

October 11, 2017

# SCHC Lifeline

## A Letter From the Board of Trustees



Dear Sheridan County Residents,

As many of you may or may not know, the Sheridan County Health Complex Board of Trustees had requested the Sheridan County Commissioners to put a question on the ballot for the November election for the voters of Sheridan County to decide whether Sheridan County should issue general obligation bonds in the amount of 7 million dollars for a remodel project for the Sheridan County Health Complex. The total cost of the project was estimated at 7.6 million dollars and the Sheridan County Health Complex was going to fund \$600,000.00 of the project without general obligation bonds.

Prior to the election the Sheridan County Health Complex Board of Trustees determined that Sheridan County may qualify for a community development block grant to help fund the project and, after the local community meeting, it appears that there may be some funds available through the Hansen Foundation. If Sheridan County qualifies for a community development block grant it may also qualify for special tax credits which could also be used to help fund the project. All of these options would significantly reduce the dependence of the project on general obligation bonds which are funded by property tax owed by every property owner in Sheridan County, Kansas. Therefore, because of these potential funding options as well as the depressed farm economy in Sheridan County, it was the decision of the Board of Trustees to remove that election question from the ballot in November.

There is still a significant need for major improvements at the hospital and clinic which may still result in a question being placed on the ballot in the future to request funding through tax dollars. However, before that question is posed to the residents of Sheridan County, and especially in light of the comments made during the first election, the Sheridan County Hospital Board of Trustees are pursuing every other option of funding the project before coming to the voters requesting an increase in property taxes to pay for long term general obligation bonds. This was a very difficult decision for the Board of Trustees for the reason that there are significant needs which need to be addressed at the hospital at this time. Hopefully the delay in requesting funding from the voters will result in a lower obligation of property taxes to fund the project.

The Board of Trustees and the Administration of the Sheridan County Health Complex appreciate the support that everyone has demonstrated in the past and hope that you will continue to support the facility in the future to enable the facility to provide the highest quality of medical care for the residents of Sheridan County, Kansas.

If you have any questions regarding any of the above information, please feel free to visit with any member of the Board of Trustees or the Administration of the Sheridan County Health Complex.

The Board of Trustees would like to express our gratitude for the Sheridan County Commissioner's willingness to not only put the question on the ballot, but also remove the question from the ballot at this time.

Sincerely,  
Sheridan County Health Complex Administration  
and Board of Trustees

## HRSA Awards \$200 Million to Health Centers for Mental Health Services

-Pam Popp, Clinic Manager

The Health Resources and Services Administration (HRSA) awarded more than \$200 million to 1,178 health centers and 13 rural health organizations in every U.S. state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin to increase access to substance abuse and mental health services. "No corner of our country, from rural areas to urban centers, has escaped the scourge of the opioid crisis," said HHS Secretary Tom Price, M.D. "The Trump Administration is taking strong, decisive action to respond to the crisis caused by the opioid epidemic. These grants from HRSA go directly to local organizations, which are best situated to address substance abuse and mental health issues in their own communities." Approximately \$200 million will support 1,178 health centers to support expansion and integration of mental health services and substance abuse services. These services

focus on the treatment, prevention, and awareness of opioid abuse in the primary care setting by increasing personnel, leveraging health information technology, and providing training. The expanded funding is part of the Department of Health and Human Services' five-point strategy to fight the opioid epidemic by improving access to treatment and recovery services, targeting use of overdose-reversing drugs, strengthening our understanding of the epidemic through better public health surveillance, providing support for cutting-edge research on pain and addiction, and advancing better practices for pain management. "Nationally, about half of all care for common mental health conditions happens in the primary care settings," said HRSA Administrator George Sigounas, MS, Ph.D. "In health centers, where people are often most comfortable, staff with varied expertise have a unique opportunity to

provide mental health and substance abuse services to patients who wouldn't otherwise seek or have access to treatment." Rural states are more likely to have higher rates of overdose death, particularly from prescription opioid overdose. To address their unique needs, 496 of the health centers that receive The Access Increases in Mental Health and Substance Abuse Services (AIMS) awards are located in rural communities. An additional nearly \$3.3 million supports 13 rural health organizations to increase access to treatment and recovery services for opioid abuse under the Rural Health Opioid Program (RHOP) and the Substance Abuse Treatment Telehealth Network Grant Program (SAT -TNGP). The organizations will use these awards to advance evidence-based, opioid use disorder interventions to overcome challenges in rural communities, such as longer emergency response times and lack of access to substance abuse

treatment providers. The new RHOP provides \$2.5 million for 10 rural health organizations in Arizona, Arkansas, Indiana, Kentucky, Maine, Maryland, Montana, Ohio, and Virginia to help community members struggling with opioid abuse find locally available treatment options and support services through partnerships with local health care providers and other community-based groups. The SAT -TNGP provides approximately \$670,000 for three organizations to use evidence-based, telehealth programs and networks to improve access to substance abuse treatment in rural, frontier and underserved communities.

For more information about the impact of integrating mental health and substance abuse services at the community level, and a list of FY 2017 AIMS award recipients, visit: <https://bphc.hrsa.gov/programopportunities/fundingopportunities/aims/fy2017awards/index.html>

### Thank You!

Sheridan County Health Complex would like to thank SCHC Hospital Auxiliary, Brown's Medical Imaging, First State Bank, ARSI, Eland Law Office, Hoxie Feed Yard, LLC, Hoxie Implement, Inc., Peoples State Bank, Plains Radiology Services, Nex-Tech, LLC,

Crop Production Services, Equity Bank, Six Toes Feed and Seed, Hoxie State Insurance, Integrity Mgmt dba, Docs Who Care, CG-ID Architecture, Roch and Marilyn Meier, Rockin' M Radio, Paul Heskett, Stuart and Anita Beckman, Larry Bieker, Greg Jones,

Dan William, Hoxie Elks, Hoxie Golf Club, Elite Steel, all **volunteers** and all those who participated in the 8<sup>th</sup> Annual SCHC Benefit Golf Tournament with a Twist. It was a huge success and raised **\$13,300** that will be used to purchase a new physical therapy computer

cart and help update the security system. These new additions will help substantially in Sheridan County Health Complex's daily effort to provide our patients with the safest and most convenient care possible.

## CDC Helps Patients and their Families “Get Ahead of Sepsis”

-Sydnee Beydler, RN-Infection Prevention, Employee Health, Emergency Preparedness Coordinator

Each year in the U.S., more than 1.5 million people get sepsis, and at least 250,000 Americans die as a result. CDC’s Get Ahead of Sepsis education effort encourages patients and caregivers to prevent infections that lead to sepsis and seek immediate medical care if they suspect sepsis.

Sepsis is the body’s extreme response to an infection. It is life-threatening, and without timely treatment, sepsis can rapidly cause tissue damage, organ failure, and death. Anyone can get an

infection, and almost any infection can lead to sepsis. Certain people are at higher risk including: adults 65 or older; people with chronic conditions such as diabetes, lung disease, cancer, and kidney disease; people with weakened immune systems; and children younger than one.

CDC’s *Get Ahead of Sepsis* encourages patients and families to:

- Talk to their doctor or nurse about steps they can take to prevent infections. Some steps include taking good care of chronic conditions and getting recommended vaccines.

- Know the symptoms of sepsis.
- Practice good hygiene, such as handwashing, and keeping cuts clean until healed.
- ACT FAST. Get medical care IMMEDIATELY if they suspect sepsis or have an infection that’s not getting better or is getting worse.

To support patients, caregivers, and healthcare professionals, CDC provides educational materials and resources including fact sheets, brochures, infographics, a new

public service announcement, and a video about “Four Ways to Get Ahead of Sepsis.”

For more information regarding sepsis contact Sheridan County Health Complex’s Infection Prevention RN, Sydnee Beydler, at 785-677-4143 or visit the Center for Disease Control’s website at [www.cdc.gov/sepsis](http://www.cdc.gov/sepsis)



MANAGE THE DISEASE. DON'T LET IT LIVE. ACT FAST.

## Hoxie Medical Clinic welcomes DeAnna Sulzman, APRN-C

-Pam Popp, Clinic Manager



Hoxie Medical Clinic is excited to welcome Deanna Sulzman, APRN to their team of providers.

Deanna graduated with a three year diploma of nursing from St. Francis School of Nursing in Wichita, KS. She then received her BSN from Fort Hays State University and her Master’s degree from West Texas A&M University. She has worked as a nurse practitioner for 24 years and prior to that she worked in hospital nursing and nursing education.

Deanna’s area of interest is family practice, especially women’s health care. This type of practice involves treatment and explanation of disease process, chronic disease management and provides care from prenatal to geriatric. Both she and her husband were born and raised in western Kansas and wanted to raise their family in a smaller community. Deanna has always

enjoyed the diversity of patients in this area and likes to get to know each and every one personally and professionally. Deanna is available in the clinic to see scheduled patients every Monday and Friday through the month of October and then will be working on a PRN basis beginning in November. You may reach the Hoxie Medical Clinic at 785-675-3018 to make an appointment.

## Medicare to Remove Social Security Number from ID Cards

- Rebecca Bird, SCHC Business Office Manager

**CMS Press Release 5-30-2017**

The Centers for Medicare & Medicaid Services (CMS) is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft, and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019. Today, CMS kicks-off a multi-faceted outreach campaign to help providers get ready for the new MBI.

“We’re taking this step to protect our seniors from fraudulent use of Social Security numbers which can lead to identity theft and illegal use of Medicare benefits,” said CMS Administrator Seema Verma. “We want to be sure that Medicare beneficiaries

and healthcare providers know about these changes well in advance and have the information they need to make a seamless transition.” Providers and beneficiaries will both be able to use secure look up tools that will support access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN further easing the transition.

CMS testified on Tuesday, May 23<sup>rd</sup> before the U.S. House Committee on Ways & Means Subcommittee on Social Security and U.S. House Committee on Oversight & Government Reform Subcommittees on Information Technology, addressing CMS’s comprehensive plan for the removal of Social Security numbers and transition to MBIs.

Personal identity theft affects a large and growing number of seniors. People age 65 or older are increasingly the victims of this type of crime. Incidents among seniors increased to 2.6 million from 2.1 million between 2012 and 2014, according to the most

current statistics from the Department of Justice. Identity theft can take not only an emotional toll on those who experience it, but also a financial one: two-thirds of all identity theft victims reported a direct financial loss. It can also disrupt lives, damage credit ratings and result in inaccuracies in medical records and costly false claims.

Work on this important initiative began many years ago, and was accelerated following passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). CMS will assign all Medicare beneficiaries a new, unique MBI number which will contain a combination of numbers and uppercase letters. Beneficiaries will be instructed to safely and securely destroy their current Medicare cards

and keep the new MBI confidential. Issuance of the new MBI will not change the benefits a Medicare beneficiary receives.

CMS is committed to a successful transition to the MBI for people with Medicare and for the health care provider community. CMS has a website dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also planning regular calls as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018.

For more information, please visit: <https://www.cms.gov/medicare/ssnri/index.html>

**Hospital, Clinic, & Long Term Care  
PAYMENT DROPBOX**  
available for your convenience  
Located on the wall beside the  
Hospital Registration Office.



## What is Medical Coding?

-Becky Vickers, RHIT

Medical coders have the job of translating diagnoses, procedures and services documented in a medical record into a code. Each time a patient has an encounter, be it for lab, x-ray, physical therapy, inpatient, any type of service that would create a bill, the coder must assign a code for the diagnosis related to that encounter. They also may assign a procedure code for the service that's provided. Accurate medical coding is critical for patient care, especially as it relates to insurance claims and reimbursement.

Diagnosis coding is reported to have originated in England in the 17<sup>th</sup> century to help in estimating the most recurrent causes of death. Centuries later these lists of codes were developed into the International Classification of Diseases

which is now in its 10<sup>th</sup> edition. In 1977, the ICD system was expanded to not only include causes of death, but also clinical diagnoses such as illnesses and injuries. Accurate medical coding is also critical for assessments and study of diseases and their treatments. The ICD coding also includes procedure codes for inpatient treatments and procedures. Outpatient treatments, procedures and tests use the Current Procedural Terminology (CPT). CPT codes were more recently developed in the United States by the American Medical Association in the 1960's as a shorthand way to document medical (procedures) treatment. These later evolved and matured to be endorsed by the federal government and universally used for the reimbursement of

outpatient insurance claims. There were numerous changes made between ICD-9 and ICD-10. ICD 9 had approximately 13,000 diagnosis codes. ICD 10 has 68,000 and counting. Every year new codes are added as new diseases are recognized. ICD 10 is much more specific than ICD 9. The code set has been expanded from five positions (first one alphanumeric, others numeric) to seven positions. This meant that any coder who was trained and used ICD 9 had to start all over in their training. Many seasoned coders chose to leave the profession rather than go through this extensive training.



V91.07 Burn Due to Water-skis on Fire

ICD 10 also has provided the world with an array of humorous codes. These are a few examples:  
V00.01XD: Pedestrian on foot injured in collision with roller-skater, subsequent encounter  
W61.62XD: Struck by duck, subsequent encounter  
Z63.1: Problems in relationship with in-laws

Despite the humor, medical coding is a highly respected profession. Coders may become certified professionals by earning a credential from a few different organizations. Experienced, credentialed medical coders are in high demand as coding becomes more and more complex.

## Activities Department Thrives with New and Old Programs

-Katie Kuntz, LTC Activities

"Alone we can do so little, together we can do so much." A lot has been taking place and achievements have been reached in the activity department this year and the residents and staff are very proud. We've implemented many new small and large group activities to our calendar. We keep very busy throughout

the day by offering at least 4-5 activities. Church leaders are still providing services and are organizing times to eat lunch with the residents monthly which we appreciate. Our residents like to participate in outings that are offered monthly to keep them active in our community. We would like to extend a

big thank you to all those who have volunteered their time to our department: Kelsey Epp Daycare, Auxillary Ladies, John Ashbaugh, Methodist Church, Wednesday evening Worship Leaders, Rosary Leaders, and St. Frances Catholic Church. Your time and dedication will always be appreciated.

If you or your committee is interested in volunteering please contact Katie or Leslie in the Sheridan County Long Term Care Activities Department at 785-677-4129 Monday-Friday.

## Sheridan County Emergency Assistance Registry Planned

-Sydnee Beydler, RN- Emergency Preparedness Coordinator, Infection Prevention, Employee Health

Sheridan County Health Complex is working with the Sheridan County Public Health Department, Sheridan County Emergency Management, Sheridan County EMS, Sheridan County Sheriff's Department, and the Hoxie Police Department to encourage individuals within Sheridan County that would need special assistance during an emergency/disaster situation, to provide their name to the County's Emergency Assistance Registry. After the blizzard this last May the County entities listed above met to review the County's response during the incident. We established there were a lot of things that went really well, but also a few things we would like to improve on before another situation

arises. A priority identified is having a list of individuals within Sheridan County who may need extra help during an emergency event such as extended power failures, blizzards, tornados, wildfires, or any other disasters that can happen in our area.

Individuals encouraged to have their name put on this list include those who have any of the following issues:

- ☐ **Mobility Issues**
- ☐ **Limited vision/blindness**
- ☐ **Cognitive**
- ☐ **Registered Service Animals**
- ☐ **Limited hearing/deaf**
- ☐ **Mental Health**
- ☐ **Use Electrical Powered Medical Devices (such as an oxygen concentrator)**

Any information provided will stay within

Sheridan County, and is only intended to be used to alert Sheridan County Emergency and Health agencies, or their personnel, of a need to offer additional assistance to those with special needs in an emergency event.

**Individuals interested in having their or their family member's information added to this list should contact the Sheridan County Health Department at (785) 675-2101. Individuals are also encouraged to update the registration information as often as their information changes.**

Individuals should still learn how and be

prepared to take care of themselves and their families.

For additional information on emergency planning, the following websites are available:

- [www.ready.gov](http://www.ready.gov)
- [www.cdc.gov](http://www.cdc.gov)
- [www.ksready.gov](http://www.ksready.gov)
- [www.accesskansas.org/kdem](http://www.accesskansas.org/kdem)
- <http://nobodyleftbehind2.org>

**Sheridan County Health Complex Lobby Hours:**

Monday-Friday  
7:30-5:00

**Hoxie Medical Clinic Hours:**

Monday-Friday  
7:00-5:00

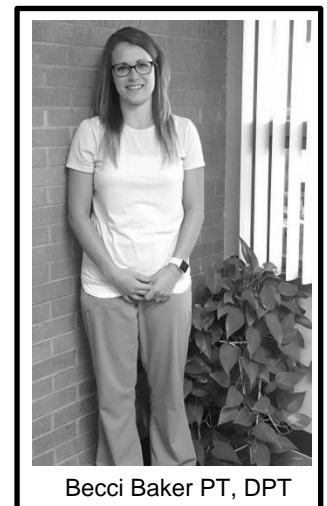
## Physical Therapy Department Welcomes Newest Employee

-Shelly Eberle, PT

We would like to welcome Becci Baker PT, DPT to the Sheridan County Health Complex. Becci began working in our facility in August and will be at SCHC on Monday's and Thursday's. Becci is originally from Creighton, NE where she was born and raised. She is the youngest of 6 kids, 4 girls and 2 boys. Becci received her undergraduate degree from Wayne State College

where she studied Biology health science. Following undergrad she attended the University of Nebraska Medical Center (UNMC) in Omaha, NE where she received her Doctorate of Physical therapy. She married Tyler Baker in July 2016 and they reside in Hoxie. Fun facts about her are she loves the color purple and is a huge Nebraska Husker fan. We would also like to

thank Cheryl Timm, PT, DPT for over 23 years of service as a consulting physical therapist. She is gradually easing into retirement by cutting back her schedule and is only seeing patients in Atwood. She has agreed to return to fill in for vacation time as needed in the future. Many people in our community have benefitted from her skills as a therapist over the years.



Becci Baker PT, DPT

**SCHC New Hires**



**Zoe Schultz**  
LTC CNA



**Sandy Bradshaw**  
Acute RN



**Brynn Niblock**  
Acute CNA



**Rosa Kershner**  
LTC CNA



**Nataly Villa**  
Dietary Aide



**Michelle Banning**  
Housekeeping



**McKena Unruh**  
Acute RN



**Lexi Torluemke**  
Dietary Aide



**Kristina Farber**  
Acute CNA



**Alicia Garrett**  
Acute CNA



**Amy Bellerive**  
LTC RN



**Dede Moore**  
LTC RN



**Carrie Ashbaugh**  
LTC Resident  
Care Coordinator



**Renee Wagoner**  
Acute Utilization/  
Evident Coordinator



**Erin Schroeder**  
Radiologic  
Technologist



**Bon Piamonte**  
Radiologic  
Technologist



**Rob Thompson**  
Ultrasound  
Technologist



**Deanna Sulzman**  
APRN-C



**Kayla Villa**  
Dietary Aide



**Destiny Liester**  
Dietary Aide



**Nikki Rachel**  
Dietary Aide

**Job Openings at SCHC**

- Full Time M.L.T./M.T. ASCP
- Full Time Cook
- Full Time Housekeeper
- Full Time Medical Records Clerk/Assistant
- Part-Time Accounts Payable/Materials Management Clerk
- Full-Time Certified Physical Therapist Assistant
- Full-Time Licensed Specialist Clinical Social Worker (LSCSW required)

We offer a wonderful work environment, competitive wages, and an excellent benefit package including:

- Health/Dental/Prescription/Vision Insurance
- Life/AD&D/Short & Long Term Disability Insurance
- On Site Wellness/Fitness Center
- PTO/EIB Accrual
- Pension Retirement
- AFLAC Supplemental Benefits
- Flexible Spending/Child Care Accounts

Apply online at [www.sheridancountyhospital.com](http://www.sheridancountyhospital.com) or email resume and references to [smoss@sheridan.hpmn.com](mailto:smoss@sheridan.hpmn.com).

SCHC is an equal opportunity employer.

## **Our Mission**

“To excel at providing quality healthcare close to home.”

## **Our Vision**

“Strengthening relationships by providing exceptional healthcare from the heart.”

### **Contact us:**

Sheridan County Health Complex  
(785) 675-3281

Hoxie Medical Clinic  
(785) 675-3018

Selden Community Clinic  
(785) 386-4380

[www.sheridancountyhospital.com](http://www.sheridancountyhospital.com)

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