Fresh is always better

Gastroenterology Clinic now open

Telemedicine program offers convenience and peace of mind
rom kale to tomatoes and basil to broccoli, the four raised garden beds at Bryan Hospital provided bountiful nutrition throughout this year’s summer and early fall seasons. Food grown in the garden beds was used in recipes, at the salad bar, for catered and patient meals and more. Angie Pelland, kitchen manager at Bryan Hospital, manages the garden.

Two of the four raised beds were used for a variety of vegetables such as broccoli, kale, spinach and lettuce. One was used entirely for tomatoes and another was dedicated to herbs. “We use fresh herbs in almost everything we cook. We’re making butter compounds and infusing olive oil with the herbs and freezing it so we can just pop it out to use during the winter,” Pelland says. “If I can get it down so we have enough frozen to use all winter, that would be great.”

**A WORK IN PROGRESS**

Pelland has been gardening personally for over 15 years, and describes gardening as a learning experience every season. “My garden at home doesn’t look nearly as good as the ones we have here at the hospital,” she admits with a laugh.

One particular challenge has been to figure out how to use the limited space available in the best possible way. Broccoli, Pelland says, took up too much space this year and they didn’t get enough from it to justify all the space it took up. “I’m learning about using poles and trellises so the plants grow upward instead of outward. Once plants start growing out, they’re really hard to control.” Pelland adds that she’s looking into taking Master Gardener training through the Ohio State University Extension to expand her knowledge and skill.

“Fresh is always better,” explains Pelland. “It looks better, it tastes better. It makes such a difference to have fresh veggies and herbs. A lot of hospitals and restaurants have gardens nowadays and it makes sense. It’s really cool. People won’t eat the produce if it’s not ripe or if it doesn’t have good flavor.”
1 | HPV VACCINATION IS CRUCIAL
The human papillomavirus (HPV) is a common sexually transmitted infection that is responsible for genital warts as well as head and neck, oral and genital cancers in men and women — especially cervical cancer. It currently has no cure. Once exposed and infected, the individual’s immune system typically fights it off, but if that does not occur, precancerous growths lead to many procedures, tests and suffering to prevent progression to cancer.

Here’s the good news: a safe, effective vaccine is available. The vaccine will only work well, however, if the vaccinations are given to children before any type of HPV exposure.

- An estimated 80 percent of sexually active people contract HPV throughout their lifetime; 14 million new infections occur each year in the U.S.
- The vaccine can be given to people ages 9–26, targeting to start at 11 and 12 years of age, before any type of exposure. It is administered through a series of two or three shots, depending on the age of onset of vaccination.
- If you have already experienced issues from HPV, don’t despair! Your immune system fights it off and clears it. To do so, says Dr. Samar Hassouneh, OB/GYN at Bryan Hospital, “Eat a well-balanced diet and take a daily multivitamin, stay away from cigarette smoke, and see your doctor regularly.” Smoking in particular has been associated with persistent infections related to HPV. “Quitting smoking is key to clearing HPV from your system,” Dr. Hassouneh adds. “I see smokers come in for HPV-related pre-cancer and I know that the problems will continue until they quit smoking completely. There is a very clear relationship.”

Some parents are put off by the young age recommended for the HPV vaccine, and Dr. Hassouneh confronts the issue head-on. “There is very good evidence that kids who get the HPV vaccine do not increase their sexual activity. You want to vaccinate them now because if you wait until they’re sexually active and already have a subtype of the virus, the vaccine isn’t effective for it anymore. Some people call it an ‘unnecessary vaccine,’” she says, shaking her head. “What does that mean? What’s the definition of unnecessary? HPV will be with them for the rest of their lives.”

2 | NOT EVERYTHING THAT ITCHES IS YEAST
In an effort to reduce health care costs, many women turn to over-the-counter products like Vagisil or Summer’s Eve to remedy uncomfortable genital itching. For those who try over-the-counter treatments that don’t work and symptoms persist, Dr. Hassouneh strongly recommends seeing a gynecologist.

“A lot of those products are expensive and don’t really improve vaginal hygiene. Douching actually increases vaginal infections because it strips natural bacteria from the vagina and allows abnormal bacteria to grow,” she says. “There are a lot of things that can cause vulvar and vaginal itching aside from yeast, like skin disorders, bacterial infections, STDs and cancers and pre-cancers. Come in and get it checked out instead of guessing and allowing problems to persist.”

3 | IUDS TODAY: SAFE AND EFFECTIVE
The IUD, or intrauterine device, is a very effective form of long-acting reversible contraceptives that many health care providers recommend to women looking for a low-maintenance birth control option or a remedy to heavy, painful periods.

Today’s IUD, states Dr. Hanan Bazzi, OB/GYN at Bryan Hospital, is drastically different from those first on the market; notably the Dalkon Shield, an IUD that was briefly on the market in the early 1970s. This device bore little resemblance to the small T-shaped IUD we are familiar with today, both in physical appearance, safety and effectiveness. In its short time on the market, the Dalkon Shield was responsible for serious pelvic infections that led to infertility and even death in some cases. In sharp contrast, today’s IUDs are widely recommended, and are recognized as very safe and effective.

“It’s so important to have reliable birth control, so get the facts from a doctor before allowing other people’s stories to influence you. Every person’s body is different, everyone’s experience is different and every provider is different. We discuss every birth control option with our patients so they can consider what’s right for them,” Dr. Bazzi says.

Hormonal and non-hormonal IUD options exist, and have been studied for years and used effectively in teenagers, perimenopausal women and women who have never had children. There are small, uncommon risks associated with the IUD (as with any form of contraception). Hormonal IUDs have significant benefits for treatment of endometriosis, painful heavy periods and reducing the risk of both cervical and uterine cancers.
Local residents who suffer from gastrointestinal issues will rejoice to learn that the new Gastroenterology Clinic at Bryan Hospital and Archbold Medical Center is now open and seeing patients.

A NEW PHYSICIAN JOINS THE TEAM

D. Matt Cooley, MD, completed his fellowship in gastroenterology in the Metro Detroit area and is eager to share his skills and talents with our community. Dr. Cooley states that for as long as he can remember, he’s wanted to be a physician. “The field of gastroenterology interests me for many reasons. It allows me to work with patients across a wide breadth of conditions and concerns, whether they’re urgent or chronic conditions. Overall, I enjoy building relationships with patients and providing help in any way that I can.”

Dr. Cooley and his wife Kelly are excited to be a part of the community. “At our first visit, we could tell that Bryan is a wonderful

D. MATT COOLEY, MD

Gastroenterology Fellowship — Ascension St. John Providence Hospital & Medical Center at Michigan State University

Internal Medicine Residency — University of Wisconsin Hospital & Clinics

Doctor of Medicine — The Ohio State University

BA Zoology — Miami University
place with a tight-knit, wonderful group of people. Everyone has been so nice, kind and welcoming.” The Cooleys live with their 2-year-old Australian Shepherd, Matilda, and are expecting their first child, a boy, around Thanksgiving.

PREVENTION IS KEY
A large part of gastroenterology, says Dr. Cooley, is centered around prevention. Screening colonoscopy has led to a significant decline in colon cancers, and allows for treatment of pre-cancerous polyps before they become something more concerning.

“People can choose from a variety of ways to screen for colon cancer, and the best modality is the one that gets done,” he says. “There are very few things that a gastroenterologist hasn’t heard before, so we welcome any questions or concerns someone may have. Your concerns will always be met with attention and respect.”

AT OUR GASTROENTEROLOGY CLINIC, DR. COOLEY ADDRESSES GASTROINTESTINAL ISSUES SUCH AS:
- Abdominal pain
- Colorectal cancer and polyps
- Reflux (GERD)
- Barrett’s esophagus
- Trouble swallowing (dysphagia)
- Constipation, diarrhea
- Celiac disease
- GI bleeding, anemia
- Irritable bowel syndrome
- Inflammatory bowel disease (Crohn’s and ulcerative colitis)
- Gallbladder disease
- Liver diseases
- Biliary diseases
- Pancreatic disorders
- Malabsorption and other GI conditions

FOR MORE INFORMATION about the new Gastroenterology Clinic at Bryan Hospital and Archbold Medical Center, visit chwhospital.org/gastro or call 419-630-2021 for an appointment.
During the summer of 2018, a hugely successful telemedicine program was implemented at Community Hospitals and Wellness Centers (CHWC). It has allowed in-house hospitalists to get some needed rest during the evening shift, from 7 p.m.–7 a.m.

Jan David, VP of Patient Care at CHWC, notes that before launching this program, the doctors were stretched pretty thin. “Our hospitalists are scheduled one week on, one week off,” she explains. “And the weeks they were ‘on’ were really exhausting. They were here all day, and got lots of calls at night when new patients were admitted or had a change in condition. Now they are able to get quality rest overnight and perform better during the day.”

HOW TELEMEDICINE WORKS
Logistically, the program consists of a healthcare-specific teleconference system: a cart with equipment, a webcam, a video monitor and a microphone for patients, nurses and doctors to communicate.

The telemedicine doctors are located throughout the United States and work from their homes. David notes that doctors are ready to take calls, are dressed professionally and have a designated space where they can privately examine our patients.

During the nighttime shift, the telemedicine hospitalists consult with patients who have a change in condition and work with new patients who are admitted. Additionally, at the end of the daytime and nighttime shifts, the in-house CHWC hospitalists and telehospitalists review the status of each patient in our medical-surgical and intensive care/telemetry units.

A WIN-WIN FOR EVERYONE INVOLVED
Although the program is still in its early stages, it’s been well-received by both patients and CHWC staff. Kasey Grime, Director of ICU/Telemetry at Bryan Hospital, says the telemedicine program is a win-win for everyone involved. “After being evaluated in the ER by a physician, patients no longer have to wait until the morning to be seen by the hospitalist. We connect with the physician via video monitor. They answer all questions, address needs and provide orders within minutes of a patient’s arrival to the unit,” she says.

Grime adds, “The process has gone amazingly smooth with very few issues to work through. The telehospitalists listen to heart, lung and abdominal sounds with a high-tech stethoscope connected to the computer. It only takes a few minutes to get comfortable with the process. You forget that it’s taking place via video.”
or more than 65 years, Montpelier Hospital has been a place for patients to receive exceptional care. Thanks to a mission that is patient-focused, patients and employees alike look fondly at Montpelier Hospital as a facility that stands apart from others.

**TEAMWORK AND PATIENT-FOCUS**

To Physical Therapist Caitlin Timmons, Montpelier Hospital is a remarkable place. “I always say working here even on my worst day is the best day anywhere else. The staff here treat patients like we would treat our families. That’s what drives us.”

Timmons has been working at Montpelier Hospital for three years, commuting an hour and 15 minutes each way. “Places say they’re patient-focused, but I didn’t always see it,” she recalls of her job search before joining the care team at Montpelier Hospital. “I could tell immediately that’s what everyone does here. We are goal- and patient-oriented. We work as a team, and that’s what I was looking for.”

Registered Nurse Deb Pietykowski agrees. “I’ve been working at Montpelier Hospital since 1994, and if you want one word to summarize it, that word would be, support,” she says. “When I look back over my years here and all that has changed, I remember above all feeling supported by our leaders, other nurses, our doctors, maintenance, environmental staff — everyone. Where else do you see management jumping in and helping on the front lines when you’re short-staffed? It really makes us stronger as an organization. It’s the reason I have been here for so long.”

Timmons also points to the reputation Montpelier Hospital has for phenomenal inpatient rehabilitation. Patients with diagnoses from stroke to postoperative orthopedic surgery, neurological disorders and many others have benefited from rehabilitation at Montpelier Hospital.

The rehabilitation team is made up of physicians, nurses, therapists, counselors, case managers, social workers, dietitians and more. “There’s the cliché that a person will work harder than expected if they feel appreciated,” she says. “I really feel that our facility, and CHWC in general, is the epitome of that. It’s the reason I drive as far as I do every day, because this is where I want to be.”

**SERVICES OFFERED AT MONTPELIER HOSPITAL**

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<td>419-485-6491</td>
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Just finishing its second year, the Employee Philanthropy Program at Community Hospitals and Wellness Centers (CHWC) has granted over $33,000 to local organizations, and to CHWC employees and their families who are in need of financial assistance.

The program is made up entirely of funds from employees who deduct $1 or more per pay period, as well as a dollar-for-dollar match by the CHWC Board of Directors. Every employee who contributes to the Employee Philanthropy Program (EPP) is entitled to shareholder status, making them eligible to serve on a governing council that votes on all matters pertaining to the program.

ELIGIBLE ORGANIZATIONS
The EPP grants funding to tax-exempt organizations operating, or proposing to operate, programs that benefit residents within CHWC’s service area of Williams, Fulton, Defiance and Henry counties in Ohio. Priorities include programming for youth and older adults, community social services, community health and wellness, community mental health and community disease prevention.

SUPPORTING INDIVIDUALS AND FAMILIES
In addition to funding projects by local organizations, the EPP also provides support to CHWC employees and volunteers, their spouses, children and other dependents. Support is not restricted to those who contribute or have contributed to the EPP fund. Every effort is made to ensure that funds are granted in an open, transparent, objective and nondiscriminatory manner. The program uses methods that are uniformly applied to all potential recipients to ensure they are legitimately in need of assistance.

EPP GRANTS AT A GLANCE
Support to employees/families ............... $15,600
Bed Brigade of Williams County ............. $5,000
Toledo NW Ohio Food Bank .................. $3,000
NAMI Four County .......................... $500
Sufficient Grace Ministries ................... $5,000
Sarah's Friends, Inc. ......................... $4,000
Total ............................................ $33,100

TO LEARN MORE AND APPLY
for an EPP grant, visit chwchospital.org/EPP.