

Serving the community for over 50 years.

Mike Schafer,
CEO



Carol Dye is glad to finally be back home.

With Help From SHS Swing Bed Unit and Home Care,

Carol Dye is Back Home Again

A word from our CEO

Here at Spooner Health System, we're making the transition from a good to a great organization. A few years ago, we realized that we needed to do a better job in "how" we provide services to our patients and residents. As a result, we decided to begin a new Commitment to Excellence journey about a year and a half ago.

We partnered with Studer Group, a health-care consulting firm, to help us begin creating a culture of service excellence in everything we do. We were fortunate to have Quint Studer, CEO & Founder of Studer Group, come to SHS on October 28. During his visit, he spent time with our Medical Staff, Leadership Team and Board members. Also, all employees were invited and encouraged to attend one of two afternoon sessions at the High School Auditorium.

Quint is a nationally recognized speaker and published author. He was named one of the "Top 100 Most Powerful People" by Modern Healthcare magazine. He has gained national recognition as a change agent in healthcare today. The evidence-based systems and tools Studer Group have developed hard-wire techniques and behaviors to sustain great results in the areas of patient safety, clinical outcomes, quality of care and patient satisfaction.

We are excited about the progress that has been made over the last year, but we also realize that this is only the beginning of the journey. Our goal is to become a better place for patients to receive care, employees to work, and physicians to practice medicine.

had a post-surgical wound that required skilled care several times a day. A nerve in her leg was compromised; that led to severe muscle deconditioning, especially in her right quadricep. When she arrived, she wasn't even able to move her leg independently."

Carol was referred to Dr. Jay Loftsgarden, a Rehabilitation specialist with the Neurology department at Luther Midelfort. After seeing Carol for the nerve injury and weakness in her left leg, he provided her with a recommended rehabilitation plan so she could regain strength and function.

During those 71 days in our swing bed unit, Carol received the skilled nursing care, physical therapy, and occupational therapy she needed. That, combined with hard work on her part, led to steady progress. Eventually, she was able to move around with a walker, and then with canes. Not long after, she had enough flexibility and strength to negotiate steps like the ones back home.

Carol was ready to go home—with, that is, a little help from her friends. One friend stayed with her for three weeks to help with things like laundry, cooking, and

After multiple surgeries and a long recovery in the SHS swing bed unit, Carol Dye is glad to finally be back in her own home. With help from the SHS Home Care team, she was able to complete the transition much sooner.

"It all started with my diabetes," says Carol. "That led to circulation problems and some sores on my legs and feet. Eventually I had to have a few toes removed. I also had some nerve damage; that caused problems with my leg muscles. Then, when I took a couple falls, that did a number on my back."

Back in April, Carol spent 10 days at Luther Midelfort hospital in Eau Claire, where Dr. Jason Beckerman was her vascular surgeon. When Carol was ready, he referred her to SHS so she could complete her recovery closer to home. Dr. Beverly Bohac was Carol's admitting physician; Carol also worked with a whole team of nurses, physical therapists, and occupational therapists.

"After her stay at Luther, Carol wasn't ready to go home yet," explains Case Manager Anita Meysembourg, R.N. "She

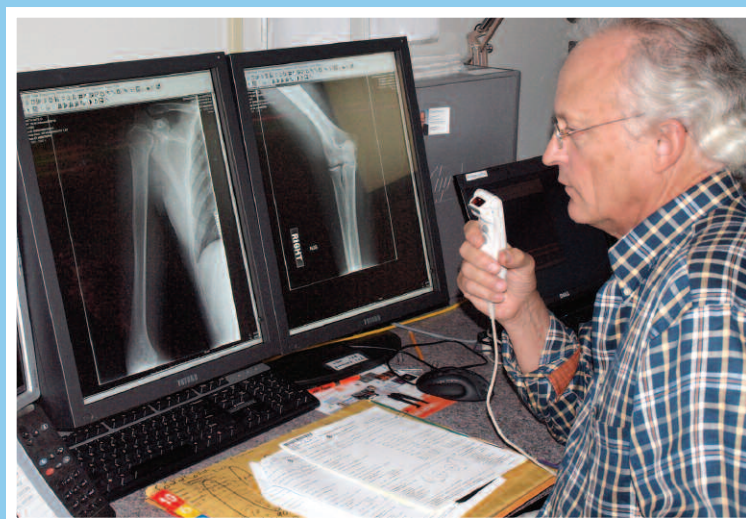
SHS X-Ray System Goes Digital

Here at SHS, X-ray films will soon be history; it's rare that anyone even steps into our imaging department's dark-room. Now, we mainly use it to house a computer server that provides local storage for digital X-rays.

Although imaging technologies like ultrasound, CT and MRI are digital to begin with, X-rays have only recently made the transition from film to digital. "Our new system offers the same advantages you'd get with any other digital camera," says Director of Diagnostic Imaging Craig Norheim. "It saves time and money, simplifies our workflow, and allows us to manipulate and enhance an image after it's captured. We can even zoom in if we want a closer look at something."

"You can't do that with film," explains Craig. "If an X-ray doesn't come out perfect, you have to try again. That takes more time, and it also means patients are exposed to more radiation. Plus, since our digital plates are "faster," we use less radiation for even that very first image."

The transition didn't require a whole new X-ray machine; digital cassettes fit the film tray of our existing machine. Once these cassettes are exposed, technicians insert them into a special reader; it's a larger version of a card reader like you probably have on your home computer. Later, cassettes can be erased and re-used indefinitely.



After images have been uploaded to our secure network, your doctor can view them from a computer anywhere in the building. With the proper secure connections, your doctor or a consulting radiologist can even view them from home or from another hospital.

"When doctors have better-quality images and get them sooner, they have better information on which to base their decisions. For our patients, that means better service and better care."

Top: Craig shows how digital cassettes fit the film tray of our existing X-ray machine.

Middle: Here, he inserts one of the cassettes into a special reader similar to the card reader on your computer.

Bottom: Consulting radiologist Dr. Thomas Pelant studies a patient's X-rays at a digital workstation.

SPOTLIGHT ON SPECIALISTS: Consulting Radiologists

Every weekday, one of the seven consulting radiologists from Diagnostic Radiology Associates (DRA) is here at SHS to help our doctors interpret images from X-rays, MRIs, CT scans, PET/CT scans, and bone marrow density scans. These radiologists are also on call to read images and help make diagnoses in the evening—or even during the night when there’s an emergency. Based in Rice Lake, DRA provides this sort of support for a number of hospitals in northwestern Wisconsin.

Radiologists need to know a lot about imaging, and also about medicine in general. Once they’ve finished college and medical school, radiologists complete four more years of specialized training—and often a fifth if they decide to pursue a radiology subspecialty. After all that studying is behind them, they’re still not done. Even the most experienced radiologists need to continue learning so they can keep up with rapid advances in imaging technology and diagnostic techniques.

“One of these specialists reviews every single image that comes through our department,” explains Craig Norheim, Director of Diagnostic Imaging. “Typically, they’ll review your history, study your images, and then dictate a report for your doctor. They don’t just read the images; they help interpret them. Your doctor sees the images, too. But with their specialized expertise, our consulting radiologists can often help your doctor make a better, more informed diagnosis.”

Radiologists sometimes get involved earlier in the process, too. Suppose, for example, that you’re about to receive a CT scan; it produces digital images resembling a series of cross-section “slices.” Based on any existing images, your medical history, and maybe even a first-hand exam, a radiologist can decide just which locations and angles will best help your doctor visualize the area that’s involved.

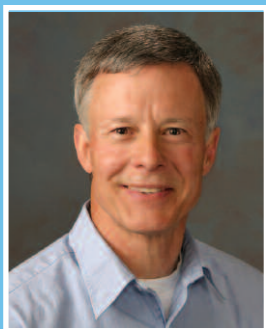
In the story on the previous page, you saw a photo of Dr. Thomas Pelant studying a patient’s x-rays at a digital workstation. Although that might be a typical day at the office, radiologists sometimes work directly with patients, too.

If you do meet your radiologist, it might be just before your exam. They’ll explain what they’re looking for and what to expect during the imaging procedure. Later, they may meet with you again to explain what they found, what the images mean, and what recommendations they’ll give your doctor.

All too often, however, radiologists work anonymously behind the scenes. In fact, if you’re like most people, this may be the first time you’ve ever heard about them. Still, even if you never meet the consulting radiologists who support your doctor, it’s good to know they’re here.



Randall Ceagske, MD



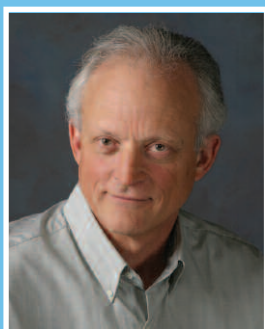
Gary Johnson, MD



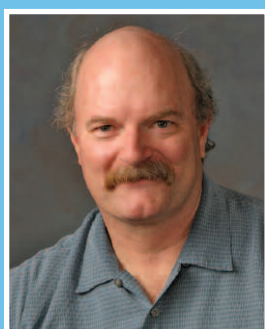
Steven Krah, MD



Robert Lefsrud, MD



Thomas Pelant, MD



Richard Swanson, MD



John Terrell, MD

SHS Nursing Home Moves to Flexible Dining Schedule

We no longer serve meals promptly at 8:00, 12:00, and 5:00 at our nursing home. Instead, residents can eat when they're hungry; rather than conforming to our schedule, they can eat on their schedules. We now serve breakfast from 7:30 to 9:30, lunch from 11:30 to 1:00, and dinner from 4:30 to 6:30.

Nursing Home Administrator Len Meysembourg acknowledges that the change wasn't easy. "It's part of a major cultural shift, from an institutional orientation to one based on a greater respect for our residents' wishes and needs. We try to see things from their point of view, and think of ourselves as guests in their home. That's a real change."

Research has shown that people who wake up on their own are likely to have a healthier outlook and just plain have a better day. No one likes being awakened on a rigid schedule. That made breakfast a natural starting point for the transition. Beginning in September, however, all three meals have been on a more flexible schedule.

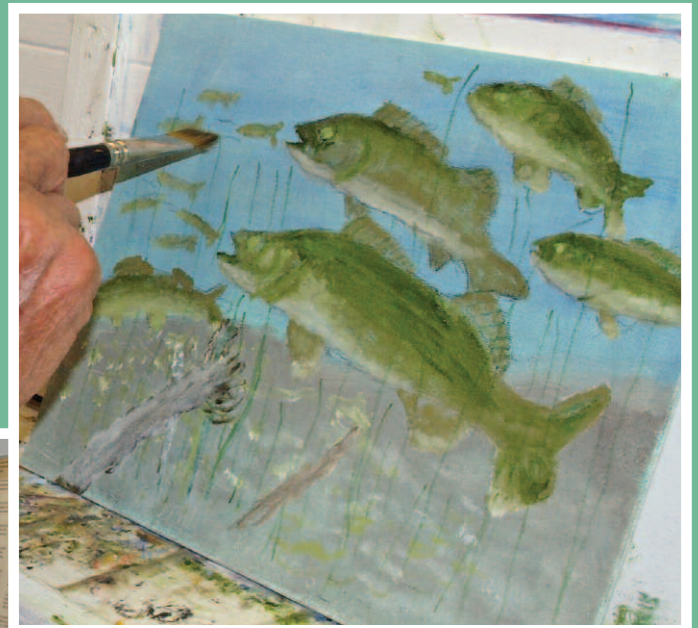
Ann Schulze, our new Director of Nursing, has helped oversee this same sort of transition at a couple of other nursing homes. "We're not just changing mealtimes," says Ann. "We're changing our entire culture, which takes some real adjustments. Instead of doing what's easiest for us, we're doing what's best for our residents."

"But in the end," says Ann, "it actually makes life better for our staff too. Everything isn't happening all at once. If you walk by the

nursing station at 8:00 a.m., for example, things are a lot calmer and more relaxed than they used to be."

We've also been getting positive feedback from residents. For them, flexible mealtimes go a long way toward making our nursing home feel less institutional and more like home. Take, for example, Dean and Alice Adams.

Most days, Dean likes to get up early, eat breakfast, and spend his morning painting. "I used to be a dairy farmer," says Dean. "Every morning, I'd get up and milk 50 cows. All my life, I've been an early riser. But even after 67 years of marriage, my wife Alice never got into the same habits. She still likes to sleep in and go to breakfast a little later, just like she did at home. But then at lunch and dinner, we usually eat together—whenever we're hungry."



Dean Adams prefers to eat breakfast early and spend the morning at his easel.

Flu Prevention Tips

Influenza can spread rapidly this time of year, usually when people cough or sneeze near one another. It spreads through the air, and also by contact—either directly or indirectly.

Jill Andrea, SHS Infection Control Specialist, explains how it usually happens. “Someone who’s already infected coughs or sneezes. Then you touch a surface where there’s a small trace of fluid from their mouth or nose. It might be almost microscopic droplets. Later, before you’ve washed your hands, you touch your own mouth or nose—something you do hundreds of times a day without even thinking about it. Just like that, you’re infected.”

Flu symptoms vary; they typically include cough, fever, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue, and occasionally nausea, vomiting, and diarrhea.

Jill says the best way to prevent the flu bug from biting you is to get a flu vaccine.

Although it’s never too late in the season to get vaccinated, the earlier the better. One shot will last the entire flu season.

“The second-best way to prevent the flu,” says Jill, “is to wash your hands thoroughly and often. I can’t stress that enough.” During flu season, door handles and other common objects can harbor the virus, so excellent hand hygiene is a must.

Jill recommends that you wash your hands with soap and water or hand sanitizer before you eat and before you touch your nose, eyes, or mouth. She says it’s best to wash your hands and rub them together briskly under running water for at least 20 seconds. (That may seem like a long time, and it is. But that’s what it takes.) If someone in your home has the flu, make sure they use a separate hand towel to dry their hands on until they’re no longer ill.

Jill also offered these additional tips for avoiding the flu:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue away, and then wash your hands.
- Avoid close contact with sick people. If someone is coughing at work, try and stay three to six feet away from them. Avoid crowded areas.
- If you do become ill, continue to take your prescription medication and contact your healthcare provider if you have any questions or concerns. Stay home for at least 24 hours after your fever is gone (without taking medication like Acetaminophen to get rid of your fever).

Finally, Jill pointed out that flu season is one more reason to stop smoking. Influenza is a respiratory illness that can lead to more serious complications for those people who smoke. In addition, do what you can to stay active, manage stress, eat right, and drink plenty of water.

Third Annual SHS Golf Outing Draws 85 Participants

We’d like to thank all 85 of the golfers who teed off Wednesday, August 11th at the Spooner Golf Course for the third annual SHS Golf Outing. Proceeds from the event will be used to support special capital projects. “Thank you to all of the sponsors, golfers, and donors who help make this event such a success,” says SHS CEO Mike Schafer. “We really appreciate your support!”

Platinum sponsors included Brim Healthcare, Market & Johnson, Johnson Bank, Shared Medical Technology, St. Mary’s Duluth Clinic, and Partners of Spooner Health System. Gold sponsors included A’viands, BWBR Architects, Holden Insurance Agency, LarsonAllen LLP, and White Birch Printing. Silver sponsors included Community Bank of Spooner and LMC Insurance.

Many raffle items were given out; Scott Crane won the Kayak donated by Johnson

Bank. First place in the event went to a team with a score of 59 from Northwest Sports Complex Center: Rick Paine, Nate Haskins, Aaron Johnson and J.P. Testwilde. Second place went to Steve Carlson, Jim Dienstl, Mike Schafer and Bill MacMillan with a score of 63. Third place went to Jamie Morales, Vern Thompson, Tom Turngren and Ted Schmitz (a team from Johnson Bank) with a score of 64.

Hole event prizes included: Hole #1 Closest to the Line, Jim Biros; Hole #2 Closest to the Pin, Bill Mac Millan; Hole #3 Closest Third Shot, Shared Medical Technology; Hole #4 Closest to the Pin, Mike Boldenow; Hole #5 Longest Drive (Women), Debbie Bartz; Hole #6 Closest to the Pin, Bob Andrea (WITH A HOLE IN ONE); Hole #7 Longest Putt, Chris Russ; Hole #8 Shortest Drive, Mattie Pitts; Hole #9 Closest to a



Team from Johnson Bank, a Platinum Sponsor: Jamie Morales, Ted Schmitz, Vern Thompson, Tom Turngren.

Bunker, Pete Kasinskas; Hole #10 Longest Drive, Leann Schmock; Hole #11 Closest Second Shot, Gary Campbell; Hole #12 Longest Putt, George Petry; Hole #13 Closest Third Shot, Jeff Lee; Hole #14 Longest Putt, Jim Dienstl; Hole #15 Closest to the Pin (Women), Pam Petry; Hole #16 Closest Second Shot, Nate Haskins; Hole #17 Closest to the Pin, Phil Markgren; Hole #18 Longest Putt, Tim Bassett.

Greg Voss from Brim Healthcare won the putting contest with a perfect score of 12. Second place went to Ted Schmitz with a score of 8.

November is National Home Care Awareness Month.
To learn more, call SHS Home Care at (715) 635-1238.

The Care You Need, the Comfort of Home.

cleaning. Other friends dropped by regularly just to visit. Most of all, however, Carol's transition was eased by regular visits from members of the SHS Home Care team. "Carol still needed skilled nursing care to take care of her post-surgical wounds," says Kathy Dettle, co-director of our Home Care department. "Initially, that was on a daily basis. Later, it tapered off once every three days."

Through Home Care, Carol also continued to see physical and occupational therapists. "I got out of the hospital on July 13th," says Carol, "and they were here on the 14th."

Since then, she's been making continued progress. She's getting around the house more easily, and she's working on leaving the home more safely with her therapists. If all goes well, she'll soon be able to continue her physical therapy sessions on an outpatient basis.

In fact, Carol has already visited SHS. "Last week," she says, "I took my nurses and therapists six pounds of homemade fudge and two dozen red roses. I just really wanted to thank them all—everyone who took care of me when I was in the swing bed unit, and all of the Home Care



The SHS Home Care Team, left to right: Sue Dobson, Suzanne Huber, Kathy Dettle, Clare Wright, Karen Sohn, Catherine Hewitt, Keith Jaglinski, Jeanne Prusak, Dede Meyers, Belinda Effertz. Not present: Allison Posso, Renita Flood, Mary Dostal, Darlene Smith.

people who have taken care of me since then. They've all been so good to me. And without their help, I wouldn't have made this kind of progress. They've really made the difference in my recovery."

What's a Swing Bed?

A swing bed program lets your doctor transition ("swing") your level of care from acute medical care to skilled rehabilitation or skilled nursing and medical care. Its goal is to help you regain your optimal level of functioning and independence so you can return home and get back to your normal routine. When you no longer need acute care, but you're not quite ready to go home, a swing bed could be "just what the doctor ordered."

As in Carol's case, the transition to an SHS swing bed can mean you're closer to family and friends. You'll also begin meeting doctors, nurses, and therapists that you'll see later on an outpatient basis—or maybe even through our Home Care services. Carol's 71-day stay was longer than most; typically patients are only in our swing bed unit for a few days, or at most a week or two.

If a swing bed is right for you, your acute care physician will contact a physician and begin making arrangements. This doctor, in turn, will oversee an interdisciplinary team that ensures you get the care you need right here at SHS.

Home Care Makes the Transition Easier

In Carol's case, a swing bed and Home Care were both part of her transition plan. With the support of continued Home Care visits, however, other patients may be able to leave acute care and go straight home. Some clients only require a few visits to teach them about their new medications and monitor them for a brief period of time until they can resume their normal activities. We offer skilled Home Care services that include physical therapy, speech therapy, occupational therapy, and skilled nursing care.

Our goal is to empower people to be independent, stay healthy, and remain in their homes as long as they're able to be there safely. If Home Care may be right for you or a family member, ask your doctor about a referral. Or, to learn more, call the SHS Home Care office at (715) 635-1238.

Top Ten Ways to Stay Out of the ER

(or at least make your visit shorter and walk out on your own)

The physicians and staff in our ER are some of the nicest people you'd ever want to meet. They're also very good at their jobs; if you need them, they'll take good care of you. Here in reverse order, however, are ten ways you can avoid meeting them when they're at work:

10. If you're fishing with a friend, watch your backcast.
9. When you're eager to get out icefishing this November or December and you're wondering whether the ice might still be too thin, then it probably is.
8. If you're hunting from a treestand this fall, take proper safety precautions and follow the guidelines at <http://www.tmas-tands.com/safety.html>.
7. Be careful with power tools, campfires, and fireworks.
6. Wear a life preserver when you're out on the water.
5. Keep your speed down and maintain control when you're operating a motorcycle, ATV, snowmobile, boat, or personal watercraft.
4. If you or someone you're with is unconscious, seriously injured, or experiencing symptoms that may be signs of a heart attack or other serious problem, call an ambulance. Don't drive to the hospital yourself.
3. Wear a helmet when you're riding a motorcycle, ATV, snowmobile, or bicycle.
2. Wear a seatbelt when you're in the car.
1. Don't drive, ride, or boat while intoxicated. Alcohol is a factor in over 90% of the injuries we see at our ER.

COMMUNITY EDUCATION

Diabetes Support Group-Lunch and Learn.

Bring your own lunch and learn about different educational topics related to diabetes from 12:00 noon to 1:00 pm on the second Monday of each month in the Lower Level Classroom.

Dec. 13: *Staying Fit During the Winter Months* by Barb Keefe, Physical Therapist

Jan. 10: No meeting.

Feb. 14: *Appropriate Food Choices and Carbohydrate Counting* by Karen Schultz, Registered Dietician

"Kick'n Butts" Smoking Cessation Class

January 4, 11, 18, 25 and February 1
6:00 pm in SHS second floor conference room.

For more information or to register, call 715-635-1227.

Expectant Parent Classes

January 10 and 17
6:00-9:00 pm.

For more information, or to register, call 715-635-1211.

UPCOMING EVENTS

20th Annual Love Light Tree Lighting Ceremony

Monday, December 6 at 4:15 pm.
Nursing Home Activity Room

PURCHASE A LIGHT

A minimum donation of \$3.00 per light is requested.

Please place a light:

In memory of _____

In honor of _____

For Peace or someone in service _____

Mail this coupon with your check to:

Love Light Project
Partners of Spooner Health System
819 Ash St.
Spooner, WI 54801

MISSION STATEMENT:
"To provide high quality
healthcare." 

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Your comments are welcome.
Contact Public Relations at
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QUALITY
in Community
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