

Serving the community for over 50 years.

Mike Schafer,  
CEO



## With Help From Rehab Services, Bob Digman is Back on the Hunt



**T**he pain in Bob's knees arrived gradually, over a period of months.

Eventually, though, it became too much to ignore. Hills and stairs were getting tougher every day. Yard work was more difficult. His knees hurt on even the slightest incline. Sometimes he even heard them make a crunching sound when he walked.

"I'm 77 and I understand that it might be time to think about slowing down," says Bob. "But my knees bothering me like that? That's not something I was ready to accept. Fortunately, neither was Dr. Bray."

Back in September, Bob saw Dr. Bray at Essentia Health-Spooner Clinic who suggested that Bob try physical therapy. "I have to admit," says Bob, "I was pretty skeptical at first. I wasn't excited about surgery or any of the other alternatives, but I didn't see how physical therapy

would help my knees. To be honest, I waited a couple weeks before I finally gave them a call."

During those two weeks, Bob thought more and more about the upcoming deer season. Although he hasn't missed a season in years, he doesn't consider himself an especially serious hunter. For Bob, it's more about spending quality time with his two sons and his seventeen-year-old grandson.

In a family tradition, they always hunt together, taking turns on short "drives." Two hunters get in position on "post," and then the other two circle around to drive deer toward the first pair of hunters. Next, they move to a different spot and try it again. Each time, they take turns walking or waiting.

It's a good strategy, one that involves teamwork and lots of walking—often over hilly,

### A word from our CEO

At Spooner Health System, we take pride in serving you and delivering high quality healthcare. One way to ensure that we are providing quality care is by sending our hospital and emergency room patients a patient satisfaction survey. Press Ganey, a national patient satisfaction firm, sends out the survey, compiles the data, and reports it back to SHS so we can use it to better serve our patients.

Hospital inpatients are sent a survey after they are discharged. Please note that certain groups are excluded based on national guidelines. Surveys are also sent to a randomly selected sample of our ER patients.

If you receive a survey in the mail, please take a few minutes to complete and return it in the postage-paid envelope provided. We value your honest feedback about your patient experience at SHS and use it to improve our services. It allows us to acknowledge areas and individuals who have provided outstanding service, and to identify unmet patient needs and opportunities for improvement.

Thank you, in advance, for taking the time to complete the survey. We really do appreciate it. Completion of the survey, whether complimentary or critical, will help us enhance the care we provide to patients from our community every day.

One of the main goals through our Commitment to Excellence journey is for SHS to become a better place for our patients to receive care. Our patient satisfaction surveys are an important tool we are using to help us fulfill that goal.

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# After Stay in SHS Swing Bed, Phyllis Sopicki Recovering From Stroke at Home



September 27 began like any other day for Frank and Phyllis Sopicki. They are both retired and they rarely set an alarm clock. As they slowly awakened, Frank leaned over—just as he does every morning—to ask Phyllis if she was ready for her tea. When Phyllis opened her mouth to answer, no words came out. Something was very wrong.

Phyllis was able to make sounds, but not form words. Her arms and legs worked fine and she could still walk. But when she tried to speak, the words just wouldn't come. She later learned that she'd had a serious stroke.

Frank called the neighbors, and they called the ambulance. Within minutes, Phyllis was on her way to Spooner Health System. She had a seizure in the ambulance; by the time she arrived, she was breathing but totally unresponsive. Phyllis still doesn't remember anything that happened during the next three or four days.

"Initially," says SHS Social Worker Diane Neste, "the situation was pretty severe. My focus included supporting the family through whatever might happen next."

Then, miraculously, Phyllis began improving rapidly. After almost four days, she finally regained consciousness. Her speech slowly returned. Her overall condition improved enough so she was able to transfer from acute care to the swing bed program. Although she was doing much better, she still wouldn't be ready to go home for a couple more weeks. During that time, she had daily sessions with speech therapists, physical therapists, and occupational therapists.

Phyllis had already been seeing Dr. Bohac, who gave the therapists and nursing staff detailed notes about what Phyllis could and

couldn't do before her stroke. That way they'd have a better sense of what goals were appropriate. "I already needed a walker to get around," laughs Phyllis. "So no matter how good my physical therapists were, they probably weren't going to have me up and dancing by the time I came home."

Phyllis continued to improve rapidly. She worked hard at her therapy sessions, and even asked for extra "homework." In the evening, she worked more on math puzzles and story problems.

Every day, Frank was at her side. So were their children; they'd hurried to her bedside from Chicago. Most days, friends and neighbors stopped in too. The days flew by and soon Phyllis was ready to return home.

Physical therapists saw her at home for three or four additional sessions. After the second week, however, both Phyllis and her therapists agreed that she'd achieved all her goals and was back to her old self. Those additional sessions, however, made the transition more comfortable for everyone.

Her speech therapist only came once; further visits were deemed unnecessary. Phyllis has made a full recovery, with no slurring, hesitation, or other discernable after-effects.

She's talking just fine, and she has a lot to say about her experiences in our swing bed unit and with our Home Care team.

"Before I retired," says Phyllis, "I worked in the business office of a large hospital in Chicago. I also volunteered for many years with Alzheimer's patients. So I know healthcare."

"I have to tell you," says Phyllis, "I've never seen anything like the care I received here in Spooner. The doctors were there every day to check on me, and the nursing staff was stopping by all the time. Everyone was so friendly and helpful, and I always knew they were there when I needed them. The care was unbelievable."

"They also took good care of me," adds Frank. "Since I was there with Phyllis every day, they brought me a lunch and dinner tray, too."

Before Phyllis left the swing bed unit and returned home, Diane told her and Frank about Meals on Wheels. They and their family members also met extensively with Barb Englehart, Information and Assistance Specialist with the Burnett County Aging and Disability Resource Center. Most days, however, they still do their own cooking. "We're very independent people," says Phyllis. "And don't get me wrong; the food at Spooner Health System was great. But we like our own cooking best of all."

# SPOTLIGHT ON

## NURSING

There's a lot more to the nursing profession than what we see in movies and on TV.

In the OR, TV nurses stand silently, waiting to hand the surgeon a scalpel. In the ER, they ready an IV for an emergency blood transfusion. Late at night, in a darkened hospital, they check on recovering patients who sleep peacefully.

In real life, nurses actually do all those things. But there's a lot more to the story. So what role does nursing play in modern medicine? And here at Spooner Health System, what is it that nurses actually do?

"Behind the scenes," Clint Miller, Director of Patient Care Services, explains, "our nursing staff plays a much larger role than most people realize. The job involves assessing patients, administering and monitoring medications, coordinating patient care, educating patients and family, and seeing to patients' physical and emotional needs."

Patient assessments require careful observation and good critical thinking skills. If a patient is progressing normally, fine. If not, it may be time to get their physician involved. "Suppose," says Clint, "that a patient has pneumonia. We'd watch their temperature, patient oxygen saturation, and the sounds and patterns of their breathing. Is their shortness of breath improving? Is the cough getting better?"

"For another patient," he told us, "we might be watching for different signs. If their white blood cell count is going up, their blood pressure is falling, and their heart rate is rising, then it's time to alert their physician."

Next, nurses administer medications.

They also make sure those medications are working and that there are no side effects or allergic reactions. If an antibiotic isn't effective, for example, then it may be time to switch. If a blood pressure medication isn't effective (or, for that matter, if it's too effective), then it may be time to adjust the dosage or switch to a different medication.

When necessary, nurses alert physicians to these situations immediately. They also take part in interdisciplinary care conferences held three times a week. Because nurses see patients more often, their presence at these meetings helps ensure a greater continuity of patient care.

By the time patients leave here, some of them have been seen by an entire team of nurses. Usually, however, we designate a "primary nurse" to act as the patient's advocate and coordinate their care. "When I'm in those meetings and I'm designated as the primary," says Melisa Tiller, R.N., "it's my job to speak as the voice of the patient."

"Nurses are the hub of communication," explains Melisa. "We work with physicians, nutritional services, the pharmacy, the lab, and social services. If patients received care somewhere else before coming to SHS, or if they'll be receiving care elsewhere after being discharged from SHS, then we even coordinate communication with those other facilities."

Barb Peterson, R.N. says, "Patient education is another important part of the job, one that can also involve caregivers and family members. Before patients leave the hospital, they need to know how to take care of themselves and why it's important to follow

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Melisa Tiller,  
RN; Barb  
Peterson, RN;  
Kelly Bagley,  
RN



Sue Ruport,  
RN



# Partners of SHS: Not Your Grandmother's Auxiliary

**“The Partners of Spooner Health System** is a volunteer organization for the 21st century,” says President Linda Magnus. “Years ago, we used to be called the Spooner Health System Auxiliary. But today’s Partners organization is not your grandmother’s auxiliary.”

Although Christmas Teas and Annual Balls have fallen by the wayside, members of today’s Partners organization still focus on volunteer work, fundraising, and community involvement. In the nursing home, for example, they set residents’ hair, play cards or bingo with residents, help out with other activities, and accompany residents on outings. Some volunteers work at the hospital gift kiosk; while on duty, they greet people arriving at the hospital and act as goodwill ambassadors.

Other fundraisers include bake sales, a garage sale, silent auctions, the Love Light Christmas Tree. Partners have been very supportive of SHS by purchasing things like new furnishings in waiting rooms, or

the new mural and cabinets in our Birthing Center. In the nursing home, they’ve helped fund projects like the hands-free automatic entry doors, electric fireplaces in residents’ shower rooms; supplies and equipment for the beauty shop, computers and TVs, and even a Wii console that residents can use as part of their exercise program.

In recent years, the Partners organization has also become more involved out in the community. At the Washburn County Area Food Pantry, they’ve worked as volunteers, donated cash and food items, and made special donations of toothbrushes and women’s health products. They’ve helped support the local adopt-a-soldier program, and they’ve also organized a traveling dental clinic that visits elementary schools.

Every year, the Partners awards scholarships to students (both traditional and non-traditional) entering a health-related field. (If you or someone you know might be eligible, please see the sidebar for details.)

Currently, the Partners of SHS has about 75 members; only a small percentage of its funding comes from membership dues. “We charge \$7.00 a year,” says Linda. “It’s barely enough to pay for paperwork and postage. What’s more, we don’t have lots of meetings just to have meetings. We’re here to get things done.”

“What we need most,” says Linda, “is people who want to get involved and make a contribution—not just of their time, but also their ideas. We’re looking for opportunities to expand our horizons, become more visible out in the community, and most of all, make a difference.”

If you’d like to learn more about the Partners of SHS, and perhaps even consider joining, call Linda at (715) 635-1205.

The Partners Board at one of its monthly planning meetings. L to R: Mabel Mathiesen, Pat Aerts, Darlene Heller, Linda Magnus, and Sue Stariha.



# Ask the Doctor



**In this issue, Dr. Bruce Bray from Essentia Health-Spooner Clinic answers two questions we often hear about cholesterol.**

*Now that I've started taking medication for my high cholesterol, do I still need to worry about what I eat?*

Yes, even if you are taking medicine to reduce your cholesterol level, a healthy diet will improve your cholesterol profile and enhance your overall cardiovascular health.

Cholesterol-reducing medication is usually prescribed for those who still have elevated levels of cholesterol despite their efforts in making dietary and exercise changes. Making lifestyle changes, especially in the areas of diet and exercise, as well as taking the medication prescribed by your doctor, is the best way to reduce your risk of heart disease and stroke. Eating healthy and exercising regularly both contribute to overall blood cholesterol levels as well as the cholesterol that is made naturally by your body.

I would encourage you to follow your doctor's recommendations whether you've been advised to make diet and lifestyle modifications or prescribed a medication to help manage your cholesterol level. Also, it's important to take your medication exactly as your doctor has ordered so it can work most effectively.

*Do thin people need to worry about having high cholesterol?*

There is a common misconception that thin people can't have high cholesterol. Though it is true that people who are overweight are more likely to have high cholesterol, thin people should also have their cholesterol checked regularly. People who don't gain weight easily are often less aware of how much saturated and trans fats they eat on a daily basis. Both saturated and trans fats increase your blood cholesterol level.

Cholesterol comes from two sources: our body and the food we eat. LDL cholesterol (also known as bad cholesterol) is produced naturally by the body, but some people inherit genes that cause them to make too much. If high cholesterol runs in your family, lifestyle changes may not be enough to lower your LDL blood cholesterol level. Everyone is different; work with your doctor to find a treatment plan that's best for you.

## **Have a question you'd like to Ask the Doctor?**

Just contact Crystal Potter, our Public Relations Director at SHS. Her e-mail is [cpotter@spoonerhealthsystem.com](mailto:cpotter@spoonerhealthsystem.com). Or, call her at (715) 635-1227.

Please note that we will only be able to address general health-related questions in this column. Similarly, we are not able to offer diagnoses over the phone or by e-mail. If you have a specific question about your health or symptoms you're experiencing, please call your doctor immediately.

Partners of Spooner  
Health System

Scholarship

**Application Due April 15**

This year the Partners of Spooner Health System will be offering \$3,000 in scholarships to students entering a health-related field. Their contribution will be matched by SHS, totaling \$6,000 (three scholarships at \$2,000 each). Both traditional and non-traditional students are eligible.

Although most scholarship winners have pursued careers as a nurse, physician, or therapist, keep in mind that healthcare career options also include information services, information technology, and other administrative positions.

Applications can be printed from the SHS website at [www.spoonerhealthsystem.com](http://www.spoonerhealthsystem.com), or can be requested by calling Crystal Potter at (715) 635-1227.

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uneven terrain. Even the hunters who will be on “post” walk into the woods to reach their spots. Unless something changed in a hurry, Bob’s knees might be keeping him home this year.

Finally, Bob picked up the phone and called SHS’s Rehab Services to make an appointment for his initial assessment. “When I first saw Bob,” says Physical Therapist Catherine Hewitt, “he had pain in both knees. He definitely wasn’t ready to be out in the woods going up and down hills. We began an immediate program of physical therapy aimed at strengthening the muscles that support and stabilize Bob’s knee joints. We also worked on relaxing tight muscles and improving their flexibility.”

“What many people don’t realize,” explains Catherine, “is that muscles only have their full, normal strength if they can fully lengthen. So when the muscles become stronger and more flexible, they’re able to better support and stabilize a person’s knees. They would also have more of a ‘shock-absorber’ effect.”

Over the next couple months, Bob came in about once a week for therapy sessions with Catherine and other members of our Rehabilitation Services team. During some of those sessions, he also received Electro-Therapeutic Point Stimulation (ETPS) treatments. This pain management technique works like acupuncture, but without needles. Instead, it uses a mild, very localized direct current to calm the nervous system, relax contracted muscles, relieve pressed nerves, “unlock” old scar tissue, and release the body’s natural pain killers. Research has shown ETPS to be especially effective in the treatment of osteoarthritis.

“I’d never heard of it,” says Bob. “But it really worked. It definitely helped relieve the pain. Along with the physical therapy, it really got me back on my feet again.”

Catherine also gave Bob a series of home exercises to complete in between sessions. “I was motivated,” says Bob, “and I did my ‘homework’ every day. As a matter of fact, I still do exercises every day, without fail.”

“It only takes a few minutes,” says Bob, “and if that’s what it takes to keep the knee pain away, then it’s well worth it. I’ve accomplished my objectives, so I’m a happy camper.”

By opening day, Bob was ready. He spent a total of four days out in the woods with his sons and grandson. “They insisted on taking a couple of the hillier stretches,” says Bob. “Otherwise, I pretty much held my own. I slept like a log those nights, and I had a few stiff muscles by the end of the fourth day, but my knees were fine.”

Although Bob didn’t get a deer himself, he was able to be there when his grandson got his first buck. For Bob, that made it all worthwhile.

Bob offers two pieces of advice for others in his situation: “If your doctor recommends physical therapy, don’t be afraid to give it a try. Myself, I was pretty skeptical in the beginning. But it really made a difference. Then, if your therapist gives you special exercises to do in between your sessions, do them. That ‘homework’ is part of the deal, too.”

## Spotlight on Nurses continued from page 3

through. That daily follow-through is more likely to happen if patients know why it will keep them healthy—and sometimes even help keep them alive.”

“We need to explain all this,” says Barb, “in terms people can understand. We don’t just tell them ‘because.’ It makes a huge difference if we can explain why we’re doing what we’re doing, or why the doctor ordered a specific medicine.”

Nurses themselves need a great deal of education; even after they have their R.N. license, the learning never stops. Here at SHS, they’re required to complete at least 36 hours of continuing education every two years. This helps them keep up with advances in the field and maintain their certification in skills like advanced cardiac life support or neonatal resuscitation.

“Plus, we’re very supportive of new staff,” says Clint. “We have a very solid nurse residency program. Both formally and informally, there’s a lot of mentoring and cross-training. At a large hospital, nurses can specialize more. Here, they need a wide variety of skills.”

No matter what type of patients nurses are working with, one thing stays the same. “Because we work so closely with people,” says Kelly Bagley, R.N., “we really get to know them. Everyone’s different.”

“We treat the whole person,” adds Sue Ruport, R.N. “We treat their physical needs, but also their emotional needs.”

“We treat people,” she emphasized, “not just patient diseases or room numbers. We’re working with individual human beings. In the end, that’s what makes this job so rewarding.”

“Patients can be angry, nervous, or scared. We try to help them get through what can sometimes be a stressful situation. People want to understand what’s normal and what’s not. They want to understand what’s happening to their bodies.”

~ Kelly Bagley, R.N.

# An Update on Patient Safety Initiative

**Spooner Health System's mission is "To provide high quality healthcare."**

Part of providing quality care, of course, is providing all of our patients with safe care. Here at SHS, we've been participating in a national initiative to improve patient safety by following evidence and outcome-based patient safety goals.

The current National Patient Safety Goals include:

- Identify patients correctly.
- Improve staff communication.
- Use medicines safely.
- Prevent infection.
- Check patient medications.

Our Patient Safety Committee meets monthly to coordinate and guide our patient safety efforts to make our hospital a safe place to receive care. The committee is comprised of the Quality Coordinator/Risk Manager, Chief Executive Officer, Physicians, Pharmacists, Director of Patient Care Services, Nursing Home Director of Nursing, and Education Director.

The team initiates new practices and procedures to meet the National Goals, monitors the effectiveness of patient safety activities, and strives to involve everyone in the effort to ensure a culture of safety. It's just one more way we're fulfilling our mission "to provide high quality healthcare."

## 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

**February 14, 2011:** Appropriate Food Choices and Carbohydrate Counting by Karen Schultz, Registered Dietitian

**March 14, 2011:** Diabetes and Exercise by Barb Keefe, Physical Therapist

**April 11, 2011:** Reviewing Your Diet, Choosing an Appropriate Snack or Supplement by Karen Schultz, Registered Dietitian

**May 9, 2011:** Diabetes and Foot Care by Claudia Hagen RN, Director of Education

### Expectant Parent Class

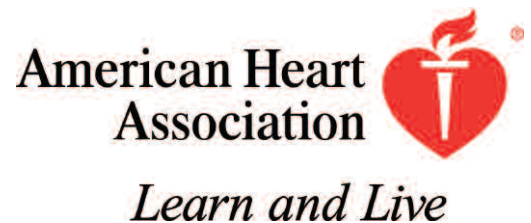
May 2 and 9, 6:00 - 9:00 pm. For more information, or to register, call 715-635-1211.

# February is American Heart Month

Cardiovascular diseases, including stroke, are our nation's No. 1 killer of men AND women. According to the American Heart Association (AHA), while heart disease and stroke kill 1 in every 3.7 men, 1 in 2.4 women lose their lives to heart disease and stroke—the number 1 and number 3 killers of women. By way of comparison, breast cancer kills 1 in 29 women.

This year, the AHA is celebrating National Heart Month with a series of Go Red For Women events. The Go Red For Women campaign funds research around women and heart disease and stroke, and it aims to educate women so that they can lead longer, healthier lives.

The campaign began in February 2004 and has grown into a national movement that gives women tips and information on healthy eating, exercise, and risk factor reduction. Things you can do to lower your risk include smoking cessation, weight maintenance, blood pressure control, and blood cholesterol management.



To sign up for the **Go Red For Women** program, visit [www.americanheart.org](http://www.americanheart.org). Or, call 1-888-MY-HEART to receive educational information and a red dress pin.

For more information on American Heart Association, visit [www.americanheart.org](http://www.americanheart.org).

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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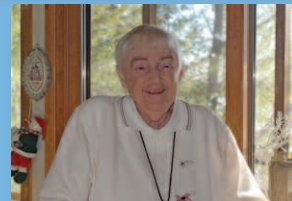
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