January
2013

wrha

WASHINGTON RURAL HEALTH ASSOCIATION

Yakima Neighborhood Health Services Preparing for Sunnyside Expansion

Anita Monoian, CEO/President
Yakima Neighborhood Health Services

Yakima Neighborhood Health Services, a community health center in Sunnyside offering services in the area since 1981, will soon have more space to serve residents of the lower Yakima Valley. In May of 2012, Yakima Neighborhood Health Services (YNHS) received a 4.7 million dollar grant from the federal Department of Health and Human Services (under the Affordable Care Act) to expand their current Sunnyside site. The expansion is enabling YNHS to continue providing WIC and maternity support services, outreach and emergency Services (housing and basic needs), as well as expand their primary care medical, prenatal/OB and dental services. In addition, they will offer behavioral health services, a vision center and a pharmacy. Comprehensive services such as these offer a "one-stop-shop" environment for YNHS patients.

In 2011, YNHS became the first community health center in Washington State to receive NCQA's top designation, level 3, as a Patient-Centered Medical Home. Organizations with this designation facilitate the partnership between patients and their health care providers, coordinating the care when and where the patient needs it. If YNHS is not the best suited to meet a patient need, they coordinate with a local provider who can best serve the patient. YNHS is especially looking forward to strengthening their Sunnyside partnerships to best serve families in the lower Yakima Valley.

"Community Health Centers like YNHS are a major source of care, especially in rural communities," said YNHS CEO Anita Monoian. "This expansion will increase our ability to provide high-quality care to people across the lower Yakima valley while supporting employment in good-paying jobs in our clinics."

Health care reform will offer additional health coverage for low and moderate income families in the Yakima Valley. Washington State estimates 27% of Yakima County residents are uninsured, and many of these individuals will be eligible for health insurance products through the new Health Insurance Exchange or Expanded Medicaid programs. YNHS is preparing to assist individuals with applications and information about the new coverage options as new programs become available.

Yakima Neighborhood Health Services and other community health centers improve the health of underserved communities by ensuring access to quality primary health care, reducing barriers and providing services regardless of patients' ability to pay.

Upcoming Events

February 4-6, 2013
Rural Health Policy Institute
National Rural Health Association
Washington, DC
http://www.ruralhealthweb.org

March 19, 2013
11th NW CAH Conference
Red Lion Hotel at the Park
Spokane, WA
http://extension.wsu.edu/AHEC/CONFERENCES

March 20-21, 2013
26th NW Regional Rural Health Conference
Red Lion Hotel at the Park
Spokane, WA
http://extension.wsu.edu/AHEC/CONFERENCES

May 7-10, 2013
Annual Rural health Conference
National Rural Health Association
Louisville, KY
http://www.ruralhealthweb.org

July 17-19, 2013
Rural Quality and Clinical Conference
National Rural Health Association
Chicago, IL
http://www.ruralhealthweb.org

WRHA Salutes Sponsor Members!

INHS
INLAND NORTHWEST HEALTH SERVICES

KADLEC Health System

LIFE FLIGHT NETWORK

Washington State Department of Health

Association of Washington Public Hospital Districts

GCI ConnectMD

WASHINGTON STATE UNIVERSITY EXTENSION
Area Health Education Center of Eastern Washington

Advertising Rates

Size	Cost for single issue	One year Contract (3x/year)
Full page	$200	$500
1/2 page	$100	$250
1/4 page	$50	$100
Business Card	$25	
Classified Ad	$3 per line	

Please note that each WRHA member can place a free classified ad once a year (up to five column lines—plus $3 for each additional line). New members may place one free business card ad each year by contacting wrha@wsu.edu.

Washington Rural Health Association

Volume 26, No 1
January, 2013

The Washington Rural Health Association newsmagazine is a publication of the Washington Rural Health Association, a not-for-profit association composed of individual and organization members who share a common interest in rural health. This newsmagazine seeks to disseminate news and information of interest to rural health professionals to help establish a state and national network of rural health care advocates.

WRHA members include administrators, educators, students, researchers, government agencies and workers, physicians, hospitals, clinics, migrant and community clinics, public health departments, insurers, professional associations and educational institutions.

If you are interested in joining WRHA, you can join online at www.wrha.com or use the membership application on page 15.

****

This WRHA print newsletter is published in January, May, and September every year. Annual subscriptions for non-WRHA members are $35. Send all subscription requests, renewals and address changes to the WRHA email at wrha@wsu.edu. WRHA also publishes three e-newsletters every year. Find those e-newsletter on the www.wrha.com website mid-March, July, and November.

Editor:
Myah Houghten

Communications Committee:
John Hanson
Fran Miller
Alex SnowMassara
Kris Sparks

Visit us at www.wrha.com

Table of Contents

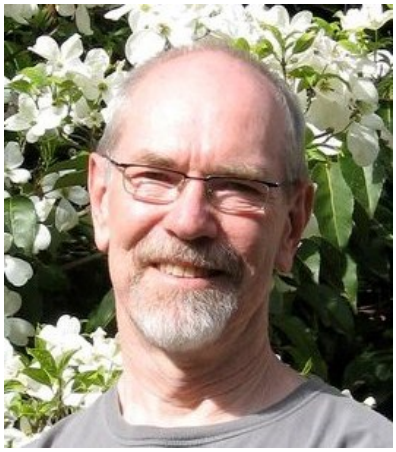
Newsletter Submission Information

Please send all materials, advertising, photos and correspondence for the print newsletter to wrha@wsu.edu. **The deadline to submit articles for the next print newsletter is April 23, 2013.**

Submit articles for inclusion in the e-newsletter directly to www.wrha.com/submission.asp. **The deadline to submit articles for the next e-newsletter is March 13, 2013.**

President's Column

JOHN HANSON, Rural Health Specialist
Office of Community Health Systems/Rural Health
Washington State Department of Health
Olympia, WA



I am excited! As I write this we are eight days away from WRHA's first community meeting in a few years. By the time you read this article the meeting will already have occurred. We're calling the event a Community Roundtable, the first of several throughout the state. This inaugural Roundtable will be held in Davenport, Lincoln County. Representatives from Lincoln Hospital will be there, including Administrator Tom Martin. There will also be Board members of WRHA in attendance. We will be presenting recent health statistics about Lincoln County. This data has been gathered from rural areas throughout Washington. We will also have some of you! We are eager both to hear your views on health care and to help you understand the changes that are coming as the Affordable Care Act is implemented. What is so exciting about this meeting is that it will give the leadership of WRHA a chance to meet face-to-face with our members and other citizens to talk together about health care expectations for the future.

My excitement grew even more today as I learned that representatives of two internationally known philanthropic foundations: the Margaret A. Cargill Foundation and the Rockefeller Foundation, have asked to sit in on the Community Roundtable meeting. These folks are interested in learning more about rural health in Washington with the intention of providing funding in this state at some point in time. What terrific exposure this meeting will bring to rural health in our state!

As I said, by the time you read this article the meeting will already have occurred. In my next article I'll let you know how it went.

Would You Like to Be Published?

Please consider submitting an article for the WRHA bi-monthly newsletter and become a published writer! We love to hear your opinions, whatever they are. You can find out how to submit your work on the Association's website: http://wrha.com. If you go to the website you will also notice that we've started a blog where you can share your views on rural health care legislative bills. We really want to hear what our membership has to say.

You will also see that there is a membership listserv to which you can subscribe. Read about it on the front page of the website.

Call for WRHA Awards Nominations: "Go Ahead, Make My Day"

Submitted By Kris Sparks, WRHA Awards Committee Chair

One of the best experiences in your professional life may be when the people that you work with or for acknowledge your efforts. You can make someone's day and share the great things he or she has done by nominating them for one of the Washington Rural Health Association's awards. The categories include: Leadership; Outstanding Contribution; Friend; Future of Rural Health and Outstanding Practitioner. What better way to encourage and keep great people in the field of rural health than to recognize their contributions.

To make the process even easier for all of you – the association has created an on line submission form (http://wrha.com/events/awards). The page describes the categories for nomination and at the bottom lists past winners.

So as Dirty Harry might say "… Go ahead, make someone's day".

Marianne Gausche-Hill, MD, FACEP, FAAP,
Professor of Clinical Medicine, David Geffen School of Medicine, UCLA
and
Katherine Remick, MD
Visiting Asst Professor in Medicine, David Geffen School of Medicine, UCLA

Assessment of Washington Emergency Departments for Pediatric Readiness Begins This Month

The Emergency Medical Services (EMS) for Children Program, working with representatives from the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA), has designed a multi-phase quality improvement initiative to ensure that every emergency department (ED) is ready to care for children.

Called the National Pediatric Readiness Project, it is the first national assessment of pediatric readiness in EDs across the United States. The project begins in January, 2013 in Washington. The first step in this multi-phase initiative is a confidential web-based assessment based on the 2009 "Guidelines for the Care of Children in the Emergency Department." [1] The overall objective is to assess pediatric readiness of EDs while increasing awareness of the national guidelines developed by AAP, ACEP, and ENA and sponsored by 22 other organizations, including the Joint Commission and the American Medical Association.

Through participation in the assessment, EDs will, for the first time, be able to benchmark their readiness against other facilities with similar pediatric patient volumes within their state and the nation.

After completing the web-based assessment facilities receive immediate feedback on their pediatric readiness. The ultimate goal is to assist EDs in meeting their pediatric readiness goals and achieve 100 percent compliance with nationally published guidelines. California was the first state to participate in this assessment achieving a 90 percent response rate.

The involvement of rural facilities is critical to the success of the project. There are several reasons why every emergency department nationwide needs to be pediatric ready:

- ◊ The majority of ill and injured children will receive emergency care treatment in a community hospital, not a dedicated Children's Hospital.
- ◊ Over fifty percent of hospitals are located in rural and/or remote areas.
- ◊ It is critical that all emergency departments have the appropriate resources and staff to provide effective care to children of all ages
- ◊ One in four ED visits involves children.
- ◊ There is a link between an emergency department's pediatric readiness on a day-to-day basis and the facility's disaster preparedness

Emergency departments across the state will receive a letter with instructions on how to log into a secure web-based assessment. If you don't receive a letter or need more information about the assessment, please contact Scott Hogan at the Washington State Department of Health, Office of Community Health Systems. His e-mail is scott.hogan@doh.wa.gov and his phone number is 253-395-6799.

For more information about the National Pediatric Readiness Project please visit www.PediatricReadiness.org.

QUICK HIGHLIGHTS of the National Pediatric Readiness Project:
Voluntary, confidential, and web-based self-assessment of pediatric readiness. Participants receive immediate feedback, comparison to like-hospitals, detailed gap analysis with target areas for improvement to assist with readiness goals, individual subscription to PEMSoft (an on-line decision software for care of children), live national results, access to free online quality improvement resources

[1]Guidelines for care of children in emergency departments. Ann of Emerg Med. 2009; 54:543-552 and *Pediatrics* 2009;124:1233-1243.

DOH Secretary
MARY SELECKY
Secretary of Health

Mary Selecky
Secretary of Health
Washington State Department of Health
360-236-4501
secretary@doh.wa.gov

Healthy Choices Should Be Easy for Everyone, Everywhere

As important partners in the health of your communities, you often see firsthand how chronic diseases like diabetes and heart disease can result from a handful of habits: smoking, not getting enough physical activity, and poor eating. The health of a community is often the result of quality of medical care and support they receive from all of the partners in our health care system, including people like you.

Heart disease, stroke, cancer, and diabetes are the leading causes of death in our state. They often result in disability and a reduction in quality of life. And unfortunately, many of us have lost a loved one prematurely to one of these preventable diseases. Healthy choices play a big part in preventing chronic diseases, but right now, not everyone has the same available options. Where we live and work often plays a major role in how easy or hard it is to make a healthy choice on any given day.

My goal is to make the healthy choice the easy choice everywhere in Washington. At the Department of Health, we're getting support for this as part of national health care reform. The Affordable Care Act invests in prevention, which evidence shows improves health and will save our country a lot of money in health care costs over time. The health care act included an initiative called Community Transformation Grants to help states tackle the growing need for chronic disease prevention.

We received $3.2 million under these grants to help us make strategic changes over the next five years — and help communities become healthier places to live, work, play, and go to school. Twenty-five percent of this money directly serves rural communities here in our state.

We've made great progress in our first year. This past summer, 46 communities, including those in rural areas, surveyed almost 300 local convenience stores. They're using the results to start working with storeowners to promote healthy items like fruits and vegetables rather than tobacco and alcohol. Ephrata has a thriving new community garden that makes it easier for families to eat healthy. We're also working with small communities to encourage more smoke-free environments. Hoquiam now has smoke-free parks and city properties, and soon people will be able to enjoy smoke-free events at the Grant County Fairgrounds.

Our new Washington Health Care Improvement Network will help medical offices and clinics become patient-centered health homes. Health reform is putting a strong emphasis on health homes as the foundation of an effective and affordable health care system. Patient-centered care means responding to the unique needs of each patient and making them a partner in decisions affecting their health. Employees of health homes organize the care each patient may need — such as prevention services, specialists, and other health providers.

Here's where you can play an important role in supporting important changes in our communities and clinics. For example, in your workplace, church, or social circles, you can help promote or organize services and events like pre-diabetes screening or other activities focusing on healthy eating and active lifestyle changes.

Another important way we can all protect the health of people in our communities, including our families, is by making sure we don't unwittingly spread preventable illnesses. Too often, I've learned about health and long-term care facility disease outbreaks where staff who weren't protected against the flu, whooping cough, or other illnesses that vaccines prevent, caught or spread the illness. We're all dedicated to health and safety; we can start with our personal decision to be immunized.

This is perhaps the most important season for focusing on disease prevention as flu is peaking in communities across the state. When we all do our part to improve health, we have a much greater impact in keeping people healthy.

The mission of the Department of Health is to "protect and improve the health of people in Washington State." We know we cannot do it alone. While we have a few hundred employees working statewide on prevention and community health issues, there are local health staff all around the state, and nearly 400,000 health care providers in Washington. Together we connect with thousands of people every day. It's an opportunity to have a direct and personal impact on the health of each one. Just a few words of advice, guidance, and information can make a real difference.

Thank you for all you do every day to help the people of our state live healthier lives.

John Hanson
Office of Community Health Systems/Rural Health
Washington State Department of Health
John.Hanson@DOH.WA.GOV

Sequestration: What Is It and Could It Happen?

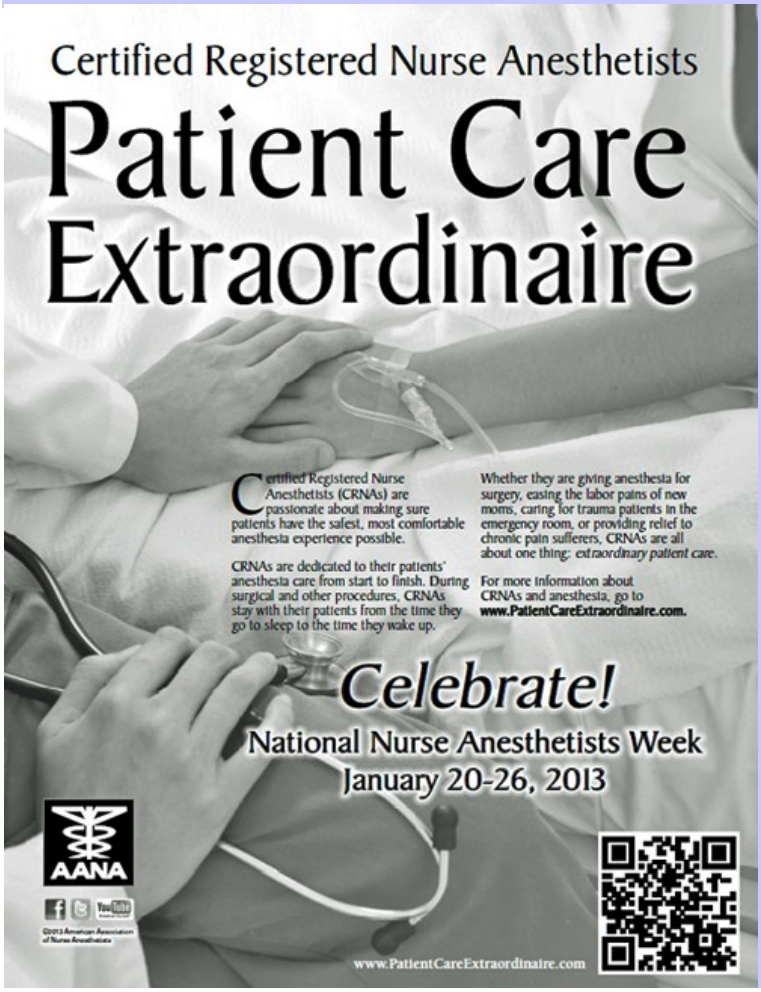
You may have heard the term "sequestration" on the news or seen it in the newspaper. It comes up often enough that people probably recognize that it has something to do the Congress and the federal budget. That is correct. But what about the details and what about the big question: if sequestration were to take effect could it have a negative impact on rural health care?

The term as used in this context refers to a procedure that limits how much money Congress can spend. Every year, before a budget is even created, Congress adopts a Budget Resolution that creates a self-imposed limit the total amount of money Congress can spend. If the final budget total exceeds the amount set by the Budget Resolution the difference between the Budget Resolution cap and the amount appropriated for the budget is automatically "sequestered" by the Treasury. Certain programs (Social Security and parts of the Defense budget) are exempt from sequestration. This means that the total amount of sequestered money must come from all of the non-exempt programs.

The only way Congress can avoid sequestration is to pass a new Budget Resolution that raises the spending limits previously set. What are the chances that sequestration will take effect this year? No one knows. We will simply have to wait and see what Congress does.

Guest Editorial: Outsourcing Rural Washington

Outsourcing: The act of contracting with another company to provide services that might otherwise be performed in-house.



Submitted By Christian Schmalz, CRNA
President-elect, WANA

Since my arrival to Washington, I have been fortunate to practice as a CRNA in a rural setting. In order to understand the dynamics of rural healthcare, one must truly experience this unique environment.

Studies have repeatedly shown that Nurse Anesthetists are high-quality and cost-effective providers. For decades, Nurse Anesthetists have partnered with rural hospitals to provide access to quality care. Recently, out-of-state anesthesia management companies are rushing to "help" rural Washingtonians. Yet their very business strategy is contrary to what makes rural healthcare unique. Outsourcing may sound economically stimulating; however the effect is similar to big-box stores moving into town and running historical mom-and-pop stores out of business. The cultural balance of rural America depends on a sense of community and relationships. Outsourcing, though not unique to big business, threatens to unravel this delicate balance by actually increasing the cost to local communities. As a sponsor of WRHA, the Washington Association of Nurse Anesthetist (WANA) is committed to the future growth and prosperity of our synergetic relationship. For any questions, please contact us at wana1@comcast.net, or visit our website at www.wana-crna.org.

Happy New Year to All!

Michele Renninger, RN, BSN, AACC
Director, Community Outreach & Prevention
Whidbey General Hospital
rennim@whidbeygen.org

The High Cost of Falling Down
Opportunities to Break Down Aging Myths

Some of my colleague's joke that you know you're getting older when fall prevention becomes a clinical priority. Most of us have enjoyed fruitful careers with the dramatic— the cardiac arrest that survived or perhaps the patient with cancer that beat the odds. Conversely, we naturally associate falling with people simply growing older, or with becoming ill and being hospitalized. This association can blind us to the fact that many, perhaps most, falls are preventable. And that accepting falls as a fact of life is simply not an option for anyone committed to compassionate, sustainable health care.

Even if you don't think about much fall prevention, the Center for Disease Control (CDC) certainly does. I've always known that falls are a life-changing event for individuals, but CDC data show that falls are also a major public health issue, causing unnecessary suffering and exacting a huge financial toll on patients and society.

The CDC estimates that:

- ◊ 500,000 falls occur annually in US hospitals, causing 150,000 injuries. The average cost of a fall is more than $19,000, meaning the annual cost of in-hospital falls is an estimated $9.5 billion.
- ◊ Falling is the most common cause of non-fatal injuries.
- ◊ Complications from falling include bone fractures, soft tissue injury and increased dependence on other people to accomplish daily tasks.
- ◊ The strongest predictor of a future fall is a previous fall.
- ◊ Falling is the most common cause of morbidity and the leading cause of trauma-related hospitalizations in the United States.

Closer to Home: In large part because of CDC efforts to raise awareness of the problem, in 2010 the Whidbey General Quality Council for Nursing started to research the problem of falling in Island County. In one six-month period, a fall was the primary or secondary reason for medical intervention for more than 100 patients. Over a three-year period, we saw more than 6,000 falls (in-patient and pre-hospital combined).

These numbers seemed significant for a 25-bed rural hospital. Were our patients more likely to fall, perhaps due to our elderly population and multiple risk factors? Or was it something more?

As the Quality Council dug a little deeper, we learned that many Whidbey General clinical staff accepted the myth that falls among the elderly and sick could not be prevented. Falling was attributed to medication side effects, patient unwillingness to use the call button and, well, old age, sickness and frailty. In a sense, patients were expected to fall.

After studying best practices and reviewing cases of inpatient and pre-hospital patients who had fallen, we identified prevention opportunities both in the hospital itself and in the greater community.

Preventing Falls at the Hospital: A multidisciplinary team of nurses, doctors, physical therapists, paramedics, home health care clinicians and Lifeline specialists created fall prevention guidelines that have been in use at Whidbey General since late 2010. While it may not be possible to completely eliminate falls, we have learned that falls—and the resulting trauma, cost and suffering—can be significantly reduced by following these steps.

- ◊ Nurses round more frequently and initiate simple measures such as checking in with patients every hour and at shift change, rather than waiting for the call light to sound.
- ◊ Offer toileting or mobility opportunities every two hours or as patients agreed to on their care plan.
- ◊ Include the family or caregiver in fall prevention. Which side of the bed does the patient prefer to place their glasses? Where do they like to put their cane? Increased staff knowledge of such simple details can make the environment more familiar.
- ◊ More consistent use of bed alarms and proper use of patient lifting devices.

Fall Prevention Sets SAIL: We moved our fall prevention efforts into the greater community by talking to health care partners such as pharmacists, chiropractors, nurses, dispatch and fire and rescue. As we raised awareness of the problem in Island County, we also gained valuable insights and began to develop a program to reduce the hundreds of fall-related 911 calls made annually.

Continued on Page 10, Preventing Falls

Jerrie Heyamoto
INHS
HeyamoJL@inhs.org

From Injury to Home Again Took a Team of Great Care

Denny Wolff had the NW MedStar membership. "It saved us a ton," said Mickey his wife.

Emergency response and care is a team effort. From the 911 dispatchers, to the EMS providers, to Northwest MedStar for transport, to the teams on the ground at the hospital and then St. Luke's Rehabilitation Institute everyone has a critical role. This story is a great example of the work that was done by EMS providers on the ground before NW MedStar's arrival.

On August 23 general contractor Denny Wolf took a fall, plummeting from two-story scaffolding. When he slammed into the concrete floor below his head snapped back with whiplash, injuring his brain while fracturing his pelvis in multiple places and breaking five ribs. Denny's injuries were so significant the first responder who arrived to help him didn't recognize her friend as she worked to stabilize him.

The job was in Rice Washington, a community nestled along a scenic and remote stretch of the Columbia River, a two-hour drive to the hospital. He needed a flight to the hospital.

"We all feel it was the timeframe that made the difference," said his wife Mickey of the EMS providers on scene and about how quickly the NW MedStar helicopter arrived with its trauma team. "His injury (bleeding) was stopped at the time MedStar landed. They were able to get his body under control and stop the damage to his brain…They intubated him at the site and flew him out."

After two months at Providence Sacred Heart Medical Center, Denny moved to St. Luke's Rehabilitation Institute to begin the hard work of recovery. "He was only there for two weeks," said Mickey, noting they'd expected Denny to be there at least a month, but he made quick progress. "I was stunned. St. Luke's was his bridge to home. It was instrumental in helping him make that transition to come home. On a daily basis I could see the difference and change in him was huge."

"Before he went to St. Luke's they were telling me nursing home," she continued. "He has a long road ahead but it's a much easier road than we had anticipated or been warned to think it would be. He's doing phenomenal."

Preventing Falls, Continued from Page 8

Staying Active and Independent for Life (SAIL), which is presented and maintained by Whidbey General Hospital EMS, is focused on senior fall prevention. It's offered in both a classroom format and as an individualized, home safety walkthrough. SAIL evaluates potential hazards in a person's home through a guided self-assessment. SAIL is free, which makes it easy for seniors to participate.

The local library system holds SAIL classes. Local gyms, park districts, schools, senior centers, and spiritual centers have also participated in the program.

As our population continues to age, we will need to approach fall prevention as rigorously as we attack infection prevention. The first step is to dispel the myth that falls are unavoidable. I encourage my colleagues to study best practices in this field and take immediate steps to implement tactics that help seniors not to fall. Seniors need to be encouraged to remove throw rugs in their homes as well as having items such as grab bars in bathrooms. They must be taught methods for getting back up should a fall happen. They need Lifeline or other personal emergency response devices (PERs) in place in the home, giving them the ability to get help if a fall happens. This is how we can keep our aging population active and independent for as long as possible. In doing so, we keep those in the loop who are the most skilled in teaching us what quality of life really means.

Michele Renninger, RN, has been a nurse for nearly 20 years. She is director of Community Outreach at Whidbey General Hospital, a 25-bed, Medicare-certified Public District Hospital located in Coupeville, Washington.

Jerrie Heyamoto
INHS
HeyamoJL@inhs.org

Northwest MedStar Partners with Grant County Fire District 5 To Increase Access for the Region

Critical Care Ambulance Added to Moses Lake Base

Northwest MedStar has added a ground ambulance to its Moses Lake base in partnership with Grant County Fire District 5. Off-duty firefighters from District 5 are providing driving services to assist in the transport and care of critical patients. The NW MedStar ambulance will not replace existing emergency ground services in the area. Ground ambulances are also located at Spokane, Palouse and Tri-Cities bases.

"The addition of a MedStar ground ambulance in our region will bring improved response times and increased care for patients in inclement weather," said Dan Smith, fire chief of Grant County Fire District 5. "We look forward to growing the mutually beneficial relationship between MedStar and our volunteers who will be working more closely with the NW MedStar team."

The NW MedStar ground ambulance will be used to transport critically ill and injured patients in inclement weather when the helicopter is unable to fly. "When a patient needs that next level of care and the weather doesn't cooperate, that same critical care team now has an additional transport mode available to ensure access and availability to patients," said Eveline Bisson, director for Northwest MedStar. "Our ground ambulances are staffed and equipped exactly the same as our aircraft with everything the critical care team might need including a ventilator, hemodynamic monitors, medications and other medical supplies. This ensures that every patient receives the same level of care and expertise no matter what the mode of transport, improving access and availability to critical care and transport to patients in the Moses Lake region. Partnerships with EMS agencies like Grant County Fire District 5 are a positive move for patient care and critical care transport service to the region."

Northwest MedStar was recognized by the Association of Air Medical Services as the 2012 Program of the Year for their outstanding performance in safety, quality and leadership.

Northwest MedStar, a Commission on Accreditation of Medical Transport Systems (CAMTS) accredited critical care transport program, provides high-quality care and transport to over 3,700 patients each year from its bases in Spokane, Tri-Cities, Moses Lake and Pullman, Washington. All flights are conducted by, and operational control over all aircraft is exercised solely by Metro Aviation, Inc.

Rural Health Leading the Way

March 19, 2013 11th NW Regional Critical Access Hospital Conference
Join your colleagues at this one-day conference designed specifically for CAH administrators, staff, clinicians, and board members. Experts will present on the federal update, ACO impact on CAHs, out migration of patient care, board leadership, mental health and telemedicine, and more. This conference is produced and supported by state offices of rural health for Alaska, Idaho, Montana, Oregon, and Washington. Funding provided by the Federal Office of Rural Health Policy.

March 20- 21, 2013 26th NW Regional Rural Health Conference
The Northwest's largest conference on rural health celebrates its 26th year in 2013. The conference always strives to stay abreast of current policy and regulatory developments at the federal, regional, state and local levels which impact healthcare delivery.

For Exhibit hall information please contact 509-358-7540 or ahec@wsu.edu.

Lindsay Steele,
Life Flight Network
lsteele@lifeflight.org

Longview Fire, AMR and Life Flight Network Help Teenager Survive Sudden Cardiac Arrest

According to the American Heart Association, sudden cardiac arrest (SCA) is a leading cause of death in the United States. Out-of-hospital SCA occurs an estimated 295,000 times per year, with only an 8 percent survival rate. SCA occurs when the heart's electrical impulses become rapid or chaotic, causing the heart to fail. When all four links of the Chain of Survival (which is a globally-endorsed response model developed by the American Heart Association) are strong, survival rates for victims of SCA can rise to rates of 40 percent or higher.

On September 9th, Spencer Best, a healthy athletic 16-year-old sophomore from Longview, Washington, was in the middle of his high school basketball practice when he started feeling mildly fatigued. His teammates and coaches saw him call for a "time out" and immediately collapse to the gymnasium floor. Spencer's coach and a team parent recognized Spencer was not breathing and pulseless. They immediately initiated CPR and called 9-1-1. A Longview police officer arrived just three minutes later to assist. Battalion Chief Kevin Taylor and firefighters from Engine 81 of Longview Fire also responded and continued CPR. American Medical Response (AMR) Paramedic Julie Davis and Paramedic Paul Aldrete arrived and noted "good CPR" was in progress. They attached their Lifepak monitor/defibrillator which showed Spencer's heart was in ventricular fibrillation. The disorganized cardiac rhythm required just one electrical defibrillation to shock his heart back into an organized rhythm.

Spencer was transported by AMR to PeaceHealth St. John Medical Center, located a mile and a half away. The charge nurse who received the pre-hospital radio report placed the Life Flight Network helicopter based at the medical center on standby. Duane Sherrill, Flight Nurse, and John Robben, Flight Paramedic responded directly to the emergency department. Duane and John arrived in the emergency department at the same time as the AMR ambulance transporting Spencer.

Upon arrival at St. John Medical Center, Spencer was conscious, experiencing mild shortness of breath, and complaining of chest pain. After initial stabilization, Spencer was prepared for Life Flight Network transport to Legacy's Randall Children's Hospital in Portland for definitive treatment. During the 21-minute flight to Portland, the flight crew provided additional pain medication, IV fluids, and initiated a Dopamine drip to elevate Spencer's blood pressure. Spencer's respiratory difficulty was treated at Randall Children's Hospital with BiPap for 24-hours and his heart rhythm was closely monitored for abnormal activity. Spencer had no further episodes of chest pain, arrhythmias or syncope. He received an internal defibrillator on September 11th and was discharged home on September 14th neurologically intact with an excellent prognosis.

The biggest hurdle the Best family faces moving forward is learning how to live with Spencer's new condition. Diagnostic tests revealed he does not have hypertrophic cardiac myopathy, which occurs in about 35-42% of patients with sudden cardiac arrest. Genetic testing was completed, including one for arrhythmogenic right ventricular dysplagia, and they are currently awaiting results for possible long Q-T syndrome. Spencer's 13 year-old brother underwent similar stress and genetic testing, all of which came back negative. Spencer has only recently been given approval by his cardiologists to do a light jog, throw a baseball, and lift weights as long as his heart rate is less than 150. He hopes to play baseball in the spring, though not likely at his favorite position of catcher.

Spencer and his family will be attending the 2013 Parent Heart Watch Conference in Seattle to meet other SCA survivors from around the nation. In addition, the Best family created the Spencer's HeartStrong Foundation (www.stopyouthsca.org) to bring awareness to SCA in youth. The Foundation's goals include educating the community through CPR/AED training, placement of AEDs in schools and other organizations, promoting heart screenings, and sharing Spencer's story for families of children and young adults who have suffered SCA.

The Chain of Survival includes early access to emergency care, early CPR, early defibrillation, and early advanced care. The chance of surviving SCA increases greatly when each link in the chain works successfully. People who survive SCA have an excellent prognosis, with 83% surviving for at least one year and 57% for five years or longer. Spencer survived SCA due to immediate activation of 9-1-1, rapid CPR initiated by his coaches and early defibrillation by EMS.

On February 9, 2013, Spencer's HeartStrong Foundation will be working with PeaceHealth St. John Medical Center at a wellness fair that will offer a SCA screening for teenagers. It will include a 12-lead EKG and echocardiogram for each attendee. Spencer's family estimates they will be able to provide screenings for approximately 150 youth. The Foundation will also use the opportunity to educate youth and their families on the importance of immediate CPR and starting the chain of survival early. Life Flight Network will be among those participating in the wellness fair.

Some choices are just easy.

100 percent of Prognosis' eligible clients have achieved stage one meaningful use — and all on their first attestation attempt. With a success record like that, we make choosing your EHR partner an easy decision.

To learn more about Prognosis' EHR and see our easy-to-use, adaptable-to-you system, schedule a demo at prognosishis.com/demo.

PROGNOSIS
Health Information Systems

Board of Directors Spotlight

Jon Smiley, retiree
Sunnyside Community Hospital

With each publication we would like to introduce you to a member of the WRHA Board of Directors.

This publication we would like to introduce a valuable member of the board: Jon Smiley, a recent retiree from Sunnyside Community Hospital, who was appointed to the board of WRHA last spring.

I was born and raised in rural Skagit County and drafted into the service of the U.S. Army in 1959 where I served two years on active duty stationed at Fort Gordon Georgia. Upon my return I attended the University of Washington and began my hospital career working at the University hospital. I became the assistant manager and was relocated to a new hospital that was under construction in Edmonds Washington. The hospital opened in January of 1964 and a few months later I was appointed interim CEO and then CEO. The hospital was initially 110 beds and grew 220 beds under my management.

During my tenure in Edmonds I became active in the Washington State Hospital Association and local health planning activities. I became the chair of WSHA in 1979 and was appointed to the Washington State Hospital Budget Review Commission in 1980 serving two terms as well as chairing the Seattle area Hospital Counsel.

In the spring of 1991 I retired from Stevens Memorial Hospital, Edmonds WA having served there as CEO for over 25 years. I was not planning to work in healthcare again. However I quickly realized that I missed the activity and relationships one develops in the healthcare system. As a result, I worked in Southern California for a year and one half until the 1992 earthquakes in the San Bernardino Mountains led me to an offer from Sunnyside Washington where I was fortunate enough to be accepted as CEO. I've served as CEO of Sunnyside Community Hospital and Clinics for 20 years and have grown to appreciate the beauty and lifestyle of Yakima Valley.

My wife Mary and I moved to the Sunnyside area and bought a small vineyard of Concord grapes were we reside. The small vineyard soon grew to over 100 acre which we have now scaled down to 25 acres. We plan to maintain our home in the Sunnyside/Grandview area during retirement

My ongoing goal is to work with rural health care so that there is appropriate care available to citizens that reside in rural Washington during retirement.

I have a real passion for rural health care and believe we must work together to maintain quality care in our lesser populated and rural regions of the state.

2012-2013 WRHA Board of Directors

John Hanson, President, Olympia
Konrad Capeller, President-Elect & Treasurer, Spokane
Bettie Rundlett, Secretary, Spokane
Nancy Alleman, RDH, BS, Steilacoom
Ruth Ballweg, MPA, PA-C, Seattle
Vicky Brown, Immediate Past President , Moses Lake
Paula Dowdle, Port Townsend
Fran Miller, Forks
Nancy Nash-Mendez, Omak
Jon Smiley, Sunnyside
Alex SnowMassara, Bainbridge Island

NRHA State Association Council Representatives

John Hanson, President, Olympia
Konrad Capeller, President-Elect & Treasurer, Spokane

NRHA Past-President and State Office Council Representative

Kristina Sparks, Olympia

Lead the way ... Join WRHA!

Join WRHA by using the form below or go www.wrha.com

The Washington Rural Health Association is a non-profit membership organization whose primary focus is to advocate for the preservation and improvement of rural health in Washington State.

The special challenges of delivering healthcare in rural areas of Washington were the driving force in the development of the WRHA. The Association provides a neutral forum for exchanging information, developing common strategies—particularly regarding legislative action—and representing rural health needs in a coherent fashion.

WRHA's diverse constituency is composed of members interested in providing leadership on rural health issues. It includes individuals and organizations involved in rural health: healthcare providers of all types; hospitals, mental health and dental, community centers, consumer groups, and elder services programs; insurance, legal & financing organizations; policy makers and educators; rural business leaders; and health consultants.

The Washington Rural Health Association's goals are to:

- Serve as an advocate for rural health while securing access to high quality healthcare services for rural citizens and individuals vacationing or traveling through rural areas;
- Assist in providing enhanced opportunities for education and training for rural healthcare providers;
- Increase communication among interested individuals and organizations with common goals to help promote partnerships, coalitions and other cooperative arrangements to benefit rural healthcare delivery;
- Promote enhanced understanding of rural health issues while working toward the improvement of regulatory, financing and insurance industry policies affecting the delivery of rural health services; and
- Support the work of existing constituency groups in their efforts to pursue improvements in rural healthcare.

MEMBER BENEFITS

- Discounted registration to the annual Northwest Regional Rural Health Conference.
- Representation in Statewide Office of Rural Health.
- An opportunity to have a voice in rural health by joining your state legislator at Rural Health Policy Day in Olympia.
- Representation in State Association Council of National Rural Health Association.
- Individual members have one vote pertaining to Association matters and one year subscription to the WRHA newsletter. Organizational members have three votes and three one year subscriptions to the newsletter.

SPONSOR BENEFITS

Bronze Sponsorship—$750—$1,499—One year organizational membership in WRHA and recognition at the Annual Membership Meeting.

Silver Sponsorship—$1,500—$2,499—One year organizational membership in WRHA, recognition at the Annual Membership Meeting, complimentary exhibit booth and one conference registration at the Northwest Regional Rural Health Conference.

Gold Sponsorship—$2,500—$4,999—One year organizational membership in WRHA, recognition at the Annual Membership Meeting, complimentary exhibit booth and two conference registrations at the Northwest Regional Rural Health Conference, plus one quarter page advertisement in the WRHA newsletter for one year (three publications).

Platinum Sponsorship—$5,000 or more—One year organizational membership in WRHA, recognition at the Annual Membership Meeting, complimentary exhibit booth and two conference registrations at the Northwest Regional Rural Health Conference, plus one half page advertisement in the WRHA newsletter for one year (three publications).

Washington Rural Health Association Membership Application

October through September

Name: _____

Additional member names (if organizational or sponsor member)

1) _____

2) _____

3) _____

Organization: _____

Address: _____

Phone: _____

Email: _____

The WRHA Newsletter will come to your email address unless you check here: ___ I prefer a hard copy of the newsletter mailed to the above address.

Membership Category:

__ Individual ($70/Oct -Sept)
__ Organization ($240/Oct -Sept)
__ Student ($15/Oct -Sept)
__ Bronze Sponsor ($750-$1,499)
__ Silver Sponsor ($1,500-$2,499)
__ Gold Sponsor ($2,500-$4,999)
__ Platinum Sponsor ($5,000 or more)

If you wish to join a committee:

__ Membership/Communication Committee
__ Legislative Committee
__ Education Committee
__ Awards Committee
__ Finance Committee

Washington Rural Health Association
PO Box 1495
Spokane, WA 99210-1495

Return Service Requested

Standard
U.S. Postage
Paid
Spokane WA
Permit #4