

Momentum

56 hospitals strong:

Crossroads Community Hospital joins ICAHN membership

The Illinois Critical Access Hospital Network is pleased to announce Crossroads Community Hospital as its newest member. Crossroads Community Hospital joins 55 other small and rural hospitals throughout the state in its network membership.

Founded in 1985, Crossroads Community Hospital is located in Mt. Vernon, IL, and currently serves the people and communities throughout Jefferson County in southern Illinois. A 47 medical/surgical bed hospital with seven ICU beds, Crossroads Community Hospital is one of 30 Quorum Health Corporation hospitals located across the United States with sister hospitals in California, Nevada, Texas, Colorado, New Mexico, Tennessee, Kentucky, Georgia, and many other states.

Crossroads's core focus is on emergency services, general surgery, bariatric surgery, orthopedic surgery, imaging, urological surgery, ENT, gynecological surgery, gastrointestinal medicine and surgery (using the *DaVinci robot*), and primary care. Crossroads has two provider-based rural health clinics, one of which is located in Mt. Vernon and another in Wayne City. The hospital has an ICU with a pulmonologist who sees patients in the clinic setting as well.

Amanda Basso, RN, MSN, MBA, recently accepted the CEO position at Crossroads Community Hospital, following service as Chief Executive Officer for Clay County Hospital in Flora and also as a consultant for the Illinois Critical Access Hospital Network.

"Crossroads is not a critical access hospital but is very similar in size to a CAH. We are able to



“ *Critical access hospitals desire to have relationships with hospitals that understand the importance of returning the patient back to their home community at the first opportunity in the continuum of care... Crossroads operates under that philosophy.* **”**

**– Amanda Basso, RN, MSN, MBA, CEO,
Crossroads Community Hospital**



give our patients that small hospital feel, and that's what draws me to this work in the first place," said Basso. "My goal for Crossroads is to provide quality and service-oriented care to the patients we serve. I also want to be the employer of choice for healthcare workers in the Mt. Vernon area."

Basso continues to work on this goal by recently enhancing Crossroad's ICU program through the addition of a pulmonologist/intensivist. She is thankful to continue to receive transfers from local critical access hospitals when they are seeking a higher level of care for their patients.

"I know how important it is for critical access hospitals to keep all the care they can in their hospitals. They desire to have relationships with hospitals that understand the importance of returning the patient back to their home community at the first opportunity in the continuum of care," she added. "Crossroads operates under that philosophy."

Among other attributes, Crossroads Community Hospital currently offers:

- A \$10,000 sign-on bonus for RNs and ultrasound techs with more than two years

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Quality and Education Report

Did you know?

Quality Improvement Implementation Guide and Toolkit for CAHs

Offers strategies and resources to help CAH staff organize and support efforts to implement best practices for quality improvement. Updated to include additional strategies and best practices for new and continuing MBQIP measures. *There are a lot of resources here, especially if you are new to quality and CAHs.*

Comments
on Quality

ANGIE CHARLET
ICAHN Director of
Quality Services



Antibiotic Stewardship

Over the past couple of weeks, FORHP Project Officers have been distributing CAH level data antibiotic stewardship data from the 2016 NHSN Annual Facility Survey to Flex program staff in each state. The Excel file includes the most recent self-reported CAH performance data available on the seven core elements of antibiotic stewardship. This data will be used to monitor CAH progress on implementing antibiotic stewardship programs as part of MBQIP. We have added a large amount of data to the member portal under quality if you have not been there recently.

New Opportunity

Abstracting for Accuracy Consultation Stratis Health is offering a customized consultation that will provide CAHs with the opportunity to participate in an abstracting review process with Stratis Health Quality Reporting Specialist, Robyn Carlson, RHIA, CPHQ. The project aims to increase the validity of data collection and identifies opportunities for additional training and clarification as it relates to chart abstraction for MBQIP core measures. Space is limited! Please encourage CAHs in your state to participate. Visit the project page for more information.

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Crossroads Community Hospital

of experience

- A "Journey Weight Loss" program, which is a medical and surgical weight loss program (with minimally invasive surgical options being performed with robotic assistance) – gastric sleeve and bypass
- A freestanding imaging center (Southern Illinois Imaging)
- A pledge to help reduce patient wait times to at-or-under 30 minutes in their emergency department, which has been recently remodeled
- A newly remodeled cafeteria

Now Available!

January MBQIP Monthly

MBQIP Monthly is an e-newsletter that highlights current information about the Medicare Beneficiary Quality Improvement Project (MBQIP) and provides critical access hospitals (CAHs) with information and support for quality reporting and improvement. Flex programs are encouraged to distribute *MBQIP Monthly* to their CAHs as an additional resource to supplement state level MBQIP support (*just forward the below summary to your hospitals*). *MBQIP Monthly* is produced through the Rural Quality Improvement Technical Assistance program by Stratis Health.

Current Issue: *MBQIP Monthly January 2018*

- CAHs Can! Rural Success: Margaret Mary Health, IN
- Data: CAHs Measure Up – Data Quality & Accuracy
- Tips: Robyn Quips – Tips and Frequently Asked Questions
- Tools and Resources: Helping CAHs succeed in quality reporting and improvement

Visit: <https://www.ruralcenter.org/tasc/mbqip/mbqip-monthly>

Peer Group Monthly Meetings

We are now offering peer group monthly meetings for some of our peer groups to date. These calls are open time to talk with others from your service line and share concerns, resources, tools, etc. There is no mandatory participation, but you need to bring questions and conversation to the call.

ICAHN staff will review any current listserv questions to provide some topic ideas to discuss for the following peer networks: Chief Nurse, Quality/Infection Control, Compliance, Pharmacy, Nurse Leads, OR Managers, ER Managers, and Case Managers.

If your peer group would like to have monthly calls, please contact Angie at the ICAHN office at 815.875.2999. We will look at a standard date/time for ongoing meetings.

Upcoming meetings:

April 13: Quality and Infection Control

April 26: Nurse Leaders (*topics requested*)

May 3: Annual Expo... 15 year celebration!

May 11: Care Navigator (*open to all ICAHN members*)

May 24th: Annual RHC Workshop

"I'm excited about the people here at Crossroads, the services we offer, and the ambitious goals we have set," said Basso. "I'm also excited to be experiencing the benefits of ICAHN membership such as the listservs, peer-to-peer networking, and other support functions that bring us all together to offer ideas. I love the way the ICAHN family of hospitals works to solve issues together for the good of our people, patients, and our communities."



Hacked medical devices could be the next big security threat

Insights on
Information
Technology

RYAN SIERMAN
ICAHN Chief
Information
Officer



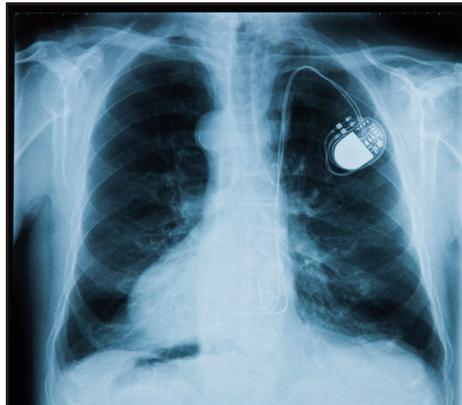
According to reports in *The Washington Post*, researchers have long warned that the IT security on medical devices is lacking and that oftentimes malware or ransomware has the opportunity to run “rampant” in hospital environments, both large and small. This is particularly worrisome because more and more of the medical devices – insulin pumps and pacemakers, for example – that people depend on to stay alive are becoming networked in the so-called “Internet of Things.”

There have been no documented cases of hackers holding a user ransom by his or her medical device, according to reports written by Andrea Peterson who covers technology policy for *The Washington Post*, but experts are realizing that cybersecurity for medical devices – really anything connected to the internet, including surgical robots – is lagging behind the digital protection arming other systems and gadgets.

Unlike a personal computer, individuals can't put digital security measures in place to protect their biomedical devices. It remains up to the manufacturer of the device's hardware and software to put the proper security in place.

“The onus is on the manufacturer, and they alone are responsible for setting up the cloud-based interface and for checking the interface of the data,” said Ryan Sierman, ICAHN Chief Information Officer. “It's imperative that the doctor or specialist ordering the equipment demand two-factor authentication. This is something that CAHs can require from vendors and is paramount to keeping patients safe and ensuring high-level security against hacking.”

The vulnerability of devices was extensively explored by “White Hat” Hacker Barnaby Jack of New Zealand, according to *Reuters* reports, who forced bank ATMs to spit out cash and sparked safety improvements in medical



What CAHs should know:

- **Understand the security measures** that your device manufacturer has in place to protect your patients' PHI
- **Involve your IT/security team** in the selection of implantable devices or other HIT-related purchases
- Insist that all log-ins to vendor-owned, cloud-based HIT platforms require **two-factor authentication**, which ensures high-level security against hacking

devices. As a matter of fact, Jack died just days before he was due to make a high-profile presentation at a hacking conference in 2013. This demonstration was to show how a hacker could potentially kill a man from 30 feet away by attacking an implanted heart device.

More specifically, his presentation may have “shown how a certain model of implanted insulin pump could be lethally hacked to administer incorrect dosages from up to 30 feet away or how certain implanted pacemakers and defibrillators could be hacked to deliver deadly shocks,” again referencing the aforementioned *Reuters* report. Former Vice President Dick Cheney revealed that his

doctor ordered the wireless functionality of his heart implant disabled due to fears it might be hacked.

“Doctors or specialists who are responsible for making decisions on equipment purchases oftentimes don't have the IT backgrounds to ask questions regarding the information security aspects of the equipment,” said Sierman, “And IT is rarely involved in a purchase decision for a medical device, so it's important that this information be kept in the forefront. There is a need to protect patients. Making sure doctors or specialists arm themselves with this knowledge will help to make that happen.”

Last, but not least, emerging technologies such as connected artificial limbs, implants for smart physiological enhancements, embedded augmented reality, etc., designed both to address disabilities and create better, stronger, fitter human beings, will offer innovative attackers new opportunities for malicious action and harm unless they have security integrated from the very first moment of design, according to Tim Gee of *MedicalConnectivity.com*.

Real change is occurring on the manufacturer side as a result of the FDA's cybersecurity guidance and its insistence that manufacturers implement meaningful data security controls in their product development process and products. This is great for new products reviewed by the FDA in the past year or so and going forward; however, it does not address the huge installed base of devices with little or no cybersecurity capabilities purchased before the FDA change.

References:

1. https://www.washingtonpost.com/news/the-switch/wp/2015/08/03/connected-medical-devices-the-internet-of-things-that-could-kill-you/?utm_term=.e25c3a7ea0fd
2. <https://www.reuters.com/article/us-hacker-death/famed-hacker-barnaby-jack-dies-a-week-before-hacking-convention-idUSBRE96P0K120130726>

For ICAHN IT assistance, contact Ryan Sierman, Chief Information Officer, or Ryan Morgan, Chief Information Security Officer, at 815.875.2999.

Rural health and hospital leaders encouraged to participate in behavioral health collaborative

The Illinois Critical Access Hospital Network is sponsoring a workshop that will explore challenges and opportunities in behavioral healthcare and offer options for what you can do in your community to improve treatment, availability, and accessibility to mental health services.

The workshop, "Behavioral Healthcare in Illinois: Collaborative Approaches," will be held on Tuesday, March 20, from 9 a.m. to 3 p.m. at the Illinois Education Association, 3440 Liberty Drive, Springfield. Cost to participate is \$55 per individual.

Rural health leaders, hospital C-suite and executive leaders, behavioral health professionals, physicians, nurses, care coordinators, and other interested providers are encouraged to attend.

Presenters will focus on current resources,

services, and models of success including:

- Utilizing technology and telehealth for behavioral health management
- Activating community resources for patient and population health
- Recognizing wellness and recovery efforts supported in rural Illinois by DHS/DMH (*panel discussion*)
- Identifying special needs related to pediatric psychiatric care and consultation services available to physicians and allied health providers
- Describing the use of CCM codes, activities, and billing within rural health settings

Presenters include Diana Knaebe, Director of the Illinois DHS-Division of Mental Health; Nina Antoniotti, RN, MBA, PhD, Executive Director of Telehealth and Clinical Outreach, SIU Telehealth; Diane Misch, MD, and Meghann Hennelly, MD, of Illinois DocAssist; Julie Shepard, BS, MS, Director of Care Coordination, Blessing Hospital;

and Janet Liechty, PhD, LCSW, BHWELL Project Director/PI, Associate Professor School of Social Work, UIC College of Medicine, U of I. Participants have the opportunity to receive 5.0 Nurse Contact Hours or 5.0 Hours for LCPC, LCSW, or LMFT.

To register, visit www.icahn.org/professional-education. Deadline to register is Thursday, March 15th. For more information, contact Kathy Fauble at kfauble@icahn.org or Liz Swanson at lswanson@icahn.org or call 217.223.0452.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant H54RH00019, Rural Hospital Flexibility Program. ICAHN is an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

NCRHP seeking students, accepting applications

The National Center for Rural Health Professions is seeking students for the Rural Health Experience (RHE) program. This 3-5 day rural immersion program is a great summer opportunity for students interested in understanding healthcare delivery in rural communities and establishing connections with healthcare facilities!

The RHE program is intended for college, graduate, or professional level students in their first or second year of a health professions program. During the program, students stay on-site and shadow various hospital staff. Students also attend Interdisciplinary Team (IDT) meetings and meet with administration when applicable. Living on-site helps students to understand the social and health characteristics, needs, and resources of the specific rural community.

Housing and meals are provided to students. There is no set time-frame to the program; rather, the timing is based upon the availability of the student and host site. There are eight participating sites across Illinois for summer 2018. The early consideration deadline is Sunday, April 1. The application and instructions can be found at: <http://www.ncrhp.uic.edu/> under Student Opportunities.

Applications are also being accepted for the six-week Rural Inter-professional Preceptorship and for AHEC Scholars. The deadline for the full-time, paid opportunity preceptorship for health professions students is Sunday, April 1. Site locations are at Gibson Area Hospital and Health Services, Gibson City, from June 12 to July 24; and at SSM Health St. Mary's Hospital, Centralia, with dates to be announced.

The deadline for AHEC Scholar applications is Sunday, May 6. This is a competitive two-year cohort program that expands on health professions student education and training. Questions on any of the aforementioned programs may be forwarded to Vicky Rhine, MPH, Assistant Director of External and Pipeline Projects, NCRHP, at rhine1@uic.edu. Interested students may also call 815.395.5854 for more information.



**THE NATIONAL CENTER FOR
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PROFESSIONS**



ICAHN Employee Spotlight

NAME: Holly Lendy

TITLE: Assistant Controller

EDUCATION: Bachelor's degree in Accounting from Western Illinois University

BACKGROUND AND EXPERIENCE:

Before ICAHN, I worked as a certified nursing assistant at Heartland Health Care Center in Henry and Prairie View Healthcare in Princeton.

JOB RESPONSIBILITIES: Holly is responsible for payroll and other accounting duties. She serves as the project coordinator for the Survey Solutions program, including the responsibility for training clients, maintaining all hospital data files, submitting HCAHPS

data to CMS, providing customer support to clients, and handling the billing aspects of the program. Holly also serves as the External Peer Review Network (EPRN) coordinator: responsible for coordinating reviews between hospitals, facilitating committee meeting calls, and handling the billings' aspects of the program.

THOUGHTS ABOUT WORKING FOR

ICAHN: "I have been with the organization for over 10 years. It amazes me how much the organization has grown over the years, and I'm thankful to be a part of it. I am proud of the hospitals that we work for and all they provide for the rural communities."

PERSONAL INFO: I was born and raised in a small town where I continue to live today.



I enjoy spending time with my family, reading a good book, trying new recipes, and taking long walks.

Upcoming Events

March 20: "Behavioral Healthcare in Rural Illinois: Collaborative Approaches" workshop from 9 a.m. to 3 p.m. at the Illinois Education Association, 3440 Liberty Drive, Springfield

April 17: Community and Rural Health Clinical Documentation and Coding Boot Camp from 9:00 a.m. to 3:00 p.m. at the Hampton Inn, 2300 Chuckwagon Drive, Springfield

May 3: ICAHN Expo from 7:30 a.m. to 3:30 p.m. at the Crowne Plaza, 3000 S. Dirksen, Springfield

May 24: Rural Health Clinic Workshop from 9:30 a.m. to 2:30 p.m. at the Illinois Education Association, 3440 Liberty Drive, Springfield

October 29-30: 2018 ICAHN Annual Conference at the I-Hotel and Conference Center, 1900 S. First Street, Champaign

Registration open for 2018 ICAHN Expo

Registration is now open for ICAHN's Annual Expo, slated for Thursday, May 3 from 7:30 a.m. to 3:30 p.m. at The Crowne Plaza in Springfield. The theme for this year's event is "Pursuing a Culture of Excellence: Leadership at Every Level."

Hospital department managers, business office, dietary, plant and materials managers, quality managers, respiratory, lab, rehab, and imaging staff, and public relations and marketing managers are invited to participate.

The day of peer-to-peer networking begins at 7:30 a.m. with registration, followed by breakfast and vendor visits on the exhibit floor. The first speaker, Mary Bourg Chauvin, President of the Etiquette Center of the South, LLC, will present "Communicate With Intent: Ignite Organizational Excellence through Mindful Communication" from 9 to 10 a.m. and 10:30 to 11:30 a.m. There will be a break and vendor visit opportunities between 10 and 10:30 a.m. Lunch will

be served from 11:30 to 1 p.m., followed by break-out sessions from 1 to 1:40 p.m.

Steve Thomas will present "Stuck to On" from 1:45 to 2:45 p.m. This session will focus on what we need in order to be "stuck in the on position versus the off position" in our jobs and in our lives, creating more fulfillment and satisfaction and lowering stress levels.

Cost to participate as an ICAHN member is \$45 per individual. Visit www.icahnexpo.com for registration or for more information about exhibit space or sponsorship opportunities. For more information, contact Stephanie DeMay at sdemay@icahn.org.



As the mercury rises: Preparing for Urgent Care

Vendor Education Provided By:
MIKE MILLIGAN, PRESIDENT
LEGATO HEALTHCARE MARKETING

I know, it's March. But what a perfect time to talk about summer! Warmer temperatures, boating, swimming, biking, hiking, and soccer games. Soon followed by of course: sunburns, bumps, bruises, cuts and breaks.

Although we're still in the thick of flu season, as marketers, we must prepare now for the seasonality of urgent care. As an avid winter enthusiast myself, believe me, I'm not ready for spring yet. But even though I can't fathom the thought of putting the snowmobile in storage, I should start to make plans for putting the dock back in the water and getting the boat tuned up.

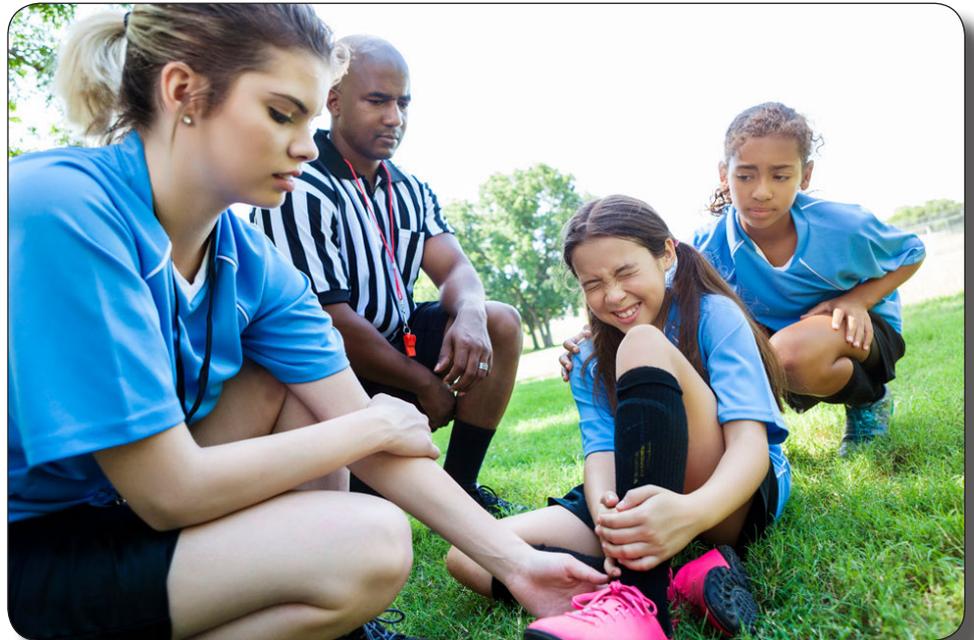
What is Urgent Care?

It's an age-old question. How should we define Urgent Care? The same way your consumers do — as any health care that isn't an emergency or a scheduled appointment. That means walk-ins, minute clinics, and health kiosks in the mall all count.

Few healthcare services require traditional retail marketing like Urgent Care. That's because you never know when the next Urgent Care visit is going to happen. Sure, you can predict peaks and valleys based on historical data, but the truth is you need to be in consumers' minds throughout the year to remain their first choice for Urgent Care.

The message usually isn't too complicated — Urgent Care comes down to convenience and service. Let consumers know when you're open, what you do, how much it costs, and how to get there since that's what really matters when they need to find a health care provider at 7:30 p.m. I'm not suggesting you need to overspend on traditional advertising, either, although I think radio and direct mail — and targeted digital strategies — can be very powerful media for Urgent Care.

Every time someone enters any of your facilities, you have an opportunity to remind him or her about your Urgent Care services. Do you have lobby boards or table tents in your waiting areas



or cafeteria? The next time you choose to sponsor a local organization and you receive an ad in their brochure or program, why not advertise your Urgent Care?

Worried about internal friction from physicians who believe you are cannibalizing their patients? Assure them that most parents aren't going to wait for the next available appointment when their child can be diagnosed at the local big box, grocer or drug store.

Here are a few other seasonal opportunities to consider:

- 1) *The flu shot.* If you get consumers in your Urgent Care door for their annual immunization, they're more likely to come back when they need to see a healthcare provider.
- 2) *Major holidays.* Convenience matters the most during the hustle and bustle of major holidays. Make sure your community knows when your Urgent Care is open and how to get to your center.
- 3) *The accidental tourist.* Are you in a market with an influx of summer or winter tourists? Make sure that local motels and restaurants where they visit have information about your Urgent Care.

Where's the nearest hospital?

Summer tourist season is prime time to market your Urgent Care and ER services. Think about



all of the accidents, illnesses, and other mishaps summer can deliver. Bug bites, sunburns, rashes, swimmer's ear, tumbles off of bikes and playgrounds, burns from campfires and fireworks — the list goes on and on. Be strategic. Think about the areas most frequented by these potential patients and get your name out there.

Consider the following:

- *Campgrounds.* Most have "tourist centers," where campers register for campsites and ask about area events and places of interest. Get simple brochures or two-side cards right in front of them. Include only the necessary information for a quick read-hours open, phone numbers, addresses, etc.
- *Parks and beaches.* Go guerrilla. Get college or high school kids to walk around and hand out "quick info" cards. Snag some inexpensive water bottles or frisbees printed with your logo and ER and Urgent Care hours/phone numbers.

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Member Feature – Graham Health System’s Rock Steady Boxing Program

The difference between TRY and *TRIUMPH* is that little “umph,” & Ron *undoubtedly* has the UMPH!

BY SHELLY DILLARD, *Graham Health System Director of Marketing and Foundation*

You’ve worked hard all your life, been married over a quarter of a century, raised a beautiful family, and are looking forward to traveling and retirement, when all of the sudden you are dealt the biggest blow of your lifetime: you are diagnosed with Parkinson’s Disease (PD). Statistics show that someone is diagnosed with PD every



Marty & Ron

9 seconds, but this wasn’t just a statistic... this was for real! This “number” had a name; his name is Ron. Shell-shocked and unable to make heads-or-tails about what all this really means, Ron was left breathless, depressed and feeling defeated. Understandably, it takes time to fully process this life-changing news; not only for yourself, *but for your entire family*, as the future you worked so hard for and carefully planned, will inevitably take a different course moving forward.

Fast Fact: It is estimated that there are currently 1.5 million people in the United States with PD. 1 out of 10 people over the age of 55 will be diagnosed.

Marty, a nurse and Ron’s wife of {now} nearly 40 years, was reasonably familiar with PD because of her profession, when Ron was diagnosed 12 years ago. After detailed research, she discovered that exercise translates to better motor function compared to people with Parkinson’s who remain sedentary, and the more active

a person is, the longer they generally live. Ironically, long before Muhammad Ali was diagnosed with PD himself, one of his well-known sayings as a professional boxer could not have been more appropriate and motivational for all who are fighting Parkinson’s, “*Inside of a ring or out, ain’t nothing wrong with going down. It’s the staying down that’s wrong.*” Once the initial shock from the diagnosis starts to fade, it’s imperative to ‘throw on the gloves and fight!’

Fast Fact: In addition to its well-known effects of slowing down cognitive decline and boosting heart and lung function, exercise can help improve gait, balance, tremor, flexibility, grip strength and motor coordination in people with Parkinson’s Disease.

Exercise quickly became a priority in Ron and Marty’s lives. For the last year, Ron a.k.a. “*The Hammer*” and Marty a.k.a. “*The Nail*” have been active participants at Graham Wellness Center in the Rock Steady Boxing (RSB) Program, a non-contact boxing program dedicated to people with Parkinson’s Disease.

Recently, at a follow-up with Ron’s doctor, they were delighted to learn that Ron had not lost additional strength, rather he actually gained some. “I don’t think people really know the benefit of RSB. It’s misunderstood. Not only does each class focus on strength and exercising, there is



Ron using the speed bag

an emphasis on cognitive workouts which are undeniably crucial.”

Fast Fact: Males have a 50% higher risk of developing Parkinson’s disease than females.

Although Parkinson’s is a chronic and progressive condition with no known cure (*yet*), Ron is **TRIUMPHANT** in his ability to help control and manage symptoms through the Rock Steady Boxing training program. Jake Green, RSB Trained Specialist and Assistant Director at Graham Wellness Center, shared, “Ron and Marty love coming to class. They have battled this disease for a long time, and continue to struggle like everyone else does through the normal grind called ‘life.’ About 3 months ago, Ron (unfortunately) fell and broke his left wrist while at home. He was in a cast and *still* continued to show up to class and participate. He and Marty are always on the move. They won’t let Parkinson’s or anything else slow them down in life.”

Jill Schroeder, OTR/L, expressed, “Ron was seen by outpatient Occupational Therapy (OT) for 8 visits following his fall which resulted in a fractured left wrist and an injured left thumb, which was inoperable. He made considerable gains with his OT sessions, and was discharged with ‘all goals met.’ Over the course of those 8 weeks, he gained 50 degrees of motion for his wrist, and was able to make a full fist which allowed him to return to boxing in the Rock Steady Boxing program with Jake. He was given a custom home program based on his needs that he (and Marty) will continue to work on independently. Ron and Marty are both positive, and extremely proactive and supportive of one another. They certainly were a pleasure to work with,

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Rock Steady Boxing

and another example of why I enjoy working in Occupational Therapy.”

Rock Steady Boxing classes have proven that anyone, at any level of Parkinson's Disease, can lessen their symptoms when participating in the training program. The class is taught by specially trained exercise specialists who focus on overall fitness of the mind and body, including strength and cognitive training, reaction time and balance. As Ron's corner coach and biggest fan, Marty emphasized, “RSB is a wonderful program, and Jake is super!”

Classes are held on Tuesday and Thursday afternoons beginning at 1 p.m. To learn more or to register for a class, please contact Jake Green at (309) 647-5240 ext. 2711.



Ron attending class with a cast on his broken wrist

EDITOR'S NOTE: Shelly Dillard serves as the Director of Marketing and Foundation at Graham Health System in Canton, IL. Her featured article on Rock Steady Boxing, a non-contact boxing style fitness program taught by exercise specialists at the Graham Wellness Center proven to lessen the symptoms of Parkinson's Disease, was selected for publication at the national level and has been nationally distributed. The article features Boxers, Ron “The Hammer” Tarter, Sharon “Stinger Bee” Bishop, and Carl “Carlos” Murphy.

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Preparing for Urgent Care

Look at all possible areas your information can be placed.

- *Parades and summer festivals.* Make a parade float and have someone toss out small first aid kits with your ER/Urgent care info included. Have the kits available at First Aid stations and at festival tables. Take a different approach to reach your seasonal residents – your “summer patients.”
- *Put door knob hangers on their front doors* offering a free first aid kit they can pick up from your Urgent Care center— or put the kit right inside a bag to hang on the door handle.

- *Send a “welcome back” postcard* with a refrigerator magnet that has urgent care hours, address, phone number.

Summer visitors could be family and friends of your year-round residents. If you've taken good care of them, those year-rounders will look at your hospital with a renewed sense of pride to have such a great healthcare resource right at home. So, enjoy a cup of cocoa by the fireplace, and plan your urgent care marketing strategy for the rest of the year. Cold or hot, rain or shine, day or night – your community is ready to experience your organization, often for the first time.

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