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COVER PHOTO: Nurse midwife Lisa Fedderke meets with expecting mother Lisa Bible in the New Beginnings Birthing Center at Bryan Hospital. Lisa and her husband Cory, welcomed baby girl Makenna on August 9, 2014. She weighed 7 pounds and 14 ounces and was 20 inches.

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## TAKING CARE OF PATIENTS, PERSONALLY

### A DAY IN THE LIFE OF A PHARMACIST



As a pharmacist, I am always professional with patients, but when your patients are people you know personally, there is an added layer of concern."

Amy Eriksen, pharmacist at Community Hospitals and Wellness Centers, loves working where she lives. Originally from Williams County, she calls herself "homegrown." Eriksen graduated from Ohio Northern University with a bachelor's degree in pharmacy, and has been working at Bryan Hospital, Montpelier Hospital and Archbold Medical Center facilities for the past 10 years. While her normal day as a pharmacist may be hectic and full of problem solving, she still loves caring for her patients.

#### TOP OF HER GAME

"We [pharmacists] have to be at the top of our game mentally," says Eriksen. Her shifts at the hospital vary, but the pharmacy is open from 6 a.m. to 7 p.m. each day, with staff on-call 24 hours. She works with almost all of the hospital staff on a regular basis, including physicians, nurses, respiratory therapists, radiology technicians and more. Many of her duties include:

- » Dose medication for patients at the hospital
- » Checking for accuracy and dispensing medication to the units
- » Managing the hospital's medication inventory
- » Performing clinical reviews of kidney function and adjusting medication if necessary

- » Monitoring sensitive antibiotics administered to patients
- » Reviewing antibiotic and culture results
- » Recommending IV medication changes if appropriate
- » Answering any medication questions from staff

"We also do so much more outside of our hospital work," says Eriksen. "We often do community service and research the latest innovations to determine what can be applied to our pharmacy. We assist in the training of college students for their observation hours."

#### THE COMMUNITY CONNECTION

Eriksen knew early in her life she wanted to be in health care, but wasn't sure which role she desired. "In high school, I was offered a job at a local pharmacy in Montpelier," she says. "George Rings was the pharmacist, and I learned so much from watching him."

Eriksen says that Rings made work a personal passion: "I greatly admired the care and concern he had for his customers. They were more than customers — they were friends and family."

And that is exactly the attitude Eriksen has brought into her profession. "I know almost everyone I treat," she says. "Practicing in my 'home' county makes it much more personal and significant because whether I know a patient or not — I know somebody to whom that patient is important. We are connected as a community."



Pharmacist Amy Eriksen, shown right in the pharmacy, works closely with all hospital staff, such as nurse Deb Baker on the medical-surgical unit.

# EXTRA CARE FOR PATIENTS WITH CANCER



Many changes happen when you or a loved one are diagnosed with cancer. The Radiation Oncology Center (ROC) at Community Hospitals and Wellness Centers (CHWC) offers a personalized approach to cancer care. In addition to the physicians from Toledo Radiation Oncology, oncology-certified nurses and experienced radiation therapists, there is an integrated team of social workers, dietitians, speech therapists and cancer navigators. All team members are available to each patient to assess and identify their individual needs.



## DIETITIAN SERVICES

It's no secret that cancer and its treatment affect the body in many different ways, including symptoms such as nausea, vomiting, diarrhea, constipation and weight loss. Based on each patient's nutritional needs, a dietitian can help patients get the best possible nutrition during treatment.

"As a dietitian, I see every lung cancer patient, patients with head and neck cancer and anyone with a cancer that affects the digestive system, such as esophagus, colon and rectal cancers," says Registered Dietitian Tara Spisak.

Patients with these cancers frequently have side effects from treatment that affect their appetite and often include pain during eating. "For example, those with head and neck cancers often experience dysphagia, which is difficulty swallowing," says Spisak. "It hurts to swallow, and we have to find ways to get patients to eat foods that won't hurt so bad. When patients receive radiation, it's like having a sunburn on the inside of their throats."

A majority of patients with cancer lose weight during treatment and often before treatment begins. The goal for a dietitian is

to find what the patient can and wants to eat.

"Oftentimes, it's softer foods, like puddings, mashed potatoes, soups and nutritional supplements," says Spisak. "We just find ways to get their calorie needs in."

Helping patients through this difficult time is close to Spisak's heart. "I find it very rewarding to help," she says. "I have a passion for helping patients with cancer since my dad went through cancer treatments."



## SOCIAL WORKER SERVICES

The goal of CHWC's social workers is to visit with each patient at least once during treatment at the Radiation Oncology Center. Services provided by the social worker are individualized to each patient and address his or her particular needs.

The social worker works closely with resource agencies from the five-county area. The social worker specializes in knowing the available resources for patients with cancer and linking patients with those programs.

Kelly Colon, licensed social worker at CHWC, helps patients with needs such as transportation assistance to and from treatments. Patients come to treatment



Shown from left are Licensed Social Worker Kelly Colon, Registered Dietitian Tara Spisak, Dr. Wayne Court, Radiation Oncologist, and Speech-Language Pathologist Amanda Thompson. All work together at the Radiation Oncology Center to give patients with cancer the best outcome possible.



five days a week from the five-county area. Concerns such as gas mileage costs and lack of available family or friends to drive affect a patient's compliance with treatment. Daily therapy is necessary for the best possible outcome. Colon helps patients with this issue as well as financial concerns, insurance issues, medical equipment needs, home care needs or social and emotional issues for patients and their families.

Assisting patients with these important, yet sometimes forgotten needs can significantly impact a patient's recovery. In order to contribute to the success of the radiation treatments, patients need to manage their stress levels. Anxieties related to any of the above issues can affect their ability to comply with treatment and the treatment's success.

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## COMPLETE CARE

CHWC is proud to offer these free services, as other facilities do not. "We focus on a bigger picture," says Spisak. "We go above and beyond. It's a multi-disciplinary approach to provide excellent care for our patients during a difficult time."





Nurse midwife Lisa Fedderke is shown with nurses Jennifer McCord, Dawn Blue and Kari Schuck in the New Beginnings Birthing Center.



New Beginnings  
BIRTHING CENTER

# Community welcomes nurse midwife

**L**isa Fedderke, certified nurse midwife, joined Parkview Physicians Group in May, and Bryan Hospital has welcomed her services at the New Beginnings Birthing Center.

“One thing we have heard throughout the years is that patients are seeking care elsewhere so they can have a midwife,” says Tammy Bernath, Community Hospitals and Wellness Centers (CHWC) director of pediatrics and obstetrics. “Now that we have a midwife, patients can receive those services in our community, in a great facility that offers a home-like atmosphere.”

Fedderke received her registered nurse degree from Northwest State Community College, her Bachelor of Science in Nursing from Defiance College and her Master of Science in Nursing specializing in midwifery from Frontier Nursing University in Hyden, Kentucky. Prior to working at Parkview Physicians Group, Fedderke was a labor and delivery nurse and charge nurse at Community Memorial Hospital in Hicksville for seven years.

## HOSPITAL DELIVERIES

Contrary to the myth that midwives can only deliver babies in the home setting, as a midwife at Parkview Physicians Group and Bryan Hospital, Fedderke has a collaborating physician agreement that allows her to deliver babies in the hospital. Fedderke will join the team of obstetricians at CHWC including Dr. Peggy Watson, and will work closely with collaborating physicians Dr. Sharon Ransom and Dr. Almarino Tantoco.

Under the care of a midwife, mothers can expect to have more choices during labor, including using a stability ball for pain relief, eating and drinking for nutrition and hydration and laboring in a water tub to increase relaxation and comfort. Midwifery gives women a sense of empowerment and decisions in their care, she explains.



“I provide labor support,” says Fedderke. “And assist you in ‘catching.’ A midwife has the philosophy that the mother delivers the baby; we ‘catch’ the baby.”

As a midwife, Fedderke encourages involvement with the family. “Every birth is special,” she says. “The most memorable birth experience for me was when I had a father assist with the delivery of his beautiful baby girl. I believe that this family has a special bond with the birth experience that they experienced.”

## CHANGES AT NEW BEGINNINGS

Fedderke enjoys working in the Labor, Delivery, Recovery and Postpartum (LDRP) rooms at the New Beginnings Birthing Center at Bryan Hospital. “They allow for more movement and for more family involvement,” Fedderke says. “Family is always welcome.”

The hospital and staff have made changes in order to make midwifery a positive experience. “A big change will be the addition of a labor tub,” says Bernath. “This gives mothers the option of laboring in water.”

Bryan Hospital has welcomed the new changes to provide additional options for mothers during labor and delivery.



« Tammy Bernath, director of pediatrics and obstetrics, meets with Fedderke about new changes coming to Bryan Hospital.

## TO SCHEDULE AN APPOINTMENT

with Lisa Fedderke, call the Parkview Physicians Group in Bryan at **419-633-4029**.



In addition to the labor tub, nursing staff has been educated about the new model of care that a midwife offers.

### LIFESPAN CARE

In addition to pregnancy and deliveries, Fedderke sees patients for all women's health needs across the lifespan, from preteens to postmenopausal women. Certified nurse midwives provide primary care, gynecology, preconception care, antenatal care, labor and delivery and postpartum care.

Fedderke is a strong supporter of evidence-based practice, meaning she practices by what has been evident rather than what has been done for years. Educating the community is also a priority for Fedderke. "Working as a labor and delivery nurse for the past seven years opened my eyes to the need to bring midwifery to our community," she says. "As women are educating themselves on their bodies and the choices they have, I believe I can assist and educate them in caring for their bodies."

Fedderke grew up in Montpelier, Ohio, and graduated from Montpelier High School. She is married to her husband, Matt, and has three children.

Fedderke goes over labor options with expecting mother Lisa Bible.



Fedderke holds newborn Savannah Rae McIntosh, the daughter of Kim and Enoch McIntosh.



Fedderke promotes Safe Sleep for babies, encouraging parents and all caregivers to put babies to sleep on their back.



## EXTRA CARE FOR PATIENTS WITH CANCER

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CHWC Radiation Oncology Center hopes to give each of their patients a well-rounded treatment approach they need to keep fighting another day.



### SPEECH PATHOLOGIST SERVICES

CHWC's speech therapy department

started caring for patients at the ROC about six months ago. Speech-Language Pathologist Amanda Thompson wanted to provide patients receiving radiation for head and neck cancer with education concerning swallowing difficulty.

"Our department started to work on the idea together, creating 'Follow Your Swallow,'" says Thompson. "The nursing staff at the ROC has worked with us to give us a heads up as to which patients are coming in, their cancer sites and the start and end dates of radiation treatment."

The speech pathologist follows the patient's progress and monitors their perception of swallowing capabilities, safety or any changes. They provide patients with dysphagia instructions that describe the causes, signs, symptoms, diagnosis and treatments for swallowing difficulty. The speech pathologist is also available for other complications that may arise during treatment.

"We want to keep our patients as healthy as possible and reduce the risk of individuals getting aspiration pneumonia," says Thompson. "We also provide them with preventative measures, including swallowing exercises and saliva production exercises."

Concise

# Don't let pain take control

**P**ain can be debilitating. It can be a bright red blinking stoplight in your daily activities. But it doesn't have to be.

Doctors specializing in pain management can get you back to functioning without intolerable pain. At the Community Hospitals and Wellness Centers (CHWC) Pain Management Clinic at Bryan Hospital and Archbold Medical Center, Dr. Thomas Kindl and Dr. John Buonocore treat acute and chronic pain.

Dr. Kindl started with the Pain Management Clinic at Bryan Hospital a year and a half ago. In April of this year, Dr. Buonocore joined the clinic, seeing patients at both Bryan Hospital and Archbold Medical Center facilities.

"I've been treating pain patients for at least 20 years," says Dr. Buonocore. "After being in Bryan for the past few months, I'm glad I came. It's a nice community. The patients here are very responsive and friendly."

## THE PAIN EXPERIENCE

Pain is different for everyone. What is painful for one person may be tolerable for another. But when pain makes your daily functioning difficult, there is a problem.

"Pain is a signal to your body that something is wrong," says Dr. Buonocore. "You have pain fibers throughout your whole body, so we want to make sure that if you're having chest pain that it's not coming from your heart, that's a lot more important, than from the nerves of the middle of your back."

"The most common reasons patients come to the clinic are for spinal pain, headaches and extremity discomforts," says Dr. Kindl. "One of the most common complaints that most doctors see is low back pain. That probably tops the list for a primary care doctor and certainly for our population here."

This pain usually is related to arthritis or spinal stenosis, he explains. In addition, joint-related pain, such as in the hips, knees and shoulders, also are common issues for patients for at the Pain Management Clinic.

"The main issue with pain management is the management part," Dr. Buonocore says. "It's not pain elimination. It's pain management. We are here to help people manage the chronic conditions they have and the pain that ensues from that, in a sustainable manner."

The doctors use standard pain scoring techniques as well as assess a patient's limitations with respect to function, changes in their sleep/wake cycle and personal and social relationships.

## TREATMENT OPTIONS

Often, patients have had a thorough evaluation from their primary doctors before coming to the Pain Management Clinic. However a patient evaluation can be performed by the



Dr. Thomas Kindl

*Take Control*



## TO SCHEDULE AN APPOINTMENT, call 419-633-7343.

Pain Management Clinic to diagnose a patient's condition. This evaluation is usually accompanied by additional testing, including X-rays, MRIs and other diagnostic procedures.

Both doctors express concern regarding treating pain with opioid medication. In the past, opioid medications were used quite often. "As we have seen throughout the years, this practice has turned out to not be an effective long-term solution for chronic pain," says Dr. Buonocore. "It has actually become a major societal problem."

Drs. Kindl and Buonocore strive to make the best decisions in a patient's pain management care. "We do physical and medical therapies (including physical therapy), occupational therapy, medication management and interventional therapies like spinal and extremity injections," says Dr. Kindl.

### INJECTIONS

"Only after we have evaluated the cause of pain may we find the consideration for spinal injection therapy," says Dr. Kindl. "Pain that markedly impairs a patient's function and has been resistant to conservative therapy may meet criteria for spinal injections."

Spinal injections commonly occur in a series of one to two procedures. "These are deemed useful if they derive benefit for months to years or longer," explains Dr. Kindl.

Injections are commonly done with sedation; however, Dr. Kindl says many people are accepting of these procedures without sedation, as the discomfort can be minimal. Sedation does help minimize procedure phobias and anxiety.

Although the thought of a spinal injection may be scary, Dr. Kindl reminds patients that spinal injections are a treatment between conservative treatments and spinal surgical treatments. "It's far less invasive than spinal surgical procedures, and therefore used because of minimal invasiveness and relatively little risk," says Dr. Kindl.

### RADIOFREQUENCY ABLATION

Radiofrequency ablation is a procedure that has been involved in pain management for about the past 10 years. "This newer procedure, radiofrequency ablation, involves burning the small nerve that goes into the joint," explains Dr. Buonocore. "I tell patients it's like doing a root canal for your lower back."

By the time people reach their 60s and 70s, many people, because of their lifestyle or work style, develop significant arthritic changes in the joints of their low back. The joints of the lower back do most of the work for lifting and bending throughout your lifetime and become worn out, arthritic and inflamed. These



Dr. John Buonocore

joints are not replaceable, explains Dr. Buonocore.

"All the median branch nerve does is send pain signals to your brain, that's its only function. It can safely be ablated or burned," says Dr. Buonocore. "By eliminating that small area of pain, patients get tremendous relief from their symptoms."

The key for patients with arthritis is to keep moving, despite the pain and stiffness they experience. Eliminating the painful aspect of the joint allows patients to resume a lot of their normal lifestyles. Without the pain signal, patients can move their back more, despite the fact that the joint is still inflamed. This procedure can also be safely repeated, says Dr. Buonocore.

Dr. Kindl was fellowship trained in interventional pain at the University of Michigan and is board certified in pain management and anesthesiology. Dr. Buonocore was fellowship trained in pain management at Memorial Sloan Kettering Cancer Center. He is board certified in pain management and anesthesiology.

Respiratory Therapist Jim Coolman demonstrates a BiPAP machine on CHWC Volunteer Pam Leevey.

**CHWC** Community Hospitals and Wellness Centers  
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# What does a **respiratory therapist** do?

**B**reathing. It seems simple enough. We do it every day; usually without thinking about it. But what about when it isn't so simple?

With a department of 25 respiratory therapists, you can rest assured that the staff at Community Hospitals and Wellness Centers (CHWC) will do all they can to keep you breathing. Respiratory therapy covers all areas of the hospital, including the intensive care unit, medical-surgical unit, emergency department, catheterization lab and New Beginnings Birth Center. If a cardiac (pertaining to the heart) or a pulmonary (pertaining to the lungs) issue arises, count on a respiratory therapist as someone who will be a part of your care.

## A THERAPIST'S DAY

"Basically, our day starts by looking at the census and determining which patients are on oxygen, aerosol treatments or inhalers and determine the times those should be given," explains Jim Coolman, registered respiratory therapist and director of respiratory therapy at CHWC. "Throughout the day, there are always new patients admitted and orders changed."

Respiratory therapists are very involved in the type of care you receive. They assist in deciding the plan and procedure for oxygen and medication administration. "The doctors have given us a lot more leeway in determining the best course of action for our

Respiratory therapists  
are very involved in the type  
of care you receive.

patients," says Coolman. "Each patient is different. We do an assessment to determine what will be best for that patient."

## TREATMENT

Most treatments in the hospital setting are aerosol treatments for when a patient is in distress. The aerosol is a liquid medication that is put into a nebulizer, a device that turns the medicine into a spray that can be inhaled. This treatment is usually a 10-minute procedure in which the patient inhales the medication to help open the airways and clear secretions so the patient can breathe easier. Inhalers are another treatment used to help with daily maintenance.

"We do a lot of work in the emergency room," explains Coolman. "We are called when a patient experiences shortness of breath or chest pain. We administer electrocardiograms for chest pain patients, which is an electrical tracing of the heart. We are looking for any abnormalities."

## LEADING-EDGE TECHNOLOGY

Respiratory therapists use BiPAP machines that deliver inspiratory and expiratory pressures to assist the patient in breathing. "This is not invasive," says Coolman. "There is no tube down the throat. We use a mask." The BiPAP is used for critical patients with chronic obstructive pulmonary disease (COPD) and cardiac heart failure patients.

If the BiPAP is not successful, a mechanical ventilator will be used. "This involves an endotracheal tube that goes down the throat," explains Coolman. "There is a circuit from the vent that we attach to that tube. The machine is basically doing the breathing for the patient, allowing the patient to rest."

Once a patient is on a mechanical ventilator, the No. 1 goal is to wean the patient off the machine, which is normally done within a couple of days.

## REWARDING WORK

Unfortunately people can stop breathing with respiratory or cardiac arrest. That can be scary for all involved; however, getting a patient back to breathing is exactly why Coolman does what he does. "We are all trained in CPR, and it's always a rewarding feeling that we can turn that patient around," he says. "For a lot of our critical COPD patients and asthma patients, we see them at their worst. When they leave here and have recovered, that's rewarding, too."

*Rewarding Work*