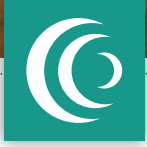


HEALTH MATTERS

News from Campbell County Health



Excellence Every Day

WINTER 2019



KEEP THE BEAT

Calcium Scoring Screening

This quick, painless CT scan looks for calcium deposits in the coronary arteries that can increase the risk of heart attack.

It is recommended for people with:

- A family history of heart disease
- History of high blood pressure
- Current or former smoker
- Diabetes

A physician's order is needed for this screening, so ask your doctor if Calcium Scoring is right for you!

\$200 self pay fee at registration*

*This screening is not normally covered by insurance, but you may submit to your insurance carrier, use your Flex benefits or HSA.

Call for an appointment
307-688-1600
cchwyo.org/calct

A community approach to keep people healthy and in their homes



Mary Workman and her brother Bill Borthwick are taking advantage of the Chronic Care Management program, connecting patients with the resources Bill needs to stay independent and reach his personal goals.

Giving reassurance

Mary Workman brought her brother Bill Borthwick to Wyoming from Virginia five years ago to be closer to family. Bill's disability and health issues were becoming more and more difficult for Mary to manage from her home at Devils Tower, and CCMG Internal Medicine Dr. Nahida Khan suggested Chronic Care Management as a way to help him maintain his independence.

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It sounds simple, but for an older person with several ongoing health issues, being able to walk their dog every day can be a milestone in keeping their independence.

A new program through Campbell County Medical Group called Chronic Care Management coordinates care under a single healthcare provider and involves a whole team of resources to encourage

and provide needed assistance for Medicare patients with two or more chronic health conditions. The patient's family and friends, and local organizations like the Senior Center and Campbell County Public Health all work together with the healthcare provider to help them reach their goals.

"Our goal is to keep that patient out of the hospital and the Emergency department," says Care Coordinator Lise Necklason, RN.

"I help them set the goals they want to reach and also connect them to resources they sometimes didn't even know were out there."

After a patient enrolls in the program, Lise talks to them every month to see how they are doing and listens carefully for cues that may indicate

changes in their health or other needs they may have. She can then communicate with their provider to schedule appointments, change medications or determine if other services are needed. She is also available to answer questions that may come up in between appointments.

continued on page 4



87%

of adults ages 65 and older want to stay in their current home and community as they age

CEO Update



Andy Fitzgerald, CEO

At the beginning of a new year, we often look back at how things have changed. For me, I'd rather look forward to 2019 because of some great changes we're making in how our patients receive care at Campbell County Health.

Anyone who has spent time in CCH as an inpatient knows that the rooms are small, the bathrooms are even smaller, and it can be very cramped and uncomfortable for family members to stay with their loved one. New mothers must move to a different hospital room after the birth of their baby, a set-up that isn't used anymore in most hospitals today. The birth experience will completely change beginning this summer when brand new rooms for moms and babies are completed. The new Maternal Child unit has rooms where the mother labors, delivers and stays after the birth, called LDRPs.

We are replacing all the patient rooms in the hospital for the first time since CCMH was built over 35 years ago. A project this size requires forecasting the future, and the planning began over five years ago. So, how many beds will we need to accommodate our patients 40-50 years into the future? We gathered information and made our best guess, and changed the plan at least twice before construction began. The plan changed again about a month ago, when the Board of Trustees approved the addition of seven more rooms for the Intensive Care Unit. The new size of 29 Medical Surgical and ICU rooms will give us the flexibility we need to care for an aging population with more acute healthcare needs. Adding beds will take more construction time, so those rooms on the west side of the project won't be finished until early 2020.

We've always recognized the positive impact that technology can have on patient care and have been fortunate to be able to upgrade our medical equipment regularly. On page 4 of this newsletter you'll read about our first telemedicine project, remote monitoring for patients from their homes to our Home Health department.

Later this spring we will implement a partnership program with Wyoming Medical Center called TeleStroke Wyoming. Neurologists at WMC will be able to participate in patient care and decision making for stroke patients in real time through high-definition cameras and display monitors in the Emergency department. Studies show that stroke treatment times decrease and treatment choices improve when a neurologist is involved at the earliest stages of care.

We're also looking at expanding telemedicine opportunities into primary care in Campbell County, making primary care more accessible and affordable for our community.

I'm pleased to congratulate the Campbell County Healthcare Foundation on reaching their fundraising goal for the PET/CT project. PET, or Positron Emission Tomography, is a type of imaging that monitors the progress of cancer treatment and can detect if cancer has spread to other parts of the body. CCH partnered with the Healthcare Foundation to purchase the PET equipment, along with a new CT scanner, for the Heptner Cancer Center. They were able to raise their half of the \$1.5 million in only 13 months, and we hope to have the new equipment installed by early summer.

I believe that 2019 will be a year filled with opportunities and challenges as we continue to adapt to the ever-changing landscape of healthcare. One thing that will never change is our continuing commitment to serving our community by providing a lifetime of care with dedication, skill and compassion.

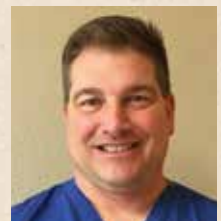
Sincerely,

Andy Fitzgerald, CEO

MEET OUR NEW PROVIDERS



Nita Engineer, MD
Anesthesiology



Brent Thurness, MD
Anesthesiology



Don Tardif, PA-C
CCMG Walk-in Clinic

Complete information on
all our medical providers at
cchwo.org/findadoc.

Total hip replacement helps patient continue active lifestyle, live pain free

by Kim Phagan-Hansel, Wyoming freelance writer

Being active is just part of Tom Hammerquist's everyday routine as full-time banker and co-owner of allDimensions Fitness Center with his wife, Barb. An avid cyclist, he doesn't like to let anything slow him down.

Tom thought that his right hip was possibly deteriorating because of some chronic hip pain and results from an MRI on his lower back from a few years ago. He knew he needed to find a good orthopedic surgeon to address the problem. Having had surgery out of town in the past, Tom knew that he wanted to find a good local doctor and simplify the process.

Through some friends, Tom heard good reviews about Dr. Stanford Israelsen, an orthopedic surgeon at Powder River Orthopedics and Spine (PROS), a Campbell County Medical Group clinic.

"I felt very confident I was in good hands," Tom said. "It was nice to know he was a sports-minded individual."

In November 2017, Tom had a total hip replacement and started the recovery process, which included physical therapy and a slow return to his exercise routine. Today, Tom says he's pain free and as active as ever, including several competitive finishes in regional bike races.

"Tom has done exceptionally well," Dr. Israelsen said. "What helped him was coming into surgery in such good shape. He's faster than me on a bike, so I'd say recovery is going well."

Deciding to have surgery is never an easy process, but Tom says he's more than pleased with his outcome and Dr. Israelsen's abilities, as well as his kindness toward his patients.

"We've got as good a surgeon here as anywhere," Tom said. "It's nice to know if I had any problems after surgery I could get help immediately from the people who worked on me."

Read more of Tom's story at cchwyo.org/TomH.



Tom was really impressed with Dr. Israelsen's bedside manner and friendliness during his hip replacement surgery.

Expert Orthopedic & Spine Care in Gillette, Wyoming

- Foot and ankle surgery
- General orthopedic surgery
- Joint replacement surgery, including hip and knee
- Shoulder, elbow, and hand surgery
- Spine surgery, including minimally invasive procedures
- Sports medicine

For a consultation, call 307-686-1413 or visit cchwyo.org/PROS

Be a part of shaping healthcare in the community

Campbell County Health is looking for new members for the Patient and Family Advisory Council (PFAC). These volunteers help CCH receive input and respond to the community, making positive changes that impact the experiences patients have with our healthcare services.

PFAC meets monthly, and members have participated in projects such as decisions around the design of the Inpatient Room Replacement Project that will result in brand new patient rooms in the hospital; identified ways to reduce falls in the hospital; and assisted in the new hire interview process.

Download a volunteer application at cchwyo.org/volunteer, or call 307-688-1532 for more information. Application deadline is March 1, 2019.



A community approach to keep people healthy and in their homes

continued from the cover

“We’ve been able to intervene sooner and prevent some more serious complications that could have happened,” says Lise.

About 35 patients are currently in the program, with plans to start enrolling more as interest grows. Patients must have a primary care provider that practices at one of the Campbell County Medical

Group clinics, be enrolled in Medicare and meet the program’s health criteria.

Call Lise Necklason at 688-3670 for more information about Chronic Care Management.

cchwyo.org/ccm



Giving reassurance

continued from the cover

The additional resources provided through the program have changed many aspects of Bill’s life for the better. A course of physical therapy helped Bill with strength and balance. Concerns about nutrition led to home meal delivery and healthier foods. A visiting nurse manages his medications to make sure he doesn’t run out and coordinates refills when needed.

“Bill wanted to stay in his home,” said Mary. “He’s not a naturally social person, but now he’s looking forward to visits from his various caregivers. It’s helped him with social interactions. For me, it’s so reassuring to know that he can have the independence he wants, get good care and be safe.”

A modern version of a house call

We’ve seen the commercials—a video “doorbell” that lets you see and hear who is at your front door. That kind of instant communication is now helping patients at CCH Home Health with telemonitoring. The first service of its kind offered at CCH, telemonitoring transmits clinical information like blood pressure from the patient’s home to trained home health nurses in about four minutes.

“It can be difficult for some home health patients to know just when something has changed and they need to call the nurse,”

says Ashley Fraser, registered nurse and Home Health Director.

“Having the patient’s clinical information sent to us several times a day gives us the opportunity to intervene more quickly if needed.”

Patients with a chronic condition like COPD or a cardiology diagnosis are eligible for the telemonitoring program, which started last December. If the home health nurse determines that they could benefit from home monitoring, patients receive a kit that contains a scale, blood pressure cuff, pulse oximeter (to measure oxygen levels in the body) and a transmitter. They are trained to use the equipment until they feel comfortable doing it themselves.

“Having the equipment in their homes brings them comfort,” says Ashley. “It prepares them to be more independent when they are discharged from home health.” Home Health nurse Annette Smith agrees. She has helped several patients use the telemonitoring equipment successfully. In one case, Annette was able to verify a patient’s changing condition and intervene quickly. “The issue might not have been found without it,” said Annette.

Up to 15 patients at a time can utilize telemonitoring, and additional equipment, like a glucometer (device that measures blood sugar levels) can be added to the kits. Also in the works are tablet computers for video monitoring, planned for implementation in the spring.

“This technology expands the reach of home health to even more rural patients,” says Ashley. “And it has great potential to expand to more than just home health. This program is laying the foundation for use in things like wound care or even primary care visits. We’ve been working on this for about a year now and it’s already been a great success.”

cchwyo.org/HHH



Home Health registered nurse Annette Smith shows the contents of the kit used for home telemonitoring.

Questions for the Experts

We asked members of our medical staff to answer some common questions they hear from their patients.



Tim Bohlender, MD
Walk-In Clinic
cchwyo.org/wic
307-688-9255

Q: At the Walk-in Clinic, my only options for pain medicine are pills or a shot. Why is that?

A: We often have patients with abdominal pain and pain from an injury come to the Walk-In Clinic. As a physician, I am very sensitive to addressing pain, and we ask patients to rate their pain on a scale of 1 to 10 several times during

their visit. We have medicines that work well with mild to moderate pain that can be given in pill form, or sometimes as an injection. These medicines can take up to an hour to take effect, which we know can be uncomfortable for the patient. We ask patients if they feel their pain needs to be relieved immediately, so we can help them choose the best option for pain relief.

In order to provide the most effective treatment as a physician, I need to know the underlying reason that the patient has pain, so we often have to do lab tests, x-rays or CT scans in order to diagnose their problem. These tests also take time to perform, and time to get the results back. It can seem even longer to get these results when you are in pain, but we are committed as a clinic to see patients as quickly as we can while providing them with safe and effective care.

Because we are an urgent care clinic, we don't have the resources to give intravenous, or IV pain medications, the kinds that are most effective for excessive pain. In those cases we may refer you to a higher level of care, such as the Emergency department, because they have the equipment and staff to care for life-threatening illnesses or injuries. If you are seen in the Emergency department, we work with the nurses and physicians to ensure that the transition goes as smoothly as possible.

We know that some people suffer from chronic pain that lasts longer than the expected healing period and alters their quality of life. When we see patients with chronic pain, we know that developing a relationship with a primary care provider or pain specialist can help them much more in the long term.

Save your place in line on our website. Choose the time you'd like to come in and you'll get a text message when it's time to come to the Walk-in Clinic. cchwyo.org/wic

If you don't have a primary care doctor, find one at cchwyo.org/findadoc.



Attila Barabas, MD
Urology

Q: Why do I sometimes see a nurse practitioner instead of a doctor at my appointment?

A: Nurse practitioners and physician assistants, called Advanced Practice Providers (APP), are becoming more and more common in clinics and hospitals throughout the country, including Campbell County Health.

I work with Nurse Practitioner Lori McInerney in my clinic and she is a part of our team that also includes the nursing staff. Having another provider helps us to see more patients, and see those patients more quickly.

Medicine is moving to more of a team approach to take advantage



Lori McInerney, APRN
Urology

cchwyo.org/urology
307-688-3636

of everyone's unique talents and use our collective understanding in enhancing patient care.

It's all about collaboration. Lori's training complements mine, and it's a big advantage to have two different perspectives when it comes to developing a care plan for a patient.

In addition to seeing patients in the clinic, I perform all surgical procedures, either in the clinic or in the operating room. Lori sees her own panel of patients under my supervision, and brings any concerns forward for discussion.

Our approach is similar to a racing team. Even though the driver is in the spotlight, there is no success without the efforts of the whole team. In my view, the patient is the driver.

Wouldn't you rather have more people with different areas of expertise working to help you get better?

Advanced Practice Providers can:

- Order, perform and interpret diagnostic tests
- Diagnose and treat acute and chronic conditions
- Prescribe medications and other treatments
- Manage patients' overall care
- Counsel and educate patients on disease prevention and positive health and lifestyle choices

Home Grown Docs

Physicians choose to live and practice in a small, rural community like Gillette for the same reasons many of us do. These doctors grew up in and around Gillette, and we're proud to have them on our medical staff.



A look back at the early days of downtown Gillette.



Steve Clements, MD
Hospitalist, CCMG

“I came back to Gillette for two reasons. The first was my family. Most of my family members and friends still live here. Secondly, when I was looking at places to work in Wyoming, I thought CCH would be the best place to work. I've really enjoyed being back in the community where I grew up.”



Kelly McMillin, MD
Direct Family Care
(formerly Frontier Family Medicine)

“I grew up in Rozet and decided to become a doctor when I was a senior in high school. I always wanted to come back to Gillette and love being out in the country. I choose family medicine as a way to reach the most people, caring for the whole family. It was more about convincing my husband (who is from Powell) to move to Gillette.”



Jim Naramore, MD
Family Medicine, Family Health

“There was a physician shortage and a booming economy when I was choosing a place to practice after residency. I knew some of the doctors, like Dr. Hoadley and Dr. Gary Becker, and I worked at the hospital when I was in college. I was thankful that my wife Karen was willing to move back here with me from North Platte, NE.”



Paul Rigsby, MD
Radiology, Gillette Medical Imaging

“I wanted to raise our children in a smaller, close-knit community. It was a positive experience for me, attending kindergarten through high school in Gillette, so I wanted the same thing for my family.”



Jake Rinker, MD
General Surgery, High Plains Surgical Associates

“I wanted to practice in Gillette for several reasons; my family is here, it is an amazing community to raise my children, it is a great place for me to practice true General Surgery. For a community this size it is very unique to have the amazing medical resources in house at all times. It is my perfect place to live and work.”



Douglas Watt, MD
Radiology, Gillette Medical Imaging

“My wife and I grew up in Upton, Wyoming and my family and friends are still in the area. My wife is a pediatric oncologist and stays in Denver because of her specialty, but I always wanted to practice in a rural community. I was grateful to find the opportunity to come back to practice here.”



Billie Wilkerson, MD
Family Medicine, Family Health

“I grew up in Gillette, and so did my husband Kent. I worked with Dr. Naramore my third year of medical school and worked with Dr. Crowder and Dr. Hartsaw in my second year of residency. I reconnected with Dr. Naramore when I finished my residency, and he wanted me to come to Gillette. I really value my long term connections with people here and the ability to care for entire families.”

Seven rooms added to the Inpatient Room Replacement Project

The Board of Trustees approved a plan last month to add seven additional rooms to the Inpatient Room Replacement Project currently underway above the hospital's main lobby. This will increase capacity for the Medical Surgical unit to 22 beds and ICU to seven beds, for a total of 29 beds in those departments.

Hospital census data collected over the past six months shows a need greater than the 22 total rooms that were originally planned. National trends suggest that the number of patients needing to stay in Intensive Care will continue to increase in the future, and the need for healthcare services will potentially increase as the population of older Americans increases, both locally and nationally.

The cost for the additional seven rooms is approximately \$3 million, which will likely be budgeted for the next fiscal year, which begins in July 2019.

The 11-bed Maternal Child unit on the east side of the project will be done this July, and the Medical Surgical and ICU units will be done in May 2020.



Do I have the flu? Or the stomach flu?



SYMPTOMS

Flu (Influenza)

- Fever
- Body aches
- Chills
- Cough
- Congestion
- Runny nose
- Fatigue



Stomach Flu (Norovirus)

- Nausea
- Vomiting
- Diarrhea
- Abdominal pain



TREATMENT

There is no cure for **INFLUENZA**, but antiviral medications can help you feel better and recover faster.

There is no specific treatment for the **STOMACH FLU**, but drinking plenty of liquids will help to prevent dehydration.

PREVENTION

Both the **flu** and the **stomach flu** are contagious. Good handwashing is the most important step to keep yourself healthy. Clean your hands before and after eating, using the restroom, or taking care of someone who is sick. Cough into your sleeve or elbow, not your hands.

DURATION



FLU symptoms may last four to seven days.



STOMACH FLU symptoms should clear up in one to three days.

cchwyo.org/flu411



Campbell County Health

P.O. Box 3011
Gillette, Wyoming 82717

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UPCOMING EVENTS

Chair Affair Friday, March 29 • 6pm CAM-PLEX Energy Hall \$50 per person

Chair Affair is the Campbell County Healthcare Foundation's fundraising event for the Cancer Care Committee. Bid on one-of-a-kind furniture pieces created by community members who have up-cycled, re-upholstered or designed these unique pieces. Tickets available at the Heptner Cancer Center at Campbell County Health, Campbell County Healthcare Foundation office (1901 Energy Court, Suite 265), or at the door. The Cancer Care Committee provides grants to local cancer patients to help them during their treatment.



GET IN & GET BACK TO YOUR LIFE!



Walk-In Clinic
CAMPBELL COUNTY HEALTH

cchwyo.org/wic



EMSU April 11-13 CAM-PLEX cchwyo.org/emsu

The premier education and networking event for first responders in the region.



EMS
University

Northeast Wyoming Caregiver Conference

May 17 • 9 am-1 pm
The Legacy • cchwyo.org/caregiver

Information and networking opportunities for anyone who cares for or supports someone with a chronic illness, with topics for full-time, part-time and long-distance caregivers.



Campbell County Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

The full nondiscrimination statement can be found at cchwyo.org/nds

Contact Us

Campbell County Health
501 S. Burma Avenue
Gillette, Wyoming 82716
307-688-1000 or 800-247-5381

Mailing address:
P.O. Box 3011
Gillette, Wyoming 82717

cchwyo.org

