

May
2013

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2013 WRHA Annual Awards Presented

Shane Tuck, AHEC of Eastern Washington

Every year the Washington Rural Health Association (WRHA) recognizes those individuals who support, represent, and as this year's conference theme points out "Leads the Way" in rural health.

During the first day's luncheon at the 26th Annual Northwest Regional Rural Health Conference, WRHA recognized and celebrated remarkable individuals in front of their peers for their contributions to rural health and their communities. Nominations were made by WRHA members and community members from around the state in five different categories: The Future of Rural Health, The John Anderson Memorial Award for Outstanding Rural Health Practitioner, The Friend of Rural Health, Outstanding Contribution to Rural Health, and Leah Layne Memorial Health Leadership. This year another award was given out for the first time since 2009, The President's Special Recognition Award.

The Friend of Rural Health award (renamed and is now the Mary Selecky Friend of Rural Health award)

This award seeks nominees who have made a special effort to cause and effect change in rural health policy, legislation, etc. to specifically benefit rural health outcomes. This category honors individuals who are legislators, trustees, and community wellness activists. This year's recipient is Dr. Roger Rosenblatt.

Roger Rosenblatt, MD, MPH, is Professor and Vice Chairman of the UW Department of Family Medicine, and Co-Investigator of the WWAMI Rural Health Research Center and the UW Center for Health Workforce Studies. Dr. Rosenblatt has been with the UW since he started as an intern in 1971. He was one of the first groups of family medicine residents at the University, and spent three years helping to run the National Health Service Corps in the Pacific Northwest and Alaska. This experience deepened his interest in rural care issues, and when he joined the faculty in the Department of Family Medicine in 1977, he began to develop a multidisciplinary rural health research program. This culminated with the founding of the WWAMI Rural Health Research Center (RHRC) in 1988. He has directed numerous projects at the WWAMI RHRC, focused primarily on the health workforce, quality of care, and family medicine residency training. He is also involved in a study of management of chronic pain and opiate addiction in rural practices. Dr. Rosenblatt's main goal is to use research as a tool to improve the delivery of health services to vulnerable populations, with an emphasis on the creation of balanced and sustainable communities. Dr. Rosenblatt received his MD from Harvard Medical School and his MPH from the University of Washington.



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Upcoming Events

July 17-19, 2013

Rural Quality and Clinical Conference

National Rural Health Association

Chicago, IL

<http://www.ruralhealthweb.org/>

October 1-4, 2013

Rural Health Clinic and

Critical Access Hospital Conferences

National Rural Health Association

Austin, TX

<http://www.ruralhealthweb.org/>

October 13-15, 2013

2013 Joint Conference on Health

“Moving Forward: Investing in Washington’s Health”

Washington State Public Health Association

Wenatchee, WA

<http://www.wspha.org/>

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Area Health Education Center of Eastern Washington

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Washington Rural Health Association

Volume 26, No 2
May, 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.

WRHA publishes six e-newsletters every year. Find those e-newsletters on the www.wrha.com website January, March, May, July, September and November.

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Newsletter Submission Information

Please submit all materials, advertising, photos and correspondence for the newsletter to www.wrha.com/submission. **The deadline to submit articles for the next newsletter is June 25, 2013.**

President's Column

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



More on Community Roundtables

In our January issue I presented a summary of our first Community Roundtable meeting, a community discussion about local health care and the changes that are taking place with the implementation of the Affordable Care Act. This meeting was held in the town of Davenport. Now we are planning our next meeting, which will be held in Pomeroy on June 18th. Planning has just begun.

An interesting phenomenon is taking place with regards to these meetings. We're getting requests! I have been told that there is interest in Dayton. Also, last Friday I was invited to a meeting of the Western Washington Rural Health Care Collaborative (WWRHCC), a network of 10 federally designated rural Critical Access Hospitals ranging from Morton to South Bend to Sedro-Woolley. The group had heard of our Community Roundtables idea and wanted to learn more about it. I explained how the idea came about and that our Board of Directors feels that it is important work to do, no matter who does it. In fact, it is not possible for WRHA alone to cover the entire state or even every rural county.

WRHA is working with other partners such as the Department of Health's Office of the Secretary and the Washington State Hospital Association in efforts to give rural Washingtonians opportunities for their voices to be heard.

Member Questions

Here's something I've been wondering about. How do you like our newsletter? We, i.e., the Board and the Area Health Education Center of Eastern Washington staff who put the newsletter together, would appreciate some feedback on this. And while you're at it, have you read anything in our recent newsletters that you really liked or something that you really hated? We'd like to hear those opinions, too.

If you will open your web browser to the WRHA page (<http://wrha.com>), hold your cursor over the "ABOUT WRHA" link, then click on "BOARD OF DIRECTORS" you will find a list of all the board members and officers, most of which will have their email address by their name. Feel free to contact any of us by this means. Your input will help us produce the best possible product.



WRHA Welcomes It's Newest Member

Mark Mueller - Individual Membership

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The Dr. John Anderson Memorial Award For Outstanding Rural Health Practitioner

Established in 2010, this award recognizes the late Dr. John Anderson, a dedicated physician and a leader in the development of the rural health care system. This award is given to individuals with demonstrated leadership skills and the dedication to provide quality healthcare services to rural communities. It is based on the overall contributions a practitioner has made to benefit rural health. This award seeks nominees who have, over the course of their careers, made significant impact in rural health. This year's recipient is Dr. Shawn Andrews.

Dr. Andrews has been practicing family medicine and providing, at times, the only OB services in Elma, since 1996. Dr. Andrews is also on the faculty at Providence St. Peter Family Medicine where she trains and works side by side with many upcoming physicians during their residency period. Dr. Andrews was most recently awarded the Dr. Mitch Cohen Role Model award at St. Peter hospital for her work with the residency program. Every year the award recipient is selected by the residents. It is safe to say that Dr. Andrews plays a critical role in recruiting new, up and coming providers to the Grays Harbor County area. She lists herself as a preceptor location for residents/ students to come and practice at from both Providence St. Peter and University of Washington Medicine programs. Dr. Andrews and the staff at Elma Family Medicine and most recently Mark Reed Health Care District, volunteer their time and resources to provide low cost sports physicals for Elma High School students. 100% of the small fee that students pay go directly into the high school scholarship program. Dr. Andrews also has traveled frequently to Haiti on medical mission trips to provide critical medical care for those struggling to survive that poverty stricken area. Dr. Andrews's commitment to rural healthcare is impressive and hard to find.



Outstanding Contributions to Rural Health

This award is based on the overall contributions a nominee has made to benefit rural health, and who have over the course of their career, made significant impacts in rural health. This year's award winner is Mike Bell.

Mike has been in public practice for more than 30 years, focusing exclusively on the health care industry. Mike's passion for guaranteeing the success of rural health has channeled his work with health care organizations throughout the country including hospitals, critical access hospitals, physician clinics, rural health clinics, federally qualified health clinics, home health agencies, nursing homes, and other organizations. Mike is constantly monitoring state and federal legislation and regulatory changes in an effort to keep clients informed of opportunities to increase reimbursement or strategies to avoid payment reductions. Mike has gladly represented rural health by testifying at both the state and federal levels and is a well-known steward of the rural health industry. Mike served as the treasurer of the Washington Rural Health Association for six years, is the co-founder of the Rural Health Clinic Association of Washington, served on the Washington Academy of Family Physicians Foundation Board, and on the National Rural Health Association advisory board. No healthcare facility is ever too small and often he donates his time and expertise to struggling rural facilities. Mike has been and always will be the champion, a giant of the rural health cause.



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WRHA Annual Awards (continued)

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Leah Layne Memorial Health Leadership Award

This award recognizes the late Leah Layne, a long-time campaigner and activist on behalf of rural health. This award is based on demonstrated leadership skills, someone who best exemplifies Leah's spirit, vision, foresight and dedication in the field of rural health. The recipient of this year's award is Renee Jensen.

Renee Jensen became the CEO of Mark Reed Health Care District in 2007. The hospital was not financially viable and was in jeopardy of not making payroll. Since then, she's helped to make a turnaround of the organization's finances and quality of care. In fact, Mark Reed Hospital has since been recognized by a study from the North Carolina Rural Health Research & Policy Analysis Center as one of the most financially successful critical access hospitals in the nation. However, in order to remain viable long term, a new hospital was needed. Renee sought a levy multiple times from District residents to build a much needed new facility. The District's residents are geographically split between the two cities of Elma and McCleary, so each time half the voters rejected the levy proposal based on the fact that the hospital would have moved to the other location. Not accepting defeat, Mrs. Jensen sought a loan from the USDA's Rural Development program. The District was granted a loan of \$21 million that has enabled the creation of a 42,000 square foot new hospital and rural health clinic set to open in February 2013. This has not only maintained rural health care in the county but has also enhanced the services that can now be delivered in the rural communities served.



President's Special Recognition Award

This award is not given out every year and goes to someone whose overall contributions to rural health do not always fit exactly in one category but instead exemplify the traits found across all awards. The recipient and newly rename namesake for the Friend of Rural Health Award is Mary Selecky.

Mary has been a leader and spokesperson for Rural Health. She lives in Colville and was a founding member of the rural health association. She was appointed as acting Secretary of Health by Governor Locke in October 1998 and became permanent Secretary until her retirement in 2013. She has been a lifelong rural health advocate.



Pictured from Left to Right: Jeff Johnson, Gail Sarchet, Dr. Roger Rosenblatt, Dr. Shawn Andrews, Karen Jensen, Mary Selecky, Renee Jensen

Pre-Diabetes Education on Davenport's Doorstep

Inland Northwest Health Services (INHS) Community Wellness, previously CHER, serves the rural regions of eastern Washington and northern Idaho. Thanks to innovative use of INHS' Northwest TeleHealth system, rural residents now have access to diabetes and pre-diabetes education.

In partnership with Lincoln Hospital in Davenport, WA, INHS Community Wellness Diabetes Center offers a \$30, three-hour pre-diabetes education class monthly via Northwest Telehealth, providing convenient, affordable access to the information and expertise patients need to prevent or delay diabetes.

The two-session class is open to anyone, though many participants come on the recommendation of their doctor.



Debbie Belknap, RN, BSN, CDE, and Jennifer Larmer, RN, BSN with pre-diabetes class participants in Davenport and Spokane.

At Lincoln Hospital, Jennifer Larmer, RN, BSN, facilitates the class, which takes place through real-time, two-way video conference. Participants can see, hear and interact with a certified diabetes educator in Spokane, asking questions and getting the answers without ever leaving their community.

"We designed this course for people who have pre-diabetes, who need that education to delay or prevent Type 2 diabetes," said Debbie Belknap, a registered nurse and certified diabetes educator with the INHS Community Wellness.

The class, she said, covers what pre-diabetes is and what people can do to improve and manage their blood sugar levels. While learning a range of lifestyle changes, participants also learn how to test their blood sugar and what those numbers mean.

After the first session, participants practice what they've learned, then return in a week with specific questions and concerns.

According to INHS Community Wellness office coordinator Michelle Ensminger, an hour-long one-on-one session with a diabetes educator typically costs around \$100. At only \$10 per hour, plus a free glucose meter, the pre-diabetes class is a great deal for patients who want to take charge of their health and avoid the significant health consequences of diabetes.

"We've kept the cost low because we want people to get that education," said Ensminger, adding that most insurance plans don't cover pre-diabetes.

Participants are encouraged to bring a support partner, such as a spouse, at no extra charge. "Maybe the husband has pre-diabetes and the wife does all the food and they tell me I just eat what she serves," explained Belknap. "It's important to get that spouse there. When you have a support person there that knows what you need to do, what's going on, they won't inadvertently sabotage you."

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Meet New Washington Secretary of Health John Wiesman



I'm honored to have been appointed secretary of health by Governor Jay Inslee. The state Department of Health is a nationally recognized leader and I'm excited to be a part of the team.

I look forward to working with my rural health partners, and want to tell you a bit about who I am and how I see the goals and priorities of public health on a statewide level.

I've spent more than 22 years working in four local public health agencies in Connecticut and Washington. Most recently, I led Clark County Public Health as we transformed the agency into a first responder organization.

I've been passionate about public health since reading a 1983 Time Magazine article about disease detectives tracking Legionnaires' disease, toxic shock syndrome, and HIV. It was the catalyst for my public health career.

I received my master of public health (MPH) in chronic disease epidemiology from Yale University in 1987. That's when I met my husband, Ted. I recently earned my doctorate (DrPH) in public health executive leadership from the University of North Carolina-Chapel Hill.

I grew up in a home with seven children, which taught me patience, sharing, and the importance of working together. All of these traits have helped me in my professional career.

My parents provided a stable foundation for us to learn and grow – they set boundaries and made sacrifices so they could provide for us. Not everyone has this kind of a healthy start, but all children should. One of my passions in public health is to help parents and caretakers provide kids with the most nurturing, safe environment possible.

Protecting and improving the health of people in Washington is a huge responsibility. I've hit the ground running by setting clear priorities for the agency, while making sure we continue with the major, fundamental public health work that's already underway.

Public health must be ready for immediate health threats 24/7. That's why one of my main priorities is to make sure the department is an all-hazards, first-response agency that works seamlessly with local, state, tribal, and federal response partners. We've done good work in this area, but it's never finished.

Patient safety and quality health care are also a priority. The work of our Health Systems Quality Assurance division is one of the keys to a health care system that provides safe, quality care. And it helps the system deliver on what's known as "the triple aim" – improving the patient experience of care, improving population health, and reducing the per capita cost of health care. To truly achieve the triple aim, local health care, public health, and human service agencies have to come together, break down their walls, and rethink how care is provided. Some parts of our state are already doing this, and the Department of Health supports that work.

Our state has made excellent progress driving down smoking rates, and the department will continue to make tobacco prevention a priority. There are challenges though; budget cuts have severely limited resources for this work. That means, more than ever, we must make sure we're focusing our efforts on areas where we can have real, measurable impacts.

Health care reform is just beginning to have an impact; there's a lot of work and opportunities ahead. The Department of Health will take an appropriate public health leadership role as we move ahead. It's essential for everyone to have health care coverage, yet insurance doesn't ensure access to care. I'm working closely with my peers at the Health Care Authority and the Department of Social and Health Services to identify agency roles in this important work.

Continued on Page 16, Secretary of Health

Eastern and Western AHECs Working to Help Veterans

As part of the Statewide Office of Rural Health the Department of Health partners with five other organizations. I want to highlight two of those organizations and the exciting work they are doing for veterans.

The Area Health Education Center of Eastern Washington (AHECEW) has a program called “Veterans Outreach.” Let’s start with these facts:

As of November 27, 2006, the war in Iraq had been going on longer than WWII

- An all volunteer force = multiple deployments
- 2.2 million service members have served in Iraq and Afghanistan
- Half of the 625,384 eligible veterans presenting to the VA (50.2% or 313,670) report having possible mental health problems including:
 - ◇ Post Traumatic Stress Disorder (PTSD) 167,295
 - ◇ Depressive Disorder 122,175
 - ◇ Neurotic Disorder 102,767
 - ◇ Affective Psychoses 72,972
 - ◇ Nondependent Abuse of Drugs 27,714
 - ◇ Alcohol Dependence 33,660
 - ◇ Tobacco Use Disorder 85,671

One of the offerings of the Veterans Outreach program is a series of educational classes:

- Traumatic Brain Injury: The Walking Wounded
- The Multiple Faces of PTSD
- From the War Zone to Home: Serving on Multiple Fronts-Veterans and their Families

Hats off to AHECEW for taking action to help our wounded warriors deal with the lingering results of combat.

Meanwhile, on the other side of the state the Western Washington Area Health Education Center (WWAHEC) applied for and was awarded one of only three planning grants nationwide offered by the National Organization of State Offices of Rural Health. WWAHEC’s proposal is to integrate military veterans with healthcare employment experience into the civilian healthcare workforce. This grant will serve a dual purpose of helping skilled veterans find employment that matches their medical training and at the same time will help the shortage of health professionals in rural areas.

According to the WWAHEC newsletter,

Washington State is 10th in the nation for the number of returning veterans re-entering the civilian workforce. At Joint Base Lewis McCord returning soldiers are re-entering civilian life at a rate of 600 per month for the next 5 years. Many of the returning veterans have been trained in a healthcare field. Of those returning, 32% are unemployed. Of those Veterans returning with specific skills, education and experience in healthcare, 39% are unemployed. In June 2012, at the Washington State Hospital Association’s (WSHA) rural hospital conference, interest by rural hospital administrators in employing veterans was overwhelmingly positive.

WWAHEC is partnering on this grant with the Washington State Office of Rural Health, the Washington State Office of Health Professions and Facilities, the Area Health Education Center of Eastern Washington, Hire America’s Heroes, MEDEX – the University of Washington Physician Assistant program, the Allied Health Center of Excellence, the Washington State Hospital Association, the Washington Center for Nursing, Pierce College, and the Veterans Affairs Office of Rural Health.

Congratulations to both AHECs for their timely and compassionate work.

Don and Harriet West Share Their Story



*Davied Sewell, RN with Harriet and Don West at Northwest MedStar
Moses Lake Base*

After working the evening shift, Don West came home and mentioned to his wife Harriet that he had heartburn and wasn't feeling very well. Before heading to bed he left the house to run by the local coffee stand to buy her a chai tea. "This is a common practice for us," he said.

About 30 minutes later Harriet got a call from an acquaintance who worked at Samaritan Hospital in Moses Lake, Washington. "She said, 'I need you to come to the hospital. Don is here.'" Harriet recalled. "I kind of paused. She said he collapsed at Safeway. It didn't register. In my mind he wasn't going to Safeway."

On his way to the coffee stand Don had remembered his grandsons were visiting that morning, so he decided to go to the grocery store for donuts. That decision may have saved his life.

"I didn't get donuts," he said. "As soon as I got in the store I had a sudden cardiac arrest and went down in front of the deputy sheriff and a police officer who were having coffee. They were my first responders and they gave me CPR until the fire department and EMTs came."

The medical team at Samaritan Hospital worked on Don until the Northwest MedStar helicopter arrived to transport him to Spokane.

"We got to see Don before they took him out to the helicopter," said Harriet. "Seeing your loved one go in the back end of the helicopter, not knowing what you would find when you got to Spokane - that was a real scary time in my life.

"When I saw that helicopter lift off with Don on board," she continued, "I thought 'Wow. He's in wonderful hands.' He was in God's hands and in the hands of MedStar and the ER staff."

At Providence Sacred Heart Medical Center, Don had angioplasty and was discharged a couple days later. While there, he said it meant a lot that the Northwest MedStar crew came by to see how he was doing.

"MedStar will always have a place in our hearts," said Harriet. "The crew was absolutely fantastic. To have them check in on Don that afternoon was very caring and special...That was a very touching thing in our lives."

Now, Don said he feels fine. "My doctor tells me I'm an amazing success story. I'm back to normal. About a month and a half after I got home I was back to walking five days a week."

"Not too many people survive what Don went through," said Harriet. "It turned out the best case scenario that we hoped and prayed for...We are very thankful that MedStar was in our lives that day." And she went on to say how much she appreciated the hospital emergency teams.



Not Giving Up

Not giving up is important to Thomas Stewart after an injury sent him to the hospital then St. Luke's Rehabilitation Institute. In July 2010, Thomas was in the wrong place at the wrong time. He was helping get a beached dock back into the water. He and his family tied the dock to their boat and began pulling it.

"It was too much pressure for the boat cleat," said Thomas, describing how the boat cleat snapped free from the boat, turning the rope into a slingshot.

"The cleat hit me in the top of the head, continued for 250 feet, then went through a lake house window so fast the window didn't shatter. It put a hole in it," he said. "It was moving at a very high velocity."

In the moments that followed, Thomas' youngest son, Derek Stewart, used the trauma training he'd received in the U. S. Air Force to help save his dad's life.

"He pieced my skull back together and had people apply just enough pressure so I didn't bleed to death and it didn't cause the brain to swell either," said Thomas.

After three weeks in the hospital and five weeks in nursing care, Thomas transferred to St. Luke's to begin recovering from the traumatic brain injury.

"Initially, all I could do was move my eyeballs," he recalled. He couldn't feed himself, shave, move his arms or walk.

But through his therapies Thomas made continuous strides to regain as much independence, strength and mobility as possible while relearning basics like how to roll over and stand up.

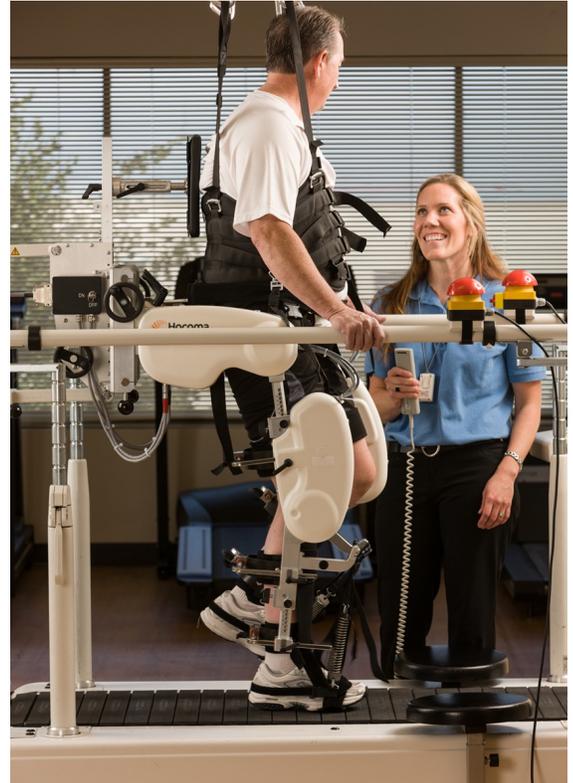
After one week he could move his arms. After two weeks he could sit up. By six weeks, when he was discharged to outpatient care, he could lift 15 pound free weights with each arm.

"I got to the point where I could more or less stand by myself," he said, noting he is still working at regaining the ability to walk.

On top of the physical exercises designed to maximize his recovery, Thomas said the staff at St. Luke's worked with him to navigate daily life, like how to get up and over curbs in a manual wheelchair.

For Thomas, who wrote a book about his experience, "the key is to not give up and to not give in. There is always opportunity to improve and St. Luke's will definitely assist in that."

For information about St. Luke's Rehabilitation Institute visit www.st-lukes.org.



Providence Mount Carmel Hospital Named Health-Strong™ Top 100 Critical Access Hospital

Providence Mount Carmel Hospital in Colville, Washington was recently named one of the HealthStrong™ Top 100 Critical Access Hospitals (CAHs) in the United States.

“Providence Mount Carmel Hospital is proud of the efforts of its staff and physicians who have contributed to our hospital achieving this designation,” said Robert D. Campbell, Chief Executive for Providence Health Care Stevens County.

The HealthStrong™ Top 100 Critical Access Hospitals, including Providence Mount Carmel Hospital, scored best among critical access hospitals on the iVantage Health Analytics’ Hospital Strength Index™. The 2013 Top 100 CAH announcement is the second release of this important designation. The Hospital Strength Index is first-ever comprehensive rating of CAHs and the results recognize the Top 100 Critical Access Hospitals that provide a “safety-net” to communities across rural America – measuring them across 56 different performance metrics, including quality, outcomes, patient perspective, affordability and efficiency. More information can be found at www.iVantageHealth.com/HSI.

“Rural hospitals play a critical role in providing needed care to communities across America, yet the challenges are completely different while being as complex as urban hospitals. The need for enhanced performance and a framework for success are equally important as hospitals prepare for the impact of health reform,” said John Morrow, EVP of iVantage Health Analytics.

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About iVantage Health Analytics

iVantage Health Analytics™ is a privately held healthcare business intelligence and technology company serving more than 500 hospitals across the United States. iVantage Health Analytics provides comparative healthcare analytics by integrating disparate market, clinical, operational, and financial data into a single, enterprise-wide platform for executive level business intelligence. For more information, visit www.iVantageHealth.com.



Klickitat County Cardiac Save

Paul Vincent awoke at 5:00 a.m. on April 16th and followed his usual morning routine before going to work at his home in Roosevelt, WA. Paul started pouring concrete sometime between 6:00 and 7:00 a.m. Shortly thereafter, Paul began to suffer what he thought at the time was severe indigestion and apparent abdominal pain, along with shortness of breath. He returned to his house to get water and decided to take a shower as he started perspiring profusely. Though the shower initially made him feel slightly better, he soon experienced severe chest pain, increased perspiration, and worsening shortness of breath. His wife, Beckey, looked online for the symptoms of a heart attack and called 911 as her fear grew her husband was having one.

The initial responders from Klickitat County Fire District #9 took vitals and awaited the ALS ambulance from Klickitat Valley EMS out of Goldendale, WA. Paramedics Austin Fiske and Nick Bryan were in contact with the EMTs from the fire department and instructed Paul to take one of his aspirin. They shared a high degree of suspicion for an ST-elevated myocardial infarction (STEMI) and discussed activating Life Flight Network (LFN) prior to their arrival, but deferred the decision until a better assessment could be obtained.

Once on scene, Austin and Nick performed a 12-lead EKG including right side and posterior aspects and determined a probable right-sided acute myocardial infarction. Nick activated LFN within five minutes at the scene and advised their base hospital (Klickitat Valley Hospital) of the situation. The hospital concurred with their decision to activate LFN for air medical transport of Paul so he could get emergent cardiac services as quickly as possible. Austin started an IV and administered Zofran and Fentanyl for pain. Paul was loaded into their medic unit and transported two blocks to the landing zone at Roosevelt Elementary School. Once at the landing zone, Paul received Phenergan, additional Fentanyl, and two doses of Metoprolol.

Life Flight 12 from Pendleton was dispatched with the critical care team of John Wooten, Flight Paramedic, and Steven Hardin, Flight Nurse. Upon arrival, they received a report from Austin and Nick, quickly reviewed the two EKGs and hot-loaded Paul into the aircraft. Once in the air, John and Steve performed two additional 12-lead EKGs and observed ST-elevation in lead II, indicating an evolving myocardial infarction. Paul remained stable during the 30-minute flight. A cardiac alert had been called in by the flight crew and the cardiac cath lab at Kadlec Medical Center was activated. Dr. Jamali met the LFN crew at the elevator and quickly escorted the patient to the cath lab.

Cardiac angiography showed an unstable right coronary artery lesion as well as extensive disease in Paul's left anterior descending artery and circumflex artery. Paul underwent angioplasty of the right coronary artery lesion and an emergent coronary artery bypass surgery followed. Dr. Cordero, cardiothoracic surgeon, performed the surgery with four grafts placed. Paul's post-operative course was uncomplicated as he continued to heal. He was discharged home on April 21st and will start cardiac rehabilitation once cleared by his physicians.

Paul's cardiac emergency is a great example of a true STEMI system of care following the guidelines of the Washington State Emergency Cardiac and Stroke Protocol. Revascularization of Paul's coronary arteries at the hospital occurred just 61 minutes after arrival of Life Flight 12 on scene. Without rapid transport, the damage to Paul's heart could have been more severe, and possibly deadly. Paul and Beckey are grateful for the high level of care provided by ground EMS, Life Flight Network, and Kadlec Medical Center in returning him safely to his home and family.



Board of Directors Spotlight

Jeff Johnson
Wipfli CPA & Consultants



Jeff Johnson, CPA, is the managing partner with the accounting and consulting firm of Wipfli LLP in their Spokane office. Jeff recently relocated to the area in August 2012 from the Minneapolis office where he led the health care industry group in that office for past 12 years.

Jeff grew up in a small, southeast town in Iowa and went on to attend Iowa State University where he received

his degree in Accounting in 1988. After a short stint at Rockwell International in their accounting rotation program, Jeff met his wife, Laura, of 23 years and moved to Eau Claire, Wisconsin where he spent six years at the Mayo Health System as a senior accountant and reimbursement analyst for Mayo's hospital and medical practice operations. In 1994, Jeff accepted an offer to work at Wipfli in their Eau Claire office to expand their growing medical practice consulting operations. Since then and throughout his career at Wipfli, Jeff has concentrated on working with rural & community hospitals and medical practices groups (including rural health clinics and federally qualified health centers).

Although there are several memorable moments that he could point to throughout his professional career, his most memorable moment is at the beginning of his career working at the Mayo Health System. While working at a 225 bed tertiary hospital, he was part of a team that was instrumental in the operational and financial success of integrating a 150 physician multi-specialty group within the hospital operations to create the premier integrated health system in the Eau Claire and Chippewa Valley area. This project is where Jeff realized his passion for health care and the importance of hospital and physician relations within a health system.

Jeff and Laura have five children ranging from 14 to 22 years of age. He enjoys the outdoors, golf, and traveling with his family. He is looking forward to getting to know the Spokane area and the Pacific Northwest.

Jeff serves on two national rural health committees addressing the needs of rural providers and critical access hospitals. Jeff is always willing to provide education on health care matters to his clients and non-clients alike, through frequent speaking opportunities both regionally and on a national level. He looks forward to serving on the board and getting to know the leaders of rural health care in the state of Washington.

2013-2014

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Alex SnowMassara, Bainbridge Island

NRHA State Association **Council Representatives**

John Hanson, President, Olympia
Jeff Johnson, Spokane

State Office Council Representative

Melissa Lovell, Olympia



Pre-Diabetes Education (continued)

Pre-Diabetes Education, Continued from Page 7

According to Larmer at Lincoln Hospital, the class has been well-received in the Davenport community. "It's an eye opener for patients to start looking at the symptoms and nutrition that they may not have been exposed to before. It gives them a different understanding of what impacts diabetes."

"We still have someone on-site to show how to use the glucometer," Larmer continued, noting that offering the class via NW TeleHealth eliminates travel expenses and issues, especially in poor weather conditions.

"We try, in our community, to provide quality services and this is one we're able to provide without the distance and travel expense," she said. "It's a good opportunity for participants to learn about their own health and how to self-manage without a great expense. It's great preventive care...It's been an excellent class for us to have. I appreciate the knowledge the certified educators offer."

As a result of the education, the pre-diabetes class is changing lives. Many participants have lost weight and improved their blood sugar numbers, said Belknap. "One went from an A1C of 6.4 to 5.6% and lost 20 lbs.," she added. "That's a big deal."

For information about INHS Community Wellness, visit www.inhs.org or call (509) 232-8138.



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It's Time to Spring Clean Your WRHA Membership Record

Spring is in the air and it's time to do a little spring cleaning. When was the last time you logged into your WRHA membership account? Accessing your account is easy! You can ensure your membership is current, or update your information in 3 simple steps.

1. Access your account by going to www.wrha.com and enter your member login username and password (your username is the email address used to create your account).
2. Go to "My Account" and select "Edit Profile".
3. Be sure to verify WRHA has your latest contact information. This will ensure you don't miss out on important information! If you are an Organizational member or Sponsor and there have been changes to your Additional members update your profile to reflect those changes.

Here are some other items that you might want to take a look at now that your spring cleaning is complete.

Access the WRHA Membership Roster and Other Resources.

When you are logged into your account online, and are paid through the current year, you have access to a full membership roster. See who belongs to the WRHA in your area! Also, have quick access to the WRHA Bylaws, current and archived e-newsletters, and your most recent payment receipt.

Renew Your Account.

If you would like to get ahead of the game you can renew your membership up to one year in advance with two options to choose from. Choose Pay Online, which requires a credit or debit card, or choose Invoice Me, then print and mail your invoice along with a check or money order to WRHA.

Questions and concerns can be addressed to WRHA at wrha@wsu.edu or through the contact page on the www.wrha.com website.

Meet the Secretary of Health (continued)

Secretary of Health, Continued From Page 8

Our local-state public health network is on the breaking point in some communities. We can't let that happen. We have to ensure that the "Agenda for Change Action Plan" is implemented. I'll bring together stakeholders to identify how we can use existing resources and leverage others to support the foundational public health capacities and services.

We also have significant work to do to address the obesity epidemic, which is crucial to improving the health of our communities. The department will give special emphasis to childhood obesity, and integrate the community transformation grants and other "healthy communities" efforts already underway in our Prevention and Community Health division. We'll set specific targets and accountabilities, and track our progress. I'm pleased to report that the governor is paying close attention to this issue, especially as it relates to diabetes.

The governor has also made climate change a priority, as have I. We'll be leaders in addressing the public health impacts of this important issue that will affect generations to come.

I believe these priorities are a natural fit for the current operating environment and the challenges we face today. I'm excited to be on this journey with you as we strive to make Washington a healthier place to live, work, and play.

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 (six 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 (six publications).

Washington Rural Health Association Membership Application

October through September

Name: _____
Additional member names (if organizational or sponsor member)
1) _____
2) _____
Organization: _____
Address: _____
Phone: _____
Email: _____

Mail application to: **Washington Rural Health Association PO Box 1495 Spokane, WA 99210**
Or join online at <http://wrha.com>

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



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NEXT ISSUE WILL BE COMING YOUR WAY IN JULY!

TELL US YOUR STORY...

www.wrha.com/submission