



## On the Cover

Our Huntington, WV based aircraft and flight team landing at Paul Blazer High School during an active shooter drill with law enforcement and emergency responders from across Boyd County, Kentucky.

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## **Did You Know?**

Before a crewmember is cleared to work as part of a HealthNet Aeromedical Services team, they will have trained for more than 450 hours.









**BARNESVILLE HOSPITAL** 

ocated in rural Southeastern Ohio, Barnesville Hospital is a 25-bed fully accredited critical access hospital, employing approximately

part of the heritage and history of Barnesville and the broader region, Barnesville Hospital was established in 1941 by a group of dedicated citizens recognizing a dire need. Since then, the hospital and its role as a rural healthcare organization have gone through a multitude of transformations in response to



the changing healthcare needs of the community.

In line with Barnesville Hospital's vision to always be a model for excellence in rural healthcare and a vital center of community health activities throughout southeastern Ohio, it has entered a management agreement and clinical affiliation with WVU Medicine, which went into effect June 1.

The first 45 days of the new affiliation with WVU Medicine, the largest not-for-profit health care system in West Virginia, has proven to be a successful period of networking and evaluation of ways in which WVU Medicine can partner with Barnesville Hospital to retain and strengthen a legacy of providing high quality services to the community.

"It is an exciting time to become part of WVU Medicine. We are looking forward to what the relationship could mean to the community in the future," David Phillips, president and CEO of WVU Medicine Barnesville Hospital, said. "WVU Medicine has already begun to help us in areas of physician recruitment, process improvement, and resource utilization."

Currently, Barnesville Hospital offers a variety of inpatient and outpatient services, including cardiopulmonary care and rehabilitation, emergency medicine, general surgery, laboratory, physical and occupational therapy, radiology, sleep medicine, skilled bed services, and speech/language pathology. With the new affiliation with WVU Medicine, the Barnesville community will have access to new services, including orthopaedic surgery with Dr. John Michalski starting this August.

Although the pace and sophistication of healthcare delivery has changed drastically since the early days, Barnesville Hospital's commitment to the community and the community's support of the hospital have never wavered.

Barnesville Hospital has selected HealthNet Aeromedical Services as its preferred provider for air medical transport services. Our team looks forward to working alongside our colleagues there to enhance the care provided to critically ill or injured patients in their community.

For more information about WVU Medicine Barnesville Hospital or the services provided, visit www.barnesvillehospital.com. \*\*

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# A Message From Our President/CEO

hrough HealthNet Aeromedical Services' three decadeplus history, innovation has been a hallmark of our operation. The critical care transport program and its owner health systems have strived to leverage current and emerging technology to better serve our patients. We're pleased to once again begin an effort to do just that.

Over the past few years we strived to upgrade many of the aircraft in our fleet from single engine aircraft to twin engine models. This has been successful and there are more aircraft bases slated for upgrade in coming months and years.

In addition to increased workspace for the medical flight team, the twin-engine aircraft in our fleet are fully equipped and federally approved for flight on instruments. This investment effectively allows the helicopter to fly in and above the clouds and in lower visibility environments. Many of these flights must begin or terminate at an airport. This increases the length of time required to safely deliver patients to the care they need because in some locations the distance between the referring hospital and an airport with an instrument approach is lengthy. This is beginning to change.

We have launched a program to identify those hospitals in our service area which are potential sites for instrument approach designations directly to the hospital helipad. Not every hospital will qualify and the federal approval process for this effort is long, but the result is the ability to serve more patients with aircraft having higher capabilities. That equates to lives saved and that's what our team delivers.

Other medical helicopter programs serving rural areas have had much success in launching a broad network of helipads having instrument approach services. The terrain over which we fly adds complexity to this effort and certainly is a consideration in some locations. Undoubtedly, some helipads we desire to hold an instrument approach won't qualify. But for those that do, the result will be improved service and access to patients previously unserved during periods of less than optimal weather conditions.

This level of planning and investment would not be possible without your belief in our program and our mission. Your trust in our teams make a difference. On behalf of our three owner health systems and board of directors, thank you.

**Clinton V. Burley** 

( linter V. Burley

HealthNet Aeromedical Services, Inc. President/CEO

# EMS Providers Honored for Dedication to Patient Care in West Virginia

he third week in May has become a time to celebrate the hard work and dedication of individuals who provide emergency medical care to their communities. The level of recognition for EMS professionals has grown significantly since EMS Week was established by President Gerald Ford in 1974.

During EMS Week the West Virginia Office of Emergency Medical Services (WV0EMS) encourages EMS providers to nominate their colleagues and organizations that demonstrate exceptional dedication, professionalism, and compassion in their field. HealthNet Aeromedical Services is honored to have two team members among this year's recognition award winners.

David Cutright, Flight Paramedic, was awarded the honor of Paramedic of the Year. David joined our program in 2018, but he began his career in EMS more than 30 years ago.

"I was really surprised," said Cutright. "It truly is an honor to know that my colleagues think so much of me. It certainly drives me to keep doing what I'm doing for my community."

Since 2003, David has served as EMS Manager for Sistersville General Hospital. He also provides educational training for St. Joseph's Ambulance Services.

The WV0EMS selected Mark Brooks as Instructor of the Year. He wears many hats with our program serving as a Flight Paramedic, Business Development Coordinator and Assistant Team Leader for our Beckley and Lewisburg, West Virginia bases.

Mark is a certified EMT, paramedic and critical care instructor and provides courses ranging from basic CPR to Prehospital Trauma Life Support. He also provides rescue training through West Virginia Public Service Training.

"I enjoy teaching because I'm ensuring the next generation of providers will be prepared. I've always said that I'm in this to improve the level of care that is being provided in our region," said Brooks.

His career in EMS and the fire service began in the early 1990's. He continues to serve with the Oceana Fire Department as their Safety Officer. \*\*

### **WVOEMS Recognition Awards**

#### **ACT of the Year**

Justin Guzman, Jan Care Ambulance Service, Inc.

#### Administrator of the Year

Roger E. Bryant, Logan Emergency Ambulance Service Authority

#### Agency of the Year

Wetzel County Emergency Ambulance Authority

#### EMT of the Year

Elizabeth Ann Lloyd, Mason County Emergency Ambulance Service

#### EMVO of the Year

Russel Gambill, STAT EMS LLC

#### Instructor of the Year

Mark Brooks, HealthNet Aeromedical Services

#### Paramedic of the Year (Two-Way Tie)

David Cutright, Sistersville General Hospital Ambulance Service

Christopher Lusk, Weston-Lewis County Emergency Ambulance Services

#### Training Institute of the Year

WVPST Beckley

### Congratulations!







David Cutright

# **Technology Bridging the** Gap Between CAMC and **Rural Communities**

By Dale Witte Marketing & Public Affairs Charleston Area Medical Center

troke kills about 140,000 Americans each year and is a leading cause of serious long-term disability. The chance of surviving or recovering with little or no disability improves the sooner emergency treatment begins. However, getting treatment started quickly can be a challenge with very few neurologists practicing in the most rural areas of West Virginia.

Diabetic retinopathy, the most common cause of blindness in the U.S., occurs when blood vessels in the retina change due to uncontrolled blood sugars. Maintaining strict control of blood sugar and blood pressure, as well as having regular diabetic retinopathy screenings, are keys to preventing diabetic retinopathy and vision loss. But access to regular vision screenings can be a challenge with few ophthalmologists located in outlying counties.

Thanks to technological advances, telemedicine has become a valuable tool in helping CAMC doctors diagnose and treat both stroke and diabetic retinopathy in rural hospitals.

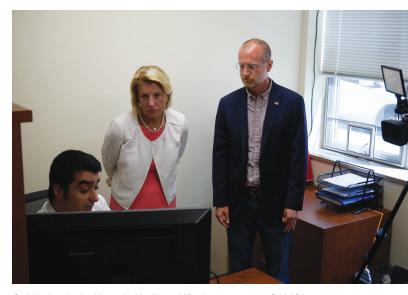
On July 1, CAMC hosted Sen. Shelley Moore Capito and Federal Communications Commissioner Brendan Carr to observe a simulated telestroke exam and remote diabetic retinopathy consultation.

Sitting in his Charleston office with an iPad, CAMC neurologist Samip Borad, MD, connected with staff at Boone Memorial Hospital for a telestroke demo examination.

In the past, doctors would drive to CAMC hospitals to evaluate stroke patients or they were transported to CAMC via ambulance. Both took valuable time.







Ophthalmologist Huseyin Kadikoy, MD, demonstrated CAMC's experience with diabetic retinopathy and telehealth for Sen. Shelley Moore Capito and Federal Communications Commissioner Brendan Carr.

"The benefit of this technology is we can provide critical care in a timely manner," Borad said. "We can look at labs and medical imaging allowing us to focus more on patient care. The faster we can provide care, the more we can minimize or prevent disability from the stroke."

Currently, telestroke is only used in emergencies; however, CAMC's goal is to expand this technology to provide neurological care in communities where there is no specialist.

Ophthalmologist Huseyin Kadikoy, MD, also demonstrated how telehealth can benefit patients with diabetic retinopathy by connecting with Clay Primary Care in Clay County.

Diabetic retinopathy usually affects both eyes. People who have it don't notice changes in their vision in the disease's early stages. But as it progresses, the condition can cause permanent loss of vision.

"There are people living in underserved areas in West Virginia who are at risk for blindness because they don't have access to someone who could diagnose diseases of the eye," Kadikoy said. "In many cases, if you catch these diseases early enough, blindness can be prevented."

For more information about eye conditions visit camc.org/Eyes. To learn more about the CAMC Stroke Center, the only designated primary stroke center in the region, visit camc.org/Stroke.

# Wheeling Hospital Enters into Management Agreement with WVU Health System

By Angela Jones-Knopf Manager of Media Relations, Marketing and Communications WVU Medicine





Douglass E. Harrison

he Boards of Directors of Wheeling Hospital and the West Virginia University Health System have entered into a management services agreement and named Douglass E. Harrison as Wheeling Hospital's new chief executive officer.

"We are grateful to the Board and the Archdiocese for the trust they have placed in our team to help manage Wheeling Hospital and ensure it continues to serve the people of Wheeling for

generations to come," West Virginia University Health System President and CEO Albert L. Wright, Jr., said. "The hospital and its employees will be in great hands with Doug at the helm."

Under the agreement, WVU Medicine will provide management services to the hospital, while Harrison will oversee all hospital operations. Wheeling's Board of Directors will continue to govern the hospital, with final responsibility for quality of care and financial oversight. Kareen Simon, executive vice president and chief operating officer for the hospital, has been serving as interim CEO and will return to her former position effective immediately.

"As we launched our search for a new CEO, we discussed the potential formal relationship with the West Virginia University Health System, the largest health provider in West Virginia, with a nationally recognized patient-centered system of care," Wheeling Hospital Board Chair Lawrence Bandi said. "WVU Medicine is committed to the residents of the Northern Panhandle by offering the right care in the right place at the right time through its network of nine hospitals. We look forward to benefitting from its expertise. And, with Douglass Harrison, we are getting a native West Virginian and seasoned professional dedicated to the health of those who live in this region. He is a natural choice to lead our hospital."

For the past four years, Harrison has served as executive vice president of healthcare integration and network development for WVU Medicine. Before that, he served for more than 11 years as an executive at the University of Pittsburgh Medical Center (UPMC). Harrison, who grew up in Milton, earned an undergraduate degree from WVU and a master's degree from Waynesburg University in Pennsylvania.

"I am honored to be chosen for this position, and I am looking forward to meeting, getting to know, and working alongside the leadership, medical staff, and employees of Wheeling Hospital," Harrison said. "I know that I am coming into a hospital that has a long history of caring for the residents of the Northern Panhandle and Eastern Ohio, and it is my goal to make sure it remains a provider of high quality healthcare long into the future."

"We are very optimistic about the future of Wheeling Hospital under Mr. Harrison's leadership," Bandi said. "We are the Upper Ohio Valley's premier hospital, earning numerous regional, state, and national recognitions, accreditations, and certifications for our many services — most notably, for our comprehensive cancer care, cardiac services, and women's services. We can only get better with WVU Medicine at our side."



# **Cabell Huntington Hospital Offering Patients Minimally Invasive Joint Replacement**

By Shawn Jordan, MBA, ABC Production & Media Relations Manager Cabell Huntington Hospital



abell Huntington Hospital (CHH) is the only hospital in the region to offer robotic-arm assisted total and partial hip and knee replacement with Stryker's Mako System. This highly advanced robotic technology transforms the way joint replacement surgery is performed, providing surgeons with enhanced accuracy.

"The Mako System allows us to provide each patient with a personalized surgical experience based on their specific diagnosis," said Matthew Bullock, DO, orthopedic surgeon and assistant professor in the Department of Orthopedics at Marshall University Joan C. Edwards School of Medicine. "Using a virtual 3D model, we can create each patient's surgical plan before entering the operating room. During surgery, we can validate that plan and make any necessary adjustments while guiding the robotic-arm."

A CT scan of the diseased hip or knee joint is taken and uploaded into the Mako System software and a 3D model of the patient's hip or knee is created. This 3D model is used to create a personalized surgical plan and identify the implant size, orientation and alignment for total hip or knee replacement.

In the operating room, the surgeon follows the personalized surgical plan while preparing the bone for the implant. The surgeon guides the robotic-arm within the pre-defined area and the Mako System helps the surgeon stay within the planned boundaries that were defined when the personalized pre-operative plan was created.





The Mako System

During partial hip and knee replacement a CT scan and 3D modeling of the patient's bone anatomy is uploaded into the Mako System. The surgeon uses the pre-defined plan to resurface the diseased portion of the knee while helping to spare the healthy bone and ligaments surrounding the knee joint.

"This technology offers patients the most accurate outcomes," said Bullock. "This further demonstrates our commitment to provide the patients of our region with excellent health care."

For more information on minimally invasive procedures at Cabell Huntington Hospital, please call 304-781-4647. ■



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# National Association of EMS Physicians Chapter Established in West Virginia

On July 2, 2019, the National Association of EMS Physicians (NAEMSP) granted a Charter to establish a state chapter in West Virginia. NAEMSP exists to foster excellence in out-of-hospital care with emphasis on advances in medical care, research and training as it relates to EMS.

The formation of NAEMSP-WV originated from discussions among Dr. Darby Copeland, HealthNet Aeromedical Services Medical Director Dr. Mike Peterson along with Associate Medical Director Dr. P.S. Martin and their shared desire to advance EMS in the state. The group's specific goals are to promote the establishment of an EMS Fellowship Program, improve out-of-hospital emergency care and advocate for the advancement of EMS.



#### The NAEMSP-WV Board of Directors includes:

#### **Chapter President:**

P.S. Martin, MD

#### **Chapter Vice President/President-Elect:**

Mike Peterson, DO

#### **Chapter Secretary/Treasurer:**

Darby Copeland, Ed. D., RN, EMT-P

#### **Board Members:**

Clinton Burley, EMT-P (Ret.) Paul Craven, MD Lee Fuell, EMT-P Rex Lasure, MD