ROOM TO GROW:
NEW MOTHER-BABY UNIT PLANNED

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PARTNERSHIP BETWEEN STUDENTS & CRMC – A BOON TO BOTH

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QUIET IV POLES FOR RESTFULROOMS

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THANK YOU
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DENIM & DIAMONDS
BLACK & WHITE BALL

THROUGH GENEROUS COMMUNITY DONATIONS, MORE THAN $200,000 WAS RAISED FOR THE MOTHER-BABY UNIT RENOVATION AT CHEYENNE REGIONAL MEDICAL CENTER!

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The Cheyenne Regional Foundation is a nonprofit 501(3)(c) organization committed to enhancing the health of individuals and the overall quality of life for our community. The Foundation informs, develops and stewards resources to enable the Cheyenne Regional Health System to provide the best possible health care.
Dr. Harmon H. “Bud” Davis
CHEYENNE REGIONAL FOUNDATION BOARD CHAIR

I think everyone has heard the phrase “time flies when you are having fun” at one time or another; well, it came to my mind when I started reflecting on the two years I’ve been privileged to chair the CRMC Foundation’s board. It is fun to help people. It is fun to work with volunteers and staff. And maybe most important, it is fun helping people learn about, connect with and support their passion for improving healthcare in our community! That, in a nutshell, is our mission and it has been a special honor to lead the CRMC Foundation for the last two years.

In 2017, we decided to take a break from our traditional gala, Denim & Diamonds. As that message filtered out into the Cheyenne community, it rapidly became clear that our supporting base had a very specific message. Almost every conversation included the request — almost a demand — to bring it back! Listening to that feedback, our board members, staff and volunteers set out to make this an event worthy of their support. While definitely a team effort, I want to personally thank board members Carol Merrell, Pam Winter, Tighe Fagan and Kathy Emmons, who stepped up and led individual subcommittees. Their efforts, combined with all the amazing work of the Foundation staff, the development committee led by Stephanie Meisner and volunteers like Tucker Fagan and Nancy McCann really made our black & white ball an amazing event. By the end of the night, more than $200,000 was raised. Maybe more importantly, the sold-out crowd was reminded of the exceptional role Cheyenne Regional is playing in our community while having an amazing time supporting that mission.

I also want to share some recent updates in our board membership. Since the organization’s founding in 1977, the hospital trustees have been represented on our board, and in July that membership changed. Many thanks to Larry Wolfe for all his support to the Foundation and Cheyenne Regional. He is replaced on the Foundation board by Mark Parsons; welcome! Additionally, I would like to thank Bill Harris for his service as well. As both a local pastor and business owner, we understand the obligations of his day jobs take precedence and know he will continue to support as his time allows. Finally, I want to welcome Sam Bass to the board. This summer we added a nursing representative, appointed by the hospital’s chief nursing officer to the board and Bass, the hospital’s magnet program and patient experience director, enthusiastically accepted that appointment.

Throughout the past two years I’ve also been fortunate to have David Cook by my side as vice-chair and, pending the approval of the board, I’m confident he and the 2019 officers will capitalize on our current activities and generate even more success into the future.

For each of you, let me offer my heartfelt thank you. You each are a vital part of our mission and we look forward to your continued support. Keep in touch; let us know what you are thinking; and most importantly, help us Inspire Great Health!

Thank you for your service!
Every year our executives and Board of Trustees meet to discuss and formalize our health system’s strategic plan, which determines the course for our future. Just a few years ago, a key part of that plan was to add new facilities, including a cancer center, emergency department and parking structure. We were also able to improve our “front door” by expanding and enhancing our main lobby into a bright and welcoming space for our patients, visitors and employees.

Today, as in the past, facilities continue to be a major focus. But that focus has shifted from expanding to making the best use of the facilities we have and to ensuring that our current infrastructure is kept in good working order.

Why the change?
Healthcare has undergone a seismic shift over the past few years. Increasingly the government and private insurers want to see higher quality care provided at lower costs and to also ensure that medical care is accessible to more and more people—what is known as the “triple aim.”

This is all good for healthcare consumers, but it also means that healthcare providers, including hospitals and health systems, have to find ever more efficient ways of delivering exceptional care in a patient-centric environment.

A critical question for our leaders and trustees is: How can we provide the kind of care our community expects and deserves, while at the same time adjusting to lower reimbursements and an annual budget that may continue to tighten?

One solution has been to develop a 10-year master facility plan that focuses on using the facilities we already have, but in a way that meets the needs of our patients and also instills a sense of community ownership and pride.

The plan includes relocating, expanding and updating our pediatric, mother-baby, intensive care and behavioral health units. It also calls for moving our cardiovascular services into one area. The plan will be implemented in several phases, giving us the flexibility to adjust to changing priorities or budgets.

The plan also addresses the need to maintain and upgrade our infrastructure, including aging elevators and a heating, ventilation and air conditioning (HVAC) system that needs modernization. The cost for these improvements alone is expected to exceed several million dollars.

I’d like to take a moment to thank Robin Roling, our chief operating officer; Jesse Struckhoff, our facilities director; and Kelly Archer, our project manager, for all of their input into the planning process and for their careful oversight of our facilities and the projects that will soon be underway.

We will be sharing more details with our donors and the community as we move forward. Meanwhile, if you have questions or would like to know more about the planned improvements, please feel free to contact me, our trustees or any member of our executive team for more information.
It’s hard for me to believe that I’ve been with the Foundation for three years! In that short time, I’ve had the honor and pleasure to work with an unbelievably talented set of people. The individuals of the Foundation staff and board, the entire team that makes up the Cheyenne Regional health system, and a generous and caring community that enables everything we do! Regardless of where you fall in those three groups, and many of you fall in two or even all three, please allow me to share my humble and genuine “thank you” for everything you do.

I don’t think the engagement and caring was more present and visible than it was for Denim & Diamonds 2018. We brought our annual gala back in a big way this past June and the community definitely showed up. The sell-out crowd of 750 had an exceptional time and helped us raise more than $200,000 to support the Cheyenne Regional’s Mother-Baby Unit relocation and renovation. Another amazing show of community support came in early September when more than 300 runners and walkers participated in the Great Bison Shuffle that supported our Cardiac Rehabilitation program. The volunteers and staff who put on those events did an outstanding job – thank you!

Unfortunately, we are saying goodbye to one of our dedicated staff members, Ruth Benson. Ruth has made a huge, positive impact on everything the Foundation has done this year and we wish her all the best. We also are excited to welcome Melanie Lenhardt to the team as our new Operations Manager.

At a recent meeting of the Foundation board, I shared the following quote by Robert E. Gard:

“At the heart of what we do, if we do it well, is a story well told. True communication includes wonderful story telling, listening from the heart, responding in a way that leads to intimacy.”

I strongly believe that each of us, which includes all of you, can be those storytellers. Cheyenne Regional is dedicated to inspiring great health by putting service before self and having our family care for your family with compassion, experience and innovation. If you have positive experiences, we hope you share them and if you have questions or concerns, please let us know those too so we can get you answers and continuously improve.

Thank you and best of luck in the future.
Employees at Cheyenne Regional Medical Center have made many strides to reduce noise throughout the hospital to help it become a more restful haven for patients.

One way to accomplish that is through the use of new quiet IV poles. These medical devices are metal poles on wheels that contain bags of liquid medicine. The medicine travels through tubes that provide patients with continuous medication. Patients often push IV poles in the hallways as they walk for exercise.

After some patients complained that the halls were too noisy, the hospital found a solution. “We know that a quiet, peaceful environment promotes health and well being,” said CRMC’s Director of Performance Improvement Hans Ritschard.

Performance Improvement employees interviewed patients to find out which noises disrupted them throughout the day and night, with several pointing to squeaky wheels on the IV poles. Ritschard said his department applied to the CRMC Foundation for a grant to buy new poles.

The $17,000 grant was enough to buy 100 new poles, said the hospital’s Manager of Materials Operation Shaun Willmarth. Willmarth, along with CRMC’s Director of Materials Management John Russell and Performance Improvement Analyst Jonathan Savelle, all helped with the project.

Savelle agreed. “Anything we can do to reduce noise is important,” Savelle said. It’s all about rest and patients and getting better faster.”

In January, CRMC reinvigorated its Patient Family Advisory Council through the leadership of Sam Bass, director of CRMC’s patient experience efforts. The hospital is focused on having patients and the community involved in making decisions and that their perspectives are heard. Improving the patients’ overall experience is one of the hospital’s strategic goals, Bass said.

The council is made up of six community members along with one registered nurse, one doctor and two nonclinical CRMC staff members. The group makes recommendations from the patients’ perspective in several areas, including communication.

The council reviews programs and projects at the hospital and provides their own unique perspective, Bass said. The council has looked at whether information signs placed at CRMC to help people find their way actually work, he added.

Bass said council members provide a fresh perspective and that their views are crucial. “Our goal is for the council to be a very integral part of the work we’re doing here. Their voice is very important,” he said. At their monthly meetings, council members hear about complaints and compliments, and meet with hospital leaders to find out more about how CRMC functions.

Leigh Vosler is one of the voices of the community and serves on the council. She got to know more about how CRMC operates when she was diagnosed with breast cancer in 2014. Vosler said she was able to receive all her care at the hospital, including chemotherapy and radiation.

“I think we have a great hospital,” she said. “It’s important for people to know you can get top-of-the-line treatment right here.”
The 2018 Denim & Diamonds gala raised $207,000 for the Mother-Baby Unit. Thank you to everyone who helped make this event a success.

See the Mother-Baby Unit story on Page 8.
Room to grow:

NEW MOTHER-BABY UNIT PLANNED
Cheyenne Regional Medical Center’s Mother-Baby Unit is scheduled to undergo a facility makeover to ensure that babies are delivered in a top-notch, comfortable environment with larger rooms.

The current Mother-Baby Unit was designed for patient care 30 years ago. The rooms were not meant to handle the amount of equipment that is being used today and also need an update in terms of appearance.

“The rooms had adequate space when we first moved in but now with all the additional equipment that we have to utilize there is not enough room for family members as there was in the past,” explained Dr. David Lind, a local OB-GYN.

He has worked in the unit since it opened in its current location in 1988 and praised the hospital administration for recognizing the need for the unit’s renovation and expansion.

Brittany Hollander and her husband Kevin had twin boys, Colton and Luke via C-section in August and were very happy with the quality of care their family received. “I couldn’t ask for a better team of nurses, who made me feel so comfortable,” Brittany said.

She stayed for two nights, with her husband spending one night and her mother the other. During the day, their daughter Sophia, who recently turned 4, joined them in the crowded room.

Having her family with her was important, Brittany said, noting that, “It would have been nice to have a little bigger room with the twins.”

PLANNING THE NEW UNIT

The size of the room is a common complaint from families who are otherwise very pleased with the medical care they receive during and after delivery. “Our data shows we have good outcomes, otherwise,” noted Robin Roling, CRMC chief operations officer.

Improving patient care is very important to Roling. She was charged with identifying how the hospital is currently utilizing its space and ways to improve areas for patients, their families, providers, and staff. The hospital worked with CTA Architects and Engineers to create a master facilities plan, which will unfold over the next 10-13 years.
The plan is to utilize other locations for the surgical patient overflow currently on the third floor of the patient tower, and then repurpose and renovate that space for the Mother-Baby Unit.

After the Mother-Baby Unit moves to the third floor, the hospital will renovate the fifth floor to become the new home for the ICU.

“We are looking at how we keep our interiors fresh and up-to-date,” Roling said. “People want to make sure that they are in a modern, aesthetically pleasing building and we want that too.”

The design process for the renovated Mother-Baby Unit may take up to nine months; to develop construction documents and gather input from a group of nurses, other clinical staff and physicians. The construction is scheduled to begin in 2019.

Roling expects that CRMC will be able to keep more premature babies in Cheyenne rather than sending them to Colorado.
ADVEMENTS IN CARE

Erin McKinney is the clinical director of Women and Children’s Services, which is often community members’ first hospital stay. “Families will remember their experience forever, and we want to provide a comfortable environment that meets their expectations.”

She explained, “If we thought about health care back in 1988, visiting was stricter with moms staying in the rooms and their babies staying in the nursery. But now the whole family is involved in their experiences. Today we encourage visiting and want our patients to have their support with them.”

“We need a better facility to do the best job for our patients,” Dr. Lind added. When the unit was first built in 1988, the postpartum rooms were the most desirable rooms in the hospital, because they were single rooms with a bathroom and a shower, Dr. Lind recalled. At the time, the rest of patient rooms were designed for two patients to a room.

He pointed out that those rooms also were designed for a different style of medicine in mind. “The electronic fetal monitors were much smaller back then. Plus the hospital didn’t have electronic records in 1988, so there were no computer screens in each room.”

When physicians visit patients in their room today, Dr. Lind explained that the ideal is to sit down, face-to-face, rather than look down on them in the bed. “Right now, we don’t have space to have an additional chair in the room to sit down and spend extra time talking with our patients.”

The hospital could also use additional rooms to accommodate the increase of deliveries from about 800 in 1988 to 1,200 babies in 2017, he said. “Sometimes we don’t have enough rooms.”

With recent developments like the relationship with Children’s Hospital of Colorado, Roling expects that CRMC will be able to keep more premature babies in Cheyenne rather than sending them to Colorado, or be able to bring back some from the neonatal intensive care earlier than before. “We will want to expand the nursery space to accommodate those babies.”

Roling expressed a very heartfelt thank you to CRMC Foundation and donors who have been very supportive of this initiative moving forward. “We couldn’t do it without them.”

RAISING FUNDS FOR MOTHERS, BABIES

So far the 2018 Denim & Diamonds, the foundation’s primary fundraiser, raised $207,000 for the Mother-Baby Unit renovations. Its 2018 Foundation Golf Classic is also raising funds to purchase medical equipment and furnishings for the renovation.

Dr. Lind serves on the Foundation Board of Directors. “The Foundation is committed to helping the hospital in its efforts to help create a more updated environment.”

“We want to have more comfortable rooms to show the community that we care about them and that we have thought about them enough to design rooms that are adequate for what they are intended to do,” he said.
Women giving birth will soon have more options for pain management, thanks to a Foundation grant given to Cheyenne Regional Medical Center’s Labor and Delivery Department.

Nitrous oxide may be available as early as this fall, said Erin McKinney, Clinical Director of Women and Children’s Services.

“The majority of our patients receive pain intervention. It’s wonderful for our patients to have options,” she said.

“Some women want a more natural labor,” said nurse Angie Vyskocil. “Nitrous oxide is short-acting, about one to two minutes, and can continue to be used throughout the (labor) process as a woman needs, unlike other medicines.”

She learned about this process while serving as an intern and conducting research for a school project. She shared the information with labor and delivery nurse Kapri Kirkbride, and the two pursued a grant with the Foundation.

The patient administers the nitrous oxide herself, breathing in and out through a mask, Kirkbride said. Therefore, nitrous oxide is more cost effective for a patient than having an epidural because this process doesn’t require an anesthesiologist. Hospital staff will receive training on how the system works and how to coach patients once the equipment is purchased, Vyskocil said.

“It’s basically a plug-and-go system,” Vyskocil said.

It’s a safe option for mothers and babies, McKinney added, noting that patients should discuss treatment methods with their provider.

Although new for CRMC, nitrous oxide is available elsewhere.

“Other hospitals in the region are using it,” Kirkbride said. “Implementing this will make us competitive. We’re super-excited to get this going at CRMC.”

Nitrous oxide can also be used with women undergoing cervical exams.

“We can help treat them for anxiety during an exam,” Vyskocil said. “It’s powerful for treating anxiety.”

McKinney said the department is grateful for the opportunity to offer patients this pain management option.

“Our Foundation has been so supportive, and I have a great deal of gratitude for them,” she said.
Cushioned Mattress Covers for Hospice

The Foundation awarded a $17,000 grant to buy special mattress covers for the 12 patient beds at the Cheyenne hospice. Each cover costs about $1,000, which means there is enough money to buy more covers as needed.

“I think they are great,” Clinical Director of Hospice and Palliative Care Ashley Davis said about the new equipment. When people are ill, their skin can become thin and fragile, she said. Regular bed sheets can create tears in their skin, but the new covers reduce such concerns.

“Instead of using sheets, air is pumped in between the regular mattress and the cover,” Davis said. “We love them. It’s like they (the patients) are sleeping on air.”

Second Treatment Device Shortens Wait

When someone has recently received a breast cancer diagnosis, the last thing many of them want to hear is they have to wait for an available appointment to get started planning their treatment.

Thanks to an $11,095 Foundation grant to purchase a second breastboard, that isn’t likely to happen at the Cancer Center. A breastboard is a positioning device primarily used in the treatment of breast cancer. It helps providers position their patients correctly each time for their radiation therapy treatment.

“All three of the different treatment areas needed a breastboard,” Squires said. “It really necessitated the use of two breastboards so we could schedule patients concurrently. Having the second one has just opened up our schedule and made it more convenient for our patients.”

A recent donation from the Cheyenne Regional Medical Center Foundation to Davis Hospice Center helps relieve pain for patients.
Working Together to Beat Breast Cancer

_Cheyenne Regional Medical Center, Wyoming Cancer Resources Services (WCRS), and the Wyoming Breast Cancer Initiative (WBCI) partner to help state residents battling breast cancer through programs, events and education awareness._

Danielle Jensen-Ryan served as a volunteer grant writer before coming to work as the Foundation’s annual giving and grants director, helping secure more than $30,000 in grants for WBCI. The organization’s work has personal meaning for her.

“My mom is a breast cancer survivor,” Jensen-Ryan said. “I’m really passionate about WBCI.”

WBCI is a volunteer-led organization that raises funds through events and grants to increase breast cancer awareness and prevention across Wyoming, said Laurie Heath, advisory team president for the organization. Through the Wyoming Community Foundation, WBCI awards these funds to Wyoming programs that promote breast cancer education, financially supplement early detection and diagnostic screenings, and support survivors during and after treatment. CRMC is a critical partner, serving as a local community event sponsor and the fiscal sponsor for the southeast Wyoming WCRS, she said.

The WCRS, a Wyoming Department of Health grant-funded program that facilitates cancer education and screening across the state, manages a WBCI-funded voucher program. The vouchers can be used by physicians and others to help uninsured and underinsured patients who cannot afford breast cancer screenings and other diagnostic services, Heath said.

“My priority is screening,” said Barbara Lawyer, WCRS program manager and CRMC oncology program manager. “We are trying to stop the barriers (of screenings), whether that be insurance, distance, or need for greater education and awareness.”

There are six WCRS sites in the state, she said: Cody, Gillette, the Wind River Reservation, Casper, Cheyenne and Rock Springs. Some of the program money can be used for gasoline, helping a patient get to the screening and other services needed.

“I helped the WBCI secure the grant because I want underserved people in Wyoming to get the care they need,” Jensen-Ryan said. “It will really help save lives.”

“I helped the WBCI secure the grant because I want underserved people in Wyoming to get the care they need.”
Transcarotid Artery Revascularization, also known as TCAR, is less invasive than other procedures that help prevent future strokes. The hospital began offering TCAR surgery during the summer, said Dr. Elias Kfoury, vascular surgeon with CRMC.

“It lowers the risk of stroke in high-risk patients,” he said.

According to the Centers for Disease Control, stroke is the fifth leading cause of death in Americans, killing about 140,000 people each year.

The surgery takes approximately one hour and involves a small incision at the base of the neck. A small tube is placed inside the carotid artery, temporarily directing blood flow away from the brain and through another tube placed in a vein near the groin area. A stent is placed in the carotid artery, then the blood flow is returned to normal and the tubes removed. The patient is kept in the hospital overnight.

There are many benefits to the procedure, said Dr. Kfoury, including faster recovery time and lower risk of complications.

People at risk for carotid artery disease include those with high blood pressure, those who have diabetes, and those who smoke. However, many are “asymptomatic,” said Dr. Kfoury, meaning they don’t show noticeable symptoms of vascular disease.

“This is a silent disease,” he said.

If a family physician believes his/her patient may have problems with plaque in the carotid artery, the person is screened and may be referred to a specialist like Dr. Kfoury, who then determines if surgery is needed.

Providing the TCAR procedure in Cheyenne benefits the patient in several ways, said Dr. Kfoury.

“This procedure has excellent outcomes and people no longer have to travel outside of Cheyenne to have it,” he said. “It’s another tool we have to help our patients, and we’re very excited to add TCAR to options for patients.”
Advancing Premier Regional Community Healthcare

Cheyenne Regional Medical Center is working in partnership with students and residents to train the next generation of providers, and they in turn are helping to move the facility to the forefront of care practices.

FRESH PERSPECTIVE

One way the pharmacy and nursing residents help CRMC is by working on diverse evidence-based projects during their residency.

When infectious disease pharmacist Nate Parker was a resident at CRMC, his residency project helped convince the Wyoming Board of Pharmacy to give conditional approval for pharmacists to perform intradermal injections for penicillin skin testing. This test determines if a patient is truly allergic to penicillin, helping doctors to know if they can prescribe penicillin instead of a more expensive antibiotic.

“It’s a step forward, and that came from a residency project,” said Amy Grimsley, pharmacy residency coordinator.

Another project was video conferencing of joint camps, which offer pre-surgery education for people undergoing orthopedic surgeries, who live too far from CRMC to easily attend in person. Additional nursing projects have improved infection rates, nurse retention and staffing ratios.

“It gives fresh perspective on the units,” said Tess Taylor, nurse residency program director. “They bring the latest in evidence-based practice standards they’ve just learned. They are fresh out of school, and they are doing more to challenge the norms. I think that is really powerful.”

LOCAL KNOWLEDGE

Medical students also benefit from the training offered at CRMC. There are typically four to six medical students at CRMC who are rotating through clerkships in family medicine, pediatrics, OB, psychiatry, emergency medicine and anesthesia.

Many of those students are participants in the University of Washington WWAMI program, which is a regional medical education program that focuses on training community doctors for primary care in its participating states—Washington, Wyoming, Alaska, Montana and Idaho (WWAMI).

Wyoming medical students complete training at both the universities of Wyoming and Washington. Their rotations at CRMC are part of the program’s goal to provide clinical experiences in many settings, where they learn from community-based clinical faculty.

Partnership Between Students & CRMC

A BOON TO BOTH

SAM BASS, RN
MAGNET PROGRAM AND PATIENT EXPERIENCE DIRECTOR, CRMC

“I am excited to be a member of the Foundation Board because it gives me the opportunity to serve as a liaison between the Foundation and the CRMC nursing staff. The Foundation has always been a very generous supporter of the nursing staff and I would like to help keep that relationship strong.”
NEW TABLETS FOR CHECKING IN

Patients checking into clinics at Cheyenne Regional Medical Center will soon have the option of using an electronic tablet to take care of sign-in paperwork, freeing up some congestion at the front desks.

CRMC uses an electronic medical records system called EPIC. A module of this system called Welcome allows patients to check themselves in, pay co-pays with their credit card, fill out questionnaires and sign up for the patient portal known as MyChart.

Previously, there were a few kiosks where patients could use Welcome, but a grant from the Foundation paid for 15 tablets, which are being used in clinics throughout the facility.

“They’re a lot more versatile and mobile,” said Lucy Stacy, EPIC program director. “We wanted to help our clinics be able to have that technology.”

In addition to covering the cost of the 15 tablets, the two-part $10,640 Foundation grant paid for two more tablets, two phones and adaptors to test and train providers on mobile applications of EPIC. Providers can download these apps onto their phones, allowing them to get updated information on their patients as they walk through the halls during rounds.

Wellness From Play

WELLS FARGO, CRMC FOUNDATION GRANTS HELP KIDS AND PARENTS

A therapy program at Cheyenne Regional Medical Center now can help more parents and children, thanks to Wells Fargo and the Cheyenne Regional Medical Center Foundation.

The Foundation successfully applied to Wells Fargo for a grant and received $13,000 for the Parent-Child Interaction Therapy (PCIT) program offered through CRMC’s Behavioral Health Services. The evidence-based treatment is designed for children ages 2-7 who struggle with behavior problems that prevent them from being successful at school and home, said CRMC Mental Health Therapist Kelli Lackett.

“Play is the natural language of children,” Lackett said, which is one reason the therapy has been successful over the years. Parents and children play with toys in a room at the Behavioral Health Services department. The therapist, sitting on the other side of a one-way mirror, gives positive parenting suggestions through a headset.

The Wells Fargo grant will pay for a scholarship that will be awarded to families who can’t afford treatment. The grant also paid for a much-needed new audio system for the therapist and parents.

“We’re working together to create solutions that will have the greatest impact on assisting and improving our communities,” said Tony Covello, business banking team lead for Wells Fargo.

The CRMC Foundation has supported the local PCIT program since it started several years ago. A grant from the Foundation paid for many of the toys, which include Tinker Toys, Lego pieces, Lincoln Logs and magnetic blocks.

Treatment works, Lackett said, and added that behavior problems dropped an average of 47 percent among children in the CRMC program.

MARK PARSONS
COMMUNITY BANK PRESIDENT, US BANK

“I support the Cheyenne Regional Medical Center Foundation because of the Foundation’s strong connection to improve the quality of life in our community, through health and educational programs.”
**Advancing Premier Regional Community Healthcare**

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Vanda and Don Edington  
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A severe stroke rendered Executive Chef Jim Cohen completely paralyzed from the eyes down. But he fought back, relearning to talk, walk and cook with gusto. See Jim’s victory: uchealth.org/stories.
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Earlier this year, Cheyenne Regional and UCHealth entered into a management services agreement. Since that time significant process has been made collaboratively identifying and implementing improvement in supply chain, quality improvement, patient engagement, and in advancing the use of Telehealth to meet consumer expectations for more accessible care. Cheyenne Regional remains an independent, not-for-profit health system committed to its mission to Inspire Health in the populations and communities we serve.