

## **Story of McCone Health Center**

**By: Beth Conroy, RN/Director of Nursing**

Not too long ago, McCone County Health Center's census was twenty-five (25). Twenty-Five long-term care residents (SNF and NF), that is. At this time, 16 people were on MCHC's waiting list for long-term care services. One patient, coming off skilled care, was trying to find another facility near Circle to transfer to because there were others ahead of him on MCHC's waiting list. Another patient was not doing well and we were under the impression that this patient was going to pass over. We were in a grid lock. No room for acute care patients with our governor of 25 beds only. Our Emergency Department was very busy that day and we ended up admitting two observation patients; total beds occupied were 27. No physical beds left and over our staffing allowance so extra help was called in (overtime). Our medical provider sent down a treatment room patient, enemas until clear – 28 patients. Then another patient needing antibiotics; and was the Director of Nursing's father. A frequent visitor to the clinic, coming in at least once a week to take care of his CHF, COPD, thyroid problem or perhaps a nasty bout of gout. My dad needed IV antibiotics, therefore another treatment room patient. He was an easy going sort of man who went with the flow. He didn't care where or what his room would be like, just as #26, #27 or even #28 – they didn't care, as long as they were taken care of here in Circle by their Primary Care Provider who knew them best. It's a trust factor that many large institutions or communities will probably never understand. The only vacancy in the building was the recliner in the staff lounge so #29 "DAD", was set up there to receive his treatment. He was a good sport, was comfortable and got his antibiotic without incident. #26, #27, #28, and #29 – so much more than numbers to us at McCone County Health Center and our employees want to care for each one of them as the patients are "family".

Rural healthcare is a specialty of its own. The calm we feel most days is only a brief allusion as it is usually calmest before the storm. Nurses learn to multi task and prioritize in order to give exemplary care. We treat our neighbors, family members and friends with gentleness and respect. Everyone knows and genuinely has a stake in the care that is offered – "The Golden Rule" is very much a part of rural health and "Frontier Medicine". We want to keep our patients at home when we can. We want the grandma with a broken hip from down the street to come home to receive Physical Therapy and recuperate before we send her back to her cats and gardening. We want to manage the chronic Congestive Heart Failure patient here where we know his medications change weekly and we listen to him when he says he feels like he is starting to retain fluid. We want to keep the 54 year old man with Lou Gehrig's disease comfortable, while his wife holds his hand and tells him goodbye.

The Frontier Model will offer us the capability to care for our loved ones by loosening the constraints of the 25 bed rule. The payoff in the end is giving great care to as many of our own people that we can service; which includes frontier communities surrounding Circle. Larger models have their place and so do frontier healthcare facilities. We transfer patients who need a wider focus of care, but the Frontier Model is exactly what small towns in Eastern Montana are begging for. McCone County Health Center wants to continue to be on the forefront of rural healthcare by being part of the Frontier Model demonstration.