At the **touch** of a button

New computerized patient record puts improved care at providers’ fingertips
WHY BUY ORGANIC?

Fewer chemicals and, some say, better taste

At the grocery store, more and more products tout themselves as “organic,” but what does this mean to nutritional health?

The term “organic” applies to foods that are hormone and antibiotic-free and grown without conventional pesticides, herbicides, and/or fertilizers, says Megan Prisk, registered dietitian and licensed dietitian nutritionist with UPMC Altoona’s Nutrition Services Department.

“When a product with two or more ingredients is labeled organic, 95 to 99 percent of its ingredients must be organic. The exception to this is food labeled as ‘100 percent organic,’” she says. “And the phrase ‘Made with organic ingredients’ means only 70 to 94 percent of the ingredients in the product are organic.”

Many influences

Factors such as budget, science, and family considerations influence the decision to buy organic, Megan says, adding most people agree it’s best to avoid ingesting any chemicals the body doesn’t need.

For example, a family with children may want to buy organic because children are more vulnerable to the effects of pesticides due to rapid growth and immature immune systems.

“The Environmental Protection Agency considers over half of all herbicides and fungicides as potentially cancer-causing,” Megan says. “Organic farming is considered to be more environmentally friendly, and many claim organic products taste better.”

Unfortunately, organic foods are more expensive because the organic certification is costly and difficult to obtain. Also, organic farms are typically smaller and take more time to produce crops because they don’t use chemicals or growth hormones like those used by conventional farmers.

‘Always buy local’

“Because of the high cost to become organically certified, some local farmers may follow organic practices but choose not to spend the money to become certified organic,” Megan says. “I always encourage people to buy local. Visit a local farmers market and ask about their growing practices.”

She also recommends washing produce before eating.

“Careful washing and light scrubbing remove pesticides on the surface of fruits and vegetables,” Megan says. “However, traces remain, and washing doesn’t remove the pesticides or hormones that were incorporated during the growing process.”

While keeping your budget in mind, the organic foods listed here could make a difference to your health.

‘Dirty dozen’ list

Meat: Conventional meat typically contains added hormones and antibiotics, while organic meat does not.

Milk: Research shows that milk from organic dairy cows contains more healthy nutrients. Plus, these cows are treated more humanely and are not treated with growth hormones.

The “dirty dozen” list: These produce items contain the highest amounts of pesticides. It’s best to buy organic or locally grown produce:

- Apples
- Celery
- Cherry tomatoes
- Cucumbers
- Nectarines
- imported grapes
- sweet bell peppers/hot peppers
- Potatoes
- Peaches
- Strawberries
- Snap peas
- Spinach, kale, and collard greens

As a counter to the “dirty dozen,” there is also the “Clean 15” — fruits and vegetables with the least amount of pesticides. They include:

- Onions
- Sweet corn
- Pineapples
- Avocado
- Asparagus
- Frozen green peas
- Mangos
- Cantaloupe (U.S. grown)
- Kiwi
- Cabbage
- Sweet potatoes
- Grapefruit
- Cauliflower
- Eggplant
- Papayas

Some organic foods may not provide more benefits than conventional choices. Consider skipping organic processed foods if your budget is tight, Megan says.

“Don’t just assume organic means healthy when it comes to processed foods like cookies and chips,” she advises. “These foods still contain fat, sugar, and calories, and should be consumed in moderation.”
For some time now, UPMC Altoona has been using electronic records for securely storing patient medical information. But the new integrated system will allow all UPMC Altoona care providers — including hospital staff, family physician offices, specialists, and even regional affiliates — to access each patient’s most recent information much more efficiently.

Positive changes are happening at UPMC Altoona to bring the highest levels of quality, efficiency, and safety to patient care.

In April, UPMC Altoona, Station Medical Center, and other UPMC providers, including physician offices and specialty practices, transitioned to a fully integrated electronic patient record system. This eRecord system provides real-time data to improve the quality of care by making it more consistent and safer.

Dave Burwell, MD, chief medical information officer for UPMC Altoona, says that the new system, Cerner, is one of the top medical record systems in the world, and it is the same system used across the state in all of the UPMC hospitals and medical offices.

“This is what our providers need to stay up to date with the changing climate in health care,” Dr. Burwell says. “Our affiliation with UPMC has given us the significant physical and financial resources needed to make this investment. It has been wonderful to bring one of the top medical record systems to our community.”

The changes won’t be immediately obvious to patients visiting UPMC Altoona facilities, but behind the scenes, substantial upgrades have been made.

**Improved organizational efficiency**

Prior to the changeover, multiple systems were used across varying offices and departments. The system used in the Emergency Department was different than the one used in the operating rooms, etc. Some functions that required multiple systems in the past included storage of electronic medical records, registration, documentation, and medication dispensing and delivery. Under the new, unified eRecord, everything is in one place.

**Fewer possibilities for errors**

One of the biggest benefits of the eRecord system is the creation of one central patient record with less variation. Information is now easily accessible across clinical departments, increasing collaboration in patient care and improving efficiency when critical health decisions need to be made.

eRecord promotes computerized provider order entry (CPOE), and most UPMC Altoona providers are now using CPOE to place orders. Potential errors caused by handwriting illegibility are being eliminated with the transition to computerized entry and documentation.

**Improved quality of care**

Jayson Fuchs, BSN, RN-BC, director of Clinical and Operational Informatics, says that eRecord’s ability to streamline documentation for staff is ultimately what leads to providing more accurate and timely care for patients.

“By placing patient information into one system, clinicians are able to access vital patient information rapidly and efficiently,” Jayson says.

The planning for the eRecord transition began over a year ago, and hundreds of people have contributed to the success of the project. Various technical and operational teams from Pittsburgh and Altoona spent months training the staff members that now use the program.

“Our outstanding medical staff has shown to be adaptable and welcoming to this change,” Dr. Burwell says. “This technology is what our patients in our community deserve, and we are thrilled to be bringing it to them.”
Breast Health Center

offers second opinions from Magee

A second opinion from a world-class women’s hospital for a diagnosis of breast cancer is now an easier, faster process.

It would usually mean a two-hour trip to Pittsburgh, possibly after waiting two weeks or more for an appointment. Meanwhile, the patient is scared and imagining the worst, says family nurse practitioner Nancy Pyle of the UPMC Altoona Breast Health Center. “With many of these people, they’ve come in because they’ve felt something there, a lump,” Nancy says. “You’re thinking about it all the time. You’re just thinking, ‘I want it out now.’”

Sometimes same day

A new program at the Breast Health Center sometimes can get a second opinion for a patient the same day they receive their breast cancer diagnosis. The center uses the same telemedicine technology already at work in other departments to talk with UPMC doctors in Pittsburgh, says Michael Corso, executive director of Radiation Oncology, Imaging and Cardiology. For second opinions about breast cancer, patients consult with Marguerite Bonaventura, MD, a breast surgeon at Magee-Womens Hospital of UPMC in Pittsburgh.

“They’re going to have access to world-class health care from one of the best doctors in the field without having to leave the area,” Mike says.

Dr. Bonaventura says everyone benefits from the telemedicine technology. “This saves time and money for the patient and the family,” she says. “It also allows the patient to be cared for in his or her own community.”

Many conveniences

When people hear the word “cancer” and decide they want a second opinion, the last thing they need is to worry about scheduling an appointment, making arrangements for a long trip, and navigating city traffic. The telemedicine consultation is an especially good tool when the weather makes driving hazardous or when the person isn’t feeling well, Mike says. The service is also important for people who might find it more difficult to travel to the city and for those who live in rural areas who might have to travel longer distances.

“It makes the doctor easily accessible,” he says. “It’s our vision that telemedicine will be going far beyond breast health into several other health fields.”

For peace of mind

Nancy agrees that the telemedicine consultation is easy, likening it to using Skype to talk to someone online. She is familiar with telemedicine from her work at UPMC Bedford Memorial, where doctors and nursing staff have been using it for some time.

Nancy says not all people diagnosed with breast cancer ask for a second opinion, but some do for their own peace of mind. “You want to know either way, because that way you can at least sleep,” she says.

An important way UPMC Altoona’s Breast Health Center is helping women battle breast cancer is by making sure its physicians have the best training, like diagnostic radiologist Manesh Mathew, MD.

That’s why Dr. Mathew has returned to the area after completing a fellowship in 3D mammography (also called tomosynthesis). He joins Lauren Deur, MD, who is also board-certified and fellowship-trained in the field.

They work together in the center to interpret cases and perform procedures, Dr. Mathew says.

“We often collaborate on the more challenging cases and discuss various ways to make our service more streamlined and efficient for the patient,” he says.

Screening is more precise

Having two diagnostic radiologists well-trained in tomosynthesis brings breast cancer screening to a higher, more precise level, Dr. Mathew says.

One important thing 3D mammography does is reduce callbacks for retesting.

“(Tomosynthesis) is far more superior than plain-film mammography,” he says, “which has led to more accurate film interpretations.”

The improved screening technology allows doctors to get better views of breast tissue than they had with traditional mammograms, Dr. Mathew says. When they do see something that doesn’t look right in the breast tissue, such as a mass, they can better determine the size and location of the abnormality.

A better look

“When seeing a mass, tomosynthesis also gives us a better look at certain other aspects, like the margins and shape of it,” he says.

That’s a big help when it comes to deciding the next step of care, which could include an ultrasound, MRI, or a biopsy, Dr. Mathew says.

Dr. Mathew completed the breast imaging fellowship last year at the Ellen Shaw de Paredes Breast Institute for Women’s Imaging in Glen Allen, Va. It’s the second fellowship on his resume, having completed one previously in musculoskeletal radiology at the Ellen Shaw de Paredes Breast Institute for Women’s Imaging in Glen Allen, Va. It’s the second fellowship on his resume, having completed one previously in musculoskeletal radiology at the University of Washington Medical Center in Seattle and completed his residency at SUNY Downstate Medical Center in Brooklyn, N.Y.
Rhonda Demchak is doing some things now that she couldn’t do before her bariatric surgery — like running half-marathons and crossing her legs. The surgery in February 2014 and the tools the 44-year-old learned in the process enabled her to lose 82 pounds and be well on her way to her weight loss goal of 101 pounds. Rhonda’s weight issue became obvious to her when she went to a baseball game and became painfully wedged into the seat.

“The seats were cast iron and left a design on my hips. I was black and blue and could hardly walk for a week,” she remembers. “That’s when something changed in my mind and I realized I had to do something about my weight. I was morbidly obese and facing a lot of health issues, like diabetes, if I didn’t do something.”

Regained the weight
Rhonda, who lives in Philipsburg, had tried before and lost 20 to 30 pounds but would only regain it — and more.

“I couldn’t train my mind to eat smaller portion sizes. I never had a full-limit. I never felt full, either in my head or in my stomach,” she says. “I used food as a scapegoat. I’d overeat and feel miserable all the time. But I always loved myself, even at 274 pounds. I never thought I was that big. I had a mirror that lied to me.”

Shortly after the seat incident, she attended a meeting offered by UPMC Altoona Surgical Associates for those interested in bariatric surgery.

“Dr. (Matthew) Newlin put me at ease,” she says. “I had an immediate camaraderie with Benny (O’Connor), the bariatric coordinator. She is someone I can relate to and she knows all the lies we tell ourselves, so we can’t hide anything.”

Smaller stomach
The surgery changed Rhonda’s stomach size so she can only eat 2 ounces of food or liquid at a time. She eats small portions about every three hours, which boosts her metabolism. She changed her activity level and can run 11 miles at once as she trains for half-marathons.

Rhonda is typical of most of Dr. Newlin’s patients, he says, because she made a total commitment and revised her thoughts and her actions.

“Bariatric and metabolic surgery is a powerful tool for the patient to achieve durable weight loss and improvement in medical comorbidities like their diabetes, high blood pressure, or sleep apnea,” Dr. Newlin says. “However, the patient must actively commit to these lifestyle changes.”

Eighty percent of his surgery patients are female, about 100 pounds overweight, with an average BMI of 40. Morbid obesity occurs at 100 pounds or more overweight. However, the patient may qualify for surgery before this point if other medical problems or circumstances exist.

Several options
“The program at UPMC Altoona has performed surgery on patients with BMIs over 70,” the doctor says. “Most patients will undergo either a Roux-en-Y gastric bypass or a sleeve gastrectomy. There are other procedures as well.

“The vast majority of patients have their surgery performed laparoscopically.”

He says the laparoscopic technique involves small incisions and a quicker recovery, shorter hospitalization, and quicker return to work. Most patients are discharged home after two nights in the hospital.

On average, he says, the patient will lose between 65 and 75 percent of excess body weight in the 12 to 18 months following surgery.

“Done properly and with good patient compliance, these surgeries can result in the patient enjoying a longer life, more activities, and a healthier lifestyle,” Dr. Newlin says.
Cat bite turns SERIOUS
Woman’s wound reaches bone, requires grafting

At age 87, Freda Eppley has weathered many storms in her life, and she credits the UPMC Altoona Wound Care & Ostomy Center with getting her through another one.

“I just love the staff — their tender loving care,” she says. “They seem to feel what you’re going through.”

Freda went to the center last year after her cat bit her leg. The problem got worse because, as a youth, injuries to both legs led to a condition known as osteomyelitis, and she had several surgeries on her legs that left extensive scar tissue.

At one point as a teenager she was confined to a wheelchair and doctors didn’t think she would walk again, she says. Eventually she regained the use of her legs but has long scars on both limbs.

Bitten on scar tissue
It turns out the cat bit Freda on the scar tissue where she didn’t have much fatty tissue beneath the skin, according to one of her longtime physicians, Harry Penny, DPM, a podiatrist in Altoona.

“It was evident that the scarring caused her to have some medical problems with that leg,” he says. “She also had more swelling with that leg.”

Dr. Penny says when he saw Freda, her wound was of special concern to him because the area around it was already infected.

“By the time I saw her, the wound was very deep,” he says. “There was bone exposed. It took a couple of months to heal.”

Dr. Penny used advanced graft wound therapy with Freda so she wouldn’t have to have two wounds — her original wound and an additional wound for a skin graft. He used a donor tissue graft to cover her wound. Donor tissue grafts are used for both acute and chronic wounds to minimize scar tissue, reduce inflammation, and enhance healing.

Wound care is all they do
“That way we didn’t have to take skin from another part of her body and place it on her wound,” he explained.

Freda then came to the center for regular weekly visits to have her wound dressed. The benefit of going to the center as opposed to visiting a doctor’s office is that she could see nurses and other staff specially trained in wound care, Dr. Penny says.

“This is all they do and they do it day in and day out because they are professionals and highly trained in wound care,” he says. “It’s like going to an ophthalmologist for your eyes. That’s all they do, take care of eyes.”

Dr. Penny says he and other doctors at the center are always reading the latest information available in their field so they can provide the best health care to their patients.

Doctors stay current
He says they also publish as many articles as possible in the literature relating to their fields. He has had three articles this past year in the “Journal of Wound Care.”

“We try to be as up to date as possible,” Dr. Penny says. “We pride ourselves on keeping pace with what’s new in wound care.”

Now that Freda’s leg is healed — something she thanks Dr. Penny, the center staff, and God for — she is free to spend more time with her family of six children, 12 grandchildren, and 19 great-grandchildren, she says. The cat, which she called “Silly Matilda,” however, was given to the local humane society because she was afraid it might bite her again.

And if Freda should ever need to go to the wound center again, she says she wouldn’t hesitate.

“I would recommend them to anyone,” she says.

Next year marks the 20th anniversary of UPMC Altoona’s Wound Care and Ostomy Center.

Although some people may not know much about this low-profile service, it has 500 patients and sees about 40 of them every day. The staff treats a wide variety of nonhealing wounds. Most arise from complications from diabetes and circulatory disorders of the lower limbs.

Dave Bickers, a certified registered nurse practitioner, says many other medical conditions and issues bring patients to the center. They include lymphedema, wound infections, traumatic and radiation injuries, cysts and abscesses of the skin, and burns and wounds that don’t heal after surgery.

The center also has an ostomy team that provides education, treatment options, and support for patients who have undergone lifesaving surgery and need an ostomy.

The center has a hyperbaric medicine suite to treat a multitude of problems, including diabetic foot ulcers, wounds from circulatory disorders of the lower limbs, infection in the bone (osteomyelitis), and issues related to severe carbon monoxide exposure.

“A large percentage of our patients come to us for help because they had tissue damage from radiation treatment during cancer therapy,” Dave says of yet another center service. “They come here after their cancer treatment is over. In fact, the tissue damage usually doesn’t appear until years after the radiation exposure.”

Several area doctors who specialize in such fields as podiatry; vascular, plastic and general surgery, and many other fields spend hours at the outpatient center each week, along with almost a dozen trained medical professionals, he says.

Patients can refer themselves to the center, Dave says. They can simply call and make an appointment with the doctor of their choice. However, some may be required to see their primary care physician first for a referral. It is a good idea to check with your insurance.

A hospital directory of providers for wound and ostomy care

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Penny (left)</td>
<td>Podiatrist</td>
<td>620 Howard Ave., Building G, 814-889-4164, A special parking area is available for patients.</td>
</tr>
<tr>
<td>Harry Penny, DPM</td>
<td>Wound Care &amp; Ostomy Center</td>
<td>620 Howard Ave., Building G, 814-889-4164, A special parking area is available for patients.</td>
</tr>
<tr>
<td>Roberto Gonzalez, MD</td>
<td>Wound Care &amp; Ostomy Center</td>
<td>620 Howard Ave., Building G, 814-889-4164, A special parking area is available for patients.</td>
</tr>
<tr>
<td>Shuba Maitra, MD</td>
<td>Wound Care &amp; Ostomy Center</td>
<td>620 Howard Ave., Building G, 814-889-4164, A special parking area is available for patients.</td>
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</tbody>
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Contact: 620 Howard Ave., Building G, 814-889-4164.
A special parking area is available for patients.
**NEWS from the UPMC Altoona Foundation**

**ED receives infant warmer**
With development of the hospital’s new Neonatal Rapid Response Team, the need for 24/7 availability of an infant warmer in the ED quickly became apparent.

The new equipment, used to warm babies delivered in the ED or just before arrival to the ED, was funded by a grant from the UPMC Altoona Foundation and enhances the timeliness and quality of infant care.

“The Neonatal Rapid Response Team addresses newborn babies up to 28 days who are having respiratory or other issues that require immediate attention,” says Matthew Bouchard, MD, chief of Emergency Medicine at UPMC Altoona. “Having a dedicated warmer is a tremendous improvement in service for our youngest patients.”

“The foundation is pleased to be able to meet some of the emergent needs of our patients as UPMC Altoona’s clinical offerings expand,” says Nancy Campbell, chair of the foundation’s grants committee.

**FOUNDERS CLUB holds annual reception**
Jack and Kari-Ann Rocco hosted the second annual Founders Club Spring Reception at their home May 27. The evening featured relaxing fellowships and hors d’oeuvres created by UPMC Altoona chef Keith Auker and his team.

“We are grateful to Dr. Rocco and Kari-Ann for hosting the Founders Club at their beautiful home. We are also pleased to showcase the culinary skills of chef Keith and his team,” says Tim Balconi, UPMC Altoona Foundation president.

The Founders Club fosters a culture of philanthropy throughout UPMC Altoona and emphasizes the important role staff and volunteers play in providing patient-centered care.

**Foundation grant aids HEALING PATCH**
The UPMC Altoona Foundation recently granted funds to Home Nursing Agency’s Healing Patch, which offers supportive services and resources for children and families grieving over the loss of a parent or sibling.

“The ability to cope with such an overwhelming event is facilitated greatly by having the support of others outside the family,” says Allison Stockley, a licensed social worker and manager of the Healing Patch.

Healing Patch groups give participants a safe and nurturing environment that allows them to move toward their grief while in the company of others who have had similar experiences.

The Healing Patch operates peer support groups in Altoona and Ebensburg and offers various in-school services for grieving children without access to bereavement support.

One parent recently shared how much help just one Healing Patch experience was for her daughter:

“On the way home, she was more talkative about all the feelings she has been holding in. She also asked a lot of questions and was talking through the answers. She expressed not feeling alone and that it was very helpful for her. Thank you so much for us being able to attend.”

Children from preschool through 18 years of age are eligible to participate free of charge. To learn more about Healing Patch services or volunteer opportunities, call 1-800-445-6262 or visit www.homenursingagency.com.

**Employee likes giving by payroll deduction**
The “It Starts With Us” employee giving campaign was in high gear in May.

This year’s theme, “The Power of One,” emphasizes that if every employee gives $1 per pay, the results would be many dollars of charitable support.

“I think giving back is very important these days, so giving money out of each paycheck is my way of helping out,” says Christina Bradley, a medical secretary in Radiology.

“We are grateful to all our employees for what they do for UPMC Altoona. Giving to the UPMC Altoona Foundation is another way our employees express their care for and commitment to patients at UPMC Altoona,” says Tim Balconi, foundation president.

**New chairs aid patient transport**
The UPMC Altoona Foundation has funded the purchase of two state-of-the-art patient transfer chairs.

“These new transfer chairs improve the safety and comfort of patients, who often have very serious medical conditions after traumatic injury or severe stroke,” says Robin Reckner, nurse manager, Surgical Progressive Care Unit.

“We appreciate the foundation’s support in securing the total-lift transport chairs,” says Kevin Pruznak, nurse manager, Acute Stroke Neuro Unit.

“The foundation is always pleased to make grants that impact patient care,” says Tim Balconi, foundation president.

**BREAST HEALTH CENTER capital campaign nearly $200,000**
The capital campaign to raise funds for the new UPMC Altoona Breast Health Center is in full swing.

Over $180,000 in pledges and gifts have been received in the first weeks of the effort. The campaign committee, chaired by Karen Pfeffer, Esq., is working diligently to encourage members of the community to support the campaign, according to Tim Balconi, UPMC Altoona Foundation president.

Please contact Tim at 814-889-6744 or balconitj@umpc.edu for more information.

**UPMC Altoona Foundation’s Annual Golf Classic is June 22**
UPMC Altoona Foundation’s Annual Golf Classic is Monday, June 22, at Scotch Valley Country Club in Hollidaysburg.

All golfers are welcome to sign up for a great day of golf that benefits the foundation.

Golfers can register online up to June 16 by visiting www.UPMCAltoona.org and selecting “Give a Gift” from the menu options.

Golfers can win a new car with a hole in one, sponsored by Stuckey Ford/Stuckey Subaru, as well as prizes for closest to the pin, longest drive (men and women), longest putt, and more.

Hoss’s Steak and Sea House is sponsoring the noon meal, featuring Hoss’s steaks hot off the grill.
PRoGRAM ALERT!
HEART HEALTH:
Preventing Heart Disease
See calendar insert for details, dates, and times

Matthew Bouchard, MD, is the medical director of the newly accredited Chest Pain Center at UPMC Altoona, as well as the director of UPMC Altoona’s Emergency Medicine Department. He oversees the Chest Pain Program.

George Jabbour, MD, is a cardiologist with UPMC Altoona Blair Medical Associates and the medical director of the Catheterization Laboratory. In his leadership role as the physician champion of the Chest Pain Program, he promotes best practices and implements changes that benefit physicians and patients.

Kristen Downs, BSN, RN, is the cardiac coordinator for UPMC Altoona’s Quality Management Department. Kristen is charged with educating people about the early signs of heart attack and the importance of seeking help immediately. Kristen led the recent project to obtain Chest Pain Center accreditation.

Q What does it mean to be an accredited Chest Pain Center?
A Chest Pain Center accreditation is granted by the Society for Cardiovascular Patient Care (SCPC). It is a very broad and comprehensive program that touches every aspect of patient care. Being an accredited chest pain center means that we have met the high standards required by the SCPC. In addition to setting higher standards of care for heart attack patients, the accreditation also focuses strongly on increasing heart attack education and improving prevention measures. We studied each protocol and practice for identification, diagnosis, treatment, and management of patients to improve and streamline every step of the process. The SCPC Chest Pain Center accreditation means we are meeting and exceeding these best standards of care.

Q What is the benefit of having an accredited Chest Pain Center in our community?
A Cardiovascular disease is a major cause of death, both nationally and locally. The accreditation gives us a very structured and disciplined focus on the factors that matter most in improving the care of patients with chest pain.
For the heart attack patient, time is critical and minutes truly do count. Rapidly identifying patients who are having a heart attack and getting them treatment as quickly as possible can make a huge difference in quality of the life saved.
Having a local facility in our community that is devoted to constant improvement of that process through the structure that an accreditation provides is of great value.
But the accreditation isn’t just about improving heart attack care. It is as much about preventing heart attacks as it is about treating them more effectively. The increased education and improvements made in identifying and treating patients who may have early signs of heart disease are just as important in improving the health of our community.

Q What are the symptoms of heart attack, and what should I do if I experience them?
A Symptoms of a heart attack include chest pressure, squeezing or discomfort; pain that travels down one or both arms, jaw pain, fatigue, anxiety, back pain, shortness of breath, feeling of fullness, and/or nausea. If you, or someone you know, are experiencing these symptoms, please call 9-1-1. Don’t drive yourself to the hospital. Seek help immediately with 9-1-1.