Bea Pfenning has been an advocate for breast cancer screening even before her first mammogram at age 35. She has a family history of breast cancer—her mother, grandmother and great-grandmother were all diagnosed, causing her to be cautious. “I found a lump during a self-breast exam and that’s when I had to get a mammogram and an ultrasound,” says Bea. “It’s really scary when you find a breast lump when you’re 35, and you have a set of twins that are only one,” remembers Pfenning.

The first screening results were fine, but Bea has continued to perform self-breast exams and schedule annual mammograms beginning at age 40. “I push for women to do self-breast exams no matter what age you are,” says Bea.

Traditional two-dimensional, or 2D mammograms usually take two x-rays of each breast from different angles; top to bottom and side to side. These images are then interpreted by a radiologist. A traditional 2D mammogram must compress the breast and can be uncomfortable for many patients. According to Radiology Clinical Supervisor Tia Knapp, 2D mammograms may also result in unclear imaging when patients have dense breast tissue or when breast tissue is overlapping.

After talking with her doctor, Bea decided to have a three-dimensional, or 3D mammogram instead. Also referred to as Tomosynthesis, 3D mammography lets radiologists examine the tissue—one thin layer at a time. “It is a technology that is saving lives,” says Bea.

Bea used to travel out of town to have this higher level of screening, but starting in July CCH patients will have the option to get a 3D mammogram at the CCH Radiology department.

Knapp explains the procedure for a 3D mammogram. “The arm of the x-ray...”
CEO Update

We’re kicking off the summer with a few items to celebrate. It always feels good to receive recognition, especially from an outside perspective. Becker’s Healthcare, a national leader in the healthcare industry, named Campbell County Health one of the Top 150 Places to Work in Healthcare for 2018. It’s satisfying, as we are always striving to improve our workplace and make it better for our employees. Read more about this award on page 3.

The Legacy Living and Rehabilitation Center was chosen by the non-profit arm of Toyota for a “Lean” project initiative to increase efficiencies in the resident dining process. It’s another example of how our commitment to providing exceptional care to our residents has produced results, and adds to our achievement of earning a Five-Star quality rating from Centers for Medicare and Medicaid Services. Read more on page 3.

I’d like to discuss two happenings that are promising for the future. First, as a result of a recent board retreat last spring, CCH will be playing an active role in identifying barriers to behavioral health care, ascertaining current resources, and working with others in the community so the public is better able to access mental health services. We’re just in the planning stages right now, but we want to involve everyone in the community who has a part in providing these services to those who need them. Look for more information on our website and social media on how you can be a part of the conversation this fall.

Secondly, I’m pleased to report that construction of the mock patient rooms for the inpatient room project will soon be underway, with plans to have two rooms ready for testing sometime this fall. As you may recall, last summer we embarked on a detailed Lean process to analyze our old, outdated patient care rooms. We gathered feedback from our board members, management team, medical staff, patients, families and the public to determine the most efficient and effective design for the workspace and flow of our new patient care rooms. In the fall, we’ll test the rooms to make sure that the design really works with our beds, equipment and staff simulating the things they do every day to care for patients. The Board will make a final decision on the projects shortly after you read this newsletter.

If approved, the 40,000 square foot space will have 39 new patient rooms, along with new waiting rooms, gathering spaces for patients and families and staff-friendly workflows.

Wishing you a healthy, safe and enjoyable summer season.

Sincerely,

Andy Fitzgerald, CEO

MEET OUR NEW PROVIDERS

Tracy Wickersham-Frey, PA-C
Walk-in Clinic
307-688-9255

Deb Mullinax, PA-C
Walk-in Clinic
307-688-9255

Mark Hoskinson, MD
CCMG Internal Medicine
307-688-3636

Lori McInerney, APRN
CCMG Urology
307-688-3636

Roxanne Peters, PA-C
Powder River Orthopedics and Spine
307-686-1413

Complete information on all our medical providers at cchwy.org/findadoe.
Food is very important to all of us. We must eat to survive, but food and meals are much more than that, they help to connect with family and friends, make and keep memories, and enjoy life. It’s no different for the residents of The Legacy Living and Rehabilitation Center. In fact, meals are the most important part of the day for many of these folks. So when it was taking too long to serve meals to the residents, when mistakes were made in serving the right food to the right resident, something needed to change.

The Legacy and CCH were chosen by Toyota Production System Support Center (TSSC) for a Lean project that began last November. TSSC is a separate nonprofit part of Toyota, the vehicle company. Lean is a way of looking at a process, in this case, the process of preparing and serving meals at The Legacy, in order to reduce waste. In the Lean world, waste can be time, materials, or anything that doesn’t add value to the process.

It was taking too long to serve the 500-plus meals a day needed at The Legacy, an average of 72 minutes for the test neighborhood, Birch. It took up to five nurses to assist in the meal service too, taking time away from caring for other residents. The project goal was to reduce the time it took to serve meals, thereby improving both the quality of the food and the satisfaction of the residents.

Many hours of live time measurement, observation and analysis of how food was prepared and served resulted in changes with how every part of the food preparation and service process worked. A few of the many changes were: to standardize the community kitchens in each neighborhood; holding a 5-minute “huddle” before every meal service so everyone is on the same page; standardizing and restructuring resident meal cards (like menus) so they are easier to read; and changing the food scheduling process for staff.

Though the changes may seem relatively small, the project has resulted in some significant reductions in the time it takes to serve meals in the Birch neighborhood. “We have been able to serve our residents an average of 20 minutes faster for dinner,” says Nutrition Services Manager Lisa Miller. “And the perception of the food quality has gone from 15.6 percent to 81 percent.”
machine will move in an arc over your breast, taking x-ray pictures from many angles. These 25 images are sent electronically to a computer and assembled into a 3-dimensional picture of the breast.”

Radiation exposure is minimal during this exam, well below the acceptable limits defined by the FDA. Breasts are positioned in the same way as a 2D mammogram, but less pressure is applied for compression. “It was definitely more comfortable than a 2D mammogram,” said Bea about the 3D mammogram that she had in December 2017.

“Patients will not have to travel outside of Gillette anymore to have this service,” says Terri Kinney, Director of Radiology and Imaging Services. “I am thrilled that it will be here,” says Bea.

Patients will be offered the option to have a 3D mammogram when scheduling an appointment, but should consult their doctor to see if this level of screening would be beneficial.

For more information on 3D mammography, visit Radiology’s webpage at cchwyo.org/radiology.

Breast cancer is the most common cancer in American women, except for skin cancers. The average risk of a woman in the United States developing breast cancer sometime in her life is about 12% – there is a 1 in 8 chance she will develop breast cancer.

Death rates from female breast cancer dropped 39% from 1989 to 2015. Since 2007, breast cancer death rates have been steady in women younger than 50, but have continued to decrease in older women.

These decreasing rates are believed to be the result of finding breast cancer earlier through screening and increased awareness, as well as better treatments.

Source: American Cancer Society

Choosing an Imaging Center for your Radiology Exam

Not all imaging centers or radiology departments are alike.

✔ ACCREDITATION. Approval by the American College of Radiology indicates that stringent standards are maintained to monitor and control the radiation dose you receive during an imaging test.

✔ HIGHLY TRAINED PERSONNEL. CCH Radiology technologists are registered by the American Registry of Radiologic Technologists for all the exams they provide.

✔ BOARD CERTIFIED PHYSICIANS. Board certified and board eligible radiologists with deep roots in the community interpret your exams.

✔ EXPERIENCE. The CCH radiology staff has more than 300 years of combined experience, ensuring a safe, effective imaging study.

✔ IMAGING STUDIES. In addition to digital mammography, CCH provides other studies your doctor needs to diagnose and treat disease, including digital x-ray, MRI, CT, ultrasound, nuclear medicine, DEXA scan and PET CT.

✔ CONVENIENCE. Patients can have their x-ray or MRI at our Outpatient Imaging Center, located at 508 Stocktrail Ave., with convenient parking and easy access.

Learn more at cchwyo.org/radiology.
Questions for the Experts
We asked members of our medical staff to answer some common questions they hear from their patients.

Q: Why does my doctor want to check my A1C?
A: The A1C test is a blood screening that measures the average level of glucose in the blood over the past two-three months for people with diabetes. It can help predict the chances of complications from diabetes and be a useful tool to look at the effectiveness of current treatment.

The American Diabetes Association (ADA) recommends that a reasonable A1C goal for adults (who are not pregnant) is less than 7 percent. Your healthcare provider may suggest more or less stringent A1C goals depending on your individual care plan.

You should have your A1C tested at least twice a year if you are meeting your current treatment goals. If your treatment has recently changed or you are not meeting your goals you may need to be tested more often, such as every three months.

CCH Wellness offers the A1C test as part of their daily health screening program and is conveniently located in the Energy Professional Building at 1901 Energy Court, located off Boxelder Avenue, behind Common Cents and Wendy’s. They are open Monday-Friday from 6-11 am, and you don’t need an appointment or an order from a healthcare provider. Results are mailed to your home in just a few days. Call 688-8051 for more information, or visit cchwyo.org/wellness.

Q: What are my treatment options for carpal tunnel?
A: Carpal tunnel syndrome (CTS) happens when there is increased pressure on the median nerve in the wrist, in other words, a pinched nerve. Symptoms may include numbness, tingling and pain in the arm, hand and fingers. The symptoms usually happen at night, but may be noticed during the day when doing things like driving or reading the newspaper. CTS is the most common cause of numbness of the hand, and I see many patients in my practice with this condition. It’s not just limited to people with clerical jobs; equipment operators, mechanics and nurses can also develop CTS. In severe cases sensation in the hand may be permanently lost.

I usually recommend conservative therapies first, like splinting the hand at night. If the symptoms are more severe patients may see a neurologist or physiatrist (physical medicine specialist) for a test to determine the severity of the nerve compression. If more conservative treatments don’t provide relief, surgery may be needed to make more room for the nerve.

If surgery is needed, release of the carpal tunnel is performed. Traditionally, this has been performed by an open approach, which requires an incision on the palm of the hand. Over the past year or so, I have been performing these endoscopically. A smaller incision is used in the wrist which allows for introduction of a camera into the carpal tunnel and guided visualization while the transverse carpal ligament is divided with a special knife. While long term outcomes are the same for the open and endoscopic procedures, short term recovery and return to activity is quicker with the endoscopic method.

Pain Management Symposium
• September 21, 1-3 pm
  Campbell County Senior Center
• September 27, 6-8 pm
  Campbell County Public Library
Cost: FREE
Open to all adults with pain
Learn more at cchwyo.org/pain or call 307-688-4443.

Learn valuable tips and tools from CCH professionals to help ‘retrain the brain’ for people suffering from chronic pain, which is pain that lasts more than 12 months or lasts longer than expected.

• Partner with your healthcare provider to explore alternatives to medication.
• Learn new coping strategies
• Tools to manage flare-ups
• Food and lifestyle modifications
• How to change the "Fight or Flight" response to pain.
Life at EMS

EMTs and Paramedics (Emergency Medical Services professionals), are always on the go, but what does a typical day in the life of one look like?

At Campbell County Health in Gillette and Wright, a typical EMS pro works 24 hours at a time, has 24 hours off, and then works another 24-hour shift. It’s not unusual for CCH EMS to average from seven to 10 calls per day—with an average of 3,500 calls per year in Campbell County. So, what do they do the rest of the time?

• **Rig checks** to make sure they have all of the necessary equipment needed to save a life; as well as make sure the ambulances are running well.

• **Chores** like chart audits and reviews, cleaning and organizing the base, and ongoing training.

• **Rounding** in departments at Campbell County Memorial Hospital and The Legacy Living and Rehabilitation Center.

• **Car seat inspections**, which take place every Wednesday by appointment, and a few other events throughout the year thanks to Safe Kids Campbell County—call 307-688-7233 to schedule.

• **Writing reports** and conducting patient satisfaction surveys from previous calls.

In 2017 and 2018, the EMS bases in Gillette and Wright were updated with remodeled living quarters, offices and sleep rooms so a crew is immediately available for service 24/7, 365 days a year.

So, why may you see an EMS pro in uniform shopping for food or running an errand? Remember, they work a 24-hour shift, and some days that may mean multiple calls, with little to no breaks or downtime. After all, emergencies happen 24 hours a day—emergencies don’t stop over lunch or dinner hours, or after 10 pm, when many are headed to bed; so, EMS has to grab food and rest whenever and wherever they can.

They also keep the ambulances and department running smoothly; driving to get the tires rotated or replaced, or to pick up some parts to get the ambulance running smoothly, or, they may be returning from a call. EMS pros also provide support at local sporting events, community activities, fire standbys, and high risk law enforcement responses.

Learn more about EMS at [cchwyo.org/ems](http://cchwyo.org/ems).
Aromatherapy and essential oils have a place in patient care

The use of essential oils extracted from plants and flowers dates back to 3,000 BC. Used all over the world, these oils can calm emotions, relax muscle tension and promote rest by triggering changes in the parts of the brain associated with memory and emotion and stimulating beneficial physiological responses. Essential oils are distilled from plants like lavender, peppermint and many others.

Renewed interest in the benefits of essential oils has influenced the nursing staff at Campbell County Health (CCH) to implement an essential oils program as part of integrated care plans for patients in the hospital and residents at The Legacy.

Essential oils are meant to work in tandem with medications to enhance wellness and comfort. They do not require a physician’s order and patients have a choice in whether to use them. The oils will be used both in aromatherapy and topically (on the skin) for symptoms and conditions such as insomnia (because it promotes rest), nausea and vomiting (because it calms upset stomachs), and pain.

Extensive planning and research has gone into the development of using essential oils in patient care, which will begin this month. Unit nurse educator and 25-year veteran nurse Marcia Saunders is excited to get the program going. “Offering an alternative to medications for some symptoms is very attractive to many patients,” said Marcia.

CCMH has partnered with a reputable essential oil provider so patients have access to additional resources after discharge.

Note: Essential oils are not regulated by the FDA, so they cannot be used to treat a specific diagnosis.

DECISIONS, DECISIONS

Informed consent is an important part of the treatment process

Some decisions about your medical care are pretty easy to make. Your healthcare provider tells you that you need some routine bloodwork, and you nod your head and say OK.

But other times your healthcare provider may say that you need a more complicated treatment or procedure that carries a bigger risk of complications. In cases like that, your healthcare provider will follow a process called informed consent. It is designed to help you make a thoughtful decision about your treatment.

Your healthcare provider begins the process by sharing information about two key areas:

1. Your condition. You can expect to learn about:
   • Your diagnosis—what is wrong and why you need treatment.
   • Your prognosis—the course your condition could take and your chances for recovery.

2. Your options. Your healthcare provider should explain:
   • Exactly which tests you need and why you need them.
   • Which treatment options might be appropriate for you.

The risks, benefits and possible outcomes for each treatment option—including having no treatment. Your healthcare provider can’t guarantee a result, but he or she should give you an idea of what to expect in terms of pain, length of recovery and lasting effects.

Because you should never go ahead with a treatment you don’t fully understand, the next step in informed consent is for you to ask questions. You’ll also be given time to get more information if you need it, talk with family and friends, weigh your options.

If you decide to get treatment, you’ll probably be asked to sign a form that says you agree to your healthcare provider’s plan. But even after you sign, you have the right to change your mind at any time.

Sources: American Cancer Society, American College of Surgeons, Health in Aging Foundation
UPCOMING EVENTS

Sports Physicals
June 1- July 31 • Fee: $30
After July 31 • Fee: $40

Walk-in Clinic: Make an appointment online using Skip the Wait or call 688-9255.
• Open weekdays from 8 am-8 pm
• Last patient taken at 7:30 pm
• Located across the hall from the CCMH Emergency Department

Kid Clinic: 688-8700
• Open Monday-Friday from 8 am-5 pm
• Located at 800 Butler Spaeth Rd. in the old Hillcrest School building

Support Groups

Caregiver Support Group meets the 2nd and 4th Tuesday of the month at 6:30 pm at The Legacy

Brain Injury Support Group meets the 1st Thursday of the month from 6-8 pm at The Legacy

Diabetes Support Group meets the 2nd Thursday of the month from 6:30-8 pm in the hospital Ground Floor Conference Room by the cafeteria

Choose You and Prevent Type 2 Diabetes

A year-long diabetes prevention program to prevent the onset of Type 2 diabetes with lifestyle changes
Facilitated by Heidi Gillette, RDN, LD and Melissa Gorsuch, RN; diabetes educators and trained lifestyle coaches
Learn more by calling 688-3615.

SAVE THE DATE
The 13th Annual Black Cat Ball presents Havana Nights on Saturday, September 22.
This Cuban-inspired event honors outstanding healthcare professionals and raises funds for the Campbell County Healthcare Foundation. Learn more at cchcf.com.

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

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