



# RHC Newsletter



Issue 28

June  
2009

## IRHA 2009 Annual Conference

### Doc Hollywood Awards

**Ernest DuPre, MD** received the special Doc Hollywood award this year.

**Dr. DuPre practices medicine in a Rural Health Clinic in Sullivan County.** He grew up in rural Indiana and has been a board certified rural family physician for over 26 years in Sullivan. There is a general feeling in the community that every one of his patients is his personal friend, because he treats many as family. He has a work ethic to provide the very best patient care to people in a kind, caring way.

Caring and compassion are part of his makeup. Dr. DuPre is soft spoken, full of life and laughs easily. He has a great desire to help make people feel better about themselves and generally feel better over all. Dr. DuPre is different than some physicians in that he loves to treat older patients, and enjoys going to the nursing homes. You can never have too many questions for him.

Many times he will not charge a patient who is having difficulty. There is never any pressure from him to collect money from people who are down on their luck. He expects nothing in exchange for his kind work and deeds, and he has given so much to this community that he is a valued person held in high regard by everyone who knows him. He has passed these great values down to his two sons, one of whom is presently in medical training in Terre Haute. As in the motion picture Doc Hollywood, Dr. DuPre is the kind of doctor you would want to treat your children, grandchildren, parents, grandparents, and yourself.

(Nominated by Susan Helman, Office Manager, Sullivan Family Practice, Sullivan, IN)

Other Doc Hollywood recipients included:

Daniel Han, MD Morgan Hospital & Medical Center's Regional Cancer Center  
Mary McCullough, MD Family Practitioner with Tree City Medical Partners, Greensburg  
David Brown, DO Emergency Department of Jay County Hospital  
Jeff Miller, DO and EMS Medical Director and founding medical director of the Wabash Fire Department's paramedic program.

### RHC Preconference Sessions Power Point Slides

can be found on the IRHA Website: <http://www.indianaruralhealth.org>  
Pull down conference to reveal and click on Presentations.

- RHC Policy Manual: Charles James
- RHC Legislative Update 2009: Joanie Perkins
- Billing 101: Joanie Perkins
- Survey and Resurvey: Joanie Perkins
- No Power Points for the NP—PA panel.

### Job Posting

Director of Billing and Collection  
Services - Medical Practice  
Management [1018]  
Hours: 40 Day shift

Memorial Hospital and Health Care  
Center, Jasper, IN

Minimum Requirements: Bachelor's  
Degree in business/  
finance. Master's Degree preferred.

Must have 3-5 years of Medical  
Practice Accounts Receivable and  
Revenue Cycle Management experience.  
Must have thorough knowledge of  
medical billing practices and all  
aspects of posting, claims filing,  
reconciliation, closing reports,  
and coding compliance functions  
and processes.

Contact: Krista Schroering, HFA  
Director Medical Practice Management  
Memorial Hospital and Health Care  
Center  
800 West 9th Street  
Jasper, IN 47646  
812-481-8478  
812-481-8496 fax

**Do you have a job to  
post?**

Email Dana Stidham at  
[dstidham@indianarha.org](mailto:dstidham@indianarha.org)

## Make a Shelter-In-Place Plan

**How** and **where** you take shelter is a **matter of survival**. Consider different threats for your location and **plan for all possibilities**. High risk areas are along rivers, railroad tracks, major highways, and near chemical plants where hazardous material accidents are a threat. Additionally, tornados, earthquakes, and bomb threats are possibilities.

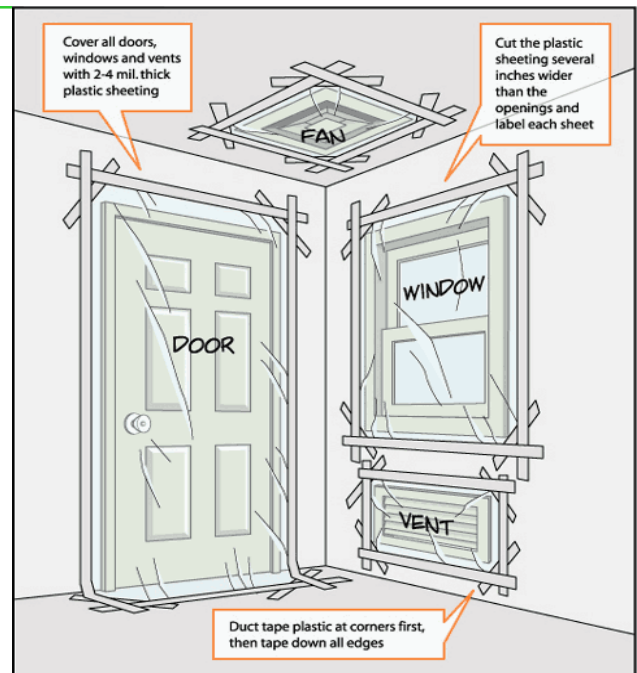
**Immediately shelter if you are instructed to do so by the local authorities.**

1. If feasible, develop a system for knowing **who is in your building**.
2. Establish a **warning system**.
  - **Test systems** frequently.
  - Plan to communicate with **people with hearing impairments or other disabilities** or who do **not speak English**.
3. **Account for all workers and visitors** as people arrive in the shelter.
  - Take a head count.
  - In general, **employees cannot be forced to shelter**, however there are circumstances when local officials will order that everyone stay put. It is important to **speak with your co-workers** in advance about sheltering to avoid confusion and **allow for cooperation** in the event you need to shelter-in-place.
4. **Assign specific duties** to employees in advance; **create checklists** for each specific responsibility. Designate and train employee alternates in case the assigned person is not there or is injured.
5. Get emergency supply kits and keep them in your shelter locations.
6. **Practice** your shelter-in-place plan on a regular basis.

**"Seal the Room"**. If local authorities believe the air is badly contaminated with a chemical, you may be instructed to take shelter and "seal the room."

The process used to seal the room is considered a temporary protective measure to create a barrier between your people and potentially contaminated air outside. It is a type of sheltering that requires preplanning.

If you are in the process of expanding, changing locations or building new facilities you may want to consider constructing a special shelter-in-place room. For more information see <http://www.fema.gov/plan/prevent/saferoom/index.shtm>.



### 1. Identify a location to "seal the room" in advance.

If feasible, **choose an interior room**, such as a break room or conference room, with as **few windows and doors** as possible.

If your business is located on more than one floor or in more than one building, **identify multiple shelter locations**.

### 2. To "seal the room" effectively:

**Close** the business and bring **everyone inside**.

**Lock** doors, **close** windows, and air vents.

**Turn off** fans, air conditioning and forced air heating systems.

**Take your emergency supply kit** unless you believe it has been contaminated.

**Go into an interior room**, with few windows, if possible.

**Seal** all windows, doors and air vents with plastic sheeting and duct tape. Measure and cut the sheeting in advance to save time.

Be prepared to **improvise** and use what you have on hand to **seal gaps** so that you create a barrier between yourself and any contamination.

**Watch TV, listen to the radio or check the Internet often for official news** and instructions as they become available. (Use the clinic's Motorola two way radio)

Ref. <http://www.ready.gov/business/plan/shelterplan.html>

## Indiana Rural Health Association

1024 South 6th St., Suite 202  
Terre Haute, IN 47807

Phone 812-478-3919  
Fax 812-232-8602

## Upcoming Events

### July RHC Constituency Call

July 22, noon

### October 21st

RHC Fall Workshop  
Columbus, Indiana



**Call the FREE**  
**Indiana Tobacco**  
**QUITLINE**  
**1-800-QUIT-NOW**  
Available to all Hoosiers from  
8am to midnight, 7 days-a-week.

## Your body gets more than nicotine when you smoke.

Trying to quit smoking?

Cigarette smoke contains more than 4,000 chemicals. Some of these chemicals are also found in wood varnish, the insecticide DDT, rat poison, and nail polish remover. The ashes, tar, gases, and other poisons— such as arsenic—in cigarettes harm your body over time. They damage your heart and lungs. They also make it harder for you to taste and smell things and to fight infection.<sup>1</sup>

On June 22, 2009, President Barack Obama signed the [Family Smoking Prevention and Tobacco Control Act](#). This historic legislation grants authority to regulate tobacco products to the U.S. Food and Drug Administration.

### Now is the time to quit!

### Strategies for quitting!

Research shows that counseling, self-help programs, and the use of FDA-approved medications are safe and effective ways to increase quitting. These methods can double your chances of quitting for good. Success rates are best when counseling and medications are used together. The FDA has approved the following medications as being safe and effective: five nicotine replacement therapies (nicotine patches, gum, lozenges, inhalers, and nasal sprays); two non-nicotine medications (bupropion and varenicline).

CDC cannot provide medical advice, give specific treatment instructions, or refer you to a specialist care provider. However, the Smoking & Tobacco Use Web site's Quit Smoking section and Smokefree.gov Web site offer useful resources to help you quit smoking. Licensed health care providers or the state tobacco quitline can provide more information on smoking cessation treatment options.

**Smoking & Tobacco Use Web Site: Quit Smoking**  
[http://www.cdc.gov/tobacco/quit\\_smoking/index.htm](http://www.cdc.gov/tobacco/quit_smoking/index.htm)

**National Network of Tobacco Cessation Quitlines**  
**1-800-QUITNOW (1-800-784-8669)**  
TTY 1-800-332-8615

Quitting Tobacco: Challenges, Strategies, and Benefits on the National Cancer Institute Web site - <http://www.nci.nih.gov/cancertopics/tobacco/quittingtips>

Smokefree.gov Web Site - <http://www.smokefree.gov>

American Lung Association's Freedom From Smoking Online (Web-based self-help program)  
<http://www.lungusa.org>

<sup>1</sup> Source: U.S. Department of Health and Human Services. Reducing Tobacco Use: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 000.