Hearts Beat Stronger with Positive Attitudes

CARING ONE BEAT AT A TIME

Outpatient cardiac rehabilitation is an important part of recovery for patients with heart disease. Vernon Memorial Healthcare’s Cardiopulmonary Rehab and Diagnostics Department regularly receives accolades from patients who say they are grateful for being given a second chance at life.

Peggy Winchester experienced a sudden cardiac event during 2013 while in La Crosse waiting for a stress test. Winchester, who lived in the Boaz, Sabin area at the time, chose to undergo her cardiac rehab with VMH because it was closer to home. Gundersen Viroqua Clinic Family Nurse Practitioner Kris Brueggen and Nurse Practitioner Julie Wypyszynski monitored her progress locally along with cardiologists from Gundersen Health System.

Winchester said the exercise physiologists at VMH treated her as a whole person, rather than focusing on just her heart problems. “The emotional support I received from Eric Thunstedt, was incredible,” she said. Winchester shared that the entire cardiac rehab team showed unconditional caring and an appreciation of her personal situation.

Winchester said each week of her rehab program began to feel a bit better and she continues to carry on her exercise program at home. “Keeping a daily food and health journal and exercise routine and her ability to prioritize was key to Peggy’s success,” according to Thunstedt.

“Their attitudes changed my life.” Those are the words of Marly Zager of Viroqua, a graduate of VMH Cardiac Rehab who continues to work out faithfully in the VMH Wellness Center. Zager is referring to the VMH Exercise Physiologists who worked with her throughout her rehab.

Zager has been a frequent patient at VMH over the past year for treatment of her coronary artery disease, which runs in her family. Cardiologists at Gundersen Health System placed stents (wire mesh stainless steel tubes) in two of Zager’s arteries earlier this year to open blockages and hold them open, allowing smoother blood flow. Once recovered from the procedure, Zager chose to do her cardiac rehab at VMH.

Zager said, “The VMH staff was so supportive of me, I felt it would be an insult to them if I didn’t give it my all. The personal care I received is unbelievable.”

Catching An Unexpected Speedy Delivery

BABY BORN IN VERNON MEMORIAL’S EMERGENCY ROOM

Ann Anderson, EMT calls it, “the coolest night ever in the VMH Emergency Department.” By cool she’s not referring to air temperature but rather to her first experience delivering a baby.

Jean Gilkes, RN was just discharging her last patient from the emergency room at 3:00 am when the doorbell at the ambulance garage sounded. As Anderson walked toward the door, a local couple entered, their only words, “It’s coming…” Gilkes immediately pointed to an open bed, phoned the Obstetrics Department and paged Emergency Physician, Tony Macasert. In the meantime the mother-to-be was escorted to the bed.

Anderson remembers saying, “she’s crowning.” Gilkes directed Anderson to place pressure on the baby’s head to prevent an explosive birth. Macasert and Certified Nurse Midwife Kim Dowat arrived on the scene and guided staff in delivering the baby, helping to ensure the umbilical cord was not around the infant’s neck.

Both continued to provide direction as the head was delivered. Next, one shoulder popped out, then the other shoulder and the baby was born at 3:05 am. Once the just under 8 pound boy was safely out of the womb, Macasert and OB staff took over the care of the newborn.

VMH emergency staff are not aware of any other deliveries occurring in the department. Typically there is enough time to transport laboring moms to the VMH Birthing Center.

Winchester was visited by the couple several days later when they arrived at the E-R again, this time with a healthy newborn and a personal thank you.

“Everything is teamwork when it comes to emergency medicine…”

Jean Gilkes, RN

“...to emergency medicine…”

It’s a cool head that helps to make for a calmer outcome in a stressful situation,” according to E-R nurse, Felicia Liebert. Gilkes added, “Everything is teamwork when it comes to emergency medicine. We need each other to work together in order to provide the best care for our patients.”

Anderson was visited by the couple earlier this year to open blockages and hold them open, allowing smoother blood flow. Once recovered from the procedure, Zager chose to do her cardiac rehab at VMH.

Zager said, “The VMH staff was so supportive of me, I felt it would be an insult to them if I didn’t give it my all. The personal care I received is unbelievable.”

In This Issue

- **Spotlight On Health**
  - **Trainer’s Corner**
    - Teaching you DIY fitness tips to keep you healthy!
  - **VMH Investigates**
    - The Health Insurance Marketplace and You
  - **Priorities**
    - “Don’t Get SICK as a Dog This Year”
    - Dr. Deborah Prior reminds us how to prevent the spread of viruses
  - **Moving Forward**
    - Daisy Evans tells her story of recovery after her March 2012 car accident
  - **VMH Spotlight On Health**
    - We look forward to hearing your comments about the Spotlight On Health. Please send all comments to: pubrel@vmh.org (608) 637-4219

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**Events at Vernon**

Need support for your Fibromyalgia or Chronic Pain?

Next Support Group meeting
January 16, 2014
Call 637-4385

Health Insurance Marketplace
Certified Application Counselors Available by appointment at VMH
Mondays in November & December
Call 608-654-5100 ext. 283
Read more about this service on page 6

23rd Annual Crafter’s Holiday
Thursday, December 5
9 a.m. - 4 p.m.
Lower Level
Medical Office Building
**Medical Staff Active**

Emergency Medicine
- Yvonne Brauch, M.D.
- Anthony L. Macaaset, M.D.
- Paul Marisken, M.D.
- Patrick Scott, M.D.

Family Practice
- Ben Agar, M.D.
- Paul Bergquist, M.D.
- David Chacon, M.D.
- James DeLine, M.D.
- James R. Feltos, M.D.
- David Hubbard, M.D.
- Richard E. Long, M.D.
- R.A. Macaaset, M.D.
- John Porter, M.D.
- Lucas Reading, M.D.
- Jen Raddiffe, D.D.
- Elizabeth Roberts, M.D.
- Shawn Sedwicke, M.D.
- Brian Woody, M.D.

General Practice
- Bill Calkins, M.D.
- Deborah Prior, M.D.

General Surgery
- R.A. Macaaset, M.D.
- Alexander Wade, M.D.
- Rachel Wilson, M.D.

Orthopaedics
- Jeffrey Lawrence, M.D.

Pediatrics
- Jeff Menn, M.D.

**Medical Affairs Staff**

Nurse Midwife
- Kim Dowet, MSN, CNM
- Jennifer Eissfeldt, CNM

Nurse Practitioner
- Bernardette Adams, FNP
- Kris Brueggem, RN, MSN-CS, FNP
- Sheila Kuperman, MS, RN, FNP
- Susanne Minna, RN, MSN, FNP
- WHNP

Kelly Scheeder, APNP
- Patricia Swanson, FNP, APNP

Optometry
- Andrew Nasas, O.D.
- Kenneth Purdure, O.D.

Physician Assistant
- Tom Franke, PA-C
- Colin Kratzschwilli, PA-C
- Randy Mitchell, PA-C
- Tamsen Morgan, PA-C
- Julianne Nevers, PA-C
- Tammy Pedretti, PA-C
- Ann Sherry, PA-C
- Lisa Varnes-Epstein, PA-C

Behavioral Health
- Randall Kahn, MA
- Kevin Schmidt, MSW
- Paul Schmidt, MSW, LCSW, CAD

Nurse Anesthetist
- Brian Miller, CRNA
- Arnold Nomm, CRNA
- Greg Sauers, CRNA
- Dennis Stalsberg, CRNA

**Administration**

Chief Executive Officer
- Kyle Bakum

Chief Operating Officer
- Kris Wiltz

Chief Financial Officer
- Mary Koenig

Assistant Administrator of Clinical Operations
- Dan Nelson

**COURTESY STAFF**

Audiology
- Angela Mandel, Au.D.

Cardiology
- Kristen Andresen, M.D.
- Mary Jo Burke, APNP
- Jayne Laplan, NP
- Janice Schroeder, NP
- Rajah Sundaram, M.D.
- Julie Wyrepszynski, APNP

Cardiothoracic Surgery
- Prem Rabinandranath, M.A.C.

Dental
- Steven Solversson, D.D.S.

Dermatology
- James Hogan, M.D.

Endocrinology
- Arnold Asp, M.D.

Gastroenterology
- Kenneth Horst, M.D.
- James Grosskreutz, M.D.
- Steven Schlack-Haar, M.D.

General Practice
- Carol Dinges, M.D.

Hematology
- John Farnen, M.D.
- Kaye Johnston, PA-C

Neurology
- Mary Goodsett, M.D.
- Gregory Pupillo, M.D.

Nephrology
- Margaret Myhre, MSN
- Balaji Srinivasan, M.D.

OB/Gynecology
- Deb Simon, MD

Oncology
- Kurt Oger, MD

Orthopediatrics
- Paul Kocz, M.D.

Oral Surgery
- David Ludington, D.D.S.

Otolaryngology
- (Ear, Nose, Throat)

Pathology
- Daniel Schraith, M.D.

Podiatry
- Heather Chestolston, D.P.M.

Psychiatry
- David Van Dyke, M.D.

Pulmonary
- Scott Skibo, M.D.

Rheumatology
- Sharon Barnhart, MSN, APNP

Radiology
- Carl Decker, M.D.
- Barbara Knadle, M.D.
- David Lautz, M.D.
- Paul Lehey, M.D.
- Brian Mancke, M.D.
- Anna Myklehurst, M.D.
- John Pape, M.D.
- Eva Pflugman, M.D.
- Cameron Roberts, M.D.
- Jedadiah Scheller, M.D.
- Paul Stanton, M.D.
- Daniel Wolbrink, M.D.

Urology
- Marvin VanEvery, M.D.

**Hospice House Opening Doors to Future Care**

Vernon Memorial Healthcare’s Bland Bekkedal Center for Hospice Care opened its doors October 2-3 amid an outpouring of well wishes and a celebration of the completion of this new home for the terminally ill.

Hundreds of individuals were toured through the building at 705 Arena Drive, Viroqua.

Home Health Hospice Manager, Donna Nelson says she and her staff anxiously anticipate the final state survey of the facility so that patients may be admitted and cared for.

“We are humbled, privileged, and grateful for all of the gifts of flowers and plants, kind words and tears of joy,” Nelson said.

“The Bland Bekkedal Center for Hospice Care is our community demonstration that we can do anything with determination, vision, and teamwork. We can all be very proud in assuring that we have quality end of life care for our residents.”

Now that the dream of provid ing inpatient hospice care is a reality, there have been many questions about our new facility in terms of the referral process, length of stay and payment for hospice care.

The open house and tour opportunity allowed VMH Hospice staff the chance to answer many of these questions.

Please read the Hospice Questions and Answer Session on page 3 to learn more about hospice care.

Vernon Memorial is able to provide for our communities at The Bland Bekkedal Center for Hospice Care.

Cardiac Rehab patient, Marly Zager has taken her passion for good health and wellness on the road. Zager has gained statewide recognition for her work in fighting heart disease and has created a kit (shown above) that could one day be patented and used in case of a medical emergency.

Zager is turning her passion about raising awareness of heart disease into a book. The book will give the lay person’s side of fighting the disease.

She is also working on obtaining a patent on a kit that she has developed to aid caregivers of anyone with a serious illness.

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“Zager was an inspiration to the other patients she encountered. Zager’s enthusiasm, positive attitude and the drive she possesses to take charge of her health. Cardiac Rehab Manager, Bonnie Anderson said Zager epitomizes the type of patient that takes charge and is able to self-manage their disease.”

In her travels, she includes the following eight important pieces to encourage everyone to better health:

1. Educate yourself about your condition.

2. Be proactive. Developing a trusting relationship with your doctor.

3. Exercise to stay fit.

4. Maintain a positive attitude.

5. Live each day.

6. Remember that each of us is unique but our diseases are not.

7. Don’t be afraid to ask questions. Understand your condition. Take an advocate with you to your medical appointments.

8. Don’t expect your children to be your support team. You’re often too close to their hearts.

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“Zager served as the honorary survivor spokeswoman at the Go Red for Women luncheon in La Crosse this summer. She continues to travel the state and spread her encouraging message aimed at wiping out heart disease and stroke.

In her travels, she includes the following eight important pieces to encourage everyone to better health:

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A HOSPICE QUESTION & ANSWER SESSION...

Will hospice still care for patients in their own homes?

Most certainly yes. If any one of us were told we were terminally ill, had a limited amount of time to live, and were asked where we would like to be, it more than likely would be home. Home with our belongings, our loved ones, in our own bed.

Hospice provides four levels of care:

1. Care in the home patient, nursing home or assisted living-Vernon Memorial Hospice has been providing care to patients in their own home since 1982. This care involves the patient, their family or primary caregiver and the hospice staff. The hospice staff includes team members to address the physical, social, emotional, and spiritual issues that occur when a patient becomes terminal. The hospice team works to enable patients to live as fully as possible in their home environment and provide support for family members. Hospice provides care to nursing home residents and their families in contracted facilities. We have contracts with Sannes Skogdalen in Soldiers Grove, Bethel Home and Vernon Manor in Viroqua and Norseland Nursing Home in Westby.

2. Continuous Care-Vernon Memorial Hospice provides around the clock nursing to manage a crisis. The hospice RN is on call 24 hours a day/7 days a week. At the time of death the RN goes to the patient home to assist the family without the need for contacting the police or coroner.

3. Acute inpatient hospice care-Vernon Memorial Hospice serves the patient in an acute setting or hospice inpatient unit when needs or problems arise that cannot be appropriately managed at home. Patients may be in the actively dying phase and need this level of care when family and caregiver breakdown has occurred, or the symptoms of the disease need more management.

4. Hospice respite-Vernon Memorial Hospice relieves family members and significant others from the ongoing pressure and stress of care by removing a patient from the home for a period of up to five days at a time and placing them in a contracted site. The patient may stay for up to 5 days to give the family a break.

The Bland Bekkedal Center for Hospice Care was created to provide acute inpatient hospice care and hospice respite. This level of care has been provided at Vernon Memorial Hospital. We will continue to use Vernon Memorial Hospital in the event that the hospice facility is at full capacity. The facility has the infrastructure to expand to up to 16 rooms as needed.

Who pays for hospice care?

Admission to hospice is not based on the ability to pay. Vernon Memorial Hospice accepts reimbursements from Medicare and Medical Assistance as payment in full. The Hospice Medicare/Medical Assistance/insurance benefit covers many services not covered in traditional Medicare, including medications, medical supplies and equipment. Medicare hospice patients do not have to pay a 20 percent deductible. Approved services are covered at 100 percent. The Hospice Medicare benefit is divided into periods, each which requires a certification of the terminal nature of the illness by the attending physician: two 90 day periods, and unlimited 60 day periods as long as the patient remains eligible for the hospice benefit. Patients may opt out of the Hospice Medicare Benefit at any point and immediately change to traditional coverage.

How long can a patient stay in the facility?

Patients coming for hospice respite care are limited to stays up to 5 days at a time on a non-regular, non-routine basis.

How can people use the facility?

This facility is for acute inpatient hospice care and hospice respite. To be in these levels of care a patient needs to be enrolled in hospice. Patients are eligible for hospice services if they have a limited life expectancy. This may be due to end stage heart, lung, liver, kidney, or pancreatic disease; cancer patients; some neuromuscular diseases, such as Lou Gehrig's or multiple sclerosis; end stage dementia; Alzheimer's; AIDS patients; and any condition considered appropriate by a physician. An interdisciplinary team works with patients and their families dealing with physical, emotional, social, and spiritual needs at a time when a curative approach to care is no longer available. Through skillful pain and symptom management and the supportive services of a professional and volunteer team, every effort is made to provide comfort and to enhance the quality of life for patients and families.

Examples of acute inpatient hospice care:

- The patient comes to the hospital with a severe stroke and health is declining despite aggressive approaches. The physician, patient and family choose comfort care. The patient could be admitted to the Bland Bekkedal Center for Hospice Care because death appears imminent and the focus is on keeping the patient comfortable.
- The patient is being cared for at home with family. As death grows near, the family becomes uncomfortable and unable to provide care. The patient could be admitted to the Bland Bekkedal Center for Hospice Care.
- The patient at home develops a pain crisis or a symptom that cannot be managed in the home. The patient could be transferred to the Bland Bekkedal Center for Hospice Care.

Examples of hospice respite:

- The hospice patient is being cared for by a family member who is becoming worn out and tired. The patient can come to the Bland Bekkedal Center for Hospice Care for up to 5 days to give the family or caregiver a restful break.
- The hospice patient is being cared for by family and the family has travel plans. The patient can come to the Bland Bekkedal Center for Hospice Care for up to 5 days.

Why do we need a facility like this?

The Bland Bekkedal Center for Hospice Care was created to improve end of life care for those hospice patients and families needing acute inpatient hospice care and hospice respite care. The private, homelike accommodations offer the patient the ability to die with dignity. Families are able to be with the patient. There are no restrictions on visitors or visiting hours. The Bland Bekkedal Center for Hospice Care was created to provide patients with choices at a time when choices are limited, the ability to be in a hospital bed and be outside on a bright sunny day, to be in a recliner on wheels watching the sunset on the porch, to have the privacy needed with family.

The Bland Bekkedal Center for Hospice Care is located at 705 Arena Drive, Viroqua, WI. The hospice center is currently a four bed inpatient facility that has the infrastructure to expand to up to 16 rooms as needed. Individuals in need of hospice care are referred to hospice by their primary care provider when the patient is terminally ill.
Lunges - Muscles worked while lunging include gluteals, quadriceps, hamstrings, erector spinae, and abdominals.

Body positioning pictured above should be followed when completing the following lunge exercises. As you progress, you may add dumbbells for an added challenge with each of the exercises.

Stationary Lunge
1. Start by standing on a flat surface
2. Step right foot ahead of the left into a split stance position. Right foot will remain flat on the floor. You will come up on your left toes (heel off the floor). Keep the right ankle and knee in line with the hip and toes pointing center. Keep your shoulders back and over your hips, eyes looking forward.
3. With control bring left knee down toward the ground, but do not touch. Keep the right knee behind the toes on the right foot. You may use a chair to help you with balance. 4. Bring yourself back up into the upright position with feet still in a split stance. Try to repeat for a total of 10 repetitions. Repeat the following with left foot in front.

Front Lunge
1. Start in an upright standing position.
2. Step forward with right leg, keeping the right ankle and knee in line with the right hip.
3. With control in one smooth movement, bring left knee toward the ground in back, but not touching. Right knee should come to a 90 degree angle. Keep the right knee behind the right toes, shoulders back and over hips.
4. Use the right foot and leg to push off the ground and come back in an upright position. You may alternate between the right and the left leg, stepping forward or do all 10 repetitions with the right and then 10 on the left.

Rear Lunge
1. Very similar to the front lunge, instead of stepping to the front, you will step to the back. Body will remain tall with shoulders back, eyes forward.
2. Take a big enough step back so the front knee does not go in front of the toes.
3. In a controlled motion lower back knee toward the ground without touching.
4. Push yourself upright with your thigh muscles and return back to the starting position.

POOR FORM:
As with all exercise, form is extremely important with the lunge. The picture below demonstrates what not to do when you are completing the lunge exercise.

Pay close attention to your back and shoulder positioning. Always keep your upper body in a strong upright position.

Attention to knee position is also very important. Individuals with current or previous knee injuries should use caution when performing lunges.

TEACHING YOU HEALTH & WELLNESS AT VMH

Check www.vmh.org for a complete list of classes and health screenings offered by VMH Health Educators and providers. Register online for your next BLS Recognition class or sign up your 11-year old for the next session of Safe Sitter! Questions? Please call 637-4298 for more information.

HEARTSAVER FIRST AID $30
The Heartsaver First Aid course provides training in basic first-aid procedures – including the first-aid skills recommended by OSHA – in a format that can be delivered in a single day. It also offers elective modules in CPR, AED, and environmental emergencies.

The Heartsaver First Aid course is specially designed to train anyone who might be the first to respond in the workplace or community. The course can be tailored to address the needs of a specific workplace or group of employees.

February 14 • April 25 • 8:00 a.m. • 11:00 a.m.

HEARTSAVER CPR $40
The Heartsaver CPR course trains lay rescuers to recognize and treat life-threatening emergencies with CPR, AED, and environmental emergencies. It supports the Heartsaver CPR course for responders who require a credential for completion.

February 14 • April 25 • 9 a.m.

SAFE SITTER $40 (1 day course)
As a babysitter you take on a very important role. Babysitting can, and should be fun. But accepting a babysitting job also means accepting the responsibility for a child’s life. Students must be 11 years old by the date of the course to participate. Other June dates available, please contact VMH Health Education for more information.

December 30 (1 day course) • 9:30 a.m. - 3 p.m.

VMH SWIMMING LESSONS $30
Children ages 3-10 years old will gain the knowledge of pool and water safety while learning how to swim in a safe environment.

February 17-21 4:30-6:30 p.m.

COMMUNITY CHOLESTEROL SCREENING
First and Third Wednesdays of the month 8-10 a.m.
Total Cholesterol and glucose (non-fasting) Fee: $20
Lipid Panel (12 hour fast required) Fee: $40

VMH WELLNESS CENTER HOT DECEMBER DEAL! $20 FOR ALL GROUP CLASSES!
GET WARM, STAY FIT THIS WINTER!

The following courses are for individuals in the health care field. For complete descriptions and registration information please visit: www.vmh.org.

ADVANCED CARDIAC LIFE SUPPORT (ACLS) $225
Renewal (1 day) 8:00 a.m. • March 21, 2014 • $200
Recognition (2 day) 8:00 a.m. • April 17 & 18 • $225

BASIC LIFE SUPPORT FOR THE HEALTHCARE PROVIDER (BLS) $40
November 22 • December 6 • December 20
January 10 • January 24 • February 7
February 28 • March 7 • March 28 • April 4
8 a.m. Recognition • 12:30 p.m. Renewal

PEDIATRIC ADVANCED LIFE SUPPORT (PALS) $225
February 13 & 14, 2014 8 a.m.

NEONATAL RESUSCITATION PROGRAM (NRP)
February 20, 2014 8:00 a.m.

ECG/PHARMACOLOGY $75
March 14, 2014 • April 11, 2014 8 a.m.

BASIC ARRHYTHMIA CLASS $75
March 4, 2014 • March 11, 2014 8 a.m.
Ray Anderson returned to the VMH Wellness Center on September 12th with an extra bounce in his step and a little extra “weight” in his pocket. Anderson was a gold and silver medalist in the Wisconsin Senior Olympics.

With a glint in his eye and a satisfied smile across his face, Anderson began his story. “I won the Silver in bench lift for 180 pounds, the Silver in squats for 270 pounds, and the Gold in Dead lift for 340 pounds.

The gold was my last lift and heavier than last year by 20 pounds. I was not planning on lifting what I did but competitiveness came to the surface when I realized the man who lifted before me won the gold last year. I had to beat him, and in order to do that I had to lift 340 pounds which was 5 pounds heavier than I planned. I didn’t think about it when the time came I just did it.”

Anderson, who is 62, competed in the Wisconsin Senior Olympics for the first time in 2012. “I liked the way I felt and I liked how strong I had become,” Anderson said. “I liked that my back and arms did not ache (once I learned the correct form). I liked that I did not feel my age. My blood pressure and pulse went down. And it all happened because I began training for my 1st Senior Olympics”

Anderson knew he had to keep going, “I wanted to get better and Josh and Sam helped me with my workouts, my form, and encouraged me to try harder. With all that training I felt my competitiveness coming back. But what I really like is the fun I have coming to the Wellness Center.

I lift what I can for the day, and I don’t feel pressured like at other gyms. Mostly, I enjoy talking to staff and other clientele who give me great advice and great pointers.”

Anderson said what gave him the drive to compete in a second Senior Olympics was the support he received from his family. He was grateful that his son, grandson, and granddaughter were in attendance when he lifted. Anderson said family support had a huge impact on him since his family and friends have not always seen him at his best.

Anderson explained that he has walked a long road to get to where he is today. He abused his body, spirit, and mind thirty-eight years through the use of drugs and alcohol. Once he was able to rebuild his life he wanted to see if he could get his body back to where it was before the abuse he put it through.

Anderson quickly developed a passion for proving a person can become healthy again, no matter their age. All it takes is a will to want it and a determination to win. “I wanted it to be an incentive for others,” Anderson said. “I want what I did to inspire others.”
Starting Jan. 1, 2014, almost all Americans will be required to carry a base level of health insurance coverage.

If you do not have health insurance coverage, the Internal Revenue Service will require you pay a penalty.

For 2014, the penalty will be 1% of your income or $95 per adult and $47.50 for each child, whichever is greater. If you are currently on Medicare, this penalty will not impact you.

To purchase insurance, you may go to the Health Insurance Marketplace, which remains open until March 31, 2014. The Marketplace, www.healthcare.gov, will allow you to shop around for a health plan that fits your needs.

If you need help enrolling call 608-654-5100 to schedule an appointment with a Certified Application Counselor. A counselor will be located in Conference Room B of the Viroqua Area Medical Office Building, Mondays from noon to 4:00 pm.

You need to check out the new Health Insurance Marketplace to review your options if: you do not have health insurance, you have Medicaid insurance (such as BadgerCare in Wisconsin) now or think you might qualify for Medicaid, or if you feel you are under-insured or your current insurance is not affordable. You may also qualify for a tax subsidy, depending on your household income and family size.

The Marketplace will determine if you qualify for Medicaid if that option applies to your situation. If you receive a letter stating your Medicaid coverage will end, you will need to enroll through the Marketplace. Your BadgerCare eligibility may not change if you are: pregnant, under the age of 18 (dependent on income), blind, disabled, elderly.

You may qualify for an exemption if:
- 8% of your income goes to pay for health insurance
- Your income is below the threshold required for filing taxes
- You qualify for religious exemptions
- You are an undocumented immigrant
- You are a member of an Indian tribe
- You are incarcerated

The Marketplace lets you see the health insurance options available to you, decide what fits your health needs and your budget, apply for coverage and determine if you qualify for a federal tax subsidy.

The Western Region Enrollment Network is also a good source of information on the Affordable Care Act. Visit www.lacrossecounty.org/humanservices/aca.

The Survey

Do You Need to Shop for Health Insurance?

- Are you uninsured?
  - Yes
  - No

- Are you currently on Medicaid?
  - Yes
  - No

- Are you on Medicare?
  - Yes
  - No

- Do you carry health insurance from your employer?
  - Yes
  - No

- Do you think your current insurance is not affordable?
  - Yes

You’re ready to shop!
Choose one of the following ways to have your questions answered or to sign up for health insurance that is right for you & your family:

Visit: www.healthcare.gov

Call: VMH Patient Registration & Accounts Manager, Ashley Lagerquist at 637-4769

Schedule a local enrollment appointment at VMH on Mondays by calling (608) 654-5100

The Health Insurance Marketplace & You

Turn on the TV, radio, or open up your favorite online news source and most likely you’ll find something about the health insurance marketplace. We’re here to help you understand what you need to know for you and your family’s care.
It happens all too often, your feverish illness is caused by a virus. Antibiotics are not prescribed by your medical provider because they don’t work if a virus is the real culprit. Viruses are adept at being spread by us. Viruses hang out in respiratory secretions like nasal mucous, mouths and sputum. Hence, contact with any of these secretions can spread viruses.

How can we stop the spread of these germs? Just like your mother always told you – wash your hands. Teach your kids to wash their hands. This helps them from catching a cold and helps prevent spreading a cold to other people.

Washing with soap and water is all that is needed. It doesn’t have to be antibacterial soap. If soap and water is not available then alcohol-based sanitizing gels will work as a substitute.

Timing is important – about 20 seconds of washing is needed or about the time it takes to sing “Happy Birthday” twice. If using a hand gel, rub your hands together thoroughly until the gel is evaporated. If you are taking care of somebody else who is sick, make sure that you’re washing your own hands.

Other tips to contain viruses include: wipe off surfaces that have contact with body secretions such as toys, doorknobs, handrails, tables, etc. Some toys are dishwasher safe. Stuffed animals may be washed in the washing machine.

Don’t share eating utensils – cups, silverware, water bottles. Don’t share towels or wash cloths or toothbrushes. Consider removing the bathroom water glass or replace it with disposable cups. Towels need to go through the laundry more frequently. Toothbrushes should be replaced once the illness is over. Tissues should be thrown into trash containers and not left sitting around. Teach kids to cough or sneeze into their elbows to prevent secretions from becoming airborne.

Stay healthy by allowing your immune system to function well. Get enough sleep. Have you ever noticed that you often “catch a cold” when you’re run down or over tired? Exercise regularly. It helps keep you healthy as well. Eat nutritious food to help your immune system function properly.

If you do get sick, make sure you’re getting enough rest to recover. Hydrate yourself. Consider taking Vitamin C. Stay home so that you’re not spreading illness to others.

Make sure you’ve had your influenza vaccine. It’s one of the best preventative measures you can take.

The flu shot is recommended for everyone 6 months of age and older. Check with your health care provider if you have questions about the flu vaccine. Prevention is the best medicine!

Stay healthy this cold & flu season!
Receiving Chemo Minutes from Home
INFUSION THERAPY AT VMH ALLOWS PATIENTS TO RECEIVE CARE CLOSE TO HOME

Kathy O’Neal of Viroqua is thankful for a variety of reasons when it comes to the diagnosis and treatment of her cancer.

In mid May of this year O’Neal was given the unfortunate news that she in fact had lymphoma, a type of blood cancer that occurs when the white blood cells that form a part of the immune system and help protect the body from infection and disease divide faster than normal cells or live longer than they are supposed to.

O’Neal chose chemotherapy as her treatment option. After beginning her chemotherapy at Gundersen Health System in La Crosse without complications, she was able to transfer her care to Infusion Services in Viroqua.

Gundersen Hematologist John Farnum, M.D. and Physician Assistant Kay Johnston traveled to Viroqua to see O’Neal and other local patients one day a week in the Outpatient Specialty Care Clinic located on the first floor of the Viroqua Area Medical Office Building.

Patients needing chemotherapy, such as O’Neal, or other infusion services, are able to obtain that service on 3rd floor of the medical office building in Infusion Services operated by Vernon Memorial Healthcare. O’Neal maintains a positive attitude about her care and her caregivers shared with her provide encouragement and support. O’Neal said she continues to receive lots of good support from her sister and VMH infusion nurses. O’Neal explained that her infusion treatment usually lasts about three hours and it’s so handy that she lives only four blocks away.

“The staff is wonderful, they are friendly and knowledgeable and are always willing to offer tips on how I can deal with the side effects that often occur with my chemotherapy.” Vernon Memorial Healthcare offers infusion therapy services to improve the quality of life for patients who require fluid and injectable medications on an outpatient basis.

Patients who receive infusion therapy represent a variety of ages, diagnoses and conditions. A physician’s order is required for infusion therapy.

New Technology for You
VMH has acquired a new, technologically-advanced Computed Tomography (CT) scanner. This open machine, allows you to see completely around yourself, as opposed to an MRI scanner, which encloses you. A CT scanner uses advanced x-ray technology to take pictures of your body. Immediately after it scans your body, a computer in the scanner reconstructs the data into cross-sectional pictures of your body.

VMH CT Tech, Tonya Bood, says VMH’s investment in the new CT machine was made with our patients in mind. The new scanner offers our patients the most advanced scan technology available, providing images of exceptional quality and lowest possible radiation dose. Higher quality images means more information for physicians to diagnose and plan treatment. Lower dose radiation means increased patient safety. CT images can provide much more information than do plain x-rays. A CT scan has many uses, but is particularly well suited to quickly examine people who may have internal injuries from car accidents or other types of trauma. A CT scan can be used to visualize nearly all parts of the body.

Pictured above: Technicians are shown delivering the gantry (donut-shaped part) of the new SOMATOM Definition AS scanner.

Moving Forward with Intention
DETERMINATION, HARD WORK, AND A BRIGHT OUTCOME

Your life can change in an instant. The test lies in how you overcome the challenge that has been given to you.

Daisy Evans, Viroqua, knows all too well how life can change without warning. In March 2012, Evans was traveling on Hwy 56 when she was in a horrific accident that caused her to be thrown through the windshield of her car.

Evans was taken to La Crosse where she spent 5 weeks in a coma. When she regained consciousness, she realized she had a long road of recovery time ahead of her. Evans was told she had bruised her brain, which resulted in decreased function and mobility on her left side. She also had trauma to her throat where a tracheotomy had been performed to help her breath. At the time of the accident when the tracheotomy had been performed, the medical staff also found one of her molars lodged in her throat which would later add to the scar tissue and diagnosis of Dysphonia, or difficulty vocalizing.

After her time in La Crosse and Milwaukee hospitals, Evans was transferred to Clearview Brain Injury Center in Juneau, Wisconsin where she did intensive cognitive, physical, and voice therapy for 11 months. The process was grueling and was not enjoyable. It was not only physically exhausting, but the mental and emotional toll it took on Evans was very difficult. Evans said, “It’s hard on your self-esteem to go into therapy and have all of the things you can’t do pointed out to you.”

Evans pushed forward with an amazing amount of mental and physical strength and determination to get well enough to leave the brain injury center to pursue her next level of therapy at Vernon Memorial Healthcare.

When Evans began therapy at VMH in June 2013, she was ready for a change in therapy and was eager to meet her new speech therapist, Allison Pierce. Evans said, “I was happy to come here for therapy and working with Alli has been very enjoyable.”

After their initial therapy session, Pierce realized, “Having a personal connection [with Evans] was very important for her therapy.”

Evans and Pierce built a relationship on trust and the understanding that it was okay to have bad days, but hard work would still be expected. Pierce and Evans both agreed, “You have to want it to change it!”

Evans learned from her time with Pierce that she had to think about talking. She said, having intention and thinking about talking really helped her get to the next level of vocalizing and being able to move forward with her speech therapy.

The relationship of trust and understanding with Pierce Evans made it want to be more involved with her therapy. She started doing research and asked Pierce questions about alternative therapies. Pierce said working with Evans was a time for growth in herself as well.

Pierce encouraged Evans to go back to meditation and visualize the “Ohmmm” as she meditated, as that would be a benefit for her vocal flaps as well.

Pierce is proud of the progress Evans has made and knows that she will only get better. She said, “Daisy really challenges the stereotype of someone thought to be a resident in a group home. She has full cognitive function and she is working toward complete independence. Living in the group home has just been a stepping stone for her as she gets better.”

Evans said everyday she concentrates on getting better at day to day tasks that will allow her the freedom of living on her own. She is able to cook, is working toward showering alone, and walking around more unassisted. Evans looks forward to moving out of the group home to be independent.

Now, over a year into therapy, Evans is the first to admit that it hasn’t been an easy road to recovery, but she has moved forward with intention and determination.

She said that in order to get better you have to fully commit and focus on your intention in life, “I’m getting better and I’m so glad I am. I have been so supportive as I’ve worked to get better. I like her so much and I’ll miss her now that my therapy is done!”

Fall 2013 • Vernon Memorial Healthcare • Spotlight On Health

VMH Infusion Services team, front row (l-r) Kristy Wiltrout, COO, Jessie Godbold, RN, Denise Ward, RN; back row (l-r) Romelle Hessel, RN, Shannon Mellen, Health Unit Coordinator, Peggy Clark, RN, Becky Ludovice, RN

VMH Speech Therapist, Allison Pierce (left) and patient, Daisy Evans have worked on Evans’ difficulty vocalizing by humming, drinking tea, performing focused deep breathing, and believing in having the intention to speak well.
Myofascial Release May Relieve Your Pain

SPECIALIZED PAIN RELIEF TECHNIQUE HELPS PATIENTS

Myofascial Release (MFR) is a highly specialized manual therapy technique used by VMH Physical Therapist Jim Bacon to treat patients with a variety of soft tissue problems.

Fascia is a thin, continuous tissue that runs from head to toe, covering all organs, nerves, arteries, veins, muscles, muscle fiber, down to the cellular level of the body. All structures in the body are composed with or attached to fascia.

With chronic inflammation, poor posture, injury, and compromised movement, fascia becomes restricted. The uneven stress can cause pain, additional compensation in movement, and decreases in function. MFR helps restore function by releasing fascial restrictions.

Bacon has been using MFR for over 10 years and continues to learn advanced MFR techniques. According to Bacon, the focused manual pressure and stretching of the fascia is guided by feedback he feels from the patient’s body. This feedback helps him how much force to use, the direction of the stretch, and how long to stretch.

Releases may be conducted far away from the painful area. For example, if someone demonstrates Temporomandibular Joint (TMJ) pain and dysfunction, MFR to the pelvic girdle is often included. Since the fascia runs from head to toe, restrictions are common and may be far away from the area of pain.

Each Myofascial Release technique contains similar components. Bacon identifies the area of fascial restriction and begins to apply a relatively light force application into the restriction. He patiently waits 2-4 minutes for the release to occur and then follows the release into the next barrier. The process is repeated until the area is fully released. The next restricted area is identified and addressed. This method, along with specific exercises, allow for much greater permanency in results.

Bacon also brings the patient’s awareness to the area being released. Almost all people function with compensatory movement due to pain or limitation. They forget how the body and tissue should be moving. Awareness with MFR allows the patient to regain the feeling of normal movement. For many with painful compensations, this can be an overwhelming experience.

If you feel you may benefit from Myofascial Release Therapy contact your medical provider for a referral to VMH Physical Therapy and Physical Therapist Jim Bacon.

Do you suffer from one of these diagnoses?

- Back strain, chronic back pain, low back pain, thoracic back pain
- Carpal tunnel syndrome
- Cervical pain
- Complex pain complaints
- Orthopaedic dysfunction
- Fibromyalgia
- Abdominal dysfunction
- Headache
- Myofascial pain dysfunction
- Plantar fascitis
- Temporomandibular Joint (TMJ) dysfunction, a disorder involving the two joints (one on each side) that attach the lower jaw to the skull
- Whiplash

If you answered yes to any of these, you may benefit from scheduling a Myofascial Release treatment.

Breast Cancer Hits Close to Home

VMH Phlebotomist and Lab Assistant, Heather Grimsled, is reminded every year on November 30th that it’s time to have her annual mammogram.

November 30th is the day that her sister, Malinda Grimsled-Sandvik died from breast cancer at the age of 32. Grimsled said, “I see this ritual as my sister’s way of reminding me that early detection is the best protection.”

The statistics are startling. One in eight women will contract some form of breast cancer during their lifetime. The good news is that thanks to a global campaign to educate women about monthly self-checks, better technology and more effective treatments, more women are surviving breast cancer.

Breast cancer has been a personal experience for VMH staff members. Sandra Rasmussen and Beth Stenslien. Stenslien works in the VMH Health Information Department. Her breast cancer was discovered during a mammogram in December of 2012.

This experience was shocking and scary for Stenslien, but she was fortunate to have a great deal of family and employer support. Following radiation, chemotherapy and surgery, Stenslien is now cancer free.

The experience has taught her not to take anything for granted, especially good health.

Sandra Rasmussen, RN at the Bland Bekkedal Center for Hospice Care has been cancer free for 8 years. Cancer was discovered in her breast during a routine mammogram at VMH. Rasmussen was diagnosed with aggressive form of breast cancer a few days later and the fight began.

“My family and I were scared to death”, said Rasmussen. My daughters were in 8th grade and high school at the time, and I worried about what would happen to them if I died from cancer.”

After an aggressive treatment that included chemotherapy and a mastectomy, Rasmussen is a cancer survivor. “I am proud to be a survivor. Beating cancer was a tremendous challenge. I am a stronger person and that has made me a better nurse.”

Scheduling a yearly mammogram at VMH is as easy as calling 637-4350. Mammograms can detect cancers that are much smaller than those that can be found by clinical breast exams or by breast self-exams. This provides a big advantage.

The earlier a breast tumor is discovered, the better the chances are of treating it successfully. VMH mammography technicians perform on average 159 mammograms per month.
Commemorative Bricks and Nameplates Available

Permanently commemorate your connection with The Bland Bekkedal Center for Hospice Care by purchasing a brick paver along the entrance walkway or reserving a plant or tree. Each brick, plant or tree leaves the mark of a generous donor or who supports the VMH hospice program.

A limited number of brick pavers are available. Each will be laser engraved with your message. Line and character limits apply. Your brick can memorialize, honor or remember a loved one or special friend, or commemorate a birthday, special event or milestone for $125.00 per brick.

Submit your order form and payment to the VMH Foundation to ensure availability. Orders will be accepted on a first-come, first-serve basis. The VMH Foundation reserves the right to determine the appropriateness of all orders.

Net proceeds of the project will benefit VMH hospice.

Commemorative donations provide for the initial planting and ongoing care along with designation of the plant or tree donated and the individual or event commemorated. Plantings will occur only at the most appropriate times, based on season, weather and other conditions.

Contact Robin Berg or Sharon Farrell at 815-786-1600 ext. 1200 with any questions.

Dr. Paul Bergquist
Dr. Robert Skaaland, Jr.
Dr. Shawn Skaaland
Dr. Mark Skaaland
Gordon Bennett
Alan & Sharon Bennett

Dr. Paul Bergquist
Dr. Robert Skaaland
Dr. Mark Skaaland
Gordon Bennett
Alan & Sharon Bennett
A Great Staff is Our Greatest Strength

Employees serving 10 years include: Becky Ludovice, Dawn Fachner, Laurie Schmig, Kim Harter and Tony Nemes

Those receiving 5 year service awards were: Marcy Jones, Danielle Wight, Ashley Whitney, Maureen Davis, Derek Waddell, Milhe Johnson, Melissa Steyer, Jenny Dregne, Kristi Wen泽el, Maria Riley, Alycia Gabrielson, Dale Gudgeon, and Barbara Hoyum

Fifteen year award recipients are: Becky Baumgartner, Judy Peterson, Jessica Godbold, Dr. David Chaloian, David Swasko and Carol McLees

Employees serving 20 years include: Tammy Devine, Vicki Dull, Judy Gilbertson, Kay Herbst, Kyle Bakum and Cindy Ostrem

Employees serving 25 years include: Becky Baumgartner, Judy Peterson, Jessica Godbold, Dr. David Chaloian, David Swasko and Carol McLees

Employees Not Pictured:

5 Years of Service:
Rachael Copus, Martin Chapin, Sheila Eisemann, Sara Freedman, Erma Giese, Gary Gilardi, Heidi Kuennen, Steve Lambert, Paul Lansing, Beverly Larson, Tracey Manske, Margaret Miller, Carolyn Moran, Randy Myhre, Rebecca Richards, Nora Rougten-Schmidt, Erin Roth, Dr. Shawn Sedgwick, Marilyn Torgerson, Allison Williamson

10 Years of Service:
Jody Ames, Marcia Bader, Susan Bailey, Dr. James DeLine, Linda Emerson, Heather Grimsled, Dena Hillegass, Suzanne Holloway, Dolly Lisney, LaVerne Lisney, Sharon Miesner

15 Years of Service:
Jill Anderson, Janelle Cisneros, Gloria Dregne, Randy Hartin, Sally Light, Linda Morrison, Carol Piraino, Scott Vatland and Tina Williams

20 Years of Service:
Dr. Bill Calkins, Felicia Liebert, Jeanne Skrede, Carol Zitzner

30 Years of Service:
Ann Burke

Employees not pictured:

5 Years of Service:
Rachael Copus, Martin Chapin, Sheila Eisemann, Sara Freedman, Erma Giese, Gary Gilardi, Heidi Kuennen, Steve Lambert, Paul Lansing, Beverly Larson, Tracey Manske, Margaret Miller, Carolyn Moran, Randy Myhre, Rebecca Richards, Nora Rougten-Schmidt, Erin Roth, Dr. Shawn Sedgwick, Marilyn Torgerson, Allison Williamson

Building for a Brighter Future

RENOVATING TO BETTER SERVE OUR COMMUNITIES

Construction dust has been flying again at Vernon Memorial Hospital this fall. Renovation of the hospital Food and Nutrition Department, kitchen and cafeteria began on August 26th.

This area, located on the lower level, Main Street side of the hospital, had not been fully renovated since the hospital was built in 1951. Fencing was installed as a safety measure on the west side of the hospital facing main street on September 16th to allow contractors to shore up and repair portions of the exterior wall of the hospital kitchen and cafeteria that were deteriorating. The replacement of plumbing, heating, ventilating air conditioning and a new power generator is also a part of the project along with structural steel reinforcement of the floor in the Imaging Department to accommodate a new advanced, 2-and-a-half-ton Computed Tomography (CT) scanner.

Along with the renovation project, VMH is working toward developing more parking for employees and guests. Egge Movers purchased the old home health/hospice office (former Gundersons Eye Clinic) as well as a garage used for storage, and is moving them from VMH property. Once moved, fill will be brought in and the ground compacted and graveled. In the spring, after the ground has settled, VMH will re-grade, install storm sewers and blacktop the area for permanent parking.

The VMH Kitchen shown before demolition began (upper-right) and during demolition (lower-right). The Kitchen was one of the final areas of the original building that had not been completely renovated since 1951. Food & Nutrition Services staff is still able to serve patients fresh, hot meals by working alongside the VMH Grille staff located in the Medical Office Building.

Fences were installed around the exterior walls of the hospital along main street as a safety precaution while construction of the VMH Kitchen was underway.