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Men's health a worthy spotlight this fall



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wound-ostomy certification*

COVER PHOTO: Two-time cancer survivor LuAnn DeNoi (center) smiles behind a mask, with oncology nurse Ashtin Nihart (left), husband Tom DeNoi (right) and medical oncologist/hematologist Dr. Mahmoud Afifi (far right).

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CHWC DIABETES PROGRAM EARNS RECOGNITION

The diabetes self-management education program at Community Hospitals and Wellness Centers (CHWC) has been awarded recognition from the American Diabetes Association for providing exceptional diabetes education to its participants. CHWC has earned this recognition for the past 12 years.

The goal of CHWC's outpatient diabetes education program is to empower participants to manage their diabetes successfully by teaching the necessary skills to keep their blood glucose levels in target ranges.

"It is so rewarding to see our patients improve their diabetes management through better knowledge and understanding of diabetes. Some patients have had diabetes for years and it breaks my heart that they weren't informed about our program earlier in their disease course, before they developed complications. If you have diabetes and have not gone through a diabetes self-management education program, now is the time," says Andrea Miller, Registered Dietitian Nutritionist and Certified Diabetes Care and Education Specialist at CHWC.

The American Diabetes Association (ADA) states that self-management education is an essential component of diabetes treatment. Participants in recognized programs are taught self-care skills that promote better management of their diabetes treatment regimens. Approved education programs cover the following topics as appropriate: diabetes disease process; nutritional management; physical activity; medications; monitoring; preventing, detecting and treating acute complications; preventing, detecting and treating chronic complications through risk reduction; goal setting and problem solving; psychological adjustment; and preconception care, management during pregnancy and gestational management.

ADA education recognition is a voluntary process that assures approved programs have met the National Standards for Diabetes Self-Management Education Programs. ADA-recognized programs have knowledgeable professionals on staff who provide exceptional diabetes management programming to its participants.

"Patient outcomes improve greatly after completion of our outpatient program," explains Tara Spisak, Diabetes Education Program Coordinator and Registered Dietitian Nutritionist and Certified Diabetes Care and Education Specialist at CHWC. "One way of measuring results of our program is by monitoring A1C reduction – A1C is a three-month average of blood sugar. Data from one year of our program shows 78 percent of participants finish their program with an A1C less than seven percent, which is the ADA standard recommendation for A1C, and we see an average A1C reduction of two percent in our program participants. That's really remarkable."

To learn more about the diabetes self-management education program at CHWC, visit chwchospital.org/diabetes.

MEN'S HEALTH

A WORTHY SPOTLIGHT THIS FALL



The month of November is used to recognize the importance of men's health issues and to encourage men to take action to live healthier and longer lives. Historically, men have experienced lower life expectancy rates than women since the early 1900s. Many of the common health issues men experience, however, can be prevented by taking important action to improve their health. Following the recommended screening guidelines and understanding risk factors for testicular, prostate and colorectal cancer are essential for detecting any concerning issues that men may be experiencing.

TESTICULAR CANCER SCREENING

Although testicular cancer is most common in men in their 20s and early 30s, males of any age can be affected by it, from infants to elderly men. The specific cause of most testicular cancers is unknown, but a simple monthly self-exam is key to identifying potential issues—such as a lump, swelling or enlargement—while in the early stages. For information on how to perform a testicular self-exam, visit the American Cancer Society website at cancer.org/cancer/testicular-cancer.

PROSTATE CANCER SCREENING

Prostate cancer is the second most common cancer in men in the U.S., just behind skin cancer. Early detection significantly improves survival rates, however, there are notable difficulties in screening for prostate cancer, which is why it's extremely important for men to discuss their risk for prostate cancer with their primary care provider. It's also important for men to recognize the signs and symptoms of prostate cancer (problems urinating, blood in the urine or semen, erectile dysfunction, among others), and visit their healthcare provider if issues arise. For more information, visit cancer.org/cancer/prostate-cancer.

COLORECTAL CANCER SCREENING

The American Cancer Society states that colorectal cancer is the third-leading cause of cancer-related deaths in both men and women in the U.S., and men are at slightly higher risk than women of developing colorectal cancer. The rate of people being diagnosed with colorectal cancer has dropped since the mid-1980s thanks to more people getting screened and changing their lifestyle-related risk factors. Unfortunately, the COVID-19 pandemic has resulted in many elective procedures being put on hold which has led to a decline in cancer screening. If you are due for a colorectal cancer screening, please call to schedule yours today. More information can be found below.

"Testicular cancer is most often curable when caught in the early stages, so if you feel something, say something. Prostate cancer detection and treatment is very individualized. Talk to your primary care provider to see if you should have prostate cancer screening tests," says Brandi Alwine, PA-C at the CHWC Urology Clinic at Bryan Hospital.



"Although colon cancer rates in people over the age of 50 have notably declined in recent decades due to improved screening practices, diagnoses in those under 50 have been on the rise," says Dr. Matt Cooley, Gastroenterologist at CHWC Bryan Hospital and Archbold Medical Center. "The reasons for this are unclear, but due to this trend, the American Cancer Society and leading gastroenterology societies have changed the recommendation for patients at average risk to begin screening at age 45. The hope is that by screening earlier, there will be greater opportunity for polyp detection as well as early stage diagnosis. Prevention and early detection are keys to success for optimal outcomes."



INFORMATION & RESOURCES

To learn more about testicular cancer and self-exams, visit cancer.org/cancer/testicular-cancer.

For more information about prostate cancer and screenings, visit cancer.org/cancer/prostate-cancer.

More information about colorectal cancer can be found by visiting cancer.org/cancer/colon-rectal-cancer.

The CHWC Urology Clinic offers the full spectrum of urology care, from overactive bladder to urinary tract infections to male-specific cancers of the prostate and testicles as well as kidney and bladder cancer. Learn more at chwchospital.org/urology, or call 419-633-7482.

At the CHWC Gastroenterology Clinic, a variety of gastrointestinal conditions such as irritable bowel syndrome, celiac disease and reflux (among many others) are treated, as well as providing screening for colorectal cancer and polyps. Learn more at chwchospital.org/gastroenterology or call 419-630-2021.



JAN DAVID, VP OF PATIENT CARE,

retiring after 50 years of nursing

// It's been a long road;
it's all been worth it. //

In the 50 years since Jan David began her nursing career, she has held many titles, worked in various nursing units and experienced things she never thought she'd see in her lifetime. As she thinks back over the past five decades and the many memories throughout, David describes her upcoming retirement as "bittersweet."

EARLY YEARS

"When I was 11, I was a patient in the hospital and was very intrigued by the nurses and everything that happened in the hospital. From that point forward, I wanted to be a nurse," David recalls.

After graduating from Stryker High School, David enrolled in the nursing program at Goshen College in Goshen, Indiana. She earned her Bachelor of Science in Nursing in 1972 and began working as a staff nurse at Montpelier Hospital, which was then called Williams County General Hospital. In her early years of nursing at Montpelier Hospital, David worked on the medical surgical (med surg) unit, in the emergency room, obstetrics (OB), post-anesthesia care/recovery room, infection control, and took on her first leadership roles as a nursing supervisor and working in staff development.

When asked about some especially rewarding moments in her career, David smiles through tears as she recalls a memorable experience as a new nurse. "My first OB delivery, I was out of school for maybe a month. A lady came in, it was her fourth baby and she told me that her labors were short, so I knew probably we would have a baby quickly, and we did. When I called the doctor to tell him this patient was there and how she was progressing, he didn't believe me because, well, I was just a new nurse. So he got there and got his gloves on and that was about it before we had a baby. And in fact, I just saw that mom at Relay for Life this summer and she remembered me."

BUILDING HER CAREER

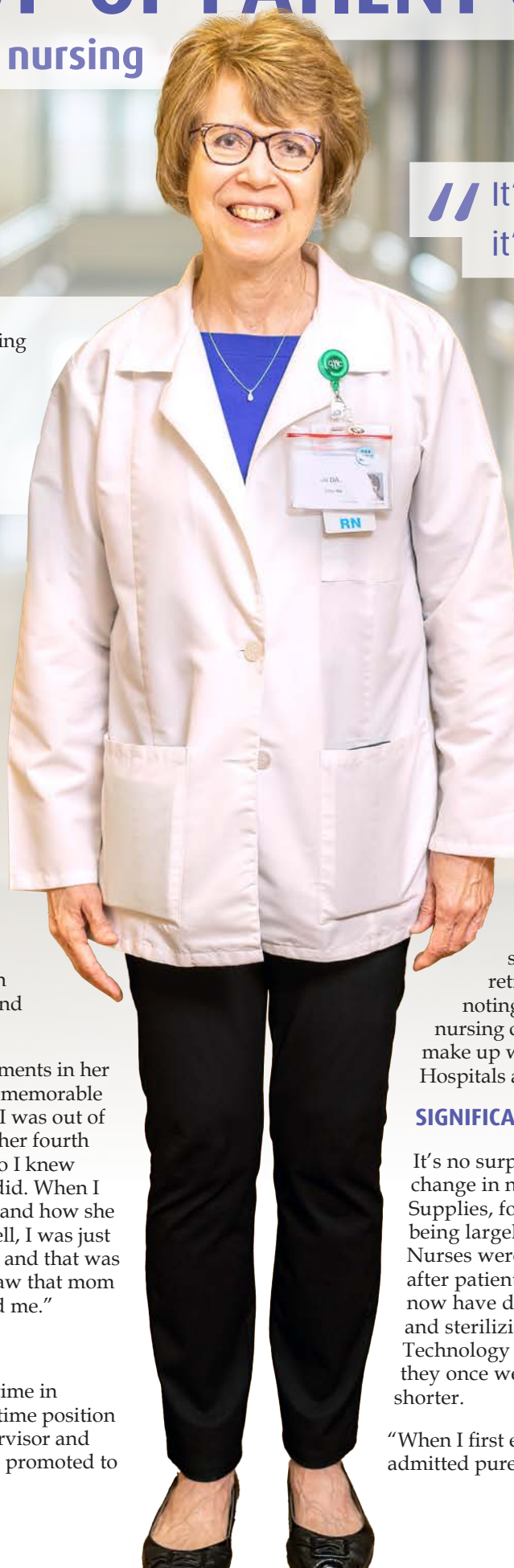
In 1986, after having her son, David worked part-time in Montpelier for a couple years before taking a full-time position in 1989 at Bryan Hospital as a nursing house supervisor and scheduler. After several years in that role, she was promoted to

acute care director of nursing, and while she held that role, she returned to school for her master's degree. "I knew that at some point I wanted to get my master's degree, but I didn't know when. That didn't happen until I enrolled at St. Francis University in Fort Wayne in 1995, and completed that program in 1998," David explains. Her role in acute care evolved into executive nursing director, and then, in 2003, she began her administrative role as vice president for patient care, which she has held ever since. David is set to retire on January 1, 2023 and, it's worth noting, she has spent her entire 50-year nursing career working at the facilities that make up what is now known as Community Hospitals and Wellness Centers (CHWC).

SIGNIFICANT CHANGES

It's no surprise that David has witnessed a lot of change in nursing and healthcare over the years. Supplies, for example, have transitioned from being largely reusable to mostly disposable. Nurses were once responsible for cleaning rooms after patients were discharged, whereas hospitals now have dedicated staff versed in sanitizing and sterilizing rooms between patients. Technology and tests are more accessible than they once were, and length of stay is much shorter.

"When I first entered the profession, patients were admitted purely to have testing done that we do



now as an outpatient. But they would come in, perhaps on a Monday and they would have five days' worth of testing done: they would have gallbladder testing done, their kidneys checked, their upper and lower GI checked and at the end of the week of testing, they would go home but in the meantime, they would just be walking the halls. When they would come in to the hospital, they truly weren't sick. That doesn't happen now," she says. "Another thing that's changed is length of stay for surgical patients. Back then, you would come in for an appendectomy and you'd be there for five days, I suppose. Now, many patients go home that same day when they have their appendix removed. Some of that is that our techniques and testing have improved, and a lot of it can be dictated to by insurance companies not wanting to pay for a long length of stay for a patient who is healthy and really doesn't need to be in the hospital for all that time. But that's how it used to be."

David also shares the interesting history of local ambulances before emergency medical services (EMS) was established in the area. "Funeral homes were our ambulance services," she says. "So they would go pick up people from their homes or the scene of an accident and bring them to us. We didn't have radios that communicated with us either, so pretty much the first time you knew something was coming was when they were starting down the road and you'd hear the sirens coming toward the hospital."

REWARDING MOMENTS, LASTING MEMORIES

When considering some of the proudest and most rewarding moments in her career, David cites accomplishments like being part of the opening of the interventional cardiac catheterization lab in 2005, and the Bryan Hospital construction project that took place from 2008-2011.

Most of David's proudest moments, however, are related to her colleagues and patients. "Now that I'm not doing patient care anymore, a rewarding part is seeing the nursing staff receive compliments from the patients. Seeing the teamwork that took place when COVID was especially bad was just amazing," David says. "Between nursing, respiratory therapy, the CRNAs, the physicians, the ancillary departments, really everyone came together and worked as a team. One of the hospitalists had mentioned that for those patients who did survive COVID, they did it because of the excellent nursing and respiratory care that those patients received. It was something none of us had experienced before, there really wasn't a cure for it, so everyone was using their knowledge and doing the best that they could."

A BITTERSWEET GOODBYE

As David eyes retirement, she contemplates why she chose to spend her entire nursing career with CHWC.

"CHWC is a special place," she explains. "It's been home away from home, and the people have become like family. Helping patients who are your relatives, your friends, your neighbors, the people you encounter at the grocery store, being able to make a difference for the community and the patients who come here. Patients who tell you that you saved their lives; that's special. In all of nursing, the most rewarding part is the patients. Seeing them recover, and providing comfort, compassion and respect to them when they can't recover," David says. "CHWC has been an awesome place to work. I can't say enough good things about it."

Part of David's retirement plan is to continue in some sort of part-time role at CHWC outside of the realm of direct patient care, as a way to continue serving the community and the hospital that she has such a lifelong connection with.

"It's been a long road," David says. "It's all been worth it."



CANCER SURVIVOR SHARES TESTIMONIAL



Two-time breast cancer survivor **LuAnn DeNoi** (center) smiles behind a mask, with oncology nurse **Ashtin Nihart** (left) and husband **Tom DeNoi** (right).



A humble thank you to LuAnn DeNoi for sharing her phenomenal story of survival through two breast cancer diagnoses that spanned two decades. Her strength and positivity have been an inspiration to so many.

LuAnn DeNoi

My first breast cancer diagnosis at age 41, ductal carcinoma in situ, was 19 years ago. It was detected on my yearly mammogram. I had a biopsy followed by a lumpectomy and seven weeks of daily radiation. I then took oral Tamoxifen for five years. I continued with my yearly exams until seven years ago when my daughter detected a lump in her breast at just age 25. Thankfully, that was benign. Her doctor recommended that I get genetic testing. After the testing, I learned that I was a carrier of the CHEK2 gene, which put me at a higher risk of recurrence, not only breast cancer but also colon cancer. At that point, I started seeing a specialist at the high-risk cancer clinic at Parkview in Fort Wayne. My regimen was screening every six months, I either had a breast MRI or a 3D mammogram. I had one scare about two years ago, but after a biopsy, it was determined benign.

All was well until my six month check in March 2021. I was scheduled for a 3D mammogram with contrast. Immediately after the test, I had an ultrasound on a suspicious area. A biopsy was scheduled the following day. That biopsy showed invasive ductal carcinoma of the left breast, ER positive, HER2 negative. One week later, on April 9, after consultation with the surgeon, I had a bilateral mastectomy. I chose not to have reconstruction. Upon further testing of the mass, it was determined that I would need chemotherapy. That started the end of May, 2021.

My husband and I met with oncology here in Bryan prior to treatment. Everything was reviewed with us and they discussed possible side effects of the drugs they would be infusing: Docetaxel and Cyclophosphamide. My schedule for infusions were every three weeks with weekly blood tests. I was fortunately able to stay on schedule and finished infusions the first of August 2021. I experienced

fatigue, insomnia, loss of taste, and some nausea (although minimal, as I was able to control that with meds). I also lost my hair after the first treatment. That was difficult for me. Getting out and taking a walk or bike ride every day helped me so much. My ability to taste returned about a month after my last treatment. I still don't have the endurance I once had, but I try and give myself some grace. I'm still healing, physically and emotionally.

The entire staff in oncology at Bryan Hospital were and are so wonderful. So kind, supportive and loving. I was blessed to have the same nurse for each infusion, Ashtin Nihart. She's the BEST! Being a nurse myself, the thing I treasured most about her was the fact that she never treated me like a nurse, she treated me like a patient. She never assumed I knew what to expect, always explained everything to me and my husband, who by the way, was beside me for every treatment, every appointment, and every procedure. Family support is so important and I certainly have the best! Some days they pushed me, pulled me or carried me. Every day they were beside me. I'm so blessed. I'm also very grateful to Dr. Park, who was with me every step of the way. I'm grateful for Dr. Afifi and the entire oncology staff who always greet me with a smile.

Moving forward, I'm scheduled for frequent checkups and daily Arimidex for at least the next five years, and Prolia injections every six months to promote bone strength.

Anyone who has ever experienced this knows that it changes you. It makes you appreciate every day, because none of us know what tomorrow will bring. Don't sweat the small stuff, because in the grand scheme of things, that small stuff doesn't matter. I'm so grateful to God for blessing me with another day.

For information about the cancer care program
at Community Hospitals and Wellness Centers,
visit chwchospital.org/cancer-care.



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

Michelle Chester earns wound-ostomy certification

Michelle Chester, WOCN, BSN, RN describes her path into her nursing career as “not-so-traditional.” At age 35 — after having four kids, including a four-month-old baby — she started nursing school. Upon completion of her associates degree in nursing at Northwest State Community College and her bachelor of science in nursing at Ohio University, Chester began her long-awaited career as a nurse.

AN UNTRADITIONAL PATH

“I would say my first love was ER. That was my first job here at the hospital, and I worked there for six or seven years,” Chester recalls. “Then I worked in our Pain Management Clinic for a bit, and when the opportunity for wound care came up, I knew I wanted to do that. I have been here for just over a year and I absolutely love it.”

Chester has been working with Dr. George Magill in the CHWC wound clinic at Bryan Hospital since July 2021 and recently completed her wound-ostomy certification from Emory School of Nursing. “I want the community to know that although CHWC is a smaller hospital, our leadership feels it’s important to have a nurse who is wound-ostomy certified; they invest time and money in their nursing staff for the benefit of our community. I was sent to Atlanta, Georgia and a big hospital in Toledo for my education. During my training, I met a lot of nurses who earn this certification on their own time and their own dime. I feel very fortunate to have this opportunity,” she says.

A REWARDING CAREER

The most rewarding part of her career, Chester states, is the ability to help people through difficult times in their lives. “I love helping people, treating people with compassion, normalizing what they are going through and getting them through it so they can get back to their normal lives. People who have wounds and ostomies are experiencing life-changing events that affect not just them, but also their families and their livelihood,” she explains, adding that ostomies (surgically-created openings in the abdomen that allow waste or urine to leave the body) are much more common than most people realize.

“Ostomies can be devastating for a lot of people, and sometimes patients don’t even expect it. They come to the ER because they have abdominal pain and they don’t know they’re going to leave our hospital with a life-changing event like an ostomy,” Chester says. “With ostomy education, I try to normalize the new ostomy and explain that nobody will know they have an ostomy and it’s just another way of elimination. I try to meet with patients every day they’re here. I start by helping them understand the anatomy of it, then how to manage their own ostomy care. Most people come around, others try to avoid it. We’re all different, we all react differently; some tackle these things head-on and others put it off, and that’s okay. Usually we’ll add a little humor in with it, share some laughs by the time we’re done, and that helps put people at ease.”

FULL RANGE OF WOUND-OSTOMY CARE

In addition to caring for people with ostomies, a full range of wound care is offered at the clinic at Bryan Hospital. Most commonly treated at the clinic are wounds caused by venous and arterial insufficiency, diabetes, surgery, trauma, burns, pressure, soft tissue infection and radiation.

“Something people should know is that many wounds are preventable. Accidents happen, like burns and things like that, but we see a lot of chronic wounds like diabetic foot ulcers, venous ulcers and arterial ulcers that are due to circulation issues. These can often be prevented by controlling weight, blood pressure and diabetes, and by being active,” Chester explains. “Smoking is a big factor as well, because smoking affects our veins, arteries and circulation, so it’s a much more lengthy, difficult (and often recurring) process to get a wound healed.”

From a broader perspective, Chester shares what she feels is the more prominent benefit of receiving care at CHWC: “Our hospital cares. Our staff care. I really feel that our patients are treated like family.”

 **TO LEARN MORE** about the CHWC wound clinic at Bryan Hospital, visit chwchospital.org/wound-care. No physician referral is necessary. To make an appointment, call **419-633-3420**.