Cleanliness a priority for CHWC

ENHANCING patient care through partnerships

Cataract surgery at CHWC
Community Hospitals and Wellness Centers (CHWC) knows there is a lot more to making patients comfortable than giving them the right medications and treatments. Sometimes the most comforting touch is something as simple as making sure a patient’s room is as neat and tidy as their home might be.

That’s why hospital system administrators and staff put such an emphasis on keeping the hospital buildings as clean as possible.

“Word gets out and the community knows we take pride in keeping our facilities clean,” says CHWC Chief Operating Officer Mike Culler. “We’re constantly looking for things patients and visitors see.”

That work could include anything from making sure floors are shiny but not slippery, to clearing outside walkways during snowy Ohio winters to any number of behind-the-scenes jobs that may go unnoticed — but not unappreciated. Just ask their patients.

Professional Research Consultants, Inc., issues a standard survey to CHWC patients inquiring about, among other things, the hospital’s cleanliness during their visit. According to last year’s survey results, CHWC was rated as a top 10 percent hospital in the United States for cleanliness.

“Even when we were doing work on the ROC (Radiation Oncology Center), our scores were still excellent,” Culler says. Culler credits the administration’s ability to hire a staff that takes pride in their work and staff’s willingness to go above and beyond what might be expected at other facilities.

“We’re always preaching accountability and responsibility,” Culler says. “Kudos to Sherry Patterson, supervisor of environmental services, and Nathan Alpaugh, supervisor of floor maintenance, should also be recognized. They all make it happen each and every day.”

Culler also notes the hospital system puts an emphasis on using the “greenest” option available whenever possible. They also make a conscious effort to put patients’ comfort first when doing daily cleaning.

“We don’t want to have a loud vacuum cleaner going when people are trying to sleep,” he says. With a dedicated staff and thoughtful leadership, Culler says he expects patients and visitors will continue to be serviced by one of the cleanest hospitals in the region for years to come.
Whether you have been living with diabetes for years or were recently diagnosed, you probably spend more time than the average person planning your daily menu. That’s because food choices have a direct impact on your health.

“The food we eat turns into sugar,” explains Tara Spisak, registered dietitian and certified diabetes educator at Bryan Hospital. “That sugar is our body’s fuel source. To help the sugar get into our cells for energy, the pancreas produces insulin. When you have diabetes, the body doesn’t make enough insulin, so some of that sugar stays in the blood. That creates elevated blood sugar levels.”

When glucose accumulates in the bloodstream, it can damage the heart, kidneys, eyes and nerves. So those with diabetes must take special care in the types of foods they eat — and when they eat them — to ensure blood sugar levels remain in check.

“When you have diabetes, you need to eat balanced carbohydrates with each meal so you can help control the amount of sugar that enters your bloodstream,” Spisak explains. “If you eat too many carbs, you have higher blood sugars. If you don’t eat enough carbs, you can also have higher blood sugars because the liver (which stores sugar) will release sugar into the bloodstream for the cells to burn for energy.”

**A BALANCING ACT**
Knowing what foods contain high levels of carbohydrates that quickly turn into sugar in the body, and which foods contain fewer carbs, can help keep blood sugar balanced. Foods that contain carbs include:

- Starches (breads, cereals, rice, pasta, quinoa)
- Fruit
- Fruit juice
- Milk
- Yogurt
- Sweets/desserts
- Starchy vegetables (corn, peas, potatoes, lima beans and winter squash)
- Legumes (navy beans, kidney beans, garbanzo beans, baked beans, etc.)

But not all carbs are created equal. Spisak recommends eating higher fiber foods that don’t turn into sugar as quickly as low fiber foods. “Look for foods like breads, and cereals and grains with more than three grams of fiber per serving, fresh fruits with the skin on, fresh vegetables, as well as legumes (beans),” she says. “In addition, make sure you eat at regular meal times and avoid skipping meals.”

**MODERATION, NOT ELIMINATION**
Though diabetes requires special care in meal planning, it doesn’t require doing without. Moderation — not elimination — is the key to healthful eating. “There are really no foods a person with diabetes has to avoid. You just need to make sure carbs are balanced. As dietitians, we focus on healthy eating, but we can help patients fit in their sweets as well so they don’t feel they have to give up everything.”

In fact, a registered dietitian can help you discover healthy meals that are still interesting and tasty. For example, favorite recipes can be modified with smaller portion sizes, seasoning with herbs and spices rather than salt, and using whole grain products rather than white rice, bread or pasta.

“We like to teach the plate method for meal planning,” Spisak says. “You divide a dinner plate into four sections — one section is protein, one section is grains or starches, one section is fruits, and one section is vegetables, with a milk or dairy serving off to the side of the plate. You can see this at [www.choosemyplate.gov](http://www.choosemyplate.gov).”

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**QUINOA CRANBERRY SALAD**
Quinoa is a great gluten-free source of protein, iron and fiber. Plus, it is a whole grain that cooks in about 20 minutes and adds a lovely taste and crunch to many dishes. A half cup of cooked quinoa offers 20 grams of carbohydrate and 2.5 grams of fiber.

**INGREDIENTS**

- 1 cup water
- ½ cup uncooked quinoa
- ¼ cup fresh parsley leaves
- ½ cup thinly sliced celery
- ½ cup thinly sliced green onions
- ½ cup dried cranberries
- 3 tablespoons fresh lemon juice
- 1 tablespoon olive oil
- 1 tablespoon honey
- 1 tablespoon water
- ¼ teaspoon salt (or less)
- ¼ teaspoon black pepper

**DIRECTIONS**

1. Rinse quinoa in a fine mesh sieve to decrease bitterness.
2. Bring water and quinoa to a boil in a medium saucepan. Cover, reduce heat and simmer 20 minutes or until liquid is absorbed. Spoon into a bowl; fluff with a fork. Add parsley, celery, onions and dried cranberries.
3. Whisk lemon juice, olive oil, honey, water, salt and black pepper. Add to quinoa mixture and toss well. Top with seeds. Chill before serving.

Nutrition Facts: Per 1/3 cup: 106 calories, 4g total fat, 2g protein, 17g carbohydrate, 2g fiber, 0 mg cholesterol, 75 mg sodium

Recipe provided by CHWC Nutrition Food Service

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**TO LEARN MORE**
about healthy eating, contact a registered dietitian at 419-630-2167.
A stroke can be a devastating health situation. According to the CDC, stroke is the fourth leading cause of death in the U.S., taking the lives of one out of every 19 Americans. Community Hospitals and Wellness Centers (CHWC) understands this risk and has partnered with Stroke Care Now Network (SCNN) for the past four years in an improved effort to provide the best care possible to the community, especially stroke patients. SCNN is a network of physicians that uses telemedicine to make themselves available to patients in and around northern Indiana and northwestern Ohio. Using physicians from Fort Wayne Neurological Center (FWNC), they are available in “real time” when critical care is most needed.

Through SCNN, CHWC has full-time access to world-class neurologists. Barb Rash, director of nursing, Emergency Department at CHWC, works to coordinate this effort and has seen firsthand the benefits. “The patients benefit because they have a neurologist who can evaluate them via a tablet, as well as ask questions and advise nursing/medical staff of treatment recommendations,” says Rash. “Since CHWC is a smaller hospital, having a neurologist on-call 24/7 was difficult. Now, we have access to a group of physicians who all follow the same guidelines and protocol. Our nursing staff is all trained on the NIH Stroke Scale, so we can accurately rate the severity of a stroke.”
THE DANGERS OF A STROKE
A stroke may be triggered by many conditions, including high blood pressure, high cholesterol, heart disease, diabetes and sickle cell disease.* Family history and diet can also sometimes be a factor. “Warning signs of a stroke for men and women may be weakness of one side of the body, lopsided smile, slurred speech, inability to speak, and/or confusion,” says Rash.

When someone is suspected of suffering from a stroke, time is of the essence. “If a stroke is caused by a blood clot, a drug may be administered called activase, or tPA,” says Rash. This is only effective if given within three hours of the display of first symptoms, and in rare cases, 4.5 hours. If the patient is not a candidate for the tPA, the specialists at Fort Wayne may have other treatment options to achieve the best possible outcome for the patient. Recently, at a SCNN board meeting, Bryan Hospital was recognized for consistently delivering IV tPA under the time goal, which is treating the patient within 60 minutes of entering the Emergency Department. Bryan Hospital is frequently under 35 minutes, exceeding that goal.

“At CHWC, if a patient is brought in displaying signs of a stroke, a CT scan is immediately performed,” says Rash. “Blood will also be drawn to check for general lab results, as well as coagulation studies, which check to see if the blood clots in an average time or if it takes longer than normal. Then an IV is started as a route to give medications.”

PATIENTS DRIVING CARE
CHWC is always looking to improve patient quality care, and the continued partnership with SCNN is only one of the many improvements.

“Patients receive quality, consistent care here. And with our continued partnership with SCNN, they will receive a consult from a stroke specialist,” says Rash.


FOR MORE INFORMATION on the Stroke Care Now Network and CHWC, please call 419-630-2189.

IMPROVING STATISTICS WITH SCNN
In the past four years of partnership with SCNN, there have been 79 stroke activates or activations (patients who have consulted with SCNN). Out of those 79 patients, 14 have received tPA as a treatment for their stroke symptoms. Barb Rash sees this partnership growing even more in the next few years. “Our main goal for stroke patients is to quickly diagnose and treat. We have a goal of getting the patient through the Emergency Department doors to treatment of tPA within 60 minutes,” says Rash. “In our last two activations, one patient received tPA in 25 minutes, and the other in 35.” Time is of the essence for all stroke patients.
Support available for
STROKE SURVIVORS

Stroke support groups are a great way to connect stroke survivors and caregivers with others who understand what you are going through and can help you throughout your recovery. With more than 7 million U.S. stroke survivors and 795,000 new strokes occurring in the U.S. each year, you are not alone.

Community Hospitals and Wellness Centers (CHWC) offer a Stroke Survivors’ Support Group that meets monthly at the Montpelier Hospital. The group is facilitated by Jeannie Batt, physical therapist assistant, and Vicky Englehart, rehabilitation secretary. Members vary in age and disabilities.

“We meet on the third Thursday, April through October, from 4 to 5:30 p.m. at the Montpelier Hospital,” says Batt. “We usually have between four and 12 people, including caregivers. Our meeting is open to stroke survivors, traumatic brain injury survivors and family members.”

A stroke, or “brain attack,” occurs when a blood clot blocks an artery (a blood vessel that carries blood from the heart to the body) or a blood vessel breaks, interrupting blood flow to an area of the brain. When either of these things happens, brain cells begin to die and brain damage occurs.

When brain cells die during a stroke, abilities controlled by that area of the brain are lost. These abilities include speech, movement and memory. How a stroke patient is affected depends on where the stroke occurs in the brain and how much the brain is damaged.

TOPICS

Coming to a support group enables people to connect with others and find information for both the person who had the stroke and the caregiver. Support groups promote wellness by helping members make decisions, solve problems and locate local resources.

“We have different speakers at each monthly meeting,” says Englehart. “The topics range from emotions, health factors, issues with everyday living and even live music. Batt points out, “our first meeting of the year is usually used to try to get topic interests from the group and we try our best to find speakers to address those issues.”

“We can provide some good resources, but people have to be willing to be open to what others have to say,” says Batt.

“I think the people who have been through the experience are some of our greatest resources, so to have them there is a great benefit.”

CHALLENGES

A stroke creates many physical and emotional challenges. Each stroke survivor faces a unique set of disabilities and losses, and each copes with them in his or her own way. However, the warmth, acceptance and emotional support that a stroke support group offers can often be the key to uncovering the hidden strengths in many survivors and caregivers.

“I would probably say the abrupt change in their lifestyle, both patients and families, is a big challenge,” says Batt. “It gives stroke patients and caregivers comfort knowing that they are not alone in this situation. They get guidance from other stroke patients and caregivers on what experiences they have and are going through and how they handle the situation,” Englehart says.

“A lot of these people have been coming a long time and are friends now,” says Batt. “New people can learn a lot from someone who has been through the experience. It helps just to have someone who understands as a patient and/or family member or caregiver.”

FOR MORE INFORMATION about the Stroke Survivors’ Support group, contact Jeannie Batt at jeanbatt@chwchospital.org or call 419-630-2117, ext. 11345 or Vicky Englehart at vickyenglehart@chwchospital.org or call 419-485-6475.
At cataract surgery is now performed on average in less than 10 minutes. Seems crazy that a surgery could be so quick, right?

Thanks to ultrasound wave technology and the 20+ years of experience and skill of doctors Neal A. Tolchin, MD, and Ronald N. Brown Jr., MD, the eye surgeons are able to cure blurred vision in a fairly simple surgery.

Dr. Tolchin and Dr. Brown of TLC Eyecare & Laser Centers perform cataract surgery at Bryan Hospital and Archbold Medical Center.

WHAT ARE CATARACTS?
"If you think of your eye as a camera, a cataract is a clouding of the lens," explains Dr. Tolchin. "Just like a camera when the lens gets cloudy it causes blurred vision."

The main symptom of a cataract is blurred vision. Most people first notice it when they have difficulty driving or reading, among other activities.

There are different types of cataracts and different places in the lens where the cataract develops. This depends on medical conditions, age, medications or injuries. “All these factors can cause clouding of the lens,” says Dr. Tolchin. “When it gets bad enough that you can’t perform some functions, then you are a candidate for cataract surgery.”

Dr. Tolchin explains that there is no way to clean the lens; it must be removed surgically. A local optometrist discovers the majority of cataracts. “Most people visit their optometrist thinking they need new glasses,” Dr. Tolchin says. “I recommend that they see their optometrist first. People on their own can’t really know why their vision is blurry.”

Cataracts are most common in individuals between 60 and 80 years old. Dr. Tolchin says there are, however, people who get cataracts as early as 30 years old. You can also be born with cataracts, which are called congenital cataracts.

CATARACT SURGERY
Cataract surgery used to be a surgery approximately 45 minutes long. It involved making a large incision, removing the entire lens, replacing it with a plastic implant and then stitching the incision.

For the past 15 to 20 years, the process has changed and continues to be improved upon. “Now we use ultrasound waves,” says Dr. Tolchin. “We use a little ultrasound probe through a tiny hole less than 2.5 mm. Through the ultrasound probe, the ultrasound dissolves the cataract into small particles and sucks it out through a hole.”

Following removal of the cataract, the lens implant is inserted through the small hole. Now, the lenses are foldable and unfold once in the eye. The lens has a spring on each side, which holds it in position.

Dr. Tolchin says, “Ninety-nine percent of the time the incision self seals without stitches. Occasionally a stitch is used.”

This procedure is now on average less than 10 minutes. However, that is highly dependent on the experience and skill of the surgeon. Recovery is simpler as well. Oftentimes a patient can drive to their appointment the next day.

“My favorite area of the field is doing eye surgery,” says Dr. Tolchin. “I enjoy helping people see better.”

Most people visit their optometrist thinking they need new glasses,” Dr. Tolchin says. “I recommend that they see their optometrist first. People on their own can’t really know why their vision is blurry.”
Community Hospitals and Wellness Centers (CHWC) is pleased to announce the arrival of a family practice physician and two nurse practitioners at Parkview Physicians Group.

“The hospital has been receiving very consistent feedback that there is not enough access in our communities to primary care services,” says CHWC President/CEO Phil Ennen. “This means people are making use of our emergency rooms in Bryan and Montpelier for general primary care needs.”

Because emergency rooms are too expensive for general primary care, a medical group such as Parkview Physicians Group is available to help people manage their day-to-day health care issues. “CHWC welcomes the news of additional new primary care providers in our community,” says Ennen.

Parkview Physicians Group has welcomed family practice physician Edward Handyside, MD. Dr. Handyside, board certified, came to his current position by an alternate path. He has been a military medic, licensed practical nurse, clinical laboratory technician and a physician assistant.

“I have definitely taken the road less traveled,” says Dr. Handyside. “My goal was always to become a physician. I look back upon my experiences as a great learning template for becoming a physician, which was a lifetime goal.”

Dr. Handyside came to our community about a year ago. He has been practicing part time for Parkview’s FirstCare Clinic and saw the need for more family practice providers in this community. Dr. Handyside is now practicing family medicine part-time and still working for the FirstCare Clinic.

“I love the ability to help people and provide hope when the patient may be facing despair.” — Edward Handyside, MD

Northwest State Community College and has nearly 10 years of experience as an emergency department and obstetrics nurse. Rock graduated from Frontier Nursing University in Kentucky as a family nurse practitioner.

Holli Zeedyk, CNP, also is a family nurse practitioner who received her degree from Frontier Nursing University. She grew up in Ney, Ohio, and following high school attended the International Business College for medical assisting. “I worked in the local area for more than five years as a certified medical assistant, then attended Northwest State Community College for the registered nurse associate’s degree program,” says Zeedyk. “I have worked locally as an RN for 10 years, primarily in obstetrics as a labor/delivery/post partum nurse. I also spent significant time in medical-surgical and emergency departments.”

Rock and Zeedyk are good friends and have taken similar career paths. Both express the joy of caring for families and look forward to educating and helping their own community with their health care.

“[I] enjoy small town life and sharing that commonality with patients and their families,” says Rock. “I embrace being able to follow a patient and their families throughout their lifespan. I understand how family can impact health, wellness and illness.” The providers are accepting new patients at PPG in Bryan. To schedule an appointment, please call 419-636-4517.

April Rock, Dr. Handyside and Holli Zeedyk

NEW DOCTOR AND NURSE PRACTITIONERS aid our community