



The Pulse

pediatric home service

Winter 2013

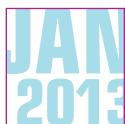
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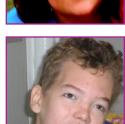
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How PHS trains its teams

Careful attention to detail counts

Great care continues with great training

We're so proud when PHS kids learn a new skill, whether it's eating on their own or kicking a soccer ball. That same enthusiasm for shared learning drives our training programs. This article is the second in a four-part series on how PHS ensures a safe care plan for each child.

The Pulse spoke with Judy Giel (Senior Vice President- Clinical Services), Pam Clifton (Senior Vice President- Operations), Lisa Jenson (Customer Service Manager), Mike Vogel (Biomedical Supervisor), and Sandi Maguire (Managing Director of Private Duty Nursing) about PHS training.

PHS training begins the first day of employment. We have fully integrated the various elements of all corporate, departmental, and job-specific training into a comprehensive, customized approach for all new hires. We've found this is the best way for us to take care of PHS children and their families. Learning and succeeding together is sweeter, too.

Learning blocks

Learning blocks are basically 'checklists' of policies and work instructions that trainers must cover. Each learning block contains multiple steps, processes, equipment, and other details that PHS team members must master before moving on to the next 'block'. There are a number of job-specific learning blocks each PHS employee will complete, starting with the most basic and then dividing into topics as it pertains to each individual's department or position.

For example, in our clinical area, respiratory therapists (RTs) have learning blocks ranging from airway pressure monitoring to ventilator operations. Plus, each RT is mentored for two years by our Clinical Educator/Mentor, Carrie Pritzl (see her spotlight on page 8). All RTs come in with their credentials and license, and receive six months of PHS-



Emerson and PHS nurse Trista.

specific training, through quizzes, equipment training, ride-along trips for equipment setups, and other proven approaches. This training does not count toward additional credentials or continuing education credits, as it is considered a mandatory and essential step to properly succeeding as a respiratory therapist at PHS.

Training for infusion nurses is similar, including a mentoring period with PHS Infusion Nurse, Lynn Buchholz, but most work focuses on hands-on learning in real-life scenarios and a partnering system with more experienced infusion nurses. After their customized classes, infusion nurses coordinate ongoing training programs with Lynn and PHS Infusion Nurse Manager, Michelle Curley. The direction of this program can largely depend on the experience and skills the new nurse comes to PHS with, which is evaluated at the start of their employment.

When a new private duty nurse is hired, they will spend 5 days at the PHS office to go through general training on topics from regulatory and customer service to boundaries and pediatric assessments before taking equipment-specific classes to care for the patient they'll be working with. Once

For more on how PHS trains, look on page 2.

PHS Services

- Respiratory Therapy
- Infusion Therapy
- Infusion Pharmacy
- Private Duty Nursing
- Clinical Support Services

Pediatric Home Service (PHS)

is an independent pediatric homecare company that provides specialized health care services to medically-complex, technology-dependent children — in their homes, with their families.

We recognize and understand the different needs of infants, children, and adolescents.

We ensure continuity of care by working together with health care professionals, payers, and family caregivers.

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these are completed, training in the home begins with a PHS preceptor working through an in-depth nurse competency checklist alongside the new hire to ensure they are completely trained and confident in their ability to care for the patient. Finally, the nurse will have buddy shifts – anywhere from three to nine, depending on the experience of the nurse and the acuity level of the patients - with a caregiver in the home before beginning to work solo.



Bruce Estrem, left, carefully trains nurses on each new piece of equipment.

Customer service team members have learning blocks beginning in patient services, guided by PHS Patient Services Supervisor, Lee Eckart. They then move into other, more specialized areas based on their proficiencies and complete related ongoing training. This will include a rotation in the warehouse, classes on specific equipment with PHS Clinical Education Manager, Bruce Estrem, and ride-alongs to visit PHS families. Customer service representatives use a dual headset to take calls at first, accompanied by a veteran representative.

Our warehouse specialists learning blocks include fulfilling orders, purchasing/receiving/restocking, and controlled products. PHS equipment team members, consisting of warehouse and biomedical, have broad yet essential responsibilities in tracking, troubleshooting, and managing more equipment, supplies, and components than ever before. With a monthly average of 650 pieces going through the biomedical department, it is critical that our technicians are trained to properly identify what the issue with a piece of equipment may be, and what needs to happen once the issue is identified. An important topic in this area is infection



PHS checks and double-checks equipment and supplies as part of all training programs.

control, as proper procedures must be followed with all equipment leaving PHS to help prevent infections for PHS kids.

Cross-training

Another key to our program excellence lies with cross-training to other specialty areas and collaboration in building specialized knowledge and skills. Our nurses, for instance, rely on each other as expert resources for specific issues such as wound care and hematology/oncology. Customer service representatives work closely not only with each other, but also with clinical staff members and equipment specialists so they know details on each patient—and the equipment that child has. Clinicians rely on biomedical or warehouse to have knowledge on a piece of equipment – and vice versa.



Our customer service representatives have intense training so they're prepared to handle every family and provider call.

Ask away

The culture of PHS is built on collaboration. There is a lot of knowledge, and sharing it makes us all better—and helps us care for PHS kids the best way we know how. ■

Five is the charm!

Remember to keep your medical equipment at least five years from the acquisition date, even if you don't think you need it anymore, to make things smoother for insurance purposes. Ask your PHS care team for more details.

Follow us:





Message from our Medical Director

Dr. Roy C. Maynard

PHS gathers, shares critical information to reduce respiratory infections

The prevalence of children with complex chronic conditions (CCC) is growing and accounts for ever increasing pediatric hospital admissions and bed utilization. Many of these children are not cured of their underlying condition(s), but thrive at home utilizing technologies and services that provide a safe care plan in a nurturing environment. One report identified that up to 12% of medically-complex children have tracheostomies and that the most frequent indication for hospitalization was a respiratory illness. Children with tracheostomies are presumed to be at increased risk for tracheobronchitis and pneumonia.

Long-term placement of a tracheostomy tube provides a direct portal of entry for lower airway colonization with bacteria. When these resident microorganisms overcome the lung defense mechanisms, respiratory infections like tracheobronchitis or pneumonia may ensue. Initial manifestations of tracheobronchitis in this population usually include increased and discolored secretions requiring frequent tracheal suctioning. The risk for progression of tracheobronchitis to pneumonia in tracheostomized children in homecare is unknown. Very little information has been published in medical literature about the incidence, management, and outcome of tracheobronchitis for this population residing in homecare.

Pediatric Home Service (PHS) provides medical equipment and services for tracheostomized patients. Providing

excellence in care that is conscientious of escalating health care costs is part of the PHS mission. In order to enhance the quality of care and minimize chest infections and rehospitalizations in this population, PHS first needed to identify the magnitude of the problem and risk factors for respiratory infections in tracheostomized patients. PHS embarked on a 12 month study from 10/1/2010 thru 9/30/2011 to answer these questions and enrolled 225 patients. Parents and patients gave informed consent to participate in the study and were surveyed monthly regarding respiratory infections and treatment. This study also included access to medical records of patients hospitalized with respiratory infections. All data was gathered in a HIPAA-compliant fashion for statistical analysis.



Dr. Maynard presenting key information from the tracheobronchitis study to other industry professionals at the CHEST conference in October.

Findings of the Pediatric Home Service tracheobronchitis study

Findings were presented at the CHEST Conference held in Atlanta, October 2012. Salient points elucidated by the study:

1. There were 4.1 tracheobronchitis episodes per 1000 tracheostomy days
2. 60% of enrolled patients had one or more episodes of tracheobronchitis during the 12 month study period
3. 17% of patients had at least one respiratory hospitalization
4. 1 out of 5 hospitalizations was associated with a documented viral infection
5. 42% of hospitalizations were 3 days or less
6. Only 8 of 287 antibiotic treated episodes of outpatient tracheobronchitis (2.8%) resulted in a hospitalization that might be attributed to a bacterial pneumonia. This would suggest that the progression of antibiotic treated tracheobronchitis in PHS homecare patients infrequently progresses to bacterial pneumonia, a finding comparable to reports in intensive care hospital-based studies.
7. Identified risk factors for tracheobronchitis and hospitalizations include younger age (<12 years) and ventilator dependency.

These findings are also available for review on the PHS website in our Multimedia Gallery under Healthcare Topics presentations. ■

C'mon online!

Join the PHS online community. Post pictures, share stories, give tips, comment on our blog, and connect with other families facing similar challenges. Lend support and help celebrate the achievements of children who overcome tremendous medical challenges to live full and happy lives at home.

Here's where you'll find us:

PHS Thrive blog at <http://www.pediatrichomeservice.com/blog/>

Facebook at <http://www.facebook.com/PediatricHomeService>

Twitter at <http://twitter.com/PHSKidsThrive>

YouTube at <http://www.youtube.com/user/pediatrichomeservice>

On the Sharing Care beat

PHS making a difference



PHS volunteers answer phones with Harold at the Union Gospel Mission Hunger Radiothon.

Union Gospel Mission Hunger Radiothon

For many years PHS has sponsored the WCCO Radiothon benefiting the Union Gospel Mission Thanksgiving Meal. This year was no exception, but we took it one step further by volunteering to answer phones and take pledges from callers. PHS President Mark Hamman, along with four other employees, had a great time interacting with callers and raising money for a great cause.



Staff play BINGO with 'The Dude' and patients at Children's Hospital.

Children's Lighthouse NovemBEAR

PHS had the honor of supporting one local charity throughout the month of November by participating in NovemBEAR. Beginning November 1st, PHS employees brought our bear, Harold, on different adventures throughout the Twin Cities. The bear is a symbol of support recognizing families of children with life-limiting and life-threatening conditions. It was also meant to spark conversation and bring awareness to Children's Lighthouse of MN. See pictures of Harold's adventures on our Facebook page and blog.

Be Bold, Be Bald

Once PHS caught wind of the national Be Bold, Be Bald initiative honoring cancer patients, we knew it was something we wanted to be a part of. PHS employees raised over \$1,000 and shaved the heads of five employees and the goatee/mustache off one more!



PHS staff donned bald caps in support of Be Bold, Be Bald.



Becki, Joni, Jennie, Lynda and Cynthia stay warm pedaling for Spare Key.

Spare Key Pedal to the Max

18 PHS employees along with our NovemBEAR, Harold, braved the cold to pedal a bike made for 12 to bring awareness to Spare Key. The goal was to run the pedal pub continuously for a 24 hours period, and they did it. PHSers, along with other Spare Key volunteers, took shifts throughout the 24 hours to keep the bike moving. In the end Spare Key raised over \$12,000!

Children's Hospital Star Studio BINGO with 'The Dude'

Who doesn't love a good game of BINGO, especially when there are fun prizes at stake? Four PHS employees set out to help The Dude from Children's Hospital call out bingo numbers and be as goofy as possible in the process. We played three games and had a total of ten big winners! BINGO is played on the TV's in all rooms at both Children's Hospital Minneapolis and St. Paul and patients can play right from their bed. Patients called the studio to talk with 'The Dude' and PHS volunteers when they had a bingo. We had a great time and will absolutely be back!

Toys for Tots – KARE 11

PHS was excited to participate as a "Toys for Tots" drop-off site again this year. From December 1-19, we collected two large boxes filled to the brim with toys for deserving kids and families.

Cook for Kids Ronald McDonald House Minneapolis

Once again, PHS had a blast cooking for kids at the Ronald McDonald House. Volunteers started the new year by cooking breakfast for dinner for the kids and their families. It was a big hit last time around, so we did it again. Who doesn't love breakfast for dinner?

SHARING Care



Thriving at Home

Raising 10 children takes Faith (with a capital 'F')

A family you will forever remember

PHS is always looking for organizations to help support our families, from food shelves and wish-granting foundations to the very special place in Wisconsin, Faith's Lodge. Faith's Lodge helps people cope with the serious illness or death of a child; it's a peaceful retreat for reflection, renewal, and hope.



Mom Julie, dad Mark and most of their kids at Disney World, including Isaac, McKenna, Maisy, Kaden, Brennan, Jordan, Hope and Elijah.

So when one of the Martindale family's sons, Evan, passed away, Faith's Lodge was a key part of their entire family's recovery. And by family, we mean mom Julie, dad Mark, and their other 10 children. We're proud they are also a PHS family, thriving in what Julie calls "Not just an ordinary life." It's also the title of her lovely blog at www.BlessedBy10.blogspot.com.

Julie explains, "After Evan died, we went to a Grieving Families week at Faith's Lodge. It was so healing for all of us. It's so hard to help kids through grief, yet they do so beautifully—and effectively. Faith's Lodge also supported us when our son Elijah was sick; we spent additional time there with other families."

PHS is in good company

"To our family, PHS and Faith's Lodge are intertwined. PHS was in our home at the hardest times of our lives, getting us set up to care for kids with special medical needs. Faith's Lodge was our home when we needed time to grieve and heal. PHS and Faith's Lodge both help our family thrive," Julie says.



Life is beautifully colorful with the Martindale kids: Jordan, Elijah, Hope, Isaac, McKenna, Maisy, Kaden, Brennan, Aaron, and Tyler.

An unfinished story

"We have 11 children. Evan passed away in 2006, so we have nine kids living at home. We have two birth children, including Tyler, a 21-year-old who is in Africa. He went to study there and ended up staying to live and work in Kenya.

"Then we had McKenna, who was born with disabilities. Mark and I realized there are so many kids out there who have disabilities who need homes," Julie remembers.

"We can have one more."

"We first adopted Aaron, who is now 21. He has a long medical history, but he's doing really well, in part from medical equipment and supplies from PHS. Aaron has cerebral palsy and gets oxygen at night, uses a wheelchair, and is deaf-blind. He's the happiest kid around, so he made caring for kids with special needs look easy," Julie says.

She and Mark then adopted Hope, now 18, Jordan, 16, and Brennan, 14. All have fetal alcohol spectrum disorder.

One more wheelchair? Perfect.

With six kids, Julie and Mark were "done." Until they met Kaden, now age 8. At the time, he was 8 months old and his prognosis was that he would never walk. "We said, that's perfect, because our house is already handicapped accessible, so we were thinking about welcoming another child in a wheelchair anyway!"

Today, Kaden deals with FAS and ADHD and a few other conditions. And his prognosis was right: he doesn't walk; he runs! He no longer uses a wheelchair."

Kaden's baby brother, Evan

"Right after Kaden joined our family, he had a sibling born in Minneapolis. Both parents were drug addicts, and he was born addicted to cocaine and meth. He was a preemie with trach and ventilator, and the hospital asked us to take him. So we got trained, ready, and brought him home. He was our first exposure to PHS, and their nurses and technicians guided us through every step. He came home at 13 months old, and was home for about three weeks. Then he went into cardiac arrest.

"Little Evan passed away at the hospital the next day. Michaela and Melanie, both from PHS, were at the hospital with us when Evan passed away, so they have a special place in our hearts," Julie says.

"PhS and Faith's Lodge have helped our family thrive."
-Julie, Mom of 11 kids



Maisy, Kaden, and Isaac relax at home.

She continues, "Without PHS, Evan never would have come home and been part of our family. He was happy, and every one of our other kids enjoyed him. As hard as it was, it was so amazing and miraculous that he came to us, we got to give him a family, and we got to experience him. It's always going to be sad, but it was amazing. We knew it was meant to be, and that he was supposed to come home. And without him, we probably wouldn't have been lead down this path of adopting others."

Faith for a complicated transplant

Mark and Julie then adopted Elijah, who is now 6. "We got Elijah at 10 months old. He had the rare Shwachman-Diamond Syndrome. The doctor said 'he is truly between a rock and a hard place. He's going to die without a bone marrow transplant, but he's not strong enough to live through the transplant. Just take him home and love him; maybe he'll get strong enough to handle a transplant,'" Julie explains. He did.



Elijah is roaring back healthy from a bone marrow transplant.

"PHS had us all set up, and he just thrived. At 5 years old, he was strong enough for the transplant. It was a long road; 100 days at the hospital, plus time at an apartment near the hospital. PHS set us up right at the apartment for infusions and TPN," Julie says.

Talkative little lady

Julie continues, "Then we adopted Maisy, who is now 5. When she came to us she was on a ventilator 23 hours a day, her skull had been reconstructed four times, she had a trach, and her intestines mal-rotated. She's had 27 surgeries. She still has a pacemaker and deals with FAS. But we were able to wean her off the vent pretty quickly, and then she was de-cannulated when she was 3. Within about 15 minutes, she started talking, and she has not stopped."



Maisy in a rare pause from her charming—and constant—chattering!

For more on the Martindale family, check out page 9.



Hot Topics

On the home health care beat

Troubleshooting food pumps

Step by step, we'll solve equipment issues together

When PHS families call to troubleshoot an equipment issue, there are a number of variables the clinician needs to clarify before working towards a solution.

"We start with very basic questions because that is the fastest way to reliably get the equipment back up and running correctly," explains Becki Long, PHS Director of Ancillary Services. "Each of our kids' setups is unique, and once we get the detailed information, we can typically solve the issue quickly. In fact, many times we don't need to trade out equipment."

Spotlight on food pumps

Up to 25 percent of troubleshooting calls coming into PHS are for food pumps, and we resolve about one-third of those issues over the phone. When we do exchange

food pumps, our biomedical team works with manufacturers to verify the issues.

"About half the time, we can't confirm the issue, which our manufacturers attribute to our unique setups, tailored specifically for kids at home," Becki says.

"Parents are the most knowledgeable about the food pump setup and everyday procedures, so PHS clinicians want to gather details about the specific situation," Becki explains. "For example, a food pump's efficiency can be affected by placement of the bag, so we will ask about that."

Keep in mind

Machines can operate properly for years, and then develop an issue. Other times, it just takes a step-by-step review of the food pump and components to identify and solve the issue.

A step ahead

"We track equipment complaints and issues," Becki says. "So if we see trends, we can work with caregivers to avoid the issue in the first place. We also share the trends we see with our manufacturers so they know what our families need."

You can learn more about basic food pump troubleshooting on the PHS website in our Multimedia Gallery under Infusion Therapy Tips and Information. ■



What's new in health care reform

Bells will be ringing

PHS educates lawmakers on homecare

Not long after we all rang in the New Year, on January 8th our state legislators rang the bell to signal the start of Minnesota's eighty-eighth legislative session. With much change in both the House of Representatives and the State Senate, PHS's first priorities are to "introduce and educate" our newly elected officials. This effort goes well beyond establishing awareness of PHS as a comprehensive provider of homecare services for medically complex children. We must represent the entire spectrum of home care so that our lawmakers can better appreciate the numerous implications that can result from a seemingly narrow change to law.

In addition, we remind our legislators to consider all parties that are impacted by limitations in access to and reductions in payment for quality homecare services: patients and their families, businesses and those they employ. As further support, we encourage our staff to be involved in our legislative activities and we invite you to join our efforts too. Following are a couple of the important topics on our legislative agenda this session.

On the durable medical equipment (DME) side, our primary objective this session is to repeal an uncollectable sales tax. Under current state law, sales tax is imposed on several disposable supplies and equipment accessories, even when prescribed by a physician and billed to a third-party health plan. However, DME providers are faced with the impossibility of collecting the tax since most health plans, including Minnesota Medical Assistance (MNMA), are not required to pay it. As well, in contrast to traditional "consumer pays" sales tax, providers are prohibited from billing the patient (here, the consumer) for this additional charge. After several years of hard work on this very topic, we have made many allies at the Capitol who agree that the current law is inconsistent with sales tax policy and unfairly burdens DME providers. We are, therefore, confident that this issue will be resolved in the 2013 session.

This session, we also wish to bring attention to a law pertaining to private duty nursing services. The law, passed in 2010, requires private health plans (with some exemptions) to pay for private duty nursing services

when the patient is also covered by MNMA and would meet the program's coverage criteria. Unfortunately, however, we frequently contend with unclear exceptions that were not likely intended when the law was passed. Our goal is to better define to whom the law applies, and to specify how closely the health plan's benefit must mirror the MNMA benefit. By doing so, health plans, providers, and families can work together to ensure each is bearing their responsibility as defined by the law.

Finally, PHS will continue to support regulation that enforces standards of clinical care and ethics in business practice. We know that significant decisions are made at the Capitol every day; each with the potential to impact the services that keep your child at home and your family together. To that end, we are very pleased to have Bill Amberg join the PHS ranks as Government Relations Counsel. If you'd like to learn more about PHS' legislative activities, or would like to get involved, please contact Bill Amberg at wjamberg@pediatrichomeservice.com. ■



Staff Spotlight

Meet Carrie

Carrie loves seeing PHS kids outside of home

PHS Clinical Educator/Mentor Carrie Pritzl is out and about all the time, especially at her kids' sports and activities. So when she sees PHS kids and their families in their community, it's one of her best moments. "I love running into kids at the mall, YMCA, and events. They're thriving so well we can leave home," she says.

Carrie has been with PHS since 2005, and still takes care of 15 to 20 PHS kids in her respiratory therapist (RT) position, even as she also helps train new respiratory therapists, service specialists, and clinical specialists.

"I go over our equipment with them in our learning lab and focus on scenario work so our RTs are trained to effectively and quickly handle most any situation," she says. "I also help with setups. I mentor every new respiratory therapist for two years."

Away from work, Carrie and her partner Andre spend most of their time at their kids' activities. She coaches her daughter's volleyball and basketball teams, and one of her son's goals is to play college football, so she's learned a lot about that game. Their family also enjoys canoeing, and Carrie scrapbooks and plays basketball and volleyball herself when she can.

Admittedly compulsive about organizing and details, Carrie's favorite ethnic foods are Chinese, Japanese or other Asian flavors, topped off with something chocolate. Her guilty pleasure is relaxing at home with reality TV: "I watch all the Real Housewives series," she admits.

"We have a dog, Dakota, who is a puggle," Carrie says. "We got hooked by her cuteness when we went to 'just look' at dogs."

Originally from northern Wisconsin, Carrie attended college in LaCrosse, earning her first degree in interior design. She then earned her respiratory therapy degree. She now lives in Eagan, and for the record, she is not a Green Bay Packers fan.

"Our family get-togethers are gigantic," Carrie tells us. "One of my grandmas has 12 children; the other 14. I have more than 100 first cousins, and many of my family members are still in Wisconsin."

"I most admire my grandmothers. They are both amazing hard workers and always



Carrie with Susanna, outside and ready to go.

think of everyone before themselves, always wanting to help others," Carrie says.

Meanwhile, we're grateful Carrie is right here. As she explains, "Proper training is a big responsibility for all of us, but most of all, I want to help keep PHS kids at home—so they get out of their homes and into the community!" ■



Kids Being Kids

Happy camper Noah

Building confidence and making good memories



Boating, nature hikes, sleeping in a cabin and lots of fresh air: what's not to love about camp for kids? PHS kid, Noah, visited Confidence Learning Center, Brainerd, Minn., in early October (lots of fresh-fallen leaves to play in!), thanks to Wishes and More. Noah especially enjoyed riding in the glass-bottom boat and spending time in the center's animal area, where he got up close with deer, rabbits, ducks, chickens and his favorite, Frankie the pot-bellied pig. Noah and his family were very happy campers, and grateful to Wishes and More for Noah being able to experience nature, animals, and the joys of camp for kids.

We're on the lookout for photos of "kids being kids" to consider using in future issues of *The Pulse*. Photos can be of any kid activity, from drawing a picture to skiing to playing with pets. Submit photos via email to kkhalena@pediatrichomeservice.com. If we choose your photo, we will contact you.

Raising 10 children takes Faith (with a capital 'F')

A family you will forever remember

Continued from page 6.



The Martindales take a quick break for a photo.



Little Isaac, the youngest Martindale (for now...).

Daily medication doses: 32

"Isaac is 3. He was healthy at birth, but 10 days later, he contracted a herpes virus that attacked his brain. At his first foster home in Alabama, he screamed nonstop. He had neuro-irritability. He shifted to many foster homes and got no nursing care. When you see his MRI now, it's clear he was losing oxygen. We got him here, still screaming. Right now, we finally found a combination of meds that fits his needs. If he didn't have PHS, he would be in the hospital all the time. Instead, he's at home, happy, healthy, interactive, and smart."

"So Isaac is our last. But we've said that before," Julie says with her calm smile.

Breathing easy

"We are the biggest fans of PHS. Whenever someone's looking for a job, I send them to PHS. If I know PHS is involved, I breathe easy. Our time at Faith's Lodge was so special. It's not a sad place. It's a place of hope, where we fit right in."

Julie adds, "PHS and Faith's Lodge make us feel like this is possible; we can do this. Both organizations help you get it done the way it needs to be done for your child, and your family. To give you some sense of normal."

This, from an extraordinary mom of 11 kids. ■

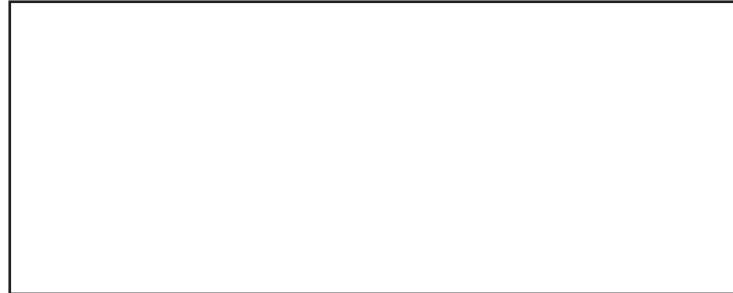


Winter 2013

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PHS has earned the Joint Commission's
Gold Seal of Approval™



The Pulse

news for our health care partners

Our top-notch training

Noah goes to camp

Meet all the Martindale kids

Making an impact all over town