



# InFlight

| Winter 2017 |

A QUARTERLY MAGAZINE  
FOR FRIENDS OF HEALTHNET  
AEROMEDICAL SERVICES, INC.

**In This Issue:  
2016 Year  
in Review**



**Expanding Critical Care Transport  
Services to West Virginia's  
Northern Panhandle**



**HealthNet  
Aeromedical Services**

**Mission. Ready.**



# On the Cover

WVU Medicine and HealthNet Aeromedical Services are partnering to bring critical care transport services to West Virginia's northern panhandle.



# Customer Profile



WVU Medicine Reynolds Memorial Hospital (RMH) is a nonprofit, acute care community hospital located in Glen Dale, West Virginia. The organization is governed by a 20-member volunteer board of directors and licensed for 70 acute beds and a 20-bed Skilled Nursing Unit.

The hospital began as God's Providence Home, an old farmhouse converted to an infirmary by B.M. Spurr, Archdeacon of the West Virginia Episcopal Diocese. In 1899, Archdeacon Spurr founded the hospital through funding provided by Emily Van Buren Reynolds, daughter of U.S. President Martin Van Buren, in memory of her husband and sons.

Today, Reynolds is the only hospital in Marshall County, WV and with its 420+ employees is the second largest employer in the county.

Reynolds has long been known as the high touch hospital, characterized by its warm, family-like environment and compassionate care. On October 1, 2016, Reynolds officially joined the WVU Medicine family, and in so doing became the first hospital in the northern panhandle to enter the state's largest integrated delivery network.

Reynolds features an outstanding medical staff, comprised of a large nucleus of highly skilled primary care physicians as well as an impressive array of medical and surgical specialists. Most recently, has been recognized for its leadership in addressing the growing problem of addiction in the region by introducing BreakThru, a medically-supervised withdrawal management program. Further, significant efforts are now being expended to introduce several of the WVU Medicine signature service lines on the Reynolds campus. Specifically, the WVU Heart and Vascular Institute commenced services in August 2016, and will soon be followed by the WVU Cancer Institute, scheduled to open in March 2017.

Reynolds' CEO, David F. Hess, MD, commented, "Thanks to the vast assortment of sophisticated technical and clinical services now available to us through WVU Medicine, folks will surely soon be adding high tech to our moniker as well."

HealthNet Aeromedical Services is honored to partner with Reynolds to provide access to critical care transport services to West Virginia's northern panhandle and beyond. ■

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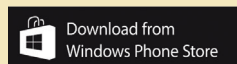


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# A Message From Our President/CEO

Over the last three decades HealthNet Aeromedical Services has steadily grown in safety, strength and geographical presence. We're clearly recognized as a national industry leader and with air medical helicopters and expert flight teams on-duty from the western edge of the Washington, D.C. metro area to the mountains of east Kentucky, every day we're impacting lives across several states. That lifesaving reach is poised to grow once again.

Recently we announced that our organization would soon open its tenth air medical helicopter base, this one in West Virginia's northern panhandle near the city of Moundsville. Around the clock the aircraft and team members assigned to Base 10 will serve citizens and visitors of the Marshall County area and well beyond.

The public announcement was made on February 2, 2017 at Reynolds Memorial Hospital in Glen Dale, West Virginia, by HealthNet Aeromedical Services Board Member and President/CEO of the West Virginia University Health System, Albert Wright. This was fitting as the new base is being placed in Marshall County primarily to support Reynolds Memorial as well as Wetzel County Hospital, the newest members of the WVU Medicine family. This significant investment reflects a tremendous commitment by WVU Medicine to residents of the entire region.

The aircraft assigned at HealthNet Aeromedical Services Base 10 will be a twin engine, Airbus Helicopters EC-135 P2+ model. The aircraft will be equipped for single-pilot instrument flight capabilities and will feature a suite of aviation equipment which far exceeds national standards. We already have three other EC-135 helicopters in our fleet of twelve aircraft and are fully confident in the models' ability to meet the mission profile in our region.

On the medical side, like all our aircraft, medical flight crews will be afforded complete head-to-toe access to their patient. This is not always the case in air medical helicopters and it matters. The team will have blood and plasma close at hand on every flight and will have the latest in critical care technology immediately at their disposal on the state-of-the-

art aircraft. Our goal is to take the critical care services of our member hospitals out to rural communities and, like in each of our operations, we will safely do just that at Base 10.

Elsewhere in this issue of *InFlight* you'll read more about the public announcement and see images of this great event. Our teams are excited to soon have the opportunity to be present in the northern panhandle and we will be there this summer.

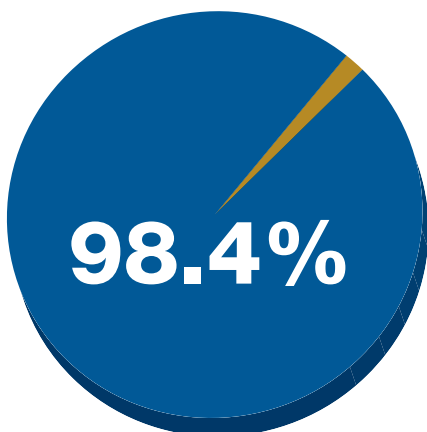
Growth such as this doesn't just happen, it develops over time and comes as confidence is earned. You'll also see that confidence reflected in this issue. This quarter we take a brief look back at some of our service metrics from 2016. It was another banner year for our program and we safely cared for more patients than ever before. There is interesting information in looking at our past performance and I hope you find it worthwhile.

The three not-for-profit academic medical centers which collectively own HealthNet Aeromedical Services are committed safely meeting the ever-growing critical care transport needs of their respective regions. We serve as their conduit to do just that. However, none of that would be possible without your belief that when seconds count in your community, that our teams make a lifesaving difference. On behalf of our over 200 professionals across the system and our Board of Directors, we're honored to have earned your trust. \*

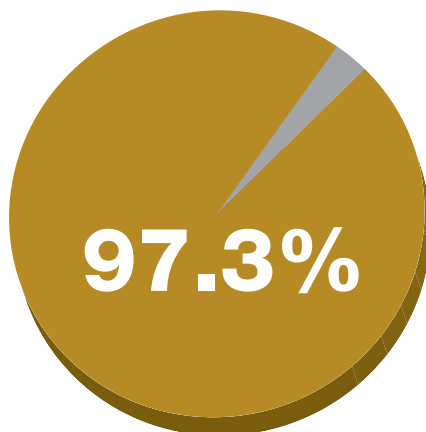
**Clinton V. Burley**  
**HealthNet Aeromedical Services, Inc.**  
**President/CEO**

# HEALTHNET AEROMEDICAL SERVICES 2016

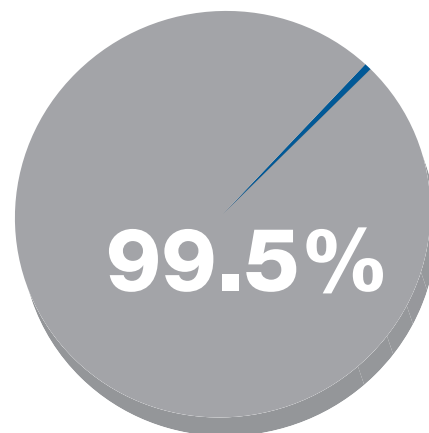
## YEAR IN REVIEW



The percentage of overall customer satisfaction as reported by those who requested our service.



The percentage of overall patient satisfaction as reported by those whom we cared for, or their families.



The percentage of our team members who reported they would recommend HealthNet Aeromedical Services as a great place to work.

*"The expertise demonstrated by the flight team was excellent."*  
- Base 4 Patient Family from Greenup, KY

**2,982**

The number of students who participated in these programs.



EDUCATION

**241**

The number of clinical education programs offered throughout our service area.

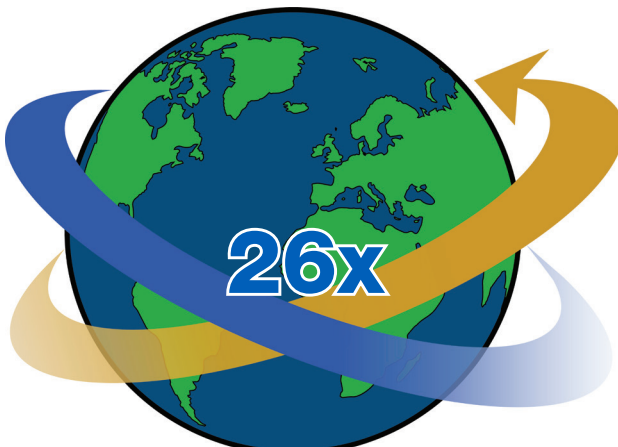
**9,952**

The number of continuing education credit hours awarded through the delivery of these programs.

**3.45%**

The percentage of increase in the number of patients our teams cared for over calendar year 2015.

**26x**



642,783 - The number of miles our aircraft flew last year. That's enough to circle the Earth 26 times!

*"Although I was very scared after my accident, the flight crew was very reassuring and helped me feel calm."*  
- Base 5 Patient from Hinton, WV

# WVU MEDICINE Announces Expansion of Critical Care Transport Services

By Amy Johns  
Director of Public Affairs  
Planning, Marketing & Communications  
WVU Healthcare & Health Sciences

On February 2, 2017, from the Betty Beebe Habib conference room of WVU Medicine Reynolds Memorial Hospital, West Virginia University Health System President and CEO Albert Wright announced HealthNet Aeromedical Services will be adding critical care transport services in the northern panhandle of West Virginia.

HealthNet Aeromedical Services will operate its tenth helicopter base from a location near Moundsville, West Virginia. The aircraft and flight crew members will serve citizens and visitors of the northern panhandle region and well beyond.

Albert Wright told the group present for the announcement, “WVU Medicine has enjoyed a decades-long partnership with HealthNet Aeromedical Services and we are thrilled to bring this level of care to the northern panhandle region and this new base will help get patients to Morgantown faster.”

Clinton Burley, President and CEO of HealthNet Aeromedical Services, addressed the group to explain the new base aircraft will be a twin-engine Airbus Helicopter EC-135 P2+ and is equipped for single-pilot instrument flight capabilities. The aircraft affords the flight crew with head-to-toe patient access. The team, consisting of a pilot, flight nurse and flight paramedic, will have blood and plasma available on every flight.

“Our team members are excited to soon have the opportunity to be present in the northern panhandle region to offer critical care transport services to its residents and visitors,” Clinton Burley commented.

A large gathering attended the event including board members and leadership from WVU Medicine Reynolds Memorial Hospital. Also in attendance were representatives from local EMS agencies.

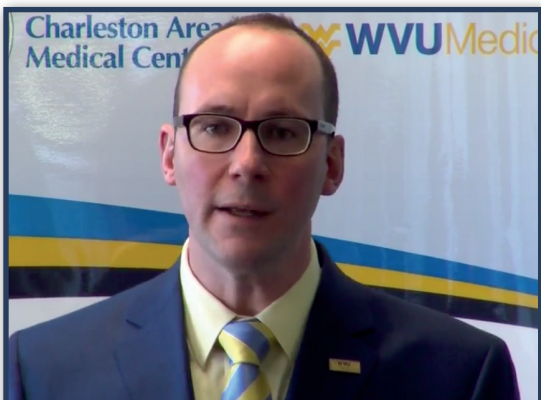
HealthNet Aeromedical Services Base 10 will open this summer. ■



Bernard Twigg, President of the board of directors at WVU Medicine Reynolds Memorial Hospital, speaks to the attendees at the announcement event.



The new HealthNet Aeromedical Services base will be established in Marshall County, WV.



Albert Wright, President and CEO of the West Virginia University Health System speaks at the event.

“WVU Medicine has enjoyed a decades-long partnership with HealthNet Aeromedical Services and we are thrilled to bring this level of care to the northern panhandle region and this new base will help get patients to Morgantown faster.”

- ALBERT WRIGHT,  
PRESIDENT & CEO OF WEST VIRGINIA  
UNIVERSITY HEALTH SYSTEM

# CHH Announces New Parking Garage Opening Later in 2017

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

**F**eedback is important and at Cabell Huntington Hospital (CHH) feedback from patients and guests allows continual focus on providing excellence. Because of feedback and the growth of services offered, CHH is constructing a \$10.5 million, four-story parking garage on its campus.

The new parking garage will be located on the south side of the campus, adjacent to Marshall University Medical Center, where visitor parking is currently located. When complete, the parking garage and surrounding surface parking will yield 885 parking spaces with 522 net new spaces to enhance access for patients and visitors.

“Expanded and specialty services bring more than 2,300 patients per day to either CHH or Marshall Health,” stated Kevin N. Fowler, president and CEO, CHH. “With daily parking challenges for patients and visitors, the concept of a parking garage began about two years ago. A parking study confirmed the need for more parking, but feedback from patients and families led to developing a parking plan to better meet the needs of vehicles and pedestrians on our campus.”

The project is currently scheduled to be complete by late June of this year. “We have started going vertical on the project,” said Tim Martin, vice president of Ancillary and Support Services at Cabell Huntington Hospital. “The deep support pillars are in place and the elevator and stair shafts are taking shape which is some of the more complex work. There is still some utility work to do with power connections but everything is progressing well.”

“We truly appreciate the support we’ve received for the project and apologize for any inconvenience during the expansion,” stated Fowler. “We have moved parking for more than 400 employees off the immediate campus footprint to ensure we have ample parking for our guests during construction.”

Patient, visitor and staff parking at Cabell Huntington Hospital and the Marshall University Medical Center have been reconfigured to allow for site preparation and construction. New directional signage has been placed throughout the campus to help direct patients and visitors to designated patient/visitor parking areas.

**“Feedback from patients and families led to developing a parking plan to better meet the needs of vehicles and pedestrians on our campus.”**

**- Kevin Fowler, President and CEO  
Cabell Huntington Hospital**



*Digital rendering of the new parking garage at Cabell Huntington Hospital.*

## Short-Term Parking

Patients and visitors are encouraged to use the parking lot directly in front of the hospital and Edwards Comprehensive Cancer Center entrances for short-term parking of four hours or less.

## Long-Term Parking

Two newly designated patient/visitor lots are available on the southeast end of the medical center, adjacent to the J. Robert Pritchard Dialysis Center. Call boxes are available for complimentary shuttle pick-up. To request courtesy shuttle pickup, call 304-544-RIDE. If parking is not available in the designated patient/visitor lots, general parking is also available.

## Valet Parking

As always, patient drop-off and complimentary valet services under the main entrance canopy is available. To valet park, patients and visitors should go to the main entrance under the canopy. A parking attendant will give a receipt, take the keys and park the car for patients and visitors. When leaving, the receipt is returned to the attendant and the car will be retrieved and driven to the entrance.

For a live feed of the construction and to get the most recent updates of the new garage go to [www.cabellhuntington.org/parkinggarage](http://www.cabellhuntington.org/parkinggarage). ■



# FROM ADVOCATE TO SURVIVOR: Nurse Recovers from Stroke

By Dale Witte  
Marketing & Public Affairs  
Charleston Area Medical Center

**P**eg Palmer was 62, healthy, and recently retired after 40 years as a neuroscience nurse practitioner and eight years as the stroke program coordinator at Charleston Area Medical Center (CAMC).

Then she had a stroke.

"I found it hard to believe because I had no risk factors that I was aware of – no high blood pressure, diabetes, high cholesterol or tobacco use," Palmer said.

But in February 2016, the nurse who had cared for countless stroke patients over the years, and even helped develop the first stroke protocol at CAMC, became a stroke patient herself.

"It was about 6 o'clock in the morning when I got out of bed, walked across the room and fell," Palmer said. "I tried to get up and realized I couldn't move my left side."

Palmer's husband recognized the stroke symptoms and immediately called 911.

When Palmer arrived at the CAMC Stroke Center, the stroke team was ready because emergency medical services had notified them that they were bringing a patient with stroke symptoms to the emergency room. Palmer was rushed into testing by doctors, nurses and staff she knew personally.

"There was an overwhelming sense of relief because I knew the stroke team was very competent and experienced," Palmer said.

After an immediate assessment, testing and CT scan, doctors discovered that Palmer had a blockage of a major blood vessel on the right side of her brain and severe stroke symptoms.

After three days, Palmer walked out of the hospital with few lasting effects. "I had minor weakness on my left side and a slight balance issue, and my speech only took a day to clear up," she said. "I am so thankful to have a successful recovery because after years of working with stroke patients, I know everyone is not so fortunate."

Palmer credits her survival to the quick action of her husband and the coordinated, systematic protocols of the CAMC stroke team.

"Everyone collaborated quickly to determine the most appropriate treatment," she said.

Palmer is back to her normal routine, which includes hiking, gardening, spending time with family and friends, traveling and volunteering. She's also working with CAMC



*Peg Palmer is back to her normal routine, which includes hiking, gardening, spending time with family and friends, traveling and volunteering.*

on a collaborative research project with Duke Medical Center about stroke patient outcomes after discharge from the hospital.

In 2016, CAMC received its third consecutive Get With The Guidelines – Stroke Quality Achievement Award from the American Stroke Association. CAMC earned the 2016 Gold Plus award, which is the highest level of recognition for treatment of patients with stroke.

According to the American Heart Association, stroke patients treated at hospitals participating in a guidelines-based program are more likely to be discharged home and less likely to die within 30 days and one year.

CAMC also is certified as a Primary Stroke Center by DNV Healthcare, the newest Medicare-approved hospital accreditation program. In addition, the hospital has received accreditation by DNV's National Integrated Accreditation for Healthcare Organization (NIAHO) program. ■

## Act FAST and call 911 immediately at any sign of a stroke:

**F** = Face drooping

*Ask the person to smile. Does one side of the face droop?*

**A** = Arm weakness

*Ask the person to raise both arms. Does one arm drift downward?*

**S** = Speech difficulty

*Ask the person to repeat a simple phrase. Is their speech slurred or strange?*

**T** = Time to call 911

*If you observe any of these signs, call 911 immediately.*

Be sure to note the TIME when symptoms first appear to help doctors determine the best course of treatment.

*Sources: American Stroke Association, American Heart Association*

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