Newsletter

ISSUE | 10 | OCTOBER 2024

The Pulse

Inside

THE ISSUE

Gove County Medical Center

Welcome to the Pulse Newsletter. Here you will find the latest news from the hospital including opportunities and trends.

Gove County Medical Center's dedication to individual attention and superb care drive every interaction we have with our patients, our neighbors, and our fellow caregivers.

We are here to make a difference.

Health News

The latest in news for healthcare

Employment Opportunities

Make sure to see all the great job opportunities

The Pulse

Mission, Vision, Values

VISION

It starts with approach.

Our vision is to act with unity in serving one common purpose: To make a difference. We show we care with every action in each interaction.

VALUE STATEMENT

The values guiding Gove County Medical Center's mission and vision express our commitment to all those who live in the communities we serve.

Dedication to individual attention and superb care drive every interaction we have with our patients, our neighbors, and our fellow caregivers.

We are here to make a difference.

MISSION

Enhancing lives through person-centered care. Providing the right care, at the right time, in the right setting - close to home.

VALUES

+ Collaboration
+ Unity
+ Respect
+ Community
+ Excellence

Committed to Others. Always.

SIX STRATEGIC PRIORITIES

+ Providing a person-centered experience
+ Care you can trust
+ Be the difference in our communities
+ Be a great place to work
+ Today's success for tomorrow's future
+ Invest in our leaders

The Pulse

Events

Gove County Medical Center

Committed to Others. Always.

OCTOBER

Calendar of Events

2ND	Open Enrollment 8am-6pm
3RD	Open Enrollment 6am-12pm
	Policy Meeting 10am
7TH	PFAC 4:30pm
8TH	DM Meeting 1pm
	Nursing All Staff Mtg. 4pm
15TH	R&R Mtg. 12pm
16TH	Orientation 8am
	Body Mechanics 11am
	Active Threat 12:15pm
17TH	Policy Mtg. 10am
24TH	CPR 8am
25TH	BOT Mtg. 8am
29TH	QEC Mtg Day 8am
31ST	Medical Staff Mtg. 7:30am

The Pulse

Our Providers

Michael E. Machen, MD

Douglas J. Gruenbacher, MD

Shelly L. Gruenbacher, MD

Anna Rempel, MD

Scott Rempel, MD

Jamie Mense, APRN

Cardiology
Dr. Wagle

Podiatry
Dr. Hinze

Cardiology
Dr. Hagley

General Surgery
Dr. Schultz

General Surgery
Dr. Gabel

Diabetic/Dietitian/Nutrition
Janette Burbach, MS RD CDE

Orthopedics
Dr. Harbin

Anesthesiology
Melissa Albers, CRNA

The Pulse
Specialty Clinics

Gove County Medical Center
Committed to Others. Always.

Specialty Clinics

YOUR HEALTH IS OUR PRIORITY

DOCTORS AVAILABLE

- -Diabetic Clinic Oct. 2nd
- -Holistic Pain Management Oct. 3rd
- -Orthopedic Clinic Oct. 4th
- -Surgical Clinic Dr. Gabel Oct. 7th
- -Surgical Clinic Dr. Schultz Oct. 10th
- -Cardiology Clinic Dr. Hagley Oct. 14th
- -Holistic Pain Management Oct. 15th
- -Cardiology Clinic Dr. Wagle Oct. 15th
- -Podiatry Clinic Dr. Hinze Oct. 17th
- -Surgical Clinic Dr. Gabel Oct. 21st
- -Diabetic Clinic Oct. 24th
- -Holistic Pain Management Oct. 25th
- -Holistic Pain Management Oct. 29th

CALL US NOW!
785-754-5154
WWW.GCMC.ORG

COMMITTED TO OTHERS. ALWAYS.
Enhancing lives through person-centered care.
Providing the right care, at the right time, in the right setting - Close to home

The Pulse

1 Cent Sales Tax Vote

SIGNIFICANT FINANCIAL ISSUES AFFECTING KANSAS HOSPITALS

Stagnant reimbursement and increases in labor costs and inflation are creating financial stress.

20 percent
Kansans 65 and older that will be eligible for Medicare by 2030.

Medicare payments to hospitals **only cover about 87 percent** of costs.

U.S. inflation rose dramatically
4.7% in 2021
8.0% in 2022

Kansas' Population
2,937,150

82 of 105 counties in Kansas have experienced a **loss of population** in the **past 10 years**.

IN THE LAST THREE YEARS, HOSPITAL EXPENSES HAVE INCREASED BY MORE THAN 35%.

Top Three 2022 Expenses

- **Drug Costs** — 13% increase
- **Medical Supplies** — 5% increase
- **Labor Costs** — Hospital workforce costs have increased ----over---- 16%

Labor, supplies and drug costs comprise **70%** **of a hospital's budget.**

73 percent of hospitals in Kansas had a negative operating margin going into 2023.

Average Operating Margins
-4.7%

National studies show **60 Kansas hospitals** are at **risk of closing**.

Margins Matter Margins allow hospitals to invest in services to meet growing demand, keep pace with the rapid changes in health care and subsidize access to community services.

National average of cash on hand is **265 days.**

Kansas average of cash on hand is **62 days.**

215 SE EIGHTH AVE.
TOPEKA, KS 66603-3906

(785) 233-7436
KHA-NET.ORG

SOCIAL TAGS
@kansashospitals
Kansas Hospital Association

SOURCES
- KHA Survey Data Completed March 2023
- 2022 Cost Report Data, Centers for Medicare & Medicaid Services
- Census Bureau, 2022
- KaufmanHall March 2023, National Hospital Flash Report
- CHQPR Rural Hospitals at Risk Report, July 2023

KHA Kansas Hospital ASSOCIATION

The Pulse

1 Cent Sales Tax Vote

The Pulse
Health News

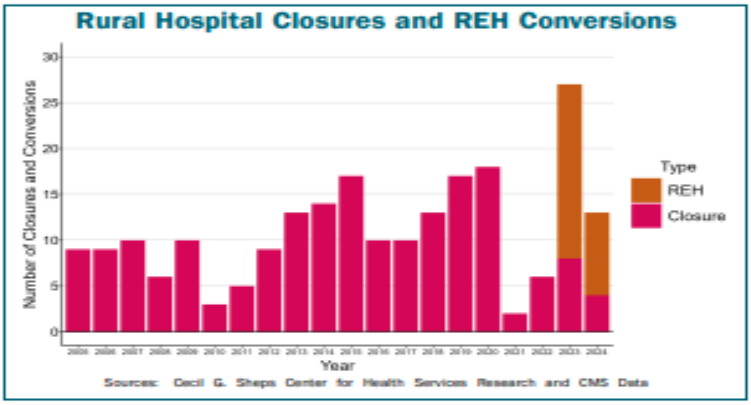
CENTER FOR HEALTHCARE QUALITY & PAYMENT REFORM

RURAL HOSPITALS AT RISK OF CLOSING

Millions of Americans No Longer Have Hospital Care in Their Community

Over the past decade, more than 100 rural hospitals have closed. As a result, the millions of Americans who live in those communities no longer have access to an emergency room, inpatient care, and many other hospital services that citizens in most of the rest of the country take for granted.

In addition, over two dozen hospitals eliminated inpatient services in 2023 and 2024 in order to qualify for federal grants that are only available for Rural Emergency Hospitals (REHs). Every year, more than 7,000 rural residents had received inpatient care in those hospitals, but now seriously ill individuals in their communities will have to be transferred to a hospital far from home in order to receive the services they need.

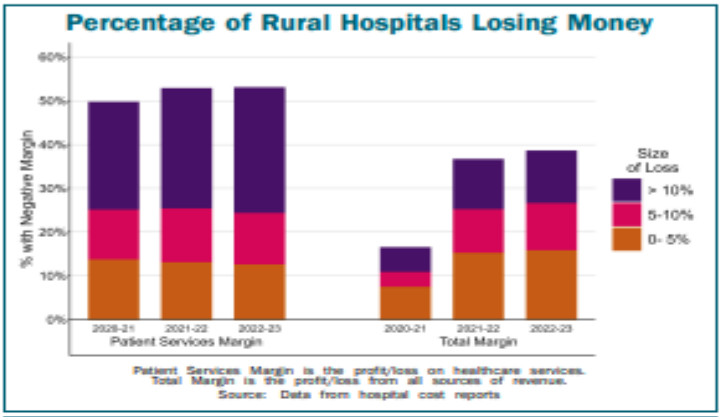


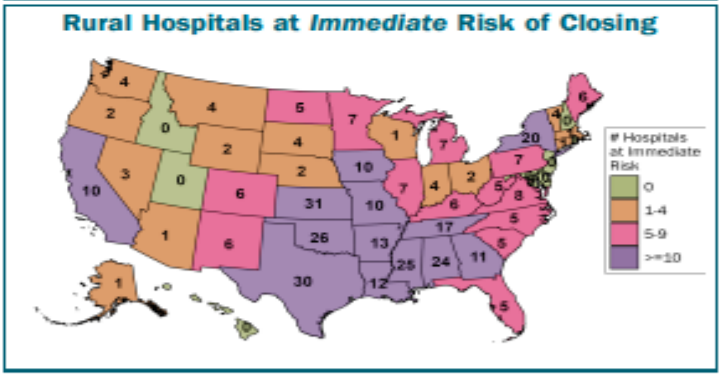
Hundreds More Rural Hospitals Could Close in the Near Future

More than 700 rural hospitals – over 30% of all rural hospitals in the country – are at risk of closing because of the serious financial problems they are experiencing. Over half (360) of these rural hospitals are at *immediate* risk of closing because of the severity of their financial problems.

- **Losses on Patient Services:** The majority of rural hospitals in the country lose money delivering patient services. It costs more to deliver health care in small rural communities than in urban areas, and many health insurance plans do not pay enough to cover these costs.
- **Insufficient Revenues From Other Sources to Offset Losses:** Many hospitals have managed to remain open despite losses on patient services because they receive local tax revenues or state government grants. However, there is no guarantee that these funds will continue to be available in the future or that they will be sufficient to cover higher costs. The special federal assistance many hospitals received during the pandemic has now ended. As a result, more than one-third of rural hospitals lost money overall in 2022-23.
- **Low Financial Reserves:** The hospitals at greatest risk of closing have more debts than assets, or they do not have adequate net assets (i.e., assets other than buildings & equipment, minus debt) to offset their losses on patient services for more than a few years.

There are hospitals at risk of closing in almost every state. In over half the states, 25% or more of the rural hospitals are at risk of closing, and in 9 states, the majority of rural hospitals are at risk.





Rural Hospital Closures Harm Patients and the Nation's Economy

Most at-risk hospitals are in isolated rural communities, where closure of the hospital would force residents of the community to travel a long distance for emergency or inpatient care. Moreover, in many cases, the hospital is the only place where residents can get laboratory tests or imaging studies, and it may be the principal source of primary care in the community. As a result, closure of the hospital would cause a loss of access to many essential healthcare services. In addition, rural hospital closures threaten the nation's food supply and energy production, because farms, ranches, mines, drilling sites, wind farms, and solar energy facilities are located primarily in rural areas, and they will not be able to attract and retain workers if health care isn't available in the community.

RURAL HOSPITALS AT RISK OF CLOSING

State	Hospital Closures Since 2015	Inpatient Service Closures (REH)[2]	Open Rural Inpatient Hospitals	Hospitals With Losses on Services[1]		Hospitals at Risk of Closing		Hospitals at Immediate Risk	
				Number	Percent	Number	Percent	Number	Percent
Kansas	8	2	98	84	86%	62	63%	31	32%
Texas	14	4	160	107	67%	80	50%	30	19%
Oklahoma	5	3	78	62	79%	39	50%	26	33%
Mississippi	5	5	67	43	64%	35	52%	25	37%
Alabama	1	0	52	34	65%	28	54%	24	46%
New York	3	0	52	37	71%	29	56%	20	38%
Tennessee	11	1	53	27	51%	19	36%	17	32%
Arkansas	0	4	46	35	76%	25	54%	13	28%
Louisiana	1	1	55	35	64%	24	44%	12	22%
Georgia	3	3	69	30	43%	22	32%	11	16%
California	1	0	58	30	52%	23	40%	10	17%
Iowa	1	0	94	72	77%	29	31%	10	11%
Missouri	9	0	58	30	52%	20	34%	10	17%
Virginia	2	0	30	9	30%	9	30%	8	27%
Illinois	3	0	74	19	26%	12	16%	7	9%
Michigan	2	1	64	25	39%	15	23%	7	11%
Minnesota	3	1	97	43	44%	19	20%	7	7%
Pennsylvania	3	0	43	23	53%	13	30%	7	16%
Colorado	0	0	43	18	42%	10	23%	6	14%
Kentucky	2	1	71	25	35%	13	18%	6	8%
Maine	2	0	25	16	64%	10	40%	6	24%
New Mexico	1	1	27	19	70%	7	26%	6	22%
Florida	5	0	22	12	55%	8	36%	5	23%
North Carolina	6	0	55	14	25%	6	11%	5	9%
North Dakota	0	0	39	29	74%	13	33%	5	13%
South Carolina	3	0	25	13	52%	10	40%	5	20%
West Virginia	2	0	31	14	45%	11	35%	5	16%
Indiana	3	0	54	15	28%	5	9%	4	7%
Montana	0	0	55	35	64%	14	25%	4	7%
South Dakota	0	0	49	16	33%	8	16%	4	8%
Vermont	0	0	13	10	77%	8	62%	4	31%
Washington	0	0	45	30	67%	16	36%	4	9%
Nevada	1	0	14	9	64%	5	36%	3	21%
Nebraska	1	1	71	34	48%	5	7%	2	3%
Ohio	1	0	71	13	18%	5	7%	2	3%
Oregon	0	0	33	11	33%	8	24%	2	6%
Wyoming	0	0	25	10	40%	6	24%	2	8%
Alaska	1	0	17	9	53%	2	12%	1	6%
Arizona	1	0	27	16	59%	2	7%	1	4%
Connecticut	0	0	3	3	100%	2	67%	1	33%
Massachusetts	0	0	6	3	50%	2	33%	1	17%
Wisconsin	0	0	79	24	30%	7	9%	1	1%
Delaware	0	0	2	0	0%	0	0%	0	0%
Hawaii	0	0	13	10	77%	8	62%	0	0%
Idaho	0	0	29	16	55%	7	24%	0	0%
Maryland	1	0	4	0	0%	0	0%	0	0%
New Hampshire	0	0	17	6	35%	2	12%	0	0%
New Jersey	0	0	0	0	0%	0	0%	0	0%
Rhode Island	0	0	0	0	0%	0	0%	0	0%
Utah	0	0	21	7	33%	0	0%	0	0%
U.S. Total	105	28	2,234	1,182	53%	703	31%	360	16%

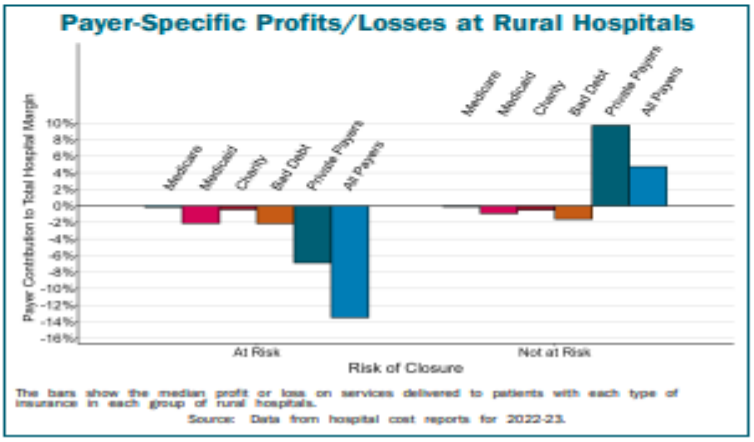
[1] Rural hospitals that had a negative margin (loss) on patient services in the most recent year available (2022 or 2023).
[2] Conversion to Rural Emergency Hospital (REH) which requires closure of inpatient services.

Data current as of July 2024

Closures Are Caused by Inadequate Payments from Private Health Plans

The primary reason hundreds of rural hospitals are at risk of closing is that private insurance plans are paying them less than what it costs to deliver services to patients. As shown below, although the at-risk hospitals are losing money on uninsured patients and Medicaid patients, **losses on private insurance patients are the biggest cause of overall losses.**

Conversely, many other rural hospitals are *not* at risk of closing because they make profits on patient services. They receive payments from private health plans that not only cover the costs of delivering services to the patients with private insurance, but those payments also offset the hospitals' losses on services delivered to uninsured and Medicaid patients.



Most "solutions" for rural hospitals have focused on increasing Medicare or Medicaid payments or expanding Medicaid eligibility due to a mistaken belief that most rural patients are insured by Medicare and Medicaid or are uninsured. In reality, about half of the services at the average rural hospital are delivered to patients with private insurance (both employer-sponsored insurance and Medicare Advantage plans). In most cases, the amounts these private plans pay, not Medicare or Medicaid payments, determine whether a rural hospital loses money.

How to Prevent Rural Hospital Closures

Private insurance companies and public insurance programs need to make significant changes in both the amounts and methods they use to pay for rural hospital services in order to prevent more rural hospitals from closing in the future.

Require That Health Insurance Payments Cover the Cost of Services in Rural Communities

Payments that are sufficient to cover the cost of services at large hospitals will not be adequate at small rural hospitals because it costs more to deliver healthcare services in rural communities. This is not because rural hospitals are inefficient, but because of the smaller number of patients served relative to the fixed costs of the services. For example, a small rural community will have fewer Emergency Department (ED) visits than a larger community simply because there are fewer residents, but the minimum cost of staffing the ED on a 24/7 basis will be the same, so the average cost per visit will be higher.

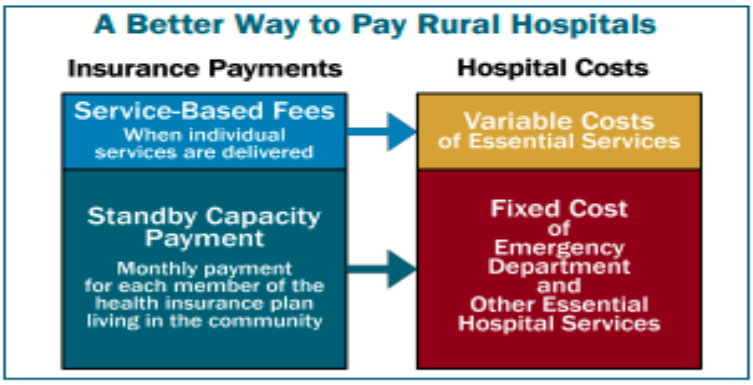
Increasing payments to levels sufficient to prevent closures of the at-risk hospitals would only cost about $5 billion per year. This would represent an increase of only 1/10 of 1% in total national healthcare spending. Most of the higher spending would support primary care and emergency care, since the biggest causes of losses at most small rural hospitals are underpayments for primary care and emergency services. Spending would likely increase as much or more than this if hospitals close, because reduced access to preventive care and failure to receive prompt treatment will cause residents of the communities to be sicker and need more services in the future.

Rural hospitals should not be forced to eliminate inpatient care in order to receive higher payments for other services, as is required under the federal "Rural Emergency Hospital" program. Loss of inpatient services means that seriously ill individuals would no longer be able to receive prompt, high-quality care in their own community. Moreover, closure of the hospital's inpatient unit would also force the elimination of other important services such as maternity care, rehabilitation, and long-term care. Federal programs should preserve and expand rural healthcare services, not reduce them.

Create Standby Capacity Payments to Support the Fixed Costs of Essential Rural Services

The financial problems at small rural hospitals are caused not only by the inadequate *amounts* paid by private health insurance and Medicaid plans, but by the problematic *method* all payers use to pay for services. Small rural hospitals are paid nothing for what residents of a rural community would likely view as one of the most important services of all – the availability of physicians, nurses, and other staff to treat an injury or serious health problem quickly if the resident experiences an injury or problem. Having health insurance that pays fees for ED visits, laboratory tests, or treatments is of little value if there is no Emergency Department, laboratory, or treatment capability available in the community for the resident to use.

In order to preserve and strengthen essential hospital services in rural communities, small rural hospitals need to receive *Standby Capacity Payments* from both private and public payers in addition to being paid Service-Based Fees when individual services are delivered. The Standby Capacity Payment would support the fixed costs of essential services at the hospital, and the Service-Based Fees would cover the variable costs of those services. More details on this approach are available in *A Better Way to Pay Rural Hospitals*.



The Pulse
Quality Corner

Celebrating National Healthcare Quality Week at Gove County Medical Center October 20th-26th

At Gove County Medical Center, we proudly join the national celebration of Healthcare Quality Week from October 20-26. This week emphasizes the importance of improving healthcare quality, central to our vision of *Making a Difference*. Reflecting on 2024, we're excited to share key successes that demonstrate our dedication to providing care our community can trust.

One of our standout achievements this year is the **significant decrease in patient falls**, highlighting our commitment to patient safety. We've not only reduced falls but also fostered a proactive safety culture.

GCMC continues to perform **well below the state average** in **return ER visits within 72 hours**, ensuring patients receive comprehensive care the first time. Our efforts to prevent **adverse drug events (ADEs)**, through monitoring and education, have kept rates low, protecting patients.

We also maintain **low rates of hospital-acquired infections** such as **C. diff, CAUTIs, CLABSIs, and MRSA** through best practices in hygiene and care. Our success in **pressure ulcer prevention** reflects the vigilance of our staff.

While we celebrate these accomplishments, we remain committed to ongoing improvement. Our progress aligns with our strategic priority of **Care You Can Trust**, motivating our team to deliver excellent care every day.

As we honor Healthcare Quality Week, we acknowledge the dedication of every GCMC staff member. Together, we are raising the bar for healthcare quality in our community!

The Pulse

Awareness Month

Breast Cancer Awareness Month can mean different things to different people. For some, it's a trigger — 31 days in the fall of pink-ribbon reminders of a disease that forever changed them. For others, it's a chance to show their support for the more than 2 million women around the world who are diagnosed with the disease each year. Understanding the goals behind the global campaign and the emotions felt by the many different people living with the disease may help you decide if and how you want to commemorate the month.

Breast Cancer Awareness Month is an international health campaign that's held every October. The month aims to promote screening and prevention of the disease, which affects 2.3 million women worldwide. Known best for its pink theme color, the month features a number of campaigns and programs conducted by groups ranging from breast cancer advocacy organizations to local community organizations to major retailers aimed at:

- supporting people diagnosed with breast cancer, including those with metastatic breast cancer
- educating people about breast cancer risk factors
- encouraging women to go for regular breast cancer screening starting at age 40 or earlier, depending on personal breast cancer risk
- fundraising for breast cancer research

The event began in 1985 as a week-long awareness campaign by the American Cancer Society, in partnership with Imperial Chemical Industries. The campaign eventually grew into a month-long event.

In 1992, the pink ribbon came into play after Alexandra Penney, SELF magazine's Editor-in-Chief, partnered with Evelyn Lauder, Estée Lauder's Senior Corporate Vice President and a breast cancer survivor, to distribute pink ribbons after the magazine's second annual Breast Cancer Awareness Month issue.

Other variations of the pink ribbon have emerged in recent years to raise awareness that all people with breast cancer are not the same. These include ribbons for raising awareness about metastatic breast cancer, men with breast cancer, inflammatory breast cancer, and more.

Although many people feel supported by the month's events, activities, others intensely dislike Breast Cancer Awareness Month. The pink ribbons and celebratory atmosphere can seem like a distraction from the real need for a greater understanding of the disease and more research leading to better treatments.

Many people are also offended by what's become known as "pinkwashing." This is the term used to describe when companies use pink ribbons to sell their products, but those products may increase the risk of breast cancer.

Regardless, Breast Cancer Awareness Month is a good reminder to learn more about it. Some places to start might be examining your personal risk of developing the disease, giving yourself a breast exam, and scheduling your next breast cancer screenings.

Source www.breastcancer.org

The Pulse

Open Enrollment

OPEN ENROLLMENT

WEDNESDAY, OCTOBER 2nd
8:00 a.m. - 6:00 p.m.
THURSDAY, OCTOBER 3rd
6:00 a.m. - 12:00 p.m.
CONFERENCE ROOM

Medical/Dental/Vision Insurance KPERS Representatives
Aflac AirMedCare MASA Legal Shield

FT/PT EMPLOYEES

Please be prepared when you come to open enrollment:

- Know your SEHP password and ID# *(This is not your emp#. Contact HR.)*
- If adding spouse or child(ren), have documents with you:
  - * Marriage certificate or 1st & last page of income tax for spouse
  - * Birth certificate for child(ren)
  - * Social Security Numbers for spouse and child(ren)

If you are already covering spouse and/or children, you do not need to bring documents with you. **Contact HR if you have questions.**

PRN employees may sign up for AirMedCare, MASA, and Legal Shield, but will pay the vendor directly, not through payroll deduction.

The Pulse

Human Resources

CONTRATULATIONS

Congratulations to our employee Allyssa Brungardt and her husband Lincoln on the birth of their baby girl, Bayker Leigh Brungardt, on 9-12-24

October Birthdays

Jaden Hockley	10-3
Michael Machen	10-3
Don Johnson	10-9
Kilee Zeman	10-11
Amber Ladwig	10-12
Aubrey Roesch	10-12
Patty Gallentine-Johnson	10-17
Brad Mullins	10-18
Shawna Koehn	10-20
Rache' Wente	10-22
Jamie Ruf	10-22
Cara Hudson	10-25
Britany Chapin	10-26
Lauree Johnson	10-27

October Anniversaries

23 YEARS
Roy Litfin
22 YEARS
Angie Walt
20 YEARS
Heather Zerr
16 YEARS
Doreen Wente
12 YEARS
Nadine Hargitt
10 YEARS
Carrie Ringer
8 YEARS
Harry Sturgeon
5 YEARS
Charlene King
4 YEARS
Andi Johnson
3 YEARS
Michaela Depenbusch
2 YEARS
Alana Fuller

EMPLOYMENT OPPORTUNITIES

ACUTE CARE

RN - *FT Nights /PRN Days/Nights*
Charge Nurse – *FT Nights*
PCT – *FT Weekend Nights*

LAB

Lab Manager - *FT*

EARLY LEARNING CENTER

Lead Teacher I - *FT & PRN*

RADIOLOGY

Radiologic Technologist - *FT*

Gove County Medical Center
Committed to Others. Always.

The Pulse

New Employees

WELCOME YOUR NEW CO-WORKERS

WELCOME TO THE TEAM

Kaylee Knouf

Lead Teacher I

Please help us in welcoming Kaylee Knouf to our team at GCMC. Kaylee formerly worked at the GCMC LTC but after its closure, transferred to the Acute side. She has also worked at the Center Pivot in Quinter before coming back to GCMC. When asked why she came back to GCMC, Kaylee stated that she had babysat her cousins and fell in love with the idea of working with kids so she decided to apply at the GCMC Early Learning Center.

WELCOME TO THE TEAM

Jaden Hockley

Cook

Please help us in welcoming Jaden Hockley to our team at GCMC. Jaden lives in Quinter and has worked at the Center Pivot for the last year and will continue to work there. She came to GCMC because she doctors here and said the people are loving and kind to the patients. Although the employee benefits were another main attraction to her, she believes GCMC promotes and practices patient safety in a very welcoming environment.

WELCOME TO THE TEAM

Julia Werth

Lead Teacher 1

Please help us in welcoming Julia Werth to our team at GCMC. Julia lives in Park with her daughter and formerly worked for the Northwest Kansas Educational Service Center in Oakley. She came to GCMC because it was closer to home and she wants to make a positive difference by working directly with children.

WELCOME TO THE TEAM

Karla Rohleder

PT Medical Secretary

Please help us in welcoming Karla Rohleder to our team at GCMC. Karla formerly worked at GCMC for 11 years and has been retired for almost 3 years. In her retirement, she stated she has been busy chasing grandbabies. Karla came out of retirement temporarily to cover a position on a PRN basis until an employee returns to work. Karla said she decided to come back because GCMC has a fun bunch of people to work with. Welcome back, Karla!

The Pulse
New Employees

WELCOME YOUR NEW CO-WORKERS

WELCOME TO
THE
TEAM

Sara Brantley
Respiratory Therapist

Please help us in welcoming Sara Brantley to our team at GCMC. Sara formerly worked at Citizens Medical Center in Colby, but found the position at GCMC offered a better shift. Sara has worked as a CNA in the past and is a current AEMT. She thought about going into nursing, then decided to pursue a Registered Respiratory Therapist career. Sara and her husband live in Selden, and they have two daughters, both in college.

WELCOME TO
THE
TEAM

Holley Wilson
Acute Care LPN

Please help us in welcoming Holley Wilson to our team at GCMC. Holley recently graduated nursing school in May and previously worked at Colby Health & Rehabilitation. She is currently working PRN but hopes to go full-time. Holley currently lives in Oberlin, Kansas. When asked why she came to GCMC, she stated that a teacher of hers suggested GCMC as a great place to work so she applied.

The Pulse

Employee Recognitions

Maintenance

From Left to Right
Brad Landis, Brad Mullins, Will Prinsloo, Bill Schneider

EMPLOYEE RECOGNITIONS

We would like to recognize the employees from the Maintenance and Physical Therapy Departments

Physical Therapy

From Left to Right
Rene' Johnson, Renee Meiar, Elizabeth McDonald, Abby Weber, Callie Kuntz, Star Hooper, Andrew Tom, Sondra Kitch
Not Pictured: Karla Rohleder, Nicole Walt

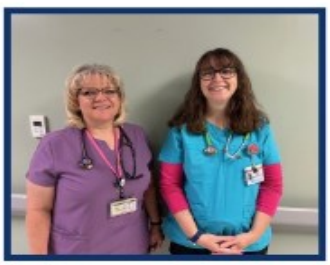
Thank you to each employee from these departments for your dedication and service to our patients at GCMC. You are appreciated.

Materials Management

Renee Wolf

EMPLOYEE RECOGNITIONS

We would like to recognize the employees from the Materials Management and Respiratory Therapy Departments



Respiratory Therapy

From Left to Right
Rache' Wente, Sara Brantley

Thank you to each employee from these departments for your dedication and service to our patients at GCMC. You are appreciated.

The Pulse

Employee Recognitions

Gove County Medical Center

Committed to Others. Always.

EMPLOYEE RECOGNITIONS

We would like to recognize the employees from the Dietary Department

Dietary

Jerry Gallentine, Kristen Adams, Patty Gallentine-Johnson, Mary Gershner, Nadine Hargitt, Lynn Heinrich, Jaden Hockley, Don Johnson, Charlene King, Genoa Lemaster, Evy Wilson

Thank you to each employee from these departments for your dedication and service to our patients at GCMC. You are appreciated.

The Pulse

Board of Trustees

Quote of the Month

"Kindness is a language which the deaf can hear and the blind can see."

Mark Twain

MISSION STATEMENT

Enhancing lives through person-centered care. Providing the right care, at the right time, in the right setting -close to home.

VISION STATEMENT

It starts with approach. Our vision is to act with unity in serving one common purpose: To make a difference. We show we care with every action in each interaction.

VALUE STATEMENT

The values guiding Gove County Medical Center's mission and vision express our commitment to all those who live in the communities we serve.

Dedication to individual attention and superb care drive every interaction we have with our patients, our neighbors, and our fellow caregivers.

We are here to make a difference.

VALUES

Collaboration

Unity

Respect

Community

Excellence

Terry Ostmeyer
Chairperson

Dave Polifka
Vice-Chairperson

Greg Beougher
Treasurer

Deana Zerr
Secretary

Cheryl Remington
Member

GCMC's Board of Trustees is a leadership team that is comprised of a diverse group of individuals passionate about providing access to healthcare regardless of the challenges that come with rural hospitals.