

YOUR HEALTH



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Find the hidden snowman and you could **WIN** an iPod Shuffle!

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Recently the Executive Leadership Team worked with our Durham County Hospital Corporation Board of Trustees

to revise the strategic plan for Durham Regional Hospital. Our vision remains the same, to be the best community hospital in North Carolina. Our main goal of the revised strategic plan is to provide high-quality care that centers around you, our patient.

We hope you believe, as we do, that the care delivered by the staff at Durham

Regional is already very good. But we are committed to doing even more to make your experience as a patient—or as the loved one of a patient—even better. We want to lead North Carolina community hospitals in quality, safety and patient satisfaction while striving to meet or exceed national quality standards for excellence, best practices and patient safety. We will also focus on providing culturally competent care, meaning providing care that respects who you are as an individual.

We want you to continue to make Durham Regional your hospital of choice, and we hope you will notice all the positive changes taking place. As always, we welcome your feedback on what we are doing well and where we have opportunities to improve.

Sincerely,
Katie Galbraith, MBA
Chief Hospital Operations and Business Development Officer



A Closer Look at Screening

Colonoscopies are a tremendous diagnostic tool in the fight against colorectal cancer. These screenings can help diagnose cases of the disease early and lead to more successful treatment and greater outcomes for patients. Here is a step-by-step look at how to prepare for a screening:

BEFORE: Make your physician aware of any medications you are taking. Follow special dietary instructions from your physician and do not eat or drink anything after midnight the night before your exam.

DURING: Colonoscopies typically last about 30 minutes. Your doctor will give you a sedative prior to beginning the screening. You will be lying on your side for the duration of the screening, so be prepared to maintain the same position for about half an hour.

AFTER: Following your test, you will be free to go home and await the results.

Check with your primary care physician to see when you should begin receiving yearly colonoscopies. Don't have a primary care physician? Call (919) 403-4DRH (4374).



Find the Hidden Snowman!

Find the hidden snowman and enter for a chance to win an iPod Shuffle!
To enter, fill out the form at www.durhamregional.org/YourHealth.
All entries must be received by January 3, 2011. Employees of Duke University Health System and their immediate family members are not eligible to win.

Care for a Woman's Heart

CONTRARY TO A COMMON MISCONCEPTION, MORE WOMEN THAN MEN DIE FROM HEART DISEASE EVERY YEAR, AND IN THE UNITED STATES, HEART DISEASE TOPS ALL CANCER TYPES COMBINED AS THE NUMBER ONE KILLER OF WOMEN.

While discomfort in the chest is the most common sign of a heart attack in both men and women, women often have other symptoms that don't involve chest pain, including:

- Abnormal fatigue
- Sweating
- Dizziness
- Nausea
- Shortness of breath
- Pain in the upper abdomen, neck, shoulder or upper back.

While there are some classic heart disease risk factors common to both men and women—obesity, lack of exercise, high cholesterol and blood pressure—certain factors are a bigger part of heart disease development in women.

METABOLIC SYNDROME

Metabolic syndrome, which affects more women than men, is distinguished by elevated blood sugar and blood pressure, extra fat around the abdominal area and high triglyceride levels. Controlling metabolic syndrome involves exercising at least 30 minutes most days of the week, reaching an acceptable body mass index and eating a diet low in cholesterol and saturated and trans fat.

SMOKING

Smoking is one of the leading causes of heart disease in women. According to the U.S. Department of Health and Human Services, a woman who smokes can reduce her risk of getting heart disease by more than half by not smoking for one year.

MENTAL HEALTH

Depression affects two times more women than men, and women who are depressed have a two to three times higher risk for heart disease. If you are a woman showing signs of depression—feeling sad all the time, lack of interest in hobbies, appetite change—seek treatment from your doctor immediately.

Understanding symptoms and risk factors that are unique to women is essential to preventing heart disease, so take action and improve your health today.

To find a cardiologist who is right for you, call (919) 403-4DRH (4374).

A Heart for Heart Care

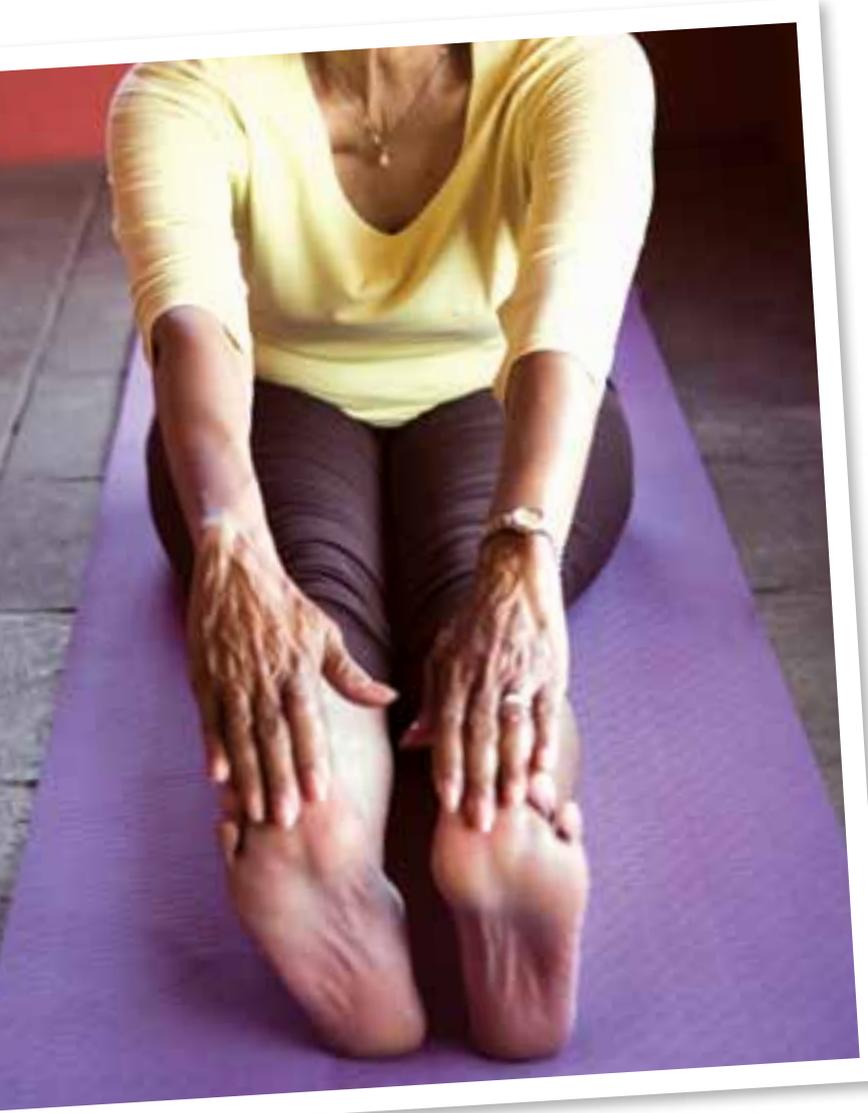
Michael Komada, MD, cardiologist with Triangle Heart Associates and a member of the medical staff at Durham Regional Hospital, says the hospital's efficient system for emergency cardiac treatment puts it on par with tertiary hospitals. "From the time EMS sees the patient in his or her home, they pick up the phone and communicate with Durham Regional, and the staff is ready to meet them when they arrive," Dr. Komada says. "It is a carefully orchestrated system."

The cardiac team meets regularly to discuss opportunities for improvement.

One change implemented involved working with the hospital administration to get a special paging system for cardiac emergencies because the regular system had up to a three-minute delay. Dr. Komada says, "Those three minutes may not seem like much, but each minute we can spare can help save someone's life."

While providing the same level of cardiac care that would be found at a tertiary hospital, Durham Regional embodies the personalized care of a community hospital.





The Ortho Connection

EVERY YEAR, ABOUT 773,000 PEOPLE IN THE UNITED STATES UNDERGO HIP OR KNEE REPLACEMENT SURGERY. FOR THOSE WHO REQUIRE IT, JOINT REPLACEMENT SURGERY AT DURHAM REGIONAL HOSPITAL CAN OFFER FREEDOM AND MOBILITY TO THOSE WHO MAY HAVE LOST IT DUE TO JOINT PAIN.

Joint replacement surgery involves removing part or all of a damaged joint (the area in which two or more bones come together) and replacing it with an artificial joint made of metal and highly cross-linked polyethylene. Durham Regional offers joint replacement surgery for almost all major joints in the body, but the most commonly replaced joints are the hip and knee.

“At Durham Regional, we offer a personalized approach to joint replacement care,” says Jamey Messersmith, physician assistant at the North Carolina Orthopaedic Clinic. “Our skilled medical staff takes pride in the fact that we are able to provide our patients with the best care possible in a smaller, more patient-friendly setting.”

WHY IT'S NECESSARY

Damaged joints can cause significant pain, stiffness and swelling—keeping many people from performing simple daily tasks or other activities they once enjoyed. Joints can become damaged for a variety of reasons, as conditions such as injuries, arthritis and other diseases prohibit the flow of blood needed for healthy growth and joint repair.

“Arthritis is the main cause of joint replacement,” says Messersmith. “Initially, arthritis can be managed conservatively with cortisone injections and other treatment methods, but if these treatments aren't effective, it may be time to consider a replacement.”

A PERSONALIZED APPROACH

Prior to joint replacement, the healthcare team at Durham Regional prepares a personalized plan to suit each patient's

Getting You Back on Your Feet

Following joint replacement surgery at Durham Regional Hospital, all patients receive rehabilitation services; however, for patients undergoing multiple joint replacements, the Durham Rehabilitation Institute (DRI) provides comprehensive rehabilitation services to facilitate a quick recovery.

Out of 805 inpatient rehabilitation centers in the United States, DRI was recognized in the top 10 percent for best patient outcomes and was also named “Top Performer” by the Uniform Data System for Medical Rehabilitation.

At DRI, rehabilitation plans are designed to meet the specific needs of the patient and may involve use of:

- A state-of-the-art gym, featuring a walking suspension device and indoor practice car
- A practice kitchen
- Recreational activities, including pet therapy

DRI also features large patient rooms with televisions, telephones, Wi-Fi access and wheelchair-accessible bathrooms.

Providing the Best

Orthopaedic Surgeons at Durham Regional Hospital include:

Julian Aldridge, MD	Mark Easley, MD	William Mallon, MD	Marc Richard, MD	Joseph Wilson, MD
Louis Almekinders, MD	Peter Gilmer, MD	Joe Minchew, MD	Sean Rocha, MD	Steven Winters, MD
David Attarian, MD	Reginald Hall, MD	Jeffrey Murray, MD	William Silver, MD	Paul Wright, MD
Kimberly Barrie, MD	Lloyd Hey, MD	David Musante, MD	William Somers, MD	Charlie Yang, MD
Michael Bolognesi, MD	Andrew Jones, MD	James Nunley, MD	Samuel Stanley, MD	Michael Zilles, MD
Richard Bruch, MD	Scott Kelley, MD	Selene Parekh, MD	Paul Suh, MD	Robert Zura, MD
Phillip Clifford, MD	Paul Kerner, MD	Russell Rauls, MD		
David Dellaero, MD	Paul Lachiewicz, MD			
James DeOrio, MD	Stephen Lang, MD			
T. Craig Derian, MD	Fraser Leversedge, MD			
Thomas Dimmig, MD	Ralph Liebelt, MD			

individual joint replacement needs. From length of stay through discharge and rehabilitation, every facet of patient care is discussed, planned and implemented to ensure the most rapid recovery possible.

The healthcare team in the orthopaedic department also conducts a joint replacement course, which prepares patients for what they can expect following surgery. This team of professionals includes:

- Anesthesiologists
- Nursing assistants
- Chaplains
- Occupational and physical therapists
- Dietitians
- Hospitalist physicians
- Discharge planners
- Social workers
- Nurse case managers
- Nurses

A RAPID RECOVERY

Durham Regional orthopaedic surgeons perform approximately 450 hip and knee replacements every year. By utilizing an approach in which the muscle is spared, surgeons ensure patients heal at a much faster rate.

“Our patients do not have any restrictions with motion following surgery, which was not the case with traditional joint replacement procedures,” says Messersmith. “Patients are typically able to go home within two to three nights after replacement, where they will work with a home health therapist for about three days a week.”

To learn more about joint replacement surgery at Durham Regional, visit www.durhamregional.org.



“Due to the advanced technology found in replacement components, including the materials and manufacturing methods, joints will rarely ever need a second surgery.”

—Jamey Messersmith, physician assistant at the North Carolina Orthopaedic Clinic

Is It Time?

Do you wonder if you could benefit from joint replacement surgery? It can be difficult to know. If you answer yes to any of the following questions, talk to your doctor about your options.

- Are you no longer able to do the things you love?
- Do pain medications no longer offer relief?
- Does joint pain make sleeping difficult?
- Does your problem joint hurt one or more days per week?
- Have daily activities become difficult because of your joint pain?



Life Is Good

PRISCILLA HAS ALWAYS SAID THAT “BIG, HEALTHY WOMEN ARE BEAUTIFUL,” BUT WHEN HER WEIGHT AND HEALTH ISSUES PUT HER LIFE IN JEOPARDY, SHE DECIDED BARIATRIC SURGERY WAS THE ANSWER.

According to the Centers for Disease Control and Prevention (CDC), 66 percent of all adults in the United States are overweight or obese. Morbid obesity is closely correlated with a number of serious health conditions, including heart disease, high blood pressure and diabetes. Priscilla’s case was typical.

“I had high blood pressure and sleep apnea, was borderline diabetic, and slept with a breathing machine [CPAP] each night,” she says. “My physician told me there was a chance I could die in my sleep. That was my wake-up call, for sure. I made my decision right then: I wanted to be healthy and watch my children and grandchildren grow up.”

Priscilla had gastric bypass on April 12, 2007, and says it was “awesome.” She says she was mentally ready for the change, and that her recovery—one night in ICU and a week at home—was a “breeze.” She is

ecstatic about the results and says she has a new lease on life.

“I’m no longer on a CPAP, no longer on blood pressure meds, no longer borderline diabetic, nor do I have sleep apnea,” she says. “I can run and play with my grandchildren. When my husband and I take walks, I’m not out of breath. I even danced on my church dance team. Life is good!”

Priscilla has also become an advocate for weight-loss surgery, referring over 10 patients—including her sister—for surgery at the Duke Center for Metabolic and Weight Loss Surgery at Durham Regional Hospital.

“I sometimes see obese people when I’m out in public, and I strike up a conversation,” she says. “I let them know I’ve been there. Sometimes, I even show them the ‘before’ picture that I keep in my purse, and they are always in shock. I highly recommend this surgery for anyone who wants to be healthy.”

Your First Step

TO APPLY TO THE DUKE CENTER FOR METABOLIC AND WEIGHT-LOSS SURGERY PROGRAM, WE REQUEST PROSPECTIVE PATIENTS FIRST ATTEND A FREE SEMINAR THAT PROVIDES INFORMATION ABOUT OBESITY, SURGERY AND OUR PROGRAM. TO REGISTER, CALL (866) 637-0711. REGISTRATION IS REQUIRED.

Recognized for Excellence—Again

The Duke Center for Metabolic and Weight Loss Surgery at Durham Regional Hospital has been designated as an American Society for Metabolic and Bariatric Surgery (ASMB) Bariatric Surgery Center of Excellence® (BSCOE) for the second time. The Center has been continuously credentialed since 2006. The recertification process occurs every three years.

“Our focus is on improving the lives of our patients,” says Aurora Pryor, MD, surgeon and co-director of the Duke Center for Metabolic and Weight Loss Surgery. “We take a multidisciplinary approach for each patient, offering extensive education and counseling and a high commitment to patient follow-up and outcomes. We are pleased to be honored for our contributions to weight-loss surgery and for providing the highest quality in patient care.”



Want to hear from other patients about their experience with weight-loss surgery? Visit www.dukehealth.org/weightlosssurgery to read stories from Barbara, Marie-Anntoinette and Jennifer.

Preventing a Case of the “Gimmies”

As gift-giving holidays get closer and closer, your children may become increasingly curious about the gifts they’ll be receiving this year. Although there’s nothing wrong with being excited about potential presents, kids should learn the rewards of giving, as well.

To help your child understand what it means to give, consider helping him or her pick out gifts for siblings, grandparents or other family members. Additionally, many schools and community organizations host drives for items, such as toys or coats. Consider allowing your child to participate by donating his or her gently used clothing or toys or by working together to collect new items for donation. Activities such as these may inspire a love of giving that can last a lifetime.



COMMUNITY CALENDAR

January/February/March

Stroke Survivor Support Group

January 10, February 14, March 14 • 1–2:30 p.m.

Private Dining Room C • Durham Regional Hospital

Durham Regional hosts a stroke survivor support group to educate stroke survivors, caregivers and people in the local community about stroke prevention and stroke disabilities. Register by calling Mark Constable at (919) 660-0096 or visit www.durhamregional.org/events.

Diabetes Support Group for Adults

January 18, February 15, March 15 • 6 p.m. • Teer House

This monthly support group discusses topics and has informal discussions to help participants manage their diabetes. It is facilitated by certified diabetes educators and sponsored by the Durham Regional Hospital Outpatient Nutrition and Diabetes Education Center and the Duke University Adult Diabetes Education Program. Call (919) 416-DUKE (3853) or visit www.durhamregional.org/events to register.

Ladies’ Night Out

February 15 and March 15 • 7 p.m.

Auditorium • Durham Regional Hospital

Durham Regional is pleased to present “Ladies’ Night Out,” a free seminar series to help women stay on top of important health issues. For topic details or to register, visit www.durhamregional.org or call (919) 403-4DRH (4374). Refreshments will be provided.

ONGOING

Tour the Birth Place at Durham Regional Hospital

Tuesdays • 7 p.m.

To help prepare for the delivery of your little one, take a free, guided tour of The Birth Place at Durham Regional. The tour meets in the First Level Classroom. To register, call (919) 403-4DRH (4374) or visit www.durhamregional.org/events.

Prenatal classes on a variety of topics are also offered through the Teer House, a community education facility for Duke University Health System. Visit www.durhamregional.org for a complete list of classes.



Healthy Winter Recipe

No-Bake Nut Butter Crunchies

Serving a healthy holiday meal doesn’t have to mean omitting dessert. Consider the following recipe as a healthier alternative to traditional holiday recipes with more fat and calories.

INGREDIENTS

- 1/2 cup smooth almond, peanut or soy nut butter
- 1/2 cup honey
- 1 tsp vanilla extract
- 3/4 cup nonfat powdered milk
- 2/3 cup crispy rice cereal

INSTRUCTIONS

Blend the nut butter, honey and vanilla extract in a large bowl. Add the powdered milk and the cereal, and continue blending. Shape the mixture into balls. The recipe yields

approximately 16 balls, or eight servings.

NUTRITION FACTS

Serving size: 2 balls
Calories: 197
Calories from fat: 36
Fat: 8g
Saturated fat: 1.6g
Protein: 7g
Carbohydrates: 27g
Cholesterol: 0mg
Fiber: 1g
Sodium: 145mg

Source: medicinenet.com





This publication in no way seeks to serve as a substitute for professional medical care. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines. For more information or suggestions concerning this publication, call the Marketing Department at (919) 470-6520 or e-mail DRHealth@notes.duke.edu.

Going for the Gold

DID YOU KNOW THAT DURHAM REGIONAL HOSPITAL WAS RECENTLY SELECTED AS ONE OF ONLY 135 HOSPITALS NATIONWIDE TO RECEIVE THE ACTION REGISTRY®–GET WITH THE GUIDELINES™ (GWTG) GOLD PERFORMANCE ACHIEVEMENT AWARD FOR 2010? READ ON TO LEARN WHAT IT TAKES TO RECEIVE THIS PRESTIGIOUS RECOGNITION AND FIND OUT HOW DURHAM REGIONAL MAINTAINS ITS COMMITMENT TO DELIVERING QUALITY HEART CARE.

According to the American Heart Association, hospitals recognized as Gold Performance Achievement Award-winners have shown at least 85 percent compliance to performance measures for 24 or more months in a row.

To be considered for the award, a hospital must follow science-based guidelines set forth by the ACTION Registry–GWTG. This registry is the result of a merger combining the National Cardiovascular Data Registry® and the GWTG–Coronary Artery Disease program. To determine whether or not a hospital has been compliant, officials evaluate data such as the percentage of patients who smoke and are given advice

on smoking cessation, the percentage of patients who are discharged on aspirin and the percentage of patients who are discharged on beta blockers, among other measures.

“Myocardial infarction is still a very big problems in our country, especially in the South,” says Joanne Carey, clinical research coordinator at Durham Regional. “We hope our patients will take the steps required to prevent heart problems—but if you or your loved ones develop cardiac conditions, Durham Regional can deliver the high caliber care you need.”

To learn more about this award, visit www.durhamregional.org and search for “ACTION Registry.”

ACTION Registry–GWTG®

Helping Us Help You

Not only does participating in the ACTION Registry®–Get with the Guidelines™ program give Durham Regional Hospital the opportunity to be recognized for delivering high-quality cardiac care, it also allows us to improve upon already excellent services. By keeping track of data and learning about both our strengths and our weaknesses, we ultimately improve the care we’re delivering on a daily basis.