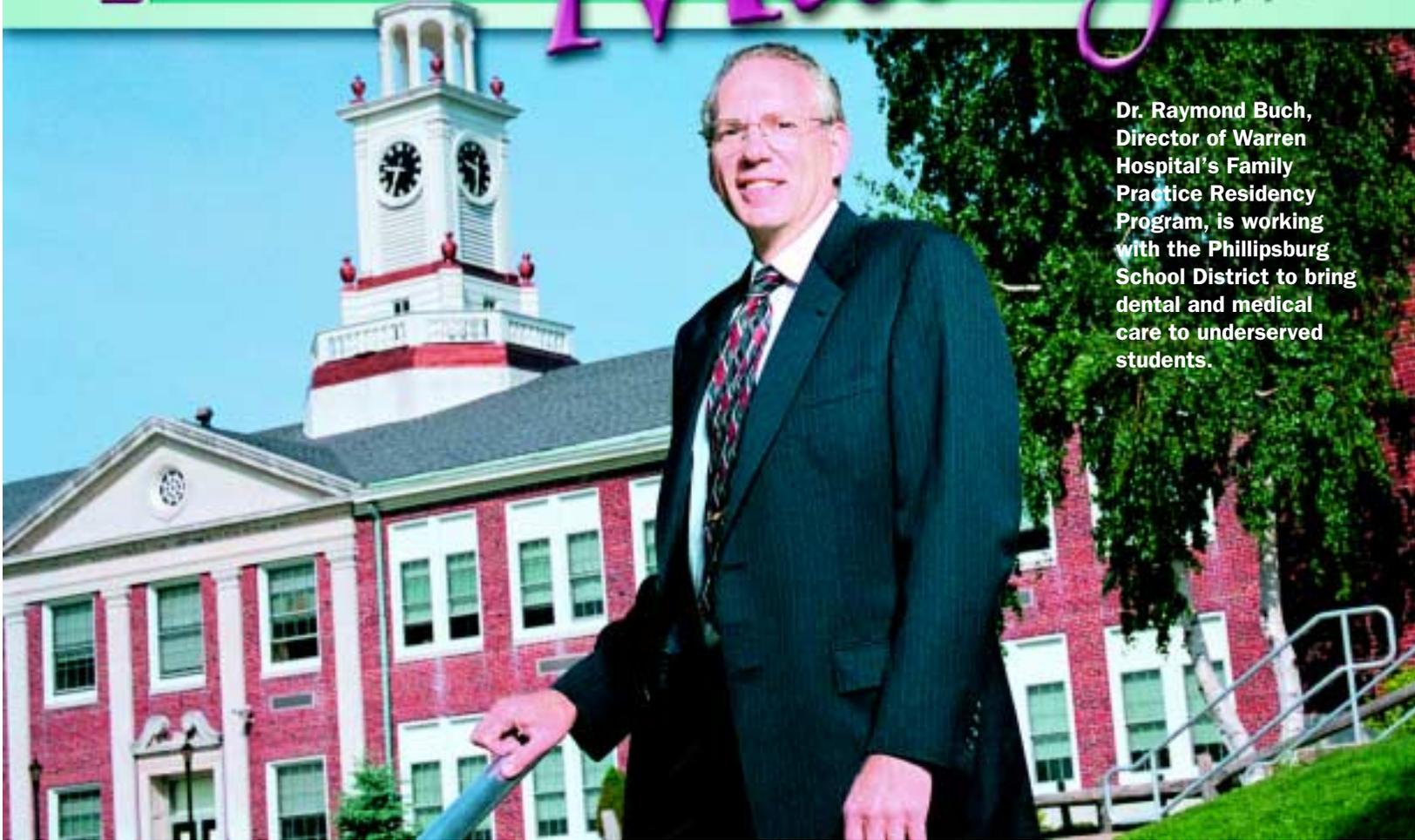


HEALTH Messages

WH SUMMER 2002



Dr. Raymond Buch, Director of Warren Hospital's Family Practice Residency Program, is working with the Phillipsburg School District to bring dental and medical care to underserved students.

Hospital Plus School Partnership Equals Healthier Students

And the winner is...the 8-year-old with the cavity-free smile, the kindergarten student who is up-to-date on her vaccines, the high school soccer player whose asthma is under control.

These are a few of the victories envisioned by the Phillipsburg School District, Warren Hospital and other members of the Community-Based School Planning Committee.

Under the leadership of Phillipsburg School Superintendent Gordon Pethick, committee members are exploring new concepts in school and community relationships. One impetus is a promised \$111 million in state funding for two new school buildings.

"What you are seeing is a recognition that we're not just building schools but revitalizing communities," says

Mr. Pethick. "A school shouldn't be just a building with classrooms and blackboards but should be a part of the community. The importance of this combination in a child's life has a very influential impact on his or her success." Such a relationship encourages a flow of resources and energy back and forth between the schools and community.

For example, the school's cultural and recreational facilities could be open to community members so local theater groups would find a home and senior citizens a walking path.

And the community, in turn, could bring services into the schools. The committee is researching, for example, the possibility of providing dental and medical care to underserved students.

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Both Jeffrey Goodwin, Hospital president and chief executive officer, and Kathleen Shea, the hospital's vice president of public relations and development, serve on the Community-Based School Planning Committee.

"When we started with this initially it was the hospital and school district coming together. They were saying to us, 'Where do you need help? What can we do? It was wonderful,'" Mr. Pethick recalls.

As the committee began to focus on health services and how they might be offered, hospital officials turned to Raymond Buch, M.D., director of Warren Hospital's Family Practice Residency Program, for advice.

In his former position as director of Sacred Heart Hospital's residency program, Dr. Buch provided school health services at an Allentown grammar school.

"Warren Hospital has the resources and its residency program (with 24 residents and 10 faculty members)

has the manpower to dedicate to this," says Dr. Buch. "And it's a wonderful opportunity for our residency graduates to get involved in school health. There are unique problems involved from a public health point of view. That's important because when they leave our program, we want our physicians to become an integral part of the community."

Some options for this healthcare outreach might include providing routine vaccinations and performing physicals right in the schools. Elementary students could receive dental screenings from a mobile van in the school parking lot.

The first step in the initiative, though, is to assess what the students' dental and medical needs are.

"The schools are just gathering the initial data now," says Dr. Buch. "We need to first understand the magnitude of the problem and then sit down with the schools and talk about solutions."

The solutions, says Dr. Buch, must

address why some Phillipsburg children are not receiving basic dental and health care.

The reasons are varied. Some families do not have health or dental insurance. Others have coverage but may not be able to easily leave work to take children to appointments. Lack of transportation may also figure into the equation.

"The residency program's practice site, Coventry Family Practice, is a resource for the community, including those who don't have insurance," says Dr. Buch. "Still we have parents who are not able to get the child to the office because of transportation or work issues. So we have to look at accessibility as well."

Mr. Pethick agrees. "Sometimes we see students who need to go to the doctor but, by the time the parents are able to get them to a physician, their condition has worsened," he says. "A clinic on-site at the school, for example, would help reduce school absences caused when a child with a mild illness gets worse and subsequently is out longer."

Providing services at schools may also help families avoid relying on hospital emergency rooms for routine care. Screenings, preventive measures and the chance for educating children about their health are difficult to provide in emergency departments where the emphasis is on a rapid response to life-threatening conditions.

Whatever form the services take, the goal is to meet a community need and promote the patient/physician relationship. "We're hoping to work with our area's physicians on this as a community-wide effort," says Dr. Buch. "If, for example, the student already has an established relationship with a physician, we want to maintain that. At the same time we want to promote care and access to care where those things are lacking."

If the initial information gathering is completed this summer, Dr. Buch hopes to begin a pilot program of dental screening in the fall.

"It's good to see such a supportive relationship between the schools and hospitals," says Mr. Pethick. "The hospital and residency program are really a resource for us and the whole concept just feels right."

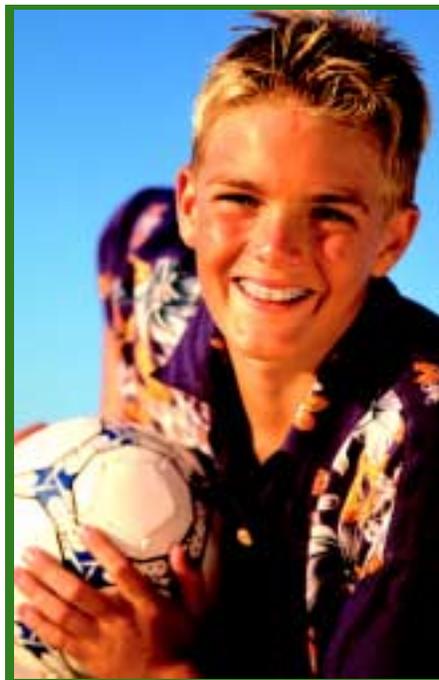
A National Snapshot

School-based health centers are not a new idea. The concept began in the early 1970s and the number of centers grew rapidly in the 1990s from about 200 in 1990 to 1,157 in 1998.

The Center for Health and Health Care in the Schools, Washington, D.C., reports:

- School-based health centers are located in 45 states and the District of Columbia. The majority are in poor urban and rural areas.
- 33 percent of school-based health centers are in elementary schools, 16 percent in middle schools, 38 percent in high schools and 13 percent in a mix of other schools.
- Services provided at school-based health centers range from physical exams and immunizations to mental health care. Physicians, nurse practitioners and nurses most commonly staff the centers.
- All current school-based health centers are sponsored by a larger agency with 29 percent sponsored by hospitals, 22 percent by health departments, 18 percent by community health centers and 31 percent by a mix of other agencies.

For more information, check out the Centers for Health and Health Care in the Schools website at www.healthinschools.org.



News Briefs

Major Renovations Underway

Warren Hospital is currently undergoing a \$6.2 million renovation project that will help make services more convenient and comfortable for patients and visitors.

A Welcome Center for patients, a new entrance way, and a convenient cluster of Patient Access Services including registration and admission are also part of the project. A new 16,500 square foot four-story office building will house administrative functions in order to free additional patient service space in the main building.

"The entire project reflects our patient-centered mission," says Jeffrey Goodwin, president and chief executive officer. "Every renovation—from the spacious Welcome Center to the glass-enclosed walkways—is designed for the convenience of our patients and visitors."

The Wound Care Center and Vascular Laboratory were relocated into new areas on the building's south wing in July. The Wound Care Center has additional space to provide oxygen-enriched therapy for severe wounds.

The Patient Access area, including registration and admission, will be enlarged and clustered with other outpatient services at the front of the main building on the first floor. Patients and visitors will enter a spacious Welcome Center through a new covered entrance area.

Laboratory Achieves Excellent Ratings

Warren Hospital's laboratory, Pinnacle Lab, is accredited by the College of American Pathologists (CAP), the most prestigious accrediting agency for laboratories. Based on the laboratory's performance in CAP's quality monitoring program, Pinnacle Lab was rated a "Best Performer" for excellence in the following areas:

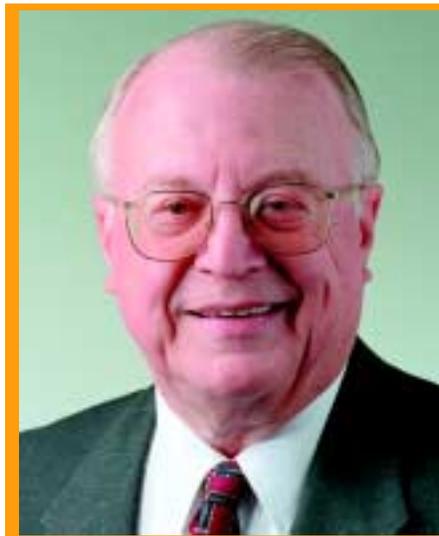
- **Stat turnaround time.** Laboratory tests ordered to be performed immediately are completed in less than 60 minutes 94% of the time. This is

better than 90% of the hospitals the lab was compared to.

- **Specimen acceptability.** The laboratory's rejection rate for blood specimens not drawn properly is less than 1%. This means fewer punctures for patients and faster turnaround time for test results. This is better than 95% of the hospitals the laboratory was compared to.

- **Satisfaction with outpatient specimen collection.** 92% of our outpatients are very satisfied with their experience, as indicated by monthly surveys. This is better than 90% of the hospitals the laboratory was compared to.

Arthur Altman, M.D., is Director of the Department of Pathology.

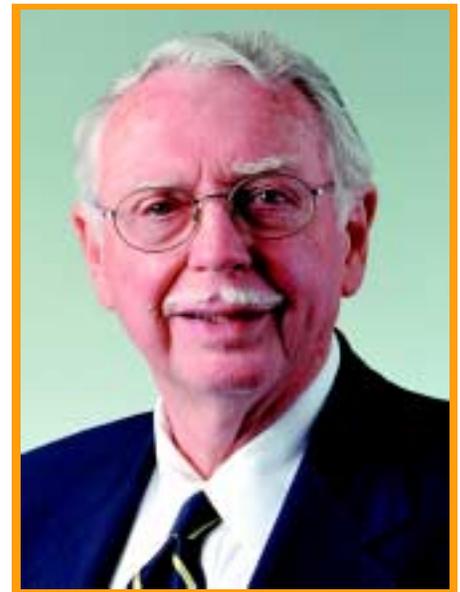


James T. Lucas Chairs Board of Trustees

James T. Lucas has been elected Chairman of the Warren Hospital Board of Trustees. He has been a member of the Board since 1995. Mr. Lucas retired as Vice President of Worldwide Customer Service from Ingersoll-Rand/Ingersoll Dresser Pump and is currently a consultant for Rotating Technology Services, Inc. A graduate of Phillipsburg High School and Lafayette College, Mr. Lucas was born in Warren Hospital on Wilbur Avenue. He served in the U.S. Army from 1954 to 1956.

John C. Lorenzo, senior vice president of Vista Bank, has been elected Vice Chairman of the Warren Hospital Board of Trustees. 🌿

When a Loved One Dies



One of the greatest losses that can occur is the death of someone you love. Grief is a normal, healthy response to loss. The Rev. Richard Gibbins of Phillipsburg, a retired minister, has led Warren Hospital's Grief Support Group since 1995. He also serves as a member of the hospital's Board of Trustees. Here Rev. Gibbins shares three things he's learned about grief:

- The pain of loss is the flip side of the joy of loving. You can't have one without the other.
- The worst pain is experienced the first year.
- It helps to talk about your loss with others who have lost. You discover that you're not alone, people grieve differently and there is a life after loss.

The Grief Support Group starts a new 10-week series on the first and third Mondays of the month beginning October 7. Call the Health Education Department at (908) 859-6777 for information. 🌿



Speaking Freely

"You may now draw a card. Am I saying 'card' or 'tard'?" asks Warren Hospital speech pathologist Shaila Nanjundiah, pointing to two index cards with those words printed on them.

Five-year-old Elizabeth looks uncertain. "Tard?"

"Put your hand under my chin," says Mrs. Nanjundiah. "Card," she repeats.

Elizabeth feels the "c" sound vibrate in the speech pathologist's throat.

"Card," Elizabeth says and is rewarded by moving her marker along the winding path of Candyland. Mrs. Nanjundiah reminds her that the "t" sound comes from the front of the mouth.

Elizabeth can't always distinguish the sounds of different letters such as "c" and "t." Although her hearing is fine and she is able to make the sounds by themselves, Elizabeth sometimes has difficulty pronouncing them in words and sentences.

Elizabeth has a phonological disorder. Children with phonological disorders have difficulty learning and organizing all the sounds needed for clear

speech and, later, reading and spelling.

"A lot of times it's a matter of awareness," says Christina Luna, who is also a speech pathologist at Warren Hospital. "Confusing 'p' and 'f' are common errors. In therapy we work with the children to hear there is a difference between the two and that it has an impact. It's really a rule-based problem and we try to teach them the rules."

As all children move from the babbling of an infant to forming words to linking words into sentences, they pass through predictable and gradual stages of development, says Mrs. Nanjundiah.

For example, most children learn the sounds "m" and "b" well before they master "s" and "r." Some children, however, get "stuck" in one phase and don't continue to progress through the stages of learning the language sounds.

Some children omit sound segments—saying "ba" instead of "banana" or default to a simpler sound such as saying "pork" instead of the more difficult to pronounce

"fork." Others routinely omit the first consonant, saying "ack" rather than "Jack."

"By age 3, children's speech becomes clear and consistent, even though they will make some errors," Mrs. Nanjundiah says. "If by this age only their family members can understand them, the parents may want to have the child tested."

As a rough guide, experts say that parents should be able to understand 25 percent of their child's speech by 18 months, 50-75 percent by age 2 and 100 percent by age 3.

By the time Elizabeth reached age 2, Sara Hergenrother noticed her daughter's language skills didn't coincide with the pattern of her older sibling's language development. "There were certain sounds that weren't right. She was verbal later than my other child, although in every other area she's exceptional," Mrs. Hergenrother says.

She brought Elizabeth to Warren Hospital's Speech Pathology and Audiology Department for an assessment. *(continued)*

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“We use standardized tests and look for sound patterns and their occurrences,” explains Mrs. Nanjundiah. “It takes about an hour and in the end we are able to compare their performance to the norm and chart the pattern of errors they are making.”

Elizabeth has been coming to Warren Hospital for speech therapy several times a week since November 2001. Mrs. Nanjundiah uses play activities such as the Candyland game to help Elizabeth focus on making the correct sound choices—“card” rather than “tard.” Elizabeth is also challenged with picture card games and fill-in-the-blank storybooks.

“We use modeling and shaping to help the child learn to tell the difference between the incorrect and the correct sound,” Mrs. Nanjundiah says. “Our department focuses on the individual child’s needs and draws from a variety of therapy techniques that best fit that child.”

Mrs. Luna notes that “in therapy we spend about half the time having the child say the sounds and half the time having them listening to us so that they can begin to hear the

Tips for Parents

If your child has been identified as having a phonological disorder, here are some tips from Warren Hospital speech pathologists Shaila Nanjundiah, MS, CCC-SLP/A, clinical coordinator, and Christina Luna, MS, CCC-SLP:

- Parent involvement is one of the most important factors in how well a child progresses in therapy.
- Find ways to naturally repeat and emphasize the words and sounds your child has trouble with. Look at a book or magazine together and find opportunities to model correct pronunciation.
- Let your child feel the correct sounds by putting their fingers on the different areas of the mouth and throat where sounds are produced.
- Look for ways to expose your child to more words in the daily household routine and the child’s immediate surroundings.
- Relate the sounds they need to work on to sounds found in their environment. For example, the “r-r-r” sound of a car. 🌱



difference.”

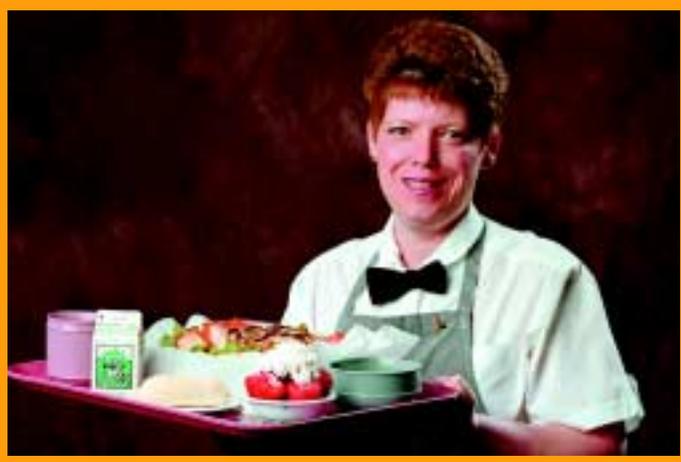
Even when they have mastered the correct pronunciation, the children need to use the words repeatedly so that the patterns are “mapped” in the brain and become automatic.

Mrs. Hergenrother is pleased with Elizabeth’s progress. “There’s been a big improvement,” she says. “Elizabeth goes to nursery school and the

teachers have noticed it as well. We correct her if she pronounces words differently but now she is correcting herself and that’s wonderful.”

For more information or an appointment with Warren Hospital’s Speech Pathology and Audiology Department, call (908) 859-6758. The department has recently expanded and now also includes two audiologists. 🌱

Service with a Smile



Cathy Frasier of Warren Hospital’s Food and Nutrition Services Department

The appetite of a sick person can be fickle—foods may not taste the same or the patient may just not feel hungry. Yet dietitians know nutrition is often vital in helping sick people get better. That is why Warren Hospital’s Food

and Nutrition Services Department goes to extra lengths to “find out what the patient wants to eat right before mealtime,” explains Peggy Shannon, MS, RD, department director.

Shortly before lunch and dinner, a hostess arrives at the patient’s bedside. Wearing the crisp bow tie and checkered apron of a waiter, the host or hostess describes the day’s entrees and takes the patient’s order.

“Rather than asking patients to fill out menu cards on their own the day before, we come to them shortly before mealtime and give them our personal attention,” says Ms. Shannon.

Hosts and hostesses often get to know a patient’s preferences—just like a good waitress in a restaurant. “Someone might want lemon with their tea and the patient’s hostess makes sure the tea arrives the right way every time,” says Ms. Shannon. “It’s the little things that can make a patient’s day go better and may, in fact, help them get stronger.” 🌱

Breathe Easier

If you feel breathless or short of breath, there are several possible causes.

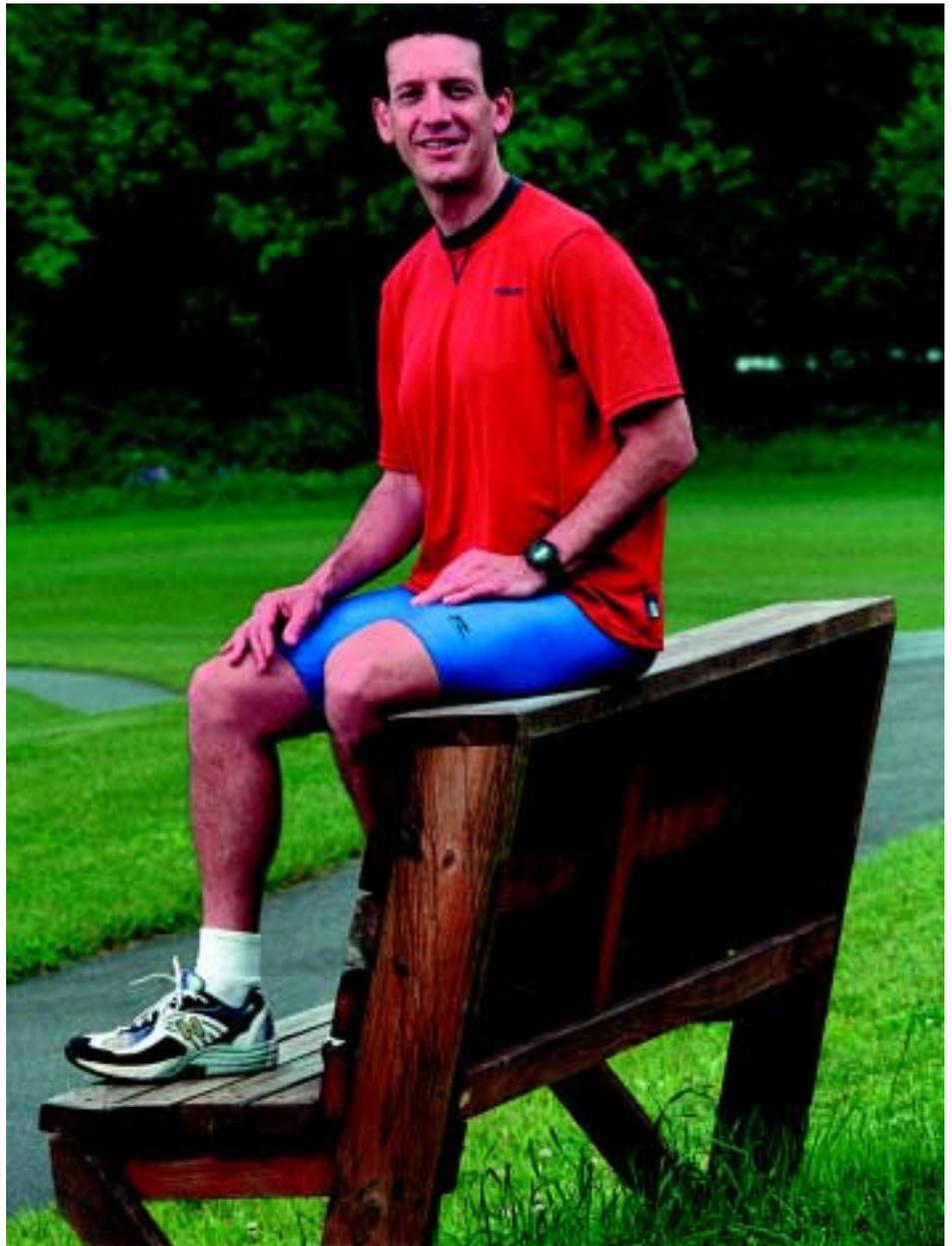
It could be that your lungs can't hold enough air. It could be that the air isn't moving in and out efficiently. Or it could be a combination of both.

One of the quickest and most precise methods of assessing certain types of lung function today is now available in Warren Hospital's Pulmonary Services Department.

This state-of-the-art computerized system, called body plethysmography, can help physicians diagnose and treat breathing problems caused by everything from tumors in the chest area to asthma.

During body plethysmography, patients sit in a sealed chamber and breathe into a mouthpiece.

"With this sophisticated technology, we're able to determine what is happening in the lungs so much more accurately," says Lawrence Bauer, LRCP, department director. "It's quite a breakthrough. Many hospitals don't have this equipment." 🌿



Finding His Stride

It was 1998 and Damian Rigatti, D.O. had just completed a five kilometer running race in Stewartsville. Although he had been running and skiing sporadically throughout his adult life, Dr. Rigatti wasn't exercising regularly.

"After that race I felt awful," he recalls. "I was overweight and out of shape. At age 35, I was too young to be huffing and puffing and feeling so bad. That day I decided to make a change."

Since then, Dr. Rigatti, a family practitioner at Warren Hills Family Practice, has kept his promise. Now 25 pounds lighter, he regularly runs three to four times a week. He

averages four to six miles a run plus a longer run of 13 to 15 miles on the weekend. And he's completed two marathons, most recently finishing the New Jersey Shore Marathon despite April's cold rain and brisk winds.

"I've signed up to do the New York City Marathon in the fall," he says. "I don't know if I'll be going yet, though, because you're selected by lottery. Sometimes that's a lottery you wonder if you really want to win!"

Although Dr. Rigatti started running as a personal challenge, he has found that it enhances his relationships with many patients as well. He lives and practices in Washington

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and some of his favorite running routes are right in the area.

"People see me running all the time," he says. "I definitely feel I'm able to counsel my patients on what it was like to be heavier and to get into shape. When they see I'm doing it, it has more credibility."

Dr. Rigatti offers beginning runners some advice:

- Check with your doctor before beginning any new exercise program.
- Start slowly by walking. Then walk four minutes and run four minutes. Gradually increase your running periods. By about four weeks, you should be able to run the entire time.
- Listen to your body. Some days you may be able to work out more vigorously than others.
- Don't run during the heat of the day.
- If possible, run with a group. The

other runners can help you stay motivated and you can share techniques.

When Dr. Rigatti first began running seriously, he went out with four other Warren Hospital physicians.

"The camaraderie really helped," he says. "Running in races also keeps you motivated. After that first 5k I worked up to a 10k and then a 15k."

The group included James Finegan, M.D., ophthalmologist, Ila Shah, M.D., neurologist, Victor Rodriguez, M.D., pediatrician, and James Reid, M.D., orthopedist.

"We always said we needed to add a cardiologist," Dr. Rigatti laughs.

These days the busy father of two young children continues to run and to work out at a gym. He is also the medical advisor to Warren Hospital's Cardiac Rehabilitation Program.

"Sometimes it's hard to find the time but I know how important it is for my health," he says. 🌱

Help for Hands



Osteoarthritis can cause finger and thumb joints to ache and swell. Warren Hospital's certified hand therapist, Karen Llanos, OTR, CHT, suggests these at-home techniques for pain relief and increased flexibility:

- Purchase a paraffin heating unit, available at department and discount stores for about \$40. Apply six to eight layers of warm wax as directed with the unit. After the treatment, gently flex and stretch your fingers or lightly grasp a sponge ball to increase flexibility.
- Fabric braces with straps or custom-molded hard plastic splints support the hand during various tasks such as vacuuming and gardening.
- Whenever possible, modify the ways you use your hands. Use jar openers and replace doorknobs with levers. Avoid pinching or holding for long periods by using book rests and grasping mugs around the outside instead of the handle.

The Occupational Therapy Department provides hand therapy services for people with arthritis, injuries and other problems. Arthritis therapies include joint protection techniques, custom splinting and special taping. Call (908) 859-6755 for more information. 🌱

Take a Break

Damian Rigatti, D.O., who has been running seriously for four years, often turns to books and magazines for new techniques and motivation. He recommends *Runner's World* magazine and books by the late George Sheehan, M.D., a cardiologist and one of the founding fathers of the running movement.

One idea Dr. Rigatti found particularly helpful during his most recent marathon comes from a website sponsored by Jeff Galloway, a member of the 1972 Olympic track team, runner and well-known author.

"He suggests taking walking breaks during a run — particularly a long run of 12 miles or more," Dr. Rigatti says. "I tried that in training and during the marathon and it really helped."

The idea for a beginning marathon runner is to walk for about one minute for every three to five minutes of running. Slightly different guidelines are recommended for experienced runners.

"The human body isn't made to run continuously," says Dr. Rigatti. "I used this technique during the marathon. Although at first when I took walking breaks the runners around me passed me, I found that I quickly caught up with them when I started running again. By the end of the race I was way ahead of them."

For more information on this walking break strategy, see www.jeffgalloway.com. 🌱

