

the Samaritan

JOURNAL OF WELLNESS AND GOOD HEALTH CARE

**THERESA
SULLIVAN**

JUST THE FACTS

Education:

- Bachelor's degree in organizational management and communication, Concordia College—St. Paul, Minnesota
- Master of business administration degree in medical group management, University of St. Thomas—Minneapolis, Minnesota

Professional experience:

- Cuyuna Regional Medical Center, Crosby, Minnesota, 1992–2013
- Chief operating officer, Hospital Services
- CEO, Longville Lakes Clinic
- Director, Northern Health-Care Partnership

Professional certification:

- Fellow of the American College of Healthcare Executives

Community involvement:

- Brainerd Lakes Chamber of Commerce
- Bridges Academy & Workplace Connection



WELCOME: Theresa Sullivan, chief operating officer, clinical and ancillary services of Samaritan Healthcare, looks forward to being involved in the Moses Lake community.

Theresa Sullivan

EXPLORES NEW TERRITORY

in Moses Lake

We sat down to talk with Samaritan's new chief operating officer, Theresa Sullivan, on the first truly cold day of fall. She laughed as we piled our coats, scarves and gloves onto the extra chair in her office. "When is it going to get cold here?" she asked jokingly. ♦ Sullivan comes to Moses Lake

after serving Cuyuna Regional Medical Center, in Crosby, Minnesota, for 21 years. Having lived in Minnesota, she doesn't seem

daunted by the sudden dip in temperature.

As our interview begins, we find out that not much fazes

her—Sullivan speaks about rising through the ranks of an expanding health care system, starting as an administrative assistant, earning two degrees, and becoming chief operating officer over multiple facilities and departments like it's something done every day. Sullivan brings to Samaritan a wide variety of experience; she's well-versed in rural health, physician recruitment and retention, service line development, and infrastructure.

GETTING TO KNOW EVERYONE

When asked about her average day at Samaritan, Sullivan smiles and lets us know that she's still in an orientation phase. She feels her key responsibilities are connecting with staff and building relationships that allow providers and employees to be successful every day, as well as removing roadblocks to that success when necessary. Animatedly, she expresses her enthusiasm for health care and the opportunity for growth in the community.

"I'm very passionate about rural health care and the opportunity for people to receive care close to home," she says. "If it is reasonable for people to receive care in their local community, where people they know can take care of them, where they have family and support systems, that's really important—something I want to strive to be a part of."

CARING FROM THE INSIDE OUT

Her enthusiasm is contagious as she outlines her vision of being visible and approachable, not only within the walls of Samaritan, but in the community as well. Sullivan says she feels that encouraging providers and staff to identify and embrace the mission and values of the organization will spread into

the community. "If employees and providers feel good about the work that they do, that's going to come out in the care they deliver," she says.

Engaging people's hearts is her philosophy. Allowing that feeling to transfer into the care given is where service reaches beyond what's expected.

READY TO VOLUNTEER

As she settles in to her new role and new community, Sullivan looks forward to taking part in the many volunteer opportunities Moses Lake offers. In the past, she's spent many hours working with the chamber of commerce, area high schools, the community college, and youth in the creation of career academies and job shadowing opportunities with health care providers.

Spending time being active in her community is very important to her. She speaks fondly of being able to have a hand in the branding of her previous community, Cuyuna Lakes. Sullivan says it will be key to her professional role and her personal life to be just as involved here in Grant County.

FEELING AT HOME

After just 30 minutes with Sullivan, her warm and genuine personality shines through. We wrap up the last few minutes of our time together chatting about the recreational activities she and her family enjoy. She is excited to be just a drive away from mountains, hiking, camping and cross-country skiing—she mentions dirt bike racing and quickly points out she is happy to remain a spectator while her youngest son engages in that particular sport!

Welcome to Samaritan, Theresa Sullivan. We're happy to have you with us.

Focusing on you

Samaritan Healthcare finds best value in patient- and family-centered care

A new value statement adopted by Samaritan Healthcare early in 2014—Samaritan Healthcare will provide high-value, patient-centered and family-centered care and services—is not only integral to the internal workings of Samaritan, but also meaningful in our approach to serving our patients, families and community.

In 2011, a committee of board members, physicians, senior leaders, employees and community members met and committed themselves to enhancing the patient and family experience. The Patient and Family Centered Care Team (PFCC Team), composed solely of dedicated and caring volunteers, meets twice monthly, with the explicit goal of enriching and strengthening the care everyone in our organization gives to our patients, family members and friends.

Positive changes Large improvements don't happen overnight, but when a change happens, it can make an immediate impact. A seemingly simple, yet effective, improvement was when Samaritan changed to an open visiting policy, allowing patients to receive family and visitors when most convenient for their unique situation, including allowing them



IT'S ALL ABOUT YOU: Samaritan volunteer Jim Colee explains to community members the benefits of involving a patient and his or her family in health care.

to stay the night if they desired.

Anyone who has ever spent the night with a family member in the hospital setting can attest to stress, worry and most likely discomfort. Another marked improvement found at Samaritan is the new patient room sleep chairs. These sleep chairs are available to family or support persons when an overnight stay (or even just a short rest) is needed.

Sometimes a patient has more family or support people than can fit comfortably in one room. For this purpose, the PFCC Team created a special waiting room on the second floor of the hospital. This space is intended for larger groups to gather in for comfort or celebration.

Often just as meaningful are smaller changes, such as the move to presenting each new or expectant mother with a plush, comfortable robe upon checking in to Samaritan's Mother/Baby Unit. New

moms keep this robe for use during their stay and are welcome to take them home upon discharge.

Give us your input The PFCC Team feels that positive improvement can start with patients and families who are willing to provide their point of view or share stories of their own experiences at Samaritan. The team encourages interested members of the community to become patient and family ambassadors to serve on the team as they work to fulfill the organization's value statement: Samaritan Healthcare will provide high-value patient-centered and family-centered care and services.

If you are interested in joining the Samaritan PFCC Team or willing to share an experience with the team, please call Karen Thompson at 793-9686 or email her at patientserviceteam@samaritanhealthcare.com.

Staying well

5 ways to prevent a return trip to the hospital

Having to stay in the hospital is probably not your idea of a good time. And when you're discharged, chances are you don't want to return. It's nice to have skilled, compassionate care you can depend on when you need it. But staying healthy—and avoiding a return trip to the hospital—is everyone's preference, and it's what we want for you too.

Unfortunately, a significant percentage of people discharged from hospitals nationwide are readmitted within 30 days, which is why reducing readmission rates is a goal of the Affordable Care Act. It's a goal we take seriously at Samaritan. But it's one that we need your help to achieve.

When you leave the hospital, we'll strive to make it a smooth transition. We ask that you help us by doing the following:

1 Make sure you understand your condition. Ask: ● What you should do to help yourself get better. ● What—if any—limitations you now have. ● What potential problems you should watch for. ● What to do if problems occur.

If you'll be handling certain medical tasks on your own or with the help of a family caregiver—things like changing a dressing, for instance—ask a member of the hospital staff to go over the procedure with you until you're comfortable with it.

2 Review your medications. Ask if you should continue taking everything you were taking before you were admitted and if any new medications have been prescribed. If you do need to take some new ones, be sure you know when and how to take them, how much to take, and for how long. Also be sure you understand why you're taking the new medicines.

It's a good idea to keep a list of all your medications. That list—or other tools ranging from simple pillboxes to more high-tech gadgets—can help ensure that you take your medicines correctly.

3 Keep your medical appointments. Often follow-up tests or doctor visits are scheduled before you leave the hospital. It's essential that you keep them. They're necessary for monitoring your progress and keeping you well.

4 Speak up if you need help. Can you bathe and dress yourself and cook your meals? If you have concerns about your ability to handle these and other tasks, don't hesitate to say so. We can arrange to get you some help.

If you're worried about things like paying for your medications or getting transportation to your doctor visits, mention that as well.

5 Get a name and number. You may have questions or concerns after leaving the hospital. Be sure you're clear about whom to call for answers.

We're confident that by working together, we can help keep you healthy and out of the hospital as much as possible, which will help lower health care costs for everyone.



Help for going home

Before you or a loved one leaves the hospital to go home or to another care facility, Samaritan's multidisciplinary team will help you prepare by coordinating the transition to the next level of care. Assessment will be done by referral, with either a care manager, a social service coordinator or both.

This team can:

- Find out who you should contact if you have questions about medication or care information once you've left the hospital.
- Arrange for any follow-up appointments or tests.
- Assess whether there are any activities that you or your loved one may need help with at home, such as bathing, dressing or eating.
- Evaluate whether you, a friend or a family member may need training in caregiving responsibilities, such as how to provide wound care, help with a feeding tube or deal with a catheter.
- Determine whether insurance will cover home health aides, durable medical equipment or transportation by ambulance.

It's especially important to let your coordinator know whether you have any concerns about your ability to care for yourself or your loved one—physically, financially or in any other way—before you leave the hospital.

FEATURE

A BIG *thanks*

Tiny gifts. Big gifts. And every size of gift in between. We are grateful for them all. It's because of the generous support of the community that our hospital foundation continues to raise money for new services that meet local needs. Here are suggestions on how you can contribute.

Many ways to give

Samaritan Healthcare Foundation helps make it possible for this hospital to provide excellent medical care. And the foundation relies on donations from people like you to keep it strong.

Gifts don't have to be large to make a difference, and there are a variety of ways to give. For example, donations may be in the form of:

Bequests. You can designate the foundation as a beneficiary in your will or trust, donating a specific asset or amount of money or the remainder of your estate after other bequests, debts and taxes are paid.

Beneficiary designations. You can name the foundation as the beneficiary of a life insurance policy or retirement plan, for example.

Milestone or memorial donations. Honor a loved one's memory by making a gift in honor of that person. Or ask people to honor your birthday with a donation in your name.

Talk to your attorney or financial adviser to review the tax and other possible implications of your gift.



You can read more about and donate to Samaritan Healthcare Foundation at www.samaritanhealthcare.com.

What you can donate

What's the difference between a good hospital and a great one? Community involvement.

Our foundation—which is a nonprofit, all-volunteer organization—works to maintain and strengthen this vital relationship. We work to meet the community's needs by building a culture of philanthropy around the hospital. Your gift to our foundation helps us sustain that vision.

Often, people donate cash because it is easy and has an immediate effect. But there are other ways to contribute.

For example, you can give:

- Stocks or securities. These are popular donations and may offer tax benefits.
- Life insurance. If you no longer need the policy for your family, consider making the hospital the policy's beneficiary.
- Savings bonds. These investments can become generous donations to the foundation.
- Retirement plan assets. Beneficiaries may face high taxes on retirement plans, IRAs or annuities—a good reason to consider donating these items to charity and

leaving assets with lower tax burdens to your loved ones.

● Real estate or in-kind gifts, such as works of art, rare coins or antique furniture. Proceeds from the sale of these items can go to support the work of the foundation.

And remember: You can give now or plan your future gift in a will or trust.

4 steps for making us a part of your will

You can support the hospital foundation and our community with a planned gift through your will.

Here are some basic guidelines to consider:

- 1 Decide what you want to give. For example, you can give:
 - A specific bequest of a particular piece of property, such as a work of art.

- A general bequest, which is a stated sum of money.

- A residuary bequest, leaving the remainder of your estate to the foundation after all other bequests, debts and taxes have been paid.

- 2 Choose how the gift will be used. You can designate how the foundation will use the funds, such as for charity care or hospital expansion. Or you can allow us to use the funds to meet our most pressing needs.

Another option: Establish an endowment, which sets limits on the principal of the gift. The foundation would be able to use just a portion of the funds each year.

- 3 Meet with your advisers. An estate attorney can help you establish the bequest in a will or living trust. And your tax adviser can tell you whether your gift is entitled to an estate tax charitable deduction.

- 4 Contact the hospital foundation. Let us know of your plans by calling 793-9647.



YOU'RE INVITED: Our annual gourmet dinner will be held March 14.

Save the date!

The next special event for Samaritan Healthcare Foundation is our eighth annual gourmet dinner on Saturday, March 14. Our geographical theme this year is "An Evening in San Antonio." We will once again be holding our event at the ATEC facility on the Big Bend Community College campus.

As always, our attendees will enjoy a relaxing evening with a great meal, great wine, great entertainment and no auction. Sodexo chef Dale Yates is putting together another outstanding meal, and the food is once again being paired with wines from Milbrandt Vineyards.

The net proceeds from this event will benefit new patient care equipment at Samaritan Hospital. Tickets will go on sale in late January.

Classes help soon-to-be parents

If you are expecting your first baby, you'll probably have lots of questions about childbirth. When should I come to the hospital? How long will labor last? What pain relief options are there?

Thankfully, those questions (as well as many you probably haven't thought of yet) can be answered through childbirth education classes. These sessions help you and your labor coach—usually your partner, a family member or a good friend—prepare together for the arrival of your baby.

In the classes, you can expect to learn the signs and stages of labor, options for managing pain, ways to stay relaxed and in control during labor, and much more.

Join us for a class. Our childbirth education classes will help you feel more confident about your upcoming labor and delivery. To sign up for classes, just call  793-9690. Or go online to www.samaritanhealthcare.com to view the current class schedule.



To be a good parent is to look out for your child's well-being. And this is something you can start to do even before the two of you meet. ♦ What follows are a few of the most important preparations to consider as



your delivery draws nearer—things that can help give your baby the best start possible in life.

DECISIONS, DECISIONS If you haven't already settled on a doctor for your baby, now is the time to do so. Even the healthiest babies need frequent checkups, and the first one will take place at the hospital.

Remember, too, that your doctor could potentially see your child through well-baby visits to first sniffles

to—sooner than you think—adolescence. So you'll want to find a doctor you trust and feel comfortable talking to.

Before your baby arrives, you'll also want to decide if you're going to breastfeed or use formula.

Do keep in mind that breast milk:

- Is the ideal first food. It contains exactly the right amounts of nutrients to help babies grow and is more easily digested than formula.
- Contains natural antibodies that help protect babies from ear infections, diarrhea and pneumonia.
- May reduce the risk that babies will develop allergies, asthma or diabetes or become overweight.
- Is free—and requires no preparation time.

A bonus: Breastfeeding can help you recover from childbirth more quickly and easily, and it may reduce your risk of getting breast or ovarian cancer later in life.



SAFETY FIRST Perhaps your most important responsibility as a parent is to keep your baby safe.

When it comes to traveling, no newborn is safe without a car seat, and you'll need one for that very first ride—the one that will take your baby from the hospital to your home. Your baby should ride in a rear-facing car seat until he or she is at least 2 years old or has reached the highest weight or height allowed by the car seat's manufacturer.



You'll also need a safe place for your baby to sleep. Most new cribs and crib mattresses sold in the U.S. are safe. But be wary of used cribs, which may not meet current crib safety standards or may have been recalled.

For safety's sake, crib slats should be no more than $2\frac{3}{8}$ inches apart.

Also, make sure all fabrics in your baby's room—such as sheets and curtains—are flame-retardant.

KNOW WHEN YOU'RE READY

Not all babies arrive on schedule. That's why it's important to know the signs that labor is near—or here:

Lightening. This is the feeling you get when your baby has moved lower in your pelvis. Lightening happens anytime from a few weeks to a few hours before the start of labor.

An increase in vaginal discharge. This discharge—which actually is the mucus

B

plug that blocks the cervix—can be clear, pink or slightly bloody. It can occur several days before labor or at its onset.

Your water breaks (a trickling or gush of amniotic fluid from your vagina). Labor often starts soon after your water breaks.

Contractions. Generally, labor has started when your contractions:

- Become strong and occur at frequent, regular intervals.
- Start hurting in your back and move forward to your lower abdomen.
- Occur despite walking or changing position.

Sometime before your due date, be sure to ask your doctor:

- Once labor starts, when should I call you?
- Are there special steps I should follow when I think I am in labor?

ALL THE BEST TO YOU

We want to wish you and your growing family the healthiest—and happiest—of futures.

Sources: American Academy of Pediatrics; American College of Obstetricians and Gynecologists; Office on Women's Health

Y

Our doctors deliver—babies, that is! Call 793-9786 to make an appointment.

What to know about this pregnancy risk

By some estimates, about 17 percent of pregnant women develop gestational diabetes—a type of diabetes that starts in pregnancy, typically in the second trimester. Which is why your doctor will most likely advise that you be tested for the disease between your 24th and 28th week of pregnancy.

Any pregnant woman can get gestational diabetes. But you're more vulnerable if you have a close relative with type 2 diabetes or you're overweight.

You're also at greater risk if you've had gestational diabetes before or you've given birth to a baby weighing more than 9 pounds.

What it means

If you do test positive for this pregnancy complication, it means your blood sugar (glucose) is too high. And that high blood sugar can hurt your baby—and you.

You, for example, could develop high blood pressure. And your baby might weigh more than normal, which could result in a cesarean section. Your baby might also have trouble breathing.

The good news: You can help keep the two of you safe by controlling your blood sugar. That may mean:

- Keeping track of your blood sugar every day.
- Following an eating plan.
- Being active on most days for at least 30 minutes.
- Taking insulin shots, if needed, which won't harm your baby.

What's ahead?

After your baby is born, your gestational diabetes will probably go away on its own.

Still, you're more likely to get type 2 diabetes later in life. So get tested for it regularly—ask your doctor how often. Also take care to keep your weight in a healthy range, exercise often and eat well.

Sources: American Academy of Family Physicians; American College of Obstetricians and Gynecologists; American Diabetes Association; National Institutes of Health





IS IT LUPUS?

Signs and symptoms often mimic other diseases

THE BODY HAS an amazing ability to fight off germs and other harmful agents. But sometimes, for reasons not fully understood, the immune system instead targets healthy tissues, leading to pain, inflammation and organ damage.

When a person's immune system misfires in this way, he or she is said to have an autoimmune disease. One of the more challenging diseases of this type is lupus—a chronic, complex, often life-altering condition that can cause a wide range of symptoms.

So far, there is no cure. But almost everyone with lupus can be treated to improve his or her quality of life.

SOLVING THE MYSTERY Lupus can affect many parts of the body. Often, joints, kidneys and skin are the main targets. Most people with lupus report severe fatigue, arthritis, fever and rashes.

The list of possible lupus signs and symptoms includes:

- Anemia. ● Kidney problems. ● Chest pain. ● Sensitivity to sunlight. ● Hair loss. ● Eye problems. ● Poor circulation in fingers and toes. ● Swelling in the legs or around the eyes. ● Mouth sores.

Lupus often comes on slowly. Signs and symptoms can come and go and may change over time.

A lupus diagnosis can be difficult, in part because so many of the signs and symptoms are similar to those of other ailments. And there is no single, definitive test for the disease. When doctors suspect lupus, they're likely to:

- Order a series of blood tests and other lab work, which may include tissue biopsies.
- Examine a patient's medical history.
- Do a complete physical exam.

INDIVIDUALIZED TREATMENT People with lupus receive treatment according to their symptoms. For example, some may need medicine for inflammation, pain and fever. Others may need more aggressive treatments to thwart damage to the heart, kidneys or other organs.

In addition to a primary care doctor, lupus patients often see other medical specialists, including experts in joint pain, skin ailments and immune system disorders.

Beyond medicine, treatment may also include lifestyle changes that help people better cope with the disease. Changes in diet, exercise and stress management can all help people live well with lupus.

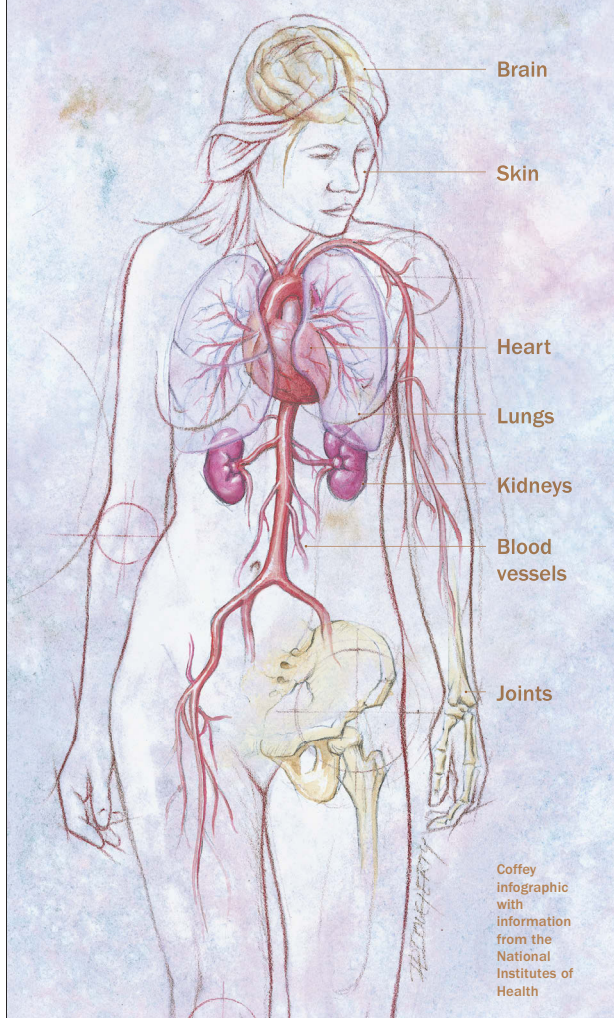
Sources: American Academy of Family Physicians; American College of Rheumatology; National Institutes of Health

Women most at risk

More than 90 percent of people with lupus are women between the ages of 15 and 44. It's more common among women of African American, Hispanic, Asian and Native American descent than among Caucasian women.

Doctors don't yet know what causes lupus. Research points to a combination of inherited characteristics and environmental factors. Viruses, allergies, stress, medicines and even sunlight seem to play some role.

Where lupus can strike the body



Coffey
Infographic
with
information
from the
National
Institutes of
Health

Keeping flares at bay

Lupus symptoms typically come and go. When things are relatively quiet, it's called remission. When symptoms surge, it's called a flare.

Flares aren't always predictable.

Still, if you learn what's likely to cause a flare, you can often take steps to limit its severity. Common triggers include:

- Working too much.
- Not getting enough rest.
- Feeling stressed.
- Staying out in the sun too long.
- Taking certain types of medications.
- Getting an infection.

Predicting flares

Some people notice certain signs of an impending flare. These may include body aches, stomachache, headache, fever, unexplained rash or unusual amounts of fatigue. It's important to call your doctor right away if you feel a flare coming on.

The best way to prevent lupus flares is to follow your treatment plan. That will likely include:

- Having regular doctor visits.
- Getting plenty of rest.
- Eating a healthy diet.
- Exercising, as your doctor recommends.
- Taking medication.

Seek support

But even people who closely follow their treatment plan can sometimes get flares. That unpredictability can lead to anger, sadness and depression.

That's one of the reasons it's important to reach out for support from people you trust, including family and friends.

Taking part in a structured support group or getting one-on-one counseling from a mental health professional can also help you cope.

Sources: American Academy of Family Physicians; American College of Rheumatology; National Institutes of Health

VASCULITIS

WHAT'S THAT?

This rare condition can have some serious consequences

IT'S GREAT WHEN your heart is set aflame by love. It's not so good if your blood vessels become inflamed because of disease.

In some cases this inflammation stems from a condition called vasculitis.

There are more than 20 types of vasculitis. Each type affects vessels in different parts of the body. All types of vasculitis are set off when the immune system accidentally attacks the blood vessels.

No one is sure what sets this process in motion. What is known is that once your blood vessels are inflamed, you can have pain, redness, swelling and a host of other symptoms. And you may lose some function in the affected area.

Do you have these symptoms?

If you need to find a doctor, call Samaritan Family Medicine at 793-9780 or go to www.samaritanhealthcare.com/physicians.

Vasculitis also places you at higher risk for an aneurysm (a bulge in the wall of a blood vessel) and poor or even blocked blood flow. If left untreated, most forms of vasculitis are deadly.

Here are some other brief basics to help you better understand this condition.

WHO'S AT RISK? Even though there are many kinds of vasculitis, overall the condition is rare.

You're most at risk for it if you:

- Have certain chronic diseases, such as hepatitis B or C.
- Have an autoimmune disorder, like lupus, rheumatoid arthritis or scleroderma.
- Are a smoker.

Each type of vasculitis has unique symptoms. However, in general most types of vasculitis cause:

- Fever.
- Loss of appetite. ● Weight loss. ● Tiredness.
- General aches and pains.

HOW IS IT DIAGNOSED AND TREATED? Many tests are used to diagnose vasculitis. You might have blood tests, a biopsy or imaging tests.

And because vasculitis is complex and not common, you may need to see a specialist to get properly diagnosed.

Some people will only need over-the-counter anti-inflammatory medications, such as ibuprofen, to combat vasculitis. Others will be prescribed corticosteroids or cytotoxic medicines (which kill the cells that are causing the inflammation).

Some patients will recover with treatment. Others will find that the condition goes into an inactive state (remission).

Research is adding to the treatment options for this condition. And doctors are working to better understand the process behind vasculitis.

Learn more by visiting the website of the American College of Rheumatology at www.rheumatology.org. Click on "Patient Resources."

Additional source: National Institutes of Health

SAMARITAN HEALTH NEWS, VIEWS & TIPS

COLORECTAL
CANCERSay yes
to a test

There might be a thousand things you'd rather do than get screened for colorectal cancer. But if you're 50 or older, it's time to say yes to a test. Why? Consider:

❶ Colorectal cancer is the second leading cancer killer in the U.S. Getting screened helps you avoid becoming part of that statistic.

❷ Screening can spot cancer early, when it's easiest to treat. If you wait for symptoms to develop, the disease is likely to be in an advanced state.

❸ Screening may prevent cancer. That's because most cases of colorectal cancer start as a growth (polyp) inside the colon. Some screening tests allow a doctor to find and remove these growths before they become cancerous.

❹ Colorectal cancer can run in families. If your test reveals polyps or cancer, your children or other close relatives may be at a higher risk for the disease. Knowing that, they may choose to get screened sooner than age 50, which can reduce their chances of developing the disease.

Sources: American Cancer Society; Centers for Disease Control and Prevention



PRIMARY CARE PROVIDERS

A good health must-have

One of the best things you can do for your health is to have an ongoing relationship with a primary care doctor, experts say.

In fact, people who see a primary care doctor regularly have better health outcomes, lower death rates and lower total costs for health care than people who don't routinely see a doctor, according to the American Academy of Family Physicians.

A primary care doctor is the lead person on your health care team. He or she helps you prevent disease and maintain good health.

Your primary care doctor is able to diagnose and treat a wide variety of illnesses. When more specialized care is needed, he or she works with other types of doctors.

There are a number of different types of health care providers who fall into the primary care category. For example:

Family physicians. These doctors diagnose and treat problems that occur anywhere in the body and deal with all kinds of diseases. They treat people of all ages.

Pediatricians. These doctors are experts in children's health. They work on preventing and managing health problems among newborns, infants, children, teens and even young adults.

In addition to those mentioned, other medical professionals can also serve as primary care providers. These may include nurse practitioners, physician assistants and some other health care providers. Often they work in conjunction with a primary care physician.

STROKE

Seconds count

Have you ever heard your boss say time is money?

If so, you probably didn't need to ask for an explanation: Wasting time on the job is the same as wasting the company's money.

When it comes to recognizing the signs of a stroke, the message should be just as clear: Time is brain. Because wasting time before getting help is the same as wasting brain cells.

A stroke interrupts the flow of blood and oxygen to your brain. Once the stroke starts, brain cells begin to die. And dead brain cells can't be revived.

However, fast medical treatment may halt a stroke as it's occurring.

Most strokes are caused by blood clots. If you get to the hospital and are diagnosed quickly, a clot-busting medication may be able to help.

The medication is called tissue plasminogen activator (TPA). It should be given within 4½ hours of a stroke's onset. So call 911 at the first sign of stroke.

Stroke symptoms are sudden and may include:

- Weakness or numbness in the face, arms or legs, especially on one side of the body.
- Trouble seeing out of one or both eyes.
- Trouble talking or understanding what others are saying.
- Severe headache for no known reason.
- Confusion.
- Loss of coordination or balance.

Sources: American Stroke Association; National Institutes of Health



SAMARITAN PHYSICAL THERAPY

Keeping a positive outlook

By JUDY DAVIS, PATIENT

I would like to commend Eric Olson for his excellent work in physical therapy. I broke my left wrist falling on ice Jan. 21, 2014, and after surgery and my cast was off, I started 13 weeks of physical therapy.

Eric is very positive, explains what he is doing to improve your motion and why it is important. He tells you what you can do at home to help yourself, and he has a good sense of humor, which helps the patient get through some of the discomfort. The outcome is worth it—my wrist appears better than the surgeon expected.

I first had Eric for physical therapy nine years ago when I had an accident where my wrist and ankle were broken, and over the years I have used his advice and told others about how important stretching can be and some exercises that help our bodies, which I still use today. I would recommend Eric Olson to anyone for physical therapy.





MEET THE MIDWIVES

THROUGHOUT HUMAN HISTORY, women have supported other women during childbearing and their momentous transition into motherhood. The term *midwife* is derived from the Middle English *midwyf*, literally translating to *with woman*. Modern midwives, including certified nurse-midwives (CNMs), continue this legacy, bringing a philosophy of supportive, compassionate care for women into the world of contemporary health care.

CNMs are licensed, independent health care providers who provide a full range of health care services for women throughout their lifespan, from adolescence through menopause and beyond. A CNM is a registered nurse with a graduate degree in nursing who has passed a national certification examination and meets strict requirements set by state and national credentialing boards to be licensed as a nurse practitioner and nurse-midwife. CNMs are able to prescribe medications in all 50 states. CNMs also collaborate with other medical professionals, including physicians and nurses, to provide the highest-quality care.

HERE FOR YOU At Samaritan OB/GYN, women have the opportunity to experience health care provided by a CNM. Two CNMs are currently employed at Samaritan OB/GYN:

- **Flora Ogden, ARNP, CNM.** With over 33 years of experience as a CNM, Ogden has delivered over 3,500 babies throughout the country. When asked about a highlight of her practice, she responds, “My joy is seeing a new mother develop and become a new family.”

One of Ogden’s special interests is providing care to women during and after menopause, including hormone replacement therapy and pelvic support.

- **Kristen Ziegler, MSN, ARNP, CNM.** Ziegler earned a degree in psychology before graduating from Seattle



ON YOUR TEAM: Kristen Ziegler, MSN, ARNP, CNM, and Flora Ogden, ARNP, CNM, Samaritan obstetrics-gynecology certified nurse-midwives. For an appointment, call 793-9786.

University with her master of science in nursing in 2013. Ziegler moved to Moses Lake last year and has enjoyed building her practice within this community. Regarding her passion for midwifery, she says: “It is impossible to put into words the experience of supporting a woman through the life-changing events of pregnancy and childbirth and welcoming a new soul into the world. I feel so blessed to be able to share that moment with my patients.”

For more information about CNMs, go to the American College of Nurse-Midwives website, www.acnm.org.

One of Ziegler’s interests is providing care to young women during adolescence.

Ogden and Ziegler share a passion for their work and providing care to women through all stages of life. They provide a multitude of services and attend deliveries at Samaritan Hospital. Both Ogden and Ziegler are accepting new patients. For an appointment, call 793-9786.



Samaritan OB/GYN services

- Care during pregnancy, childbirth and the postpartum period.
- Well-woman care, annual exams and basic primary care.
- Gynecologic services.
- Family planning, preconception care and birth control (including intrauterine devices and Nexplanon implant).
- Infertility counseling.
- Infection screening and treatment (including in male partners).
- Adolescent health.
- Menopausal care.

Our philosophy

We believe pregnancy and childbirth are healthy, normal life events. We strive to advocate for nonintervention and the enhancement of the normal. Medical interventions should be used only when necessary, not routinely.

We believe a woman and her family should be involved in decisions regarding health and well-being. Optimal wellness can be achieved when a woman is well-informed and has access to the guidance of a skilled and knowledgeable health care provider.

We believe that the role of the nurse-midwife includes listening, providing education, advising and supporting women and their families.

It is our goal to provide complete, competent, and compassionate care that is personalized and dignified.

Midwifery facts

- There are over 13,000 certified nurse-midwives (CNMs) in the U.S.
- Both men and women can be midwives.
- Midwives deliver babies in a variety of settings, including hospitals, birth centers and at home.
- Midwives attend approximately 10 percent of deliveries in the U.S., and CNMs delivered over 313,000 babies in 2012.
- Some midwives can assist with cesarean sections.
- Midwives offer pain relief during labor.
- Midwifery care is covered by most health insurance, including Medicare and Medicaid.

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