Therapy can help asthma sufferers breathe easier

New program tailored for older fracture patients

These doctors specialize in hospital care

Robotic-assisted surgery comes to her rescue: ‘I couldn’t leave the house’

UPMC Altoona
Summer will be here before we know it, which means people will be hitting the swimming pools, lakes, and other favorite swimming holes en masse for cooling off and having fun. But swimming can be more than just a fun time with friends and family. It has terrific health benefits, too, according to physical therapist Karen Walters-Smilnak. She says swimmers are getting good exercise and may not realize it, even if they are just splashing around in the water.

“Swimming can be a form of regular aerobic exercise, and everybody needs that,” Karen says. “It raises the heart rate.”

The perfect option
Karen says swimming is the perfect option for people who want to exercise but have a hard time tolerating land exercises. She mentions two distinct advantages to swimming over exercises like running and bicycling.

“Unlike runners, the swimmer does not have to worry about becoming overheated because water provides a cooling effect,” she says. “And, exercising in the water gives the person better and more resistance than regular land exercises but without all the stress on the joints and muscles.”

Even though the water has a cooling effect, Karen issues a caution that swimming can be dehydrating and swimmers should drink plenty of water.

While many people think of swimming as only a summertime activity, the health benefits can be year-round. Karen suggests that people who want or need year-round exercise find an indoor pool at a school that allows public swimming or join a local fitness club.

Another form of swimming
People who may need water exercise are those who have had an injury or surgery and need to strengthen and condition muscles, or patients with arthritis. In their case, a physical therapist might use hydrotherapy.

“Hydrotherapy is another form of swimming and is used for recovery and rehabilitation of patients,” says Karen. “Hydrotherapy works because the body is able to move more freely and with less stress or strain.”

She says when a person goes into water up to the neck, the body becomes up to 90 percent buoyant.

“This provides a larger range of motion,” Karen says. “Water also helps to support the body with better posture and balance.”
It was so heavy it caused the 52-year-old shortness of breath from a deficiency of red blood cells, as well as extreme fatigue and embarrassing leakage.

“I would stay home to deal with it,” she admits. “I couldn’t leave the house as I would just bleed through sanitary pads within minutes.”

After a six-month hormonal treatment in 2013 to shrink fibroid tumors, the Everett woman welcomed a hysterectomy as a permanent solution. She didn’t want the pain and extended recovery time of an open-incision surgery, however, and her uterus was too big for a minimally invasive technique.

**Fibroid still too big**

At the end of Pam’s hormonal treatment, her gynecologist told her the treatment had shrunk the one extremely large fibroid, but not enough.

Her gynecologist also told her the chance of success remained low with traditional minimally invasive hysterectomy because it’s difficult to remove a fibroid of that size — the size of a cantaloupe — using that technique.

On the same day Pam got that news, a surgeon performed two hysterectomies and removed an ovarian cyst at UPMC Altoona — all using robotic-assisted surgery. Pam was happy to have the option of a reduced-scar surgical procedure that provides some women with a state-of-the-art, minimally invasive approach to gynecologic surgery.

**Like being 18 weeks pregnant**

Doctors consulted on Pam’s case and agreed robotic-assisted surgery offered her the best chance for a minimally invasive hysterectomy because the instruments provide greater maneuverability around larger masses. Pam had one very large fibroid and several smaller ones that distended her uterus to one comparable to a woman who is 18 weeks pregnant.

**Avoids large incision**

It was the surgeon’s second case where he was able to offer a minimally invasive approach to a patient who otherwise would have had a large abdominal incision. Pam is more than happy with the results.

“I was home within 24 hours of completion of the procedure,” she says. “I can really say it was not painful. I took only Motrin. Once home, I didn’t need to be taken care of. I was up and taking care of myself. I went back to work in 2½ weeks and that was most pleasing to me. “I recovered very quickly. That’s the big plus of the surgery for me.”

**Program alert!**

The Importance of Your Gynecological Checkup

See calendar insert for details, dates, and times
New procedure could reduce reliance on inhalers, medications

Imagine someone holding his hand over your mouth and nose and trying to suffocate you. No matter how hard you try to breathe, you can’t.

According to Mehrdad Ghaffari, MD, medical director of UPMC Altoona’s Pulmonary Services, that’s what a severe asthma attack feels like.

An estimated 2 million adults suffer from severe asthma and continue to have asthma-related symptoms despite standard-of-care medications. Now, a new outpatient treatment option is available, and it’s being performed close to home — at UPMC Altoona.

“Bronchial thermoplasty is an innovative procedure that offers most people with severe asthma an opportunity to live life more fully and freely,” says Dr. Ghaffari. "While it is not a cure for asthma, most patients who have this procedure reduce reliance on asthma medications, find they no longer suffer severe asthma attacks, are no longer chained to rescue inhalers, and reduce their trips to the emergency room for treatments."

Reduces excess muscle

Bronchial thermoplasty treats severe asthma by going to the source. The lungs consist of multiple airway passages surrounded by smooth muscle. For people with asthma, this smooth muscle is more susceptible to triggers and irritants that can cause it to constrict and reduce the amount of air that flows through the lungs.

Using a small catheter through the nose or mouth, mild heat is delivered to the airways of the lung to reduce the amount of excessive smooth muscle. This reduces the muscle’s ability to constrict the airways, resulting in a reduced frequency of asthma attacks.

“It’s painless and performed under sedation,” Dr. Ghaffari says. “The patient goes home the same day after just a few hours of observation.”

Due to the size of lungs, the procedure is performed in three separate treatment sessions, each treating a different area — lower right lung, lower left lung, then both upper portions. Each session lasts approximately 45 minutes to one hour. They are scheduled three weeks apart.

FDA approved

Bronchial thermoplasty with the Alair® System is approved by the FDA for adults (age 18 and older) with severe asthma who are not well-controlled on current medications, and is expected to complement asthma medications by providing long-lasting asthma control.

As with any procedure, there are risks, including a temporary aggravation of respiratory-related symptoms immediately after the procedure that could require hospitalization.

To determine whether bronchial thermoplasty is right for you, talk to your physician. You can also visit www.BTforAsthma.com. (Please note that this website is not operated by or affiliated with UPMC.)

Bronchial thermoplasty at UPMC Altoona is being performed by medical staff members Mehrdad Ghaffari, MD; George Zlupko, MD, and Michael Zlupko, MD, all pulmonologists skilled in bronchoscopic procedures.
The statistics are frightening. One in three women and one in five men over age 50 will suffer an osteoporotic fracture. In fact, osteoporosis and osteoporotic fractures will become a public health care crisis as a larger percentage of the population lives longer.

Osteoporotic fractures, also called “fragility fractures,” are those caused by a fall from a standing height or less, according to Dave Reigh, orthopaedic clinical coordinator for UPMC Altoona’s new Geriatric Fracture Program. “Despite the availability of methods to diagnose and treat osteoporosis, it remains under-diagnosed and under-treated,” Dave says. “It is often called the ‘silent disease’ because there are no symptoms and it frequently goes undiagnosed until a person suffers a fracture.”

Program mission
The mission of the Geriatric Fracture Program is to improve the care of the elderly fragility fracture patient. Corey Schutt, DO, an orthopaedic trauma surgeon and fracture expert, says one of the best ways to improve care is with a streamlined approach to get most patients into surgery in 24 hours or less.

“Fractures in older adults require timely action and special attention,” says Dr. Schutt, who is the orthopaedic champion for the program. “A faster time to surgery results in better patient outcomes and shorter lengths of stay.”

Another important way to improve care is to provide it with an interdisciplinary team of orthopaedic surgeons, hospitalists, nurses, therapists, social workers, case managers, and other health care professionals. Older patients with fractures tend to have a wide range of complications and, consequently, a need for this type of approach.

A continuum of care
“Providing a continuum of care with standardized treatment plans ensures complete management of older adults with fractures,” Dr. Schutt says. “Improved care can mean a faster recovery, fewer complications, and an increased likelihood that the patient can return to pre-injury status.”

The team approach can also offer early preoperative assessment and avoid operative delays. The team’s involvement will improve the patient’s discharge planning and rehabilitation.

“Hip fractures are among the most common visits to the ER for elderly patients, and the short- and long-term strains on patients following a fracture can be devastating,” Dr. Schutt says, referring to problems such as confusion, loss of appetite, pneumonia, and bed sores that can result from a hospitalization.

“Our Geriatric Fracture Program tries to do everything it can to minimize that risk while helping these patients heal.”
Physician specialists whose “office” is each hospital patient’s bedside are practicing at UPMC Altoona. It is this proximity to the patient that makes the care they provide advantageous and unique. They are called “hospitalists,” and they provide quality, comprehensive care to acutely ill, hospitalized patients.

Hospital medicine came to Blair County in 1999 with two physicians. Today, Lexington Hospitalists has 26 employees: 15 physicians, four certified physician assistants (PA-Cs), four certified registered nurse practitioners (CRNPs), one registered nurse, an office coordinator, and a manager.

As a two-person team, a hospitalist and PA-C or a hospitalist and CRNP see patients as assigned daily. On any given day, the hospitalists may be seeing six out of 10 UPMC Altoona inpatients, according to practice manager William Mazzocco Jr., PA-C.

“On average, we see about 90 patients a day from more than 40 different area physician practices,” Bill says, including Blair Medical Associates Family Practice, Mainline Medical Associates, Northern Cambria Medical Center, Patton Family Medical Center, and others. Hospitalists are also available for people admitted who don’t have primary care physicians.

Patients likely to see a hospitalist

“It is likely that if you are admitted to UPMC Altoona, you will be admitted to the care of a hospitalist,” Bill says. Most but not all hospitalists are doctors who, after medical school, received training in internal medicine or family practice, says Greg Martinek, DO, FHM, who has been with the hospitalist program since its inception, when it cared only for Blair Medical Associates patients. Based on the initial success, Lexington Hospitalists was formed and expanded its care to other practices.

“Nationally, hospital medicine is growing in popularity because it works for patients; it works for outpatient physicians, and it works for hospitals,” Dr. Martinek says. “It works so well that other specialties are doing it. Nationally, pediatrics has been doing it for years. OB, neurology, and others are starting it as well.”

The “FHM” behind Dr. Martinek’s name means he is a fellow of hospital medicine. In fact, he was the first of 514 fellows awarded the distinguished designation in the inaugural class in 2009. He’s been quoted in several national magazine articles due to his leadership role in the field and within The Society of Hospital Medicine.

‘Fastest-growing field’

“When I started, I was one of about 1,400 hospitalists nationwide,” Dr. Martinek says. “Today, more than 40,000 hospitalists practice in over 80 percent of hospitals nationwide. Hospital medicine has become the fastest-growing field in the history of all medical specialties.”

Yet a concern for some patients is whether their “regular” doctor will be kept informed of their condition and treatment. Dr. Martinek emphasizes that the success of Lexington Hospitalists rests on collaboration, communication, and coordination with all physicians and other health care personnel caring for the hospitalized patient.

“Imporatant flows back and forth,” he says. “Upon admission, we obtain background from the primary care physician so we’re not starting from ground zero. While in the hospital, we act as the patient’s care team leader, ordering consultations when necessary, working with nursing staff, radiologists, the Laboratory, Case Management staff, and many others.”

And at discharge the primary care physician receives a report from the hospitalist team.

“We work together to provide the best quality care to patients during their stay and help to transition them back to their primary care physician.”

Physicians who are admitted to the hospital (hospitalist medicine).
Founders Club grows

Since the Founders Club annual leadership giving society started in December 2013, annual giving has grown by more than $35,000 vs. last year at the Foundation. Founders Club members pledge $1,000 or more per year to the Foundation.

Joseph Antonowicz, MD, and Ralph McKibbin, MD, are physician co-chairs leading the effort to help the hospital meet the financial challenges faced in health care today. This hospital, like others, cannot hope to generate from operating margins all the resources needed to serve the community.

“We are asking you to join with others who have committed to support UPMC Altoona through membership in the Founders Club and to support the patients served by the hospital,” the physicians wrote in a letter to other doctors and community businessmen.

“Founders Club membership helps foster a culture of philanthropy throughout UPMC Altoona that emphasizes the important role staff and volunteers play in providing patient-centered care,” says Tim Balconi, Foundation president. Founders Club members will enjoy a social event each spring and have the satisfaction of helping provide for patients’ care.

For more information on the Founders Club, visit www.altoonaregional.org/gift_giving or call 814-889-6406.

SCHOOLCHILDREN TO BENEFIT FROM FOUNDATION GIFT

Thousands of children in seven Blair County school districts will receive digital hearing screenings on new machines used to detect hearing loss thanks to the Ethel Mallery Trust and the UPMC Altoona Foundation.

Two to three out of every 1,000 children in the United States are born deaf or hard of hearing each year, according to the National Institute on Deafness and Other Communication Disorders (NIDCD).

School nurses are responsible for testing the hearing of children in public and private schools in kindergarten through 3rd, 7th, and 11th grades. Formal audiometric testing provides precise information displayed by frequency and hearing level, according to the NIDCD.

Registered nurse Paula Dibert of Altoona Area School District uses an audiometer and administers hearing tests to thousands of students each year.

“This donation of screening equipment is really very much appreciated as they are expensive machines,” Paula says. “We’re very grateful and appreciative because with these new machines we will be able to more readily meet the needs of the students because we’ll have an ability to screen more promptly.”

Through the years, the trust has helped many people who couldn’t afford treatment or hearing devices. Last year, speech and language patients were helped, says Lori Manners, chief speech pathologist at UPMC Altoona. Funds from the hospital’s Mallery Speech and Hearing Fund bought 10 iPad® and iPad® minis.

Through special applications, these computer tablets assist patients who may have speech or expressive language delays.

That’s exactly what the late Ethel Mallery of Hollidaysburg wanted when she established the trust. Born hard of hearing in 1888, Mrs. Mallery communicated by lip-reading, according to Bruce Erb, who knew her as a bank customer when he worked as a teller in the mid-1970s. Today, that bank, First National Bank and Trust Group in Hollidaysburg, serves as trustee of the Mallery Trust and Bruce is the bank’s senior vice president.

When Ethel died in 1979, one of the areas she chose to support was the Mallery Trust, which is used for the care of children or young people who may be deaf or hard of hearing.

“When you spoke to Ethel, you knew you had to be directly facing her so she could see your lips,” Bruce says. “Otherwise you couldn’t communicate with her. Conversing was very difficult for her. This trust was her way of trying to help others.”

UPMC Altoona Foundation presented digital hearing screening equipment to the superintendents of all seven Blair County school districts in February. At the presentation were (from left): seated — Cathy Harlow of Tyrone Area, Linda K. Smith of Williamsburg Community, Royce Boyd of Claysburg-Kimmel, and G. Brian Toth, DEd, of Bellwood-Antis; standing — Robert Kimmel, and G. Brian Toth, DEd, of Bellwood-Antis; standing — Robert Kimmel, G. Brian Toth, DEd, of Hollidaysburg Area, Thomas Otto, DEd, of Altoona Area; Jerry Murray, president, UPMC Altoona; Bruce Erb, senior vice president, First National Bank & Trust Group; Tim Balconi, foundation president, and Robert Vadella, PhD, of Spring Cove.

HOW to give

To make a gift in love, tribute, or remembrance, contact the Foundation for Life at 814-889-6406, or send a check with a note providing background on the reason for your gift. You can also make your gift at www.altoonaregional.org/gift_giving.

The Foundation will notify the person of your tribute gift with an appropriate card, and you will receive a receipt and letter thanking you for your generosity and thoughtfulness.
When Altoona Regional merged with UPMC on July 1, 2013, what was the board of directors looking for in a merger partner?

Things being what they are in health care today, our board was looking for a partner who would help us:

• Maintain the services we were offering
• Enhance and expand the exceptional care we were providing
• Address the significant challenges and financial pressures in health care

Our decision, like all others, was driven by our mission to serve our families, friends, and neighbors who will receive care at UPMC Altoona for generations to come.

How did UPMC fit those essential needs?

UPMC was chosen from among several interested health care providers and insurers after a process that took almost two years. It is one of the best health care providers in the world, ranked No. 10 in the U.S. and No. 1 in Pennsylvania on the U.S. News & World Report “America’s Best Hospitals” list.

UPMC operates more than 22 academic, community, and specialty hospitals, including Magee-Womens Hospital of UPMC and Children’s Hospital of Pittsburgh of UPMC. It is committed to developing and delivering “Life Changing Medicine.”

Altoona will be a hub for UPMC’s world-renowned care, and everybody in our area will benefit from having more-specialized medicine and advanced treatments closer to where they live.

Sounds expensive. How can Altoona pay for all that?

That’s the point of having a partner. We wouldn’t be able to stay current with technology and treatments on our own.

We still must maintain a healthy bottom line from operations, but UPMC has made a capital commitment of $260 million over 10 years to enhance health care facilities and services here in Altoona, and to bring outstanding technology, science, innovation, and expertise to our region.

What changes/benefits might patients be seeing already from the UPMC relationship?

There is much more to come, but maybe the highest profile change so far has been the integration of our Radiation Oncology Department into UPMC CancerCenter. UPMC CancerCenter is committed to giving people the knowledge, inspiration, and specialty care they need to boldly face their cancer. Its partner is the University of Pittsburgh Cancer Institute, which is the region’s only Comprehensive Cancer Center designated by the National Cancer Institute. It’s one example of people being able to stay close to home for world-class treatment backed by best practices and leading-edge protocols.

You say there is more to come. Can you share what might be in the planning stages?

We have plans to establish a transplant clinic here that will take care of all transplant patients in our region before and after their procedure. They will still go to UPMC in Pittsburgh for the transplant surgery but this will save patients many trips to and from there for pre- and post-operative care. Patients needing transplants can be very sick and this will be a great convenience for them. That’s just one example. We are looking at many more possibilities.

What might the future be for employment at UPMC Altoona?

Partnering with UPMC means we can look forward to a future of growth. UPMC acquired Hamot Medical Center in Erie three years ago. UPMC Hamot announced recently that it saw more patients in the last six months of 2013 than during any six-month period of the hospital’s 133-year history. Employment increased and they added 76 new physicians.

I bring up Hamot because Hamot is a regional hub for UPMC in northwestern Pennsylvania, just as UPMC envisions Altoona being a regional hub in west-central Pennsylvania. These are definitely exciting times for health care in the Altoona area.