

CMH HEALTH COMPASS

A JOURNAL DEVOTED TO HEALTHFUL LIVING



WINTER 2014

Steps to success

YOU make them, then break them.

If this pretty much describes your track record with New Year's resolutions, keep reading. According to psychologist John Norcross, PhD, of the University of Scranton, you can take specific steps to turn your resolutions into reality.

Dr. Norcross has studied the habits and success rates of hundreds of New Year's resolution-makers. His advice on achieving what you set out to accomplish is based on hard data and published studies.

His insights are especially important if—as his research

If you tackle too much, you're likely to start boldly and quickly but give up in two weeks.

suggests—you're like most American adults and resolve to lose weight, exercise regularly or quit smoking.

Here's what Dr. Norcross suggests:

► **Be realistic.** Resolving to lose 10 pounds and keep them off is a more attainable goal than resolving to shed 50. "If you tackle too much, you're likely to start boldly and quickly but give up in two weeks," Dr. Norcross says.

► **Line up support before you begin.** Tell your friends and family what your goal is and ask for their encouragement. You might also hunt for a buddy who has the same goal, such as exercising more or stopping smoking.

► **Don't rely on willpower alone.** Even the most determined dieter may raid a cookie jar if it's there. So avoid people, places and things that could cause a setback.

► **Reward yourself.** Are you trying to quit smoking? Then use the money you once would have spent on cigarettes to buy something special.

► **Substitute.** Find healthy alternatives for habits you want to break. "You can't just say, 'I won't eat as much,'" says Dr. Norcross. "You have to say, 'Instead of eating when I'm upset, I'll exercise.'"

► **Keep lapses in perspective.** Most people who quit smoking had a cigarette or two as they tried to stop. Unsuccessful resolution-makers interpret a lapse as proof that they don't have the willpower to reach their goal. Alternatively, people who succeed view that behavior as merely a momentary slipup and recommit to their goal. Learn from successful resolvers.



Have a healthy new year

Welcome to the Winter 2014 edition of the *CMH Health Compass*. In this New Year's edition, we encourage you to learn how to stay on the positive path of your New Year's resolution;



Erik Thorsen, CEO

read how hospice is prepared to help the whole family during a difficult time; meet Brian Cox, MD, Columbia Memorial Hospital's newest primary care provider; and find out why you should be listening to your heart.

From all of us at CMH, have a safe and healthy 2014.

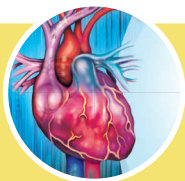
Erik Thorsen, CEO

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When hospice may help



Would you or a loved one benefit from hospice services? Call **503-338-6230**. Lower Columbia Hospice is happy to answer any questions you have.



A COLUMBIA MEMORIAL HOSPITAL AFFILIATE
Serving all of Clatsop County.

WHEN the end of life draws near for a loved one, you and your family may be faced with some difficult decisions, including whether to ask your doctor to initiate hospice care.

Generally, hospice is for people who have six months or less to live and who are not receiving treatments for a cure.

If a person lives beyond six months, he or she can continue to receive hospice care with a doctor's referral.

Hospice provides care to people with terminal conditions such as cancer; end-stage heart, kidney or liver disease; lung diseases; stroke; or dementia.

Hospice care is based on the belief that each person has the right to die pain-free and with dignity and that families should receive the support they need to allow this to happen.

What's involved

The primary focus of hospice is twofold: to control pain and other symptoms in the person who is terminally ill and to give emotional support to the patient and his or her family.

Hospice care is most often provided at home. The person's own doctor or a hospice doctor oversees the care plan.

Regular home visits are provided by registered nurses. Hospice care

personnel are on call 24 hours a day.

Physical, speech and occupational therapy can be part of a care plan. Families can also receive in-home assistance from home health aides with tasks such as bathing a loved one, and trained volunteers can come to the home to allow caregivers some time for themselves. Massage therapy is also available.

Social and spiritual services are available to help patients and families cope, and families can continue to receive counseling for at least a year after the death of a loved one.

Medicare and most Medicaid and private insurance plans will pay for hospice services. But Lower Columbia Hospice turns no one away for inability to pay.

To learn more

Organizations with more information about hospice include:

- ▶ Lower Columbia Hospice: **503-338-6230**.
- ▶ American Cancer Society: **800-227-2345** or **www.cancer.org**.
- ▶ Hospice Association of America: **www.nahc.org/haa**.
- ▶ National Hospice and Palliative Care Organization: **800-658-8898** or **www.nhpco.org**.

Sources: Hospice Association of America; National Hospice and Palliative Care Organization

A helpful conversation: Discussing end-of-life care

What does my future hold? This is a question we have all asked ourselves.

But for someone struggling with a life-threatening or terminal illness, it is a question that takes on a special urgency.

If you are seriously ill, one person with whom you can talk candidly about your future is your doctor. In fact, you may want to make an appointment exclusively to discuss your concerns. Among the

issues you might raise:

- ▶ What are the options for my care?
- ▶ What usually happens in a situation like mine?
- ▶ Will I need to go to a hospital or nursing home?
- ▶ When is hospice care an option? What services might hospice care provide?
- ▶ Who should I call when I have questions? What if I need help during

the night or on weekends?

- ▶ Can I get help with insurance and medical costs?

Finally, remember that it's crucial to let your doctor know what matters most to you. That may mean taking every possible measure to preserve your dignity or easing any suffering your family may experience.

Source: American College of Physicians

We're here for you

The benefits of having a primary care physician

YOU'RE sniffing and sneezing. This cold—or whatever it is—has been hanging on far too long. It's time to call...hmm...let's see....

If you have a primary care doctor that you see regularly, you won't need to stop and wonder whom to call. And that is just one advantage of having a doctor that you know—and who knows you.

There are plenty of other reasons to have a primary care doctor. For instance, a doctor you see regularly will know more about you, including your personal health history, your family health history and personal situations that affect your health. And that means your doctor can provide better, more personalized care for you.

Plus, seeing your own doctor on a regular basis for checkups—rather than waiting until you are already sick—can help you focus on preventing health problems and staying in optimum health.

If you don't already have a regular doctor, now is the time to get one.

You might choose, for example, a family physician, who cares for children and adults of all ages. Or you might prefer an internist, a doctor who focuses on caring for adults. Your primary care doctor can also refer you to a specialist if the need arises.



Make the call. For an appointment with Dr. Cox in the new Warrenton Primary Care Clinic, call **503-338-4500**.

Meet CMH's newest primary care doctor

Brian Cox, MD, is a board-certified internal medicine physician. He has several years of experience providing compassionate care to his patients, and his specialties include internal medicine, allergies and asthma, preventive health care, diet and exercise, integrative medicine, mental health issues in primary care, and hyperlipidemia/hypertension.

Find your Dr. Right



SCOTT E. ASHLEY, MD

2120 Exchange St., Suite 209
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KEVIN J. BAXTER, DO

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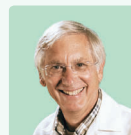
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Astoria, OR 97103

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To find a primary care doctor, just go to www.columbiamemorial.org or call us at **503-325-4321**.

We'll be happy to help.



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Look into your

Tests that can diagnose coronary heart disease



YOU don't want your first sign of heart disease to be a heart attack.

That's why detecting clogged arteries before a heart attack—when treatment may prevent a life-threatening emergency—is so important.

Clogged arteries are the defining trait of coronary heart disease (CHD), the leading killer of both men and women in this country and the most common form of heart disease, according to the National Heart, Lung, and Blood Institute.

With CHD, the arteries that supply the heart with blood become narrowed by a buildup of plaque—fatty deposits of cholesterol, calcium and other substances. As arteries narrow, blood flow to the heart is restricted, and the body may react with chest pain, called angina.

Over time, CHD also can lead to heart failure and sometimes deadly disturbances in the heart's rhythm.

If you have chest pain or other symptoms that suggest CHD, your doctor may advise a series of tests that can help detect the disease and its severity. Some of the most common tests used to diagnose CHD are described below.

Electrocardiogram (EKG or ECG)

Most of us are acquainted with the EKG—if only through the popular image of a heart rate monitor on TV shows. It records your heart's electrical activity, with the results displayed in the familiar graph of spikes and lines. EKGs are frequently used to discover what might be causing chest pain and to diagnose abnormal heart rhythms.

To prepare for an EKG, a nurse or technician attaches small, round

Do you ♥ your heart?
For a checkup, call
503-338-4087.



heart

electrode patches on your skin. These patches detect your heart's electrical signals and transmit them to the EKG machine. The test usually takes several minutes to complete and is painless.

Some EKGs are done while you're lying on a table (called a resting EKG). Others involve you exercising on a treadmill or stationary bike (a stress EKG, or stress test).

Join us on Feb. 15, 2014, for the CMH Community Heart and Health fair. Find out more at www.columbiamemorial.org

Echocardiogram

Sometimes called an echo, this test uses ultrasound to create a moving picture of the beating heart.

Like an EKG, an echo can be done while you're at rest or during exercise. But rather than using electrodes, an echo uses a device called a transducer. The sound waves emitted by the transducer can help detect how well your heart's chambers and valves are functioning.

Coronary angiography

Angiography uses a special dye, which is visible on x-ray, to find areas where plaque is impeding the flow of blood through an artery. Angiography usually is performed by a cardiologist in a hospital.

After you're given medicine to help you relax, a thin tube called a catheter is inserted into a blood vessel in your arm, neck or upper thigh. With the help of x-rays, the cardiologist maneuvers the catheter into the heart. Dye is injected into the catheter, and it is monitored as

it travels from the heart through the arteries.

Nuclear heart scan

In a nuclear scan, a radioactive substance is injected into your bloodstream, where it travels up to your heart. Like the dye used in angiography, it is tracked by a special imaging machine as it flows through your body.

Most nuclear heart scans involve two separate sets of pictures: one set taken while your heart is beating fast after a stress EKG and a second set taken after your heart rate has returned to normal. Both scans are performed by a gamma camera while you lie still on a table.

Each series of pictures can take up to a half-hour to complete. In some cases, you may be asked to return the next day to do the second set.

Before having a nuclear scan, it's important to let everyone involved in the procedure know if you have a chronic health condition, such as asthma, kidney disease or diabetes.

These scans also are often done in a hospital setting, but they don't

usually require an overnight stay. They can, however, take several hours.

Coronary calcium scan

Calcium deposits in your coronary arteries are called calcifications. They are an early sign of CHD.

Two kinds of scanners can detect calcifications in your arteries. One is an electron-beam computed tomography scanner, and the other is a multidetector computed tomography scanner. Both can complete a coronary calcium scan in about 10 minutes while you lie flat on a table.

The amount of calcium seen in your coronary artery walls during a scan is reported as a calcium score. That and other information can be used to help assess your risk for heart problems.

Protect your heart

Check in with your doctor to learn more about your heart health and to find out whether a diagnostic test is right for you.

Know your risk factors

More than 16 million Americans have coronary heart disease (CHD), according to the American Heart Association (AHA). Could you be one of them? Only your doctor can tell you for sure. But looking at your risk factors may give you some clues.

A man's risk goes up after age 45, and a woman's risk goes up after age 55, the National Heart, Lung, and Blood Institute reports. Risk also increases if heart disease was diagnosed in your father or brother before he turned 55 or in your mother or sister before she turned 65. These are risk factors you cannot change. But there are several risk factors you can do something about:

- ▶ If you smoke, quit. You should also try to avoid exposure to secondhand smoke.
- ▶ If you're overweight or obese, try to lose weight.
- ▶ If you don't get much exercise, talk to your doctor about the best ways to become more physically active.
- ▶ If you have high blood pressure, high cholesterol or diabetes, work closely with your doctor to control these conditions.

The more risk factors you have, the more likely you are to develop CHD. But keep in mind, a high risk doesn't necessarily mean you'll have a heart attack. With your doctor's help, you may be able to bring down your risk.

For a more detailed way to estimate your risk of having a heart attack in the next 10 years, visit the AHA website at www.morehealth.org/risk.



COLUMBIA
MEMORIAL
HOSPITAL
FOUNDATION

503-325-3208

Email foundation@columbiamemorial.org

Will your will be known?

Many people, especially young individuals and those who feel that their estate is too small, believe that a will represents an unnecessary expense. But you need a plan for the future, and the preparation of a will need not be expensive.

Even if you don't own a lot of property, a will is needed to make other important decisions, such as:

- ▶ Naming an executor.
- ▶ Naming a legal guardian for minors.
- ▶ Making gifts or transfers.
- ▶ Reducing estate tax liability.

The charitable bequest is one of the best ways for you to express your specific philanthropic goals. In fact, the bequest is the most common

method to support charity in America.

Here are some options for your bequest to charity:

- ▶ A specific dollar amount.
- ▶ A percentage of the estate.
- ▶ Specific assets.

Your gift is important to us! While many may think philanthropy is reserved for a select few, the truth is that every bequest to CMH Foundation helps us continue our work.

If you would like more information on wills, we invite you contact us at foundation@columbiamemorial.org or **503-325-3208** or to visit the wills section of our website at www.cmhgift.org for a free will planner.

 Free will planner! Visit www.cmhgift.org.



SAVE THESE DATES!

2014 Foundation events

Feb. 7 FRIDAY	May 9 FRIDAY	June 7 SATURDAY
<i>Health Works Crab Feed</i>	<i>15th annual Columbia Invitational Golf Tournament</i>	<i>Third annual Denim and Diamonds</i>

Bringing you better cancer care


In 2014, CMH will continue our commitment to enhance the treatment of cancer. We have recently recruited our first full-time oncologist, Jennifer Lycette, MD, who continues the legacy of excellence begun by Bob Raish, MD. Our next step will be to add additional treatment options, reducing the need for our cancer patients to travel to Longview or Portland. This is the CMH Foundation's Cancer Care Phase 2 project.

Making a difference CMH's commitment to excellence is saving lives. Judy Coleman has been receiving treatment at the CMH/OHSU Cancer Center for stage four esophageal cancer. She says, "It was so comforting to know that I could get chemo right here and not have to travel to Portland for it, and yet have all the experience of the doctors of OHSU to figure out my treatment. It's now been two years as of July (2013) that I was diagnosed with only a 5 percent survival rate, and look at me now."



Judy Coleman,
cancer survivor

Help us save lives The treatment Coleman received is repeated thousands of times each year by the committed and caring medical professionals and staff at CMH. We ask you to partner with us to help make these expanded cancer services available. Please donate as generously as you can to help those affected by cancer. This may be you, your loved one or a neighbor. We have all felt the chill of cancer's grim touch. A gift of any size is appreciated.

 To donate, visit our website at www.cmh-foundation.org; mail to CMHF, 2111 Exchange, Astoria, OR 97103; or call **503-325-3208**.

Has cancer affected someone you love? Consider a gift to the CMH Foundation to help us fight cancer right here in Astoria. Call **503-325-3208**.

TAKE TIME for your health!

Call 503-338-7564, email cheryl_ham@columbiamemorial.org or visit www.columbiamemorial.org to register or to learn more about the exciting opportunities at CMH.



CHILDBIRTH/ FAMILY PREPARATION

CMH offers a full line of labor preparation courses—weekly and weekend options. Please contact us for more information.

HEALTH AND WELLNESS

AARP Drivers Safety Class

Wednesday, Feb. 5, 10 a.m. to 5 p.m.
CMH

\$15 for AARP members/\$20 for non-AARP members

This course is designed to assist individuals in understanding current rules of the road and defensive driving techniques. Individuals may be eligible for discounts upon completion.

A Matter of Balance: Managing Concerns About Falls

Wednesdays, Feb. 5 to March 26,
10 a.m. to noon
CMH Columbia Center

\$50 (Free to anyone age 60 and over)

During this 8-week class, participants learn more about fall prevention strategies and make or maintain changes in their daily lives which help prevent falls and reduce the fear of falling. Exercises begin in session 3.

free Get a Grasp on Medicare

Tuesday, Jan. 28, 4 to 5:30 p.m.
CMH Columbia Center, Coho
Room

This course is appropriate for those new to Medicare and those who are already enrolled in Medicare with questions about benefits. Preregistration is requested.

free Living Well With Chronic Conditions

Thursdays, Jan. 30 to March 6,
1 to 3:30 p.m.

CMH Columbia Center

This six-week course provides individuals with the tools for living a healthy life with a chronic condition such as arthritis, asthma, cancer, diabetes, COPD, heart disease and many more. Topics include relaxation techniques, managing emotions, fitness, nutrition, communication, working with your health care team and more.

"I would highly recommend that class [Living Well], and we are even going for a once-a-month follow-up meeting of attendees and facilitators."
—Emma

Stress and Health

Mondays, Jan. 27 to March 3,
noon to 1 p.m.
CMH Columbia Center
\$25

This six-week class, led by a licensed social worker, is designed to assist individuals in identifying stressors and to develop coping strategies to enhance personal health and wellness.

Strong Bones

Mondays and Wednesdays, Jan.
27 to April 2, 5:30 to 6:30 p.m.
CMH
\$50

This 10-week program is a national, evidence-based community exercise and nutrition program targeted to midlife and older people. The program assists people in maintaining muscle mass, strength and function. It is easy and fun!

Nicotine Dependence Treatment

Individual Tobacco Cessation Consultations

Available Monday to Friday
CMH Columbia Center
Billable to most insurance

The certified tobacco treatment specialist is available for individual tobacco cessation consultations to assist and support you in quitting tobacco. Proper use and levels of medication are discussed. Treatment plans are identified for each individual.

DIABETES EDUCATION

CMH offers a Certified Diabetes Education Program for your individual needs. Group classes and individual appointments are available with our trained diabetes nurses and clinical dietitians. Support group and foot clinics are available. Please call 503-338-4012 for information.

SUPPORT GROUPS

free Bereavement and Grief Support

► First Thursday of the month,
2 to 4 p.m.

Bob Chisholm Community
Center, Room 1, 1225 Ave. A,
Seaside

► Third Tuesday of the month,
4:30 to 6 p.m.

CMH Health & Wellness
Pavilion, Third-Floor
Conference Room,
2265 Exchange St., Astoria

Please contact Lower Columbia
Hospice at 503-338-6230 with
any questions.

Cancer Support Group

Second Wednesday of the
month, 5:30 to 7 p.m.

CMH Columbia Center
Chinook Conference Room
Contact Brigid Koeppen at
503-338-4085.



Call 503-338-7564, visit www.columbiamemorial.org or email cheryl_ham@columbiamemorial.org to register or to learn more.

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Free! CMH Community Heart and Health Fair



On Feb. 15, join us at the Clatsop County Fairgrounds for the CMH Community Heart and Health Fair. Learn about important heart and health issues from CMH experts and meet community partners that offer healthy opportunities for you and your family. Admission is free.

For more information, visit us at www.columbiamemorial.org or call us at 503-338-4504.



You. Our partner in care

AT CMH we believe that our patients are our partners in the healing process. We understand that we can best serve our patients and the community by providing a healing, nurturing environment that encourages their involvement and participation. The CMH philosophy of care is patient-centered, which means we provide care that is respectful of and responsive to individual patient preferences, needs and values, ensuring that patient

values guide any clinical decisions.

One patient-centered best practice we've recently started to offer is bedside shift report. Historically patient handoff at change of shift has not involved patient or family input, but now we are including our patients and their family in the report to the oncoming nursing staff so that we can be sure we are sharing the most accurate information possible. Moving shift report to the bedside

improves communication between the health care team and the patient because the patient is encouraged to participate by asking questions and adding pertinent information.

At CMH, our goal is to provide high-quality, personalized care. We understand that hospitalization can be a stressful time. We want to help you understand what to expect during your stay and keep you and your loved ones involved in your plan of care.