



# Circles of Care

HOSPITAL

OLIVIA CLINIC

HECTOR CLINIC

RENVILLE CLINIC

2011 www.rchospital.com (320) 523-1261

## What is a Swing Bed?

By J. Rob Kemp, MD

Last year I wrote that medical care is meant to help people live their best lives. The staff at RC Hospital & Clinics works hard to provide quality medical care for the people of Renville County. In this issue of *Circles of Care* I want to explain the Swing Bed program that is available at your hospital in Olivia. Many people are unsure of what a swing bed is. This is a great service that provides for people who need to recover from an illness or surgery, and who are unable to immediately return home, but do not want to go to a nursing home.

In 1997 Congress passed a law called The Medicare Rural Hospital Flexibility Program. Part of this program allows for people who have had an "acute" hospital stay due to an illness, injury or surgery to transfer to a rural hospital for further recovery and therapies.

So where does the term Swing Bed come from? This program offers a "smooth transition" for patients to change – or swing – their level of care from "acute", such as having a joint replacement surgery, to convalescence, such as staying at RC Hospital for rehabilitation services including physical, occupational and speech therapy. People can recover in their home hospital and have doctor visits, around the clock nursing care and therapies to get

stronger, with the prospect of returning home so they can live their best life. Simply put, the Swing Bed program is a short-stay program designed to serve those people who are in a transition phase of illness or recovery and no longer require acute care services.

There are guidelines that must be met to qualify a Swing Bed stay:

- Follows an acute hospital stay of at least three days.
- Requires skilled nursing services, or
- Requires skilled therapy services.

The following are examples of diagnoses that may meet Swing Bed criteria:

- Stroke.
- Heart Attack.
- Rehabilitation after a major surgery.
- Cancer care.
- Managing pain in an end-of-life illness.

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# What is a Swing Bed? from page 1

- Serious trauma or amputation.
- Wound care.

The Swing Bed Program is federally approved. Medicare, Medicaid, and most insurance companies cover Swing Bed services for qualified patients.

So what specifically are some of the services patients can receive from staying at RC Hospital in a swing bed room? They include:

- IV fluids and medications.
- Pain control medications.
- Sterile dressing changes.
- Care of catheters, feeding tubes and colostomy training.

- Physical therapy.
- Occupational Therapy.
- Speech Therapy
- Registered Nursing care.
- Routine Doctor visits.
- Conferences about your progress and future plans.

As stated above, another thing very beneficial about the Swing Bed program is the insurance coverage. If you qualify, Medicare will cover up to twenty (20) days in full and up to one hundred (100) days with a co-payment and Medicare supplements will usually pay the deductible

as long as Medicare continues coverage. Currently the average length of stay at RC Hospital is 8 to 9 days.

You should ask the doctors, nurses, and social-workers at the hospital where you are having surgery (or recovering from a serious illness) if this would be an option for you. Or you can call RC Hospital & Clinics Nurse Manager, Lynnette Blem at (320) 523-1261 for more information about insurance and therapy services. We are your home-area hospital and you should feel free to utilize all of the resources that are available to you.

All of us at RC Hospital & Clinics hope you have a happy and healthy spring.



## Letter from the Administrator

*Glenn Haugo, RC Hospital & Clinics CEO*



**RC Hospital & Clinics is in about the bottom of the sixth inning, to use a baseball reference, in a massive project to replace existing computer systems and add to our clinical capabilities.** The project actively began in January of 2009 and should be complete late in 2011. The total cost of the project will be \$3.5 million and we expect to have about \$2.7 million of that reimbursed by the federal government as part of the stimulus package. This is part of an effort that goes back to the mid 90's to have all of the healthcare providers in the country utilize an electronic health record (EHR). Eventually, providers who do not adopt the EHR will be penalized by having reimbursements reduced.

Our entire organization was involved in the selection of the system and continues to be busy with the implementation. We started by identifying vendors that would fit our situation and then went through a selection process that included two rounds of demonstrations, reference calls, and site visits. A contract was signed in March, 2010. The installation began last May and will continue into this summer. We hope to demonstrate meaningful use late in 2011 so that we can take advantage of stimulus money authorized to encourage the adoption of the electronic health record. Our clinics have had two systems in place and used an electronic health record since 2003. The hospital has another system without the electronic health record. Our goal is to get an electronic health record in the hospital and have one integrated system connecting the hospital and clinics.

The most commonly discussed reasons for promoting the EHR center around having medical history available if someone has a medical emergency far away from home. Doctors would be able to electronically access the patient's medical history from their hometown care provider.

A largely unspoken reason to have every provider on an EHR is to control costs. By having more complete data, Medicare and other third party payers can evaluate data and trends and try to determine the most cost effective procedures to obtain desired outcomes. The EHR also can provide data for quality studies whereby third party payers reward providers for providing various elements of care that meet best practice requirements for a disease or condition.

For RCH&C the reason to adopt the EHR is to provide better care for our patients. The move will allow us to have better information to manage disease and provide continuity of care. The tools available will allow our providers access to best practices, to have all test results and past history at their fingertips, and provide flags and reminders to make sure that everything that needs to be done is completed. Throughout the facility information will increase visibility to provide more efficient, effective service.

I am very proud of our staff. They have stepped up, learned the software, and built our new system from the ground up. This was all done while they were maintaining their regular "day job" assignments within the facility and continuing to provide excellent care and customer service. When the project is complete we will be positioned with state of the art tools to use in our ongoing mission to provide you with the best possible care.



**VNUS**<sup>®</sup>  
MEDICAL TECHNOLOGIES, INC.

# Varicose Vein Surgery

Performed by Dr. Joseph M. Mayland, D.O.

Varicose veins are not always a cosmetic issue. Varicose veins and heavy, painful legs can now be treated at RC Hospital with the VNUS Closure<sup>®</sup> procedure.

- Minimally invasive
- Fast and mild recovery
- Covered by most insurance

Check out our website at [www.rchospital.com](http://www.rchospital.com) and watch the YouTube video on VNUS Varicose Vein Surgery.



Recent comments of satisfied VNUS surgery customers...

*"I was in and had surgery and back home in 2 ½ hours. I felt great; I could even do my needlepoint that night."*

*"It was the fastest recovery I have ever had from surgery, I want to thank Dr. Mayland and his staff!"*

## What RCH&C did in 2010

- Full-time Ultrasound.
- New Anesthetist.
- VNUS<sup>®</sup> minimally invasive varicose vein surgery in a hospital setting.
- Anti-coagulation service to quickly, accurately, and safely adjust blood thinner medications for people taking Coumadin or Warfarin.
- Community weight-loss program offered by a physician and dietician.

## What's coming in 2011

- Implementing a new electronic health record for the hospital and clinics to improve quality and maximize efficiency in patient care.
- Renovating hospital rooms for use by hospice patients and their families, and for confidential meeting space for all families.
- Standardized protocols for dealing with serious illness to improve quality of care.
- Improving the care we provide to the communities we serve and comparing this to surrounding health care facilities.
- Controlling pain with therapeutic injections in a hospital environment.
- Have heart stress-testing done by a physician at our hospital within 1 to 7 days.

*RC Hospital...60 Years of Caring For You & Yours 1951-2011*



## Events

### Lois Thompson Memorial Golf Classic

Wednesday, June 8 at the Olivia Golf Club. For more information or to form a team call Sara Maher at (320) 523-3526.

### Good Grief

Support and information for grieving families and friends. Come join us for the Spring Series March 15 thru April 19. For more information call Paulette Svoboda at (320) 523-3451.

### Caregiver Support Group

3rd Tuesday of each month from 1:30 p.m. to 3:00 p.m. in the Willette Room. Let your loved one attend Heart-To-Heart while you go to the meeting.

### Weight Loss That Works

8 week Weight Loss Program with Dr. Rob Kemp and Stacey Heiling RD, LD on Mondays, April 4 thru May 23, 5:30-6:30 p.m. Cost is \$80 for the session and program is limited 25 people. To register call Stacey at 523-3473

### Important Numbers & Information

RC Hospital . . . . .(320) 523-1261  
Olivia Clinic . . . . .(320) 523-1460  
Hector Clinic . . . . .(320) 848-6294  
Renville Clinic . . . . .(320) 329-8395

Outreach Scheduling . . . . .(320) 523-3445  
Medical Records . . . . .(320) 523-8303  
Prescription Renewal Line .(320) 523-8307  
*Always bring a list of your current prescriptions when seeing your RCH&C provider.*

Diabetic Clinic . . . . .(320) 523-3473  
Therapy Services . . . . .(320) 523-3470  
Heart-To-Heart . . . . .(320) 523-3434  
RC Hospital Foundation . . .(320) 523-3526  
Renville County Hospice . .(320) 523-1261

Questions About Your Bill . .(320) 523-8300  
On-line bill payment . . .www.rchospital.com

Patient E-mail . . . .mahers@rchospital.com

### Thank You

Thank you to the Ladies of St. Aloysius Church in Olivia for the lovely quilts they have sewn and donated for patient care.

# Therapies at RCH&C

**P**ete Amberg has taken on the position of Clinic Manager in the therapy department at RC Hospital. Pete provides Speech-Language Pathology services at RCH&C for inpatients, outpatients, and home health care. His services include speech and language development with pediatrics, speech and language treatment for adults, cognitive & memory treatment, dementia management for patients and families/caregivers, voice disorders/concerns, and treatment for swallowing difficulties. He is certified by the American Speech-Hearing Association with membership in Geriatric and Swallowing Disorders Special Interest Groups, a member of MN Speech-Hearing Association, Adjunct Professor at MN State University, Mankato, and certified in Vital Stim Swallowing Therapy.

Pete is a native of Bird Island and resides on the farm he grew up on with his wife and sons. His professional mission is to provide the highest quality Rehabilitation services in a rural area

Skilled Swing Bed patients receive Physical Therapy at least once a day, sometimes twice a day, 5 days a week to improve strength and functional mobility. Strengthening may include exercises and use of exercise equipment in the patient's room and the therapy department, and exercises are progressively increased as the patient improves. Functional Mobility includes getting in and out of bed, sitting down under control, standing in order to transfer to another chair or walk with as much independence as possible which may require the use of assistive devices such as walkers, canes and wheelchairs, which patients are trained to use. When it is appropriate patients are also taught how to safely go up and down stairs. The Therapy team also includes Occupational Therapy and Speech Language Pathology to help the patient achieve improved functional mobility and to make certain cognitive abilities are at a level for safe return back to their previous living environment or other appropriate living situation (home, apartment, skilled nursing facility, assisted living facility, etc).

**O**ccupational Therapist, Angela Cole of Danube, began employment with our Therapy Services Department in January. Adding Angela to our already strong team of therapists at RC Hospital, she and Occupational Therapist Karletta Marwede will cover Occupational Therapy at RC Hospital. Angela comes to us with 15 years of experience. She graduated with a B.A. Degree in Occupational Therapy from the College of St. Catherine in 1995. After college, she worked in Carson City, Nevada for High Desert Therapists, National Rehab Partners, and Rehab Care. Angela moved to Minnesota in 2002 and has worked as an Occupational Therapist in Clara City, Renville and Olivia. Her prior experience is primarily in long-term care, but also inpatient care, home health and outpatient care (including hand therapy work).

Angela is a member of the American Occupational Therapy Association (AOTA) and also the North American Riding for the Handicapped Association, Inc.



**Brittany Nelson**  
*Physical Therapy Assistant*



**Shar Beck**  
*Administrative Asst.*



**Bridget Engstrom**  
*Administrative Asst.*



**Angela Cole**  
*Occupational Therapist*

**RC Hospital**

*60 Years of Caring For You & Yours 1951-2011*



**Pete Amberg**  
*RC Hospital Therapy Department Clinic Manager  
 and Speech-Language Pathologist*



**Emergency Room**  
 24 hours a day—7 days a week—local doctors

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Cardiology	Pathology
Ear, Nose & Throat	Podiatry
Gastroenterology	Radiology
Orthopedics	Surgery
Otolaryngology	Urology

**Services**

Swing Bed	Lifeline
Nutritional Counseling	Diabetic Education

**Rehabilitation Services**

Physical Therapy	Occupational Therapy
Speech/Language Pathology	Cardiac Rehabilitation

**Surgical Services**

General & Specialty Surgery	Same-day Surgery
Anesthesia Services	

**Maternity Services**

Birthing Options	Prenatal Education
Epidural	

**Diagnostic Services Offered**

Anti-Coagulation	Respiratory Therapy
Mammography	C.T. Scanning
Nuclear Medicine	MRI
Fluoroscopy	Echocardiogram
Stress Test	Pacemaker Clinic
Neonatal Hearing Screening	Laboratory
Bone Density Screening	Ultrasound
Electrodiagnostics (EMG, EKG)	

**Audiology Services**

Hearing Testing

**Outreach Services**

Hospice	Weight Loss
RC Hospital Foundation	

**Programs**

Community Education	Elderly Day Services
Caregivers Support Group	Sleep Studies
Grief Support Group	

**Monitored Beds & Coronary Care Unit**

**Active Medical Staff**

J. Rob Kemp, M.D., <i>Chief of Medical Staff</i>	
Nazita Adili-Khams, M.D.	Jeffrey T. Krogstad, M.D.
Mark Ahlquist, M.D.	Joseph M. Mayland, D.O.
Paul Buhr, M.D.	Paul Thompson, M.D.
M. Chelehmalzadeh, M.D.	

**Associate Staff**

Lisa Babler, PA-C	Andrew Johnson, CRNA
Heather Bidingger, PA-C	Holly Morales, PA-C
Ruby Rhines, RN, CNP	

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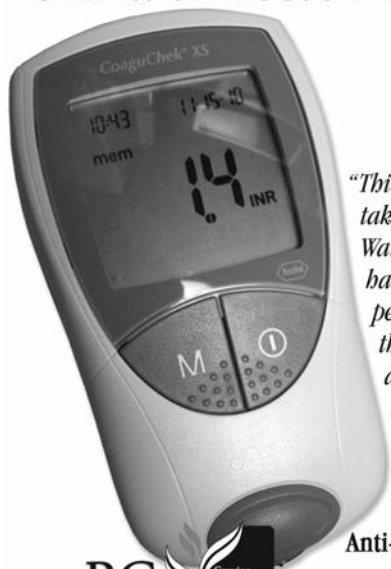
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**New Anti-Coagulation Service in our Renville, Olivia & Hector Clinics**



*"This is for people who take Coumadin® or Warfarin® and need to have their blood tested periodically. Our blood thinner service will allow you to get instant, accurate results from a simple finger-stick blood test."*



**Dr. Rob Kemp**  
*RCH&C Chief of Staff*

If you have any questions about our new Anti-Coagulation Service call RC Hospital & Clinics



Renville (320) 329-8395  
 Olivia (320) 523-1460  
 Hector (320) 848-6294

# Andrew Johnson New CRNA At RC Hospital

**Andrew Johnson, CRNA (Certified Registered Nurse Anesthetist) comes to RC Hospital & Clinics from South Dakota.** Andrew attended Augustana College where he received his Bachelor's degree in nursing. He then graduated with a Master's of Science in nurse anesthesia from Mount Marty College. Andrew is offering some new pain relief methods at RC Hospital. For mothers in labor, he offers epidural pain management that will provide pain relief for the duration of the mother's labor. With epidurals, mothers can receive pain relief when their contractions are regular, regardless of how far along they are dilated. In the past, mothers could not receive pain relief until they were 5 to 6 centimeters dilated and it may or may not have lasted until delivery. With this service, RC Hospital is making labor and delivery as comfortable as possible for mothers. Andrew says, "After experiencing this process with my wife, I know how beneficial it is for mom (and dad) to receive good pain control. Many times after receiving an epidural, mothers can sleep until it is time for delivery."

Starting this spring Andrew will be offering fluoroscopy guided pain injections for the lumbar and sacral spine. Epidural steroid injections were first described in 1953, although much progress has been

*Many times after receiving an epidural, mothers can sleep until it is time for delivery.*

made in recent years with the development of fluoroscopically guided injections where the spine can be viewed in real time as the block is performed. Fluoroscopy pain injections are for patients with:

- disc degeneration or herniation
- arthritis in the spine
- spinal nerve compression
- spinal nerve inflammation
- spinal stenosis (narrowing of the spinal canal)

"Commonly patients want to know how long the steroid injections will last. Treating spinal pain is similar to treating an infection. After a course of antibiotics, the infection may go away or the patient may need antibiotics intermittently throughout the year. Similarly, a steroid injection may completely eliminate spinal pain after one injection or it may need to be repeated on a weekly or monthly basis. Patients can receive a maximum of 3 injections in a 6 month period" says Andrew. After receiving injections, pain will be reassessed and

further treatments will be based on results received. A doctor referral is necessary to receive these injections. If you have any questions about pain management, ask your primary care provider or your outreach doctor. They will be able to refer you to Andrew for pain assessment and treatment.

Andrew, his wife, Ally, and two children, Colter, 7 and Caiden, 3, have settled on a farm in Renville County. Andrew enjoys small town life after growing up in a town of only 40 residents, in Lake City, SD.



## RCH&C Nursing Team

*Left to right: Denise Pietig, LPN; Director of Nursing Jan Dixon, RN and Nurse Manager/ Discharge Planner Lynnette Blem, RN*



## RCH&C Receptionist

*Tanya Donner*

# It's Time to Shake the Salt Habit By Stacey Heiling RD, LD

**Every five years the federal government updates the dietary guidelines for Americans.** A panel of health experts in a variety of fields meets to review current research and trends and make recommendations for our health and our diets with a goal of preventing chronic diseases like diabetes, heart disease and obesity.

Many topics are covered and for the most part many of the messages remain unchanged. We need to eat less and move more. There were a couple of messages that were updated and guidelines that were changed based on current research as well as a review of our overall dietary patterns. The most significant change was an updated recommendation for sodium intake.

Why reduce sodium? Sodium contributes to high blood pressure and water retention. In certain diseases like congestive heart failure or kidney disease salt also causes problems. Controlling blood pressure early in life and throughout life is shown to reduce the risk of having a heart attack or a stroke.

Sodium is a mineral found in table salt. We love salt because of its taste. Interestingly enough, the salt shaker only really accounts for 25% of our daily intake. The bulk of our sodium milligrams come from packaged and processed foods.

The typical American diet includes approximately 4000-5000mg of salt (this number could be much higher in someone who that eats fast foods and packaged foods routinely). The new recommendation for salt intake is 1500 mg per day for anyone over age 50 or for anyone with a risk factor for heart disease. Everyone else is advised to consume no more than 2400 mg per day. Either way for most of us that is cutting salt intake by half! To put this in perspective, ¼ teaspoon of table salt has almost 600 mg of sodium.

Other foods that can really rack up the sodium milligrams include canned foods, frozen or boxed foods, biscuit/bread or cake mixes, snacks and crackers, meats and cheeses (especially lunch meats and sausages), pickles and olives. Condiments and sauces also pack a sodium punch including ketchup, bouillon, soy sauce, barbeque sauce and anything containing MSG. Of course we know table salt is high in sodium, but so are all seasonings that have

the word "salt" in the name or on the label (garlic salt, onion salt, etc..).

Reading labels is the best way to determine sodium content. This recommendation struck me in particular because of how difficult it would be for most of us to follow. We are a culture that spends less and less time on food preparation. This means we look for quick and easy foods which are often heavily processed. The more a food is processed the more sodium gets added. For example:

- Tomato Paste 1 cup = 60mg sodium
- Tomato Sauce 1 cup = 1300 mg sodium
- Spaghetti Sauce 1 cup = 2000 mg sodium

There are many lower sodium products on the market, which help the situation, but don't solve the whole issue. The good news is you don't need to be a chef to cut back on your sodium and make your diet healthier. Our taste for salt is acquired, meaning we learned to like the taste. That means we can unlearn it. It does, however, take time. The following are some tips for cutting back on sodium:

1. Eliminate the salt shaker: use Mrs. Dash or other homemade spice blends in the salt shaker instead.

2. Use as little salt as possible when cooking. Most recipes can easily have the salt cut in half without compromising flavor.
3. If you are struggling to cut salt, mix low salt items with regular items to start and slowly wean yourself off the taste.
4. Use no sodium or low sodium canned products.
5. Try onion powders, garlic powder, pepper, onions, fresh garlic, lemon and lime for full flavor seasonings.
6. Read labels for sodium. Watch labels carefully as many seasonings such as lemon pepper can actually contain sodium. Sea salt is still sodium, but is more concentrated. Products using sea salt will often have less overall salt content, but you still need to pay close attention to the label.

*Stacey Heiling is the Registered Dietitian and one of the Diabetes Educators at RC Hospital & Clinics. Individual appointments are available for dietary counseling and diabetes education. Both require a physician's referral. Diabetes clinic sees patients one day per week and dietary consults are available Monday-Friday. For more information contact Stacey at: 523-3473.*

## Spice Blend Recipe

Makes 1/3 cup

5 tsp	onion powder	1 ½ tsp	crushed thyme leaves
2 ½ tsp	garlic powder	½ tsp	white pepper
2 ½ tsp	paprika	¼ tsp	celery seed
2 ½ tsp	dry mustard		

*Source: American Dietetic Association Nutrition Care Manual*

## Pork Chops with Raspberry Sauce

Serves 4

<b>Pork Chops:</b>	<b>Raspberry Sauce:</b>
4 (4 ounce) boneless pork loin chops	1/3 cup fruit sweetened raspberry jam
½ tsp dried sage	2 T orange juice
½ tsp dried thyme	1T raspberry or balsamic vinegar
¼ tsp garlic or onion powder	2 T dry sherry
1/8 tsp ground black pepper	2-3 drops hot pepper sauce, such as Tabasco (optional)
1 T olive oil	1 T unsalted margarine or butter

- Combine sage, thyme garlic powder, and pepper; rub over pork chops.
- Heat oil in a large skillet over medium-high heat; add chops. Lightly brown on both sides, 4-5 minutes per side. Transfer chops to a platter and keep warm while preparing sauce.
- For the Raspberry Sauce: In the same skillet, stir in jam, orange juice, vinegar, sherry and hot pepper sauce; bring to a boil. Cook, stirring constantly, until sauce has thickened to gravy consistency, about 2-3 minutes, stir in butter. Serve over pork chops.
- Nutrition Information Per Serving: Calories 234, Carbohydrate: 12 g, Sodium: 53 mg, Fat: 10g. (If you use regular butter vs. unsalted sodium mg will be 76mg)

*Source: The Hasty Gourmet: Low Salt Favorites.*



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*Family Medicine*  
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**Holly Morales**  
*Physician Assistant Certified*  
University of South Dakota-  
Vermillion, SD



**Ruby Rhines, Registered Nurse**  
*Certified Nurse Practitioner*  
South Dakota State University-  
Brookings, SD



**Dr. Paul Thompson**  
*Family Medicine*  
University of Minnesota  
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# Your Health Care Team



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