Put a Stop to Stroke

Control your risk factors, learn how to recognize warning signs – and then act fast

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We’re Continuing to Improve for You

As we head into spring, I’m reminded of all the soon-to-be graduates – whether from high school, college or graduate school – who are about to take their next steps in life. Here at University Hospitals Bedford Medical Center, we are very much like these new graduates, as we continue to grow and expand the services we provide to the community. From groundbreaking research to impressive designations signifying our expertise, we’re well on our way to achieving an even higher level of excellence in health care.

One of the exciting advancements you will read about in this issue is our recently achieved NICHE (Nurses Improving Care for Healthsystem Elders) designation, which demonstrates our profound commitment to the geriatric population. We are also proud to tell you about a prestigious award our Emergency Department received for showing continuous improvement over a two-year period. Read about the great strides we are making in the field of research beginning with the SPRINT study (systolic blood pressure intervention trial) on hypertension led by George Hawwa, MD. This will be the first of many clinical research initiatives that will be conducted in the new UH Bedford Health Center community-based clinical research unit that will open this year.

Also in this issue, neurologists Daniel Koontz, MD, and Colleen Tomcik, MD, advise how we can prevent or diminish our risk of stroke, and Kwon Lee, MD, explains hyperbaric oxygen therapy and how the UH Bedford Medical Center Wound Care and Hyperbaric Medicine Center is helping patients every day.

Whether or not you have a graduate in your life or are pursuing your own path toward excellence, UH Bedford Medical Center is proud to be your partner in health and wellness during these springtime months and all year long.

Laurie Delgado
President
University Hospitals Bedford Medical Center

MARK YOUR CALENDAR

FREE Community Education Talks

May 5: Abnormal Vaginal Bleeding: Warning Signs for Women of All Ages
June 2: Men’s Health: Taking Care of Your Bladder and Prostate
July 7: Stroke: Early Warning Signs
Aug. 4: Dental Health and Your Heart: What’s the Connection?
Sept. 1: Understanding Kidney Disease

WHEN: 6–7 p.m. See dates above.
WHERE: Conference Room 1 on the lower level of the Medical Office Building, which is attached to UH Bedford Medical Center. Directional signs will be posted for your convenience.
CALL: 216-767-8644 (reservations required).
MISC: Healthy snacks and refreshments will be provided.

FREE CLASSES

For a complete listing of community outreach programs offered by UH Bedford Medical Center, please visit UHbedford.org and click “Community” and then “Education Programs.”
Research Leads to Health Care Innovation

A community-based clinical research unit is being established at University Hospitals Bedford Medical Center in partnership with the William T. Dahms, MD Clinical Research Unit at UH Case Medical Center. “The Bedford Clinical Research Unit will provide a dedicated space for physicians to conduct research,” says Dorothy Pastor, Community Clinical Research Specialist at UH Case Medical Center. “By establishing the unit in the community, more patients and local residents will have the opportunity to become involved with research.”

The unit will be in Suite 110 of the UH Bedford Health Center, which is attached to the hospital. The suite offers private areas for patient consultations and a spacious waiting area. It is expected that multiple research trials will be conducted in the unit beginning with the SPRINT study, under the direction of George Hawwa, MD, cardiologist and Chief of Staff at UH Bedford Medical Center.

The SPRINT (systolic blood pressure intervention trial) study will help determine whether aggressively reducing systolic blood pressure in adults will prevent heart attacks, strokes, kidney failure and other events. Given that more than 33 percent of participants will be 75 and older, staff also can evaluate whether a lower blood pressure can prevent memory and cognition decline. “We will give approximately 75 patients medication to lower blood pressure and follow their results over a period of four to six years,” Dr. Hawwa says. “It’s a privilege for us to be on the forefront of discovering if aggressive treatment of hypertension can reduce the risk of devastating complications,” he says.

To learn more about clinical research initiatives at UH Bedford Health Center, call Dorothy Pastor at 216-844-4902.

UH Community Benefit/Financial Assistance Program

University Hospitals is committed to providing care to patients regardless of their ability to pay. Reflecting this commitment, UH has updated its Hospital Charity/Financial Assistance Program to expand coverage and increase discounts for certain patients who do not have health insurance.

UH facilities can provide free care to eligible patients whose family income is less than 250 percent of current federal poverty guidelines. When family income is between 251 and 400 percent of current federal poverty guidelines, UH can discount bills to the amount of the Medicare reimbursement rate for the same service.

In addition, for qualifying patients, UH can establish interest-free payment plans extending up to three years for discounted account balances. To be eligible for free or discounted care, patients must reside in the primary or secondary service area of a UH facility.

UH financial counselors are available to assist patients with the application process. Please call 440-735-3530.

Emergency Department Honored for Improvements

University Hospitals Bedford Medical Center’s Emergency Department was awarded the 2010 Top Improver Award by Press Ganey, health care’s leader in performance improvement.

One of only 29 facilities nationwide to be recognized in the “Top Improver” category, UH Bedford Medical Center received the award for showing continuous improvement in Emergency Department scores over a two-year period.

“This shows us that our hard work and process improvements are paying off,” says Kathy Blake, RN, Director of Nursing. “Our patients are scoring us very positively, with many patients referring to our staff by name in surveys and expressing they would come back to our Emergency Department – this lets us know that we’re providing great service.”

“We are proud of our ED staff for receiving this award from a nationally recognized organization like Press Ganey. This is another testament to the tremendous care that UH Bedford Medical Center and our fine staff provide to our community.”

— Laurie Delgado, President
Stopping Stroke Before It Starts

To prevent a brain attack, manage your risks and watch for warning signs

CALL FOR A CONSULTATION TODAY
Call 440-735-4775 for more information or to schedule a consultation.
A STROKE CAN BE damaging and deadly. It disrupts blood flow to the brain and can lead to neurological impairment, paralysis and death – in fact, it is the third leading cause of death in the United States, with more than 600,000 people each year experiencing one.

There is hope. By understanding the risk factors, working with your primary care physician and knowing the warning signs, you can help prevent your chances of suffering a stroke.

“When you turn 55, you enter an age group that is at a much higher risk for stroke, but there is no standard diagnostic or predictive test currently available,” says Daniel Koontz, MD. “The single most important thing you can do to reduce your risk is to work with your primary care physician to monitor your risk factors.”

Control What You Can
Risk factors fall into two categories: those that can be controlled and those that can’t.

“Age and family history of stroke are factors that we cannot control,” says Colleen Tomcik, MD. “But high blood pressure, high cholesterol, exercise [or lack thereof] and smoking – we can.” Exercising, eating right and working with your doctor to manage your cholesterol, blood pressure or diabetes can greatly reduce your risk for stroke, Drs. Koontz and Tomcik advise.

Understanding the warning signs of stroke and acting quickly are also vital to preventing a stroke or limiting the effects. “It’s crucial to call 911 immediately if you’re experiencing any of the warning signs of stroke,” Dr. Koontz says. “Emergency room triage is very important, as there are certain treatments that can only be given within three hours of presenting symptoms. Remember, it is crucial to get to an ER, and to get there by ambulance.”

Act F.A.S.T.
If you suspect a person is having a stroke, check the following and spring into action.

FACE
Ask the person to smile. Does one side of the face droop?

ARMS
Ask the person to raise both arms. Does one arm drift downward?

SPEECH
Ask the person to repeat a simple sentence. Can he or she do it accurately? Are the words slurred?

TIME
If the person shows any of these symptoms, time is critical because brain cells are dying.

“It’s important to be as proactive as possible,” says Colleen Tomcik, MD. “I’ve seen so many people come in who have told me they thought they were having a stroke but they went to bed instead of seeking help. Immediate action must be taken whenever stroke is suspected.” Call 911!
Filling a NICHE

Designation confirms our commitment to care for aging patients

Improving on an already impressive level of care for its geriatric community, University Hospitals Bedford Medical Center recently received a designation of NICHE (Nurses Improving Care for Healthsystem Elders). NICHE training provides nurses with enhanced and expanded skills for recognizing and treating conditions that are unique to elderly patients, says Kathy Blake, RN, Director of Nursing for UH Bedford Medical Center. “A majority of our population is 65 and older,” she says, “and pursuing the NICHE designation provided us with an opportunity to focus on the often complex needs of our geriatric patients and provide specialized educational opportunities to our staff.”

UH Bedford Medical Center has also established ACe rounding. An acronym for acute care of the elderly, ACe rounds provide regular opportunities for the assessment of the physical, functional, emotional and mental health of geriatric patients by an interdisciplinary team. The ACe team consists of a geriatric clinical nurse specialist, geriatrician, nutritionist, speech therapist, physical therapist, social worker, case manager, RN coordinator and RN caring for the patient. “The beauty of ACe is this interdisciplinary team,” says Joyce Restifo, RN, GCNS. “We come together with a ‘meeting of the minds’ to look at each patient’s unique situation and presentation of symptoms and collaborate on how we can help them return to optimum wellness.”

In addition to benefiting patients, the NICHE designation has had a positive effect on the hospital environment. “We’ve always had great care for our geriatric patients, but now we have a standard, uniform level of care,” says Marwan Hilal, MD, Chief Medical Officer. “It is very rewarding for our nursing staff and ACe team as a whole. It’s also gratifying to see our physicians embrace these new protocols without hesitation.”

Considerations for Geriatric Care

When looking for the right care for an elderly loved one, consider the following:

- “Do your research. A hospital that holds the NICHE designation and has an ACE team in place may offer superior care for the geriatric adult patient,” says Kathy Blake, RN, Director of Nursing.
- “Look for calendars and clocks in the room – this can help elderly patients stay oriented to date and time,” says Joyce Restifo, RN, GCNS.
- “Consider the environment,” Blake says. “It should be comfortable and conducive to their needs.”
**Oxygen’s Healing Power**

Hyperbaric chamber speeds treatment of infections and other wounds

Jacob Bippus had 60 sessions in the hyperbaric oxygen therapy chamber to heal a side effect of cancer treatment. “Today I’m thrilled to be feeling the way I do,” he says.

“HBOT has been shown to help treat specific wounds such as diabetic ulcers with infection, radiation-induced soft-tissue injuries and chronic bone infections,” says Kwon Lee, MD, MD, Medical Director of the Wound Care and Hyperbaric Medicine Center at UH Bedford Medical Center. “It provides us with another tool to help speed up the healing process.”

HBOT is just one component of the comprehensive wound care services offered at the center. “We are a true multidisciplinary team that includes plastic and vascular surgeons, wound care specialists and HBOT-trained nurses,” Dr. Lee says. “The teamwork is what sets us apart.”

Bippus couldn’t agree more. “Everyone understood the importance of their task so well,” he says. “I received just as much attention and care on my 60th treatment as I did on my first, which says a lot about their commitment to quality patient care.”

“As a general rule, if you have a wound that won’t heal, don’t wait and try to treat it on your own. Seek help from a wound care professional, especially if the wound has been present for more than four weeks.”

– Kwon Lee, MD, FACS, CWSP, FACCWS
**Q. Is surgery the best option for my painful bunions?**

**A.** Yes. If it hurts and wearing padding or different shoes doesn’t get rid of the pain, it means you’re wearing away cartilage. In my experience, 99 percent of patients receiving bunion surgery are in and out in the same morning, and the majority are walking on that foot the same day. Traditional surgery is the only way I know of to effectively relieve pain from bunions. The success rate is extremely high and the recurrence is very low.

However, if you have bunions that are not painful but you just don’t like looking at them, then don’t look at them; leave them alone.

**Q. I have a family history of colon cancer. What should I do?**

**A.** I would strongly recommend that you have a colonoscopy sometime between the ages of 20 and 30 – I wouldn’t wait until age 50, as some groups recommend. If colon cancer runs in your family, there is a 25 to 30 percent chance that you will inherit the disease, and early detection with colonoscopy is extremely important. In most cases, colon cancer begins as a benign growth or polyp, and if removed early, we can almost always prevent polyps from developing into cancer.

My best advice is to talk to your primary care physician about your individual risk factors for colon cancer and follow his or her recommendations.