

# Healthy

Summer 2021

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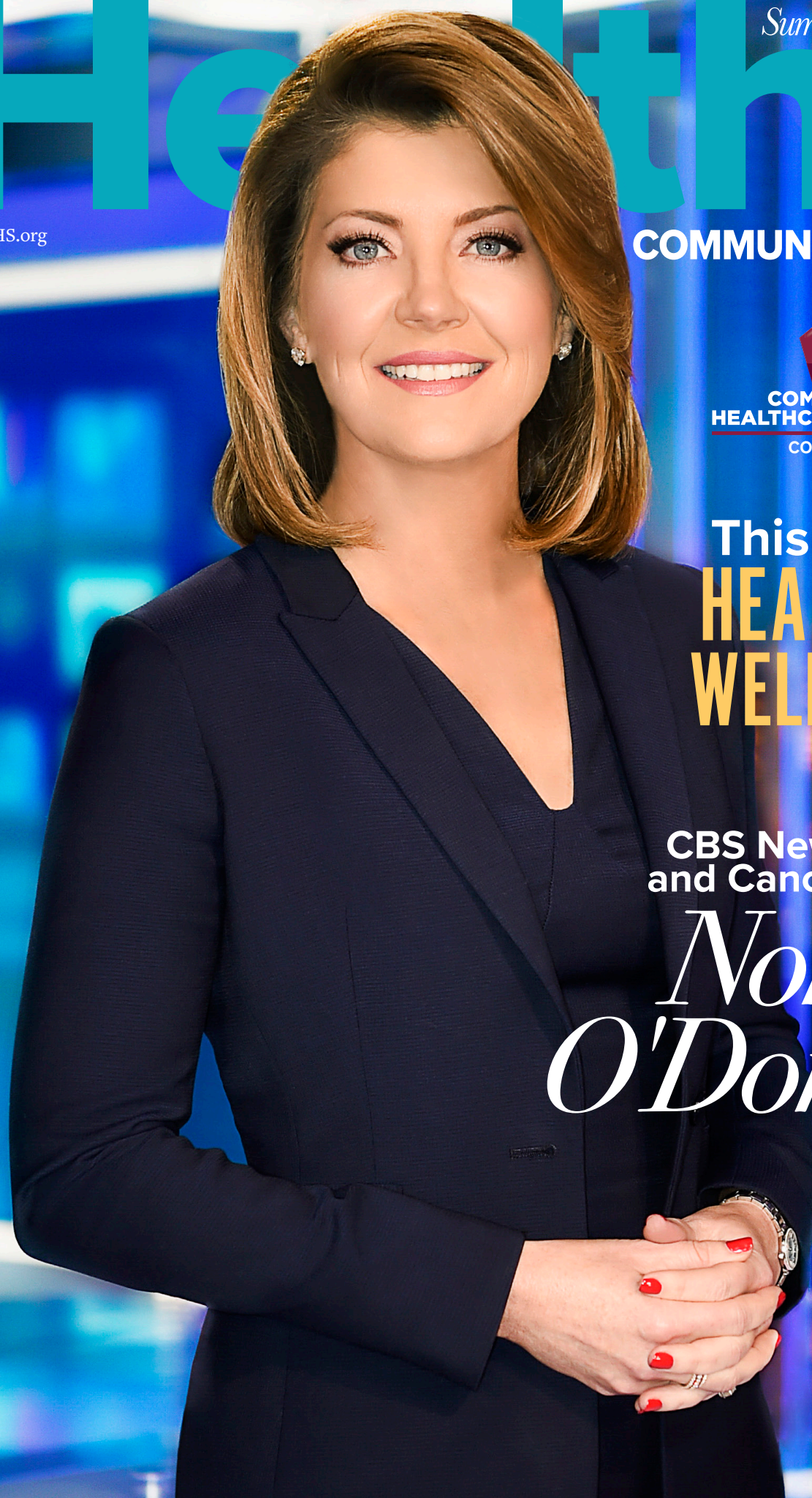


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This issue:  
**HEALTH &  
WELLNESS**

CBS News Anchor  
and Cancer Survivor

*Norah  
O'Donnell*



# A Wake-up Call

**Norah O'Donnell shares how her health priorities changed after being diagnosed with melanoma.**



**What was the treatment?**

I had surgery right at the beginning of 2017. Dr. Hale removed a section of skin three inches long from the upper left corner of my back. It took 25 stitches. It's a big scar, but I wear it proudly as a reminder that early prevention saves lives. And that's the lesson I want to share. Melanoma is highly preventable. It accounts for only one percent of skin cancer, but it's responsible for the large majority of skin-cancer deaths. That's the reason having a regular skin-cancer exam is important. If I had waited a few more months before having my skin checked, the outcome could have been much different, even tragic.

**Were you aware of the risk factors for melanoma before your diagnosis?**

Yes, I knew I was at risk. I'm fair skinned, and there's a history of skin cancer in my family. Growing up in Texas, I was always outside. We had a pool in the backyard, and I remember getting a lot of sunburns when my skin would peel. I hate to admit it, but in high school, I went to a tanning salon. When I told Dr. Hale that she said that

**A**S THE ANCHOR OF THE CBS Evening News, Norah O'Donnell is the #1 most-watched woman on TV news in America. With her two-year anniversary as the CBS anchor coming up in July, Norah is taking advantage of her high-profile position to get the word out about melanoma, the dangerous skin cancer she was diagnosed with almost five years ago. She recently talked to *Healthy Community* to share the lessons that experience taught her and why she believes women across the United States need to reimagine their relationships with their healthcare providers.

*Photos: For more than two decades, Emmy Award-winning journalist Norah O'Donnell has traveled the globe to interview some of the world's most important leaders, including six U.S. presidents. A firm believer in empowering women, she sits on the board of directors of the International Women's Media Foundation.*

**When were you diagnosed with melanoma?**

It was Thanksgiving 2016. I was shopping during Black Friday and got an email from my dermatologist, Dr. Elizabeth Hale, saying the results of the biopsy had come back and we needed to talk. I immediately forwarded the email to my sister, who's a surgeon. She thought it was probably basal cell or squamous cell, two of the most common forms of skin cancer. Still, I was wondering: Why is my dermatologist calling me over the Thanksgiving holidays?

When Dr. Hale told me it was melanoma, I was stunned. I knew that melanoma is incredibly dangerous and a leading cause of cancer death in young women. Fortunately, we had caught the cancer very early. It was Stage 0, meaning it was only located on the epidermis, the most superficial layer of skin.

“If I had waited, the outcome could have been much different, even tragic.”

recently got my first colonoscopy. The skin-cancer diagnosis was the reason I didn't put off getting both of these procedures. I also have a new focus not only on protecting myself from the sun, but on eating better and exercising more. My children have gotten the message, too. When I help them put on sunscreen, they don't complain as much anymore.

I also really believe that, as women, we need to fundamentally change our relationships with our healthcare providers. As women, we get our nails and our hair done every few months or even weeks. And yet, we can go for years without seeing a doctor. We need to schedule and keep regular appointments with our healthcare providers, whether it's our dentist, our primary caregiver, an eye doctor, a nutritionist or a dermatologist. Preventive check-ups are so important.



people who have an indoor tan before age 35 have a 75 percent increased chance of melanoma. Some research says that more people develop skin cancer from tanning than develop lung cancer from smoking.

**How has this experience changed you?**

My melanoma diagnosis was the beginning of a new wellness journey for me, a wake-up call about my own health and cancer prevention. For example, I've made my health check-ups a top priority. When I turned 45, I had a mammogram, and I just

**Any final thoughts?**

Given the times we live in, I really urge people to see their providers and not miss any cancer screenings. I've read that about 35 percent of Americans have missed routine cancer screenings because of COVID-19 fears, and 43 percent have missed medical appointments. Vaccination rates are also down. I'm just concerned that people aren't making the preventive health visits that are so important to stay safe.

# Screening Time

THE BEST WAY TO detect cancer is through early screening as Norah O'Donnell talks about in her compelling story. There is no better way to maintain your health and detect illness than by practicing preventive care. The hospitals of Community Healthcare System: Community Hospital, Munster, St. Catherine Hospital, East Chicago, St. Mary Medical Center, Hobart and the Community Stroke & Rehabilitation Center, Crown Point offer various cancer screenings to help you stay on track with your health.

- Annual screening mammograms are recommended for women over the age of 40 or who have a family history of breast cancer.
- Prostate cancer screenings are recommended for men age 50 and over or 40 and over with a family history.
- Skin cancer screenings examine questionable areas on the body to look for indications of cancer or precancerous conditions.
- A baseline colonoscopy is recommended beginning at age 45 and then every 10 years for average risk individuals.

These tests can provide valuable information about your health so you can remain active and enjoy life.

**To Your Health**



Community Healthcare System and its hospitals offer screenings and classes to help you stay healthy. Call 219-703-2032 for more information.



# Saving Your Life Is As Easy As ABCDE

**S** KIN CANCER is the most common type of cancer, accounting for nearly half of all cancers in the United States. The most serious type of skin cancer is melanoma, the kind Norah O'Donnell was diagnosed with. It accounts for more than 75 percent of the skin-cancer deaths that occur each year.

With skin cancer being so common, it's extremely important to know how to detect it. Check for any changes to your skin once a month, and watch for moles that have any of the following signs:

**A** **symmetric:** A mole with an irregular shape and with two parts that look very different.

**B** **order:** A mole with a ragged, uneven or blurred edge.

**C** **olor:** Benign moles are usually one color, typically brown. A malignant mole may be several shades of brown, black, tan, or even red, white or blue.

**D** **iameter:** Moles larger than the size of a pea should be examined.

**E** **volving:** Any change in the size, shape, color, elevation or any other trait of a mole, or new symptoms such as itching, bleeding or crusting are signs that it's time to see a medical expert.

In addition, you should make an appointment once a year to have your dermatologist thoroughly check your skin.

Sources: CDC, American Cancer Society



## How To Protect Yourself From Skin Cancer

Sunburn caused by excessive exposure to sunlight is the primary cause of skin cancer. To protect yourself and your family this summer, follow the Slip! Slop! Slap! and Wrap! rule:

**SLIP** on a shirt and other protective clothing to cover as much skin as possible.

**SLOP** on the sunscreen on all exposed skin. Make sure you use sunscreen with a sun protection factor (SPF) of 30 or higher. Don't skimp. Use a generous amount, even on overcast days. Be sure to reapply after swimming, toweling dry or sweating.

**SLAP** on a wide-brimmed hat. Remember that a baseball cap does not protect your ears and neck, so use sunscreen there.

**WRAP** on sunglasses that absorb ultraviolet rays to protect your eyes and the surrounding skin.

# Why We Don't See a Provider

## (And Why We Should)

If you think you're too busy to see your healthcare provider, be sure to read Norah O'Donnell's story on page 2. She was too busy to see her dermatologist for an annual skin checkup. When she finally did, she was diagnosed with melanoma, the deadliest form of skin cancer. If she had waited a few more months, the outcome might have been tragically different. If any of the following excuses for not seeing your healthcare provider sound familiar, consider the consequences.

**"I don't have time."**

**"I'm embarrassed."**

**"I'm afraid."**

**"I don't have a primary care provider."**



We're all busy. Family and work are usually our top priorities. As a result, many people choose to believe they don't have time to see a healthcare provider. But think about it. If you continue not seeing a provider, a minor health issue could turn into a serious medical condition. Then there won't be time for all the things that really matter to you — your family, your children, your social life and career. It will all have to be put on hold, and it could have been prevented if you had taken an hour to see your provider.

Certain elements of a medical examination can be embarrassing. Many people are uncomfortable being asked direct questions about their bowel habits or sexual activity. Needing to disrobe for a physical exam can make others feel vulnerable. If you do feel embarrassed about seeing a provider, it may be helpful for a friend or family member to be with you and provide support during your appointment.

Some people have specific fears associated with seeing a healthcare provider or visiting a hospital — fear of needles, for example. For others, the experience produces anxiety. Sometimes, a person may be reluctant to seek medical care because they are afraid a routine test or screening will reveal a horrible disease. Fortunately, that rarely happens. So remember this. If something wrong is found, it's almost always a chronic condition, such as hypertension or diabetes, that can now be effectively treated because you took the time to see your provider.

If you don't have a primary care provider, the hospitals of Community Healthcare System can help. For a listing of our physicians and allied health professionals, call our free referral line at 866-836-3477.

### Find a Doctor



**We can help you choose a practitioner who can help you manage your risk for disease and help you stay healthy. To find a Community Care Network physician near you, visit [COMHS.org](https://www.comhs.org).**

Source: *VeryWellHealth*



# Your Lifelong,

*NORAH O'DONNELL'S STORY* proves the point. Regular preventive exams and checkups cannot only identify health issues before you know something is wrong; they can also save your life.

Unfortunately, because of COVID-19, many people have postponed their routine medical appointments. During the first months of the pandemic, for example, breast cancer screenings were down 63 percent and colon cancer screening dropped 64 percent.



## Preventive health exams and screenings:

### Women in Your 20s

- Annual OB/GYN appointment
- Pap test every three years starting at age 21

### Your 30s

- Pap test plus an HPV test every five years or a Pap test every three years
- Thyroid-stimulating hormone test every five years starting at age 35
- Diabetes screening if you are overweight or have other risk factors

### Your 40s

- Annual mammogram starting at age 45 with an option to start at age 40
- Pap test plus an HPV test every five years or a Pap test every three years
- Colonoscopy screening every 10 years starting at age 45
- Diabetes screening every three years starting at age 45 if results are normal

### Your 50s

- Osteoporosis exam depending on risk factors
- Annual mammogram until age 55 with the option of switching to every two years after that (talk to your provider)
- Pap test plus an HPV test every five years or a Pap test every three years
- Colonoscopy screening every 10 years
- Diabetes screening every three years if results are normal

### Your 60s

- Bone Mineral Density/Osteoporosis exam
- Option of having a mammogram every two years (talk to your provider)
- Pap test plus an HPV test every five years until age 65 if you've had normal results. Women with a history of serious cervical pre-cancer should continue testing for 20 years after the diagnosis.
- Colonoscopy screening every 10 years
- Diabetes screening every three years if results are normal
- Shingle vaccine (once)
- Pneumonia vaccine (once)

### Your 70s

- Continue having a mammogram every 1-2 years if you are in good health and expect to live 10 more years or longer.
- Talk to your provider about stopping colon cancer screenings.

# Life-Saving Guide

As a result, many people are still overdue for the checkups, preventive screenings and vaccinations that are so important to staying healthy.

Staying up-to-date with routine health screenings is important. We encourage you to use this chart to determine when you should begin routine preventive tests and screenings and how often they should be repeated. Please remember to always talk to your healthcare provider about your risk factors so you can schedule your preventive screenings to match your health needs.

## Men in Your 20s

- Annual testicular exam

## Your 30s

- Cardiovascular risk test (depending on risk factors, talk to your provider)
- Diabetes screening if you are overweight and have other risk factors

## Your 40s

- Prostate cancer screening: Talk to your provider about screening for prostate cancer at age 40 if you have more than one first-degree relative (father, brother or son) who's been diagnosed with prostate cancer before age 65. African-Americans and men with one first-degree relative diagnosed before age 65 should talk to their provider at age 45.
- Colonoscopy screening every 10 years starting at age 45
- Diabetes screening every three years starting at age 45 if results are normal

## Your 50s

- Prostate cancer screening: Talk to your provider at age 50 if you are at average risk for prostate cancer.
- Colonoscopy screening every 10 years
- Diabetes screening every three years if results are normal

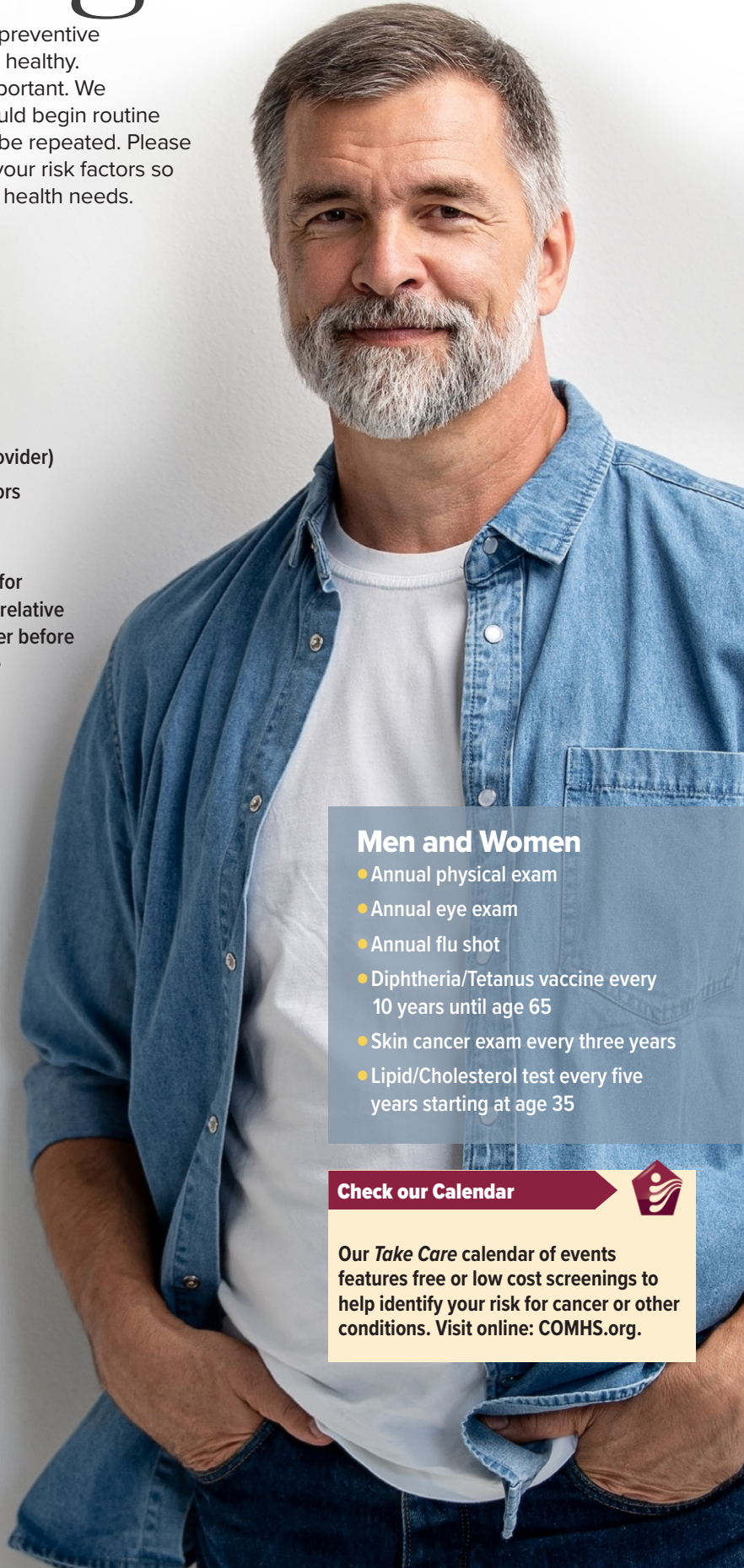
## Your 60s

- Prostate cancer screening (talk to your provider)
- Colonoscopy screening every 10 years
- Diabetes screening every three years if results are normal
- Shingle vaccine (once)
- Pneumonia vaccine (once)

## Your 70s

- Talk to your provider about stopping colon cancer screenings.

Sources: American Cancer Society, Cleveland Clinic, Mayo Clinic, American Thyroid Association, American Diabetes Association



### Men and Women

- Annual physical exam
- Annual eye exam
- Annual flu shot
- Diphtheria/Tetanus vaccine every 10 years until age 65
- Skin cancer exam every three years
- Lipid/Cholesterol test every five years starting at age 35

### Check our Calendar



Our *Take Care* calendar of events features free or low cost screenings to help identify your risk for cancer or other conditions. Visit online: [COMHS.org](http://COMHS.org).



# Cracking the Code

Genetic testing can help  
determine risk for cancer

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by Elise Sims

LOOKING AT OLD family photos or baby pictures, oftentimes you can visibly see genetic traits that have been passed down through the generations. This can prompt relatives to point out, “he has his great-grandfather’s chin” or “she has her grandmother’s dimples.”

Other traits such as a genetic mutation that could lead to cancer are not as visible to the naked eye. Mapping out your family’s medical history can help you identify disease risk earlier or determine which preventive measures may be necessary to lower your risk. That is one of the reasons your doctor asks you to outline whether your mother was diagnosed with breast cancer or your father had heart disease.

Through genetic counseling and testing, the hospitals of Community Healthcare System can help those at increased risk for breast, colon or other types of cancer, find out about their options and gain peace of mind.

“Genetic counselors can provide patients with powerful tools to help them take control of their cancer screening,” says Courtney Schuiteman, MS, certified genetic counselor with the Cancer Genetics Risk program of Community Healthcare System.

The Cancer Genetics Risk program works with Community Healthcare System’s Women’s Diagnostic Centers to provide cancer risk assessments, genetic consultations and genetic testing.

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## Knowledge Is Power

Knowing your family history matters: If your mother was diagnosed with breast cancer at a relatively young age, it might make sense for you to be tested for genetic mutations to know your own risk. However family history risks don't just apply to breast cancer.

Researchers have come up with genetic tests for more than 50 hereditary cancer syndromes and estimate that inherited genetic mutations cause about 5 to 10 percent of cancers, according to the National Cancer Institute, still a small percentage of overall cancers.

## Get Screened with Care

If you look at your family's medical history and want to learn more about genetic testing, it is important to opt for a true genetic counselor—one who works in a hospital, doctor's office or genetic counseling clinic, the National Cancer Institute recommends. For starters, a genetic counselor can help you accurately interpret your family history and explain if genetic testing could help you learn more about your cancer risk. Genetic counselors also can help you understand your test results and explain what those results might mean for the rest of your family.

For many people, cancer risk assessment can be provided through genetic counseling alone.

"Genetic testing may help some individuals learn whether or not they have an increased likelihood of developing a certain type of cancer or whether inherited factors have contributed to their cancer," says Schuiteman. "Before ordering a genetic test for cancer predisposition, it is the job of the genetics professional to assess the chance that an individual will have a mutation in a gene that increases their risk for cancer. We do this in part by using the National Comprehensive Cancer Network (NCCN) guidelines for testing and by evaluating an individual's personal and family history of cancer."

For many people, cancer risk assessment can be provided through genetic counseling alone without the use of genetic tests. In some cases, however, testing may help the patient and his or her physician make important decisions about medical care.



**Above Left:** Through genetic counseling and testing, the hospitals of Community Healthcare System can help those at increased risk for breast, colon or other types of cancer find out about their options and gain peace of mind. **Above Right:** Courtney Schuiteman, MS, certified genetic counselor with the Cancer Genetics Risk program of Community Healthcare System.

Typically, a patient's healthcare provider will send a referral for genetic counseling, Schuiteman says. Once a patient arrives for a genetic counseling appointment, they can expect their counselor to gather information about their medical history. In addition, the genetic counselor will take an extensive family history to look for patterns of cancer in the family that might suggest a hereditary predisposition for cancer.

"Then we can discuss the genetic testing options that are available, along with the benefits and limitations of testing," Schuiteman says. "We will work with the patient to make a plan for testing that feels right for them."

**If you answer YES to any of the following questions, genetic counseling may be useful for you:**

- Have you or a close relative been diagnosed with cancer before age 50?
- Do you have more than one blood relative with the same type of cancer? If yes, is the same type of cancer found in more than one generation?
- Has anyone in your family had more than one type of cancer, not including basal cell or squamous cell skin cancers?
- Has anyone in your family had cancer on both sides of the body: breasts, kidneys, eyes?
- Are you related to someone known to have an inherited mutation that can cause cancer? ■

### Genetic Counseling and Testing



For more about genetic consultation and testing at Community Healthcare System, visit [COMHS.org](http://COMHS.org)

# A Heart **Trifecta**



Pacemaker,  
ablation and  
**WATCHMAN**  
winning  
combination for  
one Valparaiso  
man's heart

by Elise Sims

“ I COULDN'T BREATHE and my chest hurt; it was awful,” says Billy Ray Pierce about how it felt when he suffered a heart attack. “Believe me, if you have one, you should know what is happening, but I didn't.”

For years, the Valparaiso resident had been under extreme stress taking care of his wife who had suffered from heart disease herself. However, even after he had a bleeding gastric ulcer and was diagnosed with AFib, Pierce did nothing to change his lifestyle.

“I am not very active and don't do too much, but life had become very stressful,” Pierce says. “I had been living a whole year with AFib and didn't do anything about it. My heart attack changed all that. I got the works: a pacemaker, ablation for the AFib and after that, the WATCHMAN™ procedure.”

Pierce was treated at St. Mary Medical Center in Hobart by his wife's electrophysiologist, Samer Ajam, MD,

a Community Care Network physician on staff at the hospitals of Community Healthcare System.

“Dr. Ajam changed our lives; that's why I feel so comfortable with him,” says Pierce. “After I got my pacemaker, I was able to drive again. I was happy to get my independence back.”

Community Healthcare System's Structural Heart & Valve Center team is dedicated to providing patients with access to the most advanced treatments for structural heart and valve diseases including Watchman FLX for stroke prevention in atrial fibrillation, balloon valvuloplasty for both aortic and mitral valve stenosis, MitraClip™ for mitral valve repair and transcatheter aortic valve replacement or TAVR. Since 2017, the program has grown into one of the leading structural heart centers in the Chicago and Northwest Indiana area, surpassing even academic medical centers in both volume and quality outcomes.

To treat Mr. Pierce's heart and restore his quality of life, we used a combination of a pacemaker with catheter

ablation for his AFib and then the WATCHMAN procedure, explains Ajam.

Catheter ablation is a minimally invasive procedure that prevents unwanted electrical currents traveling to the upper chambers of the heart. During a catheter ablation, small areas of heart tissue that are causing the irregular heartbeats are destroyed. The resulting lesions help to restore the heart's regular rhythm.

Atrial fibrillation or AFib is an irregular heartbeat that causes poor blood flow in the upper two chambers of the heart. With AFib, blood is not completely pumped out, which can cause the remaining blood to pool or clot, leading to stroke, heart failure or other heart related complications. Although not considered a life threatening condition, those with AFib are five to seven times more likely to form blood clots and suffer a stroke. Once accurately diagnosed, AFib can often be treated with blood thinning medications such as warfarin or catheter ablation.

"After the ablation with my past history of stomach issues, Dr. Ajam didn't want me to be on blood thinners long term," Pierce says. "He told me that I was a good candidate for the WATCHMAN procedure."

WATCHMAN is an FDA approved self-expanding device. When deployed, it aims to reduce the risk of stroke in patients, like Billy Ray, with non-valvular atrial fibrillation who are in need of an alternative to oral anticoagulation therapy.

"The WATCHMAN implant closes off an area of the heart called the left atrial appendage to keep harmful blood clots that may form from entering the bloodstream and potentially causing a stroke," Ajam says. "By closing off the left atrial appendage, the risk of stroke is reduced and over time, patients including Billy Ray, may be able to stop taking warfarin."

**"Dr. Ajam changed our lives;  
that's why I feel so  
comfortable with him."**

Community Healthcare System physicians are currently using WATCHMAN FLX, the redesigned version of the device which features a rounded head that better enables physicians to safely access and maneuver inside the left atrial appendage.

The parachute tip can be retracted, repositioned then relaunched for more precise placement than with the previous device.

"It is important to understand that WATCHMAN FLX does not prevent AFib, but offers stroke risk reduction by closing off the appendage," explains Ajam. "The FLX allows us to offer left atrial appendage closure to a wider variety of patients who would not have been successful with the



**Photos from top:** Heart patient Billy Ray Pierce (pictured with CEO Janice Ryba and Electrophysiologist Samer Ajam, MD) celebrates his second chance at life during the Hearts of Hope event at St. Mary Medical Center in February 2020 (before the pandemic). PHOTO COURTESY GREATNEWS.LIFE

Community Healthcare System's Structural Heart & Valve Center team has grown into one of the leading structural heart centers in the Chicago and Northwest Indiana area, surpassing even academic medical centers in both volume and quality outcomes.

Electrophysiologist William Spear, MD, and Cardiologist Samer Abbas, MD, hold up a model of the WATCHMAN FLX technology, a device that helps to reduce stroke risk by closing off the left atrial appendage in the heart. (Photo taken before the COVID-19 outbreak.)

other technology. Anyone who is struggling with blood thinners for their AFib and has a suitably shaped appendage, could be a candidate."

"Whether we use ablations, blood thinners or the WATCHMAN FLX device, we have the tools and technology to find the right treatment for our patients to give them a better quality of life," he says. ■

#### Heart Care

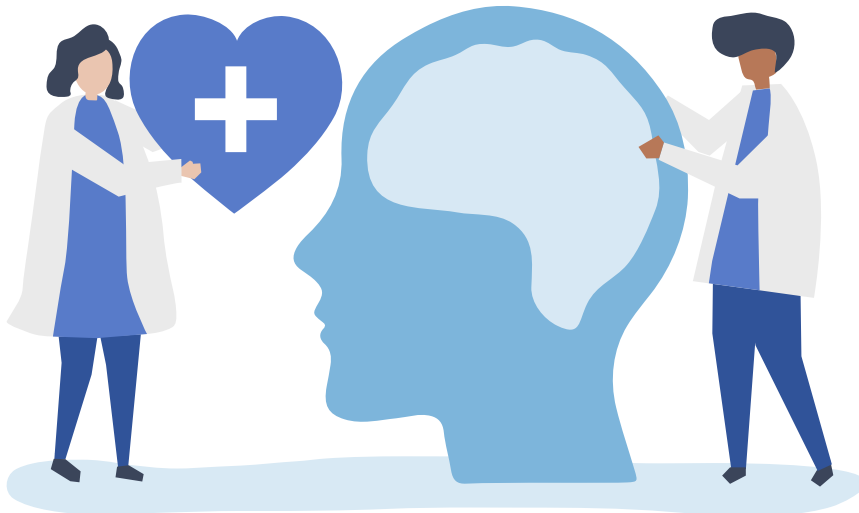


For more information about heart care at the hospitals of Community Healthcare System, visit [COMHS.org/heart](https://COMHS.org/heart).

# Beyond Senior Moments

Hartsfield Village offers memory support and dementia specific programming

by Elise Sims



**W**HEN A LOVED ONE HAS a cognitive disorder, it may be difficult to recognize symptoms. Risk factors for Alzheimer's/dementia may include a family history, increasing age, cardiovascular disease risk factors, severe head trauma and traumatic brain injury and/or a lifetime history of major depression.

"Normal aging may include what we like to call 'senior moments' that may look like a general slowing of cognitive performance, mild word forming difficulties (names of people, places and objects) or solving new problems with old solutions; all while intelligence remains intact," says Brieonna Buggs, director of Memory Care at Hartsfield Village.

Examples of warnings/red flags that are beyond senior moments include memory loss that disrupts daily life, according to Buggs.

"These challenges may surface in problem solving, having difficulty completing familiar tasks, confusion with time or place, trouble understanding visual images, decreased or poor judgement, changes in mood or personality, recent difficulties with words in speaking or writing or misplacing things and losing the ability to retrace steps," she says.

When memory lapses interfere with your loved one's daily activities, it may be time to seek help. Hartsfield Village Memory Support in Munster offers solutions that many seniors and their families seek when facing the challenges of dementia and dementia related illnesses.

Reversible dementia is a form of dementia that can be stopped from progressing or reversed if caught soon enough. Brain tumors, alcohol abuse, metabolic issues, B-12 deficiency, depression, infections or dehydration are medical conditions that can cause this type of dementia.

**When memory lapses interfere with your loved one's daily activities, it may be time to seek help.**

There are many forms of irreversible dementias, Alzheimer's disease being the most common.

Although there is currently no treatment that can cure or prevent dementia, many interventions can improve the quality of and extend life in some cases. In addition to medical interventions, following proper communication guidelines with the affected individual and using therapeutic behavior management techniques can make a huge difference to everyone on the journey.

Hartsfield Village Continuing Care Retirement Community, 10000 Columbia Ave., in Munster, is a designated Memory Screening Center for the Alzheimer's Foundation of America. Call **219-703-5131** or visit online **[hartsfieldvillage.com](https://www.hartsfieldvillage.com)**. ■



**Above:** Brieonna Buggs, director, Memory Care



# The Many Faces of COVID

Our journey with the pandemic  
that shook the world

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by Mary Fetsch

**A** PPLAUSE ERUPTED THROUGH the halls of the newly established coronavirus vaccine clinic when Community Hospital ICU nurse, Glenna Crouch, RN, became the first person in Northwest Indiana to receive the highly anticipated COVID-19 vaccine.

“The word that comes to mind with the vaccine is *hope*,” says Crouch as she left the clinic. “It gives me hope for the future that we can get back to where we were before the pandemic.”

Crouch’s vaccination happened almost nine months to the day when she began caring for the first coronavirus patient who was admitted to Community Hospital in March of 2020.

That is when the staff of Community Healthcare System joined the rest of the world on a journey that exemplified how innovation, courage, compassion and tenacity could transform the delivery of healthcare through the relentlessly unforgiving pandemic.

## **Necessity is the Mother of Invention**

As the pandemic grew, healthcare providers scrambled to learn as much as they could about the disease and the most effective treatment options. Sobered by initial accounts of other hospitals on the east and west coasts, staff at Community Healthcare System laid out a plan for the expected surge of patients with pneumonia-like conditions who were also highly contagious. Physicians, staff and hospital leadership began researching innovative ways to provide the best care for these patients and to save lives.

Initially, the contagious nature of COVID-19, unpredictability of its severity, along with a five- to 10-day waiting period for test results placed enormous stress on hospital supplies, staff and facilities. Teams were using precious supplies of personal protective equipment (PPE) at an alarming rate and the need for sealed, negative pressure critical care rooms exceeded availability.

Engineering teams at Community Hospital, St. Catherine Hospital and St. Mary Medical Center also

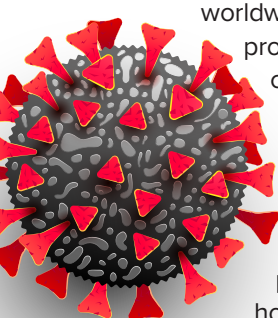
sprang into action. They quickly moved to modify spaces with newly configured ventilation and air filtration systems, medical gas lines and telemetry equipment to create additional critical care isolation rooms.

“People may not realize the extent to which engineering, clinical engineers, maintenance and environmental service workers and others, impacts patient care,” says Dave Otte, vice president of engineering and support services. “We were able to safely convert whole floors into units capable of housing COVID patients.”

In April, to help preserve supplies so that healthcare workers would continue to have proper PPE, Family Medicine Physician Stephanie Bryant, DO, and General Surgeon Sha-Ron Jackson-Johnson, MD, both on staff at St. Mary Medical Center, formed the Facebook group Masks for NWI Healthcare Workers. The pair provided members guidance on how to sew and donate handmade masks across Northwest Indiana.

“Not knowing what to expect at that point in the pandemic and what the future would hold, we wanted to organize a sustainable supply for subsequent use and set a goal of 9,500 masks,” Bryant says. “It also allowed so many talented people to donate their sewing skills toward supporting our frontline workers.”

Throughout the first few weeks and months, doctors worldwide were sharing best practices and stories of promising treatments across multiple communication channels. Specially designated COVID teams at the hospitals of Community Healthcare System met daily to coordinate the care and treatment of the growing number of infected patients. Comprised of infectious disease specialists, pulmonologists, respiratory therapists, hospitalists and other healthcare professionals, the team was quickly able to assess and put into practice innovative treatments that were already showing success elsewhere in the world.



### Remdesivir

Once planned as a potential treatment for Ebola, remdesivir was found to be an effective medication lessening the severity and duration of COVID-19 in patients.

“One of the many challenges of treating COVID was the lengthy number of days patients required hospitalization,” says Alan Kumar, MD, Community Healthcare System’s chief medical officer. “Remdesivir treatment demonstrated a much needed benefit toward reducing recovery times.”

### Proning

Another technique, proning, provided hope for the most critically ill COVID patients in the ICU. Proning is the practice of turning ventilated patients onto their stomachs for prolonged periods of time to alleviate pressure on their lungs.



“Patients with severe acute respiratory distress syndrome often have fluid accumulation in the back of their lungs that makes it difficult for their lungs to heal,” says Alyssa Formyduval, supervisor, Occupational Therapy, St. Catherine Hospital. “Since COVID patients experience these same conditions, we knew this technique could help them.”

Proning proved to be a lifeline for those most severely affected by COVID. While patients who require ventilator support typically are on it for no longer than a week, COVID patients sometimes required ventilator treatment for as long as a month or more. The prognosis for these patients was often very poor, many times resulting in death.

## Specially designated COVID teams at the hospitals of Community Healthcare System met daily to coordinate the care and treatment of the growing number of infected patients.

Turning a sedated critically ill ventilated patient onto his or her stomach and back again, however, had its own risks. A perfectly timed ballet of activities performed at the bedside by experienced caregivers across several specialties was required for each maneuver.

While COVID teams in the hospitals were rising to the challenge of treating hospitalized patients, there was a growing need to address the needs of patients outside the hospitals as well.

### The Treatment with the Funny Name

For patients at higher risk for complications, but with mild to moderate COVID-19 symptoms, doctors found



another treatment option that would aid in their recovery. Called Bamlanivimab, the treatment is a monoclonal antibody therapy for non-hospitalized patients who are at a high risk for developing severe COVID-19. Monoclonal antibodies are laboratory created proteins that mimic the immune system’s ability to fight off foreign molecules such as the virus that causes COVID-19. The treatment is administered through an hour long intravenous infusion under medical supervision.

“Recent studies have indicated that when given at the early stages of the disease, Bamlanivimab could help reduce COVID related symptoms and lead to decreased hospitalizations,” says infectious disease specialist Dylan Slotar, MD, on staff at Community Hospital, St. Catherine Hospital and St. Mary Medical Center.

### Redefining Processes

In the spring of 2020, both Indiana and Illinois issued stay-at-home orders, discouraging people from visiting public spaces. Community Care Network providers implemented telemedicine visits to ensure patients kept up with their important health visits and screenings.

“With the stay-at-home orders, more individuals and families were using technology to work remotely, take classes and visit with family members,” says Kumar. “As more of our patients and families became comfortable with these technologies, providing physician telehealth visits over a secure portal was the logical next step.”

Today, patients can schedule telemedicine visits with their physicians through MyChart and the physician directory.

### Introducing the Vaccine

Key to lifting restrictions and saving lives was the introduction of a successful vaccination program. In November 2020, during another ravaging surge of coronavirus cases nationwide, the FDA granted Emergency Use Authorization (EUA) to the first effective vaccine for COVID, the Pfizer vaccine.

**Photos from left:** ICU nurse Glenna Crouch is the first healthcare worker to receive the COVID-19 vaccine at Community Hospital, Munster and a first for Lake County, Indiana. Nurse Barbara Pennington administers the vaccination.

At the onset of the pandemic, Engineering teams at the hospitals quickly modified spaces with newly configured ventilation and air filtration systems, medical gas lines and telemetry equipment to create additional critical care isolation rooms.

Proning gave hope to the most critically ill with COVID by turning ventilated patients from their backs onto their stomachs for prolonged periods of time to help alleviate pressure on their lungs. A perfectly-timed ballet of activities performed at the bedside by experienced caregivers across several specialties was required.

Community Hospital was chosen by the state of Indiana as a pilot site based on its ability to store the doses from Pfizer at the required ultra-cold temperatures reaching -60 to -80 degrees Celsius. Upon arrival, the vaccine distribution was planned in phases in accordance with CDC and Indiana Department of Health (IDOH) guidelines. As the next vaccine by Moderna was given EUA approval by the FDA, Community Healthcare System opened a second vaccination clinic at the Community Stroke & Rehabilitation Center in Crown Point.

“As a leading provider of care for our communities in Northwest Indiana, Community Healthcare System is honored to be a distribution center for the vaccine,” adds Kumar.

“It has marked the beginning of a new chapter toward taking control of the virus that redefined our lives forever.” ■

### COVID-19 Care and Services



For more about the COVID vaccine and services provided by the hospitals of Community Healthcare System, visit [COMHS.org/coronavirus/vaccine](https://COMHS.org/coronavirus/vaccine).

**INSIDE THIS ISSUE**



Norah O'Donnell



ABCDE's of Skin Cancer

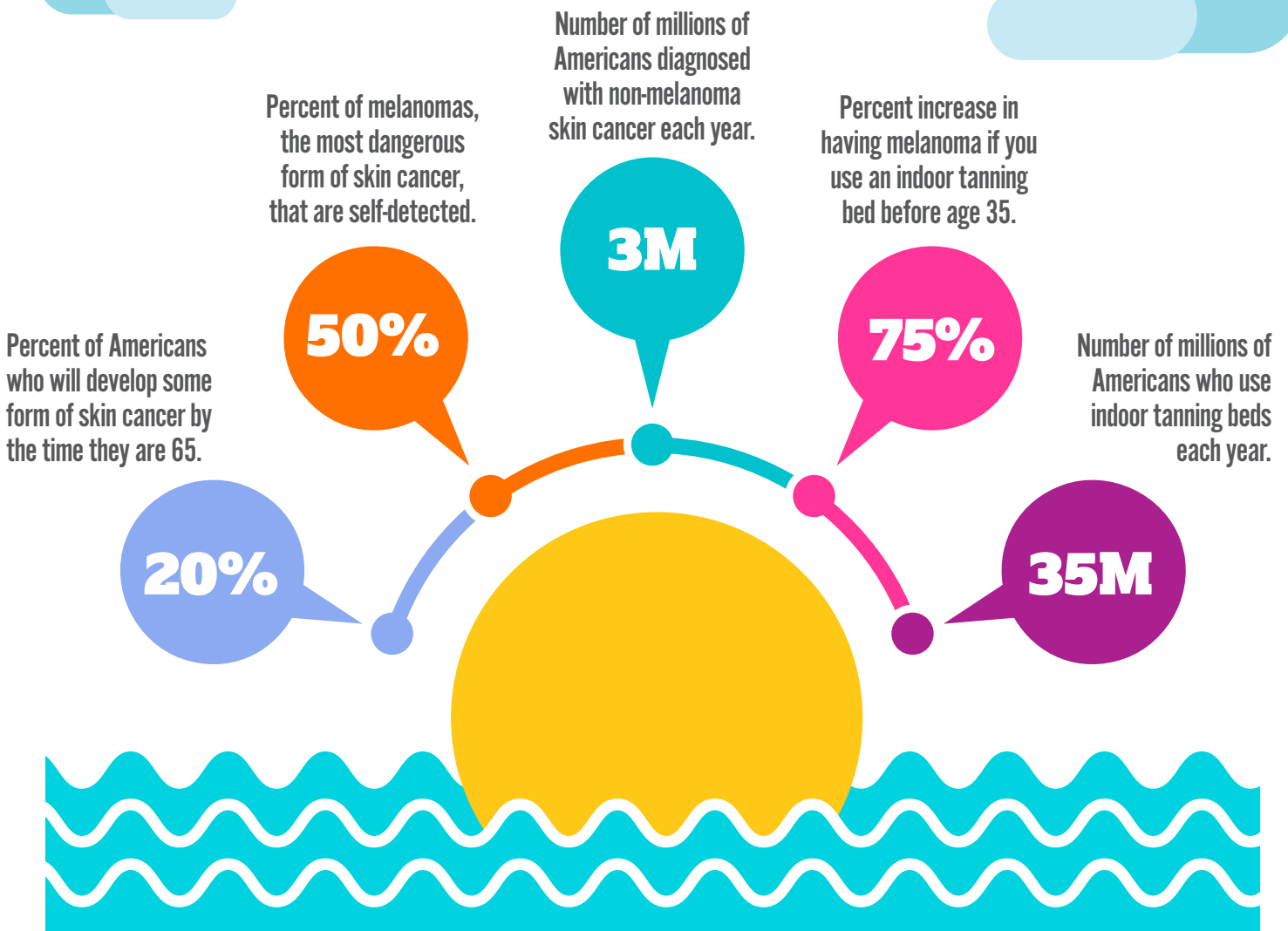


Lifelong Life-Saving Guide



Faces of Covid

**Skin Cancer by the Numbers**



Sources: LiveWell, Healthline, American Academy of Dermatology