



Schoolcraft Memorial Hospital

A commitment to excellence by people who care.



THE HEALTH & WELLNESS NEWSLETTER

500 Main Street • Manistique, MI 49854 • 906-341-3200 • www.scmh.org

WINTER 2012 - 2013

MEET SCHOOLCRAFT MEMORIAL HOSPITAL'S Outpatient Services Team!

I can't think of much that can turn me into a puddle of nerves like being told I need to have surgery, or that it's time for a colonoscopy (unless it's being told I need to have a tooth pulled). Fortunately, our outpatient nursing team is terrific! They will help you feel comfortable and safe by explaining everything that is going to happen during a procedure, and through the caring and compassion they show their patients. Among them, these professionals have 106 years with Schoolcraft Memorial Hospital, and a total of 152 years in health care! All of the Registered Nurses are certified in providing chemotherapy treatments, have had EEG (electroencephalogram) training, and are certified in Adult Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS).

So that you know who will be helping you the next time your doctor orders a diagnostic procedure or outpatient surgery, let me introduce them.

Sue Neddow has been the Outpatient Supervisor for four years. She is a Registered Nurse, and a lifelong resident of Manistique. She is married and the mother of two college-aged daughters. In her spare time she loves doing remodeling projects and craft-work. Sue is specially trained to administer conscious sedation.

Cyndee Miske has been in the Outpatient Department as the ward clerk for the team for five years. Cyndee hails from West Bend, Wisconsin; she is the mother of two adult children and grandmother to six grandchildren. She enjoys reading and staying active by playing volleyball.

Ruth Reidenga has been with the team for five years. She is a Registered Nurse, and is originally from Illinois. She is the married mother of three grown children. Ruth likes to trail ride with her husband in their side-by-side and has been spending time in the deer blind.

Denise McMullen has been with the department for three years. She is a Registered Nurse and came here from Lower Michigan. She is married and has four children. Denise spends her free time taking walks on the beach and entertaining friends.

Rachael Freeman has lived in Manistique from the time she was a young child. She has been a Registered Nurse with the Outpatient team for five years. She is married, the mother of a son in high school, and she relaxes by riding her bicycle and reading.

Kim McPhee is a Registered Nurse who has lived in the Manistique area for 15 years, originally coming to the UP from Downstate Michigan. She has been a member of the Outpatient team for three years, although she has actually worked at SMH for 15 years. She is married and has three children of school age. Her favorite pastimes are grooming dogs and woodworking.



Outpatient Services Nursing & Support Team

- back row, l to r, Rachael Freeman, Cindee Miske, Kim McPhee, and Denise McMullen - front row l to r Ruth Reidenga, Anne Richey, and Susan Neddow.

SMH OUTPATIENT SERVICES NURSING TEAM

cont'd from front page...

Anne Richey is SMH's Certified Diabetic Education Nurse. She has been with SMH for 32 years. She is married, the mother of three children and proud grandmother of five. Anne's most relaxing pleasures are gardening and sewing.

Roxanne Paquette (not pictured) works with the team on an as-needed basis. She is a Registered Nurse who has been with SMH for four years; she has lived in the Rapid River area for many years. She is married and the mother of four adult children. She has two grandchildren with one on the way. She loves going for walks and sewing.

All members of the team get the greatest amount of satisfaction from spending time with their families and friends.

Now that you know who they are, let me tell you a little bit about the services they offer:

General surgery with Dr. Gregory Bambach, General Surgeon

Orthopedic (bones) surgery with Dr. John Galey, Orthopedic Surgeon

Eye surgery with Dr. John Michael Garrett, Ophthalmologist

Urology (urinary tract) surgery with Dr. Shahar Madjar, Urologist

Podiatry (foot) surgery with Dr. Kendall Tabor, Podiatrist

Chemotherapy (cancer) treatments with Dr. Santosh Gowda, Oncologist

Arthritis therapy – medications received through an IV that treat arthritic pain and swelling. Some of the medications given can actually slow bone deterioration and improve bone growth.

Antibiotic therapy – IV antibiotics that are covered by your insurance only in an outpatient setting, as opposed to receiving the medications at home or in the doctor's office

Injectons – for example, orthopedic knee injections to lubricate the knee joint; or, injections that will increase your white blood cell count after you receive chemotherapy

EEG (Electroencephalogram) – Checks the brain waves

Wound care – Care of wounds, surgical incisions, infections, and decubitus ulcers

Port care – a port is surgically inserted for the purpose of receiving chemotherapy or long-term antibiotic therapy

PICC line insertions and removals – A PICC line is a Peripherally Inserted Central Catheter that is provided to a patient who is receiving long-term chemotherapy. As opposed to a port, which must be surgically inserted, a PICC line can be installed by a specially trained nurse. Sue Neddow, RN, has had this specialized training.

Catheter (urinary) insertions and changes

Blood and platelet transfusions

Diabetic teaching (with Anne Richey, RN, BSN, Certified Diabetic Educator)

Endoscopy – examination of the upper or lower digestive tract

The Outpatient Services team at Schoolcraft Memorial Hospital welcomes your questions and would be happy to provide you with further information. Please give them a call at **906.341.3268**.



CITY OF MANISTIQUE SELECTED AS National Finalist in Roadmaps to Health Prize Competition

Robert Wood Johnson Foundation to Award \$25,000 to Six Communities for Health Promotion Efforts

The City of Manistique has been selected as one of 11 finalist communities across the Nation in the Robert Wood Johnson Foundation - Roadmaps to Health Prize Competition. A team of four representatives from the RWJF visited the community on September 24th and 25th.

The Roadmaps to Health Prize recognizes and honors the efforts and accomplishments of U.S. communities working at the forefront of population health improvement. The Prize is rooted in the idea that every community is on a unique journey toward health and that communities' stories of success are as diverse as their populations.

Up to six Roadmaps to Health Prize winning communities will be announced in early 2013 and each will receive a \$25,000 cash prize. Winning communities' success stories will be celebrated and shared broadly, in person and via web-based platforms, with the goal of raising awareness and inspiring locally-driven change across the country.

The Sault Tribe Strategic Alliance for Health Project in Manistique submitted an essay to be considered for the Prize in June 2012. SAH Community Partners involved in developing the essay and in the population-based health promotion work that is being done in the community include: The City of Manistique; Schoolcraft Memorial Hospital; LMAS District Health Department; Manistique Senior Center; Manistique Area Schools; Sault Tribe of Chippewa Indians; Schoolcraft County Chamber of Commerce; and Manistique Farmers' Market volunteers and farmers. The essay highlighted the development and growth of the Farmers' Market, the Complete Streets Non-Motorized Transportation Planning, Safe Routes to School Projects, the Coordinated School Health projects at the schools, and the Community's recent designation as a **Community for a Lifetime**.



Members of The Robert Wood Johnson Foundation met with numerous local business representatives from healthcare, to education to city management, and more.

"This is both an honor and an opportunity for Manistique to be selected as a finalist in the Roadmaps to Health Prize competition," stated Kerry Ott, Community Coordinator for the Sault Tribe SAH Project in Manistique. "It is an honor that the work so many agencies and individuals have accomplished in recent years to create a healthier environment for all area residents is being recognized, and an opportunity to strengthen our efforts and resources to continue to build the infrastructure and environments that help make a healthy choice the easy choice."

The RWJF/Roadmaps to Health Team Members that visited Manistique were:

- David Kindig, MD, PhD, Director of the University of Wisconsin Population Health Institute
- Kirsten Siemering, DrPH, RD, Roadmaps to Health Prize Manager
- Kathy Sykes, MA, Senior Advisor, Aging Initiative, Environmental Protection Agency
- Julie Willems Van Dijk, PhD, RN, Deputy Director - County Roadmaps to Health Project, University of Wisconsin Population Health Institute.

The site visit included a tour of Manistique which featured stops at: LMAS District Health Department, the Manistique Senior Center, Emerald Elementary School, the Sault Tribe Health Center, and the construction site for Schoolcraft Memorial Hospital, as well as a dinner meeting with community leaders, and a two hour interview on Tuesday morning with 18 community members.

For more information about the Roadmaps to Health Prize, please visit <http://www.countyhealthrankings.org/roadmaps/prize>. For more information about the Manistique site visit, please contact Kerry Ott at 906-341-9561 or kott@saulttribe.net.





Balancing Your Water Intake

When participating in vigorous exercise, there is the possibility of becoming dehydrated. Dehydration is a condition in which the body lacks enough water to maintain normal function. Effects of dehydration on the body can be mild or severe depending on the person and the degree of dehydration. Some mild effects of dehydration include thirst, headache, and muscle cramps. More severe effects would include fainting, confusion, and in severe cases, death.

Avoiding dehydration in most cases is easy and can be done by simply drinking water. To stay hydrated, you should plan ahead. If you know that you are going to be actively or strenuously exercising, start hydrating ahead of time; don't wait until you start the activity. If you are thirsty, you are already experiencing mild dehydration. Remember that if you become dehydrated the only way to fix it is to rehydrate. If you start having symptoms, stop and rehydrate yourself before the symptoms become worse. Also, contrary to popular belief, beer or other drinks containing alcohol will not rehydrate you. In fact, they will do just the opposite.

Over-hydration is a condition that can occur if you drink too much water. Though this is uncommon, it can occur. What happens with this condition is that a massive influx of water over a short period of time flushes the electrolytes out of the body. When the body is depleted of certain electrolytes there are a number of potentially dangerous things that can happen including cardiac arrhythmia, a condition in which the heart beats in an odd rhythm that could potentially be life threatening. This is easily avoided by replacing electrolytes when you are drinking large amounts of water. Sports drinks, as well as a number of nutritious foods, are known to have electrolyte replacements. You should also note that if you are taking medications, you should check with your physician to see if there are any extra precautions that need to be taken.

Remember that it is much easier to prevent dehydration than to treat it. Have fun – exercise safely!



Typically weight gain during the holidays is around five pounds; however, in reality, it may be less. It is a good idea to be cautious, as even a few pounds can add up over time. Here are a few helpful tips to keep in mind as you enjoy the upcoming holidays:

1. Make adjustments in your day-to-day eating; if you are planning on attending a party, try eating less during the day. This does not mean going to a party hungry – a big no-no – as it lowers your resistance to eating higher calorie foods.
2. Be mindful of munching on salty snacks prior to the main event dinner, often referred to as “mindless munching”. Having something in your hand – maybe a low-calorie beverage – can help avoid the endless snacking.
3. Buffets are not open invitations to fill your plate. Be selective when choosing foods that are “just too good to pass up”.
4. Try to fill half your plate with vegetables and colorful fruits without heavy dips or sauces. Shrimp or sliced meats can also be a heavy choice, limiting the cheese to a special variety you would like to sample.
5. Plan on indulging in a homemade holiday dessert and then make some tradeoffs – either extra walking, or maybe a little less eaten at your next meal or snack.

Enjoy the holidays and give yourself a pat on the back when you are successful in limiting the dreaded holiday weight gain.





Exercise In The Cold

Exercising in the cold often brings thoughts of cold hands and feet and the inconvenience of bundling up in layers of cumbersome clothing. Others find cold weather an added challenge to their exercise. Regardless, for those of us in the northern climates, cold weather dominates much of the year, and avoiding the cold will dramatically reduce our exercise options. So, with proper planning and preparation, physical activity in the cold can be a safe, comfortable and even a fun experience.

Heat Regulation

The key to comfort and safety during cold weather activity is balancing the body's heat production and loss to prevent both overheating and overcooling. Losing heat faster than the body can produce it can eventually lead to serious conditions such as hypothermia. Conversely, producing heat too fast leads to increased sweat. Sweat will moisten the skin and clothing and increase the rate of cooling, which could tip the balance back toward too much heat loss.

Heat is created in the body by several processes, primarily via basal energy expenditure and muscle activity. Basal energy expenditure is the heat energy created by the body as a result of resting metabolic processes. Muscle activity is one of the most important sources of heat production in the body during physical activity.

Most of the heat loss that exercisers must manage depends on three things: outdoor temperature, wind speed and moisture. Controlling exposure to these three factors is usually adequate to manage the heat production/loss balance. Colder temperature, higher wind speed, and wetness will all increase the body's rate of heat loss.

Clothing

Exercise clothing should be assembled not just for performance but also to manage heat balance, sweat, and protection from wind and moisture. In cold weather there are three important clothing layers: a wicking layer, insulating layer, and a shell layer.

The first layer should be a lightweight wicking layer for the purpose of allowing sweat to be drawn off the skin. Examples may include such material as polypropylene and a nature fiber option such as silk. The insulating layer's main purpose is to trap air. This layer should maintain its insulation even when damp. Cotton is a poor insulator when wet, so cotton sweatshirts are not recommended. Synthetic pile, fleece fabrics and wool make excellent insulating layers. The shell layer protects the body from wind and external moisture while allowing some internal moisture to escape.

An exposed head and neck will represent a large contributor to total heat loss when left unprotected. Hats are very useful and can be removed and replaced to manage heat loss and minimize sweat. Headwear that covers the ears is critical when wind chill is a factor. And don't forget to protect the hands and feet by keeping warm and dry.

Safety

Cold weather brings snow, ice and irregular surfaces which can make outdoor activities dangerous. Traction devices that slip over shoes are effective; however, a slower pace may still be necessary. Low visibility due to reduced daylight hours, snow piles, and cloudy gray skies over white landscape, falling or blowing snow all can reduce visibility greatly. Be sure to wear bright reflective clothing, and prepare for these and many more safety concerns before heading outdoors.

Hydration

Even in cold conditions, hydration remains important for safety and performance. Fluid is lost through sweat in any temperature, but fluid loss from respiration and urine production can increase in the cold. Additionally, thirst can be blunted in the cold. For activities 1 to 2 hours or less, a starting point would be consuming similar amounts of fluid as would be required for that activity in 50 degree Fahrenheit weather and then adjust based on actual fluid weight lost. In very cold weather, warm fluid can also provide an external source of heat.



SKILLED NURSING & REHABILITATION

Maintenance Services Can Be Covered By:



It has always been the belief that Medicare patients could not receive continued skilled nursing or therapy services once they had reached the point of not progressing or could not show a likelihood of improving. However, under the settlement of a lawsuit (the Improvement Standard) in Virginia, certain Medicare patients can now receive continued skilled nursing and/ or therapy services, even if they will not improve, but would be able to maintain or prevent further decline of their condition.

This would mean that people who have not been able to receive benefits previously because of a long term condition that will not improve or may get worse, may now qualify for benefits for perhaps as long as the rest of their lives. If the therapy or skilled nursing will maintain their present condition or prevent them from declining, they would continue to qualify for Medicare coverage for these services.

Following are some questions and answers that may clarify the Improvement Standard:

Q: Can the settlement agreement help now?

A: Yes, the settlement agreement standards for Medicare coverage of skilled maintenance services apply right now. The government insists that it is only clarifying what has always been the Medicare coverage standard. The law never supported the requirement that people improve in order to get Medicare.

Q: Does the settlement agreement only apply to people with certain diseases, diagnoses, or conditions?

A: No, the settlement is NOT limited to particular conditions or diseases. It applies to anyone who requires skilled services to maintain or slow deterioration regardless of the underlying illness, disability or injury.

Q: Does the settlement agreement apply to services provided at home or as an outpatient, or only to nursing home coverage?

A: The settlement agreement applies to skilled maintenance services provided in all three care settings – Medicare home health, outpatient therapy and skilled nursing facilities.

Q: Does the settlement agreement add to the number of days Medicare will cover in a nursing home?

A: No, the Medicare law provides for up to 100 days of coverage per benefit period. The settlement confirms that Medicare coverage is available for skilled nursing and therapy that is needed to maintain a person's condition, or prevent or slow deterioration, for nursing home residents, home health patients, and outpatients. However, the settlement does not add to the number of days of coverage.

Q: Will the settlement allow people to get physical therapy at home?

A: Physical therapy, as well as speech and occupational therapy, are covered services under the Medicare home health benefit, if the individual meets the other Medicare home health qualifying criteria. The settlement makes it clear that "maintenance only therapy" can be covered if a qualified physical therapist is required to ensure the care is safe and effective.

Q: I was denied Medicare for maintenance physical therapy in 2010; is the settlement retroactive?

A: The settlement agreement goes back to the date the case was filed, January 18, 2011. When the government completes revision of the new policy manual provisions and educates Medicare decision-makers, individuals will be able to get a re-review of claims for home health, nursing home, or outpatient therapy if they received a "final and non-appealable" Medicare denial, based on the Improvement Standard, as of January 18, 2011. This could mean, for example, that an initial determination dated September 20, 2010 could be re-reviewed, as it would become "final and non-appealable" after 120 days, on January 18, 2011.

Q: Will the settlement agreement cost Medicare too much?

A: The settlement only provides Medicare coverage for services that the law has always covered, and for which people pay into Medicare to receive. The skilled maintenance nursing and therapy that is at the heart of the settlement is usually low-cost, low-tech care that will often prevent the individual from declining further and requiring more intensive, more expensive care. In addition to being the right and legal thing to do, covering services such as those included in the settlement agreement may actually be more cost effective than failing to provide these services.

If you have any questions that this report has not covered, please contact your Medicare representative, or visit the Centers for Medicare & Medicaid Services at <http://www.medicareadvocacy.org/medicare-info/improvement-standard-2/>.





Thinking about traveling for a winter get-away? Think about your health, in particular vaccinations, when planning your trip.

Have you scheduled a visit to your doctor or a travel medicine provider?

Ideally, set one up 4 to 6 weeks before your trip. Most vaccines take time to become effective in your body and some vaccines must be given in a series over a period of days or sometimes weeks or months. If it is less than four weeks before you leave, you should still see your doctor. You might still benefit from vaccinations or medications and other information about how to protect yourself from illness and injury while traveling.

Are you aware of which types of vaccinations you or those traveling with you may need?

The Centers for Disease Control (CDC) divides vaccines for travel into three categories: routine, recommended, and required. While your doctor will tell you which ones you should have, it's best to be aware of them ahead of time. Be sure that you and your family are up to date on your routine vaccinations. These vaccines are necessary for protection from diseases that are still common in many parts of the world even though they rarely occur in the United States. And remember, even if you are traveling within the U.S. but going to destinations where there is a mix of people from across the globe, you may still be exposed to some of these diseases. If you are not sure which vaccinations are routine, ask your healthcare provider. The U.S. routine schedule for childhood immunizations may need to be adjusted if a child is traveling.

Some vaccines are recommended to protect travelers from illnesses present in other parts of the world and to prevent the importation of infectious diseases across international borders. Which vaccinations you need depends on a number of factors including your destination, whether you will be spending time in rural areas, the season of the year you are traveling, your age, health status, and previous immunizations.

Cont'd.../8

Four Things You Should Know About the Current U.S. Meningitis Outbreak

1. What's going on?

As of October 26, 2012, 331 cases, including 25 deaths, of fungal meningitis have been reported in 18 states. Seven cases of joint infections have also been reported. The meningitis and infections have been linked to three lots (that is, batches) of an injectable steroid medication produced by New England Compounding Company (NECC). The implicated lots of medication have been recalled; however, approximately 14,000 people may have been exposed to the contaminated injectable steroid medication. The medication in question differs from the epidural injection given to pregnant women during childbirth.

2. What is fungal meningitis?

Meningitis is the swelling of the protective membranes (called meninges) covering the brain and spinal cord and can be caused by a bacteria, virus, or, in this case, a fungus. Fungal meningitis is rare and is usually caused by the spread of a fungus through a person's blood to the spinal cord. The fungal meningitis associated with this outbreak is not contagious. In addition to typical meningitis symptoms – headache, fever, nausea, and stiffness of the neck – people with fungal meningitis may also experience confusion, dizziness, and discomfort from bright lights. Symptoms often appear gradually over several weeks and can be mild at first.

3. What is the Centers for Disease Control (CDC) doing to control the outbreak?

As the nation's health protection agency, CDC has activated its Emergency Operations Center (EOC) to coordinate the meningitis outbreak response efforts with federal, state, local, tribal, and territorial public health partners. The CDC has been working around-the-clock with state health departments to contact the approximately 14,000 people who may have been exposed to the contaminated injectable steroid medication. The CDC continues to work with states and the Food and Drug Administration to determine if there may be other fungal infections caused by exposure to NECC products beyond the three lots of injectable steroid medication. The CDC lab continues to test samples from potentially affected patients and has confirmed *Exserohilum* as the primary fungus in this outbreak. The CDC continues to provide guidance to clinicians and answers to the public.

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WALK - IN CLINIC

is now open 7 days-a-week
including holidays!

from 2:00 p.m. to 6:00 p.m.

THE **WALK-IN CLINIC** IS LOCATED **INSIDE** THE
SMH RURAL HEALTH CLINIC

(entrance located behind the hospital on Lake Street)



Rural Health Clinic
Provider of Choice

Vaccinations & Travel

What you need
to know!

Continued from page 7~ The only vaccine required by International Health Regulations is yellow fever vaccination for travel to certain countries in sub-Saharan Africa and tropical South America. Meningococcal vaccination is required by the government of Saudi Arabia for annual travel during the Hajj (pilgrimage).

While many travel health issues for adults also apply to infants and children, they also have special needs that are to be considered when they travel. There may be other health information you should know to help prepare you for your trip, such as food and water safety, avoiding insects, and more.

Before you go, you should know; please check out the following for more information:

- Website: <http://wwwnc.cdc.gov/travel/page/vaccinations.htm> • Centers for Disease Control and Prevention
1600 Clifton Rd, Atlanta, GA 30333 • 800-CDC-INFO • (800-232-4636) • TTY: (888) 232-6348

Meningitis Outbreak Continued...

4. Where can I go for even more information?

Visit CDC's Multistate Meningitis Outbreak webpage (<http://www.cdc.gov/hai/outbreaks/meningitis.html>), which is regularly updated as new information becomes available.



The Centers for Disease Control (CDC) lab has identified *Exserohilum* (pictured here) as the primary fungus responsible for the current meningitis outbreak.

