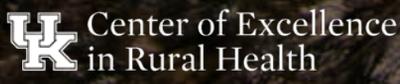


# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

**'SERVING WITH LOVE & LOVING TO SERVE'  
Marcella's Kitchen  
feeds Marshall  
County's multitudes**



Commonwealth's first  
nurse anesthetist  
program continues  
decades-long mission

BY THE NUMBERS  
FQHC leader  
champions the  
importance of quality  
improvement practices



Dear Readers,

Growing up as a child in the mountains of rural Southeastern Kentucky, summer was simply a magical time.

My family didn't religiously take a trip out of state during the summer months. We didn't need to; adventures were plentiful just outside our own backdoor. Whether it was constructing a makeshift fort in the steep, wooded hills above my homeplace, walking aimlessly along crude mountain paths or playing in the cool mountain creek, these little quests made for a lifetime of memories. (I can't help but smile when, today, I see my own daughter experiencing those very same "quests.")

The best part of summer may have been that the days would seem to simply last forever — time would just stand still. There was no need to sport a wristwatch or be concerned with managing an exhaustive daily schedule. I simply woke up, spent the greater part of my day outdoors and only knew it was time to return home when I heard my mom's voice calling me for dinner.

After dinner and chores, our evenings would seem to last for an eternity. There is really nothing better than sitting on the porch with family and friends, watching the sun slowly disappear behind those steep mountains only to be replaced by the moon and a sky full of stars that seemed to serve as a nightlight.

When we finally made our way to bed, we slept with our bedroom windows open almost every night. A perfect mixture of the cool mountain air flowing down the hollow behind the house joined by the mysterious sounds of the valley was usually enough to put me to sleep.

Flash forward to the present.

I still call those same mountains and valleys home. But now, my summer months tend to be no different than any other time of the year — filled with an overabundance of obligations and commitments. From daylight to dark, it is simply go, go, go. Save for a few days here or there, rarely is there time for me to catch my breath.

Marcella Perkins likely gets few breaks, too. She's the founder of Marcella's Kitchen, the Benton, Kentucky-based community kitchen that's profiled beginning on Page 4 of this issue.

Perkins started volunteering at the Paducah Community Kitchen more than a decade ago alongside her grandson and was immediately hooked. She then began investigating the possibility of bringing a community kitchen to her own community — to Marshall County. After "a lot of praying, talking to pastors, talking to the board of education" and community planning meetings, Perkins says, her idea became a reality: Marcella's Kitchen opened on May 16, 2011.

And now, eight years later, Marcella's Kitchen serves more than 500 people a week. Everyone who walks through the facility's doors is fed, no questions asked.

As writer Kristy Horine observes, "They just keep feeding."

Busy schedules and long days can be frustrating. But the reality is this: There is so much good coming from the efforts of Perkins, her volunteers and others like them across the Commonwealth. It takes a heart to do this kind of work — to confront local challenges that scream to be addressed.

At the end of the day, we should all strive to leave our small corner of the world just a little better off than when we first found it.

Yours,

Ernie L. Scott  
Director  
Kentucky Office of Rural Health



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KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

A pedestrian bridge at Bad Branch State Nature Preserve in Letcher County.  
Photo by James Deel



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# 'SERVING WITH LOVE & LOVING TO SERVE' MARCELLA'S KITCHEN FEEDS MARSHALL COUNTY'S MULTITUDES

*Article by Kristy Horine*

Volunteers serve diners lunch at Marcella's Kitchen in Benton. The community kitchen feeds between 1,200 and 2,000 community members a month.

Every weekday morning, right before 11 a.m., the kitchen din quiets. From the pantry, the drink station and the serving line, volunteers flow into a circle in the dining hall. Clad in matching black aprons, they hook elbows and bow their heads.

On a Friday in July, the youngest member of the group — a kid named Bobby — leads the others in prayer. He asks for blessings on the food, the people who will eat it and those who will serve it. At Bobby's "Amen" and the chorus that echoes it, Marcella Perkins lifts her head and scans the group.

"Y'all ready?" she asks.

"We're ready," they reply in unison.

"Then let them in," she says.

While one volunteer heads to the door, the rest flow from the prayer circle back to their stations. Most of them have been here since 8 a.m. but now, it's time to get down to business: Serving with Love; Loving to Serve.

Marcella's Kitchen has been feeding the Marshall County hungry since 2011. The non-denominational ministry serves more than 500 people a week from its new location on Guy-Mathis Drive, just across the street from the former Marshall County Hospital site. From 11 a.m. to 1 p.m., Monday through Friday, anyone who needs a meal is welcome to come hungry for food and fellowship and leave filled. There is no charge and no questions are asked.

It's a ministry of faith, unity and service, and, with an increasing number of people coming to be fed, it's a ministry that is much needed in the community.

### **An amazing beginning**

Marcella Perkins was born and raised in Metropolis, Illinois. She followed her daughter and son-in-law to Southwestern Kentucky and worked for a dental office in Paducah for 28 years.

Back in 2008, she was driving her grandson to volunteer at the Paducah Community Kitchen during his Bible camp. She stepped inside and was hooked. For the next two years, she volunteered at the kitchen a few days each week.

"At some point in time, I just started wondering if Marshall County needed a kitchen like this for the people to come to have a free meal," Marcella says. "I did a lot of research and a lot of praying, talking to pastors, talking to the board of education."

By December 2010, Grace Forte, a local philanthropist and friend, heard about Marcella's desire to open a community kitchen in Benton, Marshall County's seat. Forte hosted the first of four meetings that resulted in



Marcella's Kitchen founder Marcella Perkins stands with Linda Nelson, one of the nearly dozen community members who serve on the kitchen's board of directors.

raising awareness and support for the ministry.

A board was appointed. The group's nonprofit status was approved.

And, on May 16, 2011, Marcella's Kitchen served its first meal out of the Draffenville Community Center. The organization's volunteers — who came from different churches, different backgrounds and different age ranges — made do with a standard household stove, a deep fryer, one refrigerator and one deep freezer.

Six years after Marcella's Kitchen opened, everything changed.

### **Mountain moving miracles**

In Fall 2017, one of the kitchen's board members who worked in real estate approached Marcella and told her of a building she needed to see. It had a price tag of \$100,000 and spanned 8,000 square feet. Within two weeks, the building was theirs.

Originally constructed in 1984, the building was one among a handful of other medical-focused businesses in the area. It had formerly housed a half dozen doctor's offices. Each office had its own lab and its own heating and cooling system.

The building, however, had issues.

The insulation was outdated. A new sprinkler system needed to be installed at a cost of \$100,000. The entire building needed to be rewired. The projected budget for the renovations and the purchase of the building was \$1.2 million.

It was going to take a miracle just to get the place up and running, but Marcella and her board of directors weren't afraid. They knew they serve a God of many miracles.



In May, Marcella's Kitchen relocated to a building that previously housed medical offices. The efforts of countless volunteers helped to transform the space. Financial donations from individuals, churches and other national organizations made the move a reality.

"I know you've heard that the Bible says if you have the faith of a mustard seed, you can tell this mountain to move and it will move. Well, we've seen a mountain move in this building," Marcella says. "This is truly a miracle building."

Mayfield architect Don Riley and local contractor Glen Harris oversaw the transformation of the building. Marcella's Kitchen now boasts an impressive commercial kitchen with walk-in pantries, a walk-in refrigerator and freezer, a commercial dishwashing station, loads of storage space, and a dining area that seats upwards of 200 people. In addition, the building also contains a separate catering kitchen that can be rented out, as well as the Haltom Room — a large conference-style area outfitted with Wi-Fi and able to host up to 40 people for business meetings, baby showers or birthdays.

To reach that finished product, much work had to be done.

A swarm of volunteers — from working professionals to retirees — made it happen. Contractors donated free hours, supplies and workers. Volunteers poured in to help tear down walls and pull nails. These efforts reduced the building and renovation costs from \$1.2 million to \$800,000. Donations from individuals and churches, grant monies from businesses like Wal-Mart, and funding from organizations like the Ray and Kay Eckstein Charitable Trust and the Carson-Myre Charitable Foundation, helped to further reduce the debt. The final price tag on the miracle building: \$85,000 of the original \$1.2 million, and this amount was financed with no interest.

Even in the demolition phase, the kitchen's volunteers were mindful of service and of giving back.

Dave Berndt, a current board member who has volunteered with Marcella's since it opened, says they donated reclaimed two-by-fours to Habitat for Humanity. And the hinges from all of the doors went

to a facility in Pennsylvania that makes beds for kids.

Reconstruction took some time, some money and a lot of faith. But after all of the work was completed, Marcella's Kitchen was ready to do what it had been created to do. Volunteers served their last meal at the Draffenville Community Center on Friday, May 3, 2019 and their first meal at the new building on Monday, May 6.

#### **"Here for life"**

Marshall County is home to more than 31,000 people. According to government census numbers, the annual median household income of the county's residents is less than \$50,000.

None of that matters to Marcella Perkins.

"We don't ask any questions. They don't have to qualify for anything. They can have a million dollars or five cents and we will never know. We just love on them and feed them a good lunch," she says.

Since moving to the new location in May, the number of people the kitchen's volunteers feed has increased from 1,200 to 2,000 a month. That increase, along with the facility's primary costs — \$2.25 per meal per person, insurance and utilities — means the board members have to make smart financial decisions.

The addition of a commercial dishwasher, for instance, eliminated the need to purchase paper products (like plates) and plastic utensils. Over the last eight years they spent \$32,000 on these purchases.

And when Marcella shops for the weekly menu, she buys in bulk from a national wholesale distributor.

Volunteer Shane Boudreaux, who has worked on the kitchen's social media presence on Facebook, also works to sell off some of the stand-alone freezers and refrigerators that the kitchen no longer needs.

They send out letters to churches and supporters.

They pray.

They just keep feeding.

Somehow, it works; and it works well.

For several years, Marcella's has been fixing hot meals three days a week for participants who are involved with the Marshall County Exceptional Center, which operates programs for adults with intellectual and developmental disabilities. (The center's staff transports the food back to the center.)

Marcella's also works in conjunction with the Benton Elementary School Resource Center, preparing more than 100 peanut butter and jelly sandwiches every Tuesday morning during the summer. Marcella drives the sandwiches to the resource center. The center staff distributes the sandwiches to families.

And, since the kitchen's new building opened, Marcella and her team of volunteers also support the public school system's summer meal program — as one of several drop-off locations for sack lunches. Children receive the already prepared sack lunches and their parents can eat at no extra charge at Marcella's.

Like any community kitchen, those who walk through the door are fed in more than one way.

Butch McKinney, from Reidland in neighboring McCracken County, has volunteered at the kitchen since January 2014 and says he has seen firsthand the power of Marcella's Kitchen.

"What I've learned is that it's more than food and coffee and drinks. It's fellowship," he says. "People come here just to talk. They come in and sit for two hours and talk. There is more benefit than just feeding people. You have the relationship, the fellowship."

That fellowship is evident in the people who come through the doors to eat and in the volunteer groups who serve them.

Jennifer Boudreaux, a local artist and the kitchen team leader every other Friday, says there's nothing else she would rather be doing.

"I love it," she says. "I love the people. You feel like you're making a difference and you do see that difference in their lives."

She stops serving long enough to tell a story of another volunteer who discovered a homeless couple living in a tent. The volunteer

brought them to Marcella's Kitchen to eat and helped find them housing and jobs.

"It's not just about the food," she says. "I'm here. I'm here for life."

### **"Haven't scratched the surface"**

A few years ago, residents from nearby Murray came to Marcella seeking advice about starting their own community kitchen. They ended up opening Soup for the Soul in 2015. It's been going strong ever since.

And in Marshall County, Marcella, the volunteers and her board members are not finished yet.

"My vision is that nobody will be lonely and nobody will be hungry in Marshall County. We haven't scratched the surface yet of meeting the needs," she says.

She and Berndt, the board member, stand in the shiny new kitchen and count the number of communities that could still use food.

"This would be the primary place to cook it, so we could prepare the food here, then take it to places in need," Berndt says. "But that takes money and you have to have the right thing to carry the food in and you have to set up the organization. That's a long-term goal."

Marcella stops by some of the tables in the brightly lit dining area. She asks how people are doing, how their food tastes, if they need anything. She offers them smiles and acceptance.

"This is my season. When my season's up, God will send me somebody," Marcella says as she nods to another couple who push a stroller in through the doors. "For now, I'm 77 years old and this is what I do and I love it." ■



# COMMONWEALTH'S FIRST NURSE ANESTHETIST PROGRAM CONTINUES DECADES-LONG MISSION



*Article by Katheran Wasson*

Baptist Health/Murray State student nurse anesthetists arrive for the first day of their second year of study. These students will graduate in August 2020.

Frequent night shifts were wearing down Joshua Lee and his family.

Lee, an intensive care unit (ICU) nurse at a Veterans Affairs (VA) hospital, made the spontaneous decision — “and I don’t ever do anything spontaneous” — to apply to the Baptist Health/Murray State University Program of Anesthesia. The program provides training, through a Doctor of Nursing Practice curriculum, to prepare its Registered Nurse students to become Certified Registered Nurse Anesthetists (CRNAs).

“It was the best decision I’ve ever made professionally,” said Lee, who is now a CRNA at Mercy Health-Lourdes Hospital in Paducah. “Meeting patients in one of the most vulnerable times of their lives and providing them comfort within minutes is one of the most rewarding things you can experience.”

Few nursing fields offer as much autonomy as anesthesia, Lee said. Kentucky is one of 17 states where CRNAs are not required to work under an anesthesiologist, and in some facilities — such as rural hospitals — they are the sole anesthesia provider.

When it began in 1992, the Baptist Health/Murray State program — then known as the Kentucky Program of Anesthesia — was the first of its kind in the state. (Northern Kentucky University

has since launched a similar program.) There was a need for more nurses with such a specialization in Kentucky, said Darlena Jones, one of the program’s full-time faculty members and the program’s administrator.

“There was a dire need for nurse anesthetists at Kentucky hospitals, and the idea was to start a program and grow our own,” Jones said.

Now the program attracts students from Kentucky and beyond. And although some graduates have gone on to work in far-flung urban areas like Boston, faculty members say the program’s rural roots are one of its strengths.

“Our clinical sites prepare them to be the sole provider in rural hospitals, serving really sick patients with limited access to equipment and lots of other things,” Jones said. “They may be the only person who can intubate a patient or provide advanced cardiac life support. One of our students works locally at a small, rural hospital, and she’s the sole anesthesia provider.”

According to data from the Bureau of Labor Statistics, there were 1,160 nurse anesthetists employed in Kentucky in 2018.

“Our goal is to educate advanced practice nurses in nurse anesthesia, so they can practice in any setting, rural or urban, high-risk obstetrics, pediatrics, open

heart surgeries or trauma — anything,” Jones said.

### **A growing program**

The Kentucky Program of Anesthesia started with six students, and over the years that followed, gradually grew.

The program operated at the certificate level until 1994 when Murray State University and the Trover Health System, which operated a hospital in Madisonville, partnered to offer a master of science degree in nursing, with a nurse anesthesia specialty. The program name was changed to the Trover Health System/Murray State University Program of Anesthesia. In 2012, the program took its current name after Louisville-based Baptist Health acquired the Trover Health System.

A grant from the Kentucky Hospital Association in 2005 led to the program's expansion into Eastern Kentucky. The anesthetist program currently enrolls 18 students — 12 at Baptist Health Madisonville and six at St. Claire Regional Medical Center in Morehead.

And, the first cohort of students in the program's Doctor of Nursing Practice track began classes in 2014.

This history of collaboration with Kentucky hospitals makes the Baptist Health/Murray State program unique, said Dina Byers, a program faculty member who also serves as graduate coordinator.

“These hospitals vie for our students because they love to teach them the skills to promote their callings,” Jones said.

In its 27-year history, the program has graduated more than 300 students who now work across the state and nation. Most have a job lined up when they graduate.

“We have never had to help a student to get a job yet,” Jones said. “The skill and dedication of the students speaks for itself, and they are heavily recruited.”

### **A curriculum that challenges**

Applicants to the Baptist Health/Murray State program must have a bachelor's degree in nursing and two years of experience in a critical care setting, such as a surgical ICU, cardiac ICU or neonatal ICU — twice the professional experience required by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), the industry's national governing board. This provides them with a good foundation to care for an unstable patient as well as experience with the medications, blood loss and infections that can accompany them, Jones said.

The program's first year is offered fully online and covers the foundations of anesthesia. Courses are taught by nurses with either a Ph.D. or Doctor of Nursing Practice degree, which allows students to develop the knowledge and skills necessary to begin their clinical practice.

In year two, students are taught in a hybrid format with core courses online and specialty courses delivered at hospital sites.

In their third year, students rotate among 23 clinical sites.

Members of the Class of 2018 cohort performed an average of 1,120 cases or clinical experiences, far above the number required by the NBCRNA.

Students then sit for a national certification exam. All students in the 2018 cohort passed on their first or second attempt.

“We all have an investment in this program,” Jones said. “We're very proud of our heritage and want to promote success in our students.”

### **A day as a CRNA**

Back in Paducah, Joshua Lee, who is now five years

*continued on page 16*



Anesthesia program students Aleksander Nagornay (left) and Michelle Deterding (right) participate in training on operating room bed controls and patient safety. Faculty member Pamela Thurman lies on the operating room bed.

# NATIONAL CLERGY TRAINING PROGRAM CLOSES TREATMENT GAP FOR RURAL VETERANS



*Article by Deanna Lee Sherman*

Joe White recalls a story he once heard about a young Kentucky woman whose husband got called to war shortly after they married.

“He never came home,” White says, adding that the Vietnam-era veteran *did* in fact return home physically, but he “wasn’t the same.”

That’s a reality faced by many of the country’s veterans — including the more than 4.7 million who live in rural communities — and a reality that White knows all too well. The Irvine, Kentucky native is an Army veteran who previously pastored at four rural United Methodist churches in the Commonwealth and currently works as a Veterans Affairs (VA) chaplain in Lexington.

After retiring from the military in 2014, White was trained through the Community Clergy Training Program to Support Rural Veterans Mental Health — more commonly referred to as the Community Clergy Training Program (CCTP) — to identify and support rural veterans who are struggling with issues related to their combat experience and reintegration challenges.

Since 2010, when the CCTP first began, more than 4,000 clergy members, chaplains, behavioral health professionals and

others who support veterans in rural communities have received that training — including more than 150 in Kentucky. The VA Office of Rural Health, which sponsors the program, has designated it as a “Rural Promising Practice,” a model of care that provides for increased access to care or services, strong partnerships, a return on investment, operational feasibility and customer satisfaction.

## **Obstacles for veterans**

George Raymond “Rainbo” Johnson, a Vietnam veteran who lives in rural Harlan County in Eastern Kentucky, says he’s seen veterans return home from combat and never talk to anyone about their experiences.

“It’s bottled up inside of them and it causes so much damage, mentally and physically,” he says.

Johnson admits that even he and his older brother, who’s also a Vietnam veteran, did not discuss their war experiences until some years after they both returned stateside.

“Most veterans I’ve seen want to tell their stories,” he says. “It gives them some relief, but they do not want to talk to just anyone.”

In fact, research reveals that many veterans do not seek the mental health services they need when returning home from deployment.

They're often facing obstacles related to employment and relationships as they reintegrate, says Steve Sullivan, a VA chaplain based in Durham, North Carolina who travels the country regularly to oversee and conduct community clergy trainings.

"They struggle with jobs and spouses," he says. "This contributes to and exacerbates health issues."

And, White says, when rural veterans do decide to seek out mental health help and emotional support, they're more likely to turn to a member of the clergy than a mental health professional for two key reasons: the lack of mental health services in rural areas (where you are always sure to find at least one clergy member), and the stigma — in military circles — associated with seeking out those services.

Veterans often face other obstacles, too: a lack of transportation, a general resistance to seeking help from others and a lack of understanding that assistance may even be necessary.

### Training program, goals

The CCTP began with a handful of VA chaplains who traveled across the country to present the training workshops, White says. Today, 25 chaplains conduct the free clergy training programs.

The CCTP doesn't train participants to diagnose and treat mental health conditions. Instead, it seeks to increase participants' awareness of the mental health challenges faced by veterans, educate them about the available VA health care resources and instruct them on when and how to make clinician referrals — all areas that members of the clergy may have limited knowledge about and experience with.

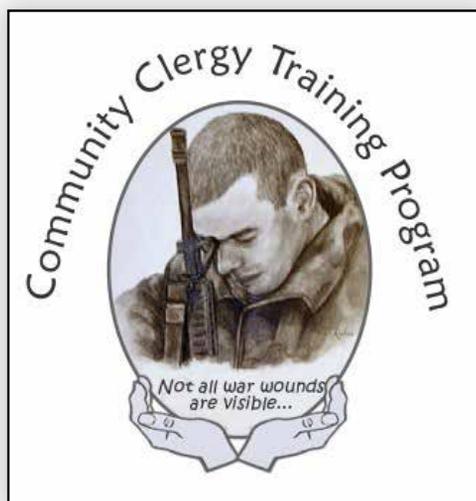
The training — often held at churches, public libraries, schools and nursing homes — includes four modules covering military culture and the wounds of war; pastoral care with veterans and their families; mental health services and referrals; and, building community partnerships.

Health issues addressed during the training sessions range from post-traumatic stress disorder (PTSD) to substance use and abuse, military sexual trauma,

depression, brain injury, insomnia and suicide prevention, the last of which has been identified by VA officials as a top priority.

Participants also receive guidance on working with specific veteran populations — Vietnam-era veterans, female veterans and younger veterans.

The program's overall goals include the promotion of the health and well-being of rural veterans; the generation and spread of knowledge about rural veteran health; and, the strengthening of the community health care infrastructure where rural veterans live.



Sullivan says the training provides a much needed shift in how participants' think about veterans and veteran's issues.

"There is a focus on veterans 'plural,' but there also needs to be a focus on veterans 'singular,'" he says.

And, he says, the CCTP helps to elevate that awareness while, at the same time, honoring veterans.

"Veterans need civilians to listen to their stories," Sullivan says. "To hear their point of view, their struggles

and to bear that burden with them."

In particular, he says, the presence of clergy members is especially important when treating veterans suffering from "moral injury," which he describes as "guilt and shame over what they've witnessed or done or failed to prevent." According to the VA, research points to moral injury as a key condition related to depression, PTSD and suicidal intent.

"This is spiritual, so clergy members are especially important here," Sullivan says.

He says linking veterans to members of the clergy also helps them maintain a sense of privacy about their mental health struggles, which is a priority for the program.

"People will go to the next county before being seen [by a mental health professional] in their own," he says.

Since October, 100 CCTP training events have been held nationwide with 1,184 participants

# BY THE NUMBERS

## FQHC LEADER CHAMPIONS THE IMPORTANCE OF QUALITY IMPROVEMENT PRACTICES

Karen Ditsch first joined Juniper Health, Inc. in 2005 as the organization's director of operations. In 2007 she was named the federally qualified health center's CEO.



*Article by Michael McGill, Rural Project Manager, Kentucky Office of Rural Health*

You can call Karen Ditsch a bit of a guru.

She's certainly a convert.

And, she might even be considered a preacher of sorts.

Her message: Quality improvement — that systematic approach to analyzing a health care practice's performance and looking for ways to improve it — is important. Very important.

"You cannot fix what you don't know," says Ditsch, the just recently-retired CEO of Juniper Health, Inc., a federally qualified health center (FQHC) headquartered in Beattyville, Kentucky, in Lee County. "You have to know the data."

That's a lesson she first learned more than a decade ago when she joined Juniper as the organization's director of operations. And, it's a lesson that she continues to share with others to this day — at conferences, in podcasts and, really, anywhere she can.

### **"A light bulb moment"**

"Our quality wasn't as good as what our providers thought it was."

That was the top takeaway from Ditsch's first introduction to quality improvement in the FQ world. It was the conclusion she reached when, after she joined Juniper as its director of operations in August 2005, she was pushed by then-CEO Alex Smith to take part in a Health Resources and Services Administration

(HRSA)-sponsored diabetes Health Disparities Collaborative. The program involved a one-year quality improvement project: learn the theory behind quality improvement, develop goals and a plan, and implement a small-scale intervention to improve care for a specific chronic medical condition.

Ditsch had been reluctant to have anything to do with quality improvement. In fact, she says she repeatedly pleaded with her boss to not waste her time on quality improvement work. During her career as a physical therapist — a field she worked in for more than two decades before moving to her first administrative role at Juniper — Ditsch says she had been asked to do what was called "quality assurance" work before. It was little more than spending hours with charts and "cross[ing] some t's and dot[ting] some i's," she remembers, all in preparation for a visit from the Joint Commission, which accredits and certifies health care organizations and programs throughout the U.S.

"At the time, my whole mindset was, 'This is not doing anything to improve quality,'" she says. "I can write down anything that I want to write. That doesn't prove that there's quality being given. And it was onerous and I hated it and it just seemed so useless to me because we're just checking boxes because some agency was coming to inspect something."

Her work with the HRSA Health Disparities Collaborative proved to be far different. Ditsch calls it a "miraculous" moment in her career.

In their work as participants in the collaborative, Ditsch and Dr. Jay Hurm, Juniper's medical director at the time and a provider at the Lee County Clinic,

began examining the A1C numbers (measuring blood glucose levels) for the clinic's patients.

What they found was not good.

"[O]nce we saw the data and the numbers about what our average A1C was ... he was horrified and I was like, 'We're not near as good as I thought we were.'"

Hurm was an excellent provider who cared about his patients and whose patients loved him in return, Ditsch says. He also requested quarterly A1C tests of diabetic patients, which was a recommended best practice. But still, the clinic's diabetes control was not very good.

So, they implemented some changes, practice-wise and workflow-wise, she says. Among those was Hurm taking a more aggressive approach to prescribing insulin.

And, things changed. The clinic's diabetes control improved.

"It was truly a light bulb moment," she says. "It's like, 'This stuff [quality improvement] really works.'"

At about the same time, Juniper, like other HRSA grantees, was required to start reporting Uniform Data System measures as a way to help improve health center performance and operation, and to identify trends over time. One of the early measures FQs had to report was the percentage of patients who were screened for cervical cancer using a pap test. Ditsch says after she looked at patient charts, she found a pap rate of 0%. It wasn't that patients weren't getting paps, she says. Instead, it was a case of a lack of follow-up after a Juniper provider made a referral for a pap test. The clinic's staff never contacted patients' OBGYNs to seek documentation that the paps were ever completed.

Ditsch and the staff at Juniper made changes to office procedures and, in the second year of reporting that measure, the health center's figures jumped from 0% to 12.5%. Still horrible, Ditsch says, "but it's where we were."

The introduction of an electronic medical records system in 2010 helped to simplify the process of generating data reports. A one-by-one examination of paper-based charts was no longer necessary to get a sense of how clinics were operating and the quality of care that patients were receiving.

The more recent adoption of a population health management platform has further assisted Juniper's staff in promoting patient compliance for wellness and preventive care, and in identifying areas that need improvement and monitoring that progress.

"We started on paper with one or two measures. I saw the benefits," Ditsch says. "We saw how outcomes improved. And we've just kind of grown it since then."

A quality improvement committee now meets monthly.

And, Ditsch isn't alone in her belief in the power of numbers: Dr. Derrick Hamilton, Juniper's medical director-turned-new-CEO, has a statistical background and "understands the power of data, as well," Ditsch says. "... I'm not the champion any more, he is, because he gets it."

Staff have also bought into the numbers-based approach to monitoring patient care. It's "the way we do business," she says.

"We run reports all the time on people who are out of compliance and try to think of ways to engage them and engage the staff. How can we meet that measure?" Ditsch says. "I talk to them about numbers all the time. ... And I tell them all the time and it's true: I'm preaching to ya'll about numbers, here I am talking about numbers, yah, and all ya'll think I care about is numbers. But, I do care because behind every, and I truly believe this, behind every one of those numbers is a real person. And population health management works because the numbers lead us to the people."

There's a paradox, of course, that Ditsch knows all too well: When you stop focusing on some patient measures — whether they're blood pressure-related or the percentage of patients who've been screened for colorectal cancer — some slippage is possible. It used to bug her, she says. She was the type of student who always wanted to score a 100 on every test and wasn't satisfied with a 98 or 99. But, she says, she realizes she can't wear out her staff.

You may "take three steps forward and one step back," she says. "And that's OK because you don't have to start over again. If you take three steps forward and two steps back or four steps back, then you have to continue to focus on it [the measure] until it gets ingrained."



**Rebecca Sears, APRN**  
Grace Health Women's Care  
Corbin, Kentucky



**When did your service begin?**

September 2018.

**What are your job responsibilities at your NHSC practice site?**

As an advanced practice registered nurse, I provide health care to women from ages 12 on in the OB/GYN setting.

**How did you first learn about NHSC programs?**

My employer educated me about the program.

**What does it mean to you to be a NHSC participant?**

The one word it means to me is "opportunity." I would not have been able to get a higher education without obtaining student loans. My family could not afford to pay for me to go to college, therefore, I had no option but to get student loans. I knew I wanted to better myself and, more specifically, provide health care to the people in the area where I have grown up and currently live. I prayed that the Lord would give me a servant's heart and make a place for me within Grace Health, because I knew this is where I belonged. Being a NHSC participant has given me the opportunity to relieve most

of my student loan debt by doing exactly what I wanted to do. Being a NHSC participant has directly blessed myself and my family but also indirectly affects my patients. They get the best of me, with a servant's heart, gratefulness and purpose each day.

**What is the most important thing/lesson that you have learned during your NHSC service?**

I am very new to the program but I already have a greater understanding of the word "service." Being accepted into the program has made me really think harder about the service and care that I am providing in this underserved area.

**What advice would you offer to someone who is considering participating in NHSC programs?**

I would advise them to review the program guidance and understand the commitment. It is an excellent opportunity. Then go for it! ■

*If you have participated in a National Health Service Corps program or know of someone who has, please let us know. We're looking for participants to feature in future issues of The Bridge.*

# Cumberland Family Medical Center uses training event to educate staff on patient care

*Article by Michael McGill,  
Rural Project Manager,  
Kentucky Office of Rural  
Health*

When they were looking for a way to share in-house policies and procedures with their newly-formed school-based health center (SBHC) staff about five years ago, administrators at Cumberland Family Medical Center, Inc. (CFMC) opted to start a summer training program.

The day-long event allowed for the efficient transmission of information to staff members who were all assembled at the same location, at the same time.

But, as the organization's SBHC programs grew — they're now up to 101 sites in 16 school districts throughout south central and north central Kentucky — CFMC's leaders noticed that their SBHC staff had questions of their own. And many of them had the same questions.

That realization led to a shift in how the Russell Springs-based federally qualified health center's summer training could be used. Rather than focusing on internal information sharing, the now multi-day training became a way to educate staff members on ways to better care for patients — discussing everything from chronic disease management to preventive care, says Megan McMillin, CFMC's chief nursing officer and the head of the program committee that plans the training.

Topics at this year's event, which was held in mid-July, ranged from Vaccines for Children to Oral Health to Suicide Assessment.

Presenters are varied, too. This year's slate of presentations were delivered by a pediatric cardiologist; a pediatric neurologist; a pediatric pulmonologist; an ear, nose and throat doctor; a dentist; social workers; and a police detective, among others.

Attendance at the event is open to all of CFMC's clinic staff since the information being shared is not exclusive to school health, McMillin says.

"There were topics that could be used in a wide variety of settings — such as a setting in a clinic or a setting in a hospital," she says. "There were just so many ways



that the information could be used by providers or by nurses and not just in that school setting."

Continuing education credits are available for attendees through the local Area Health Education Center and other agencies.

Interested community members, including school administrators, have also been invited to attend.

And, McMillin says, attendance at the training has grown each year. In its first year, the training had between 25 and 30 attendees. This year, 264 attendees participated on the training's busiest day.

New to this year's event were sessions arranged by track: sessions specifically tailored to behavioral health professionals, dental professionals and medical professionals. Participants from all tracks also came together for what McMillin calls the event's "integrated sessions."

And, it's in those integrated sessions where McMillin says she sees the possibility for additional growth in future years' trainings since "being able to have really good collaboration with those providers, in a training setting ... help[s] enable them to actually collaborate better in practice."

She says CFMC staff report that the trainings are beneficial.

"From my perspective, what I've heard that I always thought to be very rewarding is when I talk to a nurse or talk to a provider who says that a certain situation has come up and they were able to use the information that they gained from our trainings to be able to better care for a patient," she says. "And we've had that happen multiple times. And that's very rewarding to know that ... they were given that information in advance, they were able to use that information to care for a patient and we gave them the tools to do so." ■

## Anesthesia Program

*continued from page 9*

into his CRNA career, arrives at the hospital about an hour before he's scheduled to see his first patient. He has breakfast and sets up for the day ahead, when he will see anywhere from four to 10 patients. His scheduled procedures range from general surgery to cardiac surgery to craniotomies. He also handles a lot of orthopedic cases, a specialty area for the hospital where he works.

Lee said his clinical rotations as part of the Baptist Health/Murray State program helped prepare him for the variety of patients he now sees each day. It also brought him closer to his tight-knit group of classmates.

"We were at a different facility every month, and you'd learn that facility, and then all of a sudden get swept up off your feet again," Lee said. "It was a really good, important part of my education. It kind of mimicked what anesthesia is: You go from one case to another, one situation to another. It was a very important part to my development as a CRNA."

Meanwhile, in Lexington, Richard Abney, who graduated from the Baptist Health/Murray State program last year, is caring for patients from across the state at the University of Kentucky Albert B. Chandler Hospital.

A Richmond native, Abney pursued a career in nursing after working as a medic in the Army. He earned his nursing degree from Eastern Kentucky University, and after four years as an ICU nurse at UK, he decided to pursue studies at the Baptist Health/Murray State program site in Morehead. He was drawn to the opportunity to provide one-on-one care and the close-to-home location of clinical sites.

"It has definitely changed my life for the better, and not just my life, but my family's life — you hope for generations to come," he said. "I think it's a great field. You have a lot of autonomy, you get to provide one-on-one care with a patient when they most need somebody. They're trusting you to deliver the best care you can."

At UK, he is part of a large staff of anesthesia providers. He mostly covers general, neurological and vascular surgeries, but provides help anywhere that anesthesia is needed.

"You could be taking care of a healthy young adult one minute, and the next, you're taking care of a 90-year-old ICU patient," he said. "You just never know."

Although he is located in Lexington, Abney provides daily care for many rural residents who



Anesthesia program students take part in a patient positioning and safety instruction and simulation. Student Jasmina Keserovic lies on the bed, acting as the patient. Other students, pictured left to right, include Aleksander Nagornay, Travis Laffoon, Gloria Egbu, Tyler Burns and Michelle Deterding.

travel to UK from Eastern Kentucky — and even West Virginia — for their medical needs. Their health often suffers because they don't have access to the care they need at home, which is a complicating factor in providing anesthesia services, he said.

He said other patient information — whether they're staying in the hospital overnight or making the long drive home, and what kind of post-operative care they will be receiving once they get home — must also be taken into consideration.

The rural focus of the Baptist Health/Murray State program and his clinical rotations in rural areas prepared him for such challenges, he said. He spent time shadowing a CRNA working in Flemingsburg, for instance, who did it all: pre-operative evaluations, anesthesia, post-operative care, ordering supplies — even billing.

"Some of our patients are the sickest in the state, but I have a ton of resources, and there's always someone available to help," he said. "In a rural area, your patients might not be as sick, but you have to be able to think on your feet and do the same things you would if you had a lot of resources."

If there's anything he wants people to know about his field, it's that CRNAs — whether urban or rural — provide a significant amount of anesthesia services throughout Kentucky and beyond. According to the American Association of Nurse Anesthetists, CRNAs safely administer more than 45 million anesthetics to patients each year in the United States.

"I think that may go unnoticed, but I want people to know we're effective anesthesia providers just like our [physician anesthetist] counterparts," he said. ■

**FQHC Leader***continued from page 13***“Let me give this a try”**

Ditsch's rise to become the CEO of an FQHC in rural Eastern Kentucky is, in her own words, “very odd.”

She's a Louisville native who grew up in a household where there was an expectation that she'd take a professional career track. She didn't want the lifestyle of a medical doctor. And she wasn't fond of the on-call nature of nursing positions, nor the shift work often associated with the profession.

She did have a love of sports, though, and thought she might be interested in the sports medicine field by way of training in physical therapy. It turns out that, during her studies at the University of Kentucky in the 1980s, she found herself more interested in neurological clinical settings than orthopedic work. She enjoyed working with individuals who had movement problems due to disease or injury of the nervous system.

“I ended up loving neuro,” she says. “So I ended up doing a lot more work with kids, and with people who had strokes, brain injuries and things like that.”

Ditsch's physical therapy career took her from Kentucky to Virginia and back again, working in a variety of settings: hospitals, nursing homes, home health agencies, school systems and in private practices. Much of that geographical relocation every few years was tied to her husband, David, who completed bachelor's and master's degrees in agronomy at UK, a doctorate in the same field at Virginia Tech and who eventually accepted a job with UK in Eastern Kentucky at the Robinson Station (now, Robinson Center for Appalachian Resource Sustainability) in Quicksand, in Breathitt County.

Ditsch says once her husband was employed by UK, she pestered him to continue his job search because she had hesitations about living in Eastern Kentucky — hesitations that were based on stereotypes she heard through the years about people there being poor, pitiful and lazy.

She came to learn that the people of Eastern Kentucky are nothing like the stereotypes. And, in fact, she and her family have lived in the region for nearly 30 years.

“They're the most gracious, kind, family-oriented, give you the shirt off their backs” people, she says. “... [I]t's just a good place to live. It's good people. I

think that's what brought us here and I think that's why we stay here — we're just meant to be here and it's a great place to live.”

Back in 2005, Ditsch received a call from a friend urging her to apply for the director of operations opening at Juniper Health. Ditsch didn't know anything about FQHCs. She didn't know anything about primary care. She told her friend “no” each time she called.

Finally, her friend's repeated pleas wore her down. Ditsch applied for the job and met for an interview.

“And once I talked to them, once I kind of went through that interview process, it was just kind of intriguing to me,” she says. “I was a little tired of physical therapy — I'd done that for 26-and-a-half years. So I guess at that point, my last child was going away to college [she has two daughters], so it was kind of empty nest, so it's like, ‘Let me give this a try.’”

She was hired and served in that role for about two-and-a-half years.

Her early days on the job were a bit of a shock, she says. She didn't know about billing. She didn't know the lingo. In her physical therapy world, for instance, patient “encounters” were called “visits.” She didn't know that providers needed to be credentialed.

“I knew nothing,” she says.

Her first major task was to secure an on-call service for Juniper.

“I was like, ‘I don't have a clue what that is, I don't know what that is, I don't know what we need,’” she remembers. “So it was really kind of that moment of terror, of, ‘Oh man, that's something I don't even know anything about.’”

But she learned. And she absorbed everything she saw and heard — especially everything she saw Smith say and do. He was the Juniper CEO she worked under and who was hired the month after she began. She shadowed him for two years.

“[O]nce he was here and I had a little more direction, he took the time and the energy to really help me grow and learn,” Ditsch says.

She adds: “He taught me, groomed me. He let me participate in any and everything I wanted to. He really pushed me to do some things that I didn't



Looking back over her time at Juniper Health, Karen Ditsch says she's proudest of the high quality of health care provided by staff, the workplace environment and the organization's growth.

want to do ... I'm very thankful to him for that."

That one-on-one indoctrination into the workings of FQs made it easier for Ditsch to take over as CEO — first in an interim role and later in the permanent post — once Smith departed in late 2007.

She also credits her fellow CEOs at FQHCs across the Commonwealth with helping to provide a support network of sorts. When she had questions or sought out advice, help was just a phone call or e-mail away.

"It's an amazing thing because, even though we may have adjoining service areas, it's really never been, in my experience, a competitive thing," she says. "There isn't a CEO of an FQHC in Kentucky that I could not call right now and they would bend over backwards to help me. And it's not just me; we help each other. So it's a real close group.

"And it's why FQs, I think, are successful in many ways, because we often serve a population that is challenging in terms of disease burden and social determinants of health, and we try to help each other out."

### **"This is really what I've done"**

For the last 11-and-a-half years, Ditsch has served in that role. And served well.

She often arrived early to the office and left late. Her office didn't have windows, she says, and she was

always "busy doing stuff." So, time flew by each day. "It's like, you know, 'I've got to get this done, get this done, get this done,' and before you know it, gosh, it's 7 o'clock."

She wasn't above working the front registration if an extra body was needed.

Or cleaning the bathrooms — she's done that a time or two.

She sends all employees a birthday card each year.

Staff members' Christmas bonuses include a personal note from her.

Not quite the hallmarks of your typical CEO.

"This is really what I've done for the last 14 years, for the most part, other than family stuff, church on Sundays," she says.

She's proudest of the high quality health care provided by Juniper's staff ("And I can prove that with data," she says. "It's not, 'I think we do' or 'I feel like we do' or 'We've got really nice people who work hard.' No, I know it. I've got the data."), and that the organization is a good place to work, where employees are treated well.

But she's also proud, too, of the growth that's occurred at the FQHC.

When she first started in 2005, the health center

had about 2,500 patients and 3,700 encounters. In 2018, Juniper had 14,000 patients and nearly 42,000 encounters.

The organization has grown from fewer than 20 employees to now, 98.

And, the FQ's clinic sites have grown from two locations — in Breathitt and Lee counties — to four medical clinics (with the addition of offices in Morgan and Wolfe counties) and two dental clinics, in Morgan and Lee counties.

A new Breathitt County clinic building — spanning nearly 30,000 square feet and including dental services — will open later this fall. There are plans in the works, too, to build another new facility in neighboring Lee County.

Juniper's recent growth has also included the integration of behavioral health services into its primary care clinics, providing a one-stop-shop holistic approach to treating patient's health care needs.

All of that growth has been made possible by grant funding ("I know how to write grants," Ditsch says, smiling), a vision, supportive administrators and a good support staff.

But, after more than a decade in the top job, Ditsch says she knew it was time to step away. She was tired. She has never been much of a delegator, she says; it's not in her DNA. She's had her hands in most of Juniper's major projects over the years, and, as the organization continues to grow, that's just not possible any more. At the same time, she says, she didn't think she was the right person to marshal the

health center's continued growth.

Her retirement is something she's been thinking about for a few years. She even warned Juniper's board in late 2017 that she was contemplating stepping down.

"I do not have the skills nor do I have the mental fortitude nor do I have maybe the enthusiasm to grow this to the next level," she says. "So we are at this point that there's so many opportunities where we can grow — other counties, other new access points that we can bring into this. ... To be a large corporate person is just not, I don't have the skills for that nor do I have the enthusiasm for that. I think my skills were taking this little bitty company and getting up to where it is now."

Ditsch says she'll most miss the daily work — doing meaningful work where outcomes are clearly observable.

In retirement, she plans to stay busy: She'll stay on at Juniper, temporarily, handling the organization's external affairs. She may do some consulting work. She'll likely help her husband with his turf management business — he's not a fan of invoicing or ordering. She'll travel some. Attend UK baseball and football games. She'll likely oversee the care of her 92-year-old father-in-law, who lives in an assisted-living facility in Louisville. She might also babysit some; she has a brand new granddaughter in Shelbyville.

"My hope really is that I can find a place to plug in and be involved," she says. "Maybe not every single day, but enough that I can make a difference and help people." ■

## Clergy Training Program

*continued from page 11*

in attendance. In Kentucky, four training events have been held since the spring and two more are scheduled still this year.

White says program officials are always looking to schedule additional training events, which will help to elevate the CCTP from its current status of being "still relatively unknown."

"What we need are clergy members and interested parties to receive the training, and we need a location," he says.

## Takeaways

White says what clergy and community members take away from the training varies.

"Some will do veteran ministries in their churches, some do a yearly event to support veterans," he says.

The program also has an impact on veterans' own family members.

"We talk a lot about the 'ripple effects,' where any support given to a veteran benefits the family," Sullivan says. "This is helping family members. It helps give them another means of making a connection for their family. They benefit from hearing others' stories and knowing they are not alone." ■

# The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Summer 2019

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