

Inside this issue

New Doctors at SCRMC~ page 4

Hospital financial outlook ~ page 6

Part II: Women and Heart Disease



One Woman's story~ page 2



SCRMC remodels ICU
~back page

NOVEMBER 2004 VOLUME 13 NUMBER 3

Healthbeat

The People, Services and Programs of St. Croix Regional Medical Center www.scrmc.org

Pain Management Clinic services now available

WHEN YOU GET INJURED OR HAVE SURGERY, you expect to hurt for a while, but you know that in time, you'll heal and the pain will leave. If you have a medical condition—from arthritis to heart disease to shingles—you recognize discomfort as a symptom and trust that treatment will help. While you wait for your body to mend, pain medication provides relief.

But what about pain that persists. Yes, chronic pain is different. Sometimes, it's an after-effect of an injury that appears to have healed. Sometimes, it's a lingering symptom of a past illness. And in some cases, chronic pain seems to develop out of the blue, with no link to trauma or disease. However you try to explain it, chronic pain is something of a mystery. Tests and examinations may uncover nothing abnormal, but your body's distress is real.

Over time, physical pain can take an emotional toll, making your body hurt even more. Anxiety magnifies unpleasant sensations, and sleep problems leave you feeling weak and helpless.

St. Croix Regional Medical Center and the Pain Clinic of Northwestern Wisconsin (PCNW) have joined hands to provide pain management care at the Medical Center's St. Croix Falls clinic. Pain Management Clinic staff believe that no one should have to live with pain, and they address pain as the problem itself rather than as a symptom. "We focus on reducing pain and

increasing patients' ability to carry out activities of daily living with greater ease," says PCNW pain specialist, Dr. Steven Endres, who sees patients in St. Croix Falls. "Working



Steven Endres, M.D., DABPM

PAIN CLINIC
of NORTHWESTERN WISCONSIN

in conjunction with the patient's family doctor, our staff use a range of therapeutic techniques to treat pain, such as physical therapy, injections, stress reduction, behavioral health counseling, and pain medication management."

Pain clinic staff also regularly evaluates new technologies and actively research existing procedures to determine their effectiveness. "Surgery is not necessarily the only (or final) answer," says Endres. Clinic staff also routinely involve the patient's family in treatment, and they work with other health care professionals as appropriate, including family physicians, social workers, hospice and homecare agencies, behavioral health professionals, and other specialists, to assist with lifestyle modification and to encourage regaining and retaining maximum quality of life. *

For more information about the Pain Management Clinic or to make an appointment, call the St. Croix Falls Clinic at 715-483-3221 or 800-828-3627.

- > A musician temporarily silenced by carpal tunnel syndrome found that physical therapy helps him manage his discomfort and regain the strength to play.
- > An avid horse rider with severe chronic foot pain from a childhood injury found that her stress level affects the intensity of her pain.
- > A middle-aged woman wanted instant relief from the pain of irritable bowel syndrome (IBS), but she found out that treating IBS requires long-term, not temporary, solutions.
- > Medications aren't always enough when rheumatoid arthritis flares up. A healthy lifestyle can help keep this condition under control.

Public Enemy #1 for women: Heart disease and stroke

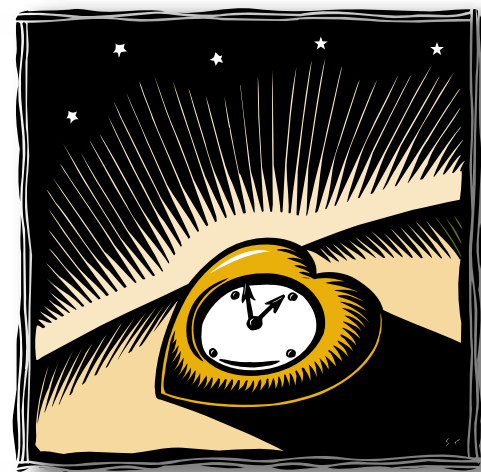


Kristen Stevens, M.D.

Do you know what kills more American women than anything else? No, it's *not* breast cancer, lung cancer, or cervical cancer. It's heart disease, and it claims the lives of more than half a million women each year. And yet, 60 percent of women think cancer is their greatest health risk. One in 2.5 women will die of heart disease or stroke, compared with one in 30 from breast cancer.

Women absolutely tend to downplay their risk of heart disease and stroke," says St. Croix Regional Medical Center Internist, Dr. Kristen Stevens. "One of my biggest frustrations is with patients who are worried about a relatively uncommon problem like ovarian or breast cancer. They want to be checked for them, yet they aren't at all concerned that their blood pressure and blood sugar levels are high and that they're overweight, and physically inactive—all factors that put them at serious risk for heart disease." Many women are far more aware of and concerned about breast cancer, even though many more women die each year from heart disease than from any form of cancer.

"Part of the problem," says Stevens, "is, of course, that the risk factors often cause no obvious symptoms, so it's easy to think that you're completely healthy. Women can and do have heart attacks, so they need to know heart attack risk factors and act to reduce any they have—just as men should."



Part II: Women and heart disease

One in 2.5 women will die of heart disease or stroke, compared with one in 30 from breast cancer.

One Woman's Story



Evelyn Pedrys, writer and Taylors Falls resident.

EVELYN PEDRYS COULD BE A "POSTER CHILD" for women whose heart problems have not been quickly diagnosed. A writer of short stories (her very first published piece won first place in a short story anthology), Pedrys lives in Taylors Falls with her husband, Ron, where she continues to write and create beautiful, hand-sewn quilts. She approached *Healthbeat* and offered to tell her story in the hope of helping women become more aware of their risk of heart attack and stroke.

My heart problems probably began about 10 years ago, although I'm not really sure because they went unrecognized for a long time. My symptoms were not those that men have, and no one I saw really picked up on what was happening.

What were my symptoms? Often I just didn't feel good. I'd feel really nauseated, have indigestion, be unusually tired for no apparent reason, or have pain in my right arm (not my left). These symptoms happened off and on for some years. I was treated for the symptoms I was having—symptoms that weren't the classic ones that men have. Of course, I know now that these were the symptoms women more commonly have. In retrospect, I now know that I was experiencing some damage to my heart, and I continued to feel angina.

Before I understood what was happening to me, I thought that no one, not even my doctors, understood or cared about me. I knew something was wrong, but I often kept it to myself because it wasn't being acknowledged by the medical people I was seeing. I started doubting myself. And of course, I never suspected I was having heart problems.

Women need to be aware that it's not just men who have heart attacks. Women need to know what the symptoms of a heart attack are for women. And finally, women need to admit that it could happen to them. Don't be in denial like my husband and I were.

I urge women to take control of their own health care. Know the risk factors for heart disease, and if you have any, such as high blood pressure or high blood cholesterol, do something about it! Be informed. Find a doctor who understands the risk of heart attack for women and who knows the symptoms. Ask your doctor questions. Then listen, and act on his or her advice. Your doctor does want what's best for you, but he or she can't help you if you don't help yourself. You're the one who's in charge of your life. Don't wait until you have a heart attack.

I quit smoking. I started an exercise program. I started eating better. I'm not on a diet now, and I don't "watch what I eat." Eating healthily has become a habit, and I've lost over 70 pounds over the last few years. It's been slow, but that's okay.

Today, I am doing well. I'm not depressed, worried, or angry anymore. My diabetes is under control. I have a good life, although I do have limits on how much I can do each day. But I'm alive and I'm not in pain anymore. The point is that I'm taking care of myself now.

If you think you have a heart problem, of course, go see a doctor—but I also recommend that you go to a heart support group. You'll meet women there who have heart problems, and excellent medical staff who can help you in many ways, too.

FACTS ABOUT WOMEN AND HEART DISEASE

- Women are more likely to die from their first heart attack than men are: 42 percent of women compared to 24 percent of men.
- Nearly twice as many women as men die from a first heart attack.
- Heart attacks are best treated within the first hour after the onset of pain or discomfort. Women take two to four hours longer to respond to heart attack symptoms than men.
- Women who have smoked are more likely to have heart attacks than women who have not.

REDUCE YOUR RISK FACTORS

Risk factors for women are similar to those in men, and the more risk factors you have, the greater your chances of developing heart disease and having a heart attack or stroke. "You can substantially lower many of your risk factors with a few lifestyle changes," says Dr. Stevens. "And if you've already had heart disease or a stroke, these lifestyle changes can help you to a more successful recovery. Remember, although family history cannot be controlled, all other risk factors can be."

The warning signs of a heart attack

Heart attacks have different signs and symptoms, and not all people who have heart attacks experience the same ones or experience them to the same degree. Many heart attacks aren't as dramatic as the ones you've seen on TV or in the movies. For example, heart attack symptoms in women, in older adults, and in people with diabetes tend to be less pronounced. Some people have no symptoms at all. Still, the more signs and symptoms you have, the higher the likelihood that you are having a heart attack.

General symptoms and warning signs of a heart attack include:

- Pressure, fullness or a squeezing pain in the center of your chest that lasts for more than a few minutes
- Pain extending beyond your chest to your shoulder, arm, back, or even to your teeth and jaw
- Increasing episodes of chest pain
- Prolonged pain in the upper abdomen
- Shortness of breath
- Sweating
- Impending sense of doom
- Lightheadedness
- Fainting
- Nausea and vomiting

SIGNS OF HEART ATTACK FOR WOMEN CAN DIFFER FROM THOSE IN MEN

Women can have the "classic" chest pain that grips the chest and spreads to the shoulders, neck or arms, shortness of breath, sweating, or lightheadedness, however, their symptoms can differ significantly, too.

- Women may have no chest pain or discomfort at all, especially if they have diabetes.
- Women may have more subtle signs, such as:
 - not feeling well
 - unexplained fatigue
 - mild nausea/indigestion.

Since women tend to have heart attacks later in life than men do, they often have other diseases (such as arthritis or osteoporosis) that can mask heart attack symptoms.



Risk Factors You Can Control or Treat

1. High blood cholesterol. This problem has no symptoms, and many people have it without knowing it. Find out what your cholesterol levels are so you can lower them if you need to.

2. High blood pressure. As a woman, you have an increased risk of developing high blood pressure if you are 20 pounds or more over a healthy weight, have a family history of high blood pressure, or have reached the age of menopause.

3. Tobacco smoke...clear the air! Smokers risk having heart attacks *nineteen years earlier* than nonsmokers. And remember, regular exposure to other people's tobacco smoke increases your risk — even if you don't smoke. When you stop smoking, however—no matter how long or how much you've smoked—your risk of heart disease and stroke starts to drop until it's as low as a nonsmoker's risk.

4. Physical inactivity...get moving! If you're physically inactive ... a "couch potato," you're much more likely to develop heart disease or have a stroke. Regular exercise reduces your risk of heart disease and stroke, and it can help control blood cholesterol, diabetes and obesity. It can also help lower blood pressure.

5. Obese or overweight...let's lighten up! If you have too much body fat — especially if a lot of it is in your waist area — you're at higher risk for high blood pressure, high blood cholesterol, diabetes, heart disease and stroke.

6. Diabetes...control it for life. Compared to women without diabetes, women with diabetes have from *two to four times* the risk of heart disease. Many people with diabetes also have high blood pressure and high blood cholesterol. This increases their risk even more.

7. Birth control pills. Today's low-dose oral contraceptives carry a much lower risk of heart disease and stroke than the early Pill did. However, women on the Pill who smoke or have high blood pressure are at much higher risk for cardiovascular disease.

8. Response to stress. Too much stress over a long time, and unhealthy responses to it, can create health problems in some people. Find healthy ways to handle stress.

Where will the ambulance take you?

When you call 911 for an ambulance, their staff will call the ambulance service closest to your home.

But do you have a choice about where that ambulance will take you for medical care? The answer is a qualified "yes." You *can* tell the dispatcher which medical center you wish to be taken to, and they will honor your request—with one exception.

If you are critically ill and need immediate medical attention, they are obligated by law to take you to the nearest medical facility.



New psychologist joins SCRMC medical staff



Dr. Rebecca Watson

PSYCHOLOGIST REBECCA J. WATSON, PH.D., is the newest member of St. Croix Regional Medical Center's behavioral health team of two psychiatrists and five psychologists.

A graduate of the University of South Dakota with a doctorate in clinical psychology, Watson offers a broad range of psychological assessments including personality and abilities assessment, and neuropsychological assessment and competency evaluations for seriously mentally ill adults. Her underlying focus is on helping clients identify their strengths in order to develop a sense of competency and wellness.

Dr. Watson also provides treatment for personality disorders, severely emotionally disturbed adolescents and adults, end of life issues, and mood and anxiety disorders. She can also assist clients with family and couples therapy, physical, emotional, and sexual abuse issues, and court advocacy *

Plastic Surgeon, Loree K. Kalliainen, M.D., joins SCRMC medical staff



Dr. Loree K. Kalliainen

DR. LOREE K. KALLIAINEN, the newest member of St. Croix Regional Medical Center's medical staff, brings a wide range of experience in plastic surgery to our community. While plastic surgery often first brings to mind cosmetic surgery to improve one's appearance, plastic surgeons are specifically trained to provide a broad range of reconstructive surgery to correct defects and improve function, and their patients' ages range from weeks old to the elderly. Some procedures are life-saving (treating major burns, for example), and most of the others serve to improve the quality of life.

Dr. Kalliainen's areas of particular interest are surgery of the hand and peripheral nerves, pediatric hand surgery (including congenital problems, acute injuries, carpal tunnel, non-healing hand wounds, fractures, wrist pain, arthritis, and small skin cancers), and general reconstructive and cosmetic surgery.

Certified by the American Board of Plastic Surgery, Dr. Kalliainen is a graduate of the University of Michigan Medical School where she also studied general and plastic surgery. She took a Fellowship in hand surgery from the University of Virginia and has been on staff at Ohio State University until this year. *

Pacemaker/cardiac defibrillator services now at SCRMC



Dr. Glenn Nickele

LAST SEPTEMBER, ST. CROIX REGIONAL MEDICAL CENTER and Regions Hospital of St. Paul officially joined hands in an effort to bring a much broader range of cardiology care to the communities we serve. Thanks to *St. Croix Heart*, as this program is called, many more heart care services are regularly available locally than ever before—including pacemaker and internal cardiac

defibrillator (ICD) monitoring. No longer do people with pacemakers or internal defibrillators need to drive to the Twin Cities for service.

This service is designed to provide comprehensive follow-up for people with pacemakers and defibrillators (there are no limitations regarding any brand or type of device). Patients are seen on a regular basis in order to evaluate the status of their device and to optimize its function.

PACEMAKER SERVICE

As of September, area residents with pacemakers are able to have their pacemaker checked in St. Croix Regional Medical Center's St. Croix Falls clinic. St. Croix Heart provides an exceptional level of quality of care to arrhythmia device patients. Specially trained nursing staff perform these checks, and Regions Hospital cardiologist, Dr. Glenn Nickele, is at St. Croix Regional Medical Center during pacemaker clinic hours in case patients have a concern about their medications or want to discuss any other issue.



Pacemaker services are scheduled for November 10th and December 22nd. As demand increases, we hope to have this service available on a weekly basis.

INTERNAL CARDIAC DEFIBRILLATOR (ICD) SERVICE

The Medical Center will also offer internal cardiac defibrillator service soon at our St. Croix Falls Clinic. Electro-physiologist/cardiologist, Dr. Kim, will be at the Clinic to provide this service.

SCRMC now offers dobutamine stress echocardiograms (a non-invasive test used to evaluate coronary artery disease in patients who are unable to exercise on a treadmill) and transesophageal echocardiograms (TEE), which give

doctors very clear images of the heart structures and blood flow. The Medical Center is the only facility in the area to offer these valuable tests on-site.

TO BEGIN PACEMAKER OR DEFIBRILLATOR SERVICE AND CARE AT SCRMC

Anyone wishing to transfer the service/care of their pacemaker or defibrillator device should contact Deb Leal, R.N., at St. Croix Regional Medical Center (715-483-0310 or 800-642-1336, Ext. 2310). She can help review current maintenance/check-up schedules and assist in scheduling pacemaker/defibrillator evaluations. *

Erectile dysfunction excellent treatments are available



Ben Waxman, P.A.

ERECTILE DYSFUNCTION (ED), FORMERLY CALLED IMPOTENCE, affects the lives of 15 to 30 million American men and their partners. The term erectile dysfunction covers a range of disorders, but usually it refers to the inability to obtain an adequate erection for satisfactory sexual activity.

Ten to twenty years ago, doctors thought that ED was primarily a psychological problem. They now believe, however, that about 90% of ED cases are due primarily to a physical problem—often blockages in the arteries in the penis.

“It’s very important to realize, too, that erectile dysfunction is not simply a quality of life issue,” says Physician Assistant, Ben Waxman, of Metropolitan Urologic Specialists. “It also can be one of the first signs of an underlying medical problem. “Blockages in the arteries in the penis (atherosclerosis) can cause ED, and if these arteries have blockages, we become concerned about similar blockages that put patients at higher risk for heart disease and stroke.”

Although erectile dysfunction is more common in men older than 65, it can occur at any age. An occasional episode of erectile dysfunction happens to most men and is perfectly normal. In fact, in most cases, it’s nothing to worry about. As men age, it’s also normal to experience changes in erectile function.

When erectile dysfunction is a pattern or a persistent problem, however, it can interfere with a man’s self-image as well as his sexual life. It may also be a sign of a physical or emotional problem that needs to be addressed.

RISK FACTORS

A wide variety of physical and emotional risk factors can contribute to erectile dysfunction. They include:

- **Physical diseases and disorders.** The accumulation of fatty deposits (plaques) in the arteries (atherosclerosis) can prevent adequate blood from entering the penis. Chronic diseases such as diabetes, as well as diseases of the lungs, liver, kidneys, heart, nerves, arteries or veins can also lead to impotence. “If men can watch their cholesterol and blood sugar levels and control diabetes, for example, their arteries, including

those in the penis, will stay healthier and work better,” says Waxman.

- **Surgery or trauma.** Surgery to treat bladder, rectal or prostate cancer can result in erectile dysfunction, and prolonged bicycle riding can cause a temporary problem.
- **Medications.** A wide range of drugs—including antidepressants, antihistamines and medications to treat high blood pressure, pain and prostate cancer—can cause erectile dysfunction by interfering with nerve impulses or blood flow to the penis. Tranquilizers and sleeping aids also may pose a problem.
- **Substance abuse.** Chronic use of alcohol, marijuana or other drugs often cause erectile dysfunction and decreased sexual drive. Excessive tobacco use also can damage penile arteries.

Nonphysical factors can account for erectile dysfunction, too, and they include:

- **Stress, anxiety or depression.** Psychological conditions also contribute to some cases of erectile dysfunction. Impotence is also an occasional side effect of psychological problems such as depression.
- **Negative feelings.** Feelings that you express toward your sexual partner—or that are expressed by your sexual partner—such as resentment, hostility or lack of interest also can be a factor in erectile dysfunction.

“It’s important to note that the physical and nonphysical causes of erectile dysfunction commonly interact,” says Waxman. “For instance, a minor physical problem that slows sexual response may cause anxiety about attaining an erection. That anxiety can then worsen the erectile dysfunction.”

TREATMENT

A wide variety of options exist for treating erectile dysfunction. They include everything from medications and simple mechanical devices to surgery and psychological counseling. The cause and severity of the condition are important factors in determining the best treatment or combination of treatments.

Treatment is also available for female sexual dysfunction.

Initial consultations and treatment and surgical follow-up by Waxman is provided monthly at the St. Croix Falls Clinic.

Sources: St. Croix Regional Medical Center; Metropolitan Urologic Specialists, Mayo Clinic Health Information (with permission).

Foundation Gala a resounding success

WITH OVER 200 PEOPLE IN ATTENDANCE, the annual Foundation Gala Dinner raised an estimated \$18,000 to benefit patients at St. Croix Regional Medical Center. Dave Lundin was quite surprised when the locked box opened with his purchased key, making him the winner of a four-day all expense paid trip for two to San Diego’s Del Coronado Hotel in California. Kathy Harland held the second winning key that awarded her a travel voucher for two to the Grand View Golf Resort in Brainerd, Minnesota.

Terry Reznicek, a local musician and piano instructor, provided music for the evening, and LeeAnn Vande Kamp of Vande Kamp Auctioneering of Almelund, volunteered her services for the live auction. “It was an exciting event full of wonderful silent auction and grab bag items, good food, and lots of fun,” said Sandy Williams, SCRMC Director of Development.

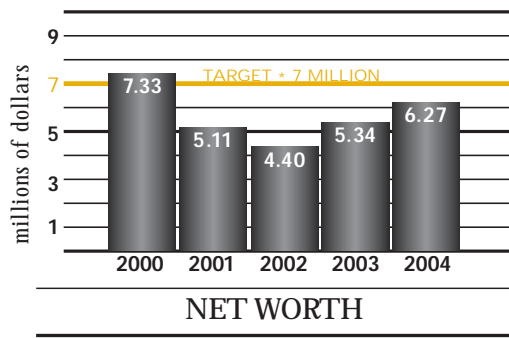
The Foundation gratefully acknowledges all the businesses and individuals whose contributions helped make this a very successful fundraiser. “I also want to specifically acknowledge the generosity of Regions Hospital of St. Paul, HealthPartners, St. Paul Eye, and Minnesota Ear, Head, and Neck Clinic, in addition to the contribution of Trollhaugen and J.R. Rochford, who hosted the champagne reception,” said Williams.

The Foundation also greatly appreciates Trollhaugen’s generous donation of its facility and staff time for this event. All proceeds are earmarked toward the remodeling of the Intensive Care/Medical Surgical unit at the hospital and specialized equipment for patient care. Patients and families are invited to tour the remodeled unit following the Auxiliary’s Love Lights program on December 2nd at 2:00 p.m. in the hospital lobby. ✨



Dave Lundin wins a four-day all expense paid trip for two to San Diego’s Del Coronado Hotel in California.

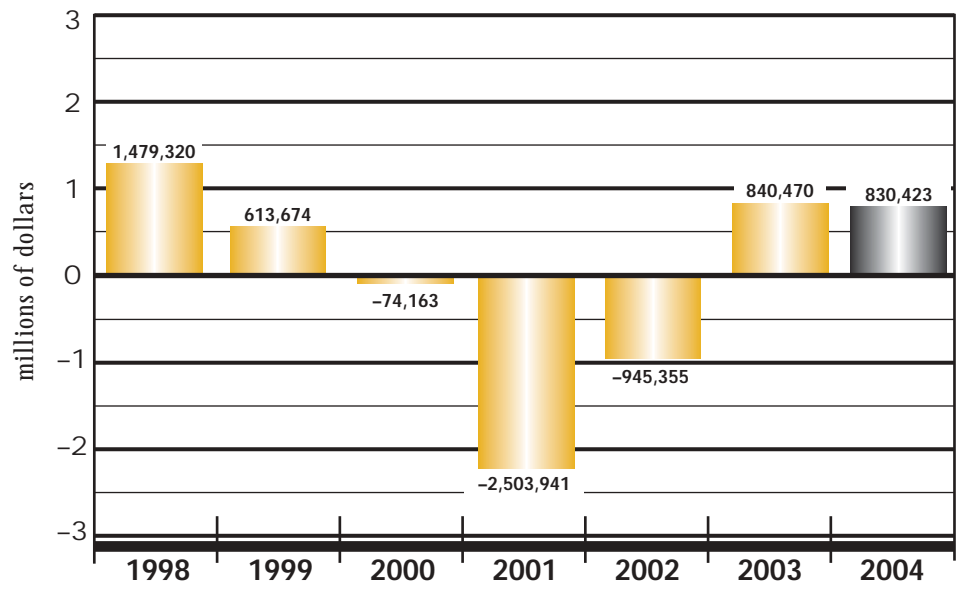
The numbers tell the story



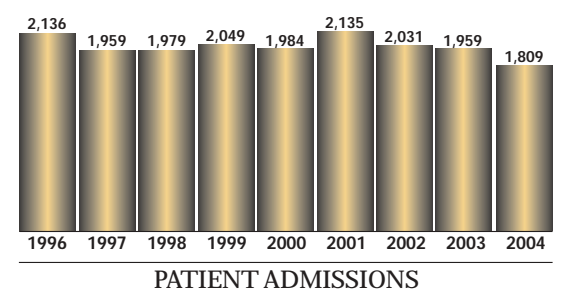
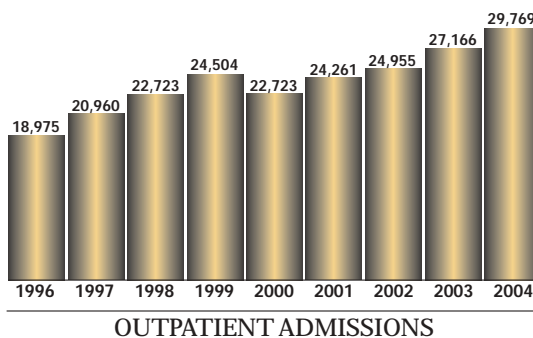
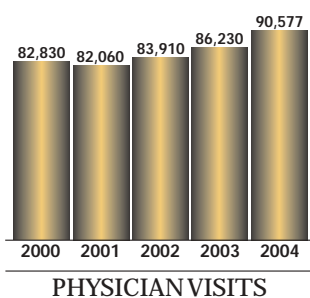
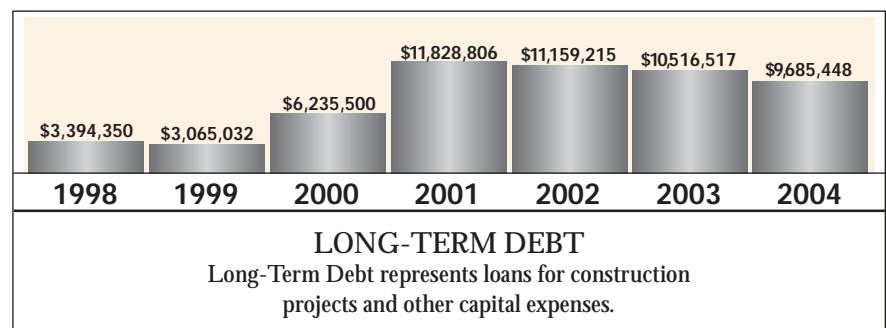
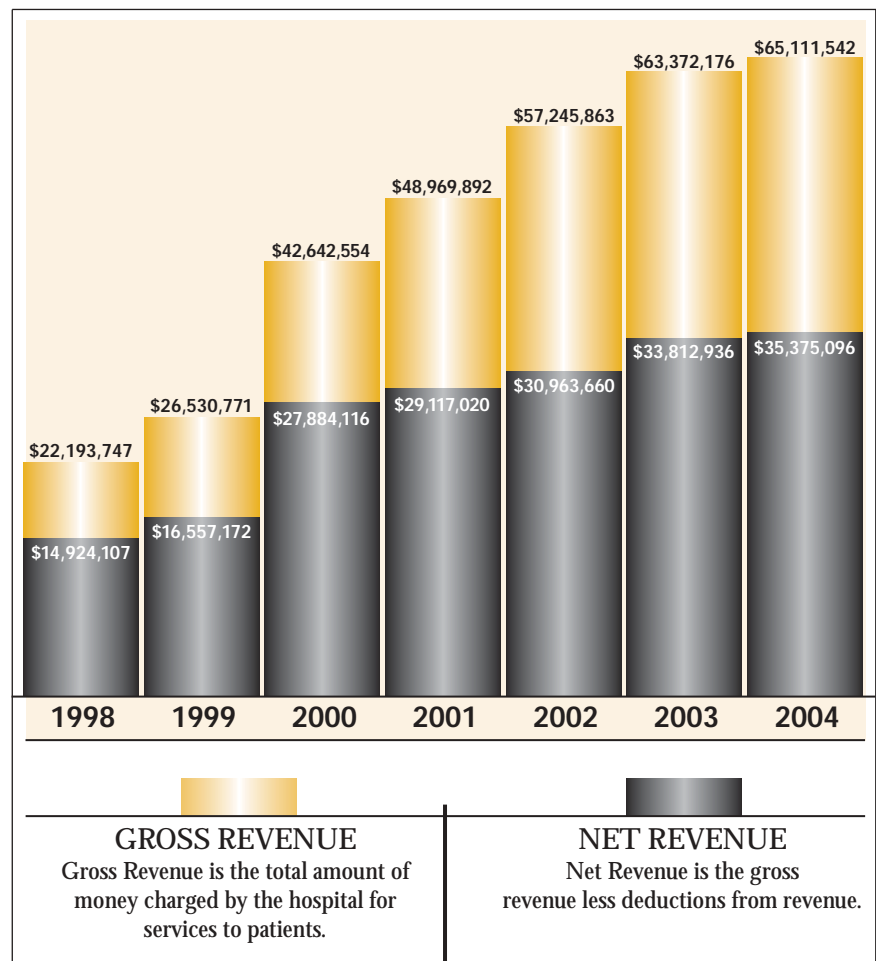
THIS FISCAL YEAR HAS BEEN VERY SUCCESSFUL FOR ST. CROIX REGIONAL MEDICAL CENTER BY ANY MEASURE.

First, we continue to produce growth in primary care while improving service to patients and our community. We also marked the second consecutive year in which we have received very high remarks in our audit, and we also were able to meet our budgeting margin. We continue to move closer to our goal of establishing a net worth of \$7 million.

The following graphs were first published in the Medical Center's 2004 Annual Report. For a copy of this Report, call the Medical Center administrative offices at 715-483-0201.



Net Income is the total amount of money left over after all deductions and expenses are subtracted from the Gross Revenue.





Cole Nicolas Larson
February 3, 2004
St. Croix Falls, WI



Kody James Schulte
March 29, 2004
Lindstrom, MN



Aiden Timothy Auckland
April 28, 2004
Clear Lake, WI



Lillian Elaine Birx
April 28, 2004
St. Croix Falls, WI



Deanne Isabel Walton
April 28, 2004
Milltown, WI



Chloe Elise Nielsen
April 29, 2004
Milltown, WI



Hailey Ann Schoeberl
May 2, 2004
Cambridge, MN



Eliza Kathryn Thayer
May 5, 2004
Centuria, WI



Jaden Alan-David Peterson
May 6, 2004
Cushing, WI



Berlyn Marie Warren
May 7, 2004
Grantsburg, WI



Livia Lynn Wofford
May 9, 2004
Osceola, WI



Eliana Katherine Wexo
May 10, 2004
Luck, WI



Elliott William Forsman
May 10, 2004
Lindstrom, MN



Corinna Alizabeth Torres
May 11, 2004
Luck, WI



Trent Marlo Rauchbauer
May 12, 2004
Frederic, WI



Logan Michael Hopkins
May 13, 2004
Frederic, WI

Babies Babies Babies



Zoe Madison Gustafson
May 15, 2004
Amery, WI



Blake Ronald Frokjer
May 16, 2004
Centuria, WI



Max Michael Thorson
May 18, 2004
Balsam Lake, WI



Michael Steven Wright
May 19, 2004
Luck, WI



Katelynn Elizabeth Clark
May 19, 2004
St. Croix Falls, WI



Alex Mosay Sanchez
May 20, 2004
Balsam Lake, WI



Anna Marie Lenertz
May 22, 2004
St. Croix Falls, WI



Arianna Rose Fowler
May 25, 2004
Turtle Lake, WI



Sydney Michelle Glenna
May 26, 2004
Shafer, MN



Kaylee Catherine Miron
May 28, 2004
St. Croix Falls, WI



Brayden Robert Olson
May 31, 2004
St. Croix Falls, WI



Abbie Lee Scanlon
June 2, 2004
Luck, WI



Tevin Phoenix Roy
June 4, 2004
Falun, WI



Dawson Robert Gardner
June 5, 2004
Grantsburg, WI



Brady Robert Belisle
June 5, 2004
St. Croix Falls, WI



Cecelia Merrie McMenimen
June 6, 2004
Dresser, WI



Camryn Violet Maypark
June 8, 2004
Osceola, WI



Chloe McKenzie
Peterson-Lundmark
June 10, 2004
Amery-Dresser, WI



Nathan Lee Lauritsen
June 16, 2004
Turtle Lake, WI



Katelynn Grace Caron
June 17, 2004
East Bethel, MN



Isaiah Trevor Otto
June 18, 2004
Grantsburg, WI



Philip Erving Doty
June 23, 2004
Siren, WI



Emma Gayle Norak
June 25, 2004
Osceola, WI



MacKenzie Renee Illa
June 28, 2004
Turtle Lake, WI



Marissa Lynn Libersky
June 28, 2004
Osceola, WI



Carly Dianne Eibs
July 1, 2004
Balsam Lake, WI



Myia Mae Teeselink
July 1, 2004
Osceola, WI



Brody Wilbert Allen
July 2, 2004
Milltown, WI



Alexis Marilyn See
July 3, 2004
Osceola, WI



Victoria Jaylyn Greene
July 3, 2004
Amery, WI



Jackson William
Baillargeon
July 3, 2004
Osceola, WI



Felip Jauier Ray Castorena
July 7, 2004
St. Croix Falls, WI



Annie Elizabeth Zinn
July 7, 2004
Amery, WI



Theodore Bradley Rasmussen
July 7, 2004
Dresser, WI



Ty Allen Behrndt
July 8, 2004
Frederic, WI



Charles Raymond O'Brien
July 11, 2004
Frederic, WI



Elias William Fredrickson
July 14, 2004
Lindstrom, MN



Sadie Gail Hope Olson
July 17, 2004
Cushing, WI



Michael Van Austin Stone
July 19, 2004
Taylors Falls, MN



Blake Valentine Ulmaniec
July 20, 2004
Grantsburg, WI

SCRMC remodels intensive care unit



(Seated at desk) Cindy McLafferty, R.N.
Standing by monitor in room is Dayna Podgorski,
Respiratory Therapist.



S

T. CROIX REGIONAL MEDICAL CENTER is the only hospital in the area that can provide a dedicated intensive care unit (ICU) that makes high level patient care possible locally. After two months of fast-paced work, remodeling of SCRMC's intensive care unit is complete. A new configuration that created one nursing station to oversee both the medical/surgical unit and the ICU will make patient care even more efficient. And now, every ICU room and nearly all medical/surgical rooms are private. Thanks to significant financial help from the St. Croix Valley Healthcare Foundation, new state-of-the-art patient monitoring equipment is in use.

Patients need and receive intensive care for many medical problems, including severe pneumonia and asthma, intestinal bleeding, uncontrolled diabetes, serious infection, severe injuries, multiple medical problems after surgery, stroke, and heart problems, which account for nearly 70% of ICU patients

Community Health Education

ST. CROIX REGIONAL MEDICAL CENTER OFFERS CLASSES AND SUPPORT GROUPS on a broad range of health-related topics—advance directives, a diabetes support group, infant massage, and childbirth preparation, for example.

To see a current list of classes, dates, and times, please visit our website at www.scrmc.org and click on "Classes," or call to request a copy of our community education flyer.

For more information or to register for a class, please call 715-483-0431 or 800-642-1336 x 2431, or email: sarah.lund@scrmc.org



Visit our newly designed website!!

A new clinic. Expanded parking. More services than ever. And yes... we've redesigned our website, too! Log on to www.scrmc.org and you'll see the difference immediately. Thanks to the help of Kim Kalina of *Green Olive Design*, our new website is much easier to navigate. And so much useful information is just one click from our homepage:

- our medical staff
- clinic hours and locations
- a calendar of current and upcoming events
- our *WebNursery*
- what's new at our medical cent
- a complete list (with descriptions) of our patient services
- community and professional education opportunities
- current and past editions of our *Healthbeat* newsletter
- recent news releases
- links to a world of reliable health information sites . . . and much more.

You can discover all this and more for yourself. Just go to www.scrmc.org and you'll see we aren't exaggerating.



ECRWSS
Postal Patron

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