



IN THE SPRING 2018 ISSUE OF WELLNESS



Combating opioid addiction at the hospital and at home



Thank-yous worth sharing



Women's Health Clinic is hugely successful



Why CHWC's independence matters, part 2

COVER PHOTO: Dr. Bazzi (pictured right) helped Amanda Langham deliver baby Ambria in late December 2017.

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he American College of Cardiology and American Heart Association released new guidelines — the first comprehensive revision in 14 years — on what's considered high blood pressure, lowering the threshold from 140/90 mm Hg to 130/80 mm Hg.

The change was made to encourage people to take action sooner to control blood pressure. High blood pressure is a key risk factor for heart disease and stroke, two leading causes of death worldwide.

The recommendations focus on making healthy lifestyle changes

to lower blood pressure, including quitting smoking, managing weight, being active and eating a heart-healthy diet. Some patients may also need medication.

The new blood pressure categories consider both systolic (top number) and diastolic (bottom number) pressure.

- » Normal: Less than 120/80 mm Hg
- >> Elevated: Systolic from 120–129 and diastolic less than 80 mm Hg
- ➤ High, Stage 1: Systolic from 130–139 or diastolic from 80–89 mm Hg
- >> High, Stage 2: Systolic at least 140 or diastolic at least 90 mm Hg

UNDERSTANDING THE TERMS & NUMBERS

- **>> Systolic blood pressure:** the pressure in your blood vessels when your heart beats.
- **Diastolic blood pressure:** the pressure in your blood vessels when your heart rests between beats.
- >> mm Hg: In the first accurate pressure gauges, mercury was used; millimeters of mercury (mm Hg) is still used in medicine to measure pressure.





Give your health a boost

YOUR BODY BEGINS TO RECOVER WITHIN MINUTES OF QUITTING SMOKING

If you quit smoking today, you'll experience health benefits right away. And if you make a plan to stay smoke-free over the long term, you'll add years back to your life.

"Pull out all the stops to quit," advises Dr. Jodi Tinkel, cardiologist at Community Hospitals and Wellness Centers. "Try hypnosis, acupuncture, medications or trade your cigarette for a Dum Dum or a piece of gum. You may need several strategies and attempts to ultimately quit. I also recommend exercise as a great distraction and mood lifter. You can replace your need for nicotine with your own natural endorphins."



2 weeks months

Lung function begins to improve





Risk of cancer of the mouth, throat, esophagus and bladder are cut in half

The lev your bl

12 hours

The level of carbon monoxide in your blood drops to normal

1^{to} months

Coughing, wheezing and shortness of breath decrease

2 to 5 years
Stroke risk may fall to that of a nonsmoker



NEED HELP QUITTING?

Whether this is your first attempt to quit or you've tried many times before, we're here to help you find strategies that work. Many of our doctors can provide support as you endeavor to quit smoking, and hypnosis for smoking cessation — which has helped many people quit — is offered at Community Hospitals and Wellness Centers. To learn more, visit *chwchospital.org/counseling*, or call **419-630-2125**.



10 YEARS
Risk of dying from lung cancer drops to about half

15 YEARS
Risk of heart disease is the same as a nonsmoker's



Source: American Cancer Society

combating opioid addiction at the hospital and at home

Opiod addiction

pioid addiction has devastated communities across the country and right here in northwest Ohio, and it's not uncommon for addiction to start with prescription painkillers.

Medical professionals have taken great strides in recent years to help combat this issue and stop addiction before it even starts by using alternative pain management methods, setting realistic expectations with patients about pain and only writing opioid prescriptions in short-term increments.

The government has also responded to the opioid crisis by monitoring what prescriptions are dispensed, limiting prescription amounts, tracking patients who are prescribed narcotics and strengthening responsible prescription standards for physicians.

DO YOUR PART

There are steps the public can take at home to ensure fewer drugs are circulating throughout the community. "If you are prescribed painkillers, don't advertise that to people," says Tiffany Kennerk, Director of the Medical-Surgical Department at Bryan Hospital. "Keep that information to yourself. It's a private matter anyway. If people know you have them, it can lead to people stealing from you and even break-ins."

"Get rid of them once you no longer need them," adds Hollie Hake, Director of Nursing at Montpelier Hospital. "The mindset of holding onto them in case you need them later doesn't hold true, because if you need a narcotic later, you should be seeing a physician to evaluate why." So how do you safely dispose of medications once you're done with them? Two drop-off boxes in Williams County are available to the public 24/7 year-round; they are located in the lobby of the Montpelier Police Department and at the back of the west side of the Williams County Sheriff's Office building. The box is designed only for pills; no liquids, creams or sharps are accepted, and there is no need to remove pills from their bottles or cross out identifying information, as the containers are incinerated.

Additionally, Walmart Inc. recently teamed up with DisposeRx to make it easier than ever to dispose of prescription pills by distributing packets of powder with all opioid prescriptions filled at Walmart pharmacies. The powder is added to the prescription bottle, and when mixed with

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 Tiffany Kennerk, Director of the Medical-Surgical Department at Bryan Hospital.

warm water turns the pills into a biodegradable gel that can be disposed of in the trash.

CHANGES IN THE MEDICAL COMMUNITY

Although opioid painkillers are still used in the medical community to help people manage pain, there are a number of other interventions that, for some, can be just as effective. Surgical patients may benefit from nerve blocks and pumps which slowly and continuously release a local anesthetic. Not only do these alternatives lessen the need for opioids, but they also reduce recovery time and complications.

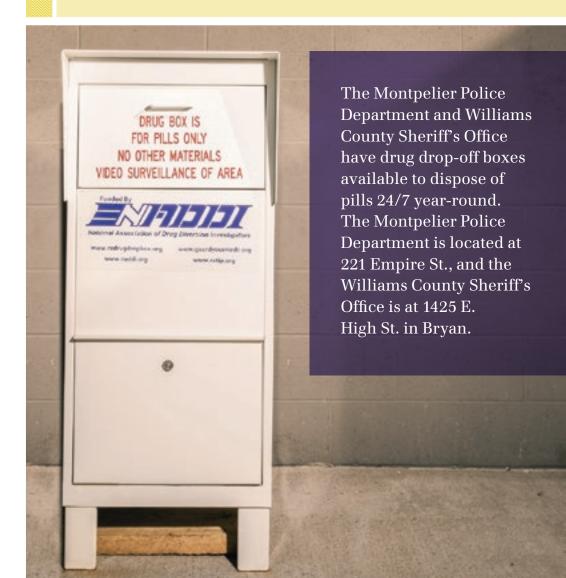
"Our goal is to reduce narcotics use because we want patients to be able to get up and start moving, recovering and heading home so they can get back to their lives. I think setting goals with the patient from the beginning is really helpful," Kennerk says. "If the doctor and patient are on the same page about what level of pain is to be expected, how pain will be managed and how long they should anticipate staying in the hospital, it makes a big difference."

Patients in the ER will also see alternatives for acute pain treatment. "ED nursing staff and physicians do ask patients their pain level and we do treat acute pain. However, in a lot of cases of acute injury or chronic pain, being pain free isn't a realistic expectation," says Barb Rash, Director of the Emergency Department at Community Hospitals and Wellness Centers. "We try to reduce the pain to a manageable level. ERs are experimenting with different therapies for acute pain; there are a lot of ways to treat pain other than just giving opioids." Rash lists some simple alternatives, such as ice and elevation of injuries and using ibuprofin and acetaminophen together (which some studies have shown to be as effective as opioids). Additionally, dimming lights and reducing external stimuli may help with some types of pain.



Back by popular demand, this drug education program provides the most current narcotic information on trends, terminology, paraphernalia and physiological effects by the Franklin County Sheriff's Office.

Watch for more information that will be available as the program date draws near!



THANK-YOUS worth sharing

t Community Hospitals and Wellness Centers (CHWC), feedback from patients and their loved ones can be highly motivating. We are so proud when we receive calls and notes of thanks — a true indication that we are meeting our mission and living our core values every day. Here are just a few favorites, some of which have been slightly edited for length and for the privacy of our patients.

I wanted to call and tell you how wonderful everyone is at the hospital. I came in a few weeks ago for a pain procedure, and everyone was really great that day. But I thought, well, maybe that was just that day. Yesterday I came in again, and again, everyone was really great with me. I don't know how to describe it, but there is a positive, wonderful feeling you get when you come into the hospital."

We appreciate all the care [my husband] has received with CHWC staff, Dr. Albaaj and Dr. Murtagh. We also want you to know how comforting Jessica Hatlevig from the Urology Clinic has been with our questions on his care and helping submit forms and paperwork. We wanted to let you know how grateful we are with the high standard of care we have here with CHWC."

I was an ambulance admission from the rest area on I-80 to Montpelier Hospital. I don't think I will ever encounter a more caring, friendly group of individuals starting with the town fire chief and deputychief, first responders and ambulance personnel. Dr. Aona, assisted by Sharla and Wendy, provided me with wonderful care. Dr. Aona's complete examination and testing gave my primary physician in Boston everything she needed. A thank you to Medical Records for everything, too. Lastly, thank you for my ride back to the rest area. I remained in Montpelier for one more night before reversing my route and returning to the Boston area. Montpelier is a special place."

I just completed eight sessions of speech therapy following a stroke and am writing to thank you for offering this service. I've seen great improvement in my ability to be understood. My therapist, Charlie Paul, has been very patient, understanding and sometimes very direct when needed!"

I wanted you to know how much I appreciate nurse Shayla Wright (Emergency Department). My daughter was running a 103 fever and I was running on about two hours of sleep when we came to the hospital. Shayla was thorough and made sure we understood everything that was going to be done. My daughter went home saying, 'Look at the stickers I got from the lady at the hospital!' ... and not talking about the IV, which is amazing for a 2-year-old to forget! Shayla went above and beyond what she needed to do to make things easier for us. She is definitely in this field because she truly cares and wants to help others. She is an asset to your team and deserves to know that we appreciate her!"

My 91-year-old grandfather was admitted to the hospital just a couple of days before his 70th wedding anniversary with my grandmother. Our family was so disappointed they were celebrating such a huge milestone at the hospital. Some of the staff and Dr. Bumb found out about their anniversary and had the kitchen staff make them a cake and send it up to his room. They were so touched that the hospital would do something like that for them, and it meant a lot to me and my family."





Women's Health Clinic is hugely successful

ince opening the doors to the Women's Health Clinic at Bryan Hospital in September 2017, Dr. Hanan Bazzi and her team have served well over 1,000 women with OB/GYN care, with women ranging in age from adolescence to their late 80s.

Many of Dr. Bazzi's patients come in for annual well-woman exams, mammograms and birth control. "I think I've put a Mirena® IUD in every woman in Bryan," she jokes. Post-menopausal care has been popular as well, and Dr. Bazzi also notes she has performed a number of procedures that have helped women with cyclic pelvic pain and heavy menstrual cycles. Other patients have sought pre-conception counseling, infertility management and prenatal care and delivery. "Every clinic day, we have 2–3 new OB patients, which is such a compliment because these patients are trusting us with their pregnancy and their care," she says with a smile.

PUTTING PATIENTS FIRST

Although the clinic has been busy, Dr. Bazzi has strived to never keep a patient waiting. "I prepare for every patient as much as I can by reviewing their chart and records in advance. If they're coming for something a little more complicated, I will have additional resources and information ready ahead of time," she explains. "That prep work is important because when they come in, I already know their story. I have notes and questions for them, and the whole appointment goes much smoother with a shorter waiting time."

Based on overwhelmingly positive patient feedback, it's clear that the Women's Health Clinic has been a huge

success. It's been so successful that a second OB/GYN, Dr. Samar Hassouneh, will be joining the team in mid-April. Dr. Hassouneh is a Harvard Medical School graduate who completed her residency at the University of Michigan Health System and is certified by the American Board of Obstetrics and Gynecology.

"The whole experience has been so positive and satisfying. When a patient has had an issue for a long time and you manage the problem, and they come back in a few weeks and are doing so much better, that's my reward," Dr. Bazzi says.



Dr. Samar Hassouneh, OB/GYN

"Dr. Bazzi is by far the best doctor I've ever had. After I delivered my daughter, I had to have multiple emergency procedures. Dr. Bazzi stayed right on top of things. This woman literally saved my life and I can't thank her enough."

– Кугі

"I recently went to Dr. Bazzi after needing further testing to rule out a possible cancer diagnosis. I was extremely nervous, but throughout the entire process she made me feel at ease and comfortable. From the initial appointment to the day of surgery, I am so thankful for the compassionate care I received."

- Cheryl

Why CHWC's INDEPENDENCE

matters, part 2

n our winter 2018 publication I wrote about why CHWC's independence is important, and I promised to write in the spring issue about how we intend to remain independent.

Please understand, we don't feel entitled to be independent. We have to earn it. The frustration is that even if we do all the right things, there are factors beyond our control that could hold us back. First, let's look at what we can control.

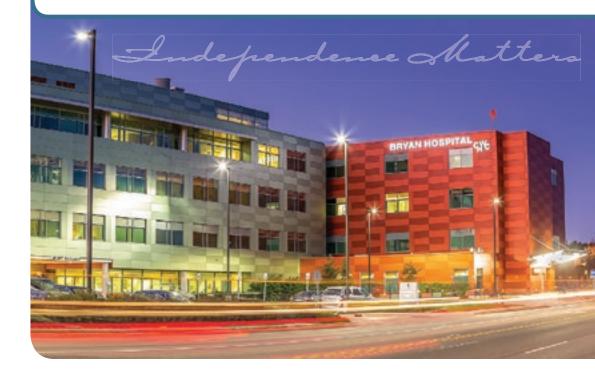
We know we have to increase our current business and continue to identify new areas of growth. Our Board of Directors and leaders are local, so we have a better idea of what will work than decision-makers living 60 miles away. We carefully select each opportunity, gauging community support. We want our customers to see value in what we offer and choose us instead of driving to another town or a bigger city.

Smart businesses also look backward. Do the decisions of the past still make sense today? Do we keep programs that don't help us financially? In some cases, less profitable programs directly support more successful services and are necessary to keep. In others, we make the hard decision to stop. You don't have to look far to see successful Williams County companies who have made smart decisions that keep them moving forward. In the same way, CHWC has to be ready to quickly and efficiently move toward new opportunities.

What we can't control (and what makes it hard for every rural community hospital) is that the way we get paid is unpredictable. We deal with constant payment changes in Medicare and Medicaid, which is over 60 percent of our business. We also adapt



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to a continuous string of rules changes from major private insurers like Anthem, Humana, Medical Mutual and Aetna. They manipulate payment decisions, forcing us to spend more administrative resources and jump through hoops. We are fortunate to have talented professionals on board who help us understand these complicated changes and make the necessary adjustments.

CHWC has a big impact on the local economy. Seventy percent of our employees live in Williams County, and another 21 percent live in Defiance and Fulton counties. That means 696 LOCAL jobs. All of those employees spend a lot of their paychecks in our local economy. Last year, CHWC paid \$38.7 million in wages, benefits and payroll taxes to its staff. Their spending, in return, supports local jobs.

As a nation, we spend too much for health care and get too little health improvement in return. But too often in the drive for change, the nation destroys what is good, not what is bad. I think we have been good stewards. We provide care more efficiently than many other major health care systems, proving that CHWC's independence is a good thing. It's worth fighting for. We are the wheat, not the chaff. We hope you'll see CHWC as an asset to the community, as we continue making every effort to sustain our independence.

