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Mike Schafer,
CEO



With Help From Rehabilitation Services, Dan Rogers Recovering From Traumatic Brain Injury

A word from our CEO

June 23, 2009 was a beautiful day for a motorcycle ride. As Dan Rogers cruised a back road near Stone Lake on his 1100cc BMW, he felt the sun on his shoulders and the wind in his hair. He'd just crested the top of a hill and surged ahead on a long, straight downgrade. When the deer stepped out in his path, he saw a blur of brown and then nothing. He doesn't remember the farmer on a tractor who found him laying motionless in the middle of the road. Nor does he remember the ambulance ride to Spooner Health System, the helicopter ride to Regions Hospital in Saint Paul, the multiple brain surgeries, or his 18 days in an induced coma.

When Dan finally regained con-

sciousness, he had a broken clavicle and shoulder blade, three broken ribs, respiratory problems, and difficulty swallowing. Part of his skull had been removed to relieve pressure on his swollen and injured brain. "He was quite a sight," says Dan's sister Kathy. "At one point, I counted 16 tubes going in and out of him."

During the months ahead, Dan's biggest challenge would be recovering from his traumatic brain injury (TBI). Many TBI patients experience changes in mood and difficulty with balance, concentration, new learning, and memory. Their symptoms vary, depending on the part of the brain that's injured. Dan had difficulty with all of these.

After the accident, it was a full three months before Dan was ready to begin

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As you may know, Spooner Health System (SHS) has signed a letter of intent to lease the operations of SHS Nursing Home to Benedictine Health System (BHS) of Duluth, Minnesota.

The dramatic changes in the long term care industry have made it very difficult for independent health care organizations like SHS to continue providing long term care services. The many changes in the industry as well as marketplace pressures influenced the SHS Board to seek an affiliation with a strong long term care health system with similar mission and values. The SHS Board selected BHS as the organization that shared our healthcare philosophy and could bring the needed expertise to ensure quality long term care services continue to be provided in our community.

BHS operations teams have been spending time on-site to evaluate and begin transition planning with a goal effective date of July 1. SHS will continue to own and operate the hospital and home care services as they currently do.

We are excited about the opportunity presented by this proposed affiliation. It is a positive change for our nursing home residents and for the community as a whole. The nursing home's transition to BHS will assure that long term care services in our community will not only survive, but thrive in the future.

I would encourage you to read the article on page 7 for more details on the rationale behind the decision and why we chose BHS.



From L to R: Dan's sister Kathy; Shalla Acker, PT; Dan; Renita Laakso, OTR/L; and Betsy Salquist, CCC-SLP. Not shown: Marietta Steiner, PTA.

Alcohol-Related Visits to Our Emergency Room

“Here at SHS, we see a lot of of alcohol-related injuries in our emergency room,” says Dr. Pat McCann, our Director of Emergency Medicine. “We never lecture anyone. We’re here for you, even if you’ve had a few too many. But sadly, we see a lot of unnecessary injuries and deaths in which alcohol was a factor.”

“I’d say a minimum of 50% of all ER visits labeled as ‘accidents’ involve alcohol,” says Dr. McCann. “Anything that can go wrong is far more likely to happen when there’s alcohol involved. It’s not just a matter of poor reflexes and physical impairment. Alcohol impairs your judgement and your ability to assess risk. To make matters worse, it impairs your ability to judge how impaired you are.”

The most serious alcohol-related injuries we see at our ER typically involve cars, ATVs, snowmobiles, motorcycles, boats, campfires, chainsaws, and treestands. “Believe it or not,” says Dr. McCann, “every year we see intoxicated hunters who have fallen from tree-stands. Drinking, firearms, and treestands are simply not a good combination.”

Similarly, every year we can anticipate a surge in alcohol-related ER visits on the opening weekend of fishing season. These visits typically involve fish hooks, lacerations, or hypothermia from immersion in cold water. Long summer weekends are also always busy in our ER, as are event weekends like the Heart of the North Rodeo or Jackpine Savage Days.

“It’s only natural,” he says, “that people want to unwind a little on the weekend, especially if they’re up north on vacation. But you’re

a lot less likely to end up in our ER if you save the celebrating until after you’re out of the woods, off the water, or off the trail.”

Dr. McCann and his team have seen other patterns over the years too. Even if you haven’t been drinking, certain precautions can make it a lot less likely that you’ll end up in our ER. Here are a few lessons our ER patients have learned the hard way:

- If you drive, wear a seatbelt. If you’re out on the water, wear a life preserver. If you ride a motorcycle, ATV, snowmobile, or bicycle, wear a helmet. Same with snowboarding and downhill skiing.
- Wear protective gear when you’re using a chainsaw. If you’re cutting firewood on a hot day and stop for a cold beer (even just one!), don’t start your chainsaw back up and try to cut “just one more quick load.”
- Think twice about giving a child or young adolescent the controls of an ATV, snowmobile, or motorboat. Sometimes we don’t give these machines the respect they deserve. We don’t even think of them as dangerous motor vehicles. They are. Young people may not have the strength, coordination, or judgement to control them safely.
- Whether you’re driving or riding, keep your speed down, especially if you’re unfamiliar with the road or trail. A large percentage of our ER patients who arrive after an ATV or snowmobile crash have encountered unexpected curves or blind spots. Plus, after a few turns, it’s easy to become confused about whether a trail is one-way or two-way. Add in excessive speed or alcohol, and all these risks are compounded.

If you do end up in our ER after you’ve been drinking, please be honest with us about how much you’ve had. Similarly, tell us about any and all drugs you’ve taken, including illicit ones. We’re here to treat you, not to judge or shame you. Before we can safely give you anesthesia or other medications, we need to know the whole story.

“Wait to drink responsibly until you’re done driving, riding, or enjoying your other outdoor activities,” says Dr. McCann. “If you do, you’ll be a lot less likely to spend part of your weekend in our ER. But if you do get hurt while you’re intoxicated, we’ll be here to take good care of you.”



Dr. Pat McCann, our Director of Emergency Medicine

What It's Like Being an ER Nurse

“It’s nothing like what you see on TV,” says ER/OR Supervisor Jody Stuenkel. “Some nights it’s far quieter. Other nights, we experience as much action and drama as any ER on TV. The difference, though, is that we don’t get breaks every ten minutes for commercials.”

Our ER staff is here for you day and night, seven days a week. We always have at least one doctor and one nurse on duty, with others on call. “I live two blocks away,” says Jody, “so I get called pretty often. We also, of course, have extra caregivers on duty during the weekends, especially big holiday weekends during the summer.”

Some patients arrive after they’ve been in a car accident or experienced some other traumatic injury. Elderly patients arrive after heart attacks, strokes, or falls. Since there are no urgent care facilities nearby, we often see parents bringing in children during the night with fevers, sore throats, and earaches.

“We can see it all in a single night,” says Erin Vogland, R.N. “I might see a three-year-old with an earache, an adult with abdominal pain, an older patient with chest pain, and a trauma patient who just crashed his ATV, all in one night. If you’re a nurse in the ER, you have to be able to think on your feet.”

“We have a team approach,” says Dr. Pat McCann, Director of Emergency Medicine. “As an ER physician, I encourage nurses to speak up, think aloud, and share ideas. We use those ideas and value them. Because our nursing staff is skilled and experienced, we encourage their input and use it frequently.”

Their input becomes especially valuable when things get busy. “I have to be confident,” says Dr. McCann, “that if I have two or three patients in the ER, the nurses will speak up and say ‘here’s what’s going on, and here’s where we need you now.’ They can help me prioritize what needs to happen next, and those skills are invaluable to me.”

“Those triage decisions are an important part of our job,” says Connie Halvorson, R.N. “Suppose, for example, you’re in our waiting room with a sore throat. You’ve been there half an hour, and it looks like your wait is almost over. Right then an ambulance arrives with a patient experiencing chest pains. Even though your sore throat may be the worst illness you’ve experienced in your entire life, that other patient just went to the front of the line.”

“Remember, though,” says Dr. McCann, “no matter why you come, we’ll take good care of you. Day or night, seven days a week, we’re ready. We’ll be here for you.”



Top: Jody Stuenkel, R.N., ER/OR Supervisor; Middle: Erin Vogland, R.N., Bottom: Connie Halvorson, R.N.

Ask The Doctor: Is It Really an Emergency?

Not sure if it's time to visit our emergency room? We asked Dr. McCann about some typical situations. Here's what he told us:

I have a toothache. You probably don't need to visit the ER. Call your dentist, take alternating doses of Tylenol and Ibuprofen, and try to remain upright. (If you lay down, your toothache will hurt more.)

I have a cough and a cold. Unless you're out of breath or the coughing is especially severe, you probably don't need to visit the ER.

I have a sore throat. You can probably wait to visit your doctor at the clinic. But if you have significant swelling and it's difficult to swallow, consider an ER visit.

I need a medication refilled. It's probably better to get in touch with your doctor or

pharmacist. We'll only be able to pre-
scribe enough to get you by until the next
day.

I'm feeling chest pains. Call 911 immedi-
ately or have someone else drive you to
our ER right away (do not drive yourself to
the ER).

I'm out of breath. If you're severely out of
breath, call 911 or have someone drive
you to our ER immediately.

I have a nose bleed. Avoid laying down as
that may make it worse. Instead, sit upright
and apply continuous pressure to your
nosebleed for about ten minutes. Repeat if
necessary. If it doesn't work after 10 to 20
minutes, have someone drive you to our
ER immediately.

I just cut myself. This can be a judgement
call; it depends on the size, depth, and
nature of the wound. Wounds need to be
repaired within 12 hours or the risk of
infection is exceptionally high. If in doubt,
come on in. If your bleeding is severe, call
911 or have someone drive you to the ER
immediately.

**I just found a tick, and I'm worried about
Lyme disease.** Don't panic. You don't need
to visit our ER. To learn more, see the story
on the next page.

Still not sure? It's better to be safe.
Depending on the situation, you should call
911, have someone drive you to our emer-
gency room immediately, or call the nurse
online number on the back of your insur-
ance card.

Patient Safety Begins With Patient ID

Next time you're in the hospital or the
emergency room, don't be surprised if we
ask your name and check your wristband
repeatedly. "When that happens," says SHS
Director of Patient Safety Ken Schult,
"please don't become annoyed. Instead,
we hope you'll appreciate it. And if it
doesn't happen, please ask us why not."

When we verify your identity, it's to ensure
your safety and make sure you're getting
the treatment or procedure you are expect-
ing. You've probably seen stories in the
media about serious medical errors made
at hospitals around the country and
around the world. Many of those prob-
lems could have been avoided through bet-
ter patient identification.

In fact, this Patient Safety Goal instituted by
the Joint Commission requires hospitals to
use at least two patient identifiers when
providing care, treatment, or services.
Here at SHS, we've chosen to use patient
name and date of birth.

We also take additional precautions in
high-risk areas like the operating room, or
when someone is receiving blood or blood
products. We use the same two patient
identifiers, but we get more people
involved in the identification process.

When we verify your identity,
it's to ensure your safety
and make sure you're getting
the treatment or procedure
you are expecting.

As a patient, you can expect us to repeat-
edly verify your identity. We'll do that by
asking you, checking your wristband, or
both. There's a lot more, however, that
goes on behind the scenes.

When we're performing lab tests, for
example, we first identify the patient when
we collect a sample. Next, we make sure

the specimen is matched to that ID, and
then matched to the correct test that's been
ordered by the patient's physician. Test
results, in turn, are carefully matched to
the correct patient reports before they go
to the physician.

In the operating room, we're careful to
make sure we're operating on the correct
patient, and that we're performing the cor-
rect procedure on the correct site. In the
pharmacy, because of the high volume of
prescriptions we process, patient identi-
fication protocols are especially important.

All these protocols are very detailed, spe-
cific, and technical. "The main thing you
need to know," says Ken, "is that we're
working hard to keep you safe by consis-
tently following a rigorous patient identi-
fication process."

So next time you're in the hospital here at
SHS, don't be surprised if we verify your
identity several times a day. It's one of the
many things we do to keep you safe.

Tick Season is Here (But don't panic!)

Here in northern Wisconsin, ticks are one of the joys of springtime. By themselves, they're annoying enough. But with a growing awareness of Lyme disease, people are beginning to take ticks more seriously.

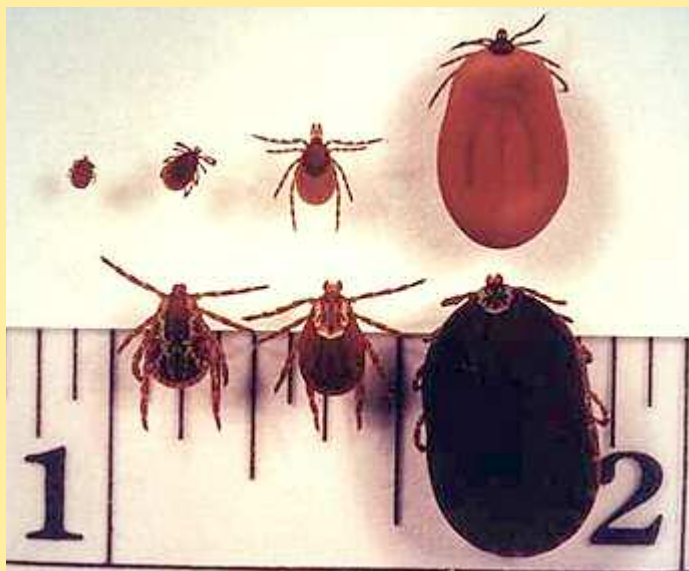
Although tick awareness is important, there's no need to panic when you find one. Most ticks don't carry Lyme disease. They're relatively harmless, and you can easily remove them yourself. There's no need to come to the emergency room.

Most ticks in this area are ordinary wood ticks that don't carry Lyme disease.

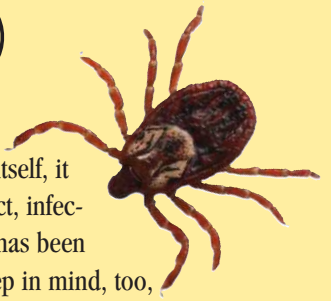
Using your fingertips or a tweezers, pull straight upward, without twisting or squeezing. Then disinfect the area and wash your hands with soap and water. If the tick breaks off and you can see that some of its mouth parts are still embedded in your skin, it's not cause for concern. Don't try to cut or dig them out. Just wait three to five days and watch for signs of infection.

Most ticks in this area are ordinary wood ticks that don't carry Lyme disease. Deer ticks, which sometimes do carry Lyme disease, are smaller and much less common. In the photo below, you can see a comparison; the deer ticks are the ones on top. From left to right, you can see the nymphal stage, the adult male and female, and an engorged adult female. Usually it's only the nymphal stage that transmits Lyme disease. Deer tick nymphs are about the same size and color as a poppy seed.

Top row: Deer ticks. The smallest one is the nymphal stage that transmits Lyme disease. Bottom row: Ordinary wood ticks for comparison.



If a tick is walking around on your skin and hasn't yet attached itself, it can't transmit Lyme disease. In fact, infection rarely occurs unless the tick has been attached for at least 48 hours. Keep in mind, too, that most deer ticks don't carry Lyme disease.



This bullseye rash is often an early symptom of Lyme disease.

Even if you're infected, your body won't produce detectable amounts of antibodies for at least a week or two. That's why your doctor won't order a Lyme test right after you've discovered a tick. The first symptom is usually a bullseye-shaped rash like in the photo above. It's possible that you could experience this characteristic rash and never know you were bitten by a tick. If you do, contact your doctor. Other symptoms of Lyme disease include unexplained fever, headache, joint, and muscle pain.

Finally, even if you find a deer tick that's been attached for two or three days, there's no need to rush to the emergency room. Call your clinic and request a single dose of the antibiotic doxycycline (doxycycline is not recommended, however, for children under the age of 8 or for any woman who is either pregnant or lactating). You'll need to take it within 72 hours of tick removal.

Enjoy the outdoors this summer, and don't panic if you find a tick. You can easily remove it yourself. Keep in mind that most ticks in this area are ordinary wood ticks that don't transmit Lyme disease. In fact, even most deer ticks don't carry Lyme disease.

If you do discover a deer tick that's been attached for a significant period of time, and you're already an established patient with Essentia Health-Spooner Clinic, call them at (715) 635-2151. Ask your doctor about a one-time antibiotic treatment that can significantly reduce your risk for Lyme disease.

Dan Rogers continued from page 1

outpatient therapy in SHS's Rehabilitation Services. Since then, he's been working with an entire team of therapists: Speech Therapist Betsy Salquist, Occupational Therapist Renita Laakso, Physical Therapist Shalla Acker, and Physical Therapy Assistant Marietta Steiner.

Although each therapist has specialized skills, they worked as a collaborative team, communicating closely and integrating Dan's therapy sessions.

Although each therapist has specialized skills, they worked as a collaborative team, communicating closely and integrating Dan's therapy sessions. Receiving all the therapies at the same location ensures the best outcome for the patient. Occupational and physical therapy worked together to regain strength and flexibility in Dan's arm and shoulder. They also helped him get rid of the lingering pain and stiffness in his neck and shoulders. "It was important" says Shalla, "to build in functional activities that were important to Dan. Since Dan works as a painter, we adapted some of our balance exercises to integrate them with specific tasks like climbing a ladder and leaning over to tape up a window. We also coached Dan to not reach out too far,

and move the ladder a little more often. When Dan first arrived, it was difficult for him to stand on one foot for even a second or two. Now he can manage almost two minutes."

"In the beginning," says Renita, "one of our biggest challenges was getting Dan to focus on the task at hand. We began his occupational therapy with simple, one-step instructions. Later, we asked Dan to complete a sequence of more complex tasks. To increase Dan's motivation, we continued to practice functional tasks that mattered to him. As we helped him regain his physical balance, coordination, and endurance, we were also rebuilding his concentration."

Speech Therapist Betsy Salquist explains that what most people think of as simply "concentrating" actually has many different components. They include thought processing speed, focused attention, selective attention or knowing what to pay attention to, alternating attention back and forth, and divided attention. Dan needed to work on all of them.

The last one, divided attention, is the sort of advanced multitasking that TBI patients often struggle with their entire lives. Driving, for example, requires attention to the speedometer, the gas and brake pedals, the cars behind and beside you, and the pedestrian ahead of you who's about to step out from the curb. All are important, and drivers need to be able to pay attention to all of them at the same time. "Being able to multi-task and at the same time have quick reaction time was particularly challenging for Dan," says Betsy.

During every session, she coached him as he worked through exercises designed to strengthen these thinking and focusing skills. She also collaborated with the other team members to integrate these important thinking skills into Dan's physical and occupational therapy sessions.

Speech therapy was the type of therapy Dan continued for the longest. Betsy helped Dan identify and begin using strategies that would help him manage himself without having to rely on others.

"Planning, organizing, and time manage-

ment were difficult for Dan," says Betsy, "so we got him started on a planning calendar that he writes in every day to keep and manage his own schedule. We also found him a watch with date and time alarms. Dan now wears two watches, and he always carries a cell phone with additional reminder alarms. Staying organized is still a challenge for Dan, but these tools are definitely helping."

"I use a calendar with all my appointments," says Dan. "That way I can see where I'm going every day of the month. It really helps." Most of all, Dan credits his therapists at SHS. "Therapy has been a lot of hard work, but it has really made a big difference."

"Most important, wear a helmet every single time you ride—even if you're not going far. My crash happened about a mile from home."

It's been a long road back, and Dan still has a ways to go. But he's made great progress. He completed his last therapy session at Rehabilitation Services on March 30, 2011. He's now focused on staying in shape, volunteering at the Humane Society, and getting back to work.

What advice would Dan give other motorcyclists? "First," he says, "ride a little more conservatively. Slowing down gives you an extra margin of error. But even then, things can happen fast."

"Most important," he says, "wear a helmet every single time you ride—even if you're not going far. My crash happened about a mile from home. I was always a nonconformist, and maybe a bit of an outlaw. Now I'm paying the price for not wearing a helmet."

Although Dan isn't back on a motorcycle, he has taken up bicycling. His balance and endurance are vastly improved, and he's starting to ride longer distances. Every time he rides, he wears a helmet. He suggests that you do, too.



SHS to Partner With Benedictine Health System

Long term care has become increasingly complex over the last 10 years and there is a greater need for very specialized resources and support in order to provide the best possible care to our residents. As long term care has become such a unique and specialized field, we recognized that we no longer had adequate expertise for our nursing home services. We've contracted with consultants as needed in recent years, but that is not feasible in the long-term.

Effective July 2011, SHS will be leasing the operations of our Nursing Home to Benedictine Health Systems (BHS). The affiliation with BHS will give the nursing home access to the resources and knowledge of an organization with a unique expertise in successfully managing long term care organizations, while retaining the tradition of quality care for our local community. For example, BHS will be able to implement a computer and pharmacy system specific to long term care rather than trying to make a hospital-based system work. Information about BHS' long tradition of quality care can be found on their website, www.bhshealth.org.

“At BHS, we place a priority on providing quality care with Hospitality, Stewardship, Respect and Justice, which translates into helping aging adults achieve their highest personal level of independence.”

commitments to the communities they are in. When a for-profit company buys a nursing home, it is not uncommon to see it for sale again in a few years. It was important for us to choose an organization that plans to stay here to ensure stability for our residents and community.”



“I am very excited about our partnership with Benedictine Health System,” adds Dr. Mark Van Etten, SHS Nursing Home Medical Director and SHS Board Member. “BHS will be the catalyst to move our nursing home services from very good to great!”

Resident Delores Haley and volunteer Kate Heino

COMMUNITY EDUCATION

Diabetes Education Meeting, formerly known as the Diabetes Support Group, meets 12:00 noon to 1:00 pm the second Monday of the month in the classroom at Spooner Health System. (No meetings in January, July or August)

Topics for 2011:

June 13, 2011: *Diabetes and Heart Disease: American Heart Association CPR Updated Guidelines* by Claudia Hagen RN, Diabetes Educator

Expectant Parent Class

September 12 and 19, 6:00 - 9:00 pm.
For more information, or to register, call 715-635-1211.

Community Health Fair

Saturday, August 6, 2011. 9:00 - 12:00 pm
at Spooner Health System

Health Career Fair

September 21, 2011. 8:30 - 11:30 am
at Jerseys Ballroom and Event Center

SHS's 4th Annual Golf Outing

Wednesday, August 10, 2011.

1:00 Shotgun Start, Dinner at 6:00 pm.
Cost: \$75 per person (includes green fees, cart, dinner, awards, and prizes); \$25 dinner-only portion. Proceeds will go toward capital projects at Spooner Health System.

For more information, please contact:
Crystal Potter, 715-635-1227.
email: cpotter@spoonerhealthsystem.com

“We believe that our Benedictine heritage and our Core Values must be at the heart of everything we do and look forward to sharing this philosophy and expertise with Spooner,” said Dale Thompson, BHS president/CEO. “At BHS, we place a priority on providing quality care with Hospitality, Stewardship, Respect and Justice, which translates into helping aging adults achieve their highest personal level of independence. We are dedicated to our vision of creating Benedictine Living Communities where health, independence and choice come to life.”

MISSION STATEMENT:
"To provide high quality
healthcare." ❁

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Your comments are welcome.
Contact Public Relations at
715-635-1227.

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QUALITY
in Community
Healthcare.

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