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COVER PHOTO: Dave Stark of the maintenance department tends to the nine different species of plants on the green roof of the Bryan Hospital.

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Faces of CHWC

DR. SADI DALIEH

Hopefully you haven't had to visit the Emergency Room at Bryan Hospital recently. But, if you have, you might have met CHWC's newest ER doctor. For those of you that haven't met him, don't worry. You are in good hands should you need emergency services.

Sadi Dalieh, MD, MS, board certified, has been working in ER medicine for more than 20 years. The desire to help people medically started at an early age for Dr. Dalieh. "It was my dream from elementary school. When I was growing up, my mom had chronic diseases and I spent a lot of time in hospitals, so that's the reason I went into medicine," Dr. Dalieh says.

Dr. Dalieh attended The Ohio State University for his undergraduate and graduate studies and received his master's in infectious diseases. He did his residency at Northeast Ohio College of Medicine. Dr. Dalieh then started working with national emergency room groups. He has worked for the Cleveland Clinic Foundation and the University Hospitals of Cleveland. Three years ago, he joined EmCare, a national ER physician health care provider, and made his journey to Bryan in April as site medical director.

"I'm hoping to bring the experience of managing big hospitals to this area by providing quality care in a timely fashion for our patients," says Dr. Dalieh. "Our goal is having patient satisfaction as our top priority."



The fast pace and unknown of what is coming in the door next could certainly put a doctor on edge. However, that is exactly what Dr. Dalieh enjoys about his job. "Going into emergency medicine was my priority because I like to be challenged," says Dr. Dalieh. "Different cases keep you up to date with medicine and challenge you."

Dr. Dalieh also likes that he sees results right away. "You feel you are doing something instantly," he says. He finds our community to be very different than the larger cities he is used to. "Most people in this community have primary care physicians and are aware of their health issues," says Dr. Dalieh.

Dr. Dalieh says he has many stories. His favorites include when someone comes back to thank him. "You feel good," he says. "They come to the ER looking for the doctor who saved their life. That's really a positive thing."

ALL ABOUT OUR GREEN ROOF

Bryan Hospital's LiveRoof, as seen on the cover, has been providing the hospital with many benefits since its installation in 2010. The green roof covers the dining room, approximately a 4,800-square-foot area. Most important, the green roof has decreased HVAC costs in that area.

"The hospital has seen first-hand the difference between the heat on the green roof compared to a rubber roof on a 90-degree day," says Dave Stark, maintenance department. "The rubber roof runs about 125 to 150 degrees and our LiveRoof is almost the same temperature as the atmospheric temperature."

The LiveRoof at Bryan Hospital has nine different species of plants and is mowed once each year. Patients and families on the second floor and above enjoy viewing the green roof.

Preparation is key to handling

EMERGENCIES

Preparedness

Emergencies happen — that much can be expected. Unfortunately, until they do occur, no one can predict where, when and what might take place when disaster strikes. With that in mind, Community Hospitals and Wellness Centers (CHWC) works endlessly to ensure that when a fire, tornado or any other emergency situation arises, hospital operations can continue with as little setback as possible.

Emergency Response Coordinator May Cramer is always working to ensure hospital staff and other agencies are prepared to tackle even the most dire situations. “In emergency incidents, we have to move quickly,” Cramer says. “If we don’t, it can mean the difference between no injuries and injuries, life and death.”

STAFF PREPAREDNESS

When emergencies strike, everyone must work together. That’s why CHWC is constantly working on keeping its staff up to date on new procedures and protocols. The system regularly conducts drills and most recently, on July 16, a simulated gas main break drill at the Montpelier Hospital. Cramer says evacuation drills occur on an annual basis at the Montpelier Hospital. Patient tags, glow sticks, flashlights, cots and blankets are supplies specifically kept on hand for such disasters.

“Staff from all departments help to move patients, patients’ records and essential equipment to meet the patients’ immediate needs until relocated to either a temporary shelter or another hospital,” Cramer says, noting a one-story hospital like Montpelier Hospital can be evacuated in under 15 minutes.

AGENCIES AT HAND

While preparation is key, outside help is always needed during an emergency. CHWC has agreements with multiple agencies around Williams County and beyond to provide temporary shelter, transportation and other needs. A core group of agencies meets regularly to stay updated on emergency response procedures. When CHWC conducts drills, they are also assisted by agencies, including the Emergency Management Agency, Health Department, EMS, Department of Aging, plus local utilities departments, funeral homes and law enforcement. “Everyone

CHWC is also part of an 18-county health care coalition comprised of 32 hospitals.

has to know who is in charge and what the organizational structure is to report to the appropriate person,” Cramer says.

CHWC is also part of an 18-county health care coalition comprised of 32 hospitals, plus health departments, emergency management agencies and numerous other agencies who also work in conjunction to keep patients safe in case of a larger-scale emergency. The coalition also is eligible to apply for government grant funding to purchase supplies and support training.

EMERGENCIES VARY

In addition to annual drills for common emergency situations such as fires and tornados, CHWC also prepares for a range of other possible concerns, including missing patients, disease outbreaks and an array of other issues. “No matter the emergency, we follow a set protocol with a similar type of command structure,” Cramer says, noting that every community expects its hospitals to remain open and operational, no matter what.

The state of Ohio has universal codes for hospitals to identify common emergency situations in hospitals. These situations include violent patients, missing patients, infant abductions, bomb threats, tornado warnings and many more. During a code for a missing patient, the individual’s physical characteristics are circulated to employees throughout the hospital and also to law enforcement if needed. CHWC also has procedures in place for threatening circumstances, severe weather, chemical spills and other potentially hazardous occurrences.

Cramer says, “The end goal is for all of us to handle emergencies by creating organization out of chaos, and a lot of work has to go on behind the scenes to make that possible.”



Megan Fredericks, RN, acts as Incident Commander during a simulated gas main break drill at the Montpelier Hospital.





Orthopedic surgery at CHWC



The phone call letting you know that your grandmother fell and broke her hip or that your son just tore his knee cartilage on the football field can be devastating. Breaking a hip, fracturing a wrist or spraining an ankle significantly impacts one's mobility and quality of life.

Orthopedic surgery treats disorders of the bone and joint. Common cases include fractures, arthritis, limb pain and nerve entrapments such as carpal tunnel syndrome. "The majority of what we do is treating someone who is injured or is wearing out," explains Kevin Kolovich, MD, surgeon at Bryan Hospital. "Besides fractures, we treat sprains, strains and tendon lacerations. What we can do beyond a primary doctor is surgically replace joints and fix fractures."

Orthopedic surgery includes many sub-specialties, such as spine, hand, sports, total joint, foot and ankle, and shoulder and elbow. At Bryan Hospital, Dr. Kolovich performs general orthopedic surgery, while Matt Grothaus, MD, orthopedic surgeon, does general orthopedics, and is also fellowship trained in upper extremity disorders — the shoulder to the fingers. Ashok Biyani, MD, surgeon, specializes in spine surgery.

MAKING THE DECISION

Deciding to have surgery can be tough. However, if after unsuccessfully treating bone and joint disorders through medicine, surgery can give the patient pain relief or help them get back to mobility.

"For example, a woman falls and breaks her hip," explains Dr. Kolovich. "She can't walk or get out of bed. Most of the time when we fix a hip, they are up the next day. People

2ma

Key players in the orthopedic surgery team are shown from left, Kari Valentine, CSTFA and orthopedic coordinator; Larry Simon, CRNA; Dr. Kevin Kolovich, MD and surgeon; Dr. Matt Grothaus, MD and surgeon; Samantha Wonders, RN and Sarah Nussbaum, CST.



also are just worn out; either their hip or knee, and they're not getting by with anti-inflammatory medications or injections. So joint replacement can alleviate their pain."

Joint replacement isn't new, but is always being refined. At Bryan Hospital, surgeons and their team are using state-of-the-art techniques for partial and total joint replacements. Dr. Grothaus performs many rotator cuff and shoulder surgeries arthroscopically — examining a joint by inserting a type of endoscope through a small incision. The surgeons aim to do as much minimally invasive joint replacement as they can, especially with the knee and hip, to minimize trauma to the muscle and tendon.

"It's rewarding to see my patients get better," says Dr. Kolovich. "I like the ability to fix a problem that if left to its own healing, would not do very well."

TO SCHEDULE AN APPOINTMENT with an orthopedic surgeon, please call PPG/MHCA at **419-633-4030**.

A TEAM EFFORT

A patient can expect to be treated by a team of providers when having orthopedic surgery. With an elective surgery, a patient will first be seen by their primary physician. Prior to surgery, some patients will need their heart and lungs checked to make sure they will be able to undergo surgery. Patients also go through the Pre-operative Clinic where they are prepped and educated about their surgery. "We are all on the same page," says Dr. Kolovich. "We try to not prolong their hospital stay. That's the rationale for the Pre-operative Clinic, to make sure they are optimized for their surgery."

During immediate post-operative care, patients will be seen in the hospital by one of Bryan Hospital's hospitalists. A patient may also participate in physical therapy, sometimes even the same day of surgery. Some patients, such as those who have hip or knee replacements, are transferred to the Montpelier Hospital for rehabilitation. Occupational therapists might get involved in care as well to get patients back to full activity, including work.

"We have a very good team," says Dr. Kolovich. "I think the experience for the surgeon and OR team is favorable. Surgery is a stressful endeavor, but I would say most of the time when we are done with our work, we look back and say that was a good day. It's a good group of people to work with."



BRYAN HOSPITAL CONTINUES TO EDUCATE

Surgery can be stressful, oftentimes for both the patient and the patient's loved ones. Bryan Hospital's Pre-operative Clinic strives to give patients the most education possible prior to their surgery. Currently, patients receive a sheet informing them of important details about their surgery, including what happens before surgery, in the recovery room, possible pain and side effects, as well as what to expect while recuperating.

"We want to make sure they understand the process and help them be prepared," says Tiffany Kennerk, director of med-surg. "We are working on developing an orthopedic educational class, which would give patients and their family the opportunity to see equipment, learn about physical therapy and ask questions prior to their surgery."

FOR MORE INFORMATION,

please call the Pre-operative Clinic at **419-633-4532**.

Quality of Life

MAKING HEALTHY meals easier

There are a number of reasons why so many of us struggle to eat healthy. For one, we're constantly on the go. We juggle one busy task after the other; lucky if we can find time to grab something quick from the freezer section or a fast food restaurant.

According to Andrea Miller, dietitian at Bryan Hospital, many people do have a good understanding of which foods are better choices than others. "They struggle with actually putting knowledge into practice. On the other hand, some people do lack the understanding of what good, balanced nutrition really means and would benefit from education," Miller explains.



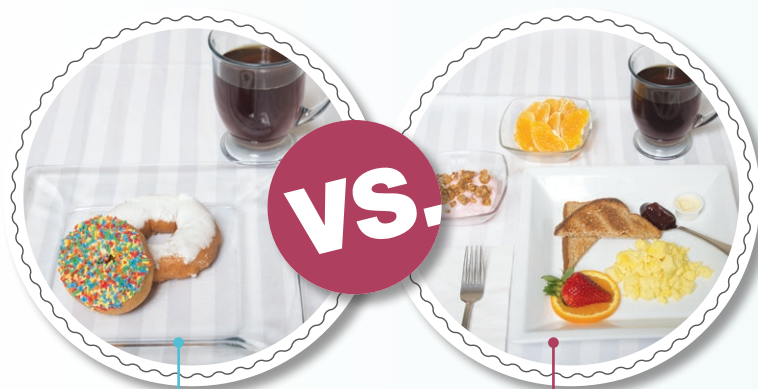
Cost is another issue. Often, the more processed foods cost less and there is little risk of them going bad before they can be eaten due to high amounts of preservatives, Miller notes.

"When purchasing fresh foods, you have to know exactly what you need, how much you need and how long it's good for."

WHAT ARE THE BENEFITS?

"When you choose fresh foods, you automatically cut back on sugar, fat and salt. Too much sugar in the diet leads to weight gain, too much fat isn't healthy for the heart and too much salt can contribute to high blood pressure," says Miller. "By choosing fresh foods, you really cut calories. You can eat larger portions of low calorie foods, like fresh vegetables and fruits, which means you will feel full and satisfied with your meals and snacks."

FRESH FOODS ALLOW FOR MORE VARIETY



#1. BREAKFAST

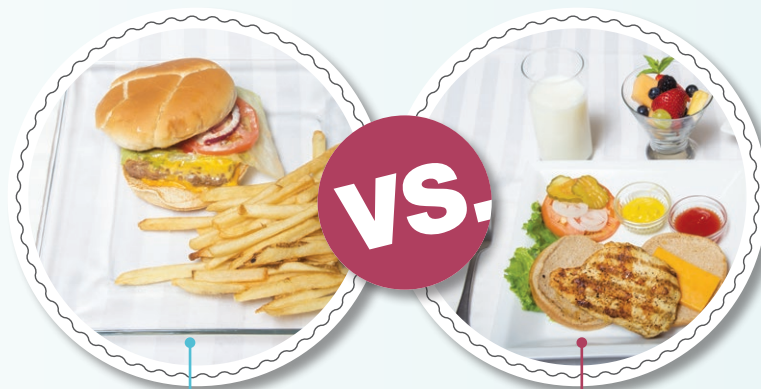
- 2 donuts

TOTAL
500 calories

#2. BREAKFAST

- Scrambled eggs (2 eggs): 200 calories
- 1 slice of whole wheat toast: 50 calories
- 1 tsp jelly: 35 calories
- 1 tsp margarine: 30 calories
- 1 orange: 60 calories
- ½ cup yogurt: 100 calories
- 1 Tbsp granola: 20 calories

TOTAL
495 calories



#1. LUNCH

- Fast food cheeseburger: 440 calories
- Small fries: 330 calories

Total
770 calories

#2. LUNCH

- Grilled chicken breast: 140 calories
- Whole wheat bun: 130 calories
- ¾ oz cheese: 85 calories
- Ketchup: 10 calories
- Mustard: 0 calories
- 1 cup raw veggies and burger toppings: 25 calories
- ¼ cup low fat veggie dip: 60 calories
- ½ cup fresh mixed fruit: 80 calories
- Skim milk: 90 calories

Total
620 calories

OVERCOMING THE BARRIERS

One of the best ways to eat healthy is to plan ahead. Miller suggests planning your meals for the week and making a grocery list of everything you need to prepare those meals. "Stick to your list when shopping and you will make fewer unnecessary purchases. Purchasing more than you need may increase the amount of food you ultimately have to throw away," says Miller. "And check the paper for what is on sale before you make your list and decide your menu."

STOCKING UP

In addition, stock up on healthy convenience items like pre-cut raw veggies, ready-to-eat fruits like bananas, oranges, apples, pears or peaches, pre-washed salad greens, frozen fruits and veggies, no-salt-added canned tomatoes, canned fish, whole wheat pasta, no-salt-added canned soup beans and whole grain breads for quick meals and sides.

COOKING AT YOUR CONVENIENCE

"Take advantage of the Crock-Pot®/slow cooker for weeknight meals," Miller says. "Toss everything into the pot in the morning and let it cook all day. That way you don't have to worry about cooking in the evening and you can be flexible with what time you sit down for supper."

Although leftovers get a bad reputation, she says "Cook once, eat twice. It's a true time-saver. You can also add a few ingredients to your leftovers to make a completely different meal. For example, Monday night's grilled chicken breast turns into Tuesday night's chicken salad sandwiches."

 **TO SCHEDULE AN APPOINTMENT**
with a dietitian, please call **419-633-3425**.



Treating the WHOLE PERSON



A diagnosis of an advanced disease can frighten and confuse a patient. Suddenly, you're immersed in a world of hospitals, doctors and difficult medical decisions. Most patients struggle with not only their physical well-being, but also the overwhelming and emotional choices they must make.

In June 2013, Community Hospitals and Wellness Centers (CHWC) started the Palliative Care Program. Palliative care eases symptoms without curing the underlying disease. It is about caring for the whole patient and not just the illness. With this program, CHWC employees are dedicated to helping patients with emotional and spiritual needs as well as physical ones.

Patients are most often referred to the program by their physicians. Patients include those with a diagnosis of advanced or metastatic cancer. Teri Fraker, LISW-S, a social worker at CHWC, leads this program. "Palliative care is for patients who may not know where to turn. If they are unaware of the resources available to them or need help understanding medical issues, we are here to help," says Fraker. "I can help patients who are currently in the hospital being treated, or those who have gone home and still participate in outpatient care."

A RESOURCE FOR KNOWLEDGE

What makes this program unique is the amount of knowledge that is available to patients. "I have worked in the health care field for more than eight years, specializing in cancer care, so I have extensive knowledge about community and financial resources, legal information and handling insurance," says Fraker. "I can be an advocate for the patient and his or her family. I am currently working with a patient who wants to get a scooter for increased mobility. I've been helping he and his family through the process and collaborating with the doctor and medical equipment company."




Beth Bowers, shown left, a nurse with Dr. Affi's office at Parkview Physicians Group, works closely with Teri Fraker, LISW-S, who leads the Palliative Care Program.

Not only is palliative care focused on the patient, but it is designed to assist families of patients as well. Fraker says they help families with the increased responsibilities of primary caregivers, educating about caregiver resources and ways to promote good self-care.

Along with offering emotional support, palliative care is designed to help people spiritually if they request it. Dee Custar, MDiv., is the spiritual care counselor. Custar will arrange for a chaplain visit or organize resources depending on a patient's religion.

Each patient is different; therefore, involvement in the Palliative Care Program will vary. Fraker helps some patients make difficult medical decisions and with others, she simply helps them find a scooter. "Patients define their own care. There is no 'box' you need to fit in," she says. "I like being able to help patients and take action. I may not be able to make their cancer go away, but I can empower them to define a plan of care that works for them."

 **FOR MORE INFORMATION**
on the Palliative Care Program at CHWC, please call **419-633-7596**.

TRUE OR FALSE?

DEBUNKING COMMON HEALTH MYTHS



Community Hospitals and Wellness Centers
BRYAN | MONTPELIER | ARCHBOLD

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Jeff Schultz, MD,
hospitalist at CHWC
Bryan Hospital



ou probably know that contact with toads doesn't cause warts and caffeine won't stunt your growth. But there are many other myths masquerading as truth, especially when it comes to health. Jeff Schultz, MD, hospitalist at Bryan Hospital helps us filter the fiction from the facts.

Health Myths

MYTH #1:

BOTTLED WATER IS BETTER THAN TAP WATER.

"Bottled water costs lots of money, but there is no health benefit at all," Dr. Schultz says. "People have the misconception that bottled water is purified. It's not. The bottled water most commonly distributed in our area comes either from Canadian springs (where for all we know a moose just trudged in the water) or from a place in Pennsylvania that's only 15 miles from Three Mile Island. That might make people think twice about choosing bottled water over tap water!"

MYTH #2:

ANTIBACTERIAL SOAP IS BETTER THAN PLAIN SOAP.

"A few years ago a national science fair winner proved that antibacterial soap promotes the growth of super bacteria," Dr. Schultz says. "I recommend hand washing with regular soap and water, scrubbing through two cycles of the ABCs. Your hands will be about 99.5 percent clean — as clean as they can be."

MYTH #3:

GOING OUTSIDE WITH WET HAIR CAUSES COLDS.

"Colds are caused by viruses and wet hair has nothing to do with viruses," Dr. Schultz asserts. "It might not be smart to go outside with wet hair in winter, because you'll be cold, but you won't catch a cold."



MYTH #4:

GREEN MUCUS IS A SIGN OF INFECTION.

Green mucus is no reason for an immediate call to the doctor. "It *can* be a sign of a viral infection and viruses usually last five to 10 days," Dr. Schultz explains. "Generally, you'd have to have green mucus as a constant symptom for 10 to 14 days, before considering a visit to the doctor to be checked for sinusitis."

MYTH #5:

EVERYONE NEEDS TO DRINK EIGHT 8-OUNCE GLASSES OF WATER A DAY.

"There's a good story about how scientists came up with the eight-glasses-of-water-a-day rule," Dr. Schultz notes. "When the government needed to know how big to make canteens, doctors, scientists and physiologists were consulted, but they couldn't decide so they put numbers in a hat and drew out an eight." The proper amount of water for each individual to drink depends on many factors. "What a person is doing, how hot the weather is, how old a person is will all affect how much water he or she should drink," Dr. Schultz explains. "The best indicator is the color of your urine. If you're getting enough water, your urine should be fairly clear, except for the first morning urination, when you might be slightly dehydrated after not drinking anything all night." Dr. Schultz does add a caveat. "With some conditions, such as heart failure, people really have to be careful to not get too much water and should talk to their doctor about the proper amount of water to drink."

