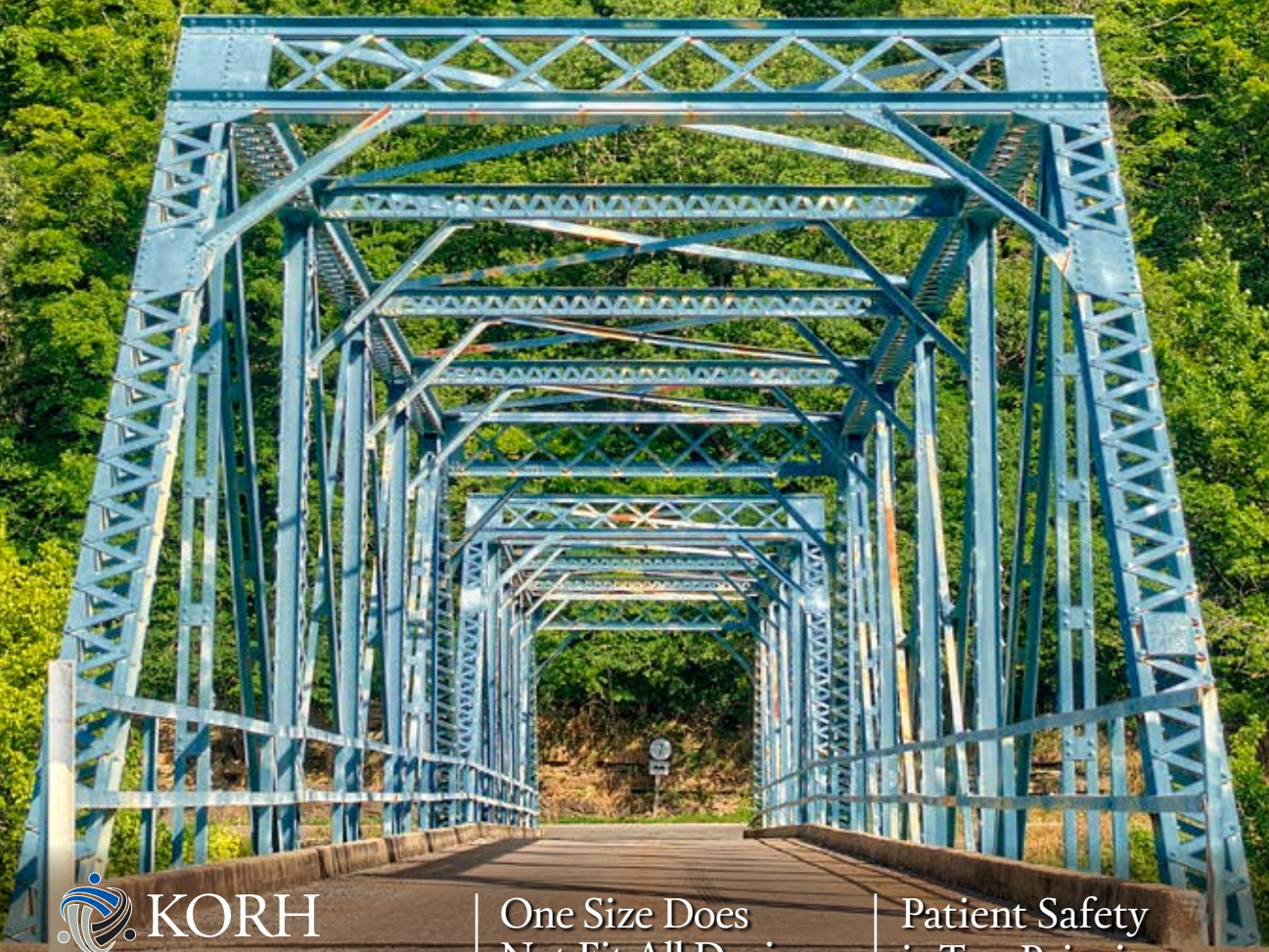


Summer 2016


# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Jenna Meyer: Introducing  
Community Partners to  
Boundless Opportunities



 **KORH**  
Kentucky Office of Rural Health

 Center of Excellence  
in Rural Health

One Size Does  
Not Fit All During  
Emergencies

Patient Safety  
is Top Priority  
at Rockcastle  
Regional Hospital





Dear Reader,

I want to take this opportunity to tell you a little bit about the publication you have before you.

“The Bridge” is a collaborative effort between the University of Kentucky Center of Excellence in Rural Health (UKCERH) and the Kentucky Office of Rural Health (KORH). This quarterly publication focuses on rural health issues and topics pertaining to the Commonwealth, while spotlighting individuals and programs that exemplify innovation or excellence in Kentucky’s rural health landscape.

We at the Kentucky Office of Rural Health (KORH) want “The Bridge” to be an engaging and informative resource for you.

While there are so many individuals doing fine work in Kentucky’s rural areas, sometimes that work is done in isolation, where those outside of a particular region or county may not have the opportunity to hear about it. There is a spirit of collaboration in health care, and we think there are a myriad of programs and best practices that we can all learn from.

I am reminded of the quote by Helen Keller, “Alone we can do so little; together we can do so much.”

We are thoroughly committed to helping you tell your story, and we encourage you to help us do so. Consider yourself our reporter out in the field. When you learn of a new program, or someone who deserves to be recognized for their commitment to rural health, please let us know!

Themes we cover include: Clinic Spotlight; Hospital Spotlight; Rural Healthcare Champion; Innovative Programming; and Human Interest Features.

Also, we are currently seeking individuals who would be interested in serving on our advisory committee and we are planning a brief get together for committee members in mid-August.

To submit a story idea, or to learn more about the advisory committee or “The Bridge,” please contact Jennifer Molley Wilson, Rural Project Manager with KORH.

We certainly appreciate your feedback on past issues, and I hope you continue to be excited by the arrival of “The Bridge” in your inbox each quarter.

Sincerely,  
Ernie L. Scott  
Director  
Kentucky Office of Rural Health

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# The Bridge

KENTUCKY’S CONNECTION TO RURAL HEALTH ISSUES

The Blackey Bridge, Blackey, Kentucky in Letcher County. Constructed in 1930, the bridge links the town to Route 7. Photo by Malcolm J. Wilson



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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 statements and opinions contained in the articles of The BRIDGE- Kentucky’s Connection to Rural Health Issues are solely those of the individual authors and contributors and not of the University of Kentucky Center of Excellence in Rural Health, Kentucky Office of Rural Health, affiliates or funding agencies.



# JENNA MEYER: INTRODUCING COMMUNITY PARTNERS TO BOUNDLESS OPPORTUNITIES



Lieutenant Commander Jenna Meyer, on assignment in Pikeville, Kentucky.

## Article by Jennifer Molley Wilson

While becoming familiar with the counties served by Shaping Our Appalachian Region (SOAR), Jenna Meyer, registered nurse, took a wrong turn one day, and found herself atop an Eastern Kentucky mountain. Captivated by the view, she took a photograph, and she now uses that image on a thank you card. That occurrence closely parallels what Meyer does in her role as a public health advisor with the Office of State, Tribal, Local and Territorial Support for the Centers for Disease Control and Prevention (CDC). A lieutenant commander in the United States Public Health Service, Meyer has been assigned to SOAR to meld resources with the people most able to make a difference and is discovering opportunities that may have been missed had she not taken the road less traveled.

“One main aspect of my job is to identify community partners - people who are out on the ground doing the work - and try to find ways to connect them with resources that they might not be aware of, and to elevate awareness of what’s going on in the communities,” she said.

SOAR was established to expand job creation, enhance regional opportunity, innovation and identity, improve the quality of life and support others working to achieve those goals in Appalachian Kentucky. It encompasses 54 counties, including: Adair, Bath, Bell, Boyd, Breathitt, Carter, Casey, Clark, Clay, Clinton, Cumberland, Edmonson, Elliott, Estill, Fleming, Floyd, Garrard, Green, Greenup, Harlan, Hart, Jackson, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie,

Letcher, Lewis, Lincoln, McCreary, Madison, Magoffin, Martin, Menifee, Metcalfe, Monroe, Montgomery, Morgan, Nicholas, Owsley, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Wayne, Whitley and Wolfe.

Meyer is a nurse with a mission, and a uniform.

“The United States Public Health Service (PHS) is a uniformed service. There are seven uniformed services and five armed. Army, Navy, Air Force, Marines and Coast Guard are the ones people are most familiar with, but you also have the National Oceanic and Atmospheric Administration (NOAA) and the United States Public Health Service,” she said. “With the Public Health Service, you come in as a commissioned officer,” she added.

The PHS Commissioned Corps fills public health leadership and service roles within federal government agencies and programs. The PHS Commissioned Corps includes officers drawn from many professions, including environmental and occupational health, medicine, nursing, dentistry, pharmacy, psychology, social work, hospital administration, health record administration, nutrition, engineering, science, veterinary, health information technology and other health-related occupations.

“I have active duty responsibilities, and we respond to domestic and foreign health emergencies. We’re able to mobilize and provide support. We responded to Ebola by setting up mobile medical units to take care of the first responders, and we respond to hurricanes and those kind of things,” she said.

After attending nursing school in St. Louis, Meyer commissioned with PHS in November of 2007.

“I wanted the opportunity to kind of get out and move around a little bit, and to have different opportunities as a nurse,” she said.

Meyer began her nursing career at the Indian Health Services (HIS) hospital in Fort Defiance, Arizona, the capital of the Navajo nation. She later moved to Claremore, Oklahoma, and worked with the Cherokee at the Claremore Indian Hospital, which serves primarily Cherokee but all other federally registered tribes in Oklahoma. She ultimately returned to Arizona and worked on the Hopi Indian Reservation in Northeast Arizona, about an hour and a half north of Flagstaff.

“I actually drove right from northeastern Arizona to Pikeville. I was born and raised about six hours from here in Southern Illinois, so I was excited to be closer to home. It feels more like home here. I was very humbled to actually get the position. It was the CDC, and I knew that it was going to be a chance to work with so many different people, and to have an impact on a lot of different areas,” she said.

The difference in terrain between Arizona and Kentucky may be vast, but Meyer sees many similarities between the health disparities that plague both Appalachians and Native Americans.

“Both population segments have very high diabetes rates, obesity rates, and chronic substance abuse,” she said.

In fact, it is exactly those three health issues that SOAR has determined to be priorities in the region, and which Meyer devotes her time to addressing via education, information and facilitation.

“I’m here to support the needs of Eastern Kentucky. I believe that you have to establish relationships and know what’s going on in the community. That’s what I really love about this job. I visit the health departments, the hospitals, and we’re involved in numerous healthy community coalitions. We are taking a multi-pronged approach, that encompasses health care facilities, municipalities and schools.” she said.

According to Meyer, each of those priorities present complex challenges and issues in and of themselves. The continuum of diabetes care goes hand in hand with obesity. The promotion of screening and educational opportunities like walkable communities, and building environments that help increase physical activity and healthy food options are part of that initiative.

Even though all those issues are considered priorities, there is one that is skyrocketing up the list to become a crisis.

“Unfortunately, substance abuse has risen to the top because it’s happening right now and it’s impacting every aspect of life right now in these communities. There’s issues like the Hepatitis C infection rates, the potential for an HIV epidemic, and the economic factors of a workforce that might not be ready because they can’t pass a drug test, not to mention the impact that it’s having on children. There’s a lot going on with substance abuse, and we try to look at it from a holistic perspective. There is no one silver bullet. Increasing treatment facilities is a need, but it’s not going to solve the problem. We need better provider education and we need resources in schools for children that are being impacted,” she said.

Meyer is a determined advocate for children. One of her proudest professional accomplishments to date is her work to increase breastfeeding rates and develop community resources and support for mothers on the Hopi reservation. It was for this work she received a commendation, one of several that grace the front of her uniform.

“One thing that I look back on, that’s helped develop my career to where it is now, and develop me as a person was the chance that I had to participate in Indian Health Services’ breastfeeding initiative. We had some of the lowest breastfeeding rates in Indian country. We initiated an agency wide initiative to designate all OB facilities within the Indian Health Services as baby-friendly and that just meant standardizing maternal child health policies throughout our facilities, and giving moms the opportunity and support they needed to be successful at breastfeeding,” she said.

“I look at that as something that I’ll never forget about my career because I was able to watch 14 hospitals from across the country with different types of backgrounds and different areas, come together and together achieve this world-wide designation for hospitals, and with that will come better care practices for moms and babies. That really showed how one hospital or one nurse has an impact on a patient, but when you work together to get things done, your impact is so much greater.”

Since arriving in Pikeville, Meyer has found a mentor in SOAR’s Community Health and Wellness Advisory Board Chairman, Dr. William Hacker.

“He was born in Eastern Kentucky, and was one of the first pediatricians in Corbin. He was the Commissioner for Public Health for seven years. He knows everybody and he’s well-respected throughout. He offers the guidance and the support and also is able to bring such a wealth of experience to the SOAR health initiative. He’s been the driving force behind what we’ve been able to bring together so far, and it’s so important to have that history and experience,” Meyer said.

Meyer spends a great deal of her time organizing





A drawing by Meyer's young daughter hangs on her office door.

roundtables and discussion sessions for a growing audience of healthcare workers and mental health professionals. A substance abuse roundtable in April helped facilitate connections and conversations, and Meyer's next event will be a Hepatitis C Town Hall in Hazard, Kentucky, that will be held in late July.

"If you look up the stories that were coming out about the potential HIV infiltration into the area, and our already rampant, raging Hepatitis C epidemic, we hope this town hall will be a beacon of hope," she said.

"There are some amazing community coalitions that have popped up. You've got health departments that are working really hard with their cities to implement needle exchange and to do it right and be successful with it. We've got amazing facilities in Eastern Kentucky for treatment and rehab, great educational opportunities for people that want to go into the field and make a difference," Meyer said.

"In October we're planning the Appalachian Health Hack-A-Thon with MIT (Massachusetts Institute for Technology). I use the word exciting a lot. It feels huge," she said.

According to Meyer, the hackathon concept was developed at MIT, not for health but for computers. The health hackathon started because a woman breastfeeding looked at her breast pump and wondered why it was so loud and cumbersome, when technology had improved so many other things like cars and computer.

"It's not that we don't have the capability or the knowledge to improve those things, it was just the fact that no one had gone back to it to make it better, Meyer said.

a two-and-a-half-day event, will kick-off with a high energy reception and will include a variety of health care professionals, scientists, engineers, students and mentors.

"We'll have people there who are coders, technical engineers, people who can help build a mobile app or a device to help walk a team through the process. We want to get people thinking about innovation, and the chance to really make a difference through a change, and not always do what we've always done," she said.

Limited to 150 participants, solutions will be sought via interaction from a number of breakout teams.

"You brainstorm, but you do it fast, you do it with people who can answer your questions when you ask, well could we do this with an app? You've got mentors, you have people who are skilled in business incubation, and entrepreneurship so they can help move something into an actual business plan. The focus is on people from the region and the problems they are bringing to the table, and moving to a solution," she said.

During the course of her travels, Meyer has ample opportunity to scour the SOAR counties for best practices that can, and should be, replicated across the state.

"I was in Middlesboro a couple of weeks ago, and the revitalization of their downtown is amazing. They had an empty space and they made it an area where people can go to grow vegetables, and to be a part of the community. That hope, that resilience is here, and we've got to keep it here and help it grow," she said.

"It's gratifying to see the passion of the people here and just to be able to be a small part of that. I can't tell you how many people I've had the pleasure of talking with, and I walk away a better person. Everyone here that I've worked with, and talked to, is engaged and passionate about what they're doing."

But just like Dorothy's ruby slippers in the Wizard of Oz, Meyer surmises that Appalachians have had the power to make things better all along. All that's needed is a nudge down the right path.

"I'm just a person here, I could be replaced by the CDC tomorrow, and it doesn't matter, but the real shining stars are the people and the work going on in the communities. I work to help find ways to bring people together and give them an opportunity to shine," she said.

# Patient Safety is Top Priority at Rockcastle Regional Hospital

Article by Elizabeth Cobb

"It starts with leadership" affirms Tammy Brock, Quality and Patient Safety Director of Rockcastle Regional Hospital. Rockcastle Regional Hospital and Respiratory Care Center, located in Mount Vernon, Kentucky, provides acute inpatient care for up to 26 patients and long-term care for 93 ventilator-dependent patients. The hospital was founded in 1956 and the very engaged community governing board ensures that the hospital adapts to the health care needs of its community.

Rockcastle hospital is an eight-time winner of the Kentucky Hospital Association (KHA) Quality Award. The award was developed by KHA in 2006 to recognize hospital leadership and innovation in quality and commitment to patient safety. The goals of this award are to:

- Raise awareness of the need for an organization-wide commitment to highly reliable, exceptional quality, patient-centered care
- Reward successful efforts to develop and promote improvements in quality of care
- Inspire organizations to systematically integrate and align their quality improvement efforts throughout the organization
- Communicate successful programs and strategies to the hospital field
- Facilitate Kentucky hospitals' alignment of quality initiatives with national initiatives

**"it starts with leadership"**

No other hospital has won the quality award for its category in more than two years. Rockcastle's eight recognitions is an extraordinary achievement and demonstrate the hospital's consistent commitment to quality and patient safety.

Brock says the hospital has always been focused on providing high-quality and safe care but in recent years, the Centers for Medicare and Medicaid Services (CMS) has increased quality data reporting requirements and has linked Medicare payments to a hospital's performance on those measures. She says CEO Steve Estes wants everyone in the hospital "to be obsessed with quality," and he charges clinical leaders like Brock to seek out and implement best practices in all levels of care. Collaborative quality improvement initiatives, like the CMS-funded Hospital Engagement Network, has strengthened the focus and resources for hospitals to increase knowledge around best practices. Through the initiative, Rockcastle Regional Hospital is working with the KHA and 75 other Kentucky hospitals collectively to improve quality and outcomes in hospital care.



The hospital governing board, comprised of community members, takes their role in overseeing the hospital's progress in patient safety and quality very seriously. The board reviews quality reports – including infection rates, patient satisfaction and process of care measures – each month and often consults with quality leaders in the hospital to ensure that they are achieving both national benchmarks and hospital improvement goals.

When asked what the most impactful quality initiative the organization has taken on, Brock identifies implementation of daily safety huddles, a practice learned from a national conference. Seven days a week, 365 days a year, hospital leaders and department heads gather at

8:15 a.m. for a brief, standing meeting. The group is comprehensive and includes administration, nurse leaders and representatives from every department (emergency department to environmental services). Each department is asked to report any patient safety events (i.e. a patient fall) as well as anticipated events or challenges throughout the day that can impact the quality of care. The "huddle" only lasts seven to 10 minutes but it is the most effective effort they have put in place.

Getting all staff involved in patient safety awareness and quality improvement is a second factor of the hospital's success that Brock noted. The hospital has instituted "The Great Catch" project in which front-line staff are encouraged to identify potential patient safety problems before a patient is impacted. Physician leaders annually review all the "catches" and identify the four most important ones. Each of those staff members is recognized and receives \$500. This level of recognition has gotten everyone excited about being vigilant in identifying patient safety issues before they happen.

Rockcastle Regional Hospital has developed a true culture of safety where leaders are visibly committed to change, and every employee makes safety their number one priority. ■



# ONE SIZE DOES NOT FIT ALL DURING EMERGENCIES

Program is to decrease pediatric mortality and morbidity due to severe illness or injury by enhancing pediatric emergency care services throughout the state. It does this by building partnerships across the continuum of emergency care, offering special programs and training opportunities, and through policy development.

The KYEMSC program is a federal-state partnership grant held by KBEMS, and administered through the U.S. Department of Health and Human Services, Health Resources and Services Administration's (HRSA) Maternal Child Health Bureau (MCHB).

This grant program is intended to fund activities that lead to quality improvements and the integration of pediatric care within the existing emergency medical system, which includes both pre-hospital and hospital-based care.

KBEMS manages most aspects of the grant by employing a project director, Scaggs, and operating an EMSC advisory committee which includes: Dr. Mary Fallat, physician program director and committee chair; Hirikati S. Nagaraj, professor, division director pediatric surgery, Surgeon-in-Chief Kosair Children's Hospital; and physicians, nurses, EMS providers, injury prevention specialists, Family Advisory Network representatives and others. Kentucky has held an EMSC State Partnership continuously since 1992.

The performance measures are based on both EMS and hospital-centric initiatives. There are currently 10 EMSC Performance Measures (PMs), established in compliance with the Government Performance Results Act of 1993, that guide grant program activities. State partnership programs must collect and report data on the progress toward achieving these measures. Four of the PMs are focused on hospitals, four on prehospital EMS agencies/providers and two deal with establishing permanence within the state EMSC program.

Emergency care is highly fragmented, with many EMS agencies and emergency departments (EDs) ill-equipped to handle pediatric care.

"With our first responders, a key area of focus has been on promoting pediatric continuing education opportunities, process improvement and agency participation in pediatric research efforts," she said. "One of the most basic first steps we took was to ensure the availability of pediatric medications, equipment and supplies on the transport vehicles."

Not all the technology is shiny and complicated. Configured much like an old-school road map, the Broselow Tape is a color-coded tape measure that is used throughout the world for pediatric emergencies. When unfurled next to a patient, the tape relates a child's height as measured by the tape to his/her weight to provide

medical instructions including medication dosages, the size of the equipment that should be used and the level of shock voltage when using a defibrillator.

"We have placed this reference tool into the hands of our pre-hospital providers, and that's just one small way we can impact the delivery of emergency care to our youngest patients," she said.

On average, Kentucky transporting vehicles carry 97 percent (BLS) - 98 percent (ALS) of the recommended pediatric equipment. Pediatric readiness has increased but there are still opportunities for significant improvement.

"We are also looking at a voluntary statewide system for our pre-hospital providers that will establish performance criteria beyond regulatory requirements. Agency recognition and system evaluation and verification are just additional ways we feel we can enhance stakeholder involvement, and facilitate seamless integration of services among all providers," Scaggs said.

## Hospital Focused

Every hospital must be ready, every day, to provide a reasonable level of emergency care for pediatric patients. Approximately 31 million children are seen in EDs each year, most children (87 percent) are treated in general or community EDs, not in specialty children's hospitals. Of these children, 70 percent are seen in EDs that see fewer than 15 pediatric patients per day.

In the largely rural Commonwealth of Kentucky, there are 101 hospitals with emergency departments, 27 Critical Access Hospitals and two Level I Pediatric Trauma Centers. In sharp contrast, however, many counties across the state are without a single hospital.

Only six percent of EDs in the U.S. have all the supplies deemed essential for managing pediatric emergencies. Only half of hospitals have at least 85 percent of those supplies. KEMSC awarded grants to 30 hospitals totaling over \$48,000 for pediatric equipment and supplies.

"We have experienced a superior level of collaboration with our hospitals. We conducted a needs assessment of 100 hospitals in 2010, and had a response rate of 70 percent. In 2013, when we participated in the National Pediatric Readiness Project, we were able to gather information from 98.1 percent of our hospital EDs. Anyone who surveys regularly recognizes that's an amazing response," she said.

According to Belinda Burnette, Emergency Department Supervisor at Methodist Hospital in Union County, the KEMSC program has been invaluable in the refinement of their pediatric care delivery.

"The program opened our eyes to how we can best treat our pediatric population. It outlined the importance of having a person assigned to look at pediatrics in everything we do, from start to finish, clinical and quality. We learned that we need some specific policies and procedures that deal with children of all ages," she said.

"We now receive a newsletter with important tips. There are quiet a few pediatric-specific tool kits on the website

that are very helpful. One of my favorites is the spreadsheet for pediatric resuscitation and emergency medications. It's weight-specific and the doses are calculated as a double check to the MD order," Burnette said.

In addition to identifying equipment gaps, KEMSC was also able to determine data gaps, and future efforts will turn a keen eye toward written guidelines that will enable the program to track pediatric emergency patients once they've transferred out of one facility to another, and continue to monitor our outcomes in a meaningful way.

"In an effort to create a coordinated, regionalized accountable system and an enhanced pediatric presence throughout emergency care, we have also assembled various stakeholders to discuss the state of emergency medical care for pediatric patients in Kentucky," Scaggs said.

The Kentucky Pediatric Emergency Care Coalition (KPECC) will bring together people and organizations who will work together to champion quality improvement efforts focused on pediatric emergency care.

KYEMSC and KPECC are also participating in a federal EMSC Quality Improvement Collaborative, working to improve everyday pediatric readiness and exploring pediatric facility designation. Pediatric readiness scores in states with a pediatric recognition program are 10 points higher than those without a recognition program. EDs that are verified as part of these programs score 22 points higher than non-recognized EDs.

"We need everyone at the table, working together, to make a real difference for the children of Kentucky; children's hospitals, rural and community hospitals both large and small, professional organizations and associations, representatives from government offices and programs, corporate groups, family advocates.... everyone." said Scaggs.

If you have questions or would like to be more involved in the KYEMSC Program, you can contact Morgan Scaggs at [morgan.scaggs@kctcs.edu](mailto:morgan.scaggs@kctcs.edu) or at 859-256-3583.



Only six percent of EDs in the U.S. have all the supplies deemed essential for managing pediatric emergencies.

Opposite page: Morgan Scaggs is the Emergency Medical Services for Children (EMS-C) Project Director for the Kentucky Board of Emergency Medical Services (KBEMS).



## Article by Jennifer Molley Wilson

Morgan Scaggs is the Emergency Medical Services for Children (EMS-C) Project Director for the Kentucky Board of Emergency Medical Services (KBEMS). As a devoted mom and a dedicated emergency medical technician (EMT) who earned her medical experience in both the pre-hospital environment and emergency department, her enthusiasm for balance in, and improvements to, the delivery of emergency services to children in the Commonwealth is contagious.

"When I'm giving a presentation about the delivery of care and training and protocols, I've been told I tend to sound an awful lot like Bob The Builder," Scaggs said. "Can we fix it?"

She answers her own question. "Yes, we can."

The continuum of care is vital to every provider who treats a child during an emergency. There are geographic barriers as well as communication barriers. A child can't necessarily articulate how they are feeling. Often times, there is the added complication of frantic parents or grandparents who can unwittingly impede the flow of treatment.

Children are not just miniature adults, and there is no one size fits all when it comes to emergency care.

"My role is to be the person in the room who speaks for the children," said Scaggs. "Children don't decide their circumstances or where they live. They cannot influence how the emergency medical system works or the quality of care available to them, but we can."

The mission of the Kentucky Emergency Medical Services for Children (KYEMSC)



# Retirement on Her Terms: Rural Health Champion Lora Elam

Article by Jennifer Molley Wilson



Lora Elam recently retired after a decades-long career as chief nursing officer of Wayne County Hospital.

Retirement is usually a pretty clearly defined term. It's that elusive pot of gold at the end of the long road of employment. A well-earned reward for a lifetime of labor. It generally manifests itself at a time in one's life referred to as the "Golden Years." It is universally accepted to be a time of rest, reflection and the pursuit of leisurely pastimes like travel, community service, hobbies, visits with the grandchildren or any of the hundreds of other things you fantasize about while you spend eight hours a day working in your office, crossing off the days on your calendar until you can see the timeclock in your rearview mirror.

And, just when you think you have a grasp of the concept of retirement, you meet someone like Lora Elam, a registered nurse whose notion of retirement can only best be described when punctuated with air quotes around the word.

Elam speaks with a soothing voice honed by more than four decades of empathetic conversations bringing words of solace to grieving families and unhurried explanations of medical procedures to those who may have difficulty understanding the parlance of diagnosis and treatment.

After 32 years, Elam recently retired as chief nursing officer of Wayne County Hospital. The facility is located in Monticello in South Central Kentucky. The area is peppered with farms, gently rolling hills and a friendly community that values the hospital for both the medical and social support it provides.

happens, people remember it forever. In a larger facility, there are so many things that can happen, it's something new every day so they forget what happened yesterday. That isn't true in a small, rural area because everybody knows everybody," Elam said.

Elam began her formal education with an associate degree in nursing (ADN), from Somerset Community College. She returned to school and completed her bachelor's degree from Eastern Kentucky University. She is also a certified wound care nurse.

But years before she ever stepped into a classroom --- grade school, high school or college --- Elam's training began at a very early age. The first girl to follow three boys, Elam was born into a family that soon grew to 15. With 11 younger siblings, she has spent her entire life as a caretaker, in one form or another.

"I was changing diapers when I was five years old and feeding bottles and those kinds of things, so I feel like I've been a nurse all my life," she said. "Whether that inspired me, I'm not sure but I think I was a natural born caretaker, so I always knew that I wanted to be a nurse."

Just as her love for caring for others began at an early age, Elam credits the lessons learned from a rural upbringing for the strong work ethic that has been so evident throughout her lengthy career.

"We didn't own our own home until my parents were much older. My dad sharecropped with other people and we grew tobacco and all kinds of produce that we sold," she said. "We had our own cows, so we had our own milk, we had our own chickens so we had our own eggs, and we grew huge gardens so we would can our foods. Looking back, I don't know why we weren't all overweight. I guess we worked it off."

"The values that both my parents instilled in all of us is that even though you are poor, if you work hard and aspire to do something, you can do what you want to do. You just might have to work a little harder at it," she said. "They taught us honesty and hard work. They didn't look for free handouts just because they had a large family. We may not have had all the material things, but we were loved and had plenty of food, we had shelter and we had the things that we needed."

Elam began her nursing career in 1974 at what was then

the Somerset City Hospital. After nearly six years there, she began her first stint at Wayne County as a nursing supervisor.

"I really didn't want to change jobs at that time, but I had several calls from administration and the director of nursing asking me to come here and work. I was happy where I was, but I finally said, OK, I'll try working local," she said.

After four years, the young nurse longed for bigger challenges in her career. At the time, Wayne County Hospital only had the Medical/Surgical Unit and an Emergency Room. Elam returned to Somerset and worked in the ICU for a little over a year when the chief nursing officer position at Wayne County opened up, and brought her back home.

"It was a transition for me in that it was more responsibility than I had ever had. The first year was so hard. There was not a lot of structure at that time in the nursing department. There were a lot of changes, and sometimes people don't adapt well to change and I lost staff, but God really blessed me in that I was able to hire more staff and more qualified people, and we started getting our nurses ACLS-certified, and PALS-certified and trauma-certified because my feeling was, because we're small, we have to do better," Elam said.

Over time, Elam nurtured the growth and stability of Wayne County Hospital, and today, the facility boasts a swing bed program, rural health clinic, wound care program and a dedicated and highly qualified nursing team.

"The rural health clinic is so important for a small, rural



**"This program has allowed me to pay my loans so that I can stay at a place like this. Everyone should be able to have access to healthcare. With the KSLRP, I'm fulfilling my life's dream, and that's to help the underserved."**

*Crystal Narcisse, MD  
Staff Physician specializing in Internal Medicine & Pediatrics  
Park DuValle Community HealthCenter,  
Louisville, Kentucky*

## Need Help Recruiting a New Provider?



The Kentucky State Loan Repayment Program (KSLRP) is a 50/50 matching loan repayment program funded through the National Health Service Corps (NHSC) and administered by the Kentucky Office of Rural Health (KORH).

The program requires a two-year commitment by the provider to practice at an eligible site, with an equal commitment by the employer. Eligible sites must provide Primary Care services, be in an identified HPSA, accept all forms of public insurance, offer a sliding fee scale, and see all patients regardless of ability to pay. The KSLRP 50/50 matching requirement means that for every federal dollar provided by KSLRP, there must be a 1:1 match\*.

This match may come from a variety of sources, called a Sponsor, including:

- Employers
- Local, State, and National Foundations
- Family, Friends, or Self-funded

Total funding limits for a two-year commitment vary by profession for eligible **Physicians, Dentists, Pharmacists, PAs, NPs, Behavioral Health Practitioners, RNs, Certified Nurse Midwives** and **Registered Dental Hygienists**.

**Applications are accepted through a 30-day Request for Applications (RFA) period:  
Release Date September 1, 2016 | Application Due Date: October 3, 2016 5:00 PM EST**

Complete Application & Materials Available Online:  
[www.kyruralhealth.org/KSLRP](http://www.kyruralhealth.org/KSLRP)



\*Sponsor matches must be non-federal dollars





Retirement will allow Lora Elam to devote more time to caring for her mother, Elizabeth Sweet.

area such as Wayne County because physician's offices are closed on weekends, they're closed on holidays and, more and more, they're closed after 4:30 pm. We're open until 8 p.m., and we're open seven days a week. It's a great choice for those people who need some attention, but it's not urgent or emergent," Elam said. "We became a Critical Access Hospital in 2007. We don't do everything, but for what we do, we do well. I'm prejudiced about that, but I strongly believe that. We give good care, and I think the majority of our patients would attest to that."

While forward-thinking and progressive in her management ideals and service delivery, there is still much of Elam's nursing style that harkens back to a bygone era of the nursing profession. She still dons a white uniform every day, just as she did when she began her career in the mid-70s, and has been known to pull out her nurse's cap on special occasions. And always, at the core of all her actions, the needs of the patient remain first and foremost.

"In a larger facility you will not find the chief nursing officer doing wound care and patient care out on the floor, but that has been the beauty of this job for me. I was still able to do some hands-on care; I've tried to be very visible. I wanted my staff to know and to see that there was no job too dirty for

me. It didn't bother me to empty a bed pan or assist someone to the bathroom or do whatever I needed to do," she said.

"I've tried to lead by example, and I hope I have. I hope that I was a positive influence for the nursing staff. I've had nurses say to me, 'I didn't always like you, but I know that you always had the best interest of the patient at heart.' And you know what? That was huge for me. I did not expect them to always like me, because in this position you have to make unpopular decisions. In a small rural hospital, you can still have that connection with the patient, and the trust of the community."

Reflecting upon her career, Elam makes no attempt to silence her passion for the nursing profession. Faith, calling, integrity and a sense of service before self are the common themes that have led to her success, and garnered her the respect of patients and peers, alike.

"It really disturbs me when I hear young nurses say, 'I'm burned out.. I can honestly say that in 42 years, I was never burned out on nursing. I love my job, so therefore, it was not a job for me. It was a pleasure for me to come to work. I'm not going to say that I was never frustrated. Things happen, and your day doesn't go as you planned it. You had all these things on your list to check off, but they didn't get done. But you know what? The

patient took priority. You had a call-in, and they needed your help on the floor, maybe you needed to help out in surgery that day. Lots of times my to do list would just be growing, and growing, and I'd think, how am I going to ever get this done? Somehow, God always provided the way for me to get it done. Just because you have a bad day...if you can think of one positive thing that happened that day, or one person that you made a difference for, then you can forget that word burnout," she said.

"I believe that nursing is a calling, but I also believe there are some in the profession, just like in every profession, who are probably not truly called. You can tell when someone's heart is in it. I've known some really smart young ladies who thought nursing is exactly what they wanted to do, and once they got into it and discovered some of the dirty, smelly jobs that you have to do, they right away decided that was not for them. I commend them for being wise enough to make that decision. I would encourage anyone who thinks they are interested in nursing to work as a nurse's aid. That is the best experience. I worked as a nurse's aid. If you can be a nurse's aide and enjoy being that, and enjoy doing the menial tasks and serving people, then I think you will be a good nurse."

*continued on page 14*



## Cumberland Family Medical Center

*Article by Tracey Antle*

Cumberland Family Medical Center, Inc. (CFMC) is a Federally Qualified Health Center serving the needs of rural Kentuckians across the southcentral and northcentral portions of the Commonwealth. Their 18 county service area includes Adair, Anderson, Barren, Boyle, Casey, Clinton, Cumberland, Franklin, Green, Hart, Lincoln, McCreary, Metcalfe, Monroe, Owen, Russell, Wayne and Woodford counties.

Small, community-based clinics are embedded in rural communities where often few health care options exist. Spread across a large geographical portion of the state, CFMC serves a population of patients who reside in one of the most health-challenged areas of the state and where over 70 percent of their patient population resides at or below 200 percent of the Federal Poverty Level.

In 2015, CFMC participated in more than 210,000 patient encounters. Organized in 2007 with only two clinic locations, CFMC continues to be propelled by a mission to provide affordable, accessible and quality health care to all, regardless of insurance or economic status. As a result, CFMC has quickly grown to a large network of 48 clinic locations. The CFMC school-based health centers, "Healthy Kids Clinics," offer access to medical care on school campuses thus reducing absenteeism, increasing academic achievement and reducing parents' time missed from work.

The CFMC mobile medical unit, "Wellness on Wheels," provides school-based oral health services along with oral health education and learning sessions for elementary students lead by "Mr. Molar" and "Scrubby Bear" who teaches proper handwashing techniques.

In addition to primary care, behavioral health care,

pediatrics, OB/GYN, and oral health care, CFMC is very involved in the communities they serve through provision of numerous outreach efforts, care coordinators, local health fairs and the nationally recognized "Reach Out and Read" and "Brush, Book, Bed" programs. In 2016, CFMC awarded \$20,000 in scholarships to local high school seniors in their service area who are entering postsecondary programs in a health care related field.

Based on patient and community need, CFMC is currently in the process of constructing a new urgent treatment clinic in Adair County, along with expansion of their oral health and substance abuse services. Led by a progressive board of directors and CEO, Dr. Eric Loy, CFMC has been recognized as a national quality leader by the U.S. Department of Health and Human Services. CFMC has its administrative offices in Russell Springs and welcomes visitors to their website at [www.cumberlandfamilymedical.com](http://www.cumberlandfamilymedical.com).



Reach Out & Read, Pediatrician Dr. Holly Von Gruenigen.



*Elam, from page 12*

Elam had so woven herself into the tapestry of Wayne County Hospital, that the announcement of her intent to retire this past March sent a ripple of disbelief throughout the facility.

“When I announced my retirement, I think it was a shock to pretty much everyone in the hospital. I think they thought I would be here as long as the doors were open, as long as I was able to walk in,” she said.

According to Elam, she wrangled with the decision. Her elderly mother was becoming more debilitated, and was in need of constant care. She recounts that it took a year of prayer before deciding to leave the place she had spent the bulk of her career.

“I just asked God to give me peace about it, and He really did,” she said.

However, she didn’t stray far in her retirement.

“I love this hospital, and I want to see it prosper. When the CEO asked me if I would stay on and do the wound care, which I’ve been doing for years, and became certified in a few year ago, I agreed to do that one day a week. The closest wound care center is in Somerset. A lot of the people I see right now are elderly, and transportation to Somerset is hard for them. Some of them don’t drive anymore, and some of them have to depend upon other people. I do it because I love doing it, but I also do it for the community because there’s a need for it,” she said.

“I’m keeping it eight or nine hours, it could probably be a 10 or 12-hour day, but because of my mother, I try to keep it a shorter day because I do need to get home and manage her care. She lives in her own home, but there has to be someone with her 24/7. I have sisters who help relieve me on the day I come in, but I pretty much spend every night with her,” Elam said.

Elam confessed that reporting for work to the place you retired from as a manager, has on occasion, left her with phantom pains for the job that is no longer hers to do.

“It’s been an adaptation for me, I’ll be honest with you. For years, the routine was that I came in here every day, and the last thing that I did every night before I went to bed was to call and check on things so that if I needed to make adjustments in the staffing I could make an adjustment,” she said.

“Every night since I’ve retired, I would think I’ve got to call the hospital, because I was in such a routine of doing that. It was like I was supposed to be doing something. It

was hard to let go, to some degree, but at the same time, as I said, I had peace, and I felt like I was still going to be a part of it.”

It’s quite possible that Elam may actually try to work some retirement-type activities into her retirement. An avid gardener, she enjoys spending time outside tending to her flowers and landscaping. She and her sister also have a small garden space at their mother’s home, which yields fresh produce.

She recently traveled to Baltimore, Maryland, to visit her daughter, a traveling nurse and she looks forward to some short trips in the future, as her mother’s health allows.

“I try to stay healthy, so I try to get a walk in every day. That doesn’t always happen, but I’ll try to treadmill or use the stationery bike sometimes. And that doesn’t always happen either. I feel like I need to stay healthy because I still need to take care of people,” she said.

Although Elam’s definition of retirement might sound very similar to what others would refer to as a job, she is, nonetheless, precisely where she is meant to be at this juncture in her life.

“I feel like I’ve been rewarded much more than I ever gave. I am able to care for the people in my community, the people I know, that I see in the grocery store, at church and at events. They have developed a trust in me, and they have a comfort level in calling me. I still get calls at home from people asking my professional opinion about things. It’s just a warm feeling to know that somebody feels better, that somebody trusted you to take care of their family,” she said.

“I’m still an employee of Wayne County Hospital, hope to continue to be, and I only want what’s best for the place. I want it to be successful for Melissa Upchurch, the new chief nursing officer, too. I’m really glad that I can be any kind of resource for anybody here,” she said.

“People do not have to come to Wayne County Hospital. They have a choice. We need to feel good that they chose us. And that’s the thing I tried to instill in my staff. They come because they want to. They come because they’re going to be given good care. If we treat patients as if they were our mother, father, brother, sister, our family, they’re going to want to come back here.”

## For providers who choose to work where they’re needed the most

The National Health Service Corps can help you recruit and retain qualified health care providers who care about patients living in communities with limited access to care. The Loan Repayment Program provides up to \$50,000 for loans in primary care (medical, dental, or mental/behavioral health) for those practicing at an eligible site.

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[nhsc.hrsa.gov](http://nhsc.hrsa.gov)



Contact the NHSC Ambassadors at the Kentucky Office of Rural Health to learn more:

**855.859.2374**

## 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 Jennifer Molley Wilson for nomination form for the Rural Health Champion at [jennifer.molley.wilson@uky.edu](mailto:jennifer.molley.wilson@uky.edu)



# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Summer 2016

For additional information, questions or comments contact:

Kentucky Office of Rural Health  
750 Morton Blvd.  
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## Health insurance is now within reach of many Eastern Kentucky children.



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