



STAY **healthy**

SPRING ISSUE 2014

The Right Mix

UHS providers coordinate care to help Aaron Conklin get needed services

Sawing Logs

Sleep apnea proves no match for a retired firefighter

Treat Yourself

Give yourself the gift of health this Mother's Day



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UHS CHENANGO MEMORIAL HOSPITAL

UHS HOME CARE

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UHS DELAWARE VALLEY HOSPITAL

UHS SENIOR LIVING AT IDEAL

UHS SPECIALTY CARE

UHS MEDICAL GROUP

Local Flavor

More primary care options in Delaware, Chenango counties

“Expanding access and convenience for our patients is at the heart of the changes we are making,” says Drake Lamien, MD, president and CEO at UHS Chenango Memorial Hospital. “Our plans in 2014 include increasing access to primary care in several ways because we believe that having regular, consistent primary care, with appropriate follow-up, is essential to every person’s health.”



- This same sentiment is echoed at UHS Delaware Valley Hospital. New providers, expanded hours, same-day appointments and the ability to welcome new patients into practices are priorities in both Delaware and Chenango counties. Recent additions include:
- **Cindy Cantwell, FNP-C**, is now providing primary care to patients of all ages, with a special interest in women’s health, at UHS Primary Care Walton.
 - **Manish Shah, MD**, is now providing gynecologic and obstetric care at UHS Primary Care Walton on Tuesdays. He continues seeing patients at UHS Primary Care Sidney as well, and delivers babies at UHS Chenango Memorial Hospital.
 - **A new geriatrics practice** has opened at 4 Newton Avenue in Norwich, under the direction of Mushtaq Sheikh, MD, FACP, along with Patricia Mitchell Bowman, FNP. Office hours are Monday–Thursday, 8 a.m.–6 p.m.
 - **Mahmoud Fathalla, MD**, a primary care physician, is now seeing patients at UHS Primary Care, Newton Avenue, Norwich.
 - **Tom Burkert, PA**, a physician assistant, is now seeing patients at UHS Primary Care Oxford.
 - **A Saturday morning convenience clinic** is now open at 4 Newton Avenue in Norwich from 9 a.m.–noon. It serves pediatric and adult patients by appointment.
 - **Extended hours** are now available at several locations. UHS Primary Care Walton is now open Monday–Thursday, 8:30 a.m.–7 p.m. and Friday, 8:30 a.m.–5 p.m. UHS Primary Care Roscoe is now open five days per week: Monday–Thursday, 8:30 a.m.–5 p.m. and Friday 8:30 a.m.–noon. UHS Primary Care Sherburne is now open weekdays 7:15 a.m.–5 p.m., Wednesdays until 6 p.m. UHS Pediatrics Norwich is now open weekdays 7:15 a.m.–5 p.m., Wednesdays until 7 p.m. UHS Primary Care Sidney is now open weekdays 8 a.m.–5 p.m., Tuesdays until 6 p.m.

>> IT’S PRIMARY. Learn more about the new providers and get maps and directions to their offices at www.uhs.net. Just click the “Find-a-Provider” tab. Or, call NurseDirect at 763-5555 or 1-800-295-8088 for personalized help finding a primary care provider.

Play It Safe

Ease back into your outdoor fitness regimen to avoid injury

It’s finally nice outside and warm enough to suit up for the season’s first run, bike or whatever activity you enjoy. But before you peel out of your front door, keep these tips in mind to avoid injuring yourself just as you are starting to get back into action:

Don’t overdo it. Doing too much, too soon, too fast is a surefire way to develop an injury. If you are a runner, increase your weekly and monthly running totals gradually. Consider building your weekly mileage by no more than 10 percent per week.

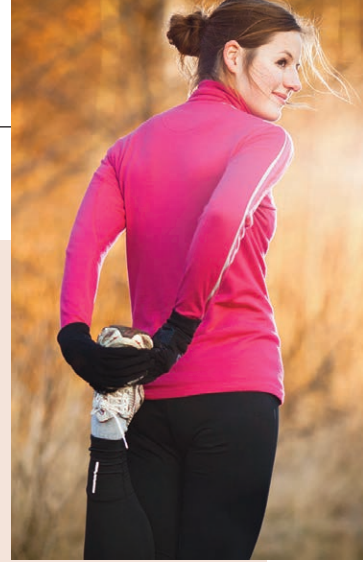
Listen to your body. Overuse injuries typically start with aches, soreness and persistent pain. These signs are important. Ignore them and you may be at risk for an injury that could sideline you for days or weeks.

Vary your routine. Muscles and joints need a break from doing the same motions. You may benefit from cross-training activities to improve muscle balance and stay injury-free.

Warm up and cool down. No matter what activity you do, make sure to spend five minutes warming up and the same cooling down to elevate the heart rate and keep muscles flexible.

Wear appropriate gear. While it makes financial sense to wear last season’s running shoes, your body might disagree. Be sure to don fitness gear that fits correctly and isn’t worn out.

>> IF YOU GET HURT ... UHS Sports Medicine can help. To make an appointment with a UHS Sports Medicine specialist, call 771-2220.



On the Move

UHS Home Care—Norwich now in Eaton Center

UHS Home Care – Norwich has moved to a new, convenient office in the Eaton Center in downtown Norwich. The office is easily accessible and there is plenty of parking right outside the building’s main entrance. The Norwich office is one of four UHS Home Care locations serving residents of the Southern Tier.

UHS Home Care, identified by Home Care Elite as one of the top 100 home health agencies in the country, has been providing medical products and home care services to the

greater Binghamton community for more than two decades. It is licensed by the New York State Department of Health and certified by Medicare.

UHS Home Care offers in-home nursing, physical, occupational, speech, sleep and respiratory/oxygen therapy; home medical products; and an array of additional services for people recovering from illness, surgery or recent hospitalization, and for those living with chronic disease.

The staff members are experts at assisting with necessary referrals and insurance paperwork and are happy to help people understand what health care benefits may be provided by their commercial, Medicaid or Medicare insurance.

>> BE HEALTHY AT HOME. For more information, contact UHS Home Care – Norwich at 336-5130.

'How Can We Help?'

UHS auxiliaries are busy making a difference



You already know that if you suffer an injury or come down with a serious illness, you can go to one of the UHS hospitals and we will fix you right up. But where does the hospital go when it needs a little help? Fortunately, it does not have to go far. Each hospital in the UHS system has an auxiliary to help with services, education and equipment.

In 2013, through a creative combination of fundraising activities, the four auxiliaries donated over \$90,000 to UHS Binghamton General Hospital, UHS Wilson Medical Center, UHS Chenango Memorial Hospital and UHS Delaware Valley

Hospital. Working with their hospital's administration and volunteer director/manager, each hospital's auxiliary determines where best to put donated funds and volunteer hours.

Auxiliary members can serve as hospital volunteers, operating the gift shop and café, staffing information desks and departmental waiting rooms, or delivering flowers to patients and "baby bundle" gift baskets to new parents. They also take part in community outreach efforts and assist at the golf tournament for breast cancer. In recent years, volunteer efforts by the auxiliary have totaled approximately 37,500 hours annually.

The auxiliaries also support the hospital staff through efforts as varied as scholarships for employees, teen volunteers or family members of staffers who are pursuing health-related careers, to advocacy efforts with the New York state legislature.

The auxiliaries are always looking for new members. Membership is open to area residents and dues are minimal. According to a nurse who retired from UHS Wilson Medical Center and then went right into the auxiliary, "It's a fun way to keep active and social while helping people."

>> **JOIN US.** If you are interested in joining or learning more, please get in touch with the auxiliary contact person at your preferred hospital:

- UHS Auxiliary Binghamton General Hospital: Virginia "Ginny" Gruver, **762-2318** or virginia_gruver@uhs.org
- UHS Chenango Memorial Hospital Auxiliary: Kathie Deierlein, **337-6246** or kdeierlein@nbtbci.com
- UHS Delaware Valley Hospital Auxiliary: Mary Hunter, **865-5707** or dotti_kruppo@uhs.org.
- UHS Wilson Medical Center Auxiliary: Louise Wasyln, **763-6720** or louise_wasyln@uhs.org

A Well-Coordinated Team

"Everything went smoothly."

That's what we at UHS want you to say every time you call on us for care or visit one of our facilities. If you're like most Americans, you expect a lot from your healthcare provider — and you should. At UHS, we stand ready to meet or exceed those expectations.

But what makes for a smooth, hassle-free experience? We believe that the outstanding patient care experience begins with listening, showing respect and giving hope. How do we deliver on that promise?

First, we focus on you. When you walk through our doorways, we strive to know your name, understand your medical condition and treat you not as a case, but as a person. We respect your questions, your opinions and your decisions. Our goal is to help you stay in charge of your care, while guiding you to the best care options.

Second, we work to make your care as quick, efficient and beneficial as possible, without making you feel rushed. As one of our patients recently said of their primary care office, "They care for me promptly, but they take the time to address all of my concerns." We seek to anticipate your needs, find the best possible referrals to other providers if you need additional care, and make appointments for you so there's one less thing you have to worry about.

And third, our goal is to always communicate with you in a way that's accurate and understandable. Medical care today can be complicated, involving several tests, procedures and therapies. We feel it's important that we explain things clearly so that you and your family members can make informed decisions. We want you to make choices in full command of the facts and with the full confidence that you've received reliable guidance.

Healthcare today also involves a team approach. The way your doctor, nurse, technician and therapist work together can make all the difference in your treatment, recovery and healing. That's why we make well-coordinated teamwork — with everyone on your team sharing information — a top priority.

So thank you for putting your confidence and trust in UHS, and for giving us the opportunity to make your next healthcare experience the best one of your life.

Matthew J. Salanger
PRESIDENT & CEO OF UHS





Aaron Conklin received an array of services for a speech delay.

THE RIGHT MIX

>> UHS PROVIDERS COORDINATE CARE TO HELP A TODDLER GET NEEDED SERVICES

A FEW YEARS AGO, Heather Conklin noticed that her 2-year-old son, Aaron, was not chattering away in the same way that his older siblings had at that age. Aaron had lots to say — it was just in his own language, which his family grew to understand.

Then other little problems came to Ms. Conklin's attention. Certain foods would cause Aaron to gag, and he seemed to be drooling too much for a boy of his age.

Ms. Conklin reported her concerns during her next visit to Aaron's pediatrician, Mary DeGuardi, MD. Dr. DeGuardi listened attentively to Ms. Conklin's concerns and, after completing her examination of Aaron, she referred Aaron to the Broome County Early Intervention Program (EIP).

"Aaron was showing signs of a speech delay," says Dr. DeGuardi. "His failure to produce words as expected for his age, along with the problems with drooling, were signs that a speech evaluation should be done."



Even though Aaron saw multiple providers and had extensive screenings, all pieces came together.

COORDINATED SERVICES

Ms. Conklin followed Dr. DeGuardi's recommendation and took advantage of the Early Intervention Program. The Broome County EIP, which is run through the county's health department, will pay for certain services if a child under age 3 is found to have special needs in areas ranging from nutrition and physical therapy to vision services and assistive technology. The EIP referred Aaron to Stephanie Williams, MS, CCC-SLP, a speech pathologist at UHS in Binghamton.

Ms. Williams began to work with Aaron to improve his speech, mainly through exercises disguised as play.



Otolaryngologist John Abdo, MD, evaluated Aaron and shared the results with his other providers.

Just as important, Ms. Williams was able to coordinate services and appointments with other practitioners the Conklins needed.

"We had Aaron evaluated by an otolaryngologist, Dr. John Abdo, to see if there were anatomical reasons for his speech difficulties," says Ms. Williams. Often children at this young age have large tonsils that interfere with speech and make swallowing difficult. "There are pros and cons to having a tonsillectomy," says Ms. Williams. "Everyone had to concur that the surgery would be the best course of action for Aaron."

As it turned out, Dr. Abdo did not recommend surgery. Based on his examination of Aaron and using reports from Aaron's parents, Ms. Williams, and Dr. DeGuardi, he felt that a wait-and-see approach was best for the youngster, who could very well grow into his tonsils. The risks attendant to surgery, he felt, were not worth it at that early age. Dr. Abdo also performed a hearing evaluation to make sure Aaron's difficulties weren't related to a hearing impairment.

A PLAN IN PLACE

With a care plan in place, Aaron and his family continued working with Ms. Williams. "Our main goal was communication," says Ms. Williams. "Early on, we worked on speech sounds. We also used pictures, a system of gestures and some American

Sign Language, all so Aaron could communicate effectively and without frustration." Some of Aaron's exercises included imitating sounds, looking in the mirror while he ate, putting his tongue in specific places while speaking, and even chewing gum.

Aaron also participated in large-motor activities such as jumping on a trampoline and playing on swings and slides. His excitement at play was therapeutic. "His laughter when he was jumping on the trampoline was communication," says Ms. Williams. "Asking for 'more' time on the slide was communication." She offers that it is great that UHS has so many tools and such a great space to treat youngsters.

STEADY IMPROVEMENT

For the first year, one of Aaron's parents was in the sessions with him and Ms. Williams while the other watched from an adjacent observation room. "I saw Aaron for only two hours a week in his first year," says Ms. Williams, which left the rest of the week's exercises in the family's hands.

"We all had homework," says Ms. Conklin. "As he improved, we all had to insist that Aaron use the proper words for things at home. And his older brothers had to stop using Aaron's words for things. His brothers went to therapy, too."

Over the next two-and-a-half years, Aaron continued his speech therapy and grew into a healthy, happy preschooler. At each pediatric visit, Dr. DeGuardi had access to reports from Ms. Williams and Dr. Abdo through the electronic medical records system.

Now Aaron is in school full time. He turned 5 in October and plays baseball and soccer — and is speaking clearly enough for his friends to understand him.

For Ms. Conklin, knowing that all the practitioners were working together and from the same information was a huge relief. "They did the legwork," she says. "They were the experts and they knew who to contact. Since this was our first child to go through this process, it was a little scary, but UHS made it seamless." **SH**

“We all had homework. As he improved, we all had to insist that Aaron use the proper words for things at home. And his older brothers had to stop using Aaron's words for things. His brothers went to therapy, too.”

—Heather Conklin

>> WE ARE YOUR PARTNERS IN CARE.

If your care requires services from multiple providers or departments, UHS will make the referrals and appointments for you so you can concentrate on getting better. Visit www.uhs.net and click on "Primary Care" to learn more, and to watch a video about Aaron.

SAWING LOGS

>> SLEEP APNEA PROVES NO MATCH
FOR THIS POWERHOUSE

Even with an active lifestyle and fit body, Steve Brown suffered from sleep apnea.

>> **SLEEP EASY.** Talk with your primary care physician for a referral to the UHS Sleep and Neurodiagnostic Center in Binghamton, or call **762-2048** to learn about Sleep Center services.

Steve Brown, 56, is a busy, active guy, with energy to spare. A retired New York City firefighter, Mr. Brown mows a big lawn and chops wood to heat the house on his 154-acre farm. He works out every other day, enjoys riding his motorcycle and describes himself as “on-the-go, 24/7.”

But even with constant movement, Mr. Brown never slept through the night and he was beginning to wonder why. “I never slept well, but I just thought it was my personality,” he says.

He figured his age might be a factor, as plenty of his friends complained of poor sleep. And they’re in good company with others who say they don’t sleep well — up to 70 million Americans according to some estimates. Still, Mr. Brown never considered his sleep issue might be a real problem.

At the urging of his brother, who was diagnosed with sleep apnea and had since found great relief from treatment, Mr. Brown called the UHS Sleep and Neurodiagnostic Center in Binghamton and was scheduled for an in-center sleep study.

Could it be sleep apnea?

While there are myriad reasons for lack of sleep, such as stress, poor health, money or family issues, pain, or even having a newborn, chronic and constant poor sleep can take a serious toll on health.

When sleep apnea — a common and treatable condition — is the cause, you're at an increased risk for diabetes, high blood pressure, heart disease and stroke. Because sleep patterns are so disrupted with sleep apnea, your concentration and focus on everyday tasks can suffer. In addition, consequences of untreated sleep apnea include depression, irritability, memory difficulties, sexual dysfunction and falling asleep at inappropriate times. A spouse or partner is often the first to notice your poor sleep habits, so ask if he or she has observed anything unusual.

If you're feeling tired during the day or feel like you're not getting enough sleep, ask your primary care physician about a referral to the UHS Sleep Center for possible testing. Some of the signs that you may require treatment for sleep apnea include:

- A body mass index (BMI) of 26–30 or higher (more than half of people with sleep apnea are overweight)
- Snoring that wakes up others
- Frequent pauses in breathing (as observed by a partner or family member)
- Frequent waking during sleep
- Awakening with a gasping or choking sensation
- Falling asleep easily in a non-stimulating environment (while watching television, riding in a car, etc.)
- Frequently feeling tired despite getting enough sleep

BETTER SLEEP, BETTER HEALTH

Medical Director Daniel Rifkin, MD, treats patients with a variety of sleep disorders at the UHS Sleep and Neurodiagnostic Center. While the comprehensive center treats patients with all kinds of sleep disorders, such as restless leg syndrome, narcolepsy, insomnia and others, sleep apnea is

the most common, and it's not just an annoyance. According to Dr. Rifkin, "If left untreated, sleep apnea can have tremendous effects on your health."

Sleep apnea is serious and potentially life-threatening. Fortunately, it's also common and very treatable. It's more common in men, and recent estimates place 18 million Americans as sufferers. Obstructive sleep apnea is the more common of the two types of sleep apnea, and is caused by an airway blockage, usually the soft tissue of the throat collapsing or closing. Obstructive sleep apnea results in fragmented sleep and loud snoring, among other problems. Central sleep apnea, where the brain doesn't send the right signals to the breathing muscles, is less common but also treatable.

The UHS Sleep and Neurodiagnostic Center is the only sleep center in the area accredited for home sleep studies by the American Academy of Sleep Medicine (AASM), which reflects the center's commitment to each patient's quality of care. Home-based sleep studies are relatively new and are making it easier for patients who may live further from the center, be uncomfortable spending the night away from home, or have other medical issues that preclude a night away.

According to Rich Fabian, registered respiratory therapist (RRT), the sleep center offers a team approach to the diagnosis and treatment of sleep disorders. Technicians in the center administer the tests, and Physician Assistant Lynn Chamberlin, Dr. Rifkin and, starting in May, Maciej Nowakowski, MD, analyze results from either home or in-center tests and provide a customized plan of action for each patient. Patients can work with UHS Home Care for their treatment supplies, or may choose other suppliers.

FINDING RELIEF

When Mr. Brown woke up from his sleep test at 5 a.m., he figured he hadn't done too poorly, but when he discussed his results with the physician, he learned he'd woken up approximately 32 times per hour. "I was stunned," he says.



Mr. Brown now has more energy for maintaining his 154-acre farm.

While in some cases behavioral changes alone may be able to change sleep patterns, when Mr. Brown was diagnosed with obstructive sleep apnea, he was prescribed a CPAP device to help him breathe more easily. This device consists of a mask worn over the nose during sleep, with an attached machine that regulates air pressure, forcing air through the nasal passages and keeping them open while the mask is worn.

Mr. Brown worked with the specialists at UHS Home Care for his CPAP equipment. The Home Care staff is available to answer questions on therapy or equipment concerns, and even insurance billing questions. "They were amazing. They sent me home with a machine, and I didn't have much trouble adjusting to it at all. It's been a godsend," Mr. Brown says. "Now I usually wake up only once per night. Before, I just continually woke up and I never knew why. Because of my success, I've encouraged several of my friends to go for testing." **SH**

“If left untreated, sleep apnea can have tremendous effects on your health.”

—Daniel Rifkin, MD

Is home testing for me?

Home cardiopulmonary testing for sleep apnea is ideal for patients who live outside of the Binghamton, Norwich or Walton areas. Besides removing the travel factor, home testing lets patients stay in a familiar environment in which they feel comfortable. Feedback from home testing is sent directly to specialists at the Center, in real time. In addition, home testing is accurate, convenient for the patient, less costly, results in less patient anxiety and more comfort, and allows testing of patients in distant locations.

IF YOU ARE LIKE MOST MOMS, you often put yourself at the bottom of your to-do list. Between taking care of your children, your job, your home and possibly aging parents, you don't make time to take care of yourself. But if you are not healthy, how can you continue to help everyone else? Make your preventive health a priority. Pick up the phone today and make appointments for annual checkups with your primary care and women's health providers. Are you also due* for any of the following screenings?

TREAT yourself

>> GIVE YOURSELF THE GIFT OF HEALTH THIS MOTHER'S DAY

COLONOSCOPY

Why: Of cancers that affect both men and women, colorectal cancer is the second leading cause of cancer-related death. Colonoscopy not only improves prognosis by catching the cancer early, it can actually prevent cancer by removing polyps before they become malignant.

When: The American Cancer society recommends colonoscopy every 10 years beginning at age 50. Other tests for colorectal cancer are also available; intervals vary.

MAMMOGRAPHY

Why: Excluding certain types of skin cancer, breast cancer is the most common kind of cancer in women and is a leading cause of cancer death in women of every race and ethnicity. Screening can catch breast cancer early, when it is most treatable.

When: For women at average risk, the American Cancer Society recommends annual mammograms and clinical breast exams starting at age 40. Clinical breast exams are also recommended every three years for women in their 20s and 30s.

CARDIAC RISK SCREENING

Why: Heart disease is the leading cause of death in the United States. The key to preventing heart disease is managing your risk factors, such as high blood pressure, high cholesterol and high blood glucose.

When: The American Heart Association recommends blood pressure checks at least every two years and cholesterol checks every five years beginning at age 20. Body mass index (BMI) and waist circumference should be checked at regular healthcare visits. Blood glucose should be checked every three years beginning at age 45.

PAP AND HPV SCREENING

Why: In the past 40 years, cervical cancer went from a leading cause of cancer death for women to a rarity, thanks to Pap and HPV screenings.

When: The American Cancer Society recommends screening every three years beginning at age 21. Testing can end at age 65 for women with a history of normal Pap results. HPV tests should also be performed every five years between ages 30 and 65.

>> **CALL TODAY.** Make appointments for any exams or testing you are due for. Visit www.uhs.net to find a provider or screening location near you.



* Screening recommendations are for women at average risk. If you have a family history or other risk factors, work with your provider to determine a customized screening schedule for you.