

Life & Health

EXCELLENCE IN COMMUNITY HEALTH • SPRING 2011

Health Link



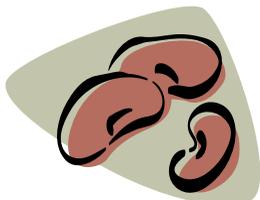
PRECIOUS CARGO

Remember, all children 12 years and younger should ride in the back seat of a car. Front-seat airbags are dangerous for kids.

Centers for Disease Control and Prevention

OUT OF SIGHT When eating out, hunger can drive you to overindulge on the bread or chips before dinner arrives. Reduce that risk by asking your server to save the basket until your food comes.

American Dietetic Association



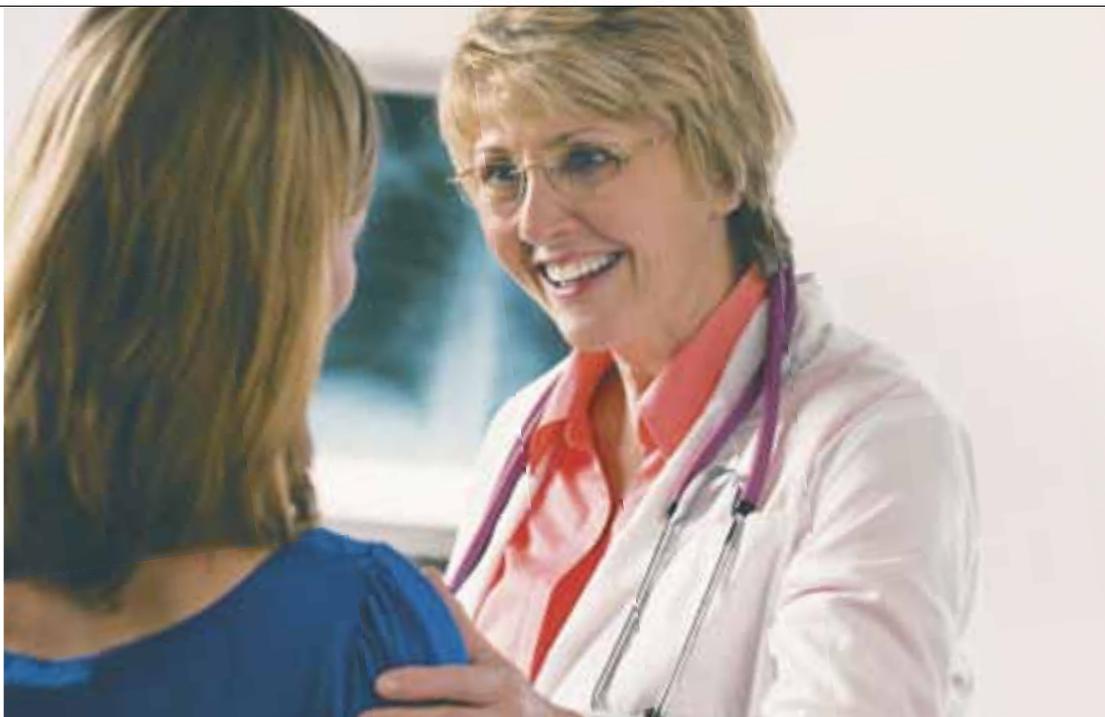
SMALL BUT MIGHTY

Beans are high-fiber superfoods. Just ½ cup provides as much protein as an ounce of meat, but without the saturated fat. When using canned beans, drain and rinse the beans to remove as much sodium as possible.

American Diabetes Association

PRIMARY CARE DOCTORS

A KEY TO BETTER HEALTH



What's a primary care physician's specialty? You. And if you don't have one of these specialists as your medical caretaker, now is the time to get one. ♦ Primary care physicians are trained to take care of all aspects of your health. That includes your physical, mental and emotional health. ♦ A primary care doctor will focus on forging a long-term relationship with you. He or she will ask you about your family history, your life and work situations, and other factors that can affect your health.

A primary care doctor will take the time to listen to and answer all of your medical questions because he or she knows that getting to know you is the key to helping you make the best health care decisions.

DECIDING ON A DOCTOR As an adult, you can decide between two main types of primary care doctors. You

might choose: ● An internist, who treats only adults. ● A family physician, who treats both children and adults.

No matter which type of doctor you choose, your primary care physician will be the one to:

- Advise you about screening tests and vaccines.
- Treat your minor illnesses, such as colds and the flu.
- Help you manage any chronic diseases, like diabetes.

Your doctor may offer education and counseling as well.

If you do encounter more serious health problems, your primary care doctor can act as a case manager. He or she can recommend a specialist, such as a cardiologist (for heart disease) or an oncologist (for cancer), and can help you keep track of the different doctors and treatments you may need.

This kind of comprehensive care can have positive results. Research shows that people who routinely see a primary care doctor have better overall health and lower health care costs than people who don't get that kind of medical attention.

Source: American Academy of Family Physicians

Searching for Dr. Right

Looking for a new doctor? Start by calling doctors' offices and asking:

- What type of insurance does the doctor accept?
- How long does a typical office visit last?

If you decide to make an appointment, continue asking questions at your visit. Then, afterwards, ask yourself a few things. During the visit, did the doctor:

- Listen carefully?
- Treat you with respect?
- Answer all of your questions?

If your response to these questions is yes, you may have answered the big question: Is this the right doctor for me?

Source: National Institute on Aging

Need a primary care doctor? Call us at 503-842-5546 or visit us online at www.tcgh.com.

InSide

- 4 SURGERY STAY CLOSE TO HOME
- 6 HOSPITAL WEEK COMMUNITY DAY MAY 11
- 7 THANK YOU VOLUNTEERS HONORED
- 8 JOIN US COMMUNITY EVENTS

**NORTHWEST REGIONAL
HEART CENTER**

THE BEST IN CARDIAC CARE

TILLAMOOK CARDIOLOGY PATIENTS have access to an expanded array of cardiac services at the Northwest Regional Heart Center (NRHC) at Adventist Medical Center in Portland.

Providing the best in cardiac care is a top priority at the NRHC. The open-heart team includes world-class heart surgeon Thomas Molloy, MD; state-of-the-art technology, including new operating rooms and robotic equipment; and highly trained critical care nurses and perfusionists.

This program is a collaboration between NRHC and Oregon Health and Science University, Oregon's only two accredited chest pain centers. The partnership provides shared patient protocols and staffing resources, enhanced technical expertise, multidisciplinary treatment planning, and optimized care for patients with cardiovascular disease.

**Help your heart! Call 503-815-2270
to learn about the Coronary Health
Improvement Project (CHIP).**

“Through our Adventist Health network affiliation with the NRHC, Tillamook patients now have seamless access to a full array of lifesaving cardiac services,” says cardiologist Mark Hart, MD, who sees patients at Tillamook Medical Group. “And to have Drs. Thomas Molloy and Steve Guyton now performing open-heart surgeries as a part of the NRHC gives our patients access to all the best in comprehensive cardiac care.”



MEET THE EXPERTS: Thomas Molloy, MD, Medical Director of Cardiac Surgery and Steven Guyton, MD, MHA, Quality Director of Cardiac Surgery

Some words from the heart

You're listening to your doctor talk about your heart's health, but do you understand what he or she is saying?

Here's a glossary of some of the words you might hear:

- **Atherosclerosis** (*ah-THUH-PMF-skluh-ROH-sihs*)—a condition in which fats and other substances collect within the inner layers of artery walls. These deposits are called plaque. Plaque can damage arteries, reduce or block blood flow, and form clots that can cause a heart attack.
- **Cardiac enzymes**—enzymes

produced by damaged cells in the heart muscle. A blood test that shows high levels of cardiac enzymes can help diagnose heart disease.

■ **Dyspnea** (*DIHSP-nee-uh*)—shortness of breath. Dyspnea can be a significant symptom of heart disease.

■ **Ejection fraction**—a measurement of how much blood the left ventricle pumps out when it contracts. When the heart relaxes, the ventricles fill with blood. When the heart contracts, the ventricles pump out a portion of that blood—usually between 55 and 70 percent of the total. A low ejection fraction

can indicate that the heart isn't pumping as efficiently as it should.

■ **Intermittent claudication**—pain, cramping and fatigue in the buttocks and legs that increase with exercise but disappear during rest. It's a sign of poor blood circulation due to atherosclerosis.

■ **Ischemia** (*ihs-KEE-mee-uh*)—reduced blood flow to an organ, such as the heart. Ischemia is usually caused by atherosclerosis.

■ **Myocardial infarction**—a heart attack. An infarction causes cells in the heart to be damaged or to die because of a lack of blood and oxygen. The myocardium is the center layer of your heart muscle.

HEART FAILURE

TAKE CHARGE OF YOUR LIFE

WHEN MARY JETTE found she couldn't walk to her horse barn without getting out of breath, she thought she had asthma and bought an over-the-counter inhaler. When she couldn't sleep without sitting up on the couch, she went to the doctor.

“He told me it was my heart,” says Jette. “It was terrifying—I couldn't believe it.”

It's no wonder Jette was worried. A diagnosis of heart failure can sound like your heart will quit at any moment. But heart failure doesn't mean your heart is about to stop working. Instead, it means your heart has lost some of its ability to pump blood. Heart failure is common—about 5.7 million people in the U.S. have it, reports the National Institutes of Health (NIH).

If you're one of them, you need to know that heart failure is a serious disease. But you also need to know that people with heart failure who take care of themselves can often lead active, satisfying lives.

WHAT IS IT? Heart failure is also known as congestive heart failure. It's called that because the weakened pumping action of the heart can cause fluid to build up in the lungs and other organs. This extra fluid can cause your feet and ankles to swell. It can also make you feel

very tired and can cause trouble breathing.

Anything that damages the heart muscle can cause heart failure. It can begin suddenly after a heart attack or more slowly from causes such as coronary artery disease, uncontrolled high blood pressure or diabetes.

LIVE YOUR BEST LIFE Heart failure can't be cured. But you can live with it, and the sooner you start managing your condition, the better you'll feel.

People with heart failure can often lead active, satisfying lives.

First, stay in touch with your doctor. Let him or her know if you have changes such as coughing or wheezing at night, chest pain, a weight gain of more than 5 pounds in one week, worsening shortness of breath, or new swelling in your legs.

According to the NIH and the American Heart Association, these steps are also important:

- Make healthy diet choices. Controlling your weight and limiting your salt intake can help you feel better and stay well.
- Be as physically active as your doctor advises.



- Don't smoke, and avoid secondhand smoke. Both can make heart failure worse.
- Take your medicines. You'll probably have medicines to help your heart pump better and others to treat any underlying conditions, such as high blood pressure.
- Ask your doctor if you need to eat foods high in potassium or take a potassium supplement. Some heart drugs used to treat heart failure deplete this important nutrient, and that can cause heart rhythm problems.
- If your doctor advises you to limit fluids, keep close track of how much you drink each day.
- Keep any other medical problems, such as diabetes, under control.

TAKE STEPS TO PREVENT A SECOND STROKE

PEOPLE WHO HAVE had one heart attack are at risk of having another.

And the same is true for stroke. After you've had one, you're vulnerable to a second. In fact, your risk for another stroke is much higher than someone's risk for a second heart attack.

If you're still recovering from your first stroke, preventing a future event may be far down on your list of priorities. But it's a vital topic of conversation for you and your doctor.

RISK FACTORS A good portion of American adults are unaware of what makes one person more susceptible than another to having a stroke, according to Bruce Ovbiagele, MD, spokesman for the American Stroke Association.

Recovering from a first stroke can be a challenge. Preventing a second one is essential.

"Up to 25 percent don't know any stroke risk factors at all," says Dr. Ovbiagele.

According to the National Stroke Association, smoking is a major risk factor for stroke. Others include: ● High blood pressure. ● Heart disease. ● Diabetes. ● High blood cholesterol.

It's important to find out what caused your stroke because the same factors may be driving your risk for a second.

WHAT YOU CAN DO To help avoid a second stroke, ask your doctor to review your risks.

"There is no one-size-fits-all approach to stroke prevention," says Dr. Ovbiagele. But here are some of the most important things you can do:

Control your blood pressure. High blood pressure is the most modifiable risk factor for stroke. Talk to your doctor about your blood pressure goals and how to achieve them with lifestyle changes or medication.

Control your cholesterol levels. If your levels of LDL



cholesterol (the bad kind) and triglycerides (another type of blood fat) are too high, you may need to take a statin medication to help lower them.

Modify your diet. The primary dietary change after a stroke is to reduce your intake of salt, or sodium, says Dr. Ovbiagele. It's particularly crucial to do so if you have high blood pressure. Your doctor also may suggest

a low-fat diet that emphasizes fruits, vegetables and whole grains.

Take your medications. Most people need to take several medications after a stroke. You may be able to eventually cut back on how much medication you take, but it's important not to stop any medications without your doctor's OK.

Stroke's symptoms require action now

Distinct. That's how medical experts describe the symptoms of stroke.

What makes stroke symptoms so distinct is that they appear so quickly. They include sudden:

- Numbness or weakness in the face, arm or leg—often on one side of the body.
- Confusion or trouble speaking or understanding what others say.
- Trouble seeing in one or both eyes.
- Trouble walking, dizziness, or loss of balance or coordination.
- Severe headache for no known reason.

Any of these symptoms is reason to get medical help right away. In many cases, a medication called TPA (tissue plasminogen activator) can be used to stop a stroke in its tracks.

TPA is most effective when given within three hours of the first signs of a stroke. But because it will take time to evaluate your condition once you arrive at the emergency department, it's best to get to a hospital within 60 minutes of any stroke symptom.

If you suspect stroke in yourself or someone else, call 911.

Source: National Institutes of Health

AT THE CLICK OF A MOUSE

Electronic health records can mean better care for you

THERE'S NO DENYING that we live in an electronic age in which advances in technology often lead to improvements in services.

Our electronic health records system is an example of that. Compared with paper files, this computer system is a faster, more efficient way to track your medical information. But more important, this way of keeping records can mean better care for you.

Electronic records have several advantages over paper charts, including timely access to your health information, according to the U.S. Agency for Healthcare



Research and Quality. Via computers, your complete, updated health information is available to your health care providers when they need it. This can include a list of your medicines, immunizations, lab results and family health history.

Often this means you won't have to fill out new forms or try to recall details about your medical history. And your providers can spend more time caring for you instead of tracking down your records.

Finally, rest assured that your privacy matters. We take steps to ensure that your records are secure.



New technology improves patient care

Tillamook County General Hospital is close to achieving a major milestone in its journey toward full implementation of electronic medical records. Computerized provider order entry (CPOE) is an electronic process that allows direct entry of medical orders by physicians and other health care providers.

CPOE enhances patient safety and health care quality and supports evidence-based medicine.

Attend
 “Relieving Arthritis
 & Joint Pain”
 on Thursday, May 19,
 at 4:30 p.m. in TCGH
 conference room A.
 See the back page
 for details.



SUPERIOR SURGERY CLO

Surgical options for ailing knees



Ronald Teed, MD,
 Orthopedic Surgery

No matter how well you take care of your knees, surgery to repair them may someday be necessary.

If knee trouble persists after physical therapy, weight loss, medications or other treatments have failed, surgery—such as arthroscopy or knee replacement—may be an option.

Arthroscopy. This minimally invasive technique allows a surgeon to identify and treat certain knee problems. A tiny camera is inserted through small incisions so that structures inside the knee can be seen and problems diagnosed. If necessary, equally small instruments can be inserted through other incisions so that the doctor can take out bone fragments or remove or repair torn cartilage and ligaments, among other things.

Recovery from arthroscopy is often much faster than from traditional knee surgery.

Knee replacement. Sometimes a severely damaged knee cannot be repaired. You may be a candidate for total joint replacement if knee pain interrupts sleep or if it's hard to walk, get out of a chair, climb stairs or do other regular activities.

Source: American Academy of Orthopaedic Surgeons

Put a lid on it

How to control acid reflux



Todd Pitts, MD,
 General Surgery

Your chest feels like it's on fire, and you have a sour taste in the back of your throat. Ugh—it's heartburn. Next time, you'll think twice about that meat-laden pizza and chocolate cupcake dinner.

The occasional bout of heartburn, while uncomfortable, isn't unusual. But if it happens on a regular basis, it may be a sign of

gastroesophageal reflux disease (GERD), a serious but treatable condition.

Heartburn basics Although it's called heartburn, it's not your heart that's at issue.

Instead, it's the esophagus—the tube that connects your throat to your stomach. When you eat, your stomach produces acid to digest your food. If that acid backs up (refluxes) into your esophagus, it can trigger that classic symptom of a burning sensation in the chest or throat.

You're more likely to have reflux if you: ● Eat spicy, greasy or acidic foods, such as tomato sauce. ● Eat citrus foods or chocolate. ● Drink beverages with caffeine or alcohol. ● Smoke cigarettes. ● Are overweight. ● Wear tight clothes. ● Eat too close to bedtime. ● Are pregnant.

A hiatal hernia, when the upper part of the stomach

bulges through an opening in the diaphragm, can also cause reflux. This is most common in people over age 50.

Lifestyle changes, such as avoiding foods that trigger reflux and quitting smoking, may help relieve heartburn, according to the American College of Gastroenterology.

Your doctor may also recommend that you: ● Eat smaller, more frequent meals. ● Lose weight. ● Wear loose clothing. ● Elevate the head of your bed. ● Avoid eating for at least two hours before you go to bed.

When to see a doctor For occasional reflux, over-the-counter (OTC) antacids or H₂ blockers (such as Pepcid AC or Zantac 75) can help.

But if you're taking OTC remedies two or more times a week, or you've been taking them for more than two weeks, it may be a sign of GERD—and a sign that you need to see a doctor.

Your doctor may suggest lifestyle changes or prescribe one or more prescription medicines.

If your symptoms don't improve, surgery is also an option. Surgery can help repair the passageway between the stomach and the esophagus.

Todd Pitts, MD, a surgeon at Tillamook Medical Group, offers an incision-free surgical alternative to quickly get GERD patients back to living their lives their way. For more information, call 503-815-2115.

Home again, home again

The benefits of outpatient surgery

Home is not only where the heart is. It's where most of us prefer to be when we aren't feeling well.

That's one reason why outpatient surgery is so popular. You can get the high-quality medical care you need and recover in the comfort of your own bed. Statistics show that more than 50 percent of surgeries are being done on an outpatient basis, reports the American Medical Association.

IS IT RIGHT FOR YOU? When you have surgery as an outpatient, you check in to a hospital or clinic in the morning. You have your procedure and then go home before the end of the day.

Of course, not every surgical procedure can or should be done on an outpatient basis. If you need to have surgery, your doctor can let you know your options.

Your choices will be based on what's available and on your personal health. Some of the standard procedures

done on an outpatient basis include: ● Cataract surgery. ● Biopsies. ● Gallbladder removal. ● Cyst removal. ● Hernia and hemorrhoid repair. ● Tonsil and adenoid removal.

Some procedures you can have as an outpatient may surprise you. These include prostatectomy, hysterectomy, mastectomy and spinal fusion.

BEFORE AND AFTER If you're having an outpatient procedure, there are a few rules you should know:

- In general, do not eat or drink anything in the 10 hours before a procedure.
- Ask someone to take you home after your procedure and stay with you.
- Talk with your doctor about which of your regular medications you can or cannot take on the day of the procedure.

With most outpatient procedures, you'll go home one to four hours after surgery. But you might end up staying longer or even overnight.

You'll be given a list of things not to do over the next 24 hours. These will probably include: ● Drinking alcohol. ● Using nonprescription medication. ● Driving. ● Operating heavy machinery. ● Making important decisions.

Additional source: American Society of Anesthesiologists

Swing bed skilled care services

Patients at Tillamook County General Hospital (TCGH) may be able to benefit from a special program while they recover from surgery or get additional rehabilitation and strengthening before being discharged from the hospital. It's called the swing bed program, and it allows patients to stay in the same room and the same bed and receive just the services they need.

Skilled care services provided include nursing; occupational, physical and speech therapy; nutrition services; pharmacy; social work; and more. Each patient's length of stay and recovery goals are planned together with the physician and health care team. When the goals have been met or skilled care is no longer needed, the patient transitions to home or other care.

Both patients and TCGH benefit with this transition program. Hospital patients can remain in place, close to home and family, and receive the skilled care they need. TCGH maximizes efficiency by meeting patient needs for both acute and short-term rehabilitation care with a limited number of beds.

Most insurance companies, including Medicare, cover swing bed care when certain criteria are met. The hospital's case managers can help with specific questions about the swing bed program.

USE TO HOME

HYSTERECTOMY

Know your options



Brittany Gerken, MD,
Obstetrics and
Gynecology

If you're a woman, there's a good chance you may someday need to have a hysterectomy. This common—and generally very safe—procedure surgically removes the uterus to treat a number of women's health issues.

Occasionally, a hysterectomy is absolutely necessary because a woman's life is at risk. This might be the case, for example, if a woman has cancer of the uterus.

But usually the conditions that lead to a hysterectomy disrupt a woman's life rather than threaten it. Among those conditions are:

- Fibroids. Most hysterectomies are performed to treat these noncancerous growths of the uterus. Often, fibroids cause no symptoms and need no treatment. But they can trigger heavy bleeding or pelvic pain.
- Endometriosis. Here, tissue that lines the uterus grows where it shouldn't—on the ovaries and other nearby organs. This misplaced tissue can cause irregular bleeding and painful sex.
- Uterine prolapse. The uterus sags into the vagina, which can cause urinary problems and pelvic pressure.
- Persistent vaginal bleeding. When periods are



heavy or linger for many days, a hysterectomy is a possible treatment.

To make an appointment with Brittany Gerken, MD, call 503-842-5546.

DON'T RUSH The key fact about hysterectomies may be this: You don't have to rush into the surgery. Remember, a hysterectomy is rarely a matter of life and death. Chances are, you have time to think carefully about whether this surgery is your best option.

Sources: American College of Obstetricians and Gynecologists; American College of Surgeons; National Women's Health Information Center

Alternatives to hysterectomy

Sometimes a woman has no choice but to go ahead with a hysterectomy. But often, alternative treatments are an option, particularly if a hysterectomy is being considered for a noncancerous condition. These treatments include:

■ **Uterine artery embolization.** This treatment blocks the blood supply to fibroids—noncancerous tumors in the womb—causing them to shrink.

As a result, symptoms, such as pelvic pain and bleeding, are eased.

■ **Drug therapy.** Certain drugs may lighten heavy bleeding caused by fibroids, a major reason for hysterectomies. Medications—including birth control pills—can also help relieve symptoms of endometriosis, a condition that can cause severe pelvic pain.

■ **Endometrial ablation.** This is also a treatment for heavy bleeding. Doctors use electricity, heat or other methods to destroy the lining of the womb. About half of all women who have this procedure stop having menstrual periods.

■ **Myomectomy.** In this surgery, doctors remove fibroids but leave the womb intact. Because her womb has not been removed, a woman can still get pregnant. **One risk: Fibroids may grow back.**

■ **Vaginal pessary.** This device is inserted into the vagina. It holds a sagging womb in place—another reason hysterectomies are performed. A pessary may be used indefinitely.

Sources: American College of Obstetricians and Gynecologists; National Women's Health Information Center

Join us for hospital week

Tillamook County General Hospital will celebrate National Hospital Week May 9 through 13 with the TCGH Roundup for our staff and Community Day for the public. See the back page for details.



New board chairman at TCGH



Thomas Russell, President and CEO of Adventist Medical Center in Portland, has been named Chairman of Tillamook Hospital's Governing Board, as of the May 2011 meeting.

With 30 years of experience in a wide range of health care endeavors—more than 15 of which have been at Adventist Medical Center—Russell is a respected leader with a high level of commitment to the mission of Adventist Health, according to Larry D. Dodds, the current Board Chairman, who is retiring later this spring.

Russell, a member of the American College of Healthcare Executives, holds a bachelor of science degree in business administration from Union College in Lincoln, Neb. and a masters of business administration degree from Southern Adventist University in Collegedale, Tenn. He is also active in various professional and community organizations.

Russell and his wife, Kimberly, live in Eagle Creek and are active in community projects throughout Portland.

Hospital patient care VP retires



Donna Bechthold, RN, BA, is retiring from her role as Vice President of Patient Care Services at Tillamook County General Hospital (TCGH), effective May 2011. She has served as the top nursing leader since 1987.

"We very much appreciate Donna's 24 years of leadership for patient care," says Larry Davy, TCGH President. "Her extraordinary commitment to mission, excellence and quality in health care will leave a lasting legacy in Tillamook County."

In her 31-year career, Bechthold gained experience in all clinical areas, as well as in community health education, staff development and advanced leadership roles.

During her service at TCGH, she played a key role in launching the Healthy Families/Healthy Start program in Tillamook County and created a partnership with Tillamook Bay Community College and Clatsop Community College to establish a registered nursing clinical program at TCGH.

She and her husband, Wayne, plan to remain in the community.

Tillamook County General Hospital is pleased to welcome Karen Kellar, RN, MSN, as the incoming Vice President of Patient Care Services. Look for an article about Kellar in the next issue of *Life & Health*.

The spirit of giving

TCGH thanks you for your donations

When it comes to giving in support of a good cause, few communities can hold a candle to the spirit of giving that shines throughout Tillamook County. With no tax levy or county budget appropriations being received by the hospital for programs and services, we are grateful for the contributions and grants that 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. "In Tillamook, we truly are people helping people."

2010 donations and grants to TCGH	
Ambulance and Emergency Services	\$49,879
Employees Helping Employees	\$3,364
Faith in Action	\$44,504
Hospice	\$32,200
Patient Care Excellence (PaCE)	\$2,431
Greatest need	\$19,849
Other designated*	\$7,871
TOTAL	\$160,098

*Includes in-kind gifts, miscellaneous grants and small funds

How was your stay?

A useful hospital survey may be coming your way

Chances are, you've talked with friends and family about the quality of care they've received from the hospitals they've used. And those discussions may have helped with your health care decisions.

But that information most likely came from a handful of people at most. Now, however, there's a survey—known by its initials, HCAHPS—that asks patients nationwide about their hospital experiences, and the findings are made public.

"Getting that important feedback from the patients we serve will really help us build a stronger health care system," says Nancy Foster, vice president for quality and patient safety policy at the American Hospital Association (AHA).

In addition, survey results will help people make intelligent decisions about which hospitals they want to use.

If you're hospitalized, you may be asked to participate in HCAHPS. The following questions and answers will help you understand it.

Q What does HCAHPS stand for?

A HCAHPS stands for Hospital Consumer Assessment of Healthcare Providers and Systems.

Q What agencies or organizations created HCAHPS?

A The Centers for Medicare & Medicaid Services and the Agency for Healthcare Research and Quality, both agencies of the federal government, jointly developed HCAHPS. Other organizations collaborated

on the project. Among them: the AHA, the American Medical Association, the American Nurses Association, the Joint Commission and AARP.

Q What are the goals of HCAHPS?

A There are essentially two goals, says Foster: (1) To assist hospitals in their ongoing efforts to improve quality by helping them identify what they're doing well and where they can improve, and (2) to inform people about the type of care they might receive at a particular hospital.

Q Are hospitals required to administer the HCAHPS survey?

A Participation is voluntary. However, hospitals that receive payment through Medicare will have their payments reduced by about 2 percent if they don't participate.

Q How are the surveys conducted?

A Surveys may be conducted by mail, telephone, mail with telephone follow-up or interactive voice recognition.

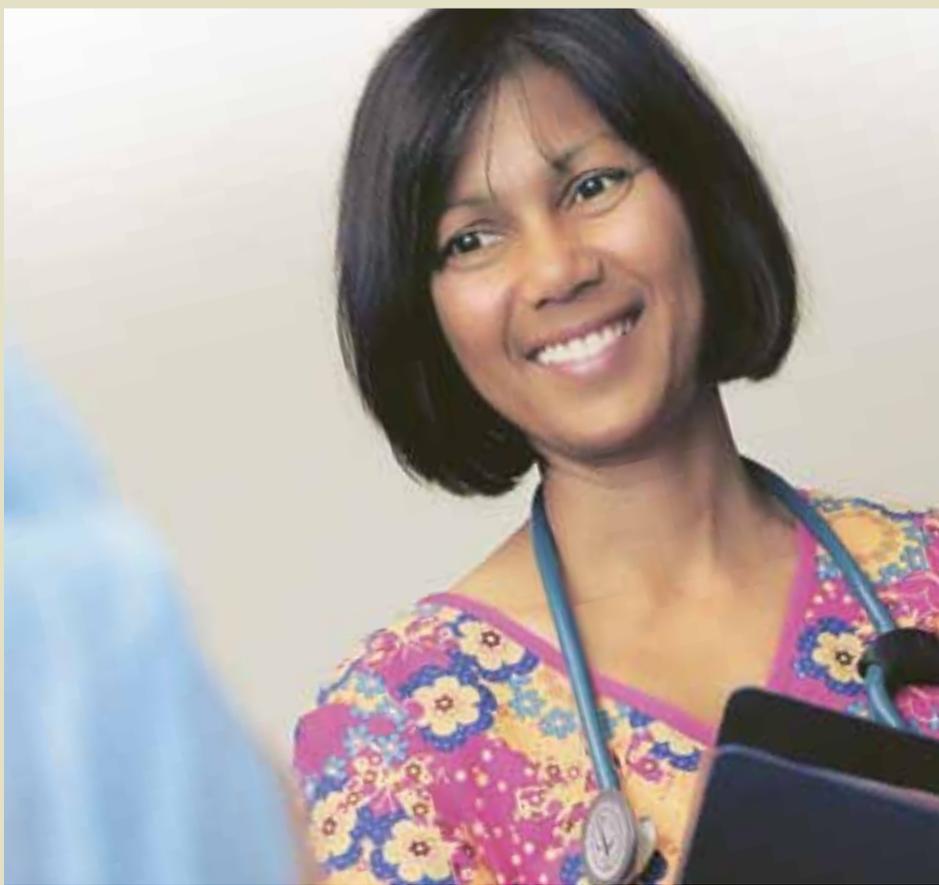
Q What types of questions are included in the survey?

A The survey consists of 27 questions, 18 of which ask about your specific experiences in the hospital. Areas covered include:

- Communication with and care received from nurses.
- Communication with doctors.
- Hospital cleanliness and quietness.
- Pain control.
- Communication about medicines.
- Discharge information.
- Overall hospital rating.

Q When and where will results appear?

A Results are posted on the Internet and available to anyone at www.hospitalcompare.hhs.gov. Results are updated quarterly.



NURSES

Why we think ours are special

Whether you're seeing your doctor for a checkup or being treated in our emergency department, the first person you are likely to see is a nurse.

In fact, you'll probably see lots of nurses in any medical setting. According to the U.S. Bureau of Labor Statistics, registered nurses, or RNs, make up the largest health care occupation, with about 2.5 million jobs.

Highly trained professionals While nurses everywhere are dedicated to good patient care, we think our nurses are exceptional at what they do. They are highly trained professionals, and many have a four-year degree in nursing. Others have trained to be advance-practice

specialists, such as nurse practitioners, nurse anesthetists or nurse-midwives.

The personal touch Whatever their training or specialty, our nurses deliver a special kind of care. While they follow precise standards for evaluating and treating patients, they also take a broader view of what nursing means.

For instance, along with your physical condition, our nurses consider your lifestyle, family situation, state of mind, and spiritual and economic needs when planning and implementing your care.

When you or your loved ones go home feeling good about your hospital experience, our nurses are likely to be a big reason why.

FOR CAREGIVERS

Online help from Medicare

No matter how much you love a family member or friend, assuming a caregiver role is not an easy task. It can often be physically and emotionally demanding. It may require you to make difficult decisions. You could spend hours seeking solutions to multiple problems.

In response to these challenges, the federal Centers for Medicare & Medicaid Services has created Ask Medicare, a website that provides important information and links to resources for caregivers.

Among the topics covered:

- How to enroll in Medicare.
- What Medicare covers.
- How to file claims for expenses covered by Medicare.

- Comparisons of supplemental insurance (medigap) and Medicare drug plans.
- Which doctors in your area accept Medicare patients.
- What to do if you have a grievance involving Medicare coverage.
- Financial and legal help for caregivers.
- How to get in-home services.
- Nursing home alternatives and other options for long-term care.
- How to stay healthy yourself.
- Coping tips from other caregivers.

The site also offers a free e-newsletter that can be sent directly to a subscriber's e-mail address.

 You can find Ask Medicare at www.medicare.gov/caregivers.

One person can make a difference

Health care volunteers honored

More than 100 volunteers, who together have given more than 10,250 hours of service at Tillamook County General Hospital and in the communities of Tillamook County through Faith in Action and Hospice, were honored at an appreciation luncheon on April 7 at the Church of the Nazarene in Tillamook. Volunteers from the Hope Chest Thrift Shop in Nehalem and the Hope Chest Thrift Shop Too in Rockaway Beach were also honored for their generous support of Tillamook Hospice and Faith in Action.

While the time that these dedicated volunteers give is fairly easy to measure, the difference they make in our community is significant. Volunteers provide compassion and assistance to people in all stages of life, from knitting baby bonnets for newborns to providing a reassuring presence to a dying patient

who would otherwise be alone.

Hospital volunteers serve weekly in the gift shop, deliver the mail, visit with patients, run errands and assist departments. Faith in Action volunteers provide help and support to elderly, disabled and chronically ill people, in the home and at Wellspring respite day centers. Hospice volunteers provide the same compassionate support and care to terminally ill patients and their families.

One person can make a difference. And 100 people make an even greater difference. Thank you to each one of our wonderful volunteers!

You can help make a difference! If you have a few hours to spare and would like to join our health care team, please call our director of Volunteer Services at 503-815-2364.

Is it safe to split your pills?

It may not take a lot of work to split a pill, but it should take a lot of thought.

In fact, you should only think about splitting medications if your doctor advises you to do so.

To split or not to split You may have heard that splitting medications can save money. But splitting pills can be dangerous, warns the U.S. Food and Drug Administration (FDA), because:

- You might forget to split a pill and take the whole tablet. As a result, you may accidentally take too much medicine.
- You may not get consistent doses. Often the actual amount of medicine in the two halves of a split tablet is different.
- Some tablets may be hard to split accurately because of their size or shape.
- Some pills are not safe to split. For example, most pills with a time-release coating should not be split.

Tips for safe splitting Here are some basic guidelines from the FDA about pill splitting:

- Only certain tablets are FDA-approved to be split. If a tablet is approved, it will say so in the package insert and it will be scored with a mark indicating where to split it.
- Do not split your entire supply of a medication at once. Split the pills only when you are ready to take them, and take both halves before you split the next one. Split tablets may be affected by heat and humidity.
- If you are splitting medication and you switch to a different brand, make sure to talk with your doctor about whether you can split the new medicine.



DON'T MISS

THESE COMMUNITY EVENTS

All classes will be held at Tillamook County General Hospital (TCGH) unless otherwise noted. For more information, call 503-815-2270 or go to www.tcgh.com/events.



Better Health

J T Q E @ CRRCP
U R F B @ C R C Q
Thursdays, May 5, 12, 19, 26
6:30 to 9 p.m.
TCGH third-floor conference room A
Referral by a health care provider is required. To schedule a one-hour nutrition counseling session before class, call 503-815-2292. Most health insurance plans are accepted. For information, call 503-815-2443.

B C N P C Q Q M L P C A M T C P W
Tuesdays, May 10 to June 28
6:30 to 8 p.m.
Tillamook SDA Church,

lower level
Register at information session: Tuesday, May 3 6:30 p.m.
Tillamook SDA Church, lower level

P C J C T Q E ? P R F P C R Q
? L B H M C L R N ? Q
Thursday, May 19 4:30 to 6 p.m.
TCGH third-floor conference room A
To register, call 503-815-2313.

Q R P M I C ? U ? P C L C Q Q
? L B ? K @ S J ? L A C S N B ? R C
Thursday, May 26 7 p.m.
Calvary Bible Church, Manzanita

? B T ? L A C B @ C A R C T C Q
? L B N M U C P M D ? R R M P L C W
Thursday, June 30 7 p.m.
Calvary Bible Church, Manzanita

Prenatal Care and Women's Health

A F G B @ C P R F
N P C N ? P ? R M L A J ? Q Q
Wednesdays, May 4 to 25 7 to 9 p.m.
TCGH third-floor conference room A
To register, call 503-815-2270.

J M M I E M M B , , , D C C J
@ C R R C P
Wednesday, June 15 2 to 4 p.m.
TCGH third-floor conference room
A program for women with cancer. No charge. RSVP required. Call 503-815-2313.

U M K C L %
A ? L A C P Q S P T Q M P
Q S N N M P R E P M S N
First Wednesday of each month
10:30 a.m. to noon
312 Laurel Ave., Tillamook
Call 503-842-4508.

Respite Care

U C J J Q N P Q E ? B S J R
P C Q N G R C A ? P C
■ 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.
\$29 per day; financial assistance is available.
Call Faith in Action at 503-815-2272.

Support Groups

? J X F C K C P %
? L B A ? P C E C T C P Q S N N M P R
E P M S N
Third Wednesday of each month
10:30 a.m. to noon
Tillamook SDA Church, lower level
For information, call 503-815-2270. For respite care, call 503-815-2272.

B G @ C R C Q ? L B
? J J R F ? R H ? X X
Second Tuesday of each month
1:30 to 3 p.m.
TCGH third-floor conference rooms
For more information, call 503-815-2443.

A F C N Q S N N C P A J S @
Second Monday of each month
5:45 to 8 p.m.
Tillamook SDA Church, lower level
To RSVP, call 503-815-2270.

E P C C D Q S N N M P R E P M S N
■ Tillamook
First and third Tuesdays of each month
3 to 4:30 p.m.
TCGH third-floor conference rooms
For more information, call 503-815-2313.
■ North County
First and third Thursdays of each month
3 to 4:30 p.m.
Calvary Bible Church, Manzanita
For more information, call 503-368-6544, ext. 2313.

L M P R F A M ? Q R
E J S R C L - P C C
Q S N N M P R E P M S N
First Thursday of each month
7 to 8:30 p.m.
Call 503-815-2270.

Other Events

O. // P C J ? W D M P J C C M D
R G J ? K M M I A M S L R W
Friday, July 8 at 6 p.m. to Saturday, July 9 at 6 p.m.
Nea-kah-nie High School Track
Fundraising event for American Cancer Society.
For more information, call 503-801-2971.

R A E F P M S L B S N B
F ? R Q M D D R M M S P Q R ? D D
Tillamook County General Hospital will celebrate National Hospital Week May 9 through 13 with western-themed activities. The people who work with our hospital, clinics and ambulances are some of the most caring and capable health care professionals you'll find anywhere—and y'all are invited to come on over and celebrate with us.

A M K K S L Q R W B ? W
Wednesday, May 11
■ Wellness screening from 7:30 to 9 a.m. in the hospital front lobby.
■ "Communication Skills for Caregivers," a presentation by Shanti Potts with the Alzheimer's Association, from 1:30 to 3 p.m. in the hospital's third-floor conference room.
Light refreshments will be served, and there will be special door prizes for the first 40 attendees. For more information, call 503-815-2313.

K ? K K M E P ? N F W Q N ? B ? W
Enjoy selections from our tea cart along with a complimentary neck and shoulder massage when you schedule your mammogram on May 11. To schedule an appointment, call 503-815-2292.

This offer is available for women 40 and older whose previous mammograms were more than a year ago, who have no history of breast cancer in the past two years and who have no current breast symptoms.

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

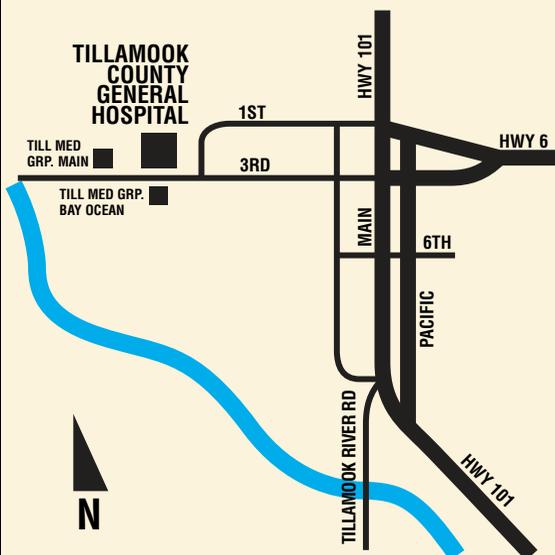
Todd Pitts, MD
Internal Medicine
Calvin Hill, MD
John Bohlman, MD
Obstetrics and Gynecology
Brittany Gerken, MD
Oncology
Gerald Gibbs, MD
Orthopedic Surgery
Ronald Teed, MD
Podiatry
Scott A. Doherty, DPM

Other Specialists Available:

Ophthalmology
Martin Balish, MD
Jennifer Ballentine, MD
Otolaryngology (ENT)
Roger Miller, MD
Urology
James Pappas, MD

503-842-5546 503-815-2292

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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