Customized Knees
A reality with the Signature™ Technology
Page 6

Intensivists
The go-to physicians providing continuity of care for critical patients
Page 10

Hybrid Cardiac Procedure
Helping saving lives
Page 18

Read More About Heather’s Life After Bariatric Surgery on Page 14
Table of Contents

4 Couple and Their Newborn Triplets
Feel at Home at Elkhart General

6 Customized Knees a Reality with the Signature™ Technology

9 Colon Cancer Screenings Save Lives

10 Intensivists: The Go-To Physicians
Providing Continuity of Care for Critical Patients

12 Providing Peace of Mind

13 Elkhart General Named One of Only Four Hospitals in the Nation to be Low-Dose Center of Excellence

14 Back in the Saddle:
Heather Stears Enjoying New Life After Bariatric Surgery

16 The Finish Line: Jennifer Blake Walks New Paths to Life and Health

18 Innovation and Cooperation Helping Saving Lives

20 Patient Care Unlike Any Other in the Region

22 New MRI Scanner Focuses on Patient Centered Care

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Feeling Right at Home
Staying on top of everything seemed daunting when they learned seven weeks into Erica’s pregnancy they were expecting triplets. But a sense of concern was replaced with confidence when they learned of the Elkhart General Special Beginnings Maternity Center and the Neonatal Intensive Care Unit (NICU). They agreed it was the right place for their babies to be born.

“We wanted a small and intimate setting, and we knew the quality of care would be outstanding,” said Erica. “We really liked the atmosphere and the people were wonderful.”

In the months leading up to the delivery, Erica and Marcel became increasingly acquainted with the NICU surroundings and the staff. To prepare the expecting parents for the NICU, the staff supplied information about premature newborn care as well as NICU procedures and equipment.

The staff welcomed the Guevaras by making the NICU feel, well, like home. Since it’s common for multiples to not reach full term, the Elkhart General NICU was ready to serve as the first, but temporary home for the babies. Several weeks in advance, three incubators were already in place in a section of the NICU along with four recliners for mom, dad and guests. “It felt like it was our living room,” said Marcel. “Everything we needed, they had it. Every question we had, they answered.”

The Big Day
The Elkhart General NICU is ready even when you’re not. And was more than ready for the Guevara triplets’ birth. For each baby in the operating room, there was a neonatal nurse practitioner, a nurse and a respiratory therapist, along with state-of-the-art equipment in the event there was a health emergency. Having reached 32 weeks gestation, the minimum number of weeks required at the Elkhart General NICU to treat a preemie, Erica gave birth by C-section. She was released four days later, but all three daughters remained in the NICU for at least two weeks until they could eat on their own and regulate their body temperature.

The couple visited Melody, Tessa and Eva up to three times a day. A couple days before the babies were discharged, Erica and Marcel were able to stay with their daughters in a maternity center suite. This gave the new parents the opportunity, in a medically monitored environment, to become comfortable with feeding and changing their diapers. “For us, this was like taking much-needed baby steps,” said Erica.

Top Quality Care
The Guevaras, like many other families before them, were extremely pleased with the level of care in the 8-bed Level 2 NICU. Staffed by neonatal registered nurses, along with experienced neonatal nurse practitioners and certified neonatologists, the NICU provides a high level of care for premature babies. While a baby is in the NICU, moms are offered a bedroom nearby, enabling families to spend as much time in the NICU as possible. It’s the kind of specialized care that the Guevaras felt confidence in from the start.

“The NICU staff encourages families to play an active role in the care of their babies, and the unit design provides space and privacy to facilitate family participation,” said Robert White, MD, neonatologist and NICU medical director.

Michaela Nufer, MSN, NNP-BC, board certified neonatal nurse practitioner and NICU manager, said it was an absolute to be on hand for the triplets’ birth. “It was an amazing experience,” she said. “It’s a miracle anytime a birth happens, but this was extra special.”

To schedule a personalized tour of the Elkhart General Hospital Special Beginnings Maternity Center, call 574-523-3444. To learn more, visit www.egh.org.

Couple and Their Newborn Triplets Feel at Home at Elkhart General
You can’t blame Erica Guevara for seeing just about everything in three’s. That’s because Erica and her husband Marcel, of Elkhart, are parents of Melody, Tessa and Eva (pronounced Ava), triplets born in May 2012. It was the first set of triplets born at Elkhart General Hospital in 15 years.

Life, as expected, has been busy for mom and dad who are attuned to their babies’ every movement. The squirmy but happy threesome share the same eating patterns, but unfortunately for the parents, an established napping routine has so far eluded them.

“We’ve figured out how to be parents to triplets. It takes Marcel and I working as a team to get everything done. And we have to be a team, because we’re outnumbered,” said Erica, laughing.
Everything about you is unique, including your knees. So when you need knee replacement surgery, you want a solution that’s just for you. That’s why Elkhart General Hospital offers the Signature™ Knee System: a state-of-the-art knee replacement procedure designed around a person’s own unique knee anatomy.

The Signature Knee is among the latest innovations in joint replacement, offering patients a more natural range of motion and typically faster recovery.

Leonard Kibiloski, MD, FACS, Board Certified Orthopedic Surgeon with the Elkhart General Hospital Center for Joint Replacement, said the Signature Knee makes up more than half of knee replacements performed at Elkhart General.

“It’s a win-win for both surgeon and patient,” he said. “The technology allows for an image-based approach prior to surgery, in which an MRI or CT scan is used in conjunction with a custom designed guide to create an implant position, custom-designed to the patient’s bones and soft tissues.”

“It is very patient specific,” Dr. Kibiloski said. “It’s less invasive which means less bleeding, less time under anesthesia, less pain and less chance of infection. This all translates to faster recovery time.”

And the advancement enables the surgeon to plan total knee replacement before surgery, which means less time in the operating room.

In the past, surgical planning has typically been based off of two-dimensional X-rays. With the MRI and Signature personalized positioning guides, surgeons have access to a greater level of detail and precision, resulting in customized implant position and alignment information prior to the procedure.

“For computer guided imaging of the hip, knee and ankle, a mechanical alignment is custom created for the patient,” Dr. Kibiloski said. “We know exactly where the parameters are for how the prosthesis needs to be placed on the bone.”

The prosthetic is made up of chrome cobalt on the femur, a titanium tibia and a plastic insert of high-density polyethylene. Some of the newer polyethylene contains Vitamin E, which offers a better wear life, Dr. Kibiloski said.

When the Signature Knee is implanted, there is less pain like the original knee before the arthritis occurred. “There is less pain because the knee is now back in its natural, pre-disease alignment, without cartilage wear,” Dr. Kibiloski said.

Immediately following surgery, the patient can put their full weight on the joint. Patients spend two to three days in the hospital and three to six weeks of therapy is required, depending on the patient.

With technology like the Signature Knee, patients experience a more comfortable, natural quality of life. Precision diagnostics tailored to their own anatomy – it doesn’t get more custom than that.

Elkhart General Hospital Center for Joint Replacement has been Five-Star Rated for Total Knee Replacement for five years in a row by Healthgrades™. For more information on why joint replacement may be right for you, visit us online at www.egh.org/yourjoints.
According to the America Cancer Society, colon cancer is the third most common cancer in men and women. But thanks to increased colon cancer awareness and screenings, rates have decreased the last two decades, while advances in treatment offer hope to those diagnosed.

Burton Boron, MD, Board Certified Gastroenterologist of Elkhart Gastroenterology, encourages men and women, especially ages 50 and older to get screened, since early detection saves lives.

Colonoscopies allow for the detection and removal of polyps before they progress. A colonoscopy does not provide 100 percent protection from colon cancer, but it remains the most effective type of screening today for the disease.

Of the 1,000 colonoscopies Dr. Boron performs each year at Elkhart General Hospital, about 25 percent show precancerous polyps that he removes.

“We can endoscopically remove polyps in 98 percent of cases,” he said. “But if polyps are too large we can do laparoscopic surgery, a minimally invasive technique.”

Dr. Boron said chemotherapy and radiation advances are encouraging to those diagnosed with colon cancer today and surgical techniques are better for virtually anything found that is benign.

“There are some patients who develop cancer in between screenings,” Dr. Boron said. “Therefore, higher risk patients are advised to have colonoscopies every five years. Average-risk patients should undergo screenings every 10 years.”

Increased risks include obesity, physical inactivity, a diet high in red or processed meat, alcohol consumption, long-term smoking and possibly very low intake of fruits and vegetables. Heredity and medical factors that increase risk include a personal or family history of colorectal cancer and/or polyps, a personal history of chronic inflammatory bowel disease, and certain inherited genetic conditions, including Lynch syndrome, and familial adenomatous polyposis (FAP).

“A colon screening is an easy and pain-free test that will give you and your loved ones peace of mind,” Dr. Boron said. “This screening saves lives.”

To schedule a colon cancer screening, call Elkhart Gastroenterology at 574-389-7362. Elkhart Gastroenterology is located on the Lower Level of Elkhart General Hospital at 600 East Boulevard. To learn more, visit www.egh.org.

Burton Boron, MD earned his medical degree from Rush Medical College, completed his Internal Medicine Residency at Northwestern University and his Gastroenterology Fellowship at the University of Illinois Hospital, all located in Chicago, Illinois. He is Board Certified in Gastroenterology and Internal Medicine. Dr. Boron has been part of the Elkhart General Medical Staff since 1987.

Early stage colon cancer typically does not have symptoms, which is why screening is so beneficial because it can detect early stage cancer. Advanced disease may cause rectal bleeding, blood in stool, a change in bowel habits, and cramping pain in the lower abdomen.

Early Detection
Beginning at age 50, men and women who are at average risk (those without increased risk factors) for developing colon cancer should begin screenings. Screening can result in the detection and removal of colorectal polyps that might have become cancerous, as well as the detection of cancer at an early stage, when treatment is less extensive and more successful.

Treatment
Surgery is the most common treatment for colon cancer. For cancers that have not spread, removal may be curative. A permanent colostomy is rarely needed for colon cancer. Chemotherapy alone, or in combination with radiation, is given before or after surgery to most patients whose cancer has penetrated the bowel wall deeply or spread to the lymph nodes.

Prognosis
When colorectal cancer is detected at an early, localized stage, the 5-year survival rate is 90 percent. After the cancer has spread regionally to involve adjacent organs or lymph nodes, the 5-year survival rate is 60 percent. When the disease has spread to distant organs, the 5-year survival rate is 12 percent.
More than six years ago Elkhart General Hospital started an intensivist program in its Critical Care Center and patient outcomes are better than ever before.

“Instead of multiple physicians checking on the patient throughout the day, intensivists are the attending physicians, which improves continuity of care and achieves better results,” explained Greg Losasso, President of Elkhart General. “The intensivists provide continual care day and night. This streamlines patient care and communication on behalf of the patient.”

“These patients need more constant monitoring with a physician readily available to respond to their needs,” Losasso continued. “The intensivists collaborate with nursing, pharmacy, case management and others to determine the best course of treatment, which translates into reduced length of stay, reduced cost for the patient and much better clinical outcomes for our patients.”

The intensivist approach means more effective treatment. “If there are emergencies, the intensivists can respond quickly,” Losasso said. “From a hospital perspective, having intensivists improves both patient and staff satisfaction.”

Kenneth Gammon, MD, has been an intensivist since the birth of intensivists in 1987, when the National Intensive Care Board was created. He has been an intensivist at Elkhart General since the program’s inception.

“Patients attended by an intensivist benefit in so many ways,” Dr. Gammon said. “They get to know their attending physicians much better, they experience seamless care with improved outcomes and they often are not in the hospital as long. The nurses benefit also by working with attending physicians, which improves continuity of care and achieves better results.”

An intensivist’s day at Elkhart General includes a morning collaborative meeting with nursing, pharmacy and dietary. “It’s a meeting of the minds concerning the critical care patients,” Losasso said.

Dr. Gammon said, “We discuss their plan of care for the day.”

The Critical Care Center receives patient admissions in one of two ways – directly from the Emergency Department or patients transferred from another part of the hospital that need to be more closely monitored. In addition to closely monitoring patients, Dr. Gammon and the other intensivists at Elkhart General perform procedures like arterial and central lines and ventilators.

Greg Losasso, President of Elkhart General. “The intensivists provide continual care day and night. This streamlines patient care and communication on behalf of the patient.”

To learn more about the intensivists program, visit www.egh.org.
Providing Peace of Mind

It is the sad reality that for some diseases there is no cure. And while significant research continues to make progress for developing treatments to prevent some fatal conditions, it’s still 20 years or more before they can become a reality. Yet, there is hope for the present. Many people affected by neuromuscular diseases, such as neuropathy, are still able to enjoy quality of life.

Eliud Irizarry, MD, a Board Certified Neurologist at Neurology Associates, a part of the Elkhart General Medical Group, has made it his mission to better understand how neuromuscular disorder is affecting his patients’ daily lives and what treatments can be best applied to enhance their ability to manage the condition. Comprehending the complexities of diagnosing, treating and managing disorders of the brain and nervous system requires not only considerable training and education, but also a degree of empathy.

“I’ve always put myself in my patient’s shoes so I can better understand what their concerns are and what they are going through,” Dr. Irizarry said.

He has worked in private practice, as well as a researcher and lecturer. The former Yale University clinical instructor

is excited about the opportunity to help people affected by neuromuscular disorders throughout the region. For those suffering from peripheral neuropathy, a disorder resulting from damaged nerves in the peripheral nervous system, Dr. Irizarry helps relieve the symptoms of pain and numbness in the hands and feet through a multidisciplinary approach involving the patient’s primary care physician. Care plans differ from patient to patient, but may include physical therapy, managing medications more effectively, counseling and other treatments.

Dr. Irizarry’s interest and expertise includes a variety of neuromuscular disorders, including myasthenia gravis, muscular dystrophy and ALS. Whatever the neuromuscular disorder, Dr. Irizarry works long term with his patients and the patient’s primary care physician to manage the person’s overall health.

Dr. Eliud Irizarry is accepting patients at Neurology Associates, located at 1753 Fulton Street in Elkhart. To schedule an appointment, please call 574-293-9448. Please have a referral from your physician.

Elkhart General Named One of Only Four Hospitals in the Nation to be Low-Dose Center of Excellence

Siemens Healthcare has announced Elkhart General Hospital as a Low-Dose Center of Excellence for computed tomography (CT). One of only four hospitals in the nation to receive this designation, Elkhart General will collaborate with Siemens in the development of best-in-class clinical processes and protocols that reduce patient CT radiation dose, improve patient outcomes and strengthen clinical operations.

Low Dose Centers of Excellence represent leading health care facilities that are pioneering radiation dose reduction in CT.

“This is a big deal,” said Ray Kiendl, Director of Radiology at Elkhart General. “This benefits the health and well-being of the patients we serve because we have established the lowest possible radiation dose that is allowable that will still render a good quality image. No one else is doing that in our region.”

Launched exclusively by Siemens in 2009, the CT Low-Dose Centers of Excellence program is the gold standard for academic-industry partnerships. Patient care is the core commitment of Siemens’ CT Low-Dose Centers of Excellence program, and Siemens works with its leading customers in various clinical settings to create best industry practices to continue development of this important mission and achieve best-in-class outcomes. Other participating institutions include Anne Arundel Medical Center in Annapolis, Maryland; Virginia Commonwealth University Medical Center in Richmond; and the University of Minnesota Medical Center in Fairview.

To learn more on our 128-Slice CT Scanner, visit www.egh.org.

The Elkhart General Radiology Department established a baseline level of radiation doses given to patients, then embarked upon ways to reduce doses while enhancing image quality at the same time.

“The low dose is particularly important for pregnant women, so the first area we studied involved pulmonary embolisms, which is a common occurrence in pregnant women,” Kiendl said.

“Pregnant women with pulmonary embolisms have to undergo CTs of the chest for this condition. These patients are the most critical because the growing fetus is the most susceptible to adverse effects of radiation.”

“It is not only critical to limit radiation exposure to the fetus, but also to the woman. Since these X-rays involve the chest region, the cumulative dose to the breast is potentially harmful with the chance of radiation-induced breast cancer,” Kiendl explained. “We are very excited to offer these women, as well as other patients, the lowest possible dose CT.”

Elkhart General | 574-294-2621 | 13
Back in the Saddle: Heather Stears Enjoying New Life After Bariatric Surgery

Ever since Heather Stears was a teenager, she loved riding horses. Riding and training horses in her hometown of Constantine, Michigan, quickly became her greatest love. But the unbridled passion for riding horses nearly disappeared when she came to the startling realization a few years ago that she was too heavy to ride her favorite horse, Lad.

Heather, an operating room nurse at Elkhart General Hospital and visiting lecturer in nursing at Indiana University South Bend, struggled with obesity for years. Her weight fluctuated dramatically as she experimented with nearly every diet plan. Two different diets caused her to lose 100 pounds, but other health issues, a strenuous graduate school workload and late night shifts in an ICU caused Heather to put back on the weight. Her obesity caused serious health issues: high blood pressure, acid reflux and hip and joint pain. In preparation for her wedding day in May 2010, she lost 30 pounds, but still weighed 289 pounds.

A New Day

For the year following the wedding, Heather had on- and off-again success in losing 100 pounds. But she committed herself to losing weight and keeping it off – due in large part to the Elkhart General Hospital Bariatric & Metabolic Institute and the arrival of fellowship-trained bariatric surgeon Eric Knapp, DO. After several meetings and reviewing her surgical options, Heather opted to move forward with lap-band surgery. For the next six months before her April 2012 surgery, she prepared herself for life after lap-band surgery by living the life before surgery – overhauling her diet and changing her eating behaviors. Her outlook has paid dividends as she embraces rather than rejects healthy food choices. “I don’t have to eat healthy, I want to eat healthy,” she said.

Lifelong Journey

Tammy Haeb, RN, Coordinator of the Elkhart General Bariatric & Metabolic Institute, has helped dozens like Heather to end the rollercoaster of dieting and become healthy in a lasting way.

“We love what we do because we get to be a part of peoples’ lives who are transformed by a partnership in which we prepare and support them on this lifelong journey to better health,” said Haeb.

The Bariatric & Metabolic Institute, which features the only fellowship-trained bariatric surgeons in the region, offers an individualized program that ensures long-term success through patient education, support groups and follow-up. And to create the roadmap for success, the bariatric team prepares patients six months in advance of surgery by guiding them along a medically monitored program that includes meal replacements, nutritional counseling, exercise classes and access to health experts. While bariatric surgery is effective for people who are obese, it’s also ideal for those affected by diabetes or another chronic condition who may not even be overweight. Gastric bypass surgery, for instance, can reduce the severity and frequency of diabetes symptoms.

Today, Heather feels more like 24 than 34 thanks to lap-band surgery, a regimented diet and frequent exercise. Her blood pressure is normal again, and there is no more hip or knee pain. She used to weigh 319 pounds and wore size 26 jeans, but today she weighs 181 pounds and wears size 11 jeans. And best of all, an enthusiastic and confident Heather is once again able to ride horses.

“It’s still a work in progress, but I am personally growing as a result of this life-changing experience,” she said. “The journey has only begun and I am excited to continue to learn and grow as a person emotionally and physically. I am empowered by the decision I made to have the surgery and will use this tool to make myself the healthiest person I can be.”

For more information on the Elkhart General Hospital Bariatric & Metabolic Institute, call 574-523-3264 or 855-874-3BMI (3264). Free informational seminars on bariatric surgery are held twice a month. For a complete list of dates and times, visit www.egh.org/BMI.

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The Finish Line: Jennifer Blake Walks New Paths to Life and Health

In 2003, Jennifer Blake, was driving during a blizzard when a semi collided into her vehicle. She spent the next 35 days in the hospital and had a 4-inch section of her skull removed. “There was so much swelling on her brain, doctors performed the surgery to avoid further brain damage,” explained her dad, Ron.

Jennifer spent a year and a half in a wheelchair and during that more sedentary time naturally gained weight. She was in physical therapy to help get her moving again, but she still put on pounds, which wasn’t helping her mobility. Unhappy with the direction she was headed in, Jennifer chose a new one.

Setting Goals

In 2009 she enrolled in the Elkhart General Hospital New Direction Weight Management Program, and through mental focus, learning how to create beneficial habits, exercise and healthy eating, she dropped 83 pounds.

Jennifer not only set healthy eating and exercise goals in order to lose weight, she set her mind to training for the annual New Directions Wellness Clinic 5K. Jennifer prepared for her 5K inside New Directions’ exercise room, where you can still find her walking up to two miles at a time on the treadmill.

Since then she has completed four New Directions 5K walks, each time finishing faster than the previous one. “My third 5K I was dead last,” Jennifer said. “This one I not only finished ahead of others, I did it in 53 minutes.”

“Jennifer’s goal-oriented, positive mindset has carried her far,” said Liz Winet, FNP-BC, MSN, MBA, Manager of the New Directions Wellness Clinic. “This year her goal was to finish in under one hour, and she did. She is always incredibly inspiring as everyone watches her. We rise and applaud as she crosses the FINISH LINE because it is such an accomplishment.”

Jennifer’s experience with New Direction has reaped many weight-loss rewards, including enhanced mobility, increased energy and lower cholesterol levels. With sound, personalized guidance, the New Direction program has taught Jennifer not only how to take the weight off, but how to keep it off. “The basic wisdom for healthy eating remains whole, natural foods, personalized to the individual’s body responses, along with personal taste, for long-term success,” Liz said. “One of the most meaningful parts of the New Direction program has been finding healthier versions of the foods I like,” Jennifer said. “I can still have sweets, but in moderation.”

Many people believe life’s circumstances will interfere with their long-term success, but Jennifer is an example of not letting anything stand in the way of achieving the life she wants for herself. Her future plans include returning to college to finish her nursing degree.

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Jennifer has physical limitations in which she has to work so much harder than most,” Liz said. “All human beings have hardships and history that can distract us from health, but long-term success has nothing to do with the circumstances in your life. The human spirit trumps everything, and Jennifer is a stunning example of that.”

The first word that comes to Ron’s mind concerning his daughter is miraculous. “I think back to when she could only say ‘yes’ or ‘no’ because her vocabulary was so impaired after the accident,” he said. “I look at her now and marvel at her physical and mental comeback.”

A 2010 graduate of New Direction, Jennifer continues to drink New Direction weight loss shakes each morning and she gets to use the clinic’s exercise equipment any time, free of charge. A favorite piece of advice from Liz – “It’s not about perfection – just keep growing and getting closer to your goals.” And Jennifer sees getting closer, faster, to many more finish lines in the future.

For more information on the Elkhart General Hospital New Direction Weight Management Program or to attend a free orientation, call 574-523-2750.
Collaboration is Key

What allows Elkhart General the ability to perform the hybrid approach begins with a spirit of collaboration and cooperation between the cardiac surgery and interventional cardiology teams to collectively evaluate and determine what is the best course of treatment for each patient. Reviewing patient cases daily, cardiac surgeons and interventional cardiologists have confidence and trust in each other’s knowledge and abilities. “By providing the hybrid cardiac procedure at Elkhart General Hospital Center for Cardiac Care, people do not have to travel out of the area for outstanding cardiac care,” said Dr. Halloran. “This would not be possible without physician collaboration, highly advanced medical technology and talented support staff.”

For its remarkable cardiac program, the Elkhart General Hospital Center for Cardiac Care received an America’s Top 100 Best Hospitals designation from Healthgrades. The program is also ranked No. 1 in Indiana for cardiac surgery two years in a row. To learn more, visit www.egh.org/cardiac.

Innovation and Cooperation: Saving Lives

A 30-year history of smoking, morbid obesity, high blood pressure and diabetes, Randy Klase was a ticking time bomb. The 53-year-old Goshen resident nearly died from a heart attack while grocery shopping in July 2011. Tests later revealed multivessel coronary artery disease and his resident nearly died from a heart attack while grocery shopping in July 2011. Tests later revealed multivessel coronary artery disease and his heart wasn’t getting enough oxygen, placing him at risk for a second heart attack.

Interventional cardiologist Mark Smucker, MD referred him to Elkhart General Hospital and Board Certified Cardiothoracic Surgeon Walter Halloran, MD, with Cardiothoracic Surgery of Northern Indiana, for possible coronary artery bypass surgery. It was believed that neither exclusively stenting the blocked arteries, nor bypass surgery alone would be the best for the long-term health of Randy. Instead, Drs. Halloran and Smucker determined an innovative approach utilized at some of the country’s best hospitals would be the best plan. This approach, known as the hybrid cardiac procedure, combines minimally invasive coronary artery bypass surgery with catheter-based coronary intervention (stenting).

Two Is Better Than One

In general, bypass surgery, using the internal mammary artery to bypass the area of blockage in the affected artery, is the most reliable, long-term approach. Stenting is more temporary, but yet still an effective repair for opening blocked arteries. However, there are times when uniting the two, bypass surgery and stenting on the same day in the same place, is the wisest medical choice because there are fewer risks and more benefits long term than doing one or the other by itself.

When is the hybrid cardiac procedure the best option? There are cases in which the cardiac surgeon is unable to access select areas around the heart to conduct a bypass without having to use the heart and lung machine to keep a person’s heart and lungs functioning. Some patients, due to poor lungs or kidney disease, are at greater risk for complications if put on a heart and lung machine. This is when stenting, done in tandem with bypass surgery, becomes critically important because the interventional cardiologist is able to run a catheter through nearly any blood vessel to a hard-to-reach area.

The other popular scenario for using the hybrid procedure is for people with multivessel coronary artery disease who may not have enough normal blood vessels in other parts of the body needed to form multiple bypasses. This again raises the need for stenting to aid what cannot be accomplished through the use of the internal mammary artery as the lone vessel for multiple bypass surgery.

Night and Day

Randy trusted the physicians that the hybrid procedure was the best option for him. “Because of how bad my heart disease was, I either have the operation or die,” Randy said. In August 2011, the cardiac surgery team, led by Dr. Halloran, completed the bypass in a state-of-the-art cardiovascular surgery suite, followed immediately by the stenting performed by Dr. Smucker in the adjacent cardiac catherization lab.

Donald Westerhausen, MD, Board Certified Interventional Cardiologist from North Central Cardiovascular Specialists, who has performed the stenting connected with hybrid procedures at Elkhart General, said having all the necessary surgical procedures done at one time in one place reduces stress in patients and makes it far more convenient for them. “We are fusing the best of both worlds, bypass surgery and stenting, because we want the best long-term outcomes for our patients,” he said. Because it involves minimally invasive surgery and stenting, it means quicker recovery times and shorter hospital stays.

More than a year has passed since Randy’s hybrid procedure and he feels great. The walk with his pomeranian Nikki around the block doesn’t cause him to lose his breath. Since the procedure, Randy has quit smoking and dropped more than 20 pounds through exercise and eating healthy. “It’s a night and day difference,” he said. “The staff at Elkhart General was outstanding and I am grateful for what they did to get my life back.”

For its remarkable cardiac program, the Elkhart General Hospital Center for Cardiac Care received an America’s Top 100 Best Hospitals designation from Healthgrades. The program is also ranked No. 1 in Indiana for cardiac surgery two years in a row. To learn more, visit www.egh.org/cardiac.

Walter Halloran, MD earned his medical degree from the University of Minnesota Medical School in Minneapolis. Dr. Halloran completed his General Surgery Residency and Cardiothoracic Surgery Fellowship at the University of Rochester Strong Memorial Hospital in Rochester, New York. Dr. Halloran is Board Certified in Thoracic and Cardiac Surgery and has been part of the Elkhart General Medical Staff since 1996.

Donald R. Westerhausen, MD, FACC received his medical degree at the University of Minnesota Medical School in Minneapolis. He completed his Internal Medicine Residency at the University of Texas – Parkland Hospital in Dallas, his Research and Clinical Fellowships at the Washington University School of Medicine in St. Louis, Missouri and his Interventional/Advanced Angioplasty Fellowship at St. Luke’s Hospital in Kansas City, Missouri. Dr. Westerhausen is Board Certified in Cardiovascular Disease, Interventional Cardiology and Internal Medicine and has been part of the Elkhart General Medical Staff since 1993.
Patient Care Unlike Any Other in the Region

Bittersweet Medical Associates operates differently than most medical offices in Indiana. Since spring 2011, at the request of Board Certified Family Medicine Physician Mark Schmeltz, DO, Bittersweet Medical Associates has implemented an innovative approach to patient care known as a patient-centered medical home, which organizes and delivers care in a way that might seem unusual, but can be proven to be very effective.

Patient-centered medical homes are becoming more popular around the country because of how they successfully improve the quality of life for patients as they become active participants in long-term, coordinated, team-based care. For their outstanding patient-care efforts, Bittersweet Medical Associates became the first certified Level 3 patient-centered medical home in Indiana. The National Committee for Quality Assurance recognized Bittersweet this August with this accolade that highlights the facility’s goal to reduce hospitalizations, lower medical costs and most importantly, enhance quality of life.

Partners in Care

Bittersweet Medical Associates has partnered with their patients, most notably those with chronic diseases like diabetes and asthma, to raise the quality of care. Rather than seeing physicians only when they are ill, patients communicate and visit regularly with the medical staff for ongoing tests and check-ups in order to address their overall health, including lifestyle choices like diet and exercise. This allows patients more participation in improving their own health, while providing the staff the ability to work as a team to coordinate ongoing care.

“We use a team approach to develop goals and expectations for patients,” said Board Certified Family Medicine Physician Shelley Morris, DO. “We try to manage the disease before it becomes an emergency. We like to be proactive in preventative care, instead of reactive, so hopefully by diagnosing and treating diseases earlier, we can improve their quality of life.”

An Open Door

Because the patient-care focus is an ongoing partnership with open communication, physicians and the nursing team establish in-depth care plans with goals, identify any barriers to meeting those goals and educate and empower patients on ways to better manage their health. The patient-centered approach also calls for greater access to the medical team, including the ability to access personal health information through a secure patient portal online and care provided by telephone and at home. The Bittersweet staff even created a patient advisory panel that allows patients to provide important feedback to medical staff. By having a vigilant care system in place coupled with the Electronic Health Record (digital record of a person’s total health), fewer patients fall through the cracks. Additionally, health care quality measures can be tracked and trended to identify areas of care the patients need to improve the outcomes of chronic disease.

“We are thorough with our patients and they appreciate that,” said Dr. Schmeltz. “We make sure to do whatever it takes to meet their needs, whether it’s phone calls from myself or Dr. Morris to make sure all questions are answered or a home visit to an elderly patient.”

Mark Schmeltz, DO earned his degree in Osteopathic Medicine from the Philadelphia College of Osteopathic Medicine in Pennsylvania and completed his Family Medicine Residency at St. Joseph Regional Medical Center in Mishawaka, Indiana. Shelley Morris, DO earned her degree from Midwestern University’s Chicago College of Osteopathic Medicine in Downer’s Grove, Illinois and completed her Family Medicine Residency at the Adventist La Grange Memorial Hospital in La Grange, Illinois. Dr. Schmeltz and Dr. Morris are both Board Certified in Family Medicine and Osteopathic Manipulative Treatment. Dr. Schmeltz has been part of the Elkhart General Medical Staff since 2004 and Dr. Morris since 2010.

Mark Schmeltz, DO earned his degree in Osteopathic Medicine from the Philadelphia College of Osteopathic Medicine in Pennsylvania and completed his Family Medicine Residency at St. Joseph Regional Medical Center in Mishawaka, Indiana. Shelley Morris, DO earned her degree from Midwestern University’s Chicago College of Osteopathic Medicine in Downer’s Grove, Illinois and completed her Family Medicine Residency at the Adventist La Grange Memorial Hospital in La Grange, Illinois. Dr. Schmeltz and Dr. Morris are both Board Certified in Family Medicine and Osteopathic Manipulative Treatment. Dr. Schmeltz has been part of the Elkhart General Medical Staff since 2004 and Dr. Morris since 2010.
New MRI Scanner Focuses on Patient Centered Care

Elkhart General Hospital is welcoming an advanced new MRI scanner inside a unique “experience suite.” The new equipment is especially designed with claustrophobic patients in mind and includes the latest software to improve each patient’s exam. “One of the biggest issues that arise when performing MRIs is claustrophobic reactions because patients are typically placed inside a long tube,” explained Ray Kiendl, Director of Radiology. “The only way to ease this problem is to sedate the patient. The new scanner has a wider and shorter bore, offering the patient a more comfortable experience, so we expect less need for nursing sedation support.” This new “open bore” concept keeps the patient’s head outside the MRI scanner for many exams, which minimizes the claustrophobic reactions.

The experience suite offers some unique features to further enhance the patient’s visit. “Patients can choose their favorite color and with the push of a button, their chosen color will illuminate the suite,” Kiendl said. “There is also a nature scene in the ceiling to enrich the patient’s mood. Music is available to all patients through satellite radio or an iPod docking station for their own music selections. In addition, the experience suite offers an aesthetically pleasing look since all MRI medical supplies are hidden inside the room’s cabinetry.

The MRI scanner offers many new features that will shorten scan times, improve diagnostic quality and even allow for some patient motion while still achieving high quality images. The weight limit increases to 550 pounds versus 350 on the old scanner, and the open bore is wider to accommodate larger patient size. This scanner’s high field strength yields superior quality unattainable with the open and wide low field MRI systems.

To learn more on our new MRI scanner, visit www.egh.org/MRI.
Knee replacement kept me racing.

Terry McMillen, NHRA Drag Racer

When knee pain was threatening to keep NHRA Drag Racer Terry McMillen from doing what he loved, he turned to the professionals at the Elkhart General Hospital Center for Joint Replacement, a Healthgrades Five-Star Recipient for Joint Replacement five years in a row. Thanks to Elkhart General, Terry was back on his feet and in his race car in less than two weeks.

For more information, visit us online at egh.org/yourjoints.