

West Park Hospital

WPH strives to provide best care

One of the more enjoyable parts of my job is “rounding” on our hospital patients to ensure we are taking good care of them, they are comfortable and to confirm their experience with West Park Hospital is a positive one.

I always enjoy when our patients tell me their experience at WPH is positive, but also appreciate the opportunity to hear from our patients about things we can do better to enhance their care and patient care experience.

I recently spoke with a patient who shared with me that she’s been “afraid of hospitals all my life, and have been afraid to come to hospitals to see family or friends because I have panic attacks.”

I told her we emphasize to all WPH employees that hospitals can be a stressful environment for patients and visitors and that it’s important all employees recognize this and ensure our patients and visitors experiences are positive – from the time they walk through our doors until they leave.

This patient was emotional when she shared this with me, acknowledging her experience and care received by all staff had been wonderful, she had not been afraid and she looked forward to someone knocking on the door because she knew there always would be a smile on the face of whoever walked through the door.

She went on to say she was going



DOUG McMILLAN
West Park Hospital CEO

to tell her family she wanted them to bring her to WPH if she needed to be taken to a hospital.

Our mission at West Park Hospital is to be an excellent regional health care provider by “putting the patient first.” Our staff and providers are the cornerstone of WPH, and I’m proud of the excellent care and services they provide to our patients.

West Park Hospital began the third and final phase of the Facility

Master Plan last year and we are excited to complete the “Bridge to the Future” project in 2015.

We completed our new inpatient acute care and intensive care floor in January 2015. We have received a great deal of positive feedback from patients during the past month since occupying this new space.

We’re excited to complete the new restaurant and dining room area that will be located in the lower level of the new addition, and also the completion of the new Baker Community Education Center.

The Baker Community Education Center will provide a state-of-the-art education space large enough to accommodate groups of more than 250 people. The education center would not have been possible without the generous gift to the WPH Foundation by Drs. Lenox and Fran Baker, and the WPH Foundation matching the Bakers gift.

Cedar Mountain Center will be relocated to the third floor of the hospital once the space has been renovated. This will leave space for a parking lot across the street from the WPH main entrance, which will be expanded to provide convenient parking access to our patients and visitors.

WPH medical staff has grown this last year with the addition of Dr. Jeff Poffenbarger, M.D., neurosurgeon; Dr. Randy Folker, M.D., ENT; and Dr. Tyler Weaver, M.D., hospitalist. WPH currently has 53 physi-

cians on the active medical staff. We expect to see additional growth in our medical staff in 2015.

Park County is fortunate to have such a large number of physicians on the active medical staff representing 23 specialties.

We also are pleased to have Audiologist Brandi Shepard join our Allied Health staff, providing full audiology services in the Cathcart Health Center.

The WPH Foundation’s “Where Buffalo Roam” project will be exciting in 2015 for WPH and the community. This project will raise money to support the construction of the Baker Community Education Center. It’s yet another West Park Hospital Foundation effort supported by many talented artists from Cody and the surrounding area.

A special thanks to Cody artist Jeff Rudolph for making this fundraiser a reality.

I’d also like to thank the WPH Board of Trustees for the excellent governance and leadership they provide to the West Park Hospital District in a time of continuous change in the health care industry.

WPH has been able to achieve ongoing growth in facilities and services while always focusing on quality care and excellent service. This, at a time many hospitals in the U.S. are struggling financially, experiencing decreasing utilization and eliminating services.

I’d also like to express my thanks

The Baker Community Education Center will provide a state-of-the-art education space large enough to accommodate groups of more than 250 people.

and appreciation to the WPH Foundation Board and Cody Medical Foundation Board for their ongoing support of new services, equipment and facilities at West Park Hospital.

Everyone at your hospital hopes you enjoy reading about the hospital’s progress in this 2015 Progress Edition.

Final phase of construction wraps up this fall

Work on West Park Hospital’s “Bridge to the Future” building project continues, with the third phase scheduled to be completed this fall.

“The completion of the Bridge to the Future Project will be another successful milestone for WPH and completes the WPH facility master plan developed in 2006,” CEO Doug McMillan said. “The project will assist WPH in enhancing the level of care and services we provide to all our patients.”

In January the renovation and expansion of the second floor was completed. It features a 29-bed patient unit. The bridge, or connecting corridor, to connect the older portion of the hospital to the new addition is projected to be completed in July 2015.

The new Acute Care and Critical Care unit includes nursing stations placed on each wing instead of having just one central station.

“The new acute and inpatient wing will benefit every patient,” chief clinical officer Keith Ungrund said.

Features include spacious patient rooms with couches that transform into beds, cardiac monitoring capabilities for up to 16 patients, decentralized nurse stations that put nurses closer to patient rooms which improves response time to patient needs, and a focus on decreased noise by closing off nurse stations and installing sound reducing ceiling tiles.

“It increases the number of patient rooms by five compared to the previous unit,” Ungrund said. “The main focus of the design is to provide an environment that promotes patient rest and healing while also incorporating the latest technology and equipment to best serve our patients.”

Patients were transferred to the new wing in late January.

Work on the second half of phase three began in February. The kitchen and dining areas will be relocated to the ground floor, and meeting rooms adjacent to the dining area will be renovated to house the Baker Community Education Center.

“We’re excited about it,” Director of Nutrition Services Lia White said. “It can’t come soon enough.”

The dietary department’s new location on the ground floor below the main hospital entrance, will be equipped with new appliances, a tray line for patients and pizza oven in the cafe.

“In the current kitchen we’re so spread out,” White says. “The new kitchen will be more compact, which will save time and be nice for the staff. The new kitchen also will have all the top appliances.”

Most of the food will be cooked to order, which will cut down line time for people waiting on food.

Patients also can select from a menu and their food will be cooked to order. The menu will feature about six breakfast, and 10 lunch and dinner options.

“We have a host who will go up and take their order and it will be



The Canyon Rim Cafe at West Park Hospital offers a variety of healthy lunch options such as this salad served by executive chef Tracy Lohr and her staff. The kitchen and dining areas will be relocated to the new basement space this fall.

The main focus of the design is to provide an environment that promotes patient rest and healing.

Keith Ungrund
Chief Clinical Officer

delivered by one of the kitchen staff,” White says.

Family is welcome to come down to the cafe for a meal, or a guest can pay for their meal with the host, and a tray will be brought up so they can eat in the room with their family member and do not have to leave.

The coffee bar which is currently located at the Monument entrance, will be moving down to the new kitchen area as well.

“The made-to-order salad station, known as our Field of Greens, will also be in the new kitchen area as it is currently our most popular station,” White says. “Customers will have more options for the Field of Greens station with various salads being offered daily.”

The salad station and updated food options are in part thanks to a part-

nership with Thomas Cuisine, a food management company with emphasis on scratch-cooking and first-class service.

“They prepare everything fresh,” McMillan says. “This saves on our food costs and results in healthier, more appetizing food. They offer low fat and vegetarian selections on the menu daily. People from the community come to the hospital cafeteria for breakfast and lunch like a regular restaurant.”

Thomas Cuisine has more than 24 years of experience in health care dining and maintains an 98 percent customer retention rate.

“During the past year since Thomas Cuisine has been here, we have increased cafeteria meals by 10,000 for the year,” White says. “Patient

Please see **CHANGES**, page D-2



Drs. Lenox and Fran Baker of Meeteetse donated \$500,000 to help fund the Baker Community Education Center.



West Park Hospital CEO Doug McMillan addresses community members in January during the open house for the new Acute Care and Critical Care unit on the second floor of the new portion of the hospital.

CHANGES

(from page D-1)

satisfaction scores have increased dramatically during the past few months with an increase in taste, temperature and appearance to all more than 90 percent.”

The Baker Community Education Center is being created thanks to a \$500,000 donation by doctors Lenox and Fran Baker, which will be matched through a West Park Hospital Foundation fundraiser.

“We wanted to give them the gift of a community education center,” Lenox says.

The area will include several breakout rooms with walls that can be retracted to create one large space as well. When all the rooms are opened up it can accommodate about 300 people.

“It’s nice because when you have the walls down you have

four places you can meet,” Lenox says.

The large meeting room will feature state-of-the-art audio visual equipment. There will be outlets on the floor throughout for plugging in computers, and strong Wi-Fi connections.

“We’ll have TVs posted so people seated in the back will still be able to see the presentation,” Lenox says. “It’s great to bring it up to the modern age.”

The current Sunlight meeting room also will be included in the center.

“We want people in town to be able to use it as well,” Lenox says.

Renovation of the former inpatient care area on the third floor also is underway. The plan is to relocate the Cedar Mountain Substance Treatment Center there.

The log building which for-

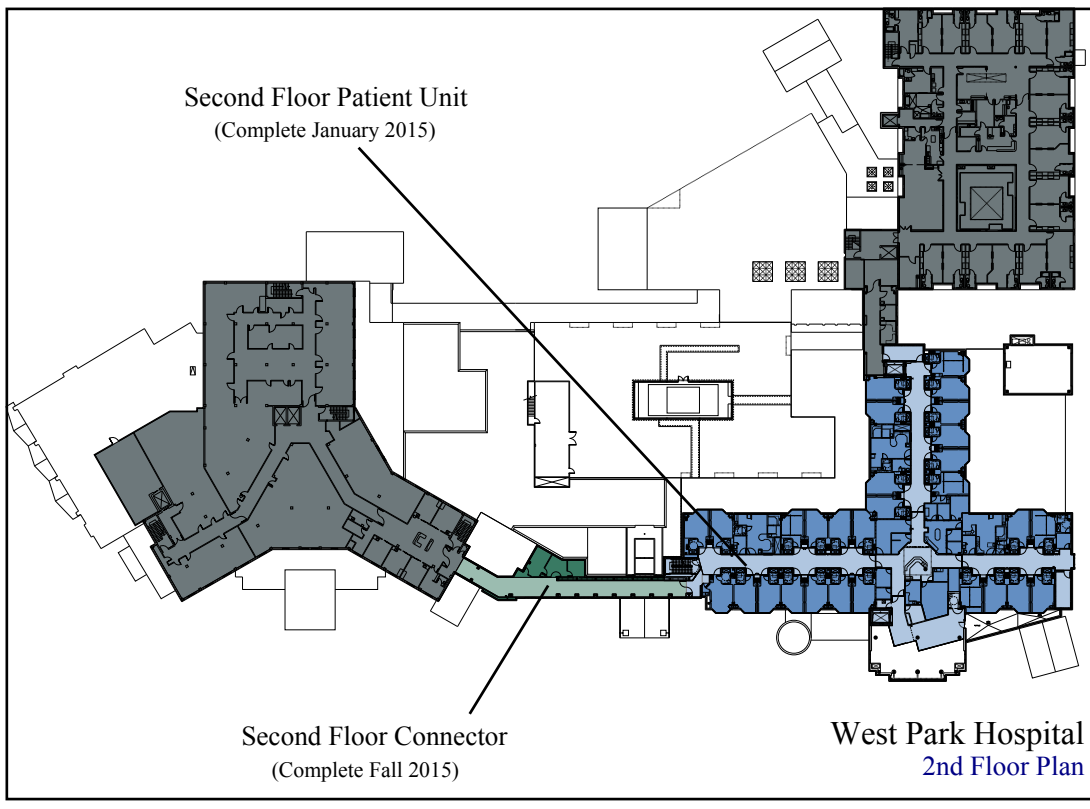
mally housed the Cedar Mountain Center has been removed and will be replaced with additional parking for patients and visitors.

With all the changes in recent years, it can be confusing to know which entrance will get you where you need to go.

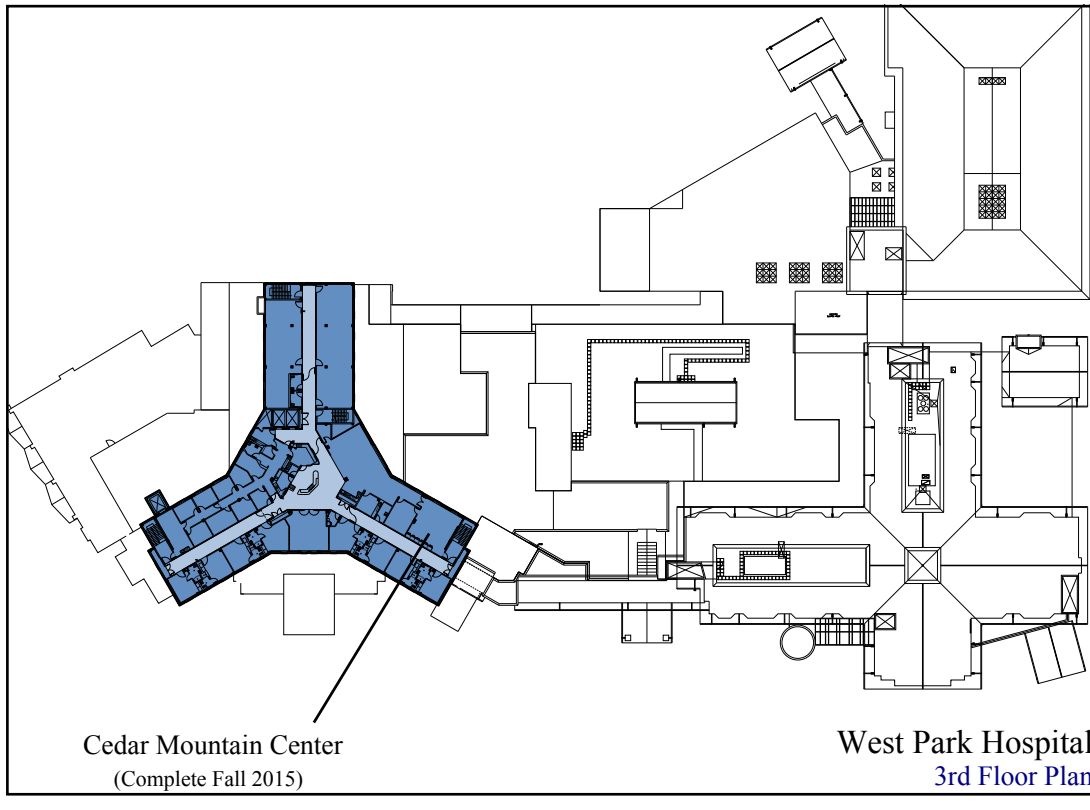
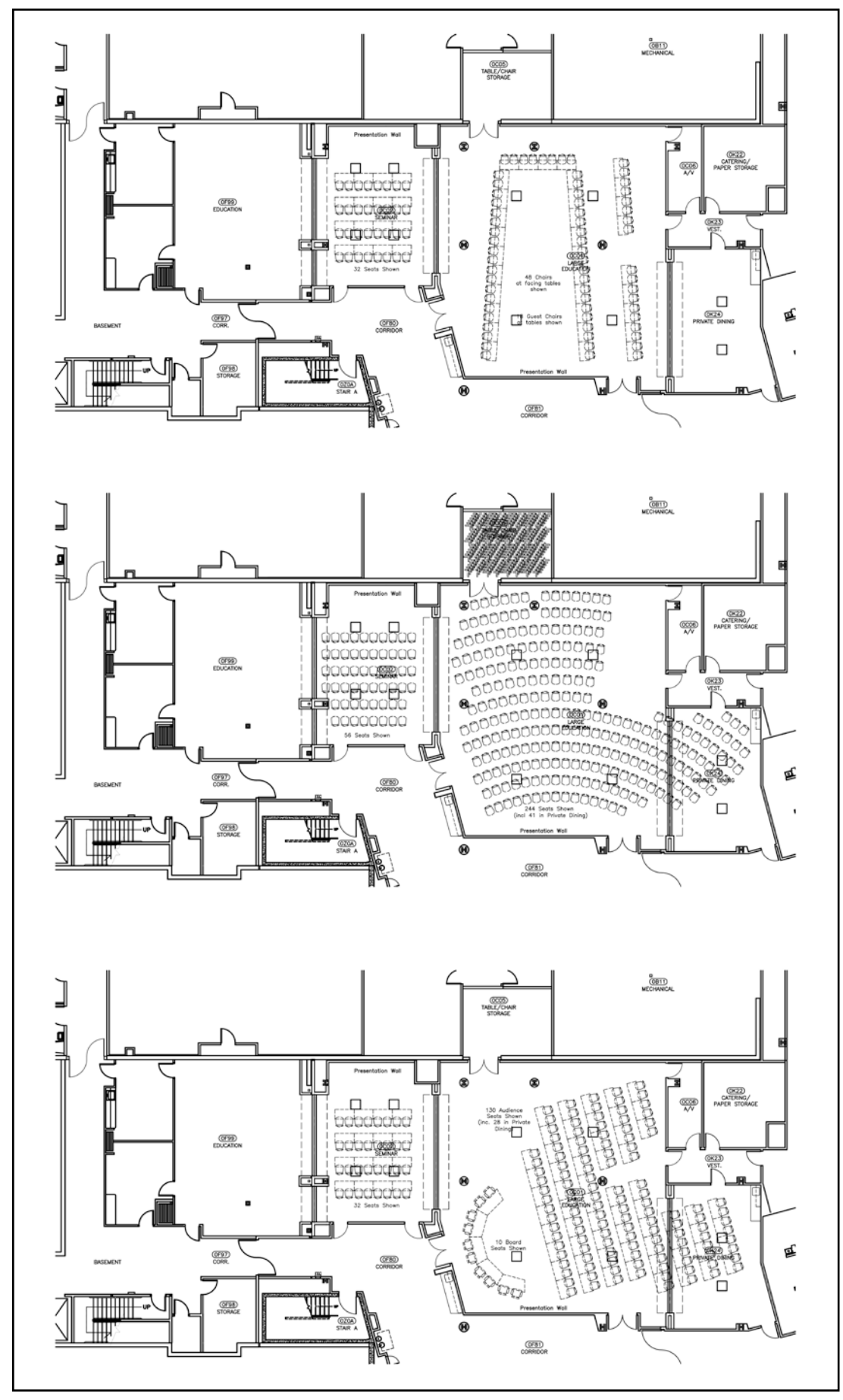
For the emergency department, patient registration, laboratory, radiology and cardiopulmonary department, Acute Inpatient and CCU floor and the gift shop can be accessed through West Park Hospital’s Main Entrance.

Take the Outpatient Services Entrance for outpatient, surgical, rehabilitation and radiology services.

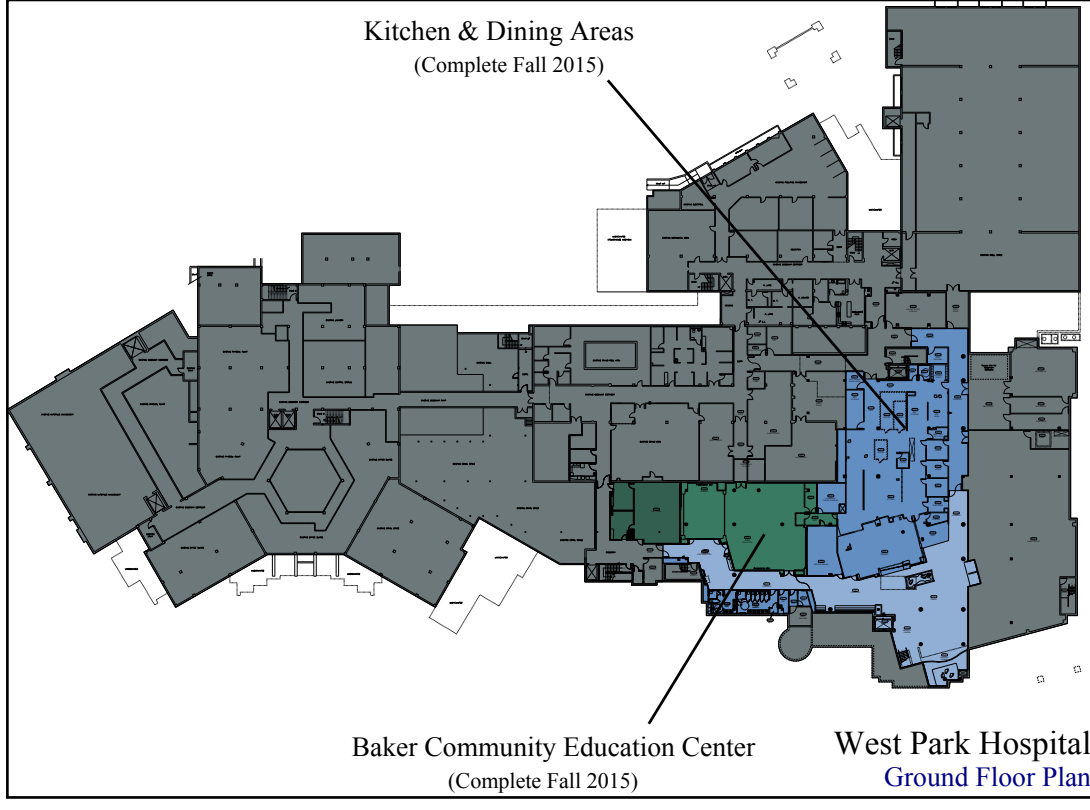
The Monument Entrance should be used for women’s health services, administration and the dining room/cafeteria.



Patients were transferred in January to the Acute Care and Critical Care unit on the second floor of the new addition.



The Cedar Mountain Center will be relocated this fall to the third floor of the old portion of the hospital.



The kitchen and dining area will be relocated to the new basement, which will also house the Baker Community Education Center.

Cedar Mountain moves to nicer location

The staff at Cedar Mountain Center (CMC) believes all individuals are worthy and capable of constructing and enjoying a productive, rewarding life.

CMC is a 16-bed inpatient chemical dependency treatment center dedicated to resolving the complex and sometimes overwhelming issues related to alcohol and drug addiction. It has been serving the community and surrounding areas for about 35 years and has treated more than 3,000 patients.

"We've been changing people's lives for more than 30 years," clinical administration director Fred Snelson says.

Inpatient treatment is designed to meet the needs of the individual and level of severity of the illness. Qualified staff provides intake, assessment and treatment goal planning with the individual.

CMC has access to state-of-the-art health care services and has the capability of managing detox from alcohol and drugs. During the course of treatment, each patient will work with a counselor to develop an individualized treatment plan. Treatment includes individual counseling, group therapy, education sessions, 12-step meetings and recreational activities.

Psychiatrist Dr. Scott Pollard, M.D., also is able to treat co-occurring disorders simultaneously while treating addiction. These can include depression, PTSD and ADHD.

Length of treatment varies according to individual needs, but tends to run 30-40 days. After inpatient treatment, patients are referred for continuing care in an outpatient setting.

People can self-refer themselves to the program or be referred by a doctor or other agency. If referring themselves they just need to complete an Addiction Severity Index which is offered through outpatient services at the Cathcart Health Center.

"Most patients come from outside Cody and are referred by other agencies who send us

a compete ASI report," Snelson said.

Research shows that when appropriate treatment is given and clients follow the prescribed program, treatment does work.

Addiction is considered a brain disease. In response to drug use over time, the brain changes and that leads to a person's loss of self-control and ability to make good decisions and prompts intense cravings and urges to use drugs or alcohol.

Through a combination of the appropriate treatment, behavioral therapy and sometimes medication, recovery can be achieved. But depending on the extent of drug or alcohol abuse, people may have to go through treatment more than once before they are in full recovery.

"Once in a while we run into former patients," Snelson says. "Their lives have changed and it's great to know they're doing well."

Addiction is a disease

Many people do not understand why or how other people become addicted to drugs.

It often is mistakenly assumed that drug abusers lack moral principles or willpower and that they could stop using drugs simply by choosing to change their behavior. In reality, drug addiction is a complex disease, and quitting takes more than good intentions or a strong will. In fact, because drugs change the brain in ways that foster compulsive drug abuse, quitting is difficult, even for those who are ready to do so.

"In the last 10 years research has showed that chemical dependency is a disease," Snelson says.

Addiction is a chronic, often relapsing, brain disease that causes compulsive drug or alcohol seeking and use, despite harmful consequences to the addicted individual and those around him or her. Although the initial decision to take drugs is voluntary for most people, the brain changes that occur over time challenge an addicted person's



Cedar Mountain Center staffers include (front, from left) Terri Moran, Mary Jones, Lisa Shepherd, Fred Snelson (back) Mary Stroble, Tomi Baker and Michelle Brenner.

self-control and hamper his or her ability to resist intense impulses to take drugs.

Drugs and alcohol contain chemicals that tap into the brain's communication system and disrupt the way nerve cells normally send, receive and process information. They cause this disruption by imitating the brain's natural chemical messengers and by overstimulating the "reward circuit" of the brain.

The overstimulation of this reward system, which normally responds to natural behaviors linked to survival (eating, spending time with loved ones), produces euphoric effects in response. Basically, drugs or alcohol have hijacked the brain's natural motivational control circuits, resulting in substance use

becoming the sole, or at least the top, motivational priority for the individual.

"For most of us when we try something and suffer the consequences we stop doing it, but for 8-10 percent of people, taking drugs or alcohol releases serotonin and eventually fuses the pleasure and survival systems of the brain," Snelson says. "They're predisposed to addiction."

New location

This summer CMC will move to its new location on the third floor of the hospital.

This former patient area is being remodeled and will include rooms for 16 patients, group rooms, study areas and staff offices.

"Renovation started in February and we hope to

move in by September," Snelson says.

The current dorm was built in the early 1970s. The new rooms will allow for more advanced patient treatment. Rooms also each will have a bathroom/shower facility, as well as views of Carter Mountain.

The new space will provide

more room for group sessions and will be more comfortable for the three-day family sessions which are part of the program.

CMC's former log office building located next to the hospital has been removed and the space will be turned into additional parking for patients and visitors.

“
Research has shown that
chemical dependency is a disease.
Fred Snelson,
Clinical administration director
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COMPLETE LIST OF SERVICES OFFERED AT WEST PARK HOSPITAL

- Acute Care/Critical Care Services
- Adult Psychiatry Services
- Anxiety & Trauma Recovery Counseling Services
- Audiology Services
- Cancer Treatment Services
- Cardiology Services
- Cardiopulmonary & Respiratory Services
- Children's Mental Health Services
- Children's Psychiatry Services
- Comprehensive Addiction Recovery
- Counseling Services (ages 4-94)
- Depression Treatment & Counseling Services
- Dialysis Services
- Ear, Nose & Throat Services
- Emergency Services
- EMS Services
- General & Vascular Surgical Services
- Home Health & Hospice Services
- Internal Medicine Specialty Services
- Labor & Delivery Services
- Laboratory Services
- Long Term Care Services
- Marriage Counseling Services
- Massage Therapy Services
- Neurosurgical Services
- Nutrition Services
- Orthopedic Services
- Pharmacy Services
- Podiatry Services
- Primary Care Services
- Radiology Services
- Rehabilitation Services
- Rheumatology Services
- Spiritual Counseling Services
- Urgent Care Services
- Urology Services
- Women's Health Services



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Dementia & Alzheimer's

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Questions? Contact WPH's Marketing & Public Relations Manager Ashley Trudo at: atrudo@wphcody.org



Jarron Mitchell, a physical therapist at West Park Hospital Rehabilitation, uses a handheld tool as he works with a patient.

Three therapy services offered under one roof

West Park Hospital is the only therapy provider in Cody that offers physical, occupational and speech rehabilitation under one roof.

They have the ability to provide one-on-one patient treatments, and are able to provide therapy services across the continuum of care – inpatient, long-term care, home health and outpatient.

The rehabilitation department at West Park Hospital has four physical, two occupational and one speech therapist. There's also one physical therapy assistant.

"Our clinicians have advanced training and different backgrounds," physical therapist Jarron Mitchell says. "We are a skilled and well-rounded team."

When someone has an injury, illness or surgery that affects their ability to use their body, physical therapy can help.

Physical therapists are experts in the movement and function of the body. They help people regain the physical abilities they need for day-to-day functioning, working or participating in sports and other activities.

"The old joke is PT

stands for pain and torture," Mitchell says. "But we are in the business of making people feel better. Our treatments should help them have less pain and allow them to perform the activities they enjoy. We try to put patients at ease because we're here to help."

Therapy uses methods such as massage, exercise, cold, heat, light, water and electric currents, to improve circulation, strengthen muscles and restore mobility.

Common reasons for physical therapy include:

- Low back pain.
- Neck pain.
- Joint replacements.
- Balance problems/falls prevention
- Muscle strains and soft tissue sprains.
- Carpal tunnel syndrome.
- Joint pain/chronic pain.
- A stroke that impairs movement.
- Arthritis.
- Disabilities in pediatrics.
- A heart condition or event that limits physical ability.

In physical therapy patients typically have a one-hour initial evaluation and then meet with therapists 2-3 times a week for

30-60 minutes. Therapy usually lasts 4-8 weeks depending on the issue.

Physical therapists work with people in the rehabilitation gym, and also offer a water aerobics class, which is easy on the joints and can increase muscle strength and endurance due to the water's built-in resistance. A person can exercise longer in water than on land without the extra effort or the joint and muscle pain that often accompanies a regular exercise routine because of its low impact.

"The pool is four feet deep and 25 feet long," Mitchell says.

Occupational therapy focuses on the skills people need for daily activities, such as working, dressing, eating, shopping and getting around. It may be recommended when an illness, injury or medical condition affects a person's physical or mental abilities. The goals of therapy may include regaining physical skills after injury, maintaining these skills despite chronic disease or learning to adapt to permanent disability.

Services may include:

- Customized programs to help people with daily activities.



Michelle Dansie, a physical therapist for West Park Hospital Rehabilitation, teaches an aquatic therapy class in the pool at the hospital.

- Evaluating the home or workplace for safety or health hazards and suggesting changes that make the environment safer or more accessible.
- Assessing and treating problems that affect a per-

son's ability to be effective at work.

- Training a person to use equipment that helps replace lost bodily functions.
- Educating family and caretakers about safe and effective ways to care for people.

Speech therapists specialize in the evaluation and treatment of communication and swallowing disorders. Services begin with initial screening for communication and swallowing disorders and continue with assessment, diagnosis and treatment. The private speech therapy room is located near the rehabilitation gym.

Clinicians in the rehabilitation department attend continuing education annually to learn new approaches to better serve clients.

Recently, Mitchell became a certified ASTYM provider. ASTYM rebuilds and heals the soft tissue of the body, helping eliminate pain and restore movement. Astym treatment safely and effectively stimulates scar tissue to be reabsorbed by the body and regenerates damaged soft tissue.

"I've seen fantastic results and patients have been very satisfied," he says. "ASTYM can be effective even when more traditional therapy has failed."

It is highly effective in treating chronic conditions such as plantar fasciitis,

Achilles tendonitis, rotator cuff injuries, hip bursitis, hamstring and groin injuries, and post-traumatic/post-surgical scarring. Treatment lasts 4-6 weeks.

"No one else in the Big Horn Basin is providing ASTYM," he says. "I use three instruments that stimulate blood flow and activate the body's ability to heal itself." The approach is researched based and that is one reason I believe it is so effective, it has been modified and tested in clinical trials over and over.

Mitchell will also be taking a dry needling course in May.

Dry needling is an effective therapy to treat muscular tension and spasm which commonly accompanies conditions such as arthritis, nerve irritation, muscular strain, ligament strains and herniated discs. A needle is inserted in a contracted, painful knotted muscle to create a local twitch reflex which will decrease muscle contraction, reduce chemical irritation, improve flexibility and decrease pain.

"It's not something that has been offered here in the past," Mitchell says. "We will begin providing dry needling this summer."

Physical therapists also can help with incontinence issues.

"Our rehab direction, Michelle Christy has advanced training in Men's and Women's health, including improving incontinence," Mitchell says.

The rehabilitation department is in the basement of West Park Hospital and is open weekdays, 8 a.m.-noon and 1-5 p.m.



West Park Hospital Rehabilitation staffers include (front, from left) office coordinator Carrie Beuster, PT Laura Laughlin, PT Michelle Dansie, rehab tech Alex Barthman, (back) PT and director Michelle Christy, OT Heidi Mayton and PT Jarron Mitchell. (Not pictured are PT Monique Keenan, ST Joani Graham and office coordinator Lindsey Meehan.)



The new sound booth used by audiologist Dr. Brandi Shepard, Au.D, allows her to provide more services to Cody and the surrounding areas.

Audiologist using latest testing technology

Dr. Brandi R. Shepard, Au.D., audiologist, has been offering the community comprehensive audiological care since last fall.

Dr. Shepard has been working diligently on developing an Audiology program from scratch for West Park Hospital. With more than 14 years of experience in her field, she also is proficient in diagnostics and amplification.

Audiological services currently being offered include hearing tests, speech understanding, middle ear function, inner ear function, auditory nerve function and brain-stem response testing.

Dr. Shepard also prescribes custom hearing instruments, assistive listening devices and Bluetooth connectivity devices. She is able to counsel and make recommendations based on individual hearing loss and lifestyle for appropriate selection of hearing aids, fitting, programming and all follow-up care.

"About 30 million American's 12 years old and up are affected by hearing loss. There are another 5 million children who are currently diagnosed with hearing loss," Dr. Shepard says. "People should be getting annual hearing tests, the same as getting eyes checked and going to the dentist. Hearing loss can be so gradual that people might not realize it's happening until years have gone by. The average wait time for someone when they realize they have hearing loss to when they are fit with hearing aids is 15 years."

West Park Hospital and Dr. Shepard share the goal of providing the best possible care. One of the larger developments has been to purchase and install a soundproof audiology testing booth. The booth will prevent unwanted noise from entering the test environment and affecting the integrity of the test procedures. New equipment also purchased includes Otoacoustic emissions (OAEs), Auditory brainstem response (ABRs), and a Verifit 2 (verification of correct hearing aid fit). The purchase of this equipment opens up the population that can be tested and the service that can be provided.

"Before I was limited to adults for hearing aids and 5 and up for diagnostics," Dr. Shepard says. "Getting the new booth and equipment is awesome, it is a game changer. I'll be able to provide more services for Cody and the outlying areas. I am excited to be able to serve a broader population. With the booth I will be able to offer diagnostics and amplification on all ages, babies and up," she adds.

Otoacoustic emissions (OAEs) are sounds given off by the inner ear when the cochlea is stimulated by a

sound. When sound stimulates the cochlea, the outer hair cells vibrate. The vibration produces a nearly inaudible sound that echoes back into the middle ear. The sound can be measured with a small probe in the ear canal.



BRANDI SHEPARD
West Park audiologist

The OAE test often is part of a newborn hearing screening program. This test can detect blockage in the outer ear canal, as well as the presence of middle ear fluid and damage to the outer hair cells in the cochlea.

Another test is the auditory brainstem response (ABR) test, which gives information about the inner ear and brain pathways for hearing. The ABR is performed by placing electrodes on the head - similar to electrodes

placed around the heart when an electrocardiogram is run - and recording brain wave activity in response to sound. The person being tested rests quietly or sleeps while the test is performed. No response is necessary.

Dr. Shepard also works closely with the Wyoming Early Hearing Detection and Intervention (EDHI) Program. The goal of the program is to provide for better outcomes for Wyoming children with hearing loss and their families through early screening, appropriate diagnosis and intervention, monitoring, personnel development and increasing public awareness.

"We monitor them and provide appropriate follow-up so children can develop properly," she says. "This system also keeps kids from falling through the cracks which is extremely important."

Reasons for a hearing test include:

- Muffled, blocked or diminished hearing.
- Difficulty understanding what people are saying, especially when there's com-

peting voices or background noise.

- Listening to the television or radio at a higher volume than in the past.
- Avoiding conversation and social interaction.
- Ringing, roaring, hissing or buzzing in the ear (tinnitus).
- Ear pain, itching or irritation.
- Pus or fluid leaking from the ear. This may result from an injury or infection that is causing hearing loss.
- Vertigo.
- A change in hearing.
- And of course, if it is time for an annual hearing test.

"West Park Hospital accepts insurance for audiological services, which is a huge advantage for the public," Dr. Shepard says. "Working here has been amazing. There are so many things that WPH does for their employees. This year coverage for audiology services and hearing aids has been added to the hospital insurance (EBMS) which is an exciting benefit."

Dr. Shepard was born and raised Cody. She graduated

from Cody High School in 1996 and earned an associate's degree from Northwest College. She then received her bachelor's at Idaho State University and master's from the University of Wyoming in 2003. She interned at the Cheyenne VA, worked a year in Jonesboro, Ark., completing her clinical fellowship year and earned her doctorate at Salus University in Pennsylvania in 2009.

She went to work in Pueblo, Colo., beginning in 2005, owning her own clinic for the last seven years before returning to Cody.

She and her husband, Todd, are happy to be raising their four young children in Cody.

"Being back is better than I ever could have imagined," she says. "I love this familiar small town feel and all of my husband's and my family are here. Cody is our home, it always has been."

Dr. Shepard's office is located in the Cathcart Health Center, 424 Yellowstone Ave., Suite 310, and is open Monday, Tuesday and Thursday from 9 a.m.-3:30 p.m. To schedule an appointment call 578-2976.



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Surgeon takes time to visit with, comfort patients

General surgeon Dr. Thomas Etter has been serving Cody and the surrounding area for the last two years.

General surgery is a surgical specialty that encompasses multiple body regions including esophagus, stomach, small bowel, colon, liver, pancreas, gallbladder, bile ducts, and often the thyroid and parathyroid glands. They also deal with diseases involving the skin, breast, soft tissues and hernias.

"In a large city they may have multiple specialists, but in smaller communities we are privileged to wear those hats," he says. "We offer a big city flavor with the benefit of community relationships."

One of the biggest differences from hospitals in larger cities is taking the time to talk to patients.

"In a big city you can feel like a number," he says. "Here we try to treat you like family and take the time to listen. Communication is the key to patient satisfaction. My patients essentially become my extended family."

Dr. Etter is board-certified in general surgery, a member of the Society of American Gastrointestinal Endoscopic Surgeons, American College of Colorectal Surgeons, Society of Laparoendoscopic Surgeons, American Society for Metabolic and Bariatric Surgeons, and an American Society of Breast Surgeons-Mastery of Breast Surgery member.

- His specialties include:
- Breast surgery, including oncoplastic techniques.
 - Laparoscopic adrenalectomies and splenectomies.
 - Minimally invasive video-assisted thyroidectomies and parathyroidectomies.
 - Laparoscopic paraesophageal herniorrhaphies and anti-reflux procedures.
 - Laparoscopic hand-assisted colectomies and small bowel resections.
 - Laparoscopic cholecystectomies, appendectomies, inguinal herniorrhaphies and ventral herniorrhaphies.

•Endoscopy.

"Prior to coming to Cody, I was based at a large cancer center and much of my focus was invested towards breast, colorectal and thyroid cancers so I'm experienced in how to deal with complex cases," he says. "We also provide colonoscopies and esophagogastroduodenoscopies on a weekly basis and have a day dedicated to these procedures."

"Not long ago we successfully performed a laparoscopic adrenalectomy on a very large tumor. It was very helpful and important for the family to remain in the community instead of traveling to Mayo. I remain very humbled to offer these types of services to our community."

He also does anti-reflux surgery, which is a treatment for acid reflux or GERD, a problem in which food or stomach acid comes back up from your stomach into the esophagus.

"People should know they don't have to travel to Billings for treatment," he says.

Many of the surgeries he performs are minimally invasive, which has several benefits including:

- Increased safety – with smaller incisions, there's less trauma to the body and far less blood loss.
 - Decreased scarring – most incisions just take a stitch or two to close.
 - Faster recovery – whereas recovery from traditional surgeries typically takes 6-8 weeks, patients who have undergone minimally invasive procedures usually recover in only one to two.
 - Decreased length of hospital stay – most MIS procedures are associated with a 23-hour discharge or scheduled outpatient surgery.
- "There's a quicker turnaround and less hospital stay," he says. "More and more insurance companies tend to focus upon these standards of care and we are happy to provide them with excellence."

Cody is the designated



General surgeon Dr. Thomas Etter says patients "essentially become like extended family."

regional trauma center, meaning Dr. Etter rotates call to deal with trauma surgeries and serves as the trauma director. Dr. Etter also fills in for the general surgeon in Powell for trauma when needed.

Dr. Etter's office has four exam rooms and a procedure room for minor procedures such as biopsies. He performs surgeries at the Northwest Wyoming Surgical Center, West Park Hospital and occasionally Powell Valley Healthcare. He says the new inpatient care wing at West Park Hospital has made patient's stays there even better.

"I'm ecstatic knowing that my post surgical patients will receive optimal

care during their recovery," Dr. Etter emphasizes. "It really takes a qualified team to cure a patient of their illnesses."

If someone feels they have a problem that might need to be corrected through surgery, they can call and make an appointment themselves or get a referral through their primary care physician.

If Dr. Etter feels surgery is necessary he describes the

surgical procedure in detail and what patients can expect after surgery.

"I feel a great deal of apprehension is soothed by taking the time with the patient and putting myself in their shoes," he says. "And if they have more questions at a later time I'm happy to answer them."

After surgery, Dr. Etter checks in with patients or has them come in for addi-

tional follow-up until they no longer need it.

"Most importantly, I want my patients to know I'm available for them anytime," he says.

His office is in the Cathcart Health Center, 424 Yellowstone Ave., Suite 250. It's open Monday through Thursday, 8 a.m.-4:30 p.m. and Friday, 8 a.m.-noon.

To make an appointment call 578-2947.

Where Buffalo Roam!

Paha Tatanka Wakan (Sacred Buffalo Mountain)
by Kat Vuletich




Save the Date!
May 16, 12 – 4 p.m. Downtown Cody

Join us for a Buffalo Roundup and check out the whole herd!

West Park Hospital
Foundation

Info: Graham Jackson • 307.578.2338 • gjackson@wphcody.org
West Park Hospital Foundation • 707 Sheridan Avenue
Cody, Wyoming 82414 • www.wphfoundation.org

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West Park Hospital
Foundation

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Foundation's 'Where Buffalo Roam' project underway

In celebration of West Park Hospital's 75th anniversary, the West Park Hospital Foundation has organized the "Where Buffalo Roam" project.

Designated proceeds from this art project to go toward West Park Hospital's Baker Community Education Center.

"Drs. Fran and Lenox Baker have donated \$500,000 for the construction of the Community Education Center and have challenged the foundation to provide the additional \$500,000 in matching funds for completion of the project," WPH Foundation chair Michele Keith said. "Celebrating the Bakers' generous gift with this community project is the perfect complement to West Park Hospital's 75th anniversary."

Cody sculptor Jeff Rudolph was commissioned to create the model for a 5-by-6 foot fiberglass buffalo. This prototype is being reproduced in a limited edition of 30 and given to select artists to be enhanced as collaborative works of art.

As with past projects in the community, they will advertise the sale of the buffalo and display these works of art this summer in prominent locations throughout Cody and Meeteetse. Various sponsorship levels are available for people to support the project.

Rudolph also crafted a smaller version of the large buffalo and those smaller fiberglass buffalo are being distributed and decorated by many other artists for sale and auction this summer.

The Baker Community Education Center is one of the final phases of construction for the hospital.

In 2011, WPH started construction of its new entrance and primary patient-centered hub. The first phase was completed in June 2012 and included the Emergency Department, Emergency Medical Services, Laboratory, Radiology and Patient Financial Services.

On Feb. 2 the second phase opened with completion of



This model was created by Cody sculptor Jeff Rudolph for the West Park Hospital Foundation's "Where Buffalo Roam" fundraising project.

the Acute and Critical Care patient rooms on the second floor.

The final, third phase is comprised of two different parcels and will provide the build out of the lower level of the main facility.

The first phase will be the construction of the dining room/cafeteria. It will house everything needed for providing patient meals in the hospital, Long Term Care Center and Hospice House. It also will provide meals for patients' families and friends, employees and the community. There will be an open area of lunch tables and banquettes provided

in an atrium-like setting.

Also included in Phase 3 is construction of the Baker Community Education Center, including three conference rooms of various sizes to complement the current conference rooms, and restrooms sufficient to handle large gatherings.

"The flexibility of the Baker Community Education Center will accommodate small gatherings, large board meetings and auditorium-type seating for close to 300 people," West Park Hospital CEO Doug McMillan said. "We will be able to entertain five attendees or more than

250. With more than 625 employees, current conference space cannot accommodate the capacity needed for employee assembly or meet the educational needs of team members throughout the year such as employee forums, which are held quarterly to keep the entire hospital team up-to-date on hospital goals and accomplishments."

Architect renderings show the outline of the conference rooms in detail along with the bank of restrooms. Walls between each of the new conference rooms will have the same ability to be adjusted based on the size of the meet-



In the past the foundation donated funds for a chest compressor.

The West Park Hospital Foundation has been instrumental in raising funds for hospital projects for many years.

*Michele Keith,
WPH Foundation chair*

ing or event. Storage rooms have been provided to store tables, chairs and state-of-the-art audio visual equipment. Televisions in all conference rooms will eliminate the need for line-of-sight for the presentations in all rooms.

"The West Park Hospital Foundation has been instrumental in raising funds for hospital projects for many years," Keith adds.

In 2014 the foundation raised more than \$1 million for various hospital projects, while using foundation endowment income for the purchase of equipment like a transport ventilator and CPR compression unit for Emergency Medical Services and a vision video laryngoscope.

Improvements for the hospital's Cancer Center was the focus for fundraising in 2014.

In 2012-13 the foundation raised funds for the expansion of the Dialysis Clinic and projects in the Long Term Care Center.

For the construction of the hospital's Spirit Mountain Hospice House, which opened in November 2011, \$3 million was raised.

These projects, all supported by the West Park Hospital Foundation, have been the cornerstone in ensuring the hospital's continued support of health care services for the Big Horn Basin.

"For 75 years West Park Hospital has been the health care resource for our community and the West Park Hospital Foundation looks forward to supporting the hospital's excellence in programs and services today and into the future," Keith added.

Our Patients' Comments Guide Our Patient-Centered Healthcare

We asked our patients for feedback and this is what we heard...

“

- Greatest people I have ever met. I would rather let the cancer win rather than be treated anywhere else!!!
- The nurses and receptionists and all personnel in this office are so wonderful! They remember your name, are always happy and are laughing with smiles on their faces all the time. To be around Cancer patients as much as they are, and to portray a feeling of happiness to everyone, is incredible. I'm sure this is paramount in healing and these girls are always spreading hope and caring in everything they do.
- Dr. Collins and the staff are amazing professionals. Very caring and compassionate and

gives their undivided attention to all of the patients. We are so very lucky to have her and the staff in the Big Horn Basin. If she ever leaves, I will go to Billings for my care and treatment options.

- I would like to thank all of the nurses and staff on the ACU/CCU floor of WPH. In my time of discomfort, you were all there with compassion and always smiling faces and a positive attitude. You were there when I needed it and left me alone when I needed that. Your kindness was very much appreciated and noted. Thank you!"



Meet Our Physicians



Theodore Ajax, M.D.
Anesthesiology



Richard Anderson, M.D.
Internal Medicine



Lael Beachler, DPM
Podiatry



Benjamin Beasley, M.D.
Emergency Medicine



Todd Beia, D.O.
Emergency Medicine



Jimmie Biles, M.D.
Orthopedic Surgery



Kirk Bollinger, M.D.
Emergency Medicine



Ryan Bower, M.D.
Hospitalist



Debra Bowman, M.D.
OB/GYN



Luke Bracke, M.D.
Anesthesiology



Rachael Bracke, M.D.
Internal Medicine



Adair Bowlby, M.D.
Family Medicine



Aaron Brown, M.D.
Emergency Medicine



Pamela Clegg, M.D.
Pathology



Carletta Collins, M.D.
Hematology/Oncology



Gregory Cross, M.D.
Radiology



Rebecca Danforth, M.D.
Rheumatology



Kathleen DiVincenzo, M.D.
Hospitalist



Alden Dykstra, M.D.
Internal Medicine



Stephen Emery, M.D.
Orthopedic Surgery



Thomas Etter, D.O.
General Surgery



Randy Folker, M.D.
ENT/Allergy Specialist



Duncan Fraser, DPM
Podiatry

The Area's Best Physicians



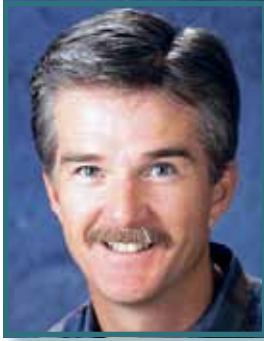
Allen Gee, M.D.
Neurology



Travis Graham, M.D.
Radiology



Matthew V. Hopkins, M.D.
Child/Adolescent Psychiatry



Charles Jamieson, M.D.
Pediatrics



Robert Joseph, M.D.
Hematology/Oncology



Jared Lee, M.D.
Orthopedic Surgery



Bradley Low, D.O.
Anesthesiology



Christopher Lowther, M.D.
Internal Medicine



Stephen Mainini, M.D.
Pulmonary Medicine



Gregory McCue, M.D.
Hospitalist



Douglas Morton, M.D.
Family Medicine



Dale Myers, M.D.
Gynecology



Sandra Nelson, M.D.
Psychiatry



Adam Peters, M.D.
Family Medicine



Jeff Poffenbarger, M.D.
Neurosurgeon



Scott Pollard, M.D.
Psychiatry



Scott Polley, M.D.
Emergency Medicine



Andrew Rashkow, M.D.
Cardiology



Catherine Schmidt, M.D.
Anesthesiology



Frank Schmidt, M.D.
Orthopedic Surgery



Kim Slight, M.D.
Hospitalist



Gregory Stewart, M.D.
Urology



John Trotter, M.D.
Family Medicine



Tyler Weaver, M.D.
Hospitalist



Barry Welch, M.D.
Ophthalmology



Charles Welch, M.D.
General Surgery



Lisa Williams, M.D.
Obstetrics & Gynecology



Jay Winzenried, M.D.
Orthopedic Surgery



The Big Horn Basin's Regional Medical Center