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1761 Beall Avenue • Wooster, OH • 330.263.8100
A Comprehensive Approach to Diabetes

Almost everyone knows someone who has diabetes. That is not surprising when you consider the 2011 American Diabetes Association statistics showing a rising tide of diabetes in the United States:*  

1.9 million new cases of diabetes diagnosed in people 20 years and older in 2010

2.5 million children and adults - 8.3% of the U.S. population - have diabetes.

>> Carolyn Abramson

Diabetes is a group of diseases: Type 1, Type 2 and Pre-diabetes (previously called borderline) and Gestational...marked by high levels of blood glucose (sugar) resulting in defects in insulin production, insulin action, or both. TYPE 1 (previously called insulin dependent or juvenile-onset) diabetes accounts for approximately 5% of all diagnosed cases of diabetes in adults. TYPE 2 (previously called non-insulin dependent or adult onset) diabetes accounts for 90 to 95% of all diagnosed cases of diabetes in adults. Pre-diabetes marks the beginning of Type 2 diabetes. Blood sugars are above normal but not high enough to be diabetes. Gestational diabetes occurs in 2 to 10% of pregnancies. Women who have had gestational diabetes have a 35 to 60% chance of developing diabetes, mostly TYPE 2, in the next ten to twenty years. This disease can lead to serious complications and is the fifth leading cause of death in the United States.*

Fortunately, with education, people with diabetes can take steps to manage the disease, control the diabetes and lower the risk of complications. Wooster Community Hospital has a well established comprehensive Diabetic Clinic, covered by most Medicare providers and recognized by The American Diabetes Association.

The clinic has two licensed healthcare professionals, Carol Inkrott and Diane Rowe who are Certified Diabetes Educators (CDE) with special knowledge in teaching how to incorporate healthy self-care behaviors into daily living. Carol Inkrott is a Registered Licensed Dietitian and CDE who has counseled patients at Wooster Community Hospital for 23 years. Diane Rowe is a BSN, RN, and a CDE. The Diabetic Clinic provides Diabetes Self Management Training (DSMT) in a two-part program with one-on-one sessions and Conversation Map Classes. In the one-on-one sessions patients are helped to create their personal eating and self-care plans. The Conversation Map Classes are a series of four, two hour sessions guided by a CDE. Included in the discussions are such topics as how carbohydrates affect blood sugar, balancing healthy foods with those you love, reading food labels, tips to eat smart while dining out, exercise options and safety, using diabetes medicine safely and protecting your eyes and feet. This
Diabetes can’t encourage participants to learn from each other and decide how to create a personal action plan. Afternoon and evening classes are available.

Diabetic Patient Stories on page 6

In addition to DSMT, Diabetic Clinic offers a free open-to-the-public Diabetes Support Group that meets on the 3rd Monday of the month from 6:00p-7:00p in the Wooster Community Hospital North Auditorium.

To register call 330.263.8196 or e-mail rdld@wchosp.org
Heart Catheterization Through the Wrist

>> Jackie Buckwalter

Phillip Hostetler likes to joke that heart catheterizations “run in the family.” After all, his grandfather, father and brother have all undergone this procedure. So it didn’t come as a complete surprise when, after experiencing some heart arrhythmia this spring, his cardiologist ordered one for him as well.

Hostetler knew what was coming down the pike and he wasn’t looking forward to it. “I wasn’t looking forward to lying still for four to six hours after surgery and a few days of recovery,” he said.

Then his Cardiologist, Dr. Cyril Ofori, mentioned there was a new catheterization procedure he might be a candidate for called radial artery catheterization. Hostetler jumped at the chance. “I was all over it. Let me try it,” said Hostetler.

This new procedure involves “using the wrist instead of the traditional method through the groin,” said Dr. Ofori, a cardiologist at WCH. It has truly revolutionized the heart catheterization process, as Hostetler soon found out.

The procedure was “very simple and virtually painless,” said Hostetler. “I was up in about an hour and a half walking around. I’d recommend it to anybody. I’d much rather do that again than go to the dentist.”

Robert Summers also had the radial artery catheterization procedure and was back to work in two days. “I was impressed with the fast recovery time”, said Robert. He remembers when his mother had a heart catheterization, years ago, and it took her a full week to recover.

Currently, Dr. Ofori is now performing this procedure at Wooster Community Hospital. There are many advantages to this new process, he said. “From the patient’s viewpoint, a heart catheterization through the radial approach means a shorter recovery time, complications are typically caught much quicker and the risks of bleeding in the abdomen are completely eliminated.”

Catheterization through the groin area typically requires four to six hours of bed rest to allow the artery to heal. Utilizing the radial artery in the wrist reduces the recovery time by two to three hours.

Because the radial artery is much smaller and located closer to the skin surface, internal bleeding is almost nonexistent and any external bleeding can be dealt with quickly. “Hopefully, the need for blood transfusions and additional radiological tests will be minimized with radial catheterization,” said Dr. Ofori.

Like Hostetler, most patients find radial heart catheterization more comfortable than femoral (groin) catheterization because they can sit up, walk and eat immediately after the procedure. For patients with back pain, it is sometimes important to eliminate pressure on the legs and prolonged immobility that are
common with femoral (groin) catheter-ization.

"Ideal candidates for radial artery catheterization are those with peripheral artery disease, obesity, chronic back pain, or those that are at a higher risk of bleeding," said Dr. Ofori. A few painless simple tests can determine if you are a good candidate. Certainly, not every patient is a good candidate for a radial catheterization. "If there is a likelihood that a stent will need to be done, then we may elect to use the traditional groin method instead. In some centers, angioplasty is actually being performed through the radial approach," Dr. Ofori added.

As with any surgery, there are some risks, said Dr. Ofori. "But recent large studies have shown that overall complications are actually lower when a heart cath is successfully performed through the wrist."

The radial approach is good on many fronts, said Darryl Manley, manager of the WCH Special Procedures Laboratory. "In addition to the patients' increased comfort level and a reduction in complications, we expect this procedure to eventually shorten hospital stays and provide a positive impact on the cost of patient care as well." Many tertiary care hospitals in the area have also adopted the procedure.

It's frightening to even think of being faced with a life changing disease or illness. To relieve some of the stress and anxiety that comes along with dealing with an unexpected illness, WCH developed the Patient Navigator service to help guide and answer questions a patient, family, or caregiver may have. A conversation by phone or a personal visit could be the difference in a patient’s healthcare outcome.

Trained Patient Navigators help navigate the many systems needed during the journey of an illness. They link those dealing with an illness to needed programs and resources. In addition to providing information about specific illnesses, questions to ask the doctor, and clinical trials, they can also connect patients and their families to resources for transportation, lodging, prescriptions, and answers to financial and insurance questions. Sometimes the question is simply, can I have my treatment at Wooster Community Hospital, or where is the best place to go.

Patient navigators also provide and connect patients and families to emotional support and are there for you in your time of need. Facing an illness is difficult enough; now there’s no reason to face it alone.

There’s no cost to you to enlist the help of our Patient Navigators. If you’d like more information, please contact our Patient Navigators at 330.202.5162.
Finding the best way for a child to learn has a direct impact on his/her ability to succeed.

-Shellie Russell, MD
Pediatrician, Children’s Hospital Physicians Association

AUTISM THERAPY

In many ways, Trent DellaFave is like any other five-year-old. He likes to help his mom stir cookie dough, feed the dog, and clean up the house. He likes cartoons, pizza, and he can maneuver an iPhone better than many adults. But upon closer observation, it’s apparent that Trent faces more challenges than other children. He has trouble holding eye contact and his verbal skills are limited. He doesn’t warm up to strangers or enjoy physical affection and his attention span is very short.

Trent is one of a growing number of children diagnosed with autism. While no parent wants to hear this verdict, Dr. Shellie Russell, a pediatrician at Akron Children’s Hospital Pediatrics of Wooster, wants parents to know that there is hope. “Our community has many wonderful therapists that help these children learn to succeed in our society.”

The first step is diagnosis. “About one in 88 kids are at risk for Autism Spectrum Disorder,” said Russell, who is passionate about children and has long been a champion for the cause of autism treatment and therapy.

Autism takes many forms as the term refers to a “collection of disorders that include Autistic Disorder, Asperger Syndrome, and Pervasive Developmental Disorder,” said Russell.

Because of its growing prevalence, pediatricians are screening for Autism earlier and more often. “As a pediatrician, it is our job to monitor a child’s growth and developmental,” said Russell. “Listening to the concerns of the parents is an integral part of screening and diagnosing. Another integral part is the screening tool called M-Chat,” which is a modified checklist for autism for children 16-30 months old.

Often the early clues are subtle. Autistic children tend to have “impairments in social interaction and fail to develop appropriate peer relationships,” said Russell. Lack of verbal communication is another clue. It usually starts with “absent or delayed language without attempts to compensate.” Restrictive and repetitive movements with abnormal preoccupations are common in autistic children as well as sensory problems with clothes, textures, food, smells and sounds.

Physical, occupational and speech therapy, all offered at HealthPoint, are crucial to learning coping skills.

Trent’s parents, Amber and Tom DellaFave, know firsthand the frustrations of autism and the rewards of early intervention. Two of their three children are autistic and both have experienced the benefits of therapy.
“They focused on how Trent can best learn to communicate,” said Amber. “It’s trial and error with each child. Trent responds best to the Picture Exchange Communication System that uses pictures to let us know what he wants.” He is also learning how to communicate with sign language.

His experience with physical therapy at HealthPoint was “wonderful,” said Amber. “They taught him how to climb stairs, throw a ball, walk on grass and jump on a trampoline.” During occupational therapy he learned prewriting skills and fine motor skills like eating with a spoon and drinking out of a cup.

“When he learned to master those little things that others take for granted it was a huge ordeal,” said Tom. “Our stepping stones are just a little different from other parents.”

Beth Ladrach, who has been a Speech Therapist for 27 years, concurs that “early intervention for autistic children is crucial. If we can teach them to learn how to communicate whether that be through speech, using signs, pictures, or augmentative devises and social pragmatic skills (like taking turns, initiating conversation, etc...), this goes a long way in enabling their success in life.”

Eight year old Jakayla Mitchell, daughter of Rodney and Jamie Mitchell, is another child who has benefitted from early intervention therapy. As early as eight to nine months of age, she “lacked interaction skills,” said Jamie Mitchell. “She was just content to lie in her crib and not interact with us.”

Although she was not formally diagnosed with Persuasive Development Syndrome until she was three, “Dr. Russell had the foresight to get her involved in speech and occupational therapy at age 19 months,” said Mitchell. “She learned how to hold a pencil, use scissors, and string beads. She learned how to express her basic needs.” She also recently participated in the HealthPoint Summer Fun Program where she learned social skills. “It’s a wonderful program,” said Mitchell.

Health care professionals also pointed the Dellafave and Mitchell families to other social agencies for help. Currently the boys are attending Ida Sue preschool and have benefited from organizations like Help Me Grow. Jakayla has participated in the horse therapy program at Christian Children’s Home.

“All I can say is research, research, research; find out what works with your child and push for it,” said Mitchell. “Nobody can do for your child what you can.”

Finding those therapies that work is so important and will enable many of these children “to carry their IEP (individual education plan) from preschool throughout further schooling,” said Russell. “Finding the best way for a child to learn has a direct impact on his/her ability to succeed.

“These children are loving. They, like other kids, require a village to help them succeed.”
Some similarities but also many interesting differences were found in this interview with two people with diabetes. Pat Wanat worked many years at Wooster Community Hospital and is now a happily retired RN and Mike Amstutz is a cabinet maker at Schantz Organ. Wooster Community Hospital wishes to thank them for their willingness to share this information.

Twenty five years ago Pat Wanat was not surprised when she was diagnosed with Type 2 diabetes. She had a long family history of the disease and was ready to commit to treatment that started with proper diet and oral medication and progressed to insulin injections. She points out: “Because of my nursing background I didn’t feel overwhelmed by being diabetic. I thought I ate right but as a working wife and mother of two children I didn’t have time to exercise and got by with little sleep. Then I had open heart surgery. I had a real turnaround and started to take my condition more seriously. I learned so much by attending the Diabetic Clinic….the importance of finding time for exercise four hours a week, how to count carbohydrates, becoming more aware of reading food labels, making food choices without feeling deprived or restricted and how essential it is to get enough sleep. I am a firm believer that an educated person is a compliant person and that belief has enabled me to become a ‘reformed’ diabetic. With the help of the educators at the Diabetic Clinic, I can take full responsibility for my diabetes.”

After being warned for a few years by his physician that his blood glucose levels were on the high side of normal, Mike Amstutz began to develop some of the classic symptoms of diabetes-fatigue, thirst, and most distressing of all, serious vision changes. In January, 2012 at age 59, he was diagnosed with Type 2 diabetes confirmed by high blood glucose and other indicators. He enrolled in the program at Wooster Community Hospital’s Diabetic Clinic and offers this positive assessment of his experience: “Carol Inkrott (CDE) helped me so much in understanding my new diet. I was a guy who did not eat particularly well and I liked all the junk food available at work. Now I count my carbs and read the food labels. My blood sugar went down really fast, I lost 35 pounds, and I have better numbers for my blood pressure and cholesterol. Diane Rowe (CDE) convinced me to exercise regularly. I appreciated the fact that she didn’t minimize the possibility of serious complications and the role of responsible self care in avoiding those complications. My wife is an RN and was so supportive in attending classes with me. Now we attend the public classes and learn something new each time.”
Robotic Surgery

The human body is “wonderfully made,” but it has its limitations as well. Our eyes can’t see through skin, function forever without fatigue, and there is a limit to our dexterity.

These restrictions are what make new medical technologies such a windfall for patients and doctors alike. One of the latest and most advanced medical techniques is robotic surgery, which works with the human body. This revolutionary procedure is now being practiced at WCH.

Dr. Miguel Proano, a Urologist, Dr. Daniel Peabody, a General/Vascular Surgeon at the Cleveland Clinic Wooster, and Dr. Jennifer Vandevelde, a Gynecologist of the Cleveland Clinic Women’s Health Center, all will practice robotic surgery at Wooster Community Hospital.

But the first thing Dr. Proano wants his patients to know is that “I’m still doing the surgery and the robot is simply an instrument just like my scalpel. “I think of robotic surgery as simply advanced laparoscopic surgery where instead of the surgeon manually controlling instruments, the surgeon controls the instruments with robotic assistance,” said Dr. Proano.

It’s less invasive, has advantages over traditional surgery in that “The surgeon controls the camera so that the surgical field and view is steady,” said Dr. Proano. “Suturing and complex and delicate dissection of critical structures can be done precisely. Blood loss is less; post operative pain is less and the hospital stay has been found to be shorter.”

Dr. Proano was trained in robotics at the Oncology Fellowship at the National Cancer Institute in Washington D.C. He has been performing it since 2007 and was eager to bring it to the Wooster area. This “elevates the level of care we can offer our patients right here in town,” he noted.

Dr. Vandevelde is also excited to be practicing robotics at WCH. She was trained at Summa Akron City Hospital from 2007 to 2011 in Obstetrics and Gynecology, focusing on robotic hysterectomy, myomectomy, and treatment of endometriosis.

Dr. Peabody, Cleveland Clinic of Wooster general/vascular surgeon and WCH Chairman of the Surgery Department explains that, “Robotic Surgery adds a level of 3 dimension in laparoscopic surgery meaning the surgeon is operating in high def compared to traditional laparoscopic surgery. It also allows the surgeon to see things clearly. The robot allows for more real wrist and finger motion.” Dr. Peabody sees in the future doing single site laparoscopic cholecystectomy (gallbladder removal) which will improve the patient’s pain and he feels that it may someday become the standard of care.

Robotics “offers the best of both worlds,” said Dr. Vandevelde. “It allows for careful dissection of anatomical planes that would be virtually impossible to achieve with straight stick laparoscopy, all while allowing the patient to recover more quickly and get back to their normal routine in life.

“To put this simply,” said Dr. Vandevelde, “the patient has the ability to leave the hospital as soon as a few hours after surgery with only a couple of centimeter incisions.” As a working mother, Vandevelde understands the importance “of returning to a normal life quickly after surgery.

“My passion lies in creating that ability for women who suffer with heavy, refractory, painful menses that would otherwise compromise their value of life. I feel privileged and honored to have the ability to offer this revolutionary trend in medicine to the women of the Wooster community. This is just one more quality that makes Wooster Community Hospital a unique and wonderful place to practice medicine.”

“I feel privileged and honored to have the ability to offer this revolutionary trend in medicine to the women of the Wooster community.”

Jennifer Vandevelde, MD
Hip Arthroscopy

Hip arthroscopy can preserve the joint and give alternatives to total joint replacements.

>> Jackie Buckwalter

Less is more when it comes to most medical procedures, and hip arthroscopy is no exception. Imagine a tiny incision instead of cutting through skin and tissue. Wrap your mind around an outpatient procedure with shorter recovery, less pain and a reduced risk of infection and you’ll see why we’re so thrilled to have Dr. Anne Marie Chicorelli, a specialist in this procedure, join our staff.

Dr. Chicorelli, of OSU Orthopedics & Sports Medicine, opened her full time practice at HealthPoint last fall. She is trained in minimally invasive surgery and adult and pediatric orthopedics. She also performed a Fellowship in Sports Medicine, and works with the OSU sports medicine program in research and teaching.

A collegiate athlete, she is no stranger to the toll competitive athletics can take on the body. At Kent State she led her basketball team to a Mid American conference championship. A lifetime of recreational sports can wreck havoc on joints as well but sports are not the only reason Dr. Chicorelli sees problems in the hip/joint area.

“Hip pain is generally caused by a decrease of cartilage and can be traced to many things,” said Dr. Chicorelli. “Arthritis, genetic defects, trauma from sports or accidents, infections or tumors can all contribute to this loss of cartilage.”

While hip problems are generally associated with an aging population, “most of my patients are be-
Although not a native to the Wooster area, Dr. Chicorelli said she was drawn to WCH because she “liked Bill Sheron’s philosophy of treating the community and that the patients always come first. I have found the community very accepting and appreciative of everything and anything we do for them.”

Dr. Chicorelli is also an assistant professor in the OSU Department of Orthopedics, Division of Sports Medicine. “The partnership with OSU allows me to be on the forefront of research and technology and still provide academic care in a community setting.”

When hip pain can no longer be managed by rest, therapy, medication or injections, “that’s when we start looking at arthroscopy,” said Dr. Chicorelli.

The procedure works by making a small centimeter incision in the hip area and inserting a scope inside to look around. These images are then displayed on a video monitor and guide the surgeon as he/she inserts equipment through other small incisions to clean out frayed lining and inflammation.

“Most patients feel significantly better within a week or two,” said Dr. Chicorelli. The procedure is followed by gentle exercise and physical therapy that eases the patient back into activity.

Dr. Chicorelli is the only sports medicine fellowship trained physician in the area and the only area physician practicing hip arthroscopy. “I chose medicine because I felt like I could make a difference. I enjoy helping others on a one on one basis to get back to functioning, whether it’s at work, school, athletics or other activities.”

Although not a native to the Wooster area, Dr. Chicorelli said she was drawn to WCH because she “liked Bill Sheron’s philosophy of treating the community and that the patients always come first. I have found the community very accepting and appreciative of everything and anything we do for them.”

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Why go anywhere else?

WCH Inpatient Rehabilitation Unit received the highest level of accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). On April 26th and 27th CARF representatives conducted an on-site survey to evaluate the outcomes of the patients served. After the CARF survey review process the unit was granted a three-year accreditation.

For more information please call 330.263.8421 or log on to http://www.woosterhospital.org/our-care-services/inpatient-rehabilitation.
WCH has been recognized again by Cleverley & Associates as a Community Value Five-Star hospital. This recognition is the Hospital’s 7th year in a row and 8th out of the last 9 years. The Community Value Index (CVI) was created to provide a measure of the value that a hospital provides to its community. The CVI is composed of ten measures that assess a hospital’s performance in four areas:

1. Financial viability and plant reinvestment
2. Hospital cost structure
3. Hospital charge structure
4. Hospital quality performance

The CVI suggests that a hospital provides value to the community when it is financially viable, is appropriately reinvesting back into the facility, maintains a low cost structure, has reasonable charges, and provides high quality care to patients. Each area contains metrics that compare a hospital’s performance to an appropriate peer group. The combined performance in each area is the CVI score. Those hospitals with scores in the top 20% are designated as a Community Value Index Five-Star facility. ■