One Size Does Not Fit All During Emergencies

Patient Safety is Top Priority at Rockcastle Regional Hospital

Jenna Meyer: Introducing Community Partners to Boundless Opportunities
Dear Reader,

I want to take this opportunity to tell you a little bit about the publication you have before you.

“The Bridge” is a collaborative effort between the University of Kentucky Center of Excellence in Rural Health (UKCERH) and the Kentucky Office of Rural Health (KORH). This quarterly publication focuses on rural health issues and topics pertaining to the Commonwealth, while spotlighting individuals and programs that exemplify innovation or excellence in Kentucky’s rural health landscape.

We at the Kentucky Office of Rural Health (KORH) want “The Bridge” to be an engaging and informative resource for you.

While there are so many individuals doing fine work in Kentucky’s rural areas, sometimes that work is done in isolation, where those outside of a particular region or county may not have the opportunity to hear about it. There is a spirit of collaboration in health care, and we think there are a myriad of programs and best practices that we can all learn from.

I am reminded of the quote by Helen Keller, “Alone we can do so little; together we can do so much.”

We are thoroughly committed to helping you tell your story, and we encourage you to help us do so. Consider yourself our reporter out in the field. When you learn of a new program, or someone who deserves to be recognized for their commitment to rural health, please let us know!

Themes we cover include: Clinic Spotlight; Hospital Spotlight; Rural Healthcare Champion; Innovative Programming; and Human Interest Features.

Also, we are currently seeking individuals who would be interested in serving on our advisory committee and we are planning a brief get together for committee members in mid-August.

To submit a story idea, or to learn more about the advisory committee or “The Bridge,” please contact Jennifer Molley Wilson, Rural Project Manager with KORH.

We certainly appreciate your feedback on past issues, and I hope you continue to be excited by the arrival of “The Bridge” in your inbox each quarter.

Sincerely,

Ernie L. Scott
Director
Kentucky Office of Rural Health

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The Bridge
KENTUCKY’S CONNECTION TO RURAL HEALTH ISSUES

The Blackey Bridge, Blackey, Kentucky in Letcher County. Constructed in 1930, the bridge links the town to Route 7. Photo by Malcolm J. Wilson

Contents

4 Jenna Meyer: Introducing Community Partners to Boundless Opportunities

7 Patient Safety is Top Priority at Rockcastle Regional Hospital

8 One Size Does Not Fit All During Emergencies

10 Retirement on Her Terms: Rural Health Champion Lora Elam

12 Clinic Spotlight

The BRIDGE—Kentucky’s Connection to Rural Health Issues is published on a quarterly basis through a joint effort of the University of Kentucky Center of Excellence in Rural Health and the Kentucky Office of Rural Health. This edition is funded in part by federal HRSA Primary Care Office grant funds.

The UK Center of Excellence in Rural Health was established in 1990 to address health disparities in rural Kentucky, including a chronic shortage of health professionals and residents’ poor health status. The Center accomplishes this through health professionals education, health policy research, health care service and community engagement. The Center serves as the federally designated Kentucky Office of Rural Health. The program provides a framework for linking small rural communities with local state and federal resources while working toward long-term solutions to rural health issues.

The Kentucky Office of Rural Health, established in 1991, is a Federal/State partnership authorized by Federal Legislation. The KORH receives support in part from the Federal Office of Rural Health Policy of the U.S. Department of Health and Human Services. The mission of the KORH is to support the health and well-being of Kentuckians by promoting access to rural health services. The KORH assists clinicians, administrators and consumers find ways to improve communications, finances and access to quality health care while insuring that funding agencies and policy makers are made aware of the needs of rural communities.

The statements and opinions contained in the articles of The BRIDGE—Kentucky’s Connection to Rural Health Issues are solely those of the individual authors and contributors and not of the University of Kentucky Center of Excellence in Rural Health, Kentucky Office of Rural Health, affiliates or funding agencies.
JENNA MEYER: INTRODUCING COMMUNITY PARTNERS TO BOUNDLESS OPPORTUNITIES

While becoming familiar with the counties served by Shaping Our Appalachian Region (SOAR), Jenna Meyer, registered nurse, took a wrong turn one day, and found herself atop an Eastern Kentucky mountain. Captivated by the view, she took a photograph, and she now uses that image on a thank you card. That occurrence closely parallels what Meyer does in her role as a public health advisor with the Office of State, Tribal, Local and Territorial Support for the Centers for Disease Control Prevention (CDC). A lieutenant commander in the United States Public Health Service, Meyer has been assigned to SOAR to meld resources with the people most able to make a difference and is discovering opportunities that may have been missed had she not taken the road less traveled.

“We don’t have a lot of health care access, and the people want to be involved. The difference in terrain between Arizona and Kentucky may be vast, but Meyer sees many similarities between the health disparities that plague both Appalachians and Native Americans.

“Both population segments have very high diabetes rates, obesity rates, and chronic substance abuse,” she said.

In fact, it is exactly those three health issues that SOAR has determined to be priorities in the region, and which Meyer devotes her time to addressing via education, information and facilitation.

“Shaping Our Appalachian Region (SOAR), Jenna Meyer, on assignment in Pikeville, Kentucky.

After attending nursing school in St. Louis, Meyer commissioned with PHS in November of 2007.

“I wanted the opportunity to kind of get out and move around a little bit, and to have different opportunities as a nurse,” she said.

Meyer began her nursing career at the Indian Health Services (IHS) hospital in Fort Defiance, Arizona, the capital of the Navajo nation. She later moved to Claremore, Oklahoma, and worked with the Cherokee at the Claremore Indian Hospital, which serves primarily Cherokee but all other federally registered tribes in Oklahoma. She ultimately returned to Arizona and worked on the Hopi Indian Reservation in Northeast Arizona, about an hour and a half north of Flagstaff.

“I actually drove right from northeastern Arizona to Pikeville. I was born and raised about six hours from here in Southern Illinois, so I was excited be closer to home. It feels more like home here. I was very humbled to actually get the position. It was the CDC, and I knew that it was going to be a chance to work with so many different people, and to have an impact on a lot of different areas,” she said.

The difference in terrain between Arizona and Kentucky may be vast, but Meyer sees many similarities between the health disparities that plague both Appalachians and Native Americans.

“Both population segments have very high diabetes rates, obesity rates, and chronic substance abuse,” she said.

In fact, it is exactly those three health issues that SOAR has determined to be priorities in the region, and which Meyer devotes her time to addressing via education, information and facilitation.

“I’m here to support the needs of Eastern Kentucky. I believe that you have to establish relationships and know what’s going on in the community. That’s what I really love about this job. I visit the health departments, the hospitals, and we’re involved in numerous healthy community coalitions. We are taking a multi-pronged approach, that encompasses health care facilities, municipalities and schools,” she said.

According to Meyer, each of those priorities present complex challenges and issues in and of themselves. The continuum of diabetes care goes hand in hand with obesity. The promotion of screening and educational opportunities like walkable communities, and building environments that help increase physical activity and healthy food option are part of that initiative.

Even though all those issues are considered priorities, there is one that is skyrocketing up the list to become a crisis.

“Unfortunately, substance abuse has risen to the top because it’s happening right now and it’s impacting every aspect of life right now in these communities. There’s issues like the Hepatitis C infection rates, the potential for an HIV epidemic, and the economic factors of a workforce that might not be ready because they can’t pass a drug test, not to mention the impact that it’s having on children. There’s a lot going on with substance abuse, and we try to look at it from a holistic perspective. There is no one silver bullet. Increasing treatment facilities is a need, but it’s not going to solve the problem. We need better provider education and we need resources in schools for children that are being impacted,” she said.

Meyer is a determined advocate for children. One of her proudest professional accomplishments to date is her work to increase breastfeeding rates and develop community resources and support for mothers on the Hopi reservation. It was for this work she received a commendation, one of several that grace the front of her uniform.

“One thing that I look back on, that’s helped develop my career to where it is now, and develop me as a person was the chance that I had to participate in Indian Health Services’ breastfeeding initiative. We had some of the lowest breastfeeding rates in Indian country. We initiated an agency wide initiative to designate all OB facilities within the Indian Health Services as baby-friendly and that just meant standardizing maternal child health policies throughout our facilities, and giving moms the opportunity and support they needed to be successful at breastfeeding,” she said.

“I look at that as something that I’ll never forget about my career because I was able to watch 14 hospitals from across the country with different types of backgrounds and different areas, come together and together achieve this world-wide designation for hospitals, and with that will come better care practices for moms and babies. That really showed how one hospital or one nurse has an impact on a patient, but when you work together to get things done, your impact is so much greater.”

Since arriving in Pikeville, Meyer has found a mentor in SOAR’s Community Health and Wellness Advisory Board Chairman, Dr. William Hacker.

“He was born in Eastern Kentucky, and was one of the first pediatricians in Corbin. He was the Commissioner for Public Health for seven years. He knows everybody and he’s well-respected throughout. He offers the guidance and the support and also is able to bring such a wealth of experience to the SOAR health initiative. He’s been the driving force behind what we’ve been able to bring together so far, and it’s so important to have that history and experience,” Meyer said.

Meyer spends a great deal of her time organizing continued on page 6
The first Health Hack-A-Thon in Kentucky, a two-and-a-half-day event, will kick-off with a high energy reception and will include a variety of health care professionals, scientists, engineers, students and mentors.

“We’ll have people there who are coders, technical engineers, people who can help build a mobile app or a device to help walk a team through the process. We want to get people thinking about innovation, and the chance to really make a difference through a change, and not always do what we’ve always done,” she said.

Limited to 150 participants, solutions will be sought via interaction from a number of breakout teams.

“You brainstorm, but you do it fast, you do it with people who can answer your questions when you ask, well could we do this with an app? You’ve got mentors, you have people who are experts in business incubation, and entrepreneurship so they can help move something into an actual business plan. The focus is on people from the region and the problems they are bringing to the table, and moving to a solution,” she said.

During the course of her travels, Meyer has ample opportunity to scour the SOAR counties for best practices that can, and should be, replicated across the state.

“I was in Middlesboro a couple of weeks ago, and the revitalization of their downtown is amazing. They had an empty space and they made it an area where people can go to grow vegetables, and to be a part of the community. That hope, that resilience is there, and we’ve got to keep it here and help it grow,” she said.

“It’s gratifying to see the passion of the people here and just to be able to be a small part of that. I can’t tell you how many people I’ve had the pleasure of talking with, and I walk away a better person. Everyone here that I’ve worked with, and talked to, is engaged and passionate about what they’re doing.”

According to Meyer, the hackathon concept was developed at MIT, not for health but for computers. The health hackathon started because a woman breastfeeding looked at her breast pump and wondered why it was so loud and cumbersome, when technology had improved so many other things like cars and computer.

“It’s not that we don’t have the capability or the knowledge to improve those things, it was just the fact that no one had gone back to it to make it better, Meyer said.

The hospital governing board, comprised of community members, takes their role in overseeing the hospital’s progress in patient safety and quality very seriously. The board reviews quality reports – including infection rates, patient satisfaction and process of care measures – each month and often consults with quality leaders in the hospital to ensure that they are achieving both national benchmarks and hospital improvement goals.

When asked what the most impactful quality initiative the organization has taken on, Brock identifies implementation of daily safety huddles, a practice learned from a national conference. Seven days a week, 365 days a year, hospital leaders and department heads gather at 8:15 a.m. for a brief, standing meeting. The group is comprehensive and includes administration, nurse leaders and representatives from every department (emergency department to environmental services). Each department is asked to report any patient safety events (i.e. a patient fall) as well as anecdotal events or challenges throughout the day that can impact the quality of care. The “huddle” only lasts seven to 10 minutes but it is the most effective effort they have put in place.

Getting all staff involved in patient safety awareness and quality improvement is a second factor of the hospital’s success that Brock noted. The hospital has instituted “The Great Catch” project in which front-line staff are encouraged to identify potential patient safety problems before a patient is impacted. Physician leaders annually review all the “catches” and identify the four most important ones. Each of those staff members is recognized and receives $500. This level of recognition has gotten everyone excited about being vigilant in identifying patient safety issues before they happen.

Rockcastle Regional Hospital has developed a true culture of safety where leaders are visibly committed to change, and every employee makes safety their number one priority.
**ONE SIZE DOES NOT FIT ALL DURING EMERGENCIES**

Program is to decrease pediatric mortality and morbidity due to severe illness or injury by enhancing pediatric emergency care services throughout the state. It does this by building partnerships across the continuum of emergency care, offering special programs and training opportunities, and through policy development.

The KYEMSC program is a federal-state partnership grant held by KBEMS, and administered through the U.S. Department of Health and Human Services, Health Resources and Services Administration's (HRSA) Maternal Child Health Bureau (MCHB).

This grant program is intended to fund activities that lead to quality improvements and the integration of pediatric care within the existing emergency medical system, which includes both pre-hospital and hospital-based care.

KBEMS manages most aspects of the grant by employing a project director; Scaggs, and operating an EMSC advisory committee which includes: Dr. Mary Fallat, physician program director and committee chair; Hinkat S. Nagaraj, professor; division director pediatric surgery; Surgeon-in-Chief Kosair Children's Hospital; and physicians, nurses, EMS providers, injury prevention specialists, Family Advisory Network representatives and others. Kentucky has held an EMSC State Partnership continuously since 1992.

The performance measures are based on both EMS and hospital-centric initiatives. There are currently 1/2 EMSC Performance Measures (PMs), established in compliance with the Government Performance Results Act of 1993, that guide grant program activities. State partnership programs must collect and report data on the progress toward achieving these measures. Four of the PMs are focused on hospitals, four on prehospital EMS agencies/providers and two deal with establishing permanence within the state EMSC program.

Emergency care is highly fragmented, with many EMS agencies and emergency departments (EDs) ill-equipped to handle pediatric care.

"With our first responders, a key area of focus has been on promoting pediatric continuing education opportunities, process improvement and an agency partnership in pediatric research efforts," she said. "One of the most basic first steps we took was to ensure the availability of pediatric medications, equipment and supplies on the transport vehicles."

Not all the technology is shiny and complicated. Configured much like an old-school road map, the Broselow Tape is a color-coded tape measure that is used throughout the world for pediatric emergencies. When unfurled next to a patient, the tape relates a child's height as measured by the tape to his/her weight to provide medical instructions including medication dosages, the size of the equipment that should be used and the level of shock voltage when using a defibrillator.

"We have placed this reference tool into the hands of our pre-hospital providers, and that’s just one small way we can impact the delivery of emergency care to our youngest patients," she said.

On average, Kentucky transporting vehicles carry 97 percent (BLS) - 98 percent (ALS) of the recommended pediatric equipment. Pediatric readiness has increased but there are still opportunities for significant improvement.

"We are also looking at a voluntary statewide system for our pre-hospital providers that will establish performance criteria beyond regulatory requirements. Agency recognition and system evaluation and verification are just additional ways we feel we can enhance stakeholder involvement, and facilitate seamless integration of services among all providers," Scaggs said.

**Hospital Focused**

Every hospital must be ready, every day, to provide a reasonable level of emergency care for pediatric patients. Approximately 31 million children are seen in EDs each year, most children (87 percent) are treated in general or community EDs, not in specialty children's hospitals. Of these children, 70 percent are seen in EDs that see fewer than 15 pediatric patients per day.

In the largely rural Commonwealth of Kentucky, there are 101 hospitals with emergency departments, 27 Critical Access Hospitals and two Level I Pediatric Trauma Centers. In sharp contrast, however, many counties across the state are without a single hospital.

Only six percent of EDs in the U.S. have all the supplies deemed essential for managing pediatric emergencies. Only half of hospitals have at least 85 percent of those supplies. KEMSC awarded grants to 30 hospitals totaling over $48,000 for pediatric equipment and supplies.

"We have experienced a superior level of collaboration with our hospitals. We conducted a needs assessment of 100 hospitals in 2010, and had a response rate of 70 percent. In 2013, when we participated in the National Pediatric Readiness Project, we were able to gather information from 98.1 percent of our hospital EDs. Anyone who surveys regularly recognizes that's an amazing response," she said.

According to Belinda Burnette, Emergency Department Supervisor at Methodist Hospital in Union County, the KEMSC program has been invaluable in the refinement of their pediatric care delivery.

"The program opened our eyes to how we can best treat our pediatric population. It outlined the importance of having a person assigned to look at pediatrics in everything we do, from start to finish, clinical and quality. We learned that we need some specific policies and procedures that deal with children of all ages," she said.

"We now receive a newsletter with important tips. There are quiet a few pediatric-specific tool kits on the website that are very helpful. One of my favorites is the spreadsheet for pediatric resuscitation and emergency medications. It's weight-specific and the doses are calculated as a double check to the MD order," Burnette said.

In addition to identifying equipment gaps, KEMSC was also able to determine data gaps, and future efforts will turn a keen eye toward written guidelines that will enable the program to track pediatric emergency patients once they’ve transferred out of one facility to another, and continue to monitor our outcomes in a meaningful way.

"In an effort to create a coordinated, regionalized accountable system and an enhanced pediatric presence throughout emergency care, we have also assembled various stakeholders to discuss the state of emergency medical care for pediatric patients in Kentucky," Scaggs said.

The Kentucky Pediatric Emergency Care Coalition (KPECC) will bring together people and organizations who will work together to champion quality improvement efforts focused on pediatric emergency care.

KEMSC and KPECC are also participating in a federal EMSC Quality Improvement Collaborative, working to improve everyday pediatric readiness and exploring pediatric facility designation. Pediatric readiness scores in states with a pediatric recognition program are 10 points higher than those without a recognition program. EDs that are verified as part of these programs score 2.2 points higher than non-recognized EDs.

"We need everyone at the table, working together, to make a real difference for the children of Kentucky; children's hospitals, rural and community hospitals both large and small, professional organizations and associations, representatives from government offices and programs, corporate groups, family advocates, everyone," said Scaggs.

If you have questions or would like to be more involved in the KYEMSC Program, you can contact Morgan Scaggs at morgan.scaggs@kctcs.edu or at 859-256-3583.
Retirement on Her Terms: Rural Health Champion Lora Elam

Article by Jennifer Molley Wilson

Lora Elam recently retired after a decades-long career as chief nursing officer of Wayne County Hospital.

Retirement is usually a pretty clearly defined term. It’s that elusive pot of gold at the end of the long road of employment. A well-earned reward for a lifetime of labor. It generally manifests itself at a time in one’s life referred to as the “Golden Years.” It is universally accepted to be a time of rest, reflection and the pursuit of leisurely pastimes like travel, community service, hobbies, visits with the grandchildren or any of the hundreds of other things you fantasize about while you spend eight hours a day working in your office, crossing off the days on your calendar until you can see the timeclock in your rearview mirror.

And, just when you think you have a grasp of the concept of retirement, you meet someone like Lora Elam, a registered nurse whose notion of retirement can only be described when punctuated with air quotes around the word.

Elam speaks with a soothing voice honed by more than four decades of empathetic conversations bringing words of solace to grieving families and unhurried explanations for free handouts just because they had a large family. We may not have had all the material things, but we were loved and had plenty of food, we had shelter and we had the things that we needed.”

“They taught us honesty and hard work. They didn’t look at you and say, ‘You just might have to work a little harder at it,’ she said. “They taught us about the things that we needed.”

“If you aspire to do something, you can do what you want to do. That isn’t true in a small, rural area because everybody knows everybody,” Elam said.

Elam began her formal education with an associate degree in nursing (ADN), from Somerset Community College. She returned to school and completed her bachelor’s degree from Eastern Kentucky University. She is also a certified wound care nurse.

But years before she ever stepped into a classroom — grade school, high school or college — Elam’s training began at a very early age. The first girl to follow three boys, Elam was born into a family that soon grew to 15. With 11 younger siblings, she has spent her entire life as a caretaker, in one form or another.

“I was changing diapers when I was five years old and feeding bottles and those kinds of things, so I feel like I’ve been a nurse all my life,” she said. “Whether that inspired me, I’m not sure but I think I was a natural born caretaker, so I always knew that I wanted to be a nurse.”

Just as her love for caring for others began at an early age, Elam credits the lessons learned from a rural upbringing so evident throughout her lengthy career.

“We didn’t own our own home until my parents were much older. My dad sharecropped with other people and we grew tobacco and all kinds of produce that we sold,” she said. “We had our own cows, so we had our own milk, we had our own chickens so we had our own eggs, and we grew huge gardens so we would can our foods. Looking back, I don’t know why we weren’t all overweight. I guess we worked it off.”

“After 32 years, Elam recently retired as chief nursing officer of Wayne County Hospital. The facility is located in Monticello in South Central Kentucky. The area is peppered with farms, gently rolling hills and a friendly community that values the hospital for both the medical and social support it provides.

“‘In a small community, if something happens, people remember it forever. In a larger facility, there are so many things that can happen, it’s something new every day so they forget what happened yesterday. That isn’t true in a small, rural area because everybody knows everybody,” Elam said.

Elam began her nursing career in 1974 at what was then the Somerset City Hospital. After nearly six years there, she began her first stint at Wayne County as a nursing supervisor.

“I really didn’t want to change jobs at that time, but I had several calls from administration and the director of nursing asking me to come here and work. I was happy where I was, but I finally said, OK, I’ll try working local,” she said.

After four years, the young nurse longed for bigger challenges in her career. At the time, Wayne County Hospital only had the Medical/Surgical Unit and an Emergency Room. Elam returned to Somerset and worked in the ICU for a little over a year when the chief nursing officer position at Wayne County opened up, and brought her back home.

“It was a transition for me in that it was more responsibility than I had ever had. The first year was so hard. There was not a lot of structure at that time in the nursing department. There were a lot of changes, and sometimes people don’t adapt well to change and I lost staff, but God really blessed me in that I was able to hire more staff and more qualified people, and we started getting our nurses ACLS-certified, and PALS-certified and trauma-certified because my feeling was, because we’re small, we have to do better,” Elam said.

Over time, Elam nurtured the growth and stability of Wayne County Hospital, and today, the facility boasts a swing bed program, rural health clinic, wound care program and a dedicated and highly qualified nursing team.

“The rural health clinic is so important for a small, rural health clinic is run by a dedicated and highly qualified nursing team. The clinic is critical for providing quality healthcare services to the rural residents of the area.”

Need Help Recruiting a New Provider?

The Kentucky State Loan Repayment Program (KSLRP) is a 50/50 matching loan repayment program funded through the National Health Service Corps (NHSC) and administered by the Kentucky Office of Rural Health (KORH).

The program requires a two-year commitment by the provider to practice at an eligible site, with an equal commitment by the employer. Eligible sites must provide Primary Care services, be in an identified HPSA, accept all forms of public insurance, offer a sliding fee scale, and see all patients regardless of ability to pay. The KSLRP 50/50 matching requirement means that for every federal dollar provided by KSLRP, there must be a 1:1 match.

This match may come from a variety of sources, called a Sponsor, including:

- Employers
- Local, State, and National Foundations
- Family, Friends, or Self-funded

Total funding limits for a two-year commitment vary by profession for eligible Physicians, Dentists, Pharmacists, PAs, NPs, Behavioral Health Practitioners, RNs, Certified Nurse Midwives and Registered Dental Hygienists.

Applications are accepted through a 30-day Request for Applications (RFA) period: Release Date September 1, 2016 | Application Due Date: October 3, 2016 5:00 PM EST

Complete Application & Materials Available Online: www.kyruralhealth.org/KSLRP

*Sponsor matches must be non-federal dollars
area such as Wayne County because physician's offices are closed on weekends, they're closed on holidays and, more and more, they're closed after 4:30 pm. We're open until 8 p.m., and we're open seven days a week. It's a great choice for those people who need some attention, but it's not urgent or emergent," Elam said. “We became a Critical Access Hospital in 2007. We don't do everything, but for what we do, we do well. I'm prejudiced about that, but I strongly believe that. We give good care, and I think the majority of our patients would attest to that.”

While forward-thinking and progressive in her management ideals and service delivery, there is still much of Elam’s nursing style that harkens back to a bygone era of the nursing profession. She still dons a white uniform every day, and more, her cap on special occasions. And always, at the core of all her actions, the needs of the patient remain first and foremost.

“Continued on page 14”
Elam had so woven herself into the tapestry of Wayne County Hospital, that the announcement of her intent to retire this past March sent a ripple of disbelief throughout the facility.

“When I announced my retirement, I think it was a shock to pretty much everyone in the hospital. I think they thought I would be here as long as the doors were open, as long as I was able to walk in,” she said.

According to Elam, she wrangled with the decision. Her elderly mother was becoming more debilitated, and was in need of constant care. She recounts that it took a year of prayer before deciding to leave the place she had spent the bulk of her career.

“I just asked God to give me peace about it, and He really did,” she said.

However, she didn’t stray far in her retirement.

“I love this hospital, and I want to see it prosper. When the CEO asked me if I would stay on and do the wound care, which I’ve been doing for years, and became certified in a few year ago, I agreed to do that one day a week. The closest wound care center is in Somerset. A lot of the people I see right now are elderly, and transportation to Somerset is hard for them. Some of them don’t drive anymore, and some of them have to depend upon other people. I do it because I love doing it, but I also do it for the community because there’s a need for it,” she said.

“I’m keeping it eight or nine hours, it could probably be a 10 or 12-hour day, but because of my mother, I try to keep it a shorter day because I do need to get home and manage her care. She lives in her own home, but there has to be someone with her 24/7. I have sisters who help relieve me on the day I come in, but I pretty much spend every night with her,” Elam said.

Elam confessed that reporting for work to the place you retired from as a manager, has on occasion, left her with phantom pains for the job that is no longer hers to do.

“It’s been an adaptation for me, I’ll be honest with you. For years, the routine was that I came in here every day, and the last thing that I did every night before I went to bed was to call and check on things so that if I needed to make adjustments in the staffing I could make an adjustment,” she said.

“Every night since I’ve retired, I would think I’ve got to call the hospital, because I was in such a routine of doing that. It was like I was supposed to be doing something. It was hard to let go, to some degree, but at the same time, as I said, I had peace, and I felt like I was still going to be a part of it.”

It’s quite possible that Elam may actually try to work some retirement-type activities into her retirement. An avid gardener, she enjoys spending time outside tending to her flowers and landscaping. She and her sister also have a small garden space at their mother’s home, which yields fresh produce.

She recently traveled to Baltimore, Maryland, to visit her daughter, a traveling nurse and she looks forward to some short trips in the future, as her mother’s health allows.

“I try to stay healthy, so I try to get a walk in every day. That doesn’t always happen, but I’ll try to treadmill or use the stationary bike sometimes. And that doesn’t always happen either. I feel like I need to stay healthy because I still need to take care of people,” she said.

Although Elam’s definition of retirement might sound very similar to what others would refer to as a job, she is, nonetheless, precisely where she is meant to be at this juncture in her life.

“I feel like I’ve been rewarded much more than I ever gave. I am able to care for the people in my community, the people I know, that I see in the grocery store, at church and at events. They have developed a trust in me, and they have a comfort level in calling me. I still get calls at home from people asking my professional opinion about things. It’s just a warm feeling to know that somebody feels better, that somebody trusted you to take care of their family,” she said.

“I’m still an employee of Wayne County Hospital, hope to continue to be, and I only want what’s best for the place. I want it to be successful for Melissa Upchurch, the new chief nursing officer, too. I’m really glad that I can be any kind of resource for anybody here,” she said.

“People do not have to come to Wayne County Hospital. They have a choice. We need to feel good that they chose us. And that’s the thing I tried to instill in my staff. They come because they want to. They come because they’re going to be given good care. If we treat patients as if they were our mother, father, brother, sister, our family, they’re going to want to come back here.”
Health insurance is now within reach of many Eastern Kentucky children.

Kids who have health coverage are better prepared to do well in school and succeed in life. Medicaid and CHIP offer free or low-cost health insurance for kids and teens in the eastern counties of Kentucky. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more.

Children in a family of four earning up to $48,500 a year or more may qualify. Call 1-855-859-2374, extension 83527 today to learn more about affordable health coverage for your family.