Transitioning Roles

By Ray Snowden, President & CEO

It’s with great honor that on March 31st I will retire from my role as President and CEO of Memorial Hospital and Health Care Center and assume the sole responsibility of Board Chairperson. At this time, E. Kyle Bennett will assume the role as Memorial Hospital and Health Care Center’s President and Chief Executive Officer.

Before her passing, former Board Chairperson Sister M. Adrian Davis, LCM, PhD worked closely with Kyle and me on a succession plan. It’s exciting to see this plan come to light. Throughout the last year, I’ve transitioned many responsibilities to Kyle, who has demonstrated the ability to run the organization while focusing on our mission, vision, and core values. He joined the organization in 1997 as Vice President of Finance. In January 2013, he was named Executive Vice President & Chief Operating Officer of Memorial Hospital. Kyle has bachelor’s degrees in English and accounting, as well as a master’s degree in business administration. He is a certified public accountant (CPA) and holds the status of Fellow in the Healthcare Financial Management Association and the American College of Healthcare Executives. He and his wife, Michelle, live in Jasper and have three children – Claire, Evan, and Ethan. Please join me in congratulating Kyle Bennett on his new position!

If you would like to share your thoughts and ideas with Kyle or myself about our hospital, please contact Kyle at kbennett@mhhcc.org or myself at rsnowden@mhhcc.org or by calling (812) 996-2345. We look forward to hearing from you!

Change in Leadership

Kelly Clauss has been recently named Vice President of Medical Practice Management and Support Services at Memorial Hospital and Health Care Center.

Kelly has worked at Memorial Hospital two different times during her career. Her most recent tenure began in 2005 when she accepted a role as a practice manager within Medical Practice Management (MPM). Since that time, Kelly served in various roles within MPM before accepting the role of Director of Business Development in 2010.

Kelly brings significant leadership experience with her from her work with Diamond Healthcare, a national behavioral health management company based in Richmond, Virginia. There she served as Director of Corporate Program Development and Assistant Vice President.

Kelly earned a bachelor of social work degree from Indiana State University and a master of social work from Indiana University. She and her husband, John, reside in Washington.
Memorial Hospital and Health Care Center, the Indiana Hospital Association, and hospitals across the state are excited to announce careINsight – Indiana’s new, easy-to-use resource for hospital charge and quality ratings. Our participation in developing this new resource is an example of our commitment to helping patients make informed decisions about their health care, and we fully support the gathering and reporting of quality and charge data. This information is critical to improving patient care. We believe making the information available and useful to the public leads to more informed patients and more confidence in the health care system.

Indiana hospitals developed careINsight to give consumers easy access to hospital quality ratings and average charges for Indiana’s 100 most common inpatient medical services. By using careINsight, consumers across Indiana get insight as to what goes into hospital billing to better understand what questions to ask before seeking treatment. The quality of the care patients receive is just as important as the price. Quality is based on several important factors: infection, mortality and readmission rates, and the overall patient experience score. It is important to see other patients’ outcomes when consumers evaluate their treatment options.

careINsight is a useful tool that features a search engine to look up charges by location, hospital, and/or procedure. It also allows patients to search results that show available hospital quality data and charge data; hospital-to-hospital comparison by quality; and tips, education, and links to each hospital website.

To visit the careINsight website, visit www.mycareINsight.org. If you have any questions, please contact Memorial Hospital’s Patient Financial Services Department at (812) 996-0651.

WorkWell, located inside Memorial Health Center (across from IGA* in Jasper), is an employer clinic used by employees of Memorial Hospital and Health Care Center and The City of Jasper employees. Through WorkWell, Memorial Hospital and Health Care Center ensures employees, spouses, and dependents can be seen for any of the below services:

- Lifestyle improvement and achievement of individual health goals through wellness coaching and education on topics such as weight, stress, fitness, sleep, blood pressure, eating, smoking, cholesterol, and diabetes
- Collaboration of available providers and services such as health educators, registered dietitians, pharmacists, fitness specialists, nurses, and nurse practitioners
- Education/Disease Management of current health concerns such as diabetes, weight management, cardiac nutrition, food allergies, celiac disease, cancer and nutrition, and nutritional analysis
- Health Screenings
- Acute Visits

If you are an employer and are looking for a customizable wellness program, information regarding WorkWell, or a tour of our facilities, please call Jan Renner at (812) 996-2351.

Every three years, Memorial Hospital and Health Care Center conducts a Community Health Needs Assessment, or CHNA, to better understand the health and wellness of those we serve. This year, we have expanded our CHNA to also include the outlying areas that Memorial Hospital and Health Care Center serves rather than only assessing the locations in and around the hospital. This has been beneficial in addressing and prioritizing health needs in multiple areas of our four-county primary service area. The CHNA may be viewed on the Memorial Hospital and Health Care website – www.mhhcc.org – or you may contact the Marketing and Public Relations Department at (812) 996-2323 to request a copy.
In a previous edition of *Memorial Health Focus*, Ray Snowden discussed our efforts to improve our infection rates here at Memorial Hospital, so we wanted to provide an update on our activities and progress. As Ray stated, our goal is to have 0% infection rates, and we are constantly working to move in that direction. Over the last several months, a number of initiatives have taken place.

We identified Infection Champions in each of our departments who constantly remind and educate their co-workers about the best practices for reduction of infections. Those Champions have helped us implement a hospital-wide education effort regarding hand washing, one of the most important ways of preventing the spread of infection.

We initiated a pre-surgery screening process for all total joint replacement patients. This pre-surgery screening allows the physician to identify and treat any conditions in advance of the surgery that might make the patient more susceptible to an infection. We also provide education to the patient at the pre-surgery screening so they are more prepared for their surgery and ready to participate in their own rehabilitation process. This pre-screening process has resulted in a reduction in our infection rate from .54% in 2012 to 0.4%. As a comparison, the last published

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**Working Toward Trauma Level III:**
WHAT DOES THIS MEAN FOR ME?

By Vicki Stuffle, RN, TNS, CEN, Trauma Program Director

Memorial Hospital and Health Care Center is in the process of applying to become a Trauma Level III Center. A trauma team has been assembled, and Dr. Donald Vennekotter has been named the Trauma Medical Director with myself, Vicki Stuffle, RN, transitioning from Emergency Services Director to Trauma Program Director. Donna McCord, RN is the Trauma Registrar for our trauma program. Lori Leinenbach, a nurse clinician in the Emergency Department, has been involved with the planning of the trauma program as well as the trauma committee, which is comprised of staff from all departments that will care for a trauma patient. In this article, we hope we can help everyone understand what a Level III Trauma Center means not only to each individual, but also to our organization and to our entire community.

“A Level III Trauma Center serves communities that do not have immediate access to a Level I or II institution. Level III Trauma Centers can provide prompt assessment, resuscitation, emergency operations and stabilization, and also arrange for possible transfer to a facility that can provide definitive trauma care” (Committee on Trauma American College of Surgeons, Resources for Optimal Care of the Injured Patient 2006). Currently in our region, St. Mary’s and Deaconess Hospital are the closest trauma centers, and they are both a Level II.

So why is there such a push to obtain a Trauma Center designation? In 2006, Indiana enacted Public Law 155 which gave the Indiana State Department of Health the authority to create a state-wide trauma system. In response to this, in 2012 the Emergency Medical Services (EMS) Commission re-adopted the Triage and Transport Rule, which requires that injured trauma patients be transported to the nearest trauma facility. This ensures that a trauma patient receives the appropriate level of care for their injuries. The Triage and Transport Rule has guidelines that dictate how emergency personnel are to care for patients at the scene. These guidelines determine whether or not the patient needs to be transported to a trauma facility. Under this new law, there are many patients that would be forced to bypass our facility even though we are more than capable of caring for some of these patients here at Memorial Hospital.

Let me explain this further by giving you an example. Suppose there is a car crash, and one of the occupants of the vehicle perishes in the crash. This automatically means that EMS must triage every other victim as a “Tier 2 Activation.” This tier of activation requires every patient involved to be transported to the nearest trauma center regardless of their injuries. “Mr.

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**Infection Prevention**

By Tonya Heim, Vice President of Patient Services & Chief Nursing Officer

In a previous edition of *Memorial Health Focus*, Ray Snowden discussed our efforts to improve our infection rates here at Memorial Hospital, so we wanted to provide an update on our activities and progress. As Ray stated, our goal is to have 0% infection rates, and we are constantly working to move in that direction. Over the last several months, a number of initiatives have taken place.

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surgical site infection national average was 1.9%. We continue to implement other changes to help us achieve that 0% goal.

Ebola has been in the news recently, and we have used this as an opportunity to provide intense training and education on disease transmission, prevention of transmission, and proper use of protective equipment. Though there are no current cases of Ebola in the U.S., we feel this exercise is valuable as it improves our readiness for any infectious disease outbreak.

Flu vaccination is a condition of employment at Memorial Hospital, and for the last two years we have achieved over 96% vaccination rates. The 4% unvaccinated include individuals with allergies and other contraindications to the vaccine.

In looking at other infection rates at Memorial Hospital, we have achieved 0% in our central line blood stream infections and in our ventilator-associated pneumonia rates for two years in a row. Though our rates in these areas have never been high, we are excited to achieve and sustain our 0% goal.

Infection prevention is a team effort, and the patient is a vital member of the team. Important steps you can take even before you become a patient are to eat healthy foods, exercise, avoid unnecessary use of antibiotics, and follow your physician’s immunization recommendations. That along with the efforts of our physicians, nurses, and hospital staff will help us continue to move toward an overall 0% infection goal.
In order to best answer this question, we must pause for a brief history lesson. Total hip replacement surgery has been evolving over the last nearly 100 years. Der Grundriss der Chirurgie (The Compendium of Surgery), published in 1881 by Dr. Karl Huetter, first described the anterior hip approach. Dr. Smith-Petersen in 1923 first performed a glass joint replacement surgery through this approach. This was later refined by Dr. Robert Judet in 1947 and popularized by many others. Dr. Judet developed a special table to make this approach easier. The Judet-Tasserit orthopedic table, as it later became known, was being used by Dr. Emil Letournel (who was trained by Dr. Judet) when an American surgeon named Dr. Joel Matta observed this surgery in 1981. Dr. Matta implemented the table in his practice but found it to be inefficient. In 2003, he introduced the Hana® table, which has helped create a newfound interest in performing total hip replacement surgery through the direct anterior approach. Memorial Hospital and Health Care Center purchased this table in January 2014.

This table allows for the use of live fluoro, which is a form of real-time X-ray. The feet of the patient are placed into special boots adhered to sliding rails on the table, and allow for positioning of the hip in nearly any direction. The boots also allow for the use of traction to help safely dislocate and reduce the hip joint throughout the procedure. The table is radiolucent, which means that X-rays can travel through the table and allow for excellent visualization of the hip and femur. Because of the ability to use live X-ray, the surgeon is able to gain real-time information about the position of the implants, leg length, and any fractures that may happen during the operation. Using other surgical techniques, this information is not usually collected until the patient is in the recovery area. In these instances, the surgeon does not have a chance to change the position of the implants, which may then require a second surgery to be done. It has become apparent that although hip replacement surgery can be done well through several approaches, the precise placement of the cup in the hip socket and the stem in the femur may impact how long the parts last before wearing out. In essence, the better the parts are placed, potentially the longer they may last. As an Orthopaedic Surgeon, not knowing how well I did until it was too late was very frustrating. The ability for me to know real-time in the operating room has been very helpful.

The anticipated pain from an upcoming surgery can be very anxiety-producing for a patient. The direct anterior approach allows for the surgeon to go between muscles as opposed to cutting them. This allows for a dramatic reduction in pain. This also allows for a quicker return to normal walking without a limp or use of a cane or walker. It has been my experience and the collective experience of many other surgeons performing this procedure that patients have dramatically less pain and quicker return to normal gait. It is not unusual to see my patients leaving the hospital two days after surgery with a cane instead of a walker on day three. Many of these patients return at two weeks for a checkup with nearly normal gait or with only a slight limp. My typical patient leaves the hospital using ibuprofen and acetaminophen (Tylenol®) for pain control with very little use of narcotics.

One of the most frustrating complications of total hip replacement surgery is instability. This problem can be very difficult to address. With use of the other two most common approaches used in hip replacement surgery, strict adherence to range of motion precautions is essential. This can mean avoiding crossing your legs or bending at the waist. It can be an imposing limitation on activities and can keep patients from feeling that they can engage in all daily activities of living. The direct anterior approach has an extremely low dislocation rate. In some studies, there has been as much as a 10 time reduction over traditional methods. This is a result of not disturbing the muscles around the hip as well as being able to place the hip replacement components in the most ideal position. It is very rewarding to tell my patients that they do not have any restrictions to their motion or hip position. It also gives me great confidence in knowing that I am able to provide a procedure that will have low risk for a potential difficult-to-treat complication.

The painful formation of bone around the hip following total hip replacement surgery can potentially limit motion and cause pain. This particular problem is seen more commonly with the lateral surgical approach to the hip. By using the direct anterior approach and avoiding the removal of muscles from the proximal femur, this risk is essentially negated. Infection has and will continue to be a concern with joint replacement surgery. Memorial Hospital has lower infection rates than the national average and has employed state-of-the-art tactics to reduce this risk. Although not yet proven in litera-
Recently, several studies have shown trends towards lower infection rates through the use of the direct anterior approach.

Although using this approach for the treatment of hip arthritis is not a new concept, the use of this approach in conjunction with the Hana® table has revolutionized a tried-and-true procedure. Hip replacement surgery improves quality of life and has been considered to be one of the most successful surgeries of the modern era. Recent data released at the 2014 American Academy of Orthopaedic Surgeons meeting revealed that over the next 15 years there will be a 174% increase in the number of total hip replacements being performed in this country. With this trend in mind, Memorial Hospital is in an excellent position to keep up with the potential increase in demand.

Dr. Brian Woebkenberg and Dr. Michael Love both perform the Anterior Hip Replacement procedure at Memorial Hospital. For more information, contact Dr. Woebkenberg at (812) 996-6500 or Dr. Love at (812) 634-1211.

Memorial Hospital’s Nurse Navigator

By Tami Hawkins, RN

For the past few years, the role of a “navigator” in the hospital setting has grown in popularity. Nurses are often times the ones who fulfill these responsibilities. Like the navigator of a ship who is aware of the ship’s position at all times, who communicates the course of the voyage, and who is watchful of hazards, the nurse navigator provides similar support throughout the patient’s journey. The nurse navigator helps develop an individualized plan of care for each patient and is seen as a constant throughout the entire patient experience. Additionally, the nurse navigator acts as a support person who is able to address the questions or concerns of each patient.

In March 2014, I became Memorial Hospital and Health Care Center’s Orthopedic Nurse Navigator. I currently help to educate elective total hip replacement and elective total knee replacement patients at the time of their pre-assessment appointment. After the pre-assessment appointment, the patient’s care team will work collaboratively to help ensure the patient is provided with the most appropriate course of care for his or her upcoming procedure. Through this collaboration, we are able to ensure that each patient has a plan that best fits his or her needs. Our intentions are to have our patients know that they are our main priority throughout their entire journey, from the time they and their surgeon decide it’s time for surgery, to the weeks and months after they are discharged home.

Memorial Hospital has an amazing orthopaedic care team with years of experience. Each patient has his or her very own care team, which includes a surgeon, a medical doctor, surgical and post-surgical nurses, nursing assistants, rehab therapists, a discharge planner, anesthesia providers, a case manager, and the newest member of the team, an orthopaedic navigator. As a team, we strive to provide our patients with not only an excellent experience, but also a clearer understanding of their orthopaedic journey. It’s a blessing to have such a wonderful orthopaedic program in Jasper, Indiana; and, it’s been a privilege of mine to have the opportunity to enliven our program while helping our patients navigate through unchartered waters.
This year, Dr. David Gilley and I were the first urologists in the area to implement a new advancement in the practice of managing bladder and bowel incontinence. We were the first to implement the Verify™ system for Interstim™ therapy. Interstim™ has been FDA approved for the treatment of bladder and bowel issues such as accidental leakage/incontinence and urgency. It has an excellent track record of providing relief for these issues in both women and men who have been unable to find significant and meaningful improvement in their symptoms using traditional measures such as lifestyle changes and medication. It is widely known that many patients suffering from bowel and bladder incontinence go unrecognized due to embarrassment, frustration, or loss of hope for an effective treatment.

Interstim™ (Sacral Nerve Neuromodulation) is approved to treat:
- Urge Urinary Incontinence (accidental leakage of urine due to bladder spasms)
- Frequent Urination
- Urinary Urgency
- Bowel Incontinence

The Verify™ system is a technologic advancement that provides increased patient comfort and convenience during the Interstim™ testing process. Interstim™ is a unique therapy for multiple reasons. First, it is used to treat bowel and bladder issues in men and women that have not been well-controlled with medications. Second, Interstim™ can essentially be “trialed” in the office setting to see if the therapy will be effective for the patient. This provides a low-risk test for the patient that leads to only minor surgery if the therapy is effective. Most long-term Interstim™ therapies can be performed under light sedation, with no general anesthetic or over-night hospital stay required. Most patients are back to work and their normal activities the very next day.

Memorial Urology Associates is the area leader in providing this advanced therapy for stubborn bladder and bowel issues. We have committed ourselves to providing up-to-date and state-of-the-art therapies for these troubling issues to the patients in our area. Interstim™ is a unique therapy that is not for every patient, but in the appropriately selected patient, the results can be dramatic and long-term. If you suffer from bladder or bowel incontinence, please contact our office at (812) 996-5850 for more information.
Obstetrician/Gynecologist Megan Isaacs, M.D. received her medical degree at Indiana University School of Medicine in Indianapolis and completed a residency in obstetrics and gynecology at St. Vincent Hospital and Health Services also in Indianapolis. Dr. Isaacs is board certified and a fellow of The American Congress of Obstetricians and Gynecologists. For more information or to schedule an appointment, please call Jasper OB/GYN at (812) 481-2229.

Family Physician Erin Marchand, M.D. received her medical degree at Ohio State University College of Medicine in Columbus. She completed a Family Medicine internship at David Grant Medical Center, Travis Airforce Base in Sacramento, CA. She is board certified by the American Board of Family Medicine. Please call Santa Claus Family Medicine at (812) 937-4120 to schedule an appointment.

Psychiatrist Jane Parker, M.D. received her medical degree at Indiana University School of Medicine. She completed a psychiatry residency at the University of Texas Health Science Center at San Antonio. Dr. Parker is board certified by the American Board of Psychiatry & Neurology. For more information regarding the Behavioral Health Services provided by Memorial Hospital, please contact the Memorial Counseling Center at (812) 996-5780.

Anesthesiologist Jamie Rucker, M.D. received his medical degree at University of Kentucky College of Medicine in Lexington. He completed a Surgical Internship at Easton Hospital in Easton, Pennsylvania, as well as an anesthesiology residency with University of Missouri-Columbia in Columbia, Missouri. Prior to entering the medical field, Dr. Rucker was enlisted in the U.S. Army and served as a Black Hawk Crew Chief.

Anesthesiologist Erin Sendelweck Temple, M.D. received her medical degree at Indiana University School of Medicine. She completed an internship at Ball Memorial Hospital in Muncie, as well as an anesthesiology residency at Indiana University School of Medicine in Indianapolis. She is currently a member of the American Society of Anesthesiology, the Indiana Society of Anesthesiology, as well as the Indiana State Medical Association.

WASHINGTON – Family Physician Nick Dahl, D.O. received his medical degree at Arizona College of Osteopathic Medicine and completed a residency in family practice at Union Hospital in Terre Haute. He previously served as Medical Director of the Emergency Department at Daviess Community Hospital, then started his own family practice in 2013. Dr. Dahl is certified by the American Board of Family Medicine. To schedule an appointment at Dahl Family Medicine in Washington, please call (812) 257-1052.

JASPER – Internal Medicine Physician John Gallagher, M.D. received his medical degree at Indiana University School of Medicine and completed a residency in family practice at Community Hospital in Indianapolis. He previously served as Chief Medical Officer at St. Mary’s Medical Center in Evansville, and is currently serving as Chief Medical Officer at Daviess Community Hospital in Washington and practicing adult medicine services. Dr. Gallagher is board certified in family medicine and geriatrics. To schedule an appointment, please call Memorial Internal Medicine in Jasper at (812) 482-7474.
Living our mission statement each and every day is a challenge our staff, physicians, and administrators take very seriously. With the world around us in a constant state of change, Memorial Hospital, too, must continue to evaluate and change in order to serve the region with quality and excellence.

**Lange-Fuhs Cancer Center Renovation and CT Addition**

Phase 1 of construction at the Lange-Fuhs Cancer Center began in May 2014 and is nearly complete. This phase includes the addition of a new CT scanner near the radiation oncology area, and renovation of existing areas to create consultation and exam rooms as well as room for patient records and staff.

Soon, Phase 2 of the Cancer Center construction will begin in which Medical Oncology will temporarily move to the Outpatient Center on Level 3 to allow for renovations to begin. The infusion area, where patients receive cancer-fighting medicines, will be renovated to allow for more stations. Also included in Phase 2 will be the creation of a pharmacy, support offices, and a staff multi-use room. Phase 2 is expected to be completed by late spring. Once completed, these renovations will create a more patient-oriented flow while allowing us to serve a greater number of patients.

**Memorial Health Center (2nd Street Facility)**

Construction of the 6,000 square foot addition to Memorial Health Center located at 695 West 2nd Street in Jasper (across from IGA®) is now complete. This new addition is now home to Memorial Hospital’s Outpatient Rehabilitation clinic. This project also included a build-out of approximately 800 square foot of unfinished space, which added another exam room, a Nurse Practitioner office, a small waiting area to the Southwest Indiana Orthopaedic and Spine office, and an additional blood draw station for the Industrial Medicine Department (IMED).

**Future Parking Garage**

While Memorial Hospital and Health Care Center continues to grow and add more services, available parking for patients, physicians, and staff has continued to dwindle. Parking has long been a topic of discussion, and engineers are working on plans to construct a 105-space parking lot east of the current Annex building near the existing hospital parking garage. This new parking space will also lay the foundation for a six-floor parking garage that is planned for a later date. The new parking lot is expected to be complete by the end of 2015.
MEMORIAL HOSPITAL AND HEALTH CARE CENTER
HAS RECEIVED NATIONAL RECOGNITION INCLUDING:

- 2015 Healthgrades® General Surgery Excellence Award™
- 2015 CareChex® Comparion® Award for Medical Excellence in Cancer Care
- 2015 CareChex® Comparion® Award for Medical Excellence in Joint Replacement and Major Orthopedic Surgery
- 2015 CareChex® Comparion® Award for Patient Satisfaction in Overall Hospital, Medical, and Surgical Care
- 2009 – 2014 Healthgrades® Outstanding Patient Experience Award™
- 2012 Healthgrades® Patient Safety Excellence Award™
- Five-Star Recipient for Gallbladder Surgery in 2015
- Five-Star Recipient for Colorectal Surgery in 2015
- Five-Star Recipient for Esophageal-Stomach Surgery in 2015
- Five-Star Recipient for Total Knee Replacement in 2015
- Five-Star Recipient for Treatment of Heart Failure in 2014
- Five-Star Recipient for Total Hip Replacement and Hip Fracture Treatment in 2014 and 2015
- Five-Star Recipient for Treatment of Respiratory Failure in 2012, 2013, and 2014
- Five-Star Recipient for Treatment of Sepsis in 2013, 2014, and 2015
- 2013 and 2014 VHA Leadership Award for Clinical Excellence
- 2013 and 2014 Women’s Choice Award America’s Best Hospitals for Heart Care
- 2013 and 2014 Women’s Choice Award America’s Best Hospitals for Obstetrics
- 2014 HHCAHPS Honors Elite recipient for Memorial Home Care
- 2013 Top Performer on Key Quality Measures® by The Joint Commission (awarded in 2014)
- Memorial Hospital’s Wound Care Center awarded Wound Care Certification from The Joint Commission
- 2012 and 2013 Women’s Choice Award America’s 100 Best Hospitals for Patient Experience
- 2012 Outstanding Achievement Award for Memorial Hospital’s cancer program from the American College of Surgeons’ Commission on Cancer
- 2004 and 2008 Thomson Reuters 100 Top Hospitals® Award
- 2009 Beacon Award for Critical Care Excellence®
- 2007 Select Practice National Quality Award
- 2007 “Five-Star Hospital” designation
- 2006 – 2010 HomeCare Elite Award
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Randall Russell, Vice President Finance & Chief Financial Officer

In loving memory of Sister M. Adrian Davis, LCM, PhD, who would have celebrated her 80th birthday on January 19, 2015. Her guidance, expertise, and keen wit continue to be greatly missed by the entire hospital family.