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COVER PHOTO: Every Saturday Billie Stewart sorts her medications as she prepares for the week ahead.

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## Albert H. Horn, Jr. Patient Care Central Tower



On December 31, 2012, after 40 years of selfless service, Albert Horn retired from the Community Hospital and Wellness Centers (CHWC) Board of Directors. Al's contributions over the years are unsurpassable. He served faithfully and tirelessly, even sacrificing family vacation time in order to attend board meetings. Al has seen the hospital go through lean times as well as profitable times, and he has always remembered that he was a custodian and representative of the community.

As a token of our appreciation, on December 19, 2012, CHWC formally honored Al for his service by naming the central tower of Bryan Hospital the Albert H. Horn, Jr. Patient Care Central Tower.

Al joined the board in February 1972 after an unusual invitation. Al was a patient in the hospital after suffering a ruptured appendix, and Mose Mohre, a member of the board, came into his room and asked him if he'd serve on the board. As the IRS representative who audited the hospital's books to see whether or not they met charity



Retired board member Al Horn pauses in the atrium of Bryan Hospital before entering the Central Tower that has been named in his honor.

standards, Al knew the hospital was in bad shape financially and the future did not look good. But he said "yes" anyway.

In the fall of 1973, Al was a member of the board that hired Rusty Brunicardi as the new president of Bryan Cameron Community Hospital, as it was called then. Al recalled with a chuckle that because of cash flow problems, Rusty couldn't even cash his first paycheck. Things were that bad at the hospital. However, under Rusty's leadership, the financial situation at the hospital continued to improve over the years.

One of the things that Al is most proud of is the SHARE Foundation that helps people who need health care but are financially disadvantaged. In the future, Al hopes CHWC will remain strong and independent, but the hospital has to continue to move forward, he says. The hospital can't stand still; it needs a continuous flow of new ideas. "The key is getting doctors to come here," he concludes.

With great appreciation, I join the rest of the board as well as the staff of CHWC in thanking Al Horn for his 40 years of contributions to the hospital.

FOR THE BEST CARE POSSIBLE

# HOSPITALISTS

## coming to Bryan Hospital



**P**atients at Bryan Hospital will see some new faces in 2013. The hospital is joining the growing trend of hiring hospitalists — physicians who specialize in the care of hospitalized patients — to better serve the needs of Bryan and surrounding communities.

“This is brand new to our community so many people may wonder what a hospitalist is,” says Nicholas Walz, MD, VP/CMO at Community Hospitals and Wellness Centers (CHWC). “A hospitalist is a physician who has been trained as a family practice or internal medicine doctor and also has additional training as a hospitalist. When patients are admitted to the hospital, a hospitalist assumes their care during their hospital stay until discharge.”

### BENEFITS TO PATIENTS

“One of the big advantages for hospitalized patients is that a hospitalist will be able to respond to their needs immediately,” adds Diane Conrad, MD, medical director at Parkview Physicians Group/Midwest Community Health Associates (MCHA). “The hospitalists are based in the hospital so they’ll be able to see patients face-to-face as needed throughout the day. The hospitalists will be employed by MCHA, however, which will help facilitate communication in patient care.”

In addition, hospitalists have more expertise treating hospitalized patients, thanks to added experience. And, their greater familiarity with hospital procedures and environments can improve efficiency.

### BETTER CARE FOR OUR COMMUNITY

Originating in the 1990s, hospitalists are the fastest-growing specialty in medicine, with more than 34,000 hospitalists practicing in 80 percent of hospitals with more than 200 beds. They are now coming to smaller hospitals like Bryan Hospital, too. Hospitalists offer an

ideal solution to the difficulties presented by the traditional model of care in which primary care physicians must divide their time between overseeing the care of their hospitalized patients and being available for routine office visits.

“Having a hospitalist program will eliminate a significant challenge Bryan had in recruiting new primary care doctors,” Dr. Conrad comments. “As the physicians who currently divide their time between the hospital and clinic retire, we’d have difficulty replacing them because today’s new doctors don’t expect to do both inpatient care and outpatient care. They prefer to do one or the other.”

### COORDINATED CARE

Hospitalists do not replace a patient’s primary care physician. Rather, the coordinated medical care from both hospitalists and primary care physicians can mean access to

quality health care across the spectrum of a patient’s needs.

“The patient’s primary care physician will be notified when a patient is hospitalized,” Dr. Walz notes. “They will also receive a comprehensive summary of treatment, along with a complete medications list, when the patient is discharged.”

Hospitalists work closely with any specialists who are involved in the patient’s care while hospitalized. However, hospitalists will not be involved in the care of pediatric patients or OB patients who are giving birth. Bryan Hospital also has three nurse practitioners who will assist the hospital’s two hospitalists with patient care once the hospitalist program begins, sometime in 2013. The hospitalists have not yet been hired, but look for an announcement coming soon.

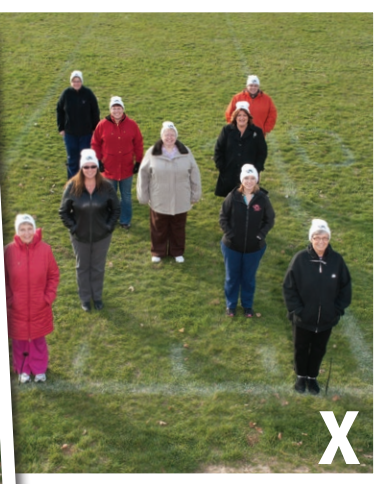


Dr. Nicholas Walz and nurse practitioners, L to R, Kathy Khandaker, Ashley Hawkins and Melanie Castrita look forward to working with the hospitalists in 2013.

If you have questions,  
please contact your  
**PRIMARY CARE  
PHYSICIAN** or call  
**BRYAN HOSPITAL**  
at **419-631-1311**.

*Best Care*





# EXCELLENT CARE

## in a time of crisis

If you experience a medical emergency in Williams County, you can rest assured you are in good hands. From first responders to the EMS (emergency medical service) squad to the hospital emergency room, your health care crisis will be handled by trained volunteers and staff who know how to save a life.

Just ask Jerald Schelling. He's a prime example of the excellent care that is available in this area.

On September 20, Krystal Adams, site assistant at the West Unity Senior Center, was sitting in her office when she heard a loud thump. Then she heard a woman

scream. Running out of her office, she found Jerald Schelling on the floor. "At first I panicked," she admitted. "Then I knew it was part of my job." She started performing CPR while someone else called 9-1-1.

Within minutes West Unity Assistant Police Chief Dan Fedderke arrived at the scene. Taking over for Krystal, Dan continued CPR hoping to restore a pulse and respiration. He also used the defibrillator from his car to shock Jerald's heart, and only after the second shock did Jerald's heart start beating again.

### EMTs ARRIVE ON THE SCENE

At that point four EMTs (emergency medical technicians), Mark Taylor, Jeremy Miklovic, James Eisel and Jarrett Funk, arrived. Mark relieved Dan and continued doing CPR. Jarrett "bagged" the patient by putting a mask over his mouth and nose to breathe for him. Jerald's pulse kept stopping and starting. Finally, when the color began to come back into his face, the EMTs breathed a sigh of relief; they knew Jerald was regaining consciousness.

By then the EMS squad had pulled into the senior center with paramedic Vicki Malone and advanced EMT Deb Stark on board. They started an IV, attached a heart monitor and in due course loaded Jerald into the ambulance

Jerald Schelling, seated, is reunited with two of the people who helped save his life, emergency room nurse Cindy Kinkaid and EMT Jarrett Funk.







Hospital staff members from every department line up to spell out "E-X-C-E-L-L-E-N-T," the goal of patient care at CHWC.

for transport to Bryan Hospital. EMT Jarrett Funk continued to help the patient breathe most of the way to the hospital. Once there, Cindy Kinkaid, RN, BSN, met the squad and found Jerald awake and talking. "I didn't have to do much," she reports, "because the EMTs had done an excellent job." Cindy did oversee the collection of data from Jerald, administered pain medication as needed and organized his lab work before sending him to the intensive care unit at the hospital.

The following day, after preliminary tests were run, cardiologist D.R. Kesireddy, MD, implanted an automatic internal cardiac defibrillator (AICD) into Jerald's chest. "This device," explains Marilyn Nussbaumer, cardiac catheterization lab supervisor, "senses any potentially life-threatening dysrhythmia in the heart and internally shocks the heart muscle back into regular rhythms when needed."

#### CONTINUED FOLLOW-UP

After six days at Bryan Hospital, Jerald went home, but Judy Mayes, RN, CHWC nurse navigator, continues to follow up with him regularly. "I still get a little winded," Jerald admits, "and I'm supposed to be a little more active." As a matter of fact, Judy has suggested he go to the cardiac rehabilitation program at Bryan Hospital so he can continue to improve his quality of life.

"The hospital did everything they could to help me," says Jerald. In fact, the entire health care system in our community did everything they could to help him, and Jerald is living proof the system provides excellent care in our area.

### WANT TO BE A LIFE SAVER?

Williams County EMS is always looking for interested, compassionate people to join the EMS staff. Training opportunities are available at the EMS facility on Main Street north of Bryan for both first responders, now known as emergency medical responders or EMRs, as well as for emergency medical technicians or EMTs.

"We start new classes for EMRs whenever we have enough people who show an interest," says Connie Brigle, training coordinator. A minimum of eight students is needed to start a class.

Students enrolled in the EMR training program must complete 54 hours of classroom work. EMRs are then able to go to the scene of an emergency and do basic life support. With an additional 156 hours of training plus 10 hours of on-site work at Community Hospitals and Wellness Centers, an EMR can become an EMT. An EMT can do basic life support plus control bleeding, splint fractures and manage airways. They also staff the ambulances and transport patients to the hospital.

Beyond that, advanced EMT and paramedic training are available through the Four County Adult Education Program. Almost 200 hours of additional instruction are necessary to be able to start IVs and give medications as an advanced EMT.

"It takes a lot of dedication to become an EMT and to maintain EMT status," says Connie. "We have a wonderful group of people committed to offering excellent care in case of an emergency."

**FOR MORE INFORMATION,**  
call Connie Brigle at **419-636-6751, ext. 25.**



Ready to help in an emergency, Vicki Malone, paramedic (left), and Deb Stark, advanced EMT, are two members of the dedicated EMS staff in Williams County.



In the hospital pharmacy, Craig Buell, director, checks carefully for any noteworthy drug interactions.



## MENINGITIS OUTBREAK SCARE

In October 2012, New England Compounding Center (NECC) was linked to deadly outbreaks of fungal meningitis. Although CHWC was not affected by the contaminated steroid possibly produced by NECC, Craig Buell, director of pharmacy at CHWC, urges anyone in the area who has or will be getting spinal injections or epidurals to check with the doctor first. "Ask your physician where he or she is getting the medication," says Buell. "At CHWC, we do not allow compounded injections into the hospital from outside pharmacies." Possible warning signs of meningitis can include headaches, fevers or disorientation. Be sure to consult with your doctor before any treatments.

A FOCUS ON

# vitamin supplements

## WARNING FOR SENIORS TAKING MEDICATIONS

For many seniors, getting older includes retirement, grandchildren and more relaxation. It may also require more work to stay healthy. Along with prescription medications, many seniors may take vitamin supplements to stay healthy, but there are common misconceptions on how vitamin supplements work and if they're good for *you* and *your* health.

### VITAMINS — WHAT ARE THEY?

"Vitamins are just supplements. They are intended to add the missing ingredients into your daily diet not found in normal meals. They should not act as a replacement to your meals," says Craig Buell, director of pharmacy at Community Hospitals and Wellness Centers. Seniors need to be aware there are two main types of vitamins — water-soluble and fat-soluble vitamins. "With water-soluble vitamins, the body takes what it needs and the excess is removed through the urine. This includes vitamins B and C. Fat-soluble vitamins, like vitamins A and D, are more dangerous. There is greater risk of overdose because the excess is absorbed into your fat tissue," says Buell. "It can have adverse effects because of the slow build-up in your tissue." So how do you know if your vitamins and supplements are water-soluble or fat-soluble? Check with your physician or pharmacist.

If you are a senior and are taking vitamin supplements that are not appropriate for your body and health, they could trigger an issue or make a recurring issue worse. "Patients try to self-medicate and take vitamins based on what they've heard from friends or read on the Internet," says Buell.

He recommends making sure that just as you have one doctor, you have one pharmacy that you consistently frequent. "Make sure your doctor and your pharmacist know your complete health history, the history of your medications and when you're taking vitamin supplements. Keep a list of prescriptions and vitamins with you at all times in a purse or wallet," says Buell.

### NEED SOME HELP?

Contact your doctor for recommendations about which vitamin supplements you should take. If you have trouble remembering to take them, have a family member fill your prescriptions and prepare a pill box so you know what to take each day. A home health service may also be able to help manage medications and supplements for you or a loved one. If you have questions, contact a pharmacist at CHWC by calling 419-636-1131, ext. 12274.

If you have questions,  
contact a **PHARMACIST**  
at CHWC by calling  
**419-636-1131,**  
**ext. 12274.**



*Staying Healthy*



# SPOTLIGHT ON

## MINIMALLY INVASIVE SURGERY

With benefits such as a quicker recovery and less pain, minimally invasive surgery has become increasingly popular for a variety of surgical procedures at both Bryan Hospital and Archbold Hospital. Laparoscopic surgery, a form of minimally invasive surgery, has been performed at Community Hospitals and Wellness Centers (CHWC) for a number of years.

“We’ve been removing gall bladders for 25 years, and appendectomies were next,” says Dow Harvey, MD, surgeon, recalling the history of minimally invasive surgery at CHWC. “Actually the OB/GYNs started using laparoscopy mostly for diagnosis. We benefited from their experience and used similar techniques to start doing minimally invasive surgeries.”

### WHAT IS LAPAROSCOPIC SURGERY?

During laparoscopic surgery, the surgeon inserts a scope, a tube with a camera and light attached, into one of several small incisions. Images from the camera are sent to a video monitor that the surgeon watches while performing the surgery. Then he uses instruments inserted through one or more of the other incisions to perform the surgery.

Not only do general surgeons Dr. Harvey and Dr. D.S. Rao perform laparoscopic surgeries at CHWC, so do Dr. V. Palli, urologist, and Drs. A. Tantoco, A. Al-Khaleefa and S. Ransom, gynecologists.

Dr. Dow Harvey, surgeon, and Sarah Nusbaum, certified scrub technician, demonstrate how laparoscopic instruments might be used during a surgery.



### BENEFITS FOR THE PATIENT

When a physician and patient determine laparoscopic surgery to be a good option, the patient may benefit in several ways, including shorter recovery time, smaller incisions, less pain, lower risk of infection and less scarring.

Since small incisions usually heal faster than large ones, some laparoscopic surgeries can be done on an outpatient basis. If an overnight stay is necessary, patients may be

released sooner and return to their regular activities faster. That also means less time away from work.

Common procedures that used to require several days in the hospital, such as an appendectomy and gallbladder removal, are routinely done with a one day stay at CHWC. Patients can check-in, have the procedure, check out and recover in the comfort of their homes.

### FOR MORE INFORMATION,

contact your physician at **419-636-4517** or the pre-operative clinic at **419-633-4532**.



# PAIN Management CLINIC OPENS



Which would you rather have: the common cold or lower back pain? That may seem like a silly question with an obvious answer: “Neither!”

However, most of us aren’t that lucky. The common cold and lower back pain are the top ailments that cause Americans to miss work. While the common cold lasts about a week, back pain — or any other type of chronic pain — can linger for much longer. A cold may mean a week of feeling miserable, but chronic pain can make your daily routine difficult and in some cases almost impossible.

To address the needs of the many people who experience chronic pain, Community Hospitals and Wellness Centers (CHWC) opened the Pain Management Clinic in October. The clinic offers treatment for a variety of conditions, including neck and back pain, headaches, fibromyalgia, chronic pelvic pain, reflex sympathetic dystrophy (RSD), nerve damage as well as pain associated with arthritis, muscle spasms and shingles.

## BOARD-CERTIFIED PHYSICIAN

On Wednesdays, Thomas Kindl, MD, sees patients at Parkview Physicians Group/MCHA, located across the street from Bryan Hospital. Board certified in anesthesiology, Dr. Kindl completed his residency at the University of Toledo Medical Center and his fellowship at University of Michigan Hospitals in Ann Arbor. He



Community Hospitals and Wellness Centers  
BRYAN | MONTPELIER | ARCHBOLD

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

## Chronic Pain

provides treatments such as injections or radiofrequency at Bryan Hospital.

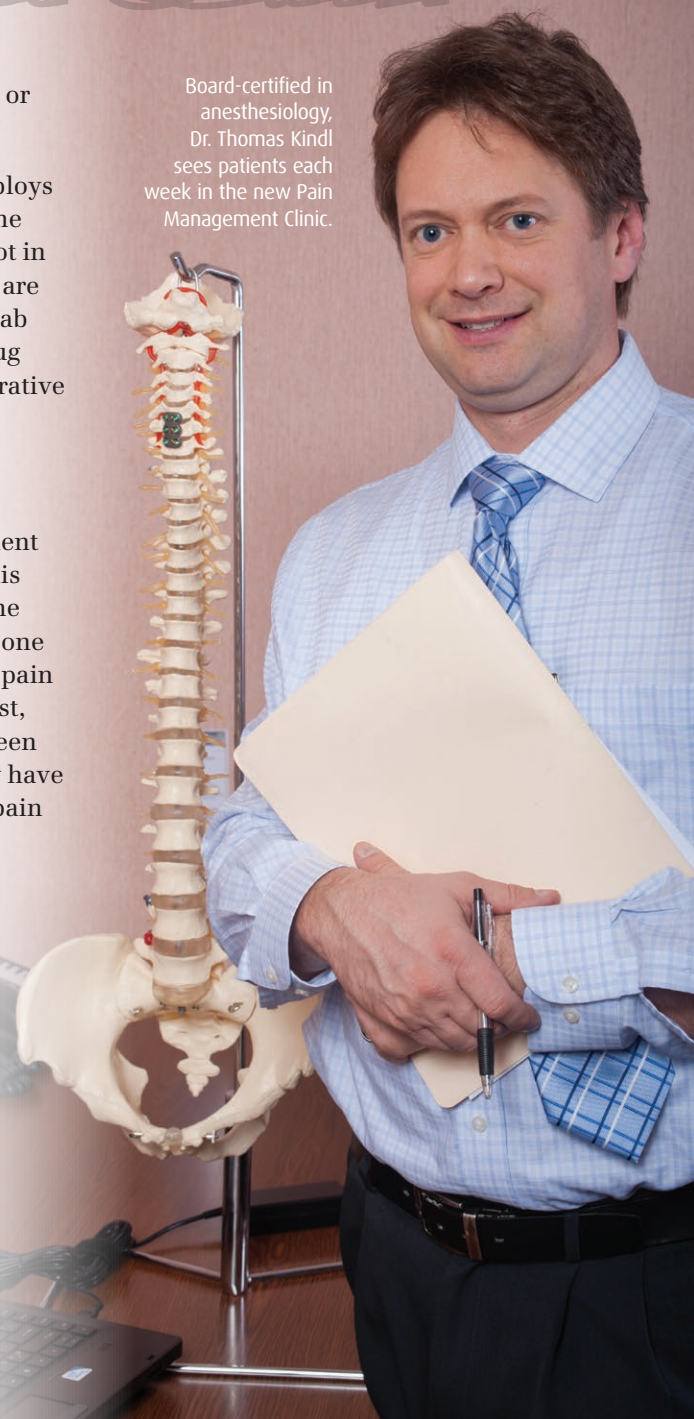
The new Pain Management Clinic employs not only Dr. Kindl but also four full-time employees. Even when the doctor is not in the office, the nurses and support staff are preparing patient charts, researching lab work, scheduling X-rays and doing drug screenings. They also provide pre-operative information to patients and work with insurance companies.

## MANAGING PAIN MEDICATION

Liz Grimes, RN, CHWC Pain Management Clinic supervisor, is pleased to offer this new service to patients. She notes, “One of the benefits of the pain clinic is that one physician can now manage a patient’s pain and all the pain medication.” In the past, she is aware that some patients have seen multiple doctors, and “sometimes they have fallen through the cracks in regard to pain management,” she says.

Because of the patient demand since the clinic opened, Liz looks forward to having a physician in the clinic more than one day a week, and the goal is to increase the physician’s availability as the demand increases. Currently Dr. Kindl sees as many as 42 patients a day.

Board-certified in anesthesiology, Dr. Thomas Kindl sees patients each week in the new Pain Management Clinic.



## TO MAKE AN APPOINTMENT ...

in the Pain Management Clinic, patients must get a referral from their primary care physician. For more information, call the clinic at **419-633-7343**.