

HEALTH BEAT

YOUR GUIDE TO HEALTHY LIVING

FALL 2008


3

CHILDREN'S
STORIES OF
DEVELOPMENT

PAGE 12

**STROKE
SUCCESS**
TWO MEN
CELEBRATE
WITH MUSIC

PAGE 11

A
JOINT
ACCOUNT

WHAT TO EXPECT
BEFORE AND AFTER
**JOINT REPLACEMENT
SURGERY** PAGE 6



*What does
“the good life”
mean to me?*

A good night's sleep ... for both of us.

Sleep helps our bodies recharge — both mentally and physically — for our optimal health. But many of us don't get the rest our bodies need. Maybe it's snoring loudly, gasping, a 'creepy-crawly' sensation in the legs or frequently waking up at night. If you're not sleeping well, Salina Regional's **Sleep Disorders Center** is here to help identify your sleep disorder and help you and your physician find solutions. A simple visit to our state-of-the-art sleep lab will start you on the path to a good night's sleep. Call us today.



Confidence for the Good Life



TABLE OF CONTENTS

A Very Special Place



For slightly more than 30 years I have worked for Salina Regional Health Center (and what was previously St. John’s Hospital). Just after graduation from physical therapy school at the University of Kansas/ KUMC, I had hoped to settle in the Kansas City area, but my then-fiancé (now husband) was committed to return to Salina because it was “a great place to live.” So, with reservation, I came to Salina to interview for a physical therapy position at St. John’s.

I was welcomed with overwhelming support to begin a pediatric therapy program with Sandra Ward, OTR, initially known as the Infant-Stimulation Program. Thirty years have passed in the blink of an eye. St. John’s and Asbury became Salina Regional Health Center (SRHC). The hospital has continued its commitment to provide services to the smallest and most vulnerable of our community, children

ages birth to 3 years who have developmental disabilities and delays. Over the years I have watched many children benefit immensely from the services that the now Infant-Child Development program (ICD) provides. ICD serves a yearly average of 165 children from primarily Saline, Ottawa and Ellsworth counties. Services include pediatric physical, occupational and speech therapy, early childhood special education, family service coordination, nursing, assistive technology, and hearing and vision services.

Over the years the medical community and many local organizations have provided dedicated and consistent support to the ICD program and to the children we serve. Transition and change are a constant in the healthcare environment today. But the strong commitment of SRHC and the ICD staff to provide the highest-quality services to our patients and their families remains. It is this dedication to children and families that makes the Salina community a very special place.

Joyce Trower, P.T.
Director, Infant-Child Development

HEALTH BEAT

Health Beat Editors:
Beth Vinson,
Marketing Director

John Berggren, Public
Relations Coordinator

Assistant Editor:
Kathryn Stewart

Art Director:
Kay Morrow

Production Manager:
Laura Marlowe

V.P./Creative Director:
Beth Tomkiw

Design Director:
Marc Oxborrow

Prep Director:
Mary Winters

Imaging Specialist:
Dane Nordine

Cover Art:
Jeff Newton

Health Beat® is published four times annually by McMurry, 1010 E. Missouri Ave., Phoenix, AZ 85014. Volume 13, Number 4 © 2008 McMurry.

The material in Health Beat is not intended for diagnosing or prescribing. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines.

For permission to reprint any portion of this magazine, give us a new address, let us know that you are receiving more than one copy or if you would prefer not to receive Health Beat, call 888-626-8779.

FEATURES

6 JOINT JOURNAL

Explore the personal side of what happens before, during and after joint replacement surgery.

10 TAKING YOUR CARE HOME

Salina Regional Home Medical Services makes getting care at home possible.

11 DIFFERENT STROKES

Two men’s stories of stroke recovery and their celebration through music.

12 DEVELOPMENT: MAKING IT FUN

Our Infant-Child Development program can help special needs children and their families.

DEPARTMENTS

- 4 HEALTHY HAPPENINGS
- 14 SALINA REGIONAL IN THE COMMUNITY
- 15 SUNFLOWER HEALTH NETWORK NEWS



HANDICAPPED GUEST FEELS WELCOME

For those who are physically impaired, even the simplest tasks can be difficult, because many places do not offer good accessibility. But many physically impaired family members of patients at Salina Regional have been pleased to find that the Morrison House can accommodate them. Nine of the 14 rooms at the Morrison House are handicapped accessible.

For Carol Hicks, Ellsworth, who was a guest this past year while her husband, Bob, was recuperating from a stroke, the accommodations were appreciated.

"Whoever designed this place knew what they were doing," says Hicks, who lost her left leg to vascular disease and uses a wheelchair. "The elevator, size of the rooms and the bathrooms have made this a very welcoming place for me to stay."

Equally enjoyable to Hicks were the friends she made while staying at the Morrison House. "It's really been comforting to come back to the house and talk to others who are trying to relax. It really has felt like staying at home," Hicks says. —By Beth Vinson

Like Home
For more information about the Morrison House at Salina Regional Health Center, call
785-452-7500



'Pasta Please'

Project Salina said "Pasta Please" and that is what it got from the employees at Salina Regional Health Center. In fact, 1,400 packages of pasta and \$1,550 cash to go along with it were delivered to the annual community-wide food drive by the employees at Salina Regional. Special prize drawings and an employee-led awareness campaign helped the organization meet its goal.

Yvonne Davis, marketing secretary for the hospital and coordinator for Project Salina, says that planning the food drive is one of her more fulfilling duties. "Not working in patient care, I don't get to touch people's lives the way doctors and nurses do. This is my way of making a difference in someone's life." —By Beth Vinson





THE COLD SHOULDER

Many middle-aged women wake up with shoulder pain and can't figure out why. Turns out that "frozen shoulder," or adhesive capsulitis, is a common ailment affecting women ages 40 to 60. It occurs when the normally smooth lining of the shoulder joint becomes inflamed, leading to scarring and stiffness.

Often misdiagnosed as a rotator cuff injury, the condition can actually worsen with prescribed physical therapy. Early intervention—in the first three months—can be simple and effective. A cortisone injection to the joint can ease pain in about a month compared with a recovery time of up to two years.

When the Bathroom Beckons

Do you know where the bathroom is in all your favorite stores? A recent report on urinary incontinence found that a surprising one in four U.S. adults will experience the condition but few seek medical help. As the population ages, the National Institutes of Health is urging people not to suffer in silence. Excess weight and lack of physical activity, in addition to age, can contribute

\$16 Healthcare costs related to sleep disorders
BILLION

65% Percent of Americans who lose sleep because of stress

Number of U.S. adults who experience sleep disorders each year
40 MILLION



IMAGE GENTLY

You wouldn't expect adult-sized clothes to fit a small child. Similarly, it's not fitting to give children adult-sized doses of radiation during a CT scan. Salina Regional Health Center utilizes child-sized protocols that follow guidelines from the Alliance for Radiation Safety in Pediatric Imaging's "Image Gently" program. Not all organizations follow these guidelines for decreasing radiation doses for children. Radiation exposure can damage the body's cells, which can have an even greater impact on a growing child.

As a parent or a patient, it's reasonable to ask about radiation exposure. If a CT scan is the best option, be sure to ask if the facility participates in the national "Image Gently" program and whether the guidelines have been implemented and are being followed.

Obtain additional information at imagegently.org or by calling Salina Regional's Radiology Department at 785-452-7181.—By Beth Vinson



to incontinence. It is more common in women than men.

The two most common types of incontinence are stress incontinence and urge incontinence, also called overactive bladder. Talk to your doctor if you experience any symptoms. Treatment is available.

PUT AN END TO INCONTINENCE



If you experience urinary leakage, talk

with your doctor about the many treatment options.

Visit the American Urological Association's patient site at urologyhealth.org for more information.



JOINT

JOURNAL

Explore the personal side of what happens before and after joint replacement surgery

Maureen is 52 years old. She loves tennis, but for the past year the pain in her left knee has been so unrelenting that she can't play. "Never mind tennis," she thinks. "I'd settle for getting into and out of my car without pain." Her doctor has referred her to an orthopedic surgeon, suggesting she consider a total knee replacement.

OK, so Maureen is fictional, but her situation is anything but. One in four people with osteoarthritis, or "wear-and-tear arthritis," will need some form of joint surgery, according to the American Academy of Orthopaedic Surgeons (AAOS). Total joint replacement is just one of these surgical choices.

Joint replacement, or arthroplasty, involves replacing or resurfacing parts of joints that have been damaged by disease or injury. Joints most commonly replaced are knees, hips and shoulders, although ankles, elbows and fingers also can be replaced.

If you're living with joint pain, arthroplasty could be right for you. Here, we walk you through the decision, preparation and surgery using a "3-D" approach:

- The diary: journal excerpts from our imagined patient, Maureen, who's considering joint replacement.
- The doctor: insight from William Strassberg, M.D., an orthopedic surgeon and a spokesman for the AAOS.
- The download: helpful links to more information on the Internet.

9 of 10

Number of people for whom joint replacement surgery is successful, according to the American Academy of Orthopaedic Surgeons

MARCH 6, 2008

I had my appointment with an orthopedic surgeon today. He told me I have a "bone-on-bone" situation in my knee and that a total knee replacement could relieve my pain and get me back to doing some of the things I love.

THE DOCTOR

Maureen fits the profile of a patient discussing joint replacement with an orthopedic surgeon. "Generally these patients have had a gradual increase in pain. They are using mild, over-the-counter pain relievers and have made some accommodations in their lifestyle," Strassberg says.

Despite the pain, many people wonder if they should have the surgery now or wait. "Even though there have been remarkable advances in the past 20 to 30 years in what orthopedic surgery can do for our patients, [joint replacements] will not last forever. Waiting is beneficial," Strassberg says. "But people need to enjoy their lives and be active too."

THE DOWNLOAD

Go to arthritis.org/know-time-surgery.php to read "How Do You Know It's Time for Surgery?" from the Arthritis Foundation for a list of signs that may indicate joint replacement is right for you.

MARCH 24, 2008

I've decided to go ahead with my knee replacement in a couple of months. The doctor was very patient and answered all my questions. We discussed the different types of replacements and techniques. He gave me some exercises to do and told me to call anytime with questions or concerns. I like him—I feel like I can ask him anything.

THE DOCTOR

"I encourage my patients to engage themselves in an exercise and strengthening program for months before the surgery," Strassberg says, "because the stronger and fitter they are before, the quicker and smoother their recovery will be."

Some patients may have read about techniques or products on the Internet and may want to know if minimally invasive joint replacements are right for them. Strassberg suggests that patients should first find a surgeon "that they're comfortable with, that they trust and that they communicate well with ... then let the surgeon decide what implant and technique is right for you."

THE DOWNLOAD

Download the American Association of Hip and Knee Surgeons' information on less-invasive joint replacements at aahks.org/pdf/MIS_position_statement.pdf.

COMBATING COMPLICATIONS

Joint replacement surgery is generally very successful. On average, says William Strassberg, M.D., an orthopedic surgeon and a spokesman for the American Academy of Orthopaedic Surgeons, "close to 98 percent of joint replacements will be functioning and satisfactory 10 years after surgery. And 90 to 95 percent will be after 20 years." However, complications can occur. Here are a few and what you can do to avoid them:

- + **Blood clots:** Wear elastic stockings and exercise as instructed to maintain healthy circulation, and take blood-thinning medication if prescribed.
- + **Infection:** Follow your surgeon's instructions for wound care. After the wound has healed, take antibiotics before any dental procedure. Alert your physician to any urinary tract or skin infections you develop for the life of your prosthetic joint.
- + **Falls:** Avoid stairs and use assistive devices (cane, walker, crutches) as instructed and until you've regained balance, mobility and strength.

Source: orthoinfo.aaos.org

JUNE 2, 2008

Tomorrow's the big day. Last week Tom and I attended a class at the hospital about joint replacement and what to expect. Today we went to the hospital for some preoperative tests. I expect to be in the hospital for two or three nights. When I come home, Tom will take care of me for a change! ☺ Tonight: rest, a long bath, positive thinking and early to bed to dream of that snorkeling vacation we've been wanting to take!

THE DOCTOR

Maureen's positive outlook is a good indicator. "Someone who is upbeat and optimistic and looking forward to getting back into her favorite activities will suggest that she's more likely than average to recuperate more quickly," Strassberg says.

THE DOWNLOAD

Visit the National Institute of Arthritis Musculoskeletal and Skin Diseases website at niams.nih.gov and click "Health Information" and then "Joint Replacement" for information that explains what you should expect from your hospital stay and immediate recovery.


JULY 15, 2008

After surgery, I woke up with my leg in a machine called a continuous passive motion machine, which gently took it from almost straight to bent and back again. The next day I went for a walk through the hospital halls! It's been six weeks since my surgery. I'm at home, still going to physical therapy several times a week and doing my home exercises. I just know I'll be back on the tennis court in no time, though the doc says I should stick to doubles to limit the amount of movement I do.

THE DOCTOR

Maureen's smart to get back to an active life but to modify her activities to protect her new joint. "I'd prefer that patients don't go back to jogging like they did 20 years before, but if they can accept an exercise bike or an elliptical machine, that would be an excellent choice," Strassberg says. After your joint replacement, ask your doctor specifically about the activities you enjoy—he or she may even have a handy guide that outlines what's OK and what's not.

THE DOWNLOAD

Visit the American College of Rheumatology website at rheumatology.org/public/factsheets/joint_surgery.asp. Click "Living with a Joint Replacement" for information on what you can expect from your prosthetic joint and how to care for it. 



ASK IT

Not sure what to ask before your joint replacement? Visit orthoinfo.aaos.org and click "Joint Replacement," then "Total Joint Replacement Questions Patients Should Ask Their Surgeon."



TAKING YOUR CARE HOME

One family sets an inspiring example

BY JOHN BERGGREN

"When do I get to go home?"

It's the question on most every hospital patient's mind and it's easy to understand why. There is no place more soothing than the comfort of your own home.

Patients are spending less and less time in hospitals today because technology has advanced in many ways to allow them to continue recovery and monitor their care safely at home. For example, nebulizers allow patients to take breathing treatments at home, and lift chairs help patients stay mobile. And now, even ventilator-dependent patients can go home.

A MOTHER'S INSTINCT TAKES OVER

Two months in a pediatric intensive care unit in Wichita was all Mendy could bear. Her daughter Alleyah was born Sept. 29, 2007, seemingly healthy. But as fall turned to winter, Alleyah's father, Dave, began realizing something wasn't quite right. Alleyah didn't seem to have normal movement in her legs.

"I didn't think anything major was wrong, but I knew something wasn't right," Dave says.

Tests eventually revealed that Alleyah had a genetic disease called Spinal Muscle Atrophy. The disease is known to progressively worsen and eventually cause loss of all muscle function. Alleyah began having trouble feeding and needed a feeding tube to get enough nourishment.

Then in February, Alleyah contracted Respiratory Syncytial Virus, a common cold that can be troublesome to infants, making it hard for them to breathe. Alleyah was sent to Wichita, where a mucus plug blocked her airway and required that she be put on a ventilator. She would never be able to breathe on her own again.

Seeing her daughter in intensive care was hard enough. Living out of a suitcase and countless trips from home in Salina to Wichita and back for weeks on end had taken their toll. During a family meeting with doctors, nurses and therapists, Mendy stood up and demanded that they go home.


Amazingly, going home was a possibility. Alleyah's condition was stable. Mendy and Dave would learn CPR, ventilator care, tracheotomy care and how to give tube feedings. And with the help of a home nurse and respiratory therapists from Salina Regional Home Medical Services, they were able to return home.

"We had to come home," Mendy says. "I was tired of the chaos to the family [Mendy has three healthy children and Dave has two]. We'd had one vehicle break down driving back and forth. Gas prices were terrible. I just needed to take control of the situation."

NO PLACE LIKE HOME

Once home, Alleyah began gaining weight. She started teething. She began latching onto your finger if you'd give it to her. But it was the way her eyes lit up when mommy or daddy walked in the room that told them she was happy to be home.

"I think it's very admirable what they're doing," says Kay Schmitt, a certified respiratory therapist with Salina Regional Home Medical Services. "They have to be committed to Alleyah's care 24/7."

"We're just taking things one day at a time," says Mendy. "This kinda puts things in perspective. But, being home and all we've been through ... it's worth it." 

 **Home Medical Services**
Salina Regional Health Center
Clinical Experts Providing Quality Care

GOING HOME MADE EASIER

Salina Regional Home Medical Services serves patients within a 60-mile radius of Salina and offers clinical expertise and personalized assistance in the home that few home medical equipment suppliers can match.

"We have certified respiratory therapists on our staff and we make ourselves available 24 hours a day, seven days a week, to help patients should a need arise," says Joe Allen, registered respiratory therapist. "As healthcare changes, the goal seems to be to get patients out of the hospital quicker to reduce costs. That requires a level of trust which we strive to provide."

The durable medical equipment available includes:

Respiratory care items:

- Home and portable oxygen units
- Nebulizers
- Sleep disorder treatment supplies
- Pulse oximeters
- Suction machines
- Apnea monitors
- Home ventilators

Home medical equipment:

- Hospital beds
- Wheelchairs
- Canes, crutches and walkers
- Lift chairs
- Glucose monitors and supplies
- Bathroom safety items

Salina Regional Home Medical Services can be reached at **785-823-8770** or toll free **800-369-2717**.



Mendy and Dave are able to be home with their daughter Alleyah, who requires a ventilator.



Francis Roesner (left) and Dick Schneiders performed a concert at the rehabilitation center at Salina Regional Health Center. Both men participated in the program after their strokes.

DIFFERENT STROKES

Two musicians celebrate recovery

BY BETH VINSON

Dick Schneiders was an accomplished guitarist. Along with his wife, he would sing at coffeehouses and small concert venues. After suffering a stroke in 2006, Schneiders lay in his hospital bed wondering if he would ever play the guitar again.

A year later, operatically trained Francis Roesner, known for his baritone voice to members at Sacred Heart Cathedral, lay in a hospital bed after suffering a stroke and wondering if he would ever sing again.

Little did the two men (who had been casual friends in the past) realize that the answer to their questions would be yes, and that they would actually perform together for the first time.

Schneiders went through the rehabilitation program at Salina Regional Health Center and became a mentor to Roesner when he was in the program after his stroke. It was during that time they both discussed their passion for music and decided to give their instruments a try once again. After four months of practicing a couple of times each week, they figured they were as ready as they ever would be.

A little nervous to be performing again with new physical limitations, it didn't take long to realize that they had nothing to be nervous about. Their concert was on the fourth-floor rehabilitation center of Salina Regional Health Center and the audience was made up of folks just like them who were recovering from strokes. The nurses

and therapists were also there with faces beaming, knowing how far both gentlemen had come to get to this point.

Linda Huggans, a recreational therapist at the hospital, introduced the two men to the guests. "It's a wonderful thing for Dick and Francis to share their music with us. They are showing us that they are still enjoying life and can still accomplish things."

Before playing, Roesner told the audience why they wanted to come back and play for them.

"We came here today to thank the nurses, the rehab staff and the physicians for all their wonderful care and for everything they do here every day," said Roesner to the audience.

The audience echoed their appreciation for the therapists in the rehabilitation department. "They're angels," shouted one woman in the audience.

"We also wanted to show people that life doesn't end with a stroke. It may change your life, but it doesn't end it," Roesner said.

Roesner and Schneiders played a 40-minute concert for the group while Schneiders' wife, Twila, and Roesner's wife, Charlene, smiled at the warm reception their husbands were getting.


"Different Strokes," the name the duo bestowed upon themselves because they had two different kinds of strokes, received a request from the Salina Senior Center to perform there as well. They happily accepted the invitation.

Roesner and Schneiders realize they have come a long way from where they were, but they also realize they still have years of recovery left.

Roesner has balance problems and numbness on his right side, but he is beginning to get some feeling back.

"Right now it's painful because it feels like little needle pricks," he says. "The nurses tell me it's a good sign because it means the brain is starting to respond again."

Schneiders has balance problems and most of his right side is still numb. While he can hold the guitar with his left hand, he still can't feel the strings he is strumming with his right hand.

"I'm still slow on the guitar, but I'm enjoying it as much as I did before," he says. "Playing in public makes me nervous—but then I was nervous before I had the stroke." 

MAKING DEVELOPMENT FUN

Three families
get support
from Salina's
Infant-Child
Development
program

BY JOHN BERGGREN

There are few places parents of special needs children can turn to get assistance with improving the development of their kids. However, Salina Regional's Infant-Child Development program is one service available to help families and children achieve the highest level of function possible.

The program focuses on treating children primarily from Saline, Ottawa and Ellsworth counties beginning at birth to three years of age with cerebral palsy, spina bifida, Down syndrome, congenital abnormalities and many other diagnoses.

Chris and Ashley Fruits, Delphos, had endured a fairly routine pregnancy leading up to the birth of their son Marcus on Dec. 20, 2006. But after delivery, Marcus had seizures, which indicated something was wrong. Eventually, pediatricians would diagnose Marcus with cerebral palsy.

"We didn't have a clue about how to care for a developmentally disabled child, but our pediatrician recommended working with Infant-Child Development soon after Marcus was born," Ashley Fruits says. "The therapists and early childhood educators have shown us so many ways to help Marcus learn to do things on his own."

ADAPTATIONS AND EQUIPMENT ENCOURAGE DEVELOPMENT

Physical limitations that accompany congenital abnormalities contribute greatly to a child's delayed development. Many types of braces and positioning devices are available to encourage function and are utilized by the program.

"A lot of the intervention we use to help these children succeed has to do with adapting the environment or using adaptive equipment," says Joyce Trower, P.T., Infant-Child Development program director. "Each child

Infant-Child Development staff traveled to Delphos in July for a play date with the Fruits and Hokett families and their friends.





Shaylee Hokett enjoys an activity with sand and water with help from mother Dani.



Marcus Fruits works on an art project with help from mother Ashley.

has their own unique needs, and in many cases we lend equipment to families to continue development at home."

Marcus has used various standing and sitting devices and uses ankle-foot braces.

"He's getting to the point where he can stand up to things on his own with the use of the ankle-foot orthotics," says Ashley Fruits. "He's also starting to sit up on his own, and the speech therapists have taught him some sign language. We're learning new things all the time."

WORKING IN A NATURAL SETTING

Aaron and Dani Hokett, Delphos, had twins Shaylee and Miklynn on Feb. 17, 2007. Shaylee was born with a cleft lip and palate and Trisomy 9p, a chromosomal abnormality similar to Down syndrome, while Miklynn was healthy. Shaylee, who uses a feeding tube to get needed nourishment,

benefits from many of the services available through the Infant-Child Development program.

"We work with the therapists and teachers at least once a week, and most of the time they come to our home to work with Shaylee," says Dani Hokett. "A couple times a month we drive to Salina to work on things at their clinic, but usually they come to us or we get together in a natural setting."

Often therapists and early childhood special education teachers find it more useful to take practical approaches to encourage development.

"We go to parks, playgrounds, public libraries, McDonald's or any place where parents are likely to find themselves out with their children," says Nancy Bolden, P.T., program assistant with Infant-Child Development. "We try to incorporate physical, occupational, speech and cognitive therapy and early childhood special education into a child's natural environment in order to teach them to be as independent as possible."

Parents find equally useful the wide range of experience therapists and educators with the program have to draw upon.

"They're all so amazing to talk to and the relationship doesn't feel like a patient-therapist arrangement," says Dani Hokett. "They have experience working with a wide range of special needs children, and the stories they tell of similar cases they've seen bring a lot of encouragement to me as a parent. It's more like a friendship, and they work hard to make the learning fun for the kids." 📺

PROGRAM BECOMES DEMO SITE FOR AMTRYKE

A donation this summer from Salina's Noon Network Chapter of AMBUCS made Salina Regional Health Center's Infant-Child Development program a demo site for AmTryke, a series of specially adapted tricycles for children with physical disabilities.

"We've worked with Salina Regional's Infant-Child Development therapists and staff for a number of years in fitting these tricycles for special needs children," says Vickie Tangeman, the chapter's ambility chair. "The program is very well known for helping children not only in Salina, but from all around north central Kansas."

As a demo site, the program will be able to offer a wide array of tricycles that can be adapted to be hand- or foot-powered to improve motor coordination and increase self-esteem. They will also have access to a wide range of accessories that can help fit the tricycles to each individual child's abilities. Once a model is successfully fitted for a child, families can apply to local AMBUCS chapters for assistance in getting one of the devices for their own home use.

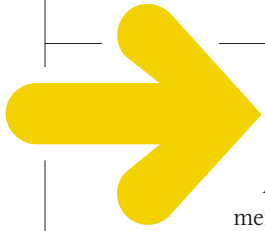
"My daughter can't reach the pedals on a regular tricycle," says Jennifer Lamer, whose daughter Hannah was born with achondroplasia dwarfism. "With the AmTryke, she can ride a tricycle like any kid. She loves to ride around with help from her grandpa."



Hannah Lamer, who was born with achondroplasia dwarfism, is able to motor around on an AmTryke specially adapted to fit her.

Salina Regional Employees 'Take It to the Zoo'

CHILDREN WITH SPECIAL HEALTHCARE NEEDS GET UP CLOSE
AND PERSONAL WITH THEIR FAVORITE ANIMALS



The anticipation and excitement in the eyes of VIP guests and their families at Rolling Hills Wildlife Adventure's annual Dream Night give you a sense for the memories made at this event.

Staff and volunteers at Rolling Hills Wildlife Adventure understand the connection between children and animals. They get to witness firsthand how children's interactions with animals touch their lives and bring on calming, therapeutic effects.

Dream Night is an event replicated at many zoos around the world. It provides a special evening of entertainment and activity for children with chronic and terminal illnesses and physical disabilities. The first successful event was held in 1996 at the Rotterdam Zoo in the Netherlands, and three years ago Rolling Hills was the second zoo in Kansas to initiate this event.

This year 436 guests took part in the activities, which included live musical entertainment, games and the ever-popular animal encounters.

"Every year we try to accommodate more and more area families, and this year we had a 60 percent increase in attendees," says Vickee Spicer, one of the event organizers at Rolling Hills. "It's truly a magical evening and we were pleased to be able to host families from a wider geographic area than in years past."

The Salina Regional Health Foundation also understands the benefit this event offers to children and supported Rolling Hills Wildlife Adventure's third annual Dream Night with a \$5,000 sponsorship through its Community Health Investment Program.

In addition, 52 employees from Salina Regional Health Center also volunteered to help direct traffic through the park and assisted guests participating in activities.

"The children seemed to be truly enjoying themselves and they were so engaged in the activities," says Ava O'Flanagan, one of Salina Regional's volunteers. "I felt privileged just to be a part of the evening."

One mother of a VIP who attended last year's event put the importance of the evening in perspective. "We had tornadoes come through two nights before, but we still came because we've been looking forward to it ever since last year." —*By Beth Vinson*



Above: Kim Koeling (right), SRHC lab secretary, and her daughter Karlie (left) assist tram riders at Dream Night. Right: Children especially enjoyed the animal encounters at the zoo.



When Disaster Strikes

MEDICAL RESERVE CORPS FORMING TO IMPROVE DISASTER PREPAREDNESS AND PUBLIC HEALTH

Early summer storms across north central Kansas once again illustrated just how important it is to be prepared when disaster strikes. In order to enhance the area's disaster response and improve public health, Salina Regional Health Center was awarded a \$10,000 grant from the National Alliance of City and County Health Organizations to form a Medical Reserve Corps (MRC) for north central Kansas.

The MRC program was established in 2002 after President Bush's State of the Union address in which he asked all Americans to volunteer in support of their country. The program is sponsored by the office of the U.S. Surgeon General, which has established MRC programs in communities all around the country.

The North Central Kansas Medical Reserve Corps will be the first in Kansas to take a regional approach to forming an MRC. Its primary service area will include the 14-county Sunflower Health Network.



Sue Cooper, North Central Kansas MRC Coordinator

MRCs are composed of medical and public health professionals trained to respond to disasters and public health emergencies. However, people with non-medical backgrounds will also be sought as volunteers for the organization. Anyone with skills that could be utilized during a disaster—from backhoe operators to secretarial staff to process information—will be encouraged to become involved.

"After area disasters like the Greensburg tornado and the Coffeyville flooding last

year and the Chapman tornado this year, it's easy to see how a Medical Reserve Corps in north central Kansas could become a huge asset during difficult times," says Sue Cooper, Salina Regional's emergency preparedness coordinator who has been appointed to lead the formation of the organization. "The MRC could also be utilized during pandemic outbreaks of disease, such as influenza, by setting up flu shot clinics around the region," she adds. "Really, there are many conceivable



scenarios the corps could be activated to enhance public health and safety."

Over the course of the next year, three volunteers funded by the AmeriCorps VISTA program will survey communities in north central Kansas to learn what assets and services are already available in the region and what voids exist. The findings will be utilized to help shape the types of support the North Central Kansas Medical Reserve Corps will try to enhance.

Eventually, it's hoped the MRC can grow to become a centralized resource for public health and disaster preparedness information in addition to having a pool of specially trained volunteers that can be activated in time of need.

"We hope to one day be able to provide manpower and support for regional events like the Smoky Hill River Festival or county fairs," Cooper says. "But we'd also like to be able to provide educational information about disaster preparedness and health information to anyone who needs it—whether that be individuals, businesses, or local government."

How to Help

Watch for details in the coming year about how you can become a volunteer with the North Central Kansas Medical Reserve Corps. Or contact Sue Cooper at **785-452-7165** for more information.



What does
“the good life”
mean to me?

Compassionate care for life's emergencies

We never think about emergency medicine – *until we need it*. Then it's good to know that Salina Regional is here. Our brand new ER facility is equipped with the latest medical technology – 26 new patient rooms, four trauma/cardiac suites, a dedicated radiology area, and larger, more comfortable surroundings. And it's staffed by ER specialists – a team of highly-trained physicians, nurses, technicians and staff – who work 24/7 delivering compassionate care. So when life deals you one of those emergencies, trust Salina Regional to help make the most of your good life.



Confidence for the Good Life

785.452.7161 | Emergency Medicine | www.srhc.com

Salina Regional Health Center
400 South Santa Fe
Salina, KS 67401

NON-PROFIT ORG
US POSTAGE
PAID
ABOUT HEALTH