

VALLEY health & life

BALLOT QUESTION 1
WHAT TO KNOW

HOSPICE CARE 101

125 YEARS
OF CARE & HEALING



VOTE

NO on **1**

BAD FOR PATIENTS.
WRONG FOR
MASSACHUSETTS.



Valley Health Systems, Inc.

DEAR READERS,

I hope you enjoyed our last issue, which celebrated the 125th anniversary of Holyoke Medical Center, as much as we did. The pictures and stories from all the years of service to the community are the living history of your community hospital. We are very proud of this great institution.

In this month's magazine, I would like to draw your attention to a very critical issue facing Holyoke Medical Center and all the other hospitals in Massachusetts.

A nurses' union representing only 25 percent of all the nurses in Massachusetts has proposed a draconian piece of legislation that claims to improve patient care and safety by mandating a very specific and rigid nurse staffing ratio. This proposed legislation is going to be Question 1 on the ballot of the November 6th election. In a nutshell, this proposed law would mandate that no nurse in any unit or on any shift can take care of more than four patients at a time or the hospital will face huge fines (\$25,000 per violation). Currently, a nurse at Holyoke Medical Center is caring for anywhere between 1 and 6 patients depending on how sick the patients are. This legislation will hurt Holyoke Medical Center and our patients. Our goal with this issue is to let you know what it really means to hospitals and our community so that you can make the right decision in November and vote NO on Question 1.

The union wants you to believe that legislation like this was passed in California some years ago and that it improved the quality of care there. They want you to believe that the cost is negligible and will not affect services or access to care. They want you to believe that our nurses support this action and that voting for it shows support for our nurses.

Nothing is further from the truth.

California did not improve safety and quality. In fact, Massachusetts hospitals are by far safer and have better quality than California hospitals.

The cost of this legislation has been calculated by independent agencies to be approximately \$1 billion for Massachusetts. For Holyoke Medical Center alone, it will be \$6 million. This cost will be passed on to patients, consumers and taxpayers through higher insurance premiums, taxes and co-pays. It will require us to stop providing other essential services in order to pay for it.

Most hospitals will not be able to afford to hire more nurses nor will they be able to find all these additional nurses even if they could afford to hire them. So, the hospitals will have to violate either the law that prohibits emergency room diversion, or the law that mandates that one nurse cannot see more than four patients. In other words a hospital is not allowed to be "full" because the nurses all have four patients each, and they are not allowed to take patients once all nurses have four patients. The patient is caught in the middle of this. That patient could be you.

Before you go into the voting booth, we at Holyoke Medical Center want you, our patients and friends, to know what this law means. We want you to know that our nurses, doctors and staff do not support this law, that it is a dangerous law and that we want you to vote NO in November.

Thank you for your time and your support of Holyoke Medical Center.

Sincerely,

SPIROS HATIRAS

President and Chief Executive Officer,
Holyoke Medical Center & Valley Health
Systems, Inc.



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Valley Health Systems, Inc.

- **HOLYOKE MEDICAL CENTER**
575 Beech Street, Holyoke | 413.534.2500
- **HOLYOKE MEDICAL GROUP**
10 Hospital Drive, Suite 301, Holyoke | 413.535.4714
- **HOLYOKE VNA HOSPICE LIFE CARE**
575 Beech Street, Holyoke | 413.534.5691
- **RIVER VALLEY COUNSELING CENTER**
319 Beech Street, Holyoke | 413.540.1100

HEALTHY HABITS

FOR YOU AND YOUR FAMILY

A NATURAL HIGH

Folks who gazed at a beautiful sunset, birds outside a window or a gorgeous field of flowers, then snapped a picture and posted it to Instagram, recording their feelings about the shots, were happier and more likely to be connected to other people than people who did the same with man-made objects.

—University of British Columbia



VEGGIE SWAP TO BANISH BLOAT

Popeye must have been on to something! One easy way to get rid of belly bulge is to eat more spinach and less broccoli. While the latter is good for you, you'll consume less raffinose, a complex sugar in broccoli, which breaks down in the large intestine, causing gas.

—Academy of Nutrition and Dietetics

60 SECONDS

The time it takes to kill the bacteria—salmonella and E. coli—found on typical kitchen sponges. In one study of 325 sponges, 15.4 percent were found to contain bacteria. The fix? Regularly microwave sponges on high for one minute.

—University of Arizona

HEAR YE, HEAR YE

Here's another reason to break open that bottle of red wine.

One study found that rodents given large amounts of resveratrol, a compound found in red wine, showed delays in age-related hearing loss.

—Neurobiology of Aging

HELP FOR DRY EYE

Dry winter air can exacerbate the redness, burning and gritty feeling associated with dry eye. To combat it, try lubricating eye drops and consider using a humidifier in the bedroom. Omega-3 fatty acids, found in salmon and walnuts, are also said to help.

—University of Miami

WELLNESS EVENTS

NAVIGATING THE WEB

There's a LOT of information on the internet, and it can be difficult to discern what is correct, what is current, and most importantly, what is safe! So before you needlessly get stressed out that you have some obscure condition or try out some potentially harmful home remedy, join Dr. Katherine Jarrell, family practitioner, as she discusses how to responsibly use the internet to find out medical information.

Date: Tuesday, November 6, 2018

Time: 5:30 PM

Place: HMC Auxiliary Conference Center

To register, call 413.534.2789 or visit

HolyokeHealth.com/events

A BREATH OF FRESH AIR: UNDERSTANDING LUNG CANCER SCREENING

November 15th is The Great American Smokeout, an annual effort by the American Cancer Society to help people quit smoking. If you're thinking of quitting, or have already quit, please join Dr. Laki Rousou as he outlines HMC's Lung Cancer Screening Program and what you can do to reduce your risk of lung cancer. Information on our Quit Smoking Workshops will also be available.

Date: Thursday, November 15, 2018

Time: 5:30 PM

Place: HMC Auxiliary Conference Center

To register, call 413.534.2789 or visit

HolyokeHealth.com/events

QUIT SMOKING WORKSHOP

Our READY, SET, QUIT! Smoking Cessation Workshop is made up of four one-hour classes designed to give you the information and support you need to get through one of the most important changes of your life. Each week the workshop will cover a different topic. Although the series begins the first Monday of the month, participants are encouraged to jump in when the urge to quit first arrives!

Date: Mondays

Time: 4–5 PM

Cost: Free

To register and for location information, please call (413) 534-2789 or email

SmokeFree@holyokehealth.com.

HIGH QUALITY CARE CLOSE TO HOME

HOLYOKE MEDICAL CENTER HAS OPENED A NEW, MODERN, MEMORIAL DRIVE LOCATION OFFERING PRIMARY CARE, PHYSICAL THERAPY, LAB DRAW AND MEDICAL IMAGING.



THE CHICOPEE OFFICE of Holyoke Medical Group (formerly Western Mass Physician Associates), a key component of Holyoke Medical Center (HMC), is already well-known for its friendly, compassionate service to patients in Chicopee, South Hadley and other bordering towns. The accessible Memorial Drive location opened this fall, expanding services in the area to include primary care physicians' offices, walk-in care and lab-draw services, as well as medical imaging and physical therapy.

A primary goal of the expansion is to increase accessibility of care. "In looking to the future, HMC wishes to provide the community what was previously unavailable," says Phillip J. Candito, Vice President of Business Development. "The Memorial Drive location offers state-of-the-art, easy-access facilities, with walk-in hours for patients who wish to be seen with non-emergent needs."



Phillip J. Candito

The new facility's location near many homes and businesses is a major plus.

"It's all about access," explains Candito. "Our laboratory service opens at 6 a.m., so if you're heading down Memorial Drive to go to work or drop the kids off at school, it'll be easy to stop in for a blood draw or testing. It also will be easy to receive services ranging from ultrasounds to X-rays to

treatment for a sore ankle or wrist."

Another important advantage: All of the care a patient needs is available under one roof.

"Patients are able to see their primary care providers at the new location, as well as rotating specialists," says Candito. "All medical records are maintained electronically. So no matter where you seek care, your health information will be accessible to all your providers within the Holyoke Medical Center system."

IMPROVING COMMUNITY HEALTH

Candito stresses that Holyoke Medical Center has been seeing an increase in patients from throughout the Pioneer Valley and wishes to continue expanding access to all of the surrounding towns. "As a mission-driven, not-for-profit organization, our goal is to provide the best care for our community," explains Candito. "We're focused on improving the health and lifestyles of the people we serve. We are a community hospital, taking care of our family, friends, and neighbors."

Warm and caring professionalism should be the goal of every healthcare organization and is Holyoke Medical Center's hallmark.

*** To learn more about services on Memorial Drive in Chicopee, please call:**

Primary & Walk-In Care: 413.552.3250;

Lab & Medical Imaging: 413.536.6766;

CORE Physical Therapy: 413.532.9913



5 Benefits of FAMILY CARE

CHOOSING A FAMILY MEDICINE PHYSICIAN TO CARE FOR EVERYONE IN YOUR FAMILY BRINGS MANY ADVANTAGES. READ ON TO SEE IF IT'S THE RIGHT OPTION FOR YOU.

SELECTING A SINGLE DOCTOR is an excellent way to streamline your family's medical care while receiving the highest quality results. It's the perfect all-in-one situation: You can take your kids, your parents and yourself to one physician, eliminating the need to travel and consult with multiple primary healthcare providers.

In the Holyoke Medical Center community, patients now have the option to choose such a skilled doctor to care for their families: Katherine Jarrell, M.D., who treats newborns, senior citizens and every one in between.

Let's talk with Dr. Jarrell about five key benefits of having a single physician cover your entire clan's health needs.

1 EXPANSIVE KNOWLEDGE.

A family physician is trained to care for virtually any patient. "An internist treats adults, a pediatrician treats children and a geriatrician treats elderly patients," explains Dr. Jarrell. "These doctors are all responsible for your general health but only treat patients in those specific age groups. A family physician can care for patients of all ages. You can schedule ap-

pointments for your family members one right after the other." Having all of your family's records centrally located in one office system is the easiest way for your doctor to expertly access your medical history for those appointments, too.

2 A RANGE OF CARE OPTIONS.

Because a family physician is responsible for overseeing your general health, that doctor can expertly target care to your individual needs. "We can coordinate with other doctors if you need specialized care," Dr. Jarrell points out.



Katherine Jarrell, M.D.

"Also, we can offer preventive care to any member of your family who might be at risk for any number of conditions. There's nothing that distinguishes you as a patient that I can't help you with."

3 A COMMITMENT TO NEW PARENTS.

"I do a lot of prenatal care and deliveries for my patients," says Dr. Jarrell. "I love taking care of pregnant women, and I know that having a newborn is of course a big change for a family—things can get chaotic and stressful. Because of this stress, although new moms will bring their baby in for a checkup, they're not as good at bringing themselves in for their own checkup. When a mom and baby have the same doctor, it becomes a lot easier and more convenient for a woman to take care of her own medical needs." Dr. Jarrell is equally mindful of the health of new fathers she meets. "A lot of dads haven't been to a doctor in a while," she says. "I find when they interact with me, after I deliver their babies, dads will say, 'Okay, I trust you. I see how you work—maybe you're the doctor for me, too.'"

4 A LONG-TERM RELATIONSHIP.

A family physician can conceivably treat a patient for life, eliminating the worry that a member of your family will "age out" and have to find a new physician. This often happens when children grow older. "Making the transition from a pediatrician to an adult doctor can be scary for some kids," says Dr. Jarrell. "Also, we often lose patients in their 20s, between graduating from college and getting a job, the idea of seeking out a new doctor is just too stressful. If you choose a family physician, however, your kids can stay with that doctor permanently and get the consistent care they need."

5 A SENSE OF COMFORT AND FAMILIARITY.

A family physician can establish a close and reassuring bond with your family members as individuals. "In a new patient visit, I'll spend time getting to know you, and you can get to know me," says Dr. Jarrell. "I'll talk with you about your medical history, and we can see if our personalities are a good match." This kind of mutual respect builds trust, which is the cornerstone of a great doctor-patient relationship. "It's nice to work with a healthcare provider you really like," sums up Dr. Jarrell. "Families can really get to know family physicians, and we can get to know our patients as whole people."

✱ **The Holyoke Medical Group Family Medicine office is accepting new patients.**
To make an appointment, call 413.533.2452.

CELEBRATING *125 years* OF CARE & HEALING

ON SEPTEMBER 16, 2018, HOLYOKE MEDICAL CENTER CELEBRATED 125 YEARS WITH AN ANNIVERSARY GALA AT THE LOG CABIN IN HOLYOKE.

THE 125TH ANNIVERSARY GALA featured a social hour, a chef's dinner with seven courses, each with its own wine pairing, and a silent auction to support Holyoke Medical Center. All attendees received a complimentary copy of the book *Holyoke Medical Center: 125 Years of Caring for Our Community*, created in partnership with The Republican.

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Holyoke Medical Center would like to extend appreciation to the book and event sponsors for their support:

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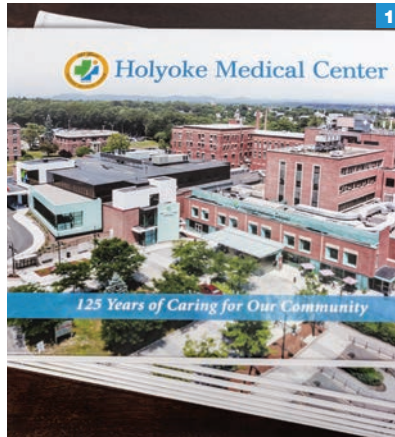
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- Unidine



1 A copy of the book *Holyoke Medical Center: 125 Years of Caring for Our Community* was provided to all event attendees. The book may be purchased in the Holyoke Medical Center Gift & Coffee Shop.

2 HMC President & CEO Spiros Hatiras started the event with a champagne toast.

3 The Interplay Jazz Band entertained the crowd during social hour.

4 The O-Tones Band played throughout dinner and dancing during the main event.



5

5 Senator Eric Lesser, Representative Aaron Vega, and Senator Donald Humason enjoyed their evening after presenting proclamations on behalf of the Senate and House of Representatives.

6 Valley Health Systems Board Chair Marc Joyce with his wife, Cindy, and Event VIP Richard Towne, who provided a brief history of Holyoke and the hospital at the turn of the century.

7 HMC Community Benefit Director Kathy Anderson dancing with Jay Candelario.

8 HMC Chief Nursing Officer Colleen Desai, Joan Cameron, HMC Chief Operating Officer Carl Cameron, HMC Director of Information Systems Todd McDermott, Karyn McDermott, and HMC Nurse Practitioner Maria Quinn.



6



7



8



9



10



11

9 HMC Director of Behavioral Health Nursing Melissa Perry, HMC Mental Health Assistant Cynthia Gonzalez, and Holyoke Mayor Alex Morse.

10 Members of the Anesthesia and Operating Room team.

11 Event attendees signed a photo matte frame with congratulatory messages in honor of Holyoke Medical Center's 125th birthday.

12 Members of the Weight Management Program team enjoyed dancing all the way until the last song was played.



12

What You Need to Know About BALLOT QUESTION 1

THE STAFF at Holyoke Medical Center (HMC) is committed to providing the highest quality care to you and your family. This is why HMC has joined with Massachusetts hospitals, nurse organizations, business and civic groups to speak out against Question 1 on this November's ballot.

Question 1 would institute inflexible, government-mandated, nurse-staffing ratios at hospitals throughout the state regardless of patients' needs. Patient assignments are currently determined by experienced nurses on the floors and are based on individual patient needs. No two patients are alike. Age, severity of illness or injury, overall health and other medical conditions all factor into a professional nurses' decision making when crafting patient assignments. Government-mandated staffing ratios would ignore this fact.

WHAT DOES QUESTION 1 MEAN FOR YOU AND YOUR FAMILY'S HEALTHCARE?

- Emergency Department wait times would increase.
- Non-emergent and elective surgeries could be subject to cancellation.
- It would add \$1.4 billion in additional costs to the state's hospitals the first year, and almost \$1 billion a year annually afterwards. These are costs that would ultimately be paid for by consumers. The estimated effect to HMC is approximately \$6 million annually.
- Question 1 would result in a statewide shortage of 5,500 nurses.
- Hospitals statewide, including HMC, would be forced to make very difficult decisions in terms of what services they could continue to offer the community due to the cost of government-mandated nurse-staffing ratios and lack of nurses. Hospitals would have to reduce staffed beds, and some hospitals could even be forced to close.

California is the only state with nurse-staffing ratios. Fourteen years after implementation, not one study has conclusively shown that ratios have improved care there. In fact, the latest data from the Centers for Medicare and



Please
join us in
voting No on
Question 1!



From top left, clockwise: HMC has earned national recognition for the high quality care it provides. Overall, Massachusetts hospitals are safer than California hospitals. Massachusetts was named the healthiest state, well ahead of California.

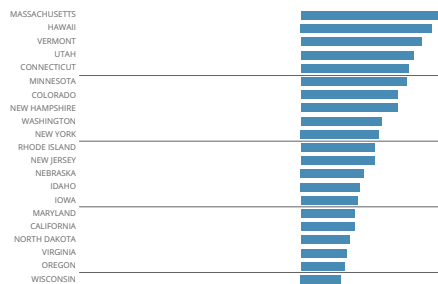
THE LEAPFROG HOSPITAL SAFETY GRADE BOOK

Percentage of hospitals at each grade level per state	A	B	C	D	F
MASSACHUSETTS	54	30	16	0	0
CALIFORNIA	29	29	34	5	3

Spring 2018 Hospital Safety State Rankings (The Leapfrog Group)

2017 SCORES SORTED BY RANK

In December 2017, the United Health Foundation released its annual ranking of America's Health Rankings, naming Massachusetts as the healthiest state and ranking California at #17.



Medicaid shows that in hospital quality and patient satisfaction, Massachusetts hospitals' scores are the same or higher than California hospitals' scores. This data includes hospital readmissions, patient-safety indicators and mortality (death) prevention measures.

Leapfrog, the respected national patient safety rating organization, also found that Massachusetts has a far greater percentage of hospitals rated an "A" for patient safety than California. HMC has received five consecutive "A" ratings, and was also recognized with the presti-

gious Leapfrog "Top Hospital" Award for excellence in patient safety in 2014 and 2016.

HMC joins leading nurse organizations and the state's other hospitals and urges you to learn more about Question 1 by visiting www.protectpatientsafety.com.

WHAT DO HMC TEAM MEMBERS THINK ABOUT QUESTION 1?



Megan Mayo, RN
Birthing Center Nurse

"As a labor and delivery nurse serving our community for the last 20 years, I know how hard it is to predict or control when active labor patients will arrive on our doorstep. I fear this one-size-fits-all

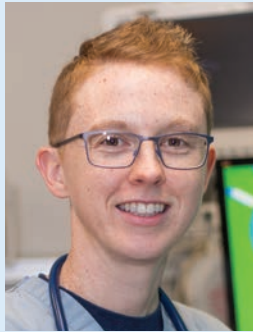
bill will negatively impact our ability to care for every patient that arrives on the unit. Imagine having to turn away patients or tell them they will have to wait to be seen? This is not just about how many patients a nurse should be assigned. I care about the community we serve, which is why I will be voting No on ballot Question 1."



Allison Motyl, RN
Behavioral Health Nurse

"In theory, some of the things addressed in the bill are important issues we need to consider, but I do not believe the way it is proposed to be implemented will be effective. The hiring and training of new nurses within

the short time frame, eliminating nursing judgment, accompanied with the fact that there is no proof that this will generate better patient outcomes are all reasons why I will be voting No on Question 1. With the shortage of behavioral health beds currently throughout the state, and while we are at the peak of the opioid crisis, this bill will be especially devastating for behavioral health patients in Massachusetts."



Melanie Currie, MD
Emergency Department Physician

"Question 1 is worrisome for local emergency departments like ours. It's not fair to place this rule on emergency nurses and I am actually scared for patient safety. My biggest concern is having all the nurses be at the maximum ratio

when a critical case enters the ER. The nurses should not be presented with having to choose between patient care and huge financial burdens on the hospital. I trust the team I work with and know our nurses are well equipped to handle the fluctuating demands our community presents. It is not fair to have limits placed on the nurses in this blanket fashion. I encourage voters to think about how you would feel if you were the patient entering the emergency room. How would you want to be treated if this rule was in place? I encourage you to vote No."



Colleen Desai, MBA, MSN, RN, CEN
Chief Nursing Officer, VP of Patient Care Services

"The thought of this ballot question passing into law literally keeps me up at night. I am a patient advocate and am frightened at the thought of the public not having access to care. Among a myriad of other things, this proposal mandates

nurse-to-patient ratios which are to be maintained at all times. While on the surface

that may sound positive, the implementation of such a mandate is terrifying to those needing care. It will result in the capping of the number of patients that can be admitted to hospitals (i.e. beds will have to be closed due to not having enough nurses to staff at all times), patients will then be backed up in the emergency departments, and those new patients needing an evaluation will have longer waits to be seen. The potential harm this will cause is one of the reasons I am voting No on Question 1."



Deborah Panitch, MD
General Surgeon

"Question 1, if passed, would deny hospitals the ability to staff appropriately based upon the needs of their patients, and would have the unintended consequences of delays in patient care when the required

number of RNs are not immediately present, of loss of critical services and of significant increases in healthcare costs. Please join me in voting No on Question 1."



Owen Zaret, PA-C
Orthopedic Physician Assistant

"I'm 100 percent in favor of safe, quality health-care and the well-being of our nurses. This proposed legislation is overly punitive to hospitals, and the bill's intent is lost in overregulation. It fails to address an ongoing nursing shortage. I'm voting No."



HOSPICE CARE 101

FIND OUT IF AT-HOME END-OF-LIFE
CARE MIGHT BE RIGHT FOR YOU
OR YOUR LOVED ONE.

MANY PEOPLE know that hospice care offers specialized services for people at the end of life, but they're unsure when it's an appropriate choice and what types of services it includes. Read on to learn more about local hospice care.

Hospice Life Care at the Holyoke VNA provides end-of-life patients with dignity and comfort in the privacy of their own homes while tending to their medical needs.

"Hospice care focuses on assisting folks to live the best possible quality of life," says Suzanne Picard, R.N., hospice clinical manager for Holyoke VNA Hospice Life Care. "It does not mean hastening end of life, nor prolonging life unnaturally."

CREATING COMFORT

Many people mistakenly believe that hospice care is only intended for patients in their last few days of life. But there's no reason to wait that long to seek hospice care; it's intended to make your loved one's final months more comfortable.

"It's for any end-of-life diagnosis, for any disease when a person doesn't want—or doesn't have—any therapies available for a cure; if there's nothing more that can be done," says Picard. "It can be as soon as the person says, 'No, I don't want to go to the hospital anymore. I don't want these aggressive interventions.'"



“Hospice care focuses on assisting folks to live the best possible quality of life. It does not mean hastening end of life, nor prolonging life unnaturally.”

Suzanne Picard, RN



can qualify for hospice care.

“Usually, the doctor has to certify that a person is expected to live for six months or less,” says Picard. “And there is no end to the hospice benefit. As long as the person is showing some decline, they can continue in hospice, even after six months.”

PARTICIPATING IN LIFE

Hospice care doesn't limit a patient from living life as fully as possible during those final months. “There are no restrictions,” says Picard. “Patients can go out. They can participate in life as much as they want. They can get a haircut or go on vacation. Yes, they can still travel. We promote quality of life. We want patients to live as well as they can.”

Health insurance pays for hospice care (either through Medicare or private insurance), so it isn't cost-prohibitive and is accessible to most families. Having a team of caregivers is particularly important for family members who may otherwise experience caregiving burnout. Hospice volunteers provide family caregivers much-needed respite care.

“We have volunteers who can go in and be a companion for the patient so the caregiver can have a break to reenergize,” says Picard, “whether that means going out for lunch or playing a round of golf.”

VALUED VOLUNTEERS

Holyoke's hospice volunteers boast a variety of skills. There are massage therapists, crafters, military veterans and even a harp player.

“A volunteer who knits drove a hospice patient who couldn't get to the yarn store to get knitting supplies and then sat with her and knitted,” says Picard. “We have veterans who go visit other veterans because they have that commonality. The harp music is very soothing. Volunteers have to take a specific harp course to provide this therapy.”

If you think that your loved one could benefit from hospice care, ask your doctor for a referral.

“Sooner rather than later is better,” says Picard. “It gives us, the hospice team, time to establish rapport with the patient and family, so that when we give them recommendations, they trust that it is for the well-being of the patient.”

Each hospice patient receives a team of caregivers, led by a hospice team medical director. A nurse oversees each patient's overall plan of care, including pain management and medication management. Home health aides help with bathing and personal care. Social workers and spiritual counselors provide psychosocial support, and they can help hospice patients initiate difficult, emotional conversations with family members. Hospice volunteers round out the team. All of this care is done in conjunction with the patient's usual doctor.

“Their doctor stays as the main physician, but along with that, you get an interdisciplinary hospice team with its own medical director,” explains Picard. “The team is set up not to focus on the patient's physical comfort alone, but also on their emotional and spiritual comfort. That's why there are so many members.”

WHO CAN RECEIVE CARE

Many people who seek hospice care have advanced forms of heart disease, lung disease, liver disease, neuromuscular disease, dementia or cancer, but anyone with a life-limiting health condition

✱ To learn more about **Holyoke VNA Hospice Life Care**, call 413.533.3923 or visit www.holyokevna.org.

Meet Our New Medical Providers

OUTPATIENT PROVIDERS



Rani Athreya, MD
HMC SLEEP CENTER
575 Beech Street, 1st Floor
Holyoke
413.534.2557



April Bowers, NP
HMC GASTROENTEROLOGY
11 Hospital Drive, 3rd Floor,
Holyoke
413.540.5048



Kristen Chapin, PA
HMC WEIGHT MANAGEMENT
PROGRAM
11 Hospital Drive, 3rd Floor,
Holyoke
413.535.4757



**Cheryl Gorton, DNP,
FNP-BC, CNP**
HOLYOKE MEDICAL GROUP
FAMILY MEDICINE
10 Hospital Dr., Suite 104
413.533.2452



Kristie Harrington, FNP
HMC SLEEP CENTER
575 Beech Street, 1st Floor
Holyoke
413.534.2557



Katherine Jarrell, MD
HOLYOKE MEDICAL GROUP
FAMILY MEDICINE
10 Hospital Drive, Suite 104
Holyoke
413.533.2452



Rubeela Malik, MD
HMC GASTROENTEROLOGY
11 Hospital Drive, 3rd Floor
Holyoke
413.540.5048



Brenda Maloney, CNM
HOLYOKE MEDICAL GROUP
WOMEN'S SERVICES
575 Beech Street, Suite 501,
Holyoke & 230 Maple Street,
Suite 200, Holyoke
413.534.2826 & 413.535.4700

THE FIRST HALF OF 2018 INTRODUCED
16 NEW PROVIDERS TO THE HOLYOKE MEDICAL
CENTER TEAM. PLEASE JOIN US IN
WELCOMING THESE SKILLED CLINICIANS.



Khawar Maqsood, MD
HMC CARDIOVASCULAR
CENTER
575 Beech Street, 1st Floor
Holyoke
413.534.2870



Ursula McMillian, MD
HMC WEIGHT MANAGEMENT
PROGRAM
11 Hospital Drive, 3rd Floor,
Holyoke
413.535.4757



Dale Pappas, PA
HMC GASTROENTEROLOGY
11 Hospital Drive, 3rd Floor,
Holyoke
413.540.5048



Ana Ronderos, NP
ENDOCRINOLOGY
8 Isabella Street, Holyoke
413.534.2820

HOSPITAL PROVIDERS



Dorothy Fisher, CRNA
ANESTHESIOLOGY



**Melissa
Matos-Auerbach, MD**
ANESTHESIOLOGY



Robert Piela, MD
ANESTHESIOLOGY



Dawn Quinn, CRNA
ANESTHESIOLOGY



THE JOY OF SHARING

DR. R. GOPAL MALLADI CARES FOR HIS PATIENTS FIRST, BUT HOLYOKE MEDICAL CENTER COMES IN A CLOSE SECOND.

FOR EAR-NOSE-THROAT specialist R. Gopal Malladi, M.D., F.A.C.S., his place of work is a special destination that's worthy of his loyalty and financial support. Since joining the medical staff at Holyoke Medical

Center in 1988, Dr. Malladi has been donating his time and money annually, proudly supporting his professional home. This year marks his 30th anniversary as both a donor and physician at Holyoke Medical Center.

A DESIRE TO HELP

Although it isn't typical for people to make contributions to their places of business, Dr. Malladi says that he feels compelled to give of himself. He's guided by an important Hindu belief that he learned as a child while growing up in India.



I want the hospital to do well. Hospitals try to help you, but they can't do it all by themselves. That's why I wanted to help.

Dr. R. Gopal Malladi

"We were told: 'You should always share what you have with the people around you; the resulting happiness and well wishes of those people will help you in the long run,'" he says. "I want the hospital to do well. Hospitals try to help you, but they can't do it all by themselves. That's why I wanted to help."

Dr. Malladi grew up wanting to help others: Becoming a doctor fulfilled his childhood dream. "I always wanted to be a physician—since I was 5 or 6 years old," he says. "My uncle was a physician. My grandfather was a physician. I always looked up to them."

After attending medical school in India and doing his surgical training there, Dr. Malladi moved to England, where he did a surgical residency from 1973 to 1975. After that, he moved to the U.S., where he did a surgical residency at the University of Connecticut and joined the ENT program there. In 1980, Dr. Malladi moved to the Holyoke area and began practicing at Providence Hospital. Within a few years, he began doing surgery at Holyoke Medical Center as well. After Providence Hospital closed in 1997, Dr. Malladi relocated his practice to Holyoke Medical Center.

COMMITTED TO COMMUNITY

Dr. Malladi lives in Holyoke with his wife and teenage daughter. He also has three grown, married children and three grandchildren. In his spare time, he enjoys playing racquetball and traveling with his family. They visit India to see relatives and also enjoy sightseeing in destinations like Costa Rica.

In the past, he always supported Holyoke Medical Center's annual golf tournament fundraiser. When that event ended, he shifted his support to the affiliated River Valley Counseling Center golf tournament, sponsoring the luncheon and paying the entry fees for 20 relatives, friends and colleagues to participate.

"I love the hospital," he says. "I love to support the hospital any which way that I can."

*** To learn how you can support Holyoke Medical Center, please call 413.534.2579.**



Oh, nuts!

CRUNCHY GOODNESS
THAT'S GOOD FOR
YOU, TOO? THESE
POTENT PORTABLES
PACK POWERFUL TASTE
AND A HEALTHY PUNCH.

DID YOU KNOW?

Nuts have been a mainstay of the human diet all over the world since prehistoric times—in fact, almonds, which are native to the Mediterranean region, were one of the earliest foods to be cultivated. Today, there are thousands of varieties of nuts grown. The most popular? At more than 600 million pounds eaten per year in the U.S., it's the peanut, which was first harvested in South America about 800 B.C. Their popularity on this continent began to take off during the Civil War, as soldiers turned to peanuts for sustenance. Peanuts soared to new heights in 1969 as Apollo astronauts carried them into space.

POWERS

Think of nuts as being high in fat? While that is true, there's some good news for nut lovers: The types of fat they contain—monounsaturated and polyunsaturated—actually have great health benefits! In fact, research shows they can protect your heart and lower cholesterol. What's more, they're rich in omega-3 fatty acids, which reduce heart-attack and stroke risk, and arginine, which keeps blood vessels in tiptop shape. And while all nuts offer these benefits, each variety offers its own extra health boost: Almonds contain more fiber per ounce than other nuts—that's likely why a study in the *International Journal of Obesity* found that when dieters added the nuts to their meal plans, they lost more weight than did dieters who added more

complex carbs. For the biggest antioxidant boost, crunch on walnuts—they have the highest concentration of the disease-fighting, antiaging nutrients. Pistachios are rich in an antioxidant called gamma-tocopherol, which helps reduce lung-cancer risk. Another cancer fighter? Brazil nuts, which are chock-full of selenium, a mineral known to help thwart the disease. Trying to lower your cholesterol? Opt for pecans, which studies show can lower “bad” LDL cholesterol levels up to 33 percent. And don't forget cashews—they get their superpowers from high concentrations of memory-boosting magnesium.

BUY · STORE · GROW

When buying nuts in the shell, look for ones that feel heavy for their size—they'll crack open to reveal a meaty interior. Give them a quick shake, too, to make sure there's no rattling, a telltale sign of staleness. If you're buying them unshelled, look for nuts that are plump and firm to the touch. Choosing between roasted and raw? Go ahead and pick your favorite—as long as the nuts are dry-roasted without salt or oil, you'll get the same health benefits from either option. (Salted nuts are fine as an occasional treat, but those watching their sodium intake should steer clear.) When it comes to storage, an airtight container in a cool, dry place will keep nuts fresh for up to a month. For longer-term storage, the freezer is best: Because nuts are high in oil, they can become rancid when exposed to light and heat.

» ORANGE SPICED NUT MIX COURTESY OF WHOLE FOODS MARKET

INGREDIENTS	
2 cups whole shelled almonds	1 cup sugar
1½ cups shelled pecan halves	¼ tsp. ground allspice
1½ cups shelled filberts (hazelnuts)	½ tsp. sea salt
	2 egg whites
	1 Tbs. grated orange peel
	½ cup unsalted butter

Preparation: Preheat oven to 325° F. Blanch almonds (cover with boiling water in a bowl, drain, rinse with cool water, rub off skins). Spread all three types of nuts on a rimmed baking pan. Bake, stirring occasionally, 20 to 25 minutes until lightly toasted. In a small bowl stir together sugar, allspice and salt.

In a separate small mixer bowl, beat egg whites at high speed until soft peaks form, gradually add sugar mixture and continue to beat until stiff peaks form. By hand, fold in nuts and grated orange peel. Melt butter in the oven on the original baking pan. Return nut mixture to that pan and spread over the butter.

Bake, stirring every 10 minutes or so, for 25 to 30 minutes until nuts are brown. Cool completely on the pan. Store up to two weeks in an airtight container at room temperature.

VOTE

NO on 1

**BAD FOR PATIENTS.
WRONG FOR
MASSACHUSETTS.**

Question 1 on the November ballot would impose government-mandated nurse staffing ratios in every Massachusetts hospital, overriding the judgment of nurses and restricting access to healthcare service.

QUESTION 1 WOULD PUT OUR QUALITY HEALTHCARE AT RISK



Limit the services hospitals can provide at any given time if they cannot provide enough nurses to fulfill the rigid ratios. Some community hospitals would even be forced to close as a direct result of the law.



Not improve the quality of Massachusetts hospitals.

California is the only state that has experimented with government-imposed ratios and there is no evidence that it has improved care in its hospitals.



Dramatically increase emergency room wait times and delay other life-saving care services as hospitals scramble to arrange nurses to fulfill each ratio.



Add over \$1 billion annually in mandated costs, crippling community hospitals and forcing some to close.



Take real-time decision-making power away from professional nurses and put it in the hands of a rigid government mandate. In the current system, nurses and nurse leaders make patient care assignments based on the ever-changing needs of the patients and the skill set of the nurses.



Pass along added costs to patients in the form of higher insurance costs and taxes.

If you would like to join the effort to defeat this dangerous proposal, or if you have a specific question, visit ProtectPatientSafety.com.

Vote NO on Ballot Question 1