

Dr. Pietila Receives Board Recertification

Yankton Medical Clinic, P.C. is pleased to announce that Pulmonologist, Michael P. Pietila, MD, FCCP, has been recertified as a Diplomate of the American Board of Internal Medicine (ABIM).

Dr. Pietila earned Diplomate status by passing the ABIM's stringent recertification examination, a test of the physician's abilities in the field of adult medicine. He also met ABIM's rigorous standards through intensive study, self-assessment and evaluation. ABIM Diplomats must continue to demonstrate their competence in



Pietila

the specialty by taking recertification exams every 10 years. Dr. Pietila has been in Pulmonology and Critical Care practice at Yankton Medical Clinic, P.C. since July 2006. In addition to seeing patients in Yankton, he has outreach clinics in Parkston; Creighton, Neb.; O'Neill, Neb.; and Plainview, Neb.

Avera Audiologist Attends Iowa Tinnitus Conference

Avera Medical Group Audiologist Matthew Rumsey, Au.D., FAAA, CCC-A, recently attended the 21st Iowa Conference on the Management of the Tinnitus Patient at the University of Iowa. This meeting is designed for audiologists, physicians, nurses and psychologists interested in helping people dealing with tinnitus or ringing in their ears.

Nationally-recognized experts in the field of tinnitus evaluation and treatment updated attendees on current best practices in the following areas: Causes and Mechanisms of Tinnitus, Medications and Dietary Supplements, Counseling and Sound Therapy Approaches and Effective Tinnitus Activities Treatment.



Rumsey

Several manufacturers were also on hand demonstrating the tools and devices they have developed to help those suffering from tinnitus.

Dr. Rumsey offers tinnitus evaluations and services for those suffering from tinnitus and audiology services for pediatric through adult patients at Avera Medical Group Ear, Nose and Throat Yankton. Appointments may be scheduled at Avera Medical Group Ear, Nose and Throat Yankton by calling (605) 655-1220.

MMC's Lupien Earns Nursing Doctor Degree

Mount Marty College is pleased to announce that Donna Lupien DNP, CRNA recently completed her doctoral study at St. Catherine University in St. Paul, Minnesota for her doctor of nursing practice degree.

Lupien is a faculty member within the Mount Marty College nurse anesthesia program and a per diem nurse anesthetist at Avera Sacred Heart Hospital in Yankton, South Dakota. For the past two years she has been director of the Human Patient Simulation Laboratory at the MMC Sioux Falls location. One of the degree requirements for the Doctorate in Nursing Practice program was the completion of a systems change project. Lupien chose to implement a wellness component to the current nurse anesthesia curriculum at the college. The wellness component was well received and will become an



Lupien

integral part of the curriculum going forward.

Prior to coming to South Dakota, Lupien spent 21 years in the United States Army. Of her many accomplishments while in the military, she was the first Army nurse anesthetist to command a Forward Surgical Team in a combat zone. Lupien received her master of health science (MHS) from the U.S. Army/Texas Wesleyan University Program in Anesthesia and a bachelor of science in nursing (BSN) degree from Winona State University.

Completion of all degree requirements and receipt of the Doctor of Nursing Practice degree took place on May 23, 2013.

USD Med Student Awarded Prestigious Scholarship

VERMILLION — Jeb List, who will be entering his fourth year of medical school at the University of South Dakota Sanford School of Medicine (SSOM), is this year's recipient of the Dr. Duane Reaney Family Scholarship.

The scholarship, established in 2010 through a gift from Dr. Duane and Kathryn Reaney, is awarded to SSOM students entering their fourth year, are in good academic standing and are based at the Yankton Campus. Preference is given to students who express an interest in practicing in Yankton or the surrounding area.

Dr. Reaney, a 1945 graduate of USD's School of Medicine, practiced family medicine in the Yankton area for more than 40 years. He says he feels it is vital to continue to attract young physicians back to the region, and hopes the scholarship contributes to that goal.

"I think it's very important that we try to get peo-

ple to come back here," said Reaney. "The need is great in the smaller communities—not just in Yankton, but in the wider area."

List was born and raised in Yankton, and plans to pursue a career in orthopedic surgery after graduation. He says he appreciates the opportunity to complete his education close to home as well as the financial assistance provided by the \$900 scholarship.

"I'm honored to receive this scholarship and it definitely helps me move toward my career goals," said List.

List hopes to return to his hometown area after completing his residency, and noted that his desire to enjoy South Dakota's particular culture drive his long-term decision-making process when it comes to his career.

"The values and morals of South Dakota line up with what I believe. I hope to come back and make a positive difference."

Daniel Johnson Recertified

Daniel C. Johnson, M.D., an orthopedic surgeon with Orthopedic Institute in Yankton has passed his 10 year recertification exam and is now Board Certified through 2024. Dr. Johnson scored in the 85th percentile and is in the top 15 percent nationally. Dr. Johnson specializes in sports injuries, fractures, knee arthritis and upper extremity problems. Besides Yankton, he cares for patients at outreach clinics in Tyn-dall, Wagner and Creighton, NE.



Johnson

Foods That Keep You Cool

BY MICHAEL ROIZEN, M.D.,
AND MEHMET OZ, M.D.

King Features Syndicate

When Sly and the Family Stone sang "Hot Fun in the Summertime," we don't think they were talking about eating habanero peppers on a steamy July afternoon. But there are many places (most near the equator) where folks use spicy foods to cool down.

When your body's built-in thermostat (in your hypothalamus) senses your core temperature is over 98.6 F, you sweat. As each drop of moisture evaporates, it cools you. Since spicy foods make you perspire, eating them will provide a cooling sensation. But if you're lookin' to chill out, there are other foods that can lower the heat without the pepper burn.

Water-rich foods slow digestion (so your body isn't working so hard), rehydrate you and — if you pick the right ones — replenish minerals and vitamins lost through perspiration. Our favorites include:

—Watery fruits: Watermelon, 90 percent water, delivers 25 percent of your daily vitamin C, plus artery- and prostate-loving lycopene. Juicy cantaloupe? Every cup contains 17 percent of your daily potassium needs. Great for post-exercise muscle care. Also with a cooling blend of water and nutrients: frozen grapes, oranges and cucumbers.

—Salads: Toss fruits with iceberg (95 percent water and no nutrients) and arugula or red leaf lettuce (less moist, but nutrient-dense).

—Sweet treat: Mashed, frozen banana (lots of potassium) with vanilla flavoring or real chocolate chips!

FYI: Two summer favorites that aren't great for cooling — ice cream (the high fat content stokes your inner flame) and a cold beer (alcohol dehydrates, so you sweat less). Drink about 16 ounces of water for each beer you have.

INCREASING YOUR HEALTHY LIFE EXPECTANCY

In the 1992 movie "Death Becomes Her," Goldie Hawn and Meryl Streep opt for immortality, but forget about one thing — youthfulness. They end up eternally unhealthy. Have we learned from that cautionary tale? Doesn't look like it.

A Mayo Clinic report reveals that you — and you and you — may not be doing what it takes to achieve a HEALTHY longer life. Around 70 percent of Americans need to take at least one prescription drug daily, and 20 percent take five or more (25 percent of women 50-64 take antidepressants; 22 percent of all Americans 45 and older take a statin). Another zinger: In the past decade, the risk of dying from degenerative brain disease rose 39 percent.

What does it all add up to? In Canada and the U.S., the prospect for a guy (at birth) to achieve a HEALTHY life expectancy is ranked seventh and 32nd respectively compared with all other countries. For women in Canada and the U.S., the prospect for healthy life expectancy ranks 23rd and 35th.

To improve your healthy long-life prospects, first determine your RealAge (take the test at Sharecare.com) and start today to make your RealAge younger and your old age healthier: 1. Walk 10,000



OZ AND ROIZEN

Dr. Mehmet Oz and Dr. Michael Roizen

steps daily. 2. Avoid all added sugars and syrups, saturated and trans fats and grains that aren't 100 percent whole. Food is not "Let's Make a Deal." 3. Meditate 12 minutes a day. 4. Volunteer — for anything that helps others. 5. Be affectionate with friends, family, pets. You'll start to feel younger right away.

DON'T GET OUTTA JOINT — JOINT MEDS, THAT IS

When the French Impressionist Pierre-Auguste Renoir developed rheumatoid arthritis in the 1890s, there was nothing but mineral baths, aspirin and red wine to ease his pain and prevent his hands from becoming deformed. About a hundred years later, in the 1980s, when heart surgeon Christian Barnard (he did the first-ever heart transplant) was forced to retire because of RA's crippling effects, treatment options were still limited. (Disease modifying anti-rheumatic drugs, or DMARDs, such as methotrexate, were just coming into widespread and effective use.) Now, in the past decade, 10 approved biologic medications have become game changers. They promise great benefits (with some risks, such as increased infections and some cancers) when other treatments don't work. This has made doctors and patients more optimistic about slowing joint damage, preserving mobility — and even achieving remission.

So why do more than half of RA patients stop taking their medication or grudgingly switch therapies within two years? Almost 40 percent report that their meds aren't working the way they want them to, and 20 percent say it's because they are worried about side effects.

But having to try a new combination of medications is not failure; with RA that's the process you have to go through to discover what works best for you. So let your doctor know your concerns and expectations and explain how your meds affect you. Chances are very good you will be rewarded with a new treatment plan that provides big improvements in your quality of life. Don't stop treatment; find out what works for you!

BOOZE NEWS: WHAT'S IN THAT GLASS?

"Drunk History," originally part of Will Farrell's FunnyorDie.com, is headed to Comedy Central, where it will serve up even more inebriated historical re-enactments. And although they're somewhat entertaining, we figure seeing comedian Duncan Trussell (after a six-pack of beer and a bottle of absinthe) narrate the story of Nicola Tesla, the father of Western technology (with John C. Reilly as Tesla),

should be enough to convince the Bureau of Alcohol, Tobacco, Firearms and Explosives that mandatory nutritional labels on booze is a smart move.

Until that happens, we're glad beer, wine and liquor companies in the U.S. are now allowed to put nutritional labels on their products, identifying ingredients and serving size. (In Canada, there's no such regulation.) But you still won't see them on all bottles. So, here's an overview:

1 bottle of beer (12 ounces): 150 calories; 13 grams carbohydrates; 1.6 grams protein; 10 percent of RDV for vitamin B-6 and 5 percent for magnesium.

1 glass of wine (5 ounces): 125 calories; 4.1 grams carbohydrates; 0.1 gram protein.

1 ounce of vodka (80 proof): 64 calories; 0 carbs; 0 protein; 0 vitamins or minerals.

1 ounce of whisky (86 proof): 70 calories and another big 0 on everything else!

Beware! If you follow the Canadian Low-Risk Alcohol Drinking Guidelines (women, 10 drinks a week; men, 15), you could take in 1,250 to 1,875 extra calories weekly! We say stick with one drink a day (if you've got no risk for alcohol or drug abuse); a recent study shows folks who have a nightly drink are thinner than those who have more than one and those who have none.

DEALING WITH INCONTINENCE

There are few things more embarrassing — or, truth be told, more common — than piddling in your pants. Internet pictures of celebrities prove that sometimes, a gal just has to go with the flow. But despite the fact that it's a reported problem for 7 percent of women ages 20-39, 17 percent of women ages 40-59, 23 percent who are 60-69 and 32 percent of those over age 80 (and probably afflicts many more), no one likes to talk about it, even to a doctor.

That's unfortunate. Keeping quiet can hurt your social and love lives and keep you from exercising. But at least 80 percent of the time, opening up about it lets you resolve or at least improve the situation. (BTW, guys: 3 percent to 11 percent of young and middle-age men and 15 percent of men 80 or older have to deal with it, so listen up.)

Whether you have stress incontinence and leak when you strain, cough or laugh, or urge incontinence and often feel a sudden need to urinate, there are remedies. Talk to your doctor about medications, devices and procedures. And in the meantime, here's what you can do to ease your discomfort.

—Kegel away! Contract your pelvic (and in women, vaginal) muscles used to stop the flow of urine; don't move your butt or belly. Hold for three seconds; release for three; repeat 10-15 times, three or more times a day, every day.

—Ask your doc about biofeedback. It's effective in gaining control over muscles in your bladder and your urethra.

—Drink plenty of water; dehydration makes things worse. Really!

Mehmet Oz, M.D. is host of "The Dr. Oz Show," and Mike Roizen, M.D. is Chief Wellness Officer and Chair of Wellness Institute at Cleveland Clinic. To live your healthiest, visit sharecare.com.

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Avera Named 2013 Most Wired Health System

CHICAGO — Avera Health has been recognized as one of the nation's MOST WIRED health systems according to the results of the 2013 Most Wired Survey conducted by Hospitals & Health Networks magazine. Avera has been named to the "Most Wired" list 14 times.

"We are very proud of the work being done across the system to use technology to improve patient care," said Jim Veline, Senior Vice President of Information Systems. "To be included in this national recognition is affirmation that Avera is making an impact and staying ahead of the technology curve."

This year marks the 15th anniversary of Health Care's Most Wired Survey. In that time, hospitals and health care systems have made great strides in establishing the basic building blocks for creating robust clinical information systems aimed at improving patient care. This includes adopting technologies to improve patient documentation, advance clinical decision support and evidence-based protocols, reduce the likelihood of medication errors and rapidly restore access to data in the case of a disaster or outage.

"This year's Most Wired organizations exemplify progress through innovation," says Rich Umbdenstock, President and CEO of the American Hospital Association. "The

hospital field can learn from these outstanding organizations ways that IT can help to improve efficiency."

Among some of the key findings this year:

- Sixty-nine percent of Most Wired hospitals and 60 percent of all surveyed hospitals report that medication orders are entered electronically by physicians. This represents a significant increase from 2004 results when only 27 percent of Most Wired hospitals and 12 percent of all hospitals responded, "Yes."

- Seventy-one percent of Most Wired hospitals have an electronic disease registry to identify and manage gaps in care across a population compared with 51 percent of total responders.

- Sixty-six percent of Most Wired hospitals share patient discharge data with affiliated hospitals, in comparison to 49 percent of the total responders. Thirty-seven percent of Most Wired hospitals do so with non-affiliated hospitals versus 24 percent of total responders.

"The concept of health information exchange is absolutely correct. We need to do it and do it in a robust, refined way," states Russell P. Branzell, President and CEO of the College of Healthcare Information Management Executives. "The answer here is standards, standards, standards. We need to standardize the entire process, which

we've done in almost every other business sector."

The 2013 Most Wired Survey also covered some new areas such as big data analytics and patient generated data. An emerging practice, big data analytics looks at large amounts of data to uncover patterns and correlations.

- Thirty-two percent of Most Wired hospitals conduct controlled experiments or scenario-planning to make better management decisions.

"Meaningful use has been a top priority for Chief Information Officers and hospital executives, but understanding all of the data will be critical as new relationships continue to evolve," says Rose Higgins, Vice President, Strategic Solutions, RelayHealth, McKesson's connectivity business unit. "Data analytics will be essential to helping hospitals balance quality of care and cost requirements in a new environment of risk-based reimbursement and evidence-based medicine."

- Forty-one percent of

Most Wired hospitals provide a patient portal or Web-based solution for patient-generated data.

"The bottom line is that care must be connected and continue wherever the patient is - whether that's in the hospital or the doctor's office or in the home," said Dr. Geeta Nayyar, MD, MBA, chief medical information officer for AT&T. "The health care industry has lagged behind other industries, such as banking and travel, in tapping technology that can engage the patient and connect the continuum. We are finally seeing real progress as an industry, but there is still more to do."

Health Care's Most Wired Survey, conducted between Jan. 15 and March 15, asked hospitals and health systems nationwide to answer questions regarding their IT initiatives. Respondents completed 659 surveys, representing 1,713 hospitals or roughly 30 percent of all U.S. hospitals.

The July H&N cover story detailing results is available at www.hhnmag.com.

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