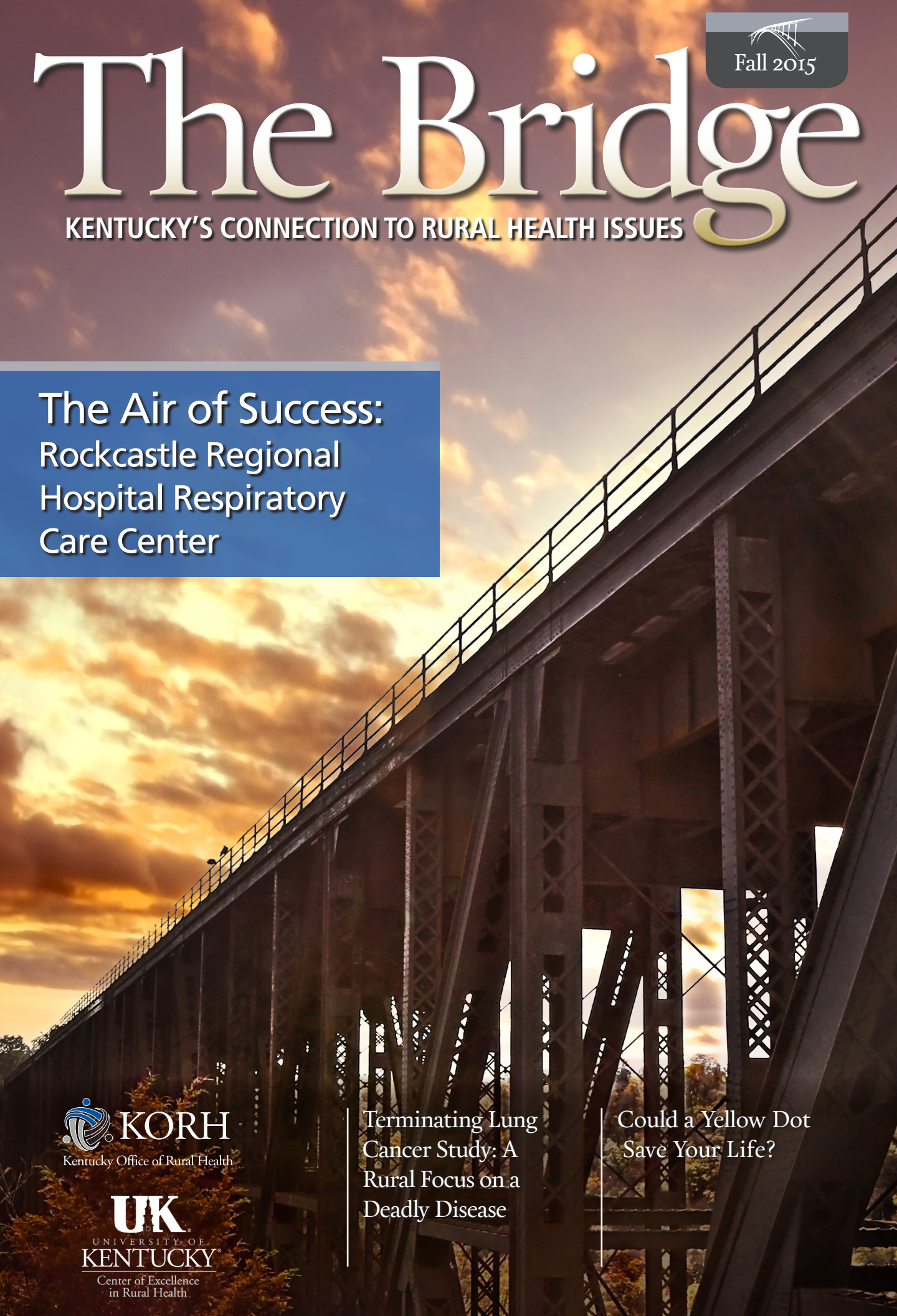


The Bridge

Fall 2015

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

The Air of Success: Rockcastle Regional Hospital Respiratory Care Center

Terminating Lung Cancer Study: A Rural Focus on a Deadly Disease

Could a Yellow Dot Save Your Life?

KORH
Kentucky Office of Rural Health

UK
UNIVERSITY OF KENTUCKY
Center of Excellence in Rural Health

Dear Reader,

During a recent conversation, someone asked me why work surrounding rural health was so important. I found myself trying to come up with some philosophical answer that honestly left me more complexed than when the conversation began.

At that exact moment, I began a comprehensive self-evaluation of the work in which I am involved. I came to a quick realization that we must be about more than programs, publications and reports. We must place our emphasis on the fundamental reason we exist: to improve the health and well-being of rural Kentuckians. Everything we do must be patient-centered.

No matter what type of organization or agency you are engaged with, it is quite easy to become entrapped in a quagmire of statistics, procedures and measures. The accountabilities of process can often overshadow the missional aim. Regardless of the complexity of our programmatic responsibilities and obligations, I challenge each of us to perform a thorough assessment of whom we are truly here to serve.

For if we are not having an impact on the lives of our rural neighbors, friends and family, then what are we truly accomplishing?

Until next time,

Ernie L. Scott
Director
Kentucky Office of Rural Health

Kentucky Rural Health Champion Nomination

Each quarter, *The Bridge- Kentucky's Connection to Rural Health Issues*, will accept nominations to recognize an outstanding individual who has made significant contributions to rural health in Kentucky.

Nominees should include individuals who:

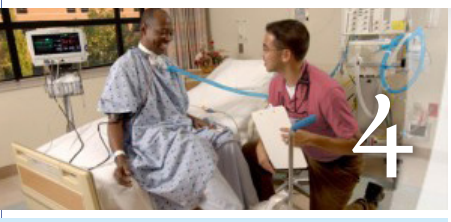
- Demonstrate leadership and expertise in direct patient care, healthcare education, healthcare administration, health promotion or public advocacy.
- Have played a key role in developing or implementing innovative solutions to problems or challenges for rural Kentuckians at the state, region or local level.
- Are widely recognized as extraordinarily successful in their field.
- Have career and work effectiveness that can be documented
- Have served as a mentor or role model to offer positive influence on others in their field and beyond.
- Reside and/or work within the State of Kentucky.

Please contact Rose Shields for nomination form for the Rural Health Champion at rose.shields@uky.edu

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

High Bridge of Kentucky
High Bridge is a railroad bridge crossing the Kentucky River Palisades, connecting Jessamine and Mercer Counties. By Rose Shields



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The BRIDGE- Kentucky's Connection to Rural Health Issues is published on a quarterly basis through a joint effort of the University of Kentucky Center of Excellence in Rural Health and the Kentucky Office of Rural Health. This edition is funded in part by federal HRSA Primary Care Office grant funds.

The *UK Center of Excellence in Rural Health* was established in 1990 to address health disparities in rural Kentucky, including a chronic shortage of health professionals and residents' poor health status. The Center accomplishes this through health professionals education, health policy research, health care service and community engagement. The Center serves as the federally designated Kentucky Office of Rural Health. The program provides a framework for linking small rural communities with local state and federal resources while working toward long-term solutions to rural health issues.

The Kentucky Office of Rural Health, established in 1991, is a Federal/State partnership authorized by Federal Legislation. The KORH receives support in part from the federal Office of Rural Health Policy of the U.S. Department of Health and Human Services. The mission of the KORH is to support the health and well-being of Kentuckians by promoting access to rural health services. The KORH assists clinicians, administrators and consumers find ways to improve communications, finances and access to quality health care while insuring that funding agencies and policy makers are made aware of the needs of rural communities.

THE AIR OF SUCCESS

Article by Kristy Robinson Horine

Photos provided by Rockcastle Regional Hospital Respiratory Care Center

The folks in Rockcastle County just have a knack for meeting needs. In 1956, there was a need for a hospital, so the people built a hospital. In 1981, there was a need for a skilled nursing facility, so the people added a 32-bed nursing home. Rockcastle Regional Hospital is now looking at yet another expansion to their Mount Vernon facility.

Within the next few months, Rockcastle Regional Respiratory Care Center will add 67,000 square feet offering 28 more beds for ventilator-dependent patients and will include on-site dialysis. This expansion comes as a response to the need of patients who are on ventilators and also require dialysis.

"Rockcastle Regional is one of the very few rural hospitals anywhere that has expanded in recent years. In fact, a turbulent health care industry has resulted in some closing their doors. Rockcastle Regional has positioned itself to be viable for the long-term," Rockcastle Regional President and CEO, Stephen Estes says.

Rockcastle Regional President and CEO, Stephen Estes, takes great pride in being able to offer multi-disciplinary care to all the residents at the hospital's Respiratory Care Center. He believes in the Care Team Approach and strives to ensure the highest quality of life for all who visit, and all who make their home at Rockcastle Regional.

In addition to the Respiratory Care Center, Rockcastle Regional has found ways to meet the needs of its citizenry. It's a bold move to attempt to be all things for all people, but the hospital's track record of service demonstrates their determination to meet as many needs as possible.

Rockcastle Regional offers a wellness center, diagnostic imaging, guidance in diet and nutrition, emergency care services with staff certified in Advanced Cardiac Life Support, home health services, an Outpatient Infusion Center, lab services, cardiac and pulmonary rehabilitation services, a retail pharmacy, a state-of-the-art surgical suite and speech, physical and occupational therapies.

Rockcastle Regional even went so far as to team up with other Kentucky facilities to offer the best in specialized medical care. They offer pediatric services through their collaboration with Kentucky Children's Hospital, cancer care in affiliation with the UK Markey Cancer Center and cardiac care in affiliation with the UK Gill Heart Institute.

Rockcastle Regional pays attention to even the smallest of needs. In 1978, a very small need presented itself, so the people bent close to listen.

Because of a tragic bus accident, a seven-year-old child was placed on a long-term ventilator. No other facility could handle his needs, so the Rockcastle Regional board of directors, the administrators and the staff, chose to admit the boy into their long-term care facility. This decision opened a floodgate of need that no one had noticed before. Long-term ventilator patients, especially those who were wards of the state, had no other place to go. The people dedicated this new facility for long-term vent patients. It was a move that paid off in more than one way. Not only did it meet a previously unmet need, it also laid the groundwork for the future.

Over 30 years later, the people's decision to be generous with even one small need has helped hundreds of patients and their families breathe easier.

Physical therapy assistant Jeff Tyree works with John Perkins on Perkins' last day at Rockcastle Regional.

As Rockcastle Regional's Respiratory Therapy Director, Jeff Smithern has devoted nearly 30 years of his life helping ventilator-dependent residents find that next breath of air.

The Air of Caring

It's mid-morning in Mount Vernon. The sun has long since warmed the East Day Room at the Respiratory Care Center. At a rolling table, a resident works on his laptop. Behind him, aquariums line one wall. To his left, a group of nurses compare notes for the day.

Down the hall, Jeff Smithern checks his calendar. He has completed next week's scheduling, watered the small tree in the corner of his office, and checked on a new patient.

As Respiratory Care Director, Smithern is careful to pay attention to the little details. He has learned over his 28 years at Rockcastle Regional, those small details help everyone breathe a bit easier.

Community Care - The Team Approach

As part of that community, Smithern oversees 70 other respiratory therapists who care for nearly a hundred patients. Most patients come from the southeastern part of the United States, and range in age from three months to those who are well into their 90s. All of them require a ventilator.

The majority of the people in the world can take a breath on their own. The diaphragm, a thin muscle just between the lungs and the abdominal cavity, contracts and expands, allowing for what is called inspiration and expiration -- or, breathing. In some cases, a person's diaphragm weakens or stops working. Sometimes, this is caused by damage due to trauma like a car accident, or a drug overdose. Some cases are caused by genetic dispositions or the natural disease process of certain conditions like Guillain-Barre Syndrome or muscular dystrophy. Regardless of how a patient comes to this point, if they don't breathe, they don't live.

A patient who is unable to breathe on their own will first receive an endotracheal tube, usually at an emergency facility. This tube is placed directly into the patient's throat and allows oxygenated air to pass from a mechanical external device into the patient's lungs.

This solution works for up to 14 days. Afterwards, if a patient is still not spontaneously breathing, a pulmonologist will make an incision in the front of the throat, and place a tracheostomy tube directly into the trachea of a patient. This is a longer-term solution which allows for greater comfort and better management of air pathways. A mechanical ventilator is then attached to the tracheostomy tube. The mechanical ventilator allows for positive air pressure support that enables a patient to breathe.

At the Respiratory Care Center, Smithern and the respiratory therapists work with patients to help them strengthen their diaphragm muscle so they will be able to spontaneously breathe for short periods of time.

"We try to strengthen that muscle. We take them off

continued on page 6

Amid a busy rehabilitation room, physical therapist/rehab services manager Emily Valentine works with two-year-old Skyler Gayheart.

the vent for as few as fifteen minutes a day and we increase that time by 15 minutes. We do anything we can to increase the strength of that muscle," Smithern says. "But we don't do it alone. We have a whole team that works together."

A few days a week, a table in a room at Rockcastle Regional will be packed with professionals from many disciplines. They include a physical therapist, an occupational therapist, a social worker, a dietician, a respiratory therapist, and a member of the nursing staff.

"We have always been innovators in respiratory care, and we are always pushing ourselves for further innovation to maintain the extraordinarily high level of ventilator dependent care we have become known for," Estes says. "Using a multi-disciplinary approach, every aspect of each patients' lives are considered during the patient care plan team meetings. This keeps our patients' quality of life and the best health outcomes possible as our center focus."

The care plan teams are single-minded in purpose. How can they work together to increase the quality of life of their patients? The dietician might be able to focus on foods that offer more energy for patients, which then allows them to work for longer periods of time with their physical therapist. The physical therapist helps the patient with one extra walk down a hallway, which then strengthens the patient's capacity for breath. This can get a patient even closer to being weaned from a ventilator.

The Respiratory Care Center has a successful wean rate of 45 percent, meaning nearly half of the patients leave the care center without a ventilator. Not everyone will reach that point, but remaining on a vent doesn't confine patients to the care center. A lot of patients are still able to return home after they and their families are trained to provide basic daily care.

For those who cannot be weaned, and who cannot go home, the center offers a home like no other.

When Home is Where You Are

Down from Smithern's office, a long, door-lined corridor leads to a corner room. Meggin Nunamaker a resident of RRHRCC since 2013 has only been in this room for a week, but already she has made it feel like home. Above her sink and mirror hangs a picture of a muscled man holding a kitten.

On opposite ends of what her friends call "The Penthouse," she hangs vintage posters of Lady and the Tramp. On a corkboard beside the window, she tacks pictures: a formal dance with a dashing man, a group photo of her master's degree classmates from Western Kentucky University, a family picture.

Nunamaker is preparing for her weekly Friday Bible study, Solomon's Scholars. They are studying What To Do When You Don't Know What To Do, a walk through the book of James, written by Dr. David Jeremiah. Faith often comes in handy, Nunamaker says.

Faith - that trust in someone or something - is more than just a passing consideration at Rockcastle Regional. It's part of what makes the residents, the staff, the visitors, all seem like family. They are a community knit together by the very air they breathe.

In a matter of six weeks during the summer of 2013, Meggin Nunamaker fell 27 times. Her grandmother looked at her and said it was time.

"I had fought going into a nursing home for so long because what I knew of the nursing home was a stereotype," Nunamaker says. "I saw that nursing homes had dementia patients and were understaffed. I didn't want that for the rest of my life."

The family starting making calls, but with Nunamaker's reliance on a vent to breathe, her request for admittance was denied. Then they called Rockcastle Regional.

"Two days after my grandmother called here, I was interviewed. The next day, we drove down and I got the tour. They had four open rooms and they told me to pick which one I wanted," Nunamaker says. "Three days later, I was admitted."

The center has quickly become home. It's not just because of the personal effects she can tack into her memory board, or the stack of books within quick reach near her bed. It is because every one of her neighbors is part of her 'normal'.

"Everyone here as a trach. They have similar experiences. They know what it is like," Nunamaker says.

In 1983, when Nunamaker was born, everyone in the delivery room knew this brand new life was anything but normal. Her Apgar score was seriously low and she had bilateral club feet. The doctors diagnosed her with cerebral palsy. It wasn't until her early teens that a neurologist re-diagnosed her with muscular myopathy, a disease where the muscles of a patient are weakened.

Despite her weakened condition, Nunamaker participated in sports such as T-ball and swimming. Her parents pushed her to independence, even when simple tasks took longer to complete.

Nunamaker earned a Bachelor's in Communication Disorders at Murray State University, and her Master's at Western Kentucky University. She is a professional speech pathologist, but that's not the first thing people notice when they meet her.

She drives a motorized wheelchair. She needs a machine to help her breathe. And she moves to make a difference in the lives of others. Nunamaker serves as president of the Resident Council, an elected position she has held since 2014.

She can breathe on her own for up to fourteen hours a day, but requires ventilator support the rest of the time. She uses a special valve that she inserts into her tracheal tube which allows her to speak. She serves as a guest lecturer at Eastern Kentucky University, having the perspective of both sides of the fence when it comes to speech pathology. And she is determined to remain as independent as she can for as long as her body will allow her.

"I have good days and bad days. It's important to remember that life isn't over when you are on a vent," she says.

She retrieves her Bible study book from off her bedside table, checks her mirror one more time, and pushes the lever on her chair that wheels her from her new penthouse room to a day room.

"If I had to be some place," she says over her shoulder, "I'm glad it's here."

When the Giving Pays Off

While Rockcastle Regional has flourished when other hospitals have struggled to stay open, the credit goes, in part, to a strong Board of Directors.

"Our board has had the foresight to continually be proactive and seek ways to grow rather than just survive. That growth has enabled us to provide award-winning care while maintaining financial stability," Estes says.

Nunamaker never misses an opportunity to smile and make a difference in the lives of those who surround her at Rockcastle Regional. She serves as President of the Resident Council, is involved in a weekly Bible study, and brings an encouraging word or two to everyone she passes in the halls.

And the awards keep coming.

Rockcastle Regional was the 2013 Jackson Healthcare Charitable Services award winner. They have been a two-time winner of the US News & World Report Best Nursing Home Award, a seven-time Kentucky Hospital Association Quality Award winner and has most recently received the 2015 Women's Choice Award for Best in Emergency Care for 2015, and Best for Patient Experience in 2013, 2014 and 2015.

But perhaps the best award is seeing 45 percent of their patients go home without ventilators, or knowing that someone who has struggled with heart disease can find ways to be stronger through good diet, rehabilitation, and a place to be healthy in the hospital's wellness center. Perhaps it is knowing that even the smallest needs are important and are met.

At Rockcastle Regional, caring is not just within the walls of the facility, or in the precision of the professionals, it is in the very air.

TERMINATING LUNG CANCER STUDY:
A RURAL FOCUS ON A DEADLY DISEASE

Article by Jennifer Sluss

Dr. Cardarelli provides training to Kentucky Homeplace's Community Health Workers at the University of Kentucky Center of Excellence in Rural Health.

The painful breaths, persistent coughs and palpable fear associated with lung cancer are much more common than some people think. In fact, more Americans die each year from lung cancer than they do from breast, prostate and colon cancer combined. The American Cancer Society estimates more than 220,000 new cases of lung cancer will be reported in the United States in 2015, and over 150,000 people will die from the disease. However, for one state, the numbers make an even greater impact.

Kentucky has not only the highest incidence rate of lung cancer in the nation, but also the highest mortality rate. According to the Division of Cancer Prevention and Control, Centers for Disease Control and Prevention, the rate at which people die from lung cancer is 55 percent higher in Kentucky than the national average. For the Appalachian regions of Kentucky, the staggering statistics are even more detrimental.

Because 3,500 in Appalachia alone will die from the disease in 2015, Dr. Roberto Cardarelli, chief of community medicine in the Department of Family & Community Medicine at UK and director of the Kentucky Ambulatory Network, secured funding and launched into creating an on-going awareness campaign to "Terminate Lung Cancer" (TLC). In constructing the framework, Cardarelli clearly recognized that a collaborative approach with interdisciplinary team members and members from within the community itself would be the key to success. Carderalli understood he needed partnerships across the region, which included the UK Center of Excellence in Rural Health (UKCERH). These partnerships would provide the necessary link to the rural communities. "Providers, researchers and the community come together to gather information and share ideas and strategies to best reach the people of Appalachia, who need to know about lung cancer screening and prevention. The overall goal is to increase screenings to prevent lung cancer deaths," said Dr. Fran Feltner, director of UKCERH.

"Identifying Community Perspectives for a Lung Cancer Screening Awareness Campaign in Appalachia Kentucky: The Terminating Lung Cancer (TLC) Study," identifies the campaign that is based on the voices of those living in Eastern Kentucky. Dr. Cardarelli explained, "To impact this devastating disease (lung cancer) in Eastern Kentucky, we need to get the message out that for the first time ever there is a screening test that folks need to talk to their doctor about and see if it is right for them," Carderalli said. "But we need to develop this message with the community by listening to the community. That's what we did with the 'Terminate Lung Cancer' project."

In order to keep this community emphasis, the first order of business for Cardarelli and his partners was to gather data through the community-based organizations as well as raise awareness about the screening and encourage high-risk persons to get the screening completed. Dr. Feltner's valuable network of Community Health Workers (CHWs), a component of the Kentucky Homeplace, were instrumental in helping to achieve this goal. The CHWs were trained

to conduct and facilitate focus groups from three Eastern Kentucky regions, Pikeville, Hazard and Morehead, and recruited individuals from their local communities. Cardarelli feels it is important to allow the community to act as a guiding force behind the decisions of leadership instead of "just trying to guess what might have a meaningful reach to this high risk population." Community members who met the criteria for the lung cancer screening provided input as to what content would produce an effective message about lung cancer screening.

The participants provided suggestions of media outlets and places to distribute information. The report, entitled "Identifying Community Perspectives for a Lung Cancer Screening Awareness Campaign in Appalachia Kentucky: The Terminate Lung Cancer (TLC) Study," is the first TLC paper to be accepted by the Journal of Cancer Education and was released Oct. 1, 2015. "This team also includes our CHW partners and advisory board focus group members; it was a true academic/community partnership and approach," Cardarelli said. The CHWs led the focus groups and shared the opportunity to participate with eligible individuals from the communities from three targeted Appalachian hospital networks: Pikeville Medical Center, Hazard Regional ARH Medical Center and St. Claire Regional Medical Center.

The study points out that "prior to the discussion, the overwhelming majority of participants had never heard of lung cancer screening." This knowledge is true for most of us because the screening is relatively new, and the guidelines for screening changed in December 2013. Based on this information, the leaders of the project decided to work in two areas: educate providers about recognizing patients who could benefit from the screening and inform those with risk about the importance of early detection. Early detection is a crucial piece to the success because it adds to the chances of survival.

THE LUNG CANCER SCREENING (WHAT PROVIDERS AND PATIENTS NEED TO KNOW)

How does the screening work?

Lung cancer screening is conducted with low-dose computed tomography (LDCT). While a chest x-ray served as the previous method, this new technology employs a low-dose of radiation to make a series of very detailed pictures of the lungs. This scanning gives doctors an incredible amount of detail and allows them to see even the smallest cancer growth. Data shows that using (LDCT) is four times more likely to pick up a mass than a traditional chest x-ray, which allows for earlier detection and a better chance at survival.

Who should be screened?

The study uses asymptomatic men and women between the ages of 55-80 and have smoked a pack a day for 30 years and are still smoking or used to smoke a pack a day for 30 years and quit smoking less than 15 years ago.

How often do I need to get screened?

Patients should get screened annually. Discontinue screening when the patient has not smoked for 15 years.

What are the risk and benefits?

Patients should be aware that several things are important to understand in regards to the screening. First of all, being screened for lung cancer does not just provide a better chance for survival. The only test shown to reduce the risk of lung cancer death by screening is a Low-Dose CT scan (LDCT) of the chest. It also provides more treatment options which can be important for remaining positive. In the early stages, patients can choose between chemotherapy, radiation, and surgery. In the later stages, the option of surgery usually is not available. If the low-dose CT scan does reveal a nodule or mass, most often these are not cancerous. Sometimes patients will have to have a scan repeated or maybe even a biopsy, but these decisions must be made after the CT is read by a professional. The LDCT itself is painless and requires little to no action from the patient. If patients meet the criteria for the screening, it is important they share their concerns with their healthcare provider and discuss how the screening may affect them.

How much does the screening cost?

The LDCT scan is now covered by Centers for Medicare & Medicaid Services and private insurance. Education and prevention awareness are our greatest allies, and it is more important than ever to use these opportunities as a frontline in our defense. Health care providers have an opportunity to engage the patient about the risks and benefits of LDCT to provide lung cancer screenings to those at-risk, while making the process as common for the health-conscious as mammograms, prostate exams, and colonoscopies. There is hope for the future. The message is clear: increased screenings will prevent lung cancer deaths.

If you would like more information about the content of the article; Identifying Community Perspectives for a Lung Cancer Screening Awareness Campaign in Appalachia Kentucky: The Terminate Lung Cancer (TLC) Study by Roberto Cardarelli, Karen L. Roper, Kathryn Cardarelli, Frances J. Feltner, Shirley Prater, Karen Michelle Ledford, Barbara Justice, David R. Reese, Patsy Wagner, follow the link below.

link.springer.com/article/10.1007/s13187-015-0914-0/fulltext.htm ■

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James B. Haggin Memorial Hospital

Article By Elizabeth Cobb

The James B. Haggin Memorial Hospital was established in 1913 with a simple mission: provide medical services that would meet the needs of the citizens of Mercer County. In January 2011, James B. Haggin Memorial Hospital was reeling from the impact of the economic downturn and the beginning of the implementation of the Accountable Care Act. The hospital was not profitable.

Vicky Reed came to James B. Haggin Memorial Hospital in January 2011, a critical access hospital in Harrodsburg, Kentucky in Mercer County. Reed recently celebrated 35 years in health care. She started as a nurse's aide and realized years later that her dream job was to be a hospital CEO. Her dream became reality. Reed saw the opportunity to build a self-sustaining, long-term profitable health care delivery system in Mercer County through leadership and community partnerships. Reed says her first role at the hospital was to "set the stage for change." She went about that by establishing solid relationships and trust with the hospital board of trustees, physicians, hospital employees and the community.

Reed knows a thing or two about leading a hospital turn-around after many years of experience in clinical care and hospital management. She says the The James B. Haggin Memorial Hospital Board of Trustees' approach to the turn-around was foundational. They were committed to a gradual process to cut costs when it would not have a negative effect on patient care and quality. "The Board of Trustees consistently chooses to take the path leading to quality above all else when making a decision", states Reed.

The hospital set about their journey by identifying opportunities to cut cost. One opportunity was to look at staffing. The hospital began investing more in employed staff rather than using more expensive, contracted nursing agencies to meet their needs. While the hospital did not have a lay-off, they have implemented a strategy to evaluate job functions as employees leave or retire to see if the role can be carried out more efficiently by another employee or in a part-time position.

The administration also gained buy-in from staff in their efforts by conducting a cost reduction contest. Reed said no one knows the hospital like the employees. They were the ideal folks to be proactive in the effort to identify cost-saving measures. The employees found a way to save $300,000 through that project alone.

The hospital began to employ LEAN Six Sigma strategies, a management practice used in health care that focuses on reducing defects and waste while streamlining workflow. These strategies result in reduction of cost and improving patient care outcomes. Reed says implementing LEAN strategies was the first process in "changing the DNA" of the hospital and how it operates.

Once the hospital was running lean and mean, Alliant Management, the hospital's managing organization, facilitated building in productivity standards for employees. Alliant experts worked with staff members to understand how to implement productivity standards in a positive, non-threatening way.

Most recently, hospital leadership focused on the questions "What does our community need and what can we do well?" And the answer to that question has been many exciting things. Reed says they began studying the health care needs of their community and have primarily focused on the residents of Mercer County.

The hospital established an orthopedic service line with an orthopedic physician available in the community three days a week to perform needed surgical procedures. Secondly, they established "Haggin Walk-In Clinic," a primary care office that is open inside the hospital only on weekends to provide affordable and accessible primary care services to meet patient needs and to divert non-emergency patients from the Emergency department. The hospital also identified pulmonary and respiratory services was one of the most significant needs for the community. The hospital recruited a physician board-certified in pulmonary and sleep medicine to meet the needs of the community.

The biggest initiative has been to conduct a physician manpower needs assessment and put in place a strategy to meet the needs of their community for the long term. The focus has been on building a strong foundation of primary care through recruitment of new physicians to the community and by partnering with existing primary care providers. Finally, James B. Haggin Memorial Hospital offers time-share suites for other physician specialty groups. Through this affiliation, cardiology, asthma and allergy and general surgery services are available to the community through the hospital on a regular basis.

Reed says one of the programs they are most proud of is their partnership with a local manufacturing plant. The company approached the hospital about providing services to employees to keep them healthy and

productive. The hospital expanded its Mobile Health Clinic to provide occupational health services to that company. The hospital is looking for opportunities to expand this service to other local companies.

The James B. Haggin Memorial Hospital is well on its way to the goal of providing high quality and efficient health care services to meet the needs of the community. The commitment of the board of trustees and the partnership of the community providers and hospital employees to work collaboratively to transform their system of care assures they will reach their goal of building a self-sustaining profitable hospital for their community.■

The Bridge… Kentucky's Connection to Rural Health Issues is proud to announce its Kentucky Rural Health Champion, Kentucky State Representative Dr. David Watkins.

Article by Sam Neace

Kentucky State Representative Dr. David Watkins, earned a Bachelor of Science and a Master's Degree from Western Kentucky University, and from there, he went on to excel even further by achieving his Doctorate of Medicine from the University of Louisville. His degrees were well served. Rep. Watkins was employed and retired as a physician with Deaconess Health Systems. For 40 years, Watkins worked as a practicing physician in Henderson, Kentucky.

Watkins continues to serve the people throughout his region as the State Representative for the 11th District in Henderson and Daviess Counties. With so much focus on health care in modern day legislature, Watkins brings informed, health care professional insight to the House of Representatives in the interest of serving Western Kentucky and the Commonwealth as a whole. Watkins serves as the vice chair of the Budget Review Subcommittee on Human Resources and the Health and Welfare and the Tourism Development and Energy Committees. He also serves as a co-chair for the Medicaid Oversight Advisory Committee, as well as serving as a voting member of Appropriations and Revenue, Education, and Transportation Committees.

Since 2009, Watkins has served as the Kentucky House of Representative, vice chair of the Health and Welfare Committee. This committee pertains to an abundance of vital health care services and programs, which benefit citizens of all demographics.

Still, Watkins somehow finds more time to extend to his community by serving in numerous civic organizations, which include the Henderson County Medical Society, the Henderson County Chamber of Commerce, the Kentucky Medical Association, the American Academy of Family Practice, and the Alpha Omega Alpha Honor Society. Watkins as co-chair of the Medicaid Oversight and Advisory Committee provides oversight on the implementation of Medicaid within the Commonwealth, including access to services, utilization of services, quality of services and cost containment.

Watkins is a testament to the great advances a community can receive, when gifted citizens devote their talents to community service. He is a physician, a legislator, and a civic leader, but more than anything, David Watkins is a true Kentucky Rural Health Champion.■

Juniper Health, Inc.

Article by Rachael Fitzgerald

In an age of tremendous change and practice transformation, Juniper Health is an example of a rural Federally Qualified Health Center that is leading the way to provide comprehensive primary care services to the their patients in Breathitt, Lee and Wolfe counties.

Juniper Health Inc. was formed in 2004, as a HRSA New Access Point. The Breathitt County Family Health Center became the first of three clinics, opening in January 2005. Lee County Family Medical Clinic opened in March 2005, and the Wolfe County Medical Clinic opened in February 2014 out of a successful New Access Point Grant. Juniper Health is making an impact. In 2014, Juniper provided comprehensive primary care services to 7,303 patients during 25,030 visits to their facilities.

Under the direction of Karen Ditsch, CEO, Juniper Health has grown immensely with 46 employees and is in the process of adding nine additional staff to enable them to more comprehensively provide a full complement of primary care services, and hospital coverage services for adults, with pediatric hospital coverage starting in November 2015. Juniper Health has achieved all this in a short time through the leadership and vision of its CEO and Board, and through their belief in Quality Improvement as a means of building their services. Juniper Health Inc. has embraced the notion and practice of the Patient Centered Medical Home (PCMH) and is a great example of how it is supposed to work. They have achieved NCQA Level 3 PCMH recognition and will recertify in 2016.

Juniper Health

Clinical staff are certified in the Smiles for Life program, where the physicians and the clinical staff examine, educate and varnish, if needed, a patient's teeth and thereby also initiating a referral to a dentist. The need is so great, that Juniper is presently working to open a dental clinic and integrating it into their PCMH model. Juniper Health also has embedded behavioral health clinical staff, Licensed Clinical Social Workers, into their model. The focus is not only on traditional behavioral health interventions, but they are learning to become involved in behavior modification services to assist their medical patients who struggle to meet self-management goals of their care plans.

Juniper opted to use the Cherokee program as their model. Through this integration model, the director of Behavioral Health and the director of Quality Improvement have begun the process of becoming Licensed Diabetes Educators through the state program. Juniper Health Inc. provides an insulin pump clinic at their Breathitt County facility each month. Both directors have also been certified by Microclinics International this summer and they have begun two microclinic projects called, 'Fit4Life.'

Juniper Health has worked hard to look at all patient issues and will be providing care coordination to complement the work conducted by clinical staff. This is the way primary care services should be developing. These processes are leading the way to be able to achieve chronic care management, and then to fully work to coordinate their patients in transitional care between hospitals, nursing facility, to home. Juniper Health Inc. has achieved many well deserved accolades for their advances in primary care services.

True change in the status of patients' health will come from the provision of all these services within an organization where the patient can be avail of all the services that fit their medical needs.

Questions regarding the content of this article and the programs in place may be directed to Karen. ditsch@juniperhealth.org ■

A small reflective yellow dot that can have life changing outcomes in an emergency situation. Photo By Cordis Bishop

Could a Yellow Dot Save Your Life?

Article by Jennifer Sluss
Photo by Cordis Bishop

Sandy Blake of Dover, Tennessee, was behind the wheel when her blood pressure became elevated and she needed help. She pulled over and called 911, but when paramedics arrived, she was unable to remember her medications and allergies. Fortunately, she had a yellow dot on the lower left corner of the driver's side rear window. First responders, who had been trained in the life-saving program, knew to look inside her glove compartment for the important medical information needed to treat Blake effectively. This critical information was then passed on to the hospital to ensure that doctors could properly manage Blake's condition.

Although Blake is grateful for how easily the sticker worked, medical personnel are even more appreciative. First responders who must make medical decisions in those critical moments following an accident face a daunting task when it comes to patients who are unable to communicate. This is especially important for people who regularly take medications, have allergies related to medical treatment, raise children, or travel with someone who has a disability. Kentucky Board of Emergency Medical Services Deputy Director, Chuck O'Neal feels the program has been "extremely successful" in other states and will allow "emergency medical professionals to quickly recognize important aspects" of patient needs. He describes the information it provides as "imperative for the EMTs and paramedics" and "valuable" for treatment. In other words, the Yellow Dot takes the guesswork out of the equation.

The program's namesake color was chosen partly because the first 60 minutes in a medical emergency is known as the "golden hour." Drivers are given a yellow circle decal to place on the rear windshield in the lower-left corner of the driver's side. This alerts first responders to personal medical information in the glove compartment. The form inside a specially-marked folder lists medical history, current medications, known allergies, emergency

contacts, hospital preferences, and doctor's contact information. The program requires a picture of the person enrolled, so medical personnel can confirm identification. Each person who regularly travels in the vehicle should have a separate Yellow Dot folder.

Launching the Yellow Dot Program in Kentucky

It's not hard to see how this simple process could save lives, and Kentucky is already beginning implementation. At the annual September meeting of the Kentucky Hospital Association's volunteers, Executive Director of the Kentucky Office of Highway Safety Bill Bell, presented the schematics of the new medical alert system. Bell stated that all training for the National Traffic Incident Management would now include

Photo by Cordis Bishop

Yellow Dot training. "We're all about the four E's at the Highway Safety Office—Enforcement, Engineering, Education, and Emergency Response," he said. "We don't often get to make much impact in the area of emergency response, so we're excited about the opportunity." Richard Bartlett, member of the Kentucky Hospital Association and the Coordinator for Emergency Preparedness and Trauma, said the first round of 2,000 folders were "snatched up" by hospital program coordinators eager to share the information at their facilities. Once the remainder of fire and rescue workers are informed and sufficient quantities of the folders and stickers in place, a formal roll-out can begin.

Bartlett explained while other states had folders that needed scanned, Kentucky "took a strictly low-tech approach." This way, medical help does not rely on internet or cell phone access. Currently, the form can be downloaded from the KOHS website, but in the near future, the form will be completed online and then printed, which allows users to easily update information and add other family members. Bartlett noted the yellow decal has a 7-10 year lifespan and is made with a special reflective material much like that on a semi-truck. He explained, "If we're out there at night, we can shine a flashlight on the accident and we'll hit something that catches our attention. First responders can see the yellow dot and think, 'Ahh--there's some information here.' Until we get the name and contact information, that person is just a Jane Doe."

Cutting down on the number of people who die in accidents is a priority for Kentucky officials. Since the passage of the seatbelt law in 2006, the total number of highway fatalities has been on a steady decline and 2013 saw a record low. However, the total number of deaths went up in 2014. The Yellow Dot is part of the Kentucky Office of Highway Safety's "Toward Zero Deaths" campaign. The focus is to decrease fatalities, especially the preventable ones. Of the 672 people who lost their lives last year, 61 percent were not wearing seatbelts and 18 percent involved alcohol. New legislation provides funding for Yellow Dot as well as other initiatives in the campaign. Along with new booster seat regulations and legislation supporting ignition locks to decrease drunk driving, Governor Steve signed legislation earlier this year to fund the voluntary Yellow Dot Program.

While booster seats and ignition locks can prevent injury, the Yellow Dot Program helps once there is an injury. Sometimes though, it is not even on the roadway. Dick Leavitt, an 83-year-old tennis enthusiast from Yarmouth, Maine, suffered a head injury after collapsing while playing a match with friends. He didn't have his wallet or phone on him at the time, but his friends were able to lead paramedics to Leavitt's nearby car which displayed the yellow dot on the back windshield. The Forecaster in Maine reported that first responders had access to information "about Leavitt's heart arrhythmia, clotting condition and blood thinner medication – information that helped guide treatment during the all-important 'golden hour' of his medical emergency." Yellow Dot can be most advantageous for senior citizens, a group that is believed to grow significantly in the next 15 years.

However, it's not just people over 65 reaping the benefits. Although the nationwide effort to enlist the help of the Yellow Dot started in

Photos by Cordis Bishop. The pamphlet includes the participant's name, photo, medical conditions, recent surgeries, current medications, allergies, physical information and emergency contact information.

Connecticut in 2002, the initiative has grown to include at least 22 states with several other states considering the plan. Alabama gradually introduced it county-by-county and when Norman Pondick was airlifted to a hospital in another county, his nurse approached Traci Pondick, 47, and the rest of his family she held the yellow folder in her hand. "Where did you get this?" she asked them. When they told her, the nurse went on to proclaim, "This is the best thing I've ever seen." Since its inception, medical personnel have supported the program because it eliminates the wasting of precious time.

Calling out the Critics

In an emergency, seconds count. Although some people have been quick to say that smart phones already have an app that essentially does the same thing, emergency workers disagree. First of all, not everyone has an iPhone. Secondly, an EMT called to the scene of a serious accident would have to ask, "Is the phone sitting somewhere inside the car or is it kept in the driver's pocket, jacket, or purse? Maybe the purse is several feet away from the victim. In the aftermath of an accident, these unanswered questions take away the focus of the paramedic. Richard Bartlett countered, "We don't teach first responders to rummage around a person's belongings to try and find information. We're concerned about the patient, their airway, and stopping the bleeding."

Even though some agree with doctors and paramedics that Yellow Dot provides an important consistency, others feel the sticker might become a target for thieves interested in stealing identities. The Kentucky Office of Highway Safety reminds users that the form asks for just basic medical information, not social security numbers, birth dates, or credit card numbers. Advocates go on to point out that a car is often locked and that a thief is more likely to get personal information right out of the mailbox--which is never locked. In an article by the Associated Press in 2014, Lori Weaver, who started Alabama's program said, "We don't want to put anyone in danger of identity theft. If [a] driver is unconscious, then the first responders will know who they are dealing with and what their medical history is."

According to the Associated Press, Weaver also shared the story of Bethanie Chancellor of Chilton County who wishes the Yellow Dot program would have been available to her in 2012. When she and her husband Mike were hit by a drunk driver, Mike was killed instantly. "I don't have any memory of that night. I was knocked out and critically injured," she recalls. "But if we had had the Yellow Dot, our family would have been notified more quickly and someone could have been with our children at the hospital a lot sooner." Retired physician and Alabama Gov. Robert Bentley believes there is little to think about when signing up for the program. He elaborated, "I remember many times in emergency rooms and during my residency where we were unable to talk to the patient because of their medical condition at the time."

For more information about Kentucky's Yellow Dot Program, visit the "Toward Zero Deaths" website linked to the Kentucky Office of Highway Safety. http://transportation.ky.gov/TowardZeroDeaths/Pages/Education.aspx

In the near future, look for places in your community that are distributing the Yellow Dot. It is the hope of advocates that the program will reach all 50 states because so many people can benefit from it. ■

Fall 2015

The Bridge

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