



Summer 2016

IL RURAL HEALTH ASSOCIATION

**Illinois Rural Health
Association**

**9211 Waterfall Glen Blvd.
Darien, IL 60561**

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Fax: 630-908-7311
staff@ilruralhealth.org
www.ilruralhealth.org**

**IRHA Annual Conference to be
Held August 10-11th, 2016
Keller Convention Center,
Effingham**

Join us for the IRHA 27th Annual Educational Conference in Effingham. Visit www.ilruralhealth.org for registration and sponsorship opportunities.

The Holiday Inn (217-540-7777) attached to the Convention Center is offering a \$99 rate. Please mention the code IRH when you call to make your reservation. You can also use the code if you reserve your room online. The rate is valid through July 26th.



IRHA HOSTS CENTRAL IL LEGISLATIVE FORUM

Working in conjunction with the Illinois Rural Health Association and Illinois State Medical Society, Rep. Bill Mitchell (R-Forsyth) organized a Legislative Forum on April 25th at Kirby Medical Center in Monticello. Health care officials from Champaign, DeWitt, Douglas, McLean, Macon, & Piatt Counties were invited to attend.

The Forum provided a great opportunity for local health care providers to explain the everyday impact the decisions made in Springfield have locally not only in terms of access but the preventative and follow-up work our public health departments do, which is so often taken for granted to prevent the spread of debilitating diseases in our communities.



Standing left to right: Julie Pryde - Administrator Champaign County Health Department; Melissa Black, Government Affairs for Carle; Amanda Minor -Douglas County Health Dept; Teri Agin – IL Health Connect; Dianna Heyer - Administrator Macon County Health Department; Jennifer Moss - Chief Clinical Director, Kirby Hospital; Steven Tenhouse - CEO, Kirby Hospital; Paul Skowron - CEO, Dr. John Warner Hospital

First Row Seated: Ken Ryan – IRHA Past President; Nicole Magalis – IL Hospital Association; State Representative Bill Mitchell (R-Forsyth); Margaret Vaughn – IRHA Executive Director and Awais Vaid – Champaign County Health Department.

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***Not a member of IRHA? Go to
www.ilruralhealth.org to join.***



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The mission of Southern Illinois University School of Medicine is to assist the people of central and southern Illinois in meeting their health care needs through education, patient care, research and service to the community.

 **SIU**
*School of
Medicine*

IRHA Annual Educational Conference Aug. 10-11th in Effingham

The Illinois Rural Health Association (IRHA) will host its 27th Annual Educational Conference August 10-11th at the Keller Convention Center in Effingham. The theme of this year's conference is "Sharing Solutions for Success". The conference is an opportunity for rural healthcare administrators and clinicians to advance their professional skills, while networking and learning best practices from their counterparts throughout the state. Online registration and full conference brochure can be found at www.ilruralhealth.org



The opening session of the Annual Conference will be an update on the latest issues impacting rural health care at the federal level by Brock Slabach, Senior VP for the National Rural Health Association General Sessions will also include Cybercrime Prevention in Healthcare and Moving Beyond ICD 10 in



Medical Billing and Coding. Attendees will have over 20 workshops and panel discussions to choose from over the two-day conference which are all geared towards rural practice. Highlights include sessions on Geriatric Medicine, Telehealth, Improving Oral Health, Transitioning from Volume to Value Based Practices, HIPPA Compliance, Communicable Disease Prevention and much more. There will also be a specific series

of workshops for Rural Health Clinics administrators.

There will be plenty of time for networking both at the Wednesday evening Welcoming Reception at the Firefly Grille in Effingham followed by the "After Hours Cosmic Bowl Social." During the Thursday luncheon, a special award presentations honoring those in the healthcare field which have made great strides to improve access to rural health care.

Conference registration is \$185 for IRHA members and \$210 for non-Members and \$50 for students. Registration can be done online at www.ilruralhealth.org. Please call 217-280-0206 with questions.



Special Drawing to Attend NRHA RHC & CAH Conferences in Kansas City

The Illinois Rural Health Association is hosting a special drawing at its upcoming Annual Educational Conference to attend the **National Rural Health Association's Critical Access Hospital and Rural Health Clinic Annual Conferences in Kansas City.**

The Rural Health Clinic Conference is being held September 20-21st and the Critical Access Hospital Conference is September 21st-23rd at the Kansas City Sheraton. The Illinois Rural Health Association will cover the Conference Registration fees and a two night hotel voucher for each winner.

To be eligible for the raffle, you must be registered to attend the IRHA Conference in Effingham and either a RHC or CAH. Be sure to drop your card in the raffle bowl at the IRHA Registration table when you arrive at the Conference.



NATIONAL RURAL HEALTH ASSOCIATION

IL RURAL HEALTH ASSOCIATION



Nominations Sought for 2016 RURAL PHYSICIAN of EXCELLENCE AWARDS

The IRHA is accepting nominations for the 2016 Rural Physician of Excellence Award. The award presentation ceremony will take place in the winner's community with invited media, elected officials, colleagues, family and friends in the fall 2016.

Please complete the nomination form below and attach: 1) an overview of the nominee's professional/educational background (can include CV) and community service; 2) a description of the impact of the individual has made on the health and wellbeing of the community by going above and beyond their mission of improving the quality and access to care in rural medically underserved areas of the state (include examples); and 3) **one additional letter of recommendation from someone (*separate from the nominator*)** familiar with the physician's work, explaining why the physician would make a good choice for the award. The nomination must be submitted by an IRHA member (only one nomination per member) but any physician practicing in Illinois is eligible to be nominated.

Nomination Deadline Monday August 1, 2016. Nominations can be submitted via mail, email or fax to:
Margaret Vaughn, IRHA Executive Director
9211 Waterfall Glen Blvd.
Darien, IL 60561
Phone: 217-280-0206
Fax: 630-908-7311
Staff@ilruralhealth.org

Physician Nominee:

Organization and title (if applicable)

Address:

Email/Phone:

IRHA Nominator:

Organization and title (if applicable):

Address:

Email/Phone:

Summer Camp Offers High School Students Hands-On Experiences In Rural Health Careers

The National Center for Rural Health Professions (NCRHP) at the University Of Illinois College Of Medicine Rockford offers an annual 4 day summer health careers camp to rural Illinois high school students. The purpose of the camp is to provide students with interactive, hands-on opportunities to learn about the wide variety of careers available to them in the health professions. . The camp is supported through participation fees, the Illinois Critical Access Hospital Network (ICAHN) and the Illinois Area Health Education Center (AHEC). **The Rural Health Careers Camp 2017 will be held Monday, June 26 – Thursday, June 29, 2017. Applications for the 2017 camp will be available on NCRHP's web site at www.ncrhp.uic.edu beginning February 2017.**

Here is an excerpt from camper Brook Sutherland, a junior at Dakota Junior-Senior High School's, experience.

On the first day, the staff demonstrated a mock accident in which a tractor hit a small car head on. The fire trucks, ambulance, and police showed up at the scene. We learned first-hand what they specifically do and how they handle these situations. Eventually, a rescue helicopter came and we learned about what the nurses did while on the way to the hospital with the patients. After this, we went into the chapel and listened to professionals like EMT's, physicians and the coroner talk and explain their jobs.



**Brook Sutherland,
Dakota Junior-Senior HS**

On the second and third days, we visited with professionals in three different lab settings: a respiratory therapist, a surgical technologist, and a phlebotomist. The surgical technologist was great because she taught us how to put on coats and gloves while keeping them sterile. At the College of Medicine, we learned about nursing, pharmacy, public health, and went into a chemical lab where we tested fake blood to see if it had cancer or not. That was by far my

favorite one of the day. The other labs we went to on the Rockford University Campus were physical therapy, athletic training, and nutrition. The physical therapist actually brought in tools that she used for her patients and gave us little exercises to do on them. They felt great! We then went to CPR training or a heart lab. My friend and I did the heart lab and were able to dissect a giant cow heart. We were able to do anything we wanted to it and the counselors and Dr. Plescia explained the parts and areas and how they function.

With my experiences from this camp, I will take them into my upcoming high school science classes and hopefully into my college courses also. I've learned so much and was able to do a lot more hands-on activities than I thought. I can't wait to go home and tell my friends all that I've learned and recommend that they go to this camp. It's an overall great experience that I will never forget.



IL RURAL HEALTH ASSOCIATION

Make-A-Wish Foundation

Needs Referrals from Providers to Make a Child's Dream Come True

By: Dina Thachet, CCLS, Medical Outreach Manager Make-A-Wish® Illinois

Every year, nearly 1,200 children in Illinois are newly diagnosed with a life-threatening medical condition. This news is life-altering for a family and receiving this type of diagnosis can fracture the spirit and exhaust hope. Focusing on a cure becomes the top priority. While the medical professionals concentrate on the physical healing, Make-A-Wish concentrates on restoring hope and treating the child's spirit.

Make-A-Wish grants wishes of children with life-threatening medical conditions to enrich the human spirit with hope, strength and joy. A recent broad-based impact study of children, families, and health professionals found that the wish experience helps repair and strengthen a family through a return to normalcy. In fact, 89% of doctors, nurses and health professionals believe a wish can positively influence a child's physical health.

Since being founded locally in 1985 by a group of volunteers, the Illinois chapter has granted more than 13,000 wishes to children across the state with the support of 1,400 volunteers and numerous donors and other supporters. In fiscal year 2015, Make-A-Wish Illinois fulfilled 704 magical wishes. In fiscal year 2016, the chapter will grant more than 700 wishes.

Make-A-Wish is committed to the vision of granting the wish of every eligible child. The eligibility consideration process is initiated when a wish referral inquiry is submitted to the local chapter.

Children between 2½ and 18 who have a life-threatening medical condition and have not already had a wish granted are eligible for a wish through Make-A-Wish. Children must be referred before their 18th birthday. The referral should ideally occur 2 to 3 months after diagnosis so that the wish is fulfilled while the child is dealing with the illness or shortly thereafter.

Make-A-Wish accepts referrals from:

- Parents, legal guardians, and family members with detailed knowledge of the child's current medical condition
- Medical Professionals, Social Workers, Child-Life Specialist, or School Nurses
- Children being treated for a life-threatening medical conditions (*continued on following page*)

All he ever wanted was his own cabin for playing outside with his friends and siblings. With help from local volunteers and businesses, Make-A-Wish Illinois granted Kacer's wish earlier this year. Kacer, 3, was diagnosed with a Wilm's Tumor and was referred to Make-A-Wish through a child life specialist at the hospital where he is treated.



Make-A-Wish Foundation

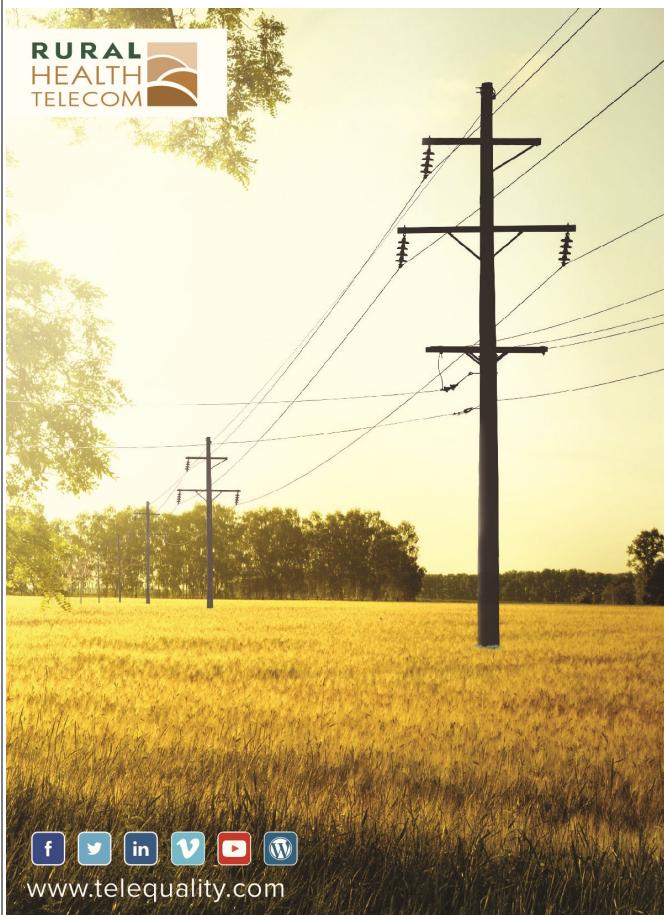
Needs Referrals from Providers to Make a Child's Dream Come True (Con't.)

Make-A-Wish will grant a wish for any child whose condition is confirmed medically eligible by their treating physician. More than 150 medical conditions typically qualify a child for a wish.

While some conditions typically qualify, others are considered on a case-by-case basis. We work with the following medical specialties:

- Cardiology
- Gastroenterology
- Genetics
- Hematology
- Nephrology
- Neurology
- Oncology/Brain Tumor
- Pulmonology
- Rheumatology
- Solid Organ Transplant

If you know a child whose condition may be eligible for a wish, call 800.978.9474, (toll-free) or visit www illinois.wish.org.



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Save the Date...



Your votes have been counted
and the location for the



2017 IRHA Annual Educational Conference

will be the

Urbana Hilton Garden Inn

August 9-10, 2017



IL RURAL HEALTH ASSOCIATION

IRHA to Host Student Rural Health Careers Forum September 24th

On Saturday, September 24th, IRHA is hosting a Rural Health Careers Forum from 10:00 a.m. to Noon at the U of I Medical School 506 S. Mathews, 2nd Floor Auditorium in Urbana. An informal lunch buffet will immediately follow the Forum to give attendees and panelists an opportunity to network. The Forum is free but registration is required to get an accurate headcount. Register online at www.ilruralhealth.org.

The Forum is targeted at undergraduates to help them gain insight on the many careers paths you can take in the rural health arena in addition to just traditional MDs. The Forum will consist of three 40-minute panel discussions with audience feedback and questions.



10:00 a.m. Healthcare Administrators: Panel will include top administrative staff from Rural Hospitals, Rural Health Clinics and Public Health Departments

10:40 a.m. Healthcare Clinicians: Panel will include Surgical Assistant, RN, APN, MD, etc.

11:20 a.m. Grad Students/Recent Grads: Panel will include current medical students and those in other healthcare programs along with recent grads to advise undergrads on how they can best prepare for grad school and their careers

IRHA hopes this Forum can be used as a model to replicate at other colleges and universities across the state. Special thanks to IRHA Student Board Members Hunter Winstead and Kacey Hamilton for getting this Forum off the ground. If you are interested in being a panelist, please contact Margaret Vaughn at staff@ilruralhealth.org or 217-280-0206.

IRHA to Host Rural Health Resource Webinar September 29th

IRHA has arranged for the Rural Health Information Hub (RHI Hub) at the University of North Dakota Center for Rural Health to host a webinar on September 29th from 11:30 a.m. to 12:30 p.m. a.m. The webinar will show the many resources that would assist you in finding funding opportunities in rural health projects.

RHI Hub Senior Project Coordinator Naomi Lelm will be presenting the webinar. Registration is free to Illinois Rural Health Association and Illinois Public Health Association members by going to www.ilruralhealth.org.



HPV Related Cancers Rising: Vaccination is the Key

The Problem

Approximately 79 million people in the United States are currently infected with a human papillomavirus (HPV) according to the Centers for Disease Control and Prevention (CDC), and 14 million new infections occur each year. The CDC reports that each year in the U.S., 27,000 men and women are diagnosed with an HPV-related cancer, which amounts to a new case every 20 minutes. Most HPV infections are cleared by the immune system but if the virus is not cleared, certain types of HPV can cause abnormal growths, including cancer and genital warts. Nearly all cervical cancer is caused by HPV, and the viruses play significant roles in development of cancers of the vulva, vagina, anus, penis, and oropharynx.



Caleb Nehring
Health Systems Mgr.,
Primary Care
American Cancer
Society

The Players

The National HPV Vaccination Roundtable, established by the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC) in 2014, is a national coalition of public organizations, private organizations, voluntary organizations, and invited individuals dedicated to reducing the incidence of and mortality from HPV-associated cancer in the U.S., through coordinated leadership and strategic planning. The ultimate goal of the Roundtable is to reduce the number of HPV-associated cancers and cervical precancerous lesions as well as non-cancer outcomes through (1) increased frequency and strength of clinician recommendations for HPV vaccine, (2) decreased missed opportunities for HPV vaccine administration, and (3) increased HPV vaccination rates at national and state levels, with a focus on girls and boys ages 11-12.

The Solution

The National HPV Vaccination Roundtable develops and implements pilot projects focused on overcoming barriers to HPV vaccination by focusing on five priority areas:

- Providers – Strengthen HPV vaccination recommendations and decrease missed opportunities.
- Parents – Educate and raise awareness about the importance of vaccinating males and females ages 11-12 to prevent cancers and to increase acceptance of vaccination against HPV infection.
- Systems – Address barriers such as the inadequate reimbursement for vaccine administration and the lack of reminder systems.
- Policies – Maximize access to and opportunities for vaccination (e.g., by considering alternative settings such as pharmacies).



Common Deficiencies found in the Rural Health Clinic

The Compliance Team's journey into Rural America began in 2014, when CMS approved our Rural Health Clinic Exemplary® Provider program. Since that time we have seen a multitude of wonderful clinics, but unfortunately we see these deficiencies over and over again:

Expired Med Samples: This is an easily fixed problem when a clinic establishes a system of identifying each sample's expiration as it goes into the closet and designates a staff member to check this monthly. Some clinics apply colored stickers to samples designating a color to the month or year of expiration. This allows the staff member to skim for the colored dots expiring during the corresponding time period, which saves time during the inventory process. This process should be documented on a simple checklist to provide evidence of its performance.



Kate Hill
VP, Clinical Services
The Compliance Team

Lack of evidence of NP/PA chart review by the Medical Director: CMS continues to require chart review by a physician and it must be consistent with any state requirement. We know these types of collaborations go on all the time, but often it is the lack of documentation that is the problem. Why not document those conversations and log the name or number of that patient to make this easier? Or see if your EMR can create a log for this purpose? The number of charts reviewed must match your policy and any State regulation.

Sterilization Issues: Most deficiencies stem from a lack of training or competency. Often, staff members have never received training by someone competent to teach. They aren't familiar with current CDC Guidelines or Manufacturer's instructions concerning tabletop sterilizer. We often find hinged-instruments sterilized in a closed position. In order for the sterilant to contact every surface, instruments should be sterilized in an unlocked, open position. Do staff members use chemical indicators and biological indicators to validate sterility? Are load logs and cleaning logs used? Are peel pouches approved for event-related sterility or does their manufacturer recommend an expiration date after sterilizing? Even if processed off-site, are instruments cleaned and transported properly? Why not have a qualified sterile processing tech take a look before we do?

Incomplete Consents for Minors: Consents must have a line for the signature and relationship of the person bringing the child in for treatment.

Inadequate Tracking Process for Referrals, Labs or Diagnostic Studies: There must be a process to track orders (or referrals) until completed and results are communicated to patients. Is staff maintaining a log or is the EMR capable of tracking this? (*continued on next page*)

IL RURAL HEALTH ASSOCIATION

Common Deficiencies Found in the Rural Health Clinic (*continued*)

RHC Policies: When using templates, the clinic must personalize them to the protocols it follows. When part of a hospital system, the RHC-specific policies should be clearly defined and congruent with RHC standards, state requirements, and accreditation quality standards. RHC policies must be reviewed annually, even by provider-based clinics, whose hospital may have different requirements. Lastly, staff should have a good understanding of the policies that guide their day to day practice.

Hopefully, this list will help you avoid deficiencies. I look forward to seeing all of you in August at your conference in Effingham.

Kate Hill, RN is the Vice President of Clinical Services at The Compliance Team, Inc. She can be reached for questions at khill@thecomplianceteam.org. Kate will be presenting a series of workshops and discussions geared towards Rural Health Clinics at the upcoming Annual IRHA Conference in Effingham.

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Unlike accreditation models that often require a transformation of a primary care provider's core practices, The Compliance Team's operations-based Exemplary Provider® program adapts itself to a participant's day-to-day routines. In short, provider-based and freestanding clinics get to keep their existing business models.

Our Exemplary Provider® accreditation is structured to improve an organization's patient care practices and overall operational efficiencies, and is loaded with many value-added features. It is also scalable, and can be customized to include health maintenance, diagnostic preventative screening and multi-specialty medical services; taking patient-centered healthcare improvement to a new level of operational excellence.

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CASPER: A Novel Strategy for Rural Health Departments to Combine a Community Health Assessment and an Emergency Preparedness Exercise

On the weekend of May 20th, approximately 50 volunteers descended upon rural Clay County, knocking on doors to conduct Illinois' first ever CASPER Survey. The Community Assessment for Public Health Emergency Response (CASPER) survey is a CDC designed epidemiological technique that involves interviewing citizens door-to-door in sampled households about their public health needs. While CASPER was originally developed as a disaster epidemiology tool to identify community needs after natural disasters or emergencies, the Clay County Health Department used the tool as a way to collect accurate and timely data to inform our community health assessment.

The project met four goals simultaneously: gaining valuable information for a community health assessment, building Medical Reserve Corps (MRC) volunteer capacity, conducting an emergency preparedness exercise, and educating the community on emergency preparedness and public health.

In addition to the valuable data collected, the CASPER provided an excellent 'real life' volunteer management and incident command activity. The event was used as a functional exercise for the Clay County Health Department's incident command staff and tested capacity to manage spontaneous and affiliated volunteers. This exercise allowed us to use MRC volunteers in the community health assessment process, while simultaneously preparing them for an actual emergency by training them in a disaster epidemiology technique and in running a volunteer reception center.

The survey tool was developed with input from many local stakeholders. All questions were worded at the household level, and no personally identifying information was collected. The survey consisted of questions related to basic household information, household emergency supplies and plans, home and neighborhood safety, nutrition/physical activity, access to health care services, and overall perceptions of Clay County's health.

The survey allowed us to collect unique data such as, the estimated number of households that plan to go to a shelter during a large scale disaster and how many of those households plan to bring pets to the shelter. We learned that approximately 60% of Clay County households have at least one member with hypertension or heart disease, and we learned that the health problem that residents are most concerned about is cancer.

This experience also provided an excellent marketing and outreach opportunity for our health department and hospital. We provided educational information on many health services to each household.

Volunteers seemed to enjoy the experience. One volunteer remarked, "The community really does want the connection from officials and they appreciated the education"; another said "I learned that most people are willing to participate and eager to help improve the community."



Brian Lane (Emergency Preparedness Coordinator) and Emily Anderson (Public Health Associate)

Looping in Lupus in Rural Areas

If I said I prefer living a *bucolic* life in the country, most people would respond with a downward facing eyebrow expression on their face. Bucolic, pronounced byü- 'kä-lik, as explained in the Merriam-Webster Dictionary, is not commonly used to describe life in rural areas. As a matter of fact, it may turn you off because the pronunciation resembles the word colic (a common intestinal illness suffered by babies). Colic and peaceful living doesn't seem to mesh well together. And for many living in rural areas, neither does bucolic and lupus! Lupus is an autoimmune disease that often goes misdiagnosed and untreated until its symptoms are severe enough to warrant attention.

This inflammatory disease transpires when your body's immune system attacks its own tissues. The uncomfortable inflammation caused by lupus can affect different body systems. This includes your joints, skin, kidneys, blood cells, brain, heart, and lungs. There are different types of lupus. One of the more recognizable types, Systemic Lupus Erythematosus or SLE, is diagnosed by inflammation of the skin and other internal organs.

Lupus is not contagious and you can't *catch* it. But no matter where you live, it can catch you off guard when undetected. Although lupus does not discriminate, more women than men are identified to have lupus. According to the Lupus Foundation of America*, 90% of those diagnosed with lupus are women. And because 72% of those surveyed have never heard of lupus, awareness of this life-threatening illness is needed now more than ever. Especially, in areas where the care of your health is usually further away and more accessible in typical urban areas. With proper medical care, a person diagnosed with lupus, no matter where they reside, can live a quality life. Our rural sectors should not be left out of the support circle of lupus awareness. As a person who lives in a state that has many rural sectors, I can identify with the need to get out into the community that can't get to you. Here are a few suggestions on how to help others in your community become more aware of living with lupus.

- Advocate support from the community health center.
- Distribute pamphlets everywhere you go about lupus.
- Share lupus information at church and other community gatherings.
- Further your reach with the use of social media outlets.

And don't forget many health organizations are more than willing to provide assistance! For more tips and suggestions on how you can support lupus awareness in your area, connect with the *Lupus Foundation of America, Inc. at www.lupus.org. To find out more about lupus peer mentoring, contact me at thelupusliar@gmail.com and feel free to follow my blog at <http://www.thelupusliar.com/blog>. Follow @TheLupusLiar via Web/Twitter/Instagram/Facebook



Hetlena Johnson
Chief Volunteer Officer and
Lupus Support Group
Facilitator

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GIBSON GETS IT

The Facts of Organ, Eye, and Tissue Donation

There is no nobler act than saving someone's life and no more direct way to become someone's hero. However, heroic deeds often encounter barriers, and organ, eye and tissue donation is no exception. As a champion of donation, Saving Sight helps guide those affected by death through the donation process and works with medical professionals across its service region to promote a culture supportive of this life-saving and life-enhancing gift.

For families who have lost loved ones, the decision to donate the organs, eyes or tissue of a loved one comes at a difficult time. It's important for families to have accurate information when making this decision that could save the lives of others. These facts about donation clarify common misconceptions that could pose a hindrance to making the best decision for a patient and their family.

1. Over 120,000 people are waiting for a life-saving organ in the United States.
2. 22 people die each day waiting for a transplant.
3. One donor can save and enhance the lives of over 100 people.
4. All ages and medical conditions are evaluated for donation potential.
5. Transplantable organs include the heart, intestines, kidneys, liver, lungs, and pancreas. Tissue that can be transplanted includes the eyes, bone, bone marrow, skin, cartilage, ligaments, tendons, heart valves, and blood vessels.
6. Bad vision and most eye conditions do not affect the ability to donate eye tissue.
7. Most major religions support donation and consider it a charitable and giving act.
8. Families are not financially responsible for the costs associated with donation if their loved one becomes a donor.
9. Donation does not affect viewing during funeral services.
10. Patient care is handled by a different team of professionals than the donation team. The patient care team will do everything they can to treat their patient, and a patient is not assessed for donation until after all life-saving measures have been attempted.
11. All registered donors are encouraged to speak with family members regarding their desire to donate, because family plays a vital role in facilitating the donation process.
12. Organ recipients are determined by a system that tracks blood type, organ match potential, time spent waiting, and illness severity. Social status and wealth are not considerations for placement.

It is difficult to discuss what happens to a patient after death. Knowing the facts about donation can make many aspects of the discussion easier. For families, the decision to help their loved one become a donor may have to be made quickly, but the legacy of this great gift will last forever. Help others become somebody's hero. Support organ, eye and tissue donation.



Richard Hamilton

Partner Relations Coordinator

Saving Sight

Visit donatelife.net to learn more about donation or designate as a donor and encourage others to join the donor registry at registerme.org.



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