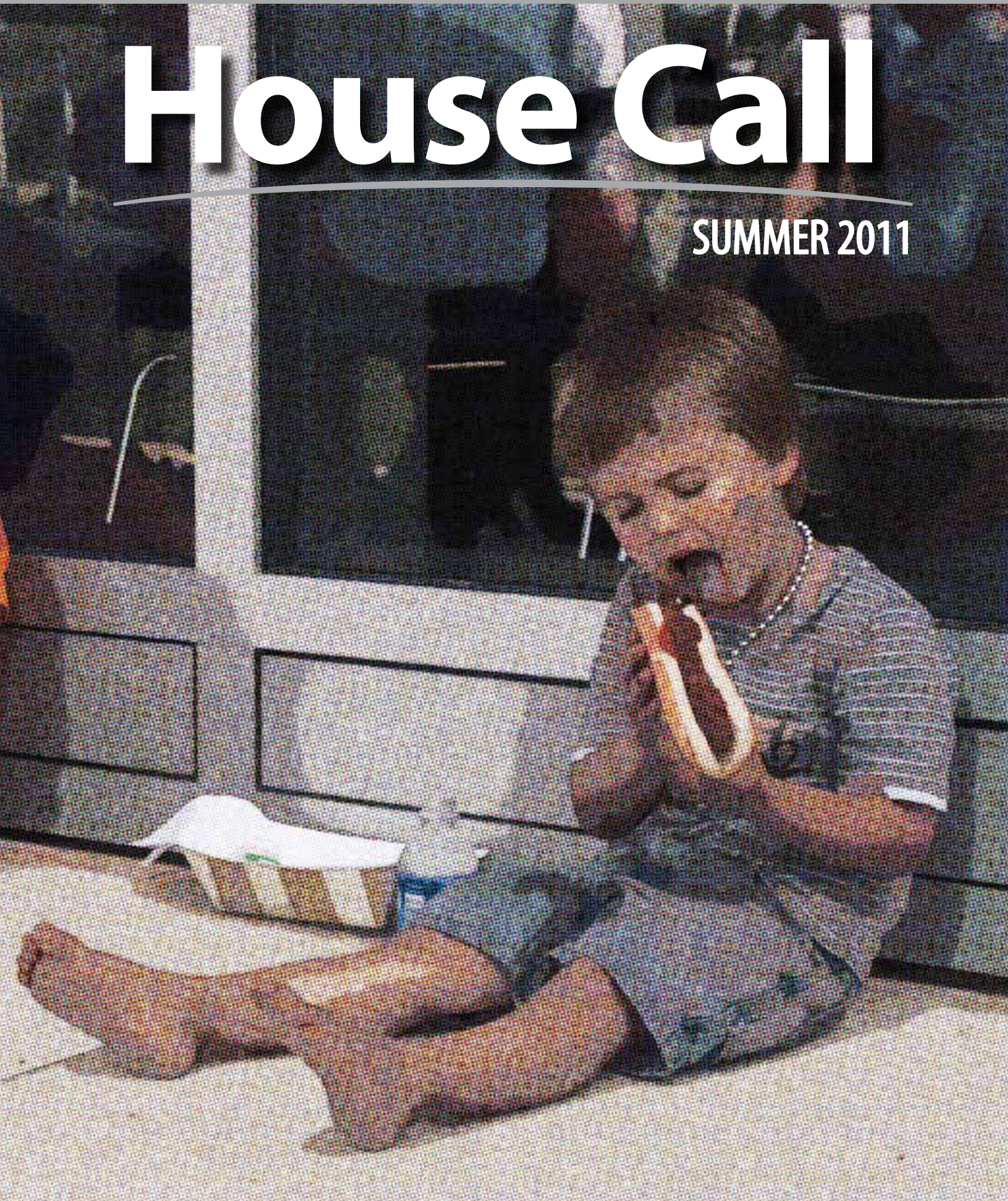


From Your Friends at Indiana Regional Medical Center

# House Call

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SUMMER 2011





# PREPARED

*For Any Situation*

September is National Preparedness Month and is also the tenth anniversary of the worst terrorist attack to ever take place on United States soil. I'm sure that everyone remembers exactly where they were on the morning of September 11, 2001. It was a pivotal moment for the nation, for communities, and most importantly for families.

At Indiana Regional Medical Center, we believe in the value and importance of being prepared, especially when it comes to family. We know that emergencies and disasters can occur at a moment's notice. That's why we want to assure you that we are prepared to take care of your family regardless of situation or circumstance. Our Disaster Preparedness team, led by our Director of Safety and Security, Danny Sacco, has devoted countless hours to developing strategies and procedures for emergency conditions. Our belief in the importance of family is evident not only in how we prepare, but also in how we treat our patients, how we treat people in other parts of this great nation, and it is most definitely reflected in how we treat each other.

As you look through the pages of HouseCall, you will see many stories about patient experiences and understand that we're prepared to provide superior care, in any situation, to our community that we consider family.

Best Wishes and God Bless,

A handwritten signature in black ink that reads "Stephen A. Wolfe". The signature is written in a cursive, flowing style.

Stephen A. Wolfe,  
President & CEO

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# SHARING Knowledge

More than 6,000 miles away from the Indiana Regional Medical Center, radiologist Dr. Mark E. Henck has made a lasting difference in the lives of others by sharing his expert knowledge with the surgical residents of Bongolo Hospital of the Christian and Missionary Alliance.

The Bongolo Hospital is a 130-bed facility located in Lebamba, Nagounie, a second- to third-world town about 125 miles off the coast of Gabon, a West African country. Established in 1977 by Dr. David Thompson and a team of missionary medical personnel, what was once a small dispensary now supplies health care to nearly one-third of the country.

The hospital is run by about 10 American missionaries who live and work there. They depend on medical volunteers to help train residents of the Pan-African Academy of Christian Surgeons. Every year, the hospital receives about 150 visitors including general missionaries, work teams and short-term medical visitors.

After learning about the program through the Christian and Missionary Alliance, Henck spent two weeks in March at the hospital teaching the surgical residents about radiology and training them in x-ray and ultrasound technology. He gave lectures for about two hours each day and then provided hands-on training.

"The standard in America is that biopsies are done with a needle. It's just a little knick, much less invasive, but they don't know how to do that," said Henck. "So I took a chicken and stuffed some olives in the meat to be the tumors. I taught them how to biopsy the 'tumors' using ultrasound."

Prior to Henck's arrival, not only did the hospital have an ultrasound machine no one knew how to use but a digital x-ray machine was donated in 2008, and still no one knew how to run it.

"Part of the problem was that the machine was all password protected," Henck said. "Where it came from, they don't remember any of the passwords. The manufacturer was in Switzerland so I had to contact them to get the passwords."

The only other training the x-ray technicians had received was from Thompson telling them to position the patient "this way" and then "press this button." Henck said the x-rays were very suboptimal so he spent a lot of time trying to optimize the procedure to make the x-rays better. With the digital x-ray machine working, he was able to train the residents how to use the machine.

"The goal is, because they don't have a radiologist on site, through the internet, I could be reading the x-rays from here," he said. "It's close."

Henck described the hospital as "modestly equipped, similar to M\*A\*S\*H\*," adding that there is a "different definition of sterility" than



**OPERATING ROOM BEFORE****OPERATING ROOM AFTER**

what we have in American hospitals.

"It is not what we would do here, but they don't have what we do," he said. "They do the best they can."

A self-sustaining hospital, it is important to the people of Gabon because it makes health care affordable. Henck explained that health care in Gabon is a pay-for-service, and although the capital city of Libreville has a hospital, it would charge about \$2,000 for a gallbladder surgery, whereas the Bongolo Hospital would charge only \$200.

"The average salary there is about \$10 a day for a laborer so a \$2,000 surgery is out of his league," said Henck. "About one-third to one-fourth of the patients travel eight or nine hours on a dirt road to come to the Bongolo Hospital."

Many Americans could not imagine having to travel such far distances to receive affordable health care, which is why Henck was so impressed by the people of Gabon.

"You see, we take health care for granted," he said. "They just don't have it."

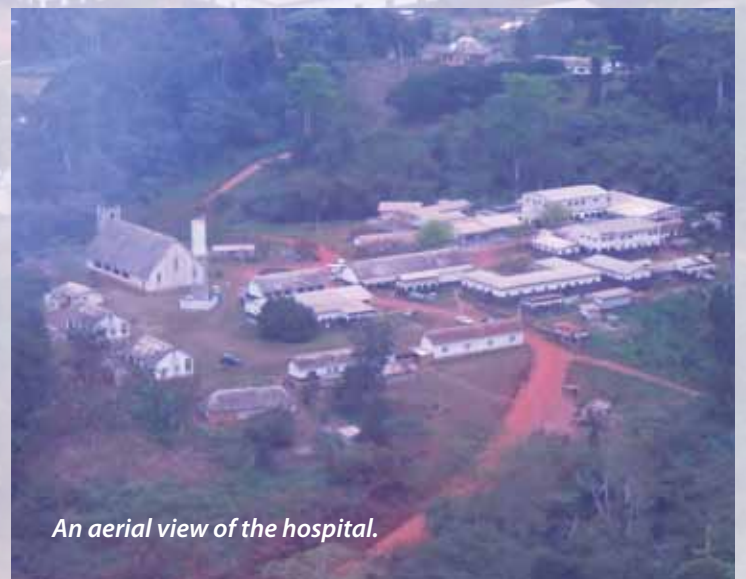
"We have health care, and we expect a baseline treatment," said Henck. "We expect it to be right. In a lot of the world, they don't have health care at all, or very limited health care. What impressed me was that they don't worry about that. They get on with life; part of life for them is death. We think we are going to live forever, but that's not how they think. They want to live and be healthy, but they have a different expectation."

The experience has humbled Henck.

"I am grateful for our health care here."



*Left to Right: Dr. Henck advises a Student.*



*An aerial view of the hospital.*

# DON'T MISS A Beat

Do you know the signs of a heart attack? Dancing to a song developed by the Spirit of Women to coordinate with the U.S. Department of Health and Human Services' Office on Women's Health, "Make the Call. Don't Miss a Beat". campaign, 39 women came out of the crowd to perform a flash mob educating the attendees of the Indiana County Fair, Sunday, August 28th on the signs and symptoms of a heart attack and the importance of calling 911.

The group ranged in age from childhood to senior and joined for a chance to educate the public and for their own personal reasons. When the campaign was presented to Indiana Regional Medical Center through their affiliation with the Spirit of Women, Laura Jeffrey, from the marketing department felt the message needed a unique stage and the idea of a flash mob was created. Using local resources she contacted the IUP Theatre Department to enlist the services of a choreographer and found Nicole Battestilli, Punxsutawney, an IUP student majoring in Theatre. "Nicole choreographed the perfect dance, one that all ages could perform and one we could all learn and remember quickly," states Jeffrey. Using the services of the local media and local organizations, Jeffrey then recruited the participants. Lana Ratay and her two daughters from Penn Run signed up because "Justice and Gretta have been collecting money for the Heart Association since starting school and have enjoyed participating in the flash mob."

Sandy Jaxheimer from Indiana stated, "It is educational. I thought it would be fun, and I wanted to do a flash mob before my kids did one." Valerie Davis, Shelocta, "I have always wanted to be in a flash mob." Martha Crenshaw from Indiana lost a daughter, Journi, to heart disease and was doing this in her memory. Sheila Gardner, Indiana, "My sister-in-law had a heart attack one month ago - 40 years old!" She along with her two daughters, Bridgett and Charlotte wanted to educate women about the signs and importance of calling 911. Peggy

Altemus, Brush Valley, has a history of heart disease in her family. Kim Ondrizek, Strongstown, "I thought a flash mob was a great way to bring attention to women's heart health, and I never did anything like this; and thought it was a great way to bring attention to women's heart attack symptoms." Martha Phillips, Shelocta, paused long enough from serving at her food booth at the fair to perform because we need to "take time for women's health awareness."

A woman suffers a heart attack every 90 seconds in the United States. Yet according to a 2009 American Heart Association survey only half of women indicated they would call 9-1-1 if they thought they were having a heart attack and few were aware of the most common heart attack symptoms.

Ann Orenak and Diane Howard, Indiana, agreed that the campaign was important and a great way to teach the signs and Kelly Pidgeon's, Indiana, message is "Ladies should know how to take care of themselves and not just everyone else!"

If you feel you are at risk for heart disease, please visit our website at [indianarmc.org](http://indianarmc.org) to take a 5-minute health risk assessment.

### *Thank you to all of the Flash Mob Participants:*

<i>Peggy Altemus</i>	<i>Darlene Graham</i>	<i>Kelly Pidgeon</i>
<i>Nicole Battestilli</i>	<i>Diane Howard</i>	<i>Lana Ratay</i>
<i>Laura Bennett</i>	<i>Sandy Jaxheimer</i>	<i>Justice Ratay</i>
<i>Nadine Carrier</i>	<i>Laura Jeffrey</i>	<i>Gretta Ratay</i>
<i>Martha Crenshaw</i>	<i>Claudia Kepple</i>	<i>Sara Small</i>
<i>Breanns Cribbs</i>	<i>Chris Lasser</i>	<i>Delca Smith</i>
<i>Karen Davis</i>	<i>Carole Lebbano</i>	<i>Judy Smith</i>
<i>Valerie Davis</i>	<i>Shelley Lockard</i>	<i>Nancy Smith</i>
<i>Nina Dziados</i>	<i>Greta Means</i>	<i>LuAnn Snavelly</i>
<i>Patti Esarey</i>	<i>Amber Oliver</i>	<i>Becky Thomas</i>
<i>Sheila Gardener</i>	<i>Kim Ondrizek</i>	<i>Kay Woytowish</i>
<i>Bridget Gardener</i>	<i>Ann Orenak</i>	<i>Carol Zbur</i>
<i>Charlotte Gardener</i>	<i>Martha Phillips</i>	



# ENDLESS OPPORTUNITIES

The National Cancer Institute estimates that more than 1.5 million men and women were diagnosed with some form of cancer in 2010.

The institute also estimates nearly 41 percent of men and women will develop cancer at some time during their lifetime.

The statistics are staggering. Chances are one day you or someone you love may have to battle cancer which is why knowing where to turn for quality care is so important.

The Herbert L. Hanna, MD, Center for Oncology Care at Indiana Regional Medical Center is a state-of-the-art, community-based cancer treatment facility that provides high-quality, comprehensive care. In fact, the center is accredited by the American College of Surgeons Commission on Cancer (CoC), whose mission is to improve survival and quality of life for cancer patients.

Receiving CoC accreditation is no easy feat; only 25 percent of hospitals in the United States have CoC-approved programs. To earn this achievement, the oncology center must comply with the 36 quality standards established by the CoC and provide the following basic services: diagnostic, treatment, prevention and early detection, rehabilitation, support and other clinical services such as pain management and patient guidelines.

Because of the CoC quality standards, patients who take advantage of IRMC's cancer center services can be sure to receive comprehensive care including state-of-the-art services and equipment, a multidisciplinary team approach to treatment options, information about new treatment options, access to prevention and early detection programs, a cancer registry for patient follow-up and ongoing improvements in cancer care.

In addition to its accreditation, IRMC's oncology care center received a commendation rating for tripling the required percentage of cases reviewed by the Oncology Committee, a multidisciplinary board of physicians, specialists and administrators that determine the best treatment options for cancer patients. The board includes an ABR Board Certified radiation oncologist and ABR Board Certified medical physicist, a certified medical dosimetrist, a registered radiation therapist and a registered radiologic technologist.

Because having a knowledgeable staff is so important to the success of the IRMC's Center for Oncology Care, the team of registered nurses and therapists are certified as oncology nurses and therapists. They have received advanced training and have passed proficiency exams to achieve upper level certification so patients can be sure they are being treated by a knowledgeable staff.

The cancer center is a community-based facility, which means its primary focus is on the patients. Unlike other cancer facilities, the oncology center is not a research or teaching institution. The center is not establishing new techniques and only uses treatments that are FDA-approved. However, IRMC's cancer center partners with the University of Pittsburgh Cancer Institute in Pittsburgh to offer clinical trials in chemotherapy.

The treatment services offered by the oncology care center are vast. The Radiation Therapy Department includes services such as 2D and 3D external beam radiation therapy, intensity modulated radiation therapy (IMRT), image guided radiation therapy, on-site multi-slice CT stimulation, on-site therapeutic treatment planning, low dose rate (LDR) prostate cancer seed implant program, high dose rate (HDR) brachytherapy treatments and hormone therapy.

And the services don't stop there. The number of support services the cancer care center offers is bar none, making treatment as easy and understandable as possible. The center provides free published literature from the National Cancer Institute, Center for Disease Control and many other reputable sources to supplement patients' cancer education.

The center offers nutritional planning to help patients with managing their weight during and after treatment. Financial counseling is available for patients who are underinsured or need assistance with their medical billing. The center even provides free patient transportation to and from the center for patients in need. At the Herbert L. Hanna, MD, Center for Oncology Care, the services are endless. With its primary focus on the patients it serves, there is no wonder why the center is CoC-approved with commendation.



*Left to Right: Dr. Ali Tunio, John Mitchell, Michelle Renz, Deb Ianarelli, Connie Jenkins, Robbie Ackerson, Greg Hay, and Rudy Balko*



**For more information, please contact the  
Herbert L. Hanna, MD, Center for Oncology Care at:  
724-465-8900**

# IS YOUR PAIN SET IN Stone

Back pain, nausea, and abdominal pain are just a couple of symptoms that ail us all from time to time. It's when the pain increases that we begin to worry that maybe there's something more serious occurring.

Kidney stones are very common, with a rise of incidence among young adults. The pain associated can range from slight discomfort to agonizing.

Family history plays a part in the development of kidney stones, increasing chances by 2.5 times.

It's important to understand how to recognize the symptoms and where you can go for help. Fortunately, Urologist, Dr.

Joseph Conti, M.D., is very skilled and experienced in the treatment of kidney stones.

According to Dr. Conti, "Twelve percent of men and six percent of women will experience a kidney stone at some point in their life." In fact, Dr. Conti stated that, "One percent of Emergency Room visits involve pain associated with kidney stones."

## HOW DO THEY FORM?

Kidney stones develop when there's an imbalance of salts, minerals, water, and other substances found in urine. The stones may stay put in the kidneys or travel down through the urinary tract. There are also different stone sizes ranging from a speck of dirt to a golf ball. It's important to understand the symptoms. Severe pain in the abdomen (side, belly, or groin), pink or red urine, and nausea/vomiting are definite signs of a kidney stone.

## WHAT'S THE DIAGNOSING PROCEDURE?

"A CT Scan is generally used to make the diagnosis," said Dr. Conti. "However, the number one objective is to control the patient's pain." The next step in the process involves determining the size of the kidney stone and its location. The longer it stays in one spot the less likely it will pass and the stone can sometimes get stuck in the urinary tract.

## WHAT KIND OF TREATMENT WILL I NEED?

"It's important to let the stone do as much work as possible," said Dr. Conti. "It all depends on how much it interferes with the patient's lifestyle." Sometimes drugs are incorporated to aid in the passage of stones under five millimeters, but can take up to three weeks to pass.

In cases of stone obstruction, extracorporeal shock wave lithotripsy (ESWL), a very common treatment is used. ESWL is a simple, outpatient procedure utilizing shock waves that break the kidney stone into smaller pieces for easier passage through the urinary tract. The process takes approximately one hour. The rest of the process takes place on its own as the kidney stone makes its journey out of the body. According to Dr. Conti, the process works, "eighty percent of the time and is available once a month at Indiana Regional Medical Center."

## WILL THEY DEVELOP AGAIN AND WHAT CAN I DO TO PREVENT THEM?

Unfortunately, if you've had one kidney stone you are likely to experience another. "Patient's who develop a kidney stone have a 30 to 40 percent chance of getting another one within five years," said Dr. Conti. So how do you prevent them? Drink more water! Consuming H<sub>2</sub>O is the best preventive step you can take and it's important to drink enough so that your urine remains clear (about 8 to 10 glasses). Avoiding certain foods or drinks can help reduce your chances also. Steering clear of iced-tea can help, because it contains high concentrations of oxalate, a major culprit in the development of kidney stones. Spinach, although very nutritious, also contains oxalate. The key to decreasing your chances of reoccurrence is to keep track of what you're consuming and increase your water intake.

*For more information or to make an appointment with Dr. Conti, please call:*  
**724.463.1046**



*Pictured: Dr. Joseph Conti takes a quick break from his busy schedule to smile for the camera*

## TEN RULES FOR LOWERING THE RISK OF KIDNEY STONES

1. Keep an ideal weight and take regular moderate exercise in the open air.
2. Drink enough water to obtain a urinary volume of 2 L/d.
3. Restrict the intake of meat and poultry proteins to about 20 g/d.
4. Eat about 40 g of plant protein a day.
5. Eat fruits and vegetables every day, avoiding products rich in oxalate.
6. Eat milk and dairy products to achieve a calcium intake of about 1000 mg/d.
7. Follow the international guidelines on fat and carbohydrate consumption.
8. Use fresh and frozen food products, avoiding precooked and/or preserved foods.
9. Avoid do-it-yourself use of supplements and only take medicines and supplements under medical supervision.
10. Try to avoid stressful life events as far as possible.

*Meschi, Tiziana, MD, Nouvenne, Antonio, MD, PhD, Borghi, Loris, MD. Lifestyle REcommendations to Reduce the Risk of Kidney Stones. Urologic Clinics of North America, Vol. 38, Issue 3. Pg 313-370.*

# FAILURE GENERATES Success

"There is no question in my mind that I would have died."

Rev. Arnold Wise, 86, smiled as he spoke about his health condition before cardiologist Dr. John Gregg of Indiana Regional Medical Center recommended he receive a bi-ventricular pacemaker to treat his heart failure.

"Dr. Gregg saved my life," he said.

Wise, who had previously undergone a triple bypass surgery, suffered from heart failure about seven years ago. Heart failure happens when the right and left ventricles of the heart do not pump together which then prevents the left ventricle from pumping enough blood to the body.

"He had swollen up with all kinds of fluid in his body," recalls Wise's wife, Marlyn Wise. "His legs were swollen. His ankles were swollen. I said to my daughter who is a nurse, 'Something has got to be done for him. There has to be something to take all of this swelling out.'"

In addition to swelling, other symptoms of heart failure can include shortness of breath, dry cough, weight gain, fatigue and rapid or irregular heartbeat.

Wise went to IRMC's emergency room where he was admitted immediately to the hospital and began a medication regimen while Dr. Gregg determined what steps to take next. Wise was in the hospital on medication for about a week when Dr. Gregg decided to move forward with a recommendation for a bi-ventricular pacemaker.

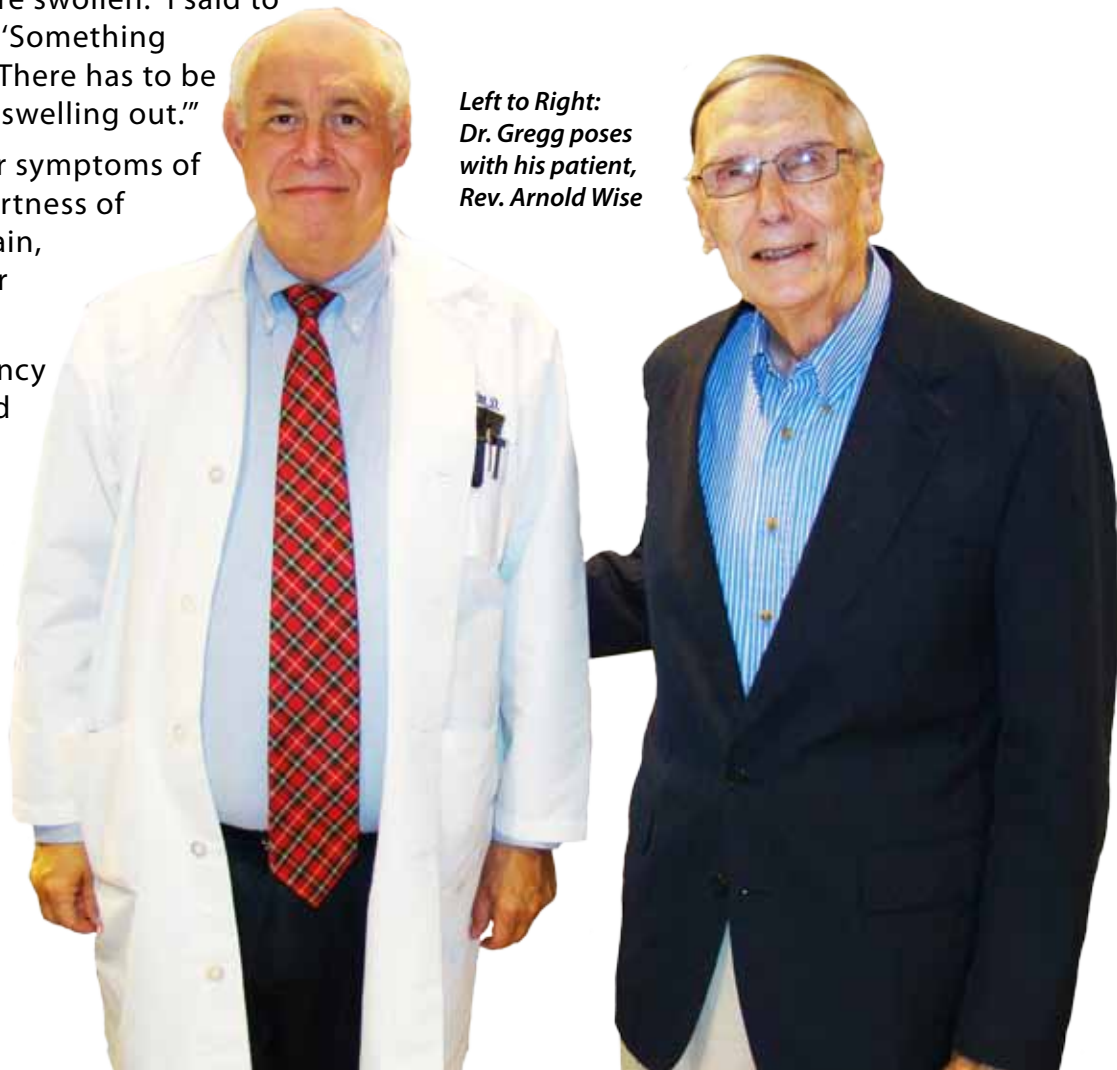
"He talked to a number of his colleagues who said,

'Well, I wouldn't do it because he has atrial fibrillation (a cardiac arrhythmia in which the heart muscles of the atria quiver instead of having a coordinated contraction), and I don't think it would work well with him,'" Wise said.

But Dr. Gregg was confident that bi-ventricular pacing, also known as cardiac resynchronization therapy (CRT), combined with an internal defibrillator would help with Wise's heart failure.

With CRT, a bi-ventricular pacemaker is implanted under the skin and regulates the heartbeat by sending electrical impulses through three tiny wires, called leads, which connect the device to the heart. Two of the leads help the left and right ventricles to pump together, and the third lead helps the left ventricle to have a normal

*Left to Right:  
Dr. Gregg poses  
with his patient,  
Rev. Arnold Wise*



contraction. The internal defibrillator is designed to shock the heart in case of cardiac arrest.

However, because of some horror stories that had been told to Wise and his wife, they were hesitant about the procedure. Mrs. Wise spent time re-searching CRT on the internet and contacted the office of Dr. Michael J. Larkin, a specialist in cardiac electrophysiology who Dr. Gregg recommended to perform the procedure.

"The nurse I talked to was very understanding, and she told me so much about it," said Mrs. Wise.

Now the couple couldn't be any happier with their decision to have the procedure done at IRMC. "He has been like a new person," said Mrs. Wise. "His color changed as soon as they brought him back into the room after they inserted it in his chest. He was pale and then all of a sudden he had a rosy complexion, like he does now. It revolutionized him, it really did."

Wise said he recovered quickly and without any complications. Within a week his swelling had gone down, and he had lost around 30 pounds. Now his blood pressure is stable, and he is full of energy.

Before the procedure, Wise spent much of his day confined to a recliner, but now he is able to attend all of his grandchildren's sports activities. He even continues to fill in preaching at churches around the area, something he has enjoyed doing for more than 50 years.

"We do everything now that I couldn't do before," said Wise. "It has been a complete transformation."

Wise couldn't praise Dr. Gregg and Dr. Larkin enough for their services.

"Dr. Gregg made all of the decisions, and they were all right," he said. "Dr. Larkin is just a wonderful doctor. They gave me, so far, seven bonus years. It's been just perfect. They have been good years.

"I feel like I'll make 90 and maybe more!"

***For more information, please contact the  
Center for Cardiac and Vascular Care at:  
724-357-7047***



*Left to Right:  
Rev. Wise and  
his wife, Marlyn*



# ALLEVIATE SINUSITIS WITH FinESS

You know the symptoms – a stuffy nose, pressure in and around your eyes, headaches and thick, yellowish-green nasal discharge. That's right. You have yet another dreaded sinus infection.

You know the routine, too – pick up the phone, call your primary care physician and run to the pharmacy to pick up yet another prescription to treat the symptoms of sinusitis. The antibiotics may help you feel better, but you're not fooled. Within a few months, you know you'll be plagued with another sinus infection.

Here at Indiana Regional Medical Center, Dr. Bosco E. Noronha, an otorhinolaryngologist (ear, nose and throat doctor), is breaking the sinusitis cycle with FinESS.

Sinusitis, more commonly known as a sinus infection, is an inflammation of the tissue lining of the sinuses. Blocked sinuses fill with fluid that contain pathogens which grow and can cause infections. Although symptoms of sinusitis can be quelled with steroids and antibiotics, medical therapy has its limitations and doesn't directly address the cause of infection. In addition, long-time steroid use can even worsen the sinus tract.

People who suffer from four or more sinus infections a year but aren't ready for invasive endoscopic sinus surgery, now have another option to seek relief from sinus pressure and pain.

Balloon sinus dilation, known as FinESS, is a new, non-surgical procedure that bridges the gap between medical therapy and endoscopic surgery. Before balloon sinus dilations, chronic sinusitis sufferers had only two options available – continuing with medical therapy, which can be ineffective, or undergoing functional endoscopic sinus surgery to remove tissue and bone from sinus openings and nasal passageways.

Unlike medical therapy, the FinESS treatment remodels the intersection of the four sinuses – the frontal sinuses (in the forehead), the maxillary sinuses (behind the cheek bones), ethmoid sinuses (between the eyes) and the sphenoid sinuses (behind the eyes). The treatment reopens the sinus pathways and restores drainage to deliver immediate and long lasting relief to recurrent and chronic sinusitis sufferers.

With balloon sinus dilation, a minimally invasive procedure, Dr. Noronha gains direct access to the maxillary sinuses through a small hole in the gum line under the upper lip. Similar to what is used to open blocked arteries, a small balloon attached to a scope is inserted through the entry point. The balloon is inflated to open blocked sinus pathways, then deflated and removed. The procedure is quick and painless and can be completed in less than an hour in an outpatient clinic.

On March 30, Carol became Dr. Noronha's first patient to undergo the FinESS treatment. Despite being first, she wasn't worried about the procedure.

"Dr. Noronha is a very calming person, and he explained everything that was going to happen," Carol said. "I had little butterflies in my stomach, but I wasn't that nervous."

A chronic sinusitis sufferer, Carol has had "one sinus infection after the other" throughout her life. She was constantly on medication for a sinus infection for about five months with no sign of relief before receiving the FinESS treatment.

But just moments after arriving for her appointment, Carol experienced first hand the instantaneous relief the procedure can provide.

"The minute they inflated the balloon, I could breathe," she said. "I don't remember breathing like that for a long time."

After comparing her experience with the experience her friend had with a recent endoscopic sinus surgery, Carol would not hesitate to recommend balloon sinus dilation to anyone contemplating a sinus procedure.

“They had to cut bone away and all of that [with the endoscopic sinus surgery],” Carol said, adding that the FinESS procedure “is so non-invasive that it’s the easiest way to do it.”

In fact, choosing balloon sinus dilation over endoscopic sinus surgery has many benefits. Endoscopic sinus surgery requires general anesthesia to put you in a state of unconsciousness while the surgery is being performed. On the other hand, the FinESS procedure requires only local anesthesia, similar to what dentists use, to numb the area around the nose and mouth.

In addition, 90 percent of patients who receive the FinESS procedure are able to return to normal activity within 48 hours after treatment. Patients who undergo functional endoscopic sinus surgery can feel the effects of the surgery for one - two weeks and experience nasal discharge for up to three months after the operation.

“I wasn’t allowed to skydive or scuba dive, and so that put a real crimp in my plans,” Carol joked. “But other than that, I was allowed to do anything.”

Experiencing only a mild headache after the local anesthesia wore off, which was easily treated with Tylenol, Carol was able to return to normal activity within a couple of days.

Unlike Carol’s friend who had to return for two or three follow-up appointments to remove packing from the nose after the endoscopic sinus surgery, the only necessary treatment after balloon sinus dilation is a saline nose spray.

The success Carol has had with the FinESS procedure is

not uncommon. More than 94 percent of patients who have undergone balloon sinus dilation no longer suffer from sinusitis. Clinical results show that the procedure improves the quality of life related to sinusitis symptoms an average of 70 percent for at least 12 months.

Both the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) and the American Rhinologic Society (ARS) have released policy statements affirming the role of balloon sinus dilation in the treatment of patients with sinusitis.

So if you are ready to end the sinusitis cycle and start breathing easy, talk to your physician to see if FinESS balloon sinus dilation is right for you.

*For more information, please call Dr. Noronha’s office :  
**724-349-5440***



*Left to Right: Dr. Noronha consults Carol Buterbaugh, a patient who recently underwent the new procedure.*

# FROM THE **Foundation**

## ROCKING CHAIR DONATION

A rocking chair is a seemingly inanimate piece of furniture, yet it plays an essential role in developing the bond between a mother and her child.

Realizing the importance of having a comfortable and peaceful place for a mother to nurture her newborn, the Indiana Regional Medical Center auxiliary donated 13 gliding rocking chairs to the maternity ward in September 2010 to ensure IRMC's proud new mothers have a place to bond with their children. Each of the private rooms in the postpartum unit received its own "glider."

Valued at more than \$19,000, the gliders were specially selected by staff members of the obstetrics department. The chairs are designed to provide a relaxing and soothing experience for mothers and their babies.

The gliding rocking chair earned its name from the smooth motion created by a glider mechanism inside the chair. Unlike traditional rocking chairs, gliders do not have runners and usually take up less floor space.

Studies show that the gliding motion can calm a crying baby and reduces stress for both the mother and the baby. Mothers who delivered their baby by C-section seem to recover faster by rocking everyday for a full hour. With all of the benefits that come from rocking, it's no wonder why the auxiliary invested in the gliders.

Although the auxiliary is more than happy to support the maternity ward without recognition, a small plaque has been fixed to a wall in each of the rooms to honor the generous donation.

"The OB department has always been a favorite of the auxiliary," said Marge Scheeren, IRMC director of volunteer services.

The auxiliary has a long history of helping the maternity ward. In 1983, it purchased the unit's first birthing bed and has continued to supply the unit with new nursery equipment over the years.

The auxiliary is an arm of the hospital fully run by volunteers. It offers services including the Pantry, located in the medical center's main lobby to provide food and snacks for visitors, and the Gift Shop, where visitors can purchase cards, magazines, gifts and more. The auxiliary also hosts fundraising events throughout the year including the charity ball and jewelry sale.

*Standing, Left to Right: Jennifer Elick, RN, Carla Edwards, President of the IRMC Women's Auxiliary, Jenny Williams, IRMC Volunteer*  
*Seated: Lindy Herr, holding her newborn son, Brendan*



## SURGERY WAITING AREA DEDICATION

IRMC received a generous donation specifically directed at renovating the surgery waiting area from Harry "Bud" Young in memory of his wife Elsie T. Young. Through this gift, IRMC was able to attractively renovate the Surgery waiting area and to also purchase additional wheelchairs for our patients. Elsie Young was a long time volunteer here at IRMC, and Mr. Young chose to solidify her time and contributions to IRMC in a manner that benefits those that we serve. We are honored to be the recipient of such a gracious gift, especially one that is sensitive to the needs of our patients and families as they receive care here at IRMC.

Bud also donated an oil painting that he painted himself to be placed in the OR waiting area also in memory of his wife Elsie.



## LOVE OF LIFE

*A cause that rocks!*

# ERADICATION

“The one carat princess cut diamond, placed at a \*North \*South \*East \*West orientation symbolizes the on course direction of cancer treatment. The navigational compass overpowers and dissolves the cluster of pave' diamonds to promise the future eradication of cancer.”

— Gary Wyant  
G.C. Wyant Fine Jewelry

**Tickets are \$10**  
Purchase at M. Dorcas Clark, M.D.  
Women's Imaging Center  
or by calling 724.357.8053  
Drawing will be held on  
Thursday, November 3rd at  
Calvary Presbyterian Church

**INDIANA**  
HEALTHCARE FOUNDATION  
M. Dorcas Clark, MD  
Women's Imaging Center  
at Indiana Regional Medical Center



**LOVE OF LIFE 5K RUN/WALK - OCT. 15, 2011...9-11AM**  
Proceeds benefit the M. Dorcas Clark, MD, Women's Imaging Center

The route is a beautiful loop (true 3.1 mile), starting at 8th & Philadelphia Streets, heading south to IRMC via the IUP Campus & Mack Park. It returns through Mack Park, town

& IUP to the finish line. The course is mostly flat with gentle inclines and two moderate hills. Race is a moderate run and will be clearly marked at 1, 2, and 3 miles.

**\$20**  
Reg. Fee

Find route details at:

**[www.mapmyrun.com](http://www.mapmyrun.com)**

Registration begins at 7:30 a.m.  
Tech t-shirts (unisex) available to all  
pre-registered by 9/25/11.

**To register, please call: 724.357.8053**



**Michael D. Doff, MD** **EMERGENCY MEDICINE**

**Medical School:** Medical College of Wisconsin, Milwaukee, WI  
**Internship:** Georgetown University, Washington, DC  
**Residency:** University of Pennsylvania Medical Center, Philadelphia, PA - Occupational Medicine  
**Location:** Dr. Doff will be providing care at IRMC Emergency Department and ICR Urgi Care  
Dr. Doff is trained in Occupational Medicine, and has previous experience in Emergency Medicine



**Mohammed N. Islam, MD** **VASCULAR & GENERAL SURGERY**

**Medical School:** Sylhet Medical College, Bangladesh  
**Internship:** New York Methodist Hospital, Brooklyn, NY  
**Residency:** New York Methodist Hospital, Brooklyn, NY - General Surgery  
**Fellowships:** Baylor College of Medicine, Houston, TX - Cardiovascular Surgery  
Arizona Heart Institute, Phoenix, AZ - Peripheral Vascular/Endovascular Surgery  
**Board Certification:** American Board of Surgery, 1996, 2008  
**Location:** Dr. Islam's office is located at 119 Professional Center, Suite 103, Indiana, PA  
He is accepting new patients.....**724-349-2576**

Dr. Islam is a vascular surgeon. He will be providing surgical and non-surgical treatment, including angioplasty and stenting for vascular disease. He'll also be seeing patients in Our IRMC Vein Clinic and center for Wound Healing, in addition to General Surgery.



**Seung J Lee, MD** **FAMILY MEDICINE**

**Medical School:** Chonnam University, Gwangju, South Korea  
**Internship:** Sinai Hospital, Baltimore, MD  
**Residency:** Wheeling Hospital, Wheeling, WV - Family Medicine  
**Location:** Dr. Lee will be practicing with Clymer Family Medicine, 349 Franklin Street, Clymer, PA..... **724-254-4314**

Dr. Lee is a Family Medicine physician. He will be accepting adult and pediatric patients and participating in their hospital care.

**Patricia M. Moore, MD****NEUROLOGY**

**Medical School:** Medical College of Pennsylvania, Philadelphia, PA

**Internship:** Montefiore Medical Center, Bronx, NY

**Residency:** Duke University Medical Center, Durham, NC

**Fellowship:** National Institute of Health, Bethesda, MD

**Location:** Dr. Moore will be joining Neuropsychiatric Associates in the Medical Arts Building, 850 Hospital Road, Indiana, PA.

Dr. Moore has experience with autoimmune diseases, including vasculitis, multiple sclerosis and lupus, systemic inflammatory diseases and inflammatory/infectious causes of stroke, cognitive disorders, as well as General Neurology.

**Donald E. Mrdjenovich, DPM****WOUND CARE**

**Medical School:** Ohio College of Podiatric Medicine, Cleveland, OH

**Board Certification:** American Board of Podiatric Orthopedics & Primary Podiatric Medicine, 1993

**Location:** Dr. Mrdjenovich will be providing Wound Care at the Primary Health Network site in Northern Cambria.....**724-357-8127**

Dr. Mrdjenovich is a podiatrist with extensive training in wound care.

**Michael S. Nillas, MD****CARDIOLOGY**

**Medical School:** St. George's University School of Medicine, Grenada, West Indies

**Internship:** Drexel University College of Medicine, Philadelphia, PA

**Residency:** Drexel University College of Medicine, Philadelphia, PA - Internal Medicine

**Fellowships:** Marshall University, Huntington, WV - Cardiology  
University of Maryland Medical Center, Baltimore, MD - Cardiac Electrophysiology

**Board Certification:** American Board of Internal Medicine, 2003

American Board of Internal Medicine, Cardiovascular Disease, 2006

**Location:** Dr. Nillas joined the practice of Dr. Floyd Casaday, 119 Professional Center, 1265 Wayne Avenue, Suite 306, Indiana, PA.....**724-349-3233**

Dr. Nillas is a non-invasive cardiologist, evaluating and managing medical diseases of the heart.

**Jason P. Rasefske, MD****URGENT CARE MEDICINE**

**Medical School:** Temple University School of Medicine

**Internship:** Excelsa Health Latrobe Area Hospital

**Residency:** Excelsa Health Latrobe Area Hospital - Family Medicine

**Board Certification:** American Board of Family Medicine, 1999

**Location:** Dr. Rasefske will be providing Urgi-Care services at ICR, 25 Colony Blvd, Blairsville, PA  
Dr. Rasefske is a family medicine physician, who will be providing outpatient, walk-in acute care.

# PALLIATIVE CARE Expanded

The Visiting Nurse Association and Indiana Regional Medical Center are working together to offer Palliative Care services to patients in our area.

Palliative (pal-lee-uh-tiv) care is specialized medical care for people with serious illness. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of serious illness-whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses and other specialists who work with a patient's other doctors to provide an extra layer of support. Palliative care is appropriate at any age and at any stage of illness, and can be provided together with curative treatment.<sup>1</sup>

We are very fortunate to have a palliative medicine specialist in our community. Dr. Stella Boron is available for consultations with patients admitted to IRMC. She also sees patients at the IRMC Center for Pain Management, in skilled facilities, or in the privacy of their homes. Dr. Boron works closely with Kim Ondrizek RN, MSN, who is also a specialist in palliative nursing.

Many people are living with complex medical conditions such as heart and respiratory problems, as well as cancer. The frail elderly are especially vulnerable and can benefit from palliative care. Patients may receive services along with other

medical care including curative treatments. In fact palliative care can help to make curative treatments more effective. The goal is to relieve pain, fatigue, shortness of breath, loss of appetite, anxiety, depression and other symptoms. The care is personalized, supports the family caregiver, and improves not only physical comfort but dignity and emotional well being too. In essence, it adds an extra layer of support to patients and families confused and worn out by illness.

If you think you could benefit from palliative care, call the IRMC Center for Spine and Pain Management at 724-357-8135 or ask your doctor.

*1. Public Opinion Research on Palliative Care, Center to Advance Palliative Care (CAPC) 2011*



**Left to Right:** Kim Ondrizek, MSN, CHPN, RN; Stella Boron, MD; and N.J. King, RN-C, Manager of the Center for Pain Management

# On the HORIZON

at Indiana Regional Medical Center

## INDIANA

REGIONAL MEDICAL CENTER

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The purpose of IRMC's HOUSECALL is to give consumers reliable, general information about health care and the services provided by the Medical Center's staff. It is never intended to replace the advice and counseling of medical and health care professionals.

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Visit us online at  
[www.indianarmc.org](http://www.indianarmc.org)



**Date:** October 18, 2011  
**Time:** Doors open at 5:30 PM  
**Location:** Rustic Lodge, 2199 Oakland Avenue, Indiana, PA 15701  
**Admission Fee:** \$45, Free to Spirit Members  
**To Register:** Call the Institute for Healthy Living, 724-357-8088  
**Web:** [www.indianarmc.org](http://www.indianarmc.org)

Join us to celebrate your health as your best accessory. Learn tips and techniques to discover your purse-onality and improve your health for a long and vibrant life.



Spirit Girls' Night Out® is powered by Spirit of Women®, a national network of hospitals and healthcare providers across the United States that ascribe to the highest standards of excellence in women's health, education, and community outreach.



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[spiritofwomen.com/spiritgirlsnightout](http://spiritofwomen.com/spiritgirlsnightout)

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BEHAVIORAL HEALTH SERVICES  
**INDIANA**  
REGIONAL MEDICAL CENTER

*Program Focus: To Provide Resources & Support for Caregiver Wellness & Education on Memory Impairment*

**November 2, 2011**  
Rustic Lodge, Indiana, PA  
10:00am to 3:00pm  
Doors Open at 9:00am  
Continental Breakfast,  
Lunch & Refreshments Provided

**RSVP: 724-357-7083**  
[www.indianarmc.org](http://www.indianarmc.org)  
[www.irmcares.org](http://www.irmcares.org)

*No Cost Submitted for CEU's*

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# IRMC TODAY



*In case you miss it, you can also listen on:  
[www.1160wccs.com/IRMCtoday.aspx](http://www.1160wccs.com/IRMCtoday.aspx)*

**EVERY SATURDAY ON  
1160WCCS-AM**

**IRMC TODAY**, a thirty-minute program, takes an inside look at your community hospital, Indiana Regional Medical Center. The show airs on 1160 WCCS-AM twice on Saturday, first 7:30 to 8:00 AM, then repeats 12:30 to 1:00 PM.