



## CSMC earns higher chest pain ranking

➤ In April, the Society of Chest Pain Centers (SCPC), an international organization dedicated to the improvement of clinical processes for the early assessment, diagnosis and treatment of acute coronary syndromes, recognized College Station Medical Center (CSMC) as the region's first Cycle III Accredited Chest Pain Center.

"We're thrilled and proud to have earned this accreditation from the SCPC," says CSMC Chief Executive Officer Tom Jackson. "It publicly attests to our unwavering commitment to cardiac care."

### The next level of care

Jackson said the Cycle III designation means that the hospital met the most rigorous requirements in earning the accreditation. Hospitals must apply for accreditation in particular cycles, and the requirements become tougher and more exact with each cycle. CSMC earned the accreditation by exceeding the requirements set by the SCPC for patient outcomes and "door-to-balloon" time, or time from arrival in the emergency room (ER) to diagnosis and treatment.

"People tend to wait when they think they might be having a heart attack, and



that's a mistake," says Eric Wilke, M.D., an ER physician. "The average patient arrives in the ER more than two hours after the onset of symptoms, but what they don't know is that the sooner a heart attack is treated, the less damage done to the heart and the better the outcome." ●

*MedLife  
and Health  
gets a fresh  
look!*

### Timely care when you need it most

A critical component of CSMC Cycle III Chest Pain Center Accreditation is the hospital's ability to resolve heart attacks quickly. When you're experiencing a heart attack, time is muscle.

At CSMC, our Cycle III Accredited Chest Pain Center is recognized for its timely assessment and initial treatment of heart attacks.<sup>1</sup> For 36 consecutive months, our team's average door-to-balloon time has beaten the national goal of 90 minutes or less.<sup>2</sup> So when your heart needs care, don't waste time. Choose CSMC.

<sup>1,2</sup> See page 8.

# Healthbriefs



tip

## Walking

is a great way to reduce stress while you quit smoking. It aids in increasing mood and energy levels.

### > New guidelines take the air out of ballooning obesity rates

More than two-thirds of adults and one-third of children are now considered to be overweight or obese. Excess weight raises the risk of serious health issues. To reverse this trend, the U.S. Department of Agriculture (USDA) and Department of Health and Human Services (HHS) updated their Dietary Guidelines for Americans in 2010. The guidelines focus on getting people to eat healthier and exercise more, and help policymakers create nutrition programs. The USDA and HHS released more consumer-friendly advice and tools, including a new food pyramid. They offer these simple strategies to help people change their habits and their weight:

- > Eat less.
- > Watch portion sizes.
- > Fill half of your plate each meal with fruits and veggies.
- > Switch to fat-free or low-fat milk.
- > Look for lower-sodium options.
- > Drink water instead of sugary drinks.



### > Act F.A.S.T. to head off a stroke

Rapid medical care can help reduce the risk of brain damage from stroke. Physicians treat patients with a clot-busting drug that can help protect the brain against permanent damage, but the drug must be given within three hours of the stroke's onset. If someone is experiencing stroke symptoms, call 911. To help you remember stroke signs and determine whether someone you know has had a stroke, think **F.A.S.T.:**

- > **FACE:** Does the face look uneven? Can the person smile?
- > **ARMS:** Can the person raise both arms and keep them there?
- > **SPEECH:** Is the person's speech slurred or strange?
- > **TIME:** Call 911 if you notice any of these signs.

### > Healthy diet may boost kids' IQs

Fish isn't the only food that's good for your brain. A new study says that other healthy selections might boost kids' intelligence. The flip side may also be true: If kids eat nothing but processed food, they might lose IQ points. Published in the *Journal of Epidemiology and Community Health*, the report collected information from parents on almost 4,000 children. Surveys were given when children were ages 3, 4, 7 and 8.5. The "processed" diet included foods high in fat and sugar. The "health-conscious" diet included foods such as salad, rice, pasta, fish and fruit. Those who ate a processed diet at age 3 scored slightly lower on IQ tests at age 8.5 than those who ate a health-conscious one at age 3. While the difference between the groups was small, it might be another reason to encourage picky eaters to eat a few more vegetables.



# Treating an ACL injury

## ➤ The dreaded torn ACL, or anterior cruciate ligament, is a common injury

for athletes—especially female athletes, who may be at a disadvantage because of hormonal influences and their build—but it can happen to just about anyone.

### What is an ACL tear?

Your ACL is one of four knee ligaments. It's located in the middle of your knee and prevents the top of the shin bone, or the tibia, from sliding out in front of the end of the thigh bone, or the femur, while lending stability to your knee. Most often, ACL injuries occur when you stop suddenly and change direction while running, pivoting or landing from a jump or overextending your knee. You can also injure your ACL during contact, such as receiving a blow to your knee during a sports game or any nonsport accident.

When you injure your ACL, you may hear a popping noise and feel your knee giving out. Typically, painful swelling, joint tenderness, pain while walking and the inability to fully move your knee occur. Elevating the joint above heart level, icing it and using pain relievers are recommended until the injury can be evaluated. If your physician suspects an ACL tear, he or she may order an MRI to confirm that no other parts of the knee have been injured.

### Treatment

The ACL cannot be “fixed.” Often, physicians have to create a new ligament through surgery. Surgery is the most common treatment for an ACL injury, as untreated injuries may lead to further instability of the knee and the beginning of arthritis in that area.

However, what's best for you depends on the degree of injury (is it a

partial tear or a complete tear?) and your lifestyle.

For example, a sedentary 75-year-old who has suffered only an ACL injury and has no knee instability may be able to function fine without surgery. In this case, bracing the knee combined with physical therapy can help the patient get back on his or her feet.

An athlete will most likely need surgery to continue to compete in sports, as will those who've suffered injury to multiple ligaments in the knee. In these cases, the ligament is rebuilt using a tissue graft from your own tendons, such as the hamstring, or from a cadaver. Most ACL tears typically require physical rehabilitation. Overall, ACL surgery has a long-term success rate of 82 percent to 95 percent.

### Prevention

It's not easy to prevent an ACL injury, but you can do your part to reduce the chance that one will occur by:

- warming up properly before a physical activity
- engaging in strength training, such as using weight machines, to gain muscle strength
- asking a trainer to teach you how to land on the balls of your feet if you participate in sports that involve jumping and landing ●



tip

## Warming

up properly before physical activity may help prevent ACL injuries.



## A message FROM THE CEO

**TOM JACKSON**  
Chief Executive Officer

### DEAR NEIGHBOR,

It's hard not to read an editorial about the Affordable Care Act without reading the passionate opinions from physicians, hospitals and political leaders. While there's

ample reason for debate, reform itself is bringing benefits to health care consumers by increasing transparency. From a patient's perception of how effective a nurse or physician communicates to the timely deployment of antibiotics before surgery, hospitals are monitoring and publishing their outcomes more often than ever before.

Walk through College Station Medical Center (CSMC) and you can see our clinical outcomes across numerous departments on our "Community Cares" wall displays. We show data in easy-to-read charts and graphs along with the names and pictures of our clinical managers and physician leaders so that patients can see the quality of our care and the names and faces of our leaders.

I reference transparency because it's a philosophy CSMC has embraced for many years. As many of you know, we introduced our emergency room (ER) 30-Minute Pledge more than two years ago. Today, even a novice browser can go to our website and download a mobile device app to access the average wait time to see an ER physician (see page 8).

Our ER wait times and quality scores are among the best in the country. Our physicians consistently see patients in less than 20 minutes and often there's

no waiting at all. Our wait times can be found on our website, a mobile device, area billboards and (soon) on Rock Prairie Road, visible as you drive by the hospital.

We also recently began publishing the average time it takes our clinical team to resolve a heart attack once a patient arrives at our ER. We benchmark our performance against industry expectations and consistently outperform competitors. We challenge ourselves to publish our average times monthly and set goals that push beyond industry expectations. Although the national standard is 90 minutes, clinical evidence shows a 5 percent improved survival rate when a heart attack is resolved within 60 minutes. When you have chest pain, we'll provide you with advanced medical technology, offer definitive care and ensure a board-certified interventional cardiologist treats your illness with a goal of 60 minutes or less.

We embrace our industry's push to increase transparency and we strive to exceed our patients' expectations.

Warm regards,

### Tom Jackson

*Chief Executive Officer  
College Station Medical Center*



### Visit our online issue!

Like what you see in this issue? There's even more at [www.CSMedCenter.com](http://www.CSMedCenter.com), where you can read full articles, connect to health websites and search for a physician.

By signing up on our website, you'll automatically receive an e-mail notifying you when the next issue is available to read online.

# Breathe easy

New CSMC physician is here for you

➤ **For some of us, looking back on seventh grade brings back memories**

of acne and adolescent awkwardness.

But for College Station Medical Center's (CSMC's) Patricia Copley, M.D., sleep medicine and critical care physician, it was a turning point in her life.

"I had a friend who, unknown to me, suffered from epilepsy," recalls Dr. Copley. "One day, she had a seizure in my arms." Students were rushing around trying to assist, but what she remembers most was her own inability to help. "I never wanted to feel that helpless during a medical crisis again," she says. So, she set her sights on becoming a physician.

After graduating from medical school at East Tennessee State University, Dr. Copley focused on critical care and

"My job is to give patients the tools they need ... to make knowledgeable decisions about their health."

—DR. COPLEY

completed a pulmonary and critical care fellowship at Wake Forest University in North Carolina and became board certified in sleep medicine. Unlike that day in seventh grade, she now feels comfortable

around chaos and excels under pressure. "I fell in love with the ICU," she says. "I get so much satisfaction from treating patients who need critical care."

### Joining CSMC

By 2010, Dr. Copley began looking for her next career challenge. Her search led her to CSMC. "I heard about the exciting things happening in CSMC and wanted to be a part of it." In June, Dr. Copley officially joined Rajesh Harrykissoon, M.D., at College Station Center for Pulmonary and Sleep Disorders, the region's only accredited sleep lab.

Since then, Dr. Copley has been seeing patients with lung and sleep complaints from not just Bryan-College Station, but also Brenham, Navasota and surrounding cities. Through it all, her approach to medicine hasn't changed. "Each patient is an individual and special to me. Whether you're in a crisis moment or dealing with nagging symptoms, you'll get my undivided attention," she says. "My job is to give patients the tools they need to understand what's going on and make knowledgeable decisions about their health."

All of her critical care experience has given her a renewed appreciation for life. "I've learned from an early stage in my medical career that you should never take anything or anyone for granted," Dr. Copley says. "Sometimes, the difference between life and death can be very slim. We should all treat each day and each other as a precious gift." ●



### Schedule your appointment

To learn more or schedule an appointment, call College Station Center for Pulmonary and Sleep Disorders at (979) 694-1300.



# Can heart attacks be 'silent'?

➤ **You're undergoing a routine heart test when your physician drops a bombshell:**

"You've had a heart attack."

These are words you didn't expect to hear, because you didn't know you'd ever had one. But that's the trouble with what experts call "silent heart attacks."

While they don't produce the telltale warning signs of heart trouble, they still damage your heart and the rest of your body.

## Silence isn't golden

A heart attack occurs when an artery that supplies oxygen-rich blood to the heart becomes blocked. Besides chest pain and shortness of breath, some people experience nausea, extreme fatigue, discomfort in their extremities and sweating.

People who experience a silent heart attack—studies put the number of Americans who do at almost 200,000 a year—either have no symptoms or symptoms

so mild that they're not recognized as a heart attack. These people are more likely to be women and those who have conditions such as heart failure and diabetes. Silent heart attacks also tend to accompany a condition called silent ischemia—or a painless chronic shortage of blood and oxygen to the heart because of artery plaque.

The longer you don't receive treatment, the more likely it is that serious, irreversible damage is being done to heart muscle, which reduces its ability to pump and can greatly increase your risk of death down the road.

Some silent heart attacks may be picked up on an electrocardiogram (ECG) during a routine physician visit because the damage done to heart muscle produces a different "wave."

## Breaking through the silence

Risk factors such as smoking, high cholesterol, high blood pressure, obesity and a sedentary lifestyle increase your risk for trouble. Your best bet to prevent a heart attack is to follow a heart-healthy lifestyle:

- Eat a diet rich in fruits, vegetables, whole grains, lean meats, fish and fat-free or low-fat dairy products; limit saturated fats, cholesterol and sodium.
- Work out regularly.
- Quit smoking.
- Manage your diabetes.
- Take any medications used to treat high cholesterol or blood pressure as prescribed. ●



## HealthWise QUIZ

How much do you know about colon cancer?

> TAKE THIS QUIZ TO FIND OUT.

- 1 **Which of the following is known to raise your risk of colon cancer?**
  - a. exercising too much
  - b. being under the age of 50
  - c. being obese
  - d. being of Asian descent
- 2 **How often should healthy individuals ages 50 or older at average risk of colon cancer get a colonoscopy?**
  - a. once every three years
  - b. once every five years
  - c. once every seven years
  - d. once every 10 years
- 3 **A possible symptom of colon cancer is:**
  - a. narrower stools
  - b. fatigue
  - c. rectal bleeding
  - d. all of the above
- 4 **Although more research is needed, which of the following supplements may possibly help reduce the risk of colon cancer?**
  - a. folic acid
  - b. green tea
  - c. vitamin A
  - d. vitamin C
- 5 **A true statement about colon cancer is:**
  - a. It's the leading cause of cancer deaths in the United States.
  - b. It usually arises from growths called polyps.
  - c. Blood tests can be used to detect colon cancer.
  - d. all of the above

Answers: 1. (c) 2. (d) 3. (d) 4. (a) 5. (d)

# Dangerous dishes

Keep your child safe from culinary choking hazards

➤ **Each year, more than 10,000 children younger than age 14 end up in the emergency room after choking on food.** That's because children lack the larger molars, stronger chewing ability and wider airways of older children and adults.

The American Academy of Pediatrics in 2010 recommended that hot dogs—one of the most common food choking hazards in children—carry a choking hazard warning on packaging, and that the hot dogs themselves be redesigned to make them less likely to get stuck in young throats.

But hot dogs aren't the only concern. Other choking hazards include peanuts, sausages, whole grapes, chewing gum, hard candy, whole cherry tomatoes, popcorn, tough meat, large pieces of raw fruits and vegetables and chips. You

can reduce the threat of injury or death by following these tips:

- Keep an eye on your child as he or she eats.
- Make sure your child is sitting up straight.
- Cut food into no more than ½-inch pieces.
- Teach children to chew and swallow properly.
- Cook vegetables until they're soft or grate them.
- Be on the lookout for stuffed cheeks—a sign your child is storing large quantities of food in his or her mouth and not swallowing. ●



## In case of emergency

It's always a good idea to be prepared in case of a choking emergency. Visit [www.redcross.org/www-files/Documents/pdf/Preparedness/ConsciousChokingPoster\\_EN.pdf](http://www.redcross.org/www-files/Documents/pdf/Preparedness/ConsciousChokingPoster_EN.pdf) to print out a chart that shows you what to do if an adult, child or infant is choking.

# The truth about cereal

Is your breakfast bowl a dietary disaster?

➤ **Just how healthy are the cereals you and your child eat?** Sure, the box promises plenty of whole grains and fiber, but that might not be the reality.

Cereal can be a tasty and fast way to get your day started healthfully. But you need to look carefully at the nutrition label when making your purchase. First, carefully note the serving size; otherwise, you may be eating double the calories shown. Then, look for other key information:

➤ **Sugar.** Excess sugar is a major source of extra calories in the American diet. It also promotes tooth decay and may raise triglyceride levels—a type of blood fat—which can boost heart disease risk. Opt for cereal with 5 grams or less of sugar per serving. Skip cereals that list sugar at the top of the ingredients list or that contain many types of added sugar, such as high-fructose corn syrup.

➤ **Calories.** To avoid calorie overload, choose cereals with 120 calories or less per serving. Just remember, some cereals can be slightly higher in calories and still be healthy.



➤ **Fiber.** Ideally, you should purchase cereal that has at least 5 grams of fiber per serving, but be sure there are no less than 3 grams per serving. Why? This important nutrient may help lower your cholesterol and reduce your risk of heart disease, diabetes and some types of cancer. Make sure you're using fat-free or low-fat milk instead of whole milk or you could be canceling out those healthy benefits!

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# Access to ER wait times, hospital services at your fingertips

Our new app saves you time!



➤ **In the world of mobile technology, there are a few “must haves”** for every smart phone: quick access to your favorite restaurant, music, social networking sites and now, College Station Medical Center (CSMC).

Want to know the average wait time for the emergency room (ER) at CSMC? It's just one touch away. The same goes for directions and maps to the facility, contact information for hospital services and much more. By downloading a quick-launch web application button onto your iPhone, Droid or BlackBerry, accessing the recently launched CSMC mobile site is easier than ever.

## Designed with your needs in mind

“Our goal is to reduce the time it takes our community to get the information they want or need about the hospital,” says Tom Jackson, CSMC chief executive officer. “Whether someone is headed to a health seminar, has a question about a

service or needs to check our ER wait time, it's all available via our new mobile website. By downloading our quick-launch web app, anyone with a smart phone can get fast access to our mobile site.”

Another “techie” advance you might have noticed is the quick response (QR) code CSMC recently used in its ER advertising. It's a square bar code that's becoming more and more standard on advertising and in catalogs. Smart phones with barcode reading applications, which are available for free, can scan the code and be directed to the hospital's mobile site, where they can download the quick launch web app. You can also download the hospital's app by going to [www.CSMedCenter.com](http://www.CSMedCenter.com).

“It's all about convenience,” says Jackson. “We're using new technology to make sure the community can connect with us and have quick access to the services they need.” ●



## Try it out!

Scan this QR code with your smart phone to visit our website and add our quick-launch web app to your home screen.



<sup>1</sup> Chest Pain Center Accreditation by the Society of Chest Pain Centers.

<sup>2</sup> Comparative data for door-to-balloon times reported on [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov) by the U.S. Department of Health & Human Services and the U.S. Centers for Medicare and Medicaid Services for heart attacks requiring angioplasty. Average door-to-balloon time for May 2011. National goal is 90 minutes or less for at least 75 percent of patients. Additional references can be found through the American College of Cardiology and the American Heart Association. If you're experiencing a medical emergency, call 911.