPaola, MD
VP & Dean, College of Medicine

- Brett Short
Chief Compliance Officer

Hospital Operating Revenue (\$ in the thousands)*

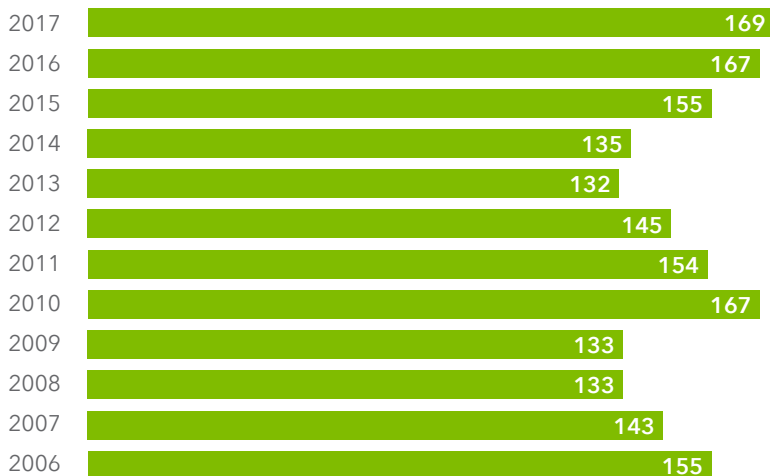


SENIOR ADMINISTRATIVE TEAM*

- Mark D. Birdwhistell
- Phillip Chang, MD
- Joseph D. Claypool
- Bo Cofield, DrPH
- Craig Collins
- Robert DiPaola, MD
- Michael Karpf, MD
- Cecilia Page, DNP
- John Phillips
- Colleen H. Swartz, DNP
- Kim Wilson

*As of June 30, 2017

Grant and Contracts Awarded (\$ in the millions)



*Prior to 2008, bad debt was classified as an operating expense; GASB reporting requirements changed in 2008 and bad debt is now reported as a reduction to net patient service revenue; Hospital Operating Revenue 2006-2007 has been restated here for comparison purposes.

FINANCIAL STATEMENTS

Hospital Condensed Statements of Operating Revenues, Expenses and Changes in Net Assets

\$ in the thousands

	2017	2016***	2015***
Net Patient Service Revenue	\$ 1,402,539	\$ 1,332,714	\$ 1,238,392
Sales and Services	54,822	48,307	51,476
Management Contract Revenue	43,420	42,674	39,265
Total Operating Revenues	\$ 1,500,781	\$ 1,423,695	\$ 1,329,133
Operating Expenses	\$ 1,311,342	\$ 1,237,129	\$ 1,072,918
Operating Income	\$ 189,439	\$ 186,566	\$ 256,215
Nonoperating Revenue (Expenses)	16,573	(24,209)	(5,863)
Income Before Transfers to UK	206,012	162,357	250,352
Transfers to UK/Other	(96,855)	75,924	60,129
Transfers from UK	4,895	(2,418)	1,810
Net Income (Loss) From Discontinued Operations	-	-	-
Total Increase In Net Position	\$ 114,052	\$ 84,015	\$ 192,033
Operating Margin	12.6%	8.8%	15.0%
Total Margin	7.6%	5.9%	14.4%

Statement of net assets and related statements of revenues, expenses and changes in net assets for the year ending June 30, 2017, were audited by BKD, LLP, of Louisville, Kentucky.

***Years 2015 and 2016 have been restated

Hospital Net Patient Revenue by Funding Source

\$ in the thousands

Payor	2017	2016	2015
Medicare	\$ 433,903	\$ 333,861	\$ 384,346
Medicaid	361,105	411,286	376,308
Commercial/Other	640,921	636,457	557,399
Patient/Charity	41,325	21,799	(3,813)
Total	\$ 1,477,254	\$ 1,403,403	\$ 1,314,240
Bad Debt	(74,715)	(70,689)	(75,846)
Total Net Patient Revenue	\$ 1,402,539	\$ 1,332,714	\$ 1,238,394

Hospital Condensed Statements of Net Position*\$ in the thousands*

Assets	2017	2016	2015
Current Assets	\$ 551,057	\$ 515,953	\$ 445,260
Capital Asset, Net of Depreciation	982,543	878,391	826,805
Other Noncurrent Assets	338,036	380,829	438,558
Deferred Outflows of Resources	9,524	10,946	12,368
Total Assets	\$ 1,881,160	\$ 1,786,119	\$ 1,722,991
Liabilities			
Current Liabilities	\$201,155	\$190,494	\$ 180,618
Noncurrent Liabilities	468,188	497,860	528,623
Total Liabilities	\$ 669,343	\$ 688,354	\$ 709,241
Net Position			
Net Investment in Capital Assets	\$ 521,040	\$ 455,374	\$ 437,489
Nonexpendable Other	751	195	119
Restricted Expendable	11,662	11,902	10,538
Unrestricted	678,364	630,294	565,604
Total Net Position	\$ 1,211,817	\$ 1,097,765	\$ 1,013,750

**Financial Stability Supports
Mission-Critical Investments**

VP and Chief Financial Officer Craig Collins presents the FY2017 financial report to the UK Board of Trustees at its June retreat. UK HealthCare has launched several initiatives to support value-based care.



LEADERSHIP & OVERSIGHT

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Associate Dean of Research

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Associate Dean for
Administration and Finance

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Associate Dean for Academic
Affairs

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Associate Dean for Institutional
Effectiveness

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Associate Dean for Digital
Dentistry

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Faculty and Graduate Studies

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Assistant Dean for
Interprofessional Education and
Global Outreach

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Assistant Dean for Admission and
Student Affairs

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Oral Health Practice

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Associate Dean for Clinical
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Associate Dean for Special
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Assistant Dean for Student
Affairs

Denise McCarthy
Assistant Dean for Operations

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Janice Kuperstein, PhD
Rehabilitation Sciences

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NEA-BC, FAAN**
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Academic Operations and
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Associate Dean for Research

Patricia V. Burkhart, PhD, RN
Associate Dean for
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FAHA**
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Associate Dean for
Administration and Finance

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Senior Associate Dean

Frank Romanelli, PharmD, MPH
Associate Dean for Educational
Advancement

Kelly Smith, PharmD
Associate Dean for Academic
and Student Affairs

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Judy Pistilli
Chief Financial Officer

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Pharmacy Practice and Science

Joseph Chappell, PhD
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and Student Affairs

Nancy E. Schoenberg, PhD
Associate Dean for Research

Kimberly Tumlin, PhD
Assistant Dean for Academic
and Faculty Affairs

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Assistant Dean for Research

J. Allen Eskridge III, PhD, MPA
Director of Strategic Planning
and Financial Services

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and Policy

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(Interim) Health Behavior

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(Interim) Biostatistics

David Mannino, PhD
Preventive Medicine and
Environmental Health

Graham Rowles, PhD
Graduate Center for
Gerontology

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Clinical Academic Affairs

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Vice Dean for Research

Charles H. Griffith III, MD
Vice Dean for Medical Education

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FAHA**
Senior Associate Dean for
Research

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Senior Associate Dean for
Medical Student Education

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Administration and Operations

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Xianglin Shi, PhD
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Integration

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FAHA**
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Molecular Genetics

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Science

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Nutritional Sciences

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Radiation Medicine

Bret Smith, PhD
(Interim) Neuroscience

Stephen Strup, MD
Urology

Phillip Tibbs, MD
Neurosurgery

Daret St. Clair, PhD
Toxicology and Cancer Biology

Carmel Wallace Jr., MD
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Kentucky Children's Hospital

Joseph Zwischenberger, MD
Surgery

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Research

KENTUCKY CHILDREN'S HOSPITAL BENEFITS FROM GIFTS LARGE AND SMALL

Generous supporters have been crucial throughout the transformation of Kentucky Children's Hospital (KCH). And even as a new entrance to KCH opens in 2018, philanthropy will continue to help fund the work of this hospital, which serves all Kentucky children.

Charitable giving funded the first phase of the KCH renovation, which renovated the hospital's outdated 43-bed acute care unit. Now, four years later, charitable donations from individuals and organizations will underwrite important facilities, services and programs in the newly renovated three-floor children's hospital, which has been financed through a \$50 million bond.

KCH's supporters represent a wide range of Kentuckians, all of whom realize how important it is to provide the best health care for the commonwealth's children. Whether the donors are young or old, well-to-do or of limited financial means, each has found a way to support the new Kentucky Children's Hospital.

Pocket change has been poured into collection boxes at Speedway, Wal-Mart or Dairy Queen for the Children's Miracle Network, which provides \$1 million a year to KCH. Students have spent 24 hours on the dance floor during UK's DanceBlue marathon to fund an updated clinic for young cancer patients. Some invested \$2,500 in a special charm by Tiffany & Co.

Others have made major gifts to support facilities or services that have touched them or someone they love.

A number of facilities and features in the new Kentucky Children's Hospital are named in honor of generous donors who helped make them a reality.

Missy Scanlon, longtime chair of the KCH Executive Development Council, was the first major donor to the second phase of KCH's renovation and expansion. Her \$2 million legacy gift helped fund the Betti Ruth Robinson Taylor Neonatal Intensive Care Unit (NICU), named for Scanlon's mother who pushed through adversity just as patients in the NICU must do. The new NICU is larger than the old, so it can better accommodate babies and families cared for in the region's only Level 4 neonatal intensive care unit.



Coming Spring 2018

Kentucky Children’s Hospital will have a new front door in April 2018 when a new welcome and waiting space opens alongside the Betti Ruth Robinson Taylor Neonatal Intensive Care Unit (NICU).



Phase I of the renovation, funded totally by charitable gifts, did more than equip Kentucky Children’s Hospital with the best medical tools and equipment and brighten its spaces with new furnishings, colorful themes and playful murals, it created enthusiasm for a complete transformation of the children’s hospital.

Through **Coaches for the Kids**, UK football coach **Mark Stoops**; his wife, **Chantel**, a KCH board member; and the **UK football coaching staff** have raised thousands of dollars for KCH. KCH and its mission are particularly meaningful, considering that 70 children are part of the UK coaching staff family. Coaches for the Kids raised \$300,000 for the KCH Hall of Champions during Phase I. Going forward, it will support assistance programs such as gas cards and meal vouchers for patients and families who are on limited budgets and away from home for long periods of time. KCH’s main waiting area will be named in honor of Coaches for the Kids.

Since it was first held in 2005, **DanceBlue** has raised more than \$10 million for the DanceBlue Kentucky Children’s Hospital Hematology/Oncology Clinic and the Markey Cancer Center. In early 2017, a newly renovated \$1.6 million DanceBlue pediatric clinic opened at KCH. The new clinic is twice the size of the former one and is located within the children’s hospital so that patients from KCH no longer must be transported across the street to Kentucky Clinic for their infusions.

Melanie Simpson-Halpin and her daughter, **Alex Simpson**, are underwriting art and music therapy programs that will be offered in a KCH multipurpose room named for them. Alex has been in musical theater since she was a child and her mother, a former Miss Kentucky and television newscaster, is also in theater. Both have seen the benefits of art and music as healing therapies. Alex is also a former patient at KCH.

Nearly 100 women philanthropists each year participate in **Circle of Blue**, a partnership between KCH and Tiffany & Co. Each year, circle members purchase a \$2,500 charm that Tiffany designs for Circle of Blue, and the proceeds from those charms benefit KCH. Two areas of KCH, the sedation and procedure unit and the registration area, have been named for Circle of Blue.

Bill and Donna Shively realized after their twins were born that many hospitals lack NICU rooms where newborn twins can be cared for together. Because of their experience, the Shiveleys have helped fund two rooms for twins in KCH’s new neonatal intensive care unit opening spring 2018. Those rooms will be named in their honor.

Even after public spaces and new patient care areas open in 2018, Kentucky Children’s Hospital will need the support of generous donors. Advances in patient care and treatment will bring not only better outcomes but the need for new equipment, expanded services and additional facilities. Through philanthropic support, the new Kentucky Children’s Hospital will, like the children it serves, continue to grow and flourish.



With the support of philanthropy, Kentucky Children’s Hospital is equipped with the tools and technology that dedicated physicians and staff need to do their best work. Being cared for in a hospital carefully designed for a child’s specific needs improves both the outlook and health outcomes for these young patients.



Built within the existing Chandler Hospital, Kentucky Children’s Hospital will now be more visible, with new, large entrances on two levels just off Chandler Hospital’s atrium lobby entrance at 1000 South Limestone.





Art Soars and Inspires

Sculptural kites soar within the Kentucky Children’s Hospital atrium, opened in spring 2018. Kentucky artist and sculptor Erika Strecker and Illinois sculptor John Medwedeff created an installation for the space titled “Exuberance!” - a composition of fanciful, oversized kites formed from aluminum and glass marbles. The kites evoke a sensation of soaring and inspire feelings of joy, freedom, excitement and playful imagination. Commissioned by the UK Arts in HealthCare Program, the installation was funded through philanthropy.



900 South Limestone
317 Wethington Building
Lexington, Kentucky 40536
859-323-5126

ukhealthcare.uky.edu