

# HealthWise

SUMMER 2015

Health news from St. Joseph and St. Mary's Medical Centers



## It's Not About the Weight Changing One Man's Life

**Why we wait. in the ER  
Help us help you.**

**Move to improve care  
for stroke patients**

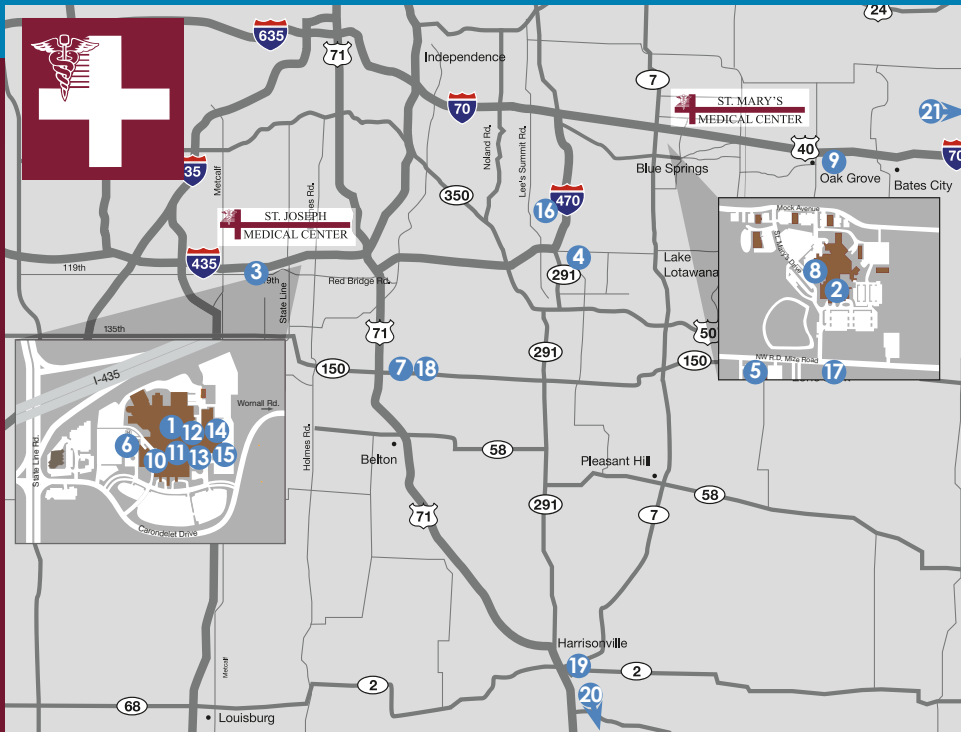
**Are you a candidate  
for outpatient joint  
replacement?**

**A different approach to  
cardiac catheterization**

**Asthma treatment helping  
patients breathe easier**

**We are the Women's Choice**

# Our Locations



- 1 St. Joseph Medical Center**  
1000 Carondelet Drive  
Kansas City, MO 64114
- 2 St. Mary's Medical Center**  
201 NW R.D. Mize Road  
Blue Springs, MO 64014
- 3 St. Joseph Home Care**  
11050 Roe Avenue, Suite 120  
Overland Park, KS 66211  
913-529-4800
- 4** 200 NE Missouri Road, Suite 303  
Lee's Summit, MO 64086  
816-655-5494
- 5 Blue Springs Internal Medicine**  
220 NW R.D. Mize Road, Suite 101  
Blue Springs, MO 64014  
816-228-9841
- 6 Contemporary Women's Health**  
1010 Carondelet Drive, Suite 20  
Kansas City, MO 64114  
816-941-2700
- 7** 7201 East 147th Street, Suite 120  
Grandview, MO 64030
- 8 Family Medical Care Associates**  
801 St. Mary's Drive, Suite 101  
Blue Springs, MO  
816-228-1000
- 9 Oak Grove Medical Clinic**  
816-690-6566  
302 SE Salem  
Oak Grove, MO 64075
- 10 Pulmonary Physician of St. Joseph**  
1004 Carondelet Drive, Suite 410  
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816-389-6100
- 11 St. Joseph Family Medical Care**  
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816-943-7777
- 12 St. Joseph Neurology**  
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Kansas City, MO 64114  
816-942-4500
- 13 St. Joseph Neurosurgical Associates**  
930 Carondelet Drive, Suite 300  
Kansas City, MO 64114  
816-943-7733
- 14 St. Joseph Surgical Associates**  
930 Carondelet Drive, Suite 104  
Kansas City, MO 64114  
816-941-2222
- 15 Kansas City Cardiology**  
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- 19** 2820 E. Rock Haven Road  
Suite 130  
Harrisonville, MO 64701  
816-523-4525
- 20 Golden Valley Memorial Hospital**  
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Clinton, MO 64735  
816-523-4525
- 21** 105 E. Hospital Drive  
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## Missouri's New Time Critical Diagnosis System *Expected to Improve Care and Outcomes.*

It seems perfectly reasonable that you would expect to be taken to the nearest hospital in the event of an emergency. This may also include a preference for the medical staff there, or perhaps it is a facility where your insurance company would prefer you to go when your health is threatened.

But in the case of a stroke, that preferred facility and staff may not provide your best chance for survival. The new Time Critical Diagnosis System in Missouri is all about getting you to the best equipped facility—as quickly as possible.

St Joseph and St. Mary's Medical Centers are among those facilities considered properly equipped to handle the vast majority of stroke cases that may come through the doors.

In May, the two hospitals received Stroke Center Level II designation from the Missouri Department of Health and Senior Services Bureau of Hospital Standards. "Stroke requires quick assessment and treatment," explains Kathleen Henderson, Stroke Coordinator for the medical centers. "Getting patients to a designated stroke center saves time and with stroke—time is brain."

Hospitals earning designation as a Level II Stroke Center have demonstrated a track record of definitive care that offers stroke patients the best outcomes for survival and recovery. To earn the designation, hospitals must meet rigorous criteria in use of the evidence-based guidelines for stroke care and rehabilitation, as well as staff education.

Level II Centers offer specialized care to high volumes of patients, from large geographic areas. As such, St. Joseph and St. Mary's stand ready to handle all but the most complex cases, which make up only a

small percentage of strokes. This designation also helps the few Level I centers in our area concentrate on those most difficult cases.

Getting a stroke patient to a stroke center quickly is a critical part of the process. That's why the trip should be made in an ambulance - and not in your family car. The ambulance trip also sets in motion preparations for the patient's arrival at the center.

**Spotting stroke is something you can actually do, if you think F.A.S.T.**

**F - Face Drooping** – Does one side of the face droop or is it numb? Ask the person to smile. Is the person's smile uneven?

**A - Arm Weakness** – Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

**S - Speech Difficulty** – Is speech slurred? Is the person unable to speak or hard to understand? Ask the person to repeat a simple sentence, like "The sky is blue." Is the sentence repeated correctly?

**T - Time to call 9-1-1** – If someone shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get the person to the hospital immediately. Check the time so you'll know when the first symptoms appeared.

**Know the symptoms, call 9-1-1. Time is brain!**

## Times are Changing for Joint Replacement

Have joint replacement surgery at 7 a.m. and be home in time for dinner? Not very long ago, most people would have thought that unimaginable. But times are changing and medical advances are now making it possible.

"Over the last few decades, the hospital stay following joint replacement surgery has continually decreased from more than a week, to three or four days, to now—when it can be done as an outpatient procedure," says Robert Paul, DO, an orthopedic surgeon at St. Mary's Surgical Center.

There are many benefits associated with a shorter hospital stay. Among them: fewer complications, improved outcomes, lower costs and increased patient satisfaction.

Dr. Paul says outpatient surgery for hips, knees and partial knees is possible, but it's not for everyone. It is for patients age 64 and under,

who are overall in good health. And most importantly, the patient must be motivated. Patients considering this option at St. Mary's are required to have a physical and take a class prior to surgery. Home visits from a nurse and physical therapist are needed post-surgery.

"After surgery, the focus is on pain control and getting physical therapy started," says Dr. Paul. "Those things can be managed while patients recover in the comfort of their own homes without an overnight stay in a hospital."





# It's Not About the Weight

Bariatric Surgery was the First Step in Changing One Man's Life

by Mike Fahrlander

Billy Croswell never expected to be anyone who was looked up to, and certainly not admired by anyone else. A self-described “large person”, Billy shied away from just about everything. “I kept myself at a distance,” says Billy. With obesity and diabetes running in his family, at 360 pounds, Billy was severely overweight, borderline diabetic, taking four different blood pressure medications, a fluid reducer, two types of inhalers and prednisone.

“I thought this was something I could live with,” remarked Croswell, “but as I got older, I began having health issues, such as hypertension and gastric reflux disease. I also had problems with my joints and even congestive heart failure.”

Billy's life took a turn for the better, after a dreadful trip up a flight of stairs. “I was walking up the stairs at work with my lunch, and I just couldn't catch my breath,” said Croswell. “Right then and there, I said, ‘I'm done.’ I immediately threw everything down and made an appointment with Dr. Soliman.”

The ensuing appointment revealed that Croswell was a good candidate for bariatric surgery. “His BMI was greater than 40, blood pressure was high, cholesterol was high and he had degenerative joint disease,” says Mohsin Soliman, MD, FACS, a surgeon with St. Joseph Surgical Associates. “The weight was taking a toll on his life.”

Dr. Soliman recommended surgery, but urged Croswell to lose as much weight as he could on his own. It is a prerequisite for the bariatric procedure known as laparoscopic sleeve gastrectomy.

“I had to change my diet completely,” says Croswell. “I went on a low-carb, low-fat, low-calorie diet of 1,200 calories per day. I had to prove to myself that I was ready for this.”

“After we met and began the pre-operative regimen of strict diet and exercise, he lost quite a bit of weight, because he was motivated,” says Dr. Soliman. Statistics show that patients who lose a fair amount of weight prior to surgery, tend to do better post-operatively.

Croswell lost 68 pounds through diet and exercise prior to surgery but weight loss wasn't specifically the goal at first. Croswell just wanted to be healthy and it did not happen without serious

commitment. “My problem was, when I hit a goal, I'd want to treat myself. I knew that I couldn't do that anymore,” recalls Croswell. “That's when I decided it was time to do a total change, not just with my body, but also with my mind.”

After a 90-day waiting period required by his insurance company, Croswell had the laparoscopic gastric sleeve gastrectomy, performed by Dr. Soliman. The surgery, which can take less than an hour, changes the stomach from the size of a football to the size and shape of a banana.

Laparoscopic sleeve gastrectomy is among the lesser invasive operations that offer a lower-risk way to lose weight. This procedure can be converted to a gastric bypass if necessary. Because the intestines aren't affected, a sleeve gastrectomy doesn't affect how your body absorbs food, so you're not likely to lose

**“I was walking up the stairs at work with my lunch, and I just couldn't catch my breath,”**

# Transradial Catheterization Offers More Comfort to Patients

Cardiac catheterization is a common procedure and is one of the tools cardiologists use to determine if the heart is getting adequate blood supply. It can be used as a diagnostic tool to check for blockages or as an interventional procedure to treat blockages and heart attacks. Each year, more than a million Americans suffer from heart disease. Chances are good that you or someone close to you have had or will have a “cardiac cath.”

During a cardiac catheterization, a long, thin, flexible tube is threaded through a blood vessel up to the heart. A contrast dye is injected into the arteries to create a road map of the blood supply to the heart muscle.

Although most of the cardiac catheterizations done in the US are performed through the femoral artery, which is accessed through the groin, St. Joseph and St. Mary’s Medical Centers are among a growing number of hospitals taking a different approach – through the radial artery at the wrist.

When the cardiologist goes into the blood system through the femoral artery, or leg, patients must lie still four to six hours on a surgical table after the procedure. This can be particularly uncomfortable for those with back pain. With a transradial catheterization, patients sit up and move around easily. They usually leave the hospital within a few hours after the procedure.

When comparing the two approaches, studies have shown that patients have decreased bleeding, fewer vascular complications, less discomfort and increased mobility with a radial approach. Research has shown that patients prefer the transradial approach over the femoral approach, and there may also be a significant cost savings.

“St. Joseph and St. Mary’s Medical Centers are strong advocates of the transradial approach and now use it in more than 40 percent of the cases,” says Jin Park, MD, an interventional cardiologist with the hospitals. “It’s not always possible, but it is more comfortable for patients.”

## ► Bariatric Surgery

nutrition along with the pounds. Dr. Soliman has seen good results, with very few complications. “Most patients undergoing this procedure lose between 65 and 75 percent of their excess body weight and it’s not unusual to see motivated individuals get back to their ideal body weight,” according to Dr. Soliman.

“Surgery always comes with some risk of complications, but bleeding or leakage from the staple line are substantially reduced with the technique we use,” says Dr. Soliman. “There are no restrictions on what you can eat, long-term, but keep in mind, it’s just a tool for people to sustain weight loss. If they don’t use that tool correctly, it can fail. We also train them to make healthier choices.”

And, better choices are the new normal with Croswell. “I have to be careful about the types of food that I eat. It has to be portioned out, six to eight ounces per meal and most of that (at least 70 percent) is protein. No carbonated beverages—they are the worst thing you can have and gas build up from carbonation actually hurts! I may have an energy drink now and then, but I have to water it down before I can drink it.”

Exercise is a daily activity for Croswell, who also walks to work every day. He’s even started a support group for bariatric surgery patients, who all deal with many issues associated with obesity. He gets a lot of thanks for his efforts. People who once seemed foreign to him now notice him. Even family members who hadn’t seen him for a while didn’t recognize him in his present form—down about 150 pounds.

Croswell’s advice for those considering weight loss surgery? Strive to achieve health as opposed to a number of pounds. “Do your homework,” says Croswell. “It’s like going into the Army. You have to go through boot camp. You have to be willing to sacrifice and discipline yourself for the results. You have to be prepared to completely change your lifestyle. And, you have to have family support, because their lives are going to change with you.”

Dr. Soliman urges those considering the procedure to not base their decision on internet information and suggests meeting with a board-certified surgeon. A standard first consultation takes well over an hour, but those who’ve gone through it say it’s time well spent.

*For more information on bariatric surgery, call Kim Smith at St. Joseph Surgical Associates. 816-941-2222, or visit [SJSurgicalAssociateskc.com](http://SJSurgicalAssociateskc.com).*





# ER Visits: Helping Us Help You

A trip to your local Emergency Department is not something people *want* to do. We all want to be treated as quickly as possible. Sometimes, depending on your condition, you may be seen very quickly. Other times, it may be awhile. Emergency professionals use what is known as triage when patients arrive at the ER. Most hospital Emergency Departments use a five-category triage system:

## Category 1

Immediate management - The patient needs treatment in two-to-five minutes of arrival. (*Stroke, heart attack, extreme respiratory distress, dangerously low blood pressure*)

## Category 2

Imminently life-threatening -The patient needs treatment in 10 minutes of arrival. (*Severe respiratory distress, severe pain, fever with signs of lethargy, high-risk history and major multi-trauma or severe local injury*)

## Category 3

Potentially life threatening - The patient can be managed in 30 minutes of arrival. (*Moderately severe blood loss, moderate shortness of breath, persistent vomiting, seizures, head injury and dehydration*)

## Category 4

Potentially serious - The patient can be treated within 60 minutes of arrival. (*Mild bleeding requiring stitches, moderate pain, vomiting or diarrhea, difficulty in swallowing, eye inflammation and minor limb trauma*)

## Category 5

Less urgent - The patient can be treated within two hours of arrival. (*Minimal pain, minor injuries and other low risk conditions*)

“Everyone has their own sense of urgency and we try to respect those feelings,” says Lesli Bauer, BSN, Director of Emergency Services at St. Joseph Medical Center. “But we also need to consider other patients who may have a life-threatening condition.”

Bauer says that many people believe Emergency Rooms serve like restaurants—first come, first served. But the ER can’t work that way. “We understand that’s frustrating to patients, admits Bauer, “they want to get in and get out. But, a patient arriving after you

may have a more urgent condition and needs to be treated sooner.”

There are some things that go beyond the purpose of an Emergency Room. “Some patients who haven’t been able to get in to see their doctor for a prescription refill, will come in to try to fill it,” says Bauer. “Typically, that’s not something we can do. The emergency physician doesn’t know that patient, and doesn’t know the primary care physician’s treatment plan.”

Other situations Bauer sees include people seeking an “emergency physical.” They present paperwork needing signed before they can begin school or a job. Some come to the ER requesting immunizations that are needed to start school.

There are some things you can do that will help us help you, should you need to make that trip to the ER.

- If your situation is life-threatening, don’t try to drive. Call 9-1-1. Emergency Medical Services can start treatment and communicate with the ER.
- Have a list of medications you take and those to which you might be allergic. Include some brief medical history, like if you have diabetes, or have had congestive heart failure. This will give ER professionals critical information about how to treat you if you are not able to communicate verbally. Keep this list updated and close to your driver’s license or identification. It’s the first place they will look.
- Have the name and number of the person you want contacted in case of a medical emergency. Place this with your medication and medical history lists.
- Finally, let your family know your wishes. If you want to be an organ donor, make those wishes known to your family and on your license.

**“We understand time is valuable, and that people don’t really want to be here,” says Bauer, “we work hard to treat patients as efficiently as possible, with quality and positive outcomes at the top of the list. And, our patients can help.”**

## A New Procedure for Severe Asthma

Bronchial thermoplasty is an exciting new breakthrough treatment for the adult patient with persistent asthma symptoms. The procedure is a new non-drug treatment approved by the FDA. This clinically-proven procedure is a non-invasive bronchoscopic intervention designed to reduce airway smooth muscle thus decreasing the frequency and severity of asthma attacks. St. Joseph Medical Center is one of only a few hospitals bringing this treatment to the area.

For the 24 million people who suffer from asthma, avoiding allergens and using inhaled medications are sometimes not enough to keep the disease under control. “There are many asthma patients who are not adequately controlled with medical therapy, for some with persistent asthma, more is needed to prevent dangerous flare-ups and frequent hospital trips,” says Patrick Perkins, MD, a pulmonologist at St. Joseph.

Typically, after bronchial thermoplasty, patients experience a higher quality of life requiring less medication to control their asthma. “Studies show that one year after bronchial thermoplasty, severe asthma attacks are reduced by 32 percent and the need for hospitalization is reduced by 73 percent,” says Perkins.

*For information regarding bronchial thermoplasty, contact Dr. Perkins office at 816-389-6124.*

## We're Honored

The Breast Centers at St. Joseph and St. Mary's Medical Centers were named recipients of the 2015 Women's Choice Award, acknowledging their dedication to providing exceptional patient care and treatment.

Both medical centers were also named among the best in the nation for Orthopedics by the Women's Choice Award.



### Heart Failure Treatment



St. Joseph Heart Institute has earned the American Heart Association's Get with the Guidelines—Heart Failure Gold Plus Quality Achievement Award. St. Joseph is also named to the American Heart Association/American Stroke Association's Target: Heart Failure Honor Roll.

St. Mary's Heart Center recently joined the Get with the Guidelines—Heart Failure program. Being selected as a participating hospital demonstrates that St. Mary's has developed processes improving patient care and outcomes.

### Center of Distinction

The Center for Wound Care and Hyperbaric Medicine at St. Mary's was named a Center of Distinction by Healogics, a national wound care management company. To be named a Center of Distinction, the center achieved outstanding clinical outcomes for twelve consecutive months including exceptional healing rates and patient satisfaction.



Our secure patient portal makes time-consuming tasks simple. Just a few clicks and you can check lab results and other hospital reports, discharge instructions, view medications allergies and more. It's fast, and it's free.

You can access the portal on your schedule, whether at home, on vacation or at another medical office. Use the portal anywhere you have a browser and manage information 24/7.

Access the patient portal through [sjhealthkc.com](http://sjhealthkc.com) (patients of St. Joseph Medical Center) or [smhealthkc.com](http://smhealthkc.com) (patients of St. Mary's Medical Center). The patient portal puts your health information at your fingertips.

## St. Joseph Physician Services Welcomes New Physicians



**Nora Gomez-Hura, MD**, recently joined St. Joseph Family Medical Care. Dr. Gomez is board certified in Family Medicine and is a member of the American Academy of Family Physicians. She is bilingual and fluent in English and Spanish. To schedule an appointment, call 816-943-7777.



**Norman Bamber, MD, PhD**, has joined St. Joseph Neurosurgical Associates. Dr. Bamber is a board-certified neurological surgeon and is Medical Director of the St. Joseph Stroke Center. Dr. Bamber does general neurosurgery including cranial, spinal and peripheral nerve surgery and specializes in minimally invasive spine surgery.



**Joshua Klemp, MD**, has also joined St. Joseph Neurosurgical Associates. Dr. Klemp treats general cranial and spinal and peripheral nerve disorders. He has a special interest in cranial neoplasms and movement disorders.

To schedule an appointment with Dr. Bamber or Dr. Klemp, call 816-943-7733.

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# Women choose St. Joseph and St. Mary's Medical Centers *This award proves it.*



St. Joseph and St. Mary's Medical Centers have earned the 2015 Women's Choice Award among America's Best Hospitals for Orthopedics and America's Best Breast Centers.



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The Women's Choice Award identifies hospitals women can choose with confidence knowing they excel at clinical care and patient experience.



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