

# Swan Songs are a Musical Last Wish

BY DONNA FARRIS  
AVERA HEALTH

Music is the centerpiece for many life celebrations – even at end of life. A new program through Avera@Home hospice care gives patients and their families a “musical last wish.”



Helen Block

Swan Songs creates a private concert for Avera hospice patients, and their family and friends. “They laugh, cry and just have a great time together with their favorite music,”

said Helen Block, Volunteer Coordinator with Avera@Home.

Swan Songs was started in 2005 in Austin, Texas, by musical artist Christine Albert, who came to understand the power of music when asked to sing for patients at end of life.

Thanks to contacts with staff at the Avera McKennan Foundation in Sioux Falls, Albert allowed for the first Swan Songs program outside of Austin to be launched in Sioux Falls. Albert came to Sioux Falls in September to stage a concert to benefit Swan Songs through Avera@Home home care and hospice.

To date, local Swan Songs concerts have featured polka music, Beatles songs and an Elvis impersonator.

“Music is a fantastic way to help patients cope,” Block said. In the past, patients at Avera’s Dougherty Hospice House have benefited from musical guests and music therapy. Building upon these valuable services, Swan Songs is a way to come together with family and friends for an entire concert. “It’s like a musical last dance,” Block said. Donations toward Swan Songs support a stipend for local musicians who provide the concerts.

Judi Schwerin and Dayna Groskreutz’ father, Gerald, benefited from a Swan Songs concert at the Dougherty Hospice House two weeks before his death in October at age 86. He had been diagnosed with carcinoid cancer in 2001, although his health did not decline significantly until the last months of his life.

“Our dad was a Minnesota dairy farmer and didn’t have much time for anything but dairy and farm work for the first 70 years of his life,” Schwerin said. Yet he always loved music and loved to sing. Favorite songs were “Beer Barrel Polka,” “Somewhere my Love,” and “Edelweiss.” In his retirement years, as he became less involved in dairy and farm work, he began singing in the church choir.

Facing the death of a loved one is a bittersweet time, Groskreutz said. “The Swan Songs concert, for a little while, allowed us to celebrate life and what makes life beautiful.”

When he heard it was time for the



Judi Schwerin and Dayna Groskreutz hold a photo of their parents, Bonnie and Gerald.

concert, he asked his wife, Bonnie, “May I have this dance,” and the first song at the concert was “Could I Have This Dance,” recorded by Ann Murray.

Throughout the concert, Gerald was well enough to enjoy time with all seven of his children, and many of his grandchildren. “It was just time to celebrate who he had been throughout his life,” Schwerin said.

There were a few tears but a lot of smiles. “Dad had a smile that went from one side of his face to the next,” Schwerin said.

In the midst of the grief, terminal illness is a gift to be embraced, said Schwerin. Unlike a sudden, unexpected death, there’s time to say goodbye.

Gerald’s family is thankful for Swan Songs and other special moments they had together during his last days. “It’s a chance to say things that haven’t been said, and say things that you’ve already said again and again,” Schwerin said. “Those moments are our memories now.”

## Health Matters Prevent Colon Cancer: Schedule Your Screening Today

TAD JACOBS, DO  
CHIEF MEDICAL OFFICER,  
AVERA MEDICAL GROUP



TAD JACOBS, DO

It’s easier than ever to prevent colon cancer. Screening early and regularly — whether you’re at high risk or not — will enable your physician to find

colon cancer in its earliest stages, when it is most treatable. Even better, the removal of precancerous polyps can prevent cancer from developing in the first place.

Everyone should get screened, whether or not you have a family history of colon cancer. It’s the best way to prevent colon cancer, which is the third leading type of cancer and the third leading cause of cancer deaths.

For the general population, we advise colon cancer screening for men and women by age 50, and then having additional screenings every 10 years until age 75.

You may need to get screened earlier or more frequently than the recommended guidelines, especially if you have a family history of colon cancer or have had a suspicious polyp. Be sure to talk with your provider at your annual exam about which screenings you should undertake.

Based on your medical history, sedation needs and personal sensitivity, you and your provider will choose which screening test is best for you.

**Colonoscopy:** A colonoscopy is the best screening for colon cancer because of its sensitivity to detecting abnormal growths and its thorough examination of the colon.

While some individuals may have concerns over this procedure, know that a colonoscopy is a low-risk procedure. Most of the time it’s done under sedation — you wake up and it’s over.

Some individuals may not get a colonoscopy because they are fearful of the results. But these cancers develop slowly in the bowel. Even with cancer or precancerous polyps, we can remove the cancer so it doesn’t spread.

**FIT Kit:** Another screening option is a FIT kit, which is recommended if you aren’t comfortable with or are unable to undergo a colonoscopy for medical reasons. The FIT kit is a take-home screening kit;

you collect stool hygienically and then return it to the clinic for lab testing.

If you’re 50 and you haven’t had a colonoscopy, you need to get one. Take responsibility for your own health and schedule one today. Contact your primary care provider or visit [Avera.org/colon](http://Avera.org/colon) to schedule your colonoscopy today and to take a colon cancer risk assessment.

### COLON HEALTH

**1 in 20**  
PEOPLE WILL BE  
affected by  
**COLON  
CANCER**



**PREVENTION IS KEY**

#### >> Starting at 50,

men and women should get regular colonoscopies every 10 years.

- Start at age 45 if you’re African-American
- A family history may mean more frequent screenings

#### Why?

Your doctor can spot and remove growths before they turn into cancer

### BUTT SERIOUSLY

— Colonoscopies Save Lives.

Take the health risk assessment at [Avera.org/colon](http://Avera.org/colon)

The above screening guidelines for colon cancer are recommended by Avera Medical Group.

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**Avera**

#### BIO ABOUT THE WRITER:

Tad Jacobs, DO, is Chief Medical Officer for Avera Medical Group. He began his medical practice in 1982 as a rural family practice physician. He enjoyed practicing family medicine in Flandreau for 28 years before taking on an administrative role with Avera Health.

## Did you know...?

Avera’s inpatient, outpatient and clinic visits totaled 2.9 million over the past year. That’s nearly three times the population of our service area.

## Germ-Zapping Robots Enhance Hospital Safety

BY BRYANN BECKER KNECHT  
AVERA HEALTH

Meet Xena the germ-zapping warrior. She’s one of two new robots at Avera McKennan Hospital & University Health Center that are super cleaners, able to disinfect and eliminate hard-to-kill superbugs — such as those that can cause hospital-acquired infections — within minutes by sending out intense pulses of ultraviolet (UV) light.

The robots are used to disinfect critical areas at Avera McKennan. The goal is to have cleaner surfaces and areas, and prevent hospital-acquired infections, which are associated with complications and in some cases, death.

“This is all about improving patient safety. In other hospitals, pulsed xenon UV robots have reduced hospital-acquired infections significantly — in some studies by up to 100 percent. That’s a game changer for both patients and staff,” said Mary Leedom, Assistant Vice President of Surgical Services at Avera McKennan. “Although our infection rates are very low, we all know that hospital-acquired infections can occur anywhere. We wanted to ensure that we are using the most cutting-edge technology to create an even safer environment for patients.”

The two robots are used to disinfect operating rooms, the Ambulatory Surgery Center, the Intensive Care Unit (ICU) and the Oncology Transplant Unit at Avera McKennan.

The UV disinfection system adds another layer of protection to the hospital’s standard disinfection process. Research shows that manual cleaning alone may remove less than half of pathogens. Xenex robots have been shown in multiple peer reviewed published studies to significantly reduce the amount of pathogens in hospital rooms.

After a standard room cleaning, the robot is brought into the empty room. It pulses intense UV-C light that kills bacteria, fungi and viruses within minutes. The light disinfects hard-to-reach places that humans might miss.

Hospitals across the country have been adding pulsed xenon UV light disinfection systems to their programs as more clinical evidence has shown the benefits of broad spectrum UV light.



The square-shaped robots are about 4 feet tall, easily portable, and produce high-intensity UV light by pulsing xenon, an inert gas, in an ultraviolet flash lamp. The UV light passes through the cell walls of bacteria, viruses and bacterial spores and eliminates them without any contact or chemicals in a five-minute disinfection cycle.

Clinical research shows the pulsed xenon UV room disinfection system destroys even the most dangerous pathogens. For example, studies demonstrate a 100 percent decrease in surgical site infection rates; a 53 percent reduction in infection rates for *Clostridium difficile* (C. diff), which can be resistant to general disinfection; and a 57 percent reduction in Methicillin-resistant *Staphylococcus aureus* (MRSA) infection rates, a bacteria that is fairly easy to kill but not as easy to treat.

Avera McKennan is participating in a peer-reviewed clinical research study with Xenex, the robot manufacturer. The study will look at orthopedics at Avera and compare the rates to the previous 12 months to see if rates have decreased. Avera also tracks infection rates as part of performance improvement.

“Once we see how well these perform, our goal is to acquire more units. We want to provide the same standard of care for all our patients,” said Judy Lamphron, Infection Control Program Manager at Avera McKennan.