

h ighlights

 Monthly employee
newsletter

January 2006

 Now on the Internet at www.wyomingmedicalcenter.com/empsvcs/

Eye of the Hurricane

The clean-up from Hurricane Katrina will take many years as five Casper clinicians discovered.



This Wal-Mart parking lot is just one of many areas requiring clean-up, even two months later.

The television could not capture the true scope of devastation. Arriving in Mississippi, the five Wyoming travelers drove through endless piles of debris lying amid the skeletons of ravaged homes. In some neighborhoods, empty foundations laid where two-story houses once sat leaving countless residents still living in tents.



Dr. Tom Radosevich, Jane Clemmons, Tia Hansuld, Ned Byrnes and Leigh Earle spent nine busy days in Mississippi.

"Even though tons of work had already been done in the region by the time that we arrived, it was still an overwhelming sight," said hospital chaplain Leigh Earle. "There was so much damage everywhere you looked."

The humanitarian trip first gained strength after Hurricane Katrina ravaged the Gulf Coast states this fall. Inspired by what she'd seen on television and read in the newspaper, Leigh mentioned to Tia Hansuld, a nurse practitioner from the Natrona County Health Department, that she wanted to help. Tia agreed to join her, and over the next couple of months, others from the local medical community joined the group.

They included Ned Byrnes, a recently retired social worker from WMC; Dr. Tom Radosevich, M.D., a family practice physician; and Jane Clemmons, a retired mental health therapist.

They arrived in Long Beach, Miss., which sits next to Gulfport, on Nov. 8 and spent the

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LETTER FROM THE CEO

Wiser plan is to proceed in phases

It would be an understatement to call the last six months at Wyoming Medical Center eventful. Amid our efforts to recruit more

primary care physicians to town, our discussions on the future of the neuroscience program, the progress made toward magnet status and the development of numerous innovative services such as our new hospitalist program, we've also had to address what might happen if a specialty hospital were to open in Natrona County.



The possibility of such a dramatic change in our market has altered numerous plans at the hospital, including requiring us to revisit our upcoming expansion. The one advantage of this second look is that it allowed us the time to put together what I feel is a smarter plan.

In short, the new expansion will proceed in phases. Such an approach will allow us much more flexibility to respond to market, volume and financial changes. We can complete each phase, then decide whether to proceed as planned or make revisions.

Phase one will feature the building of a new parking structure to the west of the hospital. Work on this project will likely begin early next fall.

The second phase will follow with the tearing down of the current parking

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2005 PROVIDES LITTLE REST FOR BIRTH PLACE STAFF

SERVICE AWARDS FOR JANUARY

25 YEARS

Mary Ann Watson, *Housekeeping*

15 YEARS

Nancy Rauchfuss, *Occupational Health*
Elizabeth Tholl, *Patient Accounts*
Steve Murphy, *Information Services*

10 YEARS

Marge Christiansen, *Neuro*
Russ Christiansen, *Organizational
Development and Training*

5 YEARS

Teresita Chenoweth, *Nutrition Services*
Randy Pickett, *Ambulance*
Melody Laiche, *Rehabilitation*
Melany Miracle, *Medical Records*
Dina Kamboris-Betts, *Transitional Care*
Jean Green, *Pathology*
Mary Weber, *Operating Room*

NEW EMPLOYEES

Jennifer Milner, *Administration*
Nicole Mussen, *Acute Therapy*
Ashley Brose, *Surgical*
Nicole Brown, *Surgical*
Scott Budig, *Emergency Room*
Trevor Evans, *Emergency Room*
Angeline Kaiser, *Outpatient Services*
Jenna Morrison, *Cardio Wellness*
Amanda Pfau, *Rehabilitation*
Williams Wells, *Respiratory Care*

Hospital almost eclipses baby record

They come in clusters, one baby after another. Often it is when the barometric pressure drops. Often there is a full moon above.

"I know it's an old wives tale, and hardly good science, but you can pretty much count on a lot of babies being born at this hospital whenever the moon is full," said Phyllis Schulz, the Clinical Nurse Specialist for Women and Children's Service.

Whatever the cause, 2005 was an especially busy year at Wyoming Medical Center, the highest number since 1986. In all, 1,061 babies were born during the 12 previous months, which rivals the economic boom years of the early 1980s.

"Casper is a growing community, with lots of young families moving here," she said. "Naturally, this trend will greatly impact our unit."

The high birth rate has affected other medical areas as well, resulting in full child birth classes, full waiting rooms in physician offices and full pre-hospitalization appointments.

"It's been a very busy year for us, though we like it that way. We enjoy having lots of babies on our floor."

— Phyllis Schulz

Schulz expects no respite any time soon with the local physicians reporting that they are already seeing lots of moms who are expecting this spring.

Such high volumes will lead to some minor remodeling in the coming year throughout the Birth Place to allow for a couple of more

beds when there is an overflow.

The potential remodel of the south side of the hospital would further address the many peak times that come at the most unlikely times.

Such as the now famous Nov. 11, 2004, when 11 babies were born in 11 hours. The coincidental meeting of 11s may have delighted numerologists, however the physicians and nurses wouldn't mind a little spacing in the future.

"That is maybe the only thing that we would like to see," she said, "a steady volume rather than a couple of days with lots of babies, and then three days later, nothing."

For example, as of Jan. 2, the New Year's Baby had yet to arrive at the hospital.

Perhaps it really is the moon. ❖

Brownie B is clearly the people's choice

More than 160 employees tested their taste buds during the Great American Brownie Experiment conducted this fall at the hospital.

Sponsored by members of the Nursing Research Committee, the flavorful experiment took place to better educate the nursing staff about how scientific research is conducted.

In this particular study, 166 staff members were presented with two brownies. Brownie A contained an egg substitute and sorbitol (a sugar substitute); Brownie B contained full-cholesterol eggs and sugar. Both batches were prepared by the hospital's cafeteria staff.

The researchers then asked: *Might anyone discern a difference?*

In a landslide, the staff chose Brownie B, putting aside any need for a recount. In all, 97 percent of the staff could pick out the

importance of the natural ingredients.

"We chose this experiment because it helps show how the research process works, from writing a proposal to conducting the experiment to analyzing the data," said Clinical Nurse Research Consultant Deanne Sramek who also serves on the committee. "It's a fun experiment as well that allows us to engage our nursing staff."

Throughout the day, Brownie B was selected over Brownie A as having a best/pretty good texture (96 percent versus 14 percent), moistness (96 percent versus 11 percent), flavor (95 percent versus 12 percent), and appearance (89 percent versus 52 percent).

A majority of participants, 59 percent, were RNs.

"We'd like to thank chef P.J. Lippert and the nutrition services staff for helping us with this project," Sramek said. ❖



One of Many Benefits

A monthly update from Human Resources on various employee benefits and services.

FOR FAMILY AND FRIENDS

A quick link for most ICU questions

Any family member with a loved one staying in an intensive care unit will have lots of questions.

What can I do to help? How does the different medical equipment work? What is this medication that I was told about? What's next?

Wyoming Medical Center is offering a new service for family members and friends to offer quick and easy-to-understand answers to these many questions.

A laptop computer was installed last month in the hospital's waiting room which immediately links to ICU-USA, a web site provided by the Society of Critical Care Medicine offering a wealth of intensive care information.

"The link is easy to use and accessible 24 hours a day," said ICU Manager Cristy Dicklich-Cobb during a demonstration to several visitors in the waiting room. "Even if you don't have a lot of computer experience, the web site is designed for simple access."

Endorsed by the American Association of Critical Care Nurses, the site offers information about prescribed medications, predicting outcomes, illnesses and treatment options, the use of medical equipment and various legal issues. In addition, the user can take a virtual tour of the hospital's ICU while accessing key questions that family members should always ask.

"The service is part of a national research program that will hopefully increase the level of communication, ease nervousness and improve the family's experience while at the hospital," Dicklich-Cobb said. "While this doesn't take the place of talking with your doctor or nurse, it is an important tool that will help family members better understand what is happening and how they might be able to help."

The service is also available by accessing a home computer. Simply visit <http://www.icu-care.com/wyomingmedicalcenter.htm/>. and proceed. ❖

To err is human, to reduce divine

People make errors routinely. At Wyoming Medical Center, we hope to change the culture so that we learn from these errors. Errors come in several forms. The two fundamental categories are slips and mistakes.

Slips result from automatic behavior. Most everyday errors are slips. You intend to do one action, and find yourself doing another. Slips most often show up in skilled behavior. We don't make slips in things that we are still learning, slips may happen as a result of complacency or a lack of attention.

There are six categories of slips:

1. Capture errors are when a frequently done activity suddenly takes charge instead of the one intended. Example: You get in the car intending to go to the store but, find yourself on the way to work.

Slips result from automatic behavior. Most everyday errors are slips.

2. Description errors are the correct actions with the wrong objects. Example: You pour juice into a coffee cup instead of the glass sitting on the same counter. They are likely to happen when we are distracted, bored or under stress.

3. Data driven errors are automatic actions triggered by the arrival of sensory data. Example: You are dialing the extension of your department while looking at a sign with another number on it and you dial the numbers that you are looking at instead of the intended number.

4. Associative activation errors are when external data trigger a reaction. Example: The phone rings the same time someone knocks on your door, you yell into the phone "Come In."

5. A loss-of-activation error is simply forgetting to do something. Example: You go to the kitchen and open the refrigerator door and can not remember why.

6. Mode Errors occur with devices that have different modes of operation. Thus the action that is appropriate for one mode has a different meaning in another mode. Example: With remote controls for the television set, the upper right button on one turns the set off and on. On another remote, the upper right button 'mute's the television.

Mistakes result from the choice of inappropriate goals. They tend to be rule- and knowledge-based errors of conscious thought. A person makes a poor decision, misclassifies a situation, or fails to take all the relevant factors into account. Errors result from misapplied expertise.

When someone makes an error, there usually is a good reason for it. If it was a mistake, the information available was probably incomplete or misleading. The decision was probably sensible at the time. If it was a slip, it was probably due to poor design or distraction. Errors are usually understandable and logical once you think through their causes.

The primary goal is to make it difficult for individuals to err. The systems design should be set to minimize errors.

One way to do this is reduce reliance on memory. For instance, physicians should not have to rely on memory to retrieve results of a lab test. Nurses should not have

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Thaw to aid Katrina families

The Wyoming Medical Foundation will assist the victims of Hurricane Katrina with some of the funds raised at the annual Fat Tuesday Mardi Thaw next month in downtown Casper.

The best of New Orleans music, food and merriment will be brought to the First Interstate Bank first floor parking garage during the annual Foundation event Feb. 28. The setting will feature all of the sites, sounds and tastes of the Louisiana city, complete with French Quarter streets and balconies.

A portion of the ticket sales will help the hurricane victims. The remaining will fund the Foundation's community grant program, according to Chandra Burgess, a fund development specialist for the Foundation. During each of the past two years, more than \$10,000 has been raised.

"We want to use the evening to do our part with rebuilding New Orleans while also helping numerous non-profit organizations in Natrona County that approach the Foundation for grant money," Burgess said.

Last year, more than 400 people attended the evening event, and Burgess again expects the festivities to sell out. Tickets cost \$20 and are available in packages of 10 tickets for \$150.

The event will run from 5 to 8 p.m., with each guest having the chance to win exciting gift certificates and prizes.

In addition, all guests will receive a mask, horn and beads at the entrance.

A live band will play New Orleans sounds while the guests can enjoy meals prepared by leading Casper restaurants. Past dishes have included bread pudding, catfish, voodoo stew, jambalaya, beans and rice, and crayfish etouffee.

Any employees who would like to attend can contact Burgess at the Wyoming Medical Center Foundation at ext. 2973 to reserve their tickets. The Foundation will provide free delivery. ❖

COMMITTEE MEMBERS

Fat Tuesday Mardi Thaw Committee members include Chandra Burgess, Diane Guerttman, Shawn Bassham, Allison Bower, Kathy Osborne, Bob Price, Tawnya Rush, Tracey Belser, Trudi McMurry, Chris Papst and Evan Ridley.

ANSWER THIS PAGE

All employees with a hospital pager need to contact their manager, director or Amy Willcox at ext. 2878 to confirm that the pager is still being used. Physicians should check in with Susan

Karavitis in Medical Staff Services.

Every couple of years, the hospital updates its list of assigned pagers. Employees have until Jan. 30 to confirm its use.

If left unconfirmed, the pager will be turned off. The hospital has more than 1,000 pagers in use.

NOTABLE QUOTE

"If I was just a little more modest, I would be perfect."

— Ted Turner

Banquet to offer an evening in Las Vegas

A date and theme have been chosen for the annual Service Awards Banquet honoring Wyoming Medical Center's 2005 service award recipients.

The banquet will take place March 3 with the theme Viva Las Vegas! A no-host cocktail hour along with dinner and the honoring of employ-

ees and physicians who have reached a five-year mark of employment during 2005 for five, 10, 15, 20, etc. years of service.

Music, entertainment and door prizes are also planned.

Look for more information in next month's issue of *Highlights*. ❖

Deadline approaches for Frontiers in Medicine

Clinicians still have until Feb. 11 to register for the 16th Annual Frontiers in Wyoming Medicine at the Snow King Resort in Jackson.

Hosted by Wyoming Medical Center, the conference will run from Feb. 23 to 26 offering physicians and healthcare professionals a chance to hear leading speakers present programs on such topics

as dermatology, pulmonology, orthopaedics and cardiology.

In addition to renowned speakers from across the country, and one from Ireland, the conference will feature several speakers from Wyoming Medical Center's medical staff including Drs. Ram Peddada, Todd Hansen, Robert Tobin, David Ellbogen, Tom Cunningham, James Rupp,

Joseph Sramek and James Anderson. Approximately 150 physicians and healthcare professionals attend each year.

The cost to register is \$300 for physicians and \$200 for physician assistants, nurse practitioners and residents.

To learn more about the conference, call Evie Franke at ext. 2340 or efranke@wmcnet.org. ❖

For the average primary care physician, trying to balance a full schedule of patients in the office with the acute care needs of their admitted hospital patients can be migraine-inducing.

The doctor flies back and forth, from office to hospital to office to hospital, keeping a head-spinning pace. Any alteration in the day can stack up the office visits, leading to lengthy delays and cancellations.

Meanwhile patients in the hospital await care. A test result needs to be read, a nurse has an important question, a family member wants a status report — all of which can lead the primary care physician to question why he/she ever entered medical school in the first place.

Starting in February, Wyoming Medical Center hopes to ease much of the burden with a new hospitalist program. The idea is fairly new in America — the word hospitalist was only coined in 1996 — however the results so far have been impressive.

"Hospitalists offer numerous advantages for our local primary care physicians in terms of improving their quality of life and business practices, while improving efficiencies within the hospital," said Chief Operating Officer Vickie Diamond, who managed such a program at a Maryland hospital for five years before coming to Wyoming Medical Center in 2002.

As the name implies, a hospitalist is a doctor of medicine who specializes in caring for patients while they are being hospitalized. Hospitalists don't see outpatients.

At Wyoming Medical Center, a hospitalist will be on duty each day working closely with the primary care physician in admitting patients, diagnosing illnesses, and prescribing care. Once a full staff of hospitalists is on board, the hospital will offer 24-hour coverage.

"Just like a primary care doctor, hospitalists are trained in general internal medicine and other specialties," said Marty Ellbogen, M.D., an internal medicine physician who will serve as medical director. "However, because hospitalists focus on inpatient medicine, they become experts in the unique aspects of providing medical care to patients in a hospital setting."

Joining Dr. Ellbogen will be Dr. Oscar Busso and Dr. Anne Busso in February. A fourth hospitalist, Dr. Soraya Sharfaei, will arrive this summer. All four will be hospital employees.

Diamond said the program will be voluntary, with each local primary care physician deciding how to use the hospitalist team.



"At all times, the primary care physician is involved with the care using the phone, e-mail or daily consults," Diamond said. "The benefit is that it frees the doctor up to see patients in the office, while enjoying some free time in the evening and weekends with family."

Hospital staffs also enjoy accessing the service, especially how it improves the flow of patients through the facility. A patient admission will no longer need to wait for the primary care physician to come to Wyoming Medical Center. X-rays, lab results and EKGs can be reviewed as they relate to the patient's current condition resulting in prompt diagnosis and treatment. Nurses will have prompt access to a physician, especially during nights and weekends when they have to make those unpopular 2 a.m. phone calls. Family members can get quick answers to their questions.

Even specialty doctors can use the hospitalist, especially with out-of-town patients who have unrelated medical complications. For example, a vascular surgeon might consult with the hospitalist in managing a patient's diabetes or high blood pressure, Diamond said.

"The key to success with a program like this is to have constant communication between the hospitalist and the primary care physician," Diamond said. "Fortunately, we have Dr. Ellbogen, who is greatly respected by the medical staff, leading this program."

A second success-related key, Diamond said, is that hospitals manage the growth of these services.

"It's common for hospitals to overuse their hospitalists and burn them out," Diamond said. "That is something that we will pay close attention to."

While the concept is fairly new, the hospitalist program has grown in popularity and can be found at most all large urban hospitals. Recent medical research has borne out its impact.

For instance, a study completed with pneumonia patients found that a hospitalist program reduced their time in the hospital by a full day.

Another study done with 400 patients at rural hospitals concluded that hospitalists reduced the average cost per case by \$600.

Other studies have indicated that having hospitalists on staff can improve a hospital's outcomes, though the research is not yet conclusive.

Overall, advantages cited by various research studies include:

- Reduced cost of care.
- Reduction in length of patient stay.
- Reduction in unnecessary readmission.
- Greater use of best practices due to less variability of care.
- Reduction in inappropriate admissions of emergency room patients. Hospitalists also alleviate emergency room backlogs.
- Discharge summaries within 24 hours and follow-up to assure continuity of care.
- Increased patient satisfaction scores due to full-time availability to patients and families.
- A stronger bottom hospital line due to speedier reimbursement.

"This is something our doctors have been asking for for a couple of years," Diamond said. "The only impediment has been recruiting the needed doctors, since there remains a shortage of hospitalists."

Throughout January, Dr. Ellbogen will meet with local doctors to introduce the program and determine what services each primary care doctor might want.

"I am looking forward to developing a successful hospitalist program," Dr. Ellbogen said. "It should have a major impact on the care that is delivered at Wyoming Medical Center." ❖

FOUNDATION FRIDAYS

All employees who gave this past year to the Wyoming Medical Center Foundation can celebrate one Friday a month in blue jeans. Foundation Fridays will take place on the final Friday of each month. Those who gave to the annual campaign or employee drive can stop by the Foundation to pick up a blue-and-white lanyard to be worn on those Fridays when they wear jeans.

FORMS IN THE MAIL

All employees should receive their W-2 forms from 2005 in the mail soon after Jan. 31. Employees are advised to carefully store this important document before filing their taxes. A new copy will require a written request from the employee, along with a five-day processing wait.

New CD will help with recruitment

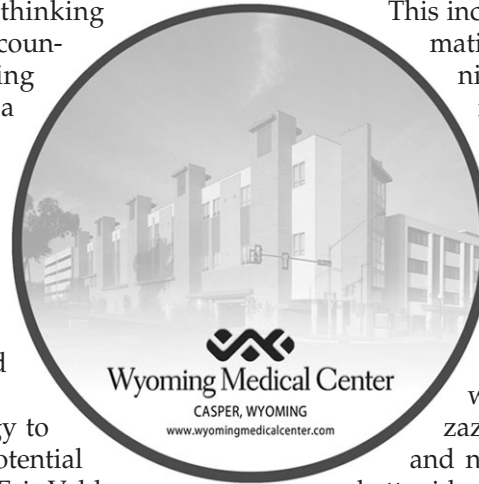
Nurses and therapists thinking about moving across the country to work at Wyoming Medical Center can now use a handy CD to help make up their minds.

The new recruitment CD was developed by Human Resources and the Community Development Office to present a side of working at Wyoming Medical Center that can't be told by a simple brochure.

"We use the latest technology to make a greater impression on potential recruits," said graphic designer Eric Valdez.

"This is a format that many larger hospitals now employ because of its ease of use and ability to tell a fuller story."

By inserting the CD into a computer, a potential recruit can access all kinds of information about Wyoming Medical Center and living in Wyoming.



This includes maps of Casper that automatically link to a company or organization's website when the user moves the cursor over the address as well as video testimonials from new and long-term hospital employees telling about why they work and live in Casper.

"It presents much of what you would find on a website or recruitment booklet however with a little more pop and pizzazz," Valdez said. "Using video and numerous links gives a recruit a better idea of who we are. In the end, it will

help prospective applicants decide if they want to visit us for an interview and consider whether Wyoming Medical Center is a good fit for them."

Valdez worked closely with Human Resources and a Wyoming design firm to develop the look and concepts behind the CD. ❖

New nursing site provides easy answers

Clinicians at the hospital now have access to leading healthcare information through *Mosby's Nursing Consult*.

The web-based clinical information system offers comprehensive online resources from recognized medical authorities. The site focuses on

offering answers to the most pressing clinical questions while assisting nurses in providing patient care.

Some of the topic areas include patient education, current news, drug information, clinical practices and care planning. In addition, links to professional journals, reference

books and evidence-based content are provided.

To access, go to the hospital's intranet home page and select databases/applications. A link to *Mosby's Nursing Consult* is provided.

The service is offered as part of the hospital's clinical effectiveness program. ❖

Hotline offered for quality and safety issues

The hospital hooked up a new phone line this month for callers with questions about safety and quality issues at Wyoming Medical Center.

The new Quality-Safety Hotline was developed by a small committee to offer patients, family members, physicians and employees a simple way to voice their comments, concerns or questions about a patient care issue.

"This is the first step toward building a culture of transparency regarding patient safety issues," said committee member Dawn Howard of Human Resources. "Rather than keeping them concealed or quiet, it is important that we bring our concerns out in the open so that we can learn from what occurred. That way we can prevent errors in the future."

Callers may choose to leave a

confidential message, however Howard hopes each caller will provide a name along with call-back information. This way the hospital can offer follow-up and feedback, plus ask further questions if needed.

The line is ext. 4787 within the hospital, or 577-4787 for off-campus callers. The line became active this month. To learn more, see the *One of Many Benefits* column on page 3. ❖

CEO letter

...from page 1

structure. Such a move will allow us to focus our future growth to the south of the hospital which better ties to our current structures.

Phase three will be a south tower expansion, likely encompassing six stories and 40,000 to 50,000 square feet of floor space. Inside, we'll offer new operating rooms, new radiological intervention rooms, expanded radiology and emergency departments including ED observation beds, and new environmental services and sterile processing departments. Within this tower, we'll also provide new inpatient medical/surgical rooms all of which will be private, and a new women's center that will include new private rooms and two separate operating rooms for all cesarean procedures.

The final two phases will center on removing

the hospital's west wing followed by a new and expanded front entrance, food services and other support areas.

The exact details are yet to be determined. We are now ready to begin the detail development of the design phase. This revised plan is one that addresses the key facility needs as defined last year by our five clinical teams while allowing us the flexibility to be financially responsible in the process. As for the next six months, hopefully we can spend them discussing how this expansion plan will greatly enhance the level of care in central Wyoming as we put the new details in place.

All of the best in this new year,

Pam Fulks
President and CEO

Errors ...from page 3

to remember when a medication is due. These are tasks that computers do much more reliably.

Improving information access such as computerized medical records at the bedside is a second possibility.

Other solutions include structuring critical tasks so that errors cannot be made, standardizing processes whenever possible, and increasing the level of problem-solving training within the facility.

We'll revisit this issue in future months. ❖

Hurricane ...from page 1

next nine days at a site called Camp Coast Care offering medical services, counseling and basic manpower.

During the day, Leigh and Tia handled many triage duties working in a medical tent with five registered nurses and four to five physicians. Even though both women are nurse practitioners (NP), they still faced a bureaucracy that wasn't blown away with the hurricane. Just before they left Casper, the two women learned they would need to have a Mississippi NP's license, a process that might take several weeks. They decided to triage as registered nurses instead.

Dr. Radosevich was more fortunate and able to get his Mississippi physician's license in 15 minutes using a fax machine.

Common medical ailments included respiratory illnesses and infections related to the rampant mold and damp conditions. The unsanitary conditions didn't help either.

The staff also gave out a lot of tetanus shots for people who stepped on debris or cut themselves. A few were from the volunteer work crews who were cleaning up the muck.

About one-third of the patients arrived

needing refills of vital medications. They no longer had access to their family physician.

Meanwhile, Jane and Ned spent much of their time chatting to people and helping them get through their experiences. Both used their clinical training to console, counsel and just listen. Jane called her job the "listening heart."

At night, the five stayed in a nearby Episcopal school gym with 150 other volunteers. They slept in lined cots with little space or privacy. They ate together, had only five showers each for the men and women, and lacked many of the comforts of home.

"Yet, despite these conditions, we were very aware that we lived much better than many of the residents whom we were helping," Earle said. "We did live very well."

Conversely, many Mississippi residents lived in tents or RVs. Others lived in their homes, often on the second floor, waiting for work crews to come by and clean out the mud and mold from the first floor. Few had electricity. Because they had no place to store things, their days were spent coming to the camps to get water and food rations.

To help those residents, Ned and Tom spent one afternoon driving sleeping bags to the tent residents and FEMA parks. Leigh and Tia later delivered medications.

Yet, through it all, Earle could not believe how well the people in Mississippi handled their plight.

"I got to see the good side of human nature during my stay," she said. "People were upbeat and talking about the future.

Often, they made sure to thank

us for coming to help, even though many had nothing left. During my whole time working in the medical tent, I only heard two complaints."

She also developed some close friendships during her stay there, and hopes to return in the coming year if possible. If nothing else, soon there will be a newborn child whose name will honor Leigh's visit.

One day in the tent, the medical team treated a woman from Central America named Angela who lived in a large shelter and spoke only Spanish. Angela was pregnant, had a bad cough and needed an important test. Leigh, who speaks Spanish, interpreted for Angela, and eventually rode with her as a priest named Lauren drove them to a nearby hospital for the exam. The three got to know one another well that day, leading Angela to make an important decision.

"When we returned to camp, she told us that she planned to name her baby after us once it is born in May," Earle said.

Each night, Earle offers a prayer that Angela, her husband and their forthcoming child are living well. ❖

To learn more about this humanitarian program, contact Leigh Earle at ext. 2916 or check out www.campcoastcare.com or www.dioms.org.



The following table charts Wyoming Medical Center's healthy vital signs.

	Nov. 05	Oct. 05	Nov. 04
Discharges	807	862	759
Patient Days	3,588	3,714	3,442
Average Length of Stay	4.4 days	4.3 days	4.5 days
Births	90	70	111
WMC Surgery Cases	444	506	485
WMC Surgery Minutes	40,096	58,397	49,990
Occupational Health Visits	2,778	2,173	1,896
Emergency Room Visits	2,635	2,964	2,472
Ambulance Runs	427	477	366
Wyoming Life Flight Flights	71	70	52

Highlights is published monthly by the Wyoming Medical Center Community Development Office. Article submissions for the **February** issue are due **January 21**.

If you have questions, comments or need more information, call 577-2388.

Editor — Mike Phillips

Employee Birthdays

Reminder: All Wyoming Medical Center employees may take a 20-percent discount at the Auxiliary Cottage Gift Shop during the month of their birthday. The discount may be used on any (one) day during that month. Most items apply.

January 1

Brandi Byrnes
Rosanne Gallegos
Geraldine Johnson
Josephine Neville
Chris Robertson
Michael Sheets
Debra Tucker

January 2

Victoria Childers
Christine Fuentes
Aurelia Hernandez
Ginny Himes
John Pickrell
Roseann Wilson

January 3

Nicole Cormia
Kim Ideen
Cheryl Nickerson
Mark Smith
Linda VanVleet

January 5

Kathy Causton
Linda Engen
Stacy Jenne
James Miller
Kim Miller
Jacqueline Millikin
Lacie Strother
Rita Tanner
Shawna Willcox

January 6

Molly Dawson
Heather Homan
Robert Spengler

January 7

Andrea Edwards
Kelly Hover

January 8

Wendy Matson

January 9

Suzi Bower
Crystal Burback
Donna Marcotte
Rebecca Rowe

January 11

Donna Gransbury
Angelia Smith

January 12

Kerry Barker
Pam Fulks
Nicole Trott
Chanthara Virachack

January 13

Katie Davy
Patricia Deason
Tim Ficken
Ariel Haif
Dawn Nielsen
Catherine Petera

January 14

Anne Christian
Paula Crain
Shawn Ficken

January 16

Carla Archbold
Rayne Bushnell
Kathy Drinnon

January 17

Christine Chewning
Renee Hahn
James Johnson
Heather Keane
Judith Kraen
Neala Roberts
Shawna Sargent

January 18

Ammon Beddes
Colleen Follick
Patty Thompson
Krisinda Wilcox

January 19

Carol Goins
Ellen Holden
Leona Streitz
Crystal Vang

January 20

Matthew Bagley
Star Bartlett

January 21

Ernie Flores
Shelie Mobley
Charity Willard

January 22

Ellen Lippert
Louise Machan
Kathleen Nottingham
Kay Page
Janet Smith

January 23

Robert Ratcliff
Julie Wiancko

January 26

Crystal Alberts
Patricia Cordova
Helen Wester

January 27

Lori Donner
Terry Jensen
Aileen Miller

January 28

Robert Guthrie
Rebecca Thayer

January 29

Susan Brown
Melinda Carney
Jason Collins
Kelly Kaper
Jennifer Lombardi
Teresa Nelson
Yvonne Wigington

January 30

Shelli Hargis
Linda Montoya
Shannon Sanders