



KANSAS

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CONNECTIONS

RURAL HEALTH EDUCATION AND SERVICES



Statewide Stroke Prevention

Education is the key to reducing stroke in Kansas

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Hearth attack. The signs and symptoms are so well known that just one warning sign, such as chest pain, is enough to send most people to the emergency room.

Those same people, however, would probably delay seeking care if they were having a brain attack.

What is a brain attack? It is a stroke.

If Susan George, ARNP, has her way, every elderly person in Kansas is going to associate the warning signs of stroke with the term "brain attack." She wants stroke victims to seek emergency care with the same swiftness they would if they suspected a heart attack.

George is the director of the Kansas Rural Stroke Prevention Project, a state-funded program that grew out of her direction of a similar project that lowered the incidence of stroke in the elderly population in 18 counties in north-west Kansas.

The success George had in rural northwest Kansas led the Kansas legislature to fund an expanded stroke prevention program for the entire state in 1999. The project is based in the Kansas State University Office of Community Health, and partners with the Kansas Department of Health and Environment.

The Kansas Rural Stroke

Prevention Project is at work at two levels: one that educates the general public, and another that educates health care professionals.

In frequent speaking engagements, George educates mostly elderly audiences about stroke risk factors, risk modification and time-sensitive treatment options that should be sought immediately.

When George began the original project in 1995, seniors, like others throughout the nation, most commonly thought that the area of the body that was affected, such as a hand or an arm, was the place a stroke had occurred. They didn't realize that a stroke occurs when the blood supply is cut off to part of the brain, making it impossible for the brain to send messages to the body, or vice versa. This lack of understanding of stroke contributed to people waiting an average of 12 hours

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RURAL
HEALTH

As the head of the Kansas Rural Stroke Prevention Project, Susan George, ARNP, travels the state educating health professionals and the public about stroke. See related story, Page 6.





From The Director . . . Lorene R. Valentine

Award winner

Rodney Bates, long-time administrator of Logan County Hospital, Oakley, who recently retired, was awarded the Charles S. Billings Award by the Kansas Hospital Association at their annual convention in November.

The award, named after the association's first president and presented annually since 1971, recognizes an individual who has demonstrated exceptional leadership and dedication within the health care profession.

Bates, whose long history of community and KHA involvement was cited in the award presentation, held the position of administrator at Logan County Hospital from 1968 through December 2000.

We appreciate and thank the 14 panelists and two moderators who participated in the panel discussions. Hays Medical Center employees Joannah Fisher, J.D., corporate compliance officer, and Myron Applequist, director of physician recruitment, participated in both conferences.

In Kansas City, those who offered sound advice were Nelson Tilden, Ph.D., Medical Search Institute president, Kansas City; Diane Reed, RN, Republic County Hospital director of nursing, Belleville; Les Lacy, Cheyenne County Hospital administrator, St. Francis; Todd Frieze, M.D., and Graig Nickel, M.D., family practice residents; and Sherry McCormick and Teresa Thompson, family nurse practitioner students.

In Wichita, the panelists included Kurt Scott, system director, Geisinger Health System,

Danville, Pa., Suzanne Giersch, RN, clinical coordinator, Kansas Association for the Medically Underserved, Topeka; Jeff Forrest, St. Catherine Hospital physician recruitment coordinator, Garden City; Doctors Doug and Shelly Gruenbacher; Chris Whittington, M.D., all family practice residents and Sandra Killingsworth, M.D., internal medicine resident.

Elite group of nurses

With induction as a Fellow of the American Academy of Nursing in November 2000, Helen Connors, RN, Ph.D., associate dean and director of academic

innovations at the University of Kansas School of Nursing, has joined an elite group of nurses who have been recognized for outstanding contributions to their profession.

At the School of Nursing, Connors has expanded the use of advanced information technologies for education and practice and strives to establish policy for telecommunications and telehealth.

Connors' notable contributions to rural

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<http://ruralhealth.kumc.edu>



Jeff Forrest, St. Catherine Hospital physician recruitment coordinator, Garden City, visits with a participant of the fall Kansas Practice Opportunities Conference.

Conferences promote rural practice

Rural practice was the center of attention during the fifth annual Rural Health Kansas Practice Opportunities conferences last fall.

The two conferences, sponsored in conjunction with Kansas Hospital Association, Kansas Academy of Family Physicians Foundation and Kansas Medical Society, gathered nearly 170 residents, medical and allied health students who wanted to explore rural health options with 27 community exhibitors.

Interested In A Health Career?

Kansas health careers Web site guides students and advisors

When you fire up your computer and hit the Kansas Health Careers Web site, get ready to click on the bookmark button – especially if you are someone who advises high school and college students interested in health professions.

The University of Kansas School of Medicine-Wichita has put together a comprehensive Web site that showcases the state's health care careers and informs readers on everything from salary ranges to schools that offer programs of study. The address is <http://wichita.kumc.edu/KHC/careers.html>.

Melody Brownell, Ph.D., director, Educational Technology, KU School of Medicine-Wichita, played a large part in designing the comprehensive Web resource. Though she now works on the technical side of computers, for nearly 10 years Brownell taught biology and was the health careers advisor for Friends University in Wichita. At her former position, she gradually compiled a notebook that included detailed information and admissions requirements for health careers programs in a five-state region. Her extensive knowledge, and her career notebook, made her a natural project leader when KU decided to build the Kansas Health Careers Web site.

“We adopted my manual for the Web,” she

said, adding, “This was always a project that I wanted to do when I was advising students.”

The target audience of the site is high school and college students, as well as health career advisors. “As a faculty member, this would have been an ideal site for me,” said Brownell. “We have a lot of medical programs in Kansas. I was even amazed at the number of schools that have programs.”

“As a faculty member, this would have been an ideal site for me. We have a lot of medical programs in Kansas.” **Melody Brownell**

The site, which covers everything from athletic trainer to veterinarian, is easy to navigate, and each career page lists a description of the profession, educational requirements, Kansas schools which offer the program, salary range, job outlook and important Web links. Information about special programs for minority students and Kansas residents is also highlighted. 🌟



CONTINUED FROM PAGE 2

health care include her work to establish the Kansas Primary Care Nurse Practitioner Program and the Kansas Continuous Learning Project, two projects that bring education, networking and support services to nurses in rural Kansas communities through interactive technologies.

Outstanding PA

Marvis Lary, PA, chair and program director, Wichita State University Physician Assistant Department, was recently recognized as the Outstanding Physician Assistant of the Year for the state of Kansas.

Publication schedule

If you would like to contribute a news item to *Kansas Connections* or have an idea for an article, we welcome your input. Please send information to the KU School of Medicine-Wichita, 1010 N. Kansas, Wichita, KS 67214-3199. Ideas are also welcomed by telephone at 316-293-2649; fax, 316-293-2671; or e-mail, lvalenti@kumc.edu.

Deadline for the next issue is March 20, 2001.

If you know of someone who is not receiving the newsletter but might enjoy reading it, please let us know. 🌟



Before You Sign On The Dotted Line

Physicians advised to seek legal help when negotiating employment contracts

After years of training in medical school and residency, the ultimate goal of physicians is to locate a place to practice. However, when it comes down to signing on the dotted line, experts from Hays Medical Center say many physicians are ill prepared for contract negotiations.

At the fall Kansas Practice Opportunities Conferences, hosted by Rural Health Education and Services, Myron Applequist, director of physician recruitment, and Joannah Fisher, J.D., corporate compliance officer, offered a crash course in “Contracting 101 For Physicians.”

Applequist has found that most physicians are “unfamiliar and uncomfortable” with the contracting process. That is not detrimental, but physicians need to be ready to deal with the legal aspects of employment at some point in the process.

“Contracts vary dramatically,” said Applequist. “Shorter is not always better, but 20-to-30 pages is not good either.”

Both Fisher and Applequist have seen one-page contracts, but Fisher said, “I think it is very dangerous to go with a one-page contract.”

Because a contract can tell a lot about an organization and its business philosophy, it is important for the physician to understand every aspect of the legal document, they said.

For example, “Some contracts have little or no penalties if it doesn’t work out, but others have strict penalties,” Applequist said.

He emphasized that a physician should never feel “rushed” to sign, and he or she should get appropriate legal review before signing. As a recruiter, Applequist is used to spending at least an hour or more on the phone answering questions each time a contract offer is made.

“An organization won’t be offended if you ask a lot of questions or ask someone else to look over the contract. Remember, a contract is a

legal document that binds you. You have to be able to live with it for a very long time,” he said.

From the legal perspective, Fisher pointed out that a contract is a protective document for both parties. The purpose of a contract is to specify what the expectations are between parties and what performance requirements are needed to meet those expectations.

“A well-developed contract anticipates problems that could come up,” said Fisher. “It will help prevent litigation and will tell you what the consequences are if you or the

other party doesn’t meet the contract obligations.”

She also noted that if a physician is looking to work for a non-profit hospital, a whole different set of laws might apply, compared to a for-profit organization.

Fisher said that, at a minimum, a contract must spell out these areas: the obligation of the parties, term, compensation, benefits and termination, with and without cause.

Within those areas, contracts can vary widely. For example, in Hays, Fisher noted that there are bond issues that prevent the hospital from offering contracts longer than three years.

In the benefits area, she suggested the contract spell out such things as who pays for continuing medical education. Are those days considered to be sick leave or vacation? Also, it is important to have the termination clause written with and without cause and include a specific number of days the organization needs for transition.

Other key items in many physician contracts are non-compete or restrictive covenants, confidentiality, indemnification, privileging, background checks and drug screening. “Restrictive covenants are very enforceable if they are reasonable,” said Fisher.

Since health care is the most heavily regulated industry in the United States, Fisher said it is

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Joannah Fisher



Myron Applequist

5 Essentials For Physician Contracts

- 1 Obligations of the parties
- 2 Term
- 3 Compensation
- 4 Benefits
- 5 Termination

Preceptor Tradition Still Strong

Words written in regard to the KU School of Medicine rural preceptor program in the 1954 GP, now known as the American Family Physician, could just as well have been written yesterday.

It quoted, "The preceptee makes day and night calls with his mentor, shares hospital rounds, participates in office routine. When he is sufficiently oriented, he is given some definite responsibility for patient care. ...Students are enthusiastic about the program, rate the preceptorship as among their most valuable experiences."

Over the years, hundreds of Kansas medical students and residents have experienced rural medicine firsthand, thanks to physicians who volunteer their time to teach. Experiences have been especially enriched as the doctors-in-training have, many times, in fact nearly always in the early days of the program, been invited to live with the physicians and their families, enabling them to become, even for a short time, part of the community.

When students, such as Christian Cupp, a KU School of Medicine Class of 2000 graduate, come back from rural experiences, officials at the medical school take pride that a program a half-century old is still accomplishing the goals set forth years ago.

Cupp, for example, after returning from his rural rotation, nominated his preceptor Robert Moser, M.D., Tribune, for the 2000 Rainbow Award, an annual award that recognizes individuals the students feel are "Heroes in Medicine." Cupp, as so many students and residents report about various preceptors, was impressed by the caring and respect Moser has for his patients.

"Dr. Moser exemplifies duty and service," said Cupp. "I must say, there has never been a time in medical school when I've learned so much. The lessons I learned that month with Dr. Moser will stick with me throughout my career. My month with him solidified my interest in rural family practice."

Just as students feel privileged to take part in

a preceptor's work, the physicians who volunteer recognize that they leave profound impressions on students, yet they nearly always say they have learned something themselves.

The experience that Cupp had with Moser, thankfully, is not the exception, but the rule when it comes to rural preceptors. Whether the specialty is family



In 1954, when these pictures ran in the September issue of GP, it was common for medical students to arrive by train. When senior medical student James Davis arrived in Gardner, Kansas, he was greeted at the train station by his rural preceptor Dr. A.S. Reece. One of Davis' first experiences was to care for a farmer injured by a corn-picker.

medicine, internal medicine, pediatrics or any other, rural preceptors continue to be a proud tradition of the KU School of Medicine.

In the early days of the preceptor program, articles and pictures make it clear that house calls and visits to farm fields were part of the everyday rural experience. The traditional black doctor's bag was the take-along-technology of the day.

Only time will tell what the rural experience will hold in the next 50 years. One thing, however, is certain; rural preceptors will always play a big part in the education of the next generation of doctors. 🌿



Rural Hospital Praised For Fast Stroke Treatment

Belleville resident Lenora Danielson remembers everything about the morning she had a stroke in 1998. She also remembers how thankful she was for the swift care provided by her rural hospital.

That morning, Danielson's husband left for work as usual and she had just taken the garbage to the curb for pickup. As she was headed toward the back door, her "arm started flopping like a rag doll." She remembers thinking, "What's wrong with this crazy thing?"

As soon as she got inside, she called her husband's work and left a message for him to come home as quickly as possible. By the time he arrived, one side of her face was stiffening, but she was able to tell him she thought she had experienced a stroke. He helped her dress and they immediately drove 18 miles to Concordia's Cloud County

Health Center, where Danielson doctors regularly with nurse practitioner Ramona Drousseau.

Drousseau and other emergency room personnel were ready for Danielson when she arrived. Since Danielson knew nearly the exact


time that the stroke occurred – 7:40 a.m. – the medical staff knew they could order a CT scan and start to administer a clot-busting drug that only has a three-hour window of opportunity.

Today, Danielson looks back and considers Friday, April 10, 1998, to be a lucky day. She didn't delay care. She chose a hospital that offered stroke-treating drugs, and there was no question about the time of the event.

The Cloud County Health Center transferred her to a Wichita hospital for three days, but by the following Tuesday, she had started physical and occupational therapy back in Belleville.

"I couldn't even squeeze a Nerf ball," said Danielson. "I couldn't feel better now and I am still getting better after two years. I can knit and crochet, but I can't play the piano – but I never could," she joked.

Her advice for others is to know the risks and signs of stroke, and research which hospitals in the area have the clot-busting drugs used to treat stroke.

She also offers words of encouragement for those who are recovering from a stroke: "Keep on trying. Just because you can't do it today, doesn't mean you can't do it tomorrow or the next day or next year," she said. 



Lenora Danielson

Negotiating contracts CONTINUED FROM PAGE 4

critical to have an attorney who has special knowledge of health care laws review the contract offer.

For example, some laws impact the contracting process with physicians. Specifically, there are IRS regulations on permissible incentives, STARK laws and regulations, and the Anti-Kickback Act. These three areas are complicated and could easily have very serious implications for any physician found in violation.


"Don't think that you don't need to worry about these laws in Kansas," said Fisher. "In health care today, you can go to jail. Kansas is in the hot bed of fraud and abuse investigations by the government."

She urged physicians to ask a lot of questions during the contract process. "Not asking ques-

tions is like me not wanting to ask a doctor medical questions," she said. "I like it when I work with a doctor who asks a lot of questions."

Applequist and Fisher find that, too often, new physicians forgo having a lawyer look over their contract because they feel they can't afford it. This is unquestionably a mistake in the eyes of experts.

"Lawyers can be managed," she said. "Let your lawyer make suggestions and then give the contract back to the hospital saying, 'My attorney suggested these changes.'"

By letting the hospital's lawyers redraft the contract, the physician is saved some expense. Of course, another review of the changes by the physician's attorney would also be appropriate, Fisher said. 

before they sought medical care.

During that same year, new clinical trials of stroke treatments began. “The kicker was that these medicines had to be used in three hours of the stroke or they would be dangerous to use,” said George. “So it became very important for people to know the risk factors.”

There are essentially two kinds of strokes and each requires a different treatment. Bleeding into the brain causes a hemorrhagic (hem-or-adj-ic) stroke, while a stroke caused by a blockage, such as a clot or piece of cholesterol plaque, is known as an ischemic (ih-skeem-ic) stroke. This second and more common type is the one that responds to clot-busting drugs if administered within three hours of the event.

“Eighty percent of strokes are caused by a blocked vessel,” said George.

On the community level, the stroke project has produced a leader’s guide, fact sheets and a public information video titled “Stroke: What Every Person Needs to Know.” These materials, which are available through county extension agents, Family and Community Education (FCE) groups or by contacting George at 785-628-1208, make it easy for community groups or local health professionals to conduct stroke awareness programs. Individuals or families are also welcome to access the community education materials.

For health professionals in the state, George focuses on the education of emergency care providers, community health nurses and medical staff.

“EMS is a crucial part of our stroke project,” said George. “We’re educating the public that stroke is a 911 emergency, so EMS has to make the stroke assessment and respond appropriately,” she said.

The unique needs of rural EMS systems are addressed in a special educational course. Nearly 400 EMS person-

nel, many of whom are from rural locations, have received the training since the stroke project began in 1999. The course stresses assessment and appropriate communication with receiving hospitals so treatment is not delayed beyond the three-hour window of opportunity.

George said she welcomes every opportunity to speak to hospital medical staff. “I like to talk to medical staff about stroke protocol,” she said.

Stroke is a 911 Emergency

Call for immediate help if you or a loved one experience one or more of these signs and symptoms of a brain attack.

- Sudden numbness or weakness of face, arm, or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known reason

“Seventy percent of Kansas hospitals have protocols for acute stroke, and emergency docs are being schooled very closely in the diagnosis of stroke.”

Community nurses are an important part of the state stroke prevention project. So far, more than 1,000 community nurses and long-term caregivers in 68 Kansas counties are trained to provide stroke screenings and prevention education. Essentially, George travels the state teaching community health nurses to do the same types of risk education and screenings that she was so

successful doing in northwest Kansas senior centers.


“In the screenings we stress that there are multiple levels of risk factors. The more risk factors a person has, the more their stroke risk increases,” said George.

For example, after the age of 55, a person’s stroke risk doubles each decade. Gender is also a factor, and the risk for men is 30 percent higher than for women. Other factors that increase risk are high blood pressure, irregular heartbeat, excessive alcohol use and the occurrence of mini-strokes that cause temporary loss of brain circulation. George said a mini-stroke is usually a warning stroke that can last from seven to 23 minutes.

Stroke symptoms, she said, are signals that the “message” isn’t getting from the brain to the body or from the body to the brain. For example, someone who has had a stroke might later say, ‘I just couldn’t remember which hand to pick up the pen with,’ or ‘I knew what I wanted to say, but the words came out all wrong.’

Common warning signs of stroke, said George, include sudden numbness or weakness of the face, arm, or leg; sudden trouble speaking or understanding; sudden trouble seeing in one or both eyes; sudden loss of balance or coordination; and sudden severe headache with no known cause.

George said the brain is the body’s “captain organizer” and any “sudden, one-sided symptom that says the message is not getting to the brain” needs an immediate 911 response.

For more information about the Rural Stroke Prevention Project, contact George, who is based at the Hays Kansas State Research and Extension Office of Community Health, at 785-628-1208 or reach her by e-mail at stroke_project@media-net.net. 

There's No Place Like Home

The word “home” conjures up warm, fuzzy images of love and laughter.

So, why then, when the word “nursing” is put in front of it, do people immediately say, “I never want to go there. Don't ever put me in a nursing home.”

In Coffeyville, Monte Coffman, executive director of Windsor Place, knew that most people associate nursing homes with drab colors, urine odors and elderly people slumped in wheel chairs. Hence, no one wants to call that HOME.

Coffman and his staff have made Windsor Place different. It's apparent from the moment you walk in the door. The décor is closer to that of a nice hotel than a medical facility. There are no foul smells, and there are live plants by every resident's door.

The décor may catch the eye first, but everyone knows home is more about heart.

Coffman's nursing home has everything that makes the heart go thump. But it hasn't always been that way. Coffman led a seven-year revolution that transformed Windsor Place from below average to extraordinary.

The changes started in 1992 with the development of a mission statement and a few basic operating philosophies, one of which is that the most important customer of Windsor Place is the *employee*.

Employee? What about the residents?

At first it sounds strange, but Coffman said, “There is a one-to-one correlation between the manner in which the employee perceives they are being treated by their supervisor or the company, and the manner in which the employee will treat their customers – the residents.”

As an example, Coffman said, a supervisor cannot treat a subordinate in a demeaning manner and then expect

that person to go into a resident's room and be gentle and compassionate.

So, the mission statement at Windsor Place, “Recognizing that all life is precious, we will diligently serve the needs of all who enter here in a dignified manner,” rings true at all levels.

“Our mission statement is alive here and I think that does make us different,” said Coffman.



The annual homecoming pep rally, held in the Windsor Place parking lot, is one way the nursing home keeps its residents involved in the community.

In addition, all employees strive to follow

10 daily values known as “The Windsor Way.” Much like the mission statement, these values are more than words on paper. “Windsor Way” values revolve around compassion, dignity, integrity and other core, common sense values.

The integrity value, for example, says, “private performances exceed public performances.” In other words, the care employees provide in a room is far more important than their performance in front of a supervisor.

“We put in an inordinate amount of time talking about these types of things,” said Coffman. “We think they have relevance and application on the job.”

Windsor Place also devotes a great amount of time to training its employ-

ees, especially its leadership team.

“Instead of saying ‘leadership is the problem,’ we say, ‘leadership is the solution,’” said Coffman.

In 1995, the organization implemented two “semesters” of training for its 18 supervisory staff. People in this group are rarely sent to off-campus seminars, but instead meet for an hour and a half over lunch for 14-to-15 weeks.

“One semester, we focused on listening; another we used Robert Greenleaf's book about servant leadership,” said Coffman “We have a syllabus, exercises, reading assignments and role playing.”

He likens his organization's approach to supervisory training to that of a coach who grooms his players into champions, and, just as a coach would want to measure his success on a scoreboard, Coffman must measure the success of his training program.

At the initiation of semester

training in 1995, the overall rate of turnover at Windsor Place was 97 percent. Just one year later,

turnover had dropped to 69 percent, and by the year 2000 it was about 40 percent. Also, the 18 managers who train together have remained nearly constant for five years.

“Of all the things we've done and continue to do, training may be the most important. Our attention to this item separates us from others,” said Coffman, noting that his approach to training takes a leader's time, more than money.

Windsor Place's effort to be a different kind of nursing home doesn't start and stop inside its own walls. It extends out into the community.

Coffman believes that since the elderly want to remain independent and in

their own homes, his facility can easily play a role in allowing that to happen, while at the same time, showing them positive aspects about a nursing home.

One program that is helping change perceptions is Windsor Place's participation in Coffeyville's Meals On Wheels program. Since 1993, the nursing home has been the provider of 40 weekend Meals On Wheels. Their participation, to Coffman, was a natural fit, since his facility was already cooking large quantities of food, had transportation vehicles and was staffed for weekend duty.

"This fills a gap that was clearly present in the community," he said. "Whether or not these people come to the nursing home is inconsequential. We want to break down the negative perceptions."

Similarly, the nursing home has two transportation programs for the community. It partnered with the Coffeyville Regional Medical Center to provide medical transportation for about 100 people a month, and a second program provides transportation for dialysis patients.

"We are in our third year of taking six-to-eight people to Independence for dialysis. It's a support service for the community. No one in the nursing home is on dialysis right now," he said.

Coffman ultimately wants Coffeyville senior citizens to have no fear of a nursing home because of the presence of Windsor Place. "No one wants to go to a nursing home . . . so we must not be one," is one of Coffman's mottoes.

He and all the employees strive to make Windsor Place a "Human Habitat" which makes pets, plants, and children part of daily life in the facility. Nationally, a move toward this type of environment is known as the "Eden Alternative," and Windsor Place is proud that it was doing these things before they even knew such a program existed.

In 1993, for example, Coffman introduced pet therapy to Windsor Place with the arrival of two golden retriever pups. The dogs sent the organization into an uproar. Nursing staff voiced concerns about germs and the residents were downright mad, but within two months the dogs were an unmistakable part of the Windsor family.

The addition of other animals, a patio garden with raised beds, fish pond and even a greenhouse are all part of

The Coffeyville Inter-State Fair wouldn't be complete without several entries from residents of Windsor Place.



the organization's goal of creating a habitat that has a lot of spontaneous interaction – the type of action that can make a house a home.

Children are a frequent and welcome part of Windsor Place throughout the year. For example, each year hundreds of high school kids and community members join the Windsor family to celebrate homecoming when the school's pep rally is held in the Windsor Place parking lot. It allows residents to participate in the rally and meet the football players, and everyone enjoys home-baked cookies compliments of the Windsor Place cooks.

Similarly, the nursing home hosts an Easter egg hunt and makes sure residents are able to participate in the Coffeyville Inter-State Fair if they choose.

"If you move to a new home in the community, you keep your old friends," said Coffman. "It should be the same if you go to a nursing home. We strive to get the community here."

Coffeyville citizens have definitely noticed the presence of Windsor Place in its community. The expansion of Windsor Place is evidence of that. The facility has grown to include two 24-bed Alzheimer's units, 49 assisted living units and a home care division that serves more than 1,000 people in 12 southeast Kansas counties.

"We don't think anybody understands the elderly better than we do," said Coffman.

Understanding of the elderly led Windsor Place to develop a long-term care leadership course with Coffeyville Community College. It participates in a gerontology research project with the University of Kansas and has even started interactions with an Australian agency to see what it can learn from a similar organization in another country.

"Our interest in these things is to make us better," said Coffman. "We are always trying to challenge ourselves. We want to give something back."

Coffman and all the Windsor Place employees have worked hard to make their organization different, but you can be sure there will be more changes in the future. After all, at Windsor Place, one of its philosophies is "Good enough is never good enough, if better is possible." 🌈

Trauma Training

KU Medical Center takes trauma class on the road to promote advances in interventions

Last fall, the University of Kansas Medical Center took its Prehospital Trauma Life Support course on the road for the first time. This somewhat unique class places emphasis on advances in prehospital trauma intervention techniques.

The first class was held in Chanute. Atchison has signed on to host a course in March. Could your institution be next?

“In a trauma situation, what is really important is identifying who needs to go to a higher level of care,” said Jeff Strickler, RN, M.A., trauma program director and coordinator of the rural class offerings. “The amount of time it takes to make an assessment makes a big difference in whether a person lives or dies.”

Strickler says that new combinations and applications of existing skills and knowledge are being used to better a patient’s chance of surviving traumatic events.

“We really emphasize the rapid assessment of the patient, and we do a lot of skill stations,” he said. “We give pointers and tips on how to pick up on patients who are seriously injured, but aren’t giving a lot of signs.”

In addition to rapid assessment, the course focuses on new techniques in the use of backboards and covers special considerations for pediatric and geriatric populations, trauma during pregnancy, essentials of prehospital care and more.

Strickler, who worked for a volunteer rescue squad in rural eastern Tennessee, sees similarities between his home state and Kansas. “I really understand the conditions and limitations rural emergency providers work under,” he said.

For example, he knows the importance of teamwork in the field, and the class emphasizes that area. “People are evaluated as a team,” he said.

Individuals from the same organization attend class together and learn the same skills, but if possible, they are separated for the skill stations. “By breaking a group up, people tend to learn new skills from each other,” said Strickler.



Participants in the Prehospital Trauma Life Support class in Chanute practice skills needed to remove an injured person from a car.



Pat Lucke, RN, emergency room EMS director, Neosho Memorial Regional Medical Center, Chanute, where the Prehospital Trauma Life Support class was offered to 12 participants last fall, said, “I wanted the class because it helps everybody to think


along the same lines. It helps us all assess the same way and think about what else might be wrong.”

Though the course is aimed at emergency medical technicians and paramedics, Lucke found that the two-day course was also right for her. “It was a good class. It helped me to know what the EMTs go through in the field,” she said.

Having the course offered in Chanute was also a plus. “It was important for us to have the class here where we work so we didn’t have to travel and have hotel bills,” said Lucke. “Plus, it helped being in our own facility. You’re just more at ease at home.”

Strickler believes that KU Medical Center has an obligation, as a Level 1 Trauma Center, to provide the prehospital trauma course to rural areas. He is working with the KU Area Health Education Centers to locate other entities that would be interested in hosting the class, which is offered as 15 hours of continuing education credit for EMS providers and nurses.

LifeNet, an air medical transport company with bases in Chanute, Olathe and St. Joseph, Mo., was a co-sponsor of the Chanute class. It provided several instructors for the course and is interested in helping sponsor other trauma courses in rural Kansas. “We are committed to continuing education in the EMS community,” said Sean Gooding, chief flight paramedic, LifeNet.

For more information, please contact Strickler at 913-588-5429, or call a KU Area Health Education Center in Pittsburg, Garden City or Hays. 

Retention: ‘Just Do It!’

At the largest rural health system in the country, provider retention is a non-program, according to Kurt Scott, system director, Department of Professional Staffing, Geisinger Health System, Danville, Pa.

Scott, who was the guest speaker at the Rural Health fall Kansas Practice Opportunities Conference in Wichita, doesn't believe in "retention programs," he believes in "behavior modification" and a "Just Do It" attitude.

"Programs have a tendency to come and go, but by modifying day-to-day behavior, the effects will outlive us all," said Scott.

At Geisinger Health System, which employs 600 physicians and 150 mid-level providers, the turnover rate proves it understands how to make retention a day-to-day duty.

"We recruit into towns of 600 to 6,000 people, and our turnover rate is 3.69 to six percent," said Scott. "The national rate is nine percent, so we've been doing real well," he said.

To reduce turnover, Scott emphasized that an institution must first understand the causes of turnover. "It's not caused by one catastrophic event; it's a culmination of small events," he said.

Scott recommends that organizations conduct exit interviews with every physician who voluntarily terminates employment. At Geisinger, a committee consisting of a high-level executive and a few doctors review all data that is collected in exit interviews.

Nationally, said Scott, the number one reason providers leave their practice is a lack of, or poor, chemistry between the physician and those with whom he or she worked. The second most common reason people leave is because the practice is different than expected, such as too long hours or too many weekend hours.

These may sound like familiar complaints, but conducting exit interviews forces the reasons to be examined. For example, Scott said, "Sometimes we were so excited about recruiting, we forgot to tell doctors about things like weekend hours or evening hours."

After examining turnover, Scott said the first step toward turning things around is to decide that your organization is going to be the "health care services employer of choice." A second important point to remember is that selecting

the right person is the cornerstone of successful retention.

Geisinger believes it is important to have a medical director in charge of physician recruitment. This person accepts the responsibility of the recruitment process, but still has the help of a search director and an advertising/marketing director.

Prior to beginning a search, these individuals meet to complete a site/practice profile. At Geisinger, this is a three-page form that outlines the type of practice; names, titles and specialty of other physicians and mid-level providers at the practice; information about equipment and procedures done on site; details about the admitting hospital; particulars about office space, office hours, type of patients seen, case-load and call coverage. Lastly, the form asks for a written description of the "ideal" candidate and his or her qualifications. Later, this form is shared with each candidate.

Scott believes that establishing mutual expectations is a big part of the recruitment process. A phone screen of a potential candidate is mandatory and should last at least one hour in length. As the process moves further, Scott said an organization must evaluate the "whole package." Geisinger uses an interview evaluation form. "It has helped a ton to get people thinking about the interview process," said Scott.

He also stressed that rural communities shouldn't down play the rural environment. Instead, play up the positives of a rural environment, such as low cost of living, low crime rate and smaller schools.

As an example of a positive approach, Geisinger produced a short video titled "In Our Own Words." The video played up aspects of rural practice, and out of 99 physicians that received the video, 67 asked for interviews. The company interviewed 37 doctors and hired 15. "The video paid for itself," said Scott.

Signing bonuses are no longer part of the way Geisinger does business. Instead, it uses a forgivable loan in which the principal and interest are forgiven through service over a specific period of time. Usually, \$65,000 is forgiven over four years, with about \$12,500 reduced the first

CONTINUED ON BACK



Kurt Scott



year, increasing in value to \$20,000 at the end of the fourth year.

“A signing bonus is a one-time thing, but they keep getting this, so they don’t forget they are getting it,” said Scott.

Another step Geisinger took toward being an employer of choice is that it took a hard look at the way it conducts orientation. Now, it hosts a social evening prior to orientation “because these people have the same concerns and anxieties,” said Scott. They also provide babysitting; after all, who do you call if you’re new to town?

A mentor program is common, but at Geisinger, the mentor has been coached to ensure the right attitude. “The mentor needs to say, ‘Let me help you get started,’ and not ‘They told me to be your mentor,’” said Scott.


He encourages organizations to include money in the budget to support mentor programs. “New recruits need a lot of feedback, not just hallway meetings, and not just during the honeymoon period,” said Scott. “They need scheduled sit-down meetings.”

Physicians are a good idea too, but Scott cautioned, “Designate some physicians to work on this – because what’s important to physicians is different.”

Scott said Geisinger just had its best recruitment year ever, but he also knows the hard realities of recruitment. “The

New recruits need a lot of feedback, not just hallway meetings, and not just during the honeymoon period. They need scheduled sit-down meetings.” Kurt Scott

Along those same lines, Scott made note that “old” recruits need feedback too. He suggests that two-way communication be kept open through quarterly forums in which physicians can pose ideas, ask questions and express concerns. Recognition programs for physi-

ciants are a good idea too, but Scott cautioned, “No, we are going to keep looking,” said Scott. “It’s a tough thing to do when you are overworked and you don’t get very many candidates, but selection is at least half of retention.” 

RETURN SERVICE REQUESTED

The University of Kansas
School of Medicine - Wichita
1010 N. Kansas
Wichita, KS 67214-3199



NORTHWEST**CITY:** Hays**POSITION(S):** General Psychiatrist, Mental Health/Psychiatric Nurse Practitioner
CONTACT: De Roth, 785-628-2871**CITY:** Hays**POSITION(S):** Internal Medicine, Pediatrician, Physical Medicine Rehabilitation, Orthopedic Spine, Pathologist
CONTACT: Myron Applequist, 785-623-2303**CITY:** Hays**POSITION(S):** Step Down ICU Registered Nurse, Medical-Surgical, ICU Nurses
CONTACT: Julie Huelsman, 800-690-1560**CITY:** Hoxie**POSITION(S):** Family Physician, Physician Assistant or Nurse Practitioner
CONTACT: Brian Kirk, 785-675-3281**CITY:** La Crosse**POSITION(S):** Family Physician, Internal Medicine, Physician Assistant
CONTACT: Ashok K. Bhargava, M.D., 785-222-2564**CITY:** Norton**POSITION(S):** Lab Technologist
CONTACT: Richard Miller, 785-877-3351**CITY:** Phillipsburg**POSITION(S):** Family Physician, Internist, Pediatrician, General Surgery, Anesthesiologist/Pain Management
CONTACT: C. D. Knackstedt, D.O., 785-543-5800**CITY:** Phillipsburg**POSITION(S):** Family Physician w/OB, Internist w/OB
CONTACT: Rhonda Kellerman, 785-543-5211**CITY:** Phillipsburg**POSITION(S):** Family Physician
CONTACT: Mark Bieberle, 316-291-4378**CITY:** St. Francis**POSITION(S):** Family Physician
CONTACT: Les Lacy, 785-332-2104**NORTH CENTRAL****CITY:** Beloit**POSITION(S):** General Surgeon w/thoracic and pulmonary experience
CONTACT: John Osse, 785-738-2266**CITY:** Concordia**POSITION(S):** Family Physician w/OB
CONTACT: Delrona Harrison, 785-243-4272**CITY:** Ellinwood**POSITION(S):** Surgery, Pharmacist
CONTACT: Marge Conell, 316-564-2548**CITY:** Great Bend**POSITION(S):** Manager-Golden Belt Home Health & Hospice, Exec Director-Association for Continuing Education, Pharmacist
CONTACT: Denise Schreiber, 316-786-6186**CITY:** Great Bend**POSITION(S):** Family Physician, Orthopedic Surgeon, Neurologist
CONTACT: Sharon Beaty, 316-786-6583**CITY:** Great Bend**POSITION(S):** Orthopedic Surgeon, Orthopedic Spine, Rheumatologist, Surgeon
CONTACT: Harland L. Thompson, 316-275-8400 ext 18**CITY:** Hoisington**POSITION(S):** Family Physician
CONTACT: Jim Turnbull, 316-653-2114**CITY:** Russell**POSITION(S):** Family Physician w/OB GYN
CONTACT: Earl D. Merkel, M.D., 785-483-2178**CITY:** Russell**POSITION(S):** Family Physician w/OB, General Surgeon, Plastic Surgeon
CONTACT: Bruce Garrett, 785-483-2057**CITY:** Salina**POSITION(S):** Pediatrician, Internal Medicine
CONTACT: David Prendergast, M.D., 785-827-9631**CITY:** Salina**POSITION(S):** Internist
CONTACT: Darrell Wilson, 785-822-0251**NORTHEAST****CITY:** Blue Rapids**POSITION(S):** Family Physician
CONTACT: Kenneth Duensing, DO, 785-363-7292**CITY:** Horton**POSITION(S):** Family Physician w/OB
CONTACT: Dale A. White, 785-486-2642**CITY:** Junction City**POSITION(S):** Family Physician (start 07/2001)
CONTACT: Cyndy Platt, 800-638-3627**CITY:** Lawrence**POSITION(S):** Oncologist
CONTACT: Charlene Droste, 785-840-3155**CITY:** Manhattan**POSITION(S):** Internist
CONTACT: Scott Coonrod, M.D., 785-537-2651**CITY:** Ottawa**POSITION(S):** Obstetrician/Gynecologist, Emergency Medicine
CONTACT: Robert Bregant, 785-229-8308**CITY:** Topeka**POSITION(S):** Radiology - All Subspecialties
CONTACT: Tim Allen, M.D., 800-432-3592**SOUTHWEST****CITY:** Dighton**POSITION(S):** Family Physician
CONTACT: Marcia Snodgrass, 316-285-6424**CITY:** Dodge City**POSITION(S):** Family Physician, Internist, Otolaryngologist, Pulmonologist
CONTACT: Howell Johnson, M.D., 316-227-1371**CITY:** Elkhart**POSITION(S):** Nurse Practitioner
CONTACT: Angie Lutters, 316-697-5229**CITY:** Garden City**POSITION(S):** Internist, Orthopedic Surgeon, Psychiatrist, Neurologist, Otolaryngologist, Oncologist, Pediatrician, Dermatologist, Anesthesiologist, Family Physician w/OB, Physician Assistant
CONTACT: Jeff Forrest, 316-272-2422**CITY:** Kinsley**POSITION(S):** Nurse Practitioners, Physician Assistants
CONTACT: Kim Alderfer, 316-659-3621**CITY:** Lakin**POSITION(S):** Family Physician w/OB, Endoscopy
CONTACT: Laura Dykstra, 316-355-7550**CITY:** Leoti**POSITION(S):** Family Physician w/Primary OB
CONTACT: Ed Finley, 316-375-2233**CITY:** Liberal**POSITION(S):** Otorhinolaryngologist
CONTACT: Kim Harris, 316-629-6335**CONTINUED ON REVERSE**

CITY: Liberal
POSITION(S): Internal Medicine
CONTACT: Blanca Fermo, 316-624-0604

CITY: Minneola
POSITION(S): Family Physician
CONTACT: Ron Baker, 316-885-4264

CITY: Syracuse
POSITION(S): Family Physician w/OB
CONTACT: Cindy Akers, 316-384-7461

CITY: Ulysses
POSITION(S): Family Physician w/OB
CONTACT: Steven Daniel, 316-356-1266

CITY: Ulysses
POSITION(S): Family Physician w/OB
CONTACT: Tanya J. Pittman-Parks, M.D., 316-356-5870

CITY: Ulysses
POSITION(S): Family Physician w/o OB or Internal Medicine
CONTACT: A.P. Ramchandani, M.D., 316-356-2432

SOUTH CENTRAL

CITY: Anthony
POSITION(S): Family Physician
CONTACT: Cindy McCray, 316-842-5111

CITY: Augusta
POSITION(S): Family Physician, General Surgery
CONTACT: Daryl W. Thornton, 316-775-5421

CITY: El Dorado
POSITION(S): General Surgeon, Pediatrician, Otolaryngologist
CONTACT: Jim Wilson, 316-322-4557

CITY: El Dorado
POSITION(S): Social Worker (Part-time)
CONTACT: Gay Kimble, 316-322-4568

CITY: Halstead
POSITION(S): Pharmacist
CONTACT: Human Resources, 316-835-4606

CITY: Halstead
POSITION(S): Family Physician, Cardiologist, Internal Medicine, Pulmanologist/Critical Care
CONTACT: Ron Lawson, 800-475-1042

CITY: Hillsboro
POSITION(S): Family Physician w/OB
CONTACT: Mike Ryan, 316-947-3114

CITY: Hutchinson
POSITION(S): Nuclear Medical Technologist, Registered Vascular Technologist, Clinical Pharmacist, Echo Technologist, Medical Technologist, Registered Nurse (Cath Lab), Cath Lab Technician
CONTACT: Loretta Fletchall, 316-665-2032

CITY: Hutchinson
POSITION(S): Family Physician
CONTACT: Sally Tesluk, 316-663-8484

CITY: Hutchinson
POSITION(S): Cardiologist, Rheumatologist, Urologist
CONTACT: Lynn Harris, RN, 316-669-2579

CITY: Marion
POSITION(S): Part-time RNs
CONTACT: Craig Hanson, 316-382-2177

CITY: McPherson
POSITION(S): Family Physician, Obstetrician/Gynecologist
CONTACT: Stan Regehr, 316-241-2251, ext 100

CITY: Medicine Lodge
POSITION(S): Family Physician
CONTACT: Kevin White, 316-886-3771

CITY: Medicine Lodge
POSITION(S): Family Physician
CONTACT: Mark Bieberle, 316-291-4378

CITY: Mulvane
POSITION(S): Family Physician
CONTACT: Mark Bieberle, 316-291-4378

CITY: Pratt
POSITION(S): General Surgery
CONTACT: Susan Page, 316-672-6476

CITY: South Haven
POSITION(S): Family Physician
CONTACT: Roger Cox or Marilyn Flanders, 316-892-5513

CITY: Stafford
POSITION(S): Family Physician
CONTACT: Douglas Newman, 316-234-5221

SOUTHEAST

CITY: Coffeyville
POSITION(S): Pharmacist
CONTACT: Susie Olson, 316-252-1503

CITY: Coffeyville
POSITION(S): Otolaryngologist
CONTACT: Jerry Marquette, 316-252-1537

CITY: Emporia
POSITION(S): Family Physician, Orthopedic Surgeon, Psychiatry
CONTACT: Terry Lambert, 316-343-6800, ext. 601

CITY: Emporia
POSITION(S): Radiology
CONTACT: Fred Never, M.D. 800-432-3592

CITY: Emporia
POSITION(S): General Surgery, Vascular Surgery
CONTACT: J.E. Bosiljevac, Jr., M.D., 316-343-7043

CITY: Eureka
POSITION(S): CFO, Materials Manager
CONTACT: Melisa Campbell, 316-583-7451

CITY: Eureka
POSITION(S): General Surgeon
CONTACT: Emmett C. Schuster, 800-438-4797

CITY: Fredonia
POSITION(S): Family Physician
CONTACT: Mark Bieberle, 316-291-4378

CITY: Girard
POSITION(S): Family Physician
CONTACT: Jerry Hanson, 316-724-8291

CITY: Parsons
POSITION(S): Family Physician
CONTACT: Doris Griffin, 316-421-4881 ext. 262

CITY: Parsons
POSITION(S): Internal Medicine, Radiologist
CONTACT: Jennifer Forbes, 316-421-4881 ext. 466

CITY: Pittsburg
POSITION(S): Psychiatry, Orthopedic Surgeon
CONTACT: Lisa Deines, 316-235-3527

CITY: Pittsburg
POSITION(S): Family Physician in Emergency Department
CONTACT: Fabien Vickrey, 717-332-2516

CITY: Pittsburg
POSITION(S): Pharmacist
CONTACT: Jody Henderson, 316-232-0147

CITY: Sedan
POSITION(S): Family Physician w/o OB
CONTACT: Samuel T. Guild, 316-725-3119 ext. 224

NOTE: To list practice opportunities in *Kansas Connections*, please fax a Kansas Practice Opportunities form to the Office of Rural Health Education and Services, 316-293-2671. Forms are accessible through the Rural Health Web site, <http://ruralhealth.kumc.edu>, or by calling 1-888-503-4221.