



# Caring CONNECTIONS

RAY COUNTY MEMORIAL HOSPITAL • FALL 2019



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SEPTEMBER IS SUICIDE PREVENTION AWARENESS MONTH

## Suicide: know the signs, risk factors, resources

**S**uicide prevention starts with recognizing the warning signs and taking them seriously. Everyone deals with suicide differently and no two cases are the same. Suicide is the 10th leading cause of death in the United States.

According to the American Foundation for Suicide Prevention, an average of 129 deaths by suicide occur each day and an estimated 1.4 million suicide attempts take place every year.

Those are some staggering statistics.

### September is Suicide Prevention Awareness Month

The word suicide is a word no one likes to hear, but suicide has grown exponentially in the last 19 years.

According to the American Psychological Association, there has been a 30 percent increase in death by suicide between 2000 and 2016. It has increased one percent per year from 2000 to 2006 and 2 percent per year from 2006 to 2016.

On average, there are 129 suicides per day – in the U.S. alone.

In 2017 there were 47,173 suicides in America and an estimated 1.4 million attempts. Every 12 minutes, one person will die from suicide in the U.S.

These are horrific statistics, but there are ways for people to find help and for us to help our loved ones.

Firstly, one has to recognize the symptoms of depression.

### How to recognize depression

Recognizing symptoms of depression and getting help for it is one of the keys to suicide prevention.

**NATIONAL**

**SUICIDE PREVENTION LIFELINE**

**1-800-273-TALK (8255)**

[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

According to MentalHealthAmerica.net, more than 2 million of the 34 million Americans age 65 and over suffer from some form of depression.

“In working with the older adult population in our community, I’ve noticed a stigma surrounding mental health treatment and depression,” said Lacey Sullenger, RN, program director at Senior Life Solutions. “And that’s one of our goals at Senior Life Solutions, to break down that stigma.”

Sullenger added that many seniors believe depression is normal for the aging population. “They don’t associate sadness or sleeping all the time or some of the symptoms of depression as depression,” she said.

According to the National Institute of Health, depression is a condition most commonly associated with suicide in older adults, however, it is widely under-recognized and under-treated as a medical illness – for any age or gender.

### Signs of depression:

- Sad or depressed most of the time.
- Feeling anxious, agitated or unable to sleep.
- Deteriorating physical appearance.
- Withdrawing from friends or family.
- Dramatic mood changes.
- Expressing feelings of excessive shame or guilt.
- Feelings of failure.
- Feelings life is not worth living.
- Feeling trapped.
- Feeling desperation.

### Risk factors of depression:

- Having depression and other mental health problems.
- Substance use problems, including prescription medications.
- Physical illness, disability and pain.
- Social isolation.
- Decrease in ability to function becomes limited.

Protective factors are important to get through the difficulties. These include:

- Care for mental and physical health problems.
- The person should not be afraid to talk to his/her primary care physician.
- Adopting skills for coping and adapting to change.

Seniors face many challenges as they age which can affect mental health. Depression and anxiety can be triggered by a major life change, such as moving from a lifelong home; loss of a spouse or other loved one; a major illness; empty nest syndrome; physical illness; chronic pain and loss of physical mobility.

**SUICIDE PREVENTION** *Continued on page 2*

### 3D MAMMOGRAMS

## State of the art 3D Mammography at RCMH is running again

**B**reast Radiologist Dr. Amy Patel said that Ray County Memorial Hospital Radiology Department has had its ability to perform 3D mammography imaging restored.

On May 1, the hospital had to temporarily discontinue mammograms due to American College of Radiology Accreditation modifications related to FDA regulation changes.

“A lot of the reason why we had to stop doing the 3D mammography for awhile was paperwork issues more than anything,” Patel said. “We are now up and running again.”

During the time period the mammograms were on hold, patients were offered a reevaluation if they wanted one. “All of them were reevaluated,” Patel said, adding that she re-read all of the RCMH 3D mammograms herself unless a patient requested another radiologist to read the initial mammogram, which was read by Dr. Patel. “I found zero cancers from the reevaluations



Technician Nikki Garber positions patient Valerie Miller's breast to get the best view in the 3D mammography machine at Ray County Memorial Hospital.

I performed – so that’s a great thing.”

Patel explained that the halting of mammograms was not a reflection on the technologist’s skill set. “This had nothing to do with Nikki (Garber) and Marcia (Judd). They are excellent technologists and provide excellent care.”

Patel said the hospital took the technolo-

gist’s training a step further and had Nikki and Marcia undergo additional positioning training just to up the standard of quality of the imaging they take for Patel and the other radiologists in her practice to read the mammograms.

“Also,” Patel added, “this has been happening all over the country. This is not just

a Ray County issue.”

It seems the FDA is changing the entire Mammography Quality Standards Act of 1992, an act that was enforced through strict accreditation, certification and inspection of equipment and personnel at mammography facilities.

With all of the RCMH mammography patient reevaluations completed successfully as well as additional paperwork, the FDA reissued the MQSA accreditation certificate to the hospital on July 3rd.

“Lots of facilities in this country have faced this,” Patel said. “We are fortunate to have gotten past this. We are one of the fastest facilities to get reinstated again. That was wonderful.”

Patel emphasized that the quality of the mammography is “fantastic.” Plus, the additional training Garber and Judd have received have improved the skill set the technologists already have.

**3D MAMMOGRAMS** *Cont. on page 3*

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## SUICIDE PREVENTION

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Seniors also find themselves dependent on others for their care and mobility. A recent study by Mental Health America revealed that 58 percent of people age 65 and older believe it is normal for people their age to be depressed.

Depression does not have to be normal for senior citizens and there are ways to restore quality to a person's life. See sidebar with information about Senior Life Solutions on page 4.

For those who are not senior citizens, additional factors include kids being bullied through social media and texting; money problems; drugs; and alcohol and opioid use, according to the American Foundation for Suicide Prevention.

### Who is at risk for suicide?

The National Institute of Health states that suicide does not discriminate. People of all genders, ages and ethnicities can be at risk.

With the above statement in mind, the following statistics are also true according to the Substance Abuse and Mental Health Services Administration:

- The suicide rate for individuals with serious mental illness and mood disorders, such as depression or bipolar disorder is 25 times that of the general public.
- Males take their own lives at nearly four times the rate of females and represent 77.9 percent of all suicides.
- Women age 45-54 and men age 75 and older represent the highest rates of suicide per 100,000 people.
- Suicide is the second leading cause of death for those ages 15-24 and 25-34.
- Suicidal thoughts, plans and attempts have increased for ages 18-25.

The Center for Disease Control believes that men succeed at committing suicide more so than women because men use a more lethal method, such as firearms or suffocation.

The NIH states that research indicates that people who attempt suicide may react to events, and think and make decisions differently than those who do not attempt suicide. These differences occur more frequently if a person has a disorder such as depression, substance abuse, anxiety, borderline personality disorder and psychosis.

See sidebar on page 4 for the warning signs of suicide.

### Finding help

What to do if you are in crisis or someone you know is considering suicide? The answer is to get help as soon as possible. Often, family and friends are the first to recognize the warning signs of suicide and can take the first step toward helping an at-risk person find treatment with someone who specializes in diagnosing and treating mental health conditions. If you notice that a loved one could be experiencing suicidal thoughts, do *not* leave them alone. A quick way to get help is to call the **SUICIDE PREVENTION LIFELINE: 1-800-273-8255** or go to your nearest emergency room.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides online resources for locating mental health treatment facilities and programs. Visit: <https://find-treatment.samhsa.gov/> or <https://www.nimh.nih.gov/findhelp>



## Walk to Fight Suicide

September 7, 2019 • Registration at 10 a.m.

Hamann Park • 312 Crispin Street & Highway 13, Richmond, MO

Register at: [afsp.org/raycounty](https://afsp.org/raycounty)



## Let them know you care.

One of the most powerful things you can do is to be present and supportive. Even when you don't know what to say, just be with your loved one and listen to their concerns. Let them know their life matters to you.

## What if you see suicidal messages on social media?

- The **Facebook** Suicide Prevention webpage can be found by searching: [www.facebook.com/help/suicide](https://www.facebook.com/help/suicide) or [/suicideprevention](https://www.facebook.com/help/suicideprevention).
- **Instagram** tools can be found at: <https://help.instagram.com> – use the search term: *suicide, self injury or suicide prevention*.
- **Tumblr** Counseling and Prevention Resources webpage can be found at: <https://tumblr.zendesk.com> – use the search term: *counseling or prevention*.
- **Snapchat's** Support provides help at: <https://support.snapchat.com> – use the search term *suicide or suicide prevention*.
- **Twitter:** <https://support.twitter.com> – use the search term: *suicide, self-harm or suicide prevention*.
- **YouTube:** <https://support.google.com/youtube> – use the search term: *suicide and self injury*.
- If you see **messages or live streaming suicidal behavior** on social media, call 911 or contact the toll-free **National Suicide Prevention Lifeline at: 1-800-273-8255**. For those who are deaf or hard of hearing, contact the lifeline via TTY at **1-800-799-4889**.

## Suicide affects hospital staff and costs

In 2015, suicide and self-injury cost facilities in the United States \$69 billion.

This is the other side of suicide – the care of those who have attempted suicide and those who are talking about suicide.

The medical costs of treating a patient who has attempted suicide or having suicidal thoughts are astronomical, and are growing right along with the increase in suicide attempts.

“If somebody presents to the ER and is suicidal, but hasn't attempted yet, state regulations requires us to put them one-on-one so they have direct observation at all times,” said Stacy Davidson RN, director of the RCMH emergency room. “We are required to draw lab work. Then, Tri-County Mental Health sends someone out to do a psychiatric evaluation.”

The evaluation determines placement of the patient for in-patient care or if the person can be sent home for a follow-up as a mental health patient.

Davidson said if the person has attempted suicide, the care becomes supportive. “You address the critical urgent needs and, once stabilized, then the psychiatric care begins,” she said.

Davidson added that the hospital is seeing an increase in mental health patients coming to the ER. “They haven't necessarily done anything, but are having thoughts about it.”

In these cases, the patient is also placed in one-on-one care under observation so they are watched closely for suicide caution or prevention.

The one-on-one care is expensive as it pulls a nurse from another department or the ER. It must be a licensed person who is in the room with the patient – in direct visual contact with the patient – on watch at all times. A special room is generally used because it is set up to be ligature resistant, extra supplies are removed and cabinets locked. Anything not needed that might be plugged into the wall are removed.

Davidson said that suicide takes the person out of his/her situation, but leaves the family thinking, “what could I have done different?”

“I think that's something a person committing suicide doesn't think about,” she added. “There is help out there. People just need to reach out.”

There is a 96-hour hold the hospital has to pursue if a patient is a threat to themselves or others. This situation often requires a court order.

“Resources can take a lot,” Davidson said. “Between nurses, physicians, ambulance crew, Tri-County Mental Health – it's a collaborative together to get someone treated and to a facility.”

Davidson stressed that mental health is an illness. There's a stigma associated with it, but it's a medical condition.

“Society needs to get the stigma off of mental health,” she said. “Suicide is never the answer.”

Tri-County Mental Health Services contact number is: 816-468-0400.

**Ray County Memorial Hospital** [www.raycountyhospital.com](http://www.raycountyhospital.com)  
 904 Wollard Blvd.  
 Richmond, MO  
 816-470-5432  
 Find us on

# Hospital auxiliary: volunteers gift their talents to the community

**A**s you walk through the front doors of Ray County Memorial Hospital straightaway you see the information desk. You will be greeted by a smiling volunteer eager to help you find your way. That person is a member of the Ray County Memorial Hospital Auxiliary.

Just before the desk, on the right, is the hospital gift shop with a plethora of delightful gift items, food and more. There will also be an auxiliary volunteer who will be quite happy to assist you in making a purchase.

Organized on June 20, 1978, the auxiliary has been a staple of RCMH now for 41 years and is still going strong.

The auxiliary was established with the support of the then-administrator Richard Davidson, to “devise plans of action to help establish new and added programs.”

The auxiliary has approximately 95 members and about 35 active members volunteering at the hospital. The auxiliary is an independent organization that includes men as well as women, of all ages.

The auxiliary is more than people who man the information desk and run the gift shop. They also raise money to support different departments of the hospital that are in need of items to assist them in their daily operations.

In fact, the hospital auxiliary, a non-profit, has raised the funds to purchase more than \$198,000 in items for various hospital departments since 1995.

Some of the money-making projects the auxiliary have held include: quilt raffles, book fairs, jewelry sales, clothing sales, candy sales and more. Plus, they receive the commission from the hospital vending machines and ATM machine and the profits from the gift shop – all goes toward the raising of funds for the needs within the hospital.

In addition to the quilt raffle, auxiliary members will quilt an already pieced quilt top as another way to raise funds.

The gift shop opened Jan. 8, 1979. Accord-



**These are just three of the many Ray County Memorial Hospital Auxiliary volunteers who work hard each week in the gift shop, man the information desk, work on quilts and participate in fundraising efforts. From left, are: Shirley Williams (in charge of the information desk), Maggie Presson, auxiliary treasurer, and Linda Pointer, auxiliary president.**

ing to a Jan. 4, 1979, article in the *Richmond News*, the gift shop was a major project for the new organization that had just begun six months earlier.

An area was renovated off the hospital lobby with all of the work and materials needed for the remodeling, as well as the set-up of the shop, donated by Mr. and Mrs. Dale Tyrrell.

The shop is full of beautiful giftware large and small. Volunteer Janet Sneed orders all of the items in the gift shop and does a beautiful job of merchandising everything on display.

Volunteers are scheduled to work in the gift shop by Maggie Presson and Susan Pride, both retired teachers.

“I’m a retired teacher,” said Maggie. “I wanted to find a place to volunteer, so a friend suggested the gift shop.”

On Thursdays, one can usually find longtime auxiliary member Mary Lou Richeson behind the gift shop counter. Also a retired teacher, Mary Lou has been a volunteer since the early 1980s.

“Some of our best [gift shop] customers are hospital employees,” Maggie said. She added that often people come just to browse and purchase items from the gift shop even if they don’t have anything else to do at the hospital.

Auxiliary members receive a 15 percent discount when shopping at the gift shop. Plus, on the 20th of the month, everything in the shop is 20 percent off for all shoppers. When the 20th falls on a weekend, the discount is offered the Friday before the 20th.

The gift shop is open Monday through Friday from 8 a.m. to 3:30 p.m. and closed for lunch from 11:30 a.m. to noon. The information desk is open the same hours.

The auxiliary has meetings just about every other month with the last meeting of the year in November when officers are elected.

Linda Pointer is the current president of the

**AUXILIARY**

*Cont. on page 4*

## 3D MAMMOGRAMS Continued from page 1

“I’m confident that this is not going to be an issue again,” Patel reiterated.

### About 3D Mammography

Approved by the FDA in 2011, 3D mammograms offer different views of the breast in better detail, and allow for changes in breast tissue easier to view in more dense tissue.

Patel said that the 3D technology means a radiologist can look at the breast tissue in a three-dimensional way. “As a result, we are able to detect cancers when they’re much, much smaller,” she added. “That leads to less invasive treatment for patients and a better long-term outcome.”

As of Jan. 1 of this year, insurance companies are required to pay for 2D and 3D mammograms due to a bill passed in the Missouri legislature. Dr. Patel was involved in getting this bill passed.

Ray County Memorial Hospital’s 3D mammogram is considered state of the art. The machine, a Hologic Selena Dimensions 6000 was purchased last December.

“It’s part of preventative care,” said Charlie Norris, RCMH Radiology Director. “We went with the 6000 model because it has all the bells and whistles.”

The machine takes exceptionally sharp images with a seamless transition between imaging modes. The 3D scans side-to-side, taking images of the breast at 15 degree angles so the radiologist views the breast tissue in 1 mm slices. Those images can be instantly viewed by the technician providing fine detail.

The 3D mammogram software enables the radiologist

to look over a patient’s past mammograms and current 3D mammogram side-by-side to identify even minute differences.

“Patients in Ray County should feel proud that they have such cutting edge technology in a rural area such as this,” Patel said.

...

Mammograms are considered a preventative screening and generally covered 100 percent by private insurance. For women who are under-insured or uninsured, RCMH will work with the patient.

**October is Breast Cancer Awareness Month.** Throughout the entire month, there is an international health campaign to increase awareness of the disease. October is a great time for women to be reminded to schedule a mammogram. With breast cancer the second most common kind of cancer in women, early detection and treatment is important.

To schedule a mammogram, call Ray County Memorial Hospital at **816-470-5432** and ask for Radiology.

### About Dr. Amy Patel

Amy Patel, M.D., is a board-certified and fellowship-trained breast radiologist at Liberty Hospital. Patel is a native of Chillicothe. Patel is the Lead Interpreting Radiologist for Breast Imaging at Ray County. She was previously a part of the breast imaging section at Beth Israel Deaconess Medical Center and Instructor of Radiology at Harvard Medical School. She received her medical degree from the University of Missouri-Kansas City School of Medicine and completed her residency in diagnostic radiology at the University of Kansas-Wichita.

Patel specializes in 2D and 3D mammography, breast ultrasound, breast MRI, 2D and 3D stereotactic-ultrasound and MRI-guided biopsies, wire localizations and ductography.

## The top five benefits of 3D mammography

- 1. More accurate detection.** 3D mammography minimizes the impact of overlapping breast tissue, making a tumor easier to view.
- 2. Earlier diagnosis.** Overlapping tissue can hide small cancers in a 2D scan. 3D mammography slices (15-per arc pass) can be analyzed one-by-one, making early detection of cancers better than with 2D mammography.
- 3. Better detection in dense breast tissue.** Overlapping tissue is fairly common in dense breasts, which can appear as shadows in 2D mammography. 3D mammography takes breast images through multiple angles offering an in-depth view of the breast.
- 4. Less anxiety for the patient.** The accuracy of 3D mammography can reduce the number of unnecessary returns to the hospital for additional scans and biopsies.
- 5. Patients report more comfort,** due to less compression that a 3D mammogram requires. The overall dose a patient receives can be much less than 2D mammography, particularly if the patient has to return for additional images which were not needed if the patient had an initial screening 3D mammogram instead.



**DR. AMY PATEL**



**American  
Foundation  
for Suicide  
Prevention**



### Warning Signs of suicide

The following behaviors may be signs that someone is thinking about suicide.

- Talking about wanting to die or wanting to kill themselves.
- Talking about feeling empty, hopeless or having no reason to live.
- Planning or looking for a way to kill themselves, such as searching online, stockpiling pills, or newly acquiring potentially lethal items, such as firearms, ropes, etc.
- Talking about great guilt or shame.
- Talking about feeling trapped or feeling that there are no solutions to problems.
- Feeling unbearable pain – physical or emotional.
- Talking about being a burden to others.
- Using alcohol or drugs more often.
- Acting anxious or agitated.
- Withdrawing from family or friends.
- Changing eating and/or sleeping habits.
- Showing rage or talking about seeking revenge.
- Taking risks that could lead to death, such as reckless driving.
- Talking or thinking about death often.
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy.
- Giving away important possessions.
- Saying goodbye to friends and family.
- Putting affairs in order; making a will.

### AUXILIARY

*Continued from page 3*

auxiliary and serving the first year of a two-year term. “I worked in the business office here for 21 1/2 years,” she said. Once leaving her job, it was a natural segue to move into the hospital auxiliary. “The hospital was like a second family to me, and I enjoy it.”

Other officers this year are Sherry Tracy, president-elect; Nancy Lowman, vice-president; Harriett Minnick, secretary; and Maggie Presson, treasurer.

Additional activities to running the gift shop and working at the information desk include: answering the phone and show-

ing folks where areas of the hospital are.

A newsletter is produced twice a year to keep members up to date, as well as the auxiliary meetings.

Once a year, the hospital hosts an appreciation brunch for all members of the auxiliary. The hospital chefs cook the meal and the hospital department heads serve.

Volunteers are always needed. Those interested in joining the auxiliary can pick up a brochure inside the gift shop, which has information about the auxiliary activities and expectations, and a form to join. It only costs \$3 to join this wonderful group of people passionate about serving others.

“I think we’ve got an extraordinary group here,” Linda said.

### RCMH Gift Shop & Information Desk Hours Monday-Friday 8 a.m. to 3:30 p.m. • Closed 11:30 to Noon



### RCMH PATIENT PORTAL

Ray County Memorial Hospital has a **PATIENT PORTAL!** It offers secure viewing and communication as a service to patients.

The information posted within the patient portal should not be considered a complete medical record. It is not intended to substitute medical or professional advice of any kind. Please be sure to contact your physician for an interpretation of the results if needed.

Please **DO NOT** use the Patient Portal to communicate the following:

1. An emergency.
2. An urgent issue.
3. Sensitive information.

**If you have an actual emergency, CALL 911**

If you have already set up a Patient Portal account, visit [www.raycountyhospital.com](http://www.raycountyhospital.com) and click on the Patient Portal link. There is a link under Patient Portal in which to access the portal.

If you do not have an email address, but would still like to access the Patient Portal, you may designate an authorized representative whose email address may be used instead. Call 816-470-5432, ext. 334 for more information or to set up your account.

### Senior Life Solutions

The Ray County Memorial Hospital Senior Life Solutions (SLS) works to provide excellent care with an intensive outpatient program for seniors struggling with issues such as depression or anxiety that can sometimes be age-related.

Patients may find the SLS program helpful if they have recently experienced a traumatic event; are grieving over the loss of a loved one; have experienced changes in sleep patterns; appetite or mood; or have lost interest in activities a person previously enjoyed.

Reach out to SLS by calling **816-470-7360** and ask for Lacey Sullenger, RN and SLS Program Director.

Lacey will work with the patient to discuss the program, verify insurance and schedule a highly-detailed assessment.

The completed assessment then goes to Medical Director Dr. Marcie Shea, a psychiatric consultant at SLS. If Dr. Shea feels the patient will benefit from the SLS program, she will suggest the number of days in which the patient should participate in the group therapy program.

“Patients meet up to three times per week in a supportive, encouraging group setting,” Lacey said.

Senior Life Solutions also have numerous resources for patients.

...

*Senior Life Solutions will have a table set up in the hospital lobby during the month of September showcasing “What Does Depression Look Like?”*

*To contact Senior Life Solutions, call 816-470-7360 and ask for Lacey Sullenger, RN, the SLS Program Director.*



**“IS PATH WARM”** What to look for in a person having suicidal thoughts:

- Ideation (thinking and talking of death)
- Substance Abuse
- Purposelessness
- Anxiety/Agitation
- Trapped (feeling that there is no way out, no where to get help, a wish to get away from everything)
- Hopelessness/ Helplessness
- Withdrawal (isolating oneself from those around you)
- Anger
- Recklessness
- Mood Changes



Caring Connections is a quarterly publication of **Ray County Memorial Hospital**  
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The information in Caring Connections is general in nature and not intended to replace a doctor’s advice. For specific information about healthcare concerns, contact your healthcare professional.

Please forward comments and article suggestions to:  
Liz Johnson: 816-309-7179 • [jollyhill@gmail.com](mailto:jollyhill@gmail.com)



#### OUR VISION

- Provide high quality patient care in a cost-effective manner
- Meet and exceed our customer expectations
- Continuously strive to meet the needs of the community
- Provide a positive work environment
- Maintain compliance with state and federal regulations
- Provide and maintain positive professional staff/physician relations

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