

Connection

FALL 2013

TECH UPGRADES

New technology in Heart and Vascular Center and Cancer Center

AT YOUR SERVICE

Heart and Vascular Center adds more doctors, new technology and expanded services

RIGHT PLACE, RIGHT CARE

Using the Express ER for minor emergencies



Time on His Side

Speedy treatment for heart attack patient

A NETWORK OF CARE

CAPITAL REGIONAL
MEDICAL CENTER

GADSDEN MEMORIAL CAMPUS

CAPITAL REGIONAL
BARIATRIC CENTER

CAPITAL REGIONAL
CANCER CENTER

CAPITAL REGIONAL
COMPREHENSIVE BREAST CENTER

CAPITAL REGIONAL
MEDICAL GROUP

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CHATTAHOOCHEE

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CRAWFORDVILLE

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MEDICAL GROUP
SOUTHWOOD

CAPITAL REGIONAL
CARDIOLOGY ASSOCIATES

CAPITAL REGIONAL
SURGICAL ASSOCIATES

CAPITAL REGIONAL
WOMEN'S HEALTH

YOUR ONLINE
CONNECTIONS

capitalregionalmedicalcenter.com

h2uwomen.com

Trust your health to the Capital Regional network of care. Our highly skilled hospital staff, physicians, surgeons and cancer care associates provide top-quality health care offering the latest technological advances, right here in the Big Bend region.

Capital Regional Connection is published as a service of the Capital Regional network of care. It is not intended to provide personal medical advice, which should be obtained directly from a physician. If you have a health issue or concern, please contact your health care provider.

news+notes

CURRENT EVENTS AT CRMC

A Capital Decade

Celebrating 10 Years in the Medical Center



IT WAS 10 YEARS AGO, at 7:00 in the morning on August 23, 2003, when 92 patients and staff from the former Tallahassee Community Hospital (TCH) began their short yet historic move to the new, ultramodern Capital Regional Medical Center. "It was a memorable and exciting day," says Curt Varner, RRT, director of respiratory care services.

The transition team had spent several weeks of planning to prevent any delays in meal delivery, medication administration, and other treatments and tests. As it turned out, the move was completed with military precision, with move coordinators and nurses in constant radio communication to ensure that everything went off without a hitch. "The teamwork demonstrated on that day is something we are all proud of to this day," says Varner.

By 1:30 p.m., all patients were in their new rooms and staff members were back to business, training on the new, state-of-the-art technologies. "It was exhilarating," says Varner. "We were at the newest hospital in the country—with new neighboring departments, windows that revealed the hilly terrain around the facility and an excitement that permeated the building."

Designed by world-renowned architect Michael Graves, the new \$100 million facility opened its doors on that day to 198 private patient rooms and a comprehensive menu of services, including a heart center and comprehensive cancer program—as well as a robotic pharmacy, 64-slice CT, state-of-the-art operating rooms, integrated clinical information system, diagnostic imaging, orthopedics, general surgery and other subspecialties.

Just as important, patients continued to enjoy the family-friendly, small-hospital feeling in the new hospital. "The heart and soul of TCH is still alive and thriving here with us now," Varner says.

Our Physicians



Jolita Burns, MD, has joined the staff of Capital Regional Women's Health. Dr. Burns specializes in obstetrics and gynecology and is currently accepting new patients.



Ajay Umesh Mhatre, MD, joins Capital Regional Cardiology Associates as an interventional cardiologist specializing in peripheral, arterial and venous interventions.



Rodolfo Oviedo, MD, joins Capital Regional Surgical Associates as a general surgeon. He specializes in general and abdominal surgery with a special interest in acid reflux and GERD procedures as well as laparoscopic surgical techniques.

Key Departments Get Tech Upgrades

HEART AND VASCULAR CENTER



Capital Regional Medical Center's Heart and Vascular Center has announced a \$1.4 million equipment installation to upgrade the Vascular Lab. The GE Innova 4100 is a tech-

nological advancement offered to our patients that will expand services to include carotid stent procedures. The new system can cover more anatomy in a single series. This means fewer images, shorter imaging times and lower X-ray dosage, resulting in decreased radiation exposure and contrast dye for each patient.

According to Capital Regional's President and CEO Brian Cook, "The upgrade will allow our vascular surgeons and vascular interventionalists to pursue carotid stenting for stroke patients and better quality images for peripheral vascular studies. This means we will be better able to diagnose and treat vascular and cardiac diseases."

CANCER CENTER



The Capital Regional Cancer Center has recently acquired two new machines, a Varian Clinac iX linear accelerator as well as a Varian HDR brachytherapy unit. The Clinac iX linear accelerator will be able to support any type of radiation therapy allowing the Cancer Center to improve its already strong image-guided radiation therapy, intensity modulated radiation therapy, stereotactic radiosurgery and stereotactic body radiation therapy programs. Craig Pate, BSRT(T), director of radiation oncology at the Cancer Center, describes the latter two therapies as "being able to deliver high-dose, highly targeted radiation in five treatments over two weeks," allowing patients to have a shorter course of radiation with potentially less damage to surrounding tissues. These additions position the Cancer Center as a comprehensive cancer center, allowing us to treat all patients.



New Hope for Hips

Hip arthroscopy promises faster recovery, cost savings

WHILE ARTHROSCOPY for the knee and shoulder has been returning athletes to action for many years, it hasn't been until recently that arthroscopy for the hip has taken off. Now, thanks to advances in technologies, what was once an extremely complex procedure is now being performed on a regular basis. In fact, hip arthroscopy is the fastest-growing field in sports surgery.

David Jason Oberste, MD, an orthopedic surgeon and medical director of orthopedic services at Capital Regional Medical Center, is specially trained in the procedure, as well as the post-surgical hip arthroscopy physical therapy protocol. "Since 2009, my colleagues and I have performed many of these surgeries," he says.

Hip arthroscopy is a procedure in which the surgeon inserts a small camera, or arthroscope, into the hip joint, using the images on a TV screen to guide specialized miniature instruments. Some of the conditions that can be treated with hip arthroscopy include hip impingement, snapping hip syndromes, labrum tears, cartilage injury and loose bodies.

"Patients appreciate it because it's a minimally invasive surgery, so there's a faster recovery than with a traditional

open surgery," says Dr. Oberste. Generally, hip arthroscopy is an outpatient procedure. The patient is usually on crutches for a couple of days to up to a week. However, depending on the extensiveness of the surgery, recovery could require several weeks to a few months. "In nearly every case, it's life-changing," he continues.

Hip arthroscopy can be an effective solution for a wide range of patients, from athletes of all ages to older patients in the early stages of arthritis. "We can clean up and repair damaged tissue, remove debris and even remove damaged cartilage," says Dr. Oberste.

If you're suffering from ongoing hip pain that has not been relieved by traditional or more conservative measures, it may be time to seek the opinion of a specially trained orthopedic surgeon like Dr. Oberste.

"Minimally invasive surgical options like this are open to patients with orthopedic issues," says Dr. Oberste. "There truly is no reason for a person to suffer through hip pain when we have such great resources to treat it."

To learn more about your options, visit CapitalRegionalMedicalCenter.com, or call Consult-a-Nurse at 850-325-3627.

Time on His Side

Heart attack patient gets lifesaving treatment in record time

W

HEN WILLIAM HINSON, a 67-year-old resident of Havana, Fla., had a heart attack in April 2013, he was rushed by ambulance to the hospital. Within 13 minutes of his arrival at Capital Regional Medical Center, he was in the cardiac catheterization lab, and interventional cardiologist Niraj Pandit, MD, of Capital Regional Cardiology Associates, had re-established the blood flow through his coronary artery.

Identified by EKG, Hinson's attack was classified as an ST-elevation myocardial infarction, or STEMI, a certain deadly type of heart attack. Early treatment using balloon angioplasty to open up the blocked artery can minimize the extent of heart muscle damage and preserve the pumping function of the heart, increasing the chance of survival and reducing future complications.

"Door-to-balloon time" or "STEMI time" is a nationally used measure that tracks the time it takes from the moment the patient arrives at the door of the ER to the time that a

physician opens the blocked artery using a balloon-tipped catheter. The American College of Cardiology, the American Heart Association and The Joint Commission have established that the gold standard for door-to-balloon time is 90 minutes or less, making Mr. Hinson's 13 minutes incredibly fast. Capital Regional's average STEMI time is 48 minutes. STEMI times represent an average of a hospital's STEMI cases over the past 52 weeks for which data is available.

THE FIRST SYMPTOMS

Hinson first began to notice that something seemed wrong earlier that day. "I was working around my house and I started to get very tired," he says. "I had a dentist appointment at 3:30 that afternoon and I thought maybe I was working too fast in order to finish up and get to my appointment."

When William arrived at his dentist appointment, he began feeling even worse with pressure in his chest and shortness of breath. He asked the receptionist if he could change his appointment because he didn't feel well, and when William shared his symptoms, they called him to the back and took his blood pressure. "I don't know if I was sweating or not, but I got so hot, I thought I was going to burn up," he says.

Paramedics were called, and in a short time, William was on his way to Capital Regional Medical Center in Tallahassee. "I don't remember a lot after that because I was pretty out of it," he says, "but I do remember praying out loud and I didn't feel hardly anything." After Dr. Pandit opened up the coronary artery using the balloon-tipped catheter, he inserted a stent to keep the vessel open.

William, who had had a heart attack four years ago and has three cousins who died from heart attacks, is doing what he can to prevent another one. He has scheduled a stress test with Joseph Baker, MD, of Capital Regional Cardiology Associates. He is getting more exercise and has changed his eating habits, cutting back on meat and eating mostly vegetables. As a result, William has lost 15 pounds in just over a month. "I am so glad to be here," he says. "I appreciate the doctors and how fast everyone worked that day to save my life."

"I appreciate the doctors and how fast everyone worked that day to save my life."

—WILLIAM HINSON
Heart patient at Capital Regional Medical Center



Know Your Own Heart

Capital Regional Medical Center and Capital Regional Cardiology Associates team up to help women take control of deadly heart disease



Cardiac Crusaders: CRCA cardiologists Michelle Bachtel, MD, and Carey Dellock, MD, are strong advocates for increasing women's heart health knowledge.

Heart disease is the No. 1 killer of women in the U.S., yet while one in four women will die of the disease, many remain unaware of their risk until it is too late. With the goal of empowering women to take control of their heart health, Capital Regional Medical Center and Capital Regional Cardiology Associates have created HerHeart, an inspiring new program that

offers vital education, screenings and links to health care resources for women of all ages and varying health needs.

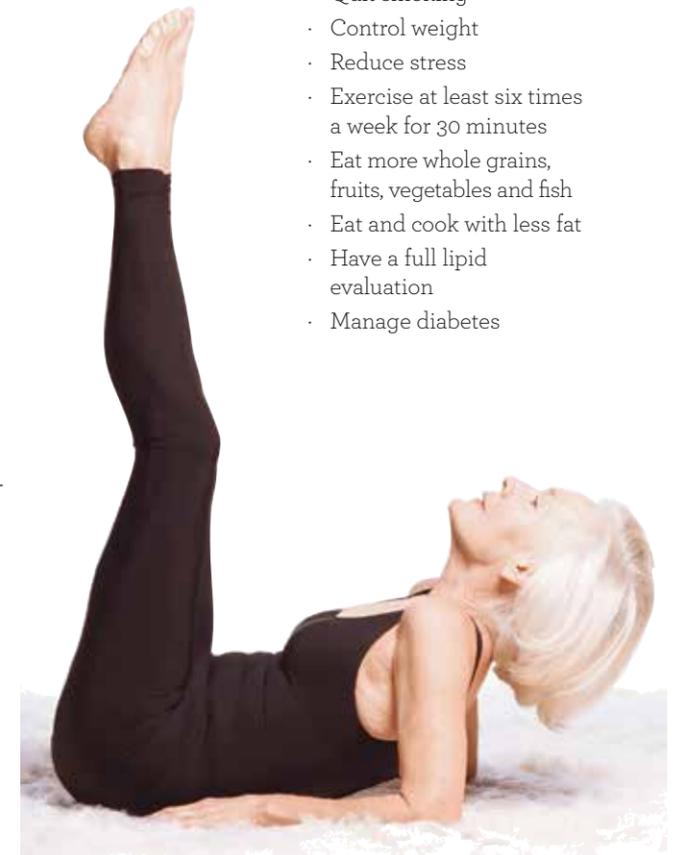
Leading the program are interventional cardiologist Carey Dellock, MD, and invasive cardiologist Michelle Bachtel, MD, physicians who are passionate about increasing women's heart health knowledge and who provide specialized, individualized care to prevent and fight heart disease.

The fact is that there is no way to know your risk of heart disease without a health screening. The HerHeart program encourages women to identify individual risk factors and to take proactive, preventive steps by offering regular seminars and screenings. "When we have good information, we can make better decisions about our health," says Dr. Dellock. "For example, one of the things I stress is that everyone should know her blood pressure, cholesterol and blood sugar levels."

An Ounce of Prevention

Once evaluated and informed, women can work with their doctor to take preventive steps to boost heart health and lower risk of heart disease, such as:

- Quit smoking
- Control weight
- Reduce stress
- Exercise at least six times a week for 30 minutes
- Eat more whole grains, fruits, vegetables and fish
- Eat and cook with less fat
- Have a full lipid evaluation
- Manage diabetes



"When we have good information we can make better decisions about our health. For example, one of the things I stress is that everyone should know her blood pressure, cholesterol and blood sugar levels."

—DR. CAREY DELLOCK, Interventional Cardiologist, Capital Regional Cardiology Associates

To schedule an appointment with a HerHeart cardiologist and a heart risk screening, call 850-877-0216 or 850-656-7265. To register for the next HerHeart seminar/screening, visit the classes and events calendar at CapitalRegionalMedicalCenter.com, or call Consult-a-Nurse at 850-325-3627.

At Your Service

Capital Regional Cardiology Associates adds more doctors, new technology and expanded services



The physicians of Capital Regional Cardiology Associates, l-r, back row: Ernesto Umana, MD; Niraj Pandit, MD; and Ajay Mhatre, MD; front row: Joseph Baker, MD; Michelle Bachtel, MD; and Carey Dellock, MD.

CAPITAL REGIONAL CARDIOLOGY ASSOCIATES (CRCA) and Capital Regional Medical Center (CRMC) are pleased to announce that several physicians have joined CRCA to form a comprehensive cardiology practice. Michelle Bachtel, MD; Joseph Baker, MD; Ajay Mhatre, MD; and Ernesto Umana, MD, have joined Carey Dellock, MD, and Niraj Pandit, MD, expanding the services of the cardiology program at Capital Regional Medical Center.

“This is an exciting time for us, and we are fortunate to add to the already dynamic cardiology team of Dr. Pandit and Dr. Dellock. Doctors Baker, Bachtel, Mhatre and Umana have been a part of this community for many years. They bring quality care and a superb reputation to the table,” says Brian Cook, president and CEO of Capital Regional. “All of the physicians at Capital Regional Cardiology Associates are a tremendous asset and share in our dedication to offer the best care for our patients.”

Both Dr. Pandit and Dr. Dellock have been part of the Capital Regional network of care for nearly two years. Dr. Dellock recently moved from Capital Regional Medical Group as an internal medicine physician to CRCA, and is the only female interventional cardiologist in the Big Bend region.

“This is an exciting time for us, and we are fortunate to add to the already dynamic cardiology team who have been a part of this community for many years. They bring quality care and a superb reputation to the table.”

—BRIAN COOK, President and CEO of Capital Regional Medical Center

CRCA offers diagnostic testing, interventional cardiac and vascular treatment, coronary balloon angioplasty/stents and more. The physicians use advanced technology to help diagnose cardiovascular disease and are committed to providing the least invasive, most effective treatment possible.

Capital Regional Cardiology Associates

2631 Centennial Blvd., Suite 200
Tallahassee, FL 32308
850-656-7265

For more information, please visit CapitalRegionalCA.com.

Right Place, Right Care

Q&A with Susie West, Director of Emergency Services, Capital Regional Medical Center

DO YOU HAVE A SPRAINED ANKLE OR A CASE of the flu? The Capital Regional Express ER is the place for you. The Express ER is a division of the Emergency Department at Capital Regional Medical Center that specializes in minor emergencies.

It is open from 8 a.m. until 2 a.m., seven days a week. We interviewed Susie West, director of emergency services, about the Express ER.

Q: How is the Express ER different from the regular Emergency Department?

West: The Express ER is set up in a separate area from the Emergency Department, and is designed for patients who are less emergent so they can receive their care more quickly. A physician and a nurse practitioner are assigned specifically to the Express ER, so the patients there can be cared for quickly even if there are more critical patients in the ER. They don't have to wait for the more serious emergency patients to be treated to receive care.

Q: How do patients know whether to go to the main ER or the Express ER?

West: The main ER and the Express ER have the same entrance, and the nurse near the entrance looks at the situation and decides where the patient needs to go. That's called triage—it's basically sorting the patients. If the person's needs are emergent, we'll send him or her to the main ER, and if it's a minor emergency or illness, we send the patient to the Express ER.

Q: What types of health problems typically are sent to the Express ER?

West: We see simple lacerations, orthopedic injuries, fever, coughs—those types of things. If a patient is sent to the Express ER and it turns out to be a serious problem, we can move the

patient to the main ER. It's all a very fluid process. That's one way the Express ER differs from a stand-alone clinic. If you go to a stand-alone clinic and it turns out you need emergency care, they have to send you somewhere else.

Q: What's the typical turn-around time in the Express ER?

West: Our average turn-around time from arrival to departure is less than 90 minutes. The main ER is usually around 120 minutes, which is still really fast for an ER.

In fact, one of the advantages of the Express ER is that it also reduces wait times in the regular ER, since the staff in the regular ER can focus on the more emergent problems. Another reason the turn-around time is so quick, is that the Express ER and the regular ER use separate radiology services. If they both used the same radiology service and we had a very serious ER patient in the radiology room, the Express ER patients would be delayed.

Q: Does regular insurance cover the Express ER?

West: The treatment in the Express ER is the same as an emergency visit, so consumers pay the same whether they visit the main ER or the Express ER.



THE **SHORTEST ER WAIT TIMES** IN TOWN ARE NOW **EVEN SHORTER, THANKS TO EXPRESS ER**



At Capital Regional Medical Center, your treatment in the area's fastest ER is now even faster with **Express ER!** As a part of our main ER, Express ER can quickly treat your minor emergencies. **And it's conveniently available from 8 am – 2 am, seven days a week. Get in. Get out. Get going!**

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