



Hyperbaric oxygen
therapy now offered
at CHWC

2

Cardiac arrest survivor beats the odds

6

OT gets patients back to their lives

7



4

Salty! Ditching the salt shaker and rethinking sodium in our diets



6

Cardiac arrest survivor beats the odds



7

OT gets patients back to their lives



8

Auxiliary groups make a difference in our hospitals

COVER PHOTO: Wound care patient James Snyder Sr. jokes with hyperbaric tech Keith Lehsten, LPN, as he undergoes a mock hyperbaric oxygen therapy session.

This publication does not constitute professional medical advice. Although it is intended to be accurate, neither the publisher nor any other party assumes liability for loss or damage due to reliance on this material. Websites not belonging to this organization are provided for information only. No endorsement is implied. If you have a medical question, consult your medical professional. Photos by Chrissie Batt of Studio 34 Photography. Images may also be from ©iStock and/or ©Fotolia. ©2016 Bluespire Marketing | bluespiremarketing.com

Wound care patient James Snyder Sr. watches TV in the hyperbaric oxygen chamber at CHWC Wound Care Solutions as Keith Lehsten, LPN, checks in.



Hyperbaric oxygen therapy *now* offered at CHWC's Wound Care Solutions



When Jim Snyder, 78, first visited Community Hospitals and Wellness Centers (CHWC)

Wound Care Solutions, the blisters on his foot — the result of years of low blood flow to his lower extremities — were so painful he could barely walk. In fact, doctors told him he should prepare himself for the possibility that he might lose the foot. Snyder had almost given up hope, until he began hyperbaric oxygen therapy (HBOT) at Wound Care Solutions.

"I began hyperbaric therapy in September, and I started feeling better very quickly," Snyder says. "My foot looks better and the pain is much, much improved. My doctor tells me that now I will only have to have a couple toes removed, so I'm pretty happy."

Eventually Snyder won't need a walker to get around anymore, and he says it's all thanks to the HBOT he's received at Wound Care Solutions.

EXPANSION BENEFITS PATIENTS

HBOT is a new treatment option being offered by CHWC. In August 2015, CHWC expanded its 10-year-old wound care department into a full-service center with additional staff members and greater capabilities. As such, the center is able to accommodate more patients and offer more advanced testing and treatment.

"We are able to provide a high level of service by offering more advanced testing to determine the etiology [cause] of the wound and how best to care for it," says Wound Care Specialist and Certified Nurse Practitioner Kathy Khandaker, who is also director of Advance Practice Nursing and director of Wound, Ostomy and Continence at CHWC.

Wound Care Solutions' nationally certified staff sees patients Monday through Friday, 8 a.m. - 4:30 p.m.

For more information or to make an appointment, call Wound Care Solutions at Bryan Hospital at **419-633-3420** or visit www.chwchospital.org.

HBOT uses a special pressurized chamber to increase the amount of oxygen in a patient's blood. According to Khandaker, the air pressure in the chamber is increased to nearly three times higher than normal atmospheric pressure. In this environment, lungs can gather more oxygen. HBOT is typically performed as an outpatient procedure and doesn't require hospitalization. It is used to treat bone or skin infections, radiation injury, burns, decompression sickness, carbon monoxide poisoning, gangrene and other conditions.

"HBOT increases the amount of oxygen your blood can carry, which stimulates the release of substances called growth factors and stem cells that fight bacteria and promote healing," Khandaker says.

Khandaker recommends community members looking for quality wound care that's close to home should look no further than CHWC's Wound Care Solutions.

"We have 43 years combined experience in the care of wounds," Khandaker says. "And we treat patients like they are part of the family."



ENT, Sinus and Allergy Clinic now open at Bryan Hospital

WELCOME, DR. NOSANOV

M

ichael Nosanov, MD, joined the Bryan community just after the New Year began, bringing with him a whole set of services that are new to the area. Dr. Nosanov moved to Bryan from Hastings, Michigan, where he's lived and worked since he completed his residency 26 years ago.

"I was the first ENT in the area when I moved to Hastings," Dr. Nosanov recalls. "Moving to Bryan is an exciting opportunity to do that all over again."

Dr. Nosanov grew up on the north side of Chicago and earned his bachelor's degree from the University of Pennsylvania. He went to medical school at State University of New York at Buffalo, and completed his internship and residency in Minneapolis. Together, Dr. Nosanov and his wife, Dr. Kimberly Norris, established EYE & E.N.T. Specialists, PLC, in Hastings in 1989.

Dr. Nosanov notes that his favorite thing about the field of otolaryngology (pronounced oh/toe/lair/in/goll/oh/jee) is the diversity. "In my field, I get to see patients of all ages. In the same day, I could see a kid with chronic ear infections, an adult with chronic sinusitis or someone with a neck mass who is concerned about a cancer."

Dr. Nosanov also points to the real need of offering ENT services to Bryan and its surrounding towns. "People come to ENT doctors for very common problems. Sinusitis (a sinus infection) is one of the number one causes of missing work. Now, people won't have to travel far at all to get the attention they need."

In his free time, Dr. Nosanov enjoys goaltending for his ice hockey team. His wife is a hockey enthusiast, and his daughter is a collegiate goalie, as well. "Being from the Midwest, I love the outdoors. I enjoy skiing and water sports, hunting and fishing ... when I have time," he laughs.




ABOUT ENT (EAR, NOSE AND THROAT) SERVICES

Although the breadth of ENT services is vast, Dr. Nosanov explains that there are often a lot of misconceptions about the field. "Most people out there think that all we do is put tubes in kids' ears and fix broken noses. The field is so much bigger than that," he explains.

Otolaryngology is the medical and surgical treatment of disorders or diseases in the ear, nose, throat and related structures of the head and neck. Areas of Dr. Nosanov's focus at Bryan Hospital include:

- » Ear infections
- » Balance disorders
- » Hearing loss
- » Sinusitis (sinus infections)
- » Allergy treatments
- » Snoring and sleep apnea
- » Facial plastic and reconstructive surgery
- » Maxillofacial trauma
- » Head and neck cancers

Dr. Nosanov says the small-town atmosphere is perfect for an ENT specialist who enjoys covering all the bases. "In a bigger city, you probably won't get to do all of these things. Working in a small town means I get to see the diversity of the field; no two days are the same."

 **SINUSITIS (A SINUS INFECTION)** is one of the number one causes of missing work. Now, people won't have to travel far at all to get the attention they need.

SALTY!

DITCHING THE SALT SHAKER AND RETHINKING SODIUM IN OUR DIETS



PORTION SIZES AND MODERATION

CHWC dietitians advocate for the U.S. Department of Agriculture's MyPlate plan, which involves dividing your plate into fours: a quarter for grains, a quarter for protein, half for fruits and vegetables, and a serving of dairy on the side. "A heart-healthy diet has a lot to do with portion control. In general, Americans eat portions that are too big and way too much meat," Spisak says. She seems slightly apologetic as she describes the ideal cut of meat, which is 3 ounces, the size and thickness of a standard deck of cards. "People usually glare at me when I say that, but when you add in a bigger portion of fruits and vegetables, and some grains and dairy, you're still getting a full plate of food."

Spisak is encouraging as she describes the many delicious, healthy combinations that can make up a balanced meal. "MyPlate is a great way to go, because we're eating leaner cuts that we prepare in healthier ways, such as grilling, baking or broiling (versus deep frying or pan frying). And, it's not like you can't ever eat your favorite things again ... you just don't want to make it a daily thing. If you go out once a month with your family and enjoy that big juicy steak, that's great. Just don't do it all the time, and try to make healthy decisions elsewhere."

SODIUM SOURCES CAN BE TRICKY

- » Bread is a surprising source of hidden sodium. While a wheat bun is a healthier option because it contains more fiber, vitamins and minerals; both options have a high amount of sodium.
- » Sodium is injected into pre-frozen meats so they'll be juicy when cooked. Opt for fresh and always check your labels to avoid added salt.
- » A small order of fast food fries averages around 320 mg of sodium, before adding salt after they're cooked!
- » A "processed cheese product" is cheese that has been altered to extend its shelf life by adding more sodium and preservatives. Choose real cheese for half the sodium and the nutritional benefits that come with dairy products.



hen it comes to eating heart healthy, salt tends to be the number one target on every dietitian's agenda. Community Hospitals and Wellness Centers (CHWC)

Dietitian Tara Spisak expresses frustration that it can seem next to impossible to avoid the sodium that's hidden in so many foods.



SURPRISINGLY SALTY

"You've got the obviously salty foods like chips and crackers and pretzels, but you don't really taste the salt in bread," Spisak says. Indeed, just one slice of bread has about 150 mg of sodium. "If you're having a sandwich, you've got two slices of bread, usually some deli meat, cheese, mayonnaise ... you might be eating half your daily allotment for sodium."

CHWC Congestive Heart Failure Navigator Judy Mayes lists bread, deli meat and canned foods as the most surprisingly salty foods. For example, a half-cup of fresh corn contains just 5 mg of sodium while that same amount of canned corn may contain 150 mg of sodium. Mayes also notes that, "a lot of people think that because they're choosing turkey or chicken at the deli counter, they're making a healthy decision. But cold cuts are not healthy food; we're talking hundreds of milligrams of sodium per slice."

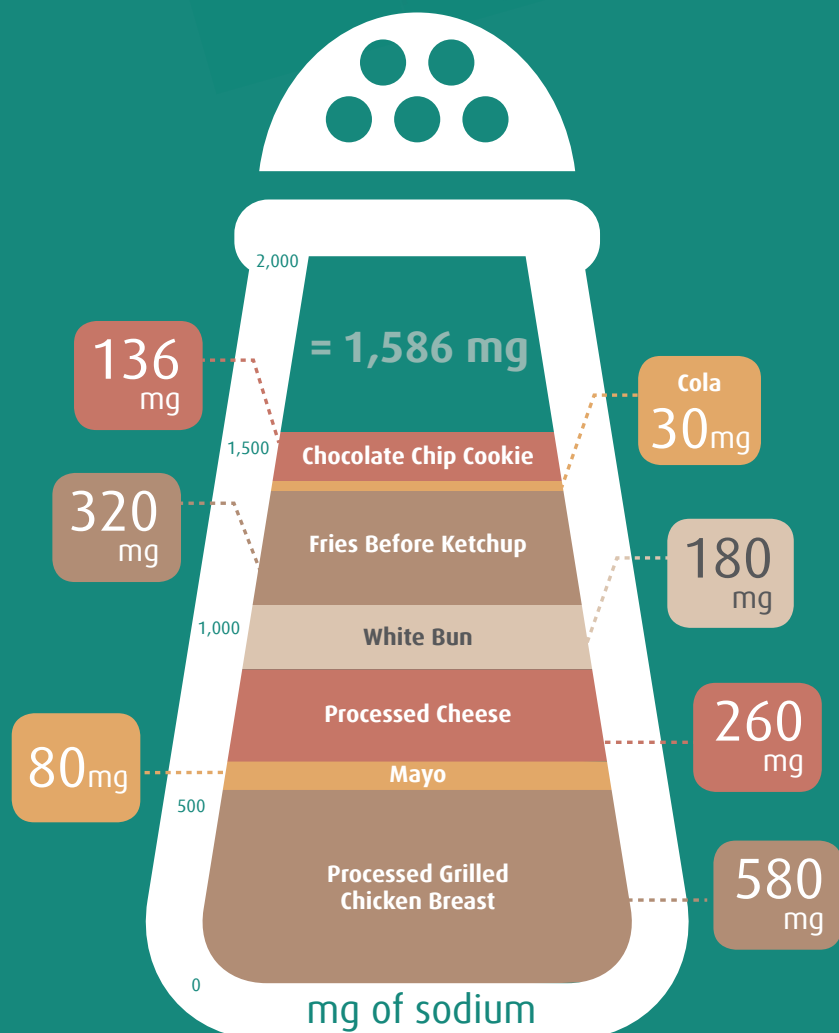


WHERE TO BEGIN

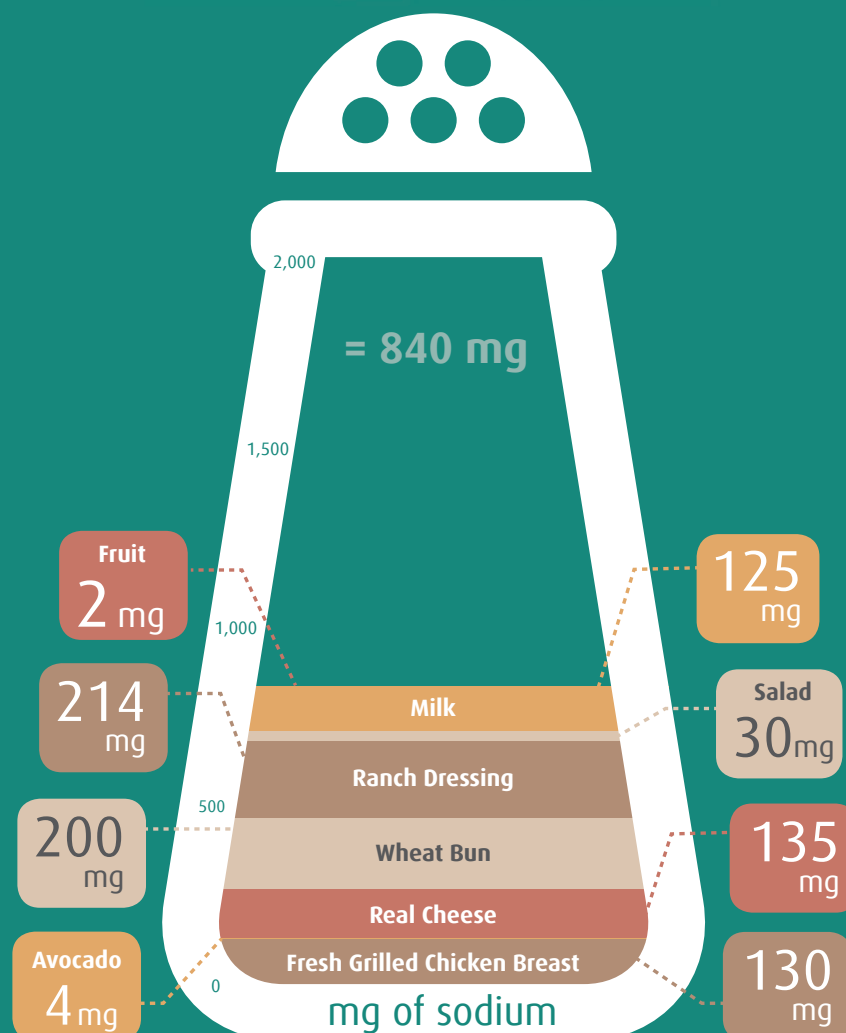
Just 1 teaspoon of salt holds 2,300 mg of sodium. "That little amount of salt is more than what a lot of people should be consuming over the course of a day," says Mayes. "The bottom line is that you have to ditch the salt shaker."

Because so much of our food has high amounts of sodium in it already, salting while cooking and after it's prepared only adds to the problem. For people who have a hard time adjusting to less sodium, Spisak suggests using herbs, pepper, onion powder, garlic powder and Mrs. Dash — a salt-free seasoning line found at most grocery stores. She's also asked her patients to shake the amount of salt they'd usually use on a plate of food into their hand first, to observe how much they're using, then try cutting the amount in half, slowly reducing — and eventually eliminating — all added salt. Mayes notes that many of her patients have switched to using fresh lemon juice to flavor fish, salads and vegetables, and poultry, making it easier for their taste buds to adjust to the taste of lower sodium foods.

UNHEALTHY



HEALTHY



Although healthy individuals are OK to consume more sodium than those on a restricted diet, experts recommend reducing your sodium intake by eating more fresh fruits and vegetables, and consuming smaller portions of meats and processed foods before sodium restriction becomes an urgent need later in life.

2,000 mg
the approximate amount of sodium per day for sodium-restricted diets.

4,000-6,000 mg
of sodium is what the average American consumes per day.

CARDIAC ARREST SURVIVOR beats the odds

Few people would call the day they go into cardiac arrest “a very lucky day,” but Chuck and Tammy Bernath repeat the word “lucky” again and again when they recount the events of Thursday, July 9, 2015.

WHEN FATE INTERVENES

During the time Chuck would normally be on the road heading home from work, he’d decided to stay late, and he happened to be working with two trained EMTs when he collapsed.

“I got a call from his HR department,” Chuck’s wife, Tammy, remembers, “and they weren’t sure what happened. He’s 53 years old and has no history of heart disease.”

Luck intervened again when Chuck arrived at Bryan Hospital. Tammy continues, “Because we didn’t know the full story yet, there was talk of sending him out to a large trauma center. But, for whatever reason — it was barely raining, wasn’t windy, just a little bit of sprinkling outside — the helicopters weren’t flying. I feel like, if Chuck had been sent to another facility, he would have died, because everything they found wrong with his heart in the Bryan Hospital cath lab needed to be addressed right away. Had he been sent to a big trauma center, it would’ve been too late.”

Over the next couple days, Chuck was kept in an induced coma as local nurses and cardiologist Dr. Kesireddy tended to him during his critical time of care.

HINDSIGHT

A lot of people can rattle off some of the common heart attack symptoms: chest

pains, left arm pain, shortness of breath. But Chuck’s symptoms were far less telling.

“When I arrived at Bryan Hospital, I learned I’d had two heart attacks sometime over the past several months,” he says. “People ask how I could not know I’d had two heart attacks, but not everyone experiences the same symptoms. I was overweight, my back hurt that was about it. Looking back, though, I was really puffy.”

Tammy explains, “We ask how we didn’t realize something was wrong. His face, neck, arms, everything was so puffy, but it was gradual and we thought it was weight gain. Puffiness is a big indicator that your heart isn’t working right, because you’re holding onto water because you aren’t getting rid of fluids as much as normal.”

THE VERY BEST CARE

During his week at Bryan Hospital, Chuck had nothing but positive things to say about his quality of care. “As time passes, I keep thinking how lucky I was and about what a gem we have here in Bryan, with the hospital. If it wasn’t for that facility and the care I got there, I’d be gone. I couldn’t have asked for a better stay, and can’t appreciate enough the care and attentiveness of the doctors and nurses who took care of me.”

In the weeks since Chuck returned home, he’s had continued support from various Bryan Hospital staff. He attends cardiac

rehab three times a week, is on several medications and — what he says is the hardest part — is on a low-sodium diet.

SALT IS A FOUR-LETTER WORD

Like a lot of people, Chuck is amazed at how much sodium is hidden in our food. “The diet has been really hard, because so much of the food we buy is junk. I didn’t eat healthy at all, so it’s been an adjustment.

“You can still eat what you like, enjoy your life and eat your favorite foods. You just need to know what’s in them and do your best,” he adds.

With help from Congestive Heart Failure Navigator Judy Mayes, the Bernaths have relearned how to grocery shop to meet Chuck’s new dietary restrictions. Chuck expresses frustration about how hard it can be to get truthful nutrition information from various restaurants; although some are really good about making their labels available online, he’s found that a lot of them don’t.

“It took a heart attack to get me to pay attention,” Chuck says. “I was overweight, I wasn’t exercising and I didn’t realize how much damage I was doing to my body. I hope that some people will read this article and it will make a light go off, and before they buy a bag of chips, a can of vegetables, a jar of pickles, they’ll look at the label. As consumers, we need to expect more from what we’re getting.”



Seated are Chuck and Tammy Bernath; standing are three CHWC employees who were instrumental in Chuck’s recovery. From left to right: Marilyn Nussbaumer, RN/cath lab coordinator; Judy Mayes, RN/CHF navigator; and Becky Weaver, RN/ICU supervisor.

OT gets patients back to their lives



Occupational therapy helps individuals increase their independence and ease of performing tasks of daily life. For some that may mean relearning how to shower and get dressed after a hip replacement, for others it may mean using adaptive equipment to make a task easier or possible at all. Occupational therapy, dubbed “OT” among Community Hospitals and Wellness Centers (CHWC) staff, serves people of all ages for any number of reasons.

WHAT IS OT?

There are two common misconceptions about occupational therapy: first, that OT has something to do with going to work. Rather, an occupation is defined as anything that occupies our time. The second misconception is that occupational therapy focuses on the upper body and physical therapy focuses on the lower body.

“But that’s not really true,” says Jessy Gilcher, an occupational therapist at Montpelier Hospital. “We work on the upper and lower body, cognition, a wide range of things. We could be working on balance, for example, which is something physical therapy also does, but we have a different focus and goal.”

Montpelier Occupational Therapy Assistant Jim Eich adds, “An example I like to use is that for physical therapy, you’ll see a patient walking down the hallway using a walker, working on leg strength, maybe doing kicks and exercises. OT teaches patients to put their clothes on and leave the room to do that walking.”

SELF-CARE IN MONTPELIER

Eich describes the common progression for patients who go through OT at Montpelier Hospital: “maybe they fall and break a hip,” he says. “They go to the ER and then get acute care where they are stabilized and fixed up. They have surgery, are starting to feel better, but aren’t ready to go home yet. That’s when they come to us for rehab.”

Each person who goes through OT has a personalized treatment plan and one-on-one care to meet their specific needs. The OT team at Montpelier Hospital mostly focuses on teaching inpatients self-care, such as bathing, dressing and safely getting around their homes.

OT Assistant Jim Eich shows patient Joanne Bechstein adaptive equipment that will help her dress in the morning.



Patient Carolyn Figgins is encouraged by Occupational Therapist Hannah Stewart to make BIG movements during her LSVT BIG therapy session at Bryan Hospital.



“In order to achieve a patient’s personal goals, their rehabilitation might involve using adaptive equipment that helps them pull on their pants, use a one-hand button hook if they’ve lost use of a hand or we even have hand extenders to help them wipe when they’re done on the toilet. It can get very personal. It takes a lot of trust,” says Eich.

After patients achieve their goals and are finished with their OT program at Montpelier, some are discharged home, some go to a skilled nursing facility and some may continue in-home rehab that involves an occupational therapist bringing the services right to them. Others may return to Montpelier Hospital for outpatient OT services.

A VARIETY OF SERVICES IN BRYAN

While Montpelier Hospital’s OT Department focuses on inpatient rehab programs, Bryan Hospital’s OT caseload is typically more diverse.

“We see anyone who comes in the door,” explains Hannah Stewart, an occupational therapist at Bryan Hospital. “I’m a true generalist in this setting, which is an exciting challenge because every day is different, and I have to think on my feet and do my research so I can be prepared to provide the very best level of care.”

Stewart explains that her patient load spans all age groups and all needs. “I see a lot of kids,” she says. “Maybe a child is having trouble sitting still at his desk at school, is very fidgety, always standing up or moving in his chair. We can do something simple like put a little wiggle disc on his chair and he can focus without distracting others.”

Another unique service that Bryan OT offers is LSVT BIG, a research-based protocol program that teaches individuals with Parkinson’s disease and other neurological conditions to make big movements. “A lot of people with Parkinson’s make very small movements although their brain tells them they’re moving normally. The BIG program can help reduce the risk of a fall and make it much less difficult and frustrating to complete their daily activities.”

Whether she’s helping someone with depression or anxiety, a neurological condition or recovering from an injury, Stewart is never bored on the job. “I love to see my patients meet their goals. To some people, the small accomplishments we work toward in OT might not seem like a big deal. But I know how much hard work goes into those things and it’s exciting to see people increase their independence and, with it, increase their self-esteem,” she says.

AUXILIARY GROUPS

MAKE A DIFFERENCE IN OUR HOSPITALS



Community Hospitals and Wellness Centers
BRYAN | MONTPELIER | ARCHBOLD

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



When it comes to helping our hospitals achieve their goals, the Auxiliary is always up for the

challenge. Both the Bryan Hospital Auxiliary and the Montpelier Hospital Auxiliary offer volunteer opportunities and hold fundraising events that help CHWC hospitals work to improve the health and wellness of our communities.

THE BRYAN HOSPITAL AUXILIARY

Linda Kroa is the president of the Bryan Hospital Auxiliary. With her help, the Auxiliary has raised funds that have made Bryan Hospital an even better place to receive care.

“Our funds go toward anything that the hospital is in need of that we can afford to give to them,” says Kroa. “We’ve helped purchase so many things: art for the hospital, infant bassinets and rocking chairs for the OB Department, funding a Nurses IV course and providing scholarships for nurses looking to further their education, and much more.”

The Bryan Hospital Auxiliary provides volunteers to work at the hospital, typically in three or four hour shifts. They also hold special fundraising events such as their semi-annual book fairs and the Christmas Open House at the Bryan Hospital gift shop. “The need is greater than ever for volunteers as the hospital is filling up with more doctors and new programs,” explains Kroa.

Any adult interested in volunteering with the Bryan Hospital Auxiliary is welcome. To apply, visit the Bryan Hospital front desk and fill out a volunteer application.

THE MONTPELIER HOSPITAL AUXILIARY

The Montpelier Hospital Auxiliary is led by President Joyce Schilling. “We welcome anyone who is available and willing to volunteer,” explains Schilling. “We donate volunteer hours to help in different areas. Primarily we work at the hospital gift shop, which we staff most every morning and afternoon on weekdays. We’re always looking

Montpelier Auxiliary members Norma Murray (left), Ruth Cooley (center) and Vivian Brown (right) volunteer regularly at the gift shop, where they sell cards and gifts, candy and handmade items.



Bryan Auxiliary president Linda Kroa escorts volunteer Norma Murray through the hospital.

for extra volunteers for evenings and weekends. Our special projects throughout the year are another great way we help the hospital, whether it’s to buy new equipment or supplies, or extra things that are not normally budgeted.

“Since the Auxiliary began, we have donated over \$264,000 to the Montpelier Hospital,” says Schilling. “A lot of that went towards extra equipment or upgrades that the departments needed because the technology keeps getting better and better.”

Those interested in becoming involved with the Montpelier Hospital Auxiliary are encouraged to attend an Auxiliary meeting, or to contact one of the Auxiliary officers. Barbara Bietsch, treasurer, is the primary contact and can be reached at **419-485-3229**.

