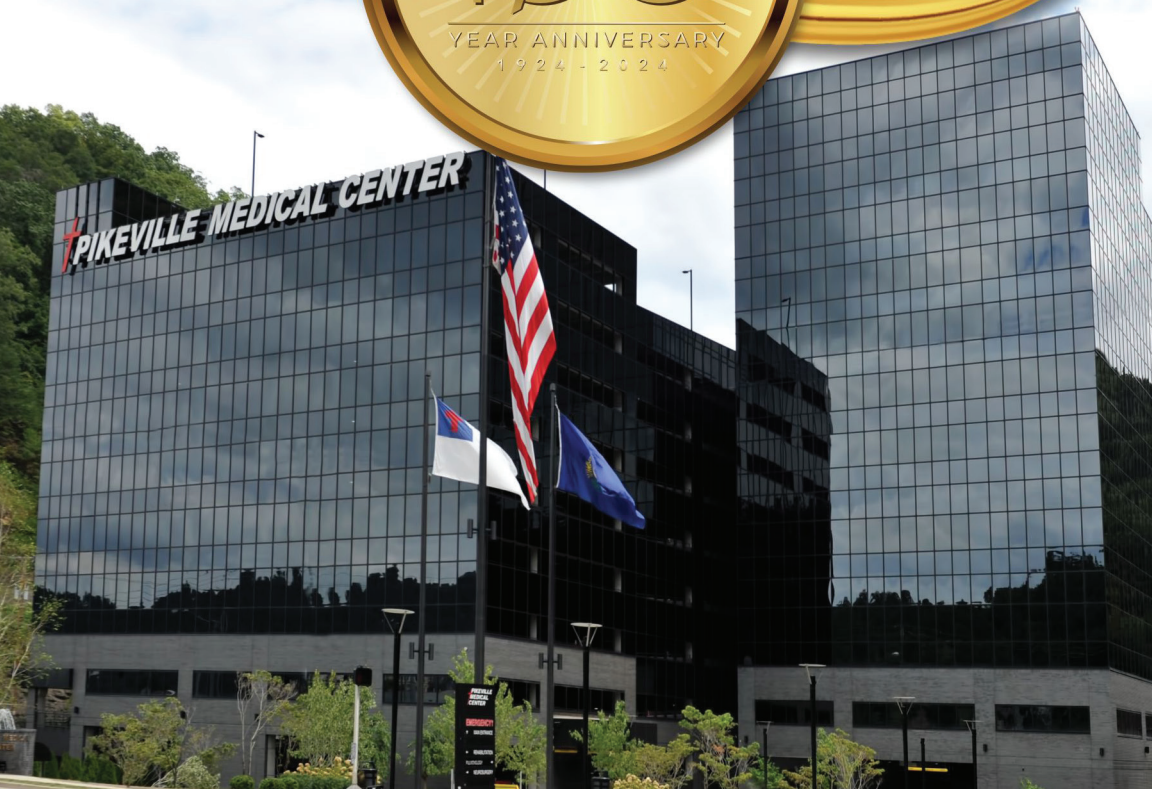
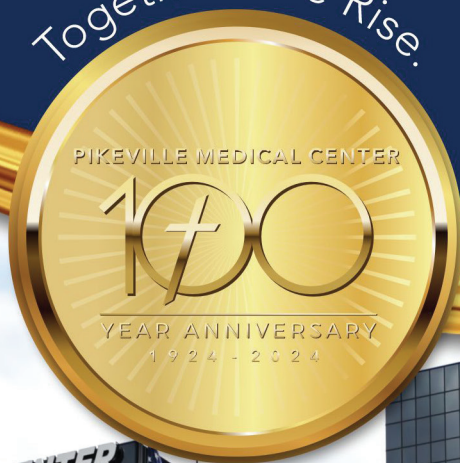


+PIKEVILLE **MEDICAL CENTER**

100 YEARS

Hope, Healing & Humanity

Together. We Rise.



Pikeville Medical Center:
100 Years of Hope, Healing and Humanity

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“Shaping Our Appalachian Region would not be here without Pikeville Medical Center, as PMC has been a SOAR Presenting Sponsor from the very beginning. A 100-year anniversary is a big deal...that means 100 years of providing world-class healthcare so that Eastern Kentuckians don’t have to travel far distances just to make a doctor’s appointment. Pikeville Medical Center has created thousands of jobs in these 100 years and donated millions to local organizations, supporting communities and families beyond what any normal hospital would do. Congratulations on 100 years, PMC. We look forward to 100 more!”

-Colby Hall - Executive Director, Shaping Our Appalachian Region (SOAR)

“As we mark Pikeville Medical Center’s remarkable 100-year journey, we celebrate a legacy, deeply intertwined with the heart of our community. This milestone stands as a testament to a century of unwavering commitment to Eastern Kentucky’s well-being.

Our partnership with Pikeville Medical Center has been instrumental in advancing healthcare accessibility and excellence. Together, we’ve witnessed the tireless dedication of healthcare heroes, the transformative impact on families and the continuous innovation that propels our region toward a healthier future. As Mayor, I take immense pride in PMC’s achievements and look forward to honoring this centennial by reaffirming our commitment to fostering a healthier, stronger community for generations to come.”



-Jimmy Carter – Mayor, City of Pikeville

“Health care is a basic human right, and for 100 years, Pikeville Medical Center has been delivering quality care to the families of Eastern Kentucky so they can live healthy, full lives with their loved ones. The healthcare heroes on this team have celebrated triumphs like the Appalachian Valley Autism Center and implementing new technologies and services to better care for families – while also overcoming unprecedented challenges like a once-in-a-lifetime pandemic. As a dad who is raising his family here, I am grateful we have leading healthcare providers like Pikeville Medical Center serving our commonwealth and the families who call our great state home.”



-Andy Beshear – Governor of Kentucky



“To me, Pikeville Medical Center is so much more than a hospital that provides advanced healthcare. It is an economic engine for all of Eastern Kentucky that provides thousands of good-paying jobs to those who do not want to leave home to provide for their families. This sentiment is echoed throughout the entire Commonwealth of Kentucky by

other elected officials, business owners and the residents who live in our wonderful region.

I am honored to work alongside PMC leaders in Frankfort to help bring much-needed funding to healthcare facilities in Eastern Kentucky. This kind of drive and determination has been constant throughout PMC’s 100-year history, and I am honored to have been able to play a small part in such an amazing and historic story.”

-Senator Phillip Wheeler– KY, District 31

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Introduction

For the past 100 years, the story of Pikeville Medical Center has been one of never-ending commitment and dedication to advancing healthcare for the people of Eastern Kentucky. On Christmas Eve, 1924, the Methodist Hospital of Kentucky opened the doors to a partially completed, 50-bed hospital on a hill overlooking the city of Pikeville. At this time, coal mining was the primary occupation of most men in the region and was known to be very dangerous. Prior to its opening, coal operators would bring doctors to the mining camps and put them on the payroll as salaried employees. With no other hospital in the region, these local physicians were often the only source of medical care available in rural communities tucked away in the foothills of the Appalachian Mountains. Patients with serious injuries or who were extremely sick would be loaded onto a slow moving train and transported more than 100 miles to Ashland. Sadly, many did not survive the journey.

During the early years, nurses were trained locally and everyone, including the doctors, helped with general housekeeping and maintenance duties. That intense commitment to providing medical care to the patients of Eastern Kentucky never wavered and has been the driving force behind that first hospital's amazing history of growth. Time after time, seemingly impossible challenges were overcome, creating a story that has inspired and driven multiple generations of healthcare providers who have chosen to care for patients in Pikeville, Kentucky.

100 years later, that small rural hospital has grown into Kentucky's eighth busiest hospital and the single largest hospital in the region with over 600 licensed medical providers and more than 3,100 employees. The roads that were once seen as a one-way route away from Eastern Kentucky for specialty medical care now bring patients into the region who are seeking state-of-the-art treatment for orthopedic, cancer, heart care and more.

In 2024, Pikeville Medical Center is home to ten centers of excellence and is recognized nationally in many areas of specialty medical care. In total, PMC manages nearly two million square feet of space in 47 different facilities located in Pike, Floyd and Letcher Counties in Kentucky and in Grundy, Virginia. The current main campus is within sight of the original mountaintop location and boasts an 11-story specialty clinic building that offers nearly every adult specialty and sub-specialty available today.

In recent years, an intense need was identified to offer services for children diagnosed with autism spectrum disorder (ASD). In 2020, the Appala-

chian Valley Autism (AVA) Center opened its doors and faced an almost immediate need for expansion. Within its first year, the AVA Center moved into the 27,000-square-foot ocean-themed facility it is in today featuring multiple learning rooms, a specially designed gym, a sensory stimulation room and a state-of-the-art outdoor activity area. Just four years after opening, the AVA Center is the largest facility in the nation offering Applied Behavior Analysis therapy, another testament to the focused commitment that has been ever-present since 1924.

That same level of passion was also the driving force behind the creation of the region's only children's hospital that opened in December 2021 and the multi-million-dollar expansions that have recently taken place in the fields of heart and cancer care.

100 years may have passed, but the residents of the central Appalachian region still face many of the same struggles that have plagued the region for generations, especially when it comes to healthcare. Rates of heart disease, obesity, diabetes and certain types of cancer are higher in Eastern Kentucky than in other parts of the state and nation, intensifying the need for life-saving services.

Residents can rest assured, knowing the drive, commitment and passion that was behind the creation of the Methodist Hospital of Kentucky 100 years ago still exist today in a facility that offers advanced services and expert physicians, all while maintaining the personal touch of a community hospital.



First Hospital on the Hill

Humble Beginnings

With mining being such a hazardous occupation, the need for access to medical care in the early 1920s was great. During this time, Thomas B. Ashley and his wife were students at Union College in Barbourville. They tried some small business ventures and had done some teaching but were thinking seriously about dedicating their lives to working in the Methodist ministry.

The Kentucky Conference of the Methodist Church was holding its annual session in Barbourville with Bishop Thirkeiled presiding. In his Sunday morning Conference Sermon, the Bishop exclaimed, “O, that God would put it into the hearts of some young couple here this morning to dedicate their lives to the service of the people in the mountains of Kentucky.”

These words struck a responsive chord with the Ashleys. That afternoon, they visited the Bishop and told him they would be that couple. The Ashleys were sent to open a Methodist church in Wolfpit, a thriving mining community located 18 miles across the mountain from Pikeville. There, they both taught in the local school and organized a Methodist church.

Thomas Ashley’s heart was touched by the lack of facilities available to care for the sick and injured, and he began to talk about the need for a hospital in the community. After two years at Wolfpit, the Ashleys were appointed to the Methodist church in Pikeville. There, he again began talking “hospital” to some local doctors and businessmen.

Five leading citizens of Pikeville, Dr. R.S. Johnson, Dr. A.C. Bond, George Hames, John W. Call and H.M. Hoskins, formed a stock company they called Pikeville General Hospital, Inc. At their first meeting after incorporation, Ashley was given a share of stock and elected to the position of secretary of the board. Dr. Johnson was elected president. The five incorporators each invested \$40,000 into the venture and solicited an additional \$20,000 from local citizens.

A building site was purchased from George Hames on Peach Orchard Hill overlooking Pikeville. On April 26, 1920, groundbreaking ceremonies were held for the new hospital building, with Dr. Zachariah Johnson and Rev. Thomas Ashley turning the first shovels of dirt. After 18 months, the corporation experienced financial difficulties and construction on the building stopped due to the lack of funds.

One morning, Dr. Johnson asked Rev. Ashley, “Preacher, do you know of anybody who would like to buy a hospital?” Rev. Ashley replied, “I have just been elected chairman of the Board of Hospitals and Homes of the

Kentucky Conference of the Methodist Church. I might be able to interest them.”

Rev. Ashley made the journey to Cincinnati and put the situation before Bishop William F. Anderson, Bishop of Kentucky Methodism, and suggested the church take over construction and ownership of the Pikeville hospital. The Bishop agreed and heartily approved the venture.



Early business meeting (Rev. Ashley, seated second from right)



Albert Curtis Bond



J.W. Call



George Hames



H.M. Hoskins



Reed Spencer

John F. Ruggles Administration

On January 8, 1921, the Kentucky Conference Board of Hospitals and Homes met in Cincinnati in the Bishop's office and unanimously voted to ask the next session of the Kentucky Annual Conference to take over the Pikeville hospital project including its unfinished building and approximately \$50,000 debt.

In September 1921, the Kentucky Annual Conference endorsed the action of the Board of Hospitals and Homes. On January 8, 1922, papers were signed and the Methodist Church came into possession of the hospital. It was incorporated under the name the Methodist Hospital of Kentucky and became the first Methodist Hospital in the Commonwealth.

Rev. Ashley recommended to the Conference the following names to be appointed to the hospital's first board of directors: H.M. Hoskins, Rev. Thomas B. Ashley, W.K. Elliott (superintendent of the Pike County Schools), Fonso Wright, Stella Starkey, W.W. Gray, Ella R. Keel, Frank Hopkins, D.T. Keel, K.J. Day, H.S. Damron and W.E. Johnson, all from Pikeville. Representing the Conference at large were Dr. S.K. Hunt (superintendent of the Ashland District of the Methodist Church), Charles W. Connor of Ecco, Rev. F.W. Harrop of Somerset, O.G. Regan of Pikeville, Rev. W.W. Shephard of Wilmore, J.B. Coppin of Covington, E.L. Baily of Hellier and Rev. J.M. Litteral of Covington.

The first board meeting was held on February 20, 1922, in the Pike Hotel in Pikeville, during which the following officers were elected: President, H.M. Hoskins; Vice President, L.C. Campbell; Secretary, Rev. Ashley; and Treasurer, W.W. Gray of the First National Bank of Pikeville. Rev. John F. Ruggles, a minister of the Ashland District, was elected Business Manager (later renamed Administrator). C.C. Stedman of Cleveland, Ohio, Standardization of Buildings Engineer for the Methodist Church, was employed as a building consultant.

A committee was appointed to solicit funds for the completion of the building. However, the recession following the First World War was affecting the economy of the community. Instead of a fund drive, several members of the board signed notes at the local bank to provide construction money.

Soon, it became evident that the construction would require more money than anticipated. Once again, work on the Pikeville hospital came to a standstill. In the fall of 1924, the board voted to complete and open the first

two floors, and on December 6, the partially completed building was formally opened. Bishop Theodore Henderson of Columbus, Ohio, a new resident Bishop for Kentucky Methodism, was the principal speaker. Dr. N.E. Davis of Chicago, Executive Secretary of the General Board of Hospitals and Homes of the Methodist Church, brought greetings and encouraging words.

A medical staff was organized, with Dr. W.C. Gardner as chief. The following doctors were appointed to the medical staff: Dr. Z.A. Thompson, Dr. R.S. Johnson, Dr. R.W. Raynor, Dr. J.C. Preston, Dr. A.G. Osborne, Dr. M.D. Flanary, Dr. S.B. Casebolt, Dr. J.W. Vickars, Dr. E.P. Walters and Dr. Marion Pinson.



First Medical Staff of the Methodist Hospital of Kentucky

At the November 15th meeting, the board of directors hired Elsie Sanderson of Cincinnati as Superintendent of Nurses and Assistant Administrator. She immediately began a recruiting program and by December 6, had a staff of nurses prepared for the opening of the hospital.

Rev. John Ruggles was named the hospital's first Administrator. By necessity, he spent most of his time in the field raising funds for the completion of the building, leaving Sanderson in charge of the hospital's daily operations.

On Christmas Day 1924, the Methodist Hospital of Kentucky opened for service to the public and welcomed its first patient, A.B. Cochran of Pikeville, who was admitted with Dr. Gardner as the attending doctor. Since none of the medical staff or hospital personnel had any experience operating a hospital, the trial and error method was the usual procedure. There were no rules, routines or precedents to act as guidelines. The situation at hand called for action.

During the initial years, it seemed there was never enough money on hand to pay all the bills. The entire personnel, including doctors and nurses, helped with janitorial services and general housekeeping duties. Graduate nurses were paid \$50 a month and sometimes were not paid in full at the end of the month due to insufficient funds.

For several months, there was no water system in place at the hospital. Water was brought by hand from a cistern owned by a nearby neighbor, H.M. Hoskins. When a prolonged drought exhausted his cistern, other neighbors pitched in and gave from theirs.

In the spring of 1925, a deep well was drilled on the hospital grounds, and water was brought into the building by an electric pump. Even that well did not furnish sufficient water, and the hospital continued to rely upon friendly neighbors to help until the city of Pikeville could afford to install a public water system.

It was fortunate during the hospital's infancy that the facility was not crowded with patients. This enabled the nurses to go on "goodwill tours" throughout the county to get acquainted with and win the confidence of the people. During these visits, they found many in need of hospital care. In those days, the very word "hospital" carried dread and fear. Many residents of Eastern Kentucky had never seen a hospital which, in their minds, was a place "where you go to die."

Gradually, the goodwill tours of the nurses began to break down the fear of a hospital, and a few people from out in the county made the venture. Slowly but surely, the news began to spread that the hospital was a good place to go when someone had severe pain in the side or when a mother experienced difficulty giving birth. Most mountain mothers had given birth to large families without the aid of a doctor and many had not even had a help of a midwife. In many cases, a neighbor woman would offer help, using the knowledge she had gained from experience.

Patients were brought to the hospital via horseback, sled, wagon, boat, train and improvised stretchers, a trip that sometimes took two or three days. This was the case when a nurse on a goodwill visit discovered a family with three children living in a one-room cabin. There were two boys and a girl, the oldest being eight years of age and the youngest four years old. The father was physically disabled since birth. The three children were sick with typhoid fever and had been without any medical care for several days.

The nurse reported the situation to Reverend Thomas Ashley. Rev. Ashley and some Pikeville businessmen walked more than 12 miles through the mountains and brought the children to the hospital. They carried them in stretchers to the edge of the river, then tied two flatboats together and rowed them across where an ambulance was waiting. There were no modern ambu-

lances in 1925 – Pikeville did not get its first ambulance until 1975. In 1925, ambulances were horse-drawn carriages that took patients to the hospital from the river. Before 1975, horses served a dual purpose for transporting patients to the hospital and transferring patients to Lexington hospitals.

The children were given 13 weeks of hospital care, the expense of which was partially covered by contributions from Methodist churches throughout the valley. While in the hospital, the nurses talked with the children and their parents about simple rules of hygiene that would prevent the recurrence of the dreaded disease.

One morning, after being bathed and placed in a cool, clean bed, one little girl said to the nurse, “There ain’t nary a fly in this house.” That remark spoke volumes because her home had been accustomed to flies. Sadly, none of the family realized that flies were disease carriers.

Because of poor hygienic and sanitary conditions, typhoid fever was prevalent throughout the mountains. The fact that these children survived did much to win people’s confidence in the hospital. Those pioneering days were difficult but glorious, too. Through the cooperation of doctors and nurses, the hospital became known throughout the mountains and hollows as a “house of hope and healing.”

However, problems at the hospital were becoming critical despite the efforts of doctors, nurses and interested citizens to solve them. This was largely due to a lack of experience on the part of everyone involved in the venture.

The building was unfinished, the equipment was too crude and meager and the income was insufficient. To add to these troubles, Rev. Ruggles, the Administrator, had resigned, and Sanderson, the Superintendent of Nurses and acting Administrator, wanted to leave. At the earnest appeal of the board, she agreed to remain until a replacement could be found.

Meanwhile, a new Bishop — Theodore Henderson of Columbus, Ohio — had Kentucky Methodism in his care. He had made his first visit to Pikeville in December 1924 to open the unfinished hospital building for service. He was enthusiastically interested in Kentucky Methodism, especially in the mountain region of Eastern Kentucky. He frequently visited the area riding horseback and touring on foot through the mountains and valleys, visiting the mountain homes and the coal mines. He realized the hospital was a “must” for the people, but he was concerned that the building program was at a standstill for lack of funds. No one seemed to know how to get it started again. The Bishop gave his attention to finding a replacement for Rev. Ruggles, realizing the man selected must be one with extraordinary abilities.

S.K. Hunt Administration

Dr. S.K. Hunt, Superintendent of the Ashland District of the Kentucky Conference, had shown unusual abilities in administering church affairs in the district. He was a member of the Hospital Board of Directors and was well-acquainted with the problems that were becoming more critical with each passing day.

Dr. Hunt's children were nearing college age. He had asked the Bishop to relieve him of his active ministerial work at the next session of the Conference and appoint him the Business Manager of the college, where his children would receive free tuition.

The Bishop, although knowing all of this, asked Dr. Hunt to meet him in Columbus, Ohio. His first words to Dr. Hunt were, "I am appointing you Administrator of the Methodist Hospital of Kentucky as of today."

After Dr. Hunt got his breath, he reminded the Bishop of plans already made for him to become Business Manager of a College, for family

interests. "I know," the Bishop interrupted, "but this is an emergency. We will work out something for your children. The hospital at Pikeville is in trouble. I want you to take the job and get it moving. I know you can do it and I do not know of any other man who can. If you do not take the job, I will have to close the hospital down and sell it. You know that Pikeville needs that hospital."

Dr. Hunt took the job. He told the Bishop he had no previous experience as a hospital administrator, but he had been an active board member from the first opening day and was well-briefed on the problems. He was a most versatile man with a keen mind that quickly and accurately grasped and evaluated situations. He also had that sixth sense that executives and administrators must have to be successful in selecting personnel. He drew people around him with ability, inspired them to heroic effort and let them know he



Rev. SK Hunt

had confidence in them. But, they also knew he expected results.

Hunt arrived in Pikeville on the night train on June 16, 1925. Sanderson, Superintendent of Nurses and acting Administrator of the hospital briefed him on the latest developments and left on the next train.

The next day, he met with the board members, and together, they began to evaluate the situation. It was determined that \$60,000 was required to complete and equip the building. In addition, there were notes in the bank amounting to \$50,000, and the hospital was running a daily deficit in operating expenses. A local fund drive was organized, which brought in enough money to pay the most pressing bills for daily operation but not enough to apply to the completion of the building.

In 1928, Dr. Hunt attended the General Conference of the Methodist Church held in Springfield, Massachusetts. There, he contacted a group of investment bankers and asked for a loan of \$65,000. They were interested and after a visit to Pikeville, agreed that the loan be secured by a mortgage on the property. The building was completed, equipped and in use by the fall of 1928. The community now had a hospital with a 50-bed capacity.

Not long after, a more serious problem presented itself. The Chief of the Medical Staff, brought in from outside, was Dr. Vaughn. He was a competent surgeon, but he alienated the other doctors by taking most of the paying patients for his own practice. Most of the doctors withdrew from the hospital and founded a Pikeville Clinic downtown. They succeeded in bringing one of the most outstanding surgeons in the United States, Dr. Paul Gronnerud, into their organization, and he was given the title of Chief of Staff.

Dr. Gronnerud had been partially educated at West Point. After West Point, he entered the University of Louisville Medical School, where he graduated with high honors. Dr. Gronnerud took graduate work at Rice University of Medicine, then followed with more graduate work in Paris, Rome and Berlin. After returning to the States, he went to Chicago and taught surgery at the university and in other hospitals in the city.

Dr. Gronnerud was the first to use catgut instead of silk thread in sutures after surgery. He performed the first appendectomy at Rice Hospital in Chicago and lectured in medical societies all over the United States. After a few years at Walter Reed Hospital in Washington, D.C., he came to Ashland to be a chief surgeon in a doctor's clinic. However, a clash of personalities caused him to resign.

Dr. Preston, one of the doctors who had left the Methodist Hospital of Kentucky for the clinic, had studied under R. Gronnerud at Walter Reed Hospital. When he heard Dr. Gronnerud had left the Ashland Clinic, he brought him to Pikeville. A serious situation soon developed where the Methodists had a hospital, but the Pikeville Clinic had the patients. In six months, the

hospital was practically bankrupt. Every major account was closed against it, and the first mortgage payment would soon be due.

In the meantime, the 'Great Depression' was being felt in Pikeville. The community thrived on coal, but with factories closed all over the United States, there was little demand for it. The hospital's contract with miners for prepaid hospitalization did not bring income unless the miners were working. By 1931, mining was practically at a standstill in the valley. Every edition of the Pikeville News carried notices of mortgage foreclosures on mines. Some were sold at auction for as little as two percent of their value.

The hospital had sufficient patients and was making a profit on paper but was unable to collect accounts. One encouraging thing did happen in those dark days. The doctors' clinic downtown had become a very expensive and unsatisfactory enterprise for the them. One of the doctors approached Dr. Hunt regarding the possibility of closing the clinic and having all the doctors return to the Methodist Hospital of Kentucky.

Dr. Hunt agreed to take back all the doctors, including the new chief surgeon, Dr. Gronnerud, but he explained clearly that Dr. Gronnerud could not expect to immediately become chief surgeon at the hospital. The hospital purchased equipment from the doctors, which added to the indebtedness. However, the move brought harmony within the medical circle in Pikeville.

Lack of funds continued to plague the hospital. When the operating deficit reached \$1,000 a month, the board realized something had to be done or they would have to leave the hospital business. It was critical to raise \$16,000 at once for the mortgage payment and at least a few thousand more for payments to local creditors and hospital supply companies.

Dr. Hunt made a trip to Lakeside, Ohio, where the Ohio Methodist Church had an assembly resort. Bishop Henderson was holding a laymen's retreat with Methodist men attending from all over Ohio. Dr. Hunt bluntly and laid the facts before the Bishop. He informed him the hospital was about to default on the mortgage payment, which would bring about foreclosure. Furthermore, credit to the hospital had stopped entirely. The hospital had patients but was unable to collect as miners were out of work, and the operating deficit was running more than \$1,000 a month.

The Bishop was stunned by the news, as things at the hospital were much more critical than he had realized. The 'depression' was at its worst in an industrial state such as Ohio. The Bishop could think of no way to help, but he did ask Dr. Hunt to come to the Laymen's Meeting the following day.

The next morning, the Bishop introduced Dr. Hunt by saying, "I know I promised you men that there would be no mention of finances at this retreat. Every man here and every church represented is fighting a critical financial battle, but I want to introduce to you Dr. S.K. Hunt of the Methodist

Hospital of Kentucky. Some of you have visited the hospital. Some of your churches have even given financial help to it. I think that you would not want Dr. Hunt to leave without telling his story as he told me last night. I present to you Dr. S.K. Hunt of Pikeville, Kentucky.”

Dr. Hunt told the story “as it is.” He stressed the need for the healing ministry of the hospital to Pike and adjoining counties. He told of the struggle to keep the hospital in operation and confirmed the loyalty of employees and professional personnel. Dr. Hunt emphasized that the nearest hospital was more than 100 miles away, and one had to travel through the mountainous country to get to it. He told how the sick and injured people could not afford to go to a hospital in a distant city and closed by relating two heart-warming hospital experiences.

In 1925, soon after he came to the hospital, typhoid fever broke out at Wolfpit, 18 miles across the mountain from Pikeville. A total of 119 patients were cared for at the Methodist Hospital of Kentucky. Only three lives were lost, which was considered miraculous because typhoid fever had usually been fatal.

The other story was about an elderly mountain man known as Uncle Dan. He had never known a sick day in all his 80 years, so he could not understand the “teasing misery,” in his side. True to his mountain pride, he tried not to mention it. Finally, he could endure it no longer. After a family discussion, it was decided there was but one thing to do, go to the hospital in Pikeville, many miles away.

At about 4 p.m. on a cold winter’s day, the neighbors set out carrying Uncle Dan on an improvised stretcher. When they got out of the roughest part of the country, he was transferred to a sled. Finally, after much effort by those carrying him, they reached the road leading to the river. They crossed the river and came to a railroad stop just in time to catch the last train for Pikeville, where an ambulance took Uncle Dan to the hospital.

His appendix had ruptured, and for days Uncle Dan hovered between life and death. Finally, his strong vitality won. In a few weeks, he was carried back across the mountain to his home, where he never ceased to sing the praises of the hospital, which he had barely reached in time. The doctors said that was the first ruptured appendix, to their knowledge, which had not been fatal. Dr. Hunt had touched the hearts of the laymen with his simple, dramatic presentation of the needs of the hospital and the people it served. He remained at the retreat throughout the day and that night. Near midnight, some of the laymen came to see the Bishop and asked, “What are you going to do about the Pikeville hospital?”

He told them he intended to present the situation to the next session of the Ohio Conference, which was several months away. The laymen said,

“That’s entirely too slow. By then the hospital will be out of business.”

“What do you men suggest?” asked the Bishop. The laymen replied, “We have talked this over with the other men. The Conferences are well-represented here. We suggest that right here, in the morning, after presenting it in the open meeting, you appoint a committee to work with you and ask the churches across the Conferences to take care of this critical emergency.”

The next morning, the Bishop, together with a committee of the laymen, made such a request. It was sent to the Church of the Ohio Conferences as an emergency measure, and within days, every dollar of the asking was paid. There was enough money to pay the \$16,000 due on the mortgage installment and a considerable amount on other outstanding debts.

With the Bishop’s permission, it was decided to go through the Kentucky Conference in the same manner. Dr. Hunt and other hospital personnel took pictures, slides, and other informational materials and made a whirlwind visit to the Methodist churches of the Conference. They were successful in getting enough money to care for all operation indebtedness. The community’s economy improved as some of the larger mines reopened, and the financial strain of the hospital was considerably eased.

Again in 1932, Dr. Hunt was a delegate to the General Conference of the Methodist Church, which met in Kansas City. When given an opportunity to speak, he told the story of the Methodist Hospital of Kentucky so effectively that the Conference voted to permit any church in Methodism to designate a portion of its world services contribution to the hospital. Many churches made such contributions, and in a matter of only a few months, all bills were paid and there was money in the bank.

Dr. Hunt wanted to open first aid stations throughout the county. These would be under the care of nurses as he could spare them from the hospital. Minor accidents and chronic ailments could be cared for at such a station, and if something serious was discovered, the nurses could get the patient to the hospital.

Elnyr Slayton, a nurse at the hospital, did open such a station in the Johns Creek community, 18 miles from Pikeville. Later, Slayton went to India as a missionary. After retiring from the missionary service, she moved to Georgia and in 1971 wrote a letter of her Johns Creek experience to Sally Baker, now a retired hospital nurse living in Pikeville. The following excerpt from the letter tells the story.

“Johns Creek is 90 miles long, just a wee bit short of being a river. The Hospital’s first aid station was located 18 miles up the creek. Someone said, “The road was in the creek half the way, and the creek was in the road the other half.” It wasn’t quite that bad on the main road, but it too was impassable in winter except on horseback. Up the hollows that was literally true; Johns Creek was truly isolated. The small country stores up and

down the creeks and hollows had Model 'T' trucks that could jump the ruts and make it to Pikeville in reasonably good weather.

Several one-room school buildings could be found up and down the creek. Our nearest neighbor, Mr. Bevins, rode horseback nine or ten miles a day to teach in one of them.

The people did not lack food. They had large gardens and canned, dried or pickled everything. Every family had a cow, and they raised hogs for their meat and lard. Of course, there were chickens. They traded eggs and butter at the country stores for coffee, sugar and such other articles that could not be raised in the garden. The stores also carried in stock, Vicks salve, liniments, cough medicines and many other 'patented medicines' that were thought to have healing virtues.



Dr. Hunt had long been interested in having an 'Out Post' or 'First Aid' station on Johns Creek in connection with the Hospital. He had spoken to me about it several times and hinted that he wanted me to go out there and take charge, but I had applied to the Methodist Mission Board to go as a missionary and did not want to get tied down with such a project.

One day I took a convalescing patient from the hospital to Canada, Kentucky — another isolated community — and remained with her for a month. When I returned, Dr. Hunt had all the plans made for me to open up the 'Out Post' on Johns Creek.

The personnel in the setup were: Mrs. Hunt, Chief Executive, her 15-year-old daughter, myself, another nurse, Nellie Soboloski, Casey, the slow but steady steed — our only mode of transportation — Pal, the German police dog — chief of police — and a cow and a calf.

Dr. Hunt had rented the Dr. Bevins farm so we could raise a garden. It was the best farm on Johns Creek. Dr. Bevins, a native, had come home from World War I, built a house and had begun to practice, but died shortly after from a heart attack.

It didn't take us long to move in and feel at home, and what a time we had that spring and summer! The house was large and had been very nice, but it had stood vacant for a long time and was in need of extensive repairs. We soon had it livable, and with supplies brought from the hospital, we set up our 'Out Post-First Aid Station'.

Dr. Hunt secured a Pikeville man just out of the university, Loran Conley, to spend the summer with us and work the farm. We all pitched in and

raised a big garden and had plenty to eat. We organized a 4-H Club and took six boys to the 4-H Camp.

Clinic was held one day each week. Dr. Hunt had a doctor come out from town for the clinic, part of the time. The rest of the time we ran the clinic ourselves. The Depression was on and there was little or no money to be gotten from the hospital. Occasionally, I would go to Pikeville and do private duty nursing to buy drugs and other supplies, then back to Johns Creek.

We organized a Sunday School to meet in one of the school buildings. Mrs. Hunt and her daughter returned to Pikeville when school began in the fall. Saboloski and I stayed on through the winter. There was always more sickness and accidents during the winter. I gave everybody and his brother cold shots. The people had never heard of them. The shots didn't do much good, for their houses were never really warm and at night were cold. They were always hunting or doing something that took them out in the weather.

One day I had a call to come about eight miles up the creek. The patient was a 12-year-old boy, who had lockjam. I gave him all the tetanus antitoxin I had and rushed him to the hospital. He was the first patient in the community to recover from lockjam, and it was looked upon as a miracle.

Another case was a five-year-old boy who got the full blow of a sharp ax on his hand while helping his bigger brother chop wood late one afternoon. I applied a tourniquet and stayed with him all night with antiseptics and sedatives. The next morning I took him to the hospital on horseback. Dr. Flanary spent four hours on his hand in surgery. He saved the hand, although it was crippled. In time, he came to have a good deal of use of it.

I did all kinds of first aid work at the clinic. In fact, I was practicing medicine without a license. The natives along the creek called me 'the doctor.'

Finally, Dr. Hunt secured a young doctor who was willing to give the clinic a try on Johns Creek. I turned everything over to him and left. About that time I was accepted by the Methodist Mission Board as a missionary to India. I never again saw Johns Creek, but I will never forget the experiences I had there. Those were difficult, hard days, but they were great days too. Later, I discovered that my experiences on Johns Creek taught me much that I needed to know when I was a missionary in India."

When Dr. Hunt took over the administration of the hospital, high food prices presented a problem. Pike County was not an agricultural county. People had small farms along the creeks and raised most of their living but had little surplus. Food was shipped in from Cincinnati, more than 200 miles away, and that made it very expensive.

To cut food costs, Dr. Hunt rented the Boone Dairy Farm (Dairy included), just below town along the river. A man with a master's degree in agriculture from the University of Kentucky was employed to manage the farm. Through his efficient management, the farm produced practically all the staple foods needed at the hospital.

As the economy improved in the mid '30s, the mines reopened, and it was impossible to find men for farm work. The farm was no longer a profitable venture and was turned back to the owner.

Another source of food supply for the hospital was the Annual Booth Festivals sponsored by the youth in the Methodist Churches of the Kentucky Conference. Many of the churches were rural or in small towns, and most families had gardens. Women canned, dried or pickled fruits and vegetables since it was before refrigeration was common.

In 1930, Reverend Thomas Ashley left the pastorate of the Pikeville Methodist Church to become superintendent of the Louisville District. Aside from the City of Louisville, the Louisville District was rural. With Rev. Ashley in Western Kentucky and Dr. Hunt in Eastern Kentucky, the Methodist youth were organized to bring canned and fresh fruits and vegetables to their churches on a particular Sunday in the fall.

Often, churches from an entire county would bring their produce to a central place to display, and prizes were offered for the best. A hospital truck would pick it up and take it to Pikeville. This project not only provided food for the hospital but also made the churches across the Conference aware there was a Methodist Hospital in Pikeville for which they had a measure of responsibility.

It was a great day in the Pikeville medical world when Dr. Preston persuaded Dr. Paul Gronnerud to come to town. When the Pikeville Clinic closed and the doctors went back to the hospital, they all recognized Dr. Gronnerud as chief surgeon, even though for a time he did not have that official title. One doctor remarked, "We thought we were surgeons, but he taught us real surgery."

The varied types of surgery demanded at the hospital challenged Dr. Gronnerud, and what was intended to be a brief visit while looking for a permanent location stretched into years. He remained until he died in 1944. Many people owed their lives to him. He had the "feel of a surgeon." Many of his surgery cases were written about in medical journals and often were reported in the newspapers. When he had time, he visited other hospitals to lecture on new techniques in surgery.

Two extraordinary and successful surgeries were performed by Dr. Gronnerud in one week and were reported in several daily newspapers, medical journals and textbooks. One was the removal of a bullet from the brain of a man who had carried it for 20 years. The man had been having terrible convulsions. He had gone to other hospitals and pleaded with doctors for an operation, but they refused. They told him it would mean certain death to try such an operation.

Finally, he came to the Pikeville Hospital. After Dr. Gronnerud exam-

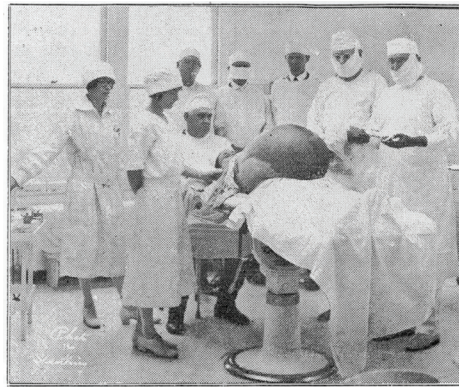
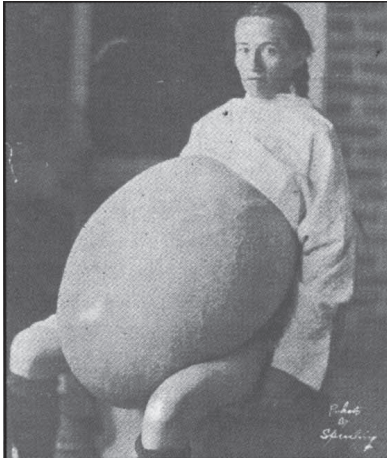
ined the patient, he said that to attempt an operation would probably mean death, just as the other doctors had said. The man replied, "I would rather be dead than live this way."

The hospital had just installed its first modern x-ray machine. Nurse Sally Baker had recently returned from Chicago, where she had completed graduate work in x-ray and laboratory. She was able to pinpoint the bullet, which had gone in the man's right eye and lodged at the left rear of his brain. Dr. Gronnerud removed it. The man recovered and lived a normal life for several years.

The other was the case of a woman with a tumor. May Reynolds Varney of Fishtrap, Kentucky, had carried a 100-pound ovarian cyst for more than 11 years and was known throughout her community as the "tumor woman." Dr. H.H. Stallard had discovered her and advised her to go to the hospital for surgery. She did not know such a thing was possible. She thought she would have to lie in bed that way until death. She gladly took the doctor's advice.

Dr. Gronnerud removed the cyst, which contained 14 gallons of fluid. Fifteen days after the surgery, Varney returned home and, according to her own story, was the "happiest woman in the world."

Bishop William Anderson, in charge of Kentucky Methodist Churches, was in Pikeville when the surgery took place. When he returned to Cincinnati,



Standing, left to right: Mary York, Geneva Connally, Dr. J. W. Vickers, Dr. Z. A. Thompson, S. K. Hunt, Supt., Dr. Paul Gronnerud, and Dr. M. D. Flanary. Seated: Dr. H. H. Stallard.

ti, he reported it to the Cincinnati Press for publication, but the editors were skeptical and would not print the story until they verified it with Dr. Gronnerud and the woman herself. It was released to the United Press and printed in many of the great newspapers.

By 1920, Pike County, Kentucky, was recognized as one of the nation's great coal-producing sectors. Coal operators were, by necessity, concerned with public health. Even before there was a hospital in Pikeville, they period-

ically brought doctors into the area to hold clinics in an attempt to upgrade health conditions.

One of those who came was Dr. R.W. Raynor. He had been sent to Pike County by the United States government to investigate an epidemic of trachoma. The Methodist Church had just come into possession of the hospital and was engaged in work to complete the building.

Dr. Raynor was challenged by the opportunities of service the area presented. After his tour with the government, he returned to Pikeville as the medical staff was being recruited for the new hospital. He joined the staff and spent the remainder of his life treating diseased eyes. In the Pikeville hospital, he performed the first cornea transplant ever attempted in Kentucky. The patient fully recovered and lived to a ripe old age with two good eyes.

As a step forward in public relations, Dr. Hunt organized the Women's Hospital Guild in 1929. C.G. Evans was the first president and Martha Barrett was the first secretary-treasurer. The Guild membership included women from all the churches and women's organizations in the community. It developed into a social and working organization of women dedicated to helping the hospital in every possible way.

Through the years, the activities of the Guild were many and varied. The women contributed to the successful survival of the hospital as a great institution of healing in the heart of Eastern Kentucky's mountain region. The women sponsored sales, dinners, shows and various cultured programs as fundraisers and gave many thousands of dollars to the building fund and the purchasing and replacement of furnishings and equipment.

The last project accomplished by Dr. Hunt was building the Nurses' Home. It had long held high priority on his list of projects, but there was a lack of funds for it. Finally, in 1935, a suitable site was purchased close to the hospital, and with Works Progress Administration's (WPA) assistance from the federal government, a well-planned building was constructed.

Some of the nursing personnel were married and lived in their own homes. Others did not have families in Pikeville and found it difficult to find living rooms close to the hospital. This was especially a problem for the night shift, which changed at midnight. The nurses' home added to



First Nurses Home Residents

their comfort and safety.

In June 1936, Dr. Hunt tendered his resignation to the hospital board to become administrator of a hospital in Pennsylvania. It was accepted with deep regrets. His leadership over 11 years had established the institution on a firm foundation. He had fully justified the confidence Bishop Henderson had expressed when he appointed him, saying, "I know that you can do it."

At the Board of Directors meeting held on July 7, 1936, board member Rev. O.J. Polley, moved the following resolution:

"Our Methodist Hospital of Kentucky was established in Pikeville, Kentucky, January 1, 1925. This was a venture on the part of our Conference in the mission of healing, which at first seemed to have failed when six months later the late Bishop Theodore Henderson, appointed as Superintendent of this institution, Rev. S.K. Hunt. When he took over the hospital, it was not only heavily in debt, but had little or no credit. Besides, it met opposition from another hospital and local doctors. Dr. Hunt's reign as Superintendent for 11 years has worked miracles with this institution. Liabilities have not only been decreased materially, but our assets have increased until today our hospital and its holdings have a commercial value of over a quarter-million dollars. We are trusted and respected by both the Conference and community, and we are performing a real service in the name of Jesus Christ in the mountains of Kentucky. This marked growth has come at a time when our country has gone through one of her darkest depressions. Because we members of the Hospital Board of Directors feel that credit should be given to him to whom credit is due, we desire to go on record offering our appreciation to Dr. Hunt for his brotherly companionship, his wise supervision and untiring labors in our midst. We regret his leaving us very much and we bid him Godspeed in all his future undertakings."

Ray Venters seconded the resolution, and it was unanimously adopted by a standing vote and a warm handshake.

Thomas B. Ashley Administration

The Board of Directors turned to Dr. T.B. Ashley and unanimously elected him the new Administrator. Dr. Ashley, really the father of the Methodist Hospital of Kentucky, spent several years as a minister to the Methodist churches in Pikeville and Paintsville. After he was appointed Superintendent of the Louisville District of the Kentucky Methodist Conference in 1930, he remained an active member of the Hospital's Board of Directors and won interest and financial support for the hospital throughout the Western Kentucky Methodism.

During the summer months of 1936, Dr. Ashley divided his time between his duties as Superintendent of the Louisville District and Administrator of the hospital. When the Kentucky Conference met in September, the Bishop confirmed the election and officially appointed him as Administrator. He held that office until 1952, at which time he retired and moved back to Louisville. After his retirement, Dr. Ashley remained related to the hospital as a field representative throughout the Conference.

Ashley left the Methodist Hospital of Kentucky a larger and stronger institution built upon the foundation he had helped lay with Dr. Hunt. There was no lack of patients. The hospital had become a health center, but the charity load was heavy and increasing.

As Chairman of the Conference Board of Hospitals and Homes, Dr. Ashley was able to keep the needs of the hospital before the Conference. The Conference adopted the Golden Cross Plan, by which every Methodist Church in the Conference was asked to include in its missionary offerings a certain amount for charity work at the Methodist Hospital of Kentucky.

In the meantime, accrediting agency standards had become more strict. The Kentucky State Board of Health frowned upon the crowded conditions at the hospital, especially the practice of holding patients in the halls.

One day, Dr. Ashley was touring the hospital with a State Board of Health representative who was very critical when finding a number of patients in the halls. "You cannot permit this," he said. "When you have reached your bed capacity, don't receive any more patients. You are jeopardizing your accreditation."

Dr. Ashley calmly replied, "This man was brought in from across the mountain, carried by his neighbors on an improvised stretcher. The doctor determined that he must have an appendectomy at once and every room was

full. There is no other hospital within a hundred miles. He would have died if I had turned him away. Tell me, sir, what would you have done?"

The representative replied, "Don't quote me, but I would have done the same thing. You must enlarge the hospital."

Dr. Ashley and the board had already been planning to expand. There was just one obstacle — money. In his November 10, 1936 report to the board, Dr. Ashley called attention to the fact that half the patients were charity cases. However, operational bills had been paid to date, and \$1,800 had been paid on a longstanding note at The First National Bank. This note covered a loan of \$17,000 to enable the hospital to liquidate a mortgage held by the Mercantile Trust Company.

Dr. Ashley then recounted a case that had touched his heart. An expectant mother, after three days of being agonized by midwives, had at last been rushed to the hospital exhausted, bruised and a nervous wreck. Mother and baby both died from lack of medical care. He asked permission from the board to hold a Mother and Child Health Conference at the hospital's expense.

The Conference was held on National Hospital Day, May 12, 1937. All children born in the hospital to date, together with their mothers, were guests of the hospital. Nurses and doctors greeted the mothers and told them of the importance of prenatal care by a doctor and of giving birth in a hospital. After lunch that was supplied by the hospital, the mothers were given a tour of the delivery room. The equipment was explained, and the mothers were asked to be missionaries in their communities for prenatal care and safer and happier childbirth. This became an annual affair throughout the administration of Dr. Ashley and did much toward eliminating the crude attendance by midwives.

At that same board meeting, Dr. Ashley pointed out several syphilis cases had been treated in the emergency room and, at present, a bad case was in a ward with eight other patients. On that account, he had ordered the first isolation ward to be made ready.

Dr. Flanary was introduced to the board and spoke of his attendance at a medical association meeting in Philadelphia. He was embarrassed to learn that through a lack of certain organized departments and equipment, the hospital was not on the accredited list. He listed the deficiencies and suggested the hospital employ a full-time pathologist as the first step toward accreditation by the American Medical Association. Dr. Ashley was authorized to employ such a person.

In 1937, the C&O Railroad announced it had recognized the Methodist Hospital in Pikeville as its official hospital for Eastern Kentucky. That added some 500 families as potentials for hospitalization. That was good news,

but it also dramatically pointed out the need for additional space. Improved highways were bringing patients from adjoining Kentucky counties, as well as Virginia and West Virginia. Success had come to an embarrassing point. It was evident that a building program must be launched as early as possible.

At the Board meeting of October 12, 1937, Dr. Ashley reported that new mines were being opened throughout the county and several new families had come into the Big Sandy Valley, which made the service potential of the hospital greater than ever. He gave an encouraging word about finances. There was a note at the bank, but it was not pressing, and he thought a local fund drive would take care of the note and help finance a building project.

Rev. I.S. Pineur moved that the Board appoint a finance committee to present, at the earliest possible time, a building plan for an addition to the current building, together with a plan of financing. After discussion, the motion was amended to read, "I move that the Executive Committee bring to the Board an overall plan for remodeling the present building for greater efficiency of operation, and also for a four-story annex to the present building, and also that a Finance Committee present a financial plan."

The motion carried. Dr. Ashley was a member of both committees and was later made chairman of both. The committees set to work immediately.

It was not difficult for the Executive Committee to have penciled plans readied, but the Finance Committee had a more difficult job of presenting a plan of financing. There were other matters that, for a time, claimed priority; among them — accreditation. The hospital in its operation still did not meet the standards of the American Medical Association.

Assisted by personnel from the State Board of Health, a thorough inspection of the building was made. Wasted space was made usable, and improvements were made in the obstetrical department and in surgery. A bacteriologist, a pathologist and a urologist were added to the staff, and a central laboratory was provided. One by one, the deficiencies were eliminated, and in February 1938, the Hospital received full accreditation.

The attention could now be turned to the much-needed building project, for crowded conditions continued. At one time, 30 patients were in the halls.

Dr. Ashley wanted to have a fund drive across the Conference. When the project was presented to the Conference, however, permission was granted only to conduct a fund drive in the Big Sandy Valley of Eastern Kentucky.

A prolonged strike in the mines during the winter of 1939 brought the hospital's income to a new low. It was the old problem, plenty of patients, but too many of them on charity. Others could not pay bills until the strike was over.

It was June before the miners were all back to work. Most of them picked up their deferred payments at the hospital and finances were greatly

improved. At the board meeting in October 1939, Dr. Ashley again presented the building project. Plans and specifications had long been in hand. On November 17, 1939, four bids were received and opened. The bid of J.H. Justice, a local contractor, was accepted. O.S. Batten, also of Pikeville, was employed as a construction engineer.

The Justice bid was \$27,607. It did not include any equipment, furnishings, or furnace. The furnace was later included at an additional cost of \$2,500. The two local banks agreed to finance the entire project up to \$30,000 to be repaid with money from the fund drive.

Dixie Smith Bogar, a local woman, loaned the hospital \$2,230 for furnishings and equipment to be purchased for cash with a seven percent discount. Bogar took a mortgage on some residential property the hospital owned in Ashland.

Dr. Ashley wanted to have the annex opened for service on National Hospital Day, May 12, 1940, but it was discovered that some of the deductions made in the interest of frugality had to be included to make the building structurally sound. This added to the cost. Justice was given a note in the amount of \$4,000 for the additions above the contract price. The note was secured by a second mortgage on the hospital property.

Although the building was not entirely completed and the furnishings were scanty, Dr. Ashley saw his dream come true. Dedication ceremonies were held on National Hospital Day, May 12, 1940. Bishop U.M.V. Darlington formally dedicated the building. Dr. N.E. Davis of the General Board of Hospitals and Homes of the Methodist Church was a principal speaker. A social hour with refreshments and a tour of the building were in the charge of the Guild. It was a gala occasion. The bed capacity, when fully completed, would increase to 90. Enthusiasm was high, and Dr. Ashley took the opportunity at the dedication to present some of the physical needs that had to be met before winter. The people responded with generous offerings.



Pikeville Methodist Hospital Expansion

Dr. Ashley wanted to get the fund drive underway immediately after the dedication, but the nation was just emerging from the depression, and people were trying to “catch up” on their personal finances. However, he kept the hospital’s needs before the churches of the Conference.

Almost every Sunday, he and Miss Kissling (the Superintendent of Nurses) and other personnel visited churches, told the hospital’s story, and presented its needs. People responded. Children bought soap and women brought bolts of sheeting with which the Guild made sheets, pillowcases, napkins, curtains and other needed materials. By the summer of 1941, prosperity had returned to the Big Sandy Valley. The European War was on, and the United States had become the arsenal for the democracies. Coal was needed for factories, and the miners were working around the clock.

Beginning in June 1939, when the miners went back to work after the strike, the hospital was showing a profit in operations. It was full, miners were catching up on their back hospital bills, and the Miner’s Hospital Plan, recently put into operation, was bringing in a steady income. The new annex was completed, furnished and equipped. The only indebtedness was the banknote, and that was to be repaid by the fund drive.

The board sold some Ashland property held by the hospital and purchased the Mahlon property next to the Nurses’ Home to relieve crowded conditions there. Other property nearby was purchased and rented to hospital employees.

In October 1941, the fund drive was launched and met with a good response. For the time, financial troubles were over. Then came December 7, 1941, the date of the attack on Pearl Harbor. The war was on, and other problems quickly arose.

Within a few months, the younger doctors had gone to war and the hospital was crowded with patients. The doctors who remained worked overtime. They were exhausted and went home to rest for a few hours after their shift before returning to the hospital.

Enormous amounts of coal were needed for the vast industrial complex of the nation which had been geared to war production. Young men went to war, leaving the mines to be worked by older men. Mine operators went “all-out” for safety, but mining is a hazardous occupation and accidents occurred. Although the hospital’s bed capacity was 90, there was scarcely a day throughout the war when there were less than 100 patients.

Scarcity of hospital supplies became a serious problem. Everything was strictly rationed. The hospital held certain priorities, but when materials were off the market, priorities did little good. Even medicine had to be carefully conserved for the armed services, which received top priority on everything.

The Guild gave splendid service to the hospital during the war. Some

of the women were at the hospital every day mending, sewing or acting as receptionists to meet and guide patients, many of whom were in the hospital for the first time and confused about the services provided. Guild women assisted in the housekeeping and janitorial services. All their work was volunteered, and they received only the satisfaction of helping the war effort, relieving the misery and anxiety of the sick, and releasing workers for the factories and mines.

Nurses also responded to the call of the armed services. In the months following Pearl Harbor, there remained only three graduate nurses at the hospital for a full 24 hours of service.

Even before the war, Louise Acker, Superintendent of Nurses, began training nurse's aides. Local girls were recruited, and classes were held in the living room of the Nurses' Home. Lectures were given and mimeographed copies were distributed to each girl to be placed in her ever-ready notebook, a guideline for her work.

At first, no instructions were given on management and station supervision. These positions had always been held by graduate nurses, but as the need arose, the aides were incorporated into floor supervision with desk work as well as bedside nursing. Without them, the hospital would have had to cease operation.

A few of the girls were high school graduates. Some of them worked at the hospital while waiting for their own call to the Cadet Nursing Corps while some went on to nursing schools after the war to become RNs. All gave splendid service to the hospital when it was so desperately needed.

The girls wore a blue uniform with a blue and white emblem on the left sleeve. The emblem read "Nurse's Aide" with "M.H." in the center, meaning Methodist Hospital. Carefully selected girls were given special training to assist in surgery. The doctors cooperated with the "girls in blue" venture and expressed they were well pleased with their services. Both Sally Baker (in addition to being the anesthetist) and the doctors (as they could find time from their patients) conducted training classes for the girls. Everybody worked on the team and when the team won, everybody won.

Dr. Ashley did not wait for the war to be over before he began studying the situation at the hospital with the determination to have another building program completed. At the Board meeting on August 13, 1944, he presented his study results. He reminded the Board that Pikeville had the only accredited hospital within 100 miles, one whose service area included 12 counties in Eastern Kentucky and extended more and more into Virginia and West Virginia. He pointed with pride to the fact that the hospital was debt-free. The old note had been paid, the mortgage had been released and there was money in the bank. "Now is the time to launch the fund drive" was his motto.

The board members remembered the difficulties of the last building program and were reluctant to begin another one. Some wanted to explore a remodeling of the present building. However, urged by Dr. Ashley, the board appointed a Building Finance Committee — of which he was chairman — authorized to consult an architect and contractor.

Dr. Ashley lost no time carrying out the instructions of the board, for he was determined to get the building project underway at the earliest possible date.

During the last year of the war, Dr. Ashley and the board were busy trying to do a “good housekeeping job” at the hospital. Maintenance of the building was a problem. Plumbing, heating and electrical equipment were constantly breaking down and crowded conditions added to the wear and tear of the building. Doctors, patients and hospital employees realized the situation and cooperated to give the best service possible under these difficult conditions.

However, the board members did give attention to long-range planning for the future, and Dr. Ashley kept his dream of a great medical center before them.

At the August 17, 1945, board meeting, Dr. Ashley presented a plan for financing the proposed annex. He estimated the total cost as \$150,000 furnished and equipped for service.

His financial plan included: Memorial gifts (\$10,000); Special Memorial for Dr. Gronnerud (\$10,000); from community (\$100,000); and already on-hand (\$25,000).

Any additional money was to come out of hospital profits, which could be transferred to the building fund. Dr. Ashley realized the construction could not begin until after the war, but he wanted to get the local fund drive underway while the mines were working at full capacity and the men were receiving big wages.

He had made contacts with several architectural firms. One — Mueller, Hair and Hetterich of Hamilton, Ohio — commended itself to him, and he proposed the board contract with the firm for preliminary drawings. The drawings were completed and presented to the board late in 1945. They were accepted and the firm was given a contract for blueprints, specifications, and an estimate of costs. A certain amount of remodeling of the old building was necessary, and that was also included in the contract.

In the spring of 1946, Hetterich, representing his firm, presented completed plans and specifications with a cost estimation of \$156,000. At the August 2, 1946 Board meeting, finalized plans and specifications were accepted and a contract was given to the Vaughn Construction Company on a cost-plus basis of eight percent. Construction started on August 10, 1946.

In October 1946, Hetterich estimated that, despite scarcity of materials, all the steel skeleton work would be completed by May 1, 1947. Dr. Ashley announced Sunday, June 29, 1947 as the date for laying the cornerstone of the new building, the opening of the new Cancer Clinic and the celebration of National Hospital Day, which had been postponed from May 12.

The opening of the Cancer Clinic proved to be the most important of the day's program. It was directed by a full-time radiologist, and from the beginning, was approved by the American College of Surgeons. Until 1947, all cancer patients had to be sent to Lexington or Louisville. The laying-of-the-cornerstone ceremonies were forgotten in the complexity of problems that were soon to arise.



Early Cancer Clinic Radiotherapy

A special board meeting was called on August 20, 1947, to discuss a problem presented by Hetterich and Vaughn. The first estimate for the cost of the building was \$190,000, including furnishings, equipment, insurance, and all other fees. Yet, it had already reached a \$325,000 figure, and they could not determine the complete cost because prices were rising with the passing of each day. At the very minimum, an additional \$100,000 would be required.

A special Executive Committee meeting was called on August 26, 1947. Vaughn reported that \$48,000 was due to him on August 1; \$9,000 was due for work and materials during August and \$3,000 was due to the subcontractors.

Dr. Ashley reported that \$12,000 could be transferred from the general fund to the building fund, but that left a deficit of \$48,000 which had to be raised at once to keep the construction project progressing. Vaughn halted construction and placed a lien on the building. That raised a problem with the Connecticut Life Insurance Company, who would not grant a loan until the lien was lifted.

The local banks agreed to a loan of \$40,000 if Vaughn would release the lien and continue construction. He agreed to do so if guaranteed he would be paid in full when the money came from the insurance company loan. The agreement was made, and construction work resumed.

A check in the amount of \$50,000 was received from the insurance company on September 16, 1947, and another check of \$25,000 was received a week later. Vaughn was paid in full. Still, prices soared, and wages increased when controls were removed after the war. The hospital was a victim of un-

foreseen circumstances beyond its control.

November 1, 1947, construction had again stopped. The roof was completed and the building enclosed, so the work stoppage did not do any material damage.

At the October board meeting, Dr. Ashley presented a new plan for financing the building program, including funding from Hill-Burton, a federal agency set up in 1945 to assist hospital planning, construction and financing. However, the Hill-Burton assistance did not materialize. It was a new agency with guidelines not clearly defined, especially in the field of church-related hospitals.

Fundraising organizations were contacted to direct a local fund drive, but the entire nation was in a postwar economic slump, and the Executive Committee was leery to start such a project. At the insistence of Bishop Watkins, the Conference approved and directed that the fund drive be placed under the leadership of the Bishop and a selected number of ministers who had shown ability in raising funds. This did not get underway until the fall of 1951, but it netted the hospital \$75,000. At the same time, a local fund drive brought the hospital \$43,000.

Profits from the operation of the hospital were not consistent month-to-month. Many patients were on welfare, a newly organized federal-state program, with a certain amount of hospital care for those unable to pay. A considerable number of patients were on United Mine Workers of America welfare. Both of these programs were slow in paying and at one time, together, they owed the hospital more than \$100,000.

Dr. Ashley received permission from the Conference Home Mission Board to solicit the churches of the Conference to include the Methodist Hospital of Kentucky in their missionary budgets. A number of churches did so and made regular contributions until the emergency passed.

Financial difficulties tend to create friction among board members of any institution, and the Methodist Hospital of Kentucky was no exception. Resignations became a regular order of business. From the time the building project was started until its completion, the entire membership had changed. The Administrator bore the brunt of the criticism and was blamed for going into a building program without exercising proper foresight of economic conditions. Dr. Ashley took it all in stride and continued to explore every possibility of raising funds to complete the building.

In the meantime, the Connecticut Mutual Life Insurance Company refused to advance any more money on its loan and was demanding payment in full of money already advanced or it would take foreclosure measures.

Dr. Ashley contacted the Jefferson Standard Life Insurance Company and Walter Sebastian, their representative, came to Pikeville to study the sit-

uation. For several months, the hospital had been operating at a profit; there was regular income from the churches of the conference, liens against the building had been released, and all bills had been paid. The Vaughn Construction Co., after being paid in full, had withdrawn from the project. Sebastian, of the Jefferson Standard Life Insurance Company, suggested the construction be rebid by the contractors. That would determine whether a reasonable loan would complete the project. The contractors met on January 3, 1952, and presented their bids, which were opened and read by Hetterich, the architect. Mitchel Preston, a local contractor, had the low bid on general construction. The Elliott Glass and Electric Company and the W.B. Call Company, both local firms, had the low bid respectively on electrical work, plumbing, and heating.

Assisted by the architect, the general contractor made certain deletions and alternates, which brought the contract price to \$192,119, not including furnishings. Most of the deletions were later restored by the maintenance workers.

At the Executive Committee meeting of January 25, 1952, Sebastian announced that the Jefferson Standard Life Insurance Company had approved a loan for \$175,000 over a period of 15 years at five percent interest.

At last, all hindering obstacles had been removed and construction resumed. Upon word from the Jefferson Standard Life Insurance Company that the loan had been granted, the local banks made temporary loans for materials and payroll, which would be repaid when money came from the insurance company.

At the Executive Committee meeting held on May 16, 1952, the architect reported the building would be completed at least a month sooner than expected. He suggested the equipment and furnishing be ordered at once, as it would take three to four months for delivery. The committee authorized Dr. Ashley and Mrs. Connolly, the Superintendent of Nurses, together with the Chief of the Medical Staff, to purchase equipment and furnishings on an open account to be paid from operations.

As early as the board meeting on January 3, 1952, Dr. Ashley announced, "Now that the completion of the building is assured, I wish to say that on August 5, next, I will have reached my 65th birthday. I plan to step down from the office of Administrator and ask the Bishop for a lighter responsibility. I am telling you my plans so that you may act accordingly." Dr. Ashley suggested that the Executive Committee or Special Committee begin to look for his successor immediately.

The board asked Dr. Ashley to remain at his post until the building was completed and to proceed as he saw fit for the dedication services. One member remarked, "Dedication Day will be above everything else, 'The

Thomas B. Ashley Day' in Pikeville."

Once it got underway again, the construction progressed rapidly. There were change orders, deletions and additions to be considered in the interest of economy and structural soundness. The hospital was operating at a small profit, and the community had a healthy optimism for the future of the institution.

On June 17, 1952, Dr. Ashley made his last official report as Administrator of the Methodist Hospital of Kentucky. After calling the attention of the board to routine business, he continued:

"Ours was the first hospital in the vast mountain area of Eastern Kentucky. It was opened 28 years ago next Christmas. Since that date, we have admitted 17,260 inpatients and an equal number of outpatients. There have been more than 10,000 babies born in the hospital. The first month I was here, we admitted 147 patients, last month, 672.

The first month I was here, we paid in salaries \$1,592. Last month, we paid \$15,067. The number on the payroll my first month was 20. Last month, 100. The cash income in my first month was \$5,855. Last month, \$37,826. All operating expenses for the hospital during my first month were \$3,570. Last month, \$33,119, plus \$12,618 for new equipment. I could go on and on, but time will not permit. Surely God has blessed us, and I am sure that you agree with me that all we have gone through to keep this institution in operation has been worth it. Free service throughout those 28 years amounted to more than \$420,000.

The way has never been easy and sometimes has been very difficult. For the last several years I have been here, I have not felt free to take a vacation. In the interest of the hospital, I have traveled more than 3,000 miles a year. I have used up four and one-half cars, including the one I am now driving.

I have insisted upon the purchase of a modern bookkeeping machine for \$2,000, and a modern General Electric x-ray for \$1,000 (even against the consent of the board) because I knew that we needed them to do a good job. I wanted to get them and have them paid for before I was through and while times were relatively good.

Only two years ago when we owed \$135,000, with an unfinished building on our hands, and what we might term 'the zero hour' facing us, doubt pervaded the minds of many of my friends. Even some board members said, 'It will never be finished.' I was no longer permitted to speak for the hospital in some of the churches. One district superintendent said to me, 'Your Administration is full of holes.' Others said that I should be restricted from buying and having any business management, and so it went.

But brethren, I knew what I was doing. I was under the power and persuasion of the Divine Will. I can remember the day and the hour as I was

driving alone to meet Hetterich, God said to me clearly, 'Be of good courage, it will be done.' Since then, I have never doubted, not for one minute.

Now that I can see the realization of a dream, I can gladly step down from this office. Someone else can now pick up the load and carry it. These years have taken a toll from each of us. I can feel it.

I want to thank each member of this Board of Directors, and especially you of the Executive Committee, for your patience, loyalty and spirit of cooperation through the years which were always hard and, at times, frustrating. I have been associated with the hospital before its beginning and shall always love it. I pray God's wisdom, guidance, and blessings upon my successor, and I know that you will give him the same loyalty and cooperation you gave me and a free hand to project his own personality and leadership, as he guides the destiny of this great institution, the Methodist Hospital of Kentucky."

On Sunday, October 12, 1952, dedication services were held with Dr. Ashley presiding. Bishop William T. Watkins gave the principal address. Dr. Olin Oeschger brought greetings from the General Board of Hospital and Homes of the Methodist Church. The new Administrator, Stephen A. Lott, was presented and spoke appreciatively of the work of Dr. Ashley throughout the 16 years of his administration. After the dedication ceremonies, a reception was held in the new cafeteria located on the ground floor, followed by a tour of the building.

It was truly Thomas B. Ashley Day in Pikeville. A day never to be forgotten; the day of dreams coming true.

S.A. Lott Administration

Acting upon Dr. Ashley's suggestion, the Executive Committee chose Stephen A. Lott of Maryville, Tennessee who entered upon his duties July 1, 1952. Dr. Ashley remained at the hospital until September 1 as a consultant to the new administrator. At that time, he became field secretary and continued public relations work throughout the Kentucky Conference, raising funds through gifts, annuities and wills.

Lott followed two giants, both in personality and ability — Hunt and Ashley. Both had been associated with the hospital from its beginning, but they were as different in approaching their work as two men could be. Hunt had a keen, brilliant mind and had a suaveness that drew people to him and made him master of every situation. Ashley, on the other hand, had a practical mind and a deep dedication that refused to be defeated by any obstacle, no matter how insurmountable it appeared to be.

These two men, together with Rev. John F. Ruggles, the first Administrator, had guided the hospital through its first 30 years. The dramatic pioneer days of the Pikeville hospital passed with them.

Rev. Ruggles administration began when the hospital existed in name only. The building had stood unfinished for many months and the local people had lost interest in the project. At that time it appeared there were no personnel with which to operate a hospital. However, Ruggles defeated these obstacles and aroused the support of the local community, and when he left in March 1925, the Methodist Hospital of Kentucky was in operation, providing a much-needed service.

Ruggles, Hunt and Ashley were ministers but Lott was a layman, professionally trained in hospital administration. When Lott came to the hospital, he found a building and physical equipment with a book value of more than a million dollars. However, the original 50-bed section was now obsolete after 30 years of use, most of those under crowded conditions. The middle section was only 12 years old, but was already in need of extensive remodeling.

Even the recently completed new wing presented problems. To have a building ready in time for the planned dedication ceremonies, there had been many deletions from the original plan. Lott's administration was tasked with adding these items back to make the building structurally sound and reasonably functional. Those challenges kept him struggling with the old, old problem that had plagued the hospital for years — lack of funds.

The building fund was usually depleted and building supply firms were

always clamoring for payment. Fortunately, good pledges from local and Conference fund drives were being paid monthly. With that consistent income, Lott was able to keep the creditors reasonably content.

Hetterich was pressing his claim for \$12,500 due to his firm for architectural services. Lott satisfied him with five annual notes of \$2,500 each, drawing six percent interest. The State Board of Health was raising and enforcing standards for better hospital services. These called for extensive remodeling to meet demands for the handling and storage of food. In addition, employees were dissatisfied with wages, working hours and schedules. Long hours of work in a day and week had historically provoked unrest among the employees. From the very beginning, hospital employee schedules consisted of nine-hour days six days a week. Still, employees often worked more than nine hours and sometimes seven days a week.

By August 1956, this had become a critical problem that demanded change to conform to modern labor practices. On October 1, 1956, the eight-hour day, five-day work schedule went into effect for all employees, with overtime paid for any additional hours. To implement this decision, more employees were needed. This, in turn, raised hospital rates to pay for the additional operating expenses.

Lott realized that nurses were the lifeblood of hospital service and utilized every cost-saving measure he could in other departments to raise nurses' salaries.

He set up a program with Pikeville College for the education and training of graduate nurses on a cooperative plan. He began a nurses' scholarship fund for qualified women and girls who would commit to work at the hospital. Arrangements were made with Paintsville Vocational School for the training of licensed practical nurses (LPNs). This proved to be a venture of great importance because they soon became the majority of the nursing staff.

These educational programs added to the financial load, but Lott convinced the board that the staff the hospital so desperately needed would have to be recruited from local people. He added that the hospital would have to assume the responsibility of training them.

In November 1956, a financial windfall came to the hospital in the way of a grant of \$69,000 from the Ford Foundation. This money was to be used to purchase new medical equipment and the necessary remodeling of the building to install it. To get the most out of the grant, Lott used the hospital's maintenance department to do most of the work.

The hospital proved itself to be a community service institution during the flood of the Big Sandy River in January 1957. An unprecedented, prolonged, heavy downpour of rain flooded all of downtown Pikeville. The river rose so suddenly that merchants could do nothing but flee for their lives,

leaving their merchandise. Their losses were complete and total.

The hospital, being on high ground, not only cared for its own patients, and in many cases employees' own families, but also for the patients of the local U.M.W.A. Hospital. That facility, located in downtown Pikeville, was underwater. At the invitation of Lott, patients were moved to the "Hospital on the Hill" where they remained until the Miner's Hospital was thoroughly renovated and made ready for service.

Many downtown Pikeville residents found refuge at the hospital and lived in the hallways when the floodwaters forced them out of their homes. The coffee shop and cafeteria remained open to the public during the emergency.

The Reserve Corp of the United States Army, together with the local unit of the National Guard and National Red Cross, transported medicine, hospital supplies, food and drinking water to the hospital and residents.

The hospital pharmacy was the only one open for service, as all downtown drug stores were underwater. During this time, Dr. Victor Shivel of the Rexall Drug Store took over the hospital pharmacy and filled prescriptions for the entire community.

The hospital and nursing staff were organized on an emergency basis so nurses and doctors were always available. No one was deprived of medical care, and the emergency passed without a single fatality.

The employees and professional personnel of both hospitals worked together around the clock to care for patients and flood refugees. They assisted the police, fire department and rescue squad to find water-bound people and bring them to the hilltop hospital. These efforts did much to relieve the strained relations that had existed between the employees of both hospitals and had a considerable influence on a successful merger that was to come a few years later.

At the May 18, 1957, board meeting, Lott submitted his resignation effective August 1, terminating five years of service as Administrator. He explained that his action was not a result of any dissatisfaction over relations with the board, the hospital personnel or community, but that an opportunity had come to him from another hospital. He further explained that that family considerations had been the deciding factor.

Lott went on to say that the past five years had been full of problems. Some of them had been solved, some partly solved and others awaited solutions in the future. However, affairs at the hospital were sufficiently stable to permit a new Administrator to take over and guide the hospital into a larger service.

Appropriate resolutions were sincerely passed by the board and there was genuine regret at Lott's leaving. His work had been in the background

during his time as Administrator with little or no drama. He had quietly and efficiently guided the hospital through finishing a building project, remodeling an old building, installing new furnishings and equipment and satisfying creditors, all with insufficient funds on hand at any given time.

He led the hospital through continued unrest among employees over wages, hours and working conditions, and the Miner's Hospital took a heavy toll on patients, professional personnel and income. In the handling of all of these problems, Lott had proven himself to be a master Administrator.



1950s Staff

Armour Evans Administration

The Executive Committee relied upon the General Board of Hospital and Homes of the Methodist Church for assistance in hiring a new Administrator. Four men were suggested and after a careful screening of each, Dr. Armour Evans, a minister from Wichita, Kansas, was selected to begin his duties August 1, 1957.

The problems that had plagued the Lott administration continued. Standards for accreditation were becoming more demanding and graduate nurses were going elsewhere for larger salaries. The doctors required new equipment, which in turn, called for a seemingly constant remodeling of the building.

The bed occupancy was down to barely more than 100 patients and often well below that. Throughout the three-year span of Dr. Evans' administration, every month showed a financial deficit, which resulted in the transfer of funds from one department to another as the need arose. Everything possible was done to ensure good hospital service while operating under the strictest budget.

On June 1, 1960, Dr. Evans submitted his resignation expressing a wish to return to the pastorate in his native Kansas Conference. In his last report to the board, he presented a comprehensive survey of the situation with some practical recommendations, all of which pointed to a fact that had been repeated many times over during the hospital's history. Simply put, Dr. Evans said the board must find additional funds or cease to operate the hospital.

The Executive Committee turned its attention toward finding a new Administrator. Each member realized the situation was critical and the new executive would have to be a "giant."

Eugene Lopez Administration

In the past, when a vacancy at the hospital was announced, several applicants had applied. This time, however, only a few inquiries were made. Furthermore, upon learning the hospital was in financial distress, even those applications were withdrawn. Finally, the chairman of the Board of Hospitals and Homes of the Methodist Church insisted that Eugene Lopez, a layman with hospital administration training and experience, apply for the Pikeville post. He came to Pikeville and the Executive Committee laid out all the facts before him. Lopez was small in stature, but a “giant” in every other measurement. He accepted the challenge and entered upon his duties on June 17, 1960.

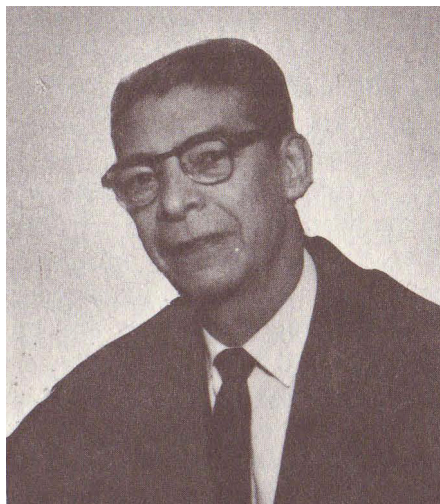
For months, there had been an accumulating operating deficit. One priority, however, had been strictly kept — the setting aside of \$1,500 each month for the mortgage payment and interest.

At his first board meeting on September 16, 1960, Lopez reported that the hospital had borrowed \$10,000 to meet payroll and other pressing expenses. He hoped that enough money would be realized from the “accounts receivable” to meet the next payroll.

At the November 18 Board meeting, Lopez bluntly pointed out that they had to find a way to bring in additional funds or close the hospital. He added that there had to be a short-range plan to relieve the present desperate situation and a long-range plan to provide a stabilized financial future.

For several years, the Methodist Hospital of Kentucky in Pikeville had a contract with the U.M.W.A. to care for its members and their families. However, in 1955, the U.M.W.A. opened its own hospital in Pikeville and terminated its contract with the Methodist institution.

At first, the U.M.W.A. issued welfare cards that entitled hospital care to all active and retired employees and their families. However, after a few years and mounting financial difficulties, it withdrew its cards from all except ac-



tively employed members. That move added almost unbearable weight to the heavy charity load the Methodist Hospital was already carrying. In desperation, Lopez urged an immediate local fund drive.

Moved by the critical situation, the board acted at once. A select number of leading citizens in Pikeville were invited to meet with the hospital board at the First Methodist Church on November 27, and the hospital's financial condition was presented by Lopez. After lengthy discussions which brought out every detail, unanimous decision was made to launch an immediate fund drive. W. Bruce Walters of the local Plantation Ford Sales Corporation was elected general chairman of a "Save Our Hospital" drive to raise \$50,000 in cash within 30 days.

Walters enlisted the support of leading businessmen and women of the community, and within 30 days, more than \$40,000 was in hand. In addition, coal operators contributed coal and wholesale grocers donated food products. That "shot in the arm" enabled the hospital to pay its bills and continue operations.

With the arrival of the '60s, economic conditions greatly improved throughout the valley. Mines began operating again at full capacity, bills were being paid and the financial strain was considerably relieved.

Everything looked good until another critical problem presented itself. The accrediting agencies, once again, began pointing out the inadequacies of the building, equipment and parking conditions. They let it be known in no uncertain words that the accreditation of the hospital was in jeopardy unless measures were taken at once to correct these conditions.

By 1961, the board of directors had recognized that the original section of the building was obsolete and would have to be replaced. They hoped the remainder of the building could be remodeled and transformed into a modern hospital facility. The ultimatum from the accrediting agencies moved the board to decisive action.

Lopez and Chairman of the Board, Ernest Elliott, were directed to secure an ad hoc committee to conduct a study of the entire situation and present plans as soon as possible for a complete remodeling and renovation program.

After an exhaustive study, the committee came to the unanimous conclusion that it was not feasible to remodel any part of the building and the crowded parking conditions could not be improved. According to the committee, the only answer was to build a new facility on another site.

The board of directors accepted the committee's report and began to plan accordingly. Two major problems were apparent — securing a suitable site and financing a building program.

Lopez and Elliott contacted Hill-Burton and the State Department of

Public Health and asked for financial assistance through either a grant or a loan. They were informed, however, that since the present site was not suitable to construct new facility, and since the interests of the Pikeville community could best be served by a single community hospital, there would be no government funds available until the two Pikeville hospitals merged into one facility.

Lopez and the board diligently tried to find a suitable building site, but that was a nearly impossible task in a town where all level land was occupied and sold at an exorbitant price per square foot. The college, whose campus was adjacent to the hospital's ground, was contacted as a possible buyer, but the college was involved in a fund drive for a science building which was necessary for its accreditation. This left Pikeville College with no prospect of buying the hospital in the foreseeable future.

Lopez met with the Bishop and Cabinet of the Kentucky Conference to explore the possibility of financial assistance with a Conference-wide fund drive. However, the Conference had already planned an immediate fund drive for its colleges and could promise no relief to the hospital.

Early in 1962, due to financial difficulties in its Welfare department, the U.M.W.A. announced it was exiting the hospital business and its chain of hospitals was for sale.

Lopez and a committee from the board met with the trustees of the U.M.W.A. Welfare Fund to discuss the possibility of purchasing the Pikeville unit. They had reason to believe Hill-Burton would assist in financing such a project. Unfortunately, the trustees said they were not interested in selling the Pikeville facility by itself because they wanted to dispose of the entire chain of hospitals they owned.

The financial condition of the U.M.W.A. Welfare Fund worsened, and the trustees set a target date of July 1, 1962 to close its chain of hospitals.

At that announcement, the General Mission Board of the Presbyterian Church became interested in purchasing the entire chain of U.M.W.A. hospitals and keeping them in operation. The Methodist Hospital board withdrew from further conversations with the U.M.W.A. until a decision was made between them and the Presbyterian Mission Board.

Because of the well-documented need for this chain of hospitals in Appalachia, the Kentucky State Board of Health began negotiations with the Presbyterian Mission Board and the U.M.W.A. Together, they presented a plan of action to keep the hospitals in operation.

The Appalachian Regional Hospital, Inc. was formed to take over the entire chain of U.M.W.A. hospitals. The organization opened offices in Lexington, Kentucky with Dr. Karl Klicka in charge. A special session of the Kentucky Legislature subsidized the organization to the amount of \$1,750,000

for the first year of operation. Lopez immediately began conversations with Dr. Klicka, hoping to purchase the Pikeville unit.



United Mine Workers Hospital

However, Dr. Klicka told Lopez he was not interested in selling the Pikeville unit, explaining that he had a building program in mind that would expand the services of the unit and make it the healthcare center of the community. Surprisingly, he made a counter proposal to merge the Methodist Hospital of Kentucky with the ARH, Inc. unit and bring it into the chain.

When Dr. Klicka appealed to Hill-Burton for funds, he, too, was told there would be no funds available until the two hospitals merged into a single facility. This decision left both men eager to continue conversations. They repeatedly met over a period of several months. From time to time, plans were advanced, but none seemed satisfactory to either party.

Meanwhile, problems at the Methodist Hospital were advancing to a critical stage and board members were skeptical of ever being able to buy the ARH, Inc. unit. They had an obsolete and inadequate building, their accreditation was in jeopardy, no building funds were in sight and government aid was being refused under the present circumstances. They found themselves in a dark place asking “What now?”

Lopez, however, refused to be discouraged. He thought by keeping conversations alive with Dr. Klicka, a satisfactory plan of purchase would finally be concluded. He next turned to the Bishop and Cabinet of the Kentucky Conference. There, he heard the encouraging word that a resolution would be presented at the conference meeting on June 8, 1966, to launch a fund drive to raise \$1,500,000 to benefit Good Samaritan Hospital in Lexington and the Methodist Hospital in Pikeville.

At that session, the Conference accepted the resolution. The drive was set to begin October 1 and involve the entire eastern half of the state. If the full amount was raised, the Pikeville hospital would receive \$500,000. If the full amount was not raised, each hospital would receive proportionate

amounts.

On October 22, 1965, a meeting was held in the office of Mr. Garvis Kincaid, a Lexington banker, who was chairman of the ARH, Inc. Board of Trustees. At that meeting Kincaid loaned the ARH, Inc. a considerable sum of money which meant a sale would be finalized.

That proposal began a new series of negotiation meetings that lasted many months. There were many details to be considered that affected the employees, nursing staff and medical staff of ARH, Inc., but patience on the part of all concerned brought about a resolution.

June 30, 1966, a committee from the Methodist Hospital of Kentucky consisting of Lopez, Mrs. Franklin Day, Board Secretary and board members Dr. J.I. Meyer and Henry Stratton, who was also the board attorney, met with a group from ARH, Inc. in Stratton's office. The ARH, Inc. attorneys were present with the signed legal documents, and at the end of the meeting, the Methodists were in possession of the ARH, Inc. hospital in Pikeville.

According to the contract of sale, the Methodist Board agreed to use the property for hospital purposes only and assumed a government mortgage of \$492,000. In addition, \$65,124 had to be paid in cash before the deed was delivered to the Methodist Board.

The first step had been taken toward providing Pikeville and the Big Sandy Valley with a modern medical center. However, there remained two more steps: The location of a building site and a feasible financing plan.

Lopez and his board quickly realized the purchase of the ARH, Inc. Hospital had not ended their troubles. The old problems "on the hill" were still very much a reality and additional troubles came with the new facility.

The board decided both units were to be operated simultaneously until a new building could be built. The hospital on the hill was to be known as Unit No. 1 and ARH, Inc. as Unit No. 2.

As soon as the sale was announced, wild rumors of radical changes in the operations of both hospitals spread among the employees. The board, now composed of nine additional members from the ARH board, authorized Lopez to assure employees of both hospitals that no changes would be made in the management of either hospital for 90 days. He explained that during that time, the Executive Committee and medical staff of both hospitals would study the situation and determine the most effective plan of operation. The employees were told they were all needed and would be retained with no change in wages or working conditions. When and if changes in operations were made in the future, Lopez reassured them they would be fully explained and that changes would only be made to provide better hospital care.

After a study of both locations, the board followed the suggestions of the medical staff and moved obstetrics and pediatrics from Unit No. 1 to

Unit No. 2 and moved emergency and surgery rooms from Unit No. 2 to Unit No. 1. That move opened more beds in Unit No.1 for acute care services and made both hospitals more efficient.

Settling the pressing problems of operation, the board turned its attention toward finding a suitable building site. During this time, the U.S. Army Corps of Engineers were building Fishtap Dam. Officials with the Corps convinced the Executive Committee that the dam, which was nearing completion, would control the water of the Big Sandy River, preventing a repeat of floods such as the ones in 1957 and 1963.

The full board accepted the findings of the Executive Committee and voted to build the new facility on the site purchased from ARH, Inc. The architectural firm of Nolan and Nolan Inc. of Louisville was hired to present drawings of the proposed new building, which would be connected to Unit No. 2.

On October 21, 1966, Robert Nolan presented sketches of the proposed new building and they were accepted by the board. That day, a contract was signed with the Nolan Firm to proceed with drawings, specifications, and estimation of costs. That began a series of meetings with Hill-Burton and other government agencies about funding that lasted several months. The burden of this work fell upon Lopez, who was a master in guiding the interests of the hospital through the agencies that held the purse strings. Lopez was somehow able to convince these agencies who had never seen Pikeville to sympathize with the hospital's problems.

After purchasing the ARH, Inc. unit, the board of the Methodist hospital realized Lopez needed assistance. The combined load of financing, launching and completing a building project this great was too much for him to carry alone. At first, the board leaned toward hiring an Assistant Administrator, but took Lopez's suggestion and employed Robert Wilson as Controller of Finance, which was also the suggestion of Hill-Burton.

The financial and accounting systems were different at each hospital and needed to be merged into one modern system, a task promptly assigned to Wilson. Miss Mary Baker, a long-time employee in the administration department of the Methodist hospital on the hill, was officially made Assistant Administrator.



Mary Baker

Lee D. Keene Administration

Eugene Lopez was not well when he came to Pikeville in 1960. He inherited an administration battling many difficult problems, most of them dealing with finances. There were times when it seemed each day would be the last for the hospital to remain open. Yet, he never ceased to dream of a great medical center, a dream he relentlessly pursued both day and night.

In January 1967, he was admitted to the hospital on the hill for a thorough physical checkup. Dr. William C. Hambley sent him to Dr. Overstreet in Louisville who confirmed Dr. Hambley's diagnosis. Lopez was suffering from a terminal cancerous condition too widely spread throughout his body to consider surgery.

For more than a year, Lopez was in and out of hospitals in Pikeville, Louisville and Cincinnati, taking treatments that more than likely prolonged his life for a few months. At first, after receiving a treatment, he would seem to rally and temporarily regain some degree of strength. He would then return to his office and attempt to work, but the cancer took its toll on his strength, and his suffering became too much to bear.

The administrative duties of the hospital were assumed by the Executive Committee, the Assistant Administrator, the Controller of Finance and the Superintendent of Nurses. However, as the plans for building and financing approached finalization, government agencies insisted there must be a single administrator guiding the project with authority to speak for the hospital and make decisions.

Not one member of the board wanted to replace Lopez, even though each realized his condition was terminal. Urged into action by Hill-Burton, the Executive Committee elected Lee D. Keene as the next Hospital Administrator.

Keene was a layman, trained and experienced in hospital administration. He came to Pikeville from the executive position of a large hospital in Baltimore, Maryland, which was owned and operated by the Episcopal Church. He began his duties in Pikeville on March 1, 1968.

On April 8, Eugene Lopez died. The "little giant" had given the last years of his life to a labor of love, establishing a great medical center for Pikeville.

Like each administrator before him, Keene faced a challenging position at the Methodist hospital. He was a native of Pikeville who had attended Pikeville College, attained recognition in his profession and returned as a

hometown boy who had made good. By January 1969, construction grants and loans from federal and state agencies were approved in the amount of \$4,662,000. This was based on an overall cost of \$5,550,000. The difference was to be made up by the sale of tax-free municipal bonds.

To make it possible to issue such bonds, the following plan was followed:

1. The Board of Directors, with the approval of the Kentucky Methodist Conference, deeded the hospital to the City of Pikeville.

2. The City of Pikeville deeded the hospital to the Pikeville Public Hospital Corporation, which had been established by the hospital board of directors as a holding company. According to the Articles of Incorporation, there were to be five trustees, which were always to be chosen from the hospital's board and members of the Pikeville Methodist Church. The first trustees selected were: Earnest Elliott, Bruce Walters, John DuPuy, Henry Stratton and Edward Elder.

3. This holding company leased the hospital to the City of Pikeville.

4. The City of Pikeville subleased the hospital to the Methodist Hospital of Kentucky, Inc. located in Pikeville.

On December 20, 1966, the project was advertised for bids. Four were received and opened by the architect, Robert Nolan, on March 20, 1969, in the presence of the Executive Committee. The bids ranged from a high of \$7,198,400 to a low of \$6,390,000. Building construction itself, plus equipment and furnishings, architectural and legal fees were estimated at a total of \$7,373,400. This left \$1,700,400 still needed to launch the building program. In addition, there was a mortgage of \$492,000 that was assumed with the purchase of the ARH unit.

Keene and the Executive Committee were stunned by the discrepancy between the estimated cost and the low bid. Another blow came when they were informed by the architect that the bids would remain valid as opened and read only until May 20, 1969. After that, the project would be rebid and the cost would increase by at least ten percent.

The Executive Committee authorized Keene to immediately contact Hill-Burton and other government agencies for additional funds. Meanwhile, the architectural firm worked with the hospital to make adjustments in design and alterations in furnishings and equipment to bring the estimated cost down to \$7,100,000.

Since the bids fell considerably short of the estimates of construction, Hill-Burton and other agencies increased their grants and loans in proportion. This move made it possible to proceed with the construction. On June 20, 1969, a contract was signed with the Corte-Yaksh Builders of Atlanta,

Georgia, and Kimball, West Virginia, and construction began immediately.

Sunday, July 6, 1969, was a monumental day in Pikeville. On that day, at 2:00 p.m., groundbreaking ceremonies were held for the new hospital. Lee Keene was in charge of the ceremonies and Congressman Carl D. Perkins was the principal speaker. More than eight years had passed since the Board took the first action toward a new building. At times, obstacles seemed insurmountable, but time, patience and perseverance had removed them all. On this day, an historic was taken toward establishing a medical center in Pikeville to care for the Big Sandy Valley of Eastern Kentucky.

During its 47 years of history, the hospital had repeatedly run to the local community with fund drives, always with a message of imminent danger. Before, there were continuous fears of having to close its doors and cease operations. However, this time it was different. On this particular day, the hospital took great leap forward and celebrated the dawning of a new day. The spirit of achievement, victory and anticipation of greater things to come was felt throughout the community. On Saturday and Sunday, July 11 and 12, the two Pikeville radio stations, WPKE and WLSI, along with the South Central Telephone Company, combined their equipment to host a 24-hour radiothon. Their respective managers, Walter E. May, James Balser and Arthur Willit demonstrated what teamwork can accomplish, transmitting the program from the Main Street offices of the South Central Bell Company.

The radiothon netted \$120,000 for the hospital and provided a good “kick-off” for the local fund drive planned for the immediate future.

The contract signed with the Corte-Yaksh Builders called for the completion of the new building within two years, but unusual weather conditions, labor controversies and late delivery of materials slowed construction. The obstetrics department on the second floor of the former U.M.W.A. hospital was completed and opened for service on April 1, 1971. Due to delays, the date for opening the entire facility was rescheduled several times.

Finally, on December 5, 1971, dedication services were held with board member E. Bruce Walters, presiding. Congressman Carl D. Perkins, again, was the principal speaker. After the ceremonies, Administrator Lee Keene, assisted by Ernest Elliott, Chairman of the Board, and Congressman Perkins, cut the ribbon across the doorway into the main entrance. Tours of the building were given that day with more than 6,000 people signing the register.

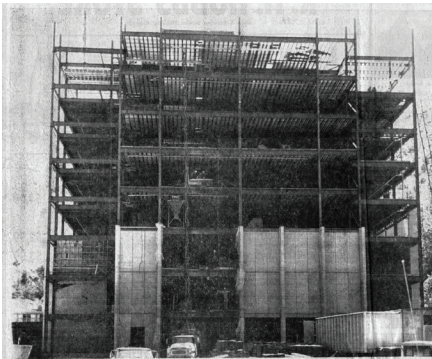
People were thrilled and enthusiastic in their admiration of the building. Most of them had seen it from Bypass Road, which ran in front of the new building, but had no idea the interior would be so attractive and, at the same time, functional. At the end of the day as the festivities wrapped up, voices from hospital employees in attendance closed the event in unison, singing, “Praise God from Whom All Blessings Flow.”

Evelyn Lopez, the widow of the late Administrator, Eugene Lopez, and her two children, Ronnie and Cathy, traveled from Little Rock, Arkansas for the occasion. Lopez had been the first to seriously suggest the building of the new hospital facility. Through the most discouraging times, he never lost faith that a great medical center with all modern appointments would become a reality in Pikeville, Kentucky. Another honored guest of the day was Mrs. Martha Chandler Shockey, also of Little Rock, Arkansas, the only remaining member of the first graduating nurses' class of 1927.

It was a dream come true — the reopening in the Pikeville community of “doors of hope that never close.”



Ground Breaking



Building Construction



Elliot Building Completed

The Hospital's Growth Continues, Despite Challenges

On December 24, 1971, at 5:30 p.m. Paul Belcher of Pike County was admitted as the first patient in the new building of the Methodist Hospital of Kentucky. The building was dedicated to the bringing of new life into the world — to the relief of physical suffering — to the healing of distressed minds — to the cleansing of sin-sick souls.

After the opening of the new hospital building, the administration of Lee Keene began setting a course on which the hospital remains to this day — expanding and growing to meet the needs of the community.

After establishing a security department in 1972, the first major program to be established in the new hospital was Physical Therapy. Debbie Puckett's brother was 17 when he was injured in a car crash and had to be transported to Huntington, West Virginia for medical care.

"I was only 14 when my brother had his accident. I decided I was going to be a physical therapist when I saw them in action," said Puckett, who was in the fifth graduating class of the University of Kentucky (UK) Physical Therapy Program. As part of her education at UK, she had to do a project focused on an actual hospital. Puckett said she chose her hometown hospital and, as a result, met Administrator Lee Keene. That initial conversation laid the groundwork for much more than a grade on Puckett's project.

"He said, 'You need to come home to help us,'" she recalled. "I had never thought of that because I thought I should go work with other experienced physical therapists and learn from them."

Back at UK, her instructor told her she should go to the Methodist Hospital because she would learn so much being the only physical therapist there. Besides, the area desperately needed it.

On September 17, 1973, Debbie Puckett arrived for her first day of work at the Methodist Hospital of Kentucky. "It was the most exciting, challenging, rewarding and best thing I ever did," she said.

The first Physical Therapy department was in a small 10 foot by 16 foot space. Puckett exercised patients on her desk which was sitting beside the whirlpool.

Debbie Puckett did it all, from establishing the hospital's Physical Therapy program, to providing physical therapy, to answering phones. The equipment for the program, in the early days, was purchased through the gener-

osity of the hospital's dedicated supporters. This was especially appreciated during the days to come when Lee Keene was absent due to illness.

"We didn't have much money and we were struggling day-to-day," she said, adding that it was especially hard through Lee Keene's illness. "We had to bring new leaders in because it was a time of crisis."

Puckett said her department and the hospital as a whole were driven by an intense need to serve the community. "We all lived and worked here and we wanted our families to have care here and not have to travel out of town for it."

Turmoil and Disaster

Between 1972 and 1974, the hospital, attempting to navigate both the completion of the new building and economic challenges, found itself embroiled in a bitter labor dispute. The dispute involved a more than two-year-long strike, picketing and unrest. During these uncertain times, the hospital also had to deal with bomb threats and other disruptions. Thankfully, the strike ended in October 1974.

During that time, the administration of the hospital tried to bring in as many employees as possible to help staff the growing facility. One of those hired was a young nurse named Cheryl Hickman, who joined the hospital after originally coming to Kentucky as a volunteer.

"I was on my way to work in New Jersey, and I saw an advertising sign for volunteers," she recalled. Hickman answered the call to volunteer in Kentucky and led a weekend tutoring program for girls in Floyd County at St. Vincent's Mission in David, Kentucky.

While there, the University of Kentucky launched a new Associate Degree Nursing Program at Prestonsburg Community College. Cheryl Hickman was among the first to sign up.

"Hospital regulations were changing, and there was a desperate need for nurses in Eastern Kentucky," she said. "I was in the first class to graduate from the two-year nursing program in 1974 and hospitals were recruiting heavily. There were 36 of us who graduated, and Pikeville Methodist Hospital recruited 10 of us."

Hickman added that the on-the-job training she received was invaluable to her medical career, especially from the hospital's physicians. "They trained us well because they knew we were the ones taking care of the patients 24/7. We had to be able to understand and recognize changes in the patients' condition, sometimes in a moment's notice. The doctors ran their practices during the day and tried to get sleep at night, so they relied on our assessments of the patients when they were not at the hospital."

Hickman's entire nursing career was spent at the Pikeville hospital and spanned across many different departments and positions. Cheryl Hickman's leadership skills helped advance her through being a charge nurse, director of the Neonatal Intensive Care Unit (NICU), pediatrics, Chief Nursing Officer and Senior Vice President/Chief Regulatory Officer..

In 1975 and 1976, the hospital established two new programs directly aimed at two serious health afflictions facing the region — heart disease

and cancer. In 1975, the hospital established a four-bed Critical Care Unit, followed by a Radiation Therapy department the next year. The seeds that started the Radiation Therapy department were sown in 1974 at a dinner held for 52 area coal operators at the Pikeville Country Club. The hope was to get them financially involved in hospital projects. Their efforts were successful in raising \$211,200. The three banks in Pikeville each added \$5,000, and along with \$90,000 from Pikeville's Model City Program, gave the hospital enough cash to move forward and order the required scanner and linear accelerator. These fundraising efforts proudly established a radiation unit that provided a service that, at the time, wasn't available anywhere east of Lexington.

As was the case many times through the hospital's history, this time of growth was also interrupted. This time, it was initiated by Mother Nature, and was one of the most challenging times the hospital and Eastern Kentucky had ever faced.

Beginning on April 2, 1977, torrential rains fell across Central Appalachia for three straight days. The National Weather Service reported that the downpours led to record floods on the Tug and Levisa Forks of the Big Sandy River, the upper Cumberland River and the Guyandotte River as well as the Clinch and Powell Rivers. Severe flooding also occurred on the North Fork of the Kentucky River and on the Holston River. Fifteen Kentucky counties were declared disaster areas, including Bell, Breathitt, Floyd, Harlan, Johnson, Knott, Knox, Lawrence, Leslie, Letcher, Magoffin, Martin, Perry, Pike and Whitley. The historic flood of 1977 killed ten people in Eastern Kentucky, with damages estimated at \$175 million at the time. In 2023, that equated roughly \$892 million dollars.

The Methodist Hospital of Kentucky, with its low-lying location near the river that ran through downtown Pikeville, was not spared from the disaster. The relatively new facility quickly found itself on the receiving end of the floodwaters.

While the building did not receive any permanent damage, water reached a height of approximately 4.5 feet inside the hospital's first floor, damaging all mechanical equipment located there.

Damage to the hospital was estimated at approximately \$1 million, but Lee Keene, who was Administrator at the time, pledged that the facility would continue in its role of serving the health needs of Pike County and the surrounding area.

One of those who joined the staff after the flood was Pharmacist Roy Reasor, who was contacted by Keene as he prepared to graduate pharmacy school. Reasor took the job and began as one of two pharmacists at the hospital.

Over his career, Reasor recalled several proud accomplishments, "I was

involved in starting up the Intensive Care Unit Pharmacy, a satellite pharmacy and helped facilitate the addition of an infectious disease pharmacist. I saw the growth of the profession move from ‘do what the doctor said’ to actually being a part of the patient’s care.”

The post-flood era for the Methodist Hospital was relatively quiet with some movement that included the opening of the hospital’s Neonatal Program in 1979, as well as the opening of a Level II Neonatal Intensive Care Unit in 1983.

Between those two events, the hospital finally settled its labor issues, and by October 1982, began using a new CT scanner with an estimated annual cost of \$300,000. To break even, the CT scanner had to perform six procedures a day, and it was projected to perform eight to nine procedures each day.

It had now been more than ten years since moving into the still-called “new” hospital. A total of 48 active and 15 courtesy physicians were now working at the hospital. The high-profile status the hospital enjoyed also made it appealing to several Eastern Kentucky students in medical schools or completing their residencies.

From 1971 to 1982, the hospital:

- Saw an increase of 2,819 admissions
- Saw an increase of 12,169 inpatient days
- Performed 24,974 x-rays
- Increased Laboratory procedures by 158,615
- Performed 1,576 more operating room procedures
- Saw 14,259 more ER visits
- Saw the medical staff more than double



Pikeville Methodist Hospital Nurses

Shelia Belcher joined the hospital's staff immediately after graduating from the then-Prestonsburg Community College with a nursing degree in the early 1980s. Like many of the employees at that time, Belcher's career plan included nothing but the Methodist Hospital.

"I lived at Elkhorn City. I grew up here. I graduated from Elkhorn City High School. My husband graduated from Elkhorn City High School," she said. "I never thought I was going to work anywhere but Pikeville. I never even thought about it."

Belcher started on the seventh floor of the hospital as a staff registered nurse during a time when the floor took care of both pediatric and adult patients.

"Back then, we worked really closely with those charge nurses," she said. "They were the ones who said, 'Do you feel comfortable doing this?' because you would need to speak up if you weren't."

By late March 1984, Pikeville Methodist Hospital was full speed ahead in laying-out an expansion plan.

A rough estimate for the cost of construction and renovation of the hospital was in the neighborhood of \$12 million. A contract had been signed with the McBro Company, which would be presenting plans and specifications. Ernst and Whitney conducted a financial feasibility study in order for the Board to determine just how much financially the hospital could assume. The Board decided to move forward and submit a letter of intent to the State Health Services before steps were initiated to seek a Certificate of Need before October 1984.

It had now been over 12 years since moving into the hospital's present location; equipment, furniture, and renovations needed updating.

The Building Committee looked once again at adding a third floor to the old Miners' portion of the building that had been built in 1955. Because of everything else on the drawing board, the committee decided against it.

The Methodist Hospital of Kentucky was always making an effort to improve patient services. One of the areas over the years that seemed to periodically receive negative comments was the amount of time it took for a physician to see a patient in the emergency room.

In early 1985, Dr. Harry Altman reported to the Board that a quality assurance study had been performed and that it previously took as much as 45 minutes for a patient to be seen by a doctor, but that time was now down to 20 minutes.

On August 1, 1986, the hospital made a controversial decision, but one which made sense with the increase of information relating to the negative effects of smoking on the people of the region. The hospital stopped selling tobacco products in its facility and the Respiratory Therapy department be-

gan working on a “no smoking” policy for the hospital.

The hospital also began reaching out to the community by advertising throughout the region to market its services to a broader patient base.

By March 1, 1985, the old “Hospital on the Hill” was vacant and costing the hospital \$10,000 a month in lost rent. In 1987, the Methodist Hospital made both a cut from its past and a move into the future with the sale of the “Hospital on the Hill.” Purchased by Pikeville College, the building was remodeled and dedicated in 1991 as The Allara Library, a full-service library, containing media archives as well as a tutoring lab.

On January 5, 1988, the hospital purchased the Pikeville Surgical Service Center for a price of \$2 million.

In 1988, the hospital saw two of its leading lights taken away — one due to health problems and the other to retirement.

In October, Administrator Lee Keene suffered a heart attack and although a full recovery was expected, the Board turned to find someone to fill in the position of Administrator on an interim basis.

In November, Board Chair Ernest Elliott retired after 32 years in that role. His counsel to those around him had been invaluable towards the hospital’s progress since becoming involved in 1956. He had been much more than a person who just showed up once a month for a meeting. When needed, he was actively involved. His contributions over the years were appreciated and admired by all. His retirement came as a surprise.

A Fortuitous Appointment



Walter E. May

Walter E. May left a sales and DJ job at WLSI radio station in 1962 to become part-owner of East Kentucky Broadcasting Corp. That same year, he was appointed to serve on the Board of Directors for the Appalachian Regional Hospital located at Harolds Branch Road. After the sale of the ARH Hospital to the Methodist Hospital of Kentucky, May was one of the chosen ARH members to remain on the Board.

After his heart attack, Lee Keene returned to the role of Administrator until the Board decided to change leadership and moved Keene to the position of Director of Development.

The Board ultimately chose Dr. John L. Tummons to replace Keene. Tummons was from Missouri and had outstanding qualifications, including a history of establishing medical programs.

Due to many factors, including ongoing unionization efforts, the Board had not reached an agreement with Tummons on a contract, and it was decided that until conditions at the hospital stabilized, the contract issue would be set aside.

May had been elected mayor of Pikeville in 1989, defeating long-term Mayor William Hambley. On October 3, 1990, the Board elected May as Chairman of the Board and Joe Dean Anderson as the new Vice Chairman. This would usher in a period of change, upheaval and ultimately growth and progress which would carry the Methodist Hospital of Kentucky into the new millennium and its new role as a “leader” in the medical field throughout Central Appalachia and beyond.

At the June 5, 1991, Board meeting, May called for the Board to go into closed session. This session would be one of historic proportions, focusing on the future of the Hospital Board, including the possibility of its non-existence, its association with the Kentucky Annual Conference of the United Methodist Church, its future with the City of Pikeville and the future of Tummons.

Coming out of closed session May read the report of the Board’s Exec-

utive Committee, which included the following:

1. The Executive Committee recommends that a special called meeting of the full Board of Directors of the Methodist Hospital of Kentucky be held on Tuesday, June 11, 1991, at 2:00 p.m. in the conference room for the purpose of discussing and making an appropriate response regarding the relationship of the Methodist Hospital of Kentucky and the Kentucky Annual Conference and to take any actions deemed appropriate, as well as any other business which comes before the body.

2. The Executive Committee recommends that our counsel make recommendations and draft an appropriate response to address the relationship with the hospital and the Kentucky Annual Conference.

3. The Executive Committee recommends authorization to the chair to prepare a letter to the proposed nominees made by the Commission of Health and Welfare of the Kentucky Annual Conference to advise them of their status.

4. The Executive Committee will do an evaluation of the administrator and will make recommendations to the full board.

The Executive Committee asked the Board's attorney to file a Declaratory Action and a request for a temporary Restraining Order to prevent the Kentucky Annual Conference from taking action on the Committee's report.

The action, as well as other factors, made it clear that the Board was seriously considering disassociating itself from the Kentucky Annual Conference of the United Methodist Church.

At that time, the Kentucky Conference of the United Methodist Church was allowed to appoint three members of the board. Amid the friction between the hospital and the Church, Ron Burchett was one of the three appointed and subsequently joined the Pikeville Methodist Hospital Board in 1993 as a member of the Pikeville Methodist Church.

Burchett, an attorney, said that when he first joined the Board, he knew nothing about the hospital's business. "It took five years for me to just learn the basic acronyms used in the hospital," he said.

However, his lack of knowledge about how hospitals ran — something he resolved over the years before becoming chairman — was only a small part of what he had to learn.

The conflict between the hospital and the conference became a growing issue as Burchett got his "sea legs" in the hospital's business.

"When you are director of any entity, you have a fiduciary duty to that entity," he said. "The hospital wasn't changing 180 degrees to the benefit of the Methodist Church and they didn't like that. So, tensions got worse between the hospital and the Methodist Church."

Burchett said that led him to be, along with Chairman May, one of those

working directly toward severing the relationship between the hospital and the Church.

“A divorce was needed in some way,” he said. “It simply wasn’t working.”

Despite the ongoing issues with the Methodist Conference, according to Board member David Collins, a local certified public accountant, good things were happening in the early ‘90s, after a period of stagnation.

“I think the hospital was stuck,” he said. “It had been stuck for many, many years. It’s not that it wasn’t great...but it wasn’t progressive. It wasn’t doing great financially.”

When Collins first started, the hospital only had three days’ cash on hand.

“Right about 1990-1991 is when the turnaround began,” he said.

Around 1993, Collins said, the hospital began focusing on the finances and received Sole Community Provider status, which meant more money for the facility.

“I think, probably, with that type of thing going on — getting the doctors involved, getting the departments involved in how the hospital was doing — was a huge thing, because I believe that’s what led to getting the ball rolling,” he said.

The hospital’s continuing expansion was a result, he said.

“As we were able to do that, the patients needed it and they responded, so it was a snowball effect,” he said. “It wasn’t that we had any one great person. It became a team.”

At this point, the Hospital had a lot going on, including A \$3.6 million expansion project, new equipment purchases of \$5.2 million, an increase in personnel salaries of \$2.7 million, \$1.1 million of which was an increase in current employees’ pay (a 7.7 percent increase); and a total budget of \$60 million.

On September 27, 1991, the Board approved the Third Articles of Amendment to the Articles of Incorporation of the Methodist Hospital of Kentucky and changed its name to the Pikeville United Methodist Hospital of Kentucky, Inc.

In October 1991, the Board voted for Dr. Tummons to take a leave of absence with pay, until several points of contention could be resolved. Eventually, Tummons’ association with the hospital would come to a close.

By June 1992, the Board had authorized Walter May to negotiate a permanent contract with James C. Norris as the hospital’s Administrator. Norris had been brought in earlier as the interim Administrator and the Board liked what they saw.

With labor and construction issues occupying a great deal of the time of the hospital’s leadership, it could not be overlooked that there was a shortage of 31 physicians. There had always been a degree of difficulty in recruiting

qualified doctors to the mountains, mainly due to a lack of housing and salary expectations. The hospital, in the past, had purchased some apartments near the hospital to use as temporary quarters for doctors on staff. However, it was once again decided to implement an active recruitment program. The Board discussed such things as loans and cash advancements to physicians.

For several years, the Pikeville College Nursing Program had been a staple to the hospital's supply line for nurses and Norris suggested a \$40,000 contribution to the program.

As 1992 came to a close, the Finance Committee recommended the Board approve budget amendments to include an additional \$700,000 for a new computer system.

A capital campaign for the new Cancer Center was underway and Turner Construction Company, working in conjunction with HDS Architects of Dallas, Texas, had been contracted to build the facility.

At that time, the hospital had multiple ongoing capital projects and it became imperative that a source for long-term financing be identified. With some financing plans in place with local banks and due to the size of the loan that was needed, it had become necessary to place a mortgage on the hospital property. The Board proposed and approved that some of the renovation projects be financed through \$4.5 million in industrial bond sales.

The bond sales were worded in a way that would allow for a plan to finance previously Board approved construction and renovation projects as well as debt restructuring.

November 23, 1993, was a big day for the hospital. The groundbreaking ceremony for the new Cancer Center drew a large crowd. All the appropriate remarks were made by hospital officials, including the main donor, road-building giant, Leonard Lawson. The cold, damp, dreary weather didn't burst the bubble on this historic day. This, too, was the day the Board asked Walter E. May to continue as Board Chairman. He agreed to serve, and the Board voted to approve.

By the Board's next meeting on January 24, 1994, Norris resigned and Ron Thornton was appointed interim Administrator.

By late March, more than 100 candidates applied for the Administrator's position. Of those, five candidates had been interviewed with the final choice being Martha O'Reagan Chill. Ms. Chill participated in her first Board meeting as Administrator on April 26, 1994.

The capital campaign for the new Cancer Center was drawing a lot of local attention, including Leonard Lawson, whose \$300,000 contribution was credited with ensuring the Cancer Center would be one of the best in the nation.

After seven months on the job, Chill recommended that the Board look

into forming a Foundation Board. She had three projects that would be more advantageous to the hospital if the Board established a “for profit” entity.

The plan was for the Pikeville United Methodist Hospital of Kentucky, Inc. to be the sole stockholder of the Foundation, with any excess revenue flowing back to the hospital. The first acquisition under the new Foundation was South Mayo Drug, Inc., a retail pharmacy in Pikeville which was purchased for \$400,000.

In May 1995, the hospital was approached by principals with the proposed Paintsville Osteopathic School to be the primary teaching site for the school. With the inquiry came a request for financial support from the Pikeville Hospital. It was something the hospital was considering because the federal government provided reimbursements for direct and indirect expenses concerning interns and residents.

By mid-summer 1995, the hospital provided Pikeville College with its second \$60,000 donation to the college’s nursing program. Thus far, this had proven to be a good investment for the hospital as it supplied much-needed nurses to a facility that, over the years, had difficulty meeting its needs.

The Pikeville United Methodist Hospital of Kentucky, Pikeville College, and the City of Pikeville entered a new era when the discussion turned into reality. The Southern College of Osteopathic Medicine decided to locate its school at Pikeville College instead of Paintsville.

The Hospital committed \$800,000 to the school over four years. Paintsville resident G. Chad Perry placed \$1 million in escrow and gave an additional \$2 million toward the establishment of the school.

Pikeville was on its way to becoming established as a medical community, beginning to fulfill the vision of the Pikeville Hospital’s founders so many years ago.

The growth and expansion seen over that period didn’t stop in the 1990s. New administrative offices were approved to be placed in the Cancer Center for \$2.7 million, while another \$258,260 was appropriated for a vascular imaging system and upgrade for surgery.

After approving so much growth and expansion, the Board decided to undertake one of the largest projects in the hospital’s history. The Board directed Hilliard Lyons and Bank One to proceed with a bond issue in the amount of \$30 million to secure funding for new construction.

The project to be funded was extensive. Phase I included plans to construct a new building next to the existing Pikeville Hospital. An eight-story patient tower sitting above surface level parking that would be connected to the existing hospital tower, as well as the existing two-story Cancer Center.

The timeframe on the project called for the architect’s drawings to be completed by August 1996, with construction beginning in October. It was

anticipated that Phase I would take approximately two years before it would be ready for occupancy.

Phase II would include renovating the old tower for new office space once the move into the new tower was completed.

Phase III would consist of constructing a parking garage and road work adjacent to the Harolds Branch Road, and Phase IV would involve additional renovations in the old building.

On June 10, 1996, the hospital celebrated the opening of the new 31,000-square-foot Leonard Lawson Cancer Center. The facility had been four years in planning and 18 months in construction.

At the October 2, 1996 Board meeting, it was announced that everything was moving forward on the new tower construction project. Although construction was expected to begin in November, Board members were informed that the plans would be submitted to the Kentucky Department of Housing, Buildings and Construction for review in November and the project would be going out for bid in January.

Ground would be broken in the spring of 1997 and the project would be completed in the spring of 1999. The Board ultimately increased the issuance of the bond from \$30 million to \$45 million. The City of Pikeville got on board with the project as well, deeding the property back to the hospital, forgiving a \$3.6 million grant, and selling some property in the riverfill to the hospital.

The massive project was well underway when the hospital decided to make yet another move.

The Hospital With Heart

For several years there had been talk about when and if the hospital would ever establish an open heart surgery program. In addition to cancer, heart disease was one of the leading causes of death in Eastern Kentucky and Central Appalachia. Often, even emergency treatment, had to be obtained outside the region.

By 1997, the idea had become more than talk. In May 1998, the hospital was granted a Certificate of Need for its Open Heart Surgery Program, allowing the program to proceed. The hospital held a community announcement for the plans that month with Governor Paul Patton in attendance.

Despite the hospital's growth and progress, it became clear that Chill and the Board were not in agreement on several issues, and in September 1998, a severance agreement was reached.

Walter May asked Joann Anderson and Kathy Shaughnessy to serve as interim Joint Chief Operating Officers. Their past performance had earned the Board's respect, and May believed that together, they knew enough about the operations of the hospital to keep things moving forward.

In late November 1998, the hospital was made aware that, according to accreditation guidelines, a Chief Executive Officer must be in place performing required duties. The Board named Walter E. May as Interim CEO.

Not long thereafter, the Board decided, at May's suggestion, to appoint Joann Anderson as the permanent Chief Operating Officer, and Kathy Shaughnessy as the permanent Assistant Chief Operating Officer. Cheryl Hickman was named Chief Nursing Officer to fill Anderson's vacant position.

In April 1999, it was decided to cancel two newsletters produced internally, the quarterly, "Care News" and the weekly, "Here We Grow." Taking their place would be a weekly publication, *The Medical Leader*, distributed widely to provide news from both the hospital and the community. The hospital's printing company, Printing by George, would print the newspaper.

One of the biggest issues the hospital would face had already surfaced numerous times in recent years — the hospital's relationship with the Methodist Conference.

In 1999, the Board voted to adopt a resolution for the hospital to file a Declaratory Judgment Action for the purpose of seeking a Declaration of Rights of the hospital in connection with the Methodist Conference.

In August 1999, a circuit judge in Floyd County ruled in favor of the hospital on all counts regarding the Conference of Methodist Churches and the makeup of the Board. Also, the ruling was in favor of the hospital on the matter of whether the hospital could amend its own articles and bylaws. It was the hospital's desire to remain a Christian institution.

The Methodist Conference vowed to continue its appeal all the way to the Supreme Court if necessary. While this was happening, the hospital again faced labor discord, with an eventually fruitless, but often contentious effort by employees to unionize under the United Steelworkers of America.

Against that backdrop, the \$43 million new tower facility was nearing completion. The 'move team,' under the direction of CEO Joann Anderson, suggested that to eliminate confusion for patients and visitors, the various buildings needed to have identifying names located on the outside of each building.

It was decided the first and oldest building would be named the "Miners Building." The second constructed patient tower was named the "Elliott Building" in honor of Ernest Elliott, the 30-year Board chairman. Initially, the new patient tower was to be called simply, "The Tower."

At the Board meeting held on September 29, 1999, May was named the hospital's permanent Chief Executive Officer and the new building was reaching 97 percent completion.

The Leonard Lawson Cancer Center was fulfilling its expectations. No longer were patients having to drive to Lexington or beyond for quality treatment. The LLCC was meeting the needs of Eastern Kentucky in Pikeville and generating almost 30 percent of the hospital's revenue.



Cancer Center Opening



Cancer Center

The original completion date for the new hospital building was moved from March to September.

May accelerated his efforts to recruit a top-notch surgeon to head the Open Heart Program, which was proving to be difficult.

By September, the hospital reached an agreement with Dr. Daley Goff, a retired cardiothoracic surgeon from Winchester, Virginia, to jump-start the Open Heart Program. Goff had 31 years of experience and had been instrumental in starting the heart program at Central Baptist Hospital in Lexington.

Joining Dr. Goff on the team was Dr. Robert Walsh, who came to Pikeville from Owensboro, Kentucky with ten years of experience. Together, they would be leading the Pikeville Methodist Heart Institute.

Dr. Sibu Saha had been a driving force in helping with the Open Heart Program. He helped present the Certificate of Need application and was instrumental in the Pikeville Hospital's employees receiving their training from Central Baptist Hospital. The Board recognized Dr. Saha and presented him with a \$10,000 bonus.

In October 2000, Dr. Goff and Dr. Walsh performed the hospital's first open heart surgery when Camellia May of Phyllis underwent a double bypass procedure. Just days before, Dr. B. Puram had completed the first coronary artery stent procedure performed at the hospital.



First Open Heart Surgery

Opening to the Future

As with the opening of the first hospital building in 1924, the opening of the new tower would also have a memorable date. At 3:25 p.m. on Christmas Day, 2000, 23-year-old April Young and her newborn son, Charles Ethan Young, were moved into the obstetrics floor in the new tower, which began the move into the facility.

Patti Akers, Director of Women's and Children's Services at the hospital, told the local newspaper, the *Appalachian News-Express*, that there had been an unexpected baby boom.

"We had counted on it being fairly quiet on Christmas," she said, but added that the hospital delivered a total of five babies on Christmas day.

Like many hospital employees, Akers was enthused with the move. "The new hospital is wonderful, and all our doctors and nurses have looked forward to it," she told the newspaper. "Even having to move on Christmas Day wasn't so bad with everybody so eager to get into the new hospital."

At the January 23, 2001 Board meeting, Dr. John Strosnider made a motion, which was seconded by Board member George Wells, to name the new patient tower the "Walter E. May Medical Tower." The motion carried. The building was eventually named and dedicated to Walter E. May in May 2003.



Walter E. May Tower

Four months later, May announced he was taking a leave of absence to begin cardiac/physical therapy rehabilitation in order to continue his recovery from open heart surgery the previous year. He recommended Joann Anderson be named acting CEO and Debbie Puckett as acting COO.

By July, May resumed his duties as CEO, but resigned in August due to continuing health issues. Anderson was again named the permanent CEO and Puckett was named the permanent COO.

Throughout the next few years, the hospital would continue to grow and expand its services, establishing an air ambulance service, performing the first off-pump bypass surgery, and opening the Black Lung Clinic as well as an Inpatient Oncology Unit.

In addition, between 2002 and 2003, the hospital performed its 100th and 200th open heart procedures, respectively, opened the Fountain of Hope Medical Detoxification Center, and opened a Sleep Lab in Floyd County.

In July 2003, the Board voted to change the corporate name from Pikeville United Methodist Hospital of Kentucky Inc. to Methodist Hospital of Kentucky Inc. The Hospital would also be known as the Pikeville Methodist Hospital. It was also decided to eliminate the flame from the hospital's original logo and keep only the cross.

By the end of 2003, the hospital had purchased two CT scanners for \$1.7 million. The purchase meant a massive change for patients — reducing the scan time for patients from 30 minutes to 30 seconds.

The relationship between the hospital and the Methodist Conference continued to be a point of contention. A meeting was held in Lexington between the two groups on January 19, 2004.

The Conference's initial demand was to receive \$36 million from the hospital as repayment for their financial contributions of \$795,000 since 1922, arriving at that amount based on an eight percent return on their investment.

After several hours, mediator Pierce Hamlin suggested the dialogue be discontinued, as an agreement could not be reached. The legal case between the two reached the Kentucky Supreme Court and was directed back to the Floyd County Circuit Court.

At the request of Quentin Schultz, then pastor of Pikeville United Methodist Church, the hospital, once again, entered negotiations with the Methodist Conference. This time the two reached an agreement.

The hospital agreed to cease using the Methodist name within 60 days, and the Methodist Conference was to receive \$5 million in a financial settlement.

On April 15, 2004, the hospital held a press conference announcing the settlement with the Conference and unveiling the hospital's new name — Pikeville Medical Center (PMC).

During the press conference, May acknowledged the contributions made by the Church.

“The contributions that many Methodists in our area made to this institution will never be forgotten,” he said. “It’s a part of our history.”

Joann Anderson said during the event that the hospital’s mission to “provide quality care in a Christian environment” had not changed.

“Whatever we’re called, we’ll continue to be East Kentucky’s medical leader,” she said.

Despite that divorce from the Methodist Church, the organization has retained its Christian character throughout, according to Ron Burchett. As part of the agreement, the hospital had to remove the “flame” — an essential mark of the symbol of the Methodist Church — from its logo but continued to use the cross it had since the beginning.

“We still have a cross,” Burchett said.

That year also saw other big moves. The hospital’s cardiac catheterization lab was expanded, and the Leonard Lawson Cancer Center became the second cancer center in the nation to purchase a Siemens ON-COR Linear Accelerator at a cost of \$2.6 million.



Linear Accelerator

In addition, the hospital saw its first group of students from the Pikeville College School of Osteopathic Medicine enter the PMC residency program.

For some time, the hospital’s focus was to recruit specialty physicians. It was strongly felt that the future of the organization depended on having enough physicians on staff to provide the necessary services for the region. It was recognized that, to get quality physicians, the hospital had to have the right equipment.

The two new 16-slice CT scanners had been installed and construction began on a building to house a new \$1.5 million stand-up MRI to be located on Bypass Road.

The Medical Center continued to attend and recruit physicians at many of the national physician conferences in the fields of general surgery, orthopedic surgery, cardiology, neurosurgery, and anesthesia.

Growth Continues

Between 2005 and 2006, the newly minted Pikeville Medical Center saw many projects come to fruition. By the middle of 2005, May had moved forward with a plan to create a development corporation. The hospital would fund it in the beginning and oversee its implementation.

May and attorney Jim Cox met with Congressman Harold “Hal” Rogers to share the idea. Rogers was enthusiastic and provided them with names and even a blueprint as to how it could work. He told them of possible funding sources to help build the proposed parking garage and a connected medical complex building that was being considered.

The new development corporation was called the Pikeville Medical Development Corporation and was under hospital control, but located its main office in Louisville, near the offices of various funding sources.

Also in 2005, the hospital opened an Outpatient Diagnostic Center, a Wound Care Center, a new branch of the Heart Institute in Prestonsburg, and started a Hospitalist program.

By 2008, the Heart Institute also offered Heart Failure and Coumadin clinics. Heart Institute Clinics were also eventually opened in Whitesburg and in Grundy, Virginia.

The following year numerous improvements and announcements were made, including the opening of the Orthopedic and Outpatient Rehabilitation Center and the opening of a clinic in the Pike County community of Mouthcard.

The hospital’s investment in state-of-the-art equipment also continued, with the installation of its first 64-slice CT scanner. The hospital became the first in the state to offer 4-D echocardiography with the GE Vivid Dimension 7.

At the Special Called Board meeting held on February 23, 2007, Walter E. May announced that Joann Anderson would be leaving the position of CEO. In May, Walter May assumed the dual role of president and CEO.

The progress toward making Pikeville Medical Center the most advanced hospital in the region continued through the purchase of new equipment. In 2009, the hospital opened a new GEO Innova Cardiovascular Suite for cardiac catheterization and vascular procedures (the first of its kind in the tristate) and it became the first hospital in the state to install the new 4-D cardiovascular ultrasound — Vivid E9 technology.

The hospital also purchased two Varian RapidArcs with Trilogy Linear

Accelerators priced at \$5 million each.

Many of the Central Appalachian Region's most concerning and ongoing health issues are linked to the obesity rates of the population.

In September 2009, the hospital announced a comprehensive Bariatric Surgery Program to be led by Dr. Salvador Ramos. At the announcement, Ramos said he was drawn to the hospital with the promise that he would be able to lead the program the way he wanted and was told by Walter May that he would "change people's lives, touch people's lives. Ramos said, "This is probably the biggest thing I've ever been involved in."

By 2013, the program was recognized as a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery.

The 2010s saw planning, and work come to fruition as big changes occurred. In February 2010, the hospital announced that the response to the nation's Great Recession of 2008 would help to make a longstanding dream come true.

The hospital applied and was approved for a \$44.6 million loan through the American Recovery and Reinvestment Act of 2009. The loan, one of the largest in the state under the program, was going to be dedicated to constructing the new parking garage and office complex.

PMC's Chief Operating Officer, Jerry Johnson told the media that the economy had placed the project on the back burner, but the funding would return it to the front.

"We've had a major capital campaign for some time and had a number of projects that have been included," he said. "Those were just subject to funding scenarios, either internal funding or other options that we had at the time." The economy put those funding sources in question.

"A little more than a year ago, we decided to place a hold on our expansions until the economy got a little better," he said.

In July 2010, the hospital celebrated one of the biggest projects it had undertaken in the previous decade — an expansion of the Emergency Department that cost a total of \$10 million.

At the opening of the facility, May heralded the project's opening as a "great day" for the community. He acknowledged the need for the new Emergency Department and said the volume of the department's patients — more than 40,000 patients per year, exceeded its capacity.

"This ER has really been needed," May said. "[The existing emergency department] was not large enough and was lacking in some areas."

Like most projects during this era of the hospital, the Emergency Department expansion was also a stepping stone toward a greater goal — making the hospital a Level 2 Trauma Center. That goal was accomplished in 2015 when the hospital announced it had received the Level 2 Trauma designation.

May said at the opening that the people of not only Pike County, but the region, deserved the facility.

“I have always been a firm believer that where you live should not determine if you live,” he said. “Our Trauma Center is improving healthcare for 450,000 people in 27 counties in Kentucky, West Virginia, and Virginia.”

Statistics at the time showed how badly the facility was needed. In Eastern Kentucky, before the opening, mortality rates due to trauma were twice the national average.



Walter May Speaking at Trauma Center Opening

After all the hard work of the previous decade establishing Pikeville Medical Center as a true “Medical Leader,” recognitions and accolades began rolling in. The hospital’s Primary Stroke Center earned the Gold Seal of Approval from the Joint Commission in 2010 and 2011. The American Alliance of Healthcare Providers named PMC the National Hospital of the Year, making PMC the only hospital to be named so for three consecutive years. The Leonard Lawson Cancer Center won the Commission on Cancer’s Outstanding Achievement Award, awarded to the top seven percent of cancer programs in the nation.

U.S. News and World Report named PMC a Best Regional Hospital in the areas of otolaryngology, gynecology, and nephrology. The hospital’s Information Systems department was recognized by Healthcare IT News as seventh in its “Where to Work: Best Hospital IT Departments.” Women Certified recognized PMC as one of the country’s Top 100 Hospitals for patient experience.

In addition, the hospital received the Excellence Through Insight Award for ranking first in the nation for patient satisfaction in inpatient oncology

and inpatient rehabilitation. The American College of Radiology accredited the Hospital as a Center of Excellence for its use of MRI.

Continued Advancements and Growth in Economic Importance

In a nod to the growing status of the hospital, not only as a comprehensive healthcare provider of the highest quality but also as an economic engine for the community in 2011, the Southeast Kentucky Chamber of Commerce named PMC the Business of the Year.

Part of the genesis of Pikeville Medical Center in the early 20th century was to help serve the communities connected to the mining industry which, for generations, served as the primary economic driver for the hospital's service territory.

The mining industry often provided the highest-paying and most steady jobs in the region. However, in the new millennium, a boom turned to bust as the industry saw its most significant and sustained decline in the region. According to an Appalachian Regional Commission report, between 2005 and 2020, coal production fell by more than 65 percent in Appalachia, while U.S. coal industry employment fell by around 54 percent, with the losses being concentrated in Appalachia.

As this occurred, the healthcare industry, and specifically Pikeville Medical Center, emerged as a leading employer and source of economic activity that helped lessen the blow of lost coal jobs.

In 2012 alone, the hospital introduced seven new patient services — pulmonary rehabilitation, gastroenterology, plastic surgery, interventional radiology, orthopedic trauma surgery, dermatopathology, and LASIK eye surgery. The hospital also welcomed 23 new physicians to its team.

In 2015, the hospital received a piece of news that proved the economic prowess of the facility and its importance to the community — Moody's Investor Service reaffirmed the hospital's bond rating at A3 with a stable outlook assigned to the hospital's \$84.1 million of outstanding 2011 fixed-rate revenue bonds.

"The stable outlook on the long-term rating reflects our belief that PMC will continue to grow as an organization and generate improved operating and operating cash flow margins to support the outstanding debt load," Moody's Investors Service reported. The move came at a time when Moody's and other companies that assigned ratings were significantly downgrading nonprofit organizations' bond ratings.

In May 2013, the hospital announced a long-sought-after and highly valued affiliation with The Mayo Clinic. That agreement was part of what was

cited by Moody's in making its decision.

The strengths cited included:

- Strong market position as the largest, full-service hospital in Pike County.
- New affiliation with The Mayo Clinic has assisted with volume growth.
- Increasing volume trends due to physician recruitment and additional services such as Level II Trauma; admission grew five percent in FY 2014 over FY 2013, well ahead of national trends that showed no growth.

That healthy financial position, as well as the hospital's importance to the economic life of the community, would only become more apparent as the years continued.

In April 2014, more than 100 people gathered for the dedication ceremony for the new clinic building and parking garage, which had been in planning and construction for more than four years.

The facility included an 11-story clinic building connected to a 10-story parking garage that could accommodate 1,162 vehicles and had access on every floor to the clinic building. The clinic building had physicians' offices on six floors and was designed to house nearly 20 specialties of medicine, including general surgery, urology, trauma, obstetrics and gynecology, sports medicine, and primary care.



Clinic Building and Parking Garage

May joined the officials at the opening, saying the facility was a tool for continued healthcare improvement.

"I believe if you want people to do their best, you have to give them the best to work with," May said. "We have done that."

Dr. Aaron Crum, an OB-GYN serving as the hospital's Chief of Medical Staff, pointed out at the opening that the philosophy that had driven the hospital to buy the best medical equipment possible and to open the most state-of-the-art facilities was responsible for the growth and progress the hospital had seen.

“That’s pretty much the philosophy that we’ve been able to deal with here, especially with equipment and facilities: ‘If you want it, if you can convince us that you need it, we’ll invest in it for you it to help you better serve our patients,’ and that’s pretty much what they’ve done,” Crum said. “I think that’s kept us growing.”

Not content with standing still after completing such a large and comprehensive project, the hospital held a hearing in May of 2015 to discuss a possible application for more than \$100 million in loans the facility expected to make to the U.S. Department of Agriculture’s Rural Development program.

Part of the loan was intended to help refinance existing bonds issued in 2011, reducing the interest rate from around 6 percent to 3.5 percent.

The other part, however, was intended to help finance even more growth and progress for Pikeville Medical Center.

Included in the announced projects were:

- Buildout and equipping of 23,000 square feet of shell space on the ninth floor of the May Tower for 29 new intensive care unit/step-down rooms and associated space for nursing and support staff, at an expected cost of more than \$11 million.

- Replacement of major mechanical, electrical, and plumbing systems on floors one through eight of the Elliott Building, which was constructed in 1971. The project, hospital officials said, would allow for the future renovation of patient care areas, at an expected cost of more than \$5 million.

- A renovation and expansion of the hospital’s Heart Institute, to include the replacement of two cardiac cath labs and the construction of additional physician exam space, at an expected cost of nearly \$16 million. This plan was scrapped by May 2017 due to the projected cost and the hospital’s declining financial position.

- A complete renovation and expansion of the current Laboratory/Blood Bank/Pathology department, taking the department from 7,000 square feet to a total of 11,000 square feet, at an expected cost of nearly \$5 million.

- The renovation and equipping of 14,000 square feet on the third floor of the May Tower and the Elliott Building to add two open heart operating rooms, two trauma operating rooms, and a hybrid operating room, with support space, at an expected cost of nearly \$8 million.

- The conversion and equipping of 11,400 square feet on the eighth floor of the Elliott Building to private patient rooms and space for nursing and support staff, at an expected cost of more than \$4 million.

- The buildout and equipping of the 11th floor of the Clinic Building for physician exam space. The space, hospital officials said, was originally planned to be a conference area. The expected cost was nearly \$6 million.

The loan, for a total of \$114 million, was approved in November. In June 2015, the hospital accomplished a long-standing goal with the opening of its Level II Trauma Center.

During a ceremony held to celebrate the opening, Kentucky Trauma Advisory Committee Secretary and Trauma Coordinator, Dick Bartlett, pointed to the importance of providing trauma care in rural areas.

“When compared to trauma in an urban setting, the risk of dying in a rural setting is 15 times greater,” Bartlett said. “Rural pedestrians experience death at a three to four times greater rate. The more rural the area, the more likely you are to die from a serious injury from a motor vehicle accident. Eastern Kentucky has some of the highest rates of fatal crashes per mile traveled. Preventable deaths are 30 percent higher in rural areas, and deaths from unintentional injuries are typically 50 percent higher here in Kentucky. PMC’s trauma center represented a change,” Bartlett said.

“Our motto is ‘right patient, right place, right time,’” he said. “That means getting trauma patients into the system sooner, getting the right care that they need, getting it as quickly as possible, doing the best we can to preserve the ‘golden hour.’”

In February 2016, the hospital announced it had been granted a Certificate of Need to expand the number of licensed beds by 39 resulting in a 300-bed facility. The plan was to add 29 beds for a new Intensive Care Unit on the ninth floor of the May Tower, with the remaining beds being designated for medical patients on the eighth floor of the Elliott Building after renovations were made. The addition of the Trauma Center resulted in the hospital experiencing a 24 percent increase in trauma patients and a 21 percent increase in ICU admissions.

That, plus the high number of patients transferred to PMC from other area hospitals, PMC officials said, justified the need.

Dr. Fadi Al Akhrass, Medical Director of Infection Control, said at the time, that the expansion of beds was not enough to meet the demand the hospital was seeing.

“PMC serves as the referral center for our entire region,” he said. “We’re fully staffed with a wide variety of specialists who provide a high level of care and are available 24/7. Other hospitals in the area do not offer the level of specialty services or the advanced equipment we offer. With the high number of patients transferred to our hospital, we actually need more than 39 additional beds.”

In June of 2017, the hospital made a change in its leadership which would prove, in coming years, to be an important one.

For nearly 14 years, Donovan Blackburn had been at the helm of the City of Pikeville, serving as city manager, and leading the city through un-

precedented challenges and growth. As other cities and communities around Pikeville struggled to find a foothold in the post-coal economy, Pikeville stood out as an example of progress and significant diversification and growth, thanks to Blackburn's leadership.

It was announced that Blackburn had been hired to become assistant CEO at the hospital. At a farewell dinner for Blackburn hosted by the city, numerous officials from the government and business worlds spoke of Blackburn's contributions to the community.

Former Governor Paul Patton, who, after public life, led one of the region's key institutions of higher education — Pikeville College — as it became the University of Pikeville, said that the city's loss was PMC's gain.



Donovan Blackburn

"It's a bittersweet moment. On the one hand, we're losing an experienced, competent, and successful public administrator here with the city who has made major contributions towards the progress that we've made," Patton said. "But at the same time, another great institution in our community (Pikeville Medical Center) is gaining an executive who has the capacity to continue the upward movement of that great institution."

Although Blackburn was not born in Pikeville, his dad was raised on Peach Orchard. Blackburn's family elected to move back home to Pikeville from Chicago, IL to Greasy Creek while he was in elementary school. His dad, Allen, worked for Whayne Supply during the coal boom, and was promoted to Service Manager, permitting his family to relocate to Pikeville. Blackburn transferred to Pikeville High School his 8th grade year. From his vantage point, growing up in the community, going to work in the retail industry, serving with the City of Pikeville, then joining PMC, Blackburn had seen the community grow and change.

"To see that whole transformation of our community in its entirety was mesmerizing to a degree," he said. "I was here and very blessed to be in this community at a time when so many things have happened that are both transformational and historic."

As city manager, Blackburn played a role in numerous projects that left a mark on Pikeville and the region. Some of those included the Appalachian Wireless Arena, the Pike County Judicial Center, the Pikeville Commons, the Industrial Park, expanding Pikeville's corporate boundaries by 1/3rd, a new sewer plant, and the complete overhaul of the Pikeville City Park, expansion

by the University of Pikeville and Big Sandy Community and Technical College and much, much more.

One of Blackburn's early projects was erecting a statue of Dr. William Hambley, whose vision as mayor had helped complete one of the world's largest land-moving projects — The Cut-Through — and helped lay a foundation for where the community would go from there.

"Through all that vision, seeing the transformation, Pikeville was able to survive and thrive as the coal economy went away because we were diversified," he said. "Where a big part of that diversity came from was Pikeville Medical Center.

Blackburn said a lot of investments were made in Pikeville Medical Center through cooperation with the City of Pikeville, which benefitted not only the hospital but the community as a whole.

"Not only were we diverse and withstood the demise of the coal economy, but we were able to continue to grow and prosper during such a difficult time," he said.

A few months after Blackburn joined the organization, in January 2018, the Hospital announced the administration of Walter E. May had come to an end, with Blackburn being elected by the board to step into the role of CEO, as expected.

May had led the hospital through a time of unprecedented growth, but there were growing and major financial concerns. PMC went from having some of the best financial times it had seen in 2017 to major 7-figure losses in 2017 and worsening projections in 2018.

In his first years in his position, Blackburn would face challenges that would prove to be great but were only eclipsed by the news of PMC's persistence in growing to meet the needs of the entire region in the face of different types of trials.



A Bumpy Outlook is Overcome

As Blackburn came into the position, the hospital, despite all the positives of the last several years, had been developing some challenges beneath the surface.

In May 2018, the hospital learned that Moody's Investor Service was downgrading its bond rating from A3 to Baa2, reversing the outlook for the hospital's bond performance to negative.

In making the decision, according to a statement, Moody's took into account a "large and unexpected decline in operating performance in fiscal (year) 2017 and expectations for similar results in fiscal (year) 2018."

Blackburn told the News-Express in an interview that the bond rating downgrade had more to do with where the hospital had been than where it was going. And, he said, the hospital's outlook would ultimately be "good" as it adjusted to fulfill its mission of providing "world-class health care in a Christian environment."

"It's a speed bump," he said of the downgrade, adding other medical institutions nationwide were also facing challenges. "If we hadn't made some of these decisions (under the past administration), we would probably be one of the few institutions that hadn't lost anything. By correcting these practices and some of these past decisions, we will become financially stronger than we've ever been before."

Several factors contributed to the decline, including an increasing difficulty in hospitals, especially rural hospitals, getting reimbursed through Medicaid while being over-extended in several areas. Business decisions, Blackburn said, also factored.

"In 2016, the hospital had the best financially performing year it ever had," he said. "Part of the reason for that is we opened a new clinic at the end of 2014-2015. We had a phenomenal year in 2016, and then, suddenly in 2017, we had the worst year we've had in over 20-30 years."

Blackburn said the hospital lost money in 2017 and was on target for a worsening trend in 2018, which had a "substantial impact" on the bond rating.

"Because of that increase (in 2016), the previous administration elected to hire staff as if that growth was going to continue the following year," he said. "That growth never came. We still had growth, but it wasn't of that magnitude."

Not preparing for that slowdown led to costly decisions, Blackburn said,

including the hiring of travel nurses and locum tenens doctors — temporary doctors who work for hire and are employed through an agency at much higher rates.

A decrease in the use of smaller services, as well as rising costs of sideline businesses the hospital had taken on, such as the Landmark Inn Restaurant and Mark II lounge in Pikeville, as well as the Medical Leader, also factored in.

Those sideline businesses were ended so the hospital could focus on being a hospital, as they worked to stop hiring temporary healthcare providers, and instead began focusing on hiring in patient care areas of full-time local employees.

Blackburn and his leadership team also instituted things he had learned during his time as city manager, as well as his previous employment in business fields, to institute changes in the way the hospital was managed, including holding weekly meetings with the hospital's management team and requiring three quotes for purchases costing between \$3,000 and \$200,000 and bids for anything costing more than \$200,000.

The hospital also expanded pharmacy services, including a “Meds to Beds” program, where patients receiving inpatient services could be delivered their prescription medications from the Pharmacy before leaving the hospital.

Blackburn pledged that it would take time to turn the ship around, but with his amazing executive team, the hospital would do it.

On November 2, 2018, Walter E. May passed away, leaving behind a legacy of progress that changed not only the hospital but the communities it served in many ways. May, through his leadership, became synonymous with Pikeville Medical Center.

May Blackburn said, had a vision of seeing Pikeville Medical Center becoming the biggest and best medical center in the region.

But, Blackburn said, he also had a specific vision about how that would happen, and it began with recognizing a growing trend that was heavily impacting local independent physicians due to government decisions and the character of the local healthcare market.

“With 75 percent of patients dependent on Medicaid and Medicare and 11 percent dependent on forgiveness or charity care, there’s a very small percentage of actual commercial business we receive,” Blackburn said.

Medicaid and Medicare reimbursements have continued to drop lower, especially for individual physicians, and, as a result, physicians were having a hard time meeting costs and making a profit as independent business owners.

May, Blackburn said, recognized that, and had a vision for a solution.

“The vision was, ‘to follow the nation-wide trend more towards employ-

ment of physicians that was exacerbated in our region due to payer mix such that, in most cases, PMC had to employ the physician to make that specialty available to the community.”

“By doing this, he was ahead of his time,” Blackburn said. “That was a great vision as to what would happen.”

However, the progress May began did not end with his passing.

Just a few weeks later, PMC board and executive officials gathered to announce the most comprehensive plan for growth and expansion possibly in the hospital’s history.

Many press conferences in the hospital’s history were held to announce a single building project or service addition. This press conference was intended to announce nine total new initiatives, representing a total investment of \$52 million.

Chief among these was meeting a longstanding need for the community. Just as in the early days of the hospital, when its founders saw the ongoing damage caused by not having close access to acute care for patients, the same issue remained for children as the new millennium began.

The nearest children’s hospitals were hours away and seeing pediatric specialists also meant hours of travel, there and back, to larger cities such as Lexington and Louisville.

The proposal was to build a full-service children’s hospital on the second floor of the existing hospital, with the first phase to include outpatient services and the second phase to encompass inpatient care. The facility was estimated to cost \$7 million at the time.

Other announcements made at the press conference included:

- The creation of a new Heart & Vascular Institute
- A new Lab to allow for more in-house testing
- The opening of the Martin Clinic in Floyd County
- The opening of the Whitesburg Clinic in Letcher County
- The opening of a new clinic facility in South Williamson
- Advancements to primary care and the relocation of the Primary Care Clinic to a larger space
- Upgrades to the main campus’ second-floor atrium, which ultimately included the opening of a Corner-Market and Starbucks
- Bringing billing and coding services, which had been outsourced to contract services, back in-house
- Creating a centralized headquarters facility for PMC.





The Unexpected Cannot Derail the Vision

In 2019, the hospital worked toward fulfilling the promises made during the November 2018 press conference. Progress continued on the establishment of the Children's Hospital, including the announcement in December that the Hospital's Emergency Department had been named a Pediatric Ready Emergency department by the Kentucky Emergency Medical Services for Children. PMC was only the fourth hospital in the state to receive that designation.

PMC also filed for a Certificate of Need to expand its Neonatal Intensive Care Unit by eight beds for a total of sixteen beds. The certificate was granted in early 2020 and the beds were ready to use later that year.

In addition to the progress on the children's hospital, PMC established facilities in Prestonsburg and Whitesburg and announced that construction would be funded and moving forward on an underground pedestrian walkway to allow people to safely cross to the main campus from the hospital's parking lot across Bypass Road.

Not all the programs established in 2019 focused on construction and buildings. The hospital also announced plans to help entry-level employees obtain their GEDs.

The hospital also relaunched the Pikeville Medical Center Foundation for Quality Healthcare, naming PMC employee and Coal Run's Mayor, Andrew Scott, to head the Foundation. The organization was charged mainly with attempting to help fund the Children's Hospital project, as well as other hospital projects.

The hospital's administration and personnel ended 2019 with their eyes solidly on the future of the organization with a refreshed vision and a plan to serve the community in new and exciting ways, but no one could have expected what 2020 would bring.

The year began with good news, with the notice in January that the hospital had been approved for the expansion of its Neonatal Intensive Care Unit, allowing the hospital to transition to a Level 2 Advanced Care NICU. The difference would be great, as it would allow the hospital to begin treating babies born as early as 28 weeks. Before the expansion, the hospital had to transfer any baby born earlier than 32 weeks to a higher-level facility. The expansion also allowed the hospital to treat babies with a lower birth rate

than before.

At the beginning of the Blackburn administration, The Barnes Agency, an outside marketing company from Huntington WV, was hired to help the hospital adopt a battle cry that would reflect the vision of ensuring the doors would never close as well as the reality that it's not just one person's responsibility or vision. "Together We Rise" became that battle cry. Originally, Barnes recommended "We Rise," however, Blackburn added "Together" to reflect that everyone contributes towards the hospital's success.

"It is truly about empowerment, about working hand-in-hand using the expertise you have, letting people do the job they've been hired to do and have the expertise to do, and not about one person," Blackburn said. "My job as the leader of this organization is not to be out in front, but to be behind them, supporting them."

Vice-Chairman Ron Burchett was elected as Chairman of the Hospital's Board of Directors in 2018 and said the changes that were implemented in the Blackburn era, especially in the area of administration, were revolutionary.

Prior to Donovan Blackburn being named as PMC's CEO effective on January 23, 2018, he served as both Assistant CEO and Chief Operating Officer (COO). With the Board's approval, major administrative changes, suggested by Donovan Blackburn, were made. Blackburn converted Dr. Aaron Crum's part-time Chief Medical Officer (CMO) position to full-time CMO and appointed him Assistant CEO as well. An in-house Legal department was initiated, and Mr. Blackburn hired Erich Blackburn, who served as PMC's outside legal counsel for many years, as the Chief Legal Officer. Upon being sanctioned as the CEO, Blackburn named Kansas Justice as his replacement as COO for the hospital and Melissa Thacker as Chief Operating Officer of Physician Services. Cheryl Hickman was named the Chief Regulatory Officer. Michelle Hagy retained her position as Chief Financial Officer, Michelle Rainey as Chief Nursing Office, and Tony Damron as Chief Information Officer. Each position has proven to be strong, and together have become a diverse leadership team. Their combined experience, knowledge, and work ethic helped the hospital overcome several challenges the new administrative team would face.

Before Blackburn took the role of CEO, Burchett said, contracts took longer to be approved and all decisions were made at the top of the organization. The senior vice presidents, he said, were given more authority to make decisions that they had the knowledge and expertise in.

"Things got done so much quicker," he said.

Giving that authority, Blackburn said, also resulted in a stronger hospital, as the success and growth seen in ensuing years was not just due to his work,

but the work of a strong and steady group of individuals.

Burchett said the new administration focused on employee retention, especially at the management level.

“Since that day, since I took over as Chairman in January 2018, we haven’t had a single turnover of our senior staff,” he said. “That’s big because we had been losing people right and left.”

When turnover at that level occurs, he said, it stops everything on which that person was working.

“I’m really glad we’re able to hold onto talented people,” he said. “This has made a huge difference in our organization.”

Burchett wasn’t the only Board member to agree with the changes.

“Walter was a man for his time,” said long-term board member Joe Dean Anderson. “And Donovan is a man of his time. One of the biggest changes we had to have was from an organizational point-of-view; having a whole number of vice presidents on that level, in charge of all these different departments, which was needed because of its growth.”

The organization’s new battle cry and new mission became even more important in the days, weeks, and months that were to come in 2020.

 **PIKEVILLE**
MEDICAL CENTER

Together. We Rise.

Pikeville Medical Center Senior Leadership Appointed 2018



Donovan Blackburn, CEO



*Dr. Aaron Crum, CMO and
Asst. CEO*



Erich Blackburn, CLO



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CHAPTER 18

COVID-19

On January 7, 2020, the U.S. Centers for Disease Control and Prevention reported that authorities in China had identified an isolated novel coronavirus as the causative agent in an outbreak that was leading to numerous people developing novel pneumonia. A few weeks later, the CDC deployed a team to the state of Washington to assist with contact tracing efforts in response to the first reported case of the virus, which would ultimately be named COVID-19, in the United States.

The virus was quickly spreading, leading to horrific outcomes for many of the people who developed it, particularly with pneumonia and other effects leading to hospitalizations and filling intensive care units wherever the virus spread.

On March 11th, the World Health Organization declared COVID-19 a pandemic, with U.S. President Donald J. Trump declaring a nationwide emergency two days later.

Pikeville Medical Center officials gathered with members of the local community, including government leaders and the local schools in early March to bring everyone up to date on the hospital's preparations.

Several years prior, PMC had become one of the few hospitals in Kentucky that had been certified to deal with the Ebola virus, an extremely devastating virus that emerged from Africa. Though Ebola never rose to spread like COVID-19 ultimately would, the hospital had not allowed that to be an isolated response. In the wake of Ebola, the hospital developed a comprehensive infectious disease program. As COVID emerged, the hospital was more prepared than many, with two infectious disease doctors on staff and the capacity to treat 40 patients in the negative pressure rooms required for dealing with infectious diseases like COVID-19.

The hospital undertook several measures to prepare, but could not have been entirely prepared when, later that month, Governor Andy Beshear signed an Executive Order requiring all elective procedures to be ceased at hospitals statewide. For hospitals like PMC, those elective procedures are the economic lifeblood and constitute much of the day-to-day business of a hospital. The effects were rapid and cut deep.

Even when some procedures were allowed to resume a month later, numerous limitations and regulations prevented the resumption of normal activity at Pikeville Medical Center and other hospitals. Knowing these policies would have a huge financial impact, the executive leadership of the Board of

Directors flinched at what it would mean for the bottom line, understanding this was a call to duty and action to provide the care needed for the region they served.

What was happening with healthcare providers was reflective of what was happening with society as businesses, schools, and government agencies closed their doors to in-person business and transitioned all possible personnel to working from home, a mass exodus to telecommuting that could not have been possible a generation prior. Hospitals implemented masking requirements, shut down entrances into the hospitals, and implemented social distancing and new cleaning techniques. Most others like PMC, enacted programs that required patients to wait in their vehicle and would text them when it was time to see a provider. Visitors were not permitted entry unless it was an end-of-life situation. The new normal was scary, but these procedures gave hospitals the label as the safest place you could be for protection from contracting the virus.

PMC began administering COVID testing in March of 2020 and on April 1st PMC saw the first Pike County positive test for COVID-19. PMC worked diligently to create entire wards and isolation rooms with negative pressure air, massive amounts of personal protective equipment, and volunteer staffing to take care of the anticipated patients that would soon arrive. As PMC began dealing with waves of patients impacted by the new horrific virus, the hospital was undeterred in its plans to implement the vision put forth in prior years. PMC transformed many of its ICU rooms to properly treat COVID and was the only hospital in the region to offer extracorporeal membrane oxygenation (ECMO) to treat the most severe COVID patients. PMC went from having one ECMO unit to three to serve the needs of the community. From the very first positive test in April of 2020, PMC saw its largest census of COVID-19 patients on September 8, 2020, with 112 patients in their care. As a regional transfer hospital, PMC accepted patients from other facilities throughout the region that were not equipped to deal with the deadly disease. Multiple times during the pandemic, PMC had more COVID patients admitted than any other hospital in the state.

In the time between the emergence of COVID-19 and the implementation of vaccines, Pikeville Medical Center instituted many procedural changes and new services to adjust to the “new normal,” including expanded telehealth services. The hospital had already been working on a telehealth program with the Pike County schools system and was able to adapt and expand the service to allow certain categorized patients to be treated by their physician without ever stepping foot in a hospital or clinic.

Additionally, the hospital opened a 24-hour drive-through pharmacy and drive-through laboratory, allowing essential services such as phlebotomy and

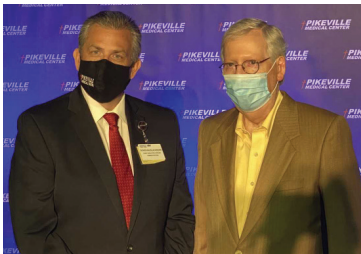
some diagnostic testing, including testing for COVID-19, to be conducted without patients leaving their vehicles. Those services were so appreciated by the patients and overall successful that it was decided they would continue beyond the pandemic.

The COVID-19 pandemic continued to intensify and by December 14, 2020, Kentucky alone was reporting a total of 2,224 deaths to the virus, with 1,712 people hospitalized statewide and 441 in intensive care units. More pointedly, however, the state had a total of 243 patients on ventilators due to the virus. At one point in 2020, there were a total of 85 patients at one time on ventilators being treated for the effects of COVID-19.

In 2020, ten of the leading hospitals throughout the state were selected by Governor Andy Beshear to receive and administer the new COVID-19 vaccine. PMC was the first and only hospital in the eastern part of the state to receive the vaccine as the first shipment was sent. In some cases, security was needed to ensure the vaccine made it to its destination for a desperate population wishing to be protected. The hospital and community received its first shot of hope on December 15 when Dr. Fadi Al Akhrass, PMC's Infectious Disease Specialist, and Dr. John Fleming, an Emergency Department physician, rolled up their sleeves and became the first people in Pike County to receive one of the new vaccines for COVID-19. Officials said the vaccine was a key requirement to move back to a sense of normalcy. PMC set up a makeshift vaccine line with drive-thru service.



Donovan Blackburn and Gov. Andy Beshear at COVID memorial



Donovan Blackburn and Senator Mitch McConnell during COVID pandemic

CEO Blackburn gathered his team together, led by COO Kansas Justice and CNO Michelle Rainey, and gave them a plan to improve the vaccine distribution lines. Blackburn then challenged them to be able to grow from administering 400-500 vaccines a day to 1,000. The new drive-thru registration and vaccine system was set up in the parking lot of the old Lawson Cancer Center, which is now the Galen College of Nursing building, and successfully administered up to 1,200 vaccines a day at its height. The new model was copied by other hospitals in the state and was so successful that Lt. Governor Jacqueline Colman made a trip to

Pikeville to visit the vaccine line and to thank our healthcare heroes for the work they were doing. The success of the drive-thru vaccine line program was also attributed to volunteers from various nursing schools and other organizations who became trained to give the vaccine. This was an outstanding example of the healthcare community coming together.

Leadership, such as Governor Andy Beshear, Congressman Hal Rogers, and Senate President Robert Stivers played their part in supporting PMC and other hospitals throughout the state. CEO Blackburn received personal calls from each leader asking what the hospital needed and offering their support to PMC as a regional leader fighting COVID. Staffing was a major concern due to an exit of support personnel who did not want to work in COVID conditions. To combat part of the staffing needs, Beshear ordered the National Guard to assist several hospitals throughout the state for several months. PMC was one such hospital for this deployment. National Guard personnel served as general labor in many areas of the hospital such as transport, security, food services, and registration to name a few. This helped the hospital enormously, allowing PMC to use its staff in other areas as needed to fill in personnel gaps. On a close to a daily basis, Congressman Rogers and his staff called to assist, especially in acquiring PPE. On one such memorable occasion, with a huge shortage of greatly needed hand sanitizer, Kentucky Senate President Robert Stivers called Blackburn and said he had come in possession of a few 55 gallon drums of hand sanitizer and he delivered it to PMC in the back of his pickup. Kentucky Health Commissioner Dr. Steven Stack also played a huge role in helping with PPE and all future vaccine deliveries while hosting weekly calls with the ten hospitals selected to lead the state, which included PMC, and eventually hosting calls with all Kentucky hospitals.

Massive financial losses, limited PPE, limited ICU beds, lack of respirators, delay of care and services, masking requirements, and social distancing are just a few terms and situations hospitals like PMC dealt with for nearly three years. PMC's

leadership and amazing staff are proud of the role they played in combating COVID-19 for the state and the region and of the part they played in history to serve and take care of those who were in need while comforting a community with reassurance.. As such, the staff earned the title as healthcare heroes by working long shifts and wearing PPE all day, while taking care of isolated patients, many of whom lost their lives to this awful disease.



PMC ICU Staff

Growth During & After the Pandemic

In June of 2021, the hospital announced that plans for the Children's Hospital, buoyed by two grants totaling nearly \$6.3 million, were moving forward. Construction bids were received and opened, and a bid was accepted. In addition, the hospital revealed that an announcement was forthcoming regarding the treatment of pediatric patients with autism.

In November, the hospital received the approval of a \$4.27 million grant to expand and equip the Leonard Lawson Cancer Center, allowing the facility to increase its chemotherapy treatment area by 7,000 square feet.

Governor Andy Beshear and other officials came to PMC in December 2021 to celebrate several events.

On December 2, officials held a groundbreaking ceremony on the planned expansion project for the Leonard Lawson Cancer Center, a project that had escalated to a projected cost of \$9 million and was expected to include the construction of an expanded infusion center allowing for more space and comfort for the cancer patients, to be placed on the 10th floor of the Clinic.

On the same day, the officials participated in a ribbon-cutting ceremony for the newly named Mettu



Lawson Cancer Center Expansion Groundbreaking, 2021

Children's Hospital located on the second floor of the hospital. The Children's Hospital had been named after Drs. R.V. and Jyothi Mettu the prior



Mettu Children's Hospital Ribbon Cutting, 2021

month based on the contributions the doctors made to the people of Eastern Kentucky over decades in practice, as well as for a generous donation in the amount of \$1.5 million.

During this time there were numerous projects underway or in the planning stages. The executive leadership team and the Board continued to focus on expanding and improving services to maintain the designation of being the leading regional hospital in Eastern Kentucky, regardless of the challenges that COVID would bring.



Drs. R.V. and Jyothi Mettu Children's Hospital Sign

Laying a foundation for the future

Pikeville Medical Center's vision for the future is rooted in its past, but also the reality of the present. As the facility has grown in importance to the medical needs of the region, it has also grown in importance to the local economy.

"When I started with the city in 2004, the hospital, at that time, had between 1,200 to 1,400 employees, and the tax base for the City was a little over \$3 million with the occupational tax and tax base taken in," CEO Donovan Blackburn said. "When I left the City 13 years later, the tax base was closer to \$17 million."

The total number of employees had grown to approximately 3,300 at its peak and settled to around 3,000 by 2021. The hospital paid \$224 million in salaries in 2020.

"Inclusive of regular and contracted staff we currently have nearly 3,600 employees coming from 34 different counties in Kentucky, so those people are going into other counties in Eastern Kentucky, spending those dollars, and making our economy more robust," he said.

Long-time mayor, Dr. Hambley recognized the need for Pikeville to have an infrastructure to be able to survive and grow, Blackburn said, and Walter E. May's vision of growth laid a foundation, but also created challenges.

"You have to have this big structure and all this infrastructure around you if you want to build your service lines," he said.

The only downside to the plan, Blackburn said, was that the hospital overextended, trying to become "everything to everyone within and beyond our service area." Financially, the result was that Pikeville Medical Center saw

its best-ever year in 2016 and its worst-ever year in 2017.

“In 2017 and 2018, we lost nearly \$11 million in one year and \$15.5 million the next,” Blackburn said.

By 2016, because Pikeville Medical Center was providing a higher level of care, other regions were being served by PMC, such as the West Virginia market. It’s only sensible for the patient to be served by the Charleston, West Virginia-area hospitals, rather than driving hours to Pikeville.

When those patients crossed over into Pikeville Medical Center’s region to receive care, they were treated with the same level of care they could have received in their home area, but PMC was reimbursed at a much lower rate.

“We ended up losing money as a business and were not offering any better care than what they would have gotten in Charleston,” he said. “Additionally, within a period of two years, PMC’s staff and the facility were beginning to feel the strain of constantly taking care of 400 patients a day without the proper infrastructure in place.

As a result, he said, some changes needed to be made to transfer protocols, but still adhering to EMTALA regulations. The patient load fell to approximately 275 per day. Not only did the hospital benefit economically, but the patients received better care because the infrastructure was not heavily burdened.

Blackburn’s administration, he said, instituted a Grants department to help the hospital expand services and infrastructure without necessarily taking on all the cost.

“Going back over the previous 20 years, PMC received an estimated ONLY \$400,000 in grants,” he said. “Within the last five years, we’ve received over \$40 million in grants.”

Using grant funds in the beginning years of Blackburn’s administration, he said, the hospital was able to renovate the Clinic’s 10th floor to accommodate its Cancer Center, reallocate the first and second floors of the May Tower for the Heart and Vascular unit and take part of the second floor to build the Children’s Hospital.

The 11th floor Clinic space was then used to build the Oncology Infusion Suites, also a grant-funded program.

“Now everything from Walter’s vision is unfolding,” he said. “His vision gave us the bones and the infrastructure to then be able to use our expertise to tweak what we’ve done over the last five years. Because of that, we’ve been profitable for the same five years.”

Access to care for the region was part of this administration’s prime objective. By 2021 the hospital had been able to expand specialty care throughout the community, such as Letcher County, Floyd County, and South Williamson in Pike County. The idea, he said, is to provide as much specialty care

in those communities as possible and then send them to Pikeville only when necessary.

“That strategy has worked extremely well for us because we’re able to offer more services for more people,” he said.

By 2021, Pikeville Medical Center jobs represented 17.6 percent of the jobs in Eastern Kentucky and is the leading economic sector with the demise of the coal economy.

“If we collapse, Eastern Kentucky economy collapses,” Blackburn said.

The impacts, he said, are greater than just economic, however.

“The cost that Eastern Kentucky families incur from having to go outside of the area for services is not only devastating financially, but emotionally, as well,” he said. “Healthcare is a right, a basic human right, and we have to do whatever we can to grant access and provide it.”

That, Blackburn said, has inspired state and federal partners to continue making investments in the hospital, its growth, and continued success.

Blackburn said the hospital was working very hard to advocate for its needs and stay engaged by affecting legislation, affecting funding, and affecting decisions by government and other agencies on healthcare matters.

“That’s important to my role, not just to have vision and to lead, but to stay engaged so that these things happen and that that our services and doors never close,” he said.

Among the awards and other decorations in Donovan Blackburn’s office, one constant is a chess board. Not only does he enjoy the game, but it also shapes the moves he makes at the helm of Pikeville Medical Center.

“Those who are chess players stay multiple moves ahead,” he said. “Business and life are a chess game. If you want to win, you want to succeed, you have to be respectful of the game, but you also have to be logical and you have to plan. If you can do all three with a sense of humility and faith, then you’ll thrive and win often.”

Coming out of the COVID pandemic, Pikeville Medical Center shared many of the same challenges that at-risk hospitals experienced throughout the nation, but especially in the rural areas of Kentucky.

A perfect storm of factors, including healthcare reimbursement rates and growing staffing needs threatened to derail Pikeville Medical Center’s progress. But Blackburn and the administration of the hospital planned their moves, which resulted in PMC being far ahead of many hospitals, and as a result, better prepared for the future.

“Kentucky, in essence, has the most economically challenged people and counties in the nation,” he said. “And, unfortunately, we lead the nation in about every disease — pulmonary, heart, cancer, diabetes, etc. Seventy-seven percent of our patients are covered by Medicaid or Medicare and payments

from them are fixed and based on a patient's diagnosis and not the severity of the illness due to comorbidities or how long they have to stay in the hospital. When you look at a hospital like ours those programs' reimbursement rates were a major determinant for our financial health."

PMC, and many hospitals across the nation, especially in rural areas, found themselves at a financial crossroads. Thanks to a program called the Medicaid Hospital Rate Improvement Program (HRIP), hospitals were able to receive additional federal funds to increase Medicaid and Medicare reimbursements for inpatient services. The efforts of Governor Andy Beshear's administration, the Kentucky Hospital Association's leadership, led by their President and CEO Nancy Galvagni, the state's legislature and CMS, all working together, made the HRIP program possible. It not only significantly increased reimbursement rates for Medicaid payments, but it helped to focus and improve quality standards for all hospitals throughout the state. And most importantly, has proven to save many Kentucky rural hospitals from being forced to close their doors due to a financial crisis.

HRIP was vital for Kentucky hospitals.

"Costs are rising for hospitals just as they are for every business, however, hospitals cannot just renegotiate reimbursement rates from government programs," Kentucky Hospital Association President and CEO Nancy Galvagni said in a statement in February 2023. "In Kentucky, 70-80 percent of our hospitals' patients are covered by Medicare or Medicaid, and it's an even higher rate in our crucial rural hospitals."

HRIP helped. However, Blackburn said, "There is great concern that these payments may only be available for a limited time."

"If, after three or four years, hospitals don't have their finances figured out and if the program does not continue, many are simply going to fail," he said.

Blackburn and several members of the executive team doubled down and placed their focus on two main areas to address PMC's financial concerns; the area's current workforce and Medicaid's payment disparity in rural markets.

The market that PMC serves has very limited commercial insurances when compared to their urban counterparts. HRIP is paid based on the average commercial rate (ACR). Due to the level of services PMC provides, their ACR is one of the highest in the state. Out of the nearly 120 hospitals, PMC ranks 9th in patient volumes. UK Healthcare (UK) and UofL Health (UofL) hospitals receive a special and much higher Medicaid University Rate when compared to HRIP, and therefore, their ACR is excluded in the overall ACR data used to calculate HRIP. Due to PMC only receiving the state's ACR and the lack of commercial insurance there is a significant disparity and inequality

for being a large hospital which offers expanded services in a rural market.

Karen Kelly, former district deputy for Congressman Hal Rogers and long-time business associate and personal friend of Blackburn, was hired to help facilitate introductions and schedule meetings with various state legislators. Ms. Kelly was very influential in helping to take the HRIP versus University Rate argument and concerns to the Kentucky legislators during the 2024 General Assembly Session. After meeting with key leaders such as Governor Andy Beshear, Senate President Robert Stivers, House



Karen Kelly & Donovan Blackburn

Speaker David Osborne and local state Senator Phillip Wheeler, a plan was developed to introduce legislation that would permit PMC to compel the Cabinet for Health and Family Services to include PMC in receiving the University Rate. The University Rate was established as a higher rate to offset the costs associated with teaching hospitals. The argument for PMC to be included in the rate was justified by the fact that there are three medical schools in the state, UK, U of L and the University of Pikeville (UPIKE), one optometry school at UPIKE and two dental schools, U of L and UK, with UPIKE preparing to open the third. An agreement between PMC and UPIKE specifies that PMC is to provide a major portion of the clinical rotations required for UPIKE's medical and optometry schools. Additionally, PMC, working with UPIKE, Big Sandy Technical and Community College, Galen College of Nursing and American National University have created over 550 healthcare educational seats in various allied health programs, with nursing at the forefront. Two of the schools are on PMC's campus and the other two are less than a mile away. PMC also provides the clinical rotations needed for these programs to exist. While PMC provides a higher level of care it is also the only Level II Trauma Center in the state. It offers many of the same medical services that UK and U of L offer with the exception of possessing a burn unit or performing transplants. Since PMC is a regional transfer center providing a higher level of care and offering many of the same educational programs as UK and U of L, the request for the University Rate received great support from the legislators and led to the introduction of SB280 by Senator Phillip Wheeler. UK, KHA and Cabinet leadership all had concerns

with PMC leaving HRIP and thus receiving the University Rate because without PMC the ACR would lower the state's overall rate and would then lower the overall CMS payment to the program. Though it was unfair to PMC, others also had concerns which resulted in a compromise and introduced a third direct-payment program through a revised SB280. The intent was to improve access and quality of healthcare in rural areas without increasing the state's general fund appropriations. This would also address PMC's concerns regarding inequality and disparity in urban hospital rates and cost verses rural underserved areas by offering a program that is aimed at providing additional reimbursements to make up for these factors and creating a level playing field while also addressing the underserved areas of Kentucky. If successful, this program will bring millions of dollars to rural community hospitals from the federal government and offer more assistance to the sickest of the sick and financially challenged citizens in the nation.

By Senator Phillip Wheeler being the driving force of SB280 and the support of both the senate and house leadership, the revised bill made it through three committee meetings, a house and senate vote and received only one 'no' vote that later changed to a 'yes'. Because the passing of the bill was also a combined effort between the University of Kentucky and Pikeville Medical Center, the new program was signed into law by Governor Andy Beshear at a ceremony attended by Mark Birdwhistell, Vice President for Health System Administration & Chief of Staff for the University of Kentucky HealthCare and Donovan Blackburn, Chairman, President and CEO of Pikeville Medical Center. The program was given the name KMAP, Kentucky Medicaid Accessibility Program.

Currently, Pikeville Medical Center, UK Health, Appalachian Regional Hospitals and Norton Health, have formed a coalition working with the Kentucky Hospital Association and the State Cabinet to develop the state's preprint for submittal to CMS in hopes that they agree to support and fund the program. A formal decision should be made by the end of 2024. This will certainly benefit many rural hospitals throughout Kentucky and be a major financial help to PMC, if CMS agrees to implement.

Because of Senator Wheeler's efforts during the 2024 session, he was the recipient of the 2024 Most Influential Legislator in the Senate. Blackburn also presented Senator Wheeler with PMC's Community Partner Award during the 2024 Annual PMC Awards event.

The second focus of attention that Blackburn and members of the executive team placed a tremendous amount of time and energy on was in finding a workforce solution. Blackburn said, "It became paramount as staff and wages are the largest portion of the budget for hospitals like Pikeville Medical Center."

“My push was, let’s get all our schools and partners in play. Let’s bring in true allied health professional programs, let’s educate students to know they can stay home for both their education and their career opportunities, and then, two years from now, while helping them with their tuition debt, they will have an outstanding and stable career in healthcare waiting for them,” Blackburn said.

However, he said, “the hospital’s program offerings are a major factor in its planning for the future.”

Staffing and financial challenges

When the COVID pandemic struck, surgeries were shut down and patients were afraid to come into the doctor’s office for fear of contracting COVID, which especially affected rural hospitals. In addition, nurses, techs, and other employees working extra hours to cover all shifts were exhausted.



Donovan Blackburn & Senator Phillip Wheeler on Senate Floor

When the COVID pandemic struck, surgeries were shut down and patients were afraid to come into the doctor's office for fear of contracting COVID, which especially affected rural hospitals. In addition, nurses, techs, and other employees working extra hours to cover all shifts were exhausted. Due to vaccine mandates and other limitations, the number of students going to colleges for healthcare degrees decreased, which further exacerbated problems hospitals were already facing with staff shortages.

Two years before the pandemic, CEO Donovan Blackburn saw what he believed was the beginning of a national crisis-- a shortage of healthcare staffing. He wrote letters and communicated with the Kentucky Hospital Association, multiple congressmen, senators, and various state legislators, urging them to take action to address the upcoming crisis. He could see that rural hospitals would take the brunt of the crisis. The educational infrastructure was limited, especially in rural communities, to educate staff in allied health programs, especially nursing. In 2017, within the City of Pikeville, there was only a total of 50 nursing seats in Pikeville schools and by the time the pandemic hit in 2020, there were still only 80 nursing and allied health educational seats available. With 900 RNs and a national attrition rate of approximately 17%, Blackburn argued along with state and higher education that there was a need to develop at least 200+ seats in Pikeville alone. Blackburn and his team then worked extensively to establish a program in 2020 that Blackburn ultimately labeled as Project HEART (Healthcare Employment Around Regional Training) — an initiative that would bring together multiple entities to help transform students and members of the public into medical professional positions.



Working with Governor Andy Beshear and the state legislature, an executive emergency order was signed in December 2020 that permitted schools, like UPIKE, to expand their programs, bypassing the Board of Nursing's extensive process to increase their nursing seats. UPIKE and PMC, with Governor Beshear in attendance at the ceremony, announced the expansion of their program from 60 seats to 120 seats. They also announced the establishment of a new RN Fellowship program. PMC would pay a student's tuition cost of up to \$40,800 for an RN to participate in the program if the nursing student agreed to sign a three-year commitment after graduation and passed their state boards within an agreed time. PMC, with the endorsement of UPIKE, later changed the offering to a \$10,000 retention bonus for a 1-year commitment, \$15,000 for a 2-year and \$20,000 for a three-year temporarily until schools produce adequate supply. This financial incentive was also offered to any RN student willing to sign a retention commitment



with PMC. Shortly thereafter, the legislators passed SB10 that included an emergency clause that would permanently allow nursing schools to expand their class size so long as they could demonstrate a need, have sufficient teaching staff, and the financial means to expand and maintain an 80% pass rate. This allowed the Galen College of Nursing to open an LPN program in PMC's old Cancer Center building paying \$1.00

annually for rent. Blackburn then worked with Governor Beshear to receive a \$1 million grant to construct the first floor to accommodate their needs. PMC, with the assistance of Congressman Harold 'Hal' Rogers, committed \$500,000 worth of equipment through a federal grant. Galen agreed to produce 100 LPNs each year of operation as a condition for the lease and equipment. At the end of 2023, Governor Beshear committed an additional \$1 million to expand the 2nd floor of the new school for Galen.

Galen's business model recruits non-traditional students, whose average age is 31 years old, and who wish to advance their career opportunities. This is important because it allowed the market to recruit a different type of student other than the type UPIKE would attract, thus widening the pipeline. At the same time PMC was bringing Galen onto their campus, Blackburn was also meeting with the leadership of the American National University (ANU), who were looking at downsizing their building space and transitioning to mostly virtual learning. Blackburn was able to offer ANU the old

Pauley Lumber building, which was contiguous to PMC's new Education Complex and located conveniently across from PMC's main campus. Again, Blackburn offered the building for only \$1.00 annually with the agreement that ANU would develop additional two-year allied health professional programs, such as a radiologic technologist and medical laboratory technician. ANU would also agree to continue to expand their nursing program. The program was a huge success. Less than a year from moving into the new PMC location, ANU doubled its nursing program and launched accelerated 18-month Rad Tech and MLT programs that did not require pre-requisite classes to be considered for admittance into the program. A huge win.

Blackburn, working with his Chief Nursing Officer Michelle Rainey and Chief Operating Officer Kansas Justice, also elected to work with Big Sandy Community and Technical College (BSCTC) in creating the first nursing class on their Pikeville campus. PMC, working with the City of Pikeville and the federal government, received an estimated \$800,000 grant to develop a nursing school which was placed in the hospital's AVA Center building, directly across the street from their Pikeville campus. PMC supplied the building materials and used hospital staff to construct the school. The federal grant was mainly used for equipment. BSCTC opened their nursing school in 2020 with 45 available seats and graduated its first class in December of 2022. Blackburn traveled to the state capital to meet with the Kentucky State Education Cabinet, the Governor's staff, and KCTCS to discuss BSCTC expanding into various allied health professional programs. Blackburn appointed PMC's Chief Legal Officer, Erich Blackburn, who was also the executive vice president responsible for Human Resources, to be over the development of allied health. Over the next two years, Erich and his staff would develop numerous new programs under the umbrella of Project HEART. Included were several in-school navigation and recruitment programs, expansion of PMC's Education department, and the opening of the Workforce Innovation Center (WIC). Under the direction of James Glass, Vice President of the Workforce Development department, PMC was able to develop several new allied health programs and seats to address the workforce crisis. These programs were not only hugely successful for PMC but became a model for the entire state of Kentucky. The Kentucky Hospital Association, State Chamber of Commerce, and State Post-Secondary Council Cabinet would use PMC's model throughout the state to address the nation's estimated 450,000 RN shortage and Kentucky's estimated shortage of 6,000 RNs.

A huge part of the Project HEART initiative was to invest time and energy in helping the young people and the general public of the region to explore healthcare career opportunities for their future and the future of Eastern Kentucky.

In March of 2023, the PMC Workforce Innovation Center (WIC) division was created to engage the students in our region and work with current PMC employees to help them identify and develop new skills through the Employee Development Program. The WIC Program provided employees the opportunity to work with a Workforce Development Navigator and explore new career opportunities and develop a career pathway. This program has led to more productive employees who feel valued by the organization which encouraged employment longevity and improved employee morale.

The Workforce Innovation team also developed a comprehensive plan focused on engaging students at all grade levels from kindergarten through high school. Programs included school visits with Buddy the Bear for K-3, Project-Based Learning programs for grades 4-5, Career Exploration with the Middle School Career Fairs, “Exploring Community Healthcare Occupations” with the Challenger Learning Center, a Medical Academy for grades 6-8, Healthcare Career Spotlight visits at the Workforce Innovation Center, HEALTH Professionals Mentorship program, and a Medical Career Exposition for all high school seniors in the 15th region.

In conjunction with the Kentucky Community and Technical College System, Kentucky Board of Nursing, Kentucky Hospital Association, and Pikeville Medical Center Workforce Development Division, a new LPN Academy pilot program was developed and is expected to roll out in the Pike County School system in fall of 2024. This program offers high school students the opportunity to take college classes while still attending high school and upon graduation sit for their Licensed Practical Nurse NCLEX exam. This LPN Academy in high school is expected to be a model for the state of Kentucky. The intent is to roll the program out statewide after the successful launch of the pilot.

PMC also partnered with the Kentucky Community and Technical College’s TRAINS Program, which allowed companies to receive funding to assist with the cost of providing workforce training and assessment services to current and potential employees through KCTCS colleges. PMC’s Education department was able to establish certification programs for patient care technicians, medical office technicians, pharmacy technicians and certified nursing assistants.

Through these concerted and innovative efforts with Pikeville Medical Center’s post-secondary partners in the region, by the end of 2023, over 550 nursing and allied health professional seats were created to insure a constant flow of students into these programs and into the healthcare market. This was an amazing feat but proves that placing attention at the highest level of the hospital, while creating needed partnerships, would be a successful receipt for success. Within only 2 years, PMC found their solution to the

workforce program. Blackburn's motto was, if you grow them here, educate them here, and offer them a great career here, they are more apt to stay here while serving the community and patients they have grown to know and love.

Another new entity, which was created to help alleviate staffing issues within the hospital, was the formation of the Recruitment Department. The focus of this department, led by newcomer Christian Hagy, was to visit Eastern Kentucky and area high schools, colleges and universities to recruit graduating nursing and allied health students. The recruitment team also met with incoming students at all regional nursing schools, MLT and rad tech programs, explaining the exceptional Tuition Assistance and Sign-on Bonus programs. They informed students about the unparalleled employee benefits which PMC offers and for which Forbes listed Pikeville Medical Center as the Best-in-State Hospital Employer for four consecutive years.



Because Pikeville Medical Center understands that its most valuable asset is its people, PMC invested in a number of ways to encourage, motivate, train, retain, and instill a sense of belonging in its employees. PMC has provided initiatives such as retention and performance bonuses, employee and new employee engagement programs, and an opportunity to speak openly and candidly with senior leadership through a program called Coffee, Cookies & Conversation (CCC). The CCC program randomly selected a group of 25-30 of PMC's front-line employees from various departments to meet with Blackburn and 2 alternating members of the senior executive team once a month. The purpose was to give PMC's valued staff a voice with administration and to talk about what was important to them. Often through great conversation, new thoughts, concerns and ideas were formed. Action type items were then assigned to the various executives for implementation. The CCC program was a yearlong program carried out until the launch of a new application "PMChampions." PMChampion is an employee recognition platform and is used to communicate, acknowledge, reward and hear from employees. Additionally, a focus on leadership development has also become an important part of the hospital's priorities. Leadership training programs featuring Dale Carnegie, Coach Phillip Haywood (Belfry's head football coach), and monthly leadership training sessions for all management personnel, have been a part of developing new and seasoned leaders. A newly developed leadership program called Udemy, requires that all managers and above complete preselected leadership training videos which help facilitate their growth and development.

There were many new programs that came out of partnerships and project HEART. “The Pike County Schools District”, Blackburn said, “was awarded \$14.8 million to build a new technical school which is expected to have a strong focus on healthcare careers. Construction is scheduled to begin in the spring of 2024. Almost half the building will be dedicated to health care programs.” PMC has agreed to place a full-time employee in the center to work on healthcare certification programs and dual-credit pathways for high school students to pursue a health care career. This is an enormous step to help fill the pipeline of students to go into higher education learning. Most of these two-year allied health professional program careers pay one of the highest entry rates starting at \$24 to \$30 per hour.

Other programs developed as a part of Project HEART include:

- “My Future Fridays” which is aimed at eighth grade students, who then work with their peers in the seventh and sixth grades. Through the program, PMC staff and college professors can work with the students to pass on knowledge and enthusiasm for healthcare fields.
- The SOAR Appalachian Nursing Academy, through which selected students participated in a two-week program where they learned basic nursing techniques. The program also contained a scholarship offering.
- The SOAR Regional Healthcare Career Fair, which brought hundreds of Eastern Kentucky high school students to the Appalachian Wireless Arena to explore healthcare careers.
- Programs reaching all the way down into elementary school to introduce healthcare career opportunities to students.
- Numerous other programs, including a Medical Academy, college and high school classroom recruitment visits, a computer app developed for PMC to provide a Workforce Development tool for students to be able to connect to prospective college programs, corresponding funding opportunities and PMC career opportunities, a “Teacher of the Year” program, and career internships counseling.
- An educational assistance program offered to college students in one of six career pathways.
- Paramedic and emergency medical technician (EMT) programs were also developed.

The program’s intention was to solve problems Pikeville Medical Center faced, but it also provided a new workforce for other medical providers. “A rising tide lifts all ships and that’s really what this is about,” Blackburn said. The people and communities in which these opportunities are offered will also benefit.

Due to the overwhelming success of project HEART, in August 2023, Senator Phillip Wheeler invited Donovan Blackburn, Erich Blackburn, and

Pike County Schools Superintendent Dr. Reed Adkins, to Frankfort to address a Kentucky Legislative Joint Senate Committee on the success and value of the Project HEART program. The intent was to help the legislature learn from the program in hopes of helping the state craft legislation to assist other communities address the healthcare workforce crisis as well.

In his testimony, Adkins pointed to the hospital's Medical Assistant Training Program as an opportunity creator, with students able to obtain a good-paying job right after graduation.

"That is an opportunity for a kid coming out of high school to be able to raise a family, to be able to feed a family, to be able to stay in Eastern Kentucky, which is what most Eastern Kentuckians want to do," he said.

Adkins said by working with PMC, the district had already doubled its Certified Nursing Assistant Program up to 150 seats. This occurred in the 2022 school year.

"We really feel like we're on the right track," he said, adding he believes Project HEART will be a model for not only the state but the nation.

The timing of Project HEART was no accident. It was born out of necessity as financial factors began to converge to endanger PMC and nearly every other hospital. Project HEART is proving to be a savior to address the workforce crisis while permitting PMC to continue its healthcare services at an acceptable cost.

Project HEART Partners



Higher Education & Allied Health Partnerships

PMC and the University of Pikeville (UPIKE) have always had a strong relationship, however, over the past five years they created an even stronger affiliation. In January 2016, while serving as Pikeville's City Manager, Blackburn was asked to be part of the search committee to bring a new President to UPIKE. Blackburn, along with most members of the committee, were overwhelmingly supportive of naming Dr. Burton Webb to this post and made their recommendation as such to UPIKE's Board of Trustees. Webb and Blackburn have become great friends along the way, working together to strengthen PMC's and UPIKE's presence in the region they both serve.

On June 21, 2018, only a few months after Blackburn was named as CEO, UPIKE's President Burton Webb and CEO Blackburn held a public press conference where they announced entering into a Memorandum of Cooperation Agreement to pledge their commitment to both institutions. The intent of the agreement was to commit to a stronger partnership that would have a significant impact on education, health, well-being and economic development for Eastern Kentucky and the Central Appalachian region. The memorandum highlights initiatives such as moving towards inclusion of the City of Pikeville in the World Health Organization's Healthy Cities, creating healthcare and educational programs, pursuing cooperative funding opportunities, collaborating on research projects, exploring the development of infrastructure, working with government officials to focus on the region's health, cooperating on professional development opportunities for employees and holding joint leadership meetings. This relationship is extremely important to PMC, UPIKE, and the entire region.



Note: there are only three medical schools in the state of Kentucky. 1) The University of Kentucky College of Medicine 2) The University of Louisville School of Medicine and 3) The University of Pikeville's Kentucky College of Osteopathic Medicine.

There is only one School of Optometry in the state of Kentucky, located at the University of Pikeville (UPIKE). The University of Kentucky and

Western Kentucky University only have a Pre-Optometry program and curriculum. PMC provides UPIKE's Kentucky College of Optometry students the clinical rotations needed for their program.

There are currently only two dentistry schools in Kentucky. 1) The University College of Dentistry and 2) The University of Louisville School of Dentistry. UPIKE will soon be home to the state's third dental school, the Tanner College of Dental Medicine. PMC will also provide UPIKE's students the clinical rotations as needed or required.

PMC has a contractual arrangement with UPIKE that is no different than the relationship the University of Kentucky and University of Louisville have with UK Health and U of L Health. PMC is an essential site for the osteopathic medical students at UPIKE providing medical education directors for all core areas and a medical student education coordinator. Medical students complete core and elective rotations at PMC with tutelage provided by our medical staff. PMC also provides rotational teaching to medical students from other schools, including those from UK. At any one time, PMC may have between 40-50 medical students on their campus.

PMC is also a leading provider of Certified Registered Nurse Anesthetists (CRNA) education and a core site for two CRNA schools. Several CRNA students can be found in the OR and are also provided with living accommodations. UPIKE faculty physicians see patients in one of the PMC clinics where they also educate students. PMC provides educational rotations for nearly every ancillary service line which includes, but is not limited to, physical therapists, physician assistants, nurse practitioners, respiratory therapists and many more.

Optometry at PMC is a UPIKE faculty clinic. PMC contracts the optometry services, provides them space in one of the PMC clinics, and they train optometry students on our campus. Discussions are underway with UPIKE to contract and provide services in a PMC clinic for educational purposes for their future dental students' training.

Big Sandy Community and Technical College, The Galen College of Nursing, and the American National University (ANU) have nursing and allied health professional programs located in buildings owned by PMC and on or near the PMC main campus. The various schools' students receive their clinical rotation learning requirements within the PMC hospital with many of the PMC staff part of their teaching curriculum. PMC has become a major teaching institution for their various educational partners, while helping provide medical service graduates to fuel PMC's need and growth. These relationships have been a win-win for the schools, PMC, and the community seeking a good educational offering and leading to an outstanding career opportunity.

Change Continues

As Pikeville Medical Center entered the post-COVID era, in addition to working to meet the financial and workforce challenges it faced, hospital leadership also focused on adding new programs and expanding existing ones, with a focus on the community's needs.

In May 2021, officials, including once again Governor Andy Beshear and Congressman Harold “Hal” Rogers, gathered in Pikeville to celebrate another ribbon-cutting ceremony for the 3,300 square foot Appalachian Valley Autism (AVA) Center. The AVA Center opened May 12, 2020, to provide therapy for children diagnosed with Autism Spectrum Disorder (ASD) and offered applied behavior analysis therapy, speech therapy, occupational therapy, and feeding therapy.

Success in the program was quickly seen and it was astounding. During the ceremony, U.S. Congressman Rogers noted that children being treated at the AVA Center had already moved from non-verbal to verbal and were able to tolerate textures and noises that they couldn't before — key steps for these children to have a better quality of life.

The facility's name — AVA — went deeper than just an acronym. Donovan Blackburn's granddaughter, Ava, was the inspiration for the center. At 2 years old, Ava was the center's first patient, known in the center as Learners. A year later, she was one of the center's first two graduates. Ava is now a very inquisitive and intelligent 1st grader who just scored at the 99th percentile in math on a 4th grade level and is at the top of her class academically. Her story is proudly displayed on the walls of the Pikeville AVA Center along with a statue in the front of the building displaying her triumphant graduation from the center. Donovan spoke many times over his PMC career about autism and the AVA Center's role. One of his favorite quotes was, “Autism isn't a disability, it is simply a different ability.” The mission of the AVA Center was to assist those kids on the spectrum who received services to learn skills that would allow them to live their best lives.

PMC officials quickly realized the need for the program was more than imagined. The hospital totally retrofitted an existing 4-story office building to accommodate therapy, sensory, feeding, functional skills, circle time rooms, and a sensory and texture gymnasium in Pikeville. The now 35,000 square foot facility opened the first 2-floors on May 24th, 2021, again with Governor Andy Beshear and Congressman Hal Rogers present. The remaining 2 floors were completed in June of 2023. On October 24, 2022, a satellite

AVA Center facility in Prestonsburg was opened.

Due to the growing demand for ABA services, Donovan wanted the



Ava, Blackburn's Granddaughter

center to grow at a much faster rate. His wife Debbie Blackburn had spent countless hours volunteering for the AVA Center while also reading and learning all she could about autism and ABA therapy. She became the hospital's authority on the subject matter, partly because it was so personal. Debbie had previously served on PMC's Board of Directors prior to her husband coming to work for the hospital and she along with her dear friend Dr. Jyothi Mettu were huge advocates for expanding pediatric services. Debbie and Dr. Jyothi Mettu were key influencers in supporting Donovan's vision of the new children's hospital and autism center. Donovan and the Board of Di-

rectors convinced Debbie to come and work full-time at the AVA Center, with the mission of assisting the center to grow at a much quicker rate while also establishing new policies and guidelines, all while overseeing the new expansion. It proved to be a great decision. When Debbie started, the center had an average of 20 Learners. With her team and leadership by late-2023, the AVA Center was serving 120 children between its two campuses, with a further plan to have the capability of serving nearly 180 by the end of 2024. Because of the growth and success of the center, with the Board of Directors endorsement and approval, Debbie was asked to serve as the center's full-time executive director. She accepted the position and continues to serve in this capacity today.



Prestonsburg AVA Center Ribbon Cutting, 2022

Debbie said PMC had intentionally slowed the standard process for training Registered Behavior Technicians (RBT) at the AVA Center. Typically, she said, it takes two weeks to train an RBT. However, PMC made that



AVA and Blackburn Family

process stretch out to two months to allow not only education, but also clinical training.

To employ RBTs, Debbie said, they needed Board Certified Behavior Analysts (BCBAs) to supervise the RBTs. But there were challenges, not only in finding RBTs, but more so finding BCBAs, especially considering the exponential growth of the AVA Center. To become a BCBA, requirements include a master's degree and 2,000 hours of supervision. So, Debbie said, the center designed a program to provide supervision hours and training time to RBTs enrolled in an ABA master's program wishing to become a BCBA. This program is at no cost to the RBT.

In addition to the basic program, the AVA Center also offers therapies that prepare learners to become comfortable in situations such as doctor's and dentist's offices and hair salons. It is equipped with a mock doctor's office, dental office, and hair salon.

In March 2023, two additional departments, PMC Urgent Care and Family Wellness Center, were also named Certified Autism Centers by the International Board of Credentialing and Continuing Education Standards. The certification ensured PMC employees in the AVA Centers and these areas had received extensive training and were equipped to offer comprehensive care to patients with autism spectrum disorder.

With the two current AVA Centers completed and fully functional, there are plans along with almost 3 million in grant funding approved by Governor Beshear and Congressman Hal Rogers, to almost double the current size of the Prestonsburg center from its current 9,000 square feet to an estimated 16,000. With 700 kids on the waiting list, With 700 kids on the waiting list, Donovan also stated he hopes to start planning of other new locations throughout the region. In 2023, the hospital also commemorated an expansion of its Leonard Lawson Cancer Center and introduced other services, such as the Opticte Amniotic Ocular Matrix tissue technology, a treatment for severe dry eye symptoms. Blackburn, who was a personal



Grant Check Presentation



friend of Leonard Lawson, was proud to participate in the growth of the center before Lawson's passing in February of 2022.

The hospital saw many advancements under the leadership of the well-known orthopedic surgeons, Drs. Keith Hall and Kevin Pugh. One such advancement was the introduction of "smart knee implant" technology, which combined the proven and trusted knee implant, Persona: The Personalized Knee, with implantable sensor technology that measured the range of motion, step count, walking speed and other gait metrics. Orthopedics further expanded with the introduction of hand and plastic surgeon Dr. Anil Duggal, hand surgeon Dr. Devesh Sharma, podiatrist Dr. Mariano Rivera, foot and ankle surgeon Dr. Matthew McCammon, sports medicine Dr. Jamie Varney, and surgeons Drs. Kenneth Koval and Anbu Nadar.



PMC was working, as it prepared to celebrate its 100th anniversary in 2024, to establish an Internal Medicine Residency Program in partnership with the University of Kentucky.

The focus, Blackburn said, was on helping future doctors, especially those from the area, become trained and stay home to practice.

"We would love to see a student who may have gone to school at Belfry, who then elects to attend school at the University of Pikeville, followed by the acceptance into UPIKE's Kentucky School of Osteopathic Medicine, who may then be able to complete their residency in their own community and from our position, hopefully, be able to offer them a job with the intent of keeping them here at home," he said. "We've been desperately wanting to open an internal medicine residency program soon. That's going to be a huge step for us and our community."

Change in Governance

In January 2023, Ron Burchett stepped down from his role as Chairman of the Board and Donovan Blackburn took on the roles of Chairman, President, and CEO.

“There is no question that Ron Burchett is leaving extremely tough shoes to fill,” Blackburn said at the time. “During his time on the PMC Board, he has tirelessly fought for quality healthcare to be available for those living in our region. As Chairman, he oversaw a hugely successful transition to PMC’s current leadership and subsequent financial turnaround. Ron Burchett gets much of the credit in leading the Board of Directors in transforming a community hospital into the regional medical and referral center it is today. His absence in this role will certainly be missed.”

Blackburn, working with the City of Pikeville, developed a newly created road between the hospital’s campus and Hambley Boulevard which was named Burchett Way in recognition, appreciation, and honor of Burchett’s many years of contributions to the community and PMC.





100
YEARS
Hope, Healing & Humanity
Together. We Rise.



+PIKEVILLE
MEDICAL CENTER
Together. We Rise.

9th BUSIEST Hospital in KY based on volumes	15th LARGEST Hospital System KY	18th LARGEST Total # of Licensed Bed of 120 hospitals in KY
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CHAPTER 23

PMC Today

There is no other hospital in the region, or in the state of Kentucky, like that of rural giant Pikeville Medical Center (PMC). PMC has become the single largest regional transfer hospital in rural Eastern Kentucky and in the 5th Congressional District. It includes, but is not limited to, 348 licensed beds consisting of 328 acute care beds, 16 designated Level II Advanced Care Neonatal beds and 70+ ICU beds offering a higher level of care. PMC is also licensed for 20 inpatient rehabilitation beds and 22 newborn nursery bassinets. PMC now manages nearly two million square feet of space in 50 different facilities with locations in Pike, Floyd, and Letcher counties and Grundy, VA. It serves an area of over 450,000 people with over 450 credentialed providers. The hospital campus encompasses a ten-story main hospital campus, an 11-story specialty clinic, and a ten-story parking garage. The Clinic physicians provide services in nearly every adult specialty and sub-specialty that patients would otherwise have to travel two to three hours to receive. PMC is home to ten Centers of Medical Excellence, which includes:

- The Heart and Vascular Institute of Eastern Kentucky Services
- The Lawson Cancer Center
- The Mettu Children's Hospital
- The Appalachian Valley Autism Center (AVA Center)
- The Orthopedic Surgery and Sports Medicine Institute of Eastern Kentucky
- The Center for Bariatric and Minimally Invasive Surgery
- The Eastern Kentucky Advanced Women's Care Center
- The Appalachian Center for Advanced Eye Care
- The Eastern Kentucky Neuroscience Center
- The Plastic Surgery & Dermatology Center

PMC is also home to the Primary Stroke Center, PMC Sleep Lab, Level II Advanced Care NICU, Kentucky's only Level II Trauma Center, two Urgent Care Centers, Durable Medical Equipment Services, Specialty and Retail Pharmacies, full service Lab and Pathology Center, Outpatient Physical Therapy, Inpatient Rehabilitation Center, Hyperbaric Oxygen Therapy, Diagnostic Center, multiple Primary Care Services in various outlying communities, Family Care Clinics, and much, much more. Overall, PMC has numerous ambulatory clinic locations offering multiple specialties. PMC has grown into a powerful "regional" medical center serving most of the tertiary care needs for the people of the Eastern Kentucky, Western Virginia, and South-

ern West Virginia regions. Out of nearly 120 hospitals in Kentucky, PMC has become the 8th busiest hospital in total gross revenue, which speaks volumes of who and what they have become.

PMC looks and feels like an urban regional hospital and transfer center. However, it serves a very large rural population that is normally more acutely ill than their urban or suburban counterparts, meaning higher patient acuity among hospitalized patients. Seventy-seven percent of PMC's payer-mix is government funded, Medicaid and Medicare, and due to its higher level of care, PMC acts as a patient transfer facility for many hospitals in Eastern Kentucky, Western Virginia, and Southern West Virginia, accepting patients from 48 different hospitals within and near our service area. PMC's service area consists of more than 450,000 people and in 2022 had 501,728 patient encounters. Stated more directly, there are not many hospitals throughout our country similar to PMC, and none in Kentucky outside of academic medical centers that provide the comprehensive services that are equal to PMC while being located in a rural community like and serving a vast rural regional population.

As mentioned earlier, PMC treats some of the most acutely ill and poverty-stricken patients in the entire nation with a payer mix of 50% Medicare/Medicare Managed Care, 24% Medicaid/Medicaid Managed Care, 22% commercial insurance, 3% other government payers (Champus) and 1% self-pay. Like all hospitals, rates for services are negotiated or 'set' which means they have no control on the actual payer rates. This can be challenging as escalating operational costs and rising inflation strikes, as there is no way to offset these higher costs by increasing rates.

Unfortunately, the region PMC serves also leads the nation in heart, pulmonary, and cancer diseases and leads the state and most of the nation in diabetes rates. In order to provide the services that the community needs, PMC has become a full-service regional hospital and transfer center and provides nearly every service possible, in a rural setting, unlike any other hospital in the region or service area.

PMC is the only stand-alone hospital in the state of Kentucky that offers services comparable to the urban regional hospitals and transfer centers, including U of L and UK Health, with the exception that PMC does not have a burn unit nor do they perform transplants. PMC offers a higher level of care than any other hospital in the region and service area. In addition to the acuity levels that PMC's patients present, they also have multiple comorbidities which adds to their length of stay and typically ending in a much longer hospital stay and a higher readmission rate. Readmissions for the acutely ill typically work against PMC's reimbursement from government payers, resulting in penalties, thereby reducing the reimbursement rates even further.

Thus, at times, it has become extremely difficult to operate with such payer conditions.

Here is just a glimpse into what PMC's services look like as a regional medical center and transfer hospital, which again no other hospital in their service area can mirror:

- PMC Heart and Vascular Center is consistently ranked in the top ten busiest open heart facilities in the state.
- At the end of 2020, PMC opened a \$35.2 million, newly renovated and expanded 46,000 square foot state-of-the-art heart and vascular facility, funded by a USDA low interest loan.
- PMC has more cardiac catheterization labs than any other hospital in the state with 29 exam rooms, two waiting rooms, and with some of the most advanced equipment and amazing professional talent.
- Over the past three years, in addition to providing standard cardiac services, PMC's heart program performed many first-in-heart care.
- PMC performed Kentucky's first ablation procedure using the new FDA approved TactiCath Contact Force Ablation Catheter.
- PMC was one of the first in the nation to implant the Micra Leadless Pacemaker.
- PMC was one of the first facilities in the country to offer the Watchman device, MitralClips, MAZE, TAVR and PFO Closure.



When every minute matters, PMC's heart program saves lives in a region with the highest rates for heart disease in America.

As our service area leads the nation in multiple cancer rates, PMC's Lawson Cancer Center is also equally impressive and a blessing to so many in the region. In 2022 the Lawson Cancer Center had over 25,000 cancer patient encounters, 6,600 chemotherapy visits and 20,000 cancer out-patient visits. With over 40,000 square feet devoted to cancer diagnosis, treatment and healing, the Center continues to grow. The receipt of various state and federal grants, totaling nearly \$7 million, submitted and supported by Congressman Hal Rogers and Governor Andy Beshear, assisted in opening the latest addition of the Cancer Center in September of 2023 with the 11th floor Infusion Center. That is coupled with the newly remodeled 10th floor Cancer Center expansion. In 2019, PMC opened a new Specialty Cancer Pharmacy and relocated the Cancer Center Lab to the 11th floor, making the Lab more accessible to their frail and ailing cancer patients.



Cardiac Catheterization Lab



*Cath Lab Director Johnny Webb and
Supervisor Amy Doty after 100th TAVR
procedure*

New federal grants also helped the hospital purchase and install not one, but two, revolutionary Varian RapidArc TrueBeam linear accelerators which utilize revolutionary Brainlab technology. The new system can detect and treat cancers that PMC, nor anyone else in the region, could detect previously. PMC was also first in the region to offer the recently added two new state-of-the-art 3D digital breast tomosynthesis mammography units to detect and fight cancer. PMC also added a new PET scanner which performs many types of testing done nowhere else in the region in areas including but not limited to prostate and cardiac diagnosis. On top of all these recent accomplishments, PMC is also offering patients inclusion in numerous clinical trials for breast, pancreatic, bladder and lung cancer studies, in addition to others.

PMC's nationally recognized Joint Commission Certified Orthopedic and Hand Surgery Program is also second to none. With a top team of various orthopedic surgeons, orthopedic trauma surgeons, hand surgeons, a

hand/plastic surgeon, sports medicine, one foot and ankle surgeon and podiatrist, PMC earned the Joint Commission's Gold Seal of Approval in Hip and Knee Replacement and Hip Fracture. At the time of accreditation, PMC was the only hospital in Kentucky to have attained all three certifications. These services are not only necessary for the region's aging and sports patients, but the region is home to many new all-terrain vehicle trails for locals and visitors. Tourists who travel to this part of the country and may not be familiar with the terrain, unfortunately, find the need for emergency and trauma care.



TrueBeam Linear Accelerator

There are many specialties and sub-specialties offered by PMC that help keep those in need from traveling to facilities hours away, which is one of the leading causes for delayed care. It can also lead to the patient needing more



Orthopedic Surgeon Keith Hall, MD

extensive care for untreated conditions and diseases. PMC offers audiology, bariatric surgery, dermatology, otolaryngology (ENT), endocrinology, gastroenterology, infectious disease, neonatology, nephrology, neurology, neurosurgery, obstetrics and gynecology, ophthalmology, oral and maxillofacial surgery, pediatrics, family practice, phys-

ical rehabilitation, plastics and reconstructive surgery, pulmonology, rheumatology, sleep medicine, general surgery, trauma surgery, urology, wound care, and much more. These services have forever changed the medical landscape of Eastern Kentucky.

In conjunction with all these listed services, PMC's inpatient services consist of 70+ ICU beds, managed by trained critical care physicians and staff. These ICU beds are vital to the survival of many in PMC's service area where minutes matter toward the preservation of life. PMC has the only Level II Trauma Center in the state of Kentucky, servicing our region and receiving patients by both ground and air. Without this service, there would be many more fatalities that are now, in many cases, prevented.

Working with the state legislature in 2022, PMC leadership was able to assist with the passage of HB777. This permitted hospitals to apply for a Certificate of Need through a non-substantive review process, to operate an inter-facility transfer ambulance service. PMC launched its inter-facility ambulance service in early 2023 and now operates two ambulances and is looking to expand. PMC is able to provide a more efficient service to their patients by transferring them to the appropriate medical facility while opening beds for new patients. This has proven to be a great new service for PMC and the patients they serve.

PMC is also special in providing many services such as the Outpatient Physical Therapy facility and state-of-the-art, fully automated Lab and Pathology Center, which opened in 2018. The PMC Lab is now able to complete 97% of all lab testing in-house, providing faster results. PMC also operates high-volume automated inpatient and outpatient pharmacies and two specialty pharmacies. Opening in 2022, PMC currently operates the only specialty pharmacy in the region. In 2024, PMC will be opening an outpatient drive-thru testing facility. Patients will be able to drive into an environmentally controlled building, remain in their vehicle, and have their blood drawn for testing or other Lab procedures. The \$3 million funding for this building will be totally paid for through a federal grant sponsored by Congressman Hal Rogers.

Over the past five years, PMC has also been laser focused on expanding and serving the pediatric population. With the 2021 opening of the only Children's Hospital in our region, the ten-bed, 13,400 square feet, Mettu Children's Hospital serves the pediatric population. This is coupled with the newly renovated pediatric-friendly ER unit and the new Pediatric Clinic. With the Pediatric Clinic located beside Pikeville's retail hub, it provides easy in-and-out access for pediatric patients and their parents. The centers are designed to put PMC's youngest patients at ease with 'kid-friendly' wall designs, play areas, large TVs in each exam room, and a wall hanging activity center. PMC also provides Pediatric Specialty Clinics in the hospital as part of the Mettu Children's Hospital. To help expand specialties while not incurring additional costs, PMC has partnered with the University of Kentucky's Children's Hospital utilizing telehealth visits and hosting traveling UK's Children's Hospital specialty physicians. This too, for the first time, provides access for children to specialized services such as cardiology, BMI, endocrine, pulmonology, and plastic surgery, with genetic disorders starting shortly. In 2021, PMC also launched the Healthy-at-School telehealth platform service affording every school in the Pike County school system with support and medical care. As the largest county in the state, bringing access to pediatric

services to the rural communities provided additional care to children in need. Without this service, many of our youngest citizens would go without being seen by a provider either due to parents working, the cost to travel, or even neglect. With the schools advocating and PMC providing a much needed service, it's a win for the areas youngest population.



Pediatric Hospitalist Brandon Nelson, MD

PMC's Obstetrics department is also more advanced than any in the area. In 2022 nearly 1,000 babies were delivered in the hospital. PMC has the largest on-call group in the region with seven OB-GYN physicians and is the only hospital in the region to offer a Level II Advanced Care Neonatal Intensive Care Unit with two neonatologists on staff. PMC doubled the size of the NICU from eight to 16 beds while also receiving the regions only Level II Advanced Care designation. This allows PMC to care for babies born with lower birth weights, shorter gestational ages, and complications at birth close to home, versus having to be transferred to a facility hours away from their families. PMC's program also allows them to manage high-risk pregnancies and perform necessary surgeries. These services again prove that PMC provides a higher level of care compared to all other hospitals in our service area and offers services that are comparable to metro hospitals in the state.

PMC is also home to the Appalachian Valley Autism Center, better known as the AVA Center, the nation's single largest ABA Autism Center. At the end of 2023 there were 120 children between the ages of two and 12, referred to as 'learners,' in the program. With an ongoing construction



Neonatologist Myla Santiago, MD and staff attending to baby in NICU

project underway, the Ava Center is expected to grow to nearly 180 learners by the end of 2024. PMC opened the second AVA Center in Prestonsburg, Kentucky in November of 2022. The AVA Center is only reaching its fourth year in existence but continues to grow and has become a model for ABA programs. The Center offers Applied Behavior Analysis (ABA), speech,

feeding and occupational therapies. It also provides a nurse practitioner who can offer Autism Diagnostic Observation Schedule testing (ADOS), the gold standard for diagnosing a child who may be on the spectrum.

PMC also plays another major role for our region. Since the demise of the coal industry, healthcare has risen as the leading economic sector for our region and Eastern Kentucky. Healthcare represents over 17.4% of the economy and is the leading sector in the market's total workforce, followed by retail and education. At the end of 2023, PMC was the single largest employer in the region with nearly 3,533 staff members from 34 different Kentucky counties. Annual wages for 2022 were \$234,269,465 and PMC added \$102,736,930 worth of compounded economic benefits to our local communities through restaurant visits, gas stations, retail spending, hotel stays, etc. PMC's main campus is in Pike County, the largest county in Kentucky, with a population of nearly 60,000. PMC represent nearly 30% of Pike County total wages and 50% of the City of Pikeville's total occupational tax. Since the hospital's administration changed in 2018, there has been nearly \$200 million in various capital investments made by the hospital throughout our region with many of the new investments supported by state and federal grants or funding.

In addition to projects listed above, here are a few of the hospitals larger projects that have been completed over the past five years from the end of 2023 and upcoming projects:

- EPIC Electronic Health Records system - \$50.3 million
- Data Center - \$10 million
- Downtown Business Complex - \$10 million
- Laboratory & Pathology Center - \$6.3 million
- 3rd floor Critical Care Unit renovation - \$6.3 million
- PMC North Urgent Care & Family Wellness Center - \$6 million
- Prestonsburg Primary & Urgent Care Center - \$3.8 million
- Whitesburg Specialty Care Center - \$3 million
- South Williamson Primary & Specialty Care Center - \$1.9 million
- AVA Center Prestonsburg Expansion - \$3 million

- Contracts & Legal Complex - \$2 million
- The Galen College of Nursing - \$3 million
- Hospital Training Center - \$1.35 million
- Workforce Innovation Center - \$1.5 million
- Starbucks Coffee Shop - \$1 million
- Two new CT Scanners - \$1 million
- New 3D mammography unit - \$1 million
- Three new MRI units & room remodel - \$3.5 million
- PMC Campus Primary Care Center - \$800,000
- Emergency Department Pediatric Unit - \$250,000
- OP Diagnostic Center Drive-Thru - \$2 million
- Stress Echo/Heart Failure Clinic remodel - \$2.3 million
- Four new operating rooms - \$7 million
- Plastic Surgery & Bariatric Clinic - \$2 million
- Patient Room Refresh 2024 - \$1.1 million
- Radiation Oncology CT Replacement 2024 - \$900,000
- Outpatient Diagnostic Center Drive-Thru and MRI - \$3 million
- Prestonsburg AVA Center 2024 Expansion - \$2.76 million
- Workforce Innovation Center 2024 Expansion - \$2.5 million
- 4E Psychiatric Ward - \$4.6 million
- 2024 Intensive Care Unit (ICU) Renovation - \$6 million
- Obstetrics/Labor & Delivery Unit Renovation - \$3 million



Supporting PMC's Not-for-Profit & For-Profit Business

PMC is best known as a regional hospital; however, few realize that PMC also operates for-profit businesses. These entities have been greatly expanded over the past six years and add great value to the hospital, staff, patients, visitors, and vendors.

CEO Blackburn has a retail background and wanted to ensure that patients and staff had a full array of services that would be needed while working, visiting, or staying in the hospital. Blackburn had a connection with Starbucks through a good friend, Steve Smith, President and CEO of Food City. Smith and Blackburn were able to convince Starbucks to permit PMC to operate as a licensed operator of a new Starbucks that would be in the hospital. This was a great morale booster for the staff and visitors.

Blackburn, working with COO Kansas Justice, also moved forward with plans to install the PMC Corner Market, offering supplies, snacks, and small trinkets and gifts for staff, patients, and visitors. Again, another huge win.

PMC also owned and operated the Landmark Inn Hotel. Blackburn and the Board elected to remodel all the rooms available for visitors and travel staff. This was a vast opportunity for PMC. PMC also expanded services in its Durable Medical Equipment services while also opening its first three-bay drive through pharmacy and retail pharmacy.

Blackburn also elected to establish a standard uniform policy throughout the hospital and assisted employees by opening a new uniform shop, Scrubs & More. Additionally, PMC partnered with UPIKE and Pike County Schools by providing them a discount when purchasing their scrubs and other uniform apparel.

PMC, under the oversight of COO Kansas Justice, entered a contract with Morrison Healthcare Food Service in 2023 in order to expand its offerings, while creating efficiencies in its food service operations. The food service grew by providing food locker delivery service to off campus buildings and would also contract with a company to offer a new food canteen in the new PMC Business Complex.

PMC's leadership is currently looking at other opportunities to expand these types of services that Blackburn said he hopes to be able to announce soon.



Scrubs & More



Corner Market



Durable Medical Equipment (DME)

CHAPTER 26

Technology

When the new administration took the helm, leadership understood the need to make a significant investment in new technology. PMC's Chief Information Officer, Tony Damron, was given the latitude and direction to utilize the skills and knowledge he and his team possessed to address the inadequacy of technology that the hospital was in desperate need of. The previous administration made significant investments in new equipment, however, did not support the need to make investments in systems, including health records, platform integration, cyber security, financial systems, POS systems, communication systems and much more. Over the past 5 years, that completely changed. Now, PMC has some of the most sophisticated systems known throughout healthcare. Damron stated, "Healthcare is driven by people helping people but what we try to do, from a technology standpoint, is provide the best tools that allow those people to do an outstanding job and contribute to the mission of Pikeville Medical Center."

With the ongoing challenge by foreign adversaries attempting to hostilely infiltrate hospital systems and holding them hostage for ransom, by 2020 cyber security and new systems became a major priority for many hospitals, including PMC. A total overhaul of equipment and staffing structure to address overall security and cyber-security concerns, led by Tristan Blackburn Director of Networking & Information Security, was implemented. PMC spent millions of dollars to purchase upgraded equipment, protocols, policy revisions and training. These steps have proven to put PMC in an exceptionally robust secure system. PMC has seen an increase in the number of hacking attempts but has seen a decrease in the number of successful attempts. This is largely due to the new training program and the highly sophisticated tools that have been implemented.

Another historic and major purchase that was needed was the investment in a new electronic health record system. PMC chose the system Epic, a national leader in the healthcare space that owns the largest market share of inpatient beds in the world. This was a \$50 million decision that would be paid out over several years but would have a major impact on PMC's ability to operate while managing patient information. After three years of vetting and selection, contract negotiations, and training and implementation, Epic went live on June 1, 2022. It was one of the most significant projects in PMC's history, however, it has proven to be an outstanding investment. PMC's Epic Implementation Team won several awards from Epic for leading the country

in its launch and month after month expansions. This was a major accomplishment and the IT department was able to take nearly 30 various systems and platforms and consolidate them all into one with the Epic system. Epic was also historic in granting PMC the ability to immediately share patients' medical charts with hospitals throughout the country. As of 2023, our hospital in the small Appalachian town of Pikeville, KY had exchanged records in this system with hospitals in all 50 states. The new system has created many efficiencies for the hospital while also offering patients an electronic app, PMC MyChart, providing them control and access to their care. Patients have immediate access to lab results, prescriptions, visit summaries, appointments, communication with providers, and so much more.

In addition to those large projects that PMC has undertaken to solidify their spot among the best in healthcare, there have also been many other smaller projects that have made huge improvements in workflow all throughout the organization. AVP of Information Technology, Chad Phipps, has had a long career in healthcare and was very instrumental in PMC's data center buildout along with helping PMC become the only data center in Kentucky to utilize all flash storage. That storage is faster and more efficient than traditional disks and has proven to be a great technology. Director of IT Architecture, Rusty Shanklin, has been very instrumental in implementing some of those PMC systems. Mr. Shanklin has seen so much over his 30+ years at PMC and still takes great pride in the systems PMC has in place. He has seen technology change from the very early days of data processing to the current days of artificial intelligence.

Damron stated, "A leader is only as good as those people that they assemble around them, and PMC has done a great job with staffing in the technology area. I would put this technology team up against any in this country. We have so many intelligent people that want to do the right things for the right reasons. When you combine excellent systems with top notch staff, that's a recipe for success."

"Our patients deserve the very best that we have," said Damron. "While our technology human resources do not physically touch patients, they are indirectly involved in their care. We always challenge all the technology staff to make our systems the best they can be for our family and friends who use PMC for their healthcare needs. We all take this personal and want everyone else to do the same. We want our family and friends to have the best healthcare possible right here in in our region."

Over the past five years PMC has basically replaced, upgraded, consolidated or purchased new systems and technology in almost every single area making PMC an example and making other hospitals envious nationwide.

PMC's Journey to High Reliability

Achievements of such caliber do not come without vision and dedication to quality, patient safety, and employee satisfaction. The realization that payment for quality would be the lifeline of most rural hospitals was upon PMC. Nearly five years ago, PMC's executive team began a progression toward yet another tier of excellence, one that would catapult the hospital to the next level. This was the journey to becoming a High Reliability Organization (HRO). The hospital initially solicited the help of one of the industry's most prestigious companies associated with Zero Harm, Press Ganey.

PMC developed their new brand "Together. Zero Harm" and went to work. Under the guidance of Press Ganey, PMC placed nearly 200 employees through leadership training and taught over 3,000 employees Universal Skills. PMC elevated their Patient Safety Department committing to new heights, adding extra personnel and a structure conducive to achieving the task at hand. The 10/5 Rule, STAR (Stop/Think/Act/Review) and Cross Check among a plethora of others, were becoming common everyday language and actions. PMC developed active implementation teams with a focus on education, communication, sustainment, engagement, cause analysis, measurement, and patient experience all with oversight from a motivated executive team. PMC's executive leadership would be amiss to downplay the impact of the pandemic on their new HRO progress, but with only a brief pause, the program plugged along on a smaller scale than hoped.

However, in late 2022, coming out of the pandemic, the executive leadership team realized PMC was not like all other hospitals and while their partnership with Press Ganey had been a success, leadership wanted to pave their own path to becoming a High Reliability Organization. Leadership elected to move away from the negative perception that if they were trying to attain Zero Harm then there must be existing harm. PMC flipped the switch and rebooted. CEO Blackburn named their leading expert on HRO, Melissa Thacker from Chief Operating Officer of Clinical Services, to Chief Quality Officer and instructed and challenged her to work with the executive team and her quality team to create a new program. The charge was to build a program solidly on the pillars of improving processes, caring for the caregiver/staff engagement, and developing leaders. SAFECARE was born!

SAFECARE was designed to facilitate true culture change with a culture of high reliability. The model encompasses both universal (SAFE) skills and leader (CARE) skills for high reliability through process improvement, lead-

ership development, and taking care of PMC’s entire staff to ensure that every hospital initiative supports a founding pillar. Working cross functionally, the program developed staff level Safety Influencers within every discipline who were champions for safety in their areas. SAFECARE’s Change Management team was comprised of influential leaders within the organization tasked to break down barriers, ensure organizational consistency, promote patient safety, and facilitate change. Thacker’s new bi-monthly Manager’s Meeting agendas were also pillar focused with topics that support process improvement/patient safety, staff engagement, and leadership development.

By late 2023, PMC’s new HRO program, under Thacker’s leadership, launched SAFECARE as a celebration of the new journey, one that will never end, but change direction based on governmental or payer influence and the ever-changing needs of PMC’s population. High Reliability has become one of PMC’s main goals. SAFECARE is a commitment to the region they serve. In the short time SAFECARE has been in existence, PMC’s quality scores are noticeably improving with the overall goal of being the best HRO organization a hospital can be.



SafeCare Project Team at Initiative Launch Party

Reflections from Longtime PMC Employees

THE METTU LEGACY

In July of 1982, after searching the country for a place to settle down, establish their medical practices and raise their family, Drs. R.V. and Jyothi Mettu chose Pikeville, Kentucky. That is the moment their incredible story of impacting an entire region began.

“They told me they really needed me here because they desperately needed a pulmonologist,” explained R.V. Mettu, MD. “When I started, I realized there was also a need for a critical care physician to treat the people of Eastern Kentucky. Thankfully, I was in a position to offer both.”

His wife, Jyothi, a promising new pediatrician, was pregnant with their third child but completely supported R.V. in his endeavor to care



Drs. R.V. & Jyothi Mettu

for the sickest of the sick at this growing hospital in Pikeville. “In January of 1983, I asked him to put a desk and chair for me in his office and hire me a nurse,” she recalled. “I said I would train her for pediatrics, and we would go from there.”

Dr. Jyothi Mettu’s decision to gradually establish her pediatric practice and focus on caring for their family enabled her husband to make a tremendous impact at what was then Pikeville Methodist Hospital.

“I was going to the hospital in the morning at 6 or 6:30 and not coming home until 8 or 9 pm. I couldn’t have done it without her amazing support,” he explained. “During that time, we realized this was where we were going to raise our family. Pikeville became our home and has been our home now for more than 40 years.”

Over the years, Dr. R.V. Mettu saw firsthand how sleep deprivation was taking a toll on his patients by complicating their already serious medical conditions. Rather than accepting this reality, he sought the necessary training to be able to establish the hospital's first sleep center, which opened in 1994. In 2024, the PMC Sleep Center has maintained the prestigious accreditation from the American Academy of Sleep Medicine for 30 years, an accomplish-

ment Dr. R.V. Mettu is very proud of.

Dr. Jyothi Mettu's pediatric practice grew tremendously, and she became the pediatrician thousands of families chose to care for the medical needs of their children for nearly 40 years. As they both approached retirement, Drs. R.V. and Jyothi Mettu began discussing ways they could continue serving their community long after they treated their last patient. After much thought and prayer, the Mettus decided to make a generous contribution to support the development of Eastern Kentucky's first children's hospital.

"This is our way of saying, 'thank you' to the many families that allowed us to treat them throughout our careers, especially the little ones," explained Dr. Jyothi. "Investing in this project is a way we can continue contributing to the advancement of pediatric care for generations to come."

The Drs. R.V. and Jyothi Mettu Children's Hospital opened in December 2021 with family, friends, former patients, and longtime coworkers there to show their appreciation for the couple who chose Pikeville as their home more than 40 years ago.

Both R.V. and Jyothi say, looking back, the one thing that drove them to continue improving the care they provided was having to send patients away from Eastern Kentucky for treatment, whether it was pediatric patients, critically ill patients or those needing sleep studies. In many of those areas, the road that was once considered "one-way" out of the region is now used to bring patients to Pikeville Medical Center for medical care. The Mettus' drive, determination, and passion have created an amazing legacy that will most certainly be remembered throughout Pikeville Medical Center's next hundred years.

"This area has touched us so much," explained Dr. Jyothi Mettu. "Like the mountain people say, 'the mountains love you and you have to love them back.' And we definitely learned how to."

CHERYL HICKMAN REFLECTS ON 50 YEARS AS A NURSE AT PMC

In the early 1970's, hospitals throughout the country were desperate for registered nurses, due in large part to new legislation that required them to have RNs on every unit to supervise the care of patients. This need was especially felt in the mountains of central Appalachia, which prompted the University of Kentucky to establish a Registered Nursing Program at their campus in Prestonsburg.

In 1974, the first class of RNs graduated, launching fresh new nurses



into doctors' offices and hospitals throughout Eastern Kentucky. Among those was Cheryl Hickman, who began work at what was then Pikeville Methodist Hospital near the end of May. For the next 49 years, she devoted her entire career to the same hospital, a commitment rarely witnessed anywhere in the country, much less in a rural Appalachian community. In 2024, as Pikeville Medical Center (formerly Pikeville Methodist Hospital) prepares to commemorate its 100th year as a hospital, Hickman, serving as Senior Vice President and Chief Regulatory Officer, proudly celebrates her 50th year as a registered nurse. Cheryl currently holds the record as an active PMC employee for her tenure and is planning to retire on July 6, 2024, her 50th year anniversary.

In preparation for both events, Cheryl was asked to reflect on her career with PMC and share some of her most memorable moments. This is what she had to say.

"I was born in Charleston, West Virginia and spent my childhood in New Jersey. Thankfully, a series of events in my late teenage years brought me back to volunteer in this region where I was able to attend nursing school. My first nursing position was a staff nurse in a medical unit, but my hard work was recognized, and I was promoted to charge nurse in a medical-surgical unit. In October 1975, the hospital opened its first four-bed Cardiac Care Unit. Twelve of us agreed to be trained to work in the unit, which was led by the medical director, Dr. William Johnson. Along with Doctors Oscar Thompson, Max Jones and Harvey Page, we began to build the unit.

One of my most memorable moments in time at the hospital was in early 1977. I transitioned into the role of House Supervisor just before the historic flood that devastated Pikeville in April of that year. When it appeared the flood water was going to impact the hospital, it was late in the afternoon. I got to the hospital before the water reached the doors, but by 10pm, the water from the Levisa Fork of the Big Sandy River was five feet high on the first floor. At its highest point, the entire first floor of the hospital was under water, which absolutely crippled the hospital. We lost our suction, oxygen, generators, pharmaceuticals, food and linens. Our only communication with the outside was a CB radio that one of our patients had in his room. We were able to get our doctors in by boat, and somehow did all of our work by flashlight, which, that night, included performing a C-Section delivery. The water soon receded, which allowed extra staff to access the hospital to relieve us and begin the daunting task of cleaning and repairing the hospital.

By the early 1980's, the number of pediatricians at Pikeville Methodist Hospital was increasing and the pediatric unit we had established on the 7th floor began to grow. The same was also true for the number of deliveries, which prompted the physicians to begin work to establish a neonatal inten-

sive care unit (NICU). Today, I am proud to say that unit is now a 16-bed Level II Advanced NICU, the only one in the region.

Growth has been a consistent priority at the hospital throughout its history, and the 1990's saw the creation of the Leonard Lawson Cancer Center. Today, the name has been condensed to the Lawson Cancer Center (LCC), but its square footage and the scope of its services have expanded many times over. The LCC now provides comprehensive cancer care in an area that spans two floors in addition to offering state-of-the-art radiation oncology services on the first floor of the May Tower. As the 1990's came to a close, work to expand the May tower was nearing completion despite a brief period of labor union issues, which were resolved quickly.

As the 21st Century began, the administration at Pikeville Medical Center, which was led at that time by Walter May, was focused on establishing an "open-heart program." During that time, I was Chief Nursing Officer and was proud to be part of an administration that was focused on building a program that allowed patients of Eastern Kentucky to remain close to home when they needed specialized and/or immediate cardiac care. As the time drew closer for the first open heart surgery, our staff received extensive training and were well prepared. When staff throughout the hospital asked if I truly believed we were ready for this, I reassured them that it was 'our time to shine!'"

The surgery was a success and marked a turning point for not only Pikeville Medical Center, but our support staff. They were shown and now believed that with the right equipment and surgeon in place, they could be a part of any medical team and assist in any new procedure. It was truly a confidence builder for many employees at PMC.

A natural disaster nearly 1,000 miles away in 2005 gave Pikeville Medical Center the opportunity to serve people in need of medical help outside of our walls. Hurricane Katrina delivered a blow to New Orleans that will never be forgotten. During the immediate aftermath, I asked Mr. May, our CEO at the time, if I could take a team of PMC medical personnel to the airport in New Orleans to help. He said, 'yes,' with no hesitation and within five hours our team was on the road. With us were physicians, nurses, paramedics and other staff in addition to two ambulances, two box trucks and an 18-wheeler loaded with water and medical supplies. During that trip, were able to help treat patients coming in and, if needed, get them transported by bus or helicopter to waiting medical facilities.

I am proud to say we are ending our first 100 years strong and once again focused on improving the care we provide to the children of our region. This credit belongs to our current President and CEO, Donovan Blackburn and his equally committed wife, Debbie. We now boast the region's only

children's hospital and a dedicated autism center that is growing as fast as any program in our hospital's history. Both of these projects are continued proof of Pikeville Medical Center's commitment to providing specialized care that allows patients to remain close to their homes and families while receiving quality care.

Our continued focus on growth will allow our medical center to make healthcare accessible for all ages for many generations to come. Throughout my 50-year career at this amazing hospital, I have seen firsthand that when you have the right people in the right places who believe that anything is possible when you are working for the good of others, GREAT THINGS HAPPEN FOR ALL!"

TERESA MULLINS, EXECUTIVE DIRECTOR, CENTRAL REGISTRATION

Teresa Mullins started with The Methodist Hospital of Kentucky in 1979 as a registered nurse. In 2023 she moved into the position of Director of Patient Registration, said when she started, it was a more close-knit group working at the facility.



When we had a smaller number of employees, of course, we were a much closer group," she said. "Still, it's amazing what we do to help people, not only medically and spiritually, but financially."

The expansion of medical services, especially those for which people had to travel out of the area in the past, has been vital.

"I think it gave patients a sense of security that they could stay here," she said. "People have to have that sense of security and belief and trust."

The community, she said, knows who she is and where she works, something of which she is proud.

"People in my community, in my church, know where I work. I don't keep it a secret," she said. "I'm very proud. I wouldn't be here if I wasn't."

For Mullins, a graduate of Pikeville College, the growing relationship between the hospital and the University of Pikeville is something that she loves to see, but it does not surprise her.

For years, the Methodist Hospital of Kentucky and now Pikeville Medical Center have contributed greatly to her continuing education.

"They helped pay for furthering my education, as they do and have done for many, many other nurses," she said. "It's pretty awe-inspiring, if you want

to put it in total dollars, what has been given to me to work here.”

**AARON CRUM, MD, SENIOR VICE PRESIDENT, CHIEF
MEDICAL OFFICER & ASSISTANT CEO**

“I started my OB-GYN career in Pikeville during the summer of 2000. I joined a private practice that included Drs. McGuire, McClellan and Hill, in addition to Dr Harry Altman, who actually delivered me at what was then Pikeville Methodist Hospital. At the time, this was one of the busiest OB-GYN practices in Kentucky, and we did all of our surgeries and deliveries at Pikeville Medical Center.



The medical staff was much smaller then and we all knew each other well, having breakfast together in the physician’s lounge almost daily. Even then, I found the quality of physician care at PMC to be extraordinarily good.

The May Tower opened that year and provided what I and others considered to be one of the best labor, delivery, and recovery facilities in the state. During this period, the physician staff was mostly independent, and we functioned like most rural hospitals. The major difference was the intense focus of the PMC administration to have the best equipment and facilities in Kentucky. Added to that was an unmatched drive to provide the best nursing and ancillary staff, which I can testify were the best I had ever worked with. Even then, more than 22 years ago, PMC was providing quality core medical services in a great facility with highly competent providers and staff. Over the next several years, the push for growth intensified and PMC put itself on the successful path to become a trauma center, which vastly expanded the scope of services provided to the region.

As the decade came to an end, the physician landscape began changing across the country, especially in rural areas. A hospital-employed model was becoming the preferred structure and by 2012, our once-private practice became employed by PMC. During this period, to provide comprehensive adult services, over 90 percent of physicians and medical providers in Pikeville became employed by the hospital.

By 2015, PMC had become a high-quality, comprehensive regional referral center for adults with an intensified focus on growth in subspecialty areas. Expansion of clinic space and parking was accomplished, and the medical center continued to grow, both in its scope of services and physical presence.

However, looking back at my career, I am most proud of what I have

helped Pikeville Medical Center accomplish over the past seven years. In 2017, during what would prove to be a historical change in leadership, I accepted the challenge to transition into an administrative role as PMC Chief Medical Officer and Assistant CEO. This role has allowed me to have a broader view of our entire operational system and offer insight and wisdom I have accumulated throughout my career as a physician.

Since then, PMC has made major advances in the medical care provided to Central Appalachia. We have done this by investing in the highest quality physician and provider talent. In addition, our administration and board of directors have put a major focus on quality and outcomes. Pikeville Medical Center truly serves as the tertiary referral center for the eastern part of KY and surrounding states. We serve the most severely ill patients and offer services normally seen only in the university setting. PMC's model mirrors that of larger teaching hospitals and continues to grow.

As we look ahead to the next 100 years, we are on track to develop and improve pediatric care as we have done with adult care. To date, PMC has opened the region's first and only children's hospital, operates the nation's largest autism center offering Applied Behavior Analysis (ABA) therapy, and now offers pediatric behavioral health.

I have no doubt PMC will continue to remain ahead of the curve in providing high-level care to Eastern Kentucky and is leaving a legacy that will be built upon for many years to come."

OON LEEDHANACHOKE, MD, PMC GENERAL SURGEON

Upon completing his residency in New York City, Oon Leedhanachoke, MD, got a call that would change the course of his life, and the lives of his family and this community.

"In late 1978, I got a call from a friend, saying a Pike County physician, Dr. Ballard Cassady, was looking for a partner. In early 1979, I traveled from New York City to Pikeville to meet him, and after our first meeting, he interviewed me again, this time by watching me operate. I successfully operated on a 6-week-old baby with an obstructed stomach, and Dr. Cassady offered me a job on the spot."

On June 16, 1979, Dr. Oon set down roots and began his practice in Pikeville, never looking back while proudly calling Pikeville home for the past 44 years. Both the hospital and the city were



much smaller than they are today in 2024. Pikeville Methodist Hospital, as it was known at the time, did not have the wide range of specialties offered today.

“At that time, as a surgeon, I had to do everything. Orthopedic, trauma, vascular, general surgery and even some GYN. We had to work hard. Over time we grew, we grew at an almost miraculous rate. We brought in more specialists, we got new technology, and we kept building. Our journey to get to where we are today has been a long one, filled with challenges, but I wouldn’t change any of it for the world.”

One of the most important parts of that journey, according to Dr. Oon, is the people. “Being from Thailand, the culture is very different from ours here, but I can tell you one thing, the people are the same. No matter where in the world you are, no matter what religion you believe in, we are all human beings, we all share the same feelings. We love, we care, we laugh, we cry, we’re all human. I’ve met so many amazing people here, from the wonderful couple who took my wife and I under their wing when we first moved here and soon became like family to us, to my coworkers and friends. I’ve been blessed beyond measure. So, for me, even though I’m halfway around the world from where I was born, this is my home.”

As one of PMC’s longest serving surgeons, Dr. Oon has touched thousands of lives. His patients mean the world to him, and he means the world to them. “This past Christmas, I was given a little gift from a young boy, who couldn’t have been more than 6 or 7 years old. He’d wrapped it himself, and it had a handwritten note on it. In the note, he thanked me for saving his mother. That meant more to me than anything else. It brought tears to my eyes. That’s why I do what I do. I don’t do it for the money. I do it for my patients and for their families.”

Looking ahead to the next 100 years, Dr. Oon explains what must be done to continue being a beacon of hope for many generations to come. “We have to value our people; we have to work hard and bring up the next generation of dedicated healthcare workers with the ability to carry on and continue caring for our people for more years to come. Pikeville Medical Center is a very special place, but it’s not the building, it’s not the name, it’s the people who work here.”

DWIGHT BUCKLEY, AVP OF RESPIRATORY SERVICES

“In my more than 30-year career as a respiratory therapist, I have watched the field evolve and become more technologically advanced than I would have ever dreamed was possible. I would guess that same sentiment is probably felt by many who are taking the time this year to look back at the

100-year history of Pikeville Medical Center.

When I started in December of 1992, ALL hospital employees were allowed to park in the parking lot behind the hospital. That memory itself is mind-blowing when you consider that Pikeville Medical Center now has over 3,200 employees, not counting our contract workers. I specifically remember working the night the “new” Emergency Department opened on the first floor of the Elliott Building. Everyone was excited about that space being such an improvement. Looking back, that is hard to imagine, considering it consisted mainly of one hallway full of treatment bays separated by curtains suspended from a sliding track mounted to the ceiling. At that time, there were only six ICU beds, which were also separated by curtains.



A lot of PMC employees who have worked here as long as I have or longer have stories of not being able to leave for several days due to an unexpected show of force from Mother Nature. For me, that was what we refer to as the blizzard of '93. I specifically remember staying at the hospital for several days and working 16-hour shifts because employees just couldn't make it to the hospital.

When I started as a respiratory therapist, there were only five full-time RTs per shift. That number is now 19. The increase in the number of respiratory therapists is a direct result of the intense drive to continually grow and expand that has existed at Pikeville Medical Center from the very beginning. Without that commitment to provide more advanced services to this region year after year, we would have never become the regional medical center we are today.

For three years, I was fortunate to be a clinical instructor for a respiratory therapy program at a local community college. Some of the students I worked with then are now respiratory therapists here, which is a testament to the positive environment we have worked to create and maintain throughout our history. Being a Pike County native, it was important for me to stay close to home while pursuing my education and afterward as I started my career as a respiratory therapist. I have always felt led to find ways to educate the next generation about career opportunities available in healthcare, specifically in respiratory therapy.

When I think about the future of Pikeville Medical Center, I feel certain that the momentum of growth and expansion will continue strong for many years to come. I am truly proud to say I have been a part of this amazing history.”

TIFFANY THOMPSON, DO, FACOOG, PMC OB-GYN

“Working in healthcare, you are almost guaranteed to witness genuine miracles at some point during your career. I have countless testimonies I could share, but there is one experience, in particular, that boosted not only my faith in God, but my pride in the amazing staff I work with.

It was a Monday evening when I received a page from the PMC Emergency Department (ED) regarding a 26-year-old female who was 17 weeks into her third pregnancy. She had been diagnosed several weeks prior with pneumonia but had seen no improvement despite multiple additional visits to her primary care provider and emergency department. When she came in this time, her symptoms were worse. In addition to shortness of breath, she was now coughing up blood.

Because of the pregnancy, the ED staff wanted immediate obstetrical input. I gasped when I looked at the patient’s chest x-ray and saw an enlarged, cloudy haze on her right side. We needed to investigate this immediately. The mother-to-be was admitted and received aggressive antibiotic therapy in hopes this was due to an infection. As I sat by her bed, I could feel her fear and the need to protect her children because I, too, shared the same concerns. I wished the x-ray images could be wiped clean like images on a chalkboard.



Several weeks later, a repeat CT scan showed no change, so a bronchoscopy was done to visualize the lesion and obtain biopsies. The diagnosis was devastating and unexpected. I said the word out loud as if my eyes had made a mistake. Cancer? This is a 26-year-old female with no history of any major medical conditions! She is an outstanding daughter of a God-fearing mother with children of her own. She and I vowed to put on thick armor and relentlessly face the battle before us.

Multiple specialists stepped in to rally for this family. Dr. Christopher Croot, an oncologist raised in Floyd County with the Lawson Cancer Center, jumped into action without hesitation. Many types of tests and scans resulted in a diagnosis of metastatic pancreatic cancer. An aggressive chemotherapy regimen was meticulously executed, and medications were carefully chosen to treat this mother and allow time for the baby to grow. An early delivery at the time of diagnosis could have meant the baby would not survive.

Several weeks later, the time came to bring several specialty teams together to plan the delivery so the mother’s cancer treatment could continue without further risk to the baby. The decision was made, with a little help

from the baby, to go with a C-Section delivery.

The morning of the delivery, we stood peacefully in her room with our hands enclosed together for prayer before the surgery. An experienced night shift labor and delivery nurse, who is also an accomplished photographer, stayed after her shift to capture the birth for the family. Our neonatology team rallied to organize their equipment, and the general surgery team was on standby. My call partner, Dr. Hayley Trimble, scrubbed with me for the surgery so we could quickly work on both sides emergently if needed.

The moment I heard this child take his first breath and cry, I took a deep breath almost in unison and shouted praises to our Lord! This child is alive! He is here! This precious mother could now physically hold her child's hand.

When I reflect upon this case, I am sincerely awestruck by how many people from different departments at Pikeville Medical Center worked in unison to give this family an opportunity to spend precious time together. Medical professionals from the emergency department, pulmonology, interventional radiology, pathology, anesthesia, oncology, surgery and neonatology united to form a comprehensive medical team that doesn't exist any other place in Eastern Kentucky.

I chose to practice medicine in a field that delivers more than just babies. As an OB-GYN physician, I am blessed daily to witness the culmination of families. Beyond that, it is surreal being from Knott County Kentucky, that in the very hospital where I took my first breath and was given the opportunity to learn medicine, I now practice as a surgeon. However, one of my biggest blessings came when I was able to play a role in giving this mother and child precious time to celebrate life together."

TOM O. MCGUIRE, MD, PIKEVILLE MEDICAL CENTER OB-GYN PHYSICIAN

Bringing new life into this world is one of the most beautiful and rewarding experiences, both for the parents and for the medical team taking care of them along the way. Dr. Tom McGuire has served the Pikeville community for nearly 50 years, beginning his practice in 1978. Over the course of his career, he estimates he has delivered nearly 6,000 babies spanning multiple generations of families. As Dr. McGuire reflects on his extensive career, he says it is amazing how much times have changed and how many advancements have been made.

"Things have changed a lot over the years. When I first started, there were no beepers or cell phones, which made things interesting. For instance, I would have to call the OB floor and tell them 'Hey I'm over here at Jerry's,' and if they needed me, they'd have to call the restaurant and get ahold

of me that way. I was excited when pagers came along, but it was still kind of tough since I'd still have to find a payphone or a landline to call them back on. Before we had hospital wide generators, I remember delivering a baby via C-Section by flashlight when the power went out. Everyone stepped up, the nurses held up flashlights, and everyone performed very well, and everything went as smooth as ever. The staff knew exactly what to do, remained calm, and ensured that the child was delivered safely, and the procedure went as it should. Today, we have large generators that provide power throughout the entire hospital in the event of an outage. Over the years, we've made significant advancements in our facilities, technology and equipment, and it has allowed us all to provide even higher quality patient care."



Dr. McGuire is the longest-serving OB-GYN physician at the Eastern Kentucky Advanced Women's Care Center at Pikeville Medical Center and has seen multiple generations of families come through the doors.

"In the last 5 or 6 years, I've delivered around 100 babies of people who I delivered when they were born. It's been happening more frequently as years go on. My gynecologic patients have told me many times that I delivered them. I actually had a patient recently who told me I delivered her last baby. When I asked her how old he was, she said he just turned forty. Another special thing for me is working alongside colleagues I delivered, including Dr. Tiffany Thompson, another PMC OB-GYN physician."

Reflecting on his many years in practice, Dr. McGuire believes one of the most important things and rewarding parts about his job is connecting with his patients and providing them with happy lifelong memories.

"Pregnancy and childbirth are such memorable and beautiful experiences for families, and being able to care for them along the way is extremely rewarding. One thing I tell the med students I work with is to remember and understand the lasting impact you'll have on their lives. After delivering a baby, you'll most likely say something to the mother, 'Your baby looks just like you!' or 'Your baby looks just like his dad' or any number of things. Whatever it is that you say, you may not remember it thirty years down the road when the mother visits your office again, but she will remember it forever. That's very special to me, and I'm so thankful to be able to be a small part of so many stories."

TONDRA BLEVINS-POLLY, PMC EXECUTIVE DIRECTOR, WOMEN AND CHILDREN'S SERVICES

"Looking back at my 30-plus years as a labor and delivery nurse at PMC, there are more wonderful memories than I could begin to count. However, there is one amazing patient story that seems to rise above the others when trying to determine what I could call the 'most memorable.'

One evening in June of 1992, labor and delivery received a call from the emergency department, and the tone of the voice on the other end of the phone let me know it was serious. "Tondra, a woman is delivering a baby right now in the ER!"

I was only in my second year as a nurse and I happened to be 17 weeks pregnant, so my nerves were still tender and sharp. Beverly Hunt, a fellow L & D nurse, and I ran toward the emergency department and were met by a hospital security guard with eyes that could not hide his fear and excitement. "She's not made it inside the hospital yet!"

We turned and started toward the door where I ran into a young man I had just graduated from a local high school with a few years before. He saw me and yelled, "Tondra, she's out here!" We followed him into the parking lot and to a vehicle where, sure enough, a young woman was actively giving birth in the front seat!

With no time to get the mother to the delivery room, Beverly and I welcomed a healthy baby boy into this world right then and there, in the parking lot of the emergency room at Pikeville Methodist Hospital.

Throughout the past 30 years, the Labor and Delivery department at our hospital has grown exponentially, delivering nearly 1,000 babies annually, and now boasts the region's only Level II Advanced Neonatal Intensive Care Unit. We can take care of babies that previously had to leave their families to be treated in a larger city. That alone means more to those families than anyone will ever know.

It is my hope and prayer that PMC continues to grow over the next hundred years as it has during the first 100."



KEVIN PUGH, MD, PMC ORTHOPEDIC SURGEON

I have practiced at Pikeville Medical Center for over 16 years, and throughout my career, I have seen multiple developments and improvements in services offered to our patients.

Orthopedics is an ever-growing specialty, regularly adding advancements in technology and techniques. Pikeville Medical Center Orthopedic Surgery and Sports Medicine Institute has established itself as a leader in this industry. We utilize some of the best technology available and provide the same level of care as most major hospitals in metropolitan areas.

Approximately 36,000 patients are seen in the orthopedic clinic at PMC



each year. Our experienced orthopedic surgeons and podiatrists at PMC perform nearly 4,000 surgeries in 2023.

The Orthopedic Surgery and Sports Medicine Institute at PMC has received the gold seal of distinction for hip fracture, joint replacement hip and joint replacement knee by the Joint Commission and is one of only two hospitals in the state to receive all three certifications. Recognitions such as these solidify

our hard work and dedication to providing world-class orthopedic care and make me proud to serve my community.

Recognitions such as these solidify our hard work and dedication to providing world-class orthopedic care and make me proud to serve my community. A community that allows me to do what I love and support the people I love. I have served on the board for Pikeville Independent Schools for several years in addition to my time as a physician at the hospital, and the tight-knit, family feel from every sector of my endeavors assures me I chose the right path by staying in the area.

Nine medical providers at the Orthopedic Surgery and Sports Medicine Institute at PMC were born and raised in Eastern Kentucky and have chosen to return to the area to practice medicine. My colleague Dr. Keith Hall and I are two examples of physicians who returned home to take care of the community that raised them and to hopefully inspire future generations of healthcare providers. I am looking forward to the future of PMC's Orthopedic Program.

KEITH ISON, DO, PMC OPHTHALMOLOGIST

These mountains hold a deeply rooted sense of home, a beckoning song that calls to those who leave for one reason or another, ensuring they

find their way home again. Dr. Keith Ison was born and raised in Eastern Kentucky, graduating from Pikeville High School and then Pikeville College School of Osteopathic Medicine, also known as PCSOM (now KYCOM). Once he completed his journey at PCSOM, he moved to Ohio where he completed his residency and an internship in ophthalmology, as well as a short fellowship at the Cleveland Clinic.

Although he left to complete his medical education, the mountains would always be home. In 2006 he returned and joined Dr. Charles Wheeler in his private practice in Pikeville. This gave him the opportunity to give back to and to care for the community that raised him.

“I care very deeply about all of my patients,” said Dr. Ison, “they are wonderful people and have all been very appreciative. When looking back over my career, one story stands out in my mind from about seven or eight years ago. I received a call in the middle of the night from the ER saying a patient came in with a traumatic eye injury. This patient was having trouble opening a seltzer water bottle and was gently tapping the lid with a butter knife when the pressure caused the bottle to explode. The glass entered her eye, rupturing it and causing vision problems. I responded to the hospital and took her to the OR around 3 or 4 am. Thankfully, I was able to repair the damage.

After a traumatic injury like that, a traumatic cataract can occur. This patient developed one, and after allowing time for the initial injury and repair to heal, we brought her back in to have the cataract repaired. The patient’s vision is now 20/20, and she has done very well. Since the surgeries, this patient and her husband have become great friends of mine, and I’m very thankful for that.”

Alongside his service to the region as an Ophthalmologist, Dr. Ison has also provided mentorship and advice to medical students. “It doesn’t feel like I’ve been out of residency for as long as I have. I know what it’s like just getting started and trying to gain your footing,” explained Dr. Ison, “I have worked with many med students and have had many shadow me over the years, and I try to advise them and pass on knowledge I’ve gained through the years in order to help them become the best physicians they can be.”



**AARON L. BROWN, MD, FACS, PMC TRAUMA
PHYSICIAN AND MEDICAL DIRECTOR**

“Where you live should not determine if you live. Access to high-level trauma care is a longstanding barrier in rural areas such as central Appalachia. Pikeville Medical Center has made significant advancements in emergent and trauma care, allowing us to treat our family, friends and neighbors when they need us most. This commitment has eliminated the need for many transfers, allowing patients to remain close to home.

The establishment of a trauma center serves as a pillar of support for its community, offering life-saving interventions and comprehensive care during



critical moments. Often, precious moments are lost when patients are transferred to another facility. To combat this, Pikeville Medical Center has grown its emergency department and trauma center to ensure patients have easy access to a high level of care. In 2015, the PMC Trauma Center achieved accreditation as Kentucky’s only Level II Trauma Center by the American College of Surgeons (ACS), solidifying its

commitment to the patients of central Appalachia. I am proud to serve the patients of this region as Co-Medical Director of PMC’s Trauma Center, and I am excited to see our practice grow even more in the coming years.”

**DALE MORTON, PMC DIRECTOR, EMERGENCY AND
TRANSFER SERVICES**

“My personal and professional journey has always revolved around serving others. I was raised in Stanville, which is located in Floyd County, KY, where my story began. It began in the blue uniform of a police officer, spending numerous years dedicated to protecting and serving my community. Even amidst those early, adrenaline-fueled days of patrolling as a policeman and navigating the complexities of ensuring safety and upholding the law, there was a profound feeling like something was missing. Looking back, I can clearly identify that persistent whisper as empathy urging me towards a different kind of service of helping my community. It was then that my passion directed me into the field of nursing, a career where care and compassion are the armor against pain and despair.

In 2012, I made the leap, diving headfirst into the world of emergency medicine at Pikeville Medical Center. My new career was a perfect fit, as every day brought a new challenge and a new opportunity to extend a helping

hand to those grappling with life's most harrowing moments. The Emergency Department (ED) became my canvas, and every patient, a masterpiece of hope amid crisis and turmoil. The unpredictability of the ED became a stage where I found my passion and rhythm, thriving in the whirlwind of emergencies, lending a steady hand and a compassionate heart to those experiencing their darkest hours.

In 2017, I was promoted due to my unwavering commitment to patient care and my ability to lead under pressure. Director of the PMC Emergency Department was a significant role, one in which I could make a powerful impact on myself and the community that I served for many years. I embraced my new position as well as the challenges that accompanied it with a sense of purpose, pride and dedication, all of which radiates throughout my department.



Due to this pivotal role as the Director of the Emergency Department, I was placed at the helm, but I cannot take full credit for the success of my career. My success is attributed to the incredible team of medical professionals standing shoulder to shoulder with me in the ED. The spirit of collaboration, the culture of teamwork and the unwavering support from the hospital's leadership set the stage for remarkable care. For me, being in emergency medicine isn't just a job—it's a calling. Also, I am always excited to share my enthusiasm for emergency care, urging others who share this passion for helping people in their most vulnerable moments to consider PMC as the perfect canvas to paint their own stories of compassion and service.”

NAVEED AHMED, MD, FAAN, PMC NEUROLOGIST, MEDICAL DIRECTOR OF PMC PRIMARY STROKE CENTER

“I have had the great privilege of serving as a neurologist at Pikeville Medical Center for the past 26 years. Unlike many physicians who start their careers at smaller hospitals and move to larger cities, I chose to do just the opposite. After completing my neurology residencies and fellowship at Mount Sinai Hospital and Harvard Medical School, my wife, Taj, and I moved to Pikeville with our three young children. There was just something about the mountains of Eastern Kentucky and the people who live here that beckoned

us to stay.

When we arrived here, the facility was called Pikeville Methodist Hospital. It was a small, community hospital that was able to take care of basic



medical needs for patients who live in this rural region. I was treating so many patients who shared stories of their struggles just to get to our hospital to see them. You see, people experiencing neurological problems often have difficulty traveling, sometimes to the point that they stop coming to their appointments.

The leadership at the hospital allowed me to develop satellite clinics in a few neighboring communities which enabled me to travel to my patients. It is this type of progressive thinking backed by the unwavering support from hospital administration that has allowed our little hospital to grow into the nationally recognized medical center it is today.

I am tremendously proud of our Primary Stroke Program, now housed in the Eastern Kentucky Neuroscience Center at Pikeville Medical Center. I truly feel the foundation I have worked so hard to build will continue to support our program's continued growth for many years. One thing I cannot fail to mention is that our success would not be possible without the amazing team members who have worked alongside me both in the past and now.

For 26 years, I have also witnessed the development and growth of so many other specialties at PMC such as the heart program, cancer program, trauma department and most recently, the advancement of our pediatric services. These programs are still only a small percentage of the vast number of services offered at PMC.

Our children are now grown and accomplished physicians living in different areas of the country, but my wife and I have chosen to stay right here in the same community that welcomed us nearly 30 years ago. Their embrace is still just as warm as the day we arrived here.

The administration and board of directors now in place at PMC have truly taken our medical center and our stroke program to an entirely new level in recent years, and I trust they will confidently lead us into a future full of new advancements and technology. I am honored to be a senior member of our medical staff as we celebrate 100 years of service to Eastern Kentucky.”

FADI AL AKHRASS, MD, MBA, FACP,
MEDICAL DIRECTOR OF INFECTIOUS DISEASE AND
INFECTION PREVENTION

“I was working at MD Anderson in Houston, Texas, in 2009 when I was asked to visit Pikeville Medical Center and consider working there to build and lead its infectious disease program. To be honest, when I looked at Pikeville, Kentucky on a map, I had very little interest. Ironically, the very next week, a dear friend called to ask me to come visit him and meet his new baby. They lived in Hazard, less than an hour from Pikeville. At that point, I felt like I was being led to this small town in rural Eastern Kentucky.

I visited one week later and quickly signed a contract to practice medicine at Pikeville Medical Center. The facility, technology and professional staff were way above my expectations. At this hospital, tucked away in the foothills of the Appalachian Mountains, physicians are equipped with everything they need to practice medicine. The technology at PMC is as good as or better than the majority of hospitals anywhere in the country.

The most wonderful thing about practicing medicine in this region is that you get the opportunity to become involved in your patients’ lives and be a true partner in the community. Pikeville Medical Center gave me the opportunity to leave the fast-paced life that exists in the city and raise my children in one of the most beautiful areas of the country. Here, I have developed a true bond with those who live here.



I have practiced medicine at PMC for nearly 15 years and this has become our home. Now, when we travel, I cannot wait to get back to these beautiful mountains where I feel closest to God and my family. Thank you, Pikeville Medical Center and congratulations to 100 amazing years of providing hope and healing to the people of Eastern Kentucky.”

JOHNNY WEBB, PMC DIRECTOR, CARDIAC CATH LAB

“The evolution of the Pikeville Medical Center Cardiac Cath Lab is truly inspiring, from its humble beginnings in 1992 as a single-room mobile unit attached to the hospital to the state-of-the-art heart and vascular center it is today. The journey through its growth reflects dedication, perseverance and

commitment to advancing cardiac healthcare in Central Appalachia. There have been so many milestones at PMC that revolutionized healthcare in the Appalachian Mountains. From the first cardiac intervention performed in 1999 to the establishment of multiple state-of-the-art cardiac cath labs and the addition of skilled professionals, Pikeville Medical Center has been a leader when it comes to development and progress. The expansion into electrophysiology, vascular surgery, and interventional radiology showcases a holistic approach to comprehensive heart care.

I was born in Huntington, West Virginia, but was raised from a young age in Floyd County, Kentucky. Eastern Kentucky is where I was raised and where I decided to spend my life serving others. In August 1995, I began my career as a Special Procedures Technician at PMC, working side-by-side with Dr. Ahmed Malik and Dr. Brahmaji S. Puram in the attached mobile unit. In early 2000, the first open-heart surgery was performed at PMC, symbolizing another step into advancing healthcare for the future of Eastern Kentucky. During this time, I was promoted to the role of Cardiac Cath Lab Supervisor. Through the years, the lab continued to grow to meet the needs of our region. In 2010, PMC welcomed Dr. Michael G. Antimisiaris and expanded the cardiac services to include Electrophysiology. The Heart and Vascular Institute of Eastern Kentucky at PMC was then created to combine interventional cardiology, vascular surgery and electrophysiology services.

In 2015, I was once again promoted to Cardiac Cath Lab Manager. During that time, the lab was still showing a need to expand as there was a steady volume of 3,000 patients being treated every year at the Heart and Vascular Institute. The sheer volume of procedures performed signifies the depth of care and expertise available at PMC. The procedures performed consist of Left and Right Heart Cath, Percutaneous Coronary Interventions, Transcatheter Aortic Valve Replacement (TAVR), Mitraclip, Watchman, Pacemaker/Defibrillator, EP studies / Ablations, Abdominal Aortic Aneurysm Repair, Peripheral Intervention with around 300 Watchman and 150 Transcatheter Aortic Valve Replacement (TAVR). Per year, the number of procedures exceeds the year before. The commitment to continued growth and excellence in cardiac care underscores a promising future for PMC, ensuring the community receives the best in cardiac and vascular care.

In the 28 years since joining PMC, I have had the privilege to be a part



of amazing growth. I am proud of the dedicated staff I have worked alongside over the years, and I look forward to seeing the continued growth at PMC and providing excellent care to our community.”

Johnny’s heartfelt testimony about his journey from Special Procedures Tech to the Director of the Cardiac Cath Lab and his recollection of notable PMC memories was given just a few months before his untimely death in May, 2024. His loss was felt in every single department at Pikeville Medical Center because Johnny Webb was a friend to everyone.

Pikeville Medical Center and the Heart and Vascular Institute of Eastern Kentucky are both better facilities today because of the dedication of Johnny Webb, who will be missed for many years to come.

DERMOT P. HALPIN, MD, FACS, PIKEVILLE MEDICAL CENTER CARDIOTHORACIC SURGEON

“You can’t have a great cardiothoracic surgery program without having a great team around you. I am lucky to practice at the PMC Heart and Vascular Institute of Eastern Kentucky, as we have assembled an amazing team of cardiac specialists. Within this team, each staff member helps to create an overall atmosphere of growth and advancement.

I was drawn to PMC after seeing the medical center’s state-of-the-art equipment and facilities and feeling the warmth and hospitality of the friendly staff. I received degrees and training from Trinity College in Dublin, Ire-



land, and Tufts University in Boston, and devoted many years of my career to working at large urban hospitals. Yet, after visiting PMC in 2016, I knew my next chapter would be in Pikeville, Kentucky.

In a region that experiences high death rates due to heart disease, it has been vital for PMC to invest in comprehensive heart care. What began as a small heart program has blossomed into a multi-service Heart and Vascular Institute that offers the experience, expertise and technology needed to provide comprehensive heart care in Eastern Kentucky. It has been a pleasure to be a part of that growth.”

CHASE REYNOLDS, MD, PIKEVILLE MEDICAL CENTER ELECTROPHYSIOLOGIST

“I consider myself fortunate to have been born and raised in Pikeville, a tight-knit community that looks out for and cares for its own. When I left for college and then medical school, I honestly didn’t think there would be any way I would be able to come back here to practice. Pikeville Medical Center, then known as Pikeville Methodist Hospital, was still a relatively small hospital that offered limited options for cardiac care. I ended up specializing in electrophysiology, a sub-specialty in heart care that is typically only offered in large medical facilities. Little did I know that while I was going through my training, the hospital was growing faster than anyone ever expected. The growth that occurred in the 15 years between my graduation from Pikeville High School and when I returned to practice electrophysiology here is absolutely mind-boggling.



There is no better feeling than caring for the people in the community that I love so dearly. As the years go by, I grow even more proud of the progression and improvements that have been made at the hospital in which I was born. There is a saying here that perfectly captures the drive behind PMC’s growth – “Where you live should not determine IF you live.” I’m not sure who said it first, but I believe those words wholeheartedly and repeat them often to my patients.

I am proud to say I practice medicine at an award-winning medical center in my hometown. The Heart and Vascular Institute of Eastern Kentucky at Pikeville Medical Center is accredited and certified by the American Heart Association, Society of Chest Pain Centers, American College of Cardiology and the Joint Commission, just to name a few. Many years ago, the Mountain Parkway that connected Pikeville to Lexington, was a one-way route AWAY from Eastern Kentucky when it came to obtaining specialty healthcare. That is no longer the case, as Pikeville Medical Center is now the region’s largest referral center, receiving many more patients than ever before.

When it comes to cardiac care, our administration and board of directors have made it a priority to provide the advanced technology and equipment needed to offer quality specialty care and attract experts who are at the top of their field. Today, I am proud to say I am one of them. When we decide

to call PMC home, we are given only one instruction – to deliver heart and vascular care that is second to none.

That mentality is what has driven Pikeville Medical Center's growth over the past 100 years and is what will enable this history-making momentum to continue far into the future."

VICKIE JUSTUS, AVP PHYSICIAN PRACTICES

"My career at Pikeville Medical Center has spanned more than 21 years. During this time, I have been blessed to be able to care for our precious patients battling cancer. Hearing the words, 'you have cancer,' is devastating, so we are always looking for ways to bring a little happiness to their treatment journey here at PMC.

One of my favorite memories is from the time I was a nurse working on the 8B oncology unit. We had a cancer patient who came in every two weeks to re-



ceive chemotherapy, and like many of our patients, she captured our hearts. During one of her final treatments, the staff found out that she and her husband were getting ready to celebrate their wedding anniversary. When we did a little investigating, we realized their anniversary would fall on a day she was scheduled to receive chemo.

That little bit of information was all it took to inspire our staff to want to make this particular anniversary extra special. The day of her treatment, we brought in hot food we had prepared ourselves, decorated one of the empty rooms in the unit, and served the couple a special dinner from our hearts to theirs. To say tears were shed by everyone is an understatement.

Looking back, I am extremely proud of all of the little things we did and still do to make our cancer patients temporarily forget they are battling 'the C-word.' We serve special dinners on Valentine's Day, bring kids around on Halloween to do a little Trick-or-Treating, host ice cream socials, and have even been known to celebrate 4th of July with a picnic.

At the Lawson Cancer Center, none of our staff considers what we do 'just a job.' We realize that we are blessed with the opportunity to potentially be a bright spot for patients trying to navigate the frightening journey of battling cancer. This is just one of the many reasons I consider it a blessing to work at PMC.

RUTH LAVIGNE, MD, PMC LAWSON CANCER CENTER RADIATION ONCOLOGIST

In 1996, after a generous donation from a local entrepreneur and philanthropist Leonard Lawson, Pikeville Medical Center opened the Leonard Lawson Cancer Center, the first comprehensive cancer treatment center in Eastern Kentucky.

Now known as the Lawson Cancer Center, or LCC, the facility continues to provide state-of-the-art radiation and oncology care for the people of Central Appalachia. Thanks to the generosity and vision of Leonard Lawson, PMC is known statewide for a cancer center that is committed to offering patients treatment options not offered elsewhere in the region.



Over the years, the Lawson Cancer Center has experienced exponential growth that has required moving or expanding locations on several occasions to accommodate additional equipment and a growing patient base. In 2018 the LLCC relocated from the old Frank Justice furniture building, now the home of Galen College of Nursing, to the 10th floor of the PMC Clinic building, doubling the available floor space while also placing patients closer to lab, pharmacy, and IR services. The project also led to the construction of a sophisticated oncology specialty pharmacy on the 11th floor. Most recently, the Lawson Cancer Center celebrated the opening of a new chemotherapy/infusion treatment area on the 11th Floor of the PMC Clinic Building, adding 24,000 square feet of additional space. This infusion space is like no other known in the state and offers not only high quality equipment and chemo/infusion services, but also private rooms, digital windows, private TV's, massage chairs, and so much more. The project was funded through multiple grants supported at the request of CEO Blackburn by Congressman Hal Rogers and Governor Andy Beshear.

Pikeville Medical Center frequently invests in state-of-the-art equipment for our cancer center, which is positive for both our patients and our staff. In 2023 the center added not 1 but 2 first-in-class linear accelerators, coupled with the BrainLab software system, which are among the most advanced technologies offered in the field of radiation oncology. Investments such as this give us the ability to treat cancer more aggressively, closer to home. Funding left over from the chemo/infusion project also permitted the pur-

chase of a new first class CT scanner for the cancer department that will be installed in 2024. Through new space and investment, the LCC is equal to any cancer center through the state, with brand new top of the line equipment that permits our cancer patients the opportunity to stay at home while receiving top quality oncology care.

“At the LCC, we take a team approach to treating cancer. Often, cancer patients require surgery, chemotherapy, and radiation, so PMC Oncologists must work together to create individualized treatment plans. Our medical team meets regularly with other specialists and providers at Pikeville Medical Center to discuss newly diagnosed cancer patients as part of a multi-disciplined approach to cancer treatment. We are so proud of our growth and all the services we now offer to our precious patients.

CURTIS KOONS, MD, PMC ANESTHESIOLOGIST, ASSISTANT CHIEF MEDICAL OFFICER

My journey into medicine began in Pikeville. Growing up in Salyersville, I experienced firsthand the unique healthcare challenges that rural areas face. As a child, we always traveled to PMC for healthcare. Those early encounters with the compassionate care provided by PMC doctors sparked my passion for medicine.

After completing my medical education and residency in Lexington, I realized that big city hospitals were not for me. The impersonal nature of these institutions left me seeking a deeper connection. Returning to PMC was more than just a career move; it was the beginning of a new chapter that allowed me to give back to the community that shaped me.

I have always been amazed by the high quality of care that we provide at PMC. Access to specialists that many would assume were only available in the ‘big city’ is readily available here, which speaks volumes about our commitment to excellence.

Ultimately, my return to Pikeville Medical Center is driven by heart—the heart of this community and the commitment to serve it. Here, I am not just a doctor; I am part of something greater—a family, a tradition, and a community dedicated to caring for one another.



ERIN MULLINS, MD, PMC OB/GYN

"I was fortunate to join the amazing team of physicians at Pikeville Medical Center in 2011, and it has been an incredible journey so far. From the moment that I walked through the hospital hallways for the first time, I was so impressed to find a state-of-the-art medical center tucked away in the mountains of Eastern Kentucky. I immediately noticed that the employees were so kind, and they were willing to go the extra mile to help patients and family members feel safe and confident that they would receive outstanding medical treatment at PMC. Pikeville Medical Center allowed me to practice medicine with a team

of physicians who are constantly seeking to advance their knowledge and skills, and to provide the most advanced medical care to each of our patients. I truly believe that the nursing staff and physician staff at PMC care for patients like they are family. The hospital administration works hard to provide their phy-



sicians with the most advanced equipment, and they provide the latest in skills training and education. I have had the opportunity to work with some of the most amazing nurses that I have ever known. They provide comprehensive care, but most importantly, they do it with such compassion. This allows our patients to face difficult situations more easily because they know that our team truly cares, and we will support and encourage them through the difficult times. As an obstetrician/gynecologist at PMC, I have been fortunate to work with the most amazing anesthesia physicians and CRNAs in the country. They are incredibly well-trained, efficient, and they provide care to each of our patients with kindness and reassurance that makes all of the difference in the patient experience. My fellow OB/GYN partners are more than partners; they are friends. We work hard, but we enjoy great laughs together too. I couldn't have hand-picked a better group of people to work with.

I am so thankful for the wonderful opportunities that I have had as a physician at Pikeville Medical Center. I have gotten to share the exciting news with families that they will be welcoming a new baby into their family. I have shared the devastation and sadness with patients as they receive a diagnosis of cancer, and the journey through treatment. I have encouraged soon-to-be mothers as they experience labor and birth experience. I have cried with women who come to the hospital hoping to leave with a healthy newborn, but leave with empty arms instead.

I have said goodbye to many patients I have cared for, who have left this world too soon. I consider my profession to be the most fulfilling in the world, because there is nothing more exciting than delivering a baby and placing it on a mother's chest for the first time.

I am so thankful that I have the opportunity to care for people from the beginning to the end of life, and I am so grateful to have been a part of history at Pikeville Medical Center.”

CHAPTER 29

The Future

Despite the financial and workforce challenges, as Pikeville Medical Center prepares to celebrate its 100th year anniversary, the community remains a focus.

Donovan Blackburn said, “The hospital took numerous risks over the years because the community needed them to do so.”

“Here’s the big difference in what our program does: Our program does not necessarily focus on mortality rates,” he said, adding, “many hospitals will not agree to take on certain surgery patients because of their personal risk factors and jeopardizing the facility’s mortality rate. Our team assesses every surgery patient and if they believe the patient can be helped in the face of the risk involved, they make every effort to do so.

There’s risk in it for us, but it’s the right thing to do,” he continued. “As a Christian organization, we have a responsibility to put the people and families in our region first while striving to serve and save as many lives as possible.”

The future, Blackburn said, was best expressed by Ron Burchett at the ceremony commemorating the road named in his honor. “He said, ‘What I see and what I envision is that, in the riverfill, there is a 500-bed hospital that’s doing major surgeries with a pedway going across to the existing facility where there’s an assisted living facility, where patients can walk across the pedway for care,’” Blackburn said.

Blackburn added that he sees the growth of Pikeville Medical Center as something that had to be cultivated to carry it into the future.

“Where I would like to see us in 50 years is knowing that the seeds we planted along our journey will yeild tall trees that grow and shade the region we serve, will be all-encompassing in providing services to the weak, the meek, the helpless and the needy in ways we were not able to do today.”





100th Years of Historical Data:

PMC ADMINISTRATORS

1922 – 1925	Rev. John Ruggles
1925 – 1936	Rev. S. K. Hunt
1936 – 1952	Rev. T. B. Ashley
1952 – 1957	Stephen A. Lott
1957 – 1960	Rev. Armour H. Evans
1960 – 1968	Eugene Lopez
1968 – 1988	Lee D. Keene
1988 - 1989	Ron Thornton, Joseph H. James
1989 – 1991	Dr. John L. Tummons
1991 – 1994	Jim Norris
1994 – 1998	Martha O. Chill
1998 – 2001	Walter E. May
2001 – 2007	Joann Anderson
2007 – 2018	Walter E. May
2018 – Current	Donovan Blackburn

LICENSED NUMBER OF BEDS

1954 -	137
1955 to 1960 –	140
1963 –	126
1971 –	134
1972 to 1977 –	227
1985 –	217
1986 & 1987 –	225
1990s –	221
2003 –	221
2004 to 2016 –	261
2019 –	340
2020 - Current	348

CERTIFICATE OF NEED FOR ADDITIONAL BEDS

11/27/76 Converted 30 skilled nursing beds to acute care for a total of 195 acute care beds, 10 skilled nursing beds, and 22 acute psychiatric beds for a total of 227 beds.

5/17/95 Expanded the existing ICU/CCU area by converting six medical/surgical beds to ICU/CCU beds, constructing an addition and renovating existing space. Final bed complement: 12 ICU/CCU beds, 117 medical/surgical beds, 22 OB, 40 pediatric, and 8 neonatal level II acute care beds.

12/4/98 Established a 40-bed comprehensive physical rehabilitation unit.

1/25/03 Converted 22 psychiatric care beds to acute care beds.

2/22/16 Added 39 acute care beds.

10/9/18 Converted 20 inpatient rehab beds to 20 acute care beds and added 40 acute care beds.

PMC Board of Directors

PMC aims to have a diverse Board of Directors representing the service area. Board members are considered through an application process, interviewed, presented to the nomination committee and then appointed by the full Board of Directors. 2023 board members included:

- Joe Dean Anderson - Retired Engineer - Inducted 04/12/1978
- David L. Baird - Attorney - Inducted 07/24/2018
- Donovan Blackburn - Chairman, President & CEO - 03/18/2019
- Erich Blackburn - Chief Legal Officer - Induction 11/24/2020
- Ronald Burchett - Retired Asst. Commonwealth Attorney - Inducted 07/27/1993
- Aaron Crum, M.D. - Chief Medical Officer - Inducted 01/23/2018
- David Collins - Retired CPA - Inducted 03/22/2005
- Michelle Hagy - Chief Financial Officer - Inducted 11/04/2020
- John LaBrecche - Retired/U.S. Department of Labor - Inducted 07/27/1993
- J. Clint Martin - Retired Real Estate - 01/28/2014
- Jyothi Mettu, M.D. - Retired Pediatrician - Inducted 01/23/2018
- Phillip D. Reed - Pikeville Commissioner of Public Safety - Inducted 11/05/2019
- Bob Shurtleff - Economic Development Director/Appalachian Electric Power - Induction 03/18/2019
- Mary R. Simpson, PhD - Retired Nurse Educator - Inducted 07/27/1993
- Linda Wagner-Justice - Retired Engineer - Inducted 01/22/2019
- John Watson - Chief of Staff, 2023

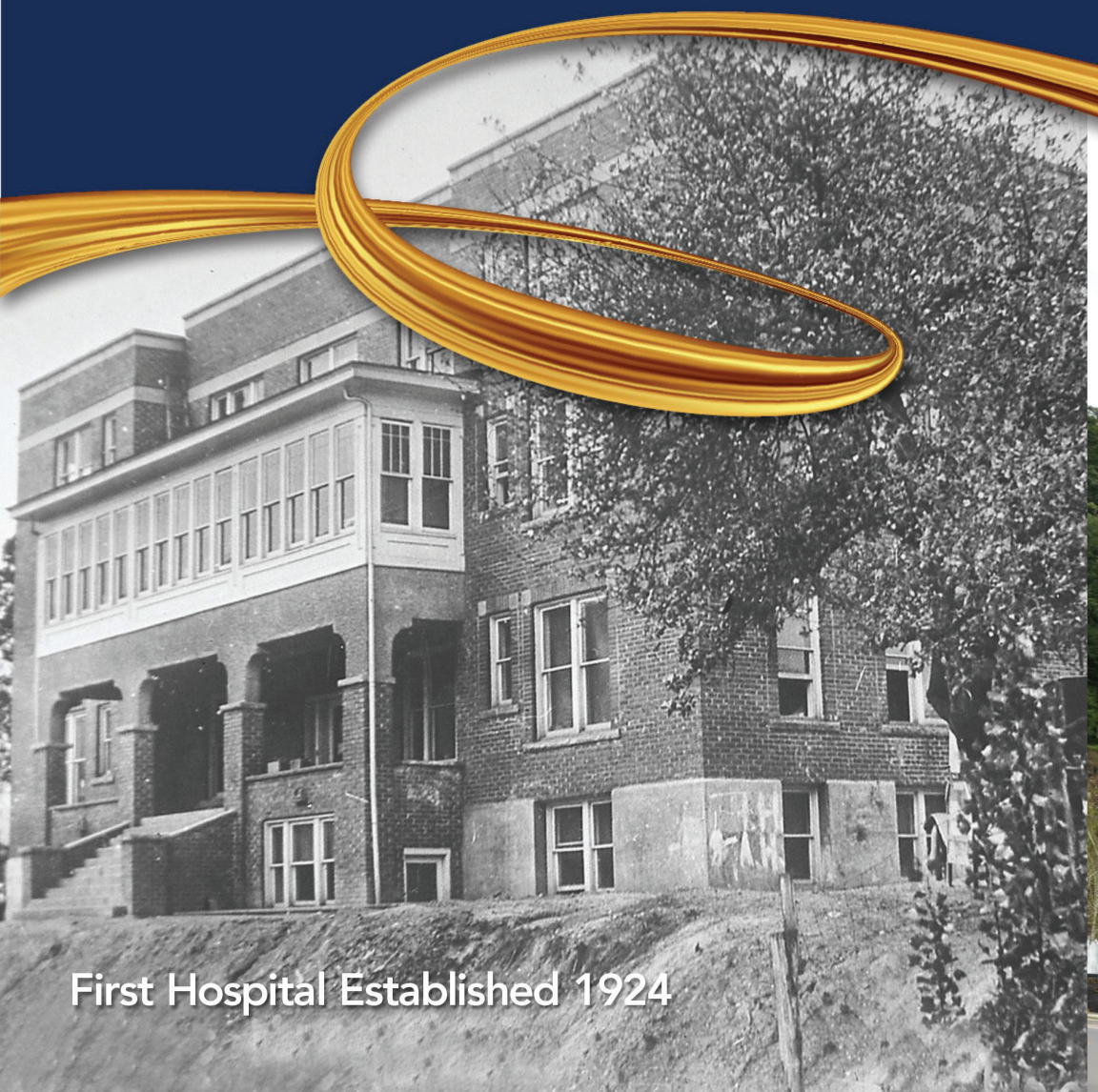
In 2024, Ron Burchett retired from the Board of Directors and Dr. Erin Mullins was inducted as new Chief of Staff.



2023 Board of Directors

BOARD OF DIRECTORS

 Donovan Blackburn Chairman 2023-2026	 Ron Burchett Board Member 2023-2026	 Joe Dean Anderson Board Member 2023-2026	 David Baird Board Member 2023-2026	 Erich Blackburn Board Member 2023-2026	
 David Collins Board Member 2023-2026	 Aaron Cram, MD Board Member 2023-2026	 Michelle Hagy Board Member 2023-2026	 Linda Justice Board Member 2023-2026	 John LaBrecche Board Member 2023-2026	 J. Clint Martin Board Member 2023-2026
 Jyothi Mettu, MD Board Member 2023-2026	 Phillip Reed Board Member 2023-2026	 Bob Shurtleff Board Member 2023-2026	 Mary Simpson, PhD Board Member 2023-2026	 Erin Mullins, MD Board Member 2023-2026	



First Hospital Established 1924