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FALL 2014



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A COMMITMENT TO CARE

Change is a constant in our local health care setting, with many hospitals, doctors and health care organizations exploring new partnerships and ownership arrangements. I look forward to the benefits these developments will bring to improving patient care.



During this period of change, it becomes more important than ever for me, my physician partners and my staff to remain focused on why we created the only locally owned, locally managed hospital in the Northeast Ohio region. For five years, our mission has been, "Western Reserve Hospital will improve delivery of the safest, highest-quality and most convenient health care."

It is truly that simple. Our 100 percent patient-centered approach and community commitment are stronger than ever, and as you'll read in the following pages, we continue to introduce new services and support those projects that improve the health and wellness of those we serve.

From collaborations with our schools, fire and police departments, to expanding our cardiology services and becoming a certified primary stroke center, Western Reserve Hospital is constantly doing the work necessary to ensure we are the community's health care partner.

I am very much looking forward to what the next five years (and further) will bring, and I am sure our local health care environment will see more change, more challenge and more opportunity. One thing will remain constant — Western Reserve Hospital's commitment to the region. Decisions about our hospital's operations, growth, staffing and services are made by people who live and practice in your community. Our local, on-site physician-led management gives us the unique advantage to both act and react quickly to needs and shifts in health care, allowing us to successfully serve the community we all call home.

Dr. Robert Kent, President and CEO
Western Reserve Hospital



briefs

Lung Health

In the U.S., 8.6 million people have at least one serious illness caused by smoking. In fact, smoking harms nearly every organ in the body, causing more deaths every year than HIV, illegal drug use, alcohol and vehicle- and firearm-related incidents combined.

That's why Western Reserve Hospital is proud to offer low-dose, affordable CT scans that can help detect lung cancer, as well as a free smoking cessation program that will help you kick the smoking habit for good. In 2014, 75 percent of participants quit all forms of tobacco use. Of those who quit, 100 percent remained tobacco free after 30 days.



Rumble at the Reserve

For five years, Western Reserve Hospital's departments of Medicine and Surgery have competed against each other to support a common cause: Who can bring in the most blood at the Rumble at the Reserve Blood Drive. As Western Reserve's signature outreach event, Rumble at the Reserve has won the American Red Cross "Largest One Day Hospital Blood Drive" award for three years running. This year, the hospital raised 194 pints of blood.



Drs. Espinol & Blakeslee finished strong.



North Hill Brothers

Obesity is a growing public health concern, but four church and community leaders in Akron's North Hill neighborhood are determined to make a difference. Calling themselves the North Hill Brothers, these four church leaders partnered with Western Reserve Hospital to kickstart "The Healthy Challenge," a 12-week weight loss competition among North Hill church members. Participants compete in teams of five, weighing in weekly at an informational session that covers cardiovascular health, diabetes, exercise, food labeling and more. The North Hill Brothers spearheading The Healthy Challenge are Rodney Bowden, Rooted in Christ Community Church; Carl Wallace, Trinity United Church of Christ; Rodney Matthews, Urban Vision; and David Parker, Zion Apostolic Faith Church.



Lemonade Day

Lemonade stands can serve as a valuable introduction to the basics of business. That's why Western Reserve Hospital and Richardson Elementary School teamed up to create Lemonade Day, an entrepreneurial experience that allows students to start, own and operate their own lemonade stand businesses. Students learned about business ownership, creating a budget, setting goals, customer service, enlisting investors and giving back to the community. They presented their ideas to a panel of judges made up of Cuyahoga Falls business and city leaders, vying for investors. Western Reserve Hospital also gave each student a T-shirt sporting student-designed artwork in honor of the event.



importance of sleep

Insufficient sleep can hurt your health

You can do a lot of different things over the course of the day to maintain your health and focus. You can eat right, exercise regularly and engage in any number of stress-management techniques.

But the most important thing you can do for your long-term health and daily focus is sleep.

Study after study has reinforced the importance of proper sleep and the damage that insufficient sleep can have on your health. Our increasingly demanding society has eaten into the available hours for sleep, which is bad enough. But on top of that, the rest you do get might not be all that restful.

Sleep apnea is one of the most common health disorders among adults. An estimated 50 million to 70 million Americans have a disorder related to sleep, according to the Centers for Disease Control and Prevention.

Sleep apnea is defined as a gap of at least 10 seconds between normal breaths during sleep. The reduction in airflow results in lower oxygen levels in the blood. This can cause the person to wake up abruptly, or it can push a person from a deep, restful sleep into a more shallow level of sleep, which ultimately leads to insufficient rest.

Those who suffer from sleep apnea face a myriad of challenges, including higher levels of fatigue and reduced functionality during the day. Longer-

term effects can include high blood pressure and liver damage.

If you are concerned you might suffer from sleep apnea, complete the STOP-Bang sleep apnea risk assessment. Answering these eight questions can give you a valuable starting point to determine whether you should contact your primary care physician about sleep apnea. ♦

STOP — Bang Sleep Apnea Risk Assessment

Please answer the following and tally your results below.

1. Snoring

Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

☐ Yes ☐ No

2. Tired

Do you often feel tired, fatigued or sleepy during daytime?

☐ Yes ☐ No

3. Observed

Has anyone observed you stop breathing during your sleep?

☐ Yes ☐ No

4. Blood Pressure

Do you have or are you being treated for high blood pressure?

☐ Yes ☐ No

5. BMI

BMI more than 35 kg/m²?

☐ Yes ☐ No

6. Age

Is your age over 50 years old?

☐ Yes ☐ No

7. Neck

Circumference

Is your neck circumference greater than 17" if you are a male or 16" if you are a female?

☐ Yes ☐ No

8. Gender

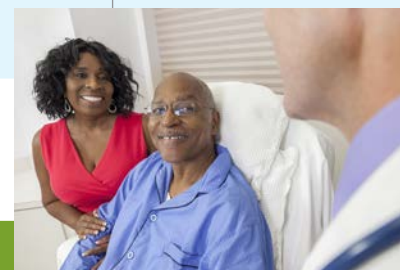
Are you a male?

☐ Yes ☐ No

RESULTS:

If you answered yes to three or more items, you may be at a high risk of OSA. If you answered yes to fewer than three items, you are at a low risk of OSA.

Please call your primary care physician to discuss the results of this assessment if you have further questions.



For more information about the WRH Sleep Medicine Centers:
www.westernreservehospital.org/sleep-centers.html



PROMOTING THE PROMISE TO SAY NO

The 'Not Me, I'm Drug Free' program aims to prevent drug use in Cuyahoga Falls

Cuyahoga Falls is fighting Ohio's worsening drug problem with constructive solutions — including free pizza and ice cream — in a communitywide prevention program that rewards kids for resisting the drugs that run rampant throughout the state.

Over the past few years, abuse of opiates has escalated into an epidemic across Ohio. Fatal drug overdoses surpassed car crashes as the state's leading cause of accidental death in 2007 and have continued to lead in fatalities ever since. As drugs migrated from the hands of strangers in shady back alleys to more accessible locations inside mom and dad's medicine cabinet, more suburban kids started to experiment earlier with addictive prescription pain pills. Once hooked, addiction often pushed users toward more affordable street opiates, like heroin, with often-fatal results.

"As a ward council person, you really see it all and hear it all because you're in the streets," says Cuyahoga Falls Mayor Don Walters, who spent 12 years on the

city council before becoming mayor this year. "I realized there was a problem, and the police certainly knew there was a problem, but there was a lot of denial surrounding the opiate situation."

Walters started watching the statistics in alarm years ago, before he became mayor and before Attorney General Mike DeWine labeled the state's drug problem an epidemic. From 2012 to 2013, the number of drug arrests in Cuyahoga Falls increased from 39 to 53. That year, the Summit County drug task force made 91 arrests for heroin trafficking and possession.

"When I was an officer on the streets, we weren't making heroin arrests," says Jack Davis, who was named Cuyahoga Falls police chief this year after 24 years on the force. "Now, I would probably say every one of my officers runs into it. It's devastating families and just tearing their lives apart, so we really have to prevent the next generation of users."

Local officials realized that the city couldn't simply arrest its way out of a deep-seated drug problem.

"With the magnitude of the opiate

problem, I was shocked to find that we were doing nothing for our future as far as education," Walters says. "So early in the year, when Western Reserve Hospital approached my office and asked, 'How can the hospital help improve the health of the city?' the No. 1 thing I really wanted to do was collaborate with the hospital to create a drug education program."

The collaboration between Western Reserve Hospital and the city of Cuyahoga Falls sparked a comprehensive drug prevention program called "Not Me, I'm Drug Free." With the support of the police department, school districts, local sponsoring businesses and parents, the entire community is facing the drug problem proactively by engaging kids in drug education before it's too late.

Preventing the problem

Even before "Not Me, I'm Drug Free" materialized, Walters began rallying the community against drug-related crimes with programs to raise awareness and keep the city safe. For example, he organized local groups under the Neigh-



neighborhood Excellence Initiative, similar to a Neighborhood Watch program, to report suspicious activity. He also set up an anonymous tip line called Cuyahoga Falls Crime Fighters (330-971-TIPS), encouraging drug users to turn in dealers for a reward.

While the city worked to curb drug use by cracking down, physicians watched the emergency room fill up with highly preventable drug overdoses.

"We have drug overdoses coming in to our ER nearly every day," says Dr. Robert Kent, president and CEO, Western Reserve Hospital. "It's sometimes young

people who don't know better. We understand when people have cancer or heart attacks; in some cases, it's out of their control. But when people die or have consequences from drug overdoses, it's self-inflicted, and we feel that, as a community, we can help to change that."

The question was how the community could effectively impact such a prevalent drug trend. City officials, hospital executives and police researched best practices from past drug prevention programs, evaluating fear-based initiatives such as Scared Straight, as well as more formal educational formats such as D.A.R.E.

Above all, officials agreed that an effective education program should target kids while they're still impressionable enough to listen but before they face intense peer pressure to try drugs in middle school.

Drawing from national best practices and tailoring the program for the local community, "Not Me, I'm Drug Free" was developed to target fifth-graders in Cuyahoga Falls using a model of positive reinforcement.

Just before school let out last spring, Chief Davis and School Resource Officer Ed Dennis introduced the program to all of the fifth-graders at Cuyahoga Falls and



"I don't think these kids realize that they're altering their bodies when they take these drugs, and it doesn't go back to the way you were."

— Jack Davis,
Cuyahoga Falls Police Chief

Woodridge schools, as well as at one local private school. Through end-of-the-year assembly programs, the "Not Me, I'm Drug Free" kickoff reached more than 500 students with education about the dangers of pharmaceutical and illicit drug abuse.

"In my research, I've learned that it's about the right age where they're still innocent, willing to take on information and absorb it," Walters says. "What I've found is that education is more important than fear, so the 'Not Me, I'm Drug Free' program works on a positive reinforcement model — give them a treat when they do good — because we need to change the culture of the drug problem."

Students who sign the pledge receive a "Not Me, I'm Drug Free" T-shirt and a "free-wards" card that can be punched at 10 local businesses in exchange for a gift to reward the child's drug-free commitment.

The free pledge perks are a pass to the city's Water Works Family Aquatic Center, a movie rental at Family Video, a round of mini golf at Downview Sports Center, pizza from both Donato's and Teresa's, candy from Metropolis Popcorn and Sugar Luv Homemade Confections, an ice cream cone from Chick-fil-A, a kid's meal at Old Carolina Barbecue and a pair of ear buds from Western Reserve Hospital.

"When they punch the card and give you your 'free-ward,' they'll also explain and reiterate why you're getting that," Walters says. "We're not giving you an ice cream cone just because; we're giving you a free ice cream cone as a reward for signing this pledge to be drug free for the rest of your life."

Maintaining momentum

Rather than shying away from a prevalent drug problem, the "Not Me, I'm Drug Free" program encourages kids to take pride in their promise to say no. By ral-

lying the entire community in support of drug prevention, the city is tackling the drug problem head on with a more cohesive approach than ever before.

"One of the great parts of the program is the fact that it's not just the police department doing it," Chief Davis says. "With the hospital, the businesses, the schools and the city involved, that makes it really unique. It shows we realize we can't stick our heads in the sand and think, 'We're a wonderful little town so we don't have a drug problem.' We acknowledge we have a problem with drugs, and we don't want it to get worse. By everybody being involved, it's a stronger message than just the police department preaching, 'Don't do drugs.'"

To help build buzz around the campaign, yards around town display signs that proclaim the "Not Me, I'm Drug Free" commitment, while businesses display stickers and in-store signage and kids flaunt their T-shirts. The hospital has marketed the program extensively, helping to drive the campaign's message throughout the community.

"It's just the perfect marriage between the city, the hospital, and also the business community and the schools," Walters says.

Local companies continue to express interest in sponsoring future rounds of free-wards. With sponsors waiting for a chance to participate in the program, the city plans to update the perks card regularly with new incentives to encourage kids.

This fall, the program will begin to educate a new class of fifth-graders about drug prevention. Davis says he wants to reach students at least three times throughout the school year to discuss the health effects and legal repercussions of drug use.

"We want to make sure they have the facts before they put something in their bodies," Davis says. "I don't think these kids realize that they're altering their bodies when they take these drugs, and it doesn't go back to the way you were."

With momentum building throughout the community, Davis already warned last year's class of fifth-graders that they'll be hearing a lot from him before they graduate.

"One of the things we told the kids is, 'We're not going away. We're giving this to you now, and then we're actually working on some programs for the middle-schoolers. By the time you're through high school, you're going to get tired of us talking to you about drugs to make sure you're safe,'" Davis says. "We want to reinforce the message by continuing to follow-up as they advance in age and grade level."

In addition to displaying the signs, wearing the T-shirts and volunteering to help the prevention campaign, Davis says that citizens can get involved by confronting the topic with their kids.

"It's important that everybody takes some responsibility for this problem," he says. "We can't hide from the problem and just think, 'Well, it's only the bad kids, or it's only from the stranger behind the bush.' Seventy percent of all illicit drugs are given to a youth by somebody they know. It's important that parents sit down and approach their kids about that. You can't hide from it." ♦



For more information, please
go to [www.Facebook.com/notmedrugfree](https://www.facebook.com/notmedrugfree).

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the heart *of the* matter

How to maintain heart health and
recognize the signs of a heart attack



About every 30 seconds, someone in America suffers some type of coronary event. Every minute, someone dies from one.

As the leading cause of death in America for both men and women, heart disease claims nearly 600,000 lives annually, accounting for one-fourth of all deaths, according to the Centers for Disease Control and Prevention.

Half of Americans face at least one major preventable risk factor. By understanding these factors, you can help keep your heart pumping strong.

"Leading a healthy lifestyle doesn't mean that you're not going to get heart disease," says Dr. Joseph Rinaldi, a cardiologist at Western Reserve Hospital. "You have to look at your risk factors and your family history, and you really need to see your primary care doctor on a regular basis to get screened for things you don't think you're at risk for."

Heart health

Heart attacks are caused by cholesterol buildups in coronary arteries.

"It might just be 10 or 20 percent blocked, which may not even give you any symptoms," says Dr. Rinaldi.

But if that buildup of cholesterol, called plaque, ruptures or dislodges from the artery wall, a clot may form.

"And all of a sudden, an artery that could have been 90 percent open is now 100 percent closed," he says.

High cholesterol and high blood pressure create conditions that promote plaque buildup and rupture. Other factors, such as diabetes and obesity, can also contribute by straining the cardiovascular system.

To keep these risks in check, a healthy diet and regular exercise go a long way. Abide by these basics, doctors say, and don't fall for fad diets, superfoods or exercise shortcuts.

"Every American wants the silver bullet, the one thing that's going to cure everything, and unfortunately, we just don't have that," Dr. Rinaldi says. "It basically boils down to eating more fruits, vegetables and lean meats, and then 30 minutes of aerobic activity a day, five days a week."

So cut out high-calorie, high-fat foods and get moving. Dr. Rinaldi recommends simply walking to

increase heart rate. If you drink alcohol, drink in moderation. If you smoke cigarettes, quit. In the first year after smoking cessation, you'll cut your risk of coronary disease in half, according to the American Heart Association.

Most important, even if you follow all these rules, see a doctor. Regular exams can reveal hidden risk factors, and physicians can recommend the best personalized treatment.

"Knowing your family history can be an advantage, because some people can look like the picture of fitness and still be at risk because they've inherited a predisposition toward coronary disease," says Dr. Michael Bage, a cardiologist at Western Reserve. "It's important to know your numbers and try to treat those risk factors, because if you have high blood pressure or high cholesterol, you really don't feel it until it's too late."

Recognize the signs

Some heart attacks strike with sudden intensity and chest-clutching pain, just like in the movies. But many episodes start slowly, with mild discomfort that radiates to the neck, jaw or arms, accompanied by less-obvious symptoms such as shortness of breath, sweating and nausea.

According to the AHA, about two-thirds of heart attack victims receive warning signs in advance.

"The classic symptom is Levine's Sign, where you get the chest pain," says Dr. Joseph Restivo, a cardiologist at Western Reserve. "Chest pain is usually described as pressure. Some people will literally say, 'An elephant is sitting on my chest.'"

But this classic sign is more common in men. Women often have much subtler symptoms.

"Women, and diabetics in particular, may experience fatigue, shortness of breath — very nonspecific symptoms that wouldn't necessarily make you think of a heart attack," Dr. Restivo says. "Maybe you think they're flu-like symptoms, a cold or even heartburn."

It's easy to chalk up symptoms to stress, sickness or acid reflux. And although both sexes make excuses, Dr. Bage says women especially need a heightened sense of awareness to spot subtle signs. Pay attention to anything that seems strange.

"Sometimes you really don't know: Are you having a heart attack, or is it bad pizza? There are times you can't tell," Dr.



"Women, and diabetics in particular, may experience fatigue, shortness of breath — very nonspecific symptoms that wouldn't necessarily make you think of a heart attack."

— Dr. Joseph Restivo, cardiologist, Western Reserve



"The sooner you get medical attention, the sooner the artery gets opened back up and the more likely you are to not have irreversible damage."

— Dr. Joseph Rinaldi, cardiologist, Western Reserve Hospital



"Knowing your family history can be an advantage, because some people can look like the picture of fitness and still be at risk because they've inherited a predisposition toward coronary disease."

— Dr. Michael Bage, cardiologist, Western Reserve Hospital

Bage says. "But if there's a clear change from prior, if it's a persistent, ongoing, worsening issue, or if it's extremely severe, the best thing to do is to get it checked out."

"Everybody's worried that they're going to be branded a whiner or crying wolf, but it's much better to get it checked out by health care professionals than to wait until you have a severe event that could end your life."

In fact, Dr. Bage says that nearly 50 percent of first-time heart attacks are fatal.

Time is muscle

Perhaps thanks to Hollywood's display of classic heart attack symptoms on screen, doctors say people pay more attention to chest pain.

"I don't know if it's because of the dramatic way they show it on TV, but lots of patients — as soon as they get chest pain, even if they don't have any other symptoms — usually seek help quickly because it worries them," Dr. Rinaldi says.

A 2005 survey by the CDC revealed that 92 percent of Americans recognized chest

pain as a heart attack symptom. But only 27 percent knew other major symptoms, too. Because 85 percent of heart damage occurs within the first two hours of a heart attack, recognizing and responding immediately to subtle warnings can save lives. Unfortunately, studies show that half of all heart attack victims wait more than two hours before seeking help.

When in doubt, the safest action is to dial 911 — sooner rather than later.

"We talk about the 'golden hour,' because heart muscle will die within 60 to 90 minutes of not having blood flow," Dr. Rinaldi says. "The sooner you get medical attention, the sooner the artery gets opened back up and the more likely you are to not have irreversible damage." ♦



For more information, please go to www.westernreservehospital.org/healthcare/cardiology.



Before a Stroke Strikes

How to control risk factors and recognize the symptoms of a stroke

You wake up one morning with the strange sensation that something feels off, but you can't quite pinpoint what it is. You ignore it, thinking you're just not feeling well. But when you take a drink, liquid dribbles down your chin. When you look in the mirror, you realize one side of your face is drooping.

You've suffered a stroke, and you're one of 800,000 Americans who experience a stroke every year.

"Most strokes are painless, and they can be a lot more subtle than heart attacks," says Dr. Sonny Bare, division chief of emergency medicine for Western Reserve Hospital. "A lot of times, something just feels off. Your arm or leg feels like it fell asleep, your speech sounds slurred, your vision may be blurred and the symptoms may gradually worsen."

Some strokes cause dramatic loss of function, speech and vision, while other signs are subtle and can be easy to ignore. But don't ignore the telltale stroke signs. Strokes are silent killers, taking 129,000 lives annually, according to the American Heart Association, and they are the fourth-leading cause of death (following heart disease, cancer and lower respiratory

disease) and the top preventable cause of disability in America.

Up to 80 percent of strokes can be prevented by managing risk factors, according to the World Health Organization. But only two-thirds of Americans know the warning signs, and more than half don't know whether they are at risk. By understanding the risk factors that can lead to stroke, people can embrace healthy behaviors to reduce that risk.

"One myth is that strokes cannot be prevented — they can — and that strokes are untreatable, so you can just 'ride this one out,'" says Dr. Lawrence M. Saltis, chief of neurology for Western Reserve Hospital and president of Neurology & Neuroscience Associates Inc., a division of Unity Health Network. "But when you have any symptoms at all, those need immediate attention. Hopefully, if you take care of yourself, you can avoid the emergency room."

Stroke signals

There are two main types of strokes: ischemic strokes, caused when blood clots plug vessels, and hemorrhagic, or bleeding strokes, caused when vessels break down. In either case, when oxygen

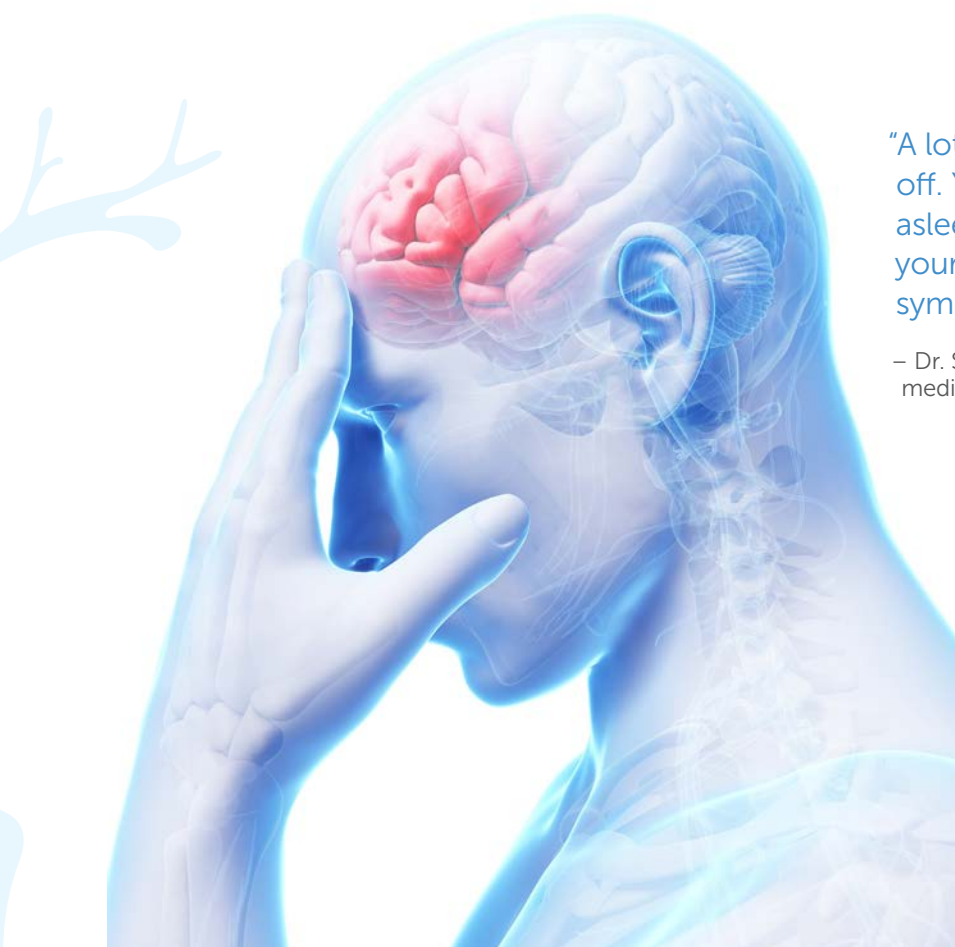
is cut off from the brain, cells begin to die, affecting functions, balance, speech and vision.

Dr. Bare compares them to plumbing problems.

"You can get your plumbing plugged up or, as we often experience in Ohio, you'll have a pipe burst, where the pipe actually cracks and causes water damage," he says. "A plugged-up pipe is not nearly as catastrophic as when a pipe bursts in your house. The same is true of strokes; when you get a busted pipe, usually the symptoms are a lot more severe."

In severe strokes, people may experience sudden headaches and seizure-like activity and may even lose consciousness. More commonly, strokes cause sudden confusion. The face, arm or leg may go numb, and people may slur their words, see double or feel dizzy.

"The big warning sign that sends people running to the emergency room with heart problems is chest pain, whereas strokes can be much more insidious, with minimal symptoms that can be very fleeting," Dr. Saltis says. "Some of those fleeting little things can be life-savers. It's an indication to get to an ER fast so treatment can begin."



"A lot of times, something just feels off. Your arm or leg feels like it fell asleep, your speech sounds slurred, your vision may be blurred and the symptoms may gradually worsen."

– Dr. Sonny Bare, division chief of emergency medicine, Western Reserve Hospital

The acronym F.A.S.T. can help detect stroke symptoms with a quick assessment of symptoms.

Face: Does one side of your face droop when you smile?

Arms: When you raise both arms to the side, does one arm drift downward?

Speech: Can you repeat a simple sentence without slurring your words?

Time: If you notice any of these symptoms, time is critical. Call 911 immediately.

"Just take a moment to listen to your body," Dr. Bare says. "The most important and underutilized medication is communication with your doctor. If you feel like something is off from your normal daily function, call 911. The sooner we can see you, the better the chance we are able to help in a meaningful way."

Some stroke treatments are only available if symptoms are recognized and diagnosed within three hours. After that, patients may not be eligible for certain medication.

"We prefer that you're treated within the first hour," says Suzanne M. Gill, vice

president of patient care services and chief nursing officer at Western Reserve. "You have to be in that window of time to meet the eligibility criteria to receive certain medication."

Western Reserve Hospital recently achieved Primary Stroke Center Certification through the Healthcare Facilities Accreditation Program, which ensures that the hospital follows quality standards and best practices to treat stroke patients.

"People have a responsibility to themselves to seek timely treatment, and then we have a responsibility to our patients to provide treatment in a very timely manner," Gill says.

Reducing the risk

The leading risk factor for stroke, according to AHA, is high blood pressure. More than 75 percent of first-time stroke sufferers have blood pressure over 140/90. Smokers, meanwhile, face two to four times the risk of nonsmokers. Diabetes, hypertension, high cholesterol and heart conditions such as atrial fibrillation and sleep apnea also increase risk.

Some factors are hereditary, linked to race or gender. In general, more women have strokes than men, and strokes kill more women than men. African-Americans have twice the risk for first-time strokes as Caucasians, as well as a much higher death rate, according to AHA.

Obviously, if you're a smoker, giving up cigarettes significantly reduces risk. Prevention is about the basics: exercising regularly — at least three times a week — and maintaining a healthy diet low in salt and sugar and full of fresh vegetables.

"Certainly, we are a nation making the transition to poor health because of excess weight, which precipitates a whole cascade of other problems," Dr. Saltis says. "We've got to get away from that and avoid overeating, control our calories and exercise. It's absolutely vital."

The best way to control blood pressure, cholesterol, lipids and other factors is with a personalized treatment plan from your doctor. Physicians can make specific recommendations to help you steer clear of strokes.

"The one factor that's not talked about enough is regular health visits," Dr. Bare says. "It's not the same to go to a pharmacy and use a public blood pressure cuff. You need regular checkups with your family doctor. For people who don't routinely visit a family doctor, that's the biggest risk factor." ♦



For more information, visit
[WesternReserveHospital.org/
stroke-readiness.html](https://www.westernreservehospital.org/stroke-readiness.html)

meet the staff

Western Reserve Hospital has some of the best — and most interesting — health care industry professionals in Northeast Ohio. Let's meet three of them.



Mike Perry

Mike Perry, Clinical Director for the Department of Neurology at Western Reserve Hospital and the Sleep Centers at the main campus and in Hudson, oversees budgets, hiring, quality assurance, reconciliation (safeguarding of patients' medication orders), maintaining accreditation standards and troubleshooting equipment.

An employee of the hospital for four years, Perry is a Registered Polysomnographic Technologist, Registered Electroencephalogram Technologist and Registered Sleep Technologist. Perry finds it gratifying to see his work help improve his patients' lives by addressing conditions such as sleep apnea, narcolepsy, snoring and insomnia. It's not uncommon for Perry to help friends and relatives with sleep issues, and he has even used his expertise to teach himself how to sleep better.

When he's not at work, he enjoys reading, golf, following Cleveland's professional sports teams and spending time with his extended family, which includes five children.



Abi Morrison

As Clinical Coordinator for the post-surgical care unit at Western Reserve Hospital, Abi Morrison supervises staff, directly assists and supports patients, and serves as a liaison between nurses and physicians. She regularly makes rounds on patients, making sure they're satisfied with their care, advocating for patients and addressing any issues that may arise.

Employed by the hospital for eight years, Morrison says that as a physician-owned facility, Western Reserve Hospital is unique in its ability to provide 100 percent patient-centered care in an atmosphere that feels more familial than institutional. She says she feels privileged to work with the incredible nurses and physicians at the hospital.

She is the proud recipient of a Cameros of Caring Award, given annually to one nurse from each Northeast Ohio hospital. In 2013, she started the hospital's Joint Academy, where total knee and hip replacement patients can learn about their surgery and how to prepare.

Morrison is working toward completing her master's degree in nursing and health care management from Kent State University in 2015. She plays beach volleyball and is a huge Cleveland sports fan. With the possible exception of New York City for shopping, the beach is her favorite place to be.



Tracy Frankowski

Tracy Frankowski, a nationally certified Medical Technologist, is Manager of Laboratory Services, where she is responsible for regulatory and operational oversight of the Western Reserve Hospital laboratory, as well as five off-site phlebotomy locations. Frankowski has worked at the hospital for 20 years, including a previous management position as Summa System Blood Bank manager, which included Western Reserve Hospital's blood bank.

Health care providers use laboratory tests to assist with about 70 percent of patient care decisions, and Frankowski finds it rewarding to know that her team's high-quality lab work has a direct impact on the lives of patients. She also enjoys keeping up on the latest technological advancements in laboratory methods and instruments.

Away from the lab, she spends time with her husband and three sons, and enjoys archaeology, gardening, knitting, writing and volunteering with blood drives. A genealogy buff, she has traced her family back to the beginnings of Stark County and to the Revolutionary War.

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