## CULBERTSON

# CONNECTION

Your Health. Your Hospital.





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#### What Will Change?

The **Outpatient Clinic**, which houses the weekly Oncology/Hematology clinic, is being remodeled. The current treatment area will be expanded so that oxygen and electrical access are available at each treatment bay, which means greater accessibility for staff and improved safety with fewer cords stretching across the floor. In addition, nurses will be able to monitor patients receiving chemotherapy more effectively because some walls are being removed and replaced by a viewing window. There will be more treatment suites with new chairs. expanded from four to six.

Space in the **Emergency Department** will be remodeled to add a Triage Room immediately across from the ED nurses' desk. This new space will allow for a

private area for initial evaluation of patients entering the ED. We are also adding some doorways at the end of the ED area for a more secure, safe and private area for both patients and staff. These new doorways will reduce unnecessary traffic passing

through the ED.

# **WHAT CAN YOU DO?**

- 1 Watch for signage and redirection.
- Use the main entrance by registration instead of the ED entrance.
- **3** Only use the ED entrance if you are seeking emergency care.

The **Imaging Department** will move its registration area within the department to allow for the expansion of the Triage Room. The two X-ray rooms will include

updated bathrooms in each of the exam rooms, so all patients will have private dressing rooms. Previously, patients had to change at stations in the hallway and travel through the hallway. Now, it will all be more convenient.

#### What Does It Mean for Patients?

"We care about our patients' privacy and security," Lynn added, "and we care about ensuring our staff are safe in their environment. The changes in the ED will also help to protect patient privacy as unnecessary traffic is eliminated, and having a dedicated Triage Room will help to decrease wait time in the ED. All of these changes will also help us put processes in place to contain infectious cases. Overall, this is a positive move to help us provide even

better care for our patients."

## **Oncology... Fighting Cancer Close to Home**

Receiving a cancer diagnosis is always difficult, but getting the treatment and support you need close to home is not. The Oncology Department at Culbertson Memorial Hospital helps fight cancer every day with a caring, compassionate staff and state-of-the-art treatment. Working in cooperation with regional cancer specialists, the Oncology Department helps ease the struggle by making treatment as comfortable and convenient as possible.

#### A Full Spectrum of Clinical & Support Services

The Oncology Department offers everything from screening and diagnostics to treatment and counseling:

- Chemotherapy treatment
- Genetic testing/evaluation to determine cancer risk
- Hormone therapy
- Immunotherapy
- Initial consultation/exams
- Pain management

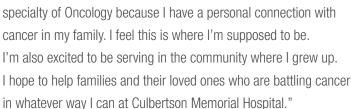
Culbertson Memorial Hospital also offers diagnostics, lab testing and staging; medical and surgical referrals; physical therapy; and treatment options for lymphedema. If you or a loved one needs cancer care close to home, call 217-322-4321 for help making arrangements.

## **New Oncology Leadership**

Pam Tavernier recently retired from her position as Oncology Clinic Nurse Manager on March 30. Pam worked in many roles at the hospital for almost 30 years, so she was familiar to many and is already missed! Although Pam misses the job, patients and her "work family," she has plans to relocate to

Minneapolis, where she can spend time with her daughter and family. Thank you, Pam, for all of your service!

Brittany Roberts, RN, has taken on the new leadership role. Previously a full-time nurse on the Medical/Surgical floor, Brittany graduated from nursing school in 2015 and began her career working in Hematology/Oncology in various positions in Springfield. "I am excited to get back to the



Brittany also mentioned March was Colorectal Cancer Awareness

Month. "Just because March is over, don't feel you have
to wait another year to get your colonoscopy! In fact,
I encourage anyone over 50 to schedule one right
away. Colon and colorectal cancers are the most
common – and treatable – cancers. They are
slow-growing cancers but no less deadly if
untreated. A colonoscopy can catch the
cancer before it spreads and kills, so don't
waste time putting off your screening. It
really could save your life!"

To schedule a colonoscopy, ask your healthcare provider for a referral.



## **CEO Lynn Stambaugh Announces Retirement in May**

After dedicating 34 years of service to Culbertson Memorial Hospital and our patients, Lynn Stambaugh has announced her retirement as Chief Executive Officer on May 31, 2018.

"The decision to retire was not an easy one," Lynn said, "but after many months of prayer, family discussions and thoughtful consideration, I feel it's the right time. I have always felt I would retire at 55, but when the time came, I didn't feel it was in the best interest of the hospital to retire." At the time, several

"I am grateful for the opportunities and support I have been given over the years and feel I've had a very rewarding, professional career." — CEO Lynn Stambaugh

> other key employees, including the Chief Financial Officer and Health Information Management Director, had recently retired, so Lynn decided to wait.

Lynn says there is never a "perfect time" to retire, but she is confident in the

hospital's leadership with Tammy Gadberry, Chief Financial Officer, and Leah Wilson, Chief Nursing Officer, at the helm. "I also believe Lisa Adams' longtime experience as Human Resources Director and Executive Assistant will be invaluable to a new CEO. She has almost 24 years in her current position, and I consider her my right hand. Her experience, organizational skills, knowledge and the trust of employees will be an asset to any CEO. Having the benefit of trusted, knowledgeable managers will be paramount."

Lynn has plans to become a real estate broker and assume her mother's business — Corbin Real Estate — when she retires. "I am grateful for the opportunities and support I have been given over the years and feel I've had a very rewarding, professional career. Now, I'm ready for the next chapter." We will miss you, Lynn, but wish you all the best in your new endeavors!

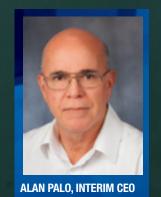
#### What's Next?

Now that Lynn has made her announcement, the hospital will focus on finding a suitable replacement who can bring a fresh perspective. The new CEO will also need an ability to face the challenges of governmental relations and flexible healthcare delivery regulations, as well as supporting the providers and staff who continue to care for our patients

every day. In the interim, Alan Palo, who retired as CFO at Culbertson Memorial Hospital last June, will serve as Interim CEO.

The hospital is partnering with Adkisson Search

Consultants to perform a comprehensive executive search for the best fit at Culbertson Memorial Hospital. Adkisson will determine search objectives and create a profile for the ideal candidate based on results from interviewing the leadership team, key hospital personnel, board members and providers. After identifying these candidates, Adkisson will hone in on a select few through a rigorous qualifying and screening process. From there, only a few will have on-site interviews with the hospital's search committee. The hiring process is expected to take a minimum of six months.





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Julie Plumer already understood the value of having a community hospital in town since her family had used the emergency services in the past. But she received a personal reminder of the importance of having the staff at Culbertson Memorial Hospital nearby when her life was threatened by an unseen illness.

On January 2, Julie's mother-in-law was admitted to OSF Saint Francis Medical Center in Peoria. She was in critical condition as a result of influenza and pneumonia. She and her husband of 26 years, Dale, dutifully followed instructions to wear masks and wash their hands with sanitizer when going in and

out of the room. Julie had planned to get her flu shot later. Even though she'd had her annual wellness visit with her nurse practitioner, Brittany Taylor, she had some new insurance requirements to figure out first. Then, life happened.

#### A Day She Won't Forget

"Dale stayed with his family in Peoria so he could be near his mother," Julie recalled.

"I came home on Friday to do a few things at home. I felt like I had a sinus infection so I went to see Brittany." Although she tested negative for flu that day, Brittany gave her a prescription so she could feel well enough

to return to Peoria. It was the weekend before Martin Luther King Jr. Day (January 15). Her 24-year-old son, Dalton, happened to be staying with them because his pipes were being repaired after a freeze before Christmas.

On Saturday, Julie was doing things around the house and says she didn't feel that sick, just inconvenienced. On Sunday, she began running a fever and stayed in bed most of the day. "Although my chest felt tight, I didn't feel like I was seriously ill, but I checked to be sure the office would be open on Monday due to the holiday. I planned to see the doctor the

next day and went to bed early. I woke up about 8:30 p.m., feeling nauseous. I went into the bathroom and sat on the ceramic tile until it passed. Apparently, I fainted...
I awoke to a police officer saying my name."

Dalton heard his mother gasping for breath from the living room and came to her aid. After many attempts to get her to respond, he called 9-1-1. "I still did not feel that sick," Julie said. "After many attempts to tell the EMTs I was okay, they said my blood pressure was extremely low and insisted I get checked out at Culbertson Memorial Hospital.

They would not let me stand for fear I would collapse due to an extremely low blood pressure. Still, I was not overly concerned."

#### I Am Alive Because They Cared!

"The hospital staff was beyond professional," Julie continued. "They hooked me up to monitors, started blood work and insisted I be tested again for influenza. This time, the test was positive, and chest x-rays indicated I also had pneumonia. I felt like I could go home and would be okay to wait to see the doctor the next day, but the nurses were gentle – yet firm – that I was 'really' sick." Julie's final test was positive for sepsis, a potentially life-threatening complication of an infection that can trigger damage to vital organs. "I knew then I was not okay. Having those lab tests was pivotal to my believing how sick I was. The staff never gave up on their conviction I needed medical care, and they were going to make sure I got it!"

The nurses looked into transferring her to area hospitals and asked her preference. It was time to let her husband know. Julie had not wanted to bother him since he was already dealing with his mother's illness.

"Dale asked if I could be transferred to Peoria instead, so he could have both of us in the same hospital." The staff made the arrangements for her to be transferred to a room in the OSF ICU. She was transported by ambulance. The 1-1/2 hour trip took much longer due to snowy conditions that evening. "If the staff had not cared so much about my well-being and insisted on running the tests and labs, I would have gone home that night. I am alive because they cared!"

In addition to having the two women he loved most in the hospital, Dale was helping to care

for his dad.

"Having me

helped him

manage an

extremely

difficult

in Peoria

"The staff never gave up on their conviction I needed medical care, and they were going to make sure I got it!" – Julie Plumer

situation. Having me close made all the difference in the world."

Julie remained in the OSF ICU for 1-1/2 days until her blood oxygen stabilized, and then was admitted to another room. While there, she learned her mother-in-law passed away

only a few floors above her. Unfortunately, Julie's pneumonia got worse. "I was taken back to intermediate care because my oxygen levels were not stabilizing in spite of enlarged oxygen tubes and increased treatments. That's the last memory I have."

#### **An Induced Coma**

Julie was intubated and sedated to medically paralyze her. A machine took over her breathing to help treat the pneumonia in both lungs. "I remained in a medically induced coma for about three days, and stayed heavily sedated and intubated even after. My chest x-rays began showing improvement, but stagnated for several days. As I began improving, they weaned me from the oxygen and sedation. I remember family members visiting, but was in and out for several days. Finally, I pulled my breathing tube out (I don't recommend that!) and things began to move quickly."

Julie had to pass certain goals before she could leave the ICU. Two days after she woke up from the coma, she was moved to another room and two days later, she was released.

(Julie Plumer, continued on next page)





Julie had spent about 17 days in the hospital, most of it in the ICU. "It all moved so fast," she said. "I am an otherwise healthy adult and don't typically have breathing or heart problems."

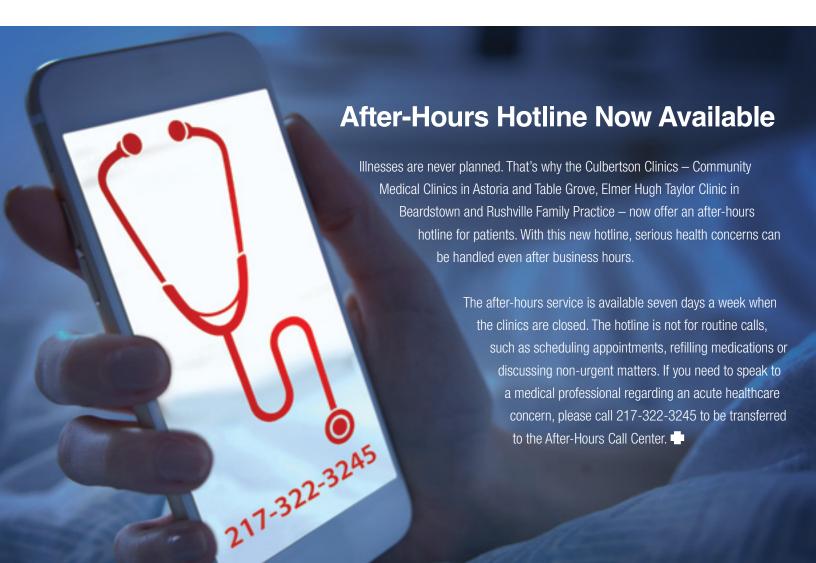
#### Friends Who Care

When Julie returned home, Brittany's office reached out to set up a follow-up visit and track her recovery. Many people from the hospital sent cards, prayers and well wishes. "Living in a small community where people who work at the hospital are your friends... I never felt alone and always knew someone from the hospital was just a call or text away," Julie said.

She warns that many people think the flu is no big deal, not worthy of respect. Julie now knows it can be deadly. "To me, flu was like a cold. You may feel bad a day or two, but it's not that serious. We are very fortunate to have an outstanding ambulance service and hospital in our community. We are blessed to have the people we know and love serving us in the medical field. They really do care about us; we are not just a number to them. Without their care and the services they offer, I probably would not be alive today. I am so grateful for their caring hearts."



Julie Plumer, 49, is thankful to be alive.



## Pediatric Spotlight

## **Could it be allergies?**

If your child seems to have the never-ending sniffles all spring, you might begin to wonder if the real problem could be seasonal allergies.

Warmer weather tends to signal the end of the most intensive cold season, but if your child has a cold that seems to go on and on, the problem may be more than a cold.

As many as 40 percent of children have hay fever, also known as allergic rhinitis. If one or both parents have allergies, their children are more likely to develop them as well, according to the U.S. Food & Drug Administration.

How to tell if it's a cold or allergies? If your child develops cold-like symptoms every year at the same time, you should suspect seasonal allergies, according to kidshealth.org. Some of the common symptoms to watch for include sneezing, itchy nose, itchy throat, nasal congestion, coughing and itchy or watery eyes. Clear nasal discharge is more often a sign of allergy, while a thick yellow or greenish discharge is typically a cold. Some children will also have wheezing and shortness of breath, in which case their allergies may have triggered asthma.

Seasonal allergies usually develop by the age of 10 and peak in the early 20s. Symptoms may disappear at some point in adulthood.

The FDA suggests keeping children with seasonal allergies inside when pollen counts are highest. In the spring, pollen levels are usually highest in the evening. Sunny and windy days are especially difficult for pollen allergy sufferers. Keeping the windows closed in your home and vehicle and running the air conditioner can help.

If symptoms are especially troublesome and over-the-counter medications are not enough, see your healthcare professional so your child can be tested to confirm whether allergies are the culprit. Newer drugs are available to offer relief and without causing the extreme sleepiness that was common with previous medications.



## Congratulations, Jim Tomko, on Your Summit Award!

Culbertson Memorial Hospital is proud to announce Jim Tomko, Therapy Services, received a 2017 Pinnacle Award for a Service Excellence Advisor — First Year!

An amazing accomplishment, the Summit Award celebrates "service superstars" and is presented at the HealthCare Service Excellence Conference each year. Awarded to qualified, innovative and progressive individuals, teams and healthcare facilities who have made outstanding progress towards improving the patient experience and staff engagement, the 2017 awards were presented in November after the committee received over 265 nominations from 20 different healthcare organizations spanning 10 states. Of those nominations, 54 were chosen as Pinnacle Achievers (the best of the best), and 15 of those were presented the Summit Award. Jim was among them!

The 2017 Summit Awards are presented by Custom Learning Systems\* during the annual HealthCare Service Excellence Conference, which is dedicated to delivering evidence-based solutions to help hospitals and other healthcare facilities improve the overall patient experience.

\*For more information, check customlearning.com



