



Visit us in the Tillaskate Building during the Tillamook County Fair for fun activities and health screenings.

SEE PAGE 7 ►

Life & Health

EXCELLENCE IN COMMUNITY HEALTH • SUMMER 2012

WOMEN & STROKE

4 POINTS TO KNOW

These facts may surprise you: Each year, twice as many women in the U.S. die from stroke as die from breast cancer. And women are more likely than men to have a stroke—but are often unaware of their risk and what they can do to reduce it. ♦ Here are four things every woman

should know about stroke:

1 Stroke is a brain attack.

Like a heart attack, a stroke happens when the blood supply to the organ is cut off. Strokes are usually caused by a clogged artery that blocks the delivery of blood and oxygen to the brain. A stroke can cause brain cells to die, leading to brain damage or death.

2 Some risk factors are specific to women.

The most common risk factors for stroke for both men and women are getting older; being overweight; smoking; having a family history of stroke; not exercising; and having high blood pressure, diabetes, or high blood cholesterol.

But for women, the following can also increase stroke risk:

- Having migraines with auras.
- Having an autoimmune disease, such as lupus, or a blood-clotting disorder.

- Using birth control pills or menopausal hormone therapy.

- Being pregnant.
- Being postmenopausal and having a waist larger than 35 inches or a triglyceride level higher than 128 mg/dL of blood.

Also, certain groups of women, such as African American and Hispanic women, are at higher risk for stroke than Caucasian women.

3 Up to 80 percent of strokes may be preventable.

You may be able to reduce your risk for stroke with a healthy lifestyle. That includes controlling your blood pressure and cholesterol levels, being at a healthy weight, exercising, and not smoking.

4 A stroke is an emergency.

Call 911 if you or someone else shows signs or symptoms of a stroke.



Sources: American Stroke Association; National Stroke Association; Office on Women's Health



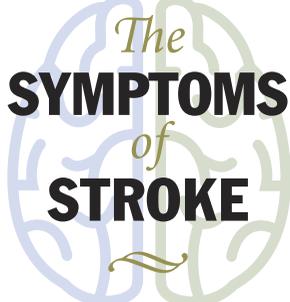
Partnership for Telemedicine Stroke Services: 68 miles away and still by your side at Tillamook Hospital

Besides having excellent emergency care available, you now have access to some of Oregon's top stroke specialists, 24 hours a day.

Through an advanced video system, Providence Telestroke Network allows Portland-based stroke neurologists from Providence Brain Institute to be "in the room" with you, your family and Tillamook County General Hospital emergency physicians, helping to determine the best and fastest treatment for you.

Unique to women

- Sudden face and limb pain.
 - Sudden hiccups.
 - Sudden nausea.
- Sudden general weakness.
 - Sudden chest pain.
- Sudden shortness of breath.
- Sudden heart palpitations.



In both men and women

- Sudden numbness or weakness of the face, arm or leg (especially on one side of the body).
- Sudden confusion or trouble speaking or understanding speech.
- Sudden trouble seeing in one or both eyes.
- Sudden dizziness or trouble with walking or balance.
- Sudden severe headache with no known cause.

Source: National Stroke Association

Call 911 right away if you or someone else shows signs or symptoms of a stroke.

TILLAMOOK NEWS, VIEWS & TIPS

PEDIATRIC IMMUNIZATION

A sure-shot way to prevent disease

In over 40 years of practice at the Seattle Children's Hospital, I saw many wonderful advances in health care for young children, but it's 1990 that sticks in my mind. At that time, the leading cause of invasive infectious disease in children was a bacterium called *Haemophilus influenzae* type b (Hib). Every year, one in 200 children younger than 5 years old developed severe Hib disease in the form of meningitis, a deadly croup-like illness called epiglottitis, pneumonia,



Mark Scott Smith, MD, Pediatrician

arthritis or skin infections. Nearly 1,000 of these children died every year, and many others were left with permanent disabilities like hearing loss or mental retardation. Then, along came the Hib vaccine and, within a year, the number of cases dropped dramatically. Soon the student doctors I taught on the hospital wards never saw a Hib case.

We've come a long way If I were only a generation older, I could tell stories like my professors did. They'd done countless spinal taps on children with new-onset paralysis in the 1950s to be sure it was polio and not bacterial meningitis. Or

stories like their professors told, who often saw children die of diphtheria, whooping cough or tetanus.

Perhaps the amazing eradication of so many dreaded childhood diseases by successful immunization has brought us to the point of overconfidence in the U.S. These diseases are still around and can easily reappear if we fail to immunize our children. What keeps these diseases at bay is herd immunity, making sure enough people are immunized to prevent the spread of the disease.

Get the right info No immunizations are completely without potential side effects, but those approved for use are carefully tested and monitored for safety. Unfortunately, along with the rapid electronic transmission of information comes much misinformation and promulgation of fear. Parents must often separate authentic and verifiable information from ungrounded opinion.

How can a parent use the web to get reliable information? Appropriate questions to ask when evaluating a website include: Does the site represent an accredited professional organization with expertise in the field? Does its URL end with *.org*, *.edu* or *.gov*? What relevant credentials does the site manager have? (For example, a PhD in physics doesn't make one an expert in infectious disease.) Is the website sponsored, selling a product or soliciting money? Are the links and references provided on the website from reputable and relevant sources?

Finally, check other websites covering the same topic, look for possible bias and use your common sense. Here's a good place to start: www.kidshealth.org/parent/general/body/fact_myth_immunizations.html.



VACUNAS PEDIÁTRICAS

Una manera segura de prevenir enfermedades

En más de 40 años de ejercer en el Hospital Infantil de Seattle, he visto muchos adelantos maravillosos en la atención médica para niños pequeños, pero el que mejor recuerdo es el 1990. En aquel entonces, la causa número uno entre las enfermedades infecciosas invasivas en los niños era una bacteria llamada *Haemophilus influenzae* tipo b (Hib). Cada año, uno de 200 niños menores de 5 años desarrollaba un caso grave de Hib en forma de meningitis, una mortal enfermedad parecida al crup llamada epiglottitis, neumonía, artritis o infecciones de la piel. Casi 1,000 de estos niños morían cada año, y muchos otros quedaban con discapacidades permanentes como pérdida de la audición o retraso mental. Entonces llegó la vacuna Hib y, en cuestión de un año, disminuyó el número de casos.

Hemos llegado muy lejos Si yo fuera no más de una sola generación anterior, podría contar historias como las de mis profesores. En la década de los 50, ellos habían realizado incontables punciones raquídeas en niños con parálisis de aparición reciente para asegurarse de que era polio y no meningitis bacteriana. O bien como las de sus profesores, que a menudo vieron a niños morir de difteria, tos ferina o tétanos.

Quizás la asombrosa eliminación de tantas temidas enfermedades infantiles, gracias a la inmunización, nos ha traído al punto de

sentirnos demasiado confiados en EE. UU. Estas enfermedades aún existen y podrían reaparecer con facilidad si dejamos de vacunar a nuestros niños. Lo que mantiene a estas enfermedades bajo control es la inmunidad generalizada, es decir, asegurarnos de que suficiente gente esté inmunizada para evitar el contagio de la enfermedad.

Obtenga la información correcta Ninguna vacuna está completamente desprovista de posibles efectos secundarios, pero las que son aprobadas para el consumo han pasado extensas pruebas y controles de seguridad. Lamentablemente, la rápida transmisión electrónica de información trae consigo mucha información errónea y propagación del miedo. Los padres de hoy a menudo se enfrentan al reto de separar la información auténtica y verificable de las opiniones sin fundamento.

¿Cómo puede un padre o una madre utilizar Internet para obtener información confiable? Estas son algunas preguntas adecuadas que debe hacerse al evaluar un sitio web: ¿Representa el sitio a alguna organización profesional acreditada con experiencia en el campo? ¿Termina su URL en *.org*, *.edu* o *.gov*? ¿Qué credenciales relevantes tiene el administrador del sitio? (Por ejemplo, un doctorado en física no convierte a nadie en un experto en enfermedades infecciosas.) ¿El sitio web tiene algún patrocinador, vende un producto o solicita dinero? ¿Los enlaces y referencias que aparecen en el sitio web son de fuentes relevantes y de buena reputación?

Por último, cheque otros sitios web que traten el mismo tema, busque si algún tipo de predisposición y use su sentido común.

Este es un buen sitio para empezar: www.kidshealth.org/parent/general/body/fact_myth_immunizations.html.



SPECIAL NEEDS CHILDREN

Emergency information form is a must for the best care

If your child has a chronic condition or special needs, take a moment to fill out an emergency information form (EIF). It's a simple step but an important one in protecting your child's health.

Your child's condition may put him or her at risk for complications that other children don't face. The EIF contains vital information that medical workers will need in order to ensure your child quickly gets the appropriate care during an emergency.

Ask your child's doctor to help you fill out the EIF. You'll want to include:

- A summary of your child's medical diagnoses and history.

- Your child's current medications.
- A list of allergies.

Keep a copy in an easy-to-access spot in your home. Also leave copies wherever your child regularly spends time, such as school, and with babysitters and grandparents. Be sure to update it regularly.

If your child has a medical emergency, you—or your child's caregiver—should bring the EIF to the emergency department or give it to ambulance personnel.

You can find the form on the American College of Emergency Physicians website, www.acep.org. Type "emergency information form" into the search box.



TILLAMOOK NEWS, VIEWS & TIPS



Help for when your spiritual health needs a boost

Perhaps you've been recently diagnosed with a serious—maybe life-threatening—illness and you're struggling to cope despite having a strong religious faith that's carried you through challenging times in the past. You may even feel as if this diagnosis is causing you to doubt your faith or that it's somehow a punishment from God.

Those feelings are understandable. Serious illnesses can sometimes shake a person's beliefs or religious values and cause spiritual distress. It's not uncommon for people who have been religious all of their lives to question their relationship with God when faced with a frightening medical condition.

But even if it isn't easy, it's important to hold on to the spiritual side of your life. Religious beliefs can be of great comfort during difficult times and may even have a positive impact on health.

For instance, research has shown that spiritual practices, such as prayer, may help reduce stress and anxiety and promote a more positive outlook. They may also strengthen the will to live.

In addition, attending religious services and events has been linked to an improvement in a variety of health conditions, including heart disease, stroke and some cancers.

W We have chaplains who can provide spiritual support to you or members of your family.

Back on track Keeping your spiritual health intact may not cure your illness, but it may help you cope better—especially if your beliefs have traditionally been a source of comfort during stressful events. Holding on to those beliefs can influence the way you care for yourself.

One final suggestion: In addition to talking to a clergy member about your spiritual beliefs and needs, consider telling your doctor. He or she wants to know everything that might affect your health.

Sources: American Academy of Family Physicians; American Cancer Society; American College of Physicians; National Cancer Institute



A NEW KIND OF HOME: Architectural drawing of the new medical office building as viewed from the entrance. This facility's design will support the new patient-centered medical home approach to health care services.

CONSTRUCTION ZONE:

New medical office building

As construction for our new medical office building gets underway this summer, parking will be one of the first areas affected. Our goal is to minimize disruption for our patients, so we will keep you updated on changes to our entryways. For construction news and information, watch for our ads in the newspapers, visit www.tcgh.com or like us on Facebook at www.facebook.com/TillamookHospital.



What is a patient-centered medical home?

Q What is this new “medical home” phrase I’m hearing?

A A medical home is not a place. It’s a patient-centered approach to providing comprehensive, high-quality primary health care.

Q What does that mean?

A It means that a team of health care professionals will work closely with you to see that your medical and health-related needs are met.

Q How will that be done?

A Your team will be the central resource for all your health care needs. This will give you access to medical care that is continuous, comprehensive, patient-centered and coordinated—all delivered in a compassionate manner.

Q What can I expect from a medical home?

A You can expect your health care team to:

- Know your health history.
- Listen to your concerns and needs.
- Follow up with any other health care providers you receive care from.
- Work in partnership with you and/or

your family to meet your medical needs.

- Respect your cultural preferences.
- Develop a mutually agreed upon care plan.
- Always treat you with compassion and caring.

Q Why all the talk about medical homes in Oregon right now?

A Because as of Aug. 1, the way health care is paid for Oregon Health Plan patients will change. Coordinated Care Organizations (CCOs) will contract with patient-centered primary care medical homes to provide services and payment for their members. To learn more about CCOs, visit www.health.oregon.gov.

Q Who can be recognized as a patient-centered primary care medical home in Oregon?

A Any clinic that meets the standards for care can be recognized. They must apply with the program and provide the services described in the state standards.

Q Is Tillamook Medical Group a patient-centered primary care medical home?

A Tillamook Medical Group has applied to the Oregon Health Authority for recognition as a patient-centered primary care medical home.

Q Where can I get more information about a medical home?

A www.medicalhomeinfo.org and www.primarycarehome.oregon.gov are two good sources.





AFTER A HEART ATTACK

CHANGES FOR THE BETTER

YOU'VE SURVIVED A HEART ATTACK. And that's very good. Now it's time to get back on the road to a healthy life and to do all you can to avoid more heart problems.

"When I talk to someone who has had a heart attack, I tell him or her it is going to change everything," says Gina Lundberg, MD, a cardiologist and spokeswoman for the American Heart Association (AHA). "It changes your lifestyle. It changes how you feel about yourself and your relationships with others."

It's important to acknowledge this, she says, and to realize that these changes can pave the path to recovery.

CHANGES IN LIFESTYLE Lifestyle changes are crucial after a heart attack, according to the AHA. It highlights these ABCs of change:

- Avoid tobacco.

- Become more active.
- Choose good nutrition.

Quitting smoking is often the biggest challenge, says Dr. Lundberg. But don't let that struggle stall progress in other areas. If it's too difficult to quit smoking at this time, try to cut back on how much you smoke while focusing on changes that might be easier to make, such as adjustments to your diet and exercise habits.

Interested in making healthy lifestyle changes? Call us at 503-815-2270 to learn more about CHIP classes this fall.

CHANGES IN ROUTINE AND FEELINGS You can expect to be given several new medications after a heart attack. One may prevent blood clots. You may need another to lower cholesterol. You also may be given medicines to reduce the workload on your heart. It's crucial to take all medications as directed.

But the new routine of daily pills can exaggerate feelings of lost confidence in your body and health. It's one reason depression is so common after a heart attack.

Don't hesitate to let your doctor know if you feel depressed. It might help to talk with a counselor. You

might also find valuable support in a cardiac rehabilitation program, Dr. Lundberg says.

CHANGES IN RELATIONSHIPS A heart attack can cause stress at home too—shaking up emotions and family roles. For instance, "It can be upsetting when a woman has a heart attack and her husband takes up her caretaking role," says Dr. Lundberg.

On the other hand, a man who's had a heart attack may begin resenting a wife who reminds him to take his pills and who monitors his diet. "A spouse can suddenly seem less of a helpmate and more of a nag," says Dr. Lundberg.

Try to remember that your partner is acting out of love, she suggests, and consider asking your doctor about family counseling.

RECOVERING A BETTER LIFE Working closely with your doctor to take these and other healthy steps can speed your return to a normal life. In fact, a recent study found that many people say their life is better one year after a heart attack than it was before, says Dr. Lundberg.

"They say it led them to a healthier way of living," she says. "It changed their priorities in a good way."

Additional sources: American College of Cardiology; National Heart, Lung, and Blood Institute



A heart attack? Me? It's important to check your risk factors

If you knew a heart attack could be headed your way, your first reaction might be: How do I avoid it? That's why you're wise to learn whether you may indeed be at increased risk so you can start to lessen that possibility today.

Fortunately, we can change or control many heart attack risk factors. They include lifestyle habits and conditions that contribute to coronary artery disease—a hardening and narrowing of the heart's arteries from fatty plaque, which paves the way for heart attacks.

Use this checklist to see which risk factors apply to you:

- I'm a man older than 45 or a woman older than 55. Heart attack risk rises with age, and it does so earlier for men than for women.
- I have a family history of early heart disease. If your parents or siblings had heart disease, your risk could be higher too.
- I have high cholesterol. Excess amounts of LDL cholesterol—the bad kind—clog the heart's arteries. Having low levels of HDL cholesterol—the good kind—also raises your risk.
- I smoke. Smoking damages arteries and can more than double your heart attack risk.

- My blood pressure is high. Too much pressure against your artery walls may make them narrow with time.
- I don't exercise much. Sedentary living boosts your risk for heart trouble, whereas an active lifestyle has the opposite effect.

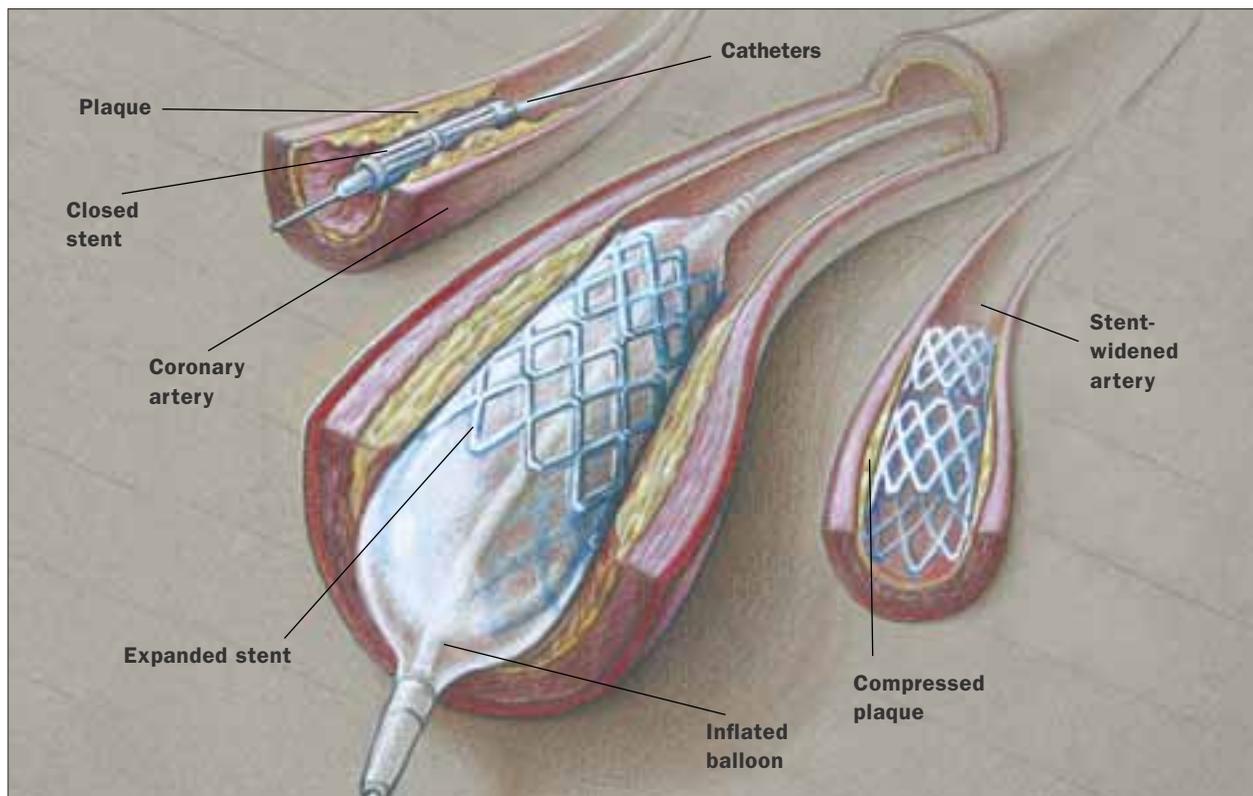
I am overweight or obese. Excess weight overworks the heart and makes other risk factors for heart disease worse.

I have diabetes. High blood sugar greatly increases your heart attack risk, especially if it's not controlled.

Share this list with your doctor, and have a heart-to-heart talk about your risk and what you can do to lower it.

Sources: American College of Cardiology; American Heart Association; National Heart, Lung, and Blood Institute

HEART HEALTH



Coffey infographic with information from the National Institutes of Health

CARDIAC CATHETERIZATION

HOW WE GET INSIDE INFORMATION ON YOUR HEART

WHEN IT COMES TO taking care of your heart, you'll be happy to know that our medical team has more diagnostic tools at its disposal than just the humble stethoscope.

Advances in medical imaging, such as CT and MRI scans, have made it possible to get a good view of your heart from outside your body. But getting an accurate diagnosis sometimes requires even more inside information.

For certain types of heart problems, cardiac catheterization is the procedure that can provide that information.

LOOKING FOR TROUBLE Cardiac catheterization involves inserting a thin, flexible tube called a catheter into a blood vessel and threading it to the heart. Through the catheter, doctors can do diagnostic tests inside the heart itself.

The procedure can be used to:

- Diagnose heart disease. Contrast dyes are injected through the catheter, so that any blockages in the heart and blood vessels can be seen easily on x-rays—a process called angiography.
- Measure pressure and oxygen levels. Doctors can check how well the valves that control the flow of blood

Angioplasty: Opening a way to your heart

The benefits of cardiac catheterization aren't limited to diagnosing heart disease. If doctors find a blockage in an artery during the test, they may be able to open it at that time with a procedure known as angioplasty.

During angioplasty, a slender balloon-tipped catheter is inserted into an artery—usually in the groin—and threaded to the area of the obstruction. The balloon is then inflated. This compresses the plaque that is causing the blockage and restores blood flow to the heart. Often, a wire mesh tube, called a stent, is inserted at the same time to help the blood vessel stay open.

Source: National Heart, Lung, and Blood Institute

through the heart's chambers are working.

- Take samples of heart tissue. These can help doctors identify infection, inflammation, tumors or a rejection of a transplanted heart.

- Confirm heart abnormalities. This can be important for doctors planning a patient's heart surgery.

HOW IT'S DONE Though it may sound complex, cardiac catheterization is a relatively simple procedure that can be performed on an outpatient basis. It's done while you are lying on your back but awake.

After medicine is given to help you relax, the doctor inserts the catheter through an artery or vein in your groin, arm or neck.

Once the test is complete, the catheter is removed and pressure is applied to the area to prevent bleeding. After a period of bed rest—from 6 to 24 hours—you're usually allowed to return home.

"The risks of cardiac catheterization are minimal, but the rewards can be great," says Ronald Chelsky, MD, Cardiologist. "The procedure gives you a better understanding of what is causing your problem, as well as providing vital information on how you can be treated."

Sources: American Heart Association; National Heart, Lung, and Blood Institute

HOME IS WHERE YOUR HEART CARE IS

TILLAMOOK RESIDENTS drive in all sorts of weather and traffic "over the hill" to the Portland area to shop at big stores and malls, attend big arts and musical events, and seek specialized care at big health care systems.

Recognizing the need for a higher-quality level of cardiac care close to home for Tillamook residents, two years ago Tillamook County General Hospital (TCGH) leadership launched an affiliation with the Northwest Regional Heart Center (NRHC) at Adventist Medical Center, one of three accredited chest pain centers in Oregon.

"It's important to bring services into our community so people can stay close to home for their health care," says Gina Seufert, TCGH medical clinics director. "Because both TCGH and the NRHC are a part of Adventist Health, we can offer cardiac patients a seamless circle of care that begins in Tillamook, loops through the NRHC and ends again right here at home."

These days, Cardiologists Mark Hart, MD, and Ron

Chelsky, MD, both with the NRHC, spend a total of eight days each month in Tillamook and Manzanita caring for patients with a wide range of heart conditions.

THE CIRCLE OF CARE AT WORK

When someone experiencing chest pain calls 911, the responding ambulance crew is immediately in communication with the Emergency Department physician at TCGH. If symptoms point to the need for rapid intervention, the Tillamook physician contacts the NRHC to activate the cardiology response team.

Patients transferred by LifeFlight are taken directly to the cardiac catheterization lab—conveniently located just one floor below the heliport—for their life-saving



Ronald Chelsky,
MD, Cardiologist

procedure. Those arriving by ambulance enter through the Emergency Department, which is on the same floor. By staying within the same pavilion for their recovery in the specialized cardiovascular unit, patients have access to the state-of-the-art diagnostic and care services that can speed their recovery.

Once back in Tillamook, patients follow up with Drs. Hart or Chelsky for ongoing care. Almost all of the follow-up lab work and testing can be done right at TCGH.

"Minutes matter when it comes to saving patients from permanent heart damage," says Dr. Hart. "Through the Adventist Health network with the NRHC, Tillamook patients have rapid and seamless access to a full array of lifesaving cardiac services."



Mark Hart, MD,
Cardiologist

TILLAMOOK NEWS, VIEWS & TIPS



Tillamook County United Way

Honors for the hospital staff

At the annual meeting of the Tillamook County United Way (TCUW) held in March, Tillamook County General Hospital (TCGH) employees received the Carl Benschmidt Award. This award is in honor of Carl Benschmidt, a tremendous supporter of TCUW and of Tillamook County, and his caring and commitment to both.

This year, the board selected the TCGH employees in recognition of their significant support for TCUW for many years. Corporate support from TCGH has also been instrumental in the success of the annual campaigns.

“With this award, we recognize the TCGH employees this year, for their long-time continuing support of TCUW and local charitable organizations, as well as their support of Tillamook County as a whole,” Lisa Phipps, TCUW board president, says. “The generosity shown by the TCGH employees is overwhelming, and the spirit in which they give, year after year, to make Tillamook County a better place embodies the spirit of this award. It was our great pleasure to recognize their efforts.”



To learn about how the United Way helps our community—and how you can help too—visit www.tillamookcountyunitedway.org.

A DISTINGUISHED CAREER

Hospital nurse director receives award for lifetime achievement

Estrella “Teya” Pillar, RN, MPA, Director of Tillamook County General Hospital’s (TCGH) Obstetrics and Surgical Services Departments, was recently honored with the Distinguished Career Award by the Northwest Organization of Nurse Executives.

A registered nurse since 1969, her career includes experience in obstetrics and surgery clinical care and leadership that spans more than four decades and two continents. Teya came to TCGH in 1997 from Kaiser Permanente, where she had been a nurse manager.

A forward-thinking nurse with both clinical and leadership skills, Teya blazed trails toward excellence in patient care and safety. She was a member of the design teams for the electronic medical records programs at TCGH and throughout Adventist Health. Through her participation with the Association of Perioperative Registered Nurses, she helped develop the nationally recognized “time-out” process, which is a pause before starting a surgical procedure to make sure that the correct patient is about to undergo the correct procedure on the correct site. TCGH’s Surgical and Obstetrics Departments have maintained

high-quality scores in key measurement areas under her leadership.

A number of clinical staff have been mentored by Teya and encouraged to pursue continuing education through advanced degrees and specialty certifications. This has resulted in higher-quality levels of patient care as well as enhanced employee satisfaction.

“In 43 years as a professional nurse, I have learned many things,” Teya says. “For me, nursing is a calling. My focus is always on the patient and their family, who are looking to me as their nurse for love, care and guidance. We who are nurses need to continually commit ourselves to this calling.”

With plans to retire in November, Teya will have more time with her

family, which includes husband Bob, four grown children and three grandchildren. She enjoys quilting, gardening and horses.

“Throughout her career, Teya has set the standard for nursing leadership by exemplifying clinical excellence,” shares Karen Kellar, TCGH Vice President for Patient Care. “She mentors her staff and expects the best from them, never wavering in her high expectations of them. Our hospital and community have benefitted from her commitment to quality and our mission of healing.”



Estrella Pillar, RN, MPA



ABOVE AND BEYOND

Honoring exceptional nurses

The spring 2012 DAISY Award for extraordinary nurses was awarded on May 10 to Manolita “Bambi” Poblador, RN, a Surgical Services Nurse at Tillamook County General Hospital.

Nominations from hospital co-workers included these comments about Poblador’s exceptional nursing care:

“Bambi is always cheerful, consistently compassionate and attentively focused on the well-being of her patients. Every patient in Tillamook must know her and recognize her compassionate smile.”

“She served as a ‘digital expert’ helping our department with the CPOE computerized medical records startup. She has also taken extra time to mentor other nurses.”

“She is a joy to work with. She is knowledgeable about nursing and medicine and actively involved in learning new things in the OR.”

A registered nurse since 1996, Poblador came to Tillamook Hospital in 1999, working first on the Medical Surgical unit, then in the Family Birthing Center and now in her favorite area of nursing: Surgical Services. Nursing wasn’t her first choice for a career, but she fell in love with it quickly.

“For me, nursing is a calling, and I absolutely love what I do,” Poblador says. “I love caring for people, praying for their healing and sometimes just holding their hand to help them through a hard time.”

Other nurses nominated for this award are: Kelli Salinas, Gretchen Brill, Ann Martin, Larry Hamilton, Lyn Morris-Holman, Megan Davis, Allison Miller, Kami Jensen, Brenna Waxter, Sara Koberstein, Jenny Stanley, Shirley Thomas, Laura Fournier, Megan Swenson, Sheryl Raines, Turena Williams, Julie Brainerd and Teya Pillar.

PEOPLE HELPING PEOPLE

The spirit of giving is strong in residents of Tillamook County

There are few communities with a more generous spirit of giving than Tillamook County. With no tax levy or county budget appropriations received by the hospital for programs and services, contributions and grants provide an extra boost of funding to help purchase equipment, strengthen community outreach programs and ensure excellence in our health care services.

“Thank you again to all our partners in giving, especially to our generous hospital staff and

community members, who invest in the health of our community through their contributions,” says Development Director Melody Ayers.

2011 donations and grants

Ambulance and emergency services	\$11,249
Employees Helping Employees	\$5,146
Faith in Action	\$35,112
Greatest need	\$35,171
Hospice	\$41,239
Multi-modular program	\$21,471
Other designated*	\$51,999
Total	\$201,387

*Includes business in-kind, miscellaneous grants and small funds.



Tillamook County General Hospital • Look us up at www.tcgh.com/events.



DON'T MISS THESE COMMUNITY EVENTS

For more information or to register, call **503-815-2313** or toll-free from North Tillamook County at **503-368-6544, ext. 2313**, unless otherwise noted.

Better Health

CHIP SUPPER CLUB

Second Monday of the month (no meeting in August), 5:45 to 8 p.m. Tillamook SDA Church, lower level in the back. Please call to RSVP.

CHIP (COMPLETE HEALTH IMPROVEMENT PROGRAM)

Free information session Sept. 18, 19 or 20, 6:30 to 7:30 p.m. TCGH third-floor conference rooms. Program runs Oct. 1 to 31. For more information, call **503-815-2270**.

LIVING BETTER WITH DIABETES

Tuesdays and Thursdays, ■ Sept. 11 to 20, 6:30 to 9 p.m. TCGH third-floor conference rooms ■ Sept. 27 to Oct. 18, 6:30 to 9 p.m. North County Rec District, Nehalem

Referral by a health care provider is required. To schedule a one-hour nutrition counseling session before class, call **503-815-2292** or **503-368-2292**. Most health insurance plans are accepted. For information, call **503-815-2443**.

LIVING WELL WITH CHRONIC CONDITIONS

Thursdays, Sept. 6 to Oct. 11, 1:30 to 4 p.m. NW Seniors and Disability Services, Tillamook. No charge. To register, call **503-815-2313**.

POWERFUL TOOLS FOR CAREGIVERS

Oct. 2 to Nov. 7, 10:30 a.m. to 12:30 p.m. NW Seniors and Disability Services, Tillamook. To register, call **503-815-2313**.

Prenatal Care and Women's Health

CHILDBIRTH PREPARATION CLASS

Wednesdays, Sept. 5 to 26, 7 to 9 p.m. TCGH third-floor conference room A. \$40 for mom and a support person.

LOOK GOOD... FEEL BETTER

By individual appointment. No charge. Beauty supplies and support for women undergoing cancer treatment. Registration required.

WOMEN'S CANCER SURVIVOR SUPPORT GROUP

First Tuesday of each month, 10:30 a.m. to noon. 312 Laurel Ave., Tillamook. Next meeting is in September. For more information, call **503-842-4508**.

Respite Care

WELLSPRING ADULT RESPITE CARE

■ Second and fourth Tuesdays of each month, Tillamook United Methodist Church
 ■ First and third Wednesdays of each month, Tillamook SDA Church
 ■ First and third Thursdays of each month, Covenant Community Church, Manzanita
 ■ Second and fourth Thursdays of each month, Beaver Community Church 10 a.m. to 4 p.m. \$30 per day; financial assistance is available. Call Faith in Action at **503-815-2272**.

Wellness Screenings

BLOOD PRESSURE

Wednesdays, 2 to 3 p.m. TCGH cafeteria. No charge.

CHOLESTEROL AND BLOOD SUGAR

Tuesday, Sept. 11, 9 to 10:30 a.m. North Coast Home Care, Tillamook. Cholesterol and blood sugar screening costs \$20. A 12-hour fast is required.

Support Groups

ALZHEIMER'S AND CAREGIVER SUPPORT GROUP

Third Wednesday of each month (no meeting in August), 10:30 a.m. to noon. Tillamook SDA Church. For information, call **503-815-2270**. For respite care, call **503-815-2272**.

DIABETES AND ALL THAT JAZZ

Second Tuesday of each month, 1:30 to 3:30 p.m. TCGH third-floor conference rooms. For more information, call **503-815-2443**.

GRIEF SUPPORT GROUP

■ Tillamook: First and third Tuesdays of each month 3 to 4:30 p.m. TCGH third-floor conference room A
 ■ North County: First and third Thursdays of each month 3 to 4:30 p.m. Calvary Bible Church, Manzanita

Community Events

WALK OF FAITH FUNDRAISING WALK
 Sunday, Sept. 23, 3 p.m. Hospital Entrance. Raising awareness and funds for respite care. To learn more, call **503-815-2272**.

KEEP MOO-VING FOR GOOD HEALTH

29th Annual Huckleberry Health Fair will offer health screenings and tips



FOR NEARLY 30 YEARS, the Huckleberry Health Fair has been a part of the Tillamook County Fair. Honoring Tillamook County health care pioneer Dr. E. R. Huckleberry, this health fair promotes the importance of living right and enjoying good health.

Come to the Tillaskate Building during the Tillamook County Fair Thursday and Friday from 10 a.m. to 3 p.m., and experience an old-fashioned country farm and town, which will include:

- More than 30 booths with local health resource information (free).
- Heart-healthy food at the Farm House Kitchen (\$).

- Neck and shoulder massages (free).

You can also check your health through screenings for:

- Cholesterol and blood sugar (\$).
- Hemoglobin A1C (\$).
- Bone density for osteoporosis (\$).
- Lung function (free).
- Blood pressure (free).

And take a moment to:

- Meet Tillamook's newest doctors.
- Enjoy games and prize drawings.

Please keep in mind that participating in these screenings is just a first step toward good health. You are

encouraged to establish a relationship with a health care provider, who can best monitor your health progress, recognize early warning signs and offer preventive education.

HUCKLEBERRY HEALTH FAIR

Thursday, Aug. 9, 10 a.m. to 3 p.m.

Friday, Aug. 10, 10 a.m. to 3 p.m.

Tillaskate Building at the Tillamook County Fair

PATIENT TESTIMONIAL



FRIENDLY FACES, HEALTHY HEARTS: Coastal heart patients enjoy seeing cardiologist Mark Hart, MD, and Christy Davy, RN, at two locations: Tillamook and Manzanita.

LISTEN TO YOUR HEART PAUL OWENS' STORY

PAUL OWENS doesn't consider himself old. Even though retired, he leads an active lifestyle of hunting, clam digging, cutting wood and golfing. Married for 50 years to his wife, Betty, whom he met in grade school, Paul still considers himself young and never thought he might be at high risk for a heart attack.

Over the past couple of years, Paul noticed he was feeling more tired. Then he noticed an aching pain in his jaw when he was physically active, such as when walking uphill. He had been seeing Oncologist Gerald Gibbs, MD, for more than 15 years for monitoring and treatment for chronic lymphocytic leukemia (CLL). Near the end of an appointment with Dr. Gibbs, Paul mentioned his aching jaw. Dr. Gibbs took that as a serious sign of possible heart disease and promptly referred Paul to his primary care physician for follow-up.

Paul chose to be referred to Cardiologist Mark Hart, MD, who comes to Tillamook County several days each month and also sees patients at Tillamook Medical Group's new Manzanita clinic.

Cardiac testing at Tillamook County General Hospital

showed there were some blockages in Paul's cardiovascular system. He tried medication, but when that didn't resolve his symptoms, Dr. Hart scheduled him for an angiogram at the Northwest Regional Heart Center (NRHC) at Adventist Medical Center in Portland.

The angiogram revealed significant blockages in four of the blood vessels connecting to his heart. Because of the position of one of the vessels, it was not possible to do an angioplasty with stents. Consulting with heart surgeon Thomas Molloy, MD, Medical Director of Cardiac Surgery at NRHC, it was decided that Paul would stay overnight for additional testing and be scheduled for bypass surgery the next week.

Of his heart surgery and recovery afterward at the NRHC, Paul gives glowing reviews of the surgeons, staff and facility. "I received fantastic care, and the facility was set up so well for caring for heart patients," he says.

Back home in Nehalem, Paul continues to see Dr. Hart at the Manzanita clinic. When asked what he would like others to learn from his story, he has two messages: "Be sure to tell your doctor what you're feeling, and listen to what your doctor has to say. I would also definitely recommend the heart care I received, both in Tillamook with Dr. Hart and at the NRHC."



Set up your consultation with our skilled cardiologists today! Call 503-815-2292 or 503-368-2292.

DOCTOR SPOTLIGHT

Welcome, Dr. Nelson

Tillamook County General Hospital welcomes Andrew Nelson, MD, who is now providing diagnostic radiology services at the hospital. Dr. Nelson holds board-certification in diagnostic radiology.

After graduating *summa cum laude* with a bachelor of arts degree in business administration from Walla Walla University, Dr. Nelson earned his medical degree from Loma Linda University School of Medicine in Loma Linda, Calif. He completed an internship in internal medicine and a residency in diagnostic radiology.

Most recently, he was a general radiologist and chief of the MRI section at Womack Army Medical Center in Fort Bragg, N.C.

Dr. Nelson enjoys working in all areas of radiology and has special interest in MRI, mammography and light interventional procedures.



Andrew Nelson, MD, Radiology

"I became interested in becoming a physician when I was about 12 years old," shares Dr. Nelson. "My grandpa, who was a surgeon, told interesting stories about helping people through healing. I also had a grade school teacher who inspired me to use my skills to help others."

In his free time, Dr. Nelson enjoys bird watching, jogging, gardening and spending time with his wife and two young children. They are happy to be living in our coastal community with its friendly people and many opportunities for outdoor adventures.



NEED A HEALTH PARTNER?

Adventist Health/Tillamook Medical Group

Cardiology

Ronald Chelsky, MD
Mark V. Hart, MD

Family Medicine

Shirley Arneson, ANP
Ann Batchelder, ND, FNP
David Bradburn, MD
Teresa Callahan, MD
Ben Douglas, MD
Irene Martin, MD
Karl Meier, MD
Brandon Mitchell, DC, MD
Glen Saylor, MD
Rob Soans, PA

General Surgery

Todd Pitts, MD
Internal Medicine
Calvin Hill, MD
John Bohlman, MD
James Rushing, MD
Obstetrics and Gynecology
Brittany Gerken, MD
Oncology
Gerald Gibbs, MD
Orthopedic Surgery
Ronald Teed, MD

Pediatrics

Mark Scott Smith, MD

Podiatry

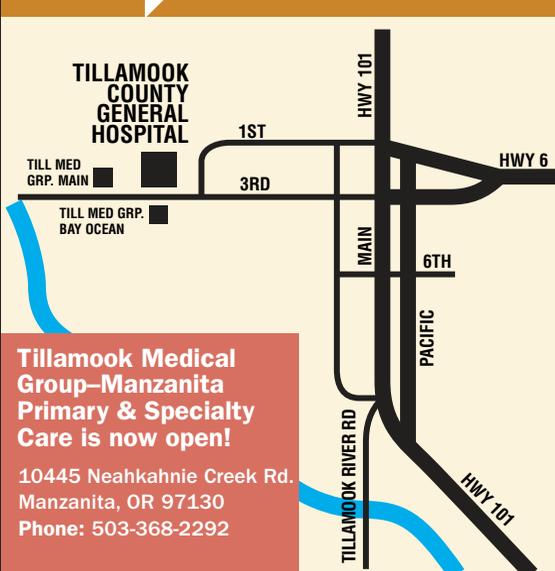
Scott A. Doherty, DPM

Other Specialists Available:

Ophthalmology
Martin Balish, MD
Jennifer Ballentine, MD

503-815-2292 503-368-2292

WHERE TO FIND US



LIFE AND HEALTH is published as a community service for the friends and patrons of TILLAMOOK COUNTY GENERAL HOSPITAL, 1000 Third St., Tillamook, OR 97141, telephone 503-842-4444, www.tcgh.com.

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Life & Health

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