

FEBRUARY 2020

BILLBOARD



A MONTHLY NEWSLETTER FOR EMPLOYEES AND FRIENDS OF BOTHWELL REGIONAL HEALTH CENTER



THE GROUNDBREAKING SCIENCE OF KINDNESS A Letter from Lori

Last week I had a milestone birthday and was fortunate to celebrate it with Darren in a warm climate. I spent some of my time reading the book, *The Rabbit Effect*, by Kelli Harding, MD, MPH, and it has been life changing for me. I'd like to share what the book is about and how we might be able to learn from it.

Like Alice in *Alice in Wonderland* who followed a rabbit down a hole in her quest for knowledge, Dr. Harding is a physician who followed her curiosity when she noticed odd patterns with patients that couldn't be answered in her medical books. In the book's introduction she shared, "Two patients with the same diagnosis would have two very different courses of illness; one would become gravely ill, while the other carried on an almost normal life," and Harding wanted to know why.

To find out, Harding self-designed her course of medical study by immersing herself in internal medicine, a psychiatry residency training, and a biological psychiatry research fellowship focused on medically unexplained symptoms. She also became boarded in psychosomatic medicine (consultation-liaison psychiatry).

[READ MORE ON NEXT PAGE ►](#)



**STROKE
CERTIFICATION KUDOS**
**Teamwork Makes
the Dream Work**

**PATIENT CARE
IMPROVEMENTS**
Sepsis Green Sheet

IN THE SPOTLIGHT
Heart Health Care Professionals

THE GROUNDBREAKING SCIENCE OF KINDNESS (CONTINUED)

A Letter from Lori

Harding's breakthrough came after she and her academic mentor spent time talking and researching to answer their questions, "So if biomedical advances and expensive medical care aren't making the difference to our health, what is?" and "What would actually make us healthier?" Answers to those questions would be found with white rabbits.

In 1978, Dr. Robert Nerem and his team designed a straightforward experiment to establish the relationship between high blood cholesterol and heart health. The experiment used New Zealand white male rabbits, which develop heart disease much like humans if fed a high-fat diet.

After being fed the diet over several months, the rabbits all had high cholesterol values and seemed destined for a heart attack or stroke. However, when Nerem examined the rabbits' tiny blood vessels, he found a huge variation in fatty deposits between the animals. In fact, one group had 60 percent fewer deposits than the other, and Nerem had no medical reason why.

The team looked at the experiment's research design and found nothing unusual. They then looked at the team itself for clues and discovered that the rabbits with fewer fatty deposits were under one woman's care who was described as, "an unusually kind and caring individual." She handled the rabbits differently by talking to them, petting them and cuddling them.

Being good researchers, Nerem's team decided it couldn't ignore the social environment's potential effect and repeated the experiment and found the same effect again. Essentially, "Take a rabbit with an unhealthy lifestyle. Talk to it. Hold it. Give it affection. And many adverse effects of diet disappear."

To Harding, the experiment showed that "it wasn't diet or genetics that made a difference in which rabbits got sick and which stayed healthy; it was kindness." This is the crux of her book, that intimate relationships, connections to a community, work, education, and our neighborhoods all can have a greater impact on our health than anything that happens in the doctor's office.

The book challenges readers to examine everything about their lives and to look at health differently—not just medically, but holistically in order to not just live a healthy life but to intentionally thrive in all aspects of life. If you would like to borrow the book to learn more, I'm happy to share it.

Back to my birthday. Mark Twain said, "Age is an issue of mind over matter. If you don't mind it doesn't matter." Thanks to everyone who wished me a happy birthday. Your kindness and compassion is appreciated, and it reminds a girl that what matters is having great friends and great coworkers and a great life. The rest is gravy.



STROKE CERTIFICATION KUDOS Team Effort Yields Results

Henry Ford said, “Coming together is a beginning, staying together is progress, and working together is success.”

You likely know that in November, Bothwell Regional Health Center earned certification as a Level III acute stroke-ready hospital.

What you may not know are how many people came together, stayed together and worked together and how long it took to accomplish that designation.

“There were 23 people on the Stroke Certification team,” said Rose McMullin, Bothwell chief nursing officer. “It took us about three years to prepare until we had all the pieces in place. When Brenda Sprinkle, Time Critical Diagnosis coordinator became full-time, we named her as our Stroke/STEMI/Trauma coordinator, and we worked another year before being certified.”

McMullin said the amount of man-hours put in by everyone is difficult to calculate, and the team encountered several challenges along the way.

“Some of our biggest challenges included changing physician groups three times, as well as nursing leaders,” she said. “However, once we had our plan, it was a matter of collecting data and working on our times to improve our process.”

The work continues as the hospital will be surveyed for Level III STEMI certification in March and Level III Trauma certification in August.

“The departments impacted the most by the stroke certification achievement will take some time to celebrate, but we will have a larger celebration for everyone when we win the ‘triple crown’ of all three certifications,” McMullin said.

Thank you to everyone on the Stroke Certification Team. Your dedication and hard work is appreciated!

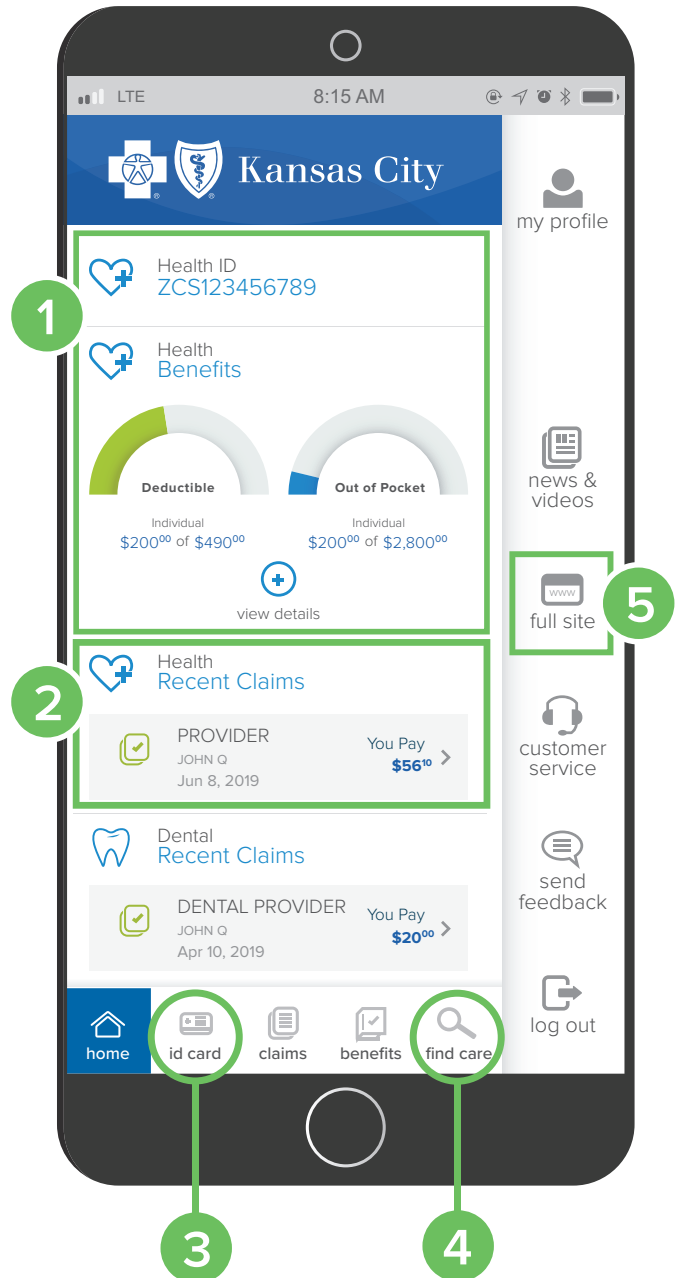
- Dr. William Woolery – Stroke Medical Director
- Toni Warren – Clinic Operations Director for BIMS, BUS and Azan
- Brenda Sprinkle – Time Critical Diagnosis Coordinator/Stroke Coordinator
- Dr. Richard Draper – Emergency Department Medical Director
- Sherri Egbert – Emergency Department Director
- Rose McMullin – Chief Nursing Officer
- Michele Laas – CCU/PCU Director
- Dianne Williams – 2SW/Peds Director
- Denise Hoffman – 3SW/Ortho/Swing Bed Director
- Brad Nicholson – Pharmacy Director
- Marc Dougherty – Radiology Director
- Andrea Kiso – Case Management
- Christal Harms – Physical Therapy Director
- Maggie Schaffer – Case Management
- Jennifer Unkel – Risk Management
- Linda Cook – Education Director
- Kim Perez, RN – Clinical Education and Critical Care
- Linda Keethler – MRI/CT Chief Technologist
- Terri Deer – Dietetics Director
- Eric Dirck – Pettis County Ambulance District Director
- Mark Holcomb – MU3 Health Program Director
- Nathan Burton – Warsaw Lincoln Ambulance Director
- Bob Meuschke – Cole Camp Ambulance Director

HEALTH BENEFITS AT YOUR FINGERTIPS Download the My Health Toolkit App Today

Your health plan makes it easy to find answers about your benefits. My Health Toolkit® is a one-stop destination for managing those benefits.

- 1. See what's covered by your health plan**
Wondering how much you may need to pay upfront for a visit or service? With the My Health Toolkit app you can view your benefits easily wherever you go.
- 2. Check status of your medical claims fast**
Not sure if your insurance has already been applied to your doctor's bill? Check the status of your claims in real time with the My Health Toolkit app.
- 3. Use your digital ID wherever, whenever**
A trip to the doctor's office isn't always expected or scheduled. Or even if it is, feel confident that with the My Health Toolkit app you can share and access your most up-to-date digital ID card anytime, anywhere.
- 4. Find a local provider who's right for you**
Whether you're looking for a dentist, dermatologist or a family doctor, the My Health Toolkit app lets you find an in-network local provider quickly from your mobile device.
- 5. Access our full site**
The link to our website allows you to order a replacement membership card and many other tasks.

READ MORE ON NEXT PAGE ►



HEALTH BENEFITS AT YOUR FINGERTIPS (CONTINUED)

Download the My Health Toolkit App Today

Get Started Today

It's easy to sign up for My Health Toolkit. In just a few clicks, you'll have everything you need at your fingertips.

Step 1: If you haven't already downloaded the app, visit the App Store or Google Play store and search

My Health Toolkit. Once you have downloaded the app, create an account if you don't already have one.

Option 1: Enter your member ID located on the front of your Blue Cross and Blue Shield of Kansas City insurance card, along with your date of birth. When submitting your member ID, make sure you include both the alpha prefix and the numbers.

Option 2: If you don't have your insurance card, enter the Social Security number associated with the health plan and your date of birth.

Step 2: To create your profile, choose a username and password.

Next, select a security question and security answer. If you ever forget your username or password, you will be asked to answer the security question instead. Then, enter your email address and confirm.

Step 3: To complete your registration, don't forget to set your preference on how you want to receive your Explanation of Benefits (EOB) and how you prefer to be contacted.



Manage your Benefits on the Go

Search My Health Toolkit and look for the icon above.* You can also visit www.MyHealthToolkitKC.com and create your My Health Toolkit account online.

HUMAN RESOURCES

Department Transfer Process

If you want to transfer out of your current position to an open position in another department, there is no need to complete an online application.

Instead, use the Application for Transfer form, which can be found on the intraweb under "Forms" and "Human Resources." You will need to complete this form, attach a résumé, and turn it into Human Resources.

If you have any questions regarding this process, please call Human Resources at extension 9540.

PATIENT CARE IMPROVEMENTS

Sepsis Green Sheet Used for Early Intervention

Sepsis is a life-threatening complication of an infection. It occurs when chemicals released in the bloodstream to fight an infection trigger inflammation throughout the body. This can cause a cascade of changes that damage multiple organ systems, leading them to fail, sometimes even resulting in death.


The Sepsis Committee recently developed the **Sepsis Green Sheet** to assist nursing in early identification of sepsis and the CMS Core Measures Criteria. The sheet contains the same information as the *Stop the Clock on Septic Shock* name badge card given to nursing, except it is in a check-off form with the list of approved antibiotics.

If the form originates in the Emergency Department and it has been placed in the chart of a patient who has been flagged for the risk of sepsis, it can also be used for reporting to the unit nurse who will be taking the patient.

The receiving unit nurse will have a laminated green sheet for noting with dry erase marker the information given in the report, e.g. what labs have been done, if fluids were needed, what antibiotic was given plus what is still needed for best patient outcomes. The original sheet stays with the patient. If it is not complete, the unit nurse can fill out what was needed when it is done. The laminated copy can be erased for the next sepsis patient.

If a patient becomes septic on any unit, Sepsis Green Sheets will be available for nursing to start and put in the patient chart and start the process for recording the criteria and have a hand-off tool between bedside nurses.

When the patient is discharged the green sheet is sent to Quality Management for review.

		Patient I.D. LABEL																																																																																																																				
CORE MEASURE CONCURRENT REVIEW: SEPSIS																																																																																																																						
		Date _____																																																																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">I. SEPSIS CRITERIA</th> <th style="text-align: center;">Y/N</th> <th style="text-align: center;">Initials</th> </tr> </thead> <tbody> <tr> <td>A. Infection suspected or present PLUS:</td> <td></td> <td></td> </tr> <tr> <td>B. 2 SIRS criteria:</td> <td></td> <td></td> </tr> <tr> <td>1) Temperature >101 or <96.9</td> <td></td> <td></td> </tr> <tr> <td>2) Pulse >90</td> <td></td> <td></td> </tr> <tr> <td>3) Respirations >20</td> <td></td> <td></td> </tr> <tr> <td>4) WBC >12,000 or <4,000</td> <td></td> <td></td> </tr> <tr> <td>C. Draw blood cultures. Consider antibiotics from below</td> <td></td> <td></td> </tr> <tr> <td>II. SEVERE SEPSIS: ABOVE CRITERIA PLUS</td> <td></td> <td></td> </tr> <tr> <td>A. Organ dysfunction:</td> <td></td> <td></td> </tr> <tr> <td>1) Blood pressure <90 or MAP <65</td> <td></td> <td></td> </tr> <tr> <td>2) Acute respiratory failure requiring invasive or non-invasive ventilation</td> <td></td> <td></td> </tr> <tr> <td>3) Creatinine >2</td> <td></td> <td></td> </tr> <tr> <td>4) Bilirubin >2</td> <td></td> <td></td> </tr> <tr> <td>5) Platelet <100,000</td> <td></td> <td></td> </tr> <tr> <td>6) INR >1.5</td> <td></td> <td></td> </tr> <tr> <td>7) Lactate >2</td> <td></td> <td></td> </tr> <tr> <td>If criteria meet Severe Sepsis:</td> <td></td> <td></td> </tr> <tr> <td>1. Obtain lactate within 3 hours</td> <td></td> <td></td> </tr> <tr> <td>2. After blood cultures drawn, administer appropriate antibiotics immediately</td> <td></td> <td></td> </tr> <tr> <td>3. If lactate >2 repeat within 6 hours</td> <td></td> <td></td> </tr> <tr> <td>4. BP <90 or MAP <65 start crystalloid fluids within 3 hours (LR or NS 30 ml/kg)</td> <td></td> <td></td> </tr> <tr> <td>III. SEPTIC SHOCK CRITERIA</td> <td></td> <td></td> </tr> <tr> <td>A. Severe Sepsis PLUS:</td> <td></td> <td></td> </tr> <tr> <td>B. Persistent hypotension one hour after crystalloid bolus OR lactate ≥4</td> <td></td> <td></td> </tr> <tr> <td>If criteria meet Septic Shock:</td> <td></td> <td></td> </tr> <tr> <td>1. Complete above criteria for Severe Sepsis</td> <td></td> <td></td> </tr> <tr> <td>2. Crystalloid fluids start within 3 hours if lactate ≥4</td> <td></td> <td></td> </tr> <tr> <td>3. VS q15 min x4 after fluid completion</td> <td></td> <td></td> </tr> <tr> <td>4. If persistent hypotension one hour after crystalloid fluids administer vasopressor</td> <td></td> <td></td> </tr> <tr> <td>5. For persistent hypotension OR lactate ≥4, documented focused exam by provider after sepsis fluids started and within 6 hours of septic shock</td> <td></td> <td></td> </tr> <tr> <td>Nurse Signature: _____</td> <td>Initials: _____</td> <td>Nurse Signature: _____</td> <td>Initials: _____</td> </tr> </tbody> </table>	I. SEPSIS CRITERIA	Y/N	Initials	A. Infection suspected or present PLUS:			B. 2 SIRS criteria:			1) Temperature >101 or <96.9			2) Pulse >90			3) Respirations >20			4) WBC >12,000 or <4,000			C. Draw blood cultures. Consider antibiotics from below			II. SEVERE SEPSIS: ABOVE CRITERIA PLUS			A. Organ dysfunction:			1) Blood pressure <90 or MAP <65			2) Acute respiratory failure requiring invasive or non-invasive ventilation			3) Creatinine >2			4) Bilirubin >2			5) Platelet <100,000			6) INR >1.5			7) Lactate >2			If criteria meet Severe Sepsis:			1. Obtain lactate within 3 hours			2. After blood cultures drawn, administer appropriate antibiotics immediately			3. If lactate >2 repeat within 6 hours			4. BP <90 or MAP <65 start crystalloid fluids within 3 hours (LR or NS 30 ml/kg)			III. SEPTIC SHOCK CRITERIA			A. Severe Sepsis PLUS:			B. Persistent hypotension one hour after crystalloid bolus OR lactate ≥4			If criteria meet Septic Shock:			1. Complete above criteria for Severe Sepsis			2. Crystalloid fluids start within 3 hours if lactate ≥4			3. VS q15 min x4 after fluid completion			4. If persistent hypotension one hour after crystalloid fluids administer vasopressor			5. For persistent hypotension OR lactate ≥4, documented focused exam by provider after sepsis fluids started and within 6 hours of septic shock			Nurse Signature: _____	Initials: _____	Nurse Signature: _____	Initials: _____	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Communication Corner for report</p> <p>Time communication called to floor: _____</p> <p>(mark with "X" when reported):</p> <p>___ Suspect or confirmed sepsis</p> <p>___ VS w/BP reading including if low BP during ED stay</p> <p>___ Lactic acid time, value, and repeat time – sticker attached if repeat not done in ED</p> <p>___ Report critical labs</p> <p>___ Blood culture time</p> <p>___ Abx administered and time</p> <p>___ Fluid, volume, time hung, and completion time or anticipated completion time</p> <p>___ VS after fluids 1 hr x4</p> <p>___ Focus exam by provider done or needed</p> <p>___ To Do list (what has not yet been done)</p> <p>___ If Sepsis bolus fluids still infusing after admitted, get written order to continue on floor</p> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">APPROVED ANTIBIOTICS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">MONOTHERAPY</td> </tr> <tr> <td colspan="2">Levofloxacin/ceftriaxone</td> </tr> <tr> <td colspan="2">Zosyn/piperacillin-tazobactam</td> </tr> <tr> <td colspan="2">Rocephin/ceftriaxone</td> </tr> <tr> <td colspan="2">Maxipime/cefepime</td> </tr> <tr> <td colspan="2">Unasyn/ampicillin-sulbactam</td> </tr> <tr> <td colspan="2">Primaxin/meropenem-claslatin</td> </tr> <tr> <td colspan="2" style="text-align: center;">COMBINATION THERAPY</td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> Aminoglycosides (amikacin/ gent/ tobram) OR Aztreonam </td> <td style="width: 50%; vertical-align: top;"> PLUS Cephalosporins (Cefazolin/ cefoxitin/ ceftin) OR Clindamycin OR Vancomycin OR Linezolid OR Macrolides (Azithromycin/ Erythromycin) OR Penicillins (Ampicillin/ Nafcillin/ Penicillin G) </td> </tr> </tbody> </table>	APPROVED ANTIBIOTICS		MONOTHERAPY		Levofloxacin/ceftriaxone		Zosyn/piperacillin-tazobactam		Rocephin/ceftriaxone		Maxipime/cefepime		Unasyn/ampicillin-sulbactam		Primaxin/meropenem-claslatin		COMBINATION THERAPY		Aminoglycosides (amikacin/ gent/ tobram) OR Aztreonam	PLUS Cephalosporins (Cefazolin/ cefoxitin/ ceftin) OR Clindamycin OR Vancomycin OR Linezolid OR Macrolides (Azithromycin/ Erythromycin) OR Penicillins (Ampicillin/ Nafcillin/ Penicillin G)
I. SEPSIS CRITERIA	Y/N	Initials																																																																																																																				
A. Infection suspected or present PLUS:																																																																																																																						
B. 2 SIRS criteria:																																																																																																																						
1) Temperature >101 or <96.9																																																																																																																						
2) Pulse >90																																																																																																																						
3) Respirations >20																																																																																																																						
4) WBC >12,000 or <4,000																																																																																																																						
C. Draw blood cultures. Consider antibiotics from below																																																																																																																						
II. SEVERE SEPSIS: ABOVE CRITERIA PLUS																																																																																																																						
A. Organ dysfunction:																																																																																																																						
1) Blood pressure <90 or MAP <65																																																																																																																						
2) Acute respiratory failure requiring invasive or non-invasive ventilation																																																																																																																						
3) Creatinine >2																																																																																																																						
4) Bilirubin >2																																																																																																																						
5) Platelet <100,000																																																																																																																						
6) INR >1.5																																																																																																																						
7) Lactate >2																																																																																																																						
If criteria meet Severe Sepsis:																																																																																																																						
1. Obtain lactate within 3 hours																																																																																																																						
2. After blood cultures drawn, administer appropriate antibiotics immediately																																																																																																																						
3. If lactate >2 repeat within 6 hours																																																																																																																						
4. BP <90 or MAP <65 start crystalloid fluids within 3 hours (LR or NS 30 ml/kg)																																																																																																																						
III. SEPTIC SHOCK CRITERIA																																																																																																																						
A. Severe Sepsis PLUS:																																																																																																																						
B. Persistent hypotension one hour after crystalloid bolus OR lactate ≥4																																																																																																																						
If criteria meet Septic Shock:																																																																																																																						
1. Complete above criteria for Severe Sepsis																																																																																																																						
2. Crystalloid fluids start within 3 hours if lactate ≥4																																																																																																																						
3. VS q15 min x4 after fluid completion																																																																																																																						
4. If persistent hypotension one hour after crystalloid fluids administer vasopressor																																																																																																																						
5. For persistent hypotension OR lactate ≥4, documented focused exam by provider after sepsis fluids started and within 6 hours of septic shock																																																																																																																						
Nurse Signature: _____	Initials: _____	Nurse Signature: _____	Initials: _____																																																																																																																			
APPROVED ANTIBIOTICS																																																																																																																						
MONOTHERAPY																																																																																																																						
Levofloxacin/ceftriaxone																																																																																																																						
Zosyn/piperacillin-tazobactam																																																																																																																						
Rocephin/ceftriaxone																																																																																																																						
Maxipime/cefepime																																																																																																																						
Unasyn/ampicillin-sulbactam																																																																																																																						
Primaxin/meropenem-claslatin																																																																																																																						
COMBINATION THERAPY																																																																																																																						
Aminoglycosides (amikacin/ gent/ tobram) OR Aztreonam	PLUS Cephalosporins (Cefazolin/ cefoxitin/ ceftin) OR Clindamycin OR Vancomycin OR Linezolid OR Macrolides (Azithromycin/ Erythromycin) OR Penicillins (Ampicillin/ Nafcillin/ Penicillin G)																																																																																																																					
*** Not part of permanent record – Return to Peer Review ***																																																																																																																						

RIDING INTO THE SUNSET

Congratulations on Your Retirement, Peggy!

Peggy Williams, a CR/MR Technologist, recently retired from Bothwell's Radiology department. She started working at the hospital in November 1979 and retired at the end of January. We all wish her well in the next chapter of her life!

PRAISE FOR PEGGY

"Bothwell was very fortunate to have an employee like Peggy for 40 years. She exemplified the loyalty, compassion and work ethic any health care organization looks for in a health care professional. She was a great team member and took pride in the care she provided to her patients. Her smile and genuine caring nature will truly be missed."

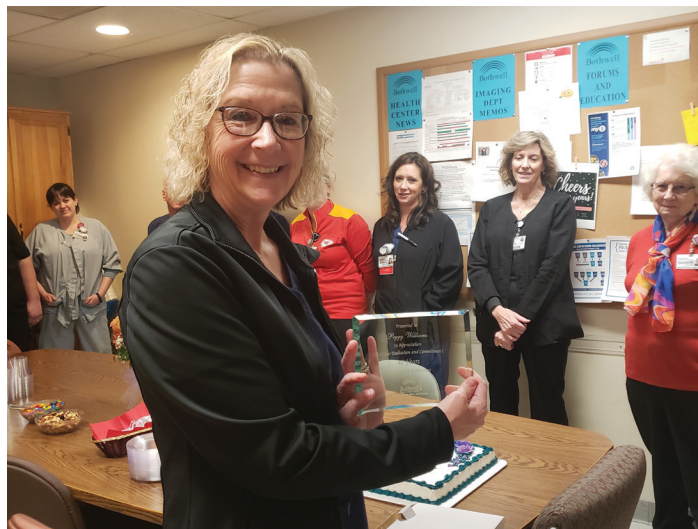
Marc Dougherty RT(R)
Director, Medical Imaging

"Peggy has been a part of the CT/MR department for 20 years. We have helped each other through a lot of changes over the years. She has been a coworker that I have been able to depend upon and a close friend that I have leaned on. I am going to miss her quirky sense of humor and her beautiful smile."

Linda Keethler, RT (R)(N)(CT)(MR)CNMT
Chief CT/MRI Technologist



Tom Bailey, Bothwell chief operating officer, presented Peggy Williams with a gift at her retirement reception.



Peggy with her retirement gift.

| EMPLOYEE SPOTLIGHTS

We may think that February is all about Valentine's Day and candy hearts, but there's another kind of heart that gets a lot of attention this month—our own hearts.

American Heart Month was first proclaimed a federally designated event in 1964 by President Lyndon B. Johnson who had suffered a heart attack nine years earlier. Each year since 1964, the president has declared February American Heart Month, which brings attention to heart disease, the number 1 killer of Americans.

In recognition of American Heart Month, we're featuring employees who support our patients' heart health on this page and the next.

Melanie Davis

Melanie Davis tells everyone that she has the best job in the world.

"Cardiopulmonary Rehab is a happy place to work," she said. "I have great coworkers and our patients appreciate us."

Bothwell's Cardiac Rehabilitation program is a four-phase, medically supervised exercise therapy program designed to help people with heart disease return to a productive life by improving their health through physical activity.

As the program's Exercise Coordinator/Supervisor, Davis monitors patients during exercise, teaches education classes, handles referrals from physicians, and makes sure the department has orders and insurance coverage information. She also attends Association of Cardiovascular and Pulmonary Rehabilitation conferences to keep up with the changes in the field. Davis said she helps patients be less apprehensive about exercise as they work toward a healthier lifestyle.

"We educate them about recognizing, preventing and treating heart disease," she said. "We strengthen their heart through a variety of physical activities and hopefully, we provide a safe and fun place to exercise."

Davis has worked at Bothwell for 31 years and said she really likes working in the community that she lives and seeing patients and coworkers outside the hospital.

"My family teases me that they can't go anywhere with me where I don't see someone from work, especially patients," she said.

Outside of work, Davis enjoys traveling, especially to locations with sun, sand and water. She has been married to her husband, Terry, for 30 years and has a son, who is married, and a daughter, who is currently in medical school at the University of Missouri.



Melanie Davis at her desk in Cardiac Rehab.

AMERICAN HEART MONTH Free Heart Score Screenings a Success

Bothwell and Bothwell Foundation recently partnered to provide free cardiac calcium or heart score screenings on Feb. 8 and 15.

A cardiac calcium screening is a special type of noninvasive computer tomography (CT) scan that shows if calcium deposits are present and how many. Calcium deposits in the form of plaque build up in the arteries and restrict blood flow to the heart, putting people at risk for heart attacks and coronary artery disease.

The foundation provided funding to pay for 24 free screenings, and Bothwell's Radiology staff performed the tests. An article about the free screenings appeared in the Health section of the *Sedalia Democrat* on Saturday, Feb. 1, and by 2 p.m. Monday, Feb. 3 all 24 appointments were made and there was a waiting list of 50.

"We were pleasantly surprised and pleased with the reaction to the free screenings," said Tom Bailey, Bothwell chief operating officer.

"Due to the overwhelming response, we decided to offer additional appointments throughout February for just \$25 each, which is Bothwell's cost to do the screening."

Thank you to the Bothwell Foundation for providing the funding and to Radiology staff for performing the screenings!

EMPLOYEE SPOTLIGHTS

Helen Thoele

Of all the jobs Helen Thoele has had, her job as a Cardiology Tech has been the most challenging and fulfilling.

Thoele started working at Bothwell in 2007, moved away in 2012 and returned to Bothwell in 2015. She previously was a CNA and a Ward Clerk on 3 Southwest.

As a Cardiology Tech, her main job responsibilities are to perform EKGs and stress tests and tend to patient needs.

“I help dispel patients’ fears of the unknown and make them feel safe and comfortable,” Thoele said.

When asked what she likes best about her job, Thoele was quick to say her coworkers.

“Good ones make it easy to come to work, and we have the best,” she said. “Hospital-wide there are some of the best and caring people I’ve ever known at Bothwell. The friendliness and camaraderies here are wonderful.”

Outside of work, Thoele finds painting very therapeutic. She has seven grown children and 21 grandchildren, who are scattered all over the United States.

Debbie Billings

According to Debbie Billings’s husband, she has the perfect job.

“He says it’s perfect for me because I get paid to talk eight hours every day,” Billings said with a laugh. “I do really enjoy talking with patients and their families; it’s something new every day.”

Billings has worked at Bothwell for 13 years. Prior to joining the Cardiology department as a Cardiology Tech, she was a CNA on 3 Southwest for two years. She said she helps cardiology patients by making them feel like a family member.

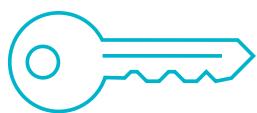
“I hold hands and explain what and why we are doing the tests that have been ordered,” she said. “I also try to debunk fears patients may have gotten from well-meaning family and friends.”

Billings has been married to her husband, John, for 33 years, and they have two adult daughters and two grandsons. When she’s not working, she loves to read and spend time with her family.

“I work with the most amazing group of people,” she said. “They are always willing to lend a hand and are always ready to share their knowledge and ideas.”



Helen Thoele, left, and Debbie Billings, right, both Cardiology Techs, monitor a patient on the treadmill.



KEY AWARDS

Karen Shelby
Gwen Fields
Lisa Shaw
Myra Hathcock
Dr. Michael Carozza

Nadia Ostapenko
Sonjia Sapp
Susan Lamb
Brandi Smith
Becky Mitchell

Myra Hathcock
Judy Davis
Nick Hall
Tina Propheter
Eric Rader

Kara Sheeley
Samantha Candelas
Debbie Hagle
Cathy DeJonge

EMPLOYEE OF THE MONTH COMMITTEE

Thank you for your service!

Human Resources would like to recognize **Diana Nichols, Andrea Kiso, Hannah Stemberger, and Becca Wooldridge** for serving on the 2019 Employee of the Month Committee. They each played an integral role in supporting Bothwell employee recognition.

We appreciate the time you took out of your busy schedules each month to be a part of the committee. Thank you!

NEW EMPLOYEES

Sondra Barber <i>2 Southwest</i>	Emily Faries <i>Dietary</i>	Trisha Miller <i>Neurology</i>	Dana Smith <i>Housekeeping</i>
Lynh Best <i>Administration</i>	Karyn Fenical <i>Ultrasound</i>	Alice Mooney <i>Admitting</i>	Sharon Stuber <i>2 Southwest</i>
Doug Bishop <i>Hospitalists</i>	Cheyenne Garnik <i>3 Southwest</i>	Dr. Loraine Nolla <i>OB/GYN</i>	Unique Tatum <i>Pathology</i>
Kassidy Bridges <i>Nursing Administration</i>	Emily Guyton <i>Nursing Administration</i>	Ramon Owens <i>Laundry</i>	Lancy Ulrich <i>Admitting</i>
Tyler Cramer <i>Pharmacy</i>	Jennifer Harding <i>Clinic Billing</i>	Krista Phillips <i>Radiology</i>	Joshua Warner <i>Plant Services</i>
Caitlin Crawford <i>2 Southwest</i>	Robin Holsinger <i>Respiratory Therapy</i>	Taylor Rathbone <i>Dietary</i>	Amanda Wathen <i>Health Information Management</i>
Shiron Douglas <i>Admitting</i>	Steven Hughes <i>Bothwell Medical Equipment</i>	Dr. David Roehrs <i>Bothwell Radiology Group</i>	Heather Woolery <i>Cancer Care</i>
Jay Fahnestock <i>Housekeeping</i>	Jennifer Hutcheson <i>Labor and Delivery</i>	Cole Simoncic <i>Pharmacy</i>	

DOING OUR PART

New GREEN Team Focused on Environment

The GREEN Team is a group of Bothwell employees that wants to educate, inspire and empower other employees to be better stewards of our resources. We want to identify and implement specific solutions to help the Bothwell family operate in a more environmentally- friendly fashion.

Here's how you can get involved!

Highway Cleanup, Saturday, April 18

Bothwell has a two-mile section of 65 Highway on the north side of Sedalia.

We need a great group of volunteers that would like to enjoy some fresh air and camaraderie with coworkers. We will start cleanup at 10 a.m. Following our work, we will have a picnic at Liberty Park.

Contact agreen@brhc.org if you would like to help.

Styrofoam Reduction

Some say it takes Styrofoam a decade to decompose. Others say 50 years. Still other claim it takes millions of years ... although we're unsure who's been around long enough to measure that! Regardless of the actual length of time, it's not good for the environment.

How you can help:

- Count how many Styrofoam cups you use in a typical workday and try to reduce that amount.
- Better yet, bring a reusable cup from home to use for your coffee and for your cold drinks.
- If eating in the Bothwell Café, use a plate or a bowl instead of a Styrofoam to-go container.

Stay tuned for additional ways to help reduce our use of Styrofoam!

These are just a couple of the initiatives that the GREEN Team will focus on this year. If you have recommendations for the GREEN Team to consider, please send them to Ann Green at agreen@brhc.org.

Reduce, Reuse, Recycle!



SALUTES

These staff members were singled out by patients and their family members through complimentary messages to Patient Advocate Blaire Riley. Our "Salutes" this month go out to:



Amanda Gates
*Bothwell Family
Medicine Associates*

Paula Kappelman
Bothwell Internal Medicine

Tammy Johnson
Bothwell Truman Lake Clinic

Amy Nichols
*Bothwell Family
Medicine Associates*

James Steele
Bothwell Internal Medicine

Robin Bland
Emergency Department

Courtney Lawson
*Bothwell Family
Medicine Associates*

Russell Dedrick
Radiology

Kaylee Hughes
Radiology

Natalya Boychuk
*Bothwell Family
Medicine Associates*

Kirsten Darrah
Admitting

Jan Devore
Admitting

Erica Atterberry
*Bothwell Peak Sport &
Spine-California*

Eric Lange
*Bothwell Peak Sport &
Spine-California*

Heather Avey
Bothwell Cole Camp Clinic

Susan McMannama
Bothwell Cole Camp Clinic

Beth Kyle
*Bothwell Internal
Medicine Specialists*

Erick DeGuzman
Emergency Department
Chelsea Casteel
Bothwell TLC Pediatrics
Molly Young
Bothwell TLC Pediatrics

COMMUNICATION CORNER

Tips for Business Emails

This month the communication corner is dedicated to email etiquette. Emails play an important role in communicating with others. Below are some simple tips to follow when writing business emails that focus on professionalism and courtesy.



PROFESSIONALISM

- 1. Use proper spelling, grammar and punctuation.** This allows for easier reading.
- 2. Use proper structure and layout.** Number your points; use blank lines between paragraphs.
- 3. Do not write in CAPITALS.** This comes across as shouting.
- 4. Take care with abbreviations and emoticons.** Try not to use common text abbreviations or emoticons.
- 5. Watch content!** If you don't want your email to be displayed on a bulletin board, don't send it. Never make any libelous, sexist or racially discriminating comments.
- 6. Use manners.** Use an appropriate greeting for each new subject email and use please / thank you.
- 7. Read the email before you send it.** Consider how your recipients will read the message.
- 8. Send a new message instead of recalling a previous message.** Your message has likely been delivered and read, so if you made a mistake, send a new email.
- 9. Watch use of delivery and read receipts.** This will almost always annoy your recipient, and it usually does not work since many people block that function.

COURTESY

- 1. Be concise and to the point.** Keep sentences 15–20 words long, and keep emails short.
- 2. Use the subject line.** This gives the reader an easy reference point.
- 3. Answer all questions, and preempt further questions.** This saves time and can help avoid frustration.
- 4. Don't leave out the message thread.** When you reply to an email, include the original mail in your reply. Click 'Reply', instead of 'New Mail'.
- 5. Watch use of Reply to All.** Only use Reply to All if you really need your message to be seen by each person who received the original message.
- 6. Use cc: field sparingly.** Try not to use the cc: field unless the recipient in the cc: field knows why they are receiving a copy of the message.
- 7. Respond to email messages within 24 hours.**
- 8. Watch overuse of the high priority option.** It will lose its impact or come across as aggressive.
- 9. Pick up the phone after three exchanges on the same subject.** That much communication back and forth means it is likely time for a conversation.

| FOUNDATION NEWS

REGISTRATION NOW OPEN!

BOTHWELL FOUNDATION
LUB+DUB
5K/10K WALK/RUN



APRIL 25 • 2020

REGISTER BY APRIL 6 TO RECEIVE EARLY PRICING!

EVENT DATE: April 25, 2020

EVENT TIME: Race starts at 8:00am

LOCATION: Bothwell Regional Health Center
Sedalia, Missouri

Registration includes finisher medal,
t-shirt, food, entertainment and more!

REGISTER ONLINE AT BRHC.ORG/LUBDUB

FOR ADDITIONAL INFORMATION

VISIT BRHC.org CALL 660.829.7786

Proceeds benefit the Camye Callis Gaspard Memorial Heart Fund.

Graphic design provided by **CALLIS**

Presented By:  **Central Bank
of Sedalia**
Strong roots. Endless possibilities.™




**Bothwell
Foundation**

MARCH

BIRTHDAYS



Tierra Henderson.....	1
Kristy Groves	1
Dr. Matt Triplett.....	2
Cassandra Deitt.....	2
Susan Lamb	3
Sydney Lindgren	3
Alaina Motsenbocker.....	3
Jennie Zolecki.....	4
Jaylynne Labus.....	4
Delaney Meyer	4
Kathy Brown	5
Mckenna Woolery	5
Lynda Beasley.....	6
Leonard Butler	7
Christie Harrell	7
Mike Snow.....	8
Stacey Soendker.....	8
Megan Pate.....	9
Kristina Godunok	9
Lacey Poe	9
Malleasa Staus.....	10
Kristin Largent	10
Dr. John Russell	10
Jordyn McMullen.....	10
Melanie Davis	11
Jennifer Owen.....	11

Sonjia Sapp	12
Patti Alcorn	12
Alex Ramirez-Polaco	12
Annie Wolf.....	13
Lisha Harmon	13
Diana Nichols	14
Christina Watring	14
Jaclyn Webb	14
Mike Parrish.....	14
Crystal Wolfe.....	14
Kayla Thornton.....	16
Theresa Acklin	17
Brenda Sprinkle.....	18
Ryan Walker	19
Denise Goins.....	19
Dr. Assad Shaffiey	19
Casey Martin.....	19
Kristina Musgrave	20
Rachel Gammill	20
Jennifer Raines	20
Carlos Crisol-Lopez	20
Kirstie Schultz	20
Mike Simon	21
Linda Cook	25

Grace Goodwin.....	25
Marlayne Clark	26
Kaylene Wheeler	26
Kellie Iiams.....	27
Lori Gano	29
Shawna Sapaugh.....	29
Rachael Hinkle.....	30
Kayley Woolery.....	30
Rachel Harris	31
Ramona Gibbs.....	31
Amber Allain	31
Jason Nelson.....	31

FOUNDATION NEWS

Memorials

In memory of
Lou Labus
 Dennis and Carla Eding

In memory of
James Ellison
 Diana O'Connor