The Beat Goes On!

In December, Drs. Dolezal and Eden and PA Kelsey Swisher participated in a mini-health fair and career day at Smoky Valley High School. They took the opportunity to interact with students, answering questions about health and career. In preparation, we did a little research to learn more about what type of healthcare careers are most in need. What didn’t surprise us was the field: nursing. What did surprise us was just how desperate the need is. The Bureau of Labor Statistics estimates that by the year 2016, there will be 580,000 nursing jobs to be filled—and that does not include the number of nurses who will be retiring. That is an astounding figure! Job growth for nurses is projected to be more than 19% between now and 2022.

We feel it here, as do other hospitals, clinics and nursing homes. We need more nurses! Encourage young people in your life to consider making nursing a career. Do you know a nurse who would like to return to the Lindsborg area? Mention the need—there are jobs for RNs in Central Kansas. Can you imagine a better place to raise a family and provide quality healthcare, right here in the Smoky Valley? I can’t! ~BN

Foundation Board Affirms New Board Members

Ryan Biegert: Not a stranger to Lindsborg, Ryan has lived in Lindsborg most of his life. An alum of Smoky Valley High (’01) and Bethany College (’05) Ryan majored in Business. After graduation he taught at Augusta High School, returning after one year to teach Business classes at Smoky Valley. In 2010, he joined the banking industry, joining Peoples Bank & Trust at the Lindsborg branch. He is currently the branch manager/loan officer. Ryan’s wife Nicole is a first grade teacher at Soderstrom Elementary. Ryan and Nicole have a daughter, Rylinn, and are expecting the arrival of her baby sister in May. “We enjoy living in Lindsborg where we can raise our family and enjoy the small-town living.

Mary Ann Carlson: Mary Ann grew up in Salina and graduated from Central High. She received a Bachelors in Psychology from KU, and a Bachelors in Health Science in Physician Assistant from Wichita State. She is currently working on a Masters in Public Health from KU Medical School in Wichita. Much of her career has been as a Psychiatric Physician Assistant, and has been in her current position at Central Kansas Mental Health Center in Salina for 24 years. Her previous work experience includes Horizons Mental Health Center in Hutchinson and Norfolk Regional Center (a state psychiatric hospital) in Nebraska. Mary Ann is a single Mom to sons Nickolas, Sam and Max, all Smoky Valley grads now in college. Mary Ann lives north of Lindsborg.

Mike Rose: Mike is the Director of Technology for Smoky Valley Public Schools, going on eight years. Mike held a similar position at Sterling College for a year as IT Director; prior to Sterling, he was with the Buhler School District in various capacities of technical support. He and wife Jenica have two daughters: Allison, a junior at Smoky Valley and Abigail, a 5th grader at Smoky Valley Middle School. A native of Reno and Ford Counties, Mike has ties the area. His parents live in Salina, and his great uncle was Darryl Fuller, a longtime physician in Lindsborg and Marquette. “Our family loves Lindsborg and the surrounding area, so I’m excited for the opportunity to be on the board and be a part of something so important to our area.”
Lindsborg Community Hospital is one of many organizations throughout the Smoky Valley that have a board of directors at the top of the organizational chart. Ours, like most, is strictly a volunteer board, meaning the snacks at the meetings are the extent of the compensation for their service. They give of their time and service each month out of their concern for health care in the Smoky Valley.

The role of a hospital board is to set strategic direction, provide fiduciary oversight and to make sure that the quality of the care provided is at the highest levels. In general, boards don’t participate in day to day operations but a board made up of community members definitely has a duty to bring operational concerns up to administration. In the case of LCH, our board also has the role of ensuring that Salina Regional Health Center is fulfilling the terms of the Management and Operating Agreement that was started in 2012.

For hospitals across the United States, the selection, makeup and terms of board membership varies. Some are governmental and get elected by voters or chosen by elected officials, others are selected by the board members themselves. For-profit hospitals may even have their boards selected by share holders.

Here in Lindsborg, our board is a self-perpetuating board. This means that the board selects its replacements. In our case, the board reviews its strengths, skill sets, weaknesses and needs. From there, it chooses potential names of people it feels fills the skill sets, demographics and geographic region needed. The names of the nine member board are then voted on by the Lindsborg Community Health Care Foundation Board at their January meeting for final approval.

The by-laws of each organization set the terms of service for board members. They also may set a limit on the number of terms. Again, it varies hospital by hospital and in our case, each board member has a one year term that may be renewed each year without limits. Term limits can be beneficial to keep a board and organization from becoming stagnant but we have been blessed with a variety of long tenured members and newer members. This enables us to understand our history but also keep us moving forward.

This December, 3 of our 9 members chose to discontinue their role as a board member at LCH. Judy Murphy stepped down after 17 years of service. Joining her was Joel Woodard after 8 years (his second tenure) and Ericka Lysell after 7 years of service. All three have been faithful, active stewards in the governance of LCH and we are extremely grateful for their service.

Through the process previously described, three new board members were chosen to fill their seats. Mary Ann Carlson, Ryan Biegert and Mike Rose have agreed to begin their tenure of service. They bring experience in medicine, finance and information technology respectively and will join the remaining members of Tom Buffington, Ben Dolezal, Robyn Johnson, Judy Neuschafer, Chuck Oleen and Denise Peterson.

Like other councils and boards throughout the Smoky Valley, these individuals are willing to give of their time, effort and sometimes sleep to make tough decisions to lead our organization. Please know that they “lean forward” to ask questions of administration, the medical staff and each other to make the best decisions for our health care organization. They make these decisions knowing they will impact themselves, their families, neighbors and friends. Please join me in thanking them for their service when you get a chance.

Jodie Miller Named Radiology Director

When the former director of LCH Radiology had an opportunity to renew a passion for a specific field of radiology with Salina Regional, long-time radiology department member, Jodie Miller stepped up to fill the shoes as director. Is she up to task? Just ask anyone who has worked with Jodie!

Professionally, she is recognized as Jodie Miller, RT (R), ARDMS, RVT, RDCS. But to co-workers and staff, she is the quiet professional with a broad smile who warmly greets patients and carefully explains her every move. With nearly fourteen years experience in the LCH radiology department, she has seen the staff and technology work to keep pace with the industry. She has experienced the changes from film to digital images, resulting in images being read by a radiologist with ‘shoes on the ground’ to images being read electronically, sometimes halfway around the world, to echo-sonograms being recorded on videotape to digital images on a computer screen. “It is all much more efficient, resulting in quicker results to the provider.

A graduate of Washburn’s school of Radiology, Jodie, whose chief responsibility has been ultrasound, received her ultrasound training from Salina Regional. Proficient in sonography, x-ray and CT, Jodie knows her biggest challenge is that of many health care professionals: Juggling home and work and sports schedules. Jodie and her husband Trampas, have 4 children.
The Clinic Beat

Co-pays, deductibles, and co-insurance, oh my! Let’s face it, medical insurance and billing is confusing. Even the most savvy consumers can be befuddled by the lingo of health care billing. Additionally, there are no price tags attached to healthcare services to tell patients what their bill is going to be after insurance pays its portion, which can lead to surprise when the bill arrives 6 weeks later.

At the Family Health Care Clinic, we are trying to avoid surprise with information for patients about our new financial policy. On January 1, FHCC started to collect co-pays, if required by your insurance, each time you check-in for your appointment. Collection of co-pays at time of visit is part of the agreement we have with insurance companies.

The second part of the policy requires that patients keep current with payments on their account. Patients who owe money to the hospital from past medical services and are not current with their accounts will be required to make a payment on their account before they will be allowed to make an appointment with one of our providers. Once a payment is made on a past due (delinquent) account, an appointment can be made.

Patients who are uninsured are asked to pay for their visit at the time of service; and are also eligible for a 30% cash payment discount which is applied at the time of service. Patients may also apply for financial assistance at FHCC and LCH by asking for paperwork. If payments on accounts are a hardship, payment plans can be arranged.

The practice of upfront payment for non-emergency care has been spreading in the U.S. as deductibles rise. At FHCC we are asking for payment of co-pays, and for current payments on past due accounts. If you have questions or concerns about the policy or any matter please do not hesitate to call me.

FAQ

“What is the new clinic financial policy?” Co-Pays will be expected at the time of service if required by your insurance. A payment must be made on past due accounts before an appointment can be scheduled at the clinic.

“I already make a payment each month on my account to the hospital. Do I need to make an additional payment before I can see my doctor?” No, if your account “is in good standing” and you are currently making regular payments, you do not need to make another payment before your appointment.

“I owe a large sum from an ER visit and cannot pay it. Can I make payments?” Yes, call the hospital at 785-227-3308 and ask to visit with a member of our billing team to set up a payment plan.

The Best Medicine is Prevention! Medicare Wellness Visit

It’s not a new benefit, but it is an often over-looked benefit that was introduced in 2011 as the result of the Affordable Care Act, or ‘Obamacare’. If you’ve had Part B Medicare for 12 months or longer, you can get this yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. There is no out-of-pocket expense to you for wellness visit.

You will visit with Medicare Annual Visit Wellness Specialist, Wanda Weltzin, LPN for the following: 1) a review of medical and family history; 2) a list of current doctors and prescriptions; 3) height, weight, blood pressure and other routine measurements; 4) a screening schedule for appropriate preventive screening services; and, 3) a list of risk factors and treatment options for you. Also as a result of the ACA, the cost-sharing for preventative services covered by Medicare has been eliminated. The goal is to keep beneficiaries healthier instead of only paying for treatment when people get sick.

The MWV is different from the “Welcome to Medicare” exam, but neither should be confused, or considered a substitute for a routine physical exam by a medical provider. An annual physical is a much more extensive examination than the Welcome to Medicare Visit or Annual Wellness Visit. Diagnostic tests are NOT included in either the “Welcome” or MWV. If your provider feels such tests are indicated to treat a medical problem during one of these wellness visits, the cost of the visit and the cost of the tests would be applied to your deductible or co-pay. If, during the wellness visit it is determined you should have an immunization (pneumonia, shingles), you or your insurance will be billed accordingly.
Mighty things come in small packages—and in the wake of her heart issues, Andy has made her mark as a fighter on dozens of healthcare professionals in four healthcare facilities in one year. Just over a year ago, Andrea "Andy" Lowe, a Marriage and Family Therapist, found herself routed from the Lindsborg Community Hospital emergency department to a surgical heart hospital in the greater Wichita area to repair a tear in her mitral valve. The procedure revealed another grave concern: the discovery of damage to the right ventricle of Andy’s heart. The prognosis was very grim, and family gathered at the behest of the surgeon, who was frank and doubtful of her ability to survive.

But soon an airplane was dispatched to transport Andy, in extremely critical condition, to a hospital in Oklahoma City to receive a ventricular assistive device implant. It was not known if the procedure would work, or even if she could survive the attempt. But it did, and so did Andy.

There were more surgeries and complications. But David, her husband of 50 years never left her side. He says of those early weeks in the hospital: “I did what I’ve always done. We’ve been together since we were 17. We managed to have fun through it all. I had to think in terms of survival skills instead of asking ‘why?’”

When her recovery and rehab team in Oklahoma City indicated a need for Cardiac Rehab as part of her on-going therapy, Andy and David presumed there were services available in Salina, but the thought of adding travel to an already overwhelming routine was daunting. So how exactly did Andy, all the way from a major hospital system in Oklahoma City, arrive in Oklahoma City, and is now up to 18 minutes on the recumbent bike. She knows she has more work to do, that it is a process, and not a swift one. She says this knowing she is approaching the one year anniversary of her first surgery, February 3.

Asked how Cardiac Rehab benefitted her beyond physical strength and stamina, Andy and David have plenty to say:

“It helped restore my confidence tremendously. I know from my work as a therapist, self-confidence gives you a feeling of some control in your life, so that you can plan for yourself and do for yourself.” She and David agree, the choice to come to LCH was a good one, finding it difficult to add 2-3 times weekly commutes out of town, especially on those hot, humid days would have been ‘super difficult’.

Cardiac Rehab is covered by most insurances, must be ordered by a physician, and is directed by Sarah Ross Moberg, RN, BSN and is conducted three days a week for 18-36 weeks, depending upon insurance. The session includes instruction and cardiac monitoring on exercise, education on cardiac risk factors, food plan, stress management and if indicated, smoking cessation. Typical candidates for cardiac rehab are patients recently diagnosed and stable after a heart attack or cardiac procedure. For more information, contact LCH and ask for Sarah at 785-227-3308.

~Betty Nelson
Almost every country song seems to be about heartbreaks, from Billy Ray Cyrus and his “Achy Breaky Heart” to Hank Williams and “Your Cheatin’ Heart.” Although these songs may be referring to the perils of love, there is another important type of heartbreak to keep in mind: heart disease. The most common type is atherosclerosis, where fatty plaques build up along the lining of our arteries. Over time, these blockages can cause devastating heart attacks or strokes.

According to the American Heart Association, there are plenty of things we can do to lower our risk of developing heart disease. One important measure is to increase our physical activity. Current guidelines recommend that adults should strive to engage in at least 150 minutes per week (or about 20 minutes per day) of moderate activity like fast walking. People who do this have a 20-30% less risk of stroke than the least active.

Another modifiable risk factor for heart disease is our nutrition. Studies suggest that focusing on foods such as fruits, vegetables, low-fat dairy, and nuts can be beneficial for our heart. Diets such as the DASH diet or the Mediterranean diet follow this approach. Try to limit the amount of saturated fat in your diet, which is found in red meat, cheese, and other animal based foods.

If you have high cholesterol, talk to your health care provider about treatment. To reduce your risk of heart attack or stroke, aim to have a total cholesterol less than 180 mg/dL. It’s also vital to keep your blood pressure in check. Your target blood pressure range should be less than 140/90 for optimal benefits. Other things you can do to prevent heart disease include keeping your weight in the normal range (body mass index less than 25), limiting alcohol intake, and staying far away from cigarettes.

Aspirin is sometimes recommended to reduce the risk of stroke in high risk patients whose risk is greater than 10% in 10 years. Are you a candidate? You can calculate your ten year risk at http://my.americanheart.org/cvriskcalculator. Discuss your results with your health care provider to weigh the pros and cons.

Heart disease is the number one killer for both men and women in America, accounting for 1 million deaths each year. In fact, it is more prevalent than all cancers combined. The seriousness of this disease should compel us to action. There are some things we can’t change, such as our age or race or genetics, but there are many things we can do to improve our heart health. Now we can confidently change our tune to that of Dolly Parton: “Put a little love in your heart...”

Ed. Note: Straight From the Heart, Bryan Adams, 1983
Auxiliary Gifts Provide New Highs and Lows

Providers and patients are equally excited with the installation of three new hi-lo exam tables. The tables were delivered and installed in December.

Announced last spring as the newest improvement project for the hospital by the Auxiliary, each table represents nearly $3890 in baked good sales, gift shop proceeds and outright gifts from several donors. The hospital purchased three, in order that each of the five providers would have one.

Drs. Eden, Bieker and PA Kelsey Swisher each received a new table. Hi-lo tables had previously been purchased for Dr. Dolezal and nurse practitioner, Miranda Brown. When queried about the new table, Bieker exclaimed: “I love it! It’s wonderful!”

The Auxiliary has now retired the debt of one of the tables and will continue their fund-raising activities to reimburse the hospital for the remaining two tables. We invite you to support the activities of our hospital Auxiliary, or consider making a donation to their project. Gifts can be designated to “Auxiliary project” and mailed or dropped off at the hospital.

Keeping Healthcare Local: Our menu of services

24-7 Emergency Department • Weekend Urgent Care • Family Medicine Clinic • Acute & Skilled Care • Free Wellness Center • Diagnostic Laboratory Services • Digital Mammography • DEXA Bone Density • Home Health Care • Diagnostic X-Ray • CT • Ultrasound • Bariatric Care • Wound Care • Outpatient Treatments • Surgical Procedures, including: gallbladder, hernia repair, colonoscopy, carpal tunnel, EGD, trigger finger, knee & shoulder scopes, tonsillectomy/adenoidectomy • Nuclear Medicine • Meals on Wheels & Frozen Meals to Go • Home Health Care • Electronic Medication Management • Care Link Service • Cardiac Rehabilitation • Physical Therapy • Occupational Therapy • Speech Therapy • ImPACT testing • Childhood Immunizations • DOT Physicals

Scholarships at lindsborghospital.org

The Lindsborg Hospital Auxiliary was invited to host the District 4 Regional Meeting of the Hospital Auxiliaries of Kansas. This is the first time in many years Lindsborg has hosted. Auxiliaries from eleven hospitals will be represented, including those from Wichita, McPherson and Pratt. Led by auxiliary president Mary Patrick, the executive board began preparations in June, 2014. The event, scheduled for Wednesday, April 15, will be at the JO Sundstrom Conference Center. The theme, chosen by the leadership of HAK, is “Volunteers are all Heart”. “This is a huge undertaking for our Auxiliary women, but they are dedicated and tenacious!” commented Betty Nelson, liaison to the Auxiliary and hospital marketing director.

The Smoky Valley Community Foundation awarded a check for $1300 to the hospital to purchase a new “super-comfy” recliner. The recliner will be used for outpatients receiving IV, infusion or transfusion therapies. Last fiscal year, over 874 outpatient received some form of these therapies, an average of 2.5 visits a day. The procedures can last from an hour or less to 4 hours or more. In the photo, Kaylee Jackson, RN, receives the check from SVCF Board Member, Lacey Brooks. We are grateful to the SVCF for this gift, as are patients, who often specifically request the chair in need of replacement!
Warts. To be, or not to be? It doesn’t have to be the question.

An injection, or series of injections, of Candida antigen for the treatment of warts is a new treatment offered at the Family Health Care Clinic.

Augie Peterson is a typical teenager—who just happens to be a son of FHCC Manager, Karna Peterson. One day last summer during a staff meeting, a decision to introduce a new treatment was especially interesting to Karna since Augie had a wart—and as Karna said, “We’d tried everything! Even treatments more expensive than this new treatment proposed by Dr. Bieker.” Jody Bieker had used it with success within her previous practice.

Anyone can get warts—a skin growth caused by some types of the human papillomavirus (HPV). The virus will cause the top layer of skin to grow rapidly, forming a wart. Common warts are usually found on fingers, hands, knees, and elbows. The dome shaped growth is typically hard and round, with a rough surface and grayish-brown in color. It may resemble the head of a cauliflower with black dots inside.

Warts are spread with direct contact with a human papillomavirus, and they are usually painless. But a wart that grows in a sport where you put pressure, such as a finger or a thumb, can be painful and interfere with work, sports or normal activities. Most warts go away within months or years without treatment.

Having tried and failed other solutions, Augie was game to try something else. Candida antigen is a form of yeast, and interestingly enough, the Candida antigen does not treat the wart specifically, but rather, when shot into the wart, tests the immune system. A healthy immune system will find the yeast and remove it and the wart tissue from the body. A few days after the injection, a healthy immune system will cause a red reaction, just like an insect bite. If it does not, the immune system is not working to track down the yeast and the wart tissue.

There may be some itching at the site after the injection, and potentially a blister; often the wart will turn black and the ‘crust’ falls out. Some patients require up to three injections, one month apart.

Lynn Nightingale, RN, and Dr. Bieker’s nurse said: “It’s the medication that you don’t think can work that will make that wart go away!”
Lindsborg Community Hospital

605 W. Lincoln  Lindsborg, KS 67456
Hospital: 785-227-3308  Clinic: 785-227-3371
www.lindsborghospital.org

February 2015  Partners caring for the health of the Smoky Valley communities.

Family Health Care Clinic at LCH
Family Medicine • DOT Physicals • Acute & Chronic Health Management • Childhood Immunizations
Same day appointments often available  785-227-3371

Pediatric immunizations with well child-exam

Meet our medical providers! From left to right: Jody Bieker, MD; Kelsey Swisher, PA-C; Benjamin Dolezal, MD; Andrea Eden, DO; Miranda Brown, APRN-C.