CULBERTSON

CONNECTION

Your Health. Your Hospital.





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According to Bob Ziegler, BA, RPSGT, Polysomnographic Technologist at Culbertson Memorial Hospital, "There's even more reason to stay at our Sleep Lab now! We were recently accredited by the Accreditation Commission for Health Care, which allows the lab to serve patients from age 12 to the Medicare population and enhances insurance coverage."

"Not everyone with a sleep problem realizes they have one," Ziegler said. "Many patients think, 'Well I don't have a problem. I sleep fine.' But what they don't realize is insomnia is only one of many disorders

we may see. This denial is what can cause major health problems down the road, like heart attacks, strokes or driving mishaps."

Sleep apnea, for instance, is very common.
Ask your partner if you snore or sometimes stop breathing in your sleep. If you often have daytime sleepiness or high blood pressure, are overweight or have a neck that measures more than

16 inches (women) or 17 inches (men), it's worth talking to your doctor about a sleep test. Treating sleep apnea usually involves the use of a Continuous Positive Airway Pressure (CPAP) machine.

What's Involved in a Sleep Study

Getting a sleep study involves spending the night in the lab - or the day if you're a shift worker who normally sleeps during the day - in a private bedroom designed to look more like a home than a typical hospital room. A technician will attach sensors that collect information on breathing, oxygenation levels and other measures.

In some cases, Home Sleep Testing (HST) can be done. These tests provide a board-certified sleep medicine physician with the information needed to diagnose Obstructive Sleep Apnea. The patient will sleep at home wearing equipment that collects information about their breathing during sleep, using equipment picked up at the hospital.

Some insurance carriers require HST prior to an in-lab test. Some with a high pre-test probability of moderate to severe Obstructive Sleep Apnea are also good candidates for a home test, as are certain other patients. For Medicare patients, there are other specific guidelines. Talk to your medical providers about your individual case.

"Some people already suspect they have sleep apnea. The abundance of wearable devices such as Fitbits allow people to track their sleep. They'll get a general idea as to their hours of sleep and learn their overall sleep needs. If they awaken after seven to eight hours of sleep and still feel as if they've not been to bed at all, many will come to the conclusion that formal testing is required," Ziegler added. "It is not unusual to see people who sleep 10 hours a night feeling worse than when they went to bed. In this regard alone, the new generation of personal devices raises awareness of the need for achieving good quality sleep."

Epworth Sleepiness Scale*					
How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This scale refers to your usual way of life in recent times. Even if you have not been in these situations recently, choose the most likely answer for yourself. Check only one box for each situation.					
Chance of Dozing					
	No 1	Slight 2	Moderate 3	High 4	
Sitting & reading					
Watching TV					ACC.
Sitting inactive in a pub place (i.e. theater, mee					==
Passenger in car for an without a break	hour 🗆				8
Afternoon rest					
Sitting & talking to som	eone 🗆				N. V.
Stopped in traffic					A
Subtotal results				_	
Final Scale Total:	_		QIS		
	up Seek the advice of a sleep specialist promptly				
7 - 8 Aver	7 - 8 Average				
1 - 6 Getti					
The Epworth Sleepiness Scale was developed by Dr. Murray Johns					

Are you getting enough sleep?

Sleep is as important to your health as the air you breathe or the food you eat. With lack of sleep, you try to make it through the day with too much coffee or other caffeinated drinks. It takes a toll on your job, relationships, productivity, health and worst of all, your safety, as well as the safety of those around you.

Do you have a sleep disorder?

- Have you been told by a friend or family member that you snore?
- Do you often feel tired during the day?
- Do you have headaches in the morning?
- Do you have high blood pressure?
- Have you been told you have pauses in your breathing during sleep?
- Do you have diabetes?
- Do you have trouble concentrating?

If you question your sleep quality, talk to your doctor about getting tested at Culbertson Memorial Hospital.

Pediatric Spotlight

Start Your Kids' Back-to-School Sleep Schedule Early

Many families relish the relaxed schedules that come with summer vacation. Chasing fireflies, visiting friends, taking vacations and other activities can keep the whole family up later than usual. Many parents are happy to let children stay up a little later when they don't need to wake up early for school, but the end of summer is coming. Before you know it, it will be time to enforce early bedtimes again. Although tears, disappointment and cranky children (along with parents!) can be the result, it's important to remember sleepy children can't learn as well as well-rested ones can.

Middle school- and high school-aged children may also have more trouble than younger children in adjusting to new bedtimes. The onset of puberty is associated with "phase delay," meaning older children may have a harder time falling asleep in the evening and becoming fully awake in the morning. Keeping screens off an hour before bedtime can help, as bright screens tell the brain it is still daylight. This can affect the natural onset of melatonin needed to fall asleep. Dr. Rakita recommends 8-10 hours of sleep per night for teenagers 14-17.

"Sleeping for an appropriate duration and sleeping restfully/high quality sleep is critical for the success of children in school," said Dr. Jason Rakita, a Family Practice Physician at Rushville Family Practice. He commonly talks to parents about the importance of sleep.

Start the transition from summer to school schedule early and gradually. Is your child getting enough sleep? Children aged 6 to 13 need 9-11 hours of sleep, according to both Dr. Rakita and the National Sleep Foundation. Yet homework, school and social activities, along with too much screen time, can tempt children to stay up late. Behavioral problems can also be associated with too little sleep.

According to the American Psychological Association (APA), fatigue and sleepiness affect a child's academic performance. Children generally spend much more time learning than adults and require more "slow wave sleep" for learning and memory. Children spend more time in this sleep stage than adults do, probably because children have an increased need to process information during sleep.

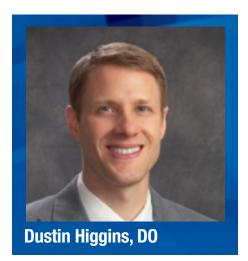
The National Sleep Foundation offers these tips:

- Start easing your child back into a school-year schedule about two
 weeks before school starts. Set bed and wake-up times a little earlier
 each day, so that when school actually starts, they'll be getting the
 appropriate amount of sleep. Once your child's sleep schedule is
 established, stick with it!
- Maintain consistency all week. Don't use the weekend to "catch up" on sleep.
- Make bedtime relaxing. Start with quiet time and relaxing activities, such as a bath. Reading before bed is an excellent way to signal bedtime.
- Beware of late-night screen time. TV, video games and the like can keep a child awake.
- Avoid big meals too close to bedtime. Also avoid all forms of caffeine six hours before bedtime.
- Provide your child with a dark, peaceful and comfortable bedroom environment.
- Set a good example for your children so they see you maintaining healthy sleep routines.

With some advance planning, you can help your child feel well-rested and ready to learn the first day at school, giving your child the best chance at good health, happy moods and high academic achievement.



New Endocrinology Clinic at Culbertson Memorial Hospital



General practitioners can handle a lot of their patient's healthcare concerns, but when a specialist is needed, it's nice to have one close to home. Now, board-certified Endocrinologist Dr. Dustin Higgins is seeing patients in Rushville every third Friday of the month, so they don't have to drive to Quincy to see him!

Endocrinologists treat hormone imbalances, such as problems with the thyroid and the adrenal and pituitary glands. One of

the most common diseases Dr. Higgins treats is diabetes. "We definitely have treatments and experience a general practitioner does not. We're up to date on the most recent treatment therapies for diabetes," Dr. Higgins said.

There are a number of newer medications useful for treating Type 2 diabetes that Higgins uses, including the SGLT-2 class of drugs that prevent the kidneys from reabsorbing glucose back into the blood. These drugs help lower blood sugar levels and increase weight loss. GLP-1 agonists are another class he uses to help with blood sugar levels. "What we specialize in is getting people's blood sugars under control when it's been hard to control at that point," he added.

Though diabetics are the bulk of Dr. Higgins' practice, he also sees a lot of patients with thyroid problems. He has found that the

natural form, Armour Thyroid, works better than Synthroid® for certain specific patients. That's not medical "dogma," he said, but he's had a lot of success with it.

Dr. Higgins treats a variety of medical conditions, including those involving the pituitary and adrenal glands, low testosterone (primarily the most difficult cases). Low testosterone demands more than just a replacement dose, so Dr. Higgins looks for a cause, which could be sleep apnea, chronic opioid use or a pituitary problem. "A lot of what I do is education," Dr. Higgins said. Some of his diabetic patients believe they have a good diet, but are eating too many carbohydrates.

Dr. Higgins sees patients on the third
Friday of each month at Culbertson Memorial
Hospital in the Outpatient Clinic. Call
217-322-4321, ext. 5271, for an appointment.



Mark Your Calendar: PAMPERED PINK!

Get pampered and learn more about getting healthy at this year's Pampered Pink event, scheduled for **Tuesday evening, October 17.**Save the date now so you don't miss this fun night planned just for the ladies. It's designed for body, mind and soul. Watch for more information coming soon!



Tammy Gadberry has a thorough understanding of the needs of Sarah D. Culbertson Memorial Hospital. That's because she's their "home grown" Chief Financial Officer (CFO), having started out in the Billing Department in 1993. From there, she moved to Accounts Payable and began handling advanced duties when the Controller retired, learning by necessity how to do things like prepare financial statements. She eventually earned the title of Controller for herself.

She's now the CFO, and her experience at Culbertson Memorial Hospital has given her a good understanding of the challenges faced by small, rural hospitals. "Government programs delay payments to us for months and sometimes years. Being a small rural hospital means we are less likely to attract physicians unless we are willing to pay the same as big hospitals," she said. But despite that, "we still need to provide quality services to our patients at reasonable costs."

"My goal for Culbertson Memorial Hospital is to keep its small-town charm while providing exceptional, quality care to the community. We may be a small facility, but the employees at Culbertson Memorial Hospital are a family; together we have a big heart, and our patients come first. My own goal is to make a difference at Culbertson Memorial Hospital. I don't want

to be known as just another CFO who only cares about money."

Tammy Gadberry a "HOME GROWN" CFO

It's not the numbers but the detail work Gadberry said she enjoys.

"I love the detail work. Analyzing data, looking for discrepancies, researching issues and developing solutions. There is never a dull day!"

Gadberry said the hospital's family atmosphere is what makes it a good place to work: "They bring you in, treat you like family and mentor you to become your best."

Culbertson Nationally Recognized for Marketing

The Hospital Marketing National Conference recently recognized Molly Sorrell, Director of Marketing and Community Relations at Culbertson Memorial Hospital, as a Top Hospital Marketer of the Year. This award recognizes extraordinary hospital marketers who drive innovation, provide great creative direction on projects and work toward better branding for their hospital, health system or facility. Honorees were judged based on industry reputation, accomplishments, innovation and notoriety among their peers, partners and media.

During the conference, the Fourth Annual Advertising Awards also took place and Culbertson Memorial Hospital took home two bronze awards for Hospital Website Under 200 Beds and Television Campaign Under 200 Beds.

"We're proud to recognize the best hospital marketing across the country," said Bob Ehrlich, CEO of DTC Perspectives and host of the Hospital Marketing National Conference. "With imminent change to our healthcare system, it's more important now than ever for hospitals to be positioning and branding themselves in the eyes of consumers."

The 2017 Ad
Awards showcase
exemplary work
spanning multiple
media and strategic
categories. The
submissions were
narrowed down
to the top 10
nominees. Gold,
Silver and Bronze
winners were



Molly Sorrell
Director of Marketing and
Community Relations

announced for all categories during the Advertising Awards Dinner on June 6, 2017.

Make Sure Children's Vaccines Are Up to Date!

Culbertson Memorial Hospital and all its family practice clinics take vaccine compliance very seriously, and the Taylor Clinic stands out with its Vaccines for Children (VFC) program, which provides free vaccines for children who qualify. "We received 100 percent on our evaluation," said VFC & Childhood Outreach Coordinator Holly Stolp.

Betty Coonrod, the Project Coordinator from the Adams County Public Health Department, had this to say on Taylor Clinic's evaluation: "You go above and beyond for the VFC program requirements. You follow the guidelines and are thorough and complete with documentation. This clinic has one of the lowest waste percentages, at 0.4 percent over the last year, which is impressive considering the high volume of vaccines given here."

Stolp explained most parents are compliant and their children are kept up to date. But there is a population of children the Taylor Clinic works with who sometimes need considerable help in catching up. These

are the children of immigrants coming here to work. Children from the Congo usually arrive having received only a vaccine against yellow fever and need the whole series. It can take a year to get them compliant. Children from other countries may have most but not all the required vaccines, and can usually be caught up quickly. The clinic has Spanish and French interpreters to help take care of these children. Having a good relationship with the school nurse also makes the clinic's work easier.

Vaccines available at Elmer Hugh Taylor Clinic

Babies, children and adolescents can gain protection against 16 diseases, including:

- Diphtheria
- Haemophilus influenzae type b (Hib)
- Hepatitis A
- Hepatitis B
- Influenza (flu)
- Measles
- Meningococcal disease
- Mumps
- Pertussis (whooping cough)
- Pneumococcal disease
- Polio
- Rotavirus
- Rubella (German measles)
- Tetanus (lockjaw)
- Varicella (chickenpox)
- Human Papillomavirus (HPV)

available at no cost to qualifying patients. Children can receive the vaccines during their well-baby, well-child, yearly or other

physical exams.

These vaccines are

To make an appointment for free vaccines through the VFC program, or to see if your child qualifies, call the Elmer Hugh Taylor Clinic, 101 W. 15th St., Beardstown, at 217-323-2245

CMH Foundation Makes Changes for Donor Recognition



As you enter the doors of Culbertson Memorial Hospital, you will notice a donor board full of stars with the

names of individuals and businesses that have generously supported the CMH Foundation. To honor these donors, the CMH Foundation made the decision to not only recognize one-time gifts in our newsletter, but also to recognize our donors for their cumulative giving.

What does that mean for our donors, both past and present? We are currently in the process of updating

our cumulative giving program that has now become our Sarah's Stars program. Through this program, we will recognize all donors who have cumulatively donated \$500 or more since the establishment of the CMH Foundation.

What about individuals who left money to the hospital through a memorial? With the addition of a cumulative giving program, we will

now have a dedicated program to honor and recognize individuals who chose the CMH Foundation as the beneficiary of their memorial monies. Any memorial that exceeds \$500 will be displayed on our new memorial board.

What about the names of donors from before the CMH Foundation was established or memorials older than 10 years ago? At Culbertson Memorial Hospital, we appreciate each and every gift that has helped the hospital succeed over the past 96 years. So

to honor donors who may no longer be with us, we will display all past gifts on a new, modern display.

Culbertson Memorial Foundation Thanks the Sponsors of the 13th Annual Golf Tournament!









Proceeds will be used to upgrade and benefit the Oncology Department.

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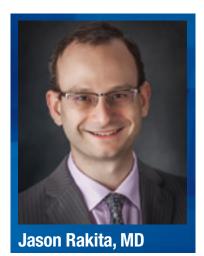
Please accept our apologies if we have forgotten to list anyone.

Now you all know why we always say, Culbertson Memorial Hospital... where healthcare and community come together.



Deep Vein Thrombosis, A Little-Known Danger

It can strike after surgery, flying, a broken leg or even as a result of sitting in one position for too long — "it" is Deep Vein Thrombosis (DVT), a clot that forms in the leg and blocks blood flow back to the heart. While a common medical emergency, it's not as well-known as strokes, heart attacks or other more familiar emergencies.



"The signs and symptoms are usually one-sided, lower leg swelling that starts all of a sudden and rapidly worsens," Dr. Jason Rakita, a Family Practice Physician at Rushville Family Practice, explained. "People will usually have some pain associated with DVT.

It is common to have some

mild redness, as well. If you develop these symptoms, please seek medical attention immediately."

Risk factors for developing this type of clot are a personal or family history of clots, a recent long trip (such as a 10-hour car or plane trip), leg injury, surgery or prolonged immobilization of a leg (such as when the leg is in a cast). Pooling blood in the legs may make it more likely for a clot to form. Such a clot can break free and make its way to the lungs, causing a pulmonary embolism. Because pulmonary embolisms can be life-threatening, doctors and other caregivers seek to reduce the risks of blood clots forming in the first place.

"Clot risk is decreased by walking and moving the legs as much as possible. Please avoid sitting for long periods of time, as this body

position causes the most pooling of blood in the legs," Dr. Rakita said. Properly fitting compression socks and elevating the legs on pillows while lying down in bed or sitting in a recliner can help with general leg swelling problems as well.

Culbertson Memorial Hospital follows a DVT protocol, said
Britney Trone, Clinic Nurse Manager and Patient Care Coordinator.
When patients are admitted, caregivers check on their medical
and family history. Caregivers may decide patients need early
ambulation, compression hose or socks, and/or specific
medications to protect them from developing DVT.

Thrombo-Embolic Deterrent (TED) Hose may be fitted for those who cannot leave the bed at all. Compression socks are

sometimes used for those who are able to walk.

TED hose and compression socks are similar but distinct methods of combatting blood pooling in the legs; caregivers will choose the right therapy for each patient, depending on the individual medical situation.

Anticoagulant therapy may
be prescribed for patients
considered at high risk of DVT.
One such medication is Lovenox®;
patients can even be taught to
self-administer the drug when necessary.

DVT isn't limited to those under medical care. If you are planning a long trip, you can take steps to reduce your risks, especially if you have a history of DVT. If you are traveling by car, make frequent stops to walk around. If you are on a long plane trip, get

up and walk around the plane as much as possible.

Talk to your doctor before leaving on your trip to get more specific instructions that

apply to your situation. Your doctor may recommend you wear support socks or take other steps to remain safe during your trip.



