Roadside Heroes and a Debt of Gratitude

By Pam Witt-Hillen, ThedaStar Flight Nurse

Sometimes compassion begins on the roadside. And sometimes heroes live next door, in civilian clothes, and go unnoticed until called to action. So was the case on Sept. 22 this past year.

While driving her car north of Shawano, and just before crossing a bridge in the town of Wescott, Krystal Benoit lost control, swerved and crashed into the Wolf River. Her vehicle landed upside down, submerged in 5 feet of water with only one wheel sticking out.

Brave bystanders immediately sprang into action, and their synchronized teamwork saved Krystal’s life. Steve Grover, who saw the vehicle floating and dialed 911, along with Jerome Hoppe, who lived nearby, and Gary Effensberger, who also stopped to assist, wasted no time going into the water to free her from the car and provide aid.

Lifesaving aid is certainly what this team of three strangers provided! They pulled her lifeless body out of the vehicle, noting no pulse or signs of breathing. She was estimated to be under water approximately five to 10 minutes. Effensberger steadied a log near the river’s edge, while the other two men balanced her body on the log and performed CPR. When rescue crews arrived, Krystal remained unconscious but was spontaneously breathing and had a pulse. She was taken to Shawano hospital in critical condition and airlifted by ThedaStar to ThedaCare Trauma Center-Neenah.

Krystal was admitted to the ICU and treated for aspiration pneumonia, along with therapeutic hypothermia for its protective effects on a brain that has been deprived of oxygen. In Krystal’s case, this was five to 10 minutes while being submerged and in full cardiac arrest.

Amazingly, within one week Krystal woke up with few neurological deficits. She has had recurrent episodes of pneumonia caused by aspiration of water in drowning.

She and longtime friend Rhonda are going forward one day at a time. They have a “debt of gratitude” to those Johnny-on-the-spot heroes who saved Krystal’s life, a debt they say they cannot repay. They will never forget the compassion bestowed upon them on a roadside one September day.

See pages 4-5 for water related emergencies & safety tips.
The Voice Behind the Phone

By Brian Koch, ThedaStar Communication Specialist

When the phone rings in the ThedaStar Communications Center, our staff begins the process of providing your service and patient the highest level of care in the air. Our Flight Communicators are all highly trained and qualified to meet your needs. Each has been certified by the National Association of Air Medical Communication Specialist (NAACS). Being staffed 24/7 allows us to always be available and ready for your request.

Our Communication Specialists are able to:
- Monitor ThedaStar via real-time satellite tracking.
- Locate scene coordinates with precise accuracy.
- Watch changing weather patterns and flight requirements.
- Communicate with the crew via radio and in-flight satellite communication.
- Use computer-aided dispatch (CAD) software.

There are several pieces of information at time of call that will expedite the entire process, and ultimately provide the flight crew the information they need to respond to your request as soon as possible:
- Location of scene and nearest intersection.
- Number of patients.
- Need for other aircraft.
- Patient estimated weight.
- GPS Coordinates, if available as degrees, minutes and decimal (DD MM.MMM).

When you call ThedaStar Communications Center, have peace of mind that we will handle your request with care and efficiency. There motto is no need to make multiple calls. Our motto...

“One call, we handle it all.”

ThedaStar SALUTES

- Congratulations to Josh Blomberg, MD, a new orthopedic surgeon who will provide comprehensive trauma care at ThedaCare Regional Medical Center-Neenah and joins the team at ThedaCare Orthopedic Care.
- Congratulations to Megan Schuossler, ThedaCare Marketing and her family on the birth of their new son, Rhett.
- Congratulations to Randy Roeper, who was named the chief operating officer for ThedaCare Physicians. He is responsible for the high level day-to-day planning, coordination and performance improvement at all of ThedaCare Physicians’ primary care clinics throughout Northeast Wisconsin. Roeper comes to his new role from Community Health Network (CHN) Medical Group where he was vice president.
- Congratulations to Megan Muholland, corporate and public relations specialist at ThedaCare, on being named Communicator of the Year by the Public Relations Society of America’s Northeast Wisconsin chapter.
- Congratulations to Chuck Fritz who retired December 31 after 29 years as the Iola Fire Chief.
- Congratulations to Jim Aanstad who was named chief of the Iola Fire Department as of January 1.

The year 2016 marks 30 years since ThedaStar Air Medical first took flight. Stay tuned through out the year ahead as we remember and recognize the past 30 years.

Thank you for your support over each of those years!
New Face

Hello there! My name is Audrey James and I am the “new-ish” supervisor in the ED at ThedaCare Regional Medical Center Neenah. I started in this position in February of 2015. I may have several months under my belt, but I continue to learn something new every day.

My background is ICU and ED from a different health care system, so there has been a lot for me to learn. I’ve been a nurse since 2004, and critical care is my home. I started testing out leadership roles several years ago, and my current position is the perfect fit for me — a balance of hands-on and leadership! I couldn’t be happier with this opportunity.

But enough about me, the real story here is the ED team. I have never worked at a Level II trauma center before, and wow, is it cool! The staff here is so passionate about their work, it inspires me on a daily basis. Their support for each other is remarkable, and it shows in the quality care they provide to everyone who comes through our doors.

Whether it’s an earache in a small child, or a trauma that requires all our resources, this team makes it look easy. Still, dabbling in the bedside role myself, I know it’s anything but easy, and that only strengthens my respect for all they do. From the time a patient enters the department, members of our team are ready to meet all their needs all the way through to discharge. Our patients often come to us at a critical time in their lives, and only for a short period. Yet, in that time, this team has a huge impact on them.

I am privileged to work with a group of smart, caring and eager professionals. They often don’t get recognized for what they do, and they don’t ask for it — “It’s our job” is what they say. Anyone can have a “job,” but it takes something pretty special to do what this team does. I’m excited to see what lies ahead for all of us, and even more thrilled I get to be along for the ride.

Reflections on 3 Years with the Trauma Program

By Tabitha Uittenbroek, RN, BSN, manager, ThedaCare Trauma Center-Neenah

November marked three years for me in the trauma program in Neenah. My first role was as the trauma coordinator, where I was fortunate to review all documentation and present opportunities for improvement to our various committees, then work with trauma care providers to optimize patient care.

The American College of Surgeons emphasizes the importance of systemized care, but now that I have been an investigator of the detailed work that goes into the care of each patient, I can truly appreciate the significance of each person’s role along the care progression. I am so proud to be part of this work, and to be surrounded by qualified and dedicated team members who provide care throughout the continuum.

DATES TO REMEMBER FOR 2016

June 7, 2016 — Trauma Symposium

Positive Identification

By Tabitha Uittenbroek, RN, BSN, manager, ThedaCare Trauma Center-Neenah

At ThedaCare Regional Medical Center-Neenah, we face a challenge to accurately identify trauma patients. To truly “positively identify” any patient, one of two things must happen. First, the patient may state his/her name and other identifiers, or secondly another individual who personally knows the patient and is present at the scene or at the hospital may provide the identity.

Because it is not always possible to meet one of these two criteria, we utilize an unidentified, or anonymous, patient name for initial emergency care. We have a way of using state names through our electronic health record, for example, Trauma, Illinois Nine.

Before providing a patient name to anyone, follow this safe practice to ensure accurate identification. Practices to avoid include using a driver’s license, medication bottles, or friend-of-a-friend identification.

ThedaStar Recognized for Service to Patients

The Commission on Accreditation of Medical Transport Systems (CAMTS) awarded accreditation to ThedaStar for its compliance with standards in quality patient care and safety for patients requiring medical transport. ThedaStar went through an extensive application process to receive the accreditation, which is valid for three years.

The recognition reassures local EMTs and community members that ThedaStar is committed to providing the highest standards of quality patient care. As an accredited medical transport service, ThedaStar also can use the CAMTS logo and was given decals to put on its helicopters.

“Trauma BLUE”: Where Definitive Care Begins

By Steve Hablewitz, ThedaStar Flight Paramedic

Definitive care is defined as satisfying all the criteria/needs for the critically injured patient. From the moment the injured patient comes through the door at the Level II Trauma Center at ThedaCare Regional Medical Center-Neenah those needs are met.

The hospital’s emergency department can be a chaotic place; however, our ER is staffed with highly trained ER physicians, nurses and paramedics that work as a cohesive team to rapidly identify life-threatening injuries and immediately treat them. We like to call these professionals the “front lines” of hospital emergency medicine. It is these initial decisions that have the biggest impact on an optimal outcome for the patient.

Being the Fox Valley’s only Level II trauma center means the critically injured patient will not only receive top-quality emergency care, but also immediate access to the many specialty services we offer, including trauma surgeons, orthopedic surgeons, neurosurgeons, anesthesiology, radiology, critical care and rehabilitation services.

Despite the demands of the job, the professionals on our team have chosen a satisfying career in emergency medicine, for which we can all be thankful.
A Fateful Encounter Becomes a Lifelong Bond
By Pam Witt-Hillen, ThedaStar Flight Nurse

February 14 will mark the anniversary of Tiffany Dombrovski’s and Connie Loewe’s chance meeting in 2009. Although Tiffany has no recollection of this, she is grateful every day for “one of the angels” that helped save her life.

On that day, 7-year-old Tiffany was riding in a pickup truck that plunged through the ice on Lake Winnebago, killing her 9-year-old friend Savannah Kleinheins and Savannah’s father, Dan Kleinheins. Tiffany was trapped under water for about 30 minutes before being rescued. As she was pulled from the icy water, Connie Loewe, a Stockbridge First Responder, instantly helped initiate CPR on the lifeless child. Tiffany was airlifted by ThedaStar to ThedaCare Regional Medical Center-Neenah, where rewarming and resuscitation efforts were continued. She was then flown to Children’s Hospital of Wisconsin, where she spent five weeks recovering.

That was seven years ago, and the two strangers who met in 2009 remain best of friends today. Connie has continued to be a guiding force all these years, supporting Tiffany and her family as she reclaim her life. She’s inspired every day by this young lady’s courage and determination, and is grateful to have helped make a difference for her on that Valentine’s Day. Tiffany and Connie visited Florida together this past December.

Calumet County now has a dive team that can quickly respond to ice rescues, and “Savannah’s Pay It Forward Foundation” helped make this a reality. Connie Loewe is a dive leader for the team. Tiffany has also attended diving classes and hopes to be like her steadfast mentor and friend. Undoubtedly, Valentine’s Day will always hold special meaning for these two.

Treating Profound Hypothermia

Hypothermia is a medical emergency that occurs when a body loses heat faster than it can produce heat, causing a dangerously low body temperature. Unintentional or accidental hypothermia is a serious and preventable health problem.

Severe hypothermia (body temperature <30°C [86°F]) is associated with marked depression of critical body functions, which may make the victim appear clinically dead during the initial assessment. Therefore, lifesaving procedures should be initiated unless the victim is obviously dead. The victim should be transported as soon as possible to a center, where aggressive rewarming during resuscitation is possible.

- Normal body temperature is around 98.6°F (37°C). Hypothermia occurs as a body temperature passes below 95°F (35°C). That’s not much of a drop.
- When body temperature drops significantly, the heart, nervous system and other organs can’t work normally.
- As the body core temperature decreases, sinus bradycardia tends to give way to atrial fibrillation, followed by VF and finally asystole.
- Left untreated, hypothermia can eventually lead to complete failure of the heart and respiratory system and to death.

CLASSIFICATIONS OF HYPOTHERMIA:
- Mild hypothermia: 95–99°F
- Moderate hypothermia: 82–95°F
- Severe hypothermia: lower than 82°F

ACLS RECOMMENDATIONS FOR RESUSCITATION OF SEVERE HYPOTHERMIA

Make sure to familiarize yourself with your local protocol. Beyond these critical initial steps, the treatment of severe hypothermia (temperature <30°C [86°F]) in the field remains controversial.

- Pulse check — palpate for up to 1 minute (consider Echo/Doppler as hard to find, do not delay CPR),
- Establish an airway and oxygenate with 100% O2.
- Move patient gently if <32°C (89.6°F), due to risk of triggering VF.
- No epinephrine or other drugs administered until warmed >30°C (86°F).
- Shock VF one time if necessary; then no further shocks until temperature >30°C (86°F).
- Actively rewarm! Patient not considered dead until “warm and dead” (30–32°C).
Drowning Facts and Victim Care

Even in Winter with the abundance of lakes and rivers, drowning remains a significant public health concern in Northeast Wisconsin. It usually occurs silently and rapidly. The classic image of a victim helplessly gasping or thrash-ing in the water is rarely reported.

Victims expend all their energy trying to breathe or keep their head above water. A motionless individual floating in the water or quietly disappearing beneath the surface is more typical.

DROWNING MAY BE FURTHER CLASSIFIED
- Cold-water injury or warm-water injury.
- Warm-water drowning occurs at water temperatures of 20°C or higher.
- Cold-water drowning occurs at water temperatures of less than 20°C.
- Cold water has been reported to be protective, especially in young children.
- Prolonged immersions can nullify the effect of temperature on survivability.

ADDITIONAL CLASSIFICATION OF FRESHWATER VS. SALTWATER
- Initial treatment is not affected by type of water.
- Serum electrolytes may shift related to salinity of water.
- Long term infectious complications are related to whether the victim was submerged in a natural or a man-made body of water.

CARE OF THE DROWNING VICTIM
- The ABCs of resuscitation; stabilize victim’s airway and breathing, heartbeat and blood pressure.
- Look for a potential underlying medical condition that might have caused drowning to occur.
- Is there associated trauma (such as from a diving or boating accident)?
- Prompt correction of hypoxemia and acidosis — the degree of CNS injury depends on the severity and duration of hypoxia.
- Provide oxygen to the victim as soon as possible!
- Recently the American College of Cardiology and the American Heart Association endorsed chest-compression-only resuscitation for “land PN Bs.” This is not the case with drowning or “water PN Bs” — the initial insult to the body is lack of oxygen.
- CPR performed by bystanders has been shown to save lives and improve outcomes in drowning victims.
- The more quickly CPR is started, the better the chance of improved outcomes.

It’s all about time. Seconds count! Prevention and community education are key for reducing morbidity and mortality from drowning.

THE SIGNS OF DROWNING

1. Facing shore
2. Mouth at water level
3. Head tilted back
4. Body vertical
5. Climbing ladder motion

SAND BAR

Photo courtesy of Great Lakes Rescue Project

GLSRP.ORG
Post-Traumatic Strength
By Pam Witt-Hilten, ThedaStar Flight Nurse

For Jesse Jack, it’s been two long years since he sustained a severe traumatic injury to his leg, but he says life is more manageable when you choose “going forward.”

In January 2014, a pipe for a windmill crushed Jesse’s lower right leg. (See accompanying X-ray images showing his injury and phases of healing.) Due to the severity of his injury, he developed wound necrosis and delayed union of his tibia and fibula fracture, which required multiple surgeries for tissue debridement, along with bone and skin grafting procedures.

By April 2014, he had already undergone seven surgeries for repair. Healing has also been complicated by the fact that he is an insulin-dependent diabetic and has a history of vasculitis. In March 2014, he began toe-touch weight bearing, with his leg one inch shorter post-injury.

Today he still wears a walking brace and sees his doctors often, but he is ecstatic that he is up and walking. As part of a normal reaction to an event so abnormal as a windmill blade falling on him, Jesse experiences difficult and intrusive memories, but he’s working hard both physically and emotionally to leave the past behind. He said he is mindful about his routine and practices patience, knowing tomorrow is another day in moving forward. He’s confident in his future and grateful to all the caregivers accompanying him down this long road.

His can-do attitude and the fact that he is walking reflect this man’s resilience and strength of character. Keep the momentum going, Jesse!

FOCUS ON SAFETY

How Do Broken Bones Heal?
By Nina Malm, APNP

In order to dispel any confusion, a broken bone is a fractured bone; a fracture is a break of the bone. These terms can be used interchangeably, as they have the same meaning. Now that we have that cleared up, let’s think about the bone healing process, which starts immediately after the fracture occurs.

Bones are living tissues and incredibly vascularized structures; therefore, once a bone breaks apart, it immediately begins to bleed into the injured area. Similar to when you get a cut on the arm, you would see that it bleeds until a clot forms. The trauma resulting from the bone breaking initiates an inflammatory process, just like a cut on your arm or any other type of injury. This process continues until the clot turns over the tissue into a scar. However, this is where bones are different from other areas of the body. The inflammation will initiate a process that causes the blood clot to be replaced with new bone, not a scar. This new bone is called a callus, and it has a disorganized structure.

Try to imagine a group of people who are welders shrunken down to microscopic size, like in “Honey I Shrunk the Kids.” These welders continue to add more and more callus around the entire fractured area. As days turn into weeks, the welders have put down enough new and living bone to create a semi-immobile area of injury. More bone is formed, and more stability occurs over a period of six to 12 weeks post fracture. At this point, the bone is usually stable enough to begin bearing weight, at least in a gradual capacity.

Over the next year, the injured bone is remodeled into bone that is structurally equivalent to that of the bone in all non-injured areas of the body. To understand this process, let’s think through the daily process of life that all non-injured bones go through. The body uses osteoblasts to add new bone, while osteoclasts resorb, or remove and break down, old bone. In other words, the osteoclasts get rid of the old while creating some new. So, while a bone is remodeling, osteoclasts will jump in to remove the newly formed and immature callus while osteoblasts will lay down new bone with the same matrix as its original counterpart.

There are only a few instances when bone will not heal back to its normal matrix, such as in the case of open fractures. Open fractures cause the bone to get aggressively outside of the skin, in turn causing the tissues around the bone that help bring it blood and healing nutrients to be completely stripped off. This occurs while exposing the damaged bone to sources of infection. Occasionally, the bone has been stripped too dramatically, causing bone death. Often the extent of bone death is difficult to determine at the time of injury.
PARTY Reaches Educational Milestone

By Kathi Hegranes, Injury Prevention & Outreach Coordinator

ThedaCare hit a milestone this year with the PARTY program — educating our 50,000th teen about the dangers of driving distracted or while under the influence. For those unfamiliar with the PARTY program, the acronym stands for Prevent Alcohol and Risk-related Trauma in Youth.

ThedaStar’s Pam Witt-Hiller was instrumental in bringing this lifesaving educational program to the Fox Valley region. The goal of PARTY is to help young people recognize preventable injury-producing situations and to empower them make wise, potentially lifesaving, choices.

One of the take-away messages at PARTY this year was that distracted driving is more than just texting and driving...

- A teen driving two friends has increased his/her crash risk by 185% — just by having passengers.
- A task as simple as adjusting the radio can increase the crash risk by up to 300%.
- Answering the phone can increase crash risk by up to 400%.

All these scenarios are common and unlikely to be considered serious.

distracted driving. Almost 400,000 teens are seriously injured each year in motor vehicle crashes, and almost 60 percent of teen driving fatalities are passengers.

We encourage you to educate those around you — parents and teens. Encourage them to buckle up and speak up in unsafe situations. Remind parents they are the No. 1 influencer of teens.

Educating Teens on the Dangers of Distracted Driving

By Lt. Lori Seller, Winnebago County Sheriff’s Office

The Winnebago County Sheriff’s Office and Winnebago County Health department have partnered to form the Winnebago County Teen Safety Team. Our goal is to reduce preventable injuries and deaths by educating, promoting self awareness and raising local attention to the dangers of distracted driving.

Motor vehicle crashes are the leading cause of death for youths age 15 to 20. In Northeast Wisconsin, motor vehicle crashes are the No. 1 cause of unintentional injuries resulting youth deaths. Contributing factors include no seatbelts, drug or alcohol use, extra teens in the car, inexperience, speeding, texting and emotional instability.

I have had the honor to be involved with P.A.R.T.Y at PAC, and we have made it our mission to get the message out to young people about the dangers of distracted driving. After receiving grant money from Children’s Hospital/Crossroads to start a teen driving safety outreach program, the Teen Safety Team selected Neenah High School as its pilot school, leading up to Neenah’s prom. The program was a success, and the goal now is to start a Teen Safety Team in every Winnebago County high school.

Their opinions and values matter more to their teens than parents may realize.

Car crashes are primarily preventable. We don’t always get a second chance to make a good choice. Thank you for spreading the word.

The ThedaCare Trauma Center-Neenah wishes you a safe winter season.
Wishing You a Safe and Healthy New Year...
A New Year’s Resolve: Fitting Into the New Me
By Pam Witt-Hillen, ThedaStar Flight Nurse

This is not a story about a New Year’s resolution to lose weight, but rather one of accepting the harsh reality of suffering from a traumatic brain injury (TBI) and the long, uncertain road to recovery.

On Oct. 4, 2014, 25-year-old Josh Servas was involved in a motor vehicle crash in which he lost control of his car at highway speed. He was unbelted and consequently ejected from the vehicle, striking a large tree with his face and head. He suffered complex facial fractures, lung injuries, broken bones and a traumatic head injury, specifically known as diffuse axonal injury (DAI).

DAI occurs over a more widespread, or diffuse, area in the brain rather than in one specific area like a focal brain injury does. It results from the brain moving back and forth in the skull as a result of acceleration or deceleration forces. As this happens, axons, parts of the nerve cells that allow neurons to send messages between them, are disrupted. This causes brain cells to die, which in turn increases swelling in the brain, contributing to additional injury.

Surgery is not an option to fix the broken or cracked “wiring” of the brain. While DAI is one of the most common brain injuries, it is also one of the most devastating.

Disruption in the nerve fibers and nerve communication affects a person’s physical and cognitive abilities. There is no typical person with TBI. Physiological effects will vary, and recovery and long-term effects of TBI will be unique for each person. Many patients with DAI remain in a persistent vegetative state. The brain holds some of the biggest unsolved mysteries in medicine.

In spite of comprehensive trauma care and surgery to repair his facial fractures and other broken bones, Josh remained in a coma in CCU for 24 days. Plans were being made to admit him to a long-term neuro care facility.

Miraculously, on Oct. 28, Josh "woke up" and began following simple commands.

More than a year later, Josh still feels like he is waking up a little each day. He notices some reconnection going on, and his memory is improving. He is a man with "parts still missing" as he says, and he’s learning to live with cognitive difficulties such as short-term memory loss and some physical limitations.

“Recovery” (which occurs over months to years) is a misnomer. Symptoms do not vanish like those of a cold. “Improvement” more accurately describes the process. And working to improve every day is exactly what Josh’s focus is. He said he is working at accepting his “new normal” and focusing more on believing in the person he is now—one with amazing courage and determination facing the challenges of this complex world ahead. He attributes his stamina to his eight and a half years in the military, from which he was honorably discharged. When frustrated, he goes to the gym and works out. When interacting with his family, their endless love and support for the duration of this journey is most apparent.

Josh will not remain captive of his brain injury. He will cut a new path. There are days of “a-ha’s” and days of tears. Each small victory adds to his momentum. He has not given up on the old Josh, but embracing his “new me” seems to be a multiplying force forward.
Airway Management Pearls
Optimizing Intubation: Preoxygenation

Preoxygenation is the establishment of an oxygen reservoir within the lungs, blood and body tissue to permit several minutes of apnea to occur without arterial oxygenation desaturation occurring during the intubation process.

Administration of 100 percent oxygen for three minutes replaces the predominately nitrogen content of room air with oxygen, allowing several minutes of apnea before hemoglobin saturation decreases to less than 90 percent.

The time to desaturation during the rapid sequence intubation process varies with patient population and patient attributes. For example, children, the morbidly obese, the chronically ill, and pregnant patients desaturate much more rapidly than healthy adults. (Please see the Time to Desaturation graph below.)

Also, to ensure adequate oxygenation and ventilation with good end organ perfusion, it is optimal to keep both systolic BP above 90 mm Hg for perfusion and oxygen saturation above 90 percent for necessary oxygen-hemoglobin binding. This is particularly important in preventing secondary brain injury in head-injured patients. Brain cell death occurs due to lack of oxygen and blood flow to the brain (ischemia).

Things to do to mitigate desaturation in our patients:
- Resuscitate with fluids and oxygen prior to procedure if time permits.
- NRB (Non Rebreather Mask) at highest flow possible prior to intubation; wean after procedure.
- If SpO2 < 93%, consider bag valve mask ventilations to increase it.
- Preoxygenate obese patients in a 30 degree upright position.
- Medical patients: Place in sniffig or ramped position.
- Trauma patients: Place in reverse Trendelenburg if not hypotensive.
- Continuous administration of oxygen via nasal cannula at 5-15L/min throughout the intubation sequence (5L for ped > 1 year).
- Recognize a failed airway and proceed to next option in your tool bag; king, combitube, LMA (Laryngeal Mask Airway) or cricothyrotomy.

New Shawano Hospital opened

The newly constructed ThedaCare Medical Center-Shawano opened in September. Northeast Wisconsin Technical College (NWTC) showcased its new 5,000-square-foot nurse education center, part of a shared learning center located inside the hospital.

ThedaCare Medical Center-Shawano, replaced the 82-year-old Shawano Medical Center. Adjacent to the existing ThedaCare Physicians-Shawano clinic, the 128,000-square foot addition is Silver LEED-certified for green building practices. Patient care units are served by four separate nursing hubs, just steps away from a small number of patient rooms. The design of the new hospital emphasizes views of nature and natural lighting. Spaces have been designed to flex for different purposes, including visiting specialists, and weekend and walk-in clinics. Outpatients will have easy access to lab and x-ray services, and surgery and birthing suites are located convenient to one another. The cooperative learning center, the first of its kind in Wisconsin, will be used by about 60 NWTC nursing students per year and current ThedaCare staff for orientations and continuing education.

ThedaCare expands Appleton ICU

The intensive care unit (ICU) at ThedaCare Regional Medical Center-Appleton (TCA) was recently expanded from 16 to 22 beds. The six new ICU beds are located on the sixth floor of the bed tower at TCA, and the original 16-bed ICU remains on the second floor of the main hospital building. The new separate location was chosen because it was available, up-to-date, and could be readily equipped within four short months. Both units deliver the same level of patient care.

Dr. Nicholas Augelli, MD, a cardiothoracic surgeon with Appleton Cardiology at TCA, said, “Our access hospitals needed more support from our home base here in Appleton. It prevents delaying or rescheduling surgeries, or sending medical patients out of the area for care. The expansion coincides with our mission to care for patients close to home, at the right time, in the right place,” he said.