

Healthier NEBRASKA

SPRING 2023 • VOLUME 26 • NUMBER 1



Harmony In Healing:
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Healthier NEBRASKA

A magazine for and about Nebraska community hospitals and health systems

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From the President's Office

This past December, we surveyed our member hospital CEOs to get a pulse on the overall health of their facilities. We intend to do these short surveys frequently so we can stay in touch with the needs of our 92 member hospitals.

What we discovered was not surprising, but certainly sobering. The overwhelming message was “our hospitals are hurting.” Granted there were some differences between our urban and rural hospitals, but the commonalities we saw were striking.

Here's a snapshot of what we heard:

Across the board, the number one issue for our hospitals is workforce.

- 100% of the respondents told us they offered some type of financial

incentive to retain and/or attract employees to their hospital

- 93% of hospitals are reporting a workforce shortage

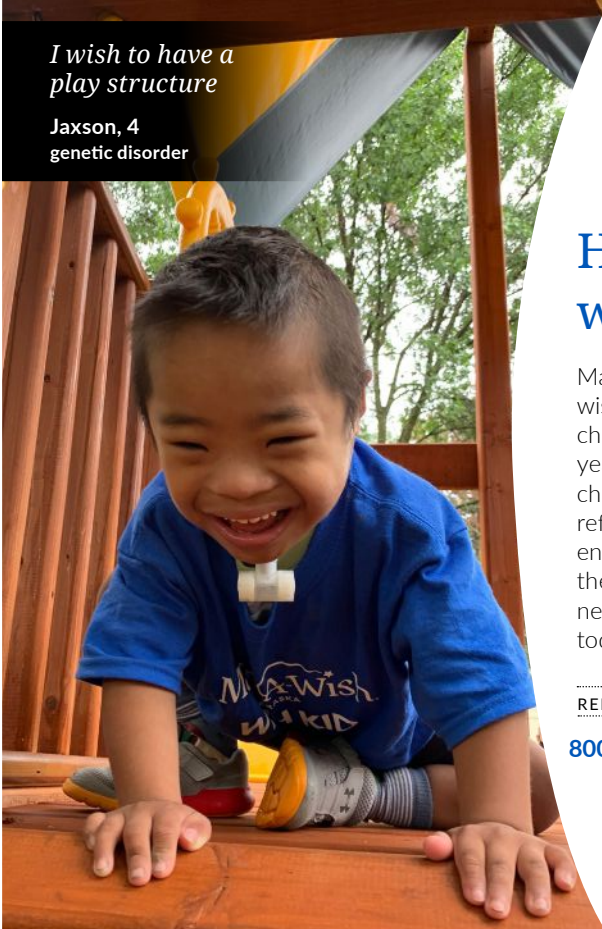

A close second are fiscal issues.

- 93% told us their fiscal outlook for 2023 is either very challenging or somewhat challenging.
- 55% are currently operating at a negative margin

In addition, our hospitals are telling us it's becoming more and more difficult to transfer patients to post-acute settings (95%). This is a critical issue impacting both bed capacity and staffing.

2023 will certainly be a difficult one for our hospitals. The good news is that the NHA is working closely with our members and policymakers to enact legislation that will help us solve these critical issues. Building relationships with our state senators and the Governor will be key in advocating for our members' needs. I'm confident we have the tools and resources to make a difference.

As I've said before, advocacy is a team sport. It's game time.



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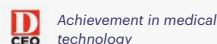
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Human Trafficking Warning Signs



Warning Signs

- Signs of physical abuse (burn marks, bruises, cuts)
- Pelvic or abdominal pain; appears malnourished
- Tattoos or branding
- Possession of large amounts of cash, multiple cell phones and/or hotel keys ; offers to pay in cash
- Caught lying about age/possession of false ID; lacks official identification documents
- Avoids social interaction and authority figures/law enforcement
- Seems to adhere to scripted or rehearsed responses in social interaction; someone always speaks for them
- Unable or unwilling to give an address or information pertaining to parents/guardian
- Maintains sexually explicit profiles on social networking sites; over-familiar with sexual terms and practices
- Suicide attempt
- Bizarre relational dynamics/unsettling behavior
- Disorientated about date, time, and place
- Appears fearful, anxious, depressed, submissive, hyper-vigilant, paranoid, or excessively hostile
- Seemingly excessive number of sexual “partners”
- Multiple or frequent pregnancies and/or abortions
- Fearful attachment to a cell phone (often used for monitoring or tracking)



How Hospitals Can Help



What is Human Trafficking?

- Modern day slavery
- Exploiting a person through force, fraud or coercion
- Sex trafficking, forced labor or domestic servitude
- Human trafficking is happening everywhere around the globe to people of any age, gender, race, socioeconomic status or nationality
- Any person under the age of 18 involved in a commercial sex act



Identifiers of a Trafficker

- Significantly older than their female companions
- Encourages illegal activities and/or inappropriate sexual behavior
- Vague about his/her profession
- Demanding or pushy about sex
- Someone that exerts an unusual amount of control over the patient



How to Help a Victim of Trafficking

- Separate any companions from the patient and provide a quiet, safe place for the patient
- Attend to any physical needs of the patient; don't rush the patient
- Adopt open, non-threatening body positioning (sit at eye level, avoid touching patient unless given permission, be aware of body language, avoid crossing arms)
- Engage the patient with active listening skills, respectful and empathetic language; avoid judgment
- Educate hospital staff on the red flags and the protocol of actions to be taken
- Document suspected and confirmed trafficking using the new ICD-10 codes
- Invest community benefit dollars towards anti-trafficking initiatives
- Become acquainted with community groups/resources that help victims

Becky's Breast Cancer Plan Fits Her Lifestyle



Early one evening last summer, Becky Michael of Lincoln said a little prayer before checking her breast biopsy results.

“I try to live a healthy life, and part of that is getting a mammogram every year,” says Becky, 53, who’s an English language arts education specialist for the Nebraska Department of Education. “They’d all been good, but my most recent showed a tiny lump that required a biopsy.”

“As I read the results in my kitchen, I saw: ‘Findings positive for breast cancer.’ I was quiet for a moment, then felt total shock and disbelief — I thought, ‘This cannot be happening to me.’ I sat there a long while before I could tell my husband.”

At her breast biopsy appointment two weeks earlier, Becky

met oncology nurse navigator Carmen Orr, RN, who’s part of the team of nurses, doctors and other clinicians providing comprehensive, breast cancer care that’s centrally located at Bryan’s Breast Cancer Multidisciplinary Clinic.

“Women having biopsies for possible breast cancer are very understandably worried,” says Carmen, “so we meet patients at that biopsy appointment to answer their questions and follow up afterward. For women whose results show they do have cancer, we’re in touch with support and more information about their care within a week, often within 24 hours of them hearing the diagnosis from their doctor.”

“You know,” Becky says, “I’d actually been feeling fine, and I was so surprised to find out I had breast cancer. It turned out that my tumor was so small that I couldn’t feel it during breast

self-exams, but my mammogram and biopsy picked it up. I just feel so fortunate that we found it early.

“It really helped me that Carmen called the very next morning to ask how I was doing and talk over our next steps.”

Fitting Becky's Care To Her Life

Patients newly diagnosed with breast cancer can typically find that their first appointments with cancer care specialists are scheduled over many days at different offices — which is a scenario that can lead to fragmented care.

To resolve that potential problem, the doctors and clinician team at Bryan's multidisciplinary clinic come together for initial care planning meetings, at times that are convenient for their patients. There, patients and families talk with the doctors, ask questions about care options and find treatments that best fit their needs and their lifestyle.

On the day of Becky's planning meeting, she brought along family support — her husband, Dr. Bill Michael, who is a psychiatrist at Bryan Heartland Psychiatry, and her sister, Amy Spomer. “It was a real comfort to have them with me, and our exam room was comfortable and beautifully done so it didn't seem like a hospital room,” Becky says.

“My doctors and my team had already discussed my case. So, each came ready to talk about their part in my treatment, and the doctors had all my treatment options ready for me and Bill to look over. Then, for each possible treatment path, we talked about potential side effects and chances of recurrence, and I chose the treatment that fit best into my life, what was best for me.”

Collaboration And Care

The clinic's chief medical director, breast surgical oncologist Rachel Jendro, DO, FACOS, of Bryan Breast Surgical Specialists, says, “Becky's physicians include myself as her surgeon, plus radiation oncologist Joseph Kam Chiu, MD, and medical oncologist Haris Zahoor, MD, both of Cancer Partners of Nebraska.”

Nurse navigators have a key role on the team, too. They're equal parts coach, care coordinator and key problem solver for the patient throughout their cancer treatment.

“Patient advocacy is a huge part of what our nurse navigators do,” Carmen says. “An essential part of that is helping patients understand and address issues that could be barriers to their best care.” These issues can include fear, grief, stress or anxiety about having breast cancer and going through treatment, or nuts-and-bolts problems like how to arrange for more childcare, or manage time demands around treatment schedules and medical appointments.



Becky And Dr. Bill Michael

continued on page 12



Oncology nurse navigator Carmen Orr, RN, (left) and Dr. Jendro meet with Becky for a follow-up visit.

Also, an oncology social worker, like Joselyn Hayes, meets with families to plan for day-to-day changes like fatigue that can be expected during cancer treatment, and to talk about financial concerns and other common questions.

Certified genetic counselor Maddie Kaltenberger, MGC, explains testing that can show whether a patient carries a gene passed down through her family that could cause breast cancer.

Other doctors working with Bryan's Breast Cancer Multidisciplinary Clinic include radiation oncologist Jacqueline Kelly, MD, and medical oncologist Joni Tilford, MD, also of Cancer Partners of Nebraska.

"There is absolutely no question that's too small or trivial to ask during our care planning meetings with patients," Dr. Kelly notes. "We're all in one place on purpose, and that

purpose is so you, our patient, can move ahead with a clear action plan."

Dr. Tilford adds, "Our goal as a team is to help patients overcome breast cancer and move on with their lives. It's an honor to help them at each step of that journey."

Map To Breast Cancer Recovery

"The clinic's team approach saved so much time and stress for me," says Becky. "Talking to all of my doctors and clinicians in one morning, in one place, was a godsend rather than going to multiple doctors' offices at different times, then waiting for them to talk to one another, then get back to me. I'll be very honest — learning I had breast cancer was exhausting and frightening; walking out of our care planning meeting with a detailed plan, I felt like I had a map for my recovery from this breast cancer, and I could move on with my life."

The first step of Becky's treatment was lumpectomy surgery performed by Dr. Jendro.

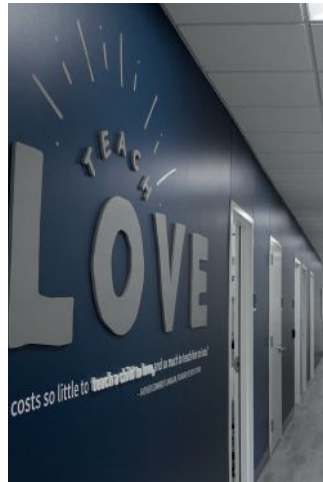
"My recovery from surgery was pretty smooth," Becky says. "In fact, I was able to travel to an education conference for work a week later. It was a great relief to be back to my normal life so soon."

Becky will begin radiation therapy soon with Dr. Chiu and talk further with Dr. Zahoor about possible chemotherapy and endocrine therapy. In the meantime, she's back to her favorite routine for the most part, including Sunday evening family dinners with Bill, their daughters Grace, 21, and Olivia, 25, and Becky's parents, Pastor Larry and Linda Spomer, who recently moved to Lincoln and live nearby.



"None of us knows what life will bring," Becky says. "I do know that my doctors and I caught my breast cancer really early, and that gives me peace of mind. Bryan's multidisciplinary team approach gave me options that helped me fit my treatment into my life, rather than the other way around."

"The great support and information I'm getting from the team along with my treatment is going to help me do well and thrive during my breast cancer recovery, and that means everything to my family and me."



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'Incredible Grit': After Quadruple Amputation, She's Thriving and Encouraging Others Facing Health Challenges



Teri Roberts visits John Wipfler at Methodist Hospital in September.

Teri Roberts walked into John Wipfler's hospital room on Sept. 28 as a complete stranger, but with a purpose.

As she began chatting with John, she learned that he had arrived at the Methodist Acute Rehabilitation Center two days earlier after a harrowing few months of health issues. An infected cut on his left foot in June became septic over the summer, and by mid-September, his lower left leg had to be amputated. Further, he had suffered several minor strokes before coming to Methodist Hospital. Now, nearly three weeks since his amputation, John was adjusting to his new reality, trying to stay positive but dealing with his uncertain future.

When Roberts walked in, John immediately saw someone he could relate to. He saw that she had no hands, and she soon revealed that she walked with prosthetic legs. But she kept the focus on him, listening intently to the details of his journey before offering some optimism.

"But you're still here with us," she said. "You're at one of the best places you can be for this. I'm living proof."

On the Brink of Death

Roberts has volunteered at the Acute Rehabilitation Center for the past three years, visiting weekly to encourage patients like John with her positive attitude, faith and sometimes blunt sense of humor. It's a role she's uniquely suited for after her own life-changing health scare.

In late 2014, Roberts became sick with what she thought was the flu. She actually had a group A Streptococcus infection – perhaps from a hangnail, she thinks – that led to sepsis and toxic shock syndrome. She spent 12 days in a coma in the Methodist Hospital Critical Care Unit, and her family was preparing to say goodbye a few days before Christmas.

"I wasn't expected to survive, but I did," she said. "I came out of the coma just hours before they were going to remove me from life support. I kept telling my husband, 'You can't get rid of me that easy.'"

Roberts was alive, but her challenges were just beginning. Her liver and kidneys had begun shutting down while she was intubated, and the lack of blood flow caused her hands and feet to become

gangrenous. Over the next few weeks, Roberts recovered from the infection, and her liver and kidneys began functioning again. But for her blackened extremities, amputation was the only solution.

Roberts accepted the news but wasn't interested in dwelling on it. She set her mind on moving forward.

"I had two options," she said. "Do I want to be miserable, or do I want to continue to live life? I don't want to be miserable. Whatever my limitations are, those are my limitations. I just needed to learn to deal with them. Life is still good. There's a reason this happened. One day I'll learn the reason, and in the meantime, I needed to accept it and move on."

Roberts spent even more time at Methodist Hospital, healing from the amputations and working with occupational and physical therapists to build strength, relearn basic self-care skills and master new challenges – like moving from her bed to a wheelchair. By the time she was moved to the Acute Rehabilitation Center for more intensive therapy, she was becoming well known to the staff.

"She's just so persistent," said occupational therapist Katrina Balak, OTR/L. "She just knew from the very start that she had to persevere because her life meant something to her husband and her grandkids. I'm amazed that even from the very start, she knew there were obstacles, but she never said, 'I can't do this.' She said, 'How can I figure out how to do this? What can I do to make this work?'"

Occupational therapist Hannah Wieger, OTR/L, CLT, remembers Roberts' drive, too.

"Teri has some incredible grit," Wieger said. "That's the best way I can describe it. She was forced by her therapists to take a break, but she never wanted a break. She was always like, 'Let's go. Let's do more.' Through the pain. Through the phantom limb sensations. Through it all, she really had incredible grit, and she never took a moment to slow down or have pity for herself."

"Why Did I Make It?"

Roberts left Methodist Hospital about a month after the amputations and spent four months at QLI – a specialized rehabilitation center – learning to use her prostheses and fine-tuning the skills she'd need to live independently.

In many ways, she exceeded expectations after returning home in the spring of 2015 – but with some adjustments. The body-powered prosthetic hooks meant to replace some hand function?

"The first time I put the first one on, it was hard and cold, and I refused to wear it. I need that sense of touch."

The myoelectric prosthesis that her grandkids call a "robotic hand"? She was never interested in using it throughout the day, although she has found a use for it – "an awful expensive deodorant applicator."

continued on page 16



Teri Roberts has two prosthetic legs but decided not to use upper prostheses.

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With the help of some adaptive equipment, Roberts resumed many of her hobbies and activities – driving, gardening, mowing the lawn and watching her grandchildren. She's happy to clean up after meals, but she leaves the cooking to her husband now.

“Trying to use a spatula isn't a pretty sight,” she joked.

But that's not where Roberts' remarkable story ends. Even as life returned to a semblance of normalcy, she felt like something was missing.

“There's a reason why I'm still here,” Roberts remembered thinking after a few years. “I shouldn't have made it. So I kept thinking, why? Why did I make it? Then I thought, ‘I want to give back.’”

“A Lot To Live For”

Roberts had made the decision to become a volunteer, and she instantly knew where: the Acute Rehabilitation Center. She could never forget how its therapists had pushed her to succeed and nurtured her initial instincts to keep fighting.

“They were the ones encouraging me that there's still life after these amputations,” she said. “You still have a lot to live for.”

Now she wanted to help spread that message. She called Balak to ask about volunteering, and within weeks she was making the rounds – visiting patients recovering from amputations, strokes, heart attacks, spinal cord injuries and other acute issues.

“When I start talking to patients, my whole thing is that you've got to embrace the new you, whatever it is,” Roberts said. “I say embrace it because there's a lot of good life ahead of you. You're going to have your down days, which I think we deserve. We've earned them. The key is, don't stay in your down days.”

In addition to the informal chats, Roberts takes part in Amputee Chat discussions on the unit, offering advice and encouragement for patients starting down the same path she's taken. She also visits an occupational therapy class at Nebraska Methodist College (NMC), sharing her experience with students and giving them unique insights into what they may encounter as they begin working in acute care settings.

“It's one thing for an instructor to say, ‘This is going to change your life. These patients are going to challenge you and motivate you. You're going to love this career,’” said Wieger, who also teaches the NMC course. “It doesn't ring the same way when I say it as it does when a patient shares their story in class with the students.”

Macy Gustafson was among the students who heard Roberts' story during a class in September. Gustafson said seeing how far Roberts has come “was pretty jaw dropping” and can only benefit her as she heads to Mary Lanning Healthcare in Hastings, Nebraska, for her occupational therapy field work next semester.

“Hearing from an actual patient of what they went through, how they had to adapt to the world and their environment when they got home, I think it was beneficial,” she said. “Especially for me, possibly going to see that in an acute care setting.”



Teri Roberts speaks to occupational therapy students at Nebraska Methodist College.

Simple, Special Moments

With each patient Roberts visits, she's reminded of how far she's come – and that she's right where she needs to be.

"I just love doing this," she said. "My goal is to bring encouragement to somebody, or maybe just simple friendship. A smile. A conversation for a few minutes. If I can bring that to one person, I'm happy."

That's exactly what happened as she visited John in September. After trading stories about their health, Roberts talked about what he might expect during his recovery. Then the two began joking around as they found more common ground: They were both fans of a bar in John's hometown of Memphis, Nebraska, that's known for its fish fries.

The visit lasted about 10 minutes, but afterward John said meeting Roberts meant the world to him.

"There's a special place in heaven for people like that," he said. "I was beginning to feel encouraged as I was talking to her, knowing that there is a light at the end of the tunnel."



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Harmony In Healing: *Lincoln's Symphony Orchestra brings music to patients to promote healing*

Musicianship is serving humanness. Instead of striving to connect artistically with others as musicians would in a traditional concert or recital hall, we must attempt to connect more simply as human beings.

Lincoln's Symphony Orchestra (LSO) believes in the power of music as a way to connect people and provide healing. Through the Harmony in Healing program, LSO seeks to explore and promote these potential benefits of music while connecting with greater Lincoln communities through classical and other genres of music. LSO performers are bringing their musical offerings to local Lincoln-area hospitals, rehabilitation clinics, memory care facilities, and assisted living centers. With the patients and caregivers at these facilities, LSO is connecting both musically and on a personal level in hopes of bettering their



lives with rewards of live music that they may not otherwise have opportunity to experience.

The reality is that there are many who

are unable to attend performances at a traditional concert venue, due to the physical limitations of medical diagnoses. In 2018, LSO's Innovation Committee developed the Harmony in Healing program. Small groups include brass quintets, woodwind quintets, string quartets and trios, piano and violin duos, and solo instruments.

The program reflects LSO's belief that music can be more than entertainment, and that it is an elementally human activity. Medical and psychological research has shown that music can be a meaningful contributor to general health and wellness. Music provides a compelling vehicle for learning about ourselves, expressing our identities, and emotionally handling the happenings in our lives. Among populations with physical and psychological challenges, music can be even more powerful. The act of sharing music is deeply meaningful, and the intimacy and profound impact is even more pronounced when a musician plays in the room of a patient recovering from surgery, rehabilitating from a traumatic brain injury, or fighting memory loss.





Christine Widman, Principal Violist of the LSO and Senior Director of Operations with Bio-Electronics, a subsidiary of the NHA, served on the LSO Innovation Committee to bring this project to life. Widman helped to plan, organize and perform with a string quartet in the first pilot Harmony in Healing performance, at the Madonna Rehabilitation Hospital chapel. “Many of these audience members were neurologic patients, in a place in their recovery journey where they would not necessarily otherwise be able to attend a concert in the traditional sense as a result of their health condition. Although these patients did not exhibit typical audience behaviors, we as chamber music performers could sense their signs of deep appreciation as they came alive in enjoying the music together”.

LSO performers embrace Harmony in Healing performances as unique opportunities to combine their humanity and musicianship. Perhaps in their typical performance activities, musicians use their humanness to enhance their musicianship, in order to make their performances expressive and emotionally impactful to listeners.

A survey of recent research presents music as a meaningful contributor to human health and wellness. Studies have shown that the use of music can be an effective supplement to conventional medical and mental health treatment approaches; in some cases, music

can even decrease patients’ need for medication. Brain research has shown great promise for music in the care and treatment of Alzheimer’s disease and other forms of dementia: hearing familiar music appears to activate a part of the brain that may be intact amid dementia-related memory loss, and trigger more widespread improvement in brain function. Additionally, music can be used to help traumatized and/or depressed individuals find emotional acceptance during negative life situations.

Widman shared, “On another occasion I had the privilege of playing solo works at the bedside of patients in the Bryan Medical Center East Campus ICU. Playing unaccompanied solo Bach movements for these critically ill patients was an intimate moment of connection I will never forget. This moment in time offered these patients a period of reprieve; to transcend any physical affliction through the connection of music. In performing for Harmony in Healing audiences, as musicians it is so clear that we are providing something unique and valuable to these patients”.

Lincoln’s Symphony Orchestra is eager to resume live, in-person performances at hospitals and other facilities, and LSO is committed to continuing to make this gift of music available at no charge to the facilities. LSO is a non-profit organization, and gladly accepts tax-deductible donations to help support this and other community service programs.

For information about scheduling performances, or making a contribution to Lincoln’s Symphony Orchestra, please contact LSO Executive Director Barbara Zach Lee at 402-476-2211 ext. 4, or barbara@lincolnsymphony.com.



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Communication is Cornerstone

The right messages at the right time

Health equity, employee burnout, and recruitment are listed as top concerns in your world right now. We understand those are heavy topics and have complex, evolving solutions.

In the Winter issue of *Healthier Nebraska*, we discussed checking the health of your organizational structure when establishing or evolving your verbal identity—the written or spoken components of your brand.

We'd like to address the importance of external messaging and share some insights as to how creating messages that align all elements of your brand can make it easier to communicate about the sensitive topics your team is facing.

With proper attention already given to your mission, vision, and values, you can now explore developing your messaging. Not surprisingly, this is not always best accomplished by gathering a large internal committee.

Instead, utilize a small leadership team with a clear understanding of your broad objectives to collaborate with a professional writer if you don't have someone in-house with adequate time or experience to allot toward the project.

Tone & Voice

Begin by creating an authentic voice to lead the charge for your messaging. Your voice comprises the traits that guide your communication. It guides HOW you say your messages and the tone in which it is delivered. The brand voice is used internally to pilot all internal and external message development. A well-developed voice can save every department a lot of time.

Brand Promise

Your brand promise is a single statement that captures what people can expect from you. What people can expect from your brand with every interaction. Your promise sets the stage for your external messaging and is extremely important in healthcare.

Key Brand Messages

Evaluate what your key messages need to be and then create authentic, understandable, and focused key

selling points or benefits of your organization. These well-crafted messages guide your presence in print, web, and verbal communication. By spending the time to strategically create these messages, your internal team can seamlessly develop emails, create ad content, or publish posts within a fraction of the time. Also, creating tailored key messages will help you reach diverse audiences more effectively.

Brand Pitch

Developing a concise message about your organization helps everyone on your team and everyone who supports your efforts accurately and quickly answer questions to promote your organization. Sometimes referred to as an elevator pitch, this explanation showcases who you are, what you do, and why it matters within the short time a person may spend in conversation on an elevator.

Brand Tagline

Not all organizations need or want a tagline. However, it is the most memorable and succinct delivery of your messages. Your tagline will be what your patients, supporters, and employees will remember and recite. Your internal team and your external supporters should be proud to integrate your tagline when displaying your brand.

Strategic development of your verbal identity allows for the efficient creation and delivery of external messages. Whether your communications team is releasing how you're addressing the health equity gap or how you communicate what differentiates your organization for recruitment efforts, a strong verbal identity is a foundation for brand alignment.



UNANIMOUS is a branding agency based in the heart of the midwest—Lincoln, Nebraska. They partner with clients to develop strong brand alignment through strategic marketing, creative design, engaging website development, and compelling video projects of all sizes and scopes. UNANIMOUS, meaning one mind, is known for its collaborative style and works with clients nationwide. The agency prides itself on rhyme, reason, and results.

Great Plains Health shares vision for new sports and therapy, orthopaedic rehab center

North Platte, Neb., January 27, 2023 – Great Plains Health is pleased to share the vision for a new sports and therapy and orthopaedic rehabilitation center.

The facility will be located in a convenient, centralized location on the Great Plains Health campus, on the corner of Jeffers and Leota Streets at 1520 S. Jeffers St.

“We look forward to an expanded therapy center that matches the high-level of care that our team provides,” said Ivan Mitchell, chief executive officer. “The combination of the latest rehabilitation amenities with our highly-trained staff will better serve the broad therapy needs of Greater Nebraska.”

The center was first identified in the master campus plan in 2019 as a key project in ongoing service of the community’s needs.

The project is currently in the design phase of the planning process. Once the design and estimate is finished, the project will then go before the hospital board of directors to approve the budget and construction timeline. Once approved by the board, construction would take an estimated two years.

As part of this initial phase, demolition of the existing building, the former Motel 6, is set for mid-February.

In the meantime, Great Plains Health is pleased to partner with first-responders, including the North Platte Police Department and North Platte Fire Department, to allow emergency training and drills within the building to enhance response.

“Training like this helps keep our officers’ skills sharp,” said Deputy Chief Kendall Allison, North Platte Police Department. “It helps hone our response and ultimately keep our community safe. We appreciate this opportunity from Great Plains Health to conduct drills in this building.”

Great Plains Health also has collaborated with local non-profit organizations, including RDAP, the Connection and others, to donate the furniture within the building to community causes.

“We appreciate community partners that believe in our mission and support survivors,” said Charlene DePriest, community engagement coordinator, RDAP. “These donations help us provide a clean and comfortable space for survivors of domestic violence and sexual assault. It takes incredible businesses and people, like Great Plains Health, to keep our mission alive and thriving!”

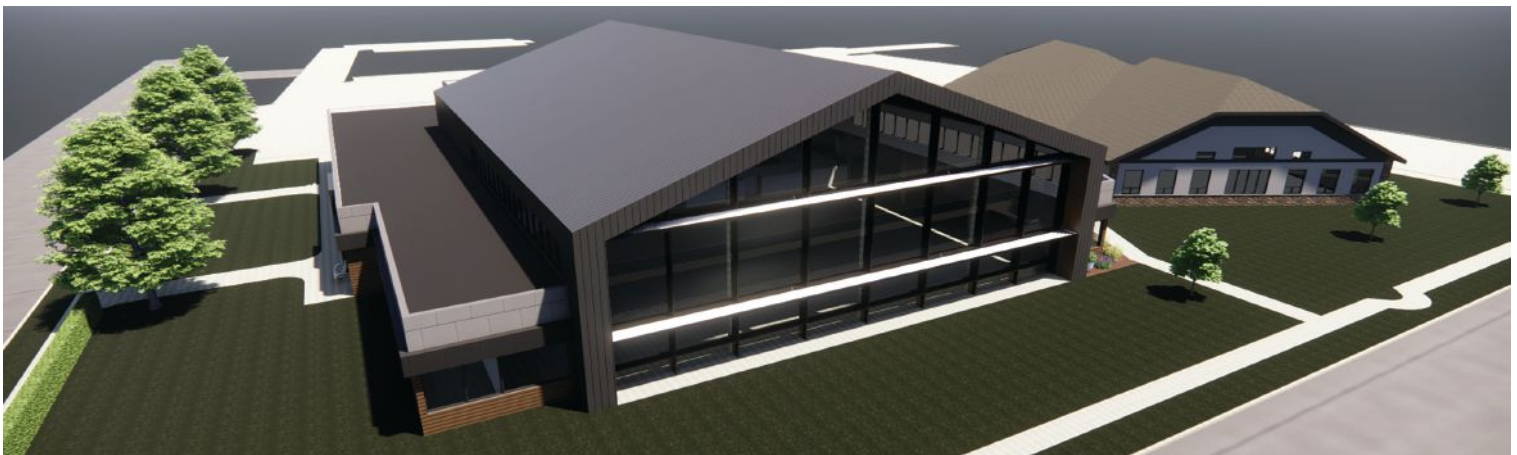
Initial plans for the project include expanded equipment and space for all types of physical, occupational and speech language therapy for all ages.

“What our team loves most about the vision for this project is how it is created around the patients’ needs,” said Darrick Parker, PT, director of rehab at Great Plains Health. “Patients are at the forefront of everything we do. This facility considers ease of access, seamless integration into the GPHealth campus and modern amenities that enhance rehab even further.”

About Great Plains Health

Based in North Platte, Nebraska, Great Plains Health is a fully accredited, 116-bed acute-care regional medical center serving western and central Nebraska, northern Kansas and southern South Dakota. With 90 physicians representing nearly 30 medical specialties, the Great Plains Health system offers advanced health care, including heart and vascular, cancer, and orthopedic surgery services. Great Plains Health is a Level III trauma center, and all of its emergency department physicians are residency-trained and board-certified in emergency medicine. The system employs approximately 1,200 employees and serves a geographic area spanning more than 67,000 square miles.

The hospital is accredited by the Center for Improvement in Healthcare Quality (CIHQ) and is home to an American College of Surgeons-accredited cancer center and Level II bariatric surgery program. For more information, visit gphealth.org.



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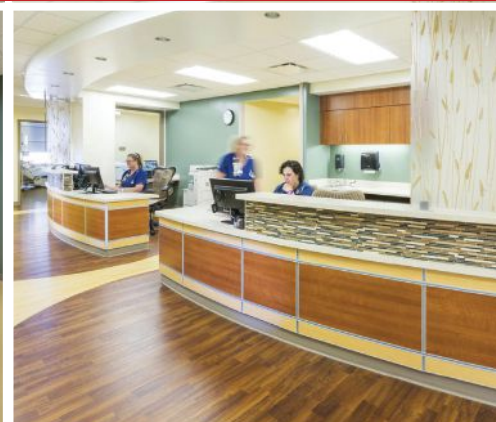
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