

HEARTBEAT

THE HEALTH GUIDE FROM MARLETTE REGIONAL HOSPITAL • SPRING 2012

Take a hike,

PAPER TRAIL!

ELECTRONIC HEALTH RECORD ALLOWS FASTER ACCESS, CONTROLS PRIVACY

An electronic health record (EHR) is much like your paper health record, except it is stored using computers. ♦ This way, your health record can be quickly updated and accessed by you and your health care team at the touch of a button. ♦ Your EHR has all the health information generated at your medical visits, including trips to the emergency room, physician office appointments, surgical procedures, lab tests and more. Having the information in one place helps your doctor make informed decisions about your treatment without waiting for paper records to be located.

EHRs are already making a big difference at Marlette Regional Hospital (MRH). Recently, we had a patient whose symptoms had worsened enough that she was unable to wait for her scheduled appointment in one of our health care offices. When she came to the emergency room instead, we had immediate access to her health history and a current medication list, even though she had forgotten to bring her own list from home. She said it was both helpful and convenient to have that information available



SERVING PATIENTS BETTER: Family HealthCare of Marlette's Erin Roberts, MSN, FNP-BC (left), and Tammy Hoisington, LPN, use the new electronic health record system when seeing patients in their office.

for the emergency physician. During a stressful emergency health visit, having an up-to-date EHR is much more reliable than the patient's own memory.

WHAT IS INCLUDED IN MY EHR? The record covers basic information, such as your address, phone number and insurance information, and more detailed medical information, including progress notes, prescriptions, vital signs, medical history, immunizations, and laboratory and radiology reports.

Your EHR streamlines your provider's workflow by keeping all of your information easily accessible. It also supports cost-effective medical care by reducing

administrative and storage costs.

SAFETY IS OUR TOP PRIORITY The EHR software performs quality and safety checks to ensure appropriate dosing, prevent drug interactions and alert doctors to patients' drug allergies and possible duplication to ensure that patients are not taking multiple doses of similar medications.

As a provider writes an order for a new medication, the suggested dose is displayed and checked against all of the patient's other active medications. If an interaction is found, the computer alerts the provider to the conflict.

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EHRs are good business

Electronic health records (EHR) and health information exchange can help clinicians provide higher-quality, safer care for their patients and create tangible enhancements for their practices. By adopting electronic health records in a meaningful way, health care providers can:

Know more about their patients. Information in EHRs can be used to coordinate and improve the quality of patient care between hospitals, clinics, labs and more.

Make better decisions. With more comprehensive information readily and securely available, clinicians will have the facts they need about treatments and conditions at their fingertips.

Get to know patients more quickly. Making health information available to authorized health care providers wherever and whenever a patient gets care means that even if a patient moves or changes doctors, care won't be interrupted.

Standardized EHRs and the secure exchange of health information improves health care quality and safety and reduces health care costs by:

- Giving consumers more complete and accurate information to inform decision making about their own health care.
- Reducing medical errors and avoiding duplication of treatments and procedures.
- Lowering administrative costs and reducing clerical errors.
- Enhancing research by standardizing medical data to evaluate promising medical techniques, devices and drugs.
- Reducing the time it takes to bring safe, effective products and practices to the marketplace.

MRH develops creative solutions to challenges and changes



Dan Babcock, CEO

William Arthur Ward, an American scholar and author, once said: “The pessimist complains about the wind; the optimist expects it to change; the realist adjusts the sails.” At Marlette Regional Hospital, we are expecting many changes in health care and continue to adjust our sails to meet the needs of our community.

One change that continues to create a need for adjustment is the retention of physician talent. There is a shortage of health professionals throughout the U.S., Michigan and our service area. According to the U.S. Department of Health and Human Services, as of Jan. 23, there are 5,800 Primary Care Health Professional Shortage Areas throughout the U. S., with 59 million people living in them. It would take 16,028 practitioners to meet the need for primary care providers. According to a 2011 survey by Merritt Hawkins, a national

health care staffing and consulting firm: “The great majority of residents (94 percent) would prefer to practice in communities of 50,000 people or more. Only 6 percent would prefer to practice in communities of 50,000 or less.”

As you can see, recruiting and retaining qualified physicians is a daunting challenge. We have become creative in trying to meet the physician need in our community. We have entered into arrangements with other health care organizations to share health care providers.

We have also begun increasing the use of nurse practitioners and physician assistants in our clinics to ensure availability of care. These providers are well-qualified to meet the health care needs of many of our patients. We will continue to explore other creative ways to secure access to health care providers.

The delivery of health care is changing and will continue to change. While we must look for new and innovative ways to attract providers, our mission remains the same: to continuously improve the quality of health in the communities we serve.

Your philanthropic dollar makes a big difference

With all of the uncertainties surrounding health care reform and its potential impacts, there is a glimmer of hope for health care in our community.

A foundation is key to a strong hospital For any building, the foundation is key to a solid structure. This is also true for hospitals in a figurative sense. Hospitals depend on the financial support provided by their foundations. A hospital’s foundation is the mechanism through which support is received from the public for investment in capital equipment, renovation and expansion of hospital services. And this support is needed now more than ever.

Health care in hard times Marlette Regional Hospital (MRH) is a small, rural, nonprofit organization designated by Medicare as a critical access hospital (CAH), meaning we provide crucial access to health care for people in an area that has limited medical services.

Like many CAHs, MRH does not realize the same economies of scale as large urban hospitals. Many patients don’t have health insurance, so CAHs absorb the costs associated with this nonreimbursed (charity) care. And reimbursement from insurance companies and government programs such as Medicare and Medicaid often fails to cover 100 percent of the cost of care for insured patients.

These factors, coupled with rising operating expenses and the need to keep medical equipment and facilities up-to-date, affect the financial viability of MRH and many other hospitals nationwide.

Philanthropy makes a difference In light of these economic struggles, philanthropic funds can make a very positive impact on health care in our community. A philanthropic dollar received has much more value than a dollar earned from operations because there are many costs associated with providing patient care.

“Funds received through the foundation are important to MRH, as they help us to accomplish our mission to provide quality health care to the communities we serve,” says Jim Singles, chief financial officer of MRH. “These funds are generally utilized to purchase needed medical equipment, provide funding for building renovations and help to offset operating costs.”



How you can help Beginning in 2012, MRH will begin renovating the oldest part of our facility—the acute care hallway. This area will be designed to create a soothing and tranquil atmosphere for patients visiting MRH.

You can be part of this exciting project by participating in fundraising events, giving a gift in honor or in memory of someone special, donating a one-time cash gift, or committing to an annual donation by joining the Friends of MRH giving club. For more information, please call the MRH Foundation office at **989-635-4011**.



Take a hike, paper trail!

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For example, imagine a patient who needs antibiotics but is allergic to penicillin. If the provider accidentally writes a prescription for penicillin, the computer will flag the entry and show options for different types of antibiotics the provider could choose instead.

The EHR also has the capacity for bar code medication administration. This technology allows the nurse to scan the patient’s information and the medication’s label to ensure the “six rights” of medication administration: delivering the right drug to the right patient at the right time at the right dose—by the right route and for the right reason.

It’s all about teamwork Sharing information among

our health care providers through EHRs improves quality of care, reduces costs and allows medical collaboration that, in turn, fosters the adoption of new knowledge and practices.

With EHRs, primary caregivers and specialists can view a common record of patients’ entire health care experience, regardless of where the care was received.

For one patient who was treated in our emergency room, this access saved both time and money. After his emergency visit, he followed up with one of our surgeons. With the EHR, the surgeon could see the patient’s course of treatment, including the results of all testing that was ordered, and the emergency physician’s diagnosis.

Being able to view this course of treatment in a timely manner helped the surgeon reduce health care costs because tests didn’t need to be duplicated. Because additional testing wasn’t needed, the surgeon could determine much sooner if the patient should have surgery or receive other treatments.

Source: The New England Journal of Medicine, (10.1056/NEJMp1006114) July 13, 2010, NEJM.org

COPD AND LUNG CANCER

Two reasons to quit smoking

IF YOU'VE SMOKED a cigarette recently, you might think that the health risks of smoking won't affect you until much later in life—and that they may not be serious.

But, in reality, every time you light up, you are putting yourself at risk for two deadly diseases: lung cancer and chronic obstructive pulmonary disease (COPD).

Treatments can help relieve symptoms and slow the progress of both lung cancer and COPD. But the single best way to help your lungs, both now and for years to come, is to join the ranks of ex-smokers. It's never too late to quit—no matter how long you've been smoking.

TWO DISEASES, ONE MAIN CAUSE Lung cancer begins when cells in the lungs start to develop abnormally and then multiply and clump together into a tumor.

COPD is the umbrella term for the diseases emphysema and chronic bronchitis, which often develop together. With emphysema, the lung's air sacs are damaged, causing shortness of breath. That means less and less oxygen is



transferred into the bloodstream, depleting nourishment to the body and its organs. Chronic bronchitis inflames and scars the lungs and the lining of the airways, also affecting the ability of the person to take in—and let out—a breath.

Although there are other causes for COPD and lung cancer, smoking is by far the main culprit. It's linked to

about 87 percent of lung cancer deaths and up to 90 percent of COPD deaths, according to the American Lung Association.

In addition:

- Lung cancer is the leading cause of cancer death in both men and women in the U.S. It causes more deaths than the next three most common cancers (colon, breast and prostate) combined.
- Lung cancer often isn't detected until it's in an advanced stage. Over half of people with lung cancer die within a year after their diagnosis.
- COPD is the third leading cause of death in the U.S.
- COPD's symptoms—wheezing, tightness in the chest, shortness of breath, a nagging cough that produces mucus—are often ignored by people with the disease for years. However, treatments can help improve a person's quality of life once COPD is diagnosed, so make an appointment with your doctor if you have the symptoms.

CHOOSE A STRATEGY If you smoke, you need to try hard to quit. Your doctor is a good source of information about tools that can help, including prescription and over-the-counter medicines and smoking cessation programs.

For additional tips that can help you quit smoking, visit www.smokefree.gov or call **800-QUIT-NOW (800-784-8669)**.

MANAGE YOUR WEIGHT THE HEALTHY WAY

IT MAY BE TEMPTING to try something exotic for fast weight loss. An all-kumquat diet, or a one-weekend exercise marathon.

But it wouldn't be healthy. And any weight you lost would likely come back.

If you want to lose weight, a long-term healthy plan for eating and exercising is still best. It's not new or trendy. But it works for most people.

WHAT'S ON YOUR PLATE? A healthy diet combines fewer calories with more nutrition.

You can get both with a diet that:

- Has mostly fruits, vegetables, whole grains and low-fat or nonfat dairy products.
- Includes lean meats, fish, eggs, beans and nuts.
- Limits unhealthy fats, cholesterol, salt and added sugars.

Aim to lose between 1 and 2 pounds per week. It's a healthy goal and one you can meet. That usually means eating 500 to 1,000 fewer calories each day.

Try keeping a record of everything you eat. It may help you spot problems in your diet.

TIME TO GET ACTIVE Exercise is good for you in so many ways. It helps you manage your weight by burning calories. It also:

- Lowers your risk for heart disease, diabetes and other long-term health problems.
- Makes your lungs and muscles stronger.
- Helps you sleep better.

Try for 30 to 60 minutes of exercise on most days of the week. But the more you exercise, the better.

Talk with your doctor before starting a new exercise program.

IS MEDICINE AN OPTION? If you have tried to lose weight without success, ask your doctor about weight-loss medicine.

It won't make you lose weight on its own. But it can help when added to a diet and exercise plan.

Many of these drugs have side effects. So ask your doctor about the risks and benefits.

Sources: Academy of Nutrition and Dietetics; National Institutes of Health



Want more health and fitness

tips? Sign up for our free

My Health e-newsletter at

www.marletteregionalhospital.org.

Back in full swing

The swing bed program is back at Marlette Regional Hospital (MRH). We are once again able to accept swing bed patients, thanks to the signing of the Rural Hospitals Patient Choice Act: Swing Beds.

The swing bed program is a federally approved program for small rural hospitals like MRH. It allows us to use hospital beds for either acute or skilled (long-term) nursing care.

Using a hospital bed as a skilled nursing care bed provides patients who are not well enough to go

home another option of care closer to home.

Some examples of patients who would need this type of skilled nursing care include patients who need rehabilitation after orthopedic surgery or fractures, stroke patients, patients receiving IV antibiotic therapy, patients needing continued wound care, and patients needing to regain strength and mobility.

Medicare Part A is the primary payer for this service. Medicare can cover a swing bed for up to 100 days of care with various co-pay charges; these co-pays may be offset by secondary health insurance.

To qualify for a swing bed, the patient must have been admitted as an inpatient at MRH or another acute care facility for a minimum of three days within the last 30 days; the patient's condition must require a skilled level of care; and the patient must be willing to work toward individualized established goals, show progress, and have coverage under Medicare Part A or private insurance.

For more information or to determine if a patient meets the admission criteria, please call **989-635-4525**.

EVENT Calendar SPRING 2012

Look us up at www.marletteregionalhospital.org.

Education and safety

Community and Professional Education

The MRH education department's health care professional offerings include:

Geriatric Grand Rounds, Pre-Trauma Conference, Nursing Education, Wound Care, Social Work Grand Rounds, Cardiac Rehab, TIPDON Diabetes Management, Pharmacy Grand Rounds, Home Health, and Provider CPR and First Aid classes.

Community offerings include: CPR, First Aid, Safe Sitter, Wilderness First Aid classes and a lecture series for people diagnosed with specific conditions.

For details or to register, call **989-635-4349** or email jdyer@mrhcares.org.

CPR, AED, First Aid and Bloodborne Pathogen Training

Gain confidence to respond in an emergency situation. Can be tailored for specific groups and individuals. Call **989-635-4349**.

Safe Sitter

The Safe Sitter program teaches 11- to 13-year-old girls and boys how to handle life-threatening emergencies, how to keep themselves safe, when and how to call for help, and how to understand and care for children of different ages. Call **989-635-4349**.

Wilderness First Aid

Wilderness First Aid is a comprehensive lesson in how to react, respond, and save lives in remote, life-threatening situations. Call **989-635-4349**.

Wellness

Adult Diabetes Self-Management Monthly

Learn about living with diabetes, meal planning, blood glucose and how to achieve an active lifestyle. For more information, contact Melanie Campbell, RN, CDE, diabetes educator, at **989-635-4348** or mcampbell@mrhcares.org.

FREE Senior Stretch Tuesdays and Thursdays 8:30 to 9:30 a.m.

MRH East Campus 2861 Main St. Low-impact exercise and breathing and relaxation techniques. Call **989-635-4349**.

Volunteer

MRH Volunteer Greeter Marlette Regional Hospital is seeking friendly, outgoing volunteers to participate in the hospital's greeter program. Greeters are responsible for welcoming patients and guests as they enter and

navigate the hospital's main campus. Call Doris Wood, greeter program coordinator, at **989-635-7904**.

United Hospice Service Volunteers

United Hospice Service of MRH is seeking volunteers to offer support by caring for patients, giving comfort during bereavement, performing administrative duties and being involved in the community. Call Lillian Comment, hospice volunteer coordinator, at **800-635-7490**.



Auxiliary

Monthly Meetings Thursdays, March 22, April 26, May 24 9:30 a.m., MRH Auxiliary Conference Room

Join the MRH Auxiliary for monthly meetings, including guest speakers, event planning, volunteer opportunities, refreshments and fellowship. Contact Sheila Lambert at **989-635-2909** or at slambert312@hotmail.com.

Events

Blood Drives Thursday, April 5 Noon to 5:45 p.m. MRH East Campus 2861 Main St.

This American Red Cross blood drive is sponsored by the MRH Auxiliary.

Hunting for Health Friday, March 23 and/or Saturday, March 24, 8 a.m. to 2 p.m.

Rooster Ranch, LLC, 7480 Germania Road, Uby European pheasant hunt with breakfast, clay target shoot, Euro Hunt, great lunch, and walk-up hunt with dogs afterward. Proceeds to benefit prostate-specific antigen (PSA) testing for men in our region through P.C.U.P.S. (Prostate Cancer Understanding Prevention & Screenings). Sponsorship opportunities available. For more information, please call **989-635-4045**.

Hospice Walk Fundraiser

Saturday, May 12 8:30 a.m. Marlette Walking Trail (Gayle's Trail) at the Marlette Elementary School, 6230 Euclid St.

Walk the Trail in honor or in memory of someone dear to you. Sponsorship opportunities are available for individuals, community groups, businesses, organizations and those who support United Hospice Service. For more information, please call **800-635-7490**.

Support

Diabetes Support Group Meets regularly

For people with diabetes and their families, friends and caregivers. Contact Melanie Campbell, RN, CDE, diabetes educator, at **989-635-4348** or at mcampbell@mrhcares.org.

Grief

United Hospice Service of MRH offers various support groups. Call **800-635-7490**.

Lunch and Dinner Grief Support Groups

- **First Tuesday of each month, noon** Eddie G's Restaurant, Marlette
- **Third Wednesday of each month, noon** Nick's Country Oven, Cass City
- **Last Thursday of each month, 6 p.m.** Franklin Inn, Bad Axe

Grief Support Groups

- **First Friday of each month, 10 a.m.** MRH administration conference room (use Seton Center entrance)
- **Third Tuesday of each month, 10 a.m.** Trinity Episcopal Church, 5646 Main St., Lexington (with Father Rick)

www.marletteregionalhospital.org

HEALTH LIBRARY

Find reliable, up-to-date health information, and learn more about related services and events.

FIND A DOCTOR

Get connected to the right physicians for you and your family. Our physician directory makes it easy to search by name or specialty.

EVENTS CALENDAR

Learn about screening opportunities, health classes, support groups and much more. And you can sign up online!

CAREERS

Find the latest employment opportunities and apply online instantly.



HEARTBEAT is published as a community service for the friends and patrons of MARLETTE REGIONAL HOSPITAL, 2770 Main St., Marlette, MI 48453 989-635-4000 www.marletteregionalhospital.org

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