Miracle Baby!
Learn how Newberry’s Parker Perry came into the world in dramatic fashion.
believe this is due to the popularity of high deductible health plans and individuals who do not want to spend their own money on healthcare so they forego the elective services during the first few months of the year.

With this reduction in volumes we also need to have a corresponding reduction in expenses and WMH is in the middle of a plan to reduce our expenses by 10%. Our goal is to make that reduction without impacting the services that we provide or the patient’s satisfaction with the care that they are receiving. We also would like to accomplish this while remaining as an independent hospital so that decisions can be made locally.

We also have seen an increase in our bad debts, which is caused by individuals not paying the part of each visit for which they are personally responsible. In order for us to do a better job of collecting these amounts you will probably notice our focus on collecting this portion upfront before each patient receives their services, except in emergency situations. This will be a change for some, but it is now an industry standard to collect patient pay amounts upfront.

I am sure that there will be many more changes in the future and we at WMH look forward to meeting those changes head on to insure that local healthcare services will still be available. Thank you for your patronage of WMH. We really do appreciate your support!

The pace of change in healthcare continues to increase and we are all feeling these changes in our own personal lives, especially with the advent of the Affordable Care Act.

These changes are also being felt at WMH with a drastic reduction in admissions and outpatient visits. We

For Your Consideration

A message from CEO
David Jahn

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New Technology for Incontinence

Helping communication between the brain and bladder

A small, pacemaker-like device is being implanted in women of the Eastern Upper Peninsula. Much like a pacemaker, this device has a huge impact on the patient’s quality of life, but the problem it addresses is completely different: bladder control.

For those who suffer from urinary incontinence, frequency, and urgency issues, the introduction of the InterStim procedure by Laviniu Anghel, M.D., at Sault Women’s Healthcare, is a welcome relief. More than 30 women have undergone this minimally-invasive procedure locally in the past year.

InterStim is actually the brand name of the device, which is a neurostimulator the size of a stopwatch. It is implanted under the skin in the upper buttock near the sacral nerves, which are involved in bladder function. With the help of a thin lead wire, it delivers a mild electrical pulse to the nerve, thus positively impacting communication between the bladder and the brain. It received the approval of the US Food & Drug Administration in the late 1990s for urge incontinence, frequency, urgency and fecal incontinence.

Dr. Anghel said he began offering this procedure because it is very safe, effective, doesn’t have the side effects that medications can have, and the benefits are long-lasting.

“This procedure improves the quality of life for patients,” he said, explaining, “I have 100 percent satisfaction rate and that is very difficult to achieve in medicine. This device gives me another option to treat this problem that I didn’t have in the past.”

Experts say that more than 37 million adults in the U.S. suffer from overactive bladder, including the need to urinate frequently, leaking, and the inability to empty the bladder completely. Dr. Anghel has heard the stories of women suffering from these problems.

“I have a patient. She is 35 and was on disability because of this problem. She wasn’t able to travel and was in her house at all times. Now, after the procedure, she noticed a big difference and has gone back to working a full-time job,” he said.

The degree to which patients often suffer in silence is astounding. Before the procedure, some patients have to urinate every 30 minutes, others use the bathroom six or seven times a night or deal with bed-wetting, while still others spend substantial dollars on protective pads for long periods of time. In all cases, quality of life is greatly impacted.

“Patients aren’t aware of their options and they think this is normal, but it isn’t normal and they don’t have to live with it,” said Dr. Anghel.

An evaluation is first conducted to determine whether a woman is a good candidate for the procedure. Under local anesthesia in the office, the doctor inserts the lead and the neurostimulator is used for approximately 48 hours externally. If the trial period is successful, then a more permanent device is implanted under the skin. The final procedure is performed in the operating room so the doctor can utilize x-ray technology in the placement of the device.

If you would like to find out whether InterStim can help you, make an appointment with Dr. Anghel by calling Sault Women’s Healthcare at 906-635-3002.
An unexpected birth with dangerous complications brought 18-year-old Alexis Perry, of Newberry, to War Memorial Hospital in January, where a team of specialists concentrated on delivering her perilously premature son.

At two pounds, eight ounces – Parker Edward Perry came into the world at approximately 28 weeks via Cesarean delivery as a result of a condition known as a prolapsed cord. Essentially, the umbilical cord had begun to leave the mother’s body before the fetus – a situation that can trap the cord and result in a life-threatening loss of oxygen and blood flow to the baby.

Less than four months later, one word recurs over and over as Alexis tells her story: confusion.

“I had no idea I was pregnant,” she says emphatically. With no morning sickness, no weight gain, and no other signs of the baby growing inside her, she was scared and confused when she awoke that morning and realized something wasn’t right. She woke her mother and it was only in the emergency room at Helen Newberry Joy Hospital (HNJH) when she first heard someone say – “that’s an umbilical cord.”

“It was overwhelming. I was really confused and embarrassed and scared,” she recalls.

Since the HNJH surgeon was already in the operating room with another patient, the decision was made to transport Alexis by ambulance to Sault Ste. Marie, where a team of people awaited – including

Dr. Madeleine Guevara and Dr. Laviniu Anghel – the two OB/GYNs who would quickly deliver Parker.

Dr. Guevara recalls the situation vividly. “It was pretty bad. When I heard the report, it was unbelievable. The severity of the situation – she didn’t know she was pregnant, she was in Newberry and they couldn’t deliver – it was a miracle the baby was still alive. These kinds of situations are really tough. We knew she needed expeditious delivery at the closest possible location, which was here. We also knew we would need a highly-skilled team assembled because the baby was only 27 or 28 weeks at best,” she explained.

As Perry made her way to Sault Ste. Marie, so did members of the Neonatal Intensive Care Unit (NICU) from Marquette General Hospital. Given the premature birth, it was a certainty that the baby would require special neonatal care.

With the WMH team prepared in advance, Alexis was taken immediately into surgery and, according to Dr. Guevara, the baby was delivered within two minutes. While the OB/GYNs concluded the surgery, two more physicians aided in the care of tiny Parker – family physician Dr. John Ockenfels and pediatrician Dr. Robert Beckman. Backed by support staff, this team provided care and resuscitation measures for 31 minutes until the NICU team from Marquette arrived to deliver highly-specialized treatment.

Parker was ultimately transported back to MGH, where he remained as a patient for six weeks. The new mother remained at WMH for four days, seeing her new son through the fog of anesthesia only for a few minutes before his departure.
"I didn’t know what reaction to have," she states honestly. "I wish I would have had nine months to prepare. I wouldn’t have been so shocked."

By late April, Parker tipped the scales at nearly nine pounds and is doing well, according to his mom, although he continues to be treated for vision issues that are improving over time.

Shortly after his birth, Dr. Julia Frei, the medical director of the MGH NICU, wrote a letter to all parties involved in this miracle birth and said the following:

“It is unclear what the future holds for baby Parker Perry, but he is alive and currently doing well, against incredible odds. This can be attributed to the critical decision-making and expertise of the teams at HNJH and WMH.”

While the adjustment hasn’t been easy for Alexis, she explains that those initial feelings of confusion have long dissipated. “He is my son, not just an unexpected surprise, and I absolutely adore him. Everyone loves him and those who know us know what a miracle baby he truly is,” said the proud mamma.

Alexis said gratitude for the physicians, nurses, and everyone involved is also something she tries to convey whenever possible.

“How do you thank someone for saving your son’s life? I don’t know how to thank someone for that because, honestly, a million thanks wouldn’t be enough,” she says. “The nurses in Newberry and the Soo were so comforting. The EMTs on the ride to the Soo tried to keep me calm. And once all these people began working together, they all knew what to do and what was best for me and Parker. They really were wonderful.”

**Dermatology clinics held monthly at WMH**

In need of a dermatologist? Dr. Igor Siniakov sees patients in on a monthly basis at War Memorial Hospital. The doctor delivers a full range of medical and surgical services and can address a variety of issues, including:

- Acne
- Eczema
- Elderly Skin Difficulties
- Fungus
- Nails
- Pediatric Skin Conditions
- Poison Ivy and other plant rashes
- Rosacea
- Skin Cancer
- Skin Infections
- Warts
- Moles

Wondering when you can see the doctor next? Remaining clinic dates in 2014 are listed below. To make your appointment, call the office at (906) 253-2652.

- June 16-20  •  July 14-18  •  August 18-22  •  September 15-19
- October 20-24  •  November 17-21  •  December 15-19

**BHC accepting donations of exercise equipment**

The WMH Behavioral Health Center is looking for “like new” physical fitness equipment to bolster its exercise program for patients. Having the opportunity to work out helps many people deal with emotional issues like depression and anxiety. It also encourages individuals to engage in healthy behaviors.

If you have any of the items listed below and would like to donate them to the BHC, please call Christine Sorgi at (906) 495-2020.

We are currently seeking:

- Treadmills  •  Stationary bicycles
- On floor heavy punching bags
- Floor mats  •  Elliptical trainers

All donations of equipment will receive a gift in-kind letter from W MH for the donor’s tax purposes. Thank you in advance for your support of this important program!
Volunteers drive Road to Recovery success

Despite a challenging winter, the Road to Recovery program continued to provide daily transportation for cancer patients obtaining radiation therapy in Petoskey and the credit goes entirely to volunteers and donors.

Road to Recovery was launched at WMH in 2009 in cooperation with the American Cancer Society. It is funded entirely by donation and is staffed by volunteer drivers who make the 186-mile, round-trip trek with the precious cargo of patients who are undergoing serious treatment. One patient referred to this transportation as a “godsend” – not only for the practical need of getting to and from Petoskey, but for the camaraderie with other patients and drivers.

As of last December, more than 175 community members have used the service. A total of 38 people have volunteered their time as drivers and combined they spend an average of 1,300 hours per year in transit.

“Road to Recovery would not be as effective as it is without the many volunteers and donors who have made the program a reality,” said CEO David Jahn. “In fact, without these generous and compassionate people, we probably would not be able to offer the program at all.”

The program is coordinated at WMH by Teresa Armstrong in the Community Relations & Fund Development Department. In addition to raising funds, the department also schedules volunteer drivers, who are the heart and soul of the program.

WMH extends its deepest thanks to volunteer drivers, past and present, for making the program successful. The current roster of volunteer drivers includes:

Andrea Abbott  
Roland Akre  
Don Anderson  
Don & Arlyce Ausdemore  
Richard Brown  
Charles Burhop  
Kris Clark  
Kathleen & Larry Coullard  
Cheryl Deneve  
Mary Denker  
Lynn Farnquist  
Erik Frimberger  
Wayne Goetz  
Chris Hess  
Dan Inglis  
Bernadine & James Innerebner  
Karen Jaynes  
Tracey Laitinen  
Elmer LaJoie  
Bob & Cele Malpass  
Patricia McKiddie  
Larry Menominee  
Martin Miller  
Jeff Moran  
Terry Moran  
Billy Norton  
Paul Olson  
Donald Reed  
Leo Rich  
Gordon (Bert) Sutton  
Grant Voegtline  
Karen Westbrook  
David Whyte  
Patricia Whyte  
Karen Wilmoth

Pictured below are some of the volunteer drivers, past and present for Road to Recovery.
A thorough review by state surveyors in February affirmed that the hospital’s Long Term Care (LTC) unit continues to meet state standards and passed its annual inspection with flying colors.

Only two minor deficiencies were identified during this most recent inspection. Neither was related to direct resident care.

“It takes a lot of hard work to pass a State of Michigan survey in the excellent fashion that we did and all of the credit goes to our LTC staff and support departments for the great job they are doing with residents every day,” said CEO David Jahn.

According to the Henry J. Kaiser Family Foundation, a private non-profit that focuses on the major health care issues facing the U.S., the average number of deficiencies at a nursing home in Michigan was 11.9 as of February of 2012. Kaiser has statistics for each of the 50 states.

The Michigan Department of Community Health conducts annual surveys at all skilled nursing homes in Michigan. As part of the process, the state identifies any areas of concern, referred to as deficiencies, and performs a follow-up visit to insure any problems are corrected.

The first of WMH’s deficiencies involved the Elder Justice Act – a law passed in 2011 related to the reporting of abuse. While the LTC staff was trained on reporting abuse, it had not been educated specifically on the Elder Justice Act. In the second instance, a dishwasher exceeded the high range for temperature and pressure, requiring repair. Both deficiencies were corrected long before the inspector returned for a follow-up visit in March.

Carrie Horton, LTC director, said surveyors were very complimentary in person, particularly about every nursing home’s concern: bed sores.

“They complimented us on our pressure-ulcer prevention program. Alicia Minard, LPN-WCC, is nationally certified and she oversees those efforts,” Horton explained.

Joe McLean, who supervises the unit’s certified nurse aides, said surveyors also mentioned how warmly they were received by staff during the inspection.

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Three surveyors were on-site for a two-and-a-half-day period. They examined all aspects of resident care and any service that would impact residents, including maintenance, dietary services, social services and more. They also met directly with a committee of residents to solicit their feedback.
**Your local health care providers**

**FAMILY PRACTICE**
* P.W. Niemi, D.O.
  (906) 632-1100
Bay Mills Health Center  
D. Maloney, M.D.  
Dolly Furr, N.P.  
(906) 248-5527
Bridgeview Family Medicine  
* T.E. O’Connor, M.D.  
* J. Garlinghouse, M.D.  
* J. Peterman, M.D.  
(906) 253-9374
Community Care Clinic  
G. Pramstaller, D.O.  
S. Bartz, P.A.  
T. Malloy, N.P.  
D. Rick, P.A.  
M. Millette, P.A.  
T. Siesel, N.P.  
R. Brand, N.P.
  (906) 635-4401
LSU Health Care Center  
S. Bartz, PA-C  
M. McLeod, NP-BC  
(906) 635-2110
Riverside Medical Associates  
M. Crawford, CFNP  
* R.H. Mackie, M.D.  
T. Malloy, FNP-BC  
P. Nichols, CFNP  
* J.P. Ockenfels, D.O.  
* A.L.T. Postma, D.O.  
* T.N. Tetzlaff, D.O.  
(906) 632-1800
Sault Tribe Health Center  
C. Behling, CFNP  
E. Javellana, M.D.  
G. Maloney, M.D.  
V. Sherman, M.D.  
L. Styer, M.D.  
R. Werner, M.D.  
(906) 632-5200
Superior Family Medical  
* J.M. Pahn, M.D.  
(906) 632-0370
VA Community Based Outpatient Clinic  
Colleen Burton, N.P.  
(906) 253-9383
WMH Community Care - Kinross  
C. Harris, M.D.  
Brenda Buchanan, N.P.  
(906) 495-1344
WMH Family Care – Cedarville  
K. Duman, PA-C  
B.M. Slater, D.O.  
(906) 484-2295
WMH Family Care – DeTour  
S. Aldridge, M.D.  
(906) 297-3204
Drummond Island  
Family Health Care, PC  
C. Cordray, CFNP, MSN  
(906) 493-6644
Drummond Island Medical Center  
S. Aldridge, M.D.  
S. Daniels, PA  
(906) 493-5221
Drummond Island Pediatric Center  
S. Daniels, PA  
(906) 493-5221

**ALLERGIST/ASTHMA**
Great Lakes Allergy  & Asthma Center, PC  
P. Ranta, M.D.  
(906) 253-0400

**ANESTHESIOLOGY**
Joe Beccario, CRNA  
* J.D. Boldan, M.D.  
L. Knittle, CRNA  
D. Montgomery, CRNA  
N. Sattar, M.D.  
E. Woolever, CRNA  
(906) 635-4589

**BARIATRIC (WEIGHT LOSS)**
Advanced Surgical Care  
* J. Adair, M.D.  
* J. Cipriano, D.O.  
S. Cipriano, D.O.  
(906) 253-9770

**BEHAVIORAL HEALTH SERVICES**
Blue Water Behavioral Health  
L. Armstrong, NP  
P. Sorgi, M.D.  
D. Wilson, N.P.  
(906) 635-2969  
(906) 495-2209

**CARDIOLOGY**
Soo Cardiology  
* R. Alkiek, M.D.  
* W. Doghmi, M.D.  
(906) 253-2760

**DERMATOLOGY**
I. Siniakov, M.D.  
(906) 253-2652

**EYE, NOSE & THROAT**
Sault Otolaryngology  
* M. Wallace, D.O.  
(906) 259-0244

**ER SERVICES**
J. Bender, M.D.  
W. Jamros, N.P.  
J.M. Neri, D.O.  
M. Oates, M.D.  
L. Showers, M.D.  
S. Vix, M.D.

**GENERAL SURGERY**
* K.L. Mc Cullough, M.D.  
(906) 635-1048
Advanced Surgical Care  
* J. Adair, M.D.  
* J. Cipriano, D.O.  
* P. Rechner, M.D.  
(906) 253-9770

**INTERNAL MEDICINE**
* E.J. Ranta, M.D.  
(906) 632-6823
Chippewa Medical Associates  
* A. Mursaleen, M.D.  
(906) 632-6013
Lakeview Internal Medicine  
* T. Chander, M.D.  
Danielle Paquette, PA  
(906) 635-9090

**NEPHROLOGY**
* M. Haider, M.D.  
(906) 632-6013

**NEUROLOGY**
Superior Neurosciences  
(906) 632-5824

**OB/GYNECOLOGY**
Sault Women’s Healthcare  
* L. Anghel, M.D.  
* N. Cristof, M.D.  
* A. Donmyer RN, CNM  
* M. Guevara, D.O.  
(906) 635-3002

**ONCOLOGY**
A. Behairy, M.D.  
(906) 632-6013

**OPHTHALMOLOGY**
Grand Traverse Ophthalmology  
M. Madison, M.D.  
D. Thuetar, M.D.  
P. Sneed, M.D.  
P. vonKulajta, M.D.  
J. Wentzloff, M.D.  
(906) 635-9802

**ORTHOPEDIC SURGERY**
International Orthopedic and Sports Medicine Center  
* R.W. Ganzhorn, M.D.  
(906) 632-4740
Greater Peninsula Orthopedics  
* S.M. Woolever, D.O.  
(906) 635-5100

**PAIN MANAGEMENT**
Upper Peninsula Pain Institute  
* Andrew Alshab, M.D.  
Brenda Buchanan, N.P.  
(906) 253-2665

**PATHOLOGY**
C. Liu, M.D.  
(906) 635-4434

**PEDIATRICS**
Sault Pediatrics  
* R. Beckman, D.O.  
(906) 253-2605

**PODIATRIC SURGERY**
R. Sehgal, D.P.M.  
(906) 225-7709

**PULMONARY/CRITICAL CARE**
Chippewa Medical Associates  
* I. Abou Daya, M.D.  
A. Ellis, N.P.  
(906) 635-3002

**RADIOLOGY**
Cedar Straits Medical Associates, PC  
R.J. Duman, M.D.  
S. Bailey, M.D.  
(906) 635-4438

**SLEEP MEDICINE**
J. Sand, D.O.  
(906) 253-2788

**UROLOGY**
* L. M. McCormick, D.O.  
(906) 632-5808

*indicates WMH admitting privileges