



Life & Health

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First pacemaker implant at GRH a great success

ON Feb. 3, 2016, the first pacemaker implant procedure in the history of Union County was performed at Grande Ronde Hospital by Cardiologist Emilia Arden, DO, FACC.

Led by Dr. Arden, the surgical team that day included Anesthesiologist Tim Schoenfelder, MD; Cathy Deckert, RN; Michelle Sandoval, RN; Jesse Davison, RN; and Brian Buckingham, RT(R) (CT). Did they realize they were making history? Yes, they did.

“I’ve been here almost 30 years, and in that time there have been a lot of firsts—we have a very nice hospital here,” says Dr. Schoenfelder. “I was really impressed by Dr. Arden—she was totally on top of it. She is a great addition to expanding the level of specialty care we can provide here.”

Communication is key

Pacemaker implants are nothing new to Dr. Arden, who did many of them during her tenure with St. Vincent’s Hospital in Portland.

“I’ve done lots of them, and it’s what I love to do,” says Dr. Arden. “We had never done one here, of

course, and everyone was asking—are you sure we can do this? Luckily, the (pacemaker) representative was going to be here, so I told everyone—yes, we can do this, and we are going to do this. And we did! It was great! I think we have done six or seven more since then.”

Dr. Arden prepared the team for that first procedure by bringing them all together to explain what would happen, and what the role was for each member of the team.

“At first we *weren’t* sure we were ready for something like this,” recalls Sandoval, “but Dr. Arden kept telling us it was not a big deal; very similar to inserting a portacath, and we do those all the time.” Sandoval explains that a portacath is an intravenous catheter placed
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Cardiologist Emilia Arden, DO, FACC, performed the history-making pacemaker implant procedure at Grande Ronde Hospital in February 2016.



Your generous donations helped provide safer transportation for our Home Care Services staff. Read about it on page 3.

Pacemaker implant

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under the skin for administration of chemotherapy, blood transfusions, antibiotics, intravenous feeding or blood draws.

“Dr. Arden brought us all together and we talked it through. We learned what to expect and also how Dr. Arden likes to work—which was very important. Both reps had worked with her (at St. Vincent’s) before, so that was very helpful,” Sandoval adds. “After that we had complete faith in Dr. Arden and both the reps, so we jumped in with both feet.”

Bringing more services home is the cornerstone of the GRH mission.

Care close to home

Because GRH Radiographic Technologist Brian Buckingham had assisted in open-heart surgery early in his career at another hospital, he had a basic working theory of what was going to take place.

“Of course things have changed a lot since way back then—especially technology,” says Buckingham. He adds that because it was also the first time working with a new doctor, in addition to doing a new procedure, the implant was a great learning experience for everyone.

“Of course I was mostly focused on giving her the best picture I could while keeping the radiation as low as possible for the patient,” he says.

Buckingham was running the mobile C-arm, a medical imaging device that provides a live x-ray, allowing the cardiologist to see the position of the pacemaker lead.

“It was very exciting for all of us, but I think this was mostly exciting for the patient,” he adds.

The patient perspective is also the take-away for Cathy Deckert, RN. As surgical scrub, Deckert’s role is to assist the surgeon. With that close-up view, she found it was very interesting to watch the leads

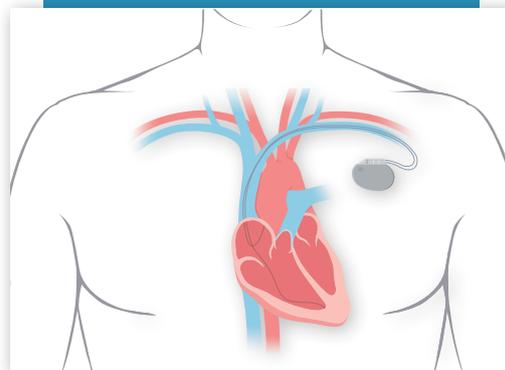
travel into the beating heart.

“I think what makes this so good is that it’s one more service

we provide so that people can stay home. They can be cared for here by people they know. They don’t have to travel out of the area. They don’t have the added worries about what to do with the house, the pets or any of that,” says Deckert.

As the executive director for patient care services at GRH, Doug Romer believes bringing more services home is the cornerstone of the GRH mission.

“The ability to add pacemaker implant procedures, as well as the necessary follow-up care that comes with that, is just one more example of our continuing efforts to provide access to high-quality, cost-effective health care services to our patients.” 



What to expect with a pacemaker implant procedure

Pacemaker implant patients are typically awake during the procedure, although they are given sedatives to relax and the doctor will numb the area where the pacemaker is inserted. General anesthesia can be hard on a patient with cardiac problems.

During surgery, one or more flexible electrodes (or leads) are inserted into a major vein under or near the collarbone and guided to the heart with the help of x-ray images. One end of each wire is secured to healthy tissue within the heart, while the other end is attached to the small pulse generator, which is implanted under the skin beneath the collarbone.

After the procedure, patients usually stay in the hospital for one day, mostly to ensure the pacemaker is programmed to fit the patient. A follow-up visit is often scheduled to make sure your pacemaker’s settings are correct. After that, most pacemakers can be checked remotely using wireless technology. 



As technology improves, wireless pacemakers like this one become smaller.

New vehicle provides safer travel for home care workers

In 2015, the Grande Ronde Hospital (GRH) Foundation Board committed to purchasing an additional vehicle for the GRH Home Care Services department. Last October we were able to make good on our commitment, and Legacy Ford Lincoln of La Grande delivered a new 2015 Ford Escape to GRH.

The SUV has been in use all winter by our home health and hospice care providers traveling to see their patients. It has also proven to be particularly handy for transporting all of their necessary equipment, as well as any unique materials specific patients might need for their home health or hospice care.

Having a four-wheel-drive vehicle has made traveling to patient homes, no matter where they are located throughout the county, much easier. Our home care workers are more able to safely travel unpaved county roads in poor weather conditions to provide needed care for our patients.

Each year, the Foundation looks at multiple Grande Ronde Hospital patient-centered projects, then identifies specific program or patient needs for funding. The Foundation covers those costs using monies acquired through your generous and charitable donations and through our fundraising efforts. The Foundation is grateful to all of our donors—without you, purchases like this would not happen. 



GRH Home Health and Hospice staff members (from left) Verla Kirkeby, Spiritual Care and Volunteer Coordinator; Julie Parks, RN, Home Care Services Department Manager; Gwen Thomas, RN, CHPN; Karen Taylor, Referral Coordinator; and Teresa Dixon, MSW, with the 2015 Ford Escape. The much-needed vehicle was funded for the Home Health and Hospice department by the GRH Foundation.

New hearing diagnostic system at GRH

As part of their 2015–16 fiscal year capital projects, the Grande Ronde Hospital (GRH) Foundation was given the opportunity to keep more of your health care needs local.

With the purchase of the Bio-logic Scout Sport OAE, a hearing diagnostic system not

commonly found in many audiology clinics, the GRH Otolaryngology (ENT) Clinic is now able to provide diagnostics that will keep some of our tiniest patients home.

“This testing can be used in differential diagnosis of auditory disorders in all ages,

including young infants. Most commonly used in the diagnosis of children with hearing loss, it is also used to monitor ototoxic effects (damage to the ear caused by various medications), to monitor noise damage and to rule out malingering (exaggerating a hearing loss),” says Erika Blanchard, GRH Audiologist.

“Otoacoustic Emissions (OAE) are a soft sound produced by the outer hair cells of the inner ear in response to various stimulus types. While it is not a test of hearing, it does give us valuable information regarding the integrity and function of the outer hair cells, which can tell us a great deal about how the hearing organ is working,” says Blanchard. “We are lucky to have this equipment in our region and will have far less cause to refer young children out of the area for testing.”

The Grande Ronde Hospital Foundation continues to serve our regional patients through purchases of unique equipment such as this, so that it is unnecessary to travel great distances for simple diagnostics. 



A small boy being prepared for his hearing evaluation using the new Bio-logic Scout Sport—a computer-based diagnostic system purchased by the GRH Foundation for the Otolaryngology/ENT Clinic.



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On the trail to safety

ONE of the best things about living where we do is the ability to get outdoors once the weather turns nice and explore the mountains that surround the Grande Ronde Valley. Before you head out on that first hike to rediscover our great outdoors, keep these safety tips in mind:

1 Have a plan. Don't keep it to yourself. Let someone know where you're going and when you expect to return. If you're hiking with a group, decide where you're going to meet if you get separated. This could be back at the trailhead, at the vehicle or even a big rock.

2 Dress for success. Wear clothing and footwear appropriate for the terrain and season. If ticks are running rampant, wear a long-sleeved shirt, long pants and shoes and socks—not sandals. Use insect repellent that includes the ingredient DEET.

3 Bringing the kids along? Be sure to dress children in bright colors, so they can be easily seen. When hiking with four-footed friends, keep them in sight at all times too.

4 Educate yourself. If poison oak, sumac or ivy grow where you'll be



Enjoying the great outdoors is one of the best things about living in northeast Oregon. Just remember to stay safe when out on the trail.

hiking, learn how to recognize them so you can avoid them—and the nasty, itchy rashes they can give you.

5 Pack appropriately. Bring water, food, a cellphone, a map or compass,

a whistle, a headlamp, and a flashlight. Keep jackets handy for when the sun goes down.

6 Choose wisely. Hike on an established trail, and stay out of areas declared off limits to hikers. 

Not-so-great outdoors: ticks. If you're bitten, be sure to correctly remove the intruder. Find out how at www.grh.org/tick.

Sources: American College of Emergency Physicians; National Park Service; Recreation.gov