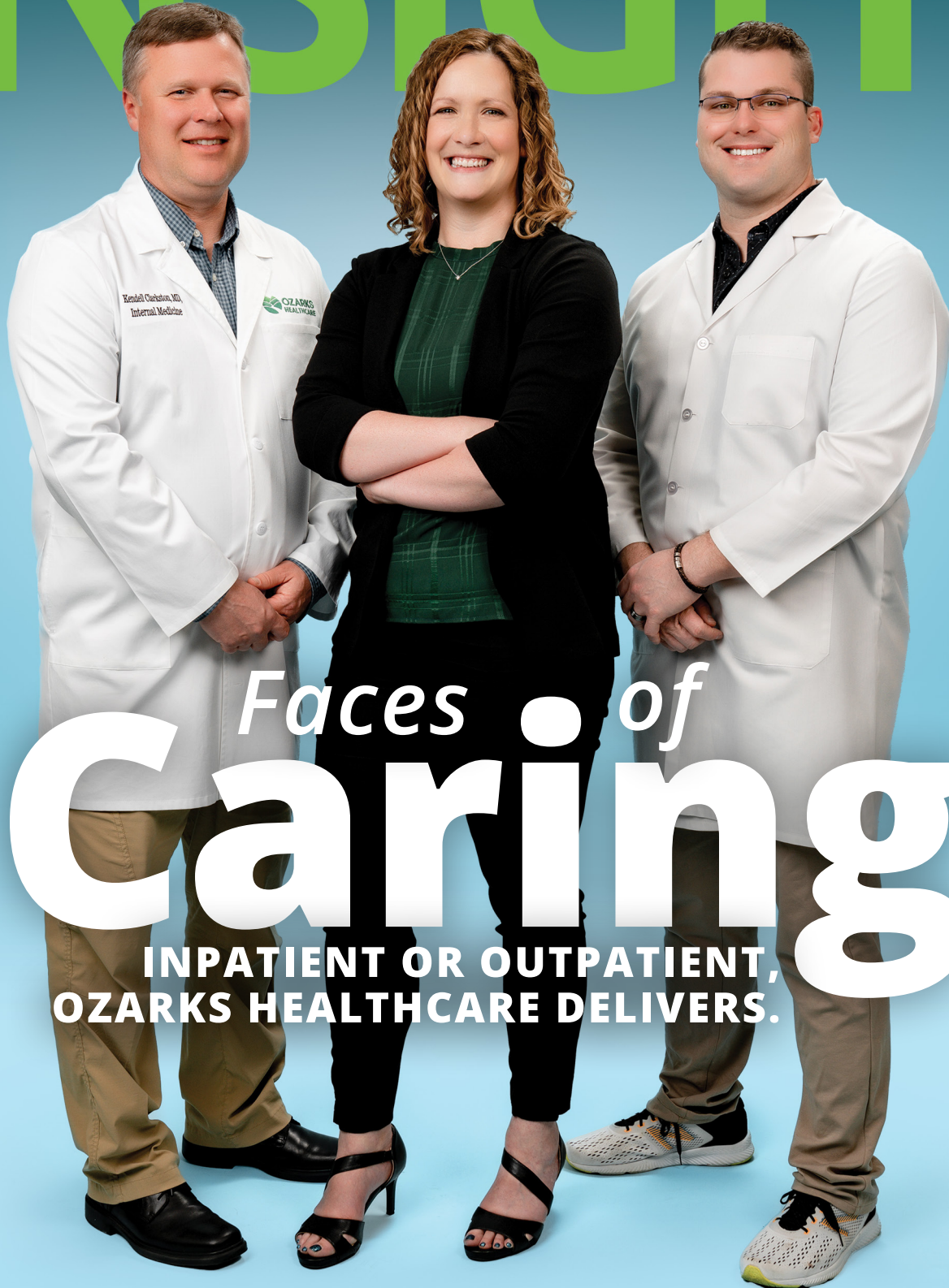


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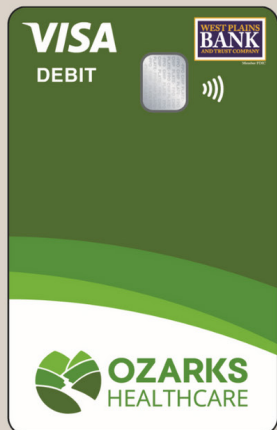
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On the cover: Dr. Kendell Clarkston, Lacy Carter, MSN, RN, and Dr. Caleb Piatt.
PHOTOGRAPHY BY JAMES MOORE.

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EXECUTIVE DIRECTOR OF NURSING, OZARKS HEALTHCARE
ASSOCIATE OF SCIENCE IN NURSING, ASSOCIATE OF ARTS IN
GENERAL STUDIES, MISSOURI STATE-WEST PLAINS
BACHELOR OF SCIENCE IN NURSING, MISSOURI STATE UNIVERSITY
MASTER OF SCIENCE IN NURSING - LEADERSHIP AND HEALTHCARE SYSTEMS,
UNIVERSITY OF COLORADO





RENEWAL, GROWTH AND ENERGY

INSIGHTS INTO HEALTHCARE AT OZARKS HEALTHCARE



With the arrival of summer come thoughts of vibrance, growth, and energy. In healthcare, these concepts are always at the forefront of our minds. As you turn the pages of this issue of *Insight*, I think you will find these themes in the background of several stories from multiple areas across Ozarks Healthcare.

When it comes to your local health system, every second and person counts. That's why our team is constantly strategizing to deliver medical care in moments, when emergencies take place. You'll learn about our hospital's rapid response team, which is made of a vibrant group of individuals who are always ready to implement life-saving techniques when needed.

Every person plays a role, just as every instrument in our operating room is used for a specific purpose to help our patients reach a better quality of life. Ozarks Healthcare is making waves in technology as the first health system in our region to use Intuitive

Surgical's Ion Endoluminal Robotic Bronchoscopy Platform and Stryker's Mako Robotic-Arm Assisted Total Joint application to help patients breathe and move easier. In this issue, you'll read about how both pieces of equipment are making surgical experiences less invasive and more personalized for each patient.

Now open to provide advanced behavioral care, the Ozarks Healthcare Crisis Stabilization Center gives those in crisis a place to seek immediate care. The Crisis Stabilization Center functions similar to a psychiatric emergency department and is improving the speed of care for those facing mental health challenges.

From clinical individuals such as hospitalists, nurses, and pharmacists to nonclinical personnel including financial counselors, career pathways staff, and volunteers, there is a whole community that supports our health system. Ultimately, it's the people and their hearts for serving others behind our walls who keep us moving forward.

Best wishes for a healthy and rejuvenating summer,

TOM KELLER

President and Chief Executive Officer
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VOLUME 3 | ISSUE 1

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LACY CARTER, MSN, RN
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CARTER NEW CNO FOR OZARKS HEALTHCARE

Lacy Carter, MSN, RN has been promoted to Chief Nursing Officer, overseeing the management and operations of all nursing services across the health system. Carter, who comes to the role after serving as Ozarks Healthcare's Executive Director of Nursing since 2019, was promoted to her new position in Nov.2022.

During her nursing career at Ozarks Healthcare, Carter led multiple nursing units while being heavily involved in opening the health system's state-of-the-art Women's Center in November 2020. She was also a member of Ozarks Healthcare's Incident Command System during the COVID-19 pandemic and helped open the health system's first and second COVID-19 units.

A native of Willow Springs, Carter earned her Bachelor of Science in Nursing from Missouri State University in Springfield, and a Master of Science in Nursing in Leadership and Healthcare Systems from the University of Colorado in Boulder. Prior to joining Ozarks Healthcare, Carter served as a clinical nurse manager at The Birth Center at St. Anthony's North Health Campus at Centura Health in Westminster, CO.

CONSORTIUM LOOKS TO INCREASE LABOR POOL

A new healthcare workforce development initiative is seeking to create an inside track for needed health professionals across the board. The Healthcare Workforce Development Consortium, a partnership among Ozarks Healthcare, South Central Career Center and Missouri State University-West Plains, is funded by the Howell County Commission and the Ozarks Healthcare Foundation.

The consortium creates a seamless pathway from developing earlier interest in healthcare careers among youth to removing barriers for students to attend college to smoothing the transition into the working world. Formal efforts to promote the program to area students began in January.

Each partnering organization

involved in the consortium will help meet the overall goal of building the local healthcare workforce. The South Central Career Center will provide early healthcare education to high school students and certificate programs catering to non-traditional students. The SCCC will also take a proactive role in sharing the diversity of the healthcare field with students.

Missouri State-West Plains will focus on increasing capacity in its nursing program to accommodate an anticipated surge in interest in health careers.

Ozarks Healthcare will provide tuition reimbursements and scholarships with a work commitment. Scholarships will be funded through the Ozarks Healthcare Foundation.



CRISIS STABILIZATION CENTER OPENS

Ozarks Healthcare's Crisis Stabilization Center, one of only six such facilities in the state, officially opened with a ribbon-cutting ceremony Jan. 13. The facility is located at 1100 Kentucky Ave. in West Plains.

The center, which provides care and resources in the state's Department of Mental Health's Service Area 18, was made possible through a special \$15 million fund allocated by Missouri Gov. Mike Parsons in 2021. The six centers give individuals experiencing a mental health crisis a treatment alternative to traditional emergency rooms or psychiatric hospitals.

Ozarks Healthcare's new facility provides various services including psychosocial assessment, psychiatric evaluation and medical services, crisis intervention and brief therapy, peer support and case management. It also provides referral services, such as Medicaid applications, community resources, employment application assistance, housing application assistance, transportation assistance and referrals for physical and mental health.

Hours of operation are 8 a.m. to 6 p.m., seven days a week, with long-term plans to serve as a 24-hour model.

OZARKS HEALTHCARE UNVEILS NEW PAYMENT OPTION

Patients now have a new means for paying their medical expenses with the rollout of Ozarks Healthcare's online payment tool. The new option, accessible on the company's website, went live in December.

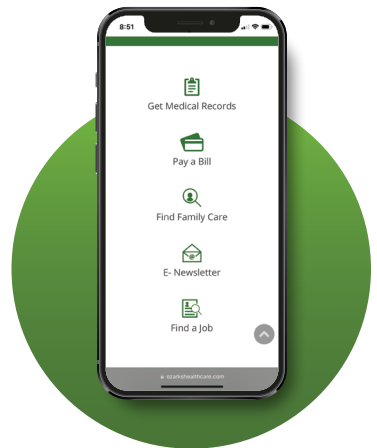
Previously, the only payment options were by mail via a check or credit card using a paper statement. The new system allows people to bypass these steps and pay directly online. Melody Simpson, director of patient financial services, said thus far feedback has been positive.

"Younger patients are especially happy with this option," she said. "Many people these days do everything online and this is just another convenience we can offer. So far, it's been very well-received."

Simpson said plans for the new system, which had been under development for some time, are to integrate it with the patient portal, which is another relatively new online feature.

The portal gives patients a simple and comprehensive look at their healthcare profile including services rendered, upcoming appointments, prescriptions and other information.

Find the new payment tool at ozarkshealthcare.com, and access the Patient Financial Services menu.





BRING THE JOY

HOSPITAL VOLUNTEER ENJOYS SERVING OTHERS

BY **DWAIN HEBDA** | PHOTOGRAPHY BY **JAMES MOORE**

Joanne White has seen Ozarks Healthcare from a number of different angles during her career and subsequent retirement from the West Plains Chamber of Commerce where she was the longtime executive director.

“When I was with the Chamber, I was very involved with the hospital,” she said. “We’ve had several hospital CEOs serve as chairman of the board for the Chamber, and the hospital was a great supporter of projects that the Chamber took on.

“Also, my job at the Chamber was economic development, and I can’t think of an entity in our community that has more of an effect on economic development than the hospital. People come here from not only the region but from out of state to use the medical facility.”

Once she retired, White got the chance to see the hospital in another light, firsthand, as a customer-facing volunteer. She was moved by what she witnessed — and still is.

“I saw how every person in that place is there to make a difference in our patients’ lives,” she said. “From the housekeeping staff that cleans the rooms to the doctor that prescribes the medicine and all the people in between who are cooking your food or shuttling your laundry around. It’s that whole team of Ozarks Healthcare people who are such a joy to be around. Such a joy. I can’t begin to tell you.”

White’s volunteer post is in the medical office building where she’s served a variety of roles from escorting patients to their appointments and delivering flowers or meals to rooms to giving out directions and smiles.

“I’m moving all the time,” she said. “I told them, ‘Wherever you put me, I want to be mobile.’ That’s what I do, and I really enjoy it so much.”

Almost anything can happen during the three-hour shift she puts in once per week, but White doesn’t fear such unknowns having the entire staff of the hospital to back her up and assist.


“We have an awesome supervisor in Maria Woodruff. She will actually do an orientation with you and train you not only for the job that you’re going to be assigned to, but she’ll take you around the hospital and give you a working knowledge of the chain of command to contact,” White said.

“There is never a space between you and an Ozarks Healthcare employee. You’ve always got someone who has your back that you can go to with any question. Everyone in that hospital is so open and willing to help.”

White said anyone hesitant about volunteering at the hospital should also know how hard the staff works to get people into roles they will enjoy. She said people shouldn’t worry about having a certain type of skill, education or professional background; whatever you bring, Ozarks Healthcare can use it.

“There are so many different things that you can do,” she said. “You can work at the front desk, or you can be a shuttle driver in the parking lot, or a gift shop worker and unpack things and put them on shelves.

“All that you really need is the want to help people and make a difference in people’s lives. You can do that, and you do it every time you’re here.” ●

A woman with brown hair tied back, wearing a bright red jacket and a colorful patterned scarf, is smiling warmly. She is holding a brochure titled "Patient Portal" which features a photo of a man. The background is a bright, out-of-focus indoor setting.

“ You’ve always got someone who has your back that you can go to with any question. Everyone in that hospital is so open and willing to help.”

— Joanne White

THE FAMILY CIRCLE

CARING FOR OTHERS COMES NATURALLY TO DR. KENDELL CLARKSTON

BY DWAIN HEBDA | PHOTOGRAPHY BY JAMES MOORE

Some people find their career by accident; some find it by the process of elimination. For Dr. Kendell Clarkston, hospitalist director for Ozarks Healthcare, the pull to care for others was an irresistible force.

“Why is medicine attractive to me? Well, certainly seeing patients and communicating with them is the joy of medicine,” he said. “When people meet you in a hospital setting, they’ve already decided that they need to come in and be helped. They’re willing to accept that help, and we get a game plan for going forward on how their quality of life can improve with treatment. That’s rewarding.”

Clarkston’s nurturing nature extends past his patients to include the eight other physicians that make up his team. It also follows him home to his wife, Laurie, a family practitioner, and the couple’s five children. No matter where he turns, it seems, there’s someone to care for and care about.

“As a fellow physician, Laurie understands what I’m going through. If I have a bad case or a poor outcome, she lends an ear,” he said. “That really helps.”

Clarkston returns the favor to his cadre of hospitalists, physicians who tend to almost every patient who comes through the hospital’s doors. It’s a demanding job, and being able to lean on a team often makes all the difference.

“The thing that is good in my relationship with the other hospitalists here is you can bounce ideas off other people,” Clarkston said. “Not every case is alike. Not every life decision is alike. As physicians get together, they can get other opinions of cases or just what’s going on in their own lives, and that’s very useful.”

“It’s hard to operate as just a single person and try to think of everything on your own when you can just ask one of your good friends who’s a physician, ‘What would you do in this case?’ or ‘Hey, what kind of insurance should I



“ Not every case is alike. Not every life decision is alike. As physicians get together, they can get other opinions of cases or just what’s going on in their own lives, and that’s very useful.”

— Dr. Kendall Clarkston



“The role we have is, we take care of almost every patient admitted to the hospital. Besides providing them with primary treatment in the hospital, we also coordinate consultations with anybody else they might need to see.”

— Dr. Kendell Clarkston

get?’ It’s important to have colleagues around to ask those questions.”

Clarkston split his growing up between Waynesville, Houston and Fort Leonard Wood where his parents were teachers on base. Following high school, he enrolled in the University of Missouri in Kansas City’s six-year BA MD program, completing that training in 1996.

Prior to coming to West Plains, he worked for Cox Health Systems in Willow Springs with privileges at Texas County as well as Ozarks Healthcare, then known as Ozarks Medical Center. During his early years in practice, hospitalists were not yet a thing.

“A hospitalist is a relatively new

profession in medicine, meaning by the year 2000 it was just starting to take hold in cities,” he said. “What happened was most of the private physicians providing primary care in clinics really couldn’t go to the hospital and see their patients every day.

“The role we have is, we take care of almost every patient admitted to the hospital. Besides providing them with primary treatment in the hospital, we also coordinate consultations with anybody else they might need to see. We also work hand in hand with nurses in discharge planning to determine how a patient’s doing, what their plan of care is and anticipating their needs when they go home.”

Multiple hospitalists are on duty at Ozarks Healthcare on any given day, and they rotate overnight shifts to be available around the clock. And there’s an additional challenge specific to working in West Plains.

“One of the things about our hospital that’s unique is we have an open ICU, so the hospitalists have to take care of ICU patients as well,” Clarkston said. “That’s unusual. If you went to Cox or Mercy or Little Rock or wherever, they would be a big enough hospital where the hospitalist would never see an ICU patient, potentially.”

To help deal with the caseload and stress of his job, Clarkston likes to play tennis, a sport he competed in collegiately, and spend time with his children’s activities. He and Laurie also serve in a nursing home practice aside from their day jobs, another perk of working in a small town.

“I was from a rural area, and I was used to this type of community,” he said. “Laurie is from the Kansas City area, but she also wanted to practice in a small community. We came here wanting a make a difference and help patients achieve better health.” ●



OZARKS HEALTHCARE HOSPITALISTS



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READY FOR ANYTHING

RAPID RESPONSE PROGRAM SAVES LIVES

BY DWAIN HEBDA | PHOTOGRAPHY BY JAMES MOORE

Patients of Ozarks Healthcare have long enjoyed world-class medical treatment and a caring, bedside manner. But one protocol that's been in place for more than 10 years has also trained staff to keep a watchful eye over everyone in the building, ready to provide assistance at a moment's notice.

The hospital's Rapid Response Team is something most members of the general public know nothing about, that is until a medical emergency presents itself. Over the years, the system has saved multiple lives, said Tonya Aaron, director of nursing services.

"A Rapid Response can be called by any co-worker," she said. "Basically what we're wanting to do is catch the deterioration of a patient. Rapid Response can be called any time any of our co-workers feel concerned and want extra sets of eyes on a situation.

"And it's not just patients. We've had visitors that we've called Rapid Responses on as well. One was a lady who was in visiting her husband when she needed medical attention."

Rapid Response emergencies are not just limited to patient wards or the emergency room, either. Aaron said medical situations can happen anywhere on the premises, so staff across the board are trained to be observant and know what to do if a person needs help.

"For instance, we had a gentleman fall the other day, and somebody from our registration department called the Rapid Response," she said. "It's not just nursing or physicians, it's co-workers throughout the house who call it."

In the event of a situation, the employee calls a designated number that triggers an

immediate action, similar to a Code Blue.

Operators sound a Rapid Response alert with specific phrasing to enable the Rapid Response Team to head to the proper location.

"The team that arrives at those Rapid Responses can consist of our house supervisor, RNs from the ICU and emergency department, as well as from the respiratory therapist team," Aaron said. "When they come in to work in the morning, one of them from each area is designated as a code or Rapid Response member for that day. In the event of a call, the other team members absorb what they're doing in the unit.

"We also work in conjunction with our ER. If the patient does need to go into the ER, our Rapid Response Team will take them in and get a report off to our physician and the nursing staff there. We work very closely with them."

The Rapid Response protocol, which is in place 24 hours a day, is covered during new hire orientation to help ensure awareness throughout the organization. Aaron said staff members appreciate knowing what to do in a given situation and have become more engaged with patients overall as a result. This, in turn, has boosted the level of customer service from the waiting room to the parking lot to the cafeteria.

"I think it makes employees very aware of their surroundings," Aaron said. "You know, the reason why we wanted to put this in place was to promote a better outcome for our patients. Rapid Response gives all employees ownership in that process." ●





RIVER *of* LIFE

BY **DWAIN HEBDA**

PHOTOGRAPHY BY **JAMES MOORE**

LaDonna Sullivan is big on life. In addition to a 35-year career as a labor and delivery nurse, the 58-year-old has also been a blood donor since high school. She's lost track of how many actual donations she's made, let alone how many gallons of blood those visits add up to, but is content in the knowledge that whatever the total units are, they've saved many lives.

"My husband was in a logging accident when our daughter was an infant 25 years ago, roughly," she said. "He did not have to have blood at that time, but I always loved the thought of if he had that there was somebody to participate and help us with that.

"I usually go every three months when the blood drive comes around. There are only a couple of times that I've missed, like when I was working and couldn't step away. I also didn't do it when I was pregnant with my daughter, but I would have done it if they would have let me."

Healthcare could use a lot more people like LaDonna Sullivan. According to statistics by America's Blood Centers, a patient needs blood or platelets every two seconds in the U.S., which translates to 29,000 units of red blood cells, 5,000 units of platelets and 6,500 units of plasma needed every day.

For all of modern science's innovations, there is still no way to artificially manufacture blood. It must be collected from volunteer donors, such as those who visit Community Blood Centers of the Ozarks (CBCO), the exclusive provider of blood,

plasma and platelets to 44 hospitals in Northwest Arkansas, Southeast Kansas and Southwest Missouri, including Ozarks Healthcare.

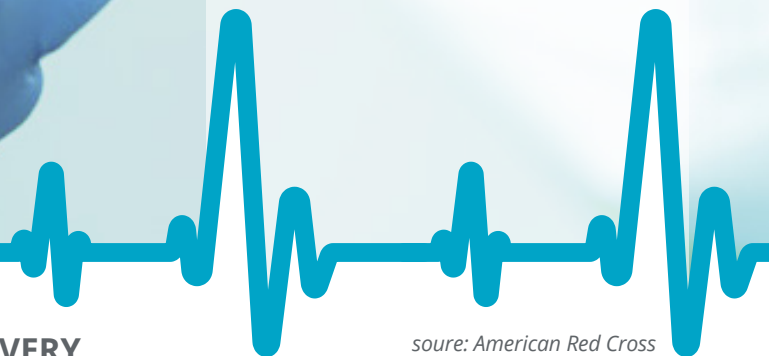
Just to cover that small segment of the United States, the need for blood donations is staggering.

"We need, on average, a constant of 200 blood donations a day," said Michelle Teter, CBCO's media relations



“I would tell people who’ve never donated to think about if they were a patient or their family member was a patient and needed blood, how would they feel if there was nothing available?”

— **LaDonna Sullivan**
labor and delivery nurse



source: American Red Cross

A PATIENT NEEDS BLOOD OR PLATELETS EVERY **TWO SECONDS** IN THE U.S., WHICH TRANSLATES TO:

29,000
UNITS OF RED BLOOD CELLS

5,000
UNITS OF PLATELETS

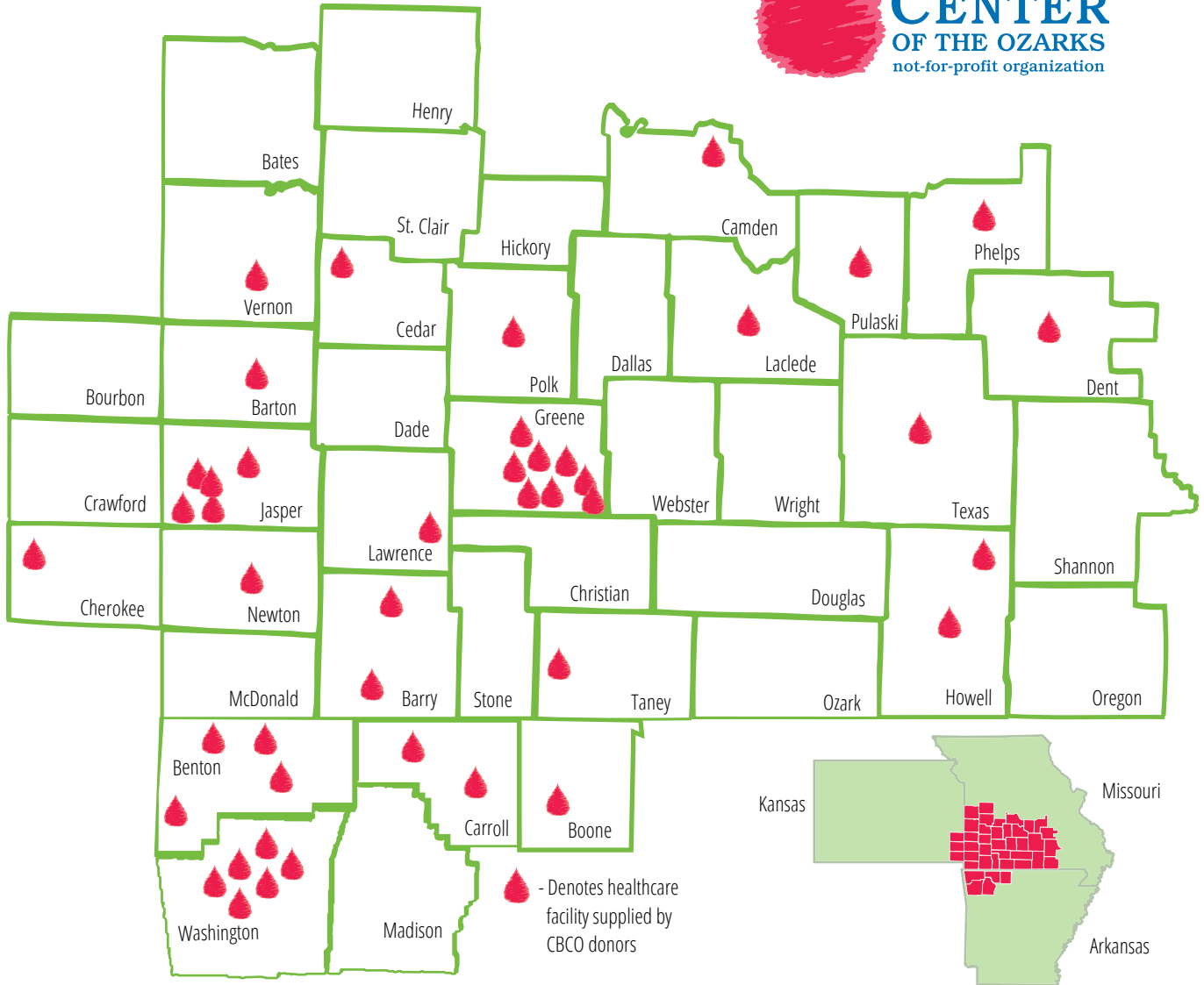
6,500
UNITS OF PLASMA

NEEDED
EVERY
DAY.

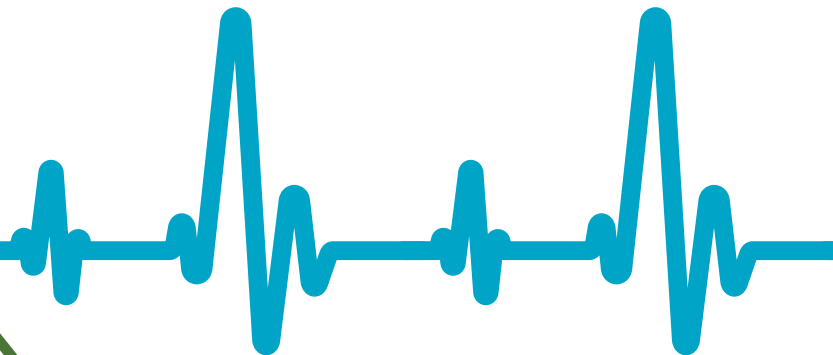
SERVICE AREA



**COMMUNITY
BLOOD
CENTER**
OF THE OZARKS
not-for-profit organization



Community Blood Center of the Ozarks is the exclusive provider of blood, plasma and platelets to 44 hospitals in Northwest Arkansas, Southeast Kansas and Southwest Missouri, including Ozarks Healthcare.



COMMUNITY BLOOD CENTERS NEEDS ABOUT

60,000
BLOOD DONATIONS

EVERY YEAR.

representative. “That’s about 60,000 blood donations a year to meet the needs of hospitals and patients. It could be your family or your neighbor who is waiting on a blood transfusion in a hospital.”

Teter said the demand for blood can be higher depending on the patient mix — burn victims and cancer patients require more of the life-giving liquid, for example — to say nothing of spikes in demand brought on by natural or manmade disasters.

“One thing I think people sometimes don’t realize is it’s the blood that’s already been donated, tested and processed that hospitals use when a need arises,” she said.

“Emergencies can come without advance notice, right? When you hear of an emergency or tragedy that’s covered on the news, everybody wants to know, ‘What can I do to help?’ Well, if you were a regular blood donor and that blood is already on the shelf, you’re already helping in a time of crisis.”

If the call for blood sounds familiar, it’s because the issue of recruiting enough donors is one of the biggest challenges facing organizations like Community Blood Center of the Ozarks. Teter said about 38 percent of the population is eligible to donate blood, but on average only 3 percent actually rolls up its sleeve. Of those who do, the average person donates less than twice per year when it is safe for an eligible donor to give blood up to six times per year.

All told, 1,373 units of red blood cells, 142 units of platelets and 131 frozen blood products were distributed to Ozarks Healthcare by Community Blood Center of the Ozarks last year. To consistently meet the demand, the organization constantly puts on blood drives to help keep the blood supply stocked.

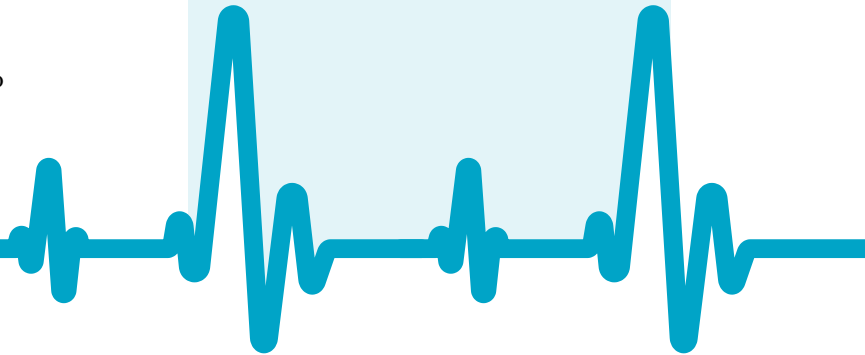
Last year, Ozarks Healthcare hosted six blood drives out of the 61 drives Community Blood Center of the Ozarks hosted within the hospital’s service area, including Wright, Texas, Douglas, Ozark, Howell and Oregon counties. These events yielded 1,929 blood products collected at the blood drives in the area, LaDonna Sullivan’s among them.

“I would tell people who’ve never donated to think about if they were a patient or their family member was a patient and needed blood, how would they feel if there was nothing available?” Sullivan said. “I always volunteer to go with first timers; if they want to go donate, I’m more than happy to go with them for reassurance. It’s that important.” ●



“One thing I think people sometimes don’t realize is it’s the blood that’s already been donated, tested and processed that hospitals use when a need arises.”

— Michelle Teter
Community Blood Center
of the Ozarks (CBCO)



LAST YEAR OZARKS HEALTHCARE RECEIVED

1,373
UNITS OF RED BLOOD CELLS

142
UNITS OF PLATELETS

131
UNITS OF BLOOD PRODUCT



RISE

OF THE MACHINES

HEALTHCARE TECHNOLOGY IMPROVES OUTCOMES

BY DWAIN HEBDA

Healthcare is in the midst of a long-running technological revolution as robots and other medical devices that result in better patient outcomes are becoming more common.

The parade of high-tech tools has been marching for years and shows no sign of

slowing down. However, some health systems have been slower to adopt the technology on the basis of cost and expertise needed to maximize the equipment. Not so with Ozarks Healthcare, which stands apart for its willingness to invest in the kind of technology that even much larger health systems don't have.



Above: The Ion Surgical Robot, a device used in the pulmonology department. **Right:** The Stryker Mako Robot, a device used in total knee and total hip replacement surgery. *Photo courtesy of Ozarks Healthcare.*

“Patient safety has always been and will continue to be our focus, and new technology is an important part of that focus,” said Thomas Keller, president and chief executive officer. “New technology often allows us to diagnose more quickly and to develop better treatment plans, which helps us

provide a safer and better option for patients.

“That’s why at Ozarks Healthcare, we are committed to having the latest technology available for our patients, physicians and co-workers. People seem to believe you have to travel to a large city to get the latest technology. That is simply



THOMAS KELLER
president and chief executive officer

“PEOPLE SEEM TO BELIEVE YOU HAVE TO TRAVEL TO A LARGE CITY TO GET THE LATEST TECHNOLOGY. THAT IS SIMPLY NOT THE CASE; OUR COMMITMENT IS TO PROVIDE THE VERY LATEST AND BEST MEDICAL TECHNOLOGY RIGHT HERE IN WEST PLAINS.”



Dr. Caleb Piatt, orthopedist

Above: Dr. Susan Jolly (left) and Dr. Caleb Piatt prepare to perform a total knee replacement using the Stryker Mako Robot. *Photo courtesy of Ozarks Healthcare.*

“It doesn’t do anything I don’t tell it to do, and I’ve been so satisfied with my outcomes. It’s hard to beat when you’re having a good, consistent, reproduceable result.”

not the case; our commitment is to provide the very latest and best medical technology right here in West Plains.”

Two recent additions underscore this forward-thinking philosophy. Last fall, Ozarks Healthcare installed the Stryker Mako Robot, a device used in total knee and total hip replacement surgery.

“The old way was you had jigs, and they guided you where to cut,” said Dr. Susan Jolly, an orthopedic surgeon and Ozarks Healthcare’s medical staff chair. “But, as any carpenter knows, it’s easy to put a little too much pressure here or too little pressure there or go a little bit too far.

“What this machine does is each patient has their own four- to six-hour workup to get their CT scan into the computer system. Then you can size it and change angles by as little as a tenth of a degree to get the best alignment that you can.”

The new technology came into service in September and is now in regular use as Jolly estimated the department completes an average of nine total knee replacements per week. She said even though the technology is rapidly becoming standard in medical schools, Ozarks Healthcare is still unique for having implemented it in the field.

“Residents coming out today train pretty much everywhere with it, but many

hospitals don’t have the Mako,” she said. “That makes us unique, especially for a hospital our size. But then, most hospitals our size don’t have three full-time orthopedic surgeons, a spine surgeon and two podiatrists, either. We’re a big department, we cover many counties and we have a huge patient draw.”

Fellow orthopedist Dr. Caleb Piatt agreed, saying while it’s still relatively rare for smaller hospitals to have such tools, robotic technology is quickly becoming the norm in the healthcare field. He said the hospital’s investment in the Mako not only says something from a patient outcome perspective but is also a powerful recruiting draw for more specialists.

“Everything in medicine is becoming more advanced,” he said. “My generation was just on the brink of these tools, so I started training with very standard instrumentation. I saw things progress from doing it the old-school way; we would do CT scans and cutting blocks and computer navigation and then see it advance all the way up to where a robot is assisting you.

“With my generation growing up in technology, I’m probably more accustomed to and comfortable with it. It definitely does require a little bit of trust. But at the same time, like I always tell my patients, it’s not like I’m sitting

“EACH PATIENT HAS THEIR OWN FOUR- TO SIX-HOUR WORKUP TO GET THEIR CT SCAN INTO THE COMPUTER SYSTEM. THEN YOU CAN SIZE IT AND CHANGE ANGLES BY AS LITTLE AS A TENTH OF A DEGREE TO GET THE BEST ALIGNMENT THAT YOU CAN.”



DR. SUSAN JOLLY
orthopedic surgeon / medical staff chair

in the corner drinking a cup of joe and this thing is doing my job. It doesn't do anything I don't tell it to do, and I've been so satisfied with my outcomes. It's hard to beat when you're having a good, consistent, reproducible result.”

Also brought into service last fall was the Ion Surgical Robot, a device used in the pulmonology department. The device operates on next-level software that can better map lesions in the lungs and get biopsies at an earlier stage.

“Lung cancers start as small nodules, and 70% of the time they are in the peripheral areas,” said Dr. Praveen Datar, pulmonologist. “The survival rate is excellent, about 90% to 95%, if you identify it as a very small nodule in the early stages. Surgery is then an option — minimally invasive surgery where we take out that portion of the nodule.

“The software that we used previously had some technical difficulties in reaching those areas. That's why we went with this advanced technology. Mainly it's the precision, the reachability and the stability; these three elements are superior.”

Working from a CT scan, the Ion software creates a virtual image of air passageways within a patient's lung. The software detects aberrations in these passageways,

suggesting the presence of a lesion. The system then acts like a GPS for the physician, who maneuvers an advanced bronchoscope capable of reaching the terminal ends of the airways.

“Once we go to the lesion, we station the scope there,” Datar said. “We can then introduce the needles into the bronchoscope and get biopsies from our desired location.”

The technology is extremely new, having hit the market in 2019. By putting it into play, Ozarks Healthcare has set a high standard of care throughout the region.

“In the full 417 area code, I don't think anybody has Ion but us,” Datar said. “It took six or seven months for me to go to a couple of places to see it working and to present my data to the hospital administration. During that time, hospitals in several other states got it but not in Missouri. For us to have it, it's a big thing.”

The only constant in the modern world is change, and consumers are not likely to see the end of technological advancements in healthcare during their lifetimes. As long as there are better, faster and more precise instruments available that enhance the physician's skill, Ozarks Healthcare will be at the forefront of putting such tools to work, achieving superior health outcomes for patients. ●



Above: The Ion Surgical Robot software creates a virtual image of air passageways within a patient's lung. *Photo by of James Moore.*



Dr. Praveen Datar, pulmonologist

“Lung cancers start as small nodules, and 70% of the time they are in the peripheral areas. The software that we used previously had some technical difficulties in reaching those areas. That's why we went with this advanced technology.”



Katie Mahan, Director of Pharmacy
and 340B Program.

GOOD FOR WHAT AILS YOU

OZARKS HEALTHCARE PHARMACIES ARE A LIFELINE IN SMALL-TOWN MISSOURI

BY **DWAIN HEBDA** | PHOTOGRAPHY BY **JAMES MOORE**

There's a note of pride, joy even, in Katie Mahan's voice when she's talking about pharmacies. If that sounds like an off-brand thing to have such passion about, consider that Mahan has served Ozarks Healthcare for 21 years, had a hand in opening the company's first pharmacy location and has helped birth each subsequent one since.

Now OZHs' Director of Pharmacy and 340B Program, she leads a department that operates locations in multiple communities throughout the health system's service area. Through their efforts, she and her team provide essential pharmacy services and vital medications to areas that have been overlooked by bigger chains and where small, independent pharmacies have gradually disappeared.

"Our pharmacy in Gainesville is the only one in the county. People would be driving for nearly half an hour to get their medications filled if

we didn't have that pharmacy in that community," she said. "In Thayer, we're right there in the clinic. Patients can see their provider, and they can get their prescription filled right there while they wait."

All told, Ozarks Healthcare operates five pharmacies: two retail and one specialty location in West Plains and one retail location each in Thayer and Gainesville. The move into operating pharmacies started as an employees-only perk in West Plains in 2005, and the push to provide retail services to various communities started happening around 2018.

In two instances, OZH bought existing hometown pharmacies where the owners were looking to retire. This not only helped sustain communities where the mom-and-pop was the only drugstore in town, Mahan noted, but provided a patient-centric alternative to chain stores.

"In our West Plains community, we no longer have



“We feel like, as an independent pharmacy with Ozarks Healthcare, that we're able to provide the kind of customer service that some of the chains are not able to do.”

— Katie Mahan,
Director of
Pharmacy and
340B Program

“We do offer local delivery with our pharmacies ... and then a lot of our patients and co-workers and even the physicians know the pharmacists on a personal level. They can reach out to us, even when we're not in the building.”

— Melynni Yarber, Retail Pharmacy Operations Manager



any independent pharmacies in this town. There are a lot of chains,” she said. “We feel like, as an independent pharmacy with Ozarks Healthcare, that we're able to provide the kind of customer service that some of the chains are not able to do.

“A lot of people automatically think the chain pharmacies are going to be less expensive, and that's just not the case. There's also a continuity of care that you can't get when our healthcare providers send a prescription outside to a chain store. That is definitely a benefit to the patient.”

Mahan's passion for customer service in the pharmacy business is shared by her ranking lieutenants, and it's not hard to see why. Having grown up locally, they saw firsthand the difficulty people in rural areas and small towns often experience in accessing services — be it a grocery store, banking, healthcare or pharmacy.

For people like pharmacist Melynni Yarber, retail pharmacy operations manager and a West Plains native, the work is personal.

“We have a vested interest in our patients because many of them are family and friends, and we know them outside of this operation,” she said. “I think the customer service here is second to none. I think it's awesome.”

Yarber comes to her role after 17 years of working at an outside pharmacy and managing the retail pharmacy at the hospital's medical office building since 2019. In that role, she immersed herself in

patient-focused services such as the Meds to Beds program.

“Meds to Beds delivers to the patient's bedside,” she said. “With that, we send a pharmacist to each room to counsel the patients on their medications before they leave. We make sure they have everything they need, and they understand how to use their medications before they leave the hospital.”

In her new role, Yarber is tasked with ensuring all pharmacies uphold the same high standard of customer service, offering home delivery and consultation services in the same spirit of convenience and personal attention.

“We do offer local delivery with our pharmacies, which is one nice service,” she said. “And then a lot of our patients and co-workers and even the physicians know the pharmacists on a personal level. They can reach out to us, even when we're not in the building, to help people and answer questions and to take care of them.”

Technology is a big focus for the future of the pharmacies, but the inevitability of those tools does nothing to dilute Yarber's commitment to remain as hands-on as possible.

“I feel like I'm taking care of my own family,” she said. “I mean, that's what I got into pharmacy for, to be able to help people, to be able to reach out and care for them.”

For everything that OZH's pharmacies offer that are on par with the competition, there are some services that are available only through the health system. This includes 340B, a federal program that

helps ensure qualified low-income individuals can afford their medication.

“We’re what’s known as a DSH, a Disproportionate Share Hospital, which means we have a disproportionate share of Medicaid patients,” Mahan said. “As a result, many patients in our community struggle with the cost of their prescriptions. This program allows qualified hospitals like Ozarks Healthcare to buy patient medications, and we can pass that discount on to patients who qualify.”

In addition to its own pharmacy locations, OZH serves more small communities throughout its service area by partnering with a network of contracted drugstores in Alton, Thayer, Winona, Mountain Grove and Willow Springs. In this way, Ozarks Healthcare reaches the maximum number of people who may qualify for assistance.

“This program is very, very important,” said Gavonna Fore, 340B pharmacy administrative coordinator who grew up locally in Alton. “There are many patients in our community who cannot afford their medications. They may not have insurance. They may not be able to afford their copays. So, with this program, we can ensure that we are offering our patients the medications that they need.”

Another feature unique to Ozarks Healthcare is specialty pharmacy, a designation that allows for dispensing more complex medicines.

“Typically, specialty pharmacy patients have chronic medical conditions in neuro-

logy, rheumatology, oncology, dermatology and infectious disease,” said Ashlee Cox, specialty pharmacy manager. “The medications required for them can be more complex; it could be something about how they take the medicine or just being the type of medication it is.”

Located in West Plains, the specialty pharmacy also provides convenience and expertise locally, eliminating the need for patients or their families to drive considerable distances for their medications.

“To my knowledge, the next closest specialty pharmacy would be in Springfield. There’s not going to be another one in West Plains, certainly,” Cox said. “Another benefit we offer is having a local pharmacist who can answer questions about the medication. Other specialty pharmacies may not have a person locally they can talk to.”

A native of West Plains, Cox said she considers her work to be a calling, and the culture of Ozarks Healthcare allows her to live that calling to the utmost.

“I really went into pharmacy because I enjoy helping people, and I enjoyed science,” she said. “Ozark Healthcare is a great community-minded organization. That was part of why I wanted to come to work here. The specialty pharmacy is an exciting new opportunity, because of how it benefits the community. Getting to come back home and do that job locally and help people who live here in this area is very fulfilling.” ●

“Typically, specialty pharmacy patients have chronic medical conditions ... The medications required for them can be more complex; it could be something about how they take the medicine or just being the type of medication it is.”

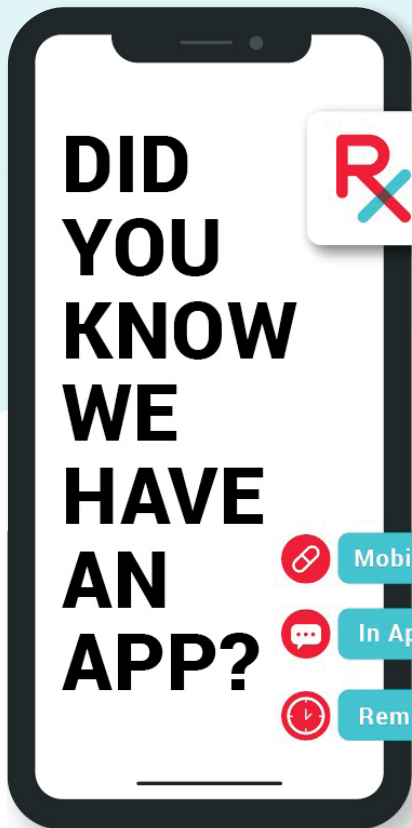
— Ashlee Cox, Specialty Pharmacy Manager





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Pharmaceutical Care



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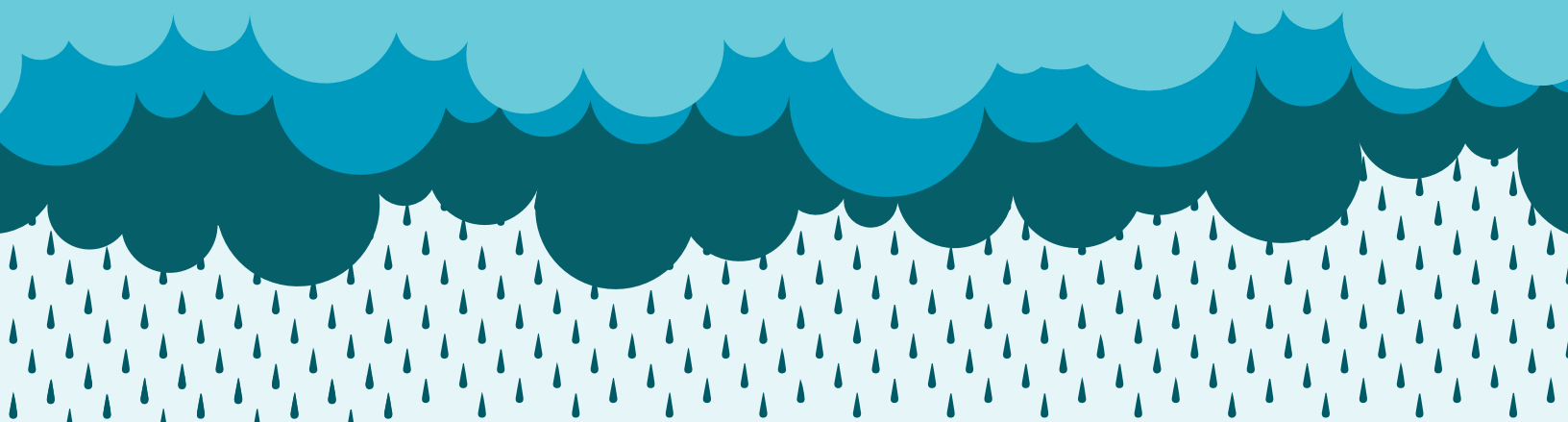
SHELTER FROM THE STORM

OZARKS HEALTHCARE'S
BEHAVIORAL HEALTH SERVICES

BY DWAIN HEBDA

PHOTOGRAPHY BY
JAMES MOORE

Above: Kristina Ledbetter,
mental health therapist



Ozarks Healthcare has always been a shining example of community-based, patient-centered care. Serving predominantly rural areas, the health system brings medical expertise and services to people who would otherwise lack access to needed care.

In keeping with this tradition, Ozarks Healthcare’s behavioral health services have expanded greatly in recent years to include a more robust slate of services and facilities. The Behavioral Health Center helps meet the needs of patients and their families dealing with various forms of mental illness.

“Ozarks Healthcare Behavioral Health Center is unique because we are an administrative agent for the state. We cover seven counties,” said Jac Crawford, director of behavioral health. “In one sense, we work for the hospital, and then in another sense, we also work for the state through a state contract. There are only two or three agencies that are affiliated with a hospital like us.”

The department fulfills its mission through its 20 therapists deployed to various reaches of Ozarks Healthcare’s service area. In addition to locations in West Plains, these professionals serve patients in Thayer, Gainesville, Mountain Grove and have recently expanded to Houston.

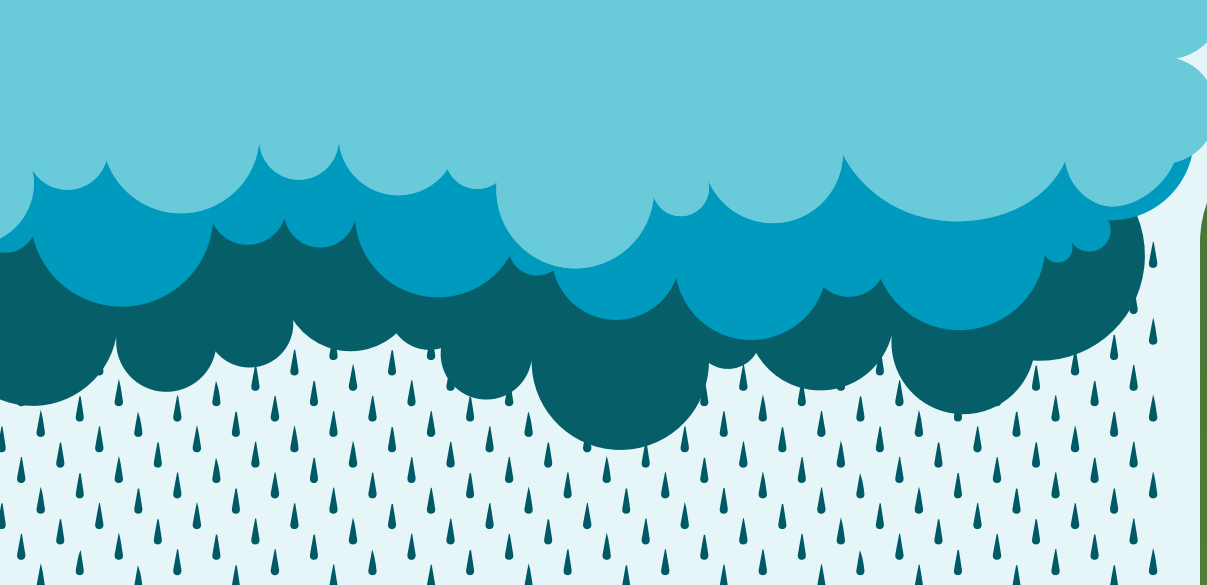
“It’s mostly outpatient therapy, kids and adults from age 6 to 99,” Crawford said. “We’ve added some substance use disorder programs this past year, and they’re really effective. We definitely need more of that.”

Substance abuse issues have become a major emphasis since the pandemic when stress over COVID and being quarantined in place led many to abuse alcohol and drugs as well as kept existing patients from meetings and



“Ozarks Healthcare Behavioral Health Center is unique because we are an administrative agent for the state. We cover seven counties. There are only two or three agencies that are affiliated with a hospital like us.”

— Jac Crawford, Director of Behavioral Health



treatment. Crawford called getting a handle on this problem in the community a major focal point for the future.

“Here at BHC we have two programs,” he said. “One is lower level; we call it our outpatient Substance Use Disorder program where we assess people to see the severity of the issue, and we put them in a particular category for their level of care that includes individual, family and group therapy all specific to substance use and addiction. We’ve got qualified addiction professionals who work with that population specifically.

“Then we’ve got a program called Integrated Treatment of Co-occurring Disorders that is for some of the people who have more severe and intense problems affecting multiple areas of their life, and they are absolutely wrapped around in services. They get therapy, community support, peer support services. We work with them and their families.”

Crawford said the BHC partners with community organizations to connect patients

with the correct type of help for their individual situations. He said these partnerships are particularly important because substance abuse rarely exists in a vacuum but is more commonly paired with other types of trauma or behavioral disorders.

“Usually we don’t see people who have only substance use disorder, such as alcohol addiction. Usually it’s almost entirely hand in hand with something else,” he said. “If you struggle with alcohol, there’s more than likely going to be a good chance that there’s also depression or anxiety going along. That’s why they call it dual diagnosis.

“You can be depressed or anxious and not have substance use struggles, but it’s usually really uncommon for somebody to be addicted without a behavioral health disorder.”

Another important aspect of the Behavioral Health Center’s service model lies in school-based counseling. Trained professionals are assigned to seven area schools where they help young people deal with

ASK THE EXPERT How can I tell if my child is struggling?

Signs of mental health issues can be hard to spot in kids. Tianna Niesen offers the following advice for parents trying to spot when their kiddos are struggling.

STAY CONNECTED WITH YOUR KIDS

Have that time to really be involved in their life, even if it’s just sitting down at dinner and talking to them about what’s going on. Even though they might seem like they’re not interested in what you’re saying or they don’t care, they do. Being there for them, supporting them and talking to them are so important.

WATCH FOR BIG CHANGES IN BEHAVIOR

Anything that’s a big change all of a sudden, like isolating a lot when that’s really out of character, should make you ask if they’re OK. Sometimes that seems like such a simple question, but taking that time to make that connection with them is essential.

DON’T GIVE UP, BUT KNOW WHEN TO BACK OFF

Parents have a tough job. Every child is different. Every situation can be different. It really does take a balance of knowing your child, knowing when you’re pushing them too much or knowing when things are starting to escalate to where you both need a minute.



“Mental health seems a little more normalized in the sense that it’s OK to ask for help. COVID changed everyone’s way of life, and it’s been hard for a lot of young people to adjust during and after that to what life looks like.”

— Tianna Niesen, mental health therapist

ASK THE EXPERT

What are some signals someone could be contemplating suicide?

An estimated 46,000 Americans died by their own hand in 2020 with millions more attempting to kill themselves or making a serious plan to do so. Julie Posey suggests the following to look for if you suspect someone is considering harming themselves.

NOTICEABLE CHANGES

If the person appears like they're being more depressed, shows more isolating behaviors, stops engaging with family members or loses interest in things that they really liked to do, those can be warning signs. Take note if someone starts giving away prized possessions or really doesn't care if those items are gone.

NON-LETHAL HARM

Pay attention if someone starts engaging in other kinds of self-harming behavior such as cutting. What we call non-suicidal self-injury can start to lead us to something more serious.

SPEAK EARLY AND OFTEN

Young people are far more likely to tell their friends things before they'd consider telling an adult. Parents should talk to their kids about the issue and stress if they ever hear of a friend telling them they want to die or feel like they want to kill themselves, to never keep that a secret.

existing conditions as well as navigate behavioral events as they happen.

"Mental health seems a little more normalized in the sense that it's OK to ask for help," said Tianna Niesen, mental health therapist. "COVID changed everyone's way of life, and it's been hard for a lot of young people to adjust during and after that to what life looks like."

Niesen said one of the big advantages of providing school-based care is how it minimizes disruptions to the student's day.

"I think that's huge," she said. "Kids aren't missing large chunks of their day to attend therapy. When it comes to some of the more rural schools, people living out in the middle of nowhere, parents have had to take off work, come get the student, bring them to therapy and sometimes miss the rest of the day. Having that resource on-site is definitely beneficial because they're not missing out so much on what's going on in their school day."



Julie Posey, another mental health therapist, said an additional benefit of being on-site is how it continues to destigmatize seeking help. She said in the smaller schools she serves, kids know her role and are comfortable with her being there.

"One of the things we're talking about right now in our elementary school, especially our younger grades, is doing more preventative work," she said. "We're trying to catch these kids as early as possible and trying to help provide as much access to treatment services to help ward off problems further down the road."

"What I'm finding in just our second year into this program, is not only are the teachers becoming more aware and accepting, but the kids are too. When I walk down the hallway in my elementary, even if I'm not counseling those kids, they're very excited to see me. They know I am there to help. Then in my middle and high school, I'm having more and

“One of the things we're talking about right now in our elementary school is doing more preventative work. We're trying to catch these kids as early as possible ... to help ward off problems further down the road.”

— Julie Posey,
mental health therapist



more students seek me out and say, 'Oh yeah, my friend told me they see you, and I thought that would be a good idea.'"

The school-based counselors do a combination of individual and group-based therapy. In many cases, the young people are referred by outside mental health practitioners, or the regular school counselor might refer a child who is struggling in some way. Kristina Ledbetter, mental health therapist, said her role and that of her colleagues is often misunderstood by people who haven't experienced it firsthand.

"So much of counseling, first and foremost, is about the relationship," she said. "And so much of that relationship is built on what is called a 'sense of felt safety' in a therapy environment, where you feel like somebody is taking a non-judgmental approach. They're warm, they're caring, they're there for you to just vent or talk through what's going on.

"But our job isn't just to tell people what

they want to hear. That's not helping people. They come to us with a specific need, and if we have that relationship, we can explore how symptoms in their life are impacting them. If they're looking at a situation negatively or unrealistically, then we can go about working together to find alternative ways to approach it."

Crawford said despite capacity issues and the overwhelming need for services, he's proud of how the team is making a difference in their respective roles within the community.

"I have the best team and a very talented crew of clinicians," Crawford said. "The therapists and crisis workers are often dealing with some very difficult situations. I'm able to see just how incredible of an impact they're having. It's nice when you can see achievable results. As we've grown, it's been very rewarding to watch my team help those who need the help." ●



“So much of counseling, first and foremost, is about the relationship. And so much of that relationship is built on what is called a 'sense of felt safety' in a therapy environment, where you feel like somebody is taking a non-judgmental approach.”

— Kristina Ledbetter, mental health therapist

ASK THE EXPERT *Is social media always a bad thing?*

Social media is frequently blamed for many of the problems that plague children and young adults. Kristin Ledbetter weighed in on this controversial fact of modern life.

PROS (AND THERE ARE SOME)

Social media does let people, especially young people, realize, "Wow, I'm not alone." I think it also enables them to be able to reach out easier to people who need help and say, "Here's my phone number. Give me a call," or "I've been going to a therapist for six months; it helped me maybe it could help you."

I had a girl in here the other day who had a high school friend who tried to kill herself. I encouraged her to reach out to her via social media and let her know you're here and you've had some of those same experiences. The ease of connection with social media is great, and it made her feel better knowing she could make her friend feel better.

CONS (AND THERE ARE MANY)

Being old school, if I had to choose one side of this debate, I'd have to go on the "con" side of it. A big reason why is that I counsel kiddos who spend up to 15 hours a day on social media, and that's a problem. They have a hard time limiting it.

It's almost like a vacuum; it sucks them in, and the next thing you know they're fighting with their parents because they don't want to quit. They want to continue doing it for 20 hours a day. If it's moderated, then social media can be a good tool, but too often, there's no moderation with it.



CHANGING FOOD IN HEALTHCARE

CHEF TY IS
CRAFTING A MENU
THAT'S BOTH
DELICIOUS AND
HEALTHY.

PHOTOGRAPHY BY **JAMES MOORE AND JAMES STEFIUK**







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Dr. Marsden,
Ozarks Healthcare
Family Care, West Plains



CHEF'S CHICKEN SALAD

INGREDIENTS:

- » 5 boneless skinless chicken breasts, cooked, diced or shredded
- » 5 celery ribs, split in half lengthwise and finely diced
- » Celery leaves, wash and chop finely, reserve
- » 1 red bell pepper, finely diced
- » 1 yellow bell pepper, finely diced
- » 1 orange bell pepper, finely diced
- » 2 small red onions or 1 medium red onion, finely diced
- » 1 cup mayonnaise
- » ¼ cup honey
- » Salt and pepper to taste
- » Toasted bread or crackers

INSTRUCTIONS

1 In a medium-sized pot, boil chicken breasts in either chicken or vegetable stock. Once fully cooked, remove the chicken from the broth and allow to cool. While the chicken is cooling, dice all three bell peppers and put them in a mixing bowl. Also, add the diced onion and celery to the peppers. Add the diced or shredded chicken to the vegetables in the mixing bowl.

2 Next, add mayonnaise to the mixture. Depending on your preferred consistency, you can increase or decrease the amount as needed. Add honey and adjust the flavor to your liking. Remember to start with a small amount and add more gradually as you can't take it away once added. Add salt and pepper to taste.

3 Mix all the ingredients by hand, either using a rubber spatula or spoon. Avoid using an electric blender as it will smash and break down the salad. After all the ingredients are incorporated, adjust the seasoning and flavor to your personal preference.

4 Garnish with finely chopped celery leaves and serve with your favorite wrap or croissant. Alternatively, you can try it with your favorite crispy cracker or crunchy bread. ●



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CALLING DR. MCGEE

DR. WILLIAM "ANDY" MCGEE,
CHIEF MEDICAL OFFICER

BY DWAIN HEBDA | PHOTOGRAPHY COURTESY OF OZARKS HEALTHCARE

SPECIALTY: *Cardiothoracic surgery, wound care*

LOCATION: *Ozarks Healthcare Heart and Lung Center and Ozarks Healthcare Wound Center, West Plains and at Ozarks Healthcare Gainesville*

INSIGHT: What inspired you to go into medicine?

MCGEE: Medicine is one of the few public service occupations where you really, truly are one-on-one with people as opposed to many other public-facing jobs. I like the tenable aspects, the mechanical, the aspects of using your hands for disease diagnosis and correction. That's what got me into the surgical arm of it.

IN: Many smaller hospitals have been under pressure for years and aren't flourishing, but not OZH. What's different here?

MC: Part of it has to do with the forward-thinking nature of the administration, certainly. Tom Keller, our CEO, came about two months before I got here and brought in a lot of outside experience in various roles. But the other thing is, we're a relatively small hospital with a big hospital attitude. We don't let our size hamper us from doing big things, from nursing services to therapies, physicians, all the way up through the leadership roles.

IN: COVID was tough on the healthcare community. What are you most proud of in how the OZH team came through that?

MC: I could inundate you with stories of sacrifices the staff made at all levels, honestly. The physical toll was dramatic. The toll on hospital operations was almost unbearable. If it wasn't for the coordinated efforts of the clinical staff administration, I don't know if a hospital our size would have come through as well as we did.

I think we always knew that we had the ability to overcome anything put before us, and we had a concrete demonstration of that through COVID. We all rose to a level that we knew we could do, and then we actually did it.

IN: Looking back, did your career in medicine turn out to be what you envisioned?

MC: It probably came out even better. What I mean is what's great about a location like West Plains is it's small enough that, with a fairly long career, you'll see people you won't recognize who will come up to you and tell you that you were their provider. That's an intensely personal connection — to have cared for someone who was ill and vulnerable and who recovered with the help of the entire organization. That's a feeling that will never leave you. That's something you carry to your last days. ●



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