

Healthbeat

SRHC • Summer 2022

Hear what you've been missing

Audiology services and latest technology improve lifestyles

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Back to the tracks

Quick stroke care got Don back to doing what he loves

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Know the signs of lung disease

A simple screening could save your life

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Salina Regional
Health Center

A routine colonoscopy could save your life.



Justin Klaassen, DO



Stacy Jones, MD



Jesse Gray, MD

If you're over forty-five, or have a family history of colon cancer, call Salina Regional Surgical Associates and schedule your screening colonoscopy. Let us give you peace of mind, because colon cancer is preventable, treatable and beatable.

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Out of sight, out of reach

Learn the top tips for keeping meds away from kids

Kids are naturally curious. And medicines—especially to a child who thinks they're candy—can be a curiosity too tempting to ignore.

It's a potentially dangerous mix. And it helps explain why every year tens of thousands of children end up in U.S. emergency departments after finding and swallowing medicines.

Follow these safety rules

If you have small children in your home—as household members or guests—take steps to keep medicines out of kids' hands:

- 1 Store in a secure location.** Keep your medicines (including vitamins and supplements) where kids can't reach or even see them. Do this at home and when you travel. A high cabinet or shelf is a safer place to store medicines. Unsafe places include purses, bathroom counters and nightstands. If you have questions about how to safely store medications, ask your doctor or pharmacist.
- 2 Make it a habit.** Get in the habit of immediately putting a medicine back in a safe storage area each time you take it out. It only takes a minute for a child to find and swallow a medicine left on a counter or bedside table.
- 3 Double-check the cap.** Before you put medicine away, make sure the safety cap on the bottle is relocked. **Remember:** Safety caps may not always deter kids, so you still need to put the medicine up and away—even when you're sure the cap is relocked.
- 4 Remind your guests.** When friends and family come to visit, provide a place for them to safely store their medicines.



How to safely give medicines to children

When your child needs medicine, be sure to give the right amount. Children can be harmed when parents or other caregivers give too much, or even too little, medicine.

Many dosing errors are related to giving liquid medicines. To help prevent these mistakes:

- + Always read the medicine's label instructions.
- + Use the oral syringe or dosing cup that comes with the medicine. This will allow you to give the precise amount of medicine, measured in milliliters (mL). If you don't have one of these devices, ask your doctor for one or get one at a drugstore.
- + Never use a kitchen spoon to give medicine. Household spoons vary considerably in shape and size. Using one could result in an inaccurate dose.

Source: Centers for Disease Control and Prevention



Sources: Centers for Disease Control and Prevention; U.S. Food and Drug Administration

Protect the whole family from the sun



Young or old. Wrinkled or smooth. Freckled or plain. No matter what condition their skin is in, all members of your family need sun protection.

Let's face it: The sun doesn't discriminate. Ultraviolet (UV) rays can cause sunburns, lead to future wrinkles and raise the risk for skin cancer, no matter a person's age.

So have a sun safety plan ready for the whole family. Start with these three steps from the American Academy of Dermatology and other experts.

1. Shun the sun. Try to stay out of it during the most intense hours of sunlight, about 10 a.m. to 4 p.m. If you do go outside, cover up with long sleeves, long pants and a wide-brimmed hat. Aim to stay in the shade, and encourage kids to play in the shade as well.

2. Keep eyes under wraps. UV light can damage eyes and increase the chance of cataracts developing later in life. The corneas can also get a sort of sunburn—a temporary but painful condition. Make sure everyone in the family has a pair of sunglasses that block 100% of UV light. That includes even the youngest members of the family, whose sunglasses should be the real deal—not toy sunglasses.

3. Use plenty of sunscreen. Choose a broad-spectrum sunscreen, which protects against both UVA and UVB rays. Also, be sure it has a sun protection factor (SPF) of at least 30. Apply it to exposed skin about 15 minutes before you head outside, and reapply it at least every two hours or after swimming or sweating. Check with your child's doctor before putting sunscreen on a baby younger than 6 months old.

KNOW YOUR FATS

MONOUNSATURATED HEALTHY

Examples: Avocado, canola oil, nuts, olive oil and peanut butter.

Enjoy in moderation.



POLYUNSATURATED HEALTHY

Examples: Corn oil, sesame oil, sunflower seeds and fatty fish like salmon and trout.

Enjoy in moderation.



SATURATED UNHEALTHY

Examples: Coconut oil, fatty meats, and whole or 2% dairy foods.

Limit.



TRANS FATS UNHEALTHY

Examples: Shortening, stick margarine and some fried foods.

Avoid.



THE BOTTOM LINE: Replace unhealthy fats with healthier options.

Sources: Academy of Nutrition and Dietetics; American Heart Association

Let the grilling begin!

5 tips for safer, healthier cookouts



Ah, that mouthwatering aroma. That taste bud-tempting sizzle. Nothing says summertime like a cookout. Before you get the fire started, take a moment to consider a few grilling tips for food that is tasty and healthy:

» Pass on charring.

Cooking food at higher temperatures produces chemicals linked to cancer. You can reduce these chemicals if you avoid charring and overcooking meat, fish and other food. It helps if you marinate meat, remove any visible fat, or partially microwave or bake meat before you grill it. During grilling, keep meat in the center of the grill and flip often to avoid scorching.

» Go lean.

Instead of fatty steaks, burgers or hot dogs, try grilling chicken breasts, turkey burgers or leaner cuts of beef. While going lean is a good choice, eating a lot of red meat may raise your risk of colorectal cancer. And regular consumption of processed meats is linked to colon cancer, even when eaten in small amounts.

» Pile on the veggies.

Who says you even have to grill meat? Instead, try grilling an array of fresh and colorful vegetables like zucchini; red, yellow and orange bell peppers; corn; asparagus; broccoli; cauliflower; eggplant; portobello mushroom caps; and onions.

Brush them lightly in olive oil and season with your favorite herbs. Try grilling fruit—such as strawberries, pineapple, peaches and mangoes—too.

» Use a food thermometer.

It's the only way to know when meats are cooked to a safe internal temperature (high enough to destroy any harmful bacteria). That's 145 degrees for fish and red meat, 160 degrees for ground meats, and 165 degrees for poultry.

» Avoid the danger zone.

Bacteria grow rapidly in the temperature zone between 40 and 140 degrees. So always thaw and marinate meats in the fridge—never on a counter or by the grill. You can thaw meat safely in cold water or a microwave if you cook it immediately. Refrigerate leftovers within two hours or one hour on 90-degree days.

Sources: Academy of Nutrition and Dietetics; American Institute for Cancer Research

Cooking food at higher temperatures produces chemicals linked to cancer.



Back to

RUNNING ON ALL CYLINDERS

SRHC stroke and rehabilitation team assist in miraculous recovery

By Aaron Anders

If you're a fan of the Salina Speedway or automotive and toy shows, you know Don Norgard, who frequents both. He's best known for his Hot Wheels collection—at one time, he had over 19,000 cars.

But one Sunday in December he experienced a setback that would keep him away for a while. He was putting a case of water bottles in the refrigerator when all of a sudden he lost feeling in his entire left side, including his left arm and leg. It was as if part of his body stopped working.

His wife, Karrie, thought he might have the flu, since he was turning as white as a ghost. Don wanted to tough it out, as he never had been one who wanted to go to a doctor. They were eating breakfast when Karrie noticed he was only chewing with the right side of his mouth. They called their daughter, Amanda Collette, who is a registered nurse at Salina Regional Health Center (SRHC).

The diagnosis

When Amanda came to examine him, she feared he was having a stroke.

"When I looked at his left side, I knew he needed to go to the hospital, and he needed to go immediately," Amanda recalls. When he arrived at SRHC, Don was diagnosed with ischemic stroke and was immediately given tissue plasminogen activator (tPA) treatment. It's a medication that

dissolves blood clots that block blood flow to regions of the brain, limiting the risk of damage and functional impairment.

"They don't mess around; it happened quick," Don says. "At the time, I was scared—scared that I might die."

"Salina Regional continues to work to improve care of patients who arrive with signs and symptoms of a potential stroke," says Rachelle Giroux, Director, Critical Diagnoses. "On arrival and recognition of these signs and symptoms, a stroke alert is called. A team of specially trained nurses, CT technologist, pharmacist and emergency department physician responds to rapidly evaluate and treat the patient. Our goal is to decrease the time needed for evaluation and rapidly treat."

Getting back on his feet

Don was transferred to Menorah Medical Center in Overland Park, Kansas, for further evaluation and treatment. That was followed by nine weeks of physical therapy, occupational therapy and speech therapy back at SRHC. He went into rehabilitation using a wheelchair, and he had a hard time doing everyday activities, such as speaking and swallowing.

"He had difficulty chewing and swallowing—even just a soft doughnut," says Salina Regional Speech Therapist Jessica Billinger. "He was avoiding many food items, and all of his food had to

be cut up or diced into very small pieces. After nine weeks of hard work within our therapy sessions, along with doing his home exercises, he was able to safely enjoy a cheeseburger—which was one of his goals. While swallowing was his main focus, we also helped him improve his speech and problem-solving skills that had also been affected by the stroke."

When he was done with the therapy, he was walking, talking and wanting to go back to work.

"The physical therapy department did an amazing job," Don says. "I can now walk for long distances."

Christy Dixson, Salina Regional Stroke Program Coordinator, oversees all aspects of the stroke program. "Our goal is to continue to improve care for the patients in our region and to offer stroke patients the option to receive physical, occupational and speech therapy right here at Salina Regional Health Center. Our Inpatient Rehab Unit is often the best and closest option to home," she says.

Returning to the races

Don is looking forward to getting back to work, but he's also excited to continue enjoying his passion—going to car shows, toy shows and watching the races at the Salina Speedway. The stroke set him back a few gears, but he is cautiously picking up speed and is getting back on track.

"I am thankful for all of the nurses and doctors who treated me at the Salina Regional Health



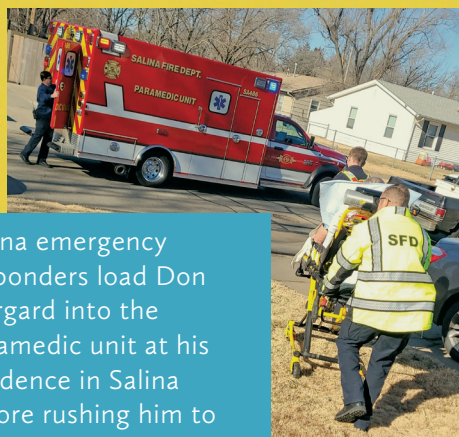
Salina Regional Health Center has been a certified Primary Stroke Care hospital since 2016 as part of the Healthcare Facilities Accreditation Program. For the past six years, SRHC has been recognized by the American Heart Association for its commitment to ensuring that stroke patients receive the correct treatment according to nationally recognized, research-based guidelines, based on the latest scientific evidence.



Every year, more than 795,000 people in the United States have a stroke, according to the Centers for Disease Control and Prevention. Of those, 87% are ischemic strokes, in which blood flow to the brain is blocked.



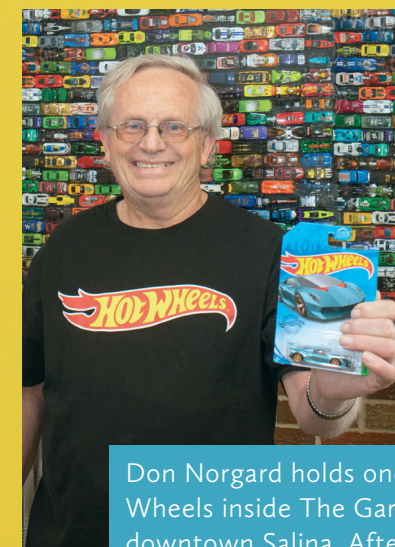
A stroke is a disease that affects the arteries leading to and within the brain, according to the American Heart Association. A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood and oxygen it needs, so brain cells die.



Salina emergency responders load Don Norgard into the paramedic unit at his residence in Salina before rushing him to the Salina Regional Health Center Emergency Department for a stroke.



Don Norgard practices a neck exercise with Speech Therapist Jessica Billinger at Salina Regional Health Center in February.



Don Norgard holds one of his favorite Hot Wheels inside The Garage car museum in downtown Salina. After surviving a stroke, he is excited to get back to being able to go to car and toy shows.



Screening saves lives

Lung cancer screening finds cancer when it's easier to treat

By Beth Vinson

Smokers live with the fear that they may someday hear the words, “You have lung cancer.” After all, lung cancer is the leading cause of cancer mortality in the United States.

More people die of lung cancer than of colon, breast and prostate cancers combined, according to the American Lung Association. This is in part because lung cancer, unlike colon, breast and prostate cancers (which are often identified through routine screenings), is generally not detected until it's in advanced stages.

The good news is that low-dose CT (LDCT) lung cancer screenings are available at COMCARE Imaging, and the criteria for qualifying for these screenings has recently changed, allowing more people to qualify.

Giving you peace of mind

Having the peace of mind that comes from knowing they don't have lung cancer makes this screening beneficial to those who qualify. LDCT screenings can detect lung cancer in its early stages, before any symptoms are noticeable. The sooner cancer is found and treated, the greater a person's chance of survival. Without LDCT lung screenings, lung cancer is usually not found until a person develops symptoms.

At that time, the cancer is much harder to



Garrett Hooker, MD

treat. Studies show lung cancer screening reduces the risk of dying of lung cancer.

Garrett Hooker, MD, family medicine physician at COMCARE, recommends lung cancer screenings to his patients who qualify.

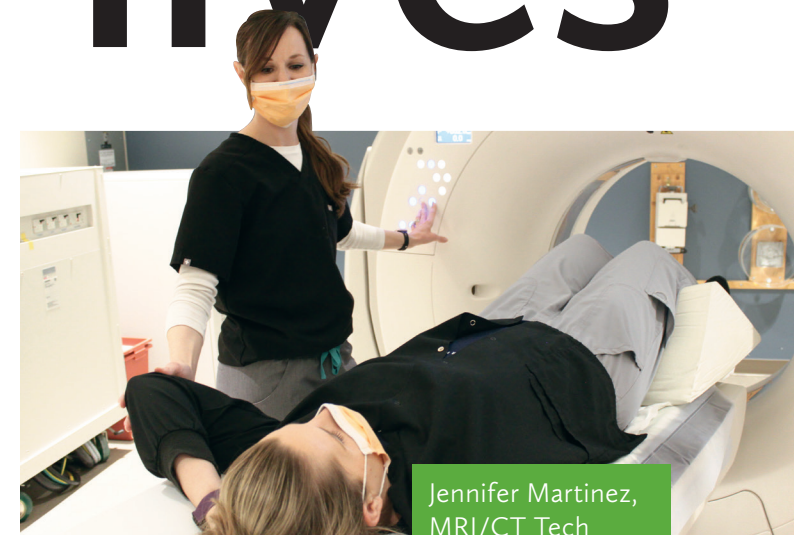
“These screenings are recommended by the United States Preventive Services Task Force,” says Dr. Hooker. “There are large studies that show the benefits of lung cancer screenings. The LDCT scans are higher resolution and less radiation and can save lives for certain high-risk patients, especially long-term smokers.”

Do you qualify?

Anyone between the ages of 50 and 77 who is a current smoker, or who has quit smoking in the last 15 years, and has a history of smoking for 20 pack years or longer qualifies. Pack years are calculated by multiplying the number of packs of cigarettes smoked a day and the number of years smoked.

For example, a person with 20 pack years of smoking history may have smoked a pack a day for 20 years, two packs a day for 10 years or half of a pack a day for 40 years. Even if smoking habits changed over the years, their recollection about their smoking history can be used to determine whether lung cancer screening may be beneficial.

Also, those who can handle lung cancer treatment if cancer is found are good candidates for this screening.



Jennifer Martinez, MRI/CT Tech at COMCARE, positions a patient for a low-dose CT scan.

How does it work?

Low-dose CT scans are one of the easiest screening exams.

- + The exam takes about 15 seconds.
- + No medications are given, and no needles are used.
- + You can eat before and after the exam.
- + You must be able to hold your breath for about five seconds while the chest scan is taken.

Lung cancer is the leading cause of cancer death worldwide. An estimated 236,740 people will be diagnosed with lung cancer in 2022 in the U.S. And 1 in 16 people will be diagnosed with lung cancer in their lifetime. The best way to prevent lung cancer is to never smoke, or stop smoking now. If you are still smoking, talk to your doctor about ways to help you quit smoking.

Warning signs of lung disease

A nagging cough or slight wheeze may barely register in the course of our busy days, but it's critically important to pay attention to even mild symptoms. Sometimes people think having trouble breathing is just something that comes with getting older. But it's important to pay attention to these symptoms, as they could be the first signs

of lung disease, including COPD, asthma and lung cancer. Knowing the early signs of lung disease can help you receive treatment before the disease becomes serious or life-threatening.

Know the signs

Chronic cough: A cough that you have had for eight weeks or longer

is considered chronic. This is an important early symptom that tells you something is wrong with your respiratory system.

Shortness of breath: It's not normal to experience shortness of breath that doesn't go away after exercising or that you have after little or no exertion. Labored or

difficult breathing—the feeling that it is hard to breathe in and out—is also a warning sign.

Chronic mucus production: Mucus, also called sputum or phlegm, is produced by the airways as a defense against infections or irritants. If your mucus production has lasted

a month or longer, this could indicate lung disease.

Wheezing: Noisy breathing or wheezing is a sign that something unusual is blocking your airways or making them too narrow.

Coughing up blood: If you are coughing up blood, it may be

coming from your lungs or upper respiratory tract. Wherever it's coming from, it signals a health problem.

Chronic chest pain: Unexplained chest pain that lasts for a month or more—especially if it gets worse when you breathe in or cough—is another warning sign.

HEAR

what you've been missing

By John Berggren

Kent Rogge admits he's battled hearing issues for years. He likes to joke that it was his wife hollering at him all the time that made him finally go see a professional to seek a solution.

It wasn't just one-on-one conversations with soft speakers that Rogge struggled with. Settings with a lot of background noise made following conversations more difficult. Even hearing the television with the volume turned up was a chore. He commonly found himself asking his wife what was said while watching TV because he didn't catch it all. Rogge also has tinnitus, the sensation of a constant ringing in his ears, which is common among adults.

The active 75-year-old, who enjoys camping and fishing, went to Salina Regional ENT & Audiology where he met with audiologist Brennan Walter, AuD, who performed a number of tests to assess his hearing. Dr. Walter evaluates hearing in adults and children 6 months and older at the clinic in Salina and also provides vestibular assessments for those with dizziness. He also does outreach hearing clinics for children with developmental delays through Salina Regional's Infant Child Development program.

Tests revealed that most of Rogge's hearing deficit was in his right ear, and Dr. Walter recommended a hearing aid from Resound that helps with tinnitus and offers customizable settings that can be adjusted through an app on his smartphone.

"After getting the hearing aid, it was kind of startling how crystal clear things sounded," Rogge says. "We had a couple appointments adjusting things, and it seems to really help with my tinnitus too. Hearing the television at more of a normal volume is probably the thing I notice the most.

"But I can't say it's improved my fishing at all!" he jokes.

Kent Rogge, who is always on the go and enjoys the outdoors, says his new hearing aid has helped tremendously.



Audiologist Brennan Walter, AuD, tests a hearing aid for Joan Brown at Salina Regional ENT & Audiology.



Brennan Walter, AuD

recommended a hearing aid for her right ear.

"I'm glad I went to see a doctor who could provide a complete assessment and didn't just go to a hearing specialist," Brown says. "They helped me get some vestibular rehab, which helped me improve my balance and learn to cope with things better. And they helped me get a telephone that provides captions for what's being said.

"The hearing aid has really improved my ability to have conversations with individual people," she says. "When you're in a crowd, it can still be a challenge when there's a lot of background noise."

Professional difference

Joan Brown, age 79, had been noticing hearing loss in recent years. She'd also noticed a loss of balance, especially when walking on uneven ground or after getting up from a seated position.

"I guess I thought it might just be part of getting older," Brown says.

As a retired nurse with more than 50 years of experience in various settings around Salina, she knew she should go to a doctor to have it checked out. She saw Jerrold Cossette, MD, at Salina Regional ENT & Audiology, who noted her symptoms and ordered an MRI and a hearing assessment with Dr. Walter.

The MRI revealed an acoustic neuroma, or vestibular schwannoma, on the auditory nerve of her left ear, which helped explain both the hearing loss and the issues with balance. Most acoustic neuromas are noncancerous, slow-growing tumors that do not require invasive treatment. Brown will monitor the condition and report any increase of symptoms and have follow-up MRIs to evaluate the tumor's growth.

Objective hearing aid testing revealed that she was not getting any benefit from a device in her ear with the acoustic neuroma, so Dr. Walter only

Advances in technology

Dr. Walter is always up-front with patients—even with hearing aids, the odds are that their hearing will never be perfect. Instead he accesses the latest technology to enhance hearing for the situations patients most commonly find themselves in.

"Some places use older technology that does not perform as well in background noise, a listening situation where most people with hearing loss struggle," Dr. Walter says. "Research and development from the top, medical-grade hearing aid companies has created computer chips that distinguish speech from noise with much more accuracy.

"Unaided hearing loss can lead to anxiety in social situations. This can also potentially lead to social withdrawal, which can cause depression. Helping patients avoid this is an absolute priority."

After a comprehensive examination, Dr. Walter fits and builds customized programs for the hearing aids. With a professional fitting fee, patients get a free, 30-day trial to determine if they're satisfied with the hearing aids. Within this trial period, many patients have two or three visits with Dr. Walter to fine-tune the programs to meet their needs.

Salina Regional
ENT & Audiology
Salina Regional Health Center

Contact Salina Regional ENT & Audiology at 785-823-7225 to learn about the latest advancements in hearing aids.



It's
that



time of year

Help your kids and yourself
get ready for school



Homework schedules. Backpacks. Busy mornings at the breakfast table. Soon these things will be front and center in your home again as school begins.

As a parent, there's much you can do to help your kids start the school year off right and make back-to-school time a little less stressful for you too. The following tips and reminders—from the American Academy of Pediatrics and the Centers for Disease Control and Prevention—can help everyone get back in the groove for school.



Schedule a checkup. Back-to-school checkups give your child's primary care provider (PCP) a chance to monitor your child's health and track growth and development. The appointment is also an opportunity for you to bring up any questions or concerns you have. (If your kiddo is the athletic type, be sure to include a sports physical in addition to a wellness exam.)

Immunize on time. Make sure your child has all of their shots. Some schools require kids to have all of their vaccines before they can attend class. And don't forget your child also needs a yearly flu shot when those become available.

Set the stage for successful mornings. If your child has been sleeping in, getting up and getting to school on time may be an issue for the first few days. To avoid this, try switching your child to their school sleep-wake schedule about a week before school begins.

Start their day off right with breakfast. A nutritious breakfast gives kids the fuel their minds and bodies need to do well in school. Stock up on easy, wholesome breakfast foods, like whole-grain cereal and grab-and-go fruits. Whenever possible, prep the night before. Know that free or reduced-price meals, including breakfast, may be an option at school. Contact the school to find out.

Ease first-day nerves. Will your child be starting a new school or a new grade? If possible, take your child to see the new school and any classrooms before the first day. Ask your child about any possible concerns they may have. Accentuate the positives, like seeing old friends or making new ones.

Do a trial run for safety. If your child walks to school or rides a bike or the bus, practice the route to school or the bus stop with your child before school starts. Go over safety rules and practice crossing streets safely. If possible, see if your child can walk with other kids or trusted adults to school as part of a neighborhood walking group.



Back-to-school checkups give your child's doctor a chance to monitor their health and track growth and development. Need a primary care provider for your child? Browse our provider directory at [srhc.com/physician-directory](https://www.srhc.com/physician-directory).



Beware of overstuffed backpacks. Backpacks that are too heavy can cause aches and pains. A backpack should weigh no more than 10% to 20% of your child's body weight. Teach your child to load the heaviest items closest to the center of their back.

Designate a space for doing homework. Whether that's a kitchen table or a bedroom, make sure it is quiet and distraction-free.

Limit screen time. Overuse of the internet, video games and social media hurts school performance by cutting into homework and sleep times. Put limits on when these activities are allowed. It's best to keep TVs and digital devices out of your child's bedroom.

Talk about bullying. Help your child understand when and how to ask a trusted adult for help if they are bullied. Point out that bullying is never OK.



Casual Fridays for a cause

Employees donate \$5 to wear jeans on Fridays to support local charities, surpassing \$200,000 in total giving this year

By John Berggren

When the idea was first hatched back in October 2009 to wear jeans on Fridays to support local breast cancer awareness efforts through the Tammy Walker Cancer Center, it seemed like a fun way to raise money for a cause that has affected almost everyone.

“We hoped to raise \$1,000 that month, and we were blown away when the final totals came in,” says Stacie Maes, executive assistant at Salina Regional Health Center.

Exceeding expectations

Employees raised \$3,900 that month. Maes became a champion for the effort and organized an additional jeans Friday in November and December that raised \$560 for the Salina Food Bank and \$480 for the Salina Rescue Mission. Jeans Day became a regular Friday event in January 2010, selecting a different local charity to support each month. The effort surpassed \$200,000 in total giving earlier this year.

Organizations like Big Brothers Big Sisters, Domestic Violence Association of Central Kansas, Project Salina, Love Chloe Foundation and dozens of other local charities have been recipients of the proceeds, which average about \$1,000 each month.

How it works

Emails are sent to employees to inform them of the new charitable organization selected each month and the services it provides to the community. Charities have already been identified as future recipients well into 2023.

The employees who most often participate in the Jeans Days are in support and non-clinical roles. It’s easier for them to wear jeans due to their lack of exposure to infectious disease, which requires wearing scrubs or special attire.

“It really is amazing what we’ve achieved through this effort,” says Judy Gruber, accounting clerk at Salina Regional. Gruber compiles the monthly donations and sees many of her colleagues in the hospital’s accounting and business offices wearing jeans on Fridays. One recent recipient was the Salina Salvation Army, which received \$970 from February’s Jeans Day donations.

“This is really an excellent program,” says Lt. Luke Hursh, with the Salina Salvation Army. “Salina Regional’s employees have something to be proud of in the way they support the community.”



Physical therapy assistant Gabbie Smith wears jeans on a Jeans Friday while working with Gabriel Mack-Roundtree at Salina Regional's Outpatient Physical Therapy Clinic.



Members of the Care Management team commonly donate \$5 to wear jeans as part of SRHC's Jeans Friday promotion.



Pharmacy tech Mary Bernhardt and pharmacist Carleigh Krueger wear jeans in Salina Regional's Outpatient Pharmacy.

14 Network employees receive scholarships

The Sunflower Health Network awarded 14 scholarships, totaling \$28,000, to health care workers at member hospitals throughout north central and northwestern Kansas in April. The annual program is aimed at enhancing the workforce to better serve health needs across the region.

Priority is given to employees working at a Sunflower Health Network organization looking to enhance their credentials or earn a certificate or degree they do not currently hold. Students may receive up to \$2,000 for a technical, two-year or four-year degree. Premedical and medical students are not eligible. The scholarships require one year of service at a Sunflower Health Network facility for each year a scholarship is awarded.

This year’s recipients are:

- + Klare Bliss, Norton County Hospital, Healthcare Administration
- + Halle Bohl, Ellsworth County Medical Center, Nursing (RN)
- + Tierra Brown, Rooks County Health Center, Nursing (BSN)
- + Raelynn Caito, Smith County Memorial Hospital, Nursing (RN)
- + Jersey Carney, Citizens Health, Associate of Nursing
- + Aleecia Day, Smith County Memorial Hospital, Nursing (RN)
- + Michelle Finley, Patterson Health Center, Imaging (BS)
- + Morgan Griffey, Norton County Hospital, Imaging (BS)
- + Nikki Jasonius, Citizens Health, Nursing (LPN)
- + Erica Kramer, Ottawa County Health Center, Imaging (BS)
- + Toria Larson, Graham County Hospital, Imaging (BS)
- + Kristen Madden, Ness County Hospital, Nursing (LPN)
- + Bonnie Miller, Mitchell County Hospital, Lab (AS)
- + Rebecca Mullins, Sheridan County Health Complex, Coding

Hospitals share resources to alleviate area blood shortages

As blood shortages struck the nation early this year during the peak of the COVID-19 Omicron variant, Sunflower Health Network hospitals pooled their resources to meet the region’s needs.

Usually when supplies are needed, the American Red Cross Central Plains Region Blood Services Division delivers whatever is necessary. However, due to a large number of community blood drive cancellations caused by Omicron and staffing issues related to exposures, quarantines and illness, blood donations fell perilously low.

Sunflower Health Network officials developed a cloud-based document that all 26 member hospital laboratory/blood bank directors could access and update to catalog the supplies of blood products they had on hand. The system was used to transfer and even trade blood supplies between hospitals to meet patient needs.

“It was very impressive that the Sunflower Health Network was able to use its own resources to alleviate some of these blood shortages amongst themselves,” says Pat O’Malley, senior account manager with the American Red Cross Central Plains Blood Services Division. “We’ve never seen hospitals collaborate on this large of scale, and it was great to see.”



Betsy Resuello, medical technologist at Salina Regional Health Center, pulls a unit of red blood cells from the supply on hand in April. From December to February, as Omicron surged across the country, supplies of blood products on hand at area hospitals were perilously low.

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The COOLIEF* Procedure can make chronic knee pain a thing of the past.



Chronic knee pain caused by osteoarthritis can be unbearable, persistent and difficult to treat. The COOLIEF procedure may be an option. And the Salina Regional Orthopedic and Sports Medicine Clinic is performing the increasingly-popular COOLIEF procedure with excellent results.

COOLIEF is a radiofrequency treatment, also called an R-T. It uses cooled, radiofrequency energy to safely, directly and accurately target the knee's sensory nerves, blocking the nerve paths that send pain signals to the brain. It's the first and only R-T that's FDA-cleared for osteoarthritic knee pain and chronic anterior knee pain.

COOLIEF is not a steroid nor opioid. It is a minimally-invasive outpatient procedure with quick recovery times. And it can provide pain relief up to twelve to eighteen months with improved mobility and physical function.

Call the Salina Regional Orthopedic and Sports Medicine clinic today to see if the COOLIEF Procedure might be an option for your chronic knee pain. 785-452-7366.

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