

Aware

Sarah D. Culbertson Memorial Hospital

Where health care and community come together

90th Year Celebration Begins with New Hospitalist Program

By Lynn Stambaugh, CEO



At midnight on Dec. 31, Culbertson Memorial Hospital will celebrate more than just another new year; we will observe the beginning of our 90th year of caring for the community. Reaching this important milestone provides us with the perfect opportunity to look back at our past, take pride in how far we have come, and celebrate our success. We plan to host numerous events throughout the year that will allow the

community to share in our celebration. Just as notably, on the very first day of 2011, we will launch a new hospitalist program that will change the way we care for inpatients and pave an important path to our future.

For those who are unfamiliar with the term, we traditionally define a hospitalist as a physician who works exclusively with hospitalized patients. Larger hospitals have used hospitalists for years, but due to low inpatient volumes, the practice is relatively new at critical access hospitals (CAHs). However, some CAHs have morphed the hospitalist definition to fit their unique needs by hiring emergency department physicians to treat inpatients in addition to emergency patients.

CMH has joined that trend by signing a contract with All-Inclusive Medical Services (AIMS) to provide our hospital with both emergency department physicians and hospitalists who will care for inpatients beginning Jan. 1, 2011. We feel this major change in the way we care for inpatients will improve patient outcomes, increase our ability to satisfy the needs of our current physicians, make it easier to recruit physicians in the future and allow us to care for more patients locally.

Better Care and Treatment

Many people may ask why we need hospitalists. After all, family practice physicians have traditionally admitted and treated their own inpatients. Why change now? In order to respond fully to that question, we must first look at two emerging trends that severely hamper the ability of small hospitals to treat and care for inpatients.

First, more and more primary care physicians across the country are announcing that they will neither care for hospitalized patients,

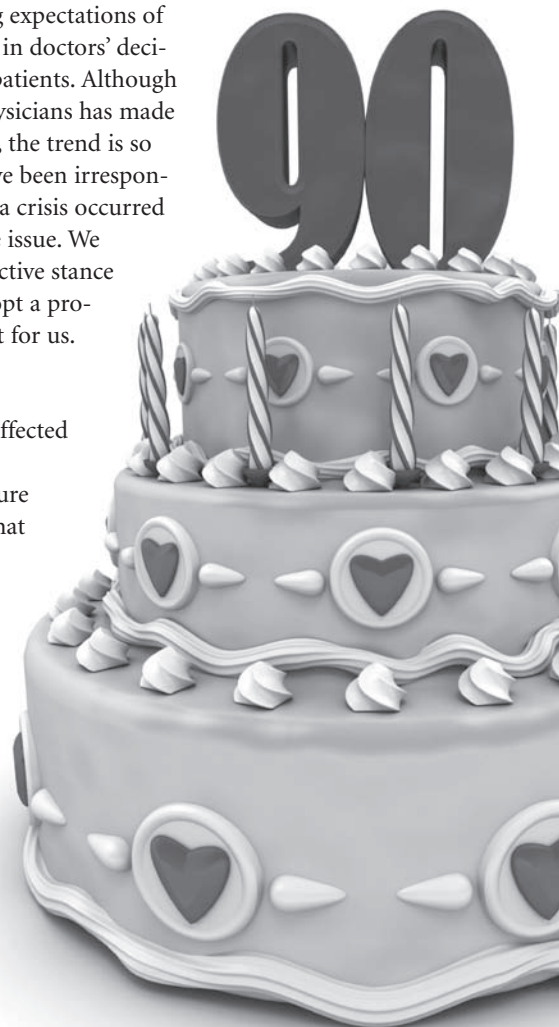
nor continue to “take call.” According to a 2009 study conducted on behalf of the Illinois Critical Access Hospital Network, many “primary care physicians in private practice in rural areas are burning out” (Spitler, 2009). We should not be surprised. For generations, society has expected these doctors to manage busy office practices while also caring for hospitalized patients at the beginning and ending of each day and throughout the night.

Other factors, such as shifting financial incentives and changing expectations of patients also play a role in doctors’ decisions not to care for inpatients. Although none of our current physicians has made such an announcement, the trend is so strong that it would have been irresponsible of us to wait until a crisis occurred before we addressed the issue. We preferred to take a proactive stance that gave us time to adopt a program that was a right fit for us.

Looking Ahead

The second trend that affected our decision to hire hospitalists involves future doctors. Studies show that physicians in residency programs are unwilling to consider working in hospitals where they will be required to care for inpatients and take call. These young doctors prefer to practice where they can have fulfilling personal lives in addition to fulfilling careers. We witness the

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Know Your Body: Breast Cancer Screenings and Self-Exams

Other than skin cancer, breast cancer is the most common cancer in women. It's important to be aware of breast cancer screening guidelines, but even more crucial is to understand your body and visit your physician for regular exams.

In November 2009, the U.S. Preventive Services Task Force released breast cancer screening guidelines that recommend women at average risk for breast cancer should start having mammograms every two years at age 50 rather than undergoing annual screenings beginning at age 40. Many health professionals have objected to these new guidelines, instead recommending women to follow previous breast screening guidelines established by the American Cancer Society, while taking into account personal health history and cancer risk factors.

American Cancer Society Breast Screening Recommendations

- Women ages 40 and older should have a mammogram and clinical breast exam every year. Those at higher risk (family history of breast cancer or genetic tendency) may be screened with MRI in addition to mammograms.
- Between ages 20 and 39, a clinical breast examination should be performed by a health professional every three years.
- Breast self-exam (BSE) is an option for women starting in their 20s.

Performing a Breast Self-Exam

BSEs help you become familiar with how your breasts normally feel and look. It is up to you and your health professional if you want to do them on a regular schedule. An ideal time is three to five days after your period begins.

1 Lie on your back and place your right hand behind your head. With the middle fingers of your left hand, press down firmly yet gently to examine your breast and feel for any lumps in the right breast. Repeat the process for the opposite side, switching hands.



2 While sitting or standing, squeeze each nipple and check for discharge. Also examine your armpits (breast tissue extends here).

3 Stand with your arms at your side and look at your breasts in a mirror. Look again with your arms over your head.

See your doctor if you note any of these changes: the development of a lump or swelling, skin irritation or dimpling, nipple pain or retraction (turning inward), redness or scaliness of the nipple or breast skin, or discharge.

These changes don't always mean cancer is present. But cancer that is found early has a greater chance of being treated successfully. Talk with your doctor to learn more about exams and screenings that are appropriate for you.

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reality of this trend whenever we get a report from our physician recruiter, who continually reminds us that it is only going to get more difficult to recruit good doctor candidates without a hospitalist program in place.

Obviously, every hospital needs physicians who will admit and treat patients. A hospitalist program will fulfill our needs for these physicians. AIMS, the company we have selected for our emergency department

and hospitalist program, is an experienced and highly recommended company. We look forward to working closely with them. Our local physicians fully support this new venture. They can see the value in having a continuum of care for their inpatients if they themselves become ill, go on vacation, etc. The members of our medical staff will always be free to choose whether and when they want the hospitalist to admit and treat their patients.

I am confident that a hospitalist program will only make our hospital stronger. For 90 years, our patients have counted on us to be there for them when they need us. We accomplished this feat by being flexible enough to change with the times. I believe that in 10 years, when CMH is celebrating its 100th anniversary, we will look back and see that the implementation of a hospitalist program was a smart and vital decision.

Foundation to Raise Funds for Digital Mammography

Every two minutes a woman in the United States is diagnosed with breast cancer. If detected early, women diagnosed with breast cancer have a survival rate of 96%. The same early detection also gives women more treatment options.

When early detection is this important, patients across the country are demanding access to digital mammography, the latest breakthrough in breast cancer screening tools. Although the \$400,000 price tag of a digital mammography system is stunning, Culbertson Memorial Hospital leaders have pledged to have the system in place within one year. Consequently, the CMH Foundation has adopted the digital mammography system as the beneficiary of its annual fundraising project.

“We are excited to be able to lend our support to such a worthy project,” says CMH Foundation President Mark Dohner. “We all know someone who has been touched by breast cancer. We also know that more and more women want to be able to use this advanced form of mammography because it represents a quantum leap in detecting cancer in its earliest stages. We invite members of our community to donate to this important campaign. I understand that we are in the middle of a difficult economy right now. However, your donation does not have to be large to be meaningful. Many small gifts eventually build to a substantial amount. I believe there is always strength in numbers. Imagine what we can do together.”

Advanced Technology Improves Accuracy

Digital mammography still uses breast compression and X-rays to image the breast, but instead of capturing the image on film as with traditional mammography, the image is captured to a computer as a digital image file. Digital images are easier to access, store and transmit. More important, digital mammography is more accurate than



film mammography in detecting cancer, especially in women under the age of 50, women with dense breast tissue and women who are either pre-menopausal or perimenopausal, regardless of age.

Once a radiologist has a digital image on a computer, he or she can adjust the brightness, darkness or contrast of the image. The doctor can magnify sections of the image, making it easier to see subtle differences between tissues. This ability to manipulate the contrast is particularly important, as dense breast tissue and malignant cells both appear white on a film mammogram.

“Studies predict that digital technology will soon become the standard for early detection and treatment of breast cancer,” Dohner concludes. “Those of us associated with CMH want to make sure our patients can access this technology sooner rather than later. Please consider making a donation to this important project.”



YOU CAN MAKE A DIFFERENCE

Anyone wishing to make a tax-deductible donation to this campaign may mail their check, payable to the CMH Foundation, to:

Digital Mammography Project
238 South Congress Street
Rushville, IL 62681

Gifts of \$500 or more will be recognized with a plaque in the hospital's main lobby.

For more information about the CMH Foundation, contact Tim Ward, Director, by phone at (217) 248-7511 or by e-mail at tward@sdcmh.org.

Get to Know David Osmer



David Osmer has served as a member of the CMH Foundation since 2007. He recently retired after 36 years in law enforcement, with 23 years serving as Cass County Sheriff. Osmer graduated from Beardstown High School and Lincoln Land Community College. His love of community is evident in his membership in numerous service organizations, including Elks Lodge 1007, Beardstown Lion's Club and the Knights of Columbus.

Osmer and his wife, Georgeanne, have three children: Jessica Dour, Gwendolyn Thomas and John Osmer. When he takes a break from helping others, Osmer enjoys hunting, fishing and spoiling his grandchildren.

At a time in his life when he could be relaxing at home, David Osmer has chosen to serve on the CMH Foundation Board of Directors. When asked why he continues to make sacrifices for his community, Osmer replied, "I truly enjoy helping to provide financial assistance to Culbertson Memorial Hospital and its clinics."

From Tim Ward, Culbertson Memorial Foundation Director

The Year-End Gift



If you are looking to take more income tax deductions before the end of the year, consider a charitable gift annuity to Culbertson Memorial Hospital Foundation. Here is how it works:

- You transfer cash, farmland or securities to the CMH Foundation. The Foundation accepts and appreciates gifts in any amount, but with the charitable gift annuity, we suggest a minimum gift of \$5,000 in value, providing you with a generous deduction and a modest income stream.

- CMH Foundation pays you, or someone you name, a fixed, guaranteed income for this gift for the remainder of your life.
- The ideal beneficiary is at least 65 at the time of the gift, with the income stream supplementing retirement income.

The remaining balance passes to CMH Foundation when the contract ends.

Benefits of a Charitable Gift Annuity

- Receive dependable, fixed income for life in return for your gift.
- In many cases, increase the yield you are currently receiving from stocks or CDs through professional management in our portfolio.
- Receive an immediate income tax deduction for a portion of your gift.
- A portion of your annuity payment will be tax-free.



What a Great Idea!

You can make a gift, enjoy annual income and receive a tax deduction, all while helping Culbertson Memorial Hospital. If you are interested in learning how you can make a tax-wise gift before the end of the year, please contact me or visit the planned giving section of our website at www.cmhospital.com/plannedgiving. Larger gifts would qualify for legacy treatment and possible naming opportunities. We would be happy to show you ways you can receive a tax deduction while also helping to support the CMH mission to provide quality, compassionate care to our community.

Thank you for all you have done to support our Foundation. It's amazing what we can do when we work together. Please accept my best wishes for a happy, healthy holiday season.



Culbertson Memorial Hospital Foundation wishes to thank the following donors for their support of our memorial, equipment and planned giving funds. Donations received after Oct. 11 will appear in our next edition.

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**2010 CMH and Dr. Russell Dohner Golf
 Tournament**

Advanced Dental Care of Springfield,
 Dr. Matt Vandermolten
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2010/2011 Annual Appeal

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Sarah's Stars

Tim and Sheila Ward



Enjoying the Parade
 Dr. Russell Dohner (left), Rushville's longest practicing physician, and Dr. James Wornyo, CMH's newest physician, enjoyed throwing candy to children along the parade route during the 2010 Smiles Day celebration. Dr. Linda Forestier is just out of camera range on the right. (Photographer Yvette Seal)