



News briefs

Request Process for National Guard Staffing Support to Medical Facilities

This plan describes the process for Wyoming healthcare facilities to request non-medical staffing support from the Wyoming National Guard while a federally approved mission is still active.

Requests for medical personnel through the Wyoming National Guard are not being accepted.

The objective of this support is to supplement non-medical staff to assist Wyoming healthcare facilities where the impacts of the COVID-19 pandemic have decreased staffing levels to dangerously low levels. Specifically, National Guard resources may be used to deliver “wraparound services” at healthcare facilities to offset staffing shortages and sustain the capacity of these facilities.

Assumptions for Wyoming National Guard Personnel Support

1. Requests for National Guard support will be only for non-medical personnel.
2. Wyoming healthcare facilities requesting National Guard support are caring for COVID-19 patients and are in crisis situations directly related to the effects of COVID-19.
3. Wyoming healthcare facilities have exhausted efforts to alleviate staffing shortages through other means.

4. Staffing shortages at Wyoming healthcare facilities are due to COVID-19 impacts including infections and quarantine requirements and the inability to locate replacement staff, and are not due to a lack of funding or policy.
5. Wraparound services that National Guard members may assist facilities with are as follows:
 - Linen and laundry services;
 - Food preparation and delivery
 - Biomedical waste removal, including contaminated items such as personal protective equipment;
 - Professional cleaning; and other related services.

Below are the steps to take for the National Guard Request Process

1. Wyoming healthcare facility submits 213RR for Guard support personnel, which requires various information fields and metrics to be submitted.
2. The Wyoming Department of Health (WDH) reviews 213RR, will coordinate with healthcare facility point of contact to set up a meeting to discuss support needs.
3. WDH will set up a meeting as soon as possible with the Wyoming Office of Homeland Security (WOHS) to discuss National Guard availability and make a

recommendation to WOHS on proceeding with fulfillment of the request.

4. WDH will follow up with the healthcare facility with the recommendation.

If WDH recommends proceeding with the 213 request, a point of contact from WOHS and the National Guard will be provided. Deployment of National Guard support to healthcare facilities may take approximately one week to complete.

If WDH does not recommend proceeding, WDH will notify the requesting facility that 213 will not be fulfilled.

Link to request form: <https://forms.gle/qB4FUZ6RwLkL7JSq5>

For any questions regarding this request process please contact Keith.Harris1@wyo.gov (777-8737).



**2022 PAC
Contributions**

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Harman Named to WHA Board of Directors



Ken Harman, CEO of Memorial Hospital of Carbon County has been named a Director of the Wyoming Hospital Association Board of Directors.

Ken was named permanent Chief Executive Officer of the hospital effective December 16, 2019. Ken is a graduate of the University of Utah with a B.S. in Economics and was recognized as an Economics Departmental Scholar. He then attended the University of Minnesota where he obtained his Masters in Health Care Administration in 1996.

The WHA Board of Directors provides vision, sets direction, and establishes policy for the association, meeting several times per year including an annual strategic planning session.

Banner Wyoming Medical Center Performs First WATCHMAN Heart Procedure in the State

Banner Wyoming Medical Center became the first hospital in the state to offer WATCHMAN heart implant devices this month. The procedure lowers bleeding risk and risk of stroke in patients with atrial fibrillation.

“I never had any second thought,” said Mitchell Salloum, 74, of Casper. He received the first known WATCHMAN implant device in the state on Jan. 13. “I feel great. I had it done on a Thursday and went back to work on Monday.”

Atrial fibrillation, also known commonly as AFib, is the most common heart rhythm disturbance. AFib increases stroke risk fivefold on average. AFib affects 33 million people today. From this population of 33 million people there is a substantial number of patients whose AFib is not caused by an artificial heart valve. In these patients with non-valvular atrial fibrillation, 90% of strokes are caused by blood clots in the left atrial appendage.

“We are so happy to be able to offer this procedure for our patients,” said Adrian Fluture, MD, medical director of cardiovascular services at Banner

Wyoming Medical Center and the interventional cardiologist who performed the first procedure. “The structural heart program is a reality in Wyoming today.” In March 2020, Banner Wyoming Medical Center was also the first in the state to start offering the Transcatheter Aortic Valve Replacement, or TAVR, and the hospital also offers percutaneous closures of patent foramen ovale and atrial septal defects. For patients at risk of bleeding while on blood thinners, WATCHMAN is offered to reduce this complication. The WATCHMAN device implant procedure is simple and safe with a same-day discharge and sometimes an overnight hospital stay. The permanent device is designed to close the left atrial appendage in the heart in an effort to reduce the risk of stroke for AFib patients. It has been proven in multiple studies to be as effective as warfarin and with a much lower bleeding risk.

Salloum says he feels better too, especially since he had a heart attack in November 2020. “I didn’t think I would feel better so quick,” he said. Strokes due to AFib are often debilitating with a high rate of recurrence. Physicians prescribe blood thinners such as warfarin in an attempt to thin the blood and prevent these strokes. However, thinning the blood increases the risk of internal bleeding that can be life threatening. Any patient with AFib not caused by a heart valve problem can opt in for the WATCHMAN procedure if they have a high bleeding risk. If a patient wants to get off blood thinners, they should discuss this option with their physician.

