



Foundation
CHEYENNE REGIONAL
MEDICAL CENTER

Advancement

Advancing Premier Regional Community Healthcare

SPRING 2012

From a Patient's Perspective: Cancer Care at CRMC

page 3



Fighting Pediatric Obesity

page 7

Q & A with Dr. John Lucas

page 8

Donor Dinner and Announcement of Denim 'N Diamonds Honorary Chair

page 10



It is going to get exciting around here!

Cheyenne Regional Medical Center is transforming from a hospital to a regional healthcare system. *The Blueprint for the Future* is taking shape every day and it's nothing short of exciting. Exciting for our regional community and exciting for our donors. Each new phase of our future growth brings opportunities for those who value excellent and accessible healthcare and the Wyoming spirit of giving.



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Advancement

Volume 15, Number 1 | Spring 2012

Table of Contents

- | | |
|--|---|
| <p>2 MESSAGE FROM THE FOUNDATION CHAIR
Tom Stuckey</p> <p>3 FROM A PATIENT'S PERSPECTIVE:
CANCER CARE AT CRMC
Gary Long</p> <p>6 DONOR PROFILE
Hal and Marion Kissel</p> <p>7 FIGHTING PEDIATRIC OBESITY
CRMC's Weight Loss Center</p> <p>8 Q & A WITH DR. JOHN LUCAS
Update on Blueprint for the Future</p> <p>10 DONOR DINNER AND ANNOUNCEMENT OF
DENIM 'N DIAMONDS HONORARY CHAIR</p> | <p>12 WAYS TO GIVE
The Foundation appreciates gifts of all kinds</p> <p>13 FROM A HOSPITAL TO A HEALTHCARE
SYSTEM
Ted Adams</p> <p>14 NEW FOUNDATION BOARD MEMBERS
Meyer, Waeckerlin and Winegar</p> <p>15 2011 FOUNDATION GRANT RECIPIENTS</p> <p>16 CONTRIBUTIONS - 4TH QUARTER
Donations received October 1 - December 31, 2011</p> <p>BC PHYSICIAN PROFILE
Dr. Dan Surdam, Emergency Medicine Physician</p> |
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Message from
Tom Stuckey
Foundation Chair

Greetings!

I hope this issue of *Advancement* finds you well. Inside, you'll read an update from Dr. Lucas on the hospital's future expansion plans. The hospital has investments to make over the next few years and the Foundation will play a critical role in helping meet those needs.

The Foundation has decided it's time to follow through on our plans to secure a permanent Executive Director. We were waiting to launch a search until the hospital decided its direction. Now that it knows its plans—to stay independent and help integrate healthcare in Wyoming—it's a good time for us to invest in our future and find a director who will be with us for years to come. Our search committee will work with an employment search firm to advertise the position nationally with a preference for candidates with a Wyoming connection.

With that said, I'd like to thank Ted Adams for the wonderful work he has done for us. He took on the interim position in May with the desire to help us out until we could get a permanent placement. He has done an outstanding job connecting with donors and developing relationships with doctors and others at the hospital. I'm so grateful that he was available and willing to join us. We'll keep you posted in upcoming issues on the results of our search. In the meantime, Ted will continue to be available for help and support, so don't hesitate to give him a call.

I urge you all to plan on attending our upcoming Denim 'N Diamonds celebration. It's a great way to do good and have fun while enjoying friends and family. Carmalee Rose has graciously agreed to be the Chair of the Denim 'N Diamonds committee, which is in the process of planning this year's event. Thank you Carmalee! Mark the date on your calendar: June 23, 2012. Sponsorship opportunities for the event are available by contacting the Foundation office.

We appreciate all that you do.

2012 Board Officers:



Tom Stuckey
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Secretary

From a Patient's Perspective

Cancer Care at CRMC

Last October Gary Long, 68, went for what he thought was a routine annual physical exam. He received the last news any of us wants to hear—a mild symptom he was having was a sign of cancer. His family physician quickly put it together. “Dr. Phil Schiel is a sharp guy and was immediately suspicious. He knew my leg pain might mean prostate cancer. He ran a PSA (Prostate Specific Antigen) test that confirmed his suspicions. My number was off the charts. Normal is 2 or 3, mine was 171,” says Gary.

A high PSA score indicates one of two things—a benign growth or a malignant tumor. To determine if it was cancer, Gary saw Dr. John Bryant, a local urologist. Bryant did a biopsy and confirmed his fears. Advanced prostate cancer typically moves into nearby bones, so Gary had a bone scan which showed cancer in his upper left femur, making it weak.

“I was shocked. I’ve always been very healthy and in good physical condition. Frankly, I always thought of myself as more or less bullet proof,” exclaims Gary.



Cheyenne resident Gary Long, center, stands in the Botanic Gardens at Lion's Park with his family including his son Bart (left), wife Mary Dell (right), and granddaughter Lily (below). Gary was recently treated at CRMC for prostate cancer resulting in hip replacement surgery.

From there it was a whirlwind of urgent questions that needed answering. What do I do now? What physician should I see? Where do I go for help?

Gary contemplated his options. He could travel to Denver or elsewhere for care, or he could stay in Cheyenne. “I decided to receive care at Cheyenne Regional Medical Center. I made that decision because the doctors I’d encountered in town were exceptional, and the hospital had a good reputation. Looking back, I realize that

without question it was the right decision,” says Gary.

Dr. Bryant consulted with Dr. Michael Shannon, a local orthopedic surgeon, and Dr. Jeff Carlton, a local radiation oncologist. They determined that Gary’s leg bone was in danger of breaking. They recommended surgery to replace the left hip bone with a prosthetic. They also recommended starting hormone therapy immediately, since the cancer was feeding off testosterone produced in Gary’s body.

“Dr. Bryant was on a first-name basis with doctors at the University of Colorado in

Denver, which has a renowned cancer center. He had them review my case, lab work and scans and they endorsed the local doctors' diagnosis and treatment plan 100%," adds Gary.

At the end of October, Gary spent five days in the hospital recovering from hip surgery. "The care I received was absolutely spectacular. Whenever I needed anything, the nurses were right there. They stayed positive and cheerful despite big workloads. It was obvious they were dedicated to giving me the best care possible," exclaims Gary.

He describes ringing the buzzer because his IV was making an unpleasant gurgling noise that was keeping him awake: "I said to the nurse, 'can we disconnect this thing? I can drink enough fluids to rehydrate.' The nurse said sure and did it right away. She gave a personal response to a legitimate request rather than a bureaucratic one. It was that sort of treatment that I received throughout my stay at CRMC," says Gary.

He also tells of the weekend he was released: "I was feeling pretty rugged and wondered if everything was okay. I went to the ER and was met by two nurses who clearly communicated

that they were there for me. It was very comforting and as valuable as hearing the orthopedic surgeon say everything was alright," he adds.

Gary wagers that he would not have gotten any better care had he gone to the Mayo Clinic or the



Gary and Mary Dell rest after one of their daily walks around Lyon's Park. Thanks to Gary's lifelong habit of staying active his recovery from hip surgery has been speedy.

At a Glance: Cancer services at CRMC

CRMC offers well-rounded cancer services for diagnosis, treatment, and support. The system offers efficient, minimally invasive diagnosis and treatment with the latest innovations and equipment. For example, the hospital:

- Provides chemotherapy and radiation treatments designed to minimize side effects and maximize quality of treatment.
- Gives radiation treatments with computer-driven equipment that accurately targets tumors and protects surrounding tissue.
- Offers TomoTherapy, a state-of-the-art therapy that locates and confirms treatment sites prior to radiation using a CT scan—the only hospital in the state to have this advanced system.
- Provides Brachytherapy, an advanced cancer treatment that delivers radiation directly into the tumor through an implanted radioactive source.

The hospital also offers American Cancer Society-based support groups for patients and families and a nurse navigator for breast cancer patients who guides, supports, and provides personalized care, even accompanying patients to appointments.

The hospital's expansion plan, *Blueprint for the Future*, outlines the new cancer center which will improve patient accessibility and treatment options by bringing all care providers together under one roof. The center is expected to open in 2013.

University of Denver: "Plus I wasn't faced with long travel days and dealing with winter travel conditions. I'd recommend CRMC any day."

Thanks to his years of being active in the outdoors biking, hiking, walking, and mountain climbing, Gary is recovering quickly. He's already taking regular walks with his wife, Mary Dell, around Lyon's Park without the aid of a cane. He also keeps busy playing with his seven-year-old granddaughter, Lily, who lives with them along with their son Bart. The couple

From a Patient's Perspective: Cancer Care at CRMC *continued*



Gary and his seven-year-old granddaughter Lily share a moment of wonder as they examine an exotic plant at the Botanic Gardens.

also makes frequent trips to Tucson to visit their daughter Alicia and her family.

While working for the Bureau of Land Management, Gary fell in love with “all the abundance Wyoming has to offer.” He has done a lot of backpacking and hiking all over Wyoming. Three years ago he even spent a few days rock climbing in the Snowy Range with his son-in-law. “I’m looking forward to taking Lily and her cousin Sadie hiking and fishing this summer,” he says.

Gary remains on hormone therapy and gets his PSA levels checked every month. His prognosis? “My PSA level has dropped from the initial 177 to 1.6, suggesting the cancer is inactive,” exclaims Gary. Now that’s good news. His doctors think so too, who are impressed with his quick recovery.

“I asked Dr. Bryant how long I had to live and he said it was impossible to say, that I could outlive him. It’s a hard question to answer,” concludes Gary. “When something like this happens it makes you really think about what’s important. I realized that I am very fortunate to have such a great life and wonderful family.”

Prostate Cancer

- Prostate cancer is related to age, family history, and male sex hormones, but just how diet and activity factors might affect risk is not clear.
- In recent years, researchers have learned it may be important to distinguish between prostate cancers that are aggressive (likely to grow and spread quickly) and those that are less likely to cause problems. For example, some studies have found that men who are overweight may have a lower risk of prostate cancer overall, but a higher risk of prostate cancers that are likely to be fatal. Being overweight is also linked with a worse outlook in men who have been diagnosed and treated for prostate cancer.
- Studies have found that men who get regular physical activity have a slightly lower risk of prostate cancer. Vigorous activity may have a greater effect, especially on the risk of advanced prostate cancer.
- Several studies suggest that diets high in certain vegetables (including tomatoes, cruciferous vegetables, soy, beans, and other legumes) or fish may be linked with a lower risk of prostate cancer, especially more advanced cancers. Examples of cruciferous vegetables include broccoli, cauliflower, and cabbage.
- Studies so far have not found a benefit from taking supplements containing antioxidant nutrients, such as vitamin E or selenium. In fact, a recent large study found that vitamin E supplements might actually raise prostate cancer risk slightly.
- Several studies have found that diets high in calcium may raise prostate cancer risk. Dairy foods may also increase risk. For now, the best advice about diet and activity to possibly reduce the risk of prostate cancer is to:
 - Eat at least 2½ cups of a wide variety of vegetables and fruits each day.
 - Be physically active.
 - Stay at a healthy weight.
- It may also be sensible to limit calcium supplements and to not get too much calcium in the diet. But because calcium and dairy intake may lower the risk of colorectal cancer, the American Cancer Society does not have specific recommendations on calcium and dairy food intake to try to lower cancer risk.

Source: www.cancer.org

Hal and Marion Kissel

When embarking on new adventures, we all need a little coaxing from family or friends. Such was the case for Hal and Marion Kissel. By invitation of their good friends Jean and Dan Leach, longtime supporters of the Foundation, Marion and Hal first experienced Denim 'N Diamonds. “We had so much fun and were so impressed by the Foundation that we bought a table and invited other friends and family for a dozen years after that, all thanks to the Leach’s initial invitation,” says Marion. Besides supporting the event and introducing it to others, the Kissels also donate a two-week stay at their timeshare in Hawaii to be auctioned off each year.

“We are proud to support the Foundation. We’ve always had a strong feeling that CRMC provides everything our residents need, right here. People go out of state and we don’t understand that. We have received great care at the hospital. They’ve taken care of us, our parents, our grandchildren, and two of our great grandchildren who were born at CRMC. It has really affected our lives,” says Marion, who is a lifetime member of the hospital’s auxiliary. Marion had first-hand experience at the hospital 13 years back when she was diagnosed with breast cancer: “I think the world of Dr. Jeff Carlton and his radiation team.” Marion, 81, is a strong woman with a great attitude on life: “If I can beat cancer, anyone can. I am glad every morning that I can get up and enjoy my day.”

Enjoying their lives is something the Kissels have done well. The two met when Hal, 82, was a cadet in the Air Force. They married one year later and lived in exotic places like the Philippines while he served as a pilot, navigator, and missile crew commander. Hal, an engineer, received the Distinguished Flying Cross Medal for his achievements. They were stationed in Cheyenne



Hal and Marion Kissel

in the early 1960s where they raised their three children, Steven, Kathy and Linda. When Hal retired from the Air Force he earned a teaching certificate from the University of Wyoming and taught middle and high school math in La Grange and Cheyenne—at both McCormick and Central. During the summer months, he managed a resort of eight housekeeping cabins in the Snowy Range. They enjoyed their own cabin near the old Brooklyn Lake Lodge for many years.

“We love Wyoming,” says Marion who worked as a secretary for the church and the department of education. She even worked at the state legislature’s office as the assistant clerical supervisor for the House of Representatives. She still keeps herself busy crocheting afghans for members of the First Methodist Church, attending church events and getting out when she can to support civic organizations that she was involved in years ago. The two also delight in their six grandchildren and two great grandchildren. They see them whenever they can, despite the kids being spread out: “Most everyone was home over Thanksgiving and it was wonderful,” says Marion.

While working was fine, they thoroughly enjoy their retirement of 15 years. “Hal planned a secret trip for our 50th wedding anniversary—a three continent cruise. We had so much fun that we cruised around the world the next year,” says Marion. They saw the pyramids of Egypt, the Taj Mahal and other wonders of the world. Their lives are a bit more subdued today. While they both have hobbies and play bridge, traveling is not a part of their lives much anymore. But that’s okay. Marion says they’ve had a great life: “I told Hal, maybe we didn’t see everything, but honey, we sure saw a lot.”

Fighting Pediatric Obesity

by Rebecca Grant, LPN, Operations Manager
Cheyenne Regional Medical Center's Weight Loss Center

Almost one in three children in the United States is significantly overweight, and the numbers are growing. Obesity in kids has increased 54% in the last fifteen years. Being overweight is the number one nutritional disorder for American children and teens, increasing their risk for developing type 2 diabetes, high blood pressure, liver and kidney disease, orthopedic problems, and even cardiovascular disease.



Help form healthy eating habits by including fruits and vegetables in every meal.

Parents sometimes choose high risk solutions such as restrictive or very low calorie diets that put their children at risk. These drastic measures can cause nutritional deficiencies and muscle wasting. Just as disturbing, putting kids on diets makes them feel deprived, punished, and overly focused on weight. Diets set kids up for a life of yoyo weight loss and regain. Instead, kids need to be encouraged to eat moderately and nutritiously. For very young children, the focus should be on maintaining their weight so that they grow into a healthy weight. For adolescents, the goal is one-half to one pound of weight loss per week.

The long-term goal for your children should be to become a healthy, normal weight adult. In order to achieve this, you need some reasonable immediate goals that include improving their diet and exercise habits. Good habits are much more powerful than going on a diet. Try not to focus too much attention on weight. It's all about good health. So how do you get there? The following are some practical guidelines that can start your child on the path to a healthy weight.

First, the whole family needs to eat the same food. The way of eating that's best for overweight kids is also best for the rest of the family, lowering the whole family's risk for weight-related diseases.

Second, focus your efforts on small changes that will get big results. Take stock of what your children's eating habits are. Increasing your

children's intake of fruits and veggies leaves less room in their stomach for starchy, calorie-dense foods so cover half of the plate with veggies and half of the plate with other foods.

Third, cut the fat. Fat has lots of calories – twice as much as protein and carbohydrate, and your body easily stores it as fat on your body. If you only make one change, cut the fat.

Here are some other simple dietary changes that can have a big impact.

- serve regular meals – breakfast, lunch, and dinner
- limit snacking – one snack is acceptable, usually in the afternoon after school
- serve mainly unprocessed foods – an apple rather than apple juice, whole grain bread rather than white bread
- include foods from at least three of the four food groups at each meal – grains, fruits and vegetables, milk, and meat and beans
- ask each family member to choose a favorite healthful food and include it in the family's meals that week

Finally, don't underestimate the value of physical activity. Assuming that there is no underlying medical reason for being overweight, remember that achieving and maintaining a healthy weight is a matter of balancing energy-in (calories) with energy-out (activity). The American Academy of Pediatrics suggests limiting screen time (TV, video games, and computers) to no more than two hour daily and increasing physical activity to at least one hour a day.

All families should strive to live healthy, active lifestyles. By creating a home environment that encourages physical activity and low fat and nutritious eating habits, your whole family will benefit and your children will be more likely to grow up to be healthy, active adults.

*This article is advice only and does not represent medical opinion and/or diagnosis.
We do not assume any liability for the information contained in this article.*

Q & A with Dr. John Lucas

Chief Executive Officer, Cheyenne Regional Medical Center

The hospital's *Blueprint for the Future* is taking shape. We sat down with Dr. Lucas to get an update on future goals and projects for the healthcare system. Here's the results.

Q: The community is certainly starting to learn more about the *Blueprint for the Future*. What is the next step?

A: We recently had a site visit from Standard & Poor's, the nationwide financial services company that provides credit ratings for organizations. They came to rate the bonds that we need to issue to finance our pending construction. We certainly think we'll receive a favorable rating. Once the rating is issued and the county approves the finance plan, the tax-free, fixed-rate bonds will be available to the public for purchase. We anticipate this happening the end of February or first part of March.

By design, the bonds will be available in small amounts to attract both large and small investors. It is really a great investment opportunity, and we're optimistic that most of the bonds will be purchased by individuals right here in Wyoming.

Q: So once the financing piece is in place, what then?

A: The first construction project has already begun — the new parking structure to the north of the hospital. It will add 256 new parking spaces and should be completed



*Dr. John Lucas, CEO
Cheyenne Regional Medical Center*

by late summer.

Next comes two additions that will really impact patient care: the new Emergency Department and the new Cancer Center. Our plan is to start both of these projects this summer with completion in 12 to 18 months.

Q: Why is a new Emergency Department part of the plan?

A: Our emergency department has 17 rooms, which isn't

meeting our current demand as a Trauma II hospital. We've also learned more about best practices—proven methods that enhance patient care. Specifically, the expansion will enable us to improve work flow to expedite care. The new facility will help us respond more efficiently and appropriately based on the level of critical care that's needed for high acuity emergencies, observation care and trauma. We are one of just 2 trauma centers in the State of Wyoming.

Q: In the last few issues of *Advancement* you've talked extensively about the integration of physicians, systems, and patient experiences; seems like you will really be showcasing integration in the new Cancer Center.

A: Our new Cancer Center will definitely be highly integrated and a model of coordinated care. A patient will be able to receive

treatment and support all in one location. The Center will accommodate a patient's entire team of caregivers who can meet and decide treatment



Artist rendering of the proposed Cancer Center

Q & A with Dr. John Lucas, Chief Executive Officer
Cheyenne Regional Medical Center *continued*

options as a group, and it will give patients the opportunity for second opinions.

Until now, cancer patients have had to juggle a lot. They generally have doctor visits and treatments — sometimes as many as 20-40 rounds of chemotherapy infusion and/or radiation therapy — in different locations. Our new Center will provide one-stop care, with the addition of educational resources and counseling. This will be a great relief for patients and their families, all in a healing environment.

I think our new Cancer Center will be a destination for Wyoming cancer patients. We know the demand, unfortunately, will be there. Cancer has the fastest growing morbidity rate in patients from ages 40 to 70.

Eventually, we hope to affiliate with a national-level academic cancer program to facilitate research that will give our patients direct access to the very latest clinical trials and treatments.

Q: What progress is being made with the Wyoming Integrated Care Network?

A: We're making good progress. We have two key individuals in place. Steve Perry, former CEO of Star Valley Medical Center and member of the Wyoming Hospital Association board, is our CEO. Dr. Brent Sherard, a board certified internal medicine physician and a leader in the Wyoming Department of Health, is the Director of Clinical Integration for the Network.

So far there are 17 hospitals participating including all their employed physicians, and three healthcare associations. Network members are discussing how to transform care by implementing 'patient-centered medical homes.' The network is really a prelude to an organized system of care throughout the state. It's an opportunity to see what we can do together and to define an infrastructure for delivering excellent

and efficient healthcare to all of Wyoming.

This collaborative enterprise will offer a better experience for patients and staff.

Q: How is the new electronic health records project coming along?

A: We just completed 200 interviews in order to identify the 80 staff members who will receive training and then to help us implement the Epic EHR system. This is an enormous system-wide change that demands all caregivers learn a new method of recording patient health data. It's probably the most complex project we've tackled in our 150-year history. Implementing this integrated IT system will generate more standardization of care and really create a cultural

evolution for us. It will help us deliver care with more quality, safety, and less waste. It will help us to be 'Best Always.'

Everyone needs a patient-centered medical home — whether a patient is in a rural setting with distance as a barrier, or in an urban setting. Besides housing medical histories, it will contain telemedicine, blogs,

and chat rooms for patients with health questions or chronic diseases.

Access for patients to their own detailed medical history will soon be part of our everyday world. At this point, 50 percent of patients who leave a visit with their primary care physician leave without really knowing what they should do or why they should do it. As patients, access to our own health records can really change the outcome of our care.

Patients will have more opportunities than ever to engage with their health. Once we understand the tools available, and how these tools can enhance our own health, the potential is limitless.

Epic will be phased in over the next 12 to 15 months.

Wyoming Integrated Care Network

Mission: Uniting and leading health partners to deliver high-quality, affordable, patient-centered care.

Vision: Best Care, Best Choice, for a Healthier Wyoming.

Donor Dinner and Announcement of Denim 'N Diamonds Honorary Chair

The annual Cheyenne Regional Medical Center Foundation Recognition Dinner was held on November 10, 2011. The evening was delightful and informative as Dr. Lucas described the exciting and challenging future of our healthcare system. Twelve very special donors were recognized and Amy Davis was introduced as the 2012 Denim 'N Diamonds Honorary Chair.

It was a pleasure to honor Amy Davis, Davis Hospice Center, and all the wonderful donors whose philanthropic support allows our CRMC to continue to build a “best always” healthcare system to serve our families and friends.

Thank you to our Board Chair, Tom Stuckey, and our Board Secretary, Carmalee Rose, for helping to present the awards.



*2012 Denim 'N Diamonds Honorary Chair
Amy Davis and Dr. John Lucas, CEO*



Chairman's Circle: Esther and John Clay



*Chairman's Circle:
Cheyenne Radiology & MRI,
accepted by David Haid*



*Chairman's Circle Award: Little America Hotel and Resort,
accepted by Mustafa Meneske*

Donor Dinner Recognizes Those Who Believe in a Lifetime of Giving *continued*



Founder Award: Wyoming Home, accepted by Joyce Kempf and Sue Miller



Founder Award: Andrea and John Cook



Founder Award: WINhealth Partners, accepted by Steve Goldstone



Founder Award: David Foreman



Founder Award: Alliance Construction Solutions of Wyoming, accepted by Scott Brelsford and Brian Weinmaster



Benefactor Award: PFS Group, accepted by Lori Veniegas



Benefactor Award: David and Fran Naler



Benefactor Award: Ed Wallace



Benefactor Award: Lew and Char Roney, accepted by Lew Roney and daughter Otty Roney

Gifts from Retirement Plans:

Retirement plan assets can be a practical source from which to make gifts. Many tax and financial advisors suggest using these funds to make charitable gifts because amounts withdrawn from retirement accounts can be taxable to you and to your heirs if left to them. Giving in this way may result in little or no tax impact when you report the amount withdrawn along with an offsetting charitable deduction.

If you have investments that are now worth less than they cost, consider selling them and using the cash proceeds to make a charitable gift. This creates a loss you may be able to deduct from your taxable income as well as a deduction for the amount of the cash contribution. The combined deductions for the gift and the loss may total more than the current value of the investment.



Tax Savings:

As you consider your charitable gift giving, remember that gifts made now can generate income tax deductions and reduce your tax bill. Charitable gifts are most often made in the form of cash, checks and electronic transfers. When you itemize your tax deductions, gifts of cash may be used to eliminate federal income tax on up to half of your adjusted gross income.

Securities:

Giving securities (stocks, bonds, and mutual funds) that are worth more than they cost can bring additional tax savings. Such gifts are generally deductible for income tax purposes at their full current value if they have been owned for longer than one year. They can be used to offset tax on up to 30% of your adjusted gross income. As an additional benefit no tax is owed on capital gains that could be due in the event of a sale.

If you have any questions please contact your financial advisor or give us a call at your CRMC Foundation.

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From a Hospital to a Healthcare System

By Ted Adams, Executive Director
Cheyenne Regional Medical Center Foundation

From my perspective as Executive Director of the CRMC Foundation: “Things are really getting exciting around here.” Our precious and priceless CRMC healthcare system is improving and expanding patient care. CRMC is building patient care capacity for the future. We friends and donors can and should lend a hand.



What is our role as donors and friends of CRMC? What can we do to support CRMC moving forward to assure our friends and loved ones have access to world-class healthcare?

For me, the answer is clear. If we care about our future, we can and must get involved.

- We must help our friends and neighbors see the urgent need to approve the demolition of 10 old houses to make way for the new Cancer Center. We can and will preserve historic Cheyenne, while we create the 21st century healthcare facilities we need to grow and prosper in our wonderful community.
- We must remember our healthcare system needs our philanthropic support. CRMC receives no tax or financial support from the City or the County. More than thirty years ago, some very wise civic-minded community leaders created what is now “our” CRMC Foundation. Each and every one of us has an interest in “world-class” healthcare right here in Wyoming. Each and every one of us can support that interest by becoming a donor.

How can I get involved?

- The CRMC Foundation Annual Fund is the best way for donors to regularly contribute to our Foundation. You can write a check a couple times a year and report that donation to receive a tax deduction. Remember, every dollar goes back to improve patient care.

– CRMC employees can request a payroll deduction. For less than the cost of a cup of coffee (\$5.00 a pay period) any employee can make a tax-deductible annual gift of over \$100 dollars to “their” Foundation.

– Donors that would like to leave an everlasting legacy can create an endowment, provide an estate gift, or establish an IRA charitable rollover.

- Businesses, corporations, physician groups, individual physicians, and other individuals can sponsor the Denim ‘N Diamonds Annual Gala.

Our healthcare system in Cheyenne and in Wyoming is a key to our quality of life. We are blessed with visionary leaders, wonderful physicians, skilled clinical people, and extraordinary workers and volunteers. We have a *Blueprint for the Future*. Let’s all get on with the exciting work of creating the healthcare system we want and deserve.

Please consider joining and supporting your CRMC Foundation today!

Thank you for all you do to make Cheyenne and Wyoming the great place it is and will continue to be.

A handwritten signature in black ink that reads "Ted Adams". The signature is fluid and cursive, with the first letters of "Ted" and "Adams" being larger and more prominent.

Ted Adams
CRMC Foundation Executive Director
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Welcome our new Foundation Board Members



Rita Meyer

Rita is a retired officer with the Wyoming Air National Guard with diverse professional experience in small business, government, and military service. She completed her undergraduate studies

at the University of Wyoming before earning her M.B.A. in International Business from Regis University in Denver, Colorado. A former Wyoming State Auditor, Rita has also worked with Casper businessman Mick McMurry.

In addition to joining the Cheyenne Regional Medical Center Foundation, Rita was recently appointed Vice President for Rocky Mountain Power and will have responsibility for overseeing Rocky Mountain Power's Wyoming state business plan, directing customer and community relations, and supporting regulatory and legislative activities.



Carol Waeckerlin

Carol, a wife, mother, grandmother and self-proclaimed domestic engineer is new to our board, but not new to volunteering, including on behalf of the hospital.

She has served on the Casper Symphony Board, Casper Children's Chorale Board, Old West Museum Board, United Way of Laramie County Board, First United Methodist Church Organ Committee, and the CRMC Palliative Care Committee and Hospital Chaplaincy Training Committee to name a few.

"To me, it is paramount that CRMC remain competitive in the regional medical arena. The Foundation's goal of raising funds for diagnostic equipment to aid our physicians and nursing staff

is more important than ever. It is my hope that I can be of help to this end and to help oversee the use of those monies to the best advantage for our patients."



Natalie Winegar

A Cheyenne native, Natalie is a partner in the regional law firm of Long Reimer Winegar Beppler LLP, and is licensed to practice law in Wyoming, Colorado and Nebraska.

Natalie is married to Dean Winegar of Ontario, Oregon, who is the prosecutor for the City of Cheyenne.

Natalie received a bachelor of music degree and a minor in political science from the University of Colorado at Boulder in 2000, and a J.D. with honors from the University of Wyoming College of Law in 2004. She enjoyed a career as a professional musician in the Denver and Northern Colorado region for over seven years.

Natalie is a member of the Southeast Wyoming Estate Planning Council, and the Society of Trust and Estate Practitioners. She serves with Tom Long as co-chair of the Wyoming State Bar Mentoring Committee. She is a former member of the Greater Cheyenne Arts Advisory Council and the Cheyenne Symphony Orchestra Board of Directors.

Natalie regards CRMC as a core element in the fabric of this community, and states that she is "eager to participate in the growth and development of the CRMC Foundation to support CRMC's crucial role in the ongoing success of our community."

2011 Foundation Grant Recipients

The gifts listed below were made to Cheyenne Regional Medical Center through the Foundation Board. The Foundation’s Endowment Advisory Committee meets bi-annually to review grant requests from various hospital departments. The Board approves grants to provide direct budget relief to CRMC and are used to purchase much needed hospital equipment and to supplement programmatic expenses.

The funds provided from the CRMC Foundation during 2011 were as follows:

Ambulatory Infusion Clinic-Vital Sign Tower	18,436
Acute Rehab Unit-Recumbent Bike	3,000
Acute Rehab Unit-Stroke Camp	19,500
Cardiac-Tracker Board	15,953
Cardiac Lab-Echo Probe Disinfecting Equipment	20,395
Davis Hospice Center-Coffee Machine	3,000
Davis Hospice Center-Volunteer Smocks	1,807
Davis Hospice Center-Serving Cart	269
Davis Hospice Center-Kubota Tractor Cab	4,495
Davis Hospice Center-Tile & Carpet	24,711
Davis Hospice Center-Soffit & Fascia	8,470
Davis Hospice Center-Flooring	3,679
Davis Hospice Center-WiFi/SKYPE/Cordless Phones	29,479
Denim ‘N Diamonds-OR Suites-2011	237,055
Diabetes-Self-Management Program	8,500
Emergency Department-AccuVein	4,500
Home Care-Speech Therapy Materials	2,000
Injury Prevention-Safe Kids Car Seats	6,900
Lab-BD Affirm Microprobe Processor	12,000
Labor & Delivery-Labor Room Furniture	30,180
Microbiology-Phoenix AP Instrument	35,000
Nursery-Pediatric Echocardiogram Probe	10,950
Nursing Admin-Stroke Center Initiative Program	6,515
Organizational Development-Lactation Equipment	1,450
ODL-AV Simulation Equipment & Zoll Training Defibrillator	11,180
Pastoral Care-Ethics Speaker 2011	8,000
Radiology-Lead Aprons	6,000
Women & Children-Tendercare Lactation Program	21,450
Wound Management-Furniture	15,000
Wyoming Heart & Vascular Institute-Ladies in Red	5,000
Grand total - \$ 574,874	



Lena Hoard, Medical Lab Technician; Amber Schafer, Lab Assistant; Franciszka Schneider, Medical Technologist; Cara Friedlan, Microbiology Supervisor; CRMC Microbiology Dept.

“ Thank you for funding our purchase of the Phoenix AP automated inoculation instrument. Our staff literally jumped for joy when they heard we received the funding! This new instrument will take away hours of tedious hands on work each day, making us free to bring in more testing that will benefit our patients! ”

Thank you for making this total a reality!

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4th quarter: October 1 - December 31, 2011

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Save the Date!
2012 Denim 'N Diamonds

Saturday, June 23

Little America, Cheyenne

Physician Profile

Dr. Dan Surdam, Emergency Medicine Physician

After medical school, Dr. Dan Surdam planned to return to Wyoming and practice medicine in his home state. We are fortunate that he chose CRMC. “I was born and raised in Laramie, so it was nice to come home and live near friends and family,” says Surdam, 36, who graduated from the University of Texas Southwestern in 2002. He’s been practicing at CRMC for seven years.

Surdam enjoys working in the ER because he gets to handle a variety of situations every day and “take care of the one-day-old to the 107-year-old,” he says. “We are a Level II Trauma Center, which means we handle almost everything. The only patients we transfer out are critically-ill children and severely burned patients.” Surdam states having a well trained, experienced, and a level-headed team keeps the stress down and things running smoothly.

This practitioner is a strong Foundation supporter and frequents fundraising events including



Dr. Dan Surdam

Denim ‘N Diamonds and the annual golf tournament. He gives because he appreciates the support and equipment the Foundation provides for physicians and staff, such as the Thermoguard XP device “that allows us to cool patients’ post cardiac arrest and save lives.”

Dr. Surdam views the Foundation as “one of the most important legs that support the hospital.” He believes that when physicians, staff, and community members give to the Foundation, “we make certain that we provide the best care possible for our patients.”

In his free time, Dr. Surdam can be found with his four boys, Jake (14), Dawson (12), Lane (3), and Drew (21 months), and with his wife Amy who works as a nurse practitioner in Cheyenne. If there’s any time left over, he relishes golfing and “getting outdoors and enjoying Wyoming.”