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Finding help in the new health insurance marketplace



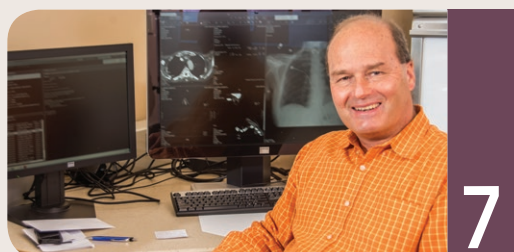
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COVER PHOTO: Speech pathologist Jennifer Witte works with Terry Ely who had completely lost his swallowing abilities when he came to the Montpelier Rehabilitation Department. He was eating normally and no longer needed a feeding tube by the time he returned home. Read Terry's success story on page 5.

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Many departments are involved in the pre-operative orthopedic educational classes. Shown front, from left, are Tiffany Kennerk, RN, Jennifer Wiedmer, RN, and Darcy Carnahan, LPN (pre-op clinic). Shown back, from left, are Cindy Seaman, RN, Jennifer Pinkham, RN, and Jessica Struble, RN (pre-op clinic).



EASING FEARS ABOUT JOINT REPLACEMENT SURGERY EDUCATION IS KEY TO SUCCESS

The weeks leading up to and the night before a surgery can be restless. Worries and questions may run through your head. Fear about what will actually happen during surgery and anxiety concerning recovery can be overwhelming.

Having total joint replacement surgery at Bryan Hospital is different. Bryan Hospital is now hosting free pre-operative orthopedic educational classes to better prepare patients for surgery.

"We want to make sure patients understand the process," says Tiffany Kennerk, director of med-surg. "We help patients be prepared. The better prepared you are, the better your experience and outcome will be."

Orthopedic surgeons at Bryan Hospital, Matt Grothaus, MD, and Kevin Kolovich, MD, both highly recommend that patients attend the class. During the class, patients will learn about their surgery, meet with staff who will be providing their care, and be given advice as to what to expect at each stage of surgery — before, during and after.

The classes are free to anyone scheduled for a total hip, knee or shoulder replacement. You may also want to attend the classes if you have met with your surgeon, but are still undecided about having surgery.

"We are encouraging patients to bring their family and/or friends to the class



Occupational Therapist Martha Jones shows a class how to use certain tools to help them after surgery.

as well," says Kennerk. "Physical and occupational therapists and discharge planners are involved in the classes. Patients and their supporters can ask questions and see equipment that is used in their recovery."

Classes will be scheduled each month on the second Tuesday at 10 a.m., and the fourth Tuesday at 6 p.m. Classes are located in the Bard Room at Bryan Hospital. Registration is not required.

FOR MORE INFORMATION,

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

FINDING HELP IN THE NEW HEALTH INSURANCE MARKETPLACE



Ohio's new federally facilitated marketplace opened in October amid a flurry of questions, concerns and media coverage.

A few months later, there's still confusion regarding health plan options and next steps for enrollment. At Community Hospitals and Wellness Centers (CHWC), we are here to help members of our community gain access to health coverage.

CERTIFIED APPLICATION COUNSELORS AT CHWC

"We have six staff members, including five social workers and one nurse discharge planner, who are trained to help you understand coverage options and apply for coverage in the marketplace," says Linda Trausch, ACSW, LISW-S, director of social services and discharge planning. "These CHWC employees have gone through training to be certified application counselors (CACs) in the federal health insurance marketplace."

CACs are trained to do the following:

- » Provide information about coverage options and affordability programs.
- » Act in your best interests (i.e., help you understand the differences between different health plans, not promote one health plan over another).
- » Assist you in completing applications for coverage.
- » Refer those who have disabilities and/or need language interpreter services to someone who can provide additional help.
- » Maintain confidentiality of all sensitive patient information.

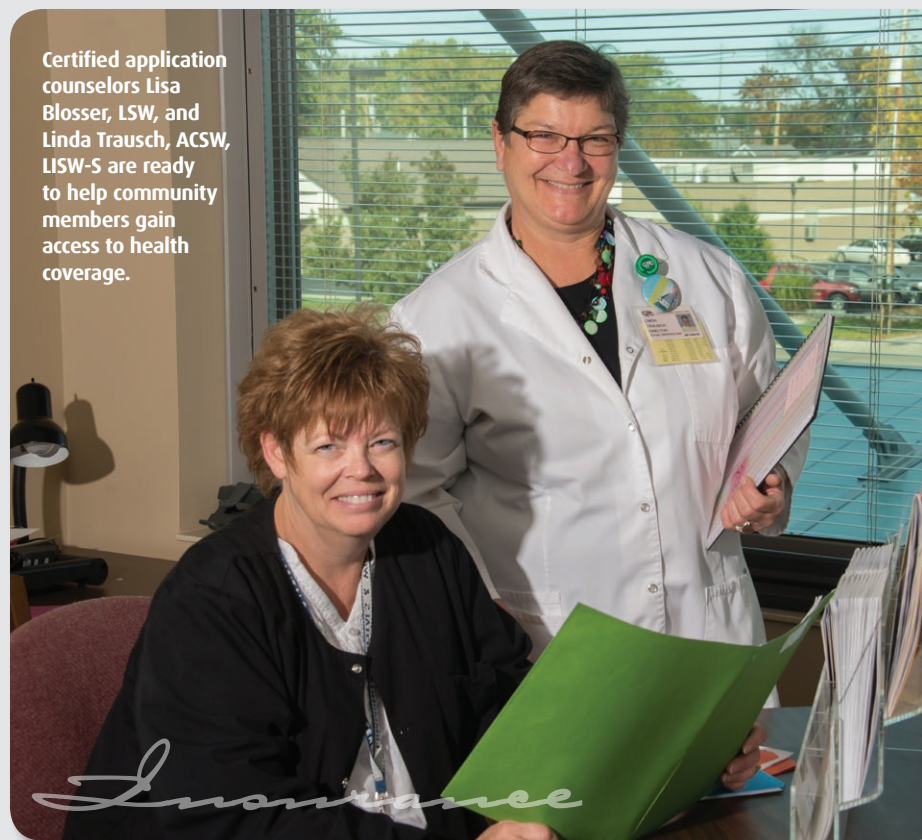
"CHWC is designated as a CAC organization, which ensures that there are standards in place for protecting sensitive patient information and that those providing assistance are trained and certified to guide people through their health plan options," Trausch adds.

HOW WE CAN HELP YOU

Who can apply for insurance on the marketplace? If you don't have affordable coverage through work or Medicare, you may want to explore your options in the health insurance marketplace. The marketplace is intended to provide all Ohioans access to health coverage.

What financial help is available? Depending on your income, you may be eligible for premium assistance to help lower the costs of your health plan. For example, an individual with income up to \$45,960 or family of four with income up to \$94,200 may qualify for tax credits and/or cost-sharing reductions. Those who are eligible for Medicaid or the Children's Health Insurance Program (CHIP) may also enroll in these programs via the health insurance marketplace.

Certified application counselors Lisa Blosser, LSW, and Linda Trausch, ACSW, LISW-S are ready to help community members gain access to health coverage.



What is the deadline? Applications were due Dec. 15, 2013, for coverage to start Jan. 1, 2014. However, the enrollment period continues through March 31, 2014, for people who still need coverage. If you lose your job-based coverage or your current health plan ends, you can enroll during a special enrollment period. Those who are eligible can enroll in Medicaid and CHIP at any time during the year.

Who can get help from a CAC? "Our door is open to everyone," Trausch says. "CACs can help anyone in the community who needs it. In addition, our social workers and discharge planner actively assist patients who are uninsured or underinsured."

FOR MORE INFORMATION about this free service, call Bryan Hospital at **(419) 636-1131** or Montpelier Hospital at **(419) 485-3154** and ask to speak with a social worker or discharge planner.

QUALITY REHAB CLOSE TO HOME

Physical Therapist Missy Krueger works with a patient on the NeuroCom SMART Equitest, a balance testing and training device.



an in-house emergency room physician in this building 24/7 and have our own lab, respiratory therapy and radiology departments,” says Nancy Conti, director of nursing services. “This is really important when patients are ill.” In addition to an ER physician, physicians do rounds each day and visit patients who need to be seen by a doctor.

Larry Kennedy, MD, oversees the Rehabilitation Department. “We are fortunate to have Dr. Kennedy, who is very knowledgeable in rehabilitation,” Conti says. “He is board certified in physical medicine and rehabilitation.”

TEAM EFFORT

Montpelier Hospital has therapy staff in-house including physical therapy, occupational therapy and speech therapy. In addition, the hospital offers social services, recreational therapy, neuropsychology, counseling and dietitians. The nursing staff is entirely made up of licensed RNs and LPNs. “I give credit to our nursing staff,” says Conti. “Our patient satisfaction scores are wonderful. We have received a 5-star award two years in a row.”

“It’s also really nice that we have an active wound care program,” Conti says. “We have wound care specialists, Kathy Khandaker, certified nurse practitioner, and Becky Eisel, an RN with special certification in wound management. A wound care specialist is in the building every day of the week.”

The Rehabilitation Department works as a team. “Because we are small, everyone knows everyone,” says Conti. “We function really well as a team, trying to get the patient back to the best level.”

Patients normally stay longer at the Rehabilitation Department than at a medical-surgical unit. An average stay

Receiving quality recovery care close to home is important. It’s important for you and it’s important for your family and/or friends. The Rehabilitation Department at Montpelier Hospital provides patients with a high level of rehabilitation care in a hospital setting close to home.

Rehabilitation may be needed when a patient requires different therapies to function at the best possible level. Most patients come to Montpelier Hospital for rehabilitation following a surgery, illness, trauma or stroke.

24/7 CARE

One of the advantages for patients receiving rehabilitation at Montpelier Hospital is the hospital setting with good staff-to-patient ratios. “We have



Maren Williams, PT, DPT, helps patient Julie Restainer with her strengthening program.

SUCCESS STORY

The morning of March 26, 2013, was a life-changing day for Terry Ely of Hudson, Mich. That was the day Terry's wife found him on the floor after he had suffered a massive stroke. After spending eight days in a hospital in Toledo, Terry was transferred to the Montpelier Hospital on April 4 for post-acute rehabilitation. At that time, he required much assistance for even basic tasks, such as moving in bed, getting out of bed and walking. He also had completely lost his swallowing abilities and was receiving his nourishment through a tube. Terry's outlook for recovery was pretty uncertain when he arrived at Montpelier Hospital. However, due to his determination and the perseverance of Dr. Kennedy, the therapists and the nurses, he was able to return home, eating normally (no longer needing the feeding tube) and needing very little help with activities, such as walking, bathing or dressing. In fact, within a few short weeks after his discharge on May 17, Terry sent the hospital a picture of him on his riding lawn mower.

is between one to two weeks. Eighty percent or more go back home from the Rehabilitation Unit.

"We really get involved with patients and their families," says Conti. "I am most proud of the staff when I see a strong commitment to those patients with particularly complex needs who may require many different therapies."

CHOOSING CLOSE TO HOME

Over half of the patients that come to Montpelier Hospital are referred by hospitals other than Bryan Hospital. "When patients need care after acute care in a hospital, they always have a choice for where they rehab," says Conti. "Even if your hospital care is from another facility, you have the choice to see if you can do rehabilitation in Williams County."

Recovery care in your neighborhood makes it easier for family and friends to visit. "It's important to have a good support system," says Conti. "Remember to ask to have a referral so an evaluation can be made to see if we can meet your needs in a setting close to home."



TO LEARN MORE about
CHWC's Rehabilitation Department
at Montpelier Hospital, please call
419-485-3154.



Matt Stuckey, PT, DPT, ATC, assists Hugh Lesnet during his physical therapy session.

Quality Care



Members of the laboratory staff are shown in the lab area at Bryan Hospital.

Small town laboratory

OFFERS STATE-OF-THE-ART RESULTS

Community Hospitals and Wellness Centers (CHWC) may serve small, rural communities, but that doesn't mean it doesn't offer much of the same excellent health care you might expect in a bigger hospital. For an example of this, look no further than the system's excellent medical lab.

SMALL TOWN, GREAT LAB

"For being a small community in Bryan, we have amazing technology," says laboratory assistant director Bobbi Case. "We are constantly researching what's available on the market to ensure we are keeping up with the most current technology."

The lab area at Bryan Hospital includes a full microbiology department, which is unusual for a community of this size. Case says having a microbiology department on-site is especially beneficial for patients as the staff can run tests to get a diagnosis and begin treatment more quickly than having to ship samples out and wait for days or even weeks for results.

Meanwhile, the main lab area is spacious enough to allow for several different pieces of technical equipment and for employees to do their work.

ENSURING ACCURACY

Part of ensuring accuracy, Case says, is making sure that CHWC's state-of-the-art lab is producing state-of-the-art results. All the technology in the world doesn't mean a thing if there isn't a capable team putting that technology to good use.

Besides a staff full of highly trained lab technicians, the department also employs a full-time computer analyst and several other staff members who are working around the clock to make sure results are fast, accurate and reliable. As Case points out, mistakes can significantly affect patient care.

"There is a tremendous amount of maintenance and quality control testing behind the scenes," Case says. "We're running quality control tests to ensure accuracy in results multiple times a day."

TAKING PRIDE

Case has been with CHWC for 14 years and says work in the lab department is "fun and fast-paced."



Archana Patel, medical lab technologist, is loading the automated blood banking analyzer.

With the system's top-flight laboratory, she feels CHWC is serving the community well. She hopes that by providing more knowledge about the laboratory profession, more people will be inspired to take an interest in laboratory tech work.

"There is a need nationwide for lab professionals and there are many job opportunities" she says. "We encourage people to look into it. High school students can come in and job shadow. This is a good place to get a behind-the-scenes look at what hospital laboratory work consists of."

Ensuring Accuracy

Radiology department welcomes new physicians



Community Hospitals and Wellness Centers (CHWC) Radiology and Imaging Department has partnered with a new group of radiologists. Physicians from FWRadiology began providing services on October 1.

The FWRadiology staff is made up of a diverse group of 25 board certified radiologists with expertise in 12 subspecialties serving here in Bryan and throughout our area. A core group of six physicians will rotate coming to Bryan with other specialties coming once a week for specific services. The six physicians serving CHWC will be Dr. Thomas Sarosi, Dr. Timothy Grissom, Dr. Adam Gregory, Dr. Sai Yarram, Dr. Andrew Potter and Dr. R. Evan Nichols.

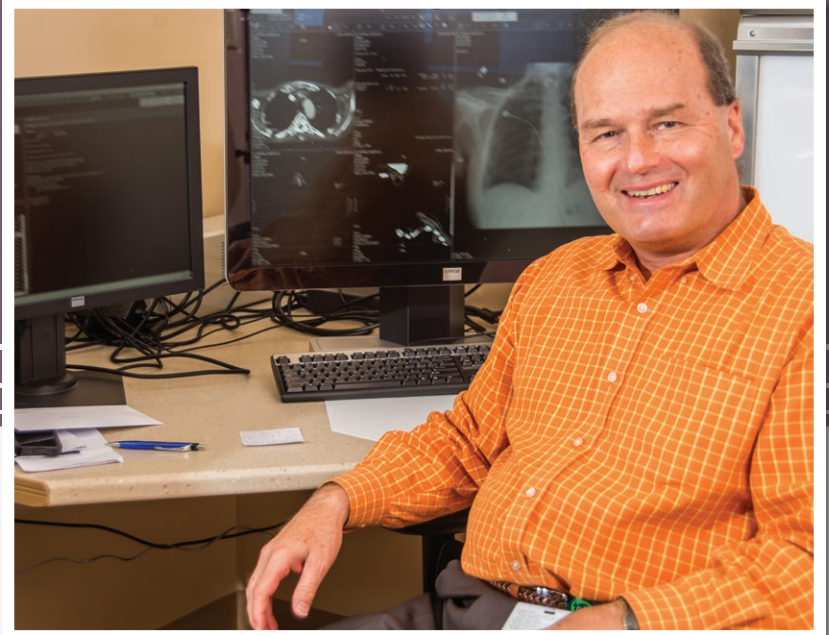
FWRadiology's roots began in Fort Wayne in the 1930s and they were the first group to provide services when Parkview Hospital was formed in the 1950s. They were also the first to provide diagnostic services to numerous outlying facilities. They currently serve 14 hospitals plus medical outpatient sites, such as Parkview Physicians Group in Bryan.

BENEFITS TO CHWC

"With our larger group, we offer a wide spectrum of expertise," says Dr. Sarosi, who is also the president of the group. "This will be a real value to the community."

Another advantage soon to come will be voice recognition services giving physicians access to final reports much more quickly. The radiologist will record his or her report, see it instantaneously on the computer, make any changes as needed, sign and send in the report.

"Instead of a preliminary report, every report will be the final one," says Pam Alpaugh, CHWC's director of imaging.



Dr. Thomas Sarosi is one of the six physicians serving CHWC through FWRadiology.

"Turn-around time for reports will go from hours or even days to seconds," Dr. Sarosi adds.

Providing access locally to specialized services is another benefit. The group hopes to provide services that previously residents had to travel elsewhere to receive.

"We are also looking at lowering the radiation dosage on procedures such as CT scans," says Dr. Sarosi. "We have found we can lower radiation exposure by 20 to 60 percent, thus improving patient safety."

In addition, FWRadiology organizes modality groups, an educational networking group of people throughout their system providing the same service. For example, all those working with ultrasounds will get together twice a year to share experience and standardized protocols.

WORKING TOGETHER

"We are excited to work with them," says Alpaugh. "They have been pleased with all the services we have to offer now and the talent of our staff."

"I am very pleased with this facility," says Dr. Sarosi. "The staff is nice, competent and hardworking. I am impressed with CHWC. Our goal is help make this hospital as good as it can be and to optimize its services."

REPRODUCTIVE HEALTH MYTHS DEBUNKED



Community Hospitals and Wellness Centers
BRYAN | MONTPELIER | ARCHBOLD

433 W. High St.
Bryan, OH 43506-1690



Sharon Ransom,
MD, OB/GYN
with Parkview
Physicians Group

MYTH #1 FERTILITY PROBLEMS OCCUR ONLY IN WOMEN.

“Male infertility is an important issue for infertile couples and is caused by a problem in the male, for example, inability to ejaculate or insufficient number of sperm. New studies show that in approximately 40 percent of infertile couples, the male partner is either the sole cause or a contributing cause of infertility,” Dr. Ransom says. “Whenever there is a concern about fertility, it’s important to work up the risk factors for both partners.”

MYTH #2 STRESS CAUSES INFERTILITY.

“Even though infertility is stressful, there isn’t any proof that stress causes infertility. Sometimes a woman with too much stress can experience changes in her hormonal levels and this results in a change in timing of release of the egg during ovulation. There can be either a delay in ovulation or no ovulation.”

MYTH #3 ONCE YOU’VE HAD A CHILD, IT’S EASY TO CONCEIVE AGAIN.

“If your menstrual cycle is regular and you’ve conceived one child, it’s likely you’ll be able to conceive again fairly easily,” Dr. Ransom says. “However, if you have a history of irregular cycles, you may have just been lucky with your first conception and getting pregnant again may be more problematic.”



When it comes to our reproductive systems, there’s a world of misinformation out there — everything from “you can catch a sexually transmitted disease from a toilet seat” to “you can’t get pregnant the first time you have sex” (both false).

Sharon Ransom, MD, OB/GYN with Parkview Physicians Group, tackles some of the more common misconceptions about reproductive health.



MYTH #4 A WOMAN CANNOT GET PREGNANT DURING HER PERIOD.

“This is correct, but the problem arises if you have irregular cycles, or do not keep track of your cycles,” Dr. Ransom says. “You should always know the first day of your last period. I always tell patients, ‘There’s an app for that!’ If you have irregular periods it’s much harder to rely on your menstrual cycle.”

MYTH #5 YOU CAN’T GET PREGNANT WHILE YOU’RE NURSING.

“If you are exclusively breastfeeding, you are secreting hormones that suppress ovulation,” Dr. Ransom says. If your baby is less than 6 months old and you are fully or nearly fully breastfeeding your baby there is only about 2 percent chance of pregnancy. “But once you start to wean the baby or if there are more than six hours between feedings, you could ovulate before you get your period and possibly get pregnant.”

Lactating women may first menstruate as early as the second or as late as the 18th month after delivery, however, breastfeeding episodes lasting 15 minutes seven times each day can delay resumption of ovulation.

MYTH #6 WOMEN NEED A PAP TEST WHEN THEY TURN 18 YEARS OLD.

The new guidelines for Pap tests suggest the first test at age 21. “Once you have a negative

Pap test three times in a row, you can start having them every three years,” Dr. Ransom says. “At 30, you may also have an HPV test; if both tests are normal, you may be able to wait five years between tests.”

MYTH #7 CONTRACEPTIVES ARE DANGEROUS TO HEALTH AND CAUSE CANCER.

In fact, contraceptives may actually decrease a woman’s risk for some types of cancer. “For example, if a woman is on an oral contraceptive for five years it may decrease her risk of ovarian cancer by 50 percent.* Some studies indicate a slight increased risk for breast cancer, but the consensus is that the benefits of contraceptives generally outweigh the risks. Just be sure to get regular checkups and screenings,” Dr. Ransom advises.

MYTH #8 YOU DON’T NEED TO SEE A DOCTOR UNTIL YOU BECOME PREGNANT.

Absolutely false! “The health of your pregnancy depends how healthy you are before you get pregnant,” Dr. Ransom says. “I always advise patients to come in a year in advance and discuss diet and nutrition, exercise, and any health issues that may be a factor. If they have high blood pressure or diabetes, for example, we need to get that under control. And we may recommend genetic testing, depending on their family history.”

* Source: National Cancer Institute, www.cancer.gov.