

# VIM & VIGOR

WINTER 2016 • \$2.95

 Community Healthcare System®

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ST. CATHERINE HOSPITAL  
ST. MARY MEDICAL CENTER

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## Loving Life

**66** ways to feel healthier each and every day

**PLUS Sofia Vergara** survived thyroid cancer and became a TV star

NEW HOPE FOR  
OLDER HEARTS

**Lung experts to help you breathe easier**

THE EMERGENCY  
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Hospital teams recognized for delivering expert, timely care for stroke patients.

# PERSONALIZED HEALTHCARE

*Our goal is to provide treatment and care tailored to the individual*



At the hospitals of Community Healthcare System, we are making medicine more personal by working one-on-one with individuals to lower their risks, find treatments that meet their unique genetic makeup and offer innovative solutions through new technology.

Friendly pharmacists in our hospital inpatient and retail pharmacies (**page 4**) don't just make sure that our patients take their medications; they also offer face-to-face consultation and specialty pharmacy services that are close to our patients' homes.

Our hospitals' specialized stroke teams—neurologists, neurosurgeons, neuro-radiologists, clinical nurse specialists, registered nurses, emergency medical personnel, and therapy and rehabilitation professionals—develop individual plans of care to help those who have suffered from strokes so they can recover and live life to the fullest (**page 6**).

Oncologists and nurses at the Community Cancer Research Foundation are working with national cancer organizations to make immunotherapy available, giving patients local access to highly personalized treatments matched to their unique genetic makeup (**page 49**).

At St. Mary Medical Center, cardiologists are offering fragile hearts new hope by using advanced technology in new ways (**page 50**).

Pulmonologists and respiratory staff at Community Hospital make a difference with specialized care for COPD patients and those living with lung disease (**page 52**).

St. Catherine Hospital's Emergency department has undergone a recent expansion and modernization project that provides the team with a setting designed to receive patients in a more convenient, efficient manner (**page 54**).

In all these ways, we're working to improve your healthcare experience and your quality of life. We'll continue to strive to serve the entire community, one person at a time.

**Donald P. Fesko**  
**President and Chief Executive Officer**  
**Community Foundation of Northwest Indiana**



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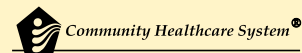
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**MANIFEST**

# THE HEARTS THAT HEAL

*Nurses and caregivers honored for their work and dedication*



During National Nurses Week, the hospitals of Community Healthcare System celebrated the nurses and caregivers who make a difference in the lives of our patients every day.

At Community Hospital, Lynda Burgeson, registered nurse on the 3 South unit, received the 2016 Nursing Excellence Award. Jayson Jenkins, patient care technician in Radiation Oncology, received the Caregiver Excellence Award.

“Lynda serves as a charge nurse and preceptor, and she is a strong team leader. She recognizes the diverse spiritual, cultural and social needs of her patients,” says Samantha Kranz, nurse manager.

Jenkins has worked at the hospital for 19 years and is often seen transporting patients in Radiation Oncology.

“Jayson is a valuable team player who

smiles all the time and finds a way to lift everyone’s spirits even though cancer treatment is a serious matter,” Radiation Oncology and Medical Physics Director Jacqueline Katz says.

St. Mary Medical Center’s Pillar Awards recognize nurses who go above and beyond for their patients in the categories of service, quality, people, finance and growth. The 2016 winners were: Steve Lopez (service), Josette Crostret (quality), Randall Quirk (people), Sheena Tinner (finance) and Jennifer Mulvihill (growth).

St. Mary Medical Center’s 2016 Superstar Award, for excellence in all those categories, goes to Jodi Blackman. Co-workers say that Blackman, a six-year veteran nurse, is an asset to the unit, the hospital and the profession of nursing.

St. Catherine Hospital’s choices for the Excellence in Nursing Award were Anne Fullilove, Intermediate Care unit,

WEBSITE

## Honoring the Best

Have a favorite nurse or caregiver of your own? Visit [www.comhs.org](http://www.comhs.org) and tell us your extraordinary care story.

and Kenneth Stavitzke, Adult Behavioral Health unit. Fellow nurses nominated Fullilove and Stavitzke based on their leadership and patient care. The nomination forms called Fullilove “a true leader who gives compassionate care” every day. Stavitzke was praised for treating everyone “with dignity and respect. He takes extra time to make sure every patient feels that they have been heard and understood.” ■



**St. Mary Medical Center CNO Tammie Jones (left) and CEO Janice Ryba (right) congratulate Pillar Award winners (left to right) Jennifer Mulvihill, Randall Quirk, Steve Lopez, Jodie Blackman, Josette Crostret and Sheena Tinner.**



**Community Hospital CNO Ronda McKay, Lynda Burgeson, Jayson Jenkins and CFNI President and CEO Don Fesko.**



**St. Catherine Hospital CEO Jo Ann Birdzell (left), COO Craig Bolda and CNO Paula Swenson (center and center right) with Anne Fullilove and Kenneth Stavitzke.**

# A PRESCRIPTION FOR TOP-NOTCH SERVICE

*Concierge Prescription Service brings patients the meds they need, reducing readmissions*

BY **CHRISTINA L. WAGNER**

**B**ryan Stubblefield was nearly finished with his hospital stay and anxious to go home. While he waited for his discharge to be finalized, Community Hospital Pharmacist Neil Gorski met with him at his bedside to educate him about the medications he was prescribed, explaining what they would do to help his condition and what side effects might arise.

Meetings like this one, between a pharmacist and a patient, are part of the new Concierge Prescription Service offered by the retail pharmacies located at Community Hospital in Munster and St. Catherine Hospital in East Chicago.

“Many times, patients are discharged and do not stop to get the antibiotics needed to recover,” Gorski says. “With concierge prescription services, we are not



As part of the retail pharmacy concierge program, Community Hospital Pharmacist Neil Gorski meets with Bryan Stubblefield at his bedside to educate him about medications prescribed and answer his questions.

Residents who visit the pharmacies of Community Healthcare System can benefit from a variety of services including:

- ▶ Automated telephone refills
- ▶ E-prescriptions
- ▶ Financial assistance programs
- ▶ Low-cost prescriptions and vaccines
- ▶ Mail delivery and local pickup
- ▶ One-on-one medication education and consultation
- ▶ Prescriptions filled efficiently using state-of-the-art technology

only able to make sure they receive their medications, but can ensure they understand what they are taking and explain the importance of taking the correct dosages before they leave the hospital.”

The Concierge Prescription Service program is not only convenient for patients, but it also serves to reinforce what patients need to do to recover and stay healthy so they do not need another hospitalization.

“We found that filling prescriptions before a patient leaves the hospital helps to reduce readmissions,” says Koula Tsahas, director of Pharmacy at St. Catherine Hospital. Patient

satisfaction in the area of discharge instructions on the hospitals’ surveys changed from 60 percent before the program was piloted to 77.8 percent after it began.

This program has been so well-received at St. Catherine Hospital that the outpatient retail pharmacy is currently undergoing a construction project to increase space in the Professional Office Building and expand services to the public. When the project is completed in early 2017, the pharmacy will offer:

- Medication therapy management
- Vaccinations against flu, pneumonia and shingles
- Private consultation space
- A larger waiting lounge

“We are proud of how fast we have grown; we believe it is due to our commitment to provide quality comprehensive service to our patients,” Tsahas says. “We treat our patients as longtime family members. We work side by side with patients and their healthcare providers to ensure they are on appropriate medication. As advocates, we help our patients with all their medication needs so that they can rest and feel better.”

With so many different insurance plans, staff members also help to take the guessing game out of treatment options. “We get to know their needs, their providers and their insurance, so there is no delay in getting their meds,” Tsahas says.

Barbara Lee has been a loyal customer of the retail pharmacy at St. Catherine Hospital since February 2015, when she was hospitalized with breathing difficulties.

“The service is great,” Lee says, expressing appreciation for being able to buy her regular medication at low, affordable prices. “The staff is kind and helpful. It’s the best pharmacy ever. I go nowhere else.” ■

WEBSITE



## At Your Service

To find out more about Pharmacy Services at the hospitals of Community Healthcare System, visit [www.comhs.org](http://www.comhs.org).

## SPECIALTY CARE FOR CHRONIC ILLNESS

The Community Surgery Center Specialty Pharmacy at Community Hospital provides specialty pharmaceuticals to patients living with acute and chronic illnesses.

Only a small percentage of pharmacies across the nation are specialty pharmacies, meaning they provide medicines, monitoring and support for patients with chronic diseases that require more costly, complex medications, or injectable or biologic products. (Examples of such diseases include rheumatoid arthritis, multiple sclerosis and cancer.) Given the complexities of these drugs and the high costs, patients are often directed by their health plans to have these prescriptions filled by specialty pharmacies outside the community.

“Now that Community Hospital’s retail pharmacy has specialty pharmacy capabilities, chronically ill patients have local access to the specialized medications they need, as well as the ability to speak—in person—to a pharmacist 24 hours a day, seven days a week,” Specialty Staff Pharmacist Richard DeVience says. “We get to know our patients on a one-on-one basis.”

The Community Surgery Center Specialty Pharmacy is now accepting new and transfer prescriptions. Call **219-836-2480**.



# RIGHT PLACE, RIGHT TIME

*Hospitals of Community Healthcare System provide expert, timely care for stroke survivors* BY **ELISE SIMS**



Virgil Powell, Liz Breslin and Tom Liubakka all agree that they are here today because they were in the right place at the right time. They are enjoying the things they love to do again because of the timely stroke care and rehabilitation therapies they received at the hospitals of Community Healthcare System.

It takes a whole team of professionals working together to ensure that people don't just survive a stroke, but recover with as few lasting complications as possible. The hospitals' dedicated team includes neurologists, neurosurgeons, neuroradiologists, clinical nurse specialists, registered nurses, emergency medical personnel, and therapy and rehabilitation professionals. This team begins its intervention from the first point of contact with the patient, usually in the Emergency department.

For their work to optimize the care of stroke patients, Community Hospital in Munster, St. Mary Medical Center in Hobart and St. Catherine Hospital in East Chicago have been presented with the American Heart Association/American Stroke Association's Get With The Guidelines® – Stroke Silver Plus Quality Achievement Award. The award recognizes the hospitals' staff for its

commitment and success in treating stroke patients with the most appropriate, timely care according to national guidelines based on scientific evidence.

Stroke occurs when a blood vessel to the brain ruptures or is blocked by a clot. The loss of oxygen and nutrients causes brain cells to die. Physical disabilities as well as difficulties with thinking and speaking may result from damage to the brain. Immediate treatment is crucial to survival and reducing long-term disability.

"One of the most important aspects of caring for stroke patients is ensuring that there is the same high standard of care delivered in a timely, efficient manner," says Neurologist Andrea DeLeo, DO, MSE, medical director of the Stroke Care program at St. Catherine Hospital. "A dedicated stroke unit reduces mortality and improves overall outcomes for patients. We have worked diligently to collaborate and customize patient services, from the emergency department to rehabilitation, to provide each individual who comes to any of the Community Healthcare System hospitals for stroke treatment with the best possible experience and recovery."



In addition to the Get With The Guidelines award, St. Catherine Hospital has also been recognized as a recipient of the associations' Target: Stroke Honor Roll, for improving stroke care. This means that at least 50 percent of St. Catherine Hospital's eligible ischemic stroke patients (those with a blood clot) receive the clot-busting drug called tissue plasminogen activator, or tPA, within 60 minutes of arriving at the hospital. This is known as "door-to-needle" time.





## Virgil's Story

For St. Catherine Hospital patient Virgil Powell, tPA made a difference.

In October 2015, Powell, who is 48, was playing with his grandkids when he tried to stand and found that he couldn't move his right arm or leg. He slid back down onto a sofa and called for help. His son carried him to the car, and his wife drove him to the hospital.

"I knew that an ambulance wouldn't take me to St. Catherine Hospital because we live in unincorporated Calumet Township, too far away," Powell says. "But I knew I wanted to go there because my mother had been treated there for a stroke the year before and I knew the care would be excellent."

By the time he got to the hospital, Powell couldn't move his right side at all.

"That's when I met Suzanna Gonzalez, stroke coordinator, and several nurses and doctors, and they made arrangements to give me tPA right away," Powell says. "It was about 45 minutes from the time my wife and I left my house to the time I had the tPA shot."

Doctors told him his stroke could have been a lot worse without the tPA, Powell says. "If they didn't give me the shot, I could have lost the use of my whole right side. I was in the hospital for seven days in both the ICU and the intermediate care unit (IMCU). After a couple of days in ICU, I was moving around on my own."

"The nurses and doctors at St. Catherine Hospital were excellent," Powell says. "I'm back home playing with my grandkids again."



## Liz's Story

Highland resident Elizabeth Breslin woke up on the morning of April 7, 2016, and thought a balloon had popped in her eye. She tried to call out to her husband for help, but the words that came out didn't make sense. She tried to get up, but couldn't move her left side.

Within minutes, Breslin was in an ambulance on her way to the Community Hospital Emergency department. She had a preliminary assessment and eye exam in the ambulance, and once she arrived at the hospital, she was taken for a CT scan.

"My neurologist was there, my team of nurses and the radiologist," says Breslin, who is 62. "They saved my life because they knew everything to do. My stroke happened at about 6:10 a.m. I was



Stroke survivor Virgil Powell with just part of his care team of doctors, nurses and physical therapists at St. Catherine Hospital.



## Excellence in Stroke Care

For more information about how the hospitals of Community Healthcare System help people through stroke and recovery, visit [www.comhs.org](http://www.comhs.org).



Highland resident Liz Breslin and her husband, John, with the Community Hospital Stroke team.

at the hospital and received tPA by 6:50 a.m. By 11 a.m., my nurse, Karen, asked me to describe a series of pictures, and I could answer her and began to move my fingers. I was admitted to Neuro IMCU for five days. Then I began rehab. I have no side effects now, none.”

Breslin feels great and is back to her regular life, including volunteer work for the Council for Community Events in Highland.

“I tell everybody I know, I just had a stroke and look at me,” she says.



### Tom's Story

Fifty-seven-year-old Tom Liubakka of Crown Point

had a stroke in August 2015. He credits his recovery to the swift actions of St. Mary Medical Center's stroke team and one therapist in particular.

“I was sleeping and when I woke up in the morning, I realized that my right side was numb. So I waited for a few minutes. It remained numb and tingling, so I went to stand up and I couldn't walk on my right leg. I told my wife, ‘There's something wrong,’ and she took me right to St. Mary Medical Center. She knew St. Mary's is known for excellence in stroke care and treatment would be

immediate—as soon as I arrived,” Liubakka says.

“For two weeks, I recovered in rehabilitation at St. Mary Medical Center,” he says. “I am an artist, and I am right-handed. I could not use my right hand. I worked with Carmen VanKley, certified occupational therapy assistant, to not only regain use of my right hand, but learn to use my left hand so I could

continue to draw through my recovery. Now I use my right hand and my left hand to draw.”

Recovering from a stroke can be a long and challenging process, says April Schutter, RN, BSN, stroke coordinator at St. Mary Medical Center. “The stress associated with developing new skills, relearning previous skills and making lifelong adjustments can be very difficult for patients. Support from family and friends is vital to a successful recovery. That is why it is important to choose a rehabilitation center that is convenient and close to home.” ■



Artist Tom Liubakka of Crown Point relearned to draw after his August 2015 stroke.

importance of routine.

“The last thing I do at night is get my pill ready, and the first thing I do in the morning is take the pill before I jump in the shower,” she told the Spanish-language newspaper *La Opinión*. “I don’t think about it anymore.”

Also helping Vergara and plenty of others take the diagnosis off their minds: The five-year survival rate of papillary and follicular thyroid cancers, when caught early, is nearly 100 percent.

## OTHER THYROID ISSUES

Cancer isn’t the only factor that can affect thyroid function.

The hypothyroidism that Vergara developed as a result of physically losing her thyroid can also be triggered by autoimmune disorders—that’s when the body’s immune system mistakenly attacks and destroys cells—such as Hashimoto’s disease.

Left untreated, “it really creates emotional problems, decreasing the quality of life,” Bianco says.

Hypothyroidism affects nearly 1 in 20 Americans ages 12 and older. Symptoms may include fatigue, dry skin, feeling cold, heavy menstrual periods and weight gain. It can be treated with thyroid hormone replacement therapy.

But feeling exhausted or bloated doesn’t always mean the thyroid is to blame. Doctors can confirm thyroid problems with blood tests that gauge whether levels of the thyroid-stimulating hormone, or TSH, are out of whack.

Affecting about 1 in 100, a far less common condition—*hyperthyroidism*, sometimes called “overactive thyroid”—is the opposite scenario. That’s when, often prompted by an autoimmune disorder called Graves’ disease or an inflammation known as thyroiditis, the thyroid gland produces more hormones than the body needs.

Among the side effects: heavy sweating or excessive warmth, vision problems, sudden weight loss and constipation.

“You feel like you’re sitting waiting for the roller coaster to take off; your heart’s running at 90 miles an hour,” Tuttle says.

In this case, hormone-blocking medication is a first line of defense, although radioactive iodine ultimately may be required to disable the thyroid (or surgery to remove it).

Thyroid cancer, hypothyroidism and hyperthyroidism all can cause an enlarged thyroid gland, called a goiter. But a goiter does not always mean there is a thyroid problem.

Where noncancerous nodules are concerned, your doctor may choose to monitor growth over time before taking further action.

## GREATER AWARENESS

Thyroid cancer is the most rapidly increasing cancer in the U.S. Although still rare, it was expected to include about 62,450 new cases in 2015, according to the American Cancer Society.

That, experts say, doesn’t signal an epidemic but instead means greater awareness and detection of thyroid disease, thanks to public advocates like Vergara and to more advanced diagnostic methods.

Recurrence, though, is a risk—even years after surgery—which means continuing a dialogue with one’s doctor and living healthfully are key.

By working with a personal trainer to develop an exercise plan and maintain a balanced diet, Vergara is doing her part.

With a bit of wiggle room, of course. The ever-feisty Gloria of *Modern Family*, after all, wouldn’t stand for cutting out all the fun.

“You have to live your life and be happy,” Vergara told the *Huffington Post*, noting that she continues to enjoy dessert and the occasional cocktail. “But it’s important to go to the doctor, to have your checkups, to work out, eat healthy, everything. Do everything that you can.” ■

# GENETIC TESTING MAY OFFER ANSWERS

People at greater risk for thyroid, breast or other types of cancer may benefit from genetic counseling and testing. Oncology professionals at the hospitals of Community Healthcare System help those at increased risk for many types of cancers find out about their options and gain peace of mind.

“Genetic testing may help some individuals learn whether they have an increased likelihood of developing a certain type of cancer or whether inherited factors have contributed to their own or a family member’s cancer,” says Janice Zunich, MD, medical geneticist on staff.

Like all diseases of the thyroid, thyroid cancer occurs about three times more often in women than in men. And while thyroid cancer can occur at any age, the risk spikes earlier for women (who are most often in their 40s or 50s when diagnosed) than for men (who are usually in their 60s or 70s).

Having a first-degree relative (parent, brother, sister or child) with thyroid cancer, even without a known inherited syndrome in the family, also increases your risk.

WEBSITE



## Know Your Risk

For more about genetic consultation and testing at Community Healthcare System’s High-Risk Breast Clinics at the Women’s Diagnostic Centers (located in Munster, East Chicago, Hobart and Valparaiso), visit [www.comhs.org](http://www.comhs.org).

So let's take it slow, making one simple change every day or two for a total of 19 small changes over 30 days. We started on a Sunday; you, of course, can start whenever you feel the time is right.

**DAY 1 (SUNDAY):** Prepare for the workweek by packing snacks you can keep in your desk drawer, like a healthy trail mix or dried fruit, advises Marjorie Nolan Cohn, a registered dietitian nutritionist and spokeswoman for the Academy of Nutrition and Dietetics.

**DAY 2 (MONDAY):** "Make breakfast a priority," Crandall says. "It sets the tone for the rest of the day." Consider a hard-boiled egg and low-fat cottage cheese for a high-protein meal that will leave you satisfied.

...

**DAY 4 (WEDNESDAY):** Pass on soda at lunchtime and sip on water instead.

...

**DAY 6 (FRIDAY):** Don't want to miss happy hour? Go ahead and participate, but opt for a wine spritzer, which waters down the vino, cutting the alcohol, sugar and calories.

**DAY 7 (SATURDAY):** Date night! Skip the pasta and choose a fish or grilled chicken dish instead.

**DAY 8 (SUNDAY):** For brunch, get in the habit of forgoing high-carb pancakes and French toast. "I encourage my clients to do an omelet—something that has a more solid protein," Cohn says.

**DAY 9 (MONDAY):** Replace the mayo on your sandwich with mustard to cut calories but retain flavor.

**DAY 10 (TUESDAY):** Go to bed early. "It's been proven that ... sleep plays a major role in weight loss—and in keeping weight off," Cohn says. Sleeping about eight hours a night can regulate hormone levels and help minimize cravings. "Plus, if you go to bed before 11 p.m., you won't have that midnight snack."

...

**DAY 12 (THURSDAY):** Read the menus of your favorite restaurants and choose a few nutritious go-tos. "You can get perfectly healthy takeout," Cohn says. Look for meals with lean proteins and plenty of veggies.

**DAY 13 (FRIDAY):** Get rid of all the chips in your pantry. If you feel you need to snack on something crunchy, Crandall suggests almonds.

**DAY 14 (SATURDAY):** Hit the farmers market for fresh fruits and vegetables—in as many colors as you can find.

...

**DAY 17 (TUESDAY):** Progress check! And no, not the number on the scale. People often have unrealistic expectations of how quickly they'll lose weight once they start a healthy eating plan, Cohn says. "Are you feeling better? Is your skin clearer? Are you able to concentrate at work better?" she says. "What other positive things are you feeling?"

...

**DAY 20 (FRIDAY):** Try another change to happy hour. "Drink a glass of water before each glass of alcohol," Crandall says, to decrease liquid calories.

...

**DAY 22 (SUNDAY):** Get ready for the workweek. If your office has a freezer, Cohn suggests bringing pre-cooked chicken, veggie burgers and vegetables to microwave for lunch.

**DAY 23 (MONDAY):** Start ordering your burger without the bun to cut out calories and waistline-expanding carbs.

...

**DAY 26 (THURSDAY):** Make it a habit to ask your waiter about replacing french fries with a fresh veggie.

**DAY 27 (FRIDAY):** Having a hard time passing on luscious desserts? "Fruit is always a great option," Crandall says. You can even drizzle some melted dark chocolate over it.

...

**DAY 29 (SUNDAY):** Change up your morning java. Swap out full-fat milk for a low-fat version or milk substitute, and lay off the sugar. Try cinnamon or nutmeg to flavor coffee instead.

**DAY 30 (MONDAY):** Make a commitment to build on your successes. Small changes, Cohn says, lead to a healthier lifestyle that you'll be able to maintain over time. So keep going! ■

## GET YOURSELF MOVING

What's the solution to getting in shape when all you really want to do is snuggle up on the couch to read a book? Join the St. Catherine Hospital's Well Walkers Club.

The Well Walkers Club meets indoors monthly in East Chicago, Highland and Whiting. It's a great way to find walking buddies, take a virtual walking tour around the world and learn about ways to stay healthy. You will hear from health experts and receive free health screenings.

The club is free to join. New members get a pedometer and a log book to chart their steps through various countries. This year, the Well Walkers are making a virtual trek through Latin America.

Well Walker Mary LeVan says the meetings motivate her to exercise. "It's fun. We encourage each other and earn points for our steps. I've worked my way up from a few steps to 5 miles a day."

CALL



### Join the Well Walkers Club

Well Walkers Club is open to adults older than 18 who are free of serious health problems. The club meets monthly. For more information, call **219-392-7135**.

## THE FIRST WEEK

First, the basics: Insulin is a hormone produced in the pancreas that helps your body use the glucose (sugar) you take in through food. When you have Type 2 diabetes, your body either doesn't make enough insulin or doesn't use it well. When your body's cells aren't able to use the glucose for energy, it stays in the blood, raising blood glucose levels, which can cause serious complications. What to do?

**EDUCATE YOURSELF.** The first step is to seek out diabetes education, says Andrew Rhinehart, MD, author of *I Have Diabetes!! Now What?* (2009).

Diabetes is different from a lot of conditions. It's not as simple as taking a pill every day, Rhinehart says. "With diabetes, you have to worry about what to eat, exercise, medications, injections ... It goes on and on. It's incredibly complex."

The ADA and the American Association of Diabetes Educators (AADE) are helpful resources.

"If people walk into a recognized or accredited program, they are going to learn everything they need to learn about diabetes," AADE spokeswoman Joanne Rinker says.

**BUILD A CARE TEAM.** Rhinehart advises surrounding yourself with a team that includes a diabetes educator, a primary care doctor, a dietitian and a pharmacist. At some point, you may also need an eye doctor, an endocrinologist, a podiatrist or other specialists, in case you face any complications.

**FIND SUPPORT.** It's hugely helpful to have supportive loved ones, but going beyond your personal network can be beneficial, too. Look into community support groups, where you can continue your education and build relationships with other people who have diabetes.

## THE FIRST MONTH

You've started to build your team, and you're more knowledgeable about the disease. What's next?

**SET GOALS.** When you receive your diabetes diagnosis, your doctor will talk to you about your blood sugar levels. Working with your doctor or educator, you'll probably set some long-term and short-term goals for how you'll bring these numbers into a healthy range.

**START AN EXERCISE PROGRAM.** "Exercise is free medicine," Rinker says. "Every time you do it, you are working to decrease your blood sugar at that moment—as well as for hours after you've completed the exercise."

Your diabetes educator can help you establish a plan that works for you. But rest assured, you don't need to become a gym rat. Regular walking is a great start.

**GET YOUR FAMILY ON BOARD.** Most likely, your daily meal plan will change. Talk to your family about those changes and why they matter. What's helpful is that a diabetes diet is simply eating healthy foods, Rhinehart says. So the whole family can eat your diet—and everyone benefits.

## THE FIRST YEAR

You'll start to adapt to your health changes and—if all goes to plan—feel better.

**CHECK IN REGULARLY.** Experts recommend getting your blood sugar levels checked and seeing your doctor every three months in the first year. As you do, your doctor may modify your medication regimen.

"If you're working hard with your team ... there's no reason you can't reach the majority of your goals within a year," Rhinehart says.

**ESTABLISH CALM AND CONTROL.** The good news? "You'll likely feel better—and more in control—by the end of the first year," Rhinehart says.

"The sense of being overwhelmed will go away," he says. "You *will* be able to manage this." ■

## A TEAM APPROACH TO DIABETES

At the hospitals of Community Healthcare System, the first message you will hear after you are diagnosed with diabetes is simple: Diabetes does not have to control you. You can control it.

Dealing with your diagnosis starts with education about how to manage diabetes every step of the way. Education can begin at the onset of a hospital stay or in an outpatient setting.

"We talk about essential lifestyle changes to get sugar levels under control," says Clinical Specialist Virginia Ait Said, RN. She's based at St. Catherine Hospital, recipient of the Joint Commission Gold Seal of Approval in 2016 for Inpatient Diabetes Care.

Patients benefit from the help of a care team, which may include nurses, doctors, dietitians, pharmacists, endocrinologists, podiatrists and educators. This team of experts creates a plan tailored to each patient to teach self-care behaviors and reduce the risk of diabetes complications.

CALL



### Take Control

We offer diabetes education and management through our Centers for Diabetes. Call **219-836-7714** (Munster), **219-392-7786** (East Chicago) or **219-947-6234** (Hobart).

## UNDERSTAND YOUR CONDITION

Education about what COPD is can be very helpful, says Dawn Lesley Fielding, respiratory therapist, educator and author of *The COPD Solution*. Sometimes people know their doctors have put them on medication or oxygen, but they don't understand why, she says.

"The first thing we always do is talk about the disease itself," she says. "Once they understand what's going on and why they need the medication or oxygen, it relieves a ton of anxiety."

So what is happening? The airways in the lungs become inflamed, and less air flows in and out of the lungs, says Albert A. Rizzo, MD, senior medical advisor for the American Lung Association.

As the flow of air decreases, there is less oxygen going to the cells in the body and expelling carbon dioxide gets harder and harder.

COPD is a broad term, and depending on your particular illness, you may have different symptoms from someone else.

## STAY ACTIVE

"When you have any lung condition that affects your breathing, the tendency is to do fewer things that cause you to be out of breath," Rizzo says. "But getting deconditioned actually makes your breathing worse."

Participating in a pulmonary rehabilitation program with a clinical professional can help you learn how to exercise safely, Fielding says.

Ultimately, when you're in better physical condition, flare-ups won't be as severe as they otherwise could be, Rizzo says. And if you're able to find ways to continue to do the things you love, you'll have greater quality of life and be less susceptible to depression.

## QUIT SMOKING

Smoking very often causes COPD, and according to the U.S. Centers for Disease Control and Prevention, the best way to prevent COPD is to not smoke (or to quit

## HELP KICKING THE HABIT

The hospitals of Community Healthcare System offer American Lung Association® Freedom From Smoking® classes for those trying to quit smoking. This eight-week program provides low-cost education led by a registered nurse and smoking cessation facilitator trained by the association. The program helps participants ease the transition into a healthier, smoke-free life. Participants are provided with coping advice, counseling, behavior modification techniques

and more to help them kick the habit for good.

"Our smoking cessation program helps participants gain a better understanding of their habit and the reasons they smoke," says Melissa Arango, smoking cessation instructor at Community Hospital. "Quitting is not an easy journey and may take several attempts before achieving success. This program provides a great opportunity to change your life—for the better!"

if you already do). Smoking is to blame for upward of 80 percent of COPD-related deaths. (Other causes include genetics, exposure to irritants, including secondhand smoke and air pollution, and workplace exposure to dust and fumes.)

But knowing all of that doesn't diminish the task at hand.

"There are ways to quit," Rizzo says. "But it's not easy by any means."

Your doctor can provide you with resources for quitting—be sure to ask. Seek out support groups and a quit counselor. And talk to your friends and family, too, says Rizzo: "People need to understand they can't smoke around someone with COPD."

## MIND YOUR MEDICATIONS

Working with a respiratory therapist or a physician, walk through your prescribed medications. Understand which ones are for emergencies and which are for regular use.

Most important, learn how to take them correctly. Some inhalers require one quick breath, while others call for a long, slow one, Fielding says. To allow the medication to work properly, you need to follow instructions.

CLASS



## Freedom From Smoking

Learn more about the Freedom from Smoking® program in Munster and Hobart and start your journey to a smoke-free life. Call **219-836-3477** or toll-free **866-836-3477**.

## TRY BREATHING EXERCISES

Take the time to learn techniques that will help you breathe better in the long run. Knowing how to bring breathing under control when you're out of breath, for example, could prevent a hospital stay. Other exercises are designed to help strengthen your diaphragm—the main muscle involved in breathing.

Ultimately, Fielding says, every person with COPD is different.

"They have to listen to their body and what their body is telling them they need," she says. ■

# WHAT ABOUT ME?

A child with cancer has unique needs that can demand a lot from families. Healthy siblings may feel sidelined as energy and attention focus on the one who has the disease.

Genevieve Stonebridge, a clinical counselor at InspireHealth, a nonprofit supportive cancer care center in Victoria, British Columbia, says siblings of children with cancer have seven needs:

- 1 Acknowledgment and attention.** Siblings need to know they matter, even when a brother or a sister is battling cancer. Stonebridge says, “Ask a sibling how *they* are doing, not just, ‘How’s your sister?’”
- 2 Family communication.** It’s important to talk to siblings—in an age-appropriate way—about the cancer diagnosis, treatment and side effects. Parents may think they are protecting children by staying silent, but without information children often imagine the worst.
- 3 Inclusion in the family.** It’s hard for siblings to watch someone they love suffer, and they want to help. They can play games or watch videos with their sibling. Skype chats, text messages and letters can keep them connected if treatment requires travel.
- 4 To know that it’s normal to have difficult emotions and uncomfortable thoughts.** Siblings may feel anger, confusion, frustration, jealousy, hatred or guilt. Parents can help by giving the sibling a safe space to work through emotions.
- 5 Their own support.** Siblings need help from family members, teachers and coaches, and professionals like social workers and counselors. It can also be good for siblings to talk to siblings of other children with cancer.
- 6 To be a kid.** Children need to play and keep up their extracurricular activities. They can be responsible for their chores and homework, but they shouldn’t feel the burden of caring for their parents emotionally.
- 7 Humor, laughter and lightheartedness.** “It’s a hard time, but we can laugh, play and have a good time,” Stonebridge says. “It’s important to have balance. Just because you’re dealing with a crisis doesn’t mean there can’t be wholehearted living.”

## CANCER RESOURCE CENTRE OFFERS SUPPORT

After a cancer diagnosis, well-meaning friends and family will want to help, but they may not know what you need. Newly diagnosed patients can experience a wide range of emotions, from anger and denial to fear and anxiety.

The Cancer Resource Centre, a support program of the Community Cancer Research Foundation, Inc., was created to educate, inform, support and uplift those fighting cancer and their families. All of the services are free of charge. The Centre offers patients and their families a nonmedical place to come celebrate life, deal with hardships and find answers to questions. Services include support groups, educational programs and networking, all provided in a therapeutic environment that promotes healing of the mind, body and spirit.

GO TO...



### Need a Place to Start?

The Cancer Resource Centre is located at 926 Ridge Road in Munster. Call **219-836-3349** or visit **[www.cancerresourcecentre.com](http://www.cancerresourcecentre.com)** for more information about services.

## MRI

**How it works:** Like CT scans, magnetic resonance imaging (MRI) creates cross-section images of the body, but it uses strong magnets and radio waves rather than radiation to create the images.

**What it's used for:** Examining organs and diagnosing torn ligaments, tumors, metastatic cancer, and brain and spinal cord conditions.

**What to expect:** You'll lie on a table, and markers will be placed on your body with tape to indicate where the images should focus. You'll be given earplugs, as the machine is quite loud during testing. The table will then

slide into the machine's long, cylindrical opening. The test can take anywhere from 30 minutes to two hours, depending on the images being captured. If you have any issues with claustrophobia or an inability to lie still for long periods, tell your doctor. He or she may prescribe a medication to help you relax or even order sedation.

"MRI is a good problem-solving tool," Fishman says. "There's no radiation involved, and it's very good for looking at soft-tissue changes—meniscus tears, ligamentous injuries, spine and disk disease—as well as cardiac function, vascular issues, and the brain and spine." ■

## WHAT ABOUT THE RADIATION?

Many people are wary of radiation exposure from X-rays and CT scans. However, patients should know that the amount of radiation from most diagnostic tests is fairly small, and the benefits of an accurate diagnosis from the test usually outweigh the minor risk involved.

One way patients can put their minds at ease is to look for facilities, such as those throughout Community Healthcare System, that have been accredited by the American College of Radiology (ACR). Facilities that receive the ACR Gold Seal of Accreditation have demonstrated that they have met the highest level of patient safety standards and image quality. The accreditation means that facilities, equipment and imaging staff have undergone rigorous review in the areas of patient care, treatment and safety; personnel qualifications; adequacy of facility equipment; quality control procedures and quality assurance programs.

"Among patients and physicians, ACR accreditation is recognized as the gold standard in medical imaging," says Pete Dyba, director of Imaging Services at St. Mary Medical Center. "It can provide peace of mind when choosing where to have your imaging testing done."

WEBSITE



### Need an Imaging Test?

For more information about diagnostic imaging and laboratory testing at the hospitals of Community Healthcare System, visit [www.comhs.org](http://www.comhs.org).







## ANOTHER REASON TO AVOID LATE-NIGHT SNACKS

The midnight munchies may be bad for more than your waistline—especially if you're a breast cancer survivor.

New analysis out of the Women's Healthy Eating and Living study conducted between 1995 and 2007 suggests that breast cancer patients who go less than 13 hours between dinner and breakfast had a 36 percent chance of breast cancer recurrence.

While the findings do not establish a cause-and-effect link between late-night snacking and cancer, previous animal-based studies have found that prolonged nighttime fasting does fight off high blood sugar, inflammation and weight gain—all of which can lead to poor outcomes for cancer.

## ▶ TRUE OR FALSE

The stomach flu causes vomiting and diarrhea.

**FALSE.** The stomach "flu" isn't the flu at all. It's gastroenteritis, which is inflammation of the stomach and intestines that can lead to vomiting, diarrhea and cramping.

Norovirus is the most common cause of gastroenteritis, and stats show it's as sinister as its name sounds. The Centers for Disease Control and Prevention estimates that the virus causes 19 million to 21 million illnesses each year. Peak time is November to April. Protect yourself by washing your hands frequently and not sharing bites of food or eating utensils with others.

## THE FLU



# 1.9 MILLION

In the 2014–15 flu season, flu vaccinations prevented an estimated 1.9 million illnesses—that's greater than the population of Philadelphia.

# 966,000

Nearly 1 million flu-associated doctor office visits were prevented (the number of people who fit in Manhattan's Times Square).

# 67,000

The flu vaccine prevented an estimated 67,000 flu hospitalizations, equal to the number of seats in the Seattle Seahawks' stadium.

It's not too late to get your flu shot. Flu activity peaks in January or later. Just remember that it takes about

## two weeks

after vaccination for antibodies to develop—so do it ASAP!

Source: Centers for Disease Control and Prevention (2014–15 flu season)

## WHAT'S GOING ON IN YOUR HEART?

If you consider yourself healthy simply because you feel good, don't be so sure. Heart disease is the No. 1 cause of death for Americans older than 35 and often has no observable warning signs.

Risk factors such as elevated cholesterol and blood sugar levels and high blood pressure cannot be seen by the naked eye, but produce artery-clogging calcium deposits that can lead to heart disease, heart attack or stroke. A low-cost coronary scan offered through the hospitals of Community Healthcare System uses breakthrough CT technology to reveal these deposits in 3-D at their earliest stages to help prevent disease before it begins. Scans provide a noninvasive alternative to a coronary angiogram. They're offered at the Munster and Hobart locations.

### APPOINTMENTS



## Coronary Scans

To register for a low-cost coronary scan at the hospitals of Community Healthcare System, call **219-836-4599** or **877-999-SCAN**. Physician referral is required.

**TRUE OR FALSE:**

**More women than men are diagnosed with depression.**

→ **TRUE.** This may be related to biological factors, such as hormonal changes associated with pregnancy, motherhood and menopause. It may also be related to the cultural and social pressures put on women. For Winston, how men and women deal with the illness makes a difference. Women are more likely to talk about and accept the fact that they're depressed, she says, while men may mask depression with drinking or other substances.

**TRUE OR FALSE:**

**Depression can be fatal.**

→ **TRUE.** Left untreated, the feelings of hopelessness, sadness and guilt can overwhelm a person to the point where they don't want to live any longer. In that case, sufferers should seek immediate medical help. Worldwide, more than 800,000 people die because of suicide every year, and it is the second-leading cause of death in people ages 15 to 29.

**TRUE OR FALSE:**

**Depression has no real treatment. Depressed people will always be depressed.**

→ **FALSE.** Depression is a highly treatable condition, Winston says, provided the person gets help. "Hopelessness in depression is a feeling, not a fact," Winston says. "And people who feel hopeless when they're depressed, they believe they're in a hopeless situation. But it's actually just a feeling, and there's nothing hopeless whatsoever about depression."

**TRUE OR FALSE:**

**Treating depression is as simple as taking an antidepressant.**

→ **FALSE.** "The number of people who just take a medication and are fixed is relatively small," Winston says. Many more people need a combination of therapy and medication. And it can take some time to figure out the right type of medication—or combination of medications—to feel well. ■

## DEPRESSION IN OLDER ADULTS

For many older adults, holidays can bring more sadness than joy. As everyone else seems to be buying gifts and decorating their homes, older adults may stress about money concerns or being separated from family and friends.

If you feel isolated and helpless, have difficulty eating, concentrating or sleeping, feel lethargic or have thoughts of suicide, it is time to reach out to experts for help.

Behavioral Health Services offers a team of extensively trained physicians, therapists, nurses and support staff to help you get through the holidays and heal the mind, body and spirit.

"We understand what patients and their families are going through," says Jake Messing, director of Behavioral Health Services. "We want to help everyone involved feel better as soon as possible."

The Centers for Mental Wellness in Schererville and East Chicago offer outpatient counseling and treatment. St. Catherine Hospital has an Older Adult Inpatient unit for adults 65 and older.

APPOINTMENTS



### Happier Holidays

The Behavioral Health Services team can help people dealing with depression or the holiday blues. For more information or an appointment, call **219-392-7025**.

environment by trying to settle yourself down first. Go into the talk only after you've asked yourself: What are my needs? How will this affect the person I'm telling?

### Know your audience.

This is particularly important if there are children you'll need to speak to about your diagnosis. Different age groups will have different kinds of concerns: Preschoolers may worry you'll go away and won't come back (so give them a talk that's light on details of your condition but heavy on details of how you or a trusted family member will support them); school-age kids stress about how your diagnosis will directly affect them (have answers to questions like, "Will we need to move? Will I have to quit my after-school soccer league?"); and teens may get thrown into a bit of existential despair (be ready to listen and help them talk through big questions like, "Why do bad things happen to good people?"). Pay attention in the days and weeks after you've shared your diagnosis for signs your child is withdrawing or acting out. "You need to be really aware and look for indications they may be struggling with it," Kelleher says.

### Understand they may not take the news well.

It's natural to withdraw in the face of potentially devastating news. "People have all sorts of hidden beliefs about illness," Kelleher says. You have no idea whether, say, your diabetes diagnosis triggers memories of the suffering a cherished aunt may have gone through with the same condition.

Allow them to react, and reassure them it's OK with you that they're upset about the news. Then, when they're ready to learn more, offer to set up an appointment with your primary care physician for the two of you so your doctor can explain what your diagnosis really means. "The reality is, the more support a patient has, the better the outcome tends to be," Kelleher says.

### Emphasize that you'll get through it together.

Make it clear to friends and family that while you're the one who is dealing with the physical effects of illness, you understand that your diagnosis will take a toll on them, too. Just telling someone that you're in this together can be remarkably helpful for the coping process. "It's the difference between it being a tragedy and a difficult moment in your life," Kelleher says.

### Consider outside help.

If you're particularly worried about sharing the news with your loved ones, talk to your doctor about bringing in a family therapist whose practice focuses on dealing with medical issues (your physician may have referrals). A therapist is a great resource to call upon the moment you start feeling overwhelmed, because he or she will understand the toll that illnesses can take on both you and your loved ones. "When you're sick, it doesn't just affect your body, it affects your emotions and relationships as well," Kelleher says. "Struggling alone can make the journey a lot more difficult." ■

## A CHRONIC CONVERSATION

Sharing difficult news with people one time is hard enough, but what if you've been diagnosed with a condition where you must enlist friends, family members or co-workers in your care? For example: Someone who has started to have seizures needs to have a plan of action to help people around him or her know what to do when symptoms strike.

Develop step-by-step instructions for your care if you have a medical event. Clearly denote what should be done and in what order. (Should 911 be called immediately, or do you need to be given insulin ASAP?) Distribute this clear, concise "cheat sheet" to those closest to you in case of emergency. Keep this document in your common spaces, too, like near your desk at work or on the fridge at home.

EVENT



### Support in Healing

Free support groups offered by the hospitals of Community Healthcare System provide a way to heal from shared experiences. For locations, dates and times, call **219-836-3477** or **866-836-3477**.

# MEDICATION MISHAPS

Sources: U.S. Centers for Disease Control and Prevention; American Association of Poison Control Centers



**700,000**  
emergency department  
visits arise from medication  
problems each year in the  
United States.

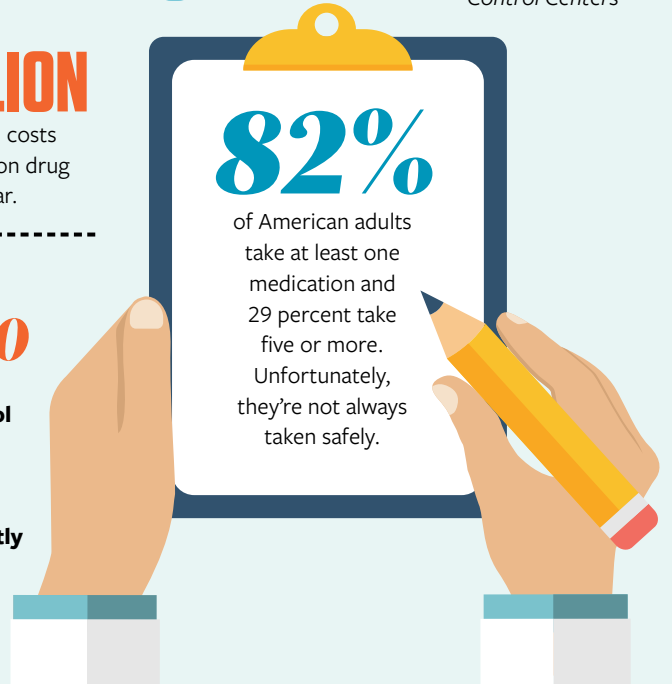
**2X** Older Americans are twice as likely to go to the emergency department because of an adverse drug event.

**\$3.5 BILLION**  
is spent on medical costs  
related to prescription drug  
errors each year.

**Nearly  
272,000**  
calls were received  
by U.S. poison control  
centers in 2014 for  
medication errors,  
usually because  
someone inadvertently  
took a medicine, or  
took it twice.

**82%**

of American adults  
take at least one  
medication and  
29 percent take  
five or more.  
Unfortunately,  
they're not always  
taken safely.



## MANAGE YOUR MEDS

For patients at risk for blood clots who are prescribed anticoagulation or blood-thinning medications such as Coumadin®, managing dosages and following your physician's guidelines are extremely important. The experienced clinical pharmacists at the Anticoagulation Clinics of Community Healthcare System work with patients and their physicians to provide close supervision for effective management of anticoagulation therapy.

Blood clotting or coagulation is the body's normal reaction to prevent excessive bleeding from cuts and injuries. Those with conditions that have damaged the heart, arteries or lungs have a greater chance of forming a blood clot and may rely on anticoagulants to prevent clotting.

"Anticoagulation medications decrease the blood's ability to clot, and when left unmonitored, bumps and bruises can become more serious situations," says Michelle Meyer, director

of pharmacy at St. Mary Medical Center. "These medications can interact with other prescriptions or over-the-counter medicines and even certain foods. For those reasons, continual monitoring, including frequent blood tests to determine clotting time, is very necessary."

Community Healthcare System's Anticoagulation Clinics offer immediate pro-time/INR tests, dosage adjustments, screening, counseling about food and drug interactions, and patient education.

"Our clinics allow patients to have a one-on-one connection with a clinical pharmacist as they navigate the management of their anticoagulation medications," Meyer says. "Patients have a personal counselor—someone who can address their questions and concerns—who is with them every step of their journey. Our pharmacists also stay in communication with the patient's physician so they are always updated with any changes."

GO TO...



### Here to Help

Patients at any stage of anticoagulation therapy can attend the Anticoagulation Clinics in East Chicago, Hobart or Munster. Physician referral is required. Visit [www.comhs.org](http://www.comhs.org) for information.



# A NEW WAY TO ATTACK CANCER

*Immunotherapy is available through the Community Cancer Research Foundation* BY ELISE SIMS

**D**uring the past few years, the rapidly evolving field of immunology has brought about new ways to treat cancer. Immunotherapy increases the strength of the body's immune responses against tumors by either stimulating the activities of specific components of the immune system or counteracting signals produced by cancer cells that suppress immune responses. It offers a way for patients to explore highly personalized treatments matched to their unique genetics.

Northwest Indiana residents have access to national clinical trials and studies that include the latest immunotherapy through the Community Cancer Research Foundation. The Foundation works in tandem with oncologists at the hospitals of Community Healthcare System: Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart, to offer patients a wider range of treatment options close to home.

"Immunotherapy is a novel new approach that we are using to treat cancer," Oncologist Mohamad Kassir, MD, says.

"We administer medications that can stimulate the immune cells to attack their own system. There are checkpoints in the immune system that can prevent cancer from happening, and these therapies target them."

Through the Community Cancer Research Foundation, the hospitals of Community Healthcare System offer multiple clinical trials to patients who meet the criteria. Eligible cancers include those of the lung, bladder, breast and esophagus, as well as multiple myeloma.

"It's an exciting time to be an oncologist, as we have new therapies and offer clinical trials that advance cancer care and aim to help our patients live longer by harnessing the power of the immune system," Neel Shah, MD, says.

Last year, immunotherapy was approved for use as a first-line therapy for melanoma patients. More than 60 percent of people with stage 4 melanoma have a positive lasting response to immunotherapy. Kassir says he expects to begin using immunotherapy for other types of cancer in the near future. ■



**Oncologist Mohamad Kassir, MD, reviews clinical trial eligibility requirements with Community Cancer Research Foundation Administrator Mary Shields, MSN.**

WEBSITE



## Hope Through Research

For more information about clinical trials and studies available through the Community Cancer Research Foundation, visit [www.mycrcf.com](http://www.mycrcf.com).

# NEW HOPE FOR AGING HEARTS

*Cardiologist uses minimally invasive technique to improve patients' symptoms and quality of life*



A St. Mary Medical Center cardiologist is the first in Indiana to use a minimally invasive procedure providing new hope for heart patients like 86-year-old Alyce Jabaay. After heart surgery to place a pacemaker and defibrillator three years ago, Jabaay, of DeMotte, was leading a very active lifestyle. But this past spring, Jabaay found herself unable to participate in her usual activities after she began experiencing shortness of breath, an elevated heart rate and severely low blood pressure. She soon found herself in the hospital.

"My breathing was so limited that I could not talk on the phone very long," Jabaay says. "I was not even able to walk from my bed to the bathroom without a walker."

Jabaay underwent an angiogram to determine the capacity of her heart function. The test revealed that her aortic valve had stiffened and narrowed, a condition called aortic stenosis. The

narrowed valve was causing her heart to function at only 10 percent of its capacity, resulting in Jabaay's weakness and shortness of breath.

Because of the severity of her condition, she was referred to St. Mary Medical Center and Hussam Suradi, MD, FACC, FSCAI, Northwest Indiana's only fellowship-trained structural cardiologist. Suradi specializes in performing a minimally invasive procedure that could benefit Jabaay, called transcatheter aortic valve replacement, or TAVR. But before Suradi could replace Jabaay's damaged valve, she would need a series of tests, including a transesophageal echocardiogram (TEE), which uses an endoscope for an internal assessment of the overall function of the heart. Jabaay's results indicated her heart was too weak for any valve replacement procedure.

"Even though a minimally invasive procedure causes less stress on the body than an open heart surgery, the



CALL



## The Heart and Valve Experts

For more information on the Structural Heart & Valve Center at St. Mary Medical Center and Community Hospital, call **219-703-5301** or visit [www.comhs.org](http://www.comhs.org).

strain would have been too great for Alyce's heart to handle in its current state," Suradi says. "After much discussion about what options we could pursue, we chose a procedure that would improve her quality of life and give her heart a chance of recovering so a valve replacement could be an option in the future."

Suradi decided to clear the stenosis through a procedure called a balloon valvuloplasty. A catheter with a balloon at the tip is placed in the groin and threaded through the aorta into the



Cardiologist Hussam Suradi, MD, with the Impella pump, technology that helps him keep a patient's weakened heart pumping while he clears blockages through a procedure called a balloon valvuloplasty.

heart. The balloon inflates once inside the valve, opening the stiff leaflets of the valve and allowing blood to flow more freely.

Because Jabaay's blood pressure was dangerously low, there was a greater risk she could suffer cardiac arrest or the sudden loss of heart function during the procedure. To assist her heart, Dr. Suradi used an Impella heart pump that takes over blood flow.

"When the balloon inflates, it creates a temporary block of the valve, cutting off blood flow for a very short amount

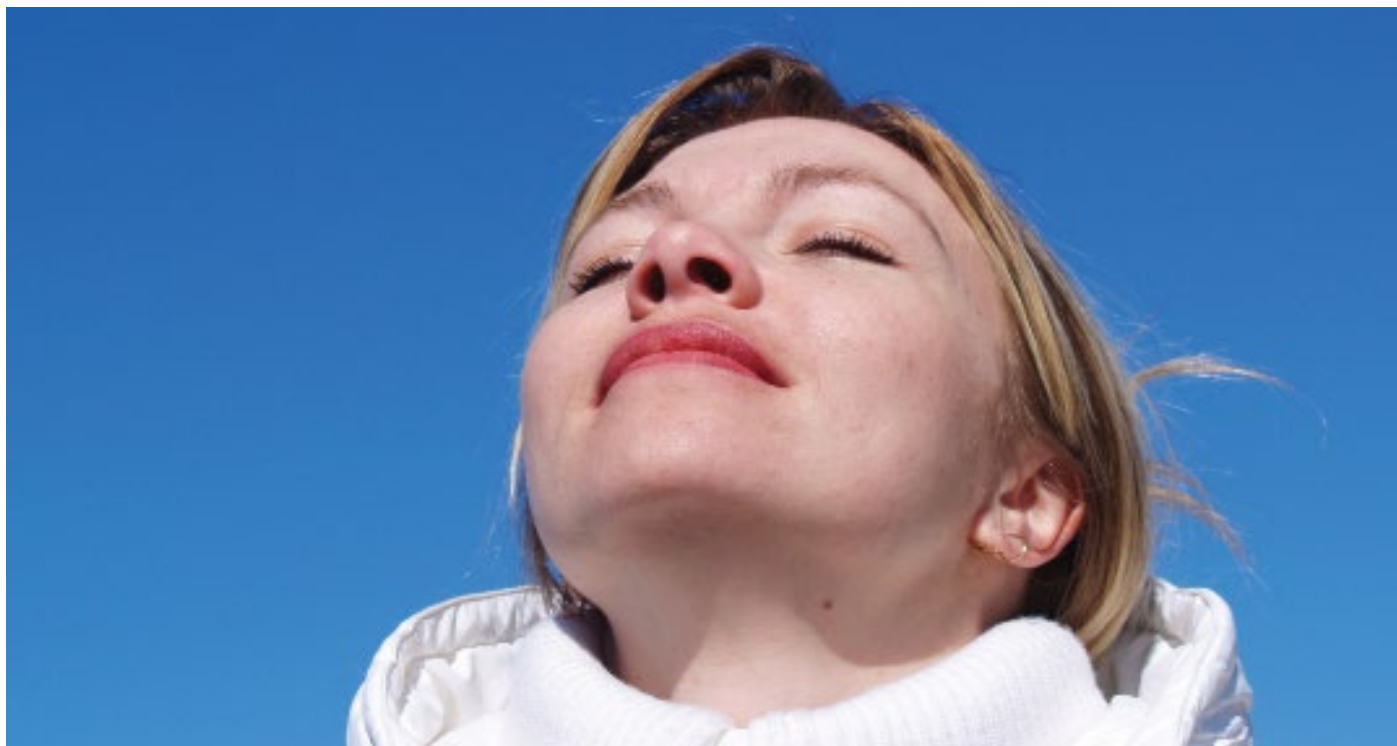
of time," says Suradi. "In a healthier person, this would not be an issue, as the heart could handle the stress. For Alyce's weak heart, we knew even a few seconds of limited blood flow would be too great a risk."

The pump is inserted through a catheter in the other side of the groin, to reach the heart. Once in place, the Impella acts as a bypass machine, pulling blood from the left ventricle through the rest of the heart.

"Alyce was the first patient in the state of Indiana to benefit from using the

Impella pump during a valvuloplasty," says Suradi. "This opens a new treatment avenue for patients with severe stenosis who are too ill to undergo a valve replacement, especially for aging patients who are often told there is nothing that can be done."

"I already notice an improvement. It's easier to breathe and form complete sentences without gasping for air," Jabaay says. "I keep thinking positively and am doing my part so I have a better chance at undergoing valve replacement in the near future." ■



# Breath of Fresh Air

*Lung specialists help patients with chronic respiratory illness breathe and function better*



When Georgia Smith moved from Chicago to Lynwood, Illinois, she was looking for a fresh start and fresh air.

For decades, the 69-year-old retired customer service professional had lived with chronic asthma that progressively worsened with age. In 1991, she was diagnosed with chronic obstructive pulmonary disease (COPD). From then on, Smith relied on inhalers and regular breathing treatments to help manage her symptoms.

On Mother's Day weekend 2015, Smith's dinner plans were interrupted by a COPD flare-up that landed her in the local emergency room.

"I was really weak and just not feeling well," Smith says, "but I pushed myself to get ready. When my daughter came to pick me up, something told me I should go to the hospital."

Later that night, Smith was intubated because of worsening respiratory failure. She soon began a routine regimen of oxygen to supplement her breathing.

After recovering from her illness, Smith's physician recommended pulmonary rehabilitation to improve her lung strength and regain control of her COPD symptoms.

"The treatment of COPD and other lung diseases with medications and oxygen have advantages, but also have many limitations," says Fadi Layous, MD, board-certified pulmonologist and director of Pulmonary Rehabilitation at Community Hospital. "Pulmonary rehabilitation is a complement that enhances



WEBSITE



## Take a Deep Breath

For more information about pulmonary care at the hospitals of Community Healthcare System, visit [www.comhs.org](http://www.comhs.org).

the benefits of medical care through individualized exercise and education.”

Rehabilitation made a tangible difference in Smith’s quality of life, she says.

“I was depressed when I was admitted, because I had just moved to a new home and I wasn’t really able to do anything,” Smith says. “Now I have more energy and absolutely feel better about myself.”

COPD is a severe lung condition in which patients cannot effectively exhale carbon dioxide, causing significant shortness of breath and limiting daily activities. Factors such as genetic predisposition, environmental exposure to pollutants and a longtime history of cigarette smoking increase your risk.

Pulmonology experts and respiratory staff at Community Hospital in Munster provide specialized care for COPD patients and those living with lung disease, including spirometry testing (how well you breathe in and out), drug therapy, breathing treatments and pulmonary rehabilitation. These experts also advocate disease prevention through low-cost screenings and smoking cessation programs.

Smith enrolled in the Pulmonary Rehabilitation Program at Community Hospital because it was close to home, the staff members were knowledgeable and polite, and the facility was equipped with top-of-the-line technology needed for her full recovery.

Community Hospital’s Pulmonary Rehabilitation Program blends physical exercise with patient-focused counseling and disease education to help accelerate the healing process of patients with chronic respiratory illness. Exercises might include working on a treadmill, NuStep® or stationary bike, using weights and Thera-Bands, or engaging in fun activities like chair Zumba.

“The main goal of pulmonary rehab is to improve our patients’ daily quality of life,” says Chris Hrabota, regional director of Respiratory Care. “Our patients learn how to best manage their chronic respiratory illness and maximize their functionality.”

“Georgia was the perfect example of a patient in need of pulmonary rehabilitation,” says Respiratory Therapist Sarah Volk, Community Hospital Pulmonary Rehabilitation. “At first she was unable to do more than a few minutes on the equipment, but she pushed through her fears and anxiety. When a patient begins to take ownership of their disease and understand how they can improve their life, they flourish.”

Smith had success because she was committed. “I was there three times a week at 7 a.m. I never missed a day,” she says. “Everyone I came in contact with was really nice. Even the valet staff knew me by name. I enjoyed it. I felt alive when I did it.”

After completing rehabilitation, Smith has continued a healthy lifestyle through exercise programs offered at Community Hospital’s Fitness Pointe® in Munster. She says that her biggest transformation gained through pulmonary rehabilitation is her newfound appreciation for life. ■



**Lynwood resident Georgia Smith is breathing easier with pulmonary rehabilitation and the help of respiratory therapy professionals like Sarah Volk at Community Hospital in Munster.**

# A BETTER EMERGENCY DEPARTMENT

*Expansion and renovation increase patient comfort and reduce anxiety*



Mary Anderson, RN, left, and Diana Garcia Burns, director of the Emergency department, in the second triage room that was built for the recently completed Emergency Department expansion.



An ambulance rolled into the Emergency department bay at St. Catherine Hospital as a public address system sounded a “stroke alert.”

As visitor Reggie Brooks waited for word on a friend he brought in, he could not help but notice the comfortable chairs and the fresh new look in the waiting room.

Brooks remembers a time when patients, friends and family members spilled out into the hallway of the crammed emergency room. Now, thanks to a makeover, patient arrival has been streamlined and is more welcoming.

In June, the hospital spent \$163,000 to expand and modernize the Emergency department receiving area to improve patient flow, processing and satisfaction.

“We added a second triage room so transfer to our 18-bed unit is enhanced,” says Diana Garcia Burns, director of the Emergency department. “We can draw labs and get patients off to X-ray from there. If there are no available beds in the Emergency department, we can start treatment in the newly-outfitted triage rooms.”

Patients come first, Burns says. “Coming to the ER is a stressful situation. Our whole objective is to reduce anxiety when they arrive and be able to get them seen faster by our dedicated, compassionate and capable team.”

With more than 32,000 Emergency department visits logged at St. Catherine Hospital in recent years, having an efficient intake area is equally important to medical staff, Burns says.

“Modern emergency rooms not only help patients, they help our staff perform tasks more effectively,” Burns says. “They smooth over bedside registration and access to medicines and tests. They improve the interaction between staff and the patient in the discharge and payment process.”

The project also added new finishes in the waiting room, a quick check-in counter and a 24-hour security desk. A former security office was transformed into a spacious private patient registration area. It is equipped with a large walnut desk and tub chairs to comfortably seat guests.

“The Emergency department is the first line of emergency care and support



**Rashanda Watkins and her children are greeted at a new patient check-in and waiting area at St. Catherine Hospital’s expanded Emergency department.**

for patients in need of serious help,” says Jo Ann Birdzell, CEO. “We are committed to having professional, expert teams available 24-7.”

Admissions representative Roseanna Ramirez has seen a definite improvement in the mood of those who wait in the Emergency department since the renovation was completed.

“They love the soft muted colors and the bright open spaces,” says Ramirez, who registers Emergency Department patients.

Emergency technician Eliseo Almazan, from the hospital’s accredited chest pain and stroke center says, “To us, our patients are like family. It’s our outward commitment to make life comfortable in what can be a scary moment. It’s our way of saying, ‘Hey, we care.’” ■

WEBSITE



## In Case of Emergency

For more information about Emergency services at St. Catherine Hospital in East Chicago, visit [comhs.org](http://comhs.org).



## GETTING A BETTER BREATH

*Pulmonologist Puneet Sethi, MD, clears the air by answering your respiratory health questions.*



Pulmonologists and pulmonary disease specialists diagnose and treat patients with lung diseases and conditions of the respiratory system. Some of the illnesses these physicians might treat include asthma, bronchitis, COPD (chronic obstructive pulmonary disease), emphysema, tuberculosis and lung cancer. Pulmonologists also have expertise in the management of critical care patients and are skilled at performing and interpreting tests and procedures within their specialty.

### **Q** What are the most common reasons that patients see a pulmonologist?

Patients come to my office for many reasons. They might be feeling short of breath or wheezing or having chronic

symptoms of COPD. Sometimes they have lung nodules or masses and are seeking care from a specialist.

### **Q** What is the newest advancement in pulmonary medicine you offer patients?

A navigational bronchoscopy procedure uses your X-rays or CT images to create a 3-D visualization of your lungs so your doctor can more easily pass a catheter through to see lesions. This technology helps physicians to perform more accurate biopsies, diagnose tumors and administer radiation therapies. Endobrachial ultrasound is also a new, minimally invasive procedure used to detect masses and enlarged lymph nodes in the hard-to-reach areas of the lungs, and aids in the diagnosis of lung cancer and infections. Both are highly



**Pulmonologist  
Puneet Sethi, MD**

effective and prove to be a more comfortable experience for patients than a traditional bronchoscopy.

### **Q** What are the benefits of pulmonary rehabilitation?

Pulmonary rehabilitation engages patients with chronic respiratory disease in a specialist-led program of exercise, education and support to maximize their lung functionality. Patients that follow the program successfully experience decreased shortness of breath, improved physical capacity and a greater quality of life.

### **Q** What advice can you offer patients living with COPD?

Be compliant with your breathing treatments. For COPD patients, this is crucial because it will enable you to stay active, which is absolutely necessary for leading a healthy life. ■

WEBSITE



### **Dealing With Lung Problems?**

Pulmonary Disease Specialist Puneet Sethi, MD, is part of Chest Physician Consultants, Ltd., in Munster and currently accepts new patients. Call **219-836-7723** to schedule an appointment.



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