

VALLEY

health & life

'BACK TO LIFE' WITH REHAB A WOMAN'S STORY

BATTLING
OBESITY

PEEK AT A
DIETITIAN'S
DIARY

BLACK
RICE:
IT'S TOO
GOOD

MOVING AHEAD

DEAR FRIENDS,

Spring is in the air. As nature is waking up from her winter slumber, the medical center is gearing up for continued growth and improvements.

In this issue you will read more about our newest offering, the Weight Management Program. Obesity is a significant health concern faced by many within our community and contributes to many other ailments like diabetes, heart disease, joint and bone problems, etc. As with our other initiatives, we strive to offer new and innovative approaches to care. With this new service, we wanted to create a weight management program that was unlike others being offered in the Valley. Our program is at the cutting edge of weight loss research, offering both medical and surgical solutions. Our comprehensive team consists of a bariatric fellowship-trained physician, an experienced physician assistant, counselors, dietitians and support staff. They have designed a program that has already exceeded our expectations both in popularity and results.

You will also see articles about the great work being done by our other professionals including our dietitians, nurse practitioners, physician assistants and physical therapists. Together with our nurses, doctors and support staff, they are creating a new and wonderful experience for our patients and visitors.

More and more people every day are noticing the change and are choosing to have their care at Holyoke Medical Center. This is evident in our patient satisfaction scores, which have risen significantly, and the positive comments that come to my office on a regular basis. Of course, if someone has an experience that falls short of their expectations, our team addresses it immediately. Our efforts are earning us high marks, such as an "A" in the most recent Leapfrog safety survey.

Thank you for your continued support as we move forward with more and exciting changes. I expect that by the time I write to you again in a few months, there will be a steel structure standing on the spot where the dirt is now. We are on schedule to finish our new Emergency Room by this time next year.

Enjoy the spring!



Best Regards,

SPIROS HATIRAS

PRESIDENT AND
CHIEF EXECUTIVE OFFICER,
HOLYOKE MEDICAL CENTER &
VALLEY HEALTH SYSTEMS, INC.



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HEALTHY HABITS

FOR YOU AND YOUR FAMILY

GO AHEAD, CRY!

People who cried during sad movies reported 90 minutes later that their moods had improved beyond the pre-cry level, while non-criers' moods didn't change. Researchers speculate that, like stretching after sitting for too long, crying provides a release that leads to satisfaction.

—*Motivation and Emotion*

Need calcium?

We all require calcium for strong bones. But a recent study of people over 50 says "evidence that calcium supplements prevents fractures is weak and inconsistent." Talk to your doctor—getting calcium from food could be a better bet.

—*The BMJ*



24%

How much you'll reduce your chances of dying from cancer if you never smoked, maintain your weight and stay active.

—*American Journal of Clinical Nutrition*



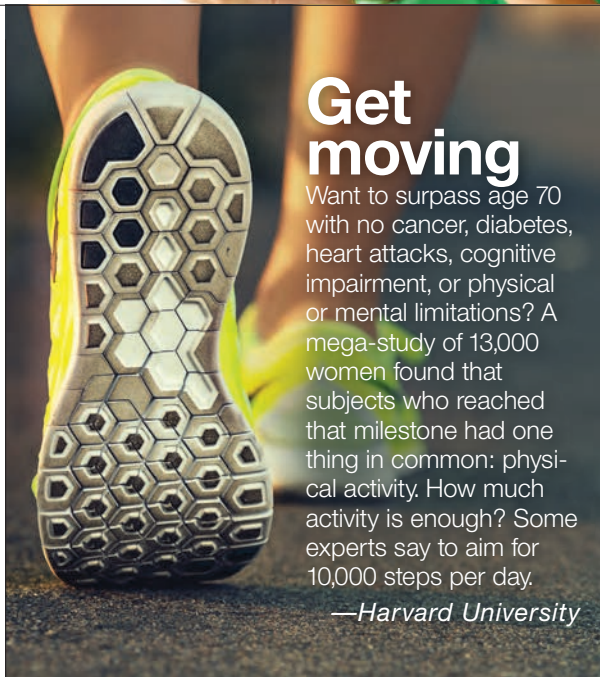
Time for a TETANUS SHOT?

It might well be. According to the Centers for Disease Control and Prevention, 36 percent of folks age 19 to 49 have gone 10 years or longer since their last tetanus vaccination. Tetanus is a disease caused by a bacterial toxin that affects the nervous system, and it can enter your body via any cut or scratch. People who suffer deep puncture wounds, such as stepping on a nail, are susceptible to tetanus.

Get moving

Want to surpass age 70 with no cancer, diabetes, heart attacks, cognitive impairment, or physical or mental limitations? A mega-study of 13,000 women found that subjects who reached that milestone had one thing in common: physical activity. How much activity is enough? Some experts say to aim for 10,000 steps per day.

—*Harvard University*



FOR THE RECORD



WELLNESS EVENTS

Our schedule of upcoming seminars and programs is designed with your health in mind. Join us! Call 413.534.2789 to register, unless noted otherwise.

PROTECTING OUR SKIN

Date: Tuesday, June 14

Time: 6 p.m.

Place: HMC Auxiliary Conference Center

The sun's ultraviolet rays can be dangerous to our skin. Dr. John Mazucco, HMC general surgeon, will recommend ways to protect your skin and prevent skin cancer.

MEN'S HEALTH FAIR

Date: Wednesday, June 22

Time: 8 a.m.–1 p.m.

Place: HMC Main Lobby

Join Holyoke Medical Center for a men's health fair! We invite you to find out about the services available to support men in a healthy lifestyle. Take the time to take care of yourself (or a male loved one) and collect all of the health information you need.

QUIT SMOKING WORKSHOP

Date: Every Monday

Time: 4:30–5:30 p.m.

Cost: FREE!

Our on-going READY, SET, QUIT! Smoking Cessation Workshop consists of six classes designed to give you the information and support you need to get through one of the most important changes of your life. Attendees will be able to remain in the program for support after the course is completed. To register, please call Seneca Egan at 413.534.2734.

For more events, visit holyokehealth.com/events.



Some of the first and second shift environmental staff members.
Sitting: Radames Pagan, Lucy Rodriguez, Micki Cote, Maria Young, Zofia Zyla, Colin Tocchio, Joannie Szafranowicz, Michelle Swinington, Arcadio Ortiz
Standing: Maritza Dehoyos, Micki Cronkright, Jared Roberts, Todd Hortie, Beverly Sheridan, Sadie Carlon-Sicard, Kraig Burke

Praise for Holyoke Medical Center

HMC EARNS HONORS FOR TWO
ASPECTS OF QUALITY HEALTH CARE.

THOUGH EXPERTISE AND SAFE MEDICAL CARE ARE WHAT most people think about when choosing a hospital, there are other aspects of care that are just as important. Cleanliness, for example. A clean hospital reduces the risks of infection. It also makes the hospital experience more pleasant, and patient satisfaction is a critical component both for the patients themselves and in reimbursement rates from insurance payers. Holyoke Medical Center understands the importance of maintaining a clean environment, and patients have noticed.

In ratings gleaned from surveys of actual patients, Holyoke Medical Center was deemed among the top four cleanest hospitals in the state. HMC tied for second with three others. This rating recognizes the hard work, focused attention to detail and quality of services provided by HMC's Environmental Services team, says Mark Richter, director of plant operations and environmental services.

"Our team takes pride in their daily duties, and this proves how hard our staff works," says Richter. They work closely with infection control experts in cleaning and sterilizing patient rooms, operating rooms and public areas. A standardized checklist outlines the proper procedures for cleaning, includ-

ing how long sterilizing chemicals must be left in place to be effective and how to properly dispose of hazardous waste and “sharps,” which include syringes and other objects that can puncture the skin. These checklists are signed and dated, and supervisors conduct random spot-checks to monitor work.

Each staff member undergoes thorough training from Sadie Carlon-Sicard, a shift supervisor for Environmental Services. She pairs new employees with experienced personnel and rotates them through different areas of the hospital to learn the various checklists. “We work in teams, usually two per room, so there is always an extra set of eyes,” she says. “We watch each other’s backs and help each other out.”

“Not only do they do a great job, they do it efficiently and quickly,” Richter says. “We have to get patients up to the rooms as quickly as possible so the emergency department doesn’t get congested.”

The staff of about 40 includes 81-year-old Zofia Zyla. “She’s still working 32 hours a week and still puts some of the younger ones to shame,” Richter says with a laugh. “A lot of people have been here more than 20, 30 years. There are many family connections, and it’s great place to work.”

The award helped people in this department realize they are appreciated and that their jobs are important. “They are not in the forefront a lot of times, and this brings up how important proper cleaning is to patient health,” he explains. “We like to say that this is a community hospital, and the next patient could be your mother, your brother or your sister. You never know who will be in the room you clean next.”

Lowest readmission rates in the state

HMC was also recognized for another important aspect of care. A report released by the Center for Health Information and Analysis shows Holyoke Medical Center to have the lowest readmission rates among 62 acute care hospitals in Massachusetts. Low readmission rates are tracked by government



Transition Care Team from left to right:
First Row: Amanda Tourigny, Lee Jue, Marie Dietz, Mary Loughman; Second Row: Angela Graham, Cherylyn Roberts, Lynn Robinson, Caroline White; Third Row: Christi Ryba, Deborah Ledoux, Seneca Egan; Fourth row: Marsha Olson, Karen Reuter, Carolina Figueroa; Fifth Row: Sally Layman, Kimberly Pouliot, Mark Penna; Sixth Row: Michael Ipekjdian, Elmer Pagan, Kathleen Pierog

agencies as a marker of high-quality and low-cost care, and HMC’s achievement is a tribute to clinical excellence, efficiency and the high value it places on providing excellent care at the lowest possible cost, says Michael Ipekjdian, director of transitional care management.

The report, which measured statistics from fiscal year 2014, counted any patient who was readmitted to the hospital within 30 days of discharge, for any reason. The Centers for Medicare and Medicaid Services (CMS) charges penalties for readmission, Ipekjdian says, as it shifts national health care’s focus on improving the overall health of communities. “That is the primary goal—population health management,” he says. “It is about moving health care from facilities like hospitals back into the community and manag-

ing patients in their homes.”

The hospital has been preparing for this shift since 2011, when it formed a task force to focus on why patients needed to be readmitted. “We analyzed this information and developed programs to help patients stay well at home,” Ipekjdian says. They taught providers how to identify the person who would be overseeing the patient’s care after discharge and spent time teaching that person about the patient’s illness, the medications and other treatments required, and anything else that would ensure continued recovery.

Doctors, nurses and pharmacists are trained in the art of “teach back”—asking the patient or family member to teach discharge instructions back to the provider, to ensure they understood them correctly. “We now include pharmacy education at the patient’s bedside before discharge,” he says.

Moving forward, the hospital has realigned care coordination services and invested in new computer software that helps providers manage patients more effectively and efficiently. “We have a new patient call center to answer patients’ questions,” he says. “HMC has really stepped up to the plate in improving the health of the population we serve.”

Taking action against obesity

HMC IS FIGHTING AN EPIDEMIC WITH EDUCATION, TREATMENT AND TECHNOLOGY.

THE PROBLEM OF OBESITY HAS REACHED epidemic proportions all across the United States, and Massachusetts is no exception. Holyoke Medical Center is aware of the toll that obesity is taking on the community, and has taken action. The hospital recently hired two experts in weight loss and weight control to head its new Weight Management Program.

Yannis Raftopoulos, M.D., is the medical director of the program, and Elana Davidson, PA-C, is the clinical lead. Both have many years of experience in helping people lose weight and keeping it off. Dr. Raftopoulos, a renowned expert in minimally invasive bariatric surgery, joined HMC in September. He was lured to HMC, he says, because, "the administration here has the insight, vision and willingness to develop this program. For a community hospital, this type of surgery is a different ballgame, and HMC has done a great job to prepare for the program."

Davidson, who had worked at HMC years ago, returned this past October to help start the program. "I have been working with weight management for many years," she says. "There is a huge need for education around weight management in our community, and the best way to alleviate this medical crisis is to teach adults better choices so that they can adapt to a healthy lifestyle and teach their children."

Weight loss can be achieved surgically or medically, they both say. Surgery is always the last resort, so the first option is medically supervised and individualized diet and exercise counseling. "We assess the patient's medical history and any coincidental health problems, then create a diet and exercise plan, which we then adjust over time," Davidson says. This is combined with nutrition and behavioral health counseling. "Our philosophy is, to help people achieve and maintain a healthy weight, we need to teach healthier lifestyle choices that patients can maintain over the course of their





Yannis Raftopoulos, M.D., discusses bariatric surgery with Yamaira DeJesus.

lives,” she says. Monthly support groups meet to help patients continue the learning process and work through any issues that may arise.

Bariatric surgery is an excellent option for patients who have a significant amount of weight to lose. Dr. Raftopoulos is highly skilled at all types of such surgery—and in fact is a pioneer. He recently published an article in the prestigious *Journal of American College of Surgeons* describing protocols he uses that allow patients to leave the hospital in one day, rather than the typical two- to three-day recovery stay. He attributes the success to his surgical skill and his belief in constant communication with patients. “Our patients are well informed about what to expect and what they need to do before and after surgery,” he says. “That communication prevents problems before they become an issue.”

Nutrition products for both medical and surgical weight loss are available in the office, at cost, for patients. “They can adjust to eating easier, have less appetite and thus achieve better weight loss,” he says. “Our goal is to help patients

achieve maximum weight loss, and we are seeing that.”

The program has enrolled more than 130 patients since it began in February. Three have undergone surgery and have lost 40 to 90 pounds since starting the program, according to Dr. Raftopoulos. “They are extremely satisfied,” he says.

Interested patients can be referred from a provider, but don’t need a referral to participate, Davidson says. They first must attend an information session, at which they receive a description of the program, what they can expect and what is expected of them, followed by a question-and-answer session. They can then make an appointment and get their diet and exercise plan and orders for any lab or diagnostic tests that may be needed.

“We can also refer patients for nutrition and behavioral counseling in our office if needed,” she says. “We have grocery store tours with a dietitian to learn how to read food labels.” She says eligible patients should assume they will be in the medical program for two to six months before weight-loss surgery.

Upcoming sessions

Every patient interested in joining the Weight Management Program must attend an information session before they are able to make an appointment with the office.

Upcoming English programs will be held on **June 16, July 21 and August 18** at 5:30 p.m. in the HMC Auxiliary Conference Center.

Upcoming Spanish programs will be held on **June 22, July 27 and August 24** at 5:30 p.m. in the HMC Fran Como Conference Room.

To register, call the Weight Management Program at 413.535.4757.

7 essential tips for estate planning

YOU CAN'T TAKE IT WITH YOU, BUT WITH THIS ADVICE YOU CAN CONTROL WHAT HAPPENS TO IT.

WHAT SHOULD BECOME OF YOUR ASSETS WHEN YOU'RE GONE? Answering that question now with wise estate planning can help make sure your wishes are followed when the day arrives—and make things easier for your loved ones too.

"I've had people tell me, 'I don't need estate planning, because I don't have an estate,'" says N. Brian Caverly, a retired Wilkes Barre, Pa., attorney who co-wrote the book *Estate Planning for Dummies*. "That's nonsense! If you have \$1 in assets, you have an estate." And if you don't have a plan for it when you die, decisions about your assets will be made by the state. You most likely don't want that. Depending on the way those assets are held, your family members may wind up in a probate court proceeding that could be costly (eating up 5 percent or more of your estate's value) and time-consuming (taking several months to a year or more).

Caverly offers seven essential pointers for your estate planning:

1. Hire a pro. The law doesn't require you to consult an

attorney who specializes in estate planning, but Caverly says it's a must for navigating the complex tangle of federal, state and local tax laws that govern this field. To find your attorney, ask for referrals from trusted friends, your banker or other investment counselors, then meet with candidates. "It's like choosing any professional," says Caverly. "Get as much information as you can, and then it's a matter of comfort level."

2. Decide who'll make decisions when you can't. In a "financial power of attorney" document, you appoint someone to handle your estate when you become unable to make your own financial decisions. Caverly says the person you choose should be both trustworthy and knowledgeable about financial issues.

3. Decide who'll get what. This is spelled out in your will, trust(s) and other documents. A properly executed will appoints an executor of your estate and guardians for your minor children. It also tells which of your belongings should go to which heirs. Trusts can supplement wills for specific estate planning needs. There are many types of trusts; in general they shield property



and other assets from taxes and probate. For example, you might put a vacation home in a trust for your daughter so that on your death it won't be considered your asset.


4. Consider avoiding probate. In Massachusetts, a "pay on death" form can be completed now to designate a beneficiary for your bank accounts or certificates of deposit, and a "transfer on death" form does the same for brokerage accounts. These forms eliminate the need for probate court proceedings on these holdings, but your beneficiary has no rights to the accounts while you live.

5. Give smart. Gifts made during your lifetime can reduce your estate and therefore its tax burden. Wealthy people may wish to keep their estates' total valuation under \$5.34 million, the federal exclusion rate at which estate taxes kick in. You can help reduce the size of your estate by giving up to \$14,000 a year each—the 2016 limit—to as many people as you'd like. Couples may donate twice that amount. There are many other ways to donate money and property to save on taxes and support organizations you

like. A good estate planner will guide you.

6. Be consistent. "An estate plan is the sum total of all your documents, such as wills, trusts, investments and insurance, and it includes items you co-own with other people," says Caverly. Make sure those documents don't contradict one another. "I've often seen cases in which very intricate wills have lots of bequests to give money to people, but an annuity has been set up with one beneficiary," he says. "That may mean there's nothing left to pay the gifts, let alone pay the bills of the estate."

7. Review yearly. Once your estate plan is set up, don't just keep it on file. "Choose a date—whether it's your birthday, January 1 or some other day you'll remember—to look over your plan each year," Caverly says. You have named beneficiaries and granted powers of attorney, but amounts may need adjustment, and other things change too. People get divorced or die, for example, and friendships change. Says Caverly: "You need to ask things like, 'Do I still want Joe as my executor?'"



Patient Carmen Robles received treatment from physical therapist Krista Plasse after she had a car accident.

The power of physical therapy

FOR MANY PATIENTS SUFFERING A VARIETY OF medical issues, a doctor's care is only part of the solution. The doctor can fix the problem, but it often takes a physical therapist to get the injured body parts working again. No one understands this better than Carmen Robles.

Robles, who lives in Holyoke, was in a terrible car accident last September. Her husband, Antonio, and her father-in-law were also in the car but not severely injured. However, she was knocked unconscious. Robles received treatment for her concussion and pain in her neck and back. The mother of four and grandmother of five already suffered from debilitating arthritis, fibromyalgia and degeneration in her back and neck bones. After the accident, she could not lift her right arm above her shoulder. She typically treated her chronic pain with homeopathic remedies. "I was in so much pain I needed medicine," says Robles, who once worked as a visiting nurse and is now on disability.

In February 2016, after other treatments failed to help her, she was referred to Krista Plasse, a physical therapist with CORE: Centers of Rehabilitation Excellence at Holyoke Medical Center. Robles had signs and symptoms consistent with a shoulder impingement. "That's a type of tendonitis, a pinched tendon caused because the mechanics of the shoulder aren't working correctly," Plasse explains. The resulting inflammation and pain were restricting her movement. "Her shoulder was basically frozen," Plasse says. Her disability index, a measure of injury severity, was "high," she says. "Carmen couldn't do basic self-care, like brush her teeth or comb her hair."

Plasse worked with Robles three times a week for three weeks. She used hands-on techniques to stretch and massage the soft tissues in her shoulder. "The tissues can get stuck and not glide properly, so we utilize techniques to increase mobility," she says. She also worked on joint mobilization—taking the shoulder joint and moving it to stretch the joint capsule. These were augmented by exercises to build strength and range of motion.

"And, a lot of education," Plasse says. "Everything we do here is education-based, so clients can go home and take care of their pain themselves." A cornerstone of this philosophy is the "teach-back" approach. Plasse would demonstrate new exercises, and then ask Robles to teach those back to her. This helps ensure that the patient knows the correct form, posture and mechanics for each exercise and allows the therapist to make any necessary corrections.

Robles responded to her PT treatments almost immediately. "I started to see improvement real fast," she says. "Krista did stretching exercises on me, and I had never done that before. I was not told how to exercise before, I just got paper instructions. Krista took time to show me how, and we would practice it. She gave me special attention." Plasse credits Robles' work ethic as

well. "She put everything she had into PT, here and at home," Plasse says. "She surprised me in how quickly she recovered. I think she was pretty surprised things came along so well too."

After three weeks, Robles had full range of motion in her shoulder again. She has no limitations or restrictions. "My primary care doctor was so happy with the results that she referred me back for more therapy for my other conditions," she says. The therapy has also helped with her spinal degeneration symptoms. She manages pain better without prescription medications and keeps her muscles pliable. "With her exercises, I can ambulate by myself," she says. "I usually need help with my walker and could only take a few steps. Now I can leave the walker and don't need as much help."

Her results are so good that her husband is thinking of trying it to relieve pain he still feels from the accident. Plasse says that patients should advocate for physical therapy. "PT is an effective, noninvasive treatment option. We just need to educate people about it," she says. Robles' injury, shoulder impingement, is "common," she says. "Many people don't think it can be fixed, so they don't take care of it. But we can help them make amazing gains from this injury."

Physical therapy requires a referral from a physician. Most insurance policies cover some or all of the cost. Robles, for one, can vouch for its effectiveness. "PT will be my lifelong savior, with Krista," she says. "The staff there is so professional. They work a person into being productive again. She brought me back to life."



TO LEARN MORE ABOUT CORE: Centers of Rehabilitation Excellence at Holyoke Medical Center, call 413.534.2555.

Success is in the cards

A DISABLED WOMAN'S HANDMADE GREETING CARDS SELL 'LIKE HOTCAKES.'



Emma Jamieson, owner of Handmade with Love by Emma J.

VISITORS TO HOLYOKE MEDICAL CENTER who stop by the Gift & Coffee Shop will find a selection of colorful and creative greeting cards to purchase. Not so unusual—except that these cards are the creation of Emma Jamieson, owner of Handmade with Love by Emma J., who has been mentally disabled since birth. The daughter of Jackie Rosa-Jamieson, a registered nurse and childbirth educator in the HMC Birthing Center, Emma, 29, sells her creations at Atkins Farms Market in Amherst and at a hair salon in South Hadley as well.

Emma, who also suffers from lupus and chronic pain, lives with her mother and father, Mark Jamieson, in Granby, Mass. Always creative and artistic, she began making bereavement cards for the HMC Birthing Center several years ago. She also had a part-time job through the state's Sheltered Workshops program for the disabled. But when that program was cut, she lost her job. "She was very depressed," says her mom. That's when Rachael Risser-Sperry, a service coordinator at the Department of Developmental Services (DDS) and Emma's case worker, stepped in.

"Emma is awesome—smart as a whip, a really hard worker," says Risser-Sperry, who connected Emma with Program of All-inclusive Care for the Elderly (PACE), a part of Community Op-

tions, which provides day programs and services for disabled adults. "Emma came in with her mom and dad last fall and told us she wanted to start her own business in card-making," says Jean Russell, program director for PACE. "She brought her cards to a meeting and I was blown away." Russell helped Emma put together a portfolio, presentation and marketing plan, which she delivered to the hospital. "They loved her cards and put them in the coffee shop," Rosa-Jamieson says. "We are now on our fifth order—they are selling like hotcakes."

The success of her business has given Emma the confidence to serve on the DDS's Citizen Advisory Board. She even spoke at a state legislative breakfast meeting about her transition from Sheltered Workshops. "They were awestruck, really impressed, and she won an award and citation for her transition to work," Rosa-Jamieson says. "She was the only one with her own business."

Emma's self-esteem is "better than ever—off the charts," Rosa-Jamieson says. She is saving the money she earns for a family trip to Florida this summer. "But we don't care about the money as long as she feels good about it. Money is not the point. The respect she has gotten has been so good for her. She tells everyone she has her own business, and she is very happy about that."

HEALTH CARE PROS YOU CAN TRUST

NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS ADMINISTER QUALITY CARE TO PATIENTS OF ALL AGES.



MID-LEVEL PROVIDERS, SUCH AS

physician assistants (PAs) and nurse practitioners (NPs), are licensed, highly trained practitioners who provide high-quality, cost-effective care. They're key members of the Holyoke Medical Center team who can work in all medical and surgical specialties. The number of mid-level practitioners working in hospitals has grown significantly in the past few years. In 2014 the American Association of Nurse Practitioners reported that there were more than 205,000 nurse practitioners licensed in the U.S., while the National Commission on Certification of Physician Assistants had nearly 102,000 licensed physician assistants that year.

Mid-levels work as a team with the physician and can offer patients services that will not only expedite their care, but also enhance their experience. Holyoke Medical Center employs some 45 mid-level medical professionals who are dedicated to providing the best care possible.

Physician assistants are able to choose specialties or practice in primary care settings. They work collaboratively with physicians and not only perform physical exams and diagnose and treat illnesses, but also can assist with surgery, write prescriptions and counsel on preventative care. Nurse practitioners can also choose to focus their training in a variety of specialty areas, including family medicine, internal medicine, pediatrics and geriatrics. Working in tandem with the physicians builds trust and mutual respect between the providers, allowing the mid-level providers to feel comfortable asking for a second opinion when it is needed, and to know they will get the answers they require to provide appropriate care for their patients.



Owen
Zaret,
PA



Holly
Kinnell-
Rust,
CNP

"I like to call myself a physician extender," says Owen Zaret, a PA in orthopedics at Holyoke Medical Center. "I am able to act as an option for patients who need to be seen urgently, and when the physician may be unavailable or booked. I can see patients who may need orthopedic care, but don't necessarily require orthopedic surgery, allowing the orthopedic surgeons to see more surgical cases."

Since this tier of providers is certified to do almost everything a physician does, they save time and money for all concerned. By spending more time with patients, mid-level practitioners can answer more questions about self-care and, together with physician efforts, reduce costly ER visits.

Holly Kinnell-Rust, a certified nurse practitioner (CNP), helps provide care in Holyoke Medical Center's gastroenterology department. "We can do pretty much everything the MDs do except where MD-level training is required, such as colonoscopies and surgical procedures," Kinnell-Rust explains. "We also cover the office when MDs are away to do their procedures, on vacation or are otherwise unavailable."

Mid-level providers have more flexibility in their schedules than physicians, allowing more time for answering patients' questions and explaining self-care instructions. Nurse practitioners like Kinnell-Rust earn continuing education credits annually to stay up-to-date in their field and retain certification. "We all come from years of practice and varied experience(s), and it's great to share this knowledge with each other," she says.

Mid-level providers such as Holly Kinnell-Rust and Owen Zaret help busy Holyoke Medical Center physicians and offices run smoothly by alleviating patient load and providing high-quality healthcare services to every patient they see.



Dietitian's Diary

AS A REGISTERED DIETITIAN WITH HOLYOKE MEDICAL CENTER (AND THE MOTHER of two school-aged boys), Zoraida Rodriguez knows a thing or two about burning the candle at both ends. Planning sensible and tasty meals not only helps her maintain her balancing act but allows her to go the extra mile for her patients. Browse her daily food diary for a little inspiration.

BREAKFAST

- 1 cup steel-cut oatmeal with walnuts, cinnamon and apples, cooked in water
- ½ cup soy milk
- coffee

I add soy milk to the steel cut oatmeal after cooking it. Oatmeal has both soluble and insoluble fiber. Soluble fiber provides satiety because it slows down digestion, while insoluble fiber improves gut health by aiding bowel movement and removing carcinogens.



PRE-DINNER SNACK

- 6–12 almonds or peanuts
- fruit such as a tangerine or apple

Before dinner, I always need a snack. I choose a fruit that's the size of a tennis ball because it has fewer carbohydrates. Tangerines and apples don't require refrigeration, so these are my go-to choices. Sometimes fruit by itself increases my appetite, so I include nuts with my snack for a feeling of satiety, thanks to their monounsaturated fat (omega-3), protein and fiber content.



MID-MORNING SNACK OPTIONS

- yogurt
- fruit
- crackers with peanut butter
- carrots with hummus

I usually don't have a mid-morning snack because my high-fiber breakfast keeps me satisfied until lunch. However, other people may need a snack if there are four or more hours between breakfast and lunch.



LUNCH

- canned tuna in water
- canned chickpeas, no sodium added, rinsed with water
- spring-mix greens, red peppers and radishes
- top with extra virgin olive oil and apple cider vinegar
- pepper, to taste
- ground ginger, to taste

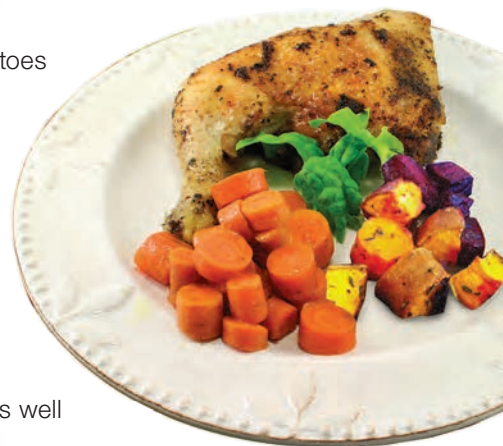
I combine the first two ingredients and then add it to the spring mix. This is my "canned antioxidant meal" since it's quick and healthy. Fish has omega-3 fatty acids, which are good for the heart and help decrease inflammation. These veggies are full of vitamin K, vitamin A and vitamin C, which are antioxidants that help protect healthy cells from the damage caused by free radicals. Even fumes from cars can cause cell damage from free radicals. These veggies help protect us.



DINNER

- oven-baked sweet potatoes with carrots and beets
- optional: cinnamon and pepper or ginger with olive oil
- 3 oz. skinless chicken thighs, baked and seasoned with oregano, pepper, garlic, turmeric and salt plus avocado oil

Avocado oil has a high smoking point, so it keeps well when cooking with it.



AFTER-DINNER SNACK OPTIONS

- 6 oz. Greek yogurt
- glass of 1% milk with cinnamon and a tablespoon of natural peanut butter

I often pick one of these two snacks. Greek yogurt typically has more protein and fewer carbohydrates than other yogurts, and natural peanut butter tends to have no sugar or salt added. I also drink water with all meals.



BLACK RICE

forbidden no more

YOU DON'T NEED TO BE AN EMPEROR TO ENJOY THIS HEALTHY, NUTTY TREAT.

A FOOD SO GOOD YOU'RE NOT

allowed to eat it? That was black rice, the "forbidden rice" of imperial China, a scarce grain said to be permitted only to royalty. Today it's a guilt-free Asian grain that's gaining steam because of its delicately nutty taste and substantial health benefits. It's less sticky than white rice, less chewy than brown, and loaded with nutrients that can help you grow old and wise like Confucius.

POWER UP

Black rice is rich in antioxidants, particularly anthocyanin, which can

reduce your risk of infection, heart attack and cancer. Anthocyanin is concentrated in the kernel's black bran outer layer and gives it its dark color.

A 1/3-cup serving has as much fiber as a full cup of brown rice, so it's great for your digestion. Black rice is rich in vitamin E (which strengthens the immune system and promotes healthy skin and eyes); iron (which helps make red blood cells); manganese (which aids the nervous and reproductive systems) and other minerals.

DID YOU KNOW?

First cultivated in China around 150 B.C., black rice was grown in small quantities exclusively for the emperors and nobility, who even then knew of its health benefits. Legend has it that during China's Ming dynasty, possession of black rice by a commoner was a capital crime.

Today black rice is still grown in relatively small quantities, mostly on family-owned farms in China, the Philippines and throughout Asia. Lotus Foods of Richmond, Calif., began importing the grain in 1995 after co-owners Ken Lee

and Caryl Levine discovered it during a trip to China. The company marketed black rice to San Francisco restaurants, which began serving it as a side dish to make its dinners more colorful.

The grain has since caught on with an increasingly health-conscious public hungry for whole-grain and gluten-free options. Black rice's popularity swelled after TV personality Mehmet Oz, M.D., praised it to his national audience.

BUY/STORE/SERVE

Available at gourmet or Asian specialty food stores, black rice is good as a side dish or in a pilaf, a stir-fry or a salad. It cooks in 30 minutes in one of two ways:

- **Absorption.** Cook slowly in a pot or rice cooker until the water is absorbed. (Use two cups of water for every one cup of rice.)

- **Boiling.** Boil black rice like pasta, stirring often to prevent sticking, until it reaches desired tenderness. Drain, then rinse with cold water.

Store uncooked black rice in a sealed container in a dry, dark and cool place. Because of its bran content, black rice only keeps for approximately 6 months (less in hot, humid weather). Keeping uncooked black rice in the refrigerator can extend its shelf life slightly.



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