

Clinical Connections



MANNING REGIONAL
HEALTHCARE CENTER

An Affiliate of **MERCYONE**

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MRHC is committed to keeping patients safe. It takes our entire team to identify potential safety hazards or near misses.

New Respiratory Clinic

Manning Regional Healthcare Center now has a designated area for the respiratory clinic. This clinic provides a separate entrance for all patients experiencing COVID-related symptoms. The entrance is located on the back side of the hospital. There are designated parking spots for the clinic labeled with signs. Please call the hospital (712) 655-2072 when you arrive and wait in your car until you are asked to come inside. When it is your time to be seen, a nurse will ask you to enter the building through the entrance labeled 'Respiratory Clinic'. This will decrease waiting time and risk of exposure inside of the facility.

An assigned MRHC provider will be seeing patients in the respiratory clinic to limit exposure to other providers. We also have designated nursing staff in that area each day. This space also gives us the opportunity to see COVID positive patients for other medical issues that need to be addressed.

The designated nurse will always give advice based on the most recent and up-to-date information from the Iowa Department of Public Health.

If you are ill with symptoms, stay home and isolate from others in your house until:

- You have had no fever for at least 24 hours (one full day of no fever without the use of medicine that reduces fevers)

AND

- Other symptoms have improved

(for example, when your cough or shortness of breath have improved)

AND

- At least ten days have passed since your symptoms first appeared.

If you believe you have tested positive, start creating a list of the people you have come in to contact with, starting with the 48 hours before you developed symptoms.

If your test is positive, public health will be contacting you to go over further instructions and to collect your contact list.

Household members should isolate from the positive patient. Household members need to quarantine 14 days from last contact with patient.

If you were exposed by someone who has coronavirus, continue to isolate for 14 days after your exposure. You should not be working outside the home or going out in public during this time.

If you are experiencing COVID-related symptoms, please call MRHC and talk to a nurse who is assigned to answer questions related to COVID, schedule a respiratory clinic appointment, and coordinate COVID testing. To be seen in our respiratory clinic, please call 712-655-2072.



Shelby Dickson, RN

Community Connections

At MRHC, we are introducing a new resource for our patients and the communities we serve. What used to be an internal form of communication between clinical staff is now being shared direct with the public to keep you updated about

the services and topics of interest from the various departments within the hospital and clinic. In this fall edition, our trusted experts share important updates about specific health-related topics. We hope you enjoy this new form of communication!

If you're interested in subscribing to this newsletter, please email Elaine Macumber, elaine.macumber@mrhcia.com or call (712) 655-2072.

Addiction's Many Faces: Behavioral Addictions

Behavioral addictions (also called process addictions) follow the same pattern as substance-based addictions, and they result in problems within many areas of an individual's life. Behavioral addictions have similar effects as substance addictions. Relationships are often neglected in favor of the addictive behavior; trust is undermined; and pressure is put on partners and other family members to cover up and make up for difficulties arising from the addiction.

Although even experts disagree about whether behavioral addictions are "real" addictions, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) explicitly includes behaviors in the addiction category.

Outside the world of professional psychiatry and psychology, the media has taken on and embraced the concept of behavioral addictions, such as sex and shopping addictions, as well as activities that are not included in the addiction discussion such as self-injury (cutting) and multiple plastic surgeries.

Even if you can't find a service specializing in behavioral addiction therapy, a psychiatrist or psychologist will still be able to help you change your problematic behaviors, improve your relationships, and cope without the addiction.

Although most of these addictions, other than gambling, are not officially recognized by the DSM-5, the leading diagnostic guide for the mental health profession, many healthcare providers believe these are distressing conditions which can be treated. Some behavioral addictions are more common than others, including gambling, sex, Internet, shopping, video games, food, exercise, work, tattoos, love or porn.

Even when not specifically labeled as an addiction, the behaviors can lead to real problems in an individual's life, functioning and relationships. These behaviors can also create considerable distress and become difficult to change, even when the individual wants to stop engaging in such actions. If a particular personal behavior is causing distress and/or disrupting your life, talk to your doctor or mental health care professional.

Understanding the addictive process and the warning signs can help you learn how to tell the difference between an addictive behavior, a problematic behavior that is not an addiction or normal behavior that is healthy or non-problematic.

Warning signs include:

- Spending the majority of your time engaging in the particular behavior, thinking about or arranging to engage in the behavior, or recovering from the effects

- Becoming dependent upon the behavior as a way to cope with emotions or to "feel normal"
- Continuing to engage in the behavior despite physical and/or mental harm
- Having trouble cutting back engaging in the behavior despite wanting to stop
- Neglecting work, school, or family to engage in the behavior more often
- Experiencing symptoms of withdrawal (for example, depression or irritability) when trying to stop
- Minimizing or hiding the extent of the problem



Eric Weinkoetz,
Recovery Center Director



Bradley Madsen

It can be difficult to admit to yourself, let alone anyone else, that you have a problem, and it can be even harder when the problem is poorly understood or not taken seriously by friends and family. Understanding the stages of change will help you be easier on yourself if you aren't ready to seek help.

If you feel you do not want to seek help in overcoming your behavioral addiction at this time, focus on ensuring that your behavior doesn't harm those around you, or yourself. Even if you don't want to tell other people about your problem, try not to lie to those closest to you.

Self-help can be an important first step. Consider finding out more about the behavior and discovering some of the ways you can manage it.

Often, people with behavioral addictions eventually tire of the toll their behavior takes on their lives and the lives of those around them. They may also suffer losses that seem too great to bear, such as money or relationship problems. What had at one time seemed exciting and fulfilling becomes an embarrassing burden.

Fortunately, for those suffering from behavioral addictions, treatments that have been developed to treat substance dependencies have been successfully used to treat behavioral addictions. You can also benefit from seeing a psychiatrist or psychologist who is skilled in helping people overcome emotional difficulties and making changes in their lives.

Sources:

Elizabeth Hartney, BSc., MSc., MA, PhD; Verywellmind.com

National Prostate Health Month in September

National Prostate Health Month (NPHM), also known as National Prostate Cancer Awareness Month, is observed every September in North America by health experts, health advocates, and individuals concerned with men's prostate health and prostate cancer. The goals of National Prostate Cancer Awareness Month are to:

- Increase public awareness of the importance of prostate health and prostate cancer
- Provide easily accessible prostate health and prostate cancer screenings
- Educate about risk factors and symptoms of prostate health and prostate cancer
- Advocate for further research on prostate health issues and prostate cancer

Should you be screened for prostate cancer?

The answer is different for each man. If you are thinking about being screened, learn about the possible benefits and harms of screening, diagnosis, and treatment. Talk to your doctor about your personal risk factors.

Cancer screening looks for cancer before it causes symptoms. The goal of screening for prostate cancer is to detect cancer early that may spread if not treated.

There is no standard test to screen for prostate cancer. Two tests that are commonly used to screen for prostate cancer are:

- Prostate specific antigen (PSA) test: A blood test that measures the level of PSA in your blood. PSA is a substance your prostate makes. Your PSA level may be high if you have prostate cancer or for many other reasons, such as having an enlarged prostate, a prostate infection or taking certain medications.
- Digital rectal examination: A healthcare provider inserts a gloved, lubricated finger into a man's rectum to feel the prostate for anything abnormal, such as cancer.

Screening may find cancer that is likely to spread to other places in the body, which can allow for treatment before it spreads. This may lower the chance of death from prostate cancer in some men.

Most prostate cancers grow slowly and don't cause any health problems. If a screening test finds a slow-growing cancer, it may cause you to worry and lead to unnecessary tests and treatments that can have serious side effects.

For example, a PSA test can come back abnormal but not necessarily mean you have prostate cancer. This is called a false positive result. A false positive PSA test result often leads to more unnecessary tests.



Boni Johnson, RN

The only way to know if an abnormal test is due to cancer is to do a biopsy. A biopsy is done by removing a small piece of tissue from the prostate and looked at under a microscope to check for cancer. A prostate biopsy can cause pain, blood in the semen or ejaculate and infection.

Prostate Risk Factors

- Older age is one contributing factor - as men's risk of prostate cancer increases with age.
- Race is also a known risk factor. Black men carry a greater risk of prostate cancer and the cancer is sometimes more aggressive or advanced than in men of other races.
- Family history also plays a role in prostate cancer - if men in your family have had prostate cancer, your risk may be increased. A strong family history of breast cancer can also increase your risk of prostate cancer.
- Obese men diagnosed with prostate cancer may be more likely to have advanced cancer that is harder to treat.

Prostate Cancer Symptoms

Prostate cancer is one of the most common types of cancer in men. If it is detected early, there is a better chance of successful treatment. It is important to pay attention to your body and if you notice any of these symptoms, reach out to your primary care provider.

- Trouble urinating
- Decreased force in the stream
- Blood in semen
- Discomfort in the pelvic area
- Bone pain
- Erectile dysfunction

Prostate Cancer Treatments

The most common treatments for localized (early-stage) prostate cancer are surgery to remove the prostate, radiation therapy and active surveillance (getting tested regularly and treating the cancer only if it grows or causes symptoms).

It is worth noting several advances in the field. New drugs, therapies, tests and techniques hold much promise in catching the cancer in its early stages as well as in treatment if it has advanced.

If you are a male between the ages of 55 and 69 or if you have a man in your life you care about, we encourage you to have a conversation with your primary care provider about being screened and your risk factors associated with prostate cancer.

Sources:
www.preventcancer.org; cdc.gov/cancer/dpcp/resources/features/prostatecancer/; jfc.org/blog/prostate-cancer-awareness-month-signs-symptoms-and-treatments/

New Providers in the Specialty Clinic

The MRHC Specialty Clinics are rapidly growing! We would like to give you a quick introduction to our newest providers and services we now offer!

Dr. David Denman, M.D., F.A.C.S. - *Ear, Nose, Throat*

The MRHC Specialty Clinic is very excited to offer ENT services once again! Dr. Denman comes to the MRHC Specialty Clinics on the 1st and 3rd Wednesdays of each month. His main office location is at ENT Specialists, PC located in Omaha, NE.



Dr. Denman can treat a variety of conditions including hearing loss, tinnitus, ear infections, nerve damage, deviated septum, chronic sinusitis, vocal issues, acute or chronic throat infections and more. He is also able to perform many procedures here in Manning including ear tubes, tonsillectomy, nasopharyngoscopy, septoplasty, and much more! Referrals are not required to make an appointment.

Dr. Thomas Atteberry, M.D. *Orthopedics, Sports Medicine*

Dr. Atteberry comes to Manning every other Friday afternoon. He is from Miller Orthopedics in Council Bluffs and has been with them for 14 years. Dr. Atteberry is a Board-Certified Orthopedic Surgeon fellowship-trained in Sports Medicine.



Laboratory Testing at MRHC

The laboratory is always changing, and we are continually looking for ways to improve the lab and expand the test menu to better serve our community.

In April 2019, we received a new chemistry analyzer, an EXL 200 Dimension, that runs 40 different tests. In the Chemistry department we test for liver, heart, kidney, drug levels, alcohol and two vitamin levels.

Some of the tests we can perform in Manning include: Complete Blood Count, Prothrombin time (PT), Partial thromboplastin time (PTT), D-dimer tests, Urinalysis, and Arterial Blood Gas.

We have an analyzer used for RSV, FLU A & B, Strep A and now COVID. We started running the COVID test in June, and since that time we have run 192 tests in the lab. RSV, FLU A & B and Strep A are also run in our clinic using the same type of analyzer.



Taylor Potthoff, RN

Dr. Atteberry treats a variety of conditions including joint pain and arthritis, soft tissue injuries, muscle strains and tears. Procedures that are able to be performed here in Manning include knee and shoulder arthroscopy, knee, shoulder, ligament, tendon injuries and cartilage repairs, and rotator cuff tears. You do not need a referral to schedule an appointment.

Mikala Landon, ARNP - *Mental Health*

This is another new service that we are able to offer here in Manning! Mikala sees patients in the Specialty Clinic on the 2nd and 4th Wednesday of each month. Mikala's main location is at St. Anthony Mental Health in Carroll. She is able to offer a variety of treatments for the following conditions: depression, anxiety disorder, bipolar disorder, schizophrenia, and more.



Please call (712) 655-8112 to make an appointment with our newest providers in the Specialty Clinic!



**Renee Stangl,
Laboratory Director**

Micro-Urine cultures are performed to detect growth of bacteria and if any is present, it is sent to Mercy for identification and to determine sensitivity to antibiotics.

Another analyzer, BioFire, tests for 19 different respiratory and 22 different stool illnesses. It is performed by detecting the genetic material of the virus or bacteria

We also have specialty tests that are sent on to the Mercy One Lab in Des Moines or to the MAYO Clinic Lab in Rochester, MN. On average we run 5,500 tests per month.

Physical Therapy Month in October

In recognition of Physical Therapy Month in October, we want to remind everyone of the importance of physical therapy as well as give you a little tour of the department and explain what we all do with physical therapy here!

According to Athletico, 'physical therapy is a safe, affordable and effective way to manage your pain while providing you with long-lasting health benefits.' Here at the MRHC physical therapy department, our therapists help patients get back to their previous function level. We receive orders from many local, surrounding doctors and surgeons to help in the healing process and will work with them to get the best outcome for our patients.

There are many ways that we are able to help patients reach their goals: exercise, manual therapy, modalities, the Graston technique and more. Many diagnoses such as back pain, muscle strains or sprains, sports injuries, etc. are seen here and individually treated for recovery as well as prevention of

further injuries from happening. We also see patients after they undergo surgeries such as total knees, rotator cuff repairs, and shoulder replacements to increase range of motion, flexibility and strength. Each patient has a personalized treatment plan and home exercise program.

There are currently four team members here that you will see often and get to know well. Charles Whalen, a physical therapist, Kristi Brock, a physical therapist assistant, Alex Fletcher, a physical therapist assistant and Stacy Arp, a physical therapy aide. Come in and see us for all of your physical therapy needs!

Source:
<https://www.athletico.com/services/physical-therapy>



Charles Whalen, PT

Farm Safety and Health

The 2018 data for the U.S. Bureau of Labor Statistics indicates that the agricultural sector is still the most dangerous in America with 574 fatalities, or an equivalent of 23.4 deaths per 100,000 workers. Fall harvest time can be one of the busiest and most dangerous seasons of the year for the agriculture industry. For this reason, the third week of September has been recognized as National Farm Safety and Health Week. This annual promotion initiated by the National Safety Council has been proclaimed as such by each sitting U.S. President since Franklin D. Roosevelt in 1944.

National Farm Safety and Health Week is led by the National Education Center for Agricultural Safety (NECAS), the agricultural partner of the National Safety Council. The theme for National Farm Safety and Health Week 2020 is "Every Farmer Counts". This theme is one that reminds us that it is in everyone's best interest to prioritize the health and safety of

those who work so hard to provide our abundant supply of food, fiber and fuel. Along with the theme for the week, the daily topics of focus are:

- Tractor Safety & Rural Roadway Safety
- Overall Farmer Health
- Safety & Health for Youth in Agriculture
- Emergency Preparedness in Agriculture
- Safety & Health for Women in Agriculture

As we recognize National Farm Safety and Health Week this September, please join us in spreading awareness of the risks associated with working in agriculture and promoting safe and healthy practices through the harvest season and beyond. We welcome your collaboration and participation.



Julie Hodne, RN

Radiology Department Secures State of the Art Equipment

New to radiology in September is the addition of a new Shimadzu Mobile Dart Evolution MX8 digital, portable x-ray unit. This is part of MRHC's continued goal to protect our patients during and after COVID-19 as well as reduce their exposure to radiation.

Radiology can now perform mobile exams in the isolation rooms on the acute floor and the emergency department to keep from moving potential or positive diagnosed COVID-19 patients throughout the facility. This allows the hospital to keep the well patients separated from the sick patients and reduces the chance of spreading the virus.

The digital, portable unit will also provide improved quality and detail. The image is available for immediate review by the physician due to a faster acquisition time over the amount of time it used to take cassettes to be processed in a separate room. We believe patients will appreciate not having to be moved and repositioned for multiple exams.



Linda Croghan,
RT (R)(M)(CT)(ARRT)

Choosing the Right Insurance: Medicare vs. Medicare Advantage



Amy McLaughlin, CPA
Chief Financial Officer

Since Medicare was created in 1965, most Iowans have received their Medicare Part A and Medicare Part B health benefits through the Original Fee-For-Service system. In 1997, Congress passed the Balance Budget Act, which created Medicare+Choice plans. The purpose was to give people on Medicare other options for receiving their Medicare Part A and Part B benefits. Today these choices are called Medicare Advantage plans (sometimes referred to as Medicare Part C). Currently, Medicare Advantage plan options are available

in 97 Iowa counties. Original fee-for-service Medicare also continues to be a choice in all areas. No matter which option you choose, you are still in the Medicare program. Understanding the options available will help you to make an informed decision. See below for considerations when choosing between original Medicare and Medicare Advantage.

Original Medicare	Medicare Advantage Plan
<p>Part A (Hospital Insurance) and Part B (Medical Insurance)</p> <ul style="list-style-type: none"> • You pay Part B monthly premium • Medicare provides this coverage • You have your choice of doctors, hospitals, and other providers • Generally, you pay deductibles, copayments and coinsurance • Pays claims for Medicare services received anywhere in the US 	<p>Includes both Part A (Hospital Insurance) and Part B (Medical Insurance)</p> <ul style="list-style-type: none"> • You pay Part B monthly premium • You must be enrolled in Part A and Part B • You may pay a monthly plan premium • Private insurance companies approved by Medicare provide this coverage • Doctors, hospitals, and other providers may or may not accept the plan • You pay a deductible, copayment or coinsurance for covered services • Some plans offer extra benefits such as dental, vision, hearing, and health club memberships • Costs and rules vary by plan • You must live in the plan's service area

The Senior Health Insurance Information Program (SHIIP) is part of the state of Iowa Insurance Division. SHIIP is dedicated to providing information and assistance with questions about Medicare, Medicare supplement insurance, claims and other related health insurance. Trained SHIIP volunteer counselors are available across the state, including at MRHC, to provide

free, confidential and objective one-on-one assistance. To set up an appointment with MRHC's SHIIP Counselor, Dee Schmitz, please call (712) 655-2072.

Source: shiip.iowa.gov

Patient Portal

First, we would like to welcome Elaine Macumber, RN and Aaron Folk, BHA, R.T.(R)(CT) who are new to the Clinical IT department.

We are encouraging patients to sign up for the new patient portal. The patient portal is an online service that allows patients to access their health information 24/7. This information includes lab values, upcoming appointments, medication lists, etc.

How to Sign-Up

- Ensure that admissions or IT staff have your email address. We will then generate an invitation sent to you via email.
- Once you receive the invitation email, follow the link (specific to your chart) to complete the sign-up process by clicking the

“new user” sign-up button.

- Once you have created a username and password, you will access the patient portal by going to <https://mycarecorner.net/> and clicking the “returning user” sign in button.
- Staff or patients can email problems to CentriqIT@mrhcia.com for a prompt response.



Elaine Macumber, RN



Aaron Folk,
BHA, R.T.(R)(CT)

What's New With the Flu at MRHC?

The Centers for Disease Control and Prevention (CDC) recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses. Getting a flu vaccine during 2020-2021 will be more important than ever. Flu vaccines will not prevent COVID-19, but they will reduce the burden of flu illnesses, hospitalizations and deaths on the healthcare system and conserve scarce medical resources for the care of people with COVID-19, per the CDC. The CDC estimates that last season, fewer than half of Americans got a flu vaccine and at least 410,000 people were hospitalized for the flu. Increased vaccination coverage would reduce that burden.

Most flu vaccines protect against the four flu viruses that research suggests will be most common. Here at MRHC, we have Fluzone quadrivalent for those ages six months to 50 years, Flublok quadrivalent for those 50-64 years, and Fluzone High Dose for those 65 and older. Make plans to get vaccinated early this fall, before flu season begins. The CDC recommends that people get a flu vaccine by the end of October. Here at MRHC, you can drop in for a flu shot anytime, make an

appointment (less wait time), or come to our flu shot clinic (usually a Saturday morning in October, date and time TBD).

Per the CDC, flu vaccines cause antibodies to develop in the body about two weeks after vaccination. These antibodies provide protection against infection with the viruses that are used to make the vaccine. Vaccination is especially important if you are high risk, including young children, pregnant women, people with certain chronic health conditions like asthma, diabetes or heart and lung disease and people 65 years and older.

The CDC recommends flu vaccine for healthcare workers and those living with people that are high risk as well. Children can get a flu vaccination when they are six months old. The first year they get a flu vaccine, they will need a booster of flu vaccine as well. In addition to the flu vaccine, we encourage everyone to wash their hands well and often, stay home when you are sick, and cover your cough and sneezes.



Jill Arp, RN, BSN

What is a Flexible Spending Account (FSA)?

A flexible spending plan (FSA) allows you to fund several of your premium contributions with pre-tax dollars into either a Health Care Reimbursement Account and/or Dependent Care Reimbursement Account. Your contributions are deducted from your gross wages before FICA, federal and state taxes are deducted. You save money because you are taxed at a reduced income level. Your taxes are calculated after your premiums, and reimbursement account monies are deducted from your gross wages.

Health Care Reimbursement Account

The Health Care Reimbursement Account allows you to defer pre-tax dollars into an account to pay for certain IRS-approved medical care expenses, not already covered by your insurance plan, with pre-tax dollars. Some examples include deductibles, coinsurance and co-payments, over-the-counter medications (with a prescription), dental services and orthodontia, vision services (including contact lenses, solution, eye exams and eyeglasses) and hearing services (including hearing aids and batteries).

Please note: if you are on a high deductible health plan with an HSA and are contributing to an HSA you are only eligible for a limited purpose account. This allows you to pay for vision and dental expenses only.

Dependent Care Reimbursement Account

You are also able to defer pre-tax dollars into a dependent care reimbursement account. You may request reimbursement

as you incur expenses to provide daycare for qualified dependents (children under age 13, an older disabled dependent child, or a disabled adult).

Deferrals and Contributions

For 2020, the maximum medical care deferral is \$2,700. The limited purpose account max is also \$2,700. The maximum for dependent care is \$5,000 if married filing jointly or head of household, and \$2,500 if married filing single.

When enrolling in an FSA, it is very important that you estimate accurately when determining how much to contribute to the FSA. An FSA can provide significant tax advantages for employees when the contributions are made on a pre-tax basis. For this reason, the IRS requires that you use all of the money in your account during the plan year. Any money remaining in your account over the \$500 rollover amount at the end of the plan year will be forfeited.

If you have any questions regarding your FSA or HSA or need help trying to estimate the amount you would like to defer, please call Shelli Lorenzen at (712) 655-8128.



Shelli Lorenzen,
Chief Human Resources Officer

National Prescription Drug Take-Back Day - October 24th

Do you have old or unused medications sitting in your medicine cabinet at home? We have an easy solution for you to dispose of those medications in a safe, convenient way! MRHC has a secure medication destruction box located inside the Emergency entrance of the hospital. Patients can come in the Emergency entrance 24 hours a day and throw their expired or leftover medications in the green drop box. The drop box accepts many forms of medications including tablets, small volumes of liquids, inhalers and insulin vials. Additionally, those medications can be both prescription and over-the-counter medications.

Proper medication disposal helps to curb medication abuse or diversion and antibiotic resistance.

The month of October brings added awareness to the issue as many locations across the country will host a DEA National Prescription Drug Take-Back Day event on October 24, 2020. Local locations for those events will be released as the date nears.



Jen Morris, PharmD

Senior Life: The New Face of Service Delivery

How many times have you heard in the last six months that we now have a “new normal”? This is true for most aspects of our lives including shopping, education, religious services, and (of course) health care.

While COVID put a temporary hold on Senior Life Solutions, we knew that it would not stop us, as we knew that our community needed mental health support now more than ever. With all of the uncertainty, the amount of anxiety and stress among the older population has increased. Fortunately, Manning Regional Healthcare Center’s administration was determined to ensure that our community would continue to be served.

Our main focus was always on patient safety. One thing that we knew for sure was that we had to consider social distancing and ensure that all patients felt safe accessing care. One way we knew would reach this goal was to implement Telehealth services for our patients.

Telehealth

Telehealth is defined as the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage one’s health care. These may be technologies you use from home or that your doctor uses to improve or support health care services.

Some of our group members had their own devices, including laptop computers and smart phones. For those who did not, staff donated computers and the hospital purchased laptops to be used by patients, with the assistance of generous community donations. Our patients embraced the telehealth concept and adapted very well. With the telehealth visits, the patients are able to clearly see the therapist as well as each group member, as if they are all together in the same room but are still in the safety of their home or another safe location. This has also been a benefit for our patients as they are able to have the convenience of receiving treatment without having to travel to areas that may have increased COVID cases.

As COVID continues to be a concern in the community, our patients continue to be diligent about their health and safety. Patients continue to access services from the comfort and safety of their home. If a patient does want to access services in person, the patient is screened for symptoms to ensure that we are doing our part in containing the COVID spread.

It is our responsibility to ensure our community is safe. By using telehealth, our patients experience greater efficiency and satisfaction in healthcare.



Janet Brus, RN
Senior Life Solutions Director

Patient and Family Advisory Council (PFAC)

The mission of our Patient and Family Advisory Council (PFAC) is to promote and support patient-and family-centered care at Manning Regional Healthcare Center. The goals for our team are:

- To provide ongoing feedback that aids in establishing organizational priorities and in addressing patient service issues.
- To assist in promoting highly effective practices in response to patient/family needs and priorities.
- To improve the patient experience as measured by patient satisfaction survey scores, personal letters, and other data-gathering tools.

- To educate PFAC membership so they can become ambassadors to and for the health system and the community.
- To strengthen communication and collaboration among patients, families, caregivers and staff.
- To promote patient and family advocacy and involvement.

This committee meets six times a year over lunch to discuss the goals above. We currently have 13 members. If you are interested in joining, call Jackie at (712)-655-2072 for more information.



Jackie Blackwell,
RN, BSN, CPHQ

Ovarian Cancer

Regular women's health exams are vital to ensure that you are healthy and detect any health concerns early, including ovarian cancer.

During a pelvic exam, a health care professional feels the ovaries and uterus for size, shape, and consistency. A pelvic exam can detect some female cancers at an early stage, but most early ovarian tumors are difficult or impossible to feel. Pelvic exams may, however, help find other cancers or conditions. Women should discuss the need for these exams with their doctor.

Screening tests used for cervical cancer, such as a Pap test aren't effective tests for ovarian cancer. Rarely, ovarian cancers are found through Pap tests.

Some types of ovarian cancer can rapidly spread to nearby organs. Prompt attention to symptoms may improve the odds of early diagnosis and successful treatment. If you have symptoms similar to those of ovarian cancer almost daily for more than a few weeks, report them right away to your health care provider.

Signs and Symptoms of Ovarian Cancer

Ovarian cancer may cause several signs and symptoms. The most common symptoms include:

- Bloating
- Pelvic or abdominal (belly) pain
- Trouble eating or feeling full quickly
- Urinary symptoms such as urgency (always feeling like you have to go) or frequency (having to go often)

When these symptoms are caused by ovarian cancer, they tend to be persistent and different from normal. If you have these symptoms more than 12 times a month, see your doctor so the problem can be found and treated if necessary.

Other symptoms of ovarian cancer can include:

- Fatigue (extreme tiredness)
- Upset stomach
- Back pain
- Constipation
- Changes in menstruation such as heavier than normal or irregular bleeding
- Abdominal (belly) swelling with weight loss

It is important to see a doctor if you notice these symptoms.

Screening tests

Screening tests and exams are used to detect a disease, such as cancer, in people who don't have any symptoms. The two tests used most often (in addition to a complete pelvic exam) to screen for ovarian cancer are transvaginal ultrasound (TVUS) and the CA-125 blood test.

- TVUS (transvaginal ultrasound) is a test that uses sound waves to look at the uterus, fallopian tubes, and ovaries with an ultrasound wand. It can help find a mass (tumor) in the ovary, but it can't actually tell if a mass is cancer or benign.
- The CA-125 blood test measures the amount of a protein called CA-125 in the blood. Many women with ovarian cancer have high levels of CA-125. The problem with using this test for ovarian cancer screening is that a high level of CA-125 is more often caused by common conditions such as endometriosis and pelvic inflammatory disease. Also, not everyone who has ovarian cancer has a high CA-125 level. When someone who is not known to have ovarian cancer has an abnormal CA-125 level, the doctor might repeat the test (to make sure the result is correct) and may consider ordering a transvaginal ultrasound test.

Average Risk

There are no recommended screening tests for ovarian cancer for women who do not have symptoms or are not at high risk of developing ovarian cancer. For that reason, no major medical or professional organization recommends the routine use of TVUS or the CA-125 blood test to screen for ovarian cancer in women with average risk.

High Risk

Some organizations state that TVUS and CA-125 may be offered for women who have a high risk of ovarian cancer due to an inherited genetic syndrome such as Lynch syndrome, BRCA gene mutations or a strong family history of breast and ovarian cancer.

Source: <https://www.cancer.org/cancer/ovarian-cancer/detection-diagnosis-staging/detection.html>



Tina Gehling,
RRT, RCP, EMT