

Culbertson CONNECTION

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CATCH

CULBERTSON AS THE CHOICE HOSPITAL

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Update from the Executive Director

Earlier this year you may have read about the hospital's partnership with Concord Medical Group and how it would ensure round-the-clock Emergency Department care for our patients. I'm pleased to report this partnership has brought highly skilled ED physicians to our organization and a partnership focused on quality improvement. Additionally, naming Dr. Alex Merlo as our ED Medical Director and the buy-in he has shown is resulting in better care for our patients. We are also working with Concord to set up our telehospitalist program, which will establish 24/7 provider coverage focused solely on inpatient care.

This last quarter hasn't been without its challenges. We have been struggling with transfer capabilities from our organization to other facilities. However, we are working diligently with our local EMS teams, regional partners, and Air Evac Lifeteam to find a long-term solution. We also lost our long-term partner that reads mammograms. But this created an opportunity to partner locally with Quincy Medical Group for future coverage.

This past quarter has also seen its share of successes. The Culbertson Memorial Hospital Foundation has begun remodeling the former Peterman Appliance building to become the new home of our Therapy Services Department. We look forward to moving into this space early next year. We have added cardiologist Dr. Madhu Dukkupati and podiatrist Dr. Amanda Holcomb to our Outpatient Specialty Clinic and we hope to have our telehospitalist program rolled out in November. Hospital and Specialty Clinic nurses are also actively cross-training to cover staffing; Specialty Clinic staff members are training in each clinic, while ED and acute care staff have members training for cross coverage. Acute Care is implementing a bedside shift report that will drive patient involvement in care, increase awareness of safety measures like falls, decrease medical errors, and increase patient satisfaction.

Where the hospital's financial status remains strong, costs continue to rise and payors continue to implement changes to reduce reimbursements. The reductions in Medicaid and provider tax reimbursements are presenting significant strains on profitability. The National Rural Health Association is estimating that rural hospitals are facing more than a 20% reduction in Medicaid reimbursement alone. The Big Beautiful Bill will cause a \$1.1 trillion to \$1.3 trillion cut to Medicaid. This will impact Culbertson in three ways:

1. The number of people with Medicaid coverage will decline. Our patient population is one-third Medicaid and many of these individuals may lose their insurance coverage.
2. The requirements for employment or volunteer hours may cause a loss in coverage for some individuals.
3. We will see a decrease in provider tax revenue.

Despite the challenges that lie ahead, our wins give me confidence that our providers and staff will continue to provide the expert, compassionate care you and your family deserve. I'm looking forward to the future for Culbertson Memorial Hospital.

Gregg Snyder

**Executive Director,
Culbertson Memorial
Hospital**



Inpatient Improvements

Master Facility Plan Begins with Patient Room Renovations

Phase 1 of the Master Facility Plan at Culbertson Memorial Hospital is underway with the goal of improving the level of comfort for patients. Focused on overhauling inpatient rooms, this phase will transition these spaces into single-occupancy rooms, each with its own private shower facilities. Led by O'Shea Builders of Springfield, the renovation will offer a more comfortable environment for patients and family members staying with them.

"This phase will be the most disruptive for our patient care as we are renovating our patient rooms," said Culbertson Executive Director Gregg Snyder. "We are working with our contractors to minimize noise and disruptions."

According to Snyder, a barrier has been installed that prevents passage from the hospital to the Specialty Clinics during Phase 1 of construction. Patients with appointments at the Specialty Clinics will be required to park in front of the clinic in the lot on South Morgan Street. Snyder added Phase 2 of the Master Facility Plan has been approved by the Culbertson Board of Directors. The hospital is now in the process of applying for a certificate of need from the Illinois Department of Public

Health. "Once we have the approval, we will immediately begin Phase 2 after the completion of Phase 1," he said. "We hope to move to Phase 2 early next summer."

Phase 2 will include:

- A 1,200-square-foot addition to the front of the hospital, which will allow for a new, patient-friendly entrance for surgery, outpatient services, and visitors with registration along with a new waiting area and phlebotomy area
- A new, enhanced, dedicated entrance and waiting room for Emergency Department patients to separate the ED and outpatient service areas
- A zero-barrier entry for patients and visitors — including dedicated patient drop-off areas — and improvements to the parking area
- A dedicated, back-in ambulance bay for emergency services only

Altogether, the Master Facility Plan will take place in five phases. Snyder said the hospital hopes to complete the project in three to four years.

For more information about ongoing renovations at Culbertson Memorial Hospital, visit cmhospital.com/about-us/renovations.



Give a Gift, Leave a Legacy

Gift of Life Saves Thousands Through Organ Donation

When you choose to be an organ donor, you commit to leaving a lasting impact long after you're gone — a legacy of life and selflessness that affects not only the recipient, but their friends and family too. However, although organ donation can save many lives, more organ donors are desperately needed.

"The need for organ and tissue donors is critical. Nationally, more than 105,000 people are waiting for lifesaving organ transplants in the U.S., and every eight minutes, a new name is added," said Patti Flesher, Communications Manager at Gift of Hope.

"One person can save up to eight lives through organ donation, restore sight for two people through cornea donation, and improve life for more than 75 others through tissue donation."

"We urge all Illinois residents to register and share that decision with family and loved ones so they're prepared to fulfill the decision if the time comes."

A nonprofit organ procurement organization, Gift of Hope works with more than 180 hospitals, transplant centers, eye banks, and forensic and professional partners across Illinois and northwest Indiana to coordinate organ, eye, and tissue donations for patients in desperate need of transplant. Founded in 1986, the organization uses outreach and education campaigns to communicate the benefits of organ donation, overcoming stigma and mistrust about the organ and tissue donation registry system.

"We have saved more than 29,000 lives through organ donation and helped hundreds of thousands of patients receive the donated corneas and tissue they need to see, walk, heal, and live a pain-free life or life of mobility again," Flesher said. "Events like our Gift of Hope Community Foundation 5k allow us to honor families who said yes to donation and celebrate recipients of organ and tissue donations while also raising awareness of organ and tissue registration."

Anyone can register to become an organ donor regardless of age, race, or gender. To register online, visit apps.ilsos.gov/organdonorregister or giftofhope.org/join-the-registry.

A Miracle for Dad

Quick thinking at Culbertson, and the gift of life, saved the life of Rushville resident Bob Greer during a medical emergency earlier this year. His daughter, Katie Bloom, shares their story and how the actions of Culbertson providers gave him a new lease on life.

"My family and I witnessed a miracle. My dad was terminally ill with non-alcoholic liver cirrhosis, most likely connected to his time in Vietnam and exposure to Agent Orange. He and Mom were traveling to Memorial Medical Center in Springfield every Monday for a

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paracentesis, where they would take 8-10 liters of fluid from his abdomen.

"But after each paracentesis, he got weaker to the point he could no longer walk on his own. Ammonia built up in his body, causing confusion and personality changes. He also developed a blood clot that was growing in his main portal vein. At the end of January, we traveled to Barnes-Jewish Hospital in St. Louis for a liver transplant evaluation. We had no hope as Dad's liver doctor said he was too old and not healthy enough. The pre-transplant coordinator, Lauren, called us to introduce herself and told me she was married to a man whose family lived in Beardstown. She said Dad was her first patient from this area and she felt like this was meant to be.

"I coordinated Dad's healthcare, so I talked to Lauren a lot over the next several months. It took almost four months and a few hoops to jump through, but in May we found out Dad would be officially listed for transplant. We couldn't believe it — Barnes said they don't look at age as a determining factor! But from May to July, Dad's health declined. On June 23, Mom and I took him to the ER as he could barely walk and was very confused. He had hepatic encephalopathy (confusion from ammonia). We also discovered Dad was bleeding internally. When you have cirrhosis, you develop esophageal varices or enlarged veins. They had been banded several times before, but providers banded five more during his visit and told us they weren't able to get them all.

"Upon release, they scheduled a follow up. On July 14, Mom and Dad made their weekly trip to Memorial for Dad's tap. They stopped at my house after and Mom told me he seemed 'off' that day. They went home and Mom called at 3:30 to let me know she was calling an ambulance because Dad had some kind of 'spell.' I called my niece, Stevie Wohlfeil, who is an RN at Culbertson, and asked her to check on Dad. I called 10 minutes later; while talking to Mom, Dad vomited blood. We were warned if this happened, he would need immediate medical attention. Stevie sprang into action. She knew something had burst and called an ambulance, then called the Emergency Department at Culbertson to let them know Dad was coming in and what she thought was happening. Once Dad was in the ambulance, Stevie spoke to the ER physician, Dr. Merlo, and informed him about Dad's health history and the current situation.

"Stevie initially told me to stay home, but as his blood pressure dropped, she told me to head to Rushville

because she wasn't sure he was going to make it. As I was driving, my sister called to see if I could contact Lauren. It was after-hours, but I called her work cell hoping she would answer and she did. She called one of the liver doctors and called back to let me know they were acting quickly. During this time, Culbertson kept Dad alive, giving him blood and trying to stabilize him so he could fly to Barnes. He was finally life-flighted out about 8 p.m. Dad went into surgery at Barnes around midnight.

"Luckily, the liver doctor on duty was one we had just seen and was familiar with Dad's medications. The surgeons came to us at 1:30 a.m. to say they couldn't stop the bleeding as multiple veins had burst. There was one alternative — placing a TIPS (stent) to bypass blood flow to the liver. Almost six hours later, Dad came back to the ICU on a vent. They weaned him off that day, but he didn't respond well to coming out of sedation. They temporarily removed him from the transplant list as he was in no shape to go to surgery. After Dad awoke Wednesday, the liver doctor came by and said she was happy with his progress and they were re-listing him. Thursday was much of the same. Stevie called that evening; while on the call, Dad was able to say, 'I can't do this anymore.' We told him we'd honor his wishes, remove him from the list, and take him home. Shortly after that, Stevie's 4-year-old, Adlee, appeared on the screen and said, 'Why you crying, Gwampa?' and Dad said, 'I have to do this.'

"We decided my sister would stay with Dad that night. Mom and I stayed at the adjoining hotel. I had Dad's cell phone and it rang at 11:30 p.m. I answered and the lady told me they had a liver for dad! I called my sister and told her to get Dad on the phone and gave him the news. Surgery was scheduled for around 11 a.m. Friday. We were told we could receive several calls before a liver works out and is transplanted. One gentleman came to Barnes five times before he received a transplant — Dad got one call and received a transplant.

"We truly believe the way everything happened was nothing short of a miracle and he would not have gotten that liver had he not been in the ICU. We are so thankful to Stevie being there, Lauren answering her work cell after hours, Culbertson keeping him alive, the TIPS to bridge him to transplant, Adlee reminding him why he was fighting, and a matching liver becoming available. God is so good! And when the time comes and we can contact the donor's family, we'll tell them their loved one saved the life of a Vietnam veteran who wasn't finished being a husband, father, and grandfather. It just simply wasn't his time."

Data-Driven Care

Get with the Guidelines Implemented at Culbertson

Culbertson Memorial Hospital is committed to providing heart attack and stroke care that aligns with the most up-to-date, research-based guidelines, which can result in a more successful recovery for patients. So, we're proud to announce Culbertson is participating in an initiative by the American Heart Association®, the world's leading nonprofit organization focused on heart and brain health for all, to improve inpatient care.

Through the Rural Health Care Outcomes Accelerator, Culbertson will have access to Get with the Guidelines, which was designed to both save lives and expedite the recovery process. These programs are a series of quality improvement and registry programs introduced by the AHA in 2001. Each initiative promotes hospitals' adherence to research-driven guidelines and measurements while simultaneously providing data that empowers providers to continually find new ways to improve care.

Get with the Guidelines programs include:

- **Stroke** — An in-hospital program designed to improve stroke care with treatment guidelines based on the latest scientific developments
- **Heart Failure** — An inpatient program to improve heart failure outcomes by reducing re-admissions and increasing healthy days at home
- **Coronary Artery Disease** — A disease registry to support quality improvement activities for acute myocardial infarction, CAD, and chest pain

Our providers' top priority is helping patients get back to their normal lives after a debilitating medical incident. By implementing Get with the Guidelines at Culbertson, our providers are empowered with standardized procedures based on scientific evidence — meaning an elevated standard of care for the patients we serve.

To learn more about Get with the Guidelines, visit the American Heart Association's website at heart.org.



Emergency Prep

What to Expect When You Visit the ED

Medical dramas on TV tend to paint the Emergency Department as a chaotic space with patients constantly cycling through as quickly as a 60-minute episode will allow. The word “emergency” itself is associated with problems that must be dealt with right away. But when patients arrive to the ED expecting a fast-paced, frenetic environment, the reality can be disappointing or even annoying. So, what should patients realistically expect when they arrive at the Culbertson Emergency Department?

When arriving at the hospital by personal vehicle, patients should enter through the hospital’s Main Entrance and proceed to the ED registration desk — the ED doors are for emergency service vehicles only. Upon checking yourself in, Patient Access will complete a brief registration, after which a nurse will triage, or score the severity of the illness or injury to appropriately assign care. This process may have a direct impact on wait times as some conditions may require more immediate treatment.

“Triage is a way to quickly sort patient illnesses by urgency. For example, a possible stroke would score more urgently than a suspected broken arm,” said Chief Nursing Officer Kristi Hinegardner, DNP, MSN, RN. “Patients can be sent back to the waiting room after triage for a variety of reasons. The rooms may be full, an ambulance may be on the way, or the waiting room

may be filled with people who need to be seen more urgently. We understand visiting the Emergency Department can be stressful and emotions may run high. Our team is here to help, and we ask that everyone treat staff and other patients with respect. Verbal or physical aggression will not be tolerated, and any acts of violence will be reported to law enforcement.”

Depending on the severity of the condition, patients may be transported to another facility. This, Hinegardner said, may come with its own set of obstacles. “Finding an accepting hospital can be tough. Beds are tight throughout the region with ICU and mental health beds being the toughest,” Hinegardner explained. “Providers and the entire ED team spend a lot of time calling other hospitals, presenting the case for the transfer. Providers stay diligent and continue to call until a bed is found and a provider accepts.”

If transferred, patients may wonder why they can’t just drive themselves. Doing so, Hinegardner said, could reset the entire process. “Care is handed off between providers as a direct transfer; the patient needs to be monitored continuously. If a patient drives themselves to another hospital, it most likely will result in a second ED visit and evaluation at the second hospital. So, this isn’t the preferred or safest method for continuing treatment.”

If you or someone you know is suffering from a medical emergency, don’t wait — call 911. For more information about Emergency Services at Culbertson Memorial Hospital, call (217) 322-4321 or visit cmhospital.com.



A Heart for Rural Medicine

Dr. Madhu Dukkipati Joins Cardiology Clinic

A longtime cardiology physician with more than 25 years of clinical experience is bringing his expertise to Rushville! Madhu Dukkipati, MD has joined the Cardiology Clinic at the Culbertson Outpatient Specialty Clinic, providing high-quality cardiovascular care in a local setting. Specializing in all areas of adult cardiovascular disease with a clinical focus on outpatient clinic practice, imaging, and interventional cardiology, Dr. Dukkipati said the science of cardiology as well as its effect on patients is both motivating and exciting.

"I'm passionate about cardiology because it combines the challenge of understanding complex physiology with the opportunity to make a lifesaving impact," he explained. "I am inspired by how cardiology blends acute care such as managing heart attacks or arrhythmias with long-term prevention, patient education, and lifestyle guidance. As someone who values lifelong learning, the field excites me because it is constantly evolving with innovations in imaging, interventional techniques, and preventive strategies. I find meaning in supporting patients through some of their most vulnerable moments and helping them regain hope and strength."

An extensive knowledge and continued education of cardiology as a field isn't Dr. Dukkipati's sole focus, though. Dr. Dukkipati said he also prioritizes treating patients "with compassion, dignity, and individualized attention," adding cardiology should address both immediate cardiac concerns as well as the patient's broader health. Cardiology, he explained, is as much a service as it is a science.

"Every patient brings a unique story. In my practice, I view every patient encounter as an opportunity to build trust, educate, and empower," Dr. Dukkipati said. "I strive to listen actively, ensuring patients feel heard and understood because meaningful care begins with understanding their concerns, values, and goals. I am committed to delivering care that is not only clinically excellent, but do so with compassion, empathy, and clear communication."

Part of that, he added, is emphasizing risk factor modification, lifestyle counseling, and long-term management in addition to acute care. Such services are invaluable in rural areas like Rushville, Dr. Dukkipati said,

where patients are more likely to adhere to preventive treatment plans when such services are available closer to home.

"Rural communities often face barriers to accessing advanced cardiovascular care, such as long travel distances, limited specialist availability, and fewer healthcare resources. By bringing specialized cardiology services directly to these areas, patients can receive timely diagnosis, treatment, and follow-up care without the burden of leaving their community," he said. "This not only improves outcomes for acute conditions such as heart attacks, heart failure, and arrhythmias, but also enhances preventive care and chronic disease management."

Rushville in particular provides a unique opportunity for Dr. Dukkipati. His partner, Nasaraiah Nallamothu, MD, previously served Rushville and surrounding communities for many years. Picking up where he left off allows Dr. Dukkipati to provide ongoing, continuous care for the patients Dr. Nallamothu cared for.

"What I enjoy most about working with patients in smaller communities is the opportunity to form meaningful, long-term relationships. It often involves understanding patients in the context of their families, their daily lives, and the community they're part of," Dr. Dukkipati said. "This continuity of care allows me to see the lasting impact of preventive strategies, interventions, and education over time."

"I also value the trust and sense of partnership that develops in smaller communities. Patients are often very engaged in their care and appreciate having specialized services close to home. That mutual respect and gratitude create a strong bond that makes practicing medicine deeply fulfilling. Most importantly, I feel my work has a tangible impact not only on individual patients, but also on the health of the entire community."



Dr. Dukkipati sees patients Mondays at the Culbertson Outpatient Specialty Clinic. To schedule an appointment, call (217) 322-5271.

Voicing Your Opinion

How Complaints & Grievances Help Improve Care

Have you ever felt the care you received wasn't quite what you expected? If that happens, you or your representative can share your concerns by filing a complaint or grievance with the hospital. When Culbertson Memorial Hospital receives a complaint or grievance, our team carefully reviews every part of your care related to the issue to make sure your voice is heard and your concerns are addressed.

A patient complaint is when you let us know about something that didn't meet your expectations and is usually something we can fix right away — for example, adjusting the temperature of your room or bringing a missed meal. A patient grievance, on the other hand, is a more serious complaint that cannot be promptly addressed and often requires a formal review. These may involve things like your medical care, concerns about safety or potential neglect, significant medical errors, or other issues that require the hospital to carefully investigate.

Christina Hardy, BSN, RN, Director of Quality Improvement, Risk Management, & Safety, explained grievances must be filed with the hospital, verbally or in writing, no later than 60 days after the incident. When a complaint or grievance is received, what happens next? Hardy said the process for handling both are similar, but there are some differences.

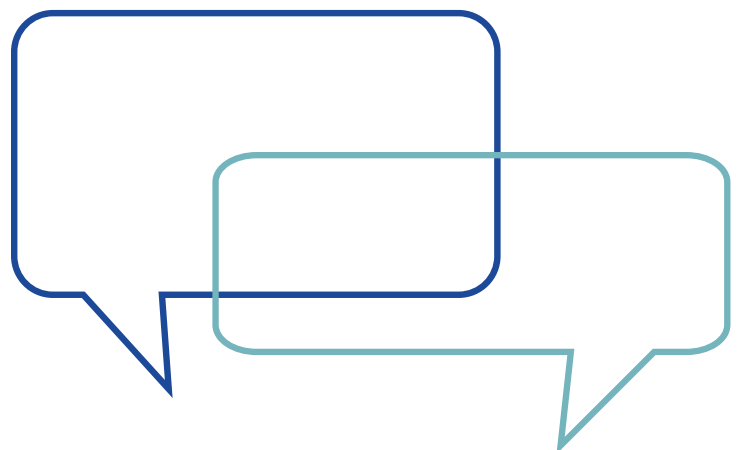
“For general complaints, team members handle these events as they happen to resolve the issue to the best of their ability and to the satisfaction of the patient,” she said. “These events generally do not require anything further.”

Grievances can be more complex, particularly when more serious issues arise. “When a written or verbal notification is received, it is directed to our Patient Care Advocate who will take down all information and complete an event notification and investigation. Depending on the type of grievance, a medical staff peer review may be requested, which is kept confidential and is protected under the Medical Studies Act.” Upon the conclusion of an investigation, the Patient Care Advocate communicates the findings to the complainant, along with how the hospital plans to mitigate or correct those findings. Grievances regarding billing are directed to Revenue Cycle Director.

When you share a complaint or grievance, you help hospital staff members see where they can do better. Complaints allow the hospital to fix small issues quickly while grievances guide staff in making bigger improvements to care, safety, and communication. Every concern you share helps make the hospital a safer, more comfortable place for you and others.



Grievances can be filed by calling the Culbertson Quality Director at (217) 322-5292 or the Compliance Officer at (217) 322-5266. You can also visit our new landing page on the website by scanning the QR code or mail your concerns to: Sarah D. Culbertson Memorial Hospital, Attn: Christina Hardy, 238 S. Congress St., Rushville, IL 62681. You may also file a complaint with the Illinois Department of Public Health by calling the Central Complaint Registry Hotline at (800) 252-4343.



Memorials & Contributions

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Get to know us... Our mission is to solicit and acquire funds from philanthropic sources to enable Sarah D. Culbertson Memorial Hospital to better meet the healthcare needs of the people and the communities it serves. Established in 1995 as a 501(c)(3) not-for-profit corporation, the Culbertson Memorial Hospital Foundation conducts various fundraising activities each year to improve the health and care of those served by Sarah D. Culbertson Memorial Hospital. All contributions are tax-deductible as allowed by law.





GET TO KNOW YOUR PROVIDERS!

Deseray Aguirre, DO

Hometown: Rochester, WI

When did you decide you wanted to pursue a career in healthcare?

I was inspired early on by my grandmother, who was a nurse for terminally ill children, and by my father's journey with kidney disease from a young age. Watching my family navigate the healthcare system gave me a deep respect for the role of compassionate, patient-centered care and motivated me to pursue medicine.

How would you describe your practice philosophy?

I believe in caring for the whole person: mind, body, and spirit. My practice is family centered and rooted in the idea that health is more than just the absence of illness. I also enjoy caring for patients across their lifespan, from newborns and children to expectant mothers and adults of all ages. My goal is to meet patients where they are, support them through every stage of life, and empower them with the knowledge and resources they need to feel confident about their health.

What can patients expect during a visit with you?

Patients can expect me to listen closely, take their concerns seriously, and work together on a care plan that fits their needs. Because I see pediatric, obstetric, and adult patients, I enjoy supporting entire families and often explain the "why" behind my recommendations, so patients feel informed.

What are some of your favorite things about working in Beardstown?

I love the strong sense of community here. Beardstown is a diverse, resilient town. I value the opportunity to care for patients across generations and to bring resources closer to home for families who might otherwise have to travel far. I also very much enjoy the food because it feels like home.

What are your favorite hobbies outside work?

Outside medicine, I enjoy spending time with my family, traveling, and fossil hunting.

To schedule an appointment with Dr. Aguirre at Taylor Clinic please call (217) 323-2245.