For William, a routine sports physical leads to much more

Making colonoscopy easier on you

Anticoagulation Clinic helps manage tricky medication

Meet Cannon Falls providers online
The story started simply enough. Last spring, William Crosby (13) wanted to go out for track, and Cannon Falls Area Schools require every student participating in school sports to get a sports physical. William’s mom, Patti Crosby, called Mayo Clinic Health System.

“It was just a regular appointment,” says Patti. Darcy Reber, a certified family nurse practitioner, began by asking William the standard questions.

“When I asked him if he ever had chest pain, he said yes,” says Reber. She started asking more questions. William described more symptoms.

“When I ran, my chest tightened and my heart started beating really fast,” says William. “Then afterward, my arms would get heavy and my legs would get numb.” He also described dizziness, almost constant fatigue, and how the chest pain and racing heartbeat would also happen after he ate bread or peanut butter. His arms also felt heavy after riding motocross, his favorite sport.

“I knew he had all these symptoms, but I was looking at them separately and chalking them up to a growing boy’s body,” says Patti. “William had even been evaluated at another medical center because of his constant tiredness and unhappiness, and they recommended that he see a psychiatrist. Darcy was the one who put them all together.”

Finally, a diagnosis

Reber ordered some tests to check William’s heart function, including an echocardiogram and electrocardiogram. Both came back normal, but that wasn’t enough to ease Reber’s mind. She wanted
to find the cause of William’s symptoms.

“We could have stopped there, but it was interesting that his symptoms occurred more frequently with running and eating bread,” says Reber. “So I ordered a Holter monitor to complete the workup.” During a Holter monitor evaluation, a device records every heartbeat over a 24-hour period.

The next day, the Holter monitor results were interpreted at Mayo Clinic by pediatric cardiologist Bryan Cannon, M.D.

“William’s results showed that he had supraventricular tachycardia, which makes the heart beat faster than 250 beats per minute,” explains Dr. Cannon. “Because the heart is beating so fast, patients will frequently experience symptoms of fatigue, palpitations and chest pain.”

William’s condition was caused by AV node reentry tachycardia. During each heartbeat, an electrical signal passes from the top of the heart to the bottom across the atrioventricular (AV) node. Normally, a single input sends the signal. But in some people, there are two inputs. And in some of those people, those two inputs form a circle, sending the signal down one input and up the other, causing very fast heart rhythms.

William had been having several episodes of this racing heartbeat per day for a few years. Suddenly, all his symptoms made sense.

A frozen heart and a shot of energy

To treat William’s tachycardia, Dr. Cannon had to go on a search-and-destroy mission using cardiac cryoablation, a minimally invasive surgical procedure that uses small incisions and catheters.

“First, we find the abnormal circuit,” he explains. “After we localize the abnormal area, we place a special catheter that delivers cold energy, or cryoablation, to William’s heart, destroying the very small area of tissue causing his tachycardia.” The surgery switched William’s heart back to one input, sending one electrical signal.

Mayo Clinic is one of only a handful of medical centers in the country that does cardiac cryoablation regularly. Dr. Cannon often uses the procedure for children with tachycardia because it’s been proven to be very safe — and effective.

“The nice thing about this procedure is that it has around a 95 percent permanent cure rate,” says Dr. Cannon. “William should be able to live a completely normal life with no restrictions.”

For William, normal feels much better.

“I don’t have any of those symptoms anymore,” he says. “I feel really good.”

Several months after the procedure, another Holter monitor test was completely normal.

Patti says she’s amazed that it took a simple sports physical to uncover William’s heart problem. “I can’t believe how important that physical was,” she says. “I can’t say enough about Darcy. She really listened to us, and it was like she was not going to stop until she found out what was wrong.”

“She made me feel good, because it seemed like she really understood,” adds William. “She asked really good questions so I could answer them.”

“This is why we do sports physicals,” says Reber. “We always want to catch a potential underlying concern or risk. Most are routine, but William’s was more interesting. I give credit to William and his mom for knowing something wasn’t right and being willing to pursue it.”

William’s favorite pastime, motocross, used to leave his heart racing and his arms feeling strangely heavy. After finally getting a diagnosis and treatment for a heart condition, William is back to racing. “I feel better now,” he says.
In Cannon Falls, colonoscopy doesn’t have to be a pain

Although it’s a recommended procedure to prevent colon cancer and diagnose other problems, no one looks forward to a colonoscopy.

Especially if you’ve had one before under conscious sedation, you may remember the procedure and for some, the discomfort.

But if certified registered nurse anesthetist Todd Walter was in the room, more likely you don’t remember a thing.

“Many other facilities may not offer it, but Mayo Clinic Health System in Cannon Falls provides anesthesia services for colonoscopies,” says Walter, who has been performing anesthesia for 20 years. “Most places have a registered nurse do conscious sedation, but I’m able to give more medication and have the patient asleep.”

And if you’re not looking forward to something, it can be very nice indeed to have no memory of it afterward.

The colonoscopy process

Walter’s work begins with safety checks.

“A week prior to the colonoscopy, I review your history to see if there are any issues to address to be sure the anesthetic is going to be safe,” he explains. “Then, the day of the procedure, I speak with you about what I’m going to do and ask again about any health concerns.”

An intravenous (IV) line is inserted into a vein in your arm, and before you’re even in the room, Walter ensures you’re relaxed.

“I give an initial sedation, and then bring you into the procedure room and attach our monitors,” Walter says. The monitors are another safety check. “In addition to keeping track of your oxygen saturation and blood pressure like they do with conscious sedation, we also monitor carbon dioxide output as well as an electrocardiogram (which tracks the heart’s response to the medication). We do more monitoring to ensure the patient is safe.”

“We all have the safety of our patients foremost in our minds when we enter the endoscopy room,” says Tom Witt, M.D., president and CEO of Mayo Clinic Health System in Cannon Falls, and one of the doctors who performs colonoscopies there. “The entire team, including Todd, myself, the nurse and the technician, communicate well throughout the procedure.”

Once you’re positioned comfortably and the monitors are on, it’s Walter’s turn again.

“I give further sedation, and you just doze off.”

It’s not conscious sedation, but it’s not general anesthesia, either.

“I have to make that clear: We’re not breathing for you,” says Walter. “It’s more like taking a nap on your couch at home.”

Walter is in the room during the entire procedure, monitoring your response to the procedure and adjusting the medication as needed. Once Dr. Witt is finished with the procedure, Walter turns off the medication and you wake up very quickly — usually within five minutes.

“Because of the sedation, you remember little if anything of the procedure. I keep you comfortable and happy.”

Todd Walter
Certified registered nurse anesthetist
“That’s another benefit of using this medication,” says Walter. “It’s a powerful sedative, but I’m qualified and experienced, and I just give a little at a time.”

When the procedure has been completed, most patients don’t even realize what’s happened.

“Because of the sedation, you remember little if anything of the procedure,” says Walter. “I keep you comfortable and happy. Many patients actually ask when we’re going to start the procedure. I tell them that we’re already done, but we could do it again if they want.”

Walter gets lots of different reactions to that joke.

“People are so happy that it’s over, I’ve actually had several marriage proposals,” he says. “Sadly, I have to turn them down.”

Comfort key to important screening
Dr. Witt says offering anesthesia services during colonoscopies can be an effective tool in convincing patients to schedule the procedure. “It’s especially important for anyone with a family history of colon cancer and other high risk factors, but everyone should be screened after age 50,” he says. “We find polyps in about 25 percent of patients, and removing them definitely prevents the development of colon cancer from a portion of those polyps.”

Colonoscopy is an important screening that can prevent serious illnesses from developing. And at Mayo Clinic Health System in Cannon Falls, it can be painless and blissfully forgettable.

“When it’s over,” says Dr. Witt, “our patients frequently say that if they’d known it was going to be this easy, they would have done it sooner.”

Tom Witt, M.D., President and CEO
Mayo Clinic Health System in Cannon Falls

If you’re age 50 or older and at average risk for colon cancer (no risk factors except age), your provider may recommend a colonoscopy every 10 years or sooner. If you have a family history of colon cancer or a polyp has been found in previous screenings, then you’ll likely need screenings more often.

To schedule an appointment with your provider to discuss colonoscopy, call Mayo Clinic Health System at 507-263-4221.
Though a twister destroyed Ron Woodside’s home and took away the irreplaceable — his wife of 18 years, Kathy — it couldn’t crush his spirit.

The day that the violent EF4 tornado dropped from the sky on Woodside’s rural Minnesota acreage — June 17, 2010 — would set a new state record for the number of tornadoes recorded in a single day, at 48. Woodside (77) recalls seeing an approaching cloud and hearing the rain begin. Soon, the walls of his home were quivering. Suddenly, his home blew apart and he and Kathy were at the mercy of the twister, with wind speeds of 175 miles per hour.

“I remember bouncing along, like a giant was hammering me into the ground,” says Woodside.

Paramedics brought Woodside to the Emergency Department at Mayo Clinic Health System in Albert Lea, where doctors found he had 27 broken bones, including all 11 ribs on his left side, most of them in more than one place. A punctured lung, dislocated elbow and torn ligaments completed the picture: Woodside was in rough shape.

The emergency team focused on stabilizing Woodside’s breathing, managing pain and replenishing lost blood, but they knew he needed to get to Mayo Clinic. The fastest route — flying on a Mayo One helicopter — was unavailable because of continued unstable weather. The Albert Lea team prepped Woodside for the 60-mile drive via Gold Cross ambulance, but during the drive his condition continued to deteriorate.

At Mayo Clinic, trauma surgeons focused on his chest wall injuries first. A surgical team led by Brian Kim, M.D., trauma, critical care and general surgery, stabilized many of Woodside’s broken ribs with titanium plates and screws. The specialized surgery has been offered at Mayo Clinic for about two years.

“Without rib stabilization surgery, it’s difficult for ribs with multiple breaks to fuse back together in proper alignment,” says Dr. Kim. “The result would likely be a collapsed chest, chronic pain and lifelong breathing difficulties.”

After the surgery, Mayo Clinic’s team approach addressed all of his other injuries. Michael Torchia, M.D., the orthopedic surgeon who repaired Woodside’s torn ankle ligaments, says, “We had the specialists to cover all the bases for his care.”

Five weeks after the tornado, Woodside was discharged to a care center in Albert Lea to continue recovery. And slowly, he has begun to piece his life back together. He’s living in a new home on his farmstead, and enjoys attending his grandson’s high school football and basketball games.

“My story is unusual,” says Woodside. “Normally a person wouldn’t live after being out in a tornado.” He says it might not be so had he lived farther away from Mayo Clinic. He sums it up by saying, simply, “I’m grateful.”

A version of this story was published in Mayo Clinic’s 2010 Annual Report and is used here with permission.

Ron Woodside was out in a twister and lived to tell the tale, after life-saving Mayo Clinic care in Albert Lea and Rochester.
‘Create Your Mayo Clinic Health Experience’ now open at Mall of America

If you’ve visited Mall of America lately, you may have noticed a familiar name among the usual shops: Mayo Clinic.

As part of its plans to open a permanent space in the Mall of America’s Phase II expansion project, Mayo Clinic opened ‘Create Your Mayo Clinic Health Experience’ on the first level near the East Market Rotunda in July. The temporary space is designed to gather input about what the public would like Mayo Clinic to offer in conjunction with its permanent presence at the mall.

“We know that health care in the future will not be limited to hospitals and doctor’s offices,” says David Hayes, M.D., a cardiologist at Mayo Clinic who is leading the Mall of America project. “Mall of America provides an opportunity for Mayo Clinic to help transform health care delivery by enhancing convenience and enabling more people to access Mayo Clinic health resources on a day-to-day basis.”

Mayo Clinic coming to an e-reader near you

Where do you go for general health and wellness advice?

If you’re like millions of others across the world, you log on to MayoClinic.com for trusted health information from Mayo Clinic experts. If you want a reference piece for your library, you go to the bookstore to buy some of the most popular Mayo Clinic books.

But now, there’s a new option for your home library. You can now purchase a select number of Mayo Clinic books electronically. In most cases, the books are downloaded to your e-reader, tablet computer or smartphone in about a minute.

The first Mayo Clinic e-book, Mayo Clinic Guide to a Healthy Pregnancy, was released in May. The #1 New York Times best seller, The Mayo Clinic Diet, and The Mayo Clinic Diabetes Diet were published in e-book form this fall. Mayo Clinic is collaborating with RosettaBooks, a pioneer in digital publishing, to release the books.

“Mayo Clinic has long been a valued resource for America’s families,” says Sidna Tulledge-Scheitel, M.D., medical director, Mayo Clinic Global Products and Services. “We are excited to make our rich repository of books available to consumers in e-book form.”

By the end of this year, RosettaBooks will also make available several books in Mayo Clinic’s line of self-published titles, which were previously sold only through Mayo Clinic. Mayo Clinic e-books are available for purchase at all major e-book retailers.
Managing Type 1 diabetes can feel like a full-time job. Testing blood sugar multiple times a day and sometimes throughout the night, as well as having to constantly balance food intake, exercise and insulin, is difficult even for those who have had the disease for years.

In people with Type 1 diabetes, the pancreas does not produce the hormone insulin, which regulates blood sugar. The only treatment is to inject insulin into the bloodstream to keep blood sugar levels stable.

“There is a tremendous variability in blood sugar levels day to day in a person with Type I diabetes,” says Ananda Basu, M.B.B.S., M.D., a Mayo Clinic endocrinologist. “This is why Type I diabetes is notoriously difficult to manage.”

But now, a new Mayo-developed device is being tested in clinical trials that may help make managing Type I diabetes a whole lot easier.

A team of researchers at Mayo Clinic has created an “artificial pancreas” device. An abdominal patch continuously measures blood sugar and a pager-sized pump then delivers insulin beneath the skin as needed. While insulin pumps have been around for years, the sophisticated software algorithm that links the patch and the pump is a major innovation.

“It’s all automated,” says Dr. Basu, who also is one of the researchers behind the device. “The constant patient decision-making is minimized.”

Dr. Basu emphasizes that collaboration made this project a reality. In addition to the Italian mathematicians who developed the software algorithm, another key was Mayo researcher James Levine, M.D., Ph.D., and his work measuring physical activity.

“Insulin dosing must be adjusted based on the amount of physical activity a patient does,” explains Dr. Levine, a Mayo Clinic endocrinologist who leads a research team whose work gauges people’s total daily activity, including every fidget and sedentary shift. The artificial pancreas device incorporates Dr. Levine’s measurements of physical activity and the patient’s metabolic response into its calculations.

The artificial pancreas is part of Mayo Clinic’s decade-long research effort to end diabetes, an endeavor in partnership with the University of Minnesota. The collaborative research infrastructure at Mayo Clinic makes it possible to pursue that effort on a number of fronts. Yogish Kudva, M.B.B.S., who co-leads the artificial pancreas project with Dr. Basu, also is involved in Mayo’s efforts to use adult stem cells to regenerate insulin-producing cells in people with Type 1 diabetes.

Dr. Kudva is optimistic about the artificial pancreas device. “This would be a seismic change in diabetes treatment,” he says. “It is part of the quest for people with diabetes to lead a normal life.”

*Portions of this story were used with permission from Discovery’s Edge, Mayo Clinic’s research publication.*
New drug offers promise for relief of constipation

Though not often discussed in social circles, constipation affects nearly 30 million Americans and costs more than $1 billion annually to evaluate and treat. Many who are suffering in silence are focused on one outcome: relief.

Recently, Mayo Clinic researchers have had success in clinical trials treating constipation with a new medication. The drug, currently called A3309, enhances the natural digestive processes by using the body’s own bile acids to stimulate bowel movements.

Bile acids, which help the body break down and absorb fats in food, are created in the liver and released into the digestive system. These acids also serve as natural laxatives by softening the stool and moving it through the colon more quickly. Normally, bile acids are reabsorbed into the bloodstream before they enter the colon. The new drug prevents bile acid from being absorbed, so it can enter the colon and continue its laxative effect.

Researchers have completed Phase II clinical trials and will now move into Phase III studies that involve more people and longer treatment durations. If the drug proves its value and safety in clinical trials, it will be available as a prescription.

Anyone interested in participating in the next phase of clinical trials for A3309 can contact Mayo Clinic at 800-664-4542 (toll-free) or clinicaltrials@mayo.edu for more information, requirements and timeline.

Now tweeting: Mayo Clinic Health System

Mayo Clinic Health System is always looking for ways to connect with patients. Recently, the health system launched its social media presence, including its own Facebook page, Twitter account and YouTube channel.

“Mayo Clinic Health System is using social media to connect with patients, families, employees and its communities,” says Jeremy Jensen, technology account coordinator at Mayo Clinic Health System in Eau Claire. “Through these platforms, we can promote health system news stories, events, seminars, advertisements and videos, as well as use them as tools to solicit feedback from our ‘fans’ and patients.”

Social media is a new way for the health system to provide health information and resources to you — and a way for you to be connected to Mayo Clinic Health System’s expert advice on a daily basis.

Mayo Clinic also uses social media in a similar way, but having a separate online presence allows Mayo Clinic Health System to highlight its unique offerings, events and issues important to health system patients. Many fans and followers of Mayo Clinic also follow the health system.

In its first month, Mayo Clinic Health System’s Facebook page had over 500 fans, with more adding themselves regularly. “It’s been a great place to share our news, recognize award-winning providers and link to the latest health information from our experts,” says Jensen. “We’ll continue looking for ways to use these social media tools to provide real service to our patients, wherever they are.”
Working toward a healthier you

You’ve been hearing a lot lately about the benefits of being part of the Mayo Clinic family. For example: having access to Mayo Clinic specialists, often without having to leave your own community.

Now more than ever, Mayo Clinic is working toward finding new ways to prevent and better manage common conditions like obesity, diabetes and heart disease. As community health care providers we all share a commitment to improving the health of our friends and neighbors by evaluating new ideas for improving primary care.

Imagine the difference an improved primary care system could make to a patient with heart disease.

Take a 60-year-old man experiencing chest pains. He calls 911 and within minutes is transported to the hospital by a team of paramedics. Testing reveals a heart attack in process and they arrive at the doors of the emergency department where a team from the cardiac catheterization lab whisks the patient away for further testing. An angiogram reveals two narrowed arteries, which the team opens with angioplasty and stents. The patient spends five days in the hospital and several weeks recovering. He also participates in a cardiac rehabilitation program. He receives excellent, evidence-based care, and is grateful to be alive.

Now envision what might have happened if the man had received the best in community-based primary care. Decades earlier, when his cholesterol and blood pressure began creeping up, his primary care provider talked with him about options for lowering it. The man chose to make some dietary changes and begin an exercise program. These lifestyle changes kept his cholesterol and blood pressure in check for many years. But eventually they crept up again, and his primary care provider prescribed medication to help lower them. The man takes the medications faithfully, and continues to eat well and exercise. And he never has a heart attack.

That may make prevention sound straightforward, but it’s not. It requires a willingness to give up unhealthy habits and adopt healthy ones. It requires a commitment from both patients and providers to work together, taking care of small problems before they become big ones. The challenge may be a great one, but I believe it’s one we can meet. Your Mayo Clinic Health System provider is committed to providing you the best care possible for life. Let us work with you to improve your health and well-being.

“As community health care providers we all share a commitment to improving the health of our friends and neighbors by evaluating new ideas for improving primary care.”

Robert E. Nesse, M.D., CEO
Mayo Clinic Health System
Keith Olson, D.O., was one of 80 Mayo Clinic and Mayo Clinic Health System staff members who traveled to Haiti as part of a volunteer mission to help recovery efforts following the country’s devastating earthquake. Photos (clockwise from top left): Dr. Olson, center, with Mayo Clinic nurses Maren Johnson and Lindsay Young; typical earthquake rubble in Port au Prince; a tent city for displaced Haitians; a cholera ward; members of the second team of Mayo Clinic and Mayo Clinic Health System staff who traveled to Haiti; and Dr. Olson outside of a field hospital.

Mayo Clinic Health System staff respond to Haiti disaster

The earthquake that shook Haiti in January 2010 inspired many people to open their checkbooks and donate to relief efforts. But for some Mayo Clinic Health System staff members, writing a check wasn’t enough.

“There was just something in my heart drawing me there,” says Keith Olson, D.O., an emergency medicine physician in Owatonna, Minn. “I had always wanted to do something to give back. This seemed like a good way to ‘pay it forward.’”

Dr. Olson was one of 80 Mayo Clinic employees — nine of them from Mayo Clinic Health System — who recently traveled to Haiti as part of a medical mission sponsored by Mayo Clinic. More than 300 employees applied for the volunteer positions. Those selected donated their time, using paid time off or leave without pay. Mayo covered travel expenses, food and lodging; sent supplies and equipment; and donated $500,000 to Haiti relief agencies.

Volunteers were divided into eight teams that traveled to Port au Prince between February and June. The teams provided emergency care at St. Damien’s Hospital, and also worked at a rehydration center for Haitians sickened by a cholera epidemic that followed the earthquake.

In Haiti, the teams found they’d traveled not only across the miles but also back in time, caring for patients without many of the medications and diagnostic tools that are standard in the United States today. They also confronted a difficult reality.

“You learn early on that you can’t fix everything or save everyone,” says Mary Fargen, a physician assistant in Adams, Minn., who was on her 13th mission to Haiti. “So you do what you can and try to build something that will last after you leave.” Fargen received the 2011 Humanitarian of the Year Award from the American Academy of Physician Assistants for her work in the country.

In addition to direct patient care, the groups provided education to the Haitian health care workers. In return, they were given the gifts of perspective and gratitude.

“We are so fortunate in the United States,” says Wayne Street, director of nursing trauma in Eau Claire, Wis., who has completed 14 mission trips to Haiti, Africa and Mexico. “We have great medical care, and we have food and clean water. When you see people dying in huts from lack of food and water, it changes you. Volunteering changes you, too. I always come back renewed, energized and deeply rewarded, and with a new appreciation for all that we have.”

Mayo Clinic Health System is committed to helping people during times of need, both in the community and beyond its borders, providing financial support and volunteer hours to many organizations, including Meals on Wheels, the United Way and the Cannon Falls Education Foundation.
Warfarin (Coumadin) is a unique and powerful medication. The blood thinner is lifesaving and necessary for people like Vivian Brage, who was diagnosed with atrial fibrillation (a heart rhythm disorder) several months ago. Atrial fibrillation can cause blood clots that can lead to stroke, and warfarin helps prevent the clots from forming.

But patients who take warfarin need to be closely monitored, because if they get too much medication, their blood doesn’t clot properly. A simple cut, for example, can cause profuse bleeding that’s difficult to stop. If they get too little, blood clots form in their bodies, which can lead to stroke. Regular monitoring is necessary, because warfarin works differently in each patient and it’s easily affected by activity and certain foods.

“Coumadin is a risky drug, but people with atrial fibrillation need it, as do those with blood clotting disorders and other conditions,” says T.S. Turna, M.D., a Mayo Clinic Health System physician. “They have to get their blood clotting time, or international normalized ratio (INR), checked a minimum of every four weeks to be sure they don’t develop bleeding or clotting problems.”

Until last year, patients at Mayo Clinic Health System in Cannon Falls went to the laboratory each month for their blood draw, then waited for a phone call from their primary provider later that day or the following morning. If their medication levels needed to be adjusted, the patient had to make another trip to see the pharmacist.

Now, there’s a better way for Brage and many like her.
Anticoagulation Clinic streamlines process

Although provider-based warfarin management is standard health care practice, Mayo Clinic Health System recently set a higher standard for care of their patients. Like Mayo Clinic, the health system now recommends that all warfarin patients in its more than 70 locations be seen at an anticoagulation clinic, staffed by registered nurses and pharmacists.

“It’s so much easier for patients in the Anticoagulation Clinic,” says pharmacy manager Ryan Hinman, Pharm.D. “The nursing and pharmacy teams work together to coordinate their care with the primary provider.”

Instead of a blood draw, the nurse pricks the patient’s finger. Rather than waiting for results from the lab, they can read them immediately on a special monitor. And there’s no waiting for a callback. The nurse can coordinate with the pharmacist to adjust medication during the appointment.

“It really streamlines the process and makes things run smoother for the patient,” says Hinman.

Not only that — but it’s safer, too.

“Research has shown that nurse-run anticoagulation clinics provide better results for patients,” Dr. Turna adds. “Patients using anticoagulation clinics have better control of their medication, and less risk of bleeding and other problems.”

Because everything is accomplished in one visit, the nurse also is available for questions. “It’s important to discuss medication, diet and activity level. All of these things affect how warfarin works in each person,” he says.

“The Anticoagulation Clinic has been very helpful in helping me understand Coumadin,” says Brage. And because Brage only recently found out she has atrial fibrillation, she felt that she had a lot to learn. After sudden episodes of rapid heartbeat landed her in the hospital twice, Dr. Turna referred her to Mayo Clinic in Rochester, where she was fitted with a pacemaker. With her heart rhythm under control, she needed to continue taking warfarin to prevent blood clots, so Dr. Turna referred her to the Anticoagulation Clinic after her surgery.

“The Anticoagulation Clinic provides more safety for patients like Vivian,” says Dr. Turna. “They have more consistent follow-ups, better monitoring of their levels, and they form a relationship with the nurse.

It’s our goal that every patient on warfarin would be seen in the Anticoagulation Clinic.”

Important service where patients need it

Brage appreciates the personalized care available close to home.

“I think it’s just wonderful that I don’t have to go out of town for this,” she says. “I like that I don’t have to wait for a test and everything is adjusted right away.”

The nurse and pharmacist don’t replace the role of the primary provider. “Our pharmacists are the experts on the medication, so we work closely with them,” says Turna. “We follow certain parameters, and if the patient falls above or below those levels, the nurse and pharmacist team get the provider involved.”

“I’m still Vivian’s primary doctor, and she still comes to me for her care,” says Dr. Turna. “But as a part of her care, she sees our nursing and pharmacy staff for her warfarin care. She’s made good progress, and I’m glad to say her atrial fibrillation is under control.”

“Dr. Turna thinks I’m doing just fine, so that’s good to know,” says Brage. “We’re just so fortunate to have this service here in Cannon Falls. Everyone’s so helpful and kind.”

The Anticoagulation Clinic is open:

Mondays from 8 a.m. to noon

Tuesdays and Fridays from 7:30 a.m. to 4 p.m.

The Anticoagulation Clinic nurses and pharmacists can also see patients at times outside normal hours. For more information or to contact your provider for a referral to the Anticoagulation Clinic, call Mayo Clinic Health System at 507-263-4221.
If there’s one thing that’s constant in health care, it’s change.

Since Cannon Falls Community Hospital affiliated with what is now Mayo Clinic Health System in 2006, much has changed. Our community isn’t the same. The landscape of health care policy reform in Washington has never stopped shifting.

But there’s one thing that hasn’t changed, and that’s our commitment to you, our patients and community.

When we became Mayo Clinic Health System, we reaffirmed Mayo’s primary value: The needs of the patient come first. To that end, we have been working to continually improve the quality of the health care we provide to you, and we’ve accomplished some of our long-term goals, including:

- **Joint Commission accreditation** — Recognized nationwide as a symbol of quality in health care, the Joint Commission develops performance standards that address crucial elements of operation, such as patient care, medication safety, infection control and consumer rights.

- **Designation as Level IV trauma center** — A Level IV trauma center provides initial evaluation, stabilization, diagnostic capabilities, and transfer to a higher level of care. Mayo Clinic Health System in Cannon Falls participated in the designation process, which includes an external review of the hospital’s resources and capabilities to care for trauma patients.

- **Electronic Medical Records (EMR) implementation** — Carefully designed systems make sure patient information is accessible, accurate and confidential. The EMR allows health care providers immediate access to information from multiple sites of care, assurance that patient data and results are up to date, and reduced risk of error.

Even though we’ve changed to improve quality and service, we believe that still more can be done. We’ve asked for community input on how we can do better, and you have responded. We want you to know: We’re listening. Our goal is to address your concerns and questions openly and honestly, always keeping the needs of our patients at the forefront.

Many of you are asking about plans for building a new medical center, which was part of the communication during the affiliation with Mayo Clinic Health System. We are still moving forward on those plans. We’ve completed a business plan and financial analysis and will soon be working with an architect on the design of the new facility.

At each step in the process, we will share our progress and get your feedback. Our goal is to continue creating a high-quality medical practice that will serve our community for years to come.

If you have questions or suggestions, please contact us at 507-263-4221 or go to www.mayoclinichealthsystem.org, click on Locations, then Minnesota, then Cannon Falls, and then click on Feedback to fill out an online suggestion form.
Meet Cannon Falls providers online!

Do you want to learn more about Cannon Falls providers, such as their educational background and training or what they like most about their professions? Meet them online!

> Go to www.mayoclinichealthsystem.org.
> Under the Find Medical Staff section, in the select a location box, choose Cannon Falls, MN and select Go.
> Once on the Medical Staff at Cannon Falls page, choose from drop-down menus to view staff by name or specialty, or view staff who are taking new patients.

Darcy Reber
Certified family nurse practitioner
Family Medicine

Evie Christensen
Certified family nurse practitioner
Family Medicine

Katie Ingle
Certified family nurse practitioner
Family Medicine

Gail Olson, M.D.
Family Medicine

Megan Johnston, M.D.
Family Medicine

Thomas Nordahl, M.D.
Family Medicine

Janet Chestnut, M.D.
Emergency Medicine

Christina Johnson
Physician Assistant
Family Medicine

T.S. Turna, M.D.
Family Medicine

Alex Stricker, M.D.
Family Medicine

Tom Witt, M.D.
Family Medicine

What you need to know to stay healthy this flu season

Each year, approximately 36,000 people die from seasonal flu, which attacks the respiratory system, including your nose, throat and lungs. Symptoms tend to come on suddenly and include:

- High fever
- Muscle aches
- Runny nose
- Sore throat
- Dry cough
- Fatigue

Your best defense against the flu is getting an annual flu shot as soon as it is available. Other tips for avoiding the flu include:

- Washing your hands frequently
- Getting enough sleep
- Eating a healthy diet
- Exercising regularly
- Avoiding crowds during flu season

If you get the flu, try to rest and drink plenty of fluids. You can also use over-the-counter pain relievers to ease any aches and pains. If you develop flu symptoms and have a chronic health condition, such as diabetes, emphysema or heart disease, call your doctor.

Excerpted with permission from MayoClinic.com.

Mayo Clinic Health System will offer the seasonal flu vaccine this fall. Please visit mayoclinichealthsystem.org for the latest information.
SAGE program offers free mammograms, Pap exams

For many types of cancer, early detection is key to successful treatment and survival. That’s why the American Cancer Society recommends regular screening exams for diseases such as breast and cervical cancer. But screening comes with a price. And for some women who are uninsured or underinsured, that price can be high enough to prevent them from getting a needed exam.

To alleviate the financial burden of these important screening exams, the Minnesota Department of Health sponsors the Sage Screening Program. The program provides eligible women with free office visits for breast and cervical exams, and free screening mammograms and Pap smears. If a screening exam shows a problem, the program covers many additional diagnostic services and treatments.

To find out if you qualify for the program, talk with your provider or contact the business office at 507-263-4221. Or, learn more by visiting www.health.state.mn.us/ and searching for “Sage.”

Are you due for a screening exam?

The American Cancer Society recommends women:

- Have a yearly mammogram beginning at age 40.
- Begin cervical cancer screening about three years after they begin having vaginal intercourse, but no later than 21 years old. Screening should be done annually with the regular Pap test or every two years with the liquid-based Pap test.

For more information on screening guidelines, visit http://www.cancer.org/index and search “screening guidelines.”