



Foundation  
CHEYENNE REGIONAL  
MEDICAL CENTER

# Advancement

Advancing Premier Regional Community Healthcare

WINTER 2011-2012



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SIXTEENTH ANNUAL

# Tree of Remembrance LIGHTING CEREMONY

*Saturday, December 3 • 1:30 p.m.  
Frontier Mall, Dillard's West*

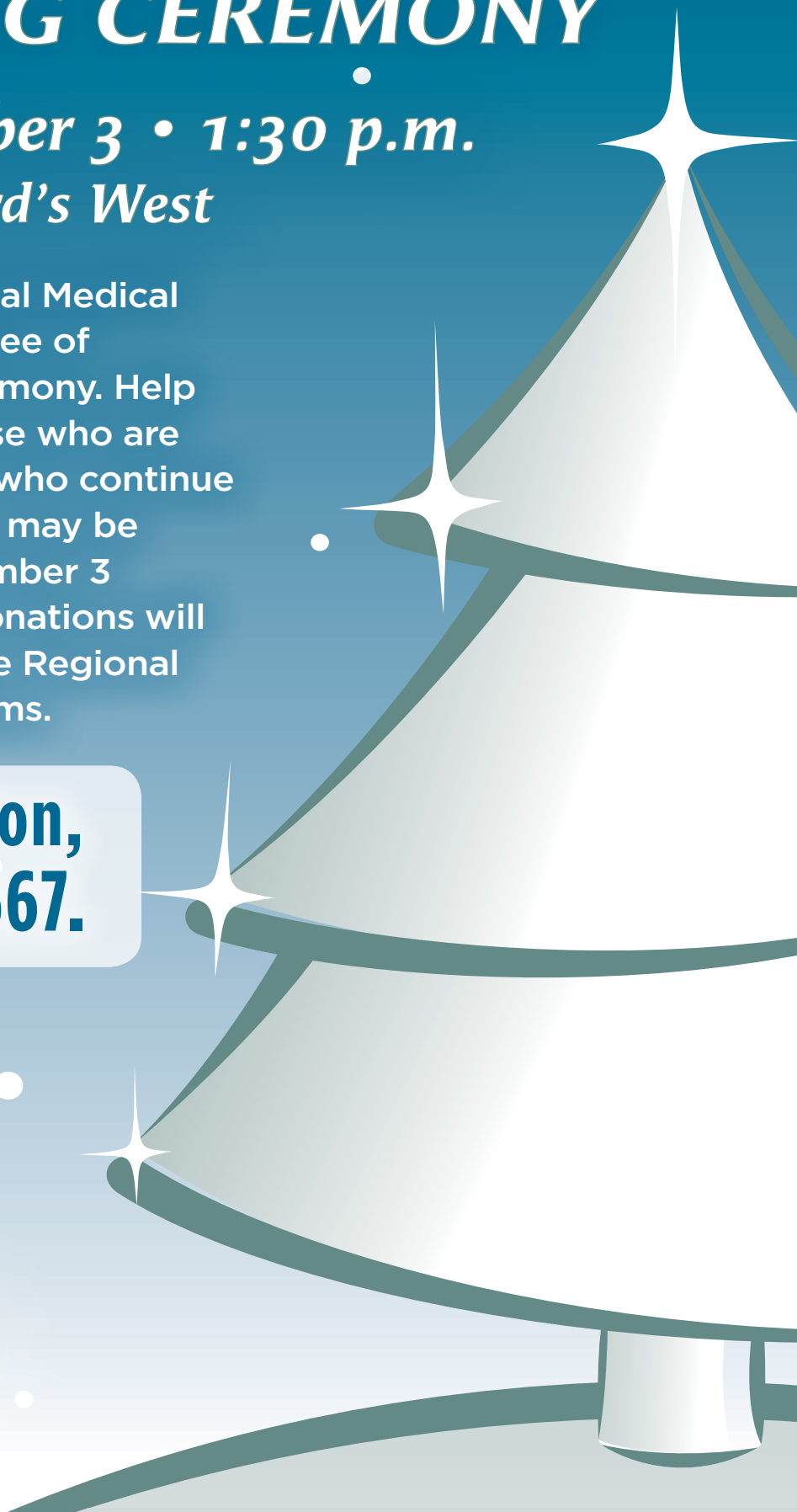
Please join Cheyenne Regional Medical Center for the 16th Annual Tree of Remembrance Lighting Ceremony. Help us honor the memory of those who are no longer with us and those who continue to touch our lives. Donations may be made at the Tree from December 3 through December 24. All donations will be used to support Cheyenne Regional Hospice services and programs.

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# Advancement

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## Message from **Tom Stuckey** *Foundation Chair*

It's an exciting time for the hospital and the Foundation! In this issue you'll read about a quality award Cheyenne Regional Medical Center achieved, the successful Joint Commission accreditation visit, and Dr. Lucas's thoughts on the consultants' reports regarding CRMC's future.

First, I'd like to congratulate the hospital and its staff and physicians on achieving the Wyoming Commitment to Quality Award in September from Mountain Pacific Quality Health-Wyoming. CRMC was commended for 1) improving core measure scores and for 2) maintaining scores of 90% and higher on four core measures established by the Joint Commission and the Centers for Medicaid & Medicare. These scores are basically quality checks and are measured for all hospitals nationwide every six months. It's

really gratifying to see all the staff's hard work on improving patient care pay off. At the end of the day, what we care about most is providing the highest quality of care possible, and this award is proof that we do that.

The hospital recently completed its Joint Commission accreditation visit—something that happens every three years. You'll hear from Margie Turner, the hospital's Quality Manager, who was very pleased with how the visit went. CRMC was once again reaccredited by this prestigious healthcare organization.

Finally, you'll hear the results of the consultants' assessments, something we've all been waiting for. Dr. Lucas tells how both consultants agree that the hospital should stand alone versus sell or be absorbed by another healthcare system. It's exciting to know the hospital is stable enough to continue as an independent hospital. Of course, recommendations were made on how to sustain independence and grow into a more efficient and effective healthcare system. In November, the hospital's board of trustees will meet to discuss the results.

Last but certainly not least, the Foundation recently held its Donor Recognition Dinner. In early November we honored 10 organizations and several individuals who reached new giving levels in support of our hospital. We could not meet hospital staff funding requests without the dedication of these fine people and all of you who give to the Foundation. Please accept my heartfelt thanks for your ongoing support.

**Be well!**

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# From a Patient's Perspective

## CRMC Surgical Staff Goes Above and Beyond

Greg and Mary Marchand hadn't had a reason to visit Cheyenne Regional Medical Center until this last fall when they experienced three ER visits and two hospital stays all within one month. Greg's mother, Doreen Hampton, was having trouble with her feeding tube. Doreen, who has survived jaw cancer at the age of 71, was experiencing extreme pain at the site of the tube. Stomach acid was leaking and causing severe skin burn. Plus, Doreen developed an infection. At first ER staff administered medicine to get the infection under control, but it didn't work fast enough and Doreen returned to the ER a few days later dehydrated and still in pain. She was admitted to the surgical floor, where a team of nurses and doctors worked to rehydrate her and treat her wound. They stabilized the infection, treated the wound, and sent Doreen home. Unfortunately, the infection returned and the tube continued to leak. Doreen was readmitted to the hospital the following week. She saw Dr. Lisa Burton, general surgeon, who took action and placed a new type of feeding tube in a new location. Nurses on the surgery floor treated her burns.



*Greg and Mary Marchand are grateful for the good care their mother Doreen Hampton recently received at CRMC. They found the staff's professionalism and dedication to be a "refreshing and rare find."*

"Mom was in severe pain. We needed a solution and Dr. Burton and the nurses on the surgical unit provided it. Dr. Burton is a go-getter. She was intent on fixing the problem and wasn't going to rest until she did so. The nurses were the same. They were absolutely phenomenal. I know they had other patients but you couldn't tell. They worked with mom for hours to troubleshoot the leak and heal her wounds. They weren't just doing their jobs, they really cared

about Mom. It was so refreshing. I don't think it's something you find in a lot of hospitals," says Greg.

Greg wanted to tell his story because it was important to him to recognize the outstanding work of the nurses and nurses' aides on the surgical unit that he and his family encountered. "Nurses Kristina and Joy went way above and beyond what was expected. So did Kaylinna and Karissa, two Certified Nurse Assistants. They all went out of their way to find solutions to heal Mom's wounds and make sure she was comfortable and had what she needed," adds Greg.

## From a Patient's Perspective: CRMC Surgical Staff Goes Above and Beyond *continued*

Doreen has a tracheotomy, which makes it difficult to eat. Kristina encouraged Doreen to eat in the hospital as she mostly subsists on a liquid diet. "It was like a kid at Christmas. She ordered beef stroganoff from the cafeteria and ate it all. Now she's experimenting with solid foods at home," exclaims Mary.

Doreen, who worked as a nurse herself in the past, was impressed by the care she received. She wrote a thank you to CRMC, and Mary called Vikki Choate, CRMC's Chief Quality Officer, to let hospital personnel know how grateful they were for the good care Doreen received. "Mom is doing great. We haven't had any problems since. She was so satisfied with her care that she decided to receive all her future care here in Cheyenne instead of going to Denver," says Mary.

Doreen has had two bouts of jaw cancer in the last few years. The first occurred in 2008 while she was living in Georgia. "Mom discovered a sore in her mouth and went to the doctor. He performed a biopsy and it came back malignant," says Greg. Doreen was treated aggressively with surgery, two rounds of chemotherapy and 30 treatments of radiation. Oral cancer is often dangerous since it's usually discovered late. There are usually no major warning signs. Mouth sores or lumps that don't heal are the most common, along with hoarseness, lumps in the neck, and difficulty swallowing, speaking or chewing.

Greg, who recently retired from the military, wanted his mom close. He moved Doreen, along with her dog Sarah and cat Freddy-Cat, to Cheyenne in October 2010. Her second bout with cancer was in June 2011, discovered by an ear, nose and throat specialist in Cheyenne. Doreen had surgery in Denver to remove the growth on her tongue and reconstructive surgery—a free flap—to restore her tongue function.

Greg and Mary have two boys: Gregory, who graduated from Central High in 2011, and Joey,

### Facts About Oral Cancer

- Sixth most common cancer among men, also occurs in women
- Most common in people 50 and older
- More common among people who smoke and chew tobacco, and drink alcohol excessively
- Can appear as white or red patches, lumps or bumps in mouth
- May cause numbness or pain in neck, face, mouth, and both ears
- Often isn't painful and can go undetected
- New research shows HPV (human papilloma virus) plays a role in oral cancer

### How to prevent

- Do a self-exam monthly: With a flashlight, examine lips, gums, roof and floor of mouth, cheek linings, and back of throat.
- Get any sores, lumps or irregularities examined if they do not go away within 14 days.
- See your dentist yearly and ask for an oral exam.
- Avoid smoking and chewing tobacco and limit alcohol intake.
- Minimize sun exposure.



who is a sophomore at South. "Being a military family we moved around a lot. So it's new for the boys to have family close. When "Grandmum" first came she cooked for them all of the time, even though she couldn't eat what she made herself. They love Grandmum's cooking," says Mary. The Marchands have been in Cheyenne for over three years. "It's the first home we've ever owned, and it's such a friendly community," adds Mary.

When Doreen was in the hospital, Greg or Mary stayed with her 24/7. Patient rooms on the surgical unit have pull-out couches that fold into beds and reclining chairs. "Everyone was very accommodating and kept asking if we

## From a Patient's Perspective: CRMC Surgical Staff Goes Above and Beyond

*continued*



*Greg teases Doreen and her dog Sarah, who won't leave her side, as Doreen relaxes on the couch.*

needed anything. They explained everything that was happening and answered all our questions," says Greg.

The hospital makes an effort to put patients and families first. "We try to keep the same nurses with the same patients to keep continuity of care. It helps nurses form relationships with patients and maintain the safety of the patient," says Andrea Cutshall, interim nurse manager on the third floor surgical unit. CRMC recently implemented a hospital-wide hourly nurse rounding policy, which means patients are checked every hour to make sure they're doing well and all their needs are met. "We also have computers in every room so nurses can chart while visiting

with the patient, creating more time at the bedside," adds Andrea.

CRMC has made quality care a priority in recent years. The hospital is dedicated to implementing evidence-based policies and practices, like those described above, that are known to improve the quality of care for patients and families. "We've had a quality department for a long time, but we've really enhanced it in the last few years. We've put quality care in the forefront and we're seeing great results. We're getting patients home sooner and with better outcomes. It's really paying off," says Margie Turner, Quality Manager for CRMC.

The Marchand family was also impressed with the care they received in the emergency room. Doreen had a reaction to a dye given to enhance a scan and experienced severe stomach cramps and diarrhea. "The ER staff was so professional. It was amazing how well they pulled together and handled the situation," says Mary.

The Marchand household is a busy, rowdy place. They take Doreen's medical condition in stride. Greg seems to read Doreen's mind and meet her needs before she can say them out loud. Talking and eating is difficult for Doreen, but she's recovering well. She enjoys baking, cooking, emailing her friends in Georgia, keeping up with the lives of her five children and eight grandchildren on Facebook, and playing the life-simulation computer game Sims. She recently got an Amazon Kindle that she's looking forward to using. "I'm happy to say that Mom's rebuilding strength and getting better every day," concludes Greg.

# Donor Profile Cally Milstead

If you ever feel like just one drop in a bucket and you're not sure you can make a difference, remember Cally Milstead. Cally never held a large amount of power or wealth, but she made big waves when it came to helping others. Cally is being honored as our outstanding donor for her perpetual endowment, which is enhancing peoples' lives long after her own death.



Marian "Cally" Milstead

After Cally retired she was struck with cancer and received care at CRMC. Luckily, her cancer went into remission and she enjoyed several more years. Cally was so grateful to hospital staff for "saving her life" that she decided to give back by getting involved in the Foundation. She joined the Board of Directors, volunteered over 1,000 hours with the auxiliary, and was the founding member of the Legacy Society—people who include endowments to the Foundation in their wills. Cally gave her entire estate to the Foundation. The Foundation

is forever grateful to Cally for her ongoing, continual gifts. "She would be very pleased with all the good her dollars are doing," concludes Bill. What a difference just one drop can make!

One of Cally's students said Cally Milstead taught her "if something is worth doing, it is worth doing right." Cally Milstead did it right. She continues to do it right through her perpetual endowment with the Foundation.

Marian "Cally" Milstead taught high school English, speech and drama for 38 years in Cheyenne, from 1938 to 1976. Her passion was the theatre. She was involved in the Cheyenne Little Theatre as a performer, director, donor, and board member. She was known as an excellent, inspiring teacher. Her good friend Bill Dubois, a retired

Cheyenne history teacher and current Cheyenne Regional Medical Center board member, was Cally's former student: "Cally was a fantastic teacher. My close friend Gene attributes his success in public relations to her speech lessons. She helped me learn to speak well and capture my students' attention."





# Arm Yourself Against the Flu with Facts, Vaccination and Good Habits

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

## Flu basics

According to the Centers for Disease Control and Prevention (CDC), influenza (the flu) is a contagious respiratory illness caused by a virus. The symptoms of the flu can be mild to serious. For most people, a bout of flu is unpleasant but manageable. Symptoms occur one to four days after infection and include fever, cough, sore throat, a runny or stuffy nose, muscle or body aches, headache, tiredness, vomiting and diarrhea (most common in children). However, older people, children, and people with certain medical conditions are at increased risk of developing flu-related complications, such as pneumonia, which may require hospitalization and can even lead to death.

## How flu spreads

The flu is contagious. Most people can infect others for about a day before they begin to experience any symptoms and up to seven days after becoming sick. That means you could be spreading the virus without even realizing that you have it. The flu virus is spread through droplets of fluid when an infected person coughs, sneezes, or talks. These droplets can land in the mouth and nose of people as far as six feet away. People can also get the flu virus from touching hard surfaces like door knobs and light switches and then touching their own nose or mouth.

## How to prevent the flu

The CDC recommends an annual flu vaccine as the first and most important step in protecting against flu viruses. Early October and November are the ideal times to get a flu vaccine. The



*One in five Americans will get the flu this flu season. Influenza complications will result in 226,000 hospitalizations.*

2011 – 2012 vaccine protects against Influenza A, Influenza B, and H1N1 (Swine Flu). Flu vaccines are recommended for anyone six months or older. They are especially important for persons at high risk of developing complications, such as pregnant women, people 65 and older, and people with chronic health conditions such as asthma, diabetes or heart and lung disease. Vaccination is also important for healthcare workers and those who live or work with high risk individuals. Children younger than six

months are at high risk for developing serious flu illness, but they are too young to be vaccinated. Therefore, the people who care for them should be vaccinated instead.

In addition to receiving a flu vaccination, there are other simple ways to prevent spreading the flu.

- Cover your nose and mouth with tissue when you cough or sneeze, then throw the tissue in the trash.
- Wash your hands thoroughly and frequently with warm water and soap. It should take you as long to wash your hands as it does to sing the entire alphabet.
- If it isn't possible to wash your hands, alcohol-based hand sanitizer should be used.
- Avoid touching your eyes, nose, and mouth.
- Avoid contact with sick people.
- While sick, limit your contact with others. Stay home for 24 hours after your fever is gone, except for necessities such as getting medical care.

# Q & A with John Lucas, MD, MPH

Chief Executive Officer, Cheyenne Regional Medical Center

## Results are In! What the Healthcare Consultants Have to Say about CRMC's Future

**Q: The consultants have finished their work. Can you give us an update?**

**A:** There were two sets of consultants reviewing our current position and making recommendations for our future. StroudWater Associates did a high-level assessment for the County. They also reviewed the findings from the more detailed Kaufman Hall report spearheaded by the hospital.



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

In general, they both looked at our organizational options and opportunities. They considered four main options, including 1) standing alone as we currently are, 2) organizing on a state level, 3) looking for an out-of-state non-for-profit partner,

or 4) looking for a for-profit partner. While there were a few differences in their analyses, for the most part they both arrived at the same conclusion—that we should stand alone.

Consultants believe that CRMC has the strength to stand alone as a sustainable independent system, but we need to transform ourselves in several ways to meet the challenges that come with it.

The StroudWater report indicated that there is “strong support for local access to locally-directed hospital services.” Further, they found “no compelling reason to transfer ownership from the people of Laramie County to a private group.”

Their conclusion reflects that we are moving away from being just a hospital and moving toward

becoming an organized, integrated, accessible healthcare system. Our physicians are working on improving communication around patient care. We need to help by creating a collaborative culture and providing necessary communication tools.

**Q: What are some of the benefits and challenges of being a “stand-alone?”**

**A:** Clearly the biggest benefit of remaining a stand-alone organization is that we maintain local control and we can preserve and honor the culture of the communities that we know best. Our challenge will be to continue to improve not only the perception of the care provided at CRMC but also efficiencies and patient outcomes so that more patients choose to stay in Cheyenne for their healthcare. We’re already making progress to these ends, but we’ll need to make even more in the future.

The opportunities, which I’m excited about, are to expand the accessibility and integration of healthcare across the state. With some of the uncertainty behind us, we will continue to add leadership personnel and resources to expand the Wyoming Integrated Care Network—which now has 17 hospitals participating. We want to be the leaders and the hub as the Network expands.

**Q: What is driving the need to transform?**

**A:** Healthcare reform is expecting a lot from hospitals, which is a good thing. The steps we are already taking and will continue to take are very patient-centric. By increasing efficiencies, we lower the cost of delivering healthcare, and we improve the outcomes of care. It’s really a care model for the patient.

The Kaufman Hall report has given us an idea of where we rank against national trends of readiness. The report is titled “New Era Readiness” — just the title indicates that we are in fact embarking on a whole new frontier. In general, we are doing a pretty good job, but all

**Q & A with John Lucas, MD, MPH** *continued*

providers have a lot of room for improvement.

We'll be working hard to improve our readiness in these areas:

- Physician Integration
- Care Coordination/Management
- Information Systems
- Cost Management

**Q: From a patient's perspective, could you explain how CRMC will improve in these readiness areas?**

**A:** A culture of alignment and integration among our physicians, whether they are employed by the hospital or in private practice, will encourage them to share data and collaborate on patient care. This is especially critical in cases of chronic disease management because 80% of healthcare resources are being utilized by 20% of the people. We need continuous healing relationships. We have physicians who are leading a culture of rethinking and reengineering, like Dr. Lind for example.

A new information system called EPIC was approved at a recent Board of Trustee's meeting. It's a \$17 million investment and the best integrated healthcare IT system in the country. It's really a "must have" for hospitals that want to move gracefully into the new era of healthcare. The more data we have, the smarter we'll be. Once implemented, patients will even have access to their own records. They'll also be able to request that their records be shared instantly with other caregivers.

We'll also be doing more and more to bring

healthcare to rural areas of our state. We already have a good start with TeleHealth. We have seen a large increase in the psychology consultations that are now possible with video conferencing technology. As more technology is available, the capabilities of TeleHealth will also grow.

We'll continue to manage costs. The Affordable Care Act requires a bundled payment for services that patients receive across a single episode of care, such as heart bypass surgery or a hip replacement. The intent of bundled payments is to encourage doctors, hospitals, and other healthcare providers to work together on care models, both in the hospital and after discharge, to improve outcomes, lower costs, and avoid duplication.

**Q: How can Foundation donors help with this new era?**

**A:** The generosity of our Foundation donors will continue to be crucial. Our needs will be less about building structures and more about technology and bandwidth. Its a little like

Christopher Columbus, who said, "The world is round. Invest in my boat." We'll need help building our system of healthcare, and we hope that our donors will trust in the leadership and vision as we continue this journey. And a fast journey it's going to be.

Imagine 30 years ago. We didn't have online universities or the ability to check our bank accounts from a mobile device. It's time for healthcare to move forward with technology tools that help improve access and quality and reduce the cost of healthcare for everyone.

**Dr. Lucas Spoke at Governor's Business Forum**

Just as this issue of *Advancement* was coming off of the press, Dr. Lucas was speaking at Governor Matt Mead's Business Forum. The forum, November 14 & 15 at Little America, highlighted 21 strong Wyoming companies from across the state. Cheyenne Regional Medical Center was one of the 21 Wyoming businesses being recognized and was the only healthcare organization invited to present.

Hosted by the Wyoming Business Alliance/ Wyoming Heritage Foundation, the ongoing forum focuses on characteristics that set the 21 successful companies apart and the choices made by their leaders that have enabled them to survive and thrive in a difficult economic climate. The forum began nearly three decades ago with the intent to improve the state's economic and business climate.

# CRMC Receives JC Accreditation and Praise on Four Key Efforts

Recently, there was a lot of buzz in the halls at CRMC. Everyone from cafeteria workers, administrators, lab techs, nurses, and physicians were talking to surveyors from the Joint Commission (JC). The national accrediting organization paid a once-every-three-years surprise visit to the hospital. Once again, CRMC earned accreditation from this healthcare governing body that sets quality and performance standards for hospitals nationwide.

“We are very pleased with the outcome,” says Margie Turner, Quality Manager for CRMC. A visit from JC goes far beyond the surface. Six surveyors scour the hospital for four days, making sure staff are meeting set standards of care that have been proven to keep patients safe and create positive outcomes. “They check to see that we are following established policies and protocol for patient care. They review patient experiences from the moment they enter the hospital to when they leave, and even through home care. For example, they check to make sure the right diagnostic and lab tests were given and that the plan of care was communicated to all staff and carried out effectively from start to finish,” exclaims Margie.

The Joint Commission is the gold standard in hospital accreditation, going above and beyond standards set by the Centers for Medicare & Medicaid Services (CMS). Hospitals receive feedback on what they’re doing well and on ways

they can improve. JC surveyors were especially impressed with CRMC’s performance in four areas:

**1. Hand hygiene compliance.** In 2011 CRMC maintained rates of 96% to 98% for

proper hand hygiene among all staff. This compares to a nationwide rate of generally less than 50%. “We kicked off a house-wide campaign over a year ago and it’s really worked. Proper hand hygiene is now ingrained in our culture and everyone follows protocol, from dietary techs to nurses and physicians to even

family members and visitors. I’m very proud of our numbers,” says Margie.

**2. Catheter-associated urinary tract infection rates.** The CMS has named this one of their top priorities for hospitals nationwide. It’s the most frequent healthcare-associated infection in the U.S., yet when hospitals like CRMC implement evidence-based practices, it can be prevented in most cases. “Our current rate for these infections is 0.44 per 1,000 device days, fiscal year to date. In 2010 our rate was 3.17 per 1,000 device days, so we’ve reduced that rate by 86% in just over one year. Some hospitals measure this rate in just one or two areas, but we do it house-wide because we want to decrease infections everywhere,” adds Margie.

**3. Ventilator-associated pneumonia rates.** Another big indicator on how well a



*Nurses on the surgical unit all agree that the best part of their job is working directly with patients and making sure they receive the best care available. From left to right: Kelly Hampton, RN, Erica Hanson, Infection Preventionist, Nicolle Cox, CNA, Linda Sparks, RN, Andrea Cutshall, RN, and Deja Koonkaew, CNA (as “patient”).*

## CRMC Receives JC Accreditation and Praise on Four Key Efforts *continued*

hospital is doing is to look at how often patients who are on ventilators get pneumonia. CRMC hasn't had a single case of ventilator-associated pneumonia since September 2010. "The surveyors were very impressed with our rates," exclaims Margie. The ICU multi-disciplinary team at CRMC follows evidence-based practices that prevent pneumonia, such as oral hygiene, frequent suctioning, accurate bed positioning, and frequent assessments in order to wean the patient from the ventilator as soon as medically appropriate.

**4. Bedside barcode scanning for safe RX administration.** Medication errors in hospitals are also something the CMS wants to see reduced. "Because of the hospital's investment in barcode scanning technology, we can automatically verify the patient's 5 Rights of Medication Administration, which ensures that the right patient gets the right medication with the right dose at the right time via the right route. We consistently have a 94% to 95% scan rate among patients. This provides an additional layer of confidence to our patients and our nurses that no errors are occurring. We implemented this system over a year ago and are working to move it into all patient areas," says Margie, who admits 100% can be difficult to reach, especially in emergency or other special situations. But that's not stopping the hospital from trying to attain this goal.

Margie has seen a remarkable shift in recent years among staff. "It used to be that staff would get shy or busy when surveyors came, to avoid interacting with them. Now they approach the surveyors and are eager to share their protocols and practices. They are very proud of what we're doing and confident we provide the best care possible." The surveyors noticed and commended CRMC leaders for having such an engaged staff. "We now see the visits as educational, not punitive, and the recommendations for improvement as gifts, not judgments. Accreditation review is no longer a hurdle we have to jump every three years. It's more a way of being, a striving for excellence, and it shows in how we carry out our work every day. In a sense, we're survey-ready all of the time," concludes Margie. To track CRMC's quality efforts, watch for the Quality Dashboard on the hospital's website ([www.crmcwy.org](http://www.crmcwy.org)) coming in spring 2012.

### CRMC Receives Quality Award from Wyoming Health Organization

All of CRMC's hard work toward improving quality paid off this fall when the hospital won a quality award for high scores on four core measures. The Joint Commission and the Federal Centers for Medicare & Medicaid Services measure hospitals across the nation on four quality indicators that show how well hospitals avoid complications and improve patient outcomes. The four indicators include acute myocardial infarction, heart failure, pneumonia and surgical complications and infection prevention. During this period, CRMC was in the top ranks with an overall score of 90.23%. In other words, the hospital successfully implements scientifically-proven best practices and creates positive outcomes for patients over 90% of the time in these areas.

"We received the *Wyoming Commitment to Quality Award* in September at the Wyoming Hospital Association's luncheon in Casper. Our award states that we successfully demonstrated improvement of our core measure composite score," says Margie Turner, Quality Manager for CRMC. In a previous news release, Jan Pope, Director of Mountain Pacific Quality Health-Wyoming, the organization that presented the award, said, "Cheyenne Regional Medical Center can be proud of its dedicated staff, who have put forth so much effort and persistence in improving care for their patients."

Chief Medical Officer Dr. David Lind is excited about the improvement. "It's a milestone. When we first started measuring data for core measures and SCIP (Surgical Care Improvement Project), it was hard to reach 90%; now we reach it consistently. But we keep looking up. Our new target is set at 100%."

## Foundation Dollars Support Quality Efforts at CRMC

Foundation dollars help the hospital provide a higher level of care by funding equipment and improvement efforts that don't fit into the general budget. "Healthcare is ever-changing and it's often expensive to keep up with the latest and greatest technologies. The Foundation helps us do that," says Margie Turner, Quality Manager.

### Recent Foundation Achievements:

- Donated \$200,000 for IV pumps to be used house-wide. "These new pumps are much safer, ensuring patients get the right dosing at the right rates," says Margie.
- Purchased 17 defibrillators for use house-wide to replace outdated ones.
- Paid for remodeling of the main building to house the Transition Care Unit. "Moving this unit that serves transitional care patients from the East campus to the main building improved quality by reducing delays and better using available resources," says Margie.
- Sponsored True Care meetings for physicians who are implementing this quality campaign that promotes "always meeting patient expectations."

## Ways to Give – Year-End Giving Considerations

### Charitable IRA Rollover

The charitable IRA rollover has been extended for 2011. This charitable rollover allows those who are 70 and 1/2 or older to make tax-free gifts of up to \$100,000 to qualified charitable organizations such as the Cheyenne Regional Medical Center Foundation. The funds must be transferred directly from an IRA. Benefits of using the charitable rollover are that individuals can meet their charitable giving goals by transferring their minimum distribution to the CRMC Foundation and avoiding income tax on the funds. If you have any questions, please contact your financial advisor or give us a call at the CRMC Foundation.

### Cheyenne Regional Medical Center Foundation

214 East 23rd Street  
Cheyenne, Wyoming 82001  
Phone: (307) 633-7667  
Fax: (307) 633-7501  
found@crmcwy.org

### Realized Estate Gifts

We are always saddened to lose a friend of our Cheyenne Regional Medical Center Foundation. We are eternally grateful for the foresight and generosity of those lifelong friends who so thoughtfully allocated a portion of their estate to the CRMC Foundation. Cally Milstead's story is featured in this issue. Our dear friend Margaret Mohrlang provided our most recent estate gift, and you will learn more about her in our next *Advancement*.

Your CRMC Foundation is an independent nonprofit corporation dedicated to securing, managing, and stewarding resources in support of CRMC. Our estate planning team is here to help you. If you have made the Foundation part of your estate plan, we encourage you to contact us so that we can properly document your intentions and express our most sincere thanks.



# Supporting the Transformation

By Ted Adams, Executive Director,  
Cheyenne Regional Medical Center Foundation

Cheyenne Regional Medical Center is our community's precious healthcare asset. It is wonderful news that it will remain independent, competitive, and locally controlled. As I understand it, this means:

- Our Cheyenne Regional Medical Center must transform itself from a very successful in-patient hospital into a physician-led, professionally-administered, extraordinarily effective and efficient healthcare system.
- Our Cheyenne physicians, whether they are employed or independent, must become fully integrated into the healthcare system and provide leadership and direction not only on patient care but the hospital itself. Lower costs must result in better care.
- Our Cheyenne Regional Medical Center must lead and become the "hub" of a developing Wyoming Healthcare System, a system that ensures that people in Wyoming have access to primary care doctors, secondary care, emergency care, hospital care, and specialist treatment centers.

So what will be the role of the Foundation moving forward?

Very simply, we must grow in size and strength! We must be strong enough to support, both financially and politically, this transformation. **We must support physician integration and help the hospital become the hub of the Wyoming Healthcare System.** If we in Wyoming want to call the shots on our healthcare and quality of life in this rugged and rural paradise, we must build a very strong culture of philanthropy throughout our region.

Remember, our healthcare system does not receive tax support. It needs our philanthropic commitment to achieve its goals, and CRMC's goals, must become our goals.

We need to generate several million dollars to build our endowment funds to ensure we have annual revenues to meet some of the important capital needs of our healthcare system. This year alone we have \$1.6 million in grant requests from essential CRMC departments. Your Foundation



currently has about a \$400,000 annual grant capacity from endowment funds.

Soon we will need to help with the building of our new Cancer Center as well as finding the resources to enable a statewide Tele-health network. Our CEO, Dr. Lucas, says it well: "We will need help building our system, and we hope that our

donors will trust in the leadership and vision as we continue this journey."

This old retiree is convinced and committed! Cheyenne Regional Medical Center aspires to be one of the finest rural healthcare systems in the nation. We must have access to excellent healthcare in order to ensure the future sustainability of our families, businesses, industries, and quality of life.

Whether through a major gift, annual giving, planned giving, or through your corporation or foundation, charitable contributions offer many financial advantages. We can offset federal taxes, capital gains, and estate taxes through deductions or by carefully structuring our estate plans.

We urge you to consider your CRMC Foundation when you are looking at your end-of-year giving options. You can be a friend of quality healthcare in Cheyenne and all of Wyoming. You can help ensure that our wonderful Wyoming will continue to be the best place on the planet to live, work, learn, and grow.

Every dime you give goes toward building a better healthcare system for you and your loved ones. The CRMC Foundation will work with you to ensure your gift goes to the program or area that means the most to you. We are able to guide you as to the needs and priorities of our transforming healthcare system.

Again, this old retiree is convinced and committed; I will continue to give to our Foundation to support CRMC moving forward. I thank you for all you have done and all you will continue to do.

Ted Adams, CRMC Foundation Executive Director  
ted.adams@crmcwy.org  
307-633-7645

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3rd quarter: July 1 - September 30, 2011

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## Board Profile

# Mark W. Anderson

Cheyenne Regional Medical Center board member Mark Anderson is no stranger to hard work. Born and raised in the Burns area, he learned this important value growing up on his family’s farm and ranch. Besides his current position as president of the Burns Insurance Agency and his seat on the CRMC Foundation Board, Mark dedicates his time to several community organizations. Yet his top priority is family.

Mark and his family—his wife, Judy, and their three grown children, Brett, Jolie, and Kelly—literally work and play together. “We have a truly family-owned corporation. Judy serves as Secretary-Treasurer, Brett is our Vice President, Jolie works in the accounting department and Kelly assists as time allows,” says Mark. Burns Insurance, celebrating 40 years, sells multiple lines of insurance in Wyoming, Colorado, Nebraska, Montana, and Nevada. Mark especially likes “helping friends and clients protect their assets and maintain peace of mind.” He’s been with Burns for 38 years.



*Mark Anderson*

Mark enjoys his seat on the CRMC Foundation’s Board of Directors. “I’ve felt honored to serve for nearly two years now. I’ve had the privilege of meeting some really great people associated with our hospital. I serve because I believe it’s imperative that we provide quality medical care to the Cheyenne community and surrounding area.”

Besides the CRMC board, Mark dedicates time to his church and the First Wyoming Capital Corporation Board. He’s a past member of the Lions Club and the Laramie County Library System, among other organizations.

When not working or volunteering, Mark and his family take in the great outdoors of Laramie County. Mark enjoys watching sports—especially the Wyoming Cowboys—golfing, water and snow skiing, and working on the family farm. The Foundation board appreciates Mark’s dedication and hard work.

## Physician Profile

# Dr. David M. Lind, Chief Medical Officer

You could say Dr. David Lind has been true to Cheyenne Regional Medical Center since the day he was born. That's because he was born at Memorial Hospital (CRMC) and he's been on staff for over 26 years. He's currently the hospital's Chief Medical Officer (CMO). Prior to that, he practiced as an OB/GYN. He particularly enjoyed delivering babies. He and his wife, Kathy, have raised their six children in Cheyenne, with twins Kirstie and Kaylee still at home.

For about as long as he's been at CRMC, Dr. Lind has also been a member of the Army National Guard. He completed two deployments to Iraq and views the guard as a good way to "see how the rest of the world lives."

As CMO, Dr. Lind implements proven care methods and ensures physicians comply with government and healthcare regulations. He also motivates physicians to get involved. "We currently have physicians participating in every



*Dr. David M. Lind*

aspect of the hospital. They serve on committees in pharmacy, safety, quality improvement, nursing, and more. The goal is to make processes more efficient, effective, and patient-focused," says Dr. Lind, who attends every department's staff meeting. He is especially proud of the work he and the entire staff are doing to change the hospital's culture to one of "always." "We've implemented a program called TrueCare whose goal is to 'always' meet patients' expectations."

Dr. Lind is a longtime supporter of the Foundation, which he sees as an essential player in ensuring physicians have the equipment they need to do their jobs well. "As physicians, it's important that we see ourselves as partners with the Foundation to keep the hospital strong." He encourages physicians to give to the Foundation through payroll deductions, Denim 'N Diamonds, or endowments.