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MARION GENERAL HOSPITAL

Challenge Accepted

41 ways to deal with health surprises and scares

PLUS *Serena Williams* hasn't let pulmonary embolisms end her superstar tennis career

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Easing the Burden of Tobacco Use

TELEHEALTH BRINGS CARE TO LOCAL STUDENTS



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FALL 2018 Contents

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Your health can surprise you.
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COMMUNITY FOCUS

The professionals at MGH dedicate themselves to caring for patients and families

 This summer has been such a welcome respite after enduring a winter that seemed as if it would never end. Now the days are slowly becoming a little shorter as we move toward warm days, cool nights and a colorful countryside.

Here at Marion General Hospital, we continue to focus on our community. We have new initiatives underway in our Family Birthing Center, where we are centered on serving mothers and newborns. Turn to page 49 to read more. As children grow and start school, it is important for them to have access to healthcare. MGH has partnered with Mississinewa Community Schools and Family Service Society to offer telehealth services for common acute child illnesses, and also counseling. You can read more about the program on page 55.

Investing in our technology to assure quality medical equipment for proper diagnosis continues to be a priority. One of the best examples is the CT (computed tomography) scanner, which has recently been replaced at our main campus. Read more on page 5.

No matter the season, when it comes to healthcare, MGH stands tall. The professionals at MGH continue to dedicate themselves to providing excellence in healthcare for the patients and families that we care so deeply for.



Stephanie Hilton-Siebert

Stephanie Hilton-Siebert
President/CEO
Marion General Hospital

VIM & VIGOR

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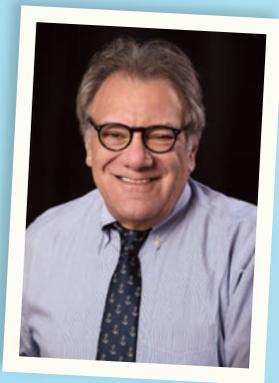
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WELCOME NEW PRACTITIONERS



Richard S. Goodstein, DO, FCCP, FACOI earned his medical degree from the Kansas City College of Osteopathic Medicine, Kansas City, Missouri. His residency in internal medicine was completed at Flint Osteopathic Hospital, Flint, Michigan, where he also received his pulmonary fellowship.

Specializing in pulmonary hypertension and interstitial lung disease, Dr. Goodstein brings over 30 years

of experience to MGH. He is board certified in internal medicine, pulmonary and sleep medicine.

Accepting new patients, he has joined J. Patel, MD, and staff at The Lung Center of MGH, 330 N. Wabash Ave., Suite 450, Marion. His office can be reached at **765-660-7690**.



Carlos M. Blanchard, AGPCNP-BC (adult-gerontology primary care nurse practitioner, board certified), earned his Master of Science in nursing from Indiana University-Purdue University Indianapolis in Indianapolis. He is board certified by the American Nursing Credentialing Center.

Blanchard is familiar with MGH. Prior to his current role, he spent a total of nine years working at MGH as a registered nurse in critical care. He joins the MGH Hospitalist Program.



STAFF CERTIFICATIONS

MGH employees advance knowledge to provide quality patient-centered care



Four Marion General Hospital employees have proved their dedication to providing our community with the highest level of quality healthcare by furthering their education and advancing their knowledge within their chosen professions.

In healthcare, professional certifications help ensure excellence. MGH staff members pursue this excellence with enthusiasm. The following staff members studied for and passed a professional examination to become certified.



Skyler Griffith, BSN, RN-BC, cardiac catheterization and electrophysiology lab, recently became certified as a cardiac-vascular nurse by the American Nurses Credentialing Center. Graduating magna cum laude, Griffith received his bachelor's degree in nursing from Indiana Wesleyan University in Marion. He has worked at MGH for six years.

Griffith is a former hardware man and a Star Wars nerd. He enjoys traveling, running, napping and being an uncle to his nephew, Max.

"I enjoy the small-town feeling of MGH," he says. "There is nothing more rewarding than working alongside compassionate and dedicated staff to help the patient achieve the greatest level of wellness."



Jac-Lyn Perez, MSN, RN-BC, cardiac catheterization and electrophysiology lab, is now a certified cardiac-vascular nurse from the American Nurses Credentialing Center.

Perez, who has worked at Marion General Hospital for more than 13 years, received her master's degree in nursing from Indiana Wesleyan University in Marion. She is also an advanced cardiac life support instructor.

Perez lives in Marion and enjoys traveling and snow, teaching clinicals and simulations, as well as teaching and playing the viola, violin, mandolin and piano.

"I enjoy caring for the community I've grown up in and MGH gives me that opportunity," she says.



Sally Wert, who works in the cardiovascular lab, is now certified as an EKG technician by Cardiac Credentialing International. She holds a bachelor's degree in photojournalism from Ball State University, Muncie, Indiana.

Wert resides in Marion with her husband, Sean, and two daughters, Maizy, age 2, and Marley, age 1, along with their dogs, Charlie and Hector. She enjoys photography and reading.

A five-year MGH employee, Wert says, "I love the people I work with! The science behind everything cardiovascular is fascinating."



Rylie Rose, AG/ACNP-BC, nurse practitioner at MGH Family Medicine Center – South, is now certified as a wound care nurse, advanced practice, by the Wound, Ostomy and Continence Nursing Certification Board.

Rose received his Master of Science in nursing from Indiana University in Indianapolis.

Rose is a resident of Gas City and a 14-year MGH employee. He is married and has four children. He enjoys fishing and attending sporting events. ■

STAFF ACCOMPLISHMENTS



Lani Stearns, BSN, RN, OCN, has taken on the role of oncology nurse navigator at MGH. She is an oncology certified registered nurse and brings 13 years of experience in oncology.

Stearns' role as a nurse navigator is to act as a guide, resource, advocate, educator and liaison for all newly diagnosed cancer patients

and their families. She will serve as a consistent caregiver throughout the cancer journey, helping coordinate appointments and schedules while keeping patients and their families actively involved in the plan of care.

MGH understands how difficult the cancer journey can be. The goal of a nurse navigator is to assist patients in navigating that journey while offering the assurance that they are not alone. Stearns can be reached at MGH Medical Oncology at **765-660-7800** and is looking forward to serving you.



Melo-Dee Collins, MSN, MSM, AGCNP-BC, RN, RCIS began her role as nurse practitioner for cardiovascular disease in January. Collins received her Master of Science in advanced nursing practice from Indiana University-Purdue University Indianapolis in Indianapolis, Indiana. She received her Master of Science in management and Bachelor of Science in business administration from Indiana Wesleyan University, Marion.

Collins is familiar with MGH. Prior to her current role, she has spent a total of 38 years working at MGH (34 as a registered nurse; 21 years in the Critical Care Unit). Since 2005, she has worked as the administrative director of Cardiovascular Services and she will continue in that role as well. ■



MGH radiology staff provides the highest quality care to our patients.

HIGH-QUALITY, LOW-DOSE CT IMAGING AVAILABLE AT MGH

MGH is excited to offer the latest in CT imaging technology to better serve the needs of the community.

Featuring advanced capabilities that provide the highest level of patient care and comfort, MGH proudly offers the latest advances in low radiation dose imaging. In the past, radiologists had to use high radiation output to get high diagnostic image quality. Now, radiologists can use breakthrough technology to create quality images from a low radiation dose.

“Radiation dosage during CT scanning has been a major concern throughout the country,” says Tom Oney, administrative director of Ancillary & Support Services. “This will put MGH among the leading hospitals in the country that have addressed this concern.”

This state-of-the-art equipment includes sophisticated technology that helps correct imaging for patients with large metal implants, which in the past often ruled out CT scans for these patients.

“With an aging patient population and increased use of metal implants to solve health issues, the ability to image patients with metal implants is a huge benefit,” says Amy Drook, radiology manager at MGH.

The investment in quality imaging equipment reaffirms MGH's commitment to providing the highest quality care to our valued patients. ■

CALL



Quality Imaging Care

For more information about radiology services at MGH, call **765-660-6200**.



REACHING OUT TO HELP OTHERS

A message from MGH Auxiliary President Kelly Snyder



“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” — Maya Angelou

We each seek opportunities to touch people’s lives in a positive way and make them feel cared for, appreciated and important. This is the awesome commitment of the Marion General Hospital Auxiliary. The auxiliary is made up of selfless encouragers who volunteer their time to make people’s lives a bit easier. What an invaluable contribution to our community!

It is with great pleasure and excitement that I am able to serve as president of the auxiliary for the next two years. I have been blessed with the opportunity to serve as a volunteer at MGH for the past

three years. During this time, I have been privileged to work alongside a remarkable group of fellow volunteers. I have witnessed countless ways that the impressive hospital staff has gone above and beyond their responsibilities and touched the lives of sick and hurting people. The experience of volunteering has also afforded me opportunities to meet and befriend many in the Marion community.

Our board is a working board, which means we have monthly meetings and hold fundraisers throughout the year for various hospital needs. I eagerly

anticipate welcoming new volunteers and board members as we greet the coming autumn and anticipate the year ahead. It will be an honor to serve in this capacity and continue being a part of MGH. I look forward to planning and bringing to fruition ways to enhance the already exemplary care our community receives at Marion General Hospital through fundraisers and service opportunities.

I, along with the board members and fellow volunteers, anticipate an exciting year. I am humbled and grateful for the opportunity to make a difference in people’s lives. I ask that you consider being a part of this invaluable service rendered by the Marion General Hospital Auxiliary. ■



Janice Haynes, left, and Debbie Templeton volunteer at the information desk.

GIVE



Join Our Team

Call Sheila Stewart at
765-660-6410 to learn more
about the many volunteer
opportunities available at MGH.

MGH MEMORIAL GARDEN

Honoring former MGH employees, physicians and volunteers

▶ The Marion General Hospital Memorial Garden, in the courtyard west of the cafeteria, was built in memory of former Plant Engineering Supervisor Fred Gause and made possible by a generous donation and support from the MGH Auxiliary. The garden honors MGH employees, physicians and volunteers who have died by displaying their names and departments on engraved bricks set around the base of a tranquil fountain.

GIVE



Purchase a Memorial Brick

Bricks to honor MGH employees, physicians and volunteers who have died can be purchased for a minimum of \$50. Call Volunteer Services at **765-660-6410** for more information.

MARION GENERAL HOSPITAL ENDOWMENT FUND

In 1994, the Marion General Hospital Endowment Fund was started to accept donations to support the hospital's mission and vision for our Healthcare Community. Donations to the fund are sincerely appreciated. Call 765-662-0065 or mail to:

**The Marion General Hospital Endowment Fund
Community Foundation of Grant County, Indiana Inc.
505 W. Third St.
Marion, IN 46952**



Dorinda Turner, MGH Auxiliary Board Member, addresses Memorial Garden supporters during a ceremony held during National Hospital Week. In 2018, 155 people were honored.



UNDERSTANDING GERD: GASTROESOPHAGEAL REFLUX

Q What is gastroesophageal reflux disease?

Gastroesophageal reflux disease, or GERD, is a condition where stomach acid flows back into the esophagus, the tube connecting your mouth and stomach. The most common symptom of GERD is heartburn. More than 60 million Americans experience heartburn at least once a month. More than 15 million Americans experience heartburn symptoms each day.

Q What are some of the risk factors for GERD?

Older age, weight gain/obesity, stress, regular use of aspirin and NSAIDs/nonsteroidal anti-inflammatory drugs, smoking, immobility, and an incompetent valve between the stomach and esophagus (lower esophageal sphincter) are some associated risk factors.

Q What are the signs and symptoms?

The most common symptoms of GERD in adults are heartburn/

indigestion, regurgitation and non-cardiac chest pain. Other symptoms include nausea/vomiting, bloating, belching, abdominal pain, coughing, hoarseness (change in voice), frequent sore throat and dysphagia (trouble swallowing).

Q How is GERD diagnosed?

Your family doctor might be able to diagnose GERD based on a physical examination and history of your signs and symptoms. Or, he or she may refer you to a GI (gastrointestinal) specialist or a GI surgeon, for a procedure called EGD (esophagogastroduodenoscopy), also called upper endoscopy.

Q What treatment is available?

Your doctor may have you first try lifestyle changes and over-the-counter medications. If you don't experience relief within a few weeks, your doctor might recommend prescription medications.

Tamy Perng, DO,
general surgeon



Q What are some complications of GERD?

A serious complication is Barrett's esophagus, where the lining of the esophagus changes to resemble the intestine. Patients with Barrett's esophagus have approximately a thirtyfold increased risk of developing esophageal cancer. If frequent heartburn symptoms are left untreated for many years, it could lead to Barrett's esophagus and then esophageal cancer.

Q When should I see a doctor?

If you are having heartburn more than two times a week, it is time to see your family doctor, who will likely refer you to a GI specialist or a surgeon who does scopes (EGD). If you are having symptoms such as unexplained weight loss, dark/black stools, and/or trouble swallowing, you should call your family doctor right away. Seek immediate medical care if you have chest pain, especially if there is shortness of breath, jaw or arm pain. These may be signs and symptoms of a heart attack. ■

WEBSITE



Need a Doctor?

We can help you find a provider. Call MGH Access at **765-660-MGH4 (6444)**.



Focus on Getting Better

You're now ready to begin your treatment—and that's when the real work begins.

"This is the time to prioritize your mental, physical and emotional well-being," Marais says. "That means surrounding yourself with loved ones, nourishing yourself with a healthy diet, staying hydrated, exercising [as recommended by your provider] and completing your treatment plan."

Try to minimize obligations in your life that increase your stress level or drain your energy reserves by accepting the help that others offer. "It may be difficult to let go of your normal responsibilities," Wiatrek says. "But your No. 1 job right now is to focus on getting better." ■



TELLING YOUR CHILD YOU HAVE CANCER

Explaining that you have cancer to a child of any age is incredibly difficult, but it's an important conversation to have. "Studies show that educating children as young as 3 can help them cope better with a family member's diagnosis, both in the short and long term," says Jessika Boles, PhD, a certified child life specialist and a member of the board of the Association of Child Life Professionals. Here, she shares a few tips for talking to your child or grandchild.

Plan what you'll say in advance. "Think about the questions the child may ask and how you can answer them in a way that is thoughtful and age-appropriate," Boles says. "Consider whether the child had any previous exposure to cancer, and how this situation may be similar or different."

Talk to each child individually. Every child is unique, and the conversations you have with him or her about your cancer should be, too. "Set aside a time when you can minimize distractions and interruptions so that you can tailor the conversation to each child's age and personality," Boles says.

Be open and honest. "Shielding a child from the realities of cancer will only lead to confusion and fear," Boles says. "It's better to answer their questions honestly and in a loving way they can understand."

Explain what cancer is. Many children, especially younger ones, don't understand what cancer is or how you get it. "It's important to explain that cancer is different from a cold or flu, that the child can't catch it and that they didn't cause it," Boles says. While many adults are hesitant to use the word "cancer," they should use it, Boles says. Words like "sick" can be more confusing for a child.

Keep talking to them. "Kids cope better with change when they know what to expect," Boles says. "Providing simple updates and brief explanations throughout your treatment can help children of all ages prepare for whatever comes next."

CALL



Learn More About MGH's Cancer Program

For more information about treatment and services at MGH's cancer program, call **765-660-7800**.

TRUE OR FALSE:

The Pap test screens for HPV.

→ **FALSE.** The Pap test examines cells brushed from the cervix, at the bottom of the uterus, to detect abnormal changes (dysplasia) that could be precancerous. The Pap can also find cancer cells. HPV microscopic testing can be done at the same time and use the same specimen to look for human papillomavirus (HPV), which causes cervical cancer. When the tests are done at the same screening, the effort is called Pap and HPV co-testing.

TRUE OR FALSE:

A Pap test with an abnormal result means cancer.

→ **FALSE.** Usually, an abnormal Pap test means that abnormal cells that can precede cancer have been identified, or that an infection is present. Doctor and patient will discuss the specific abnormality and how to proceed, ranging from repeat Pap testing in six months or a year to more advanced tests such as colposcopy.

TRUE OR FALSE:

Women who have had the HPV vaccine still need to have Pap tests.

→ **TRUE.** The HPV vaccine offers protection from some types of the virus, including HPV 16 and 18, which cause cervical cancer. The vaccine is not fail-safe and does not protect against all HPV infections that cause cancer. Dysplasia can still be found with the Pap screening.

TRUE OR FALSE:

Every woman should have a Pap test every year.

→ **FALSE.** Screening guidelines issued in 2012 call for healthy women to have their first Pap test at age 21 and every three years until age 29; from 30 to 65, women can be screened every five years with Pap and HPV co-testing or every three years with the Pap test alone. Generally, most women older than 65 no longer need the Pap test because the incidence of cervical cancer after that age is low. Testing does continue past age 65 when certain risk factors, such as HIV, are present.

TRUE OR FALSE:

Women alone are responsible for remembering when to schedule a Pap test.

→ **FALSE.** Ideally, this is a shared responsibility between a woman and her doctor. Physicians generally will have a record of the appropriate timing for the screening based on the recommended guidelines. Talk to your doctor about what's right for you; some women continue to have annual tests because of risk factors. ■

WHEN A PAP TEST IS ABNORMAL

An abnormal Pap screening result usually does not mean cancer, but rather it suggests that additional steps be taken, depending on the type of abnormality identified.

► When dysplasia (abnormal cells that may or may not become cancer) is present, the patient is usually asked to return in a specified amount of time to repeat the test to find out whether anything has changed.

► When results indicate that further evaluation of the cervix is needed, a procedure called colposcopy is performed to examine cells from the vagina and cervix more closely. A biopsy may be taken.

► Women who have cervical cancer will often be treated with some type of surgery, including cryosurgery (freezing the abnormal cells), laser surgery or conization, in which a cone-shaped piece of tissue is removed. Treatment may also include hysterectomy, chemotherapy or radiation.

CALL



Complete Women's Healthcare

For more information about our women's healthcare services, or to schedule an appointment at Marion General Hospital Obstetrics & Gynecology, please call **765-660-7580**.

IS BASELINE CONCUSSION TESTING EFFECTIVE?

Concussion screenings are now being used in sports at all levels—from high school to professional—to help determine whether an athlete is ready to return to play. The individual takes an exam via computer that tests his or her cognitive abilities, and the results serve as a baseline to retest against after a suspected concussion. But are these tests effective? Neha Raukar, MD, a fellowship-trained primary care sports medicine physician and spokeswoman for the American College of Emergency Physicians, supports their use but sees two potential challenges:

1. Effectiveness. “Like any test of this type, it’s only as effective as the person who reads it,” she says. And a computerized test can’t assess headache, sleeping problems and other signs of concussion.

2. Sabotage. Professional athletes have admitted to bombing their baseline scores so that their results look the same after a potential concussion, Raukar says. But she asserts that a person who’s skilled at reading an ImpACT test should be able to discern a normal test from one that’s been failed on purpose.

“That said, computerized testing is just one more tool in the toolkit,” she says. “It shouldn’t be used as a stand-alone.”



Watch for Physical Symptoms

There are obvious physical signs that warrant a trip to the emergency department: loss of consciousness, seizures or not being able to move an arm or leg. But more subtle signs including headaches, dizziness, sensitivity to light, or nausea and vomiting can also indicate a problem and should be brought to the attention of a doctor.



Don't Ignore Emotional Changes

“If your child is acting anxious, or more emotional, sad or irritable than usual, it’s something you’ll want to pay attention to,” Raukar says.



Beware Cognitive Problems

You may not notice problems with memory or concentration until your child needs to use those skills, Raukar says. Once at school, he or she might have difficulties. “They may just feel *foggy*,” she says. “It’s like they’re looking at the world through a TV with rabbit ears rather than high-def.”



Monitor Sleep

Concussions tend to cause sleep disturbances in one of two ways: The individual might feel tired and want to sleep all the time, or he or she may have difficulty falling asleep. “Lethargy is more common, but it’s usually one or the other,” Raukar says.

APPOINTMENTS



Looking for a Pediatrician?

Just like professional athletes, children active in sports can suffer concussions. To schedule an appointment at Marion General Hospital Pediatric Center, please call **765-660-7660**.



Look for Vision Problems

Issues with sight, such as blurry or double vision, can be challenging to detect—both by the parent and the child—especially if they are minor. But ask your child about any vision problems and see a doctor if you have concerns or notice changes.



Assess Their Balance

Balance problems aren’t always as noticeable as one might think, Raukar says. And they can develop a while after the incident. Look for signs in the child’s gait when walking or if he or she seems to be leaning to one side when standing.

If you’re still not sure how to proceed—whether that means pulling your child from play at school or taking him or her to the doctor, Raukar recommends following the mantra, “When in doubt, sit them out.”

“You want to give them time to rest and observe them, and definitely take them to the doctor if you see any of these symptoms,” she says. ■

BIRTHING CENTER

Pregnancy, Women and Babies Are Our Passion

Marion General Hospital Family Birthing Center helps moms, babies stay healthy

BY **TERRI COUSE**

From the moment you find out you're pregnant, Marion General Hospital's Family Birthing Center is there for you. Whether it's your first pregnancy or you're a delivery room veteran, you'll be treated to the best experience possible. Every delivery is special at MGH's Family Birthing Center.

New parents are encouraged to call with questions even after they arrive home. Working together with community agencies, nurses provide extensive education and support, along with a connection to local family and child resources.

The Family Birthing Center offers a variety of educational services for new parents and is proud to offer a variety of programs. Read on for some of our insights into maternal and infant health.



Left to right: Debbie Moreno, Angela Rhamy, Misty Stevens and Lindsay Middlesworth all assisted in distributing hats courtesy of the "Little Hats, Big Hearts" program.



The Golden Hour

▶ The first few minutes after a baby's birth are a magical time.

After nine months of waiting, a new mother gets her first chance to hold her baby in her arms, to count the tiny fingers and toes and gaze into the eyes of her newborn.

While everyone knows infants need to bond with their mothers early on, research has shown that what happens during the first 60 minutes of a baby's life can maximize that bonding. That uninterrupted contact between mother and baby during the "golden hour" after birth is critical to the child's growth and development. The first hour of life requires the rapid adaptation of multiple newborn organ systems and includes pulmonary, circulatory, metabolic and hemodynamic changes.

A NEW VIEW

In the past, mother-child bonding often took a back seat to medical procedures immediately following a baby's birth. A new mom would watch her baby be handed to a nurse who would examine and weigh the

(continued on page 50)

BIRTHING CENTER

child, clean him up, give him a Vitamin K shot, put on a diaper, swaddle him in a blanket and place him in the nursery. After all the waiting, the new parents would finally get to hold their new baby.

Healthcare providers now know that immediate skin-to-skin contact is the best way for a newborn and mother to bond. The sooner after birth this can happen, the better experience the family will have. In fact, the American Academy of Pediatrics now recommends the following guidelines:

- Healthy newborns should be placed in “skin-to-skin” contact with the mother until the first round of breastfeeding is established.
- The first physical assessment of the baby can be performed while the newborn is on the mother’s chest.
- Conventional procedures such as measuring, bathing, injections or blood test should wait until after the first feeding.
- Baby and mother should remain together throughout the recovery period.

Many hospitals and birthing centers now encourage families to wait at least an hour before introducing their new

baby to family and friends. Instead, they encourage mother and baby to stay together and, if desired, focus on giving the newborn a chance to get to know his/her mother, breastfeed, adapt to his/her new environment and simply bond.

Women who have a cesarean section will also be able to bond with their baby during that first hour of life as long as both baby and mom are doing well. In most cases, after a quick assessment, the baby can be moved to the mother’s chest while the obstetrician finishes any needed surgical work.

BENEFITS FOR MOM AND BABY

During and after labor, a mother’s body experiences several amazing changes. Giving birth generates changes in a woman’s brain chemistry that increase the desire to nurture.

Skin-to-skin contact and the baby’s suckling at the breast release hormones that help a mother connect to her child and cause the uterus to contract and stop bleeding. For infants, skin-to-skin contact increases the amount of time spent in the quiet alert state. Prolonged



Gail Elbert, MSN, RN, an international board certified lactation consultant and administrative director of Maternal, Child, and Great Beginnings, holds a newborn who received a red hat during American Heart Month.

skin-to-skin contact also assists in the physiologic stabilization of women and their newborns.

Research has shown that nursing within the first hour of life improves infant survival rates. Babies who breastfeed have lower rates of ear infections, asthma, diabetes, childhood leukemia and sudden infant death syndrome (SIDS). Mothers who nurse their babies have lower rates of breast cancer, ovarian cancer and diabetes.

Expectant moms should talk with family members and medical staff about their plans for the minutes after birth. Every mother and baby should have a chance to experience their “golden hour.” ■

MGH OFFERING FREE PREGNANCY TESTS

Are you expecting? These three simple words pose a life-changing question. And the wait until you find out the answer can seem like forever.

When you want to know for sure, stop by Marion General Hospital for a free pregnancy test. The tests are available at the MGH Family Birthing Center 24 hours a day, seven days a week, as well as at Great Beginnings (which houses our Baby & Me Tobacco Free program) located at the MGH South Marion Medical Park (SMMP).

- ▶ No insurance required
- ▶ No appointment necessary
- ▶ Convenient hours daily

The pregnancy test is provided by Family Birthing Center staff free of charge. A nurse is available for questions or concerns.

MGH wants all infants to have the best start in life—beginning at conception. We encourage all women to begin risk-appropriate healthcare in the early stages of pregnancy.

CALL



Giving Babies a Healthy Start

For more information about the MGH Family Birthing Center, call **765-660-6860**.



Nurse Becky Blanchard, RN, attends to Natalie Harrison, who gave the first postnatal donation (stem cells) at MGH, and her newborn son.

Give the Gift of Healing

▶ If you could give someone the gift of sight, hope and a better life, would you? Mothers now have the opportunity to provide another child or adult a chance for life.

A program now available at Marion General Hospital allows a mother the opportunity to donate postnatal tissue, which may include the placenta, amniotic membrane, chorion, umbilical cord and amniotic fluid, after a baby is born cesarean section delivery or vaginal birth.

These cells and tissues that have surrounded and protected the baby have incredible healing potential. They are a means to develop treatments for conditions such as cancer, heart disease, Parkinson's disease, spinal cord injuries and complex skin wounds, to name a few. The process is safe, simple, painless, free and rewarding.

This donation can become a priceless gift to change others' lives for the better. These natural cells derived from

these tissues have been used for many years to treat and sometimes cure more than 80 diseases.

MGH received its first donation from a mother named Natalie. "It takes a village to raise a family," Natalie says, adding that she is very excited to promote this important cause. The donation had significant meaning to Natalie in that some of the stem cells are being donated to her sister, who has inflammatory breast cancer. New mothers like Natalie can choose to share their joy by extending a gift of life, promise and hope, enabling this miracle. The happiness does not stop with the birth of a new baby but can spread by knowing that you are providing a better life to others.

For more information, ask your MGH physician or call the Family Birthing Center at 765-660-6860. MGH is making a difference—one baby at a time—and now giving mothers the opportunity to provide a miracle for others. ■

REDUCING INFANT MORTALITY

According to the Indiana State Department of Health, Grant County holds the second highest infant mortality rate in the state of Indiana. In addition, Grant County ranked second in the state for preterm births by county in 2015.



Practices to Reduce Infant Mortality

- ▶ Improve overall health for women of childbearing age
- ▶ Promote early and adequate prenatal care. Only 69.3 percent of mothers in Indiana received prenatal care during the first trimester.
 - ▶ Decrease early elective deliveries before 39 weeks
 - ▶ Decrease prenatal smoking and substance abuse. The overall state rate for smoking during pregnancy in 2016 was 13.5 percent, while Grant County was significantly higher at 31.4 percent, the highest in the state.
 - ▶ Increase breastfeeding duration and exclusivity. The breastfeeding rate for Grant County was 29.4 percent, the third lowest rate in the state.
 - ▶ Support birth spacing
 - ▶ Promote the ABCs of safe sleep: Place babies to sleep Alone, on their Backs and in a Crib.

Women don't need to wait until they are pregnant to take steps to improve their health. Reaching a healthy weight, getting proper nutrition, managing chronic health conditions and seeking help for substance use and abuse, for example, can help a woman achieve better health before she is pregnant. A mother's improved health can, in turn, help to reduce infant mortality risks for any babies she has in the future.

MGH is committed to making a difference—one baby at a time.



PUTTING A **TORCH** TO **TOBACCO USE**

*New initiative seeks to reduce
smoking in Grant County*

COMPILED BY
KELLEY HOCHSTETLER, MA, MT (ASCP),
AND **PAMELA G. LESLIE, MSN, RN**



Tobacco use negatively affects both the adults and children in our community. That's why Grant County has received a grant to fund a new initiative for tobacco prevention and cessation—TORCH Leading the Way to a Healthier Grant County. Community members participating in the initiative are identifying ways to reduce the burden tobacco use creates on the community and decrease tobacco usage.

Objectives for TORCH include:

- Educating the community on tobacco point-of-sale advertising
- Ensuring all school districts in the county have a comprehensive tobacco-free grounds policy that includes electronic cigarettes/smoking devices
- Increasing the number of housing properties that protect residents from secondhand smoke exposure
- Building a network of healthcare providers that routinely refer tobacco users to the Indiana Tobacco Quitline

Tobacco use creates the highest financial burden for preventable health problems including cancer, heart disease and chronic respiratory conditions. Tobacco also negatively impacts not just the smoker, physically and financially, but also all of those within the family and friendship circle through the exposure to secondhand and thirdhand smoke.

TORCH Leading the Way to a Healthier Grant County will provide the leadership, education and energy to prioritize tobacco prevention, cessation and control in our county. We appreciate the interest and support of residents committed to a healthier community.

JUULING: New Risk for Teens

Among the tobacco products TORCH will address is the “Juul.”

Tobacco companies are diligent in not losing their niche, so they are marketing new devices and techniques attracting youth to become new smokers. The Juul, an e-cigarette that uses flavored pods containing nicotine, is one of the newest products. These now represent the largest share of the e-cigarette market.

While advertisers promote Juuls as a product for adults who want to quit cigarettes, it is becoming increasingly popular among teens. The practice of Juuling uses a device that is rechargeable via a standard USB port and resembles a flash/thumb drive, making it easier for



A Juuling device resembles a thumb drive, making it easy to conceal.

teens to use surreptitiously. Juuls also produce less smoke than a cigarette or other e-device, which also makes them easier to conceal. Teachers have reported students Juuling in school bathrooms, and even in class. One of our hospital employees saw Juuling in the waiting area of a large international airport.

According to a recent *Time* article:

- The Juul accounted for 33 percent of the e-cigarette market as of late 2017, according to Wells Fargo data.
- The product is made for and legally available only to adults 18 and older; growth appears to be in the 18- to 24-year-old age group.
- Each Juul cartridge—which lasts about 200 puffs—has as much nicotine as an entire pack of cigarettes.

Juul products come in flavors like mango, fruit medley and crème brûlée. Besides making them more attractive to young users, according to *Time* magazine, a 2016 study suggested that “the flavoring agents may cause popcorn lung, a respiratory condition first seen in people working in factories that make microwave popcorn.”

So how have teens gained interest and awareness of Juuling? One common way is social media. A quick search found several descriptions and photos of people selling Juuls, refill pods and starter kits.

Because nicotine is one of the most addictive substances, youth access is certainly problematic. Using Juuls could get kids hooked, which could potentially lead to more tobacco use. ■

----- BY THE NUMBERS -----

STATEWIDE

\$6.1

Indiana annual economic cost due to smoking, in billions

GRANT COUNTY

\$371,110

Annual cost of smoking-related birth issues

\$903

Cost per household from state and federal tax burden from smoking-caused government expenditures

3,749

Illnesses caused by smoking in 2017

273

Births affected by smoking, including low birth weight, reduced lung function and SIDS

125

Deaths due to smoking-related causes in 2017

31.4%

Percentage of pregnant women who smoke (Indiana percentage: 13.5%)

Source: Grant County Data – The State of Tobacco Control, TPC, Indiana State Department of Health, 2017

CALL



Need Help to Quit Smoking?

Call the Indiana Tobacco Quitline at **1-800-QUIT-NOW (1-800-784-8669)**. Or visit their website online at in.gov/quitline/

Be a Hero for ANIMALS



Donations fund Marion animal programs

BY **TERRI COUSE**

➔ Thanks to Grant County Medical Society President William Granger, MD, the medical society is going to the dogs.

After receiving multiple requests from local organizations involved with animals, Dr. Granger directed a fundraiser to solicit donations for the Marion-Grant County Humane Society, the Marion Police Department K-9 unit and the Marion Fire Department arson K-9.

Dr. Granger said he discovered the needs of service animals and the animals at the Humane Society at an event in 2015. During the 2017 Christmas season, Dr. Granger organized a fundraiser that encouraged the community to help K-9 officers as well as animals at the Humane Society.

Karen Jacobs, DO, has been involved with the Humane Society in some capacity for several years. She also sponsors a weekly ad in the local newspaper for animals, both cats and dogs, up for adoption at the MGCHS.

“My family has always had one or two four-legged family members, and the one thing they all have in common is that they are rescued. We support the MGCHS because we feel they all deserve to have a forever family,” she says. This devotion to animals is one reason Dr. Granger convinced her to be a physician champion for the fundraiser and she graciously agreed.

The human-animal bond is a mutually beneficial and dynamic relationship between people and animals that positively influences the health and well-being of both. While many of us intuitively understand the benefits of positive interactions with animals in our lives, an emerging body of research is recognizing the impact the human-animal bond can have on individual and community health.

“Thank you for everyone who donated to this worthy cause,” says Dr. Granger. “Thank you also to the representatives from the Humane Society, MPD and MFD for working with me to make this fundraiser a reality.”

Though Dr. Granger’s fundraiser has concluded, donations to the MGCHS, the MFD or MPD K-9 programs are always accepted. ■



Brandon Eckstein, Marion Fire Department, K-9 Jersey, and William Granger, MD.



Steve Scott, Marion Police Department, and Dr. Granger.



Betsy Draper, left, of the Humane Society, and Karen Jacobs, DO.

GIVE



Help the Animals

To support any of these organizations, send checks to:

Marion Grant County Humane Society, 505 S. Miller Ave., Marion, Indiana 46953.

Marion Police Department, Attn: K9 Unit, 301 S. Branson St., Marion, Indiana 46952.

Marion Fire Department, 301 S. Branson St., #328, Marion, Indiana 46952.



Left: A spring ribbon-cutting celebrated the launch of the telehealth clinic at Northview Elementary School.

Below: Christa Yeakle, left, corporate nurse at the district, with Jackie Michl, program director, Indiana Rural Health Association, and Kyle Speakman, MD, demonstrates how telehealth works.



Rx for HEALTHIER KIDS

Marion General Hospital partners to offer telehealth to students *BY TERRI COUSE*

Marion General Hospital (MGH) and Mississinewa Community Schools (MCS) have partnered in an effort to provide primary care to more students at Northview Elementary School by opening a telehealth clinic at the school.

The telehealth clinic started when MCS partnered with MGH and Family Service Society to write a grant to the Indiana Rural Schools Clinic Network. The network is a newly created collaborative partnership between the Indiana Rural Health Association (IRHA), Rural Indiana Schools, Rural Healthcare Providers and Managed Care Entities, according to the association. The IRHA only sponsors about six schools a year.

Services will be offered to students virtually by Kyle Speakman, MD, and

Kristan Higginbotham, FNP-C, using secure videoconferencing.

The benefits of a telehealth clinic include:

- Students can see the doctor or nurse practitioner at school, anytime.
- Insurance is not needed.
- Prescriptions can be sent to a pharmacy.
- Children don't miss class.
- Parents or guardians don't have to miss work, if they choose not to.

During a telehealth clinic visit, a student can be screened, examined or treated for such things as strep throat, ear infections, rash, lice, influenza or pinkeye. The school nurse will initiate the examination.

Fees are billed directly to the student's insurance provider, just as if the student had been seen at the doctor's office.

Options are also available for healthcare to noninsured children. No child will be denied care because of inability to pay.

In-school treatment means parents or guardians don't have to leave work for their child to receive care. The school will call them for permission to have the telehealth visit, and to ask if they would like to be present for the appointment.

The purpose of this clinic is not to replace the child's primary care provider but to improve access to care and relieve burdens on guardians in terms of transportation and time off work.

"We are excited for this opportunity to join our community partners in our continued efforts to promote improved access to care and better health in our community," says Sherree Herres, practice administrator of the MGH Medical Group. ■

EVENTS & ACTIVITIES

Continuous education programs and support groups

Classes

Diabetes

Classes are offered monthly. Physician referral is required. For more information, call diabetes education at 765-660-6690.

Prenatal Education

Classes provided in conjunction with Family Service Society Inc. Classes are held at various times throughout each month. Please call 765-660-7893 or visit www.mgh.net for more information.

Safe Sleep Classes

Expectant parents and parents/caregivers of children under the age of 1 are invited to learn how to provide a safe sleep environment. Call 765-660-7893.

Dates: Meets the third Thursday of each month

Time: 4:30-5:30 p.m.

Location: MGH South Marion Medical Park, 1410 Bella Drive

Community Service

Car Seat Safety

Free service for parents and caregivers for inspection, fitting and instructions on proper installation of a child car seat. (Both child and car seat must be at inspection.) Call 765-660-6860 for appointment.

Date/Time: By appointment only

Location: MGH Parking Garage, 441 N. Wabash Ave.

Support Groups

(All support groups are free)

Bariatric Support Group

Support group for individuals who have had bariatric surgery or are interested in bariatric surgery, as well as those who are participating or wish to participate in medically supervised weight loss. Call 765-660-7133 for more information.

Dates: Meets the third Thursday of each month (does not meet in December)

Time: 6:30-8 p.m.

Location: MGH 330 Building, Conference Rooms 1-2, 330 N. Wabash Ave.

Cancer Support Group

For patients and families affected by cancer. Call 765-660-7800.

Dates: Meets the third Tuesday of every month

Time: 5-6 p.m.

Location: MGH Cancer Center, 831 N. Theatre Drive

New Mom Group

A safe place to find support from other new and expectant mothers. Infant weight checks, feeding and nutrition, safety issues and postpartum depression are a few topics covered. Refreshments available. Call 765-660-6866.

Dates: Meets every Tuesday

Time: 1:30-3 p.m.

Location: MGH Fourth Floor, Lactation Office, 441 N. Wabash Ave.

Traumatic Brain Injury Support Group

Caregivers and survivors of all types of head injuries welcome. Discuss daily challenges of injured patients and their caregivers as they relate to independent living and returning to the workplace. The main focus is on providing social support. Call Ann Miller at 765-660-6360 for more information.

Dates: Meets the second Tuesday of each month

Time: 6:30-8 p.m.

Location: MGH Fifth Floor, Conference Room B, 441 N. Wabash Ave. ■



CLASS



Come Learn with Us

To register or learn more about our programs, please call the numbers listed or visit www.mgh.net (click "Events").

HealthCare's **most WIRED**[®]

A NATIONAL AWARD WINNER 2017

TOP 10%

Technologically
Advanced Hospitals
in Indiana



Congratulations MGH for winning Most Wired hospital in the nation for the eighth time.

The award validates MGH's commitment to invest in technology to improve hospital operations and patient care.

It means:

- Quicker access to patient results,
- Increased accuracy on patient information shared between service areas,
- More data to validate diagnosis and treatment of patients.

One more way MGH puts our **Healthcare Community first.**



Congratulations! **MGH**

MARION GENERAL HOSPITAL

Congratulations!

**MGH
TOP 100**

**RURAL & COMMUNITY
HOSPITAL AWARD**

100

RURAL & COMMUNITY
TOP HOSPITAL 2018

THE CHARTER GROUP

iVantage

The Top performers EXCEL in:

Managing Risk · Achieving Higher Quality · Securing Better Outcomes
Increasing Patient Satisfaction · Operating at a Lower Cost Than Our Peers



“Our medical staff and healthcare team strive to provide exceptional care for our patients each day. I'm pleased that the skill and compassion our medical staff, employees, contracted staff and volunteers consistently offer to our patients is being recognized for the second consecutive year.”

