



### A STROKE OF GENIUS

We've partnered with UW to offer telestroke for accurate, high-tech and speedy stroke care.

**SEE PAGE 3 ►**

# HEALTH SCENE®

JOURNAL OF WELLNESS AND GOOD HEALTH CARE • FALL 2012



**Call 911 right away if you or someone else shows signs or symptoms of a stroke.**

## WOMEN & STROKE

### 4 POINTS TO KNOW

These facts may surprise you: Each year, twice as many women in the U.S. die from stroke as die from breast cancer. And women are more likely than men to have a stroke—but are often unaware of their risk

and what they can do to reduce it.

Here are four things every woman should know about stroke:

**1 Stroke is a brain attack.**

Like a heart attack, a stroke happens when the blood supply to the organ is cut off. Strokes are usually caused by a clogged artery that blocks the delivery of blood and oxygen to the brain. A stroke can cause brain cells to die, leading to brain damage or death.

**2 Some risk factors are specific to women.**

The most common risk factors for stroke for both men and women are getting older; being overweight; smoking; having a family history of stroke; not exercising; and having high blood pressure, diabetes, or high blood cholesterol.

But for women, the following can also increase stroke risk:

- Having migraines with auras.
- Having an autoimmune disease, such

as lupus, or a blood-clotting disorder.


- Using birth control pills or menopausal hormone therapy.
- Being pregnant.
- Being postmenopausal and having a waist larger than 35 inches or a triglyceride level higher than 128 mg/dL of blood.

Also, certain groups of women, such as African American and Hispanic women, are at higher risk for stroke than Caucasian women.

**3 Up to 80 percent of strokes may be preventable.**

You may be able to reduce your risk for stroke with a healthy lifestyle. That includes controlling your blood pressure and cholesterol levels, being at a healthy weight, exercising, and not smoking.

**4 A stroke is an emergency.**

 Call 911 if you or someone else shows signs or symptoms of a stroke.

Sources: American Stroke Association; National Stroke Association; Office on Women's Health

## HEALTH BITS



### REST YOUR SPINE

Sleeping on your back puts 55 pounds of pressure on your spine. Putting pillows under your knees cuts that pressure in half and may help lessen back pain.

North American Spine Society

### SAFE, NOT SORRY

Do you carry prescription pain medications when you travel? To help prevent theft, keep them hidden or locked in the hotel safe.

American Pain Foundation



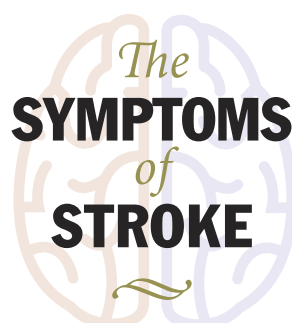
### KEEP IT SKINNY

A 4-ounce potato has just 88 calories. Topping it with one tablespoon of sour cream will add only 30 calories, while a tablespoon of butter or margarine adds 100.

Academy of Nutrition and Dietetics

#### Unique to women

- Sudden face and limb pain.
- Sudden hiccups.
- Sudden nausea.
- Sudden general weakness.
- Sudden chest pain.
- Sudden shortness of breath.
- Sudden heart palpitations.



#### In both men and women

- Sudden numbness or weakness of the face, arm or leg (especially on one side of the body).
- Sudden confusion or trouble speaking or understanding speech.
- Sudden trouble seeing in one or both eyes.
- Sudden dizziness or trouble with walking or balance.
- Sudden severe headache with no known cause.

Source: National Stroke Association

## HEALTH TALK NEWS, VIEWS &amp; TIPS

## VACCINATIONS

## 3 myths debunked

You can't believe everything you hear.

That's worth remembering when it comes to vaccines.

These days, there's plenty of misinformation about vaccines. And if you believe all you hear, it might cause you to avoid a vaccine that could keep you or your child healthy—or even save your lives.

Here are three common vaccine myths—and the facts behind them.

**Myth** The diseases vaccines prevent no longer exist in the U.S., so vaccinations are unnecessary.

**Fact** Vaccines have made certain diseases far less common than they used to be. But many of these illnesses still exist and pose a danger to people who aren't protected. World travelers face particular risks if they visit countries in which diseases are not well-controlled. They may

also bring diseases back home.

**Myth** Vaccines cause many serious side effects, including death.

**Fact** An Institute of Medicine report called the risk of death from vaccines extraordinarily low. And while serious side effects are possible, they're extremely rare, according to the Centers for Disease Control and Prevention. When side effects do occur, they're usually minor and temporary.

**Myth** Most people who get diseases were vaccinated against them.

**Fact** The vast majority of people who are vaccinated are protected from disease. However, a small percentage won't develop immunity to a disease despite getting the vaccine for it. Also, more vaccinated than unvaccinated people may get sick in a disease outbreak. But that's because there are usually many more vaccinated people than unvaccinated ones. The percentage of unvaccinated people who get sick is still higher than it is for vaccinated ones.



## DOCTOR VISITS

## Can we talk?

From water-cooler chats to first dinner dates, we tend to get from a conversation what we put in. A two-way communication, after all, takes two.

So when it comes to your relationship with your doctor, are you more than a good listener? Do you also ask questions and mention things about your health that he or she might need to know? It matters a lot. Good communication can lead to better health care for you.

If you'd like to help improve your patient-doctor talks, here are some ideas:

**Do share.** Your doctor can check your blood pressure and more. But he or she won't know a lot of other things without your help, such as:

- Your health history and lifestyle habits. Paint an honest picture, including about whether you smoke, exercise or eat well. And try not to be embarrassed about sensitive topics.
- All the medicines that you take. Make a list of your prescription and over-the-counter drugs and supplements. Let the doctor know of any side effects or bad reactions you've had to medicines.
- Symptoms you've noticed. Include what seems to trigger them and what makes them better.

**Ask away.** Bring a list of your health questions and concerns to each appointment so you won't forget. Also, don't be afraid to ask questions about a diagnosis or about the medicines, tests or treatments that your doctor recommends. Feel free to take notes.

**Would you repeat that, please?** Ever nodded yes in a conversation, even though you really didn't understand? Maybe you were too embarrassed to speak up. Don't be. Speaking up is especially important if you don't understand what your doctor is telling you. Ask to have something explained until it's clear.

Sources: Agency for Healthcare Research and Quality; U.S. Department of Health and Human Services



## HOSPITALS

## How to be a good visitor

You're a thoughtful house guest. Among other friendly courtesies, you call before you drop by and you keep the kids from being overly rambunctious when you visit. But how much do you know about visitor protocol when a friend or loved one is hospitalized?

Hospital visitors play an important role in infection prevention and overall patient safety. Some suggestions to keep in mind before and during your visit:

**Give well-wishes by phone if you're sick.** If you've recently caught a bug or are just getting over one, it's best to steer clear for now. A bad cough, fever or diarrhea are some stay-home signs.

**Call ahead.** Ask the nurse if children, flowers or food are allowed. If kids are OK, and they're not sick, remind them not to run around or touch the equipment.

**Follow directions.** Check for any instructions

posted on the door to your loved one's room.

For example, sometimes it's necessary to take special precautions, such as wearing a mask. If that's the case, talk to the nurse before you enter the room.

**Scrub those hands.** Remembering to wash or sanitize them before you enter and after you leave the room helps avoid potentially bringing germs in or taking them with you.

Source: Association for Professionals in Infection Control and Epidemiology

JOURNAL  
DIGEST

## MIDLIFE HEALTH A MEASURE OF LIFETIME HEART RISKS

Having risk factors for heart disease at midlife can dramatically increase the risk for cardiovascular problems later in life.

Researchers examined 50 years' worth of data from 18 studies of more than 250,000 men and women. Blood pressure, cholesterol levels, and smoking and diabetes statuses were measured at ages 45, 55, 65 and 75.

Middle-aged adults with two or more risk factors were much more likely to have heart problems and strokes later in life. Even having just one risk factor—such as slightly elevated blood pressure or cholesterol—was linked to an increased long-term risk, the researchers note.

*The New England Journal of Medicine, Vol. 366, No. 4*



## EXERCISE MAY GIVE A LIFT DURING CHRONIC ILLNESS

Exercise can boost the spirits. That's why people with depression often are encouraged to be more physically active. But exercise may also help people with a chronic physical illness feel happier.

Researchers reviewed the results of 90 different studies that used exercise as a treatment for chronic conditions such as heart disease, arthritis or cancer. The studies also measured depression before and after exercise training. Depression is common in people with a chronic illness.

The researchers found that exercise reduced symptoms of depression by 22 percent overall. The greatest effects were seen in those who reported serious depression at the start of a study and who also felt that exercise had improved their physical functioning by the end of it.

Antidepressant drugs aren't always useful when depression is related to a chronic illness, the researchers note. In those cases, they say, exercise may be a low-risk, low-cost alternative therapy.

*Archives of Internal Medicine, Vol. 172, No. 2*



# PARTNERING FOR ADVANCED CARE

*Grant Regional Health Center joins University of Wisconsin Telestroke Network*

**NEARLY 800,000 STROKES** occur each year in the United States. Now more than ever, Grant Regional Health Center stands ready to care for those who experience stroke.

Thanks to a new partnership, patients coming to Grant Regional's Emergency Department now have immediate access to world-class stroke neurologists at the University of Wisconsin (UW) Comprehensive Stroke Center in Madison.

Through its affiliation with UW Health, Grant Regional is now part of the UW Telestroke Network, which offers quick assessment and response to the medical emergency of stroke. Time is of the essence with stroke, because brain cells are lost at the rate of 1.9 million neurons per minute as a stroke cuts off blood flow. The clot-busting drug tissue plasminogen activator, or TPA, can only be administered within 4 1/2 hours of the stroke's onset.

"We are thrilled to be a part of UW's Telestroke Network," said Nicole Clapp, Grant Regional President and CEO. "Our patients expect not only compassionate care but leading-edge technology, and telestroke is just the latest example of our commitment to delivering excellence to our region. Grant Regional continues to make the advanced care and technology, once found only in metropolitan areas, convenient and accessible to our patients."

**HOW IT WORKS** Through a video system, telestroke enables a UW stroke neurologist to directly interview patients and family members when a stroke is suspected. Computed tomography, or CT, scans are also viewable and a treatment plan recommendation is directly communicated to emergency room physicians and nurses so that care can begin immediately. Everyone in the room can see and hear the stroke neurologist during the telestroke process.

Because suspected stroke patients receive immediate assistance, emergency room personnel are also supported when time is critical. This extra level of stroke-specific knowledge enhances patient safety and facilitates treatments that lead to better outcomes.

In most cases, telestroke will allow patients to stay at Grant Regional. But in more complicated cases, the patient may need to be transferred to Madison for specialized treatment. Telestroke also benefits these patients because the neurologist they see will have already evaluated the patient.



**WHEN A TRANSFER IS NECESSARY** At UW Hospital, patients who need further treatment will have access to neurosurgeons and interventional neuroradiologists who specialize in less invasive surgery, in which catheters are threaded into the brain to remove blood clots.

According to Donna Katen-Bahensky, president and CEO of UW Hospital and Clinics, "Telestroke is an excellent example of technology improving the patient experience. We are excited to add complementary services to the excellent care they provide. We share a common vision of offering the best and latest treatment options."

## Meet the telestroke team

**U**niversity of Wisconsin (UW) Health and Grant Regional Health Center are working together to enhance patient care in Grant County through the use of the UW Telestroke Network. Through this network, patients gain the benefit of leading-edge technology. This advancement makes us one of only a few community hospitals in all of Wisconsin that can connect local care to the powers of UW Health System.

### WISCONSIN TELESTROKE NETWORK PHYSICIANS



**MARCUS R. CHACON, MD, BOARD-CERTIFIED IN NEUROLOGY**

Marcus R. Chacon, MD, is an assistant professor of neurology at the UW School of Medicine and

Public Health. His special interests include neurocritical care, medical informatics, acute stroke therapy and expanding stroke specialty care to underserved communities.



**MATTHEW B. JENSEN, MD**

Matthew B. Jensen, MD, is an assistant professor of neurology at the UW School of Medicine and Public Health. His special interests include practical management issues of acute stroke and stroke prevention.



**JUSTIN SATTIN, MD BOARD-CERTIFIED IN NEUROLOGY**

Justin Sattin, MD, is an assistant professor of neurology at the UW School of Medicine and

Public Health and Medical Director of UW Health Comprehensive Stroke Program. His clinical focus is the prevention, evaluation and treatment of acute stroke, with a special interest in collaborating with community hospitals to identify and effectively manage stroke patients.

## Funding telestroke: Community involvement helps save lives

**G**rant Regional Health Center made a commitment to providing this exceptional service through several years of planning and securing funding sources.

Grant Regional Foundation's annual campaign in 2010 raised over \$32,500 to help implement the program. Through the

Universal Service Fund grant, we received \$28,780 to increase our current broadband and to purchase a computer specifically for telestroke and another for interpretive services. And in 2011, Grant Regional was awarded \$3,000 from a Multiplan grant to provide information on telestroke to

local EMS and the general public.

For more information about this new advancement, contact Angie Pagenkopf in the emergency department at Grant Regional Health Center at 608-

723-2143 or visit our website at [www.grantregional.com](http://www.grantregional.com).

## You're Invited!

*Grant Regional welcomes you to a special open house*

**TUESDAY, SEPT. 11  
4:30 to 6:30 p.m.**

**Grant Regional Health Center  
Main Lobby**

Join us in celebrating the 2012 renovation of the new main lobby, registration and emergency room triage!

New features include:

- Improved patient and visitor entry and flow
- Enhanced confidentiality and privacy
- Comfortable, expanded waiting areas
- ER triage room

The open house will also highlight new

telestroke advancement and the Swing Bed program!

Stop by during the open house to view the new areas and learn more about our latest technology and important programs!

Refreshments will be served.

# 5 FOR FIGHTI

Germs have been making people sick since ... well, since forever. ♦ Ancient Greeks wrote about the miseries of malaria. And around 1300 B.C., an Egyptian carved a description of polio onto a stone. ♦ The germs that cause both those diseases are still around today. And while you're not likely to pick up either of those at the office, there's probably a cold or flu virus lurking nearby. Or maybe some strep bacteria to inflame your throat. ♦ The unfortunate fact is that germs have been—and likely will continue to be—everywhere. Most are harmless. But some can make you sneeze, come down with a fever or even worse. ♦ Here's the fortunate part, however: There are simple steps you can take to help protect yourself and your family from some common infectious diseases. ♦ Try these five germ busters.

**Each year, on average, about 50,000 adults in the U.S. die from vaccine-preventable diseases or their complications.**

# NG INFECTION

**1 LATHER, RINSE, REPEAT** Washing your hands is a great way to stop the spread of disease.

Why? Because it gets rid of germs that may have glommed on to you when you touched something or someone. The trick, however, is remembering to wash your hands well and often—before you plant those germs in your mouth, nose or eyes and before you share them with someone else.

According to the Centers for Disease Control and Prevention (CDC), it's particularly good to wash your hands before you:

- Eat.
- Prepare meals.
- Treat someone's wound.
- Handle contact lenses.

And after you:

- Use the bathroom.
- Change a diaper.
- Touch germ-filled items, like trash cans or cleaning rags.
- Handle food.

It's not enough to just splash your hands with water, either. You need to scrub them all over with soap and warm water for at least 20 seconds. Rinse and dry with a paper towel. No soap? An alcohol-based sanitizer will do in a pinch, advises the CDC.



Download a QR reader to your smartphone and scan this link to watch a video from the CDC about handwashing.


**2 PRACTICE SAFE FOOD** You've seen the headlines about salmonella, *E. coli* and Listeria. Foodborne illnesses caused by these and other bugs are considered infectious diseases too.

To help protect yourself and your family from food poisoning, follow the handwashing advice above. Four other actions you can take:

- Avoid cross-contamination. Keep raw animal products away from other foods. Start at the grocery store by putting meat, poultry, fish and eggs in plastic bags before loading them into your cart. Refrigerate raw foods in containers when you get home. And when preparing foods, dedicate one cutting board to animal products only. Use a different board for cutting other foods, such as fresh produce.
- Thaw it right. Never defrost food at room temperature—meaning don't leave it on the counter or in the sink. You can safely thaw food in the refrigerator, under



cold running water or in the microwave. Plan accordingly: Food thawed in cold water or in the microwave needs to be cooked immediately.

- Heat it up. Cook foods at recommended temperatures to kill any harmful bacteria. Use a food thermometer,  and check the cooking guide at [www.isitdoneyet.gov](http://www.isitdoneyet.gov).

- Cool it down. Cold slows the growth of bacteria, so keep your refrigerator at 40 degrees or below. Refrigerate leftovers quickly. And use ice packs when taking food on the road to picnics or potlucks.

**3 CLEAN—AND MAYBE EVEN DISINFECT** The floor may look clean enough to eat from, but that doesn't mean you should try it.

And not just because it's a floor. Cleaning removes germs from surfaces, but it doesn't kill them. Disinfecting does.

Disinfectants obliterate bacteria, viruses and other germs. They're powerful enough that they have to be registered with the U.S. Environmental Protection Agency (EPA).

In fact, that's one way to identify a true disinfectant: Check the label for an EPA registration number. Also, look for words like *germicidal*, *antimicrobial* or



*antibacterial* on the label.

There's no need for germ overkill, however; cleaning with soap and water is fine for many surfaces, advises the CDC. But it does recommend using disinfectants—especially when someone in the household is ill—in areas where germs tend to cluster, such as kitchens and bathrooms.

## 4 KEEP UP WITH IMMUNIZATIONS


We're doing a decent job of vaccinating children in the U.S. against infectious



diseases such as chickenpox, measles and mumps, reports the CDC. But that's not necessarily the case with adults.

On average, about 50,000 adults in the U.S. die from vaccine-preventable diseases or their complications every year, according to the National Foundation for Infectious Diseases.

Vaccinations are one of the most effective ways to prevent illness. That's why you should make sure all members of your family—children, teenagers and adults—are up-to-date on their shots. And don't forget an annual flu shot for just about anyone in the family.

You can find the recommended immunization schedules for all ages at  [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

## 5 ANTIBIOTICS: USE AS NEEDED

One of the most important things to remember about antibiotics is this: They only work for bacterial infections—not viruses like the flu, a cold, bronchitis, or most sore throats and ear infections.

There's no doubt that antibiotics have been powerful tools against infectious diseases. Their effectiveness has been something of a double-edged sword, however: They've worked so well against so many

diseases that we've often misused them.

We may have asked our doctors to prescribe them whenever we felt ill—even when we didn't need them. We may not have always finished our prescriptions. Or sometimes we may have given leftover pills to sick friends.

As a result, germs grew stronger.

Antibacterial resistance—germs learning to fight back against antibiotics that once treated them—is a growing health threat that affects everyone. But we can all help stop it.

How? Don't expect your doctor to offer antibiotics every time you or your child gets sick, advises the CDC.


If your doctor does prescribe antibiotics, follow the directions. Take them every day, as many times as stated on the label, for as long as stated. If you're feeling better, that's great. But some germs may be lingering in your body, so finish the prescription.

And keep in mind that if you're infected, you can infect others. Stay home from work and other public places until



you're well. If your illness caused a fever, wait at least 24 hours after it's gone before mingling with others.

**WHAT ELSE YOU CAN DO** Ask your doctor about other things you can do to help prevent infectious illness—such as using insect repellent to avoid bites from ticks and mosquitoes. Find out why it's important for pregnant women not to clean cat litter boxes and why you need to keep an eye on kids' hands when visiting animals at a petting zoo or county fair.

You also can learn more about infectious diseases at the website of the National  Institute of Allergy and Infectious Diseases, [www.niaid.nih.gov](http://www.niaid.nih.gov).

## FEATURE

# Heads Up

## All about concussions

When you bump your head, your brain can take a beating too. The result: a concussion. ♦ Here's what you need to know about this all-too-common and potentially dangerous brain injury.

**ALL IN YOUR HEAD** A concussion is a type of traumatic brain injury. It happens when you have a bump or blow to your head or a blow to your body that makes your head snap back and forth.

Though the brain is normally cushioned inside the skull, such jostling causes the brain to bounce against the inside of the skull. This can tear blood vessels, bruise brain matter and stretch the nerve cells of the brain, which keeps them from working properly—at least temporarily.

According to the American Association of Neurological Surgeons (AANS), one of the main signs of a concussion is confusion. Other signs and symptoms include:

- Prolonged headache.
- Memory problems, including an inability to recall what happened before and after the trauma.
- Loss of consciousness.
- Nausea and vomiting.
- Trouble with speaking, balance, muscle coordination or reflexes.
- Problems concentrating or learning.
- Sensitivity to light.

- Irritability, sadness or nervousness.

- Loss of smell or taste.

You should see a doctor as soon as possible if any of these signs or symptoms occur after a blow to your head.

While some of these may be apparent right away, others may not be noticed for days or even months, notes the Centers for Disease Control and Prevention.

**TRAUMA DRAMA** Some concussions are more serious than others. But there is no such thing as a mild concussion—all have the potential to lead to bigger problems.

Multiple concussions are especially a concern.

If you sustain a second concussion before the first one is fully healed, that additional trauma can lead to dangerous swelling in the brain. And that second blow does not have to be very strong to have dire effects, including permanent disability or death, reports the AANS.

A concussion can also cause ongoing problems with mental skills, such as problem solving, planning and memory—especially if you've had more than one.

**EASE THE ACHE** A concussion usually gets better in two to six weeks. In the meantime, recovering requires rest for the mind and the body. That means:

- Avoiding strenuous activities—such as weightlifting or heavy housecleaning—and contact sports.
- Getting lots of sleep at night and

resting often during the day.

- Forgoing activities that require a lot of mental concentration, such as balancing your checkbook. Also, consider returning to work slowly—perhaps even going back part-time for a while.

For pain, over-the-counter medication can help. In general, it's better to take acetaminophen and to avoid aspirin and ibuprofen, which can raise the risk of bleeding in the brain.

See your doctor right away if you aren't getting better or if you have additional symptoms, such as:

- Increasing headaches.
- Vomiting.
- Confusion.
- Seizures.

**SAVE YOUR BRAIN** If you've had a concussion, it's important to avoid further blows and bumps to the head while you're healing. If you're an athlete, don't return to sports until your symptoms are completely gone and you have your doctor's OK.

To help prevent concussions:

- Always wear the appropriate safety gear—including any recommended helmet—for whatever sport you play. Make sure your children do the same.
- Buckle up whenever you drive or ride in a vehicle. Properly restrain kids too.
- Check your home for tripping hazards, such as throw rugs and clutter.
- Protect kids from falls by using window guards on the windows and safety gates at the top and bottom of stairs.



## Beyond concussions

### Other types of traumatic brain injuries

**C**oncussions are the most common type of traumatic brain injury. But there are plenty of other dangers to the brain.

Among them:

- **Skull fracture**—a break or crack in the skull bone. Types include **depressed fractures** (which occur when pieces of the broken skull press into brain tissue) and **penetrating fractures** (which occur when something, such as a bullet, pierces the skull and injures brain tissue).

- **Contusion**—an area of swollen tissue mixed with blood from broken blood vessels. It can be caused by a skull fracture or by jarring the brain, as when someone is violently shaken.

- **Hematoma**—a hemorrhage (heavy bleeding) into or around the brain triggered by damage to a major blood vessel.

- **Anoxia and hypoxia**—a lack of oxygen in the brain. Anoxia occurs when brain tissue is completely deprived of oxygen, even if the tissue is still getting enough blood. With hypoxia, the brain is still receiving oxygen, but the supply is decreased.

Source: National Institutes of Health

**Grant Regional's concussion clinic is open for the school year. Call 608-723-3236.**



## TRANSITIONS FROM ACUTE CARE TO HOME

# GRANT REGIONAL OFFERS SWING BED PROGRAM

**BY OFFERING ACUTE** care and swing bed care, our goal at Grant Regional Health Center is to provide for your care in times of illness or injury—from the onset of your ailment through recovery.

With today's trends in shorter hospital stays, you may not feel ready to go home when insurance suggests. Grant Regional wants to make you aware of a program that can help.

Swing Bed is used following a hospitalization for an acute problem when your condition is improving but you are not quite ready to return home. If you still need care when the time comes for you to be discharged, you will be offered the choice of going to a nursing home or to the Swing Bed program to complete your recovery.

The program provides for short-term stays to assist in recovery and rehabilitation. During this time, a resident must continue to meet criteria for skilled care. When his or her condition improves, the patient and the hospital will work together to provide discharge plans. This could include home health, delivered meals, supportive home care, alternative living arrangements, other community services and family help.

**CARE CLOSE TO HOME** The Swing Bed program has been in use at Grant Regional Health Center in some capacity for over 20 years. The program has evolved through the years with changes in insurance and government regulations. Grant Regional adapted to these changes while continuing to meet patients' needs. The extra time spent in the hospital, whether for extended physical therapy or IV antibiotics, allows for the patient to become stronger and more self-sufficient before returning home.

Swing Bed care may be primarily paid for with Medicare. Your physician and hospital will monitor your care



**EDUCATION MATTERS:** Tracy Ackerman, registered dietitian (right), explains the importance of proper nutrition during an extended hospital stay.

throughout your stay and assist you in qualifying for Medicare under federal guidelines or as determined by your particular insurance policy. If you are not eligible for Medicare or private insurance coverage, you will need to pay for your care with private funds.

**REFERRAL PROCESS** Your social worker will work closely with you, your physician, your family and the team to determine your discharge plan and skilled needs for a safe discharge.

Some patients in another acute hospital may prefer to be closer to home for their skilled care needs. In such cases, a referral to the Swing Bed program at Grant Regional can be made by the patient, his or her family or physician, or a case manager from the hospital he or she is in.

If you are interested in the program, Grant Regional's social worker and health care team will determine if you meet admission criteria for short-term skilled care and whether you have days available according to your payer source.

## Swing Bed program: Your questions answered

### Q What is the Swing Bed program?

**A** The Swing Bed program is a short-stay program designed to serve those individuals who are in a transition phase of illness or recovery and no longer require acute care services.

### Q Who qualifies?

**A** In order for Medicare to pay for the Swing Bed program, specific medical criteria must be met. Following a hospital stay of at least three days, an individual must require either skilled nursing or skilled therapy services.

### Q What does Medicare cover?

**A** Swing Bed is covered under the Medicare skilled nursing facility (nursing home) benefit. Medicare will cover up to 20 days in full and up to 100 days with a co-payment as long as Medicare criteria are met. Medicare supplements will usually pay the deductible as long as Medicare continues coverage. Other medical insurance may cover the Swing Bed program, or a patient may pay with private funds.

### Q What are the qualifying medical criteria?

**A** To qualify for the Swing Bed program, a patient should have one or more of the following needs:

- Daily physical, occupational and/or speech therapy.
- Intravenous or nutritional therapy.
- Specialized care for complex wounds that are not healing well.
- Pain management.
- End-of-life care.

### Q What are the benefits of the Swing Bed program?

**A** The program allows individuals to recover and gain strength as they transition from acute care to home. The skilled care focuses on helping the patient get stronger and gain independence.

To learn more about the Swing Bed program, call 608-723-3215.

# THE LATEST IN LYMPHEDEMA CARE



**Amy Roach,**  
physical therapist

Lymphedema is a permanent obstruction of the lymph system that reduces the lymph flow out of a limb or the trunk, resulting in chronic swelling. Most often, lymphedema is caused by surgical removal of lymph nodes. However, some people are

**GRANT REGIONAL HEALTH** Center is proud to offer certified lymphedema care.

Amy Roach, PT; Tonya Schlueter, PTA; and Inez Martin, OT, are certified lymphedema therapists. They each attended a comprehensive lymphedema and venous edema management course, which included hands-on and instructional training.

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**Tonya Schlueter,**  
physical therapist assistant, massage therapist

born with too few lymphatic structures and in other cases, surgeries or injury can cause edema that overwhelms the venous system and subsequently overloads the lymphatic system.

Treatment of lymphedema consists of:

- Manual lymphatic drainage, a gentle manual technique that moves congested lymph to a healthy functioning lymphatic quadrant.
- Patient education.
- Exercise instruction.
- Compression bandaging or wrapping to soften the tissue; improve muscle



**Inez Martin,**  
occupational therapist

pumping, which stimulates the lymphatics; and prevent what is known as refill.

Grant Regional is mindful of our patients' needs beyond clinical treatment. For example, patients with lymphedema must manage their chronic swelling by wearing custom compression garments for the rest of their lives. Our physical therapists refer them to custom garment fitters who assist them in ordering garments.

For more information on lymphedema and its treatment, please ask your physician or contact Grant Regional Rehab Department at 608-723-3236.



## EMERGENCY DEPARTMENT

# 5 TIPS THAT CAN SMOOTH YOUR VISIT

**THANKS TO TV**, the emergency department might be the part of the hospital you feel like you're most familiar with.

But how much do you really know about it? And how confident are you in your understanding of how the department operates and how you can make a trip to the emergency department go more smoothly?

Here are five things everyone should know about visiting the emergency department:

- 1 It's not for routine care.** As the name implies, the emergency department is for emergencies—things like chest pain, uncontrolled bleeding or severe vomiting. If you simply have a sore throat, are looking for a flu shot or would like to get a physical, it's not the place to turn. Health care needs like these are better met by finding and developing an ongoing relationship with a primary care doctor.
- 2 It's helpful to plan ahead.** No one expects to end up in the emergency department. But if you do, being ready helps ensure that needed care will be delivered as quickly as possible.

No need to worry—Grant Regional offers InstyMeds so you can fill your prescriptions after hours or on weekends.

To get you and your family ready:

- Complete a medical history form for each family member, and keep it up-to-date. The form provides important information about each person's health problems, medications and allergies. It should be given to the emergency department staff upon arrival.



- Complete a consent-to-treat form for each of your children. Give the form to babysitters, relatives, teachers or others who care for your kids in your absence. This form enables caregivers to authorize medical treatment for your child in an emergency.

You'll find these forms on the website of the American College of Emergency Physicians, [www.acep.org](http://www.acep.org).

- 3 You might not be seen right away.** The department doesn't operate on a first-come, first-served basis. A specially trained nurse evaluates patients and prioritizes who should be seen most quickly based on their condition—a system called triage.

The staff will do all they can to see you as soon as

possible. But be aware—sometimes there are long waits.

- 4 It's important to be specific.** The more details you can provide about your symptoms, the better the staff will be able to help you. Be sure to alert someone if there is any change in your condition.

- 5 Following instructions when you're released is a must.** Getting better depends on following the advice of the doctor who treated you. This might mean taking a prescription as directed, returning to the hospital if your condition worsens or seeing your regular physician for follow-up care. Be sure you're clear about what you need to do before you leave the emergency department. If not, don't hesitate to ask questions.

## Teach kids to call for emergency help

In an emergency, your littlest family members could be your biggest allies. So making sure they know how to summon help is something every parent should do.

According to the American College of Emergency Physicians, even 3-year-olds may understand the concept of 911.

At about that age, you can teach them to call 911 if they need a police officer, a firefighter or an ambulance. Stress that you call only for emergencies—it's not a game. And talk about what some emergencies might be.

Of course, every child should also know his or her name, address and phone number. You can start to teach these to your child as you teach the ABCs.

You can also help your child practice making an emergency call by pretending to be a 911 operator. Ask your child questions an operator would ask, such as: What is your emergency? What is your address? What is your full name?

Hopefully, your child will never have to make a 911 call. But if the need does arise, knowing he or she is prepared may give you peace of mind.

## PROVIDER LISTING



### Family Medical Center

9177 Old Potosi Road  
Lancaster, WI 53813

608-723-4300

- Liz Hinkley, APNP
- Brian Quick, PA-C
- Kate Reuter, APNP
- Robert Stader, MD

### High Point

#### Family Medicine

507 S. Monroe St.  
Lancaster, WI 53813

608-723-3100

- Misty Nemitz, APNP
- Eric Slane, MD
- Eric Stader, MD
- Jessica Varnam, MD

### High Point Family

#### Medicine—Fennimore

1255 11th St.  
Fennimore, WI 53809

608-822-3363

- Misty Nemitz, APNP
- Eric Slane, MD
- Eric Stader, MD
- Jessica Varnam, MD

### Dean Clinic—Lancaster

500 S. Madison St.  
Lancaster, WI 53813

608-723-2131

- Erin Huebschman, MD
- Andrew Klann, DO
- Jason Klovning, MD
- Sheirlie LaMantia, MD
- Laurie Meighan, APNP
- Kelly Muench, PA-C
- Ronald Reschly, MD
- James Yurcek, MD

### Grant Regional Emergency Department

507 S. Monroe St.  
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608-723-2143

- Eulogio Aguilar, MD
- Jerry Fushianes, PA-C
- Liz Hinkley, APNP
- Les Newhouse, PA-C
- Robert J. Smith, MD
- Jolene Ziebart, APNP

FIND OUT MORE  
ABOUT OUR DOCTORS AT  
[WWW.GRANTREGIONAL.COM](http://WWW.GRANTREGIONAL.COM).

CLICK ON  
"FIND A PHYSICIAN."

## Save lives by donating blood

Give the gift of life!

Mississippi Valley Regional Blood Center is the exclusive provider of blood to Grant Regional Health Center. Donating blood is a safe and simple procedure that only takes about an hour. Blood donation saves lives. It's simple, yet important. For more information or to schedule a donation time, call Janis Waddell at 608-723-2143, ext. 216.

### Donate at a blood drive at Grant Regional Health Center, Monroe Conference Room

- Tuesday, Sept. 25: 9 a.m. to 1 p.m.
- Wednesday, Nov. 28: 9 a.m. to 1 p.m.
- Wednesday, Oct. 24: 2:30 to 6:30 p.m.
- Thursday, Dec. 27: 2:30 to 6:30 p.m.

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# HEALTH SCENE

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