



# VALLEY

health & life

## PARKINSON'S DISEASE

GET EXPERT HELP

## LIFELIKE TRAINING

FOR PROVIDERS



OFFERING  
CARE AND  
PEACE

River Valley Counseling Center

9<sup>th</sup> Annual  
**GOLF**  
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**Friday, September 13, 2024**  
East Mountain Country Club, Westfield, MA

Shotgun start: 10:30 AM; scramble format  
\$125 fee includes golf, cart, lunch, and dinner!  
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**On the Cover:**

Leo Labonte holds a photo of his mother, Gloria Labonte, around the time of her graduation in 1942. He shares the positive experience Gloria had while she received hospice care at home.



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# HEALTHY HABITS

FOR YOU AND YOUR FAMILY



## EATING STRAWBERRIES AIDS MEMORY

New research found that daily strawberry consumption could help reduce the risk of dementia. Overweight middle-aged men and women with insulin resistance and cognitive decline were given a 12-week course of whole-fruit strawberry powder. Participants experienced diminished memory interference and a reduction of depressive symptoms.

—Nutrients



## VACCINATION: PRE INFECTION HELPS

Receiving at least one dose of a COVID-19 vaccine before the first infection reduces risk of developing the post-infection condition commonly known as long COVID, according to a recent study. The findings, based on data on more than half a million adults, showed that unvaccinated individuals were almost four times more likely to be diagnosed with long COVID than those who were vaccinated before first infection.

—The BMJ



1 IN 4

The number of Americans over age 21 who have never been checked for skin cancer. And seven in 10 Americans haven't had their skin checked in the past year.

—Prevent Cancer Foundation



## A SHOW OF HANDS

Eighty percent of all infectious disease is transmitted through your hands. In addition to washing your hands frequently, consider cleaning your cell phone and keyboard with alcohol wipes once a day.

—Centers for Disease Control and Prevention

## EXERCISE LOWERS DIABETES RISK

A recent study found that engaging in an hour of moderate to vigorous physical activity daily can lower your risk of developing Type 2 diabetes.

—British Journal of Sports Medicine





# EXPERT HELP FOR PARKINSON'S

HMC OFFERS HIGHLY SPECIALIZED CARE AND MANY SUPPORTIVE TREATMENTS FOR PATIENTS LIKE DAVID CISTOLDI WHO HAVE PARKINSON'S DISEASE.

## DAVID CISTOLDI OF HADLEY,

Massachusetts, knew something was amiss when friends began noticing a tremor in one of his hands and his legs began feeling so heavy that he had difficulty getting out of bed in the morning.



Rani Athreya, MD, ABPN

When David visited his PCP, he was diagnosed with Parkinson's disease (PD), a movement disorder caused by a dysfunction of nerve cells in the brain that control movement. The disorder can result in tremor, stiffness, slowness, walking and balance problems. Patients may also have difficulty with fine motor skills, such as writing, shaving, styling hair and buttoning clothes.

Other movement disorders include

essential tremor, ataxia and dystonia. Being diagnosed with any of these can be alarming because they disrupt your ability to function. When your body refuses to move the way you expect, depression, sleep and cognitive problems can also occur.

David had difficulty accepting his diagnosis and grew increasingly anxious and depressed. "I felt locked up in my brain and almost paralyzed mentally. I'd once been able to exercise for up to an hour on the elliptical trainer at the gym. Suddenly, I couldn't even do 10 minutes, and I grew progressively worse."

## WORLD-CLASS CARE

Eventually, David decided to seek a second opinion and made an appointment with Dr. Rani Athreya, MD, ABPN, a neurologist and movement disorder specialist at Holyoke Medical Center (HMC). Dr. Athreya, Medical Director of HMC Neurology & Sleep, has been practicing in the field for 20 years.

"Patients often believe tremors are the only symptom of Parkinson's disease," says Dr. Athreya, "but there are often other symptoms like speech difficulty, sleep problems, abnormal behavior in sleep, word-finding difficulties, anxiety, depression, constipation, dizziness and vertigo, among others."

This was the case for David, who, in addition to tremors, experienced difficulty and slowness in his movement, as well as subtle memory, mood and sleep problems. "What was difficult for David was his anxiety and depression," Dr. Athreya notes. "Forty percent of patients with Parkinson's disease have mood disorders like depression or anxiety. It is usually mild in early stages, but in a small percentage of patients like David, it is severe at the onset. When a patient's mood is poorly controlled, their Parkinson's symptoms, like tremors, may feel worse and can significantly affect their quality of life. In this case, managing his anxiety and depression is as vital as managing his motor symptoms."

Dr. Athreya performed a detailed neurological evaluation on David and used the Unified Parkinson's Disease Rating Scale (UPDRS), which consists of a 50-question assessment of motor and non-motor symptoms associated with Parkinson's. David had previously received an MRI to rule out any structural causes. His evaluation also included a detailed history of exposure to psychiatric medications, head injury, exposure to toxins and any family history of PD.

Depending on symptoms, other diagnostic tools for PD include a DaTscan, which is a SPECT scan that assesses the dopamine activity in the brain, lab work and genetic testing.

"His history and neurological examination were typical of Parkinson's disease," Dr. Athreya says. "David had asymmetrical tremors, with rigidity and bradykinesia."

There is a close association between sleep disorders and Parkinson's. This is especially true with REM sleep behavior disorder (RBD), where a person has vivid dreams and acts out dreams. RBD can occur in patients many years before they develop the typical Parkinson's symptoms. It is usually a clinical diagnosis supported by findings on a sleep study. When severe it can lead to injuries to patients or their bed partners and should be treated.

PD is caused by loss of neurons in a part of the brain called substantia nigra which produces dopamine. Dopamine is an important neurotransmitter for regulating your body movements. The cause of PD is a combination of age and genetic and environmental factors, such as pesticides and other toxins, although those connections have been difficult to prove.

## A FAMILY-CENTERED APPROACH

Dr. Athreya worked with both David and his wife to help them understand this slowly progressing disease. "Luckily, David is still in an early stage, so we discussed management options," she

says. "We started him on physical therapy and medications to increase dopamine levels. He was also referred to a psychologist for management of his anxiety."

Other possible treatments for Parkinson's include occupational and speech therapy; other medications; dopamine pump; deep brain stimulation (DBS), a treatment in which a device is implanted in the brain to deliver electrical pulses that block involuntary movements; MRI-guided ultrasound treatment; and more.

David was pleased by his response. "The increased dopamine almost immediately improved my life. I went back to 45 minutes of exercise on the elliptical machine."

## TREATING THE WHOLE PERSON

Dr. Athreya also connects patients like David with local support groups to help them better manage the physical and mental challenges posed by this chronic disease. In addition to PD education, there are healthy eating and targeted exercise therapies. Patients at HMC also have access to physical therapy for balance and stretching, speech-language pathology to improve speech problems, and occupational therapy for daily tasks.

David was thrilled with Dr. Athreya and her care: "She was kind, sincere and very uplifting. And she counseled me to avoid all anxiety and pressure." He also benefited from talking to other professionals, who advised him that meditation, exercise and avoiding loneliness were also critical.

Dr. Athreya says, "The primary risk factor for PD is age. PD incidence estimates are higher in men compared to women at all ages. The increase in the incidence of PD aligns with the growth of an aging population. I'm committed to helping patients understand that PD is a manageable condition."

"I feel very good now," David says. "I can live a regular life. I'm not going downhill anymore."

**\* To make an appointment with Dr. Rani Athreya at HMC Neurology & Sleep, please call 413.736.1500.**



HMC's simulation lab offers healthcare professionals a risk-free way to enhance individual skills and strengthen team performance.

# PRACTICE MAKES PERFECT

AT HMC, A NEW SIMULATION LAB TRAINS CLINICAL STAFF IN REALISTIC PATIENT SCENARIOS USING A LIFELIKE, HIGH-TECH MANIKIN.

**HE BLINKS**, breathes and has a pulse, but this “patient” is actually a high-tech, lifelike manikin housed within the new simulation lab at Holyoke Medical Center (HMC) in a room that mimics a real-life patient setting. The SimMan Essential manikin plays a vital role in hospital training, allowing clinical staff to practice a multitude of scenarios including stroke, alcohol withdrawal and respiratory or cardiac arrest.

The simulation lab is the brainchild of Center for Learning Director Jody Peltier, MSN, RN, HN-BC, CH, CCAP, and Bret Guidi, RRT, respiratory therapy supervisor/educator. Guidi had previous patient simulation training experience as a clinical instructor at Springfield Technical Community College and UMass School of Nursing. He was familiar with the latest simulation technology and knew that state-of-the-art equipment would benefit HMC



Jody Peltier MSN, RN,  
HN-BC, CH, CCAP



Bret Guidi, RRT

staff and patients. “Our new SimMan manikin has top-notch technology,” says Guidi. “It’s a tremendous training tool.”

## SAFE SPACE TO LEARN

HMC’s simulation lab offers healthcare professionals a risk-free way to enhance individual skills and strengthen team performance as they rehearse common clinical scenarios and emergency incidents. The lab is comprised of two rooms: a patient room and an observation room. The SimMan, a wireless simulator that represents an average-sized adult, lies in a bed in the patient room equipped with a monitor that displays vitals, labs and other data.

The lifelike manikin’s head and jaw move freely allowing airway access, its eyes open and close enabling pupil assessment, and one arm is ready for an IV. There are breathing, circulation, cardiac and pharmacology features. The manikin can be programmed to do several human actions, including simulate heart and lung sounds. Employees can immerse themselves in realistic patient encounters, learning techniques for intubation and ventilation, defibrillator use, Foley catheter insertion, blood pressure management and bleeding control.

Educators monitor the SimMan via computer from a nearby observation room. “We can look in the patient room and view employees as they care for the manikin,” says Guidi. “We create different medical scenarios and talk to employees as they assess and treat, discussing care choices as needed,” he says. Software allows the educator to voice how the patient is feeling, giving employees additional feedback. Those using the lab include nurses, respiratory technicians, hospitalists, intensivists and other providers.

## BENEFITS FOR PATIENTS AND STAFF

Patient simulation training improves patient safety and outcomes. “It allows learners to practice medical scenarios in a realistic setting,” says Peltier. “This increases their confidence as they build a particular skill. They get real-time feedback and can make adjustments as they practice.” Repeating clinical skills in simulated practice ensures skills and teamwork are top-notch when it matters most.

Along with its human features, the manikin is compatible with medical equipment. “For example,” says Guidi, “employees can safely practice a different way to perform cardiopulmonary resuscitation for sudden cardiac arrest using LUCAS, a hands-free mechanical device.”

Peltier and Guidi say the goal is to develop a well-rounded simulation lab that’s accessible to a wide range of healthcare professionals. “We’ll be offering training for learners at all levels from basic skills to advanced classes for everyone from new nursing grads and CNAs to experienced nurses and physicians,” Peltier says.

“Bret and I wrote a proposal to fund a new sim lab at Holyoke Medical Center and were thrilled when it was supported wholeheartedly by hospital leadership and approved quickly,” said Peltier. “Our new sim lab will help clinicians to better care for our community.”

Leo Labonte holds a wedding picture of his parents from 1946.



# PROVIDING CARE AND PEACE

HOSPICE SERVICES FOCUS ON COMFORT, FAMILY, MEMORIES—  
AND LASTING BONDS.

**WHEN GLORIA LABONTE** was scheduled to begin hospice care after hospitalization at Holyoke Medical Center (HMC), she initially opposed the idea. The 97-year-old South Hadley resident, who had suffered a heart attack while battling COVID-19 and pneumonia, was bedridden, and there was nothing more that doctors could do for her.

Gloria's attitude and outlook shifted after nurses from Holyoke Visiting Nurse

Association (MNA) and Hospice Life Care started to visit. "At first, my mom was not happy with anybody even coming into the house," says her son, Leo. "Then, after a while, she looked forward to them coming to visit. That says a lot about the women who came in. It was just amazing how they made her feel so at ease."

Gloria grew especially close to Stacie Carlin, RN, a nurse case manager. It helped that they knew many of the same

people, as Gloria had once been an HMC employee.

"She was a tough person to crack," says Carlin. "But we would talk about things from the hospital, and she built up a comfort level with me."

## FOCUSING ON FAMILY

Resistance to hospice care is common. "People are afraid of that word, 'hospice,'" says Carlin. "They often



think we're going to come and take their medications away, and that they are going to suffer. I've learned to use the words 'comfort measures.'"

"The focus is taken off of treatment that isn't benefiting you anymore and placed instead on your spending time with family and doing the things that are important," adds MaryAnne Catanzaro, RN, Director of Hospice Services at HMC. "It's really a matter of helping people live their best life going forward."

In general, hospice is intended for people with an anticipated life expectancy of less than six months when a cure is not an option. Care involves an interdisciplinary team of professionals trained to address the physical, psychosocial and spiritual needs of the patient. Team members—including nurses, home health aides, social workers, spiritual counselors and volunteers—are also trained to look after the patient's family.

Hospice care is brought to the patient, whether they live in a private residence, nursing home or community living arrangement. The idea is to situate the person in a comfortable and familiar setting close to family, important objects and memories.

For example, while in hospice, Gloria enjoyed reminiscing about a trip she took to Belgium decades ago to commemorate the 50th anniversary of the Battle of the Bulge in World War II with her husband, also named Leo, who died in 2012. He had been an airman whose plane was shot down during the battle. A French speaker, Gloria had been able to provide translation during the trip for a large delegation from the United States.

## A LIFE OF PURPOSE

There were many other shining moments in Gloria's full and vibrant life. "She was a force to be reckoned with," says the junior Leo.

In the 1940s, Gloria played piano and had her own band. "I remember while growing up that people would come over and huddle around the piano while she played and they all



Gloria and Leo Labonte Sr. at their 60th wedding anniversary in 2006.

sang," Leo says. Later, in addition to her hospital job, she stitched baseballs for the Spalding company.

Gloria also managed a household comprising three sons, her mother and several aunts. "It's amazing how much she accomplished," Leo says. "My dad worked two or three jobs, and my mom bought the cars, had the roof fixed and everything else. He didn't have to worry about a thing; she basically ran the entire operation."

She was a talented cook, and the dinner table often included friends and neighbors. "Her cupcakes, cakes and pastries are legendary," says Leo. "She made old French recipes that you can't find anywhere." Somehow, she also found time to put in many hours of volunteer work in the community.

But eventually, Gloria's rich life drew to a close. Although Carlin was not physically present when the end came, she was on the phone with Gloria and the family.

"It was heart-wrenching," Carlin

says. "You're crying with the family. You're there to help them through this process. It is very emotional, but you realize the difference you're making in someone's life by allowing the person to stay at home and providing care."

Close bonds forged during hospice care often continue even after a loved one has died. Carlin and some of her colleagues attended Gloria's wake and have stayed in touch with the family.

"You have to engage and attach at some level and really listen to what they're saying," says Catanzaro. "You embed yourself in people's lives and become a part of their lives in a very intimate way. It's an honor to be part of this time."

For Leo, that connection was crucial in his mother's last days. "All of the medical care was great," he says. "But more important than things like giving her a shot, it was the relationship they crafted with my mother that was so important for her quality of life."

**\* To learn more about Holyoke VNA and Hospice Life Care, visit [www.holyokevna.org](http://www.holyokevna.org) or call 413.533.3923.**

# WELCOME NEW DOCTORS AND PROVIDERS

MEET 13 CLINICAL EXPERTS WHO HAVE RECENTLY  
JOINED HOLYOKE MEDICAL CENTER'S TEAM.

## INPATIENT PROVIDERS



**Ryan Crawford, MD**  
RADIOLOGY



**Jeisa Gomez Torres, MD**  
HOSPITAL MEDICINE



**Rachel Le, MD**  
CRITICAL CARE



**Ignatius Oyula, MD**  
HOSPITAL MEDICINE



**Vincent N. Smith, MD**  
ANESTHESIOLOGY



**Daniel Ward, PA-C**  
RADIOLOGY

## OUTPATIENT PROVIDERS



**Rose Bernal-Larioza, MD**  
PHYSIATRY/EMG AT  
THE HMC ORTHOPEDIC  
CENTER  
10 Hospital Drive, Suite 203,  
Holyoke  
(413) 536-5814



**Arielle Crawford, FNP**  
HMC CARDIOVASCULAR  
CENTER  
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Holyoke  
(413) 534-2870



**Joel Leconte, FNP**  
ADULT PRIMARY CARE  
1962 Memorial Drive,  
Chicopee  
(413) 535-4800



**Sarah Moquin, NP**  
COMPREHENSIVE CARE  
CENTER  
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Holyoke  
(413) 535-4889



**Kristin O'Connor, NP**  
FAMILY MEDICINE  
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**Aaron Pitrat, PA-C**  
THE INSTITUTE FOR  
MINIMALLY INVASIVE  
SPINE SURGERY  
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Holyoke  
(413) 535-4860



**Pauline Wilks, NP**  
RHEUMATOLOGY  
10 Hospital Drive, Suite  
304, Holyoke  
(413) 534-2682



# IS YOUR CHILD AT RISK FOR TYPE 2 DIABETES?

## HOW PARENTS AND CAREGIVERS CAN HELP KIDS AVOID HIGH BLOOD SUGAR

**NOT LONG AGO**, Type 2 diabetes—the form of diabetes that is diet-related and develops over time—was rare in children. Now the number of children with Type 2 diabetes is rising, an issue that’s closely linked to the rise in the number of overweight children and teenagers.

Type 2 diabetes has the potential for long-term consequences related to the heart, kidneys, eyes and circulation. However, parents and caregivers should know that it can be prevented, and sometimes even cured, by lifestyle changes.

### WHAT ARE THE SYMPTOMS?

- **OVERWEIGHT:** Children’s weight is evaluated based on their body mass index (BMI)—a ratio of weight to height—which is then compared to the average weight range in their

age group. Children whose weight is in the 95th percentile or above are considered obese and are at greater risk for developing diabetes.

- **FREQUENT URINATION:** The child’s body may be trying to get rid of extra blood sugar by passing it out in urine.
- **THIRST:** The child’s body craves fluids to make up for the frequent urination.
- **FATIGUE:** The child is often tired because the body can’t process sugar for energy.
- **THICK OR DARK PATCHES IN THE SKIN:** An elevated insulin level may cause this condition, especially in the folds or creases of skin.

If one or more of these conditions is present, the pediatrician may order a test to measure the levels of glucose in the child’s blood and may make a referral to a pediatric endocrinologist.

## WHAT IS TYPE 2 DIABETES? A KID-FRIENDLY EXPLANATION

- When you eat food, you get glucose, a sugar that is a source of fuel for your body.
- Your pancreas (a small gland behind the stomach) produces a hormone called insulin to help the body use the glucose.
- When a person has Type 2 diabetes, the pancreas can’t produce enough insulin to process the glucose.
- Levels of sugar in the body become too high. This can cause a person to be tired and can lead to damage to other parts of the body.
- The good news is that Type 2 diabetes can be treated with a healthy diet and physical activity.

## HOW IS TYPE 2 DIABETES IN CHILDREN TREATED?

- **WITH HEALTHY EATING.** That means eating fewer carbohydrates—foods like pasta, rice, bread and desserts—and more vegetables, fruits and proteins. Avoid sugary drinks and high-calorie snacks.
- **WITH PHYSICAL ACTIVITY.** Exercise and movement allow the body to use insulin more efficiently.
- **WITH MEDICATION.** If healthy eating and activity don’t control blood sugar, Type 2 diabetes is typically treated with metformin, the same drug that adults use. Insulin or other, newer medications may be used as well.
- **WITH EDUCATION.** As kids develop and grow, learning about proper nutrition is just as important as learning about math and reading or other school subjects. Teach children how to take care of their bodies before problems develop.

\* To schedule an appointment at HMC Pediatric Care, please call **413.534.2800**.

# Celebrating HIGH-QUALITY CARE

AT ITS ANNUAL GALA, HOLYOKE MEDICAL CENTER HONORED PHYSICIANS AND STAFF MEMBERS WHO GO THE EXTRA MILE FOR PATIENTS.

## SPONSORS

Thank you to the following sponsors who generously supported the Gala:

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**THE HOLYOKE MEDICAL CENTER ANNUAL GALA** and ACE Awards was held on February 10, 2024, at the Log Cabin in Holyoke. With more than 400 people in attendance, a Lifetime Achievement Award for Kimat Gul Khatak, MD, was presented to his family and ACE Awards were presented to several outstanding employees who exemplify the mission, vision and values of Valley Health Systems. The evening included a cocktail reception, a multiple-course chef's dinner with wine pairings and a silent auction. The Gala's success would not have been possible without the generous support received from so many.





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8

- 1 Longtime friends of the hospital: Angela Wright, Barbara Bernard and Claire Rigali.
- 2 Best Supporting Employee winner Maritza I. De Hoyos with Chief Operating Officer, Carl Cameron.
- 3 Best Leader winner Kathryn D. Girardin, Au.D., center, with Chief Financial Officer, Dean Vitarisi, and Chief Human Resources Officer, Beverly Fein.
- 4 Emergency Department team members.
- 5 President and Chief Executive Officer, Spiros Hatiras.
- 6 ACE Award finalists gathered with executive team members before the event.



9



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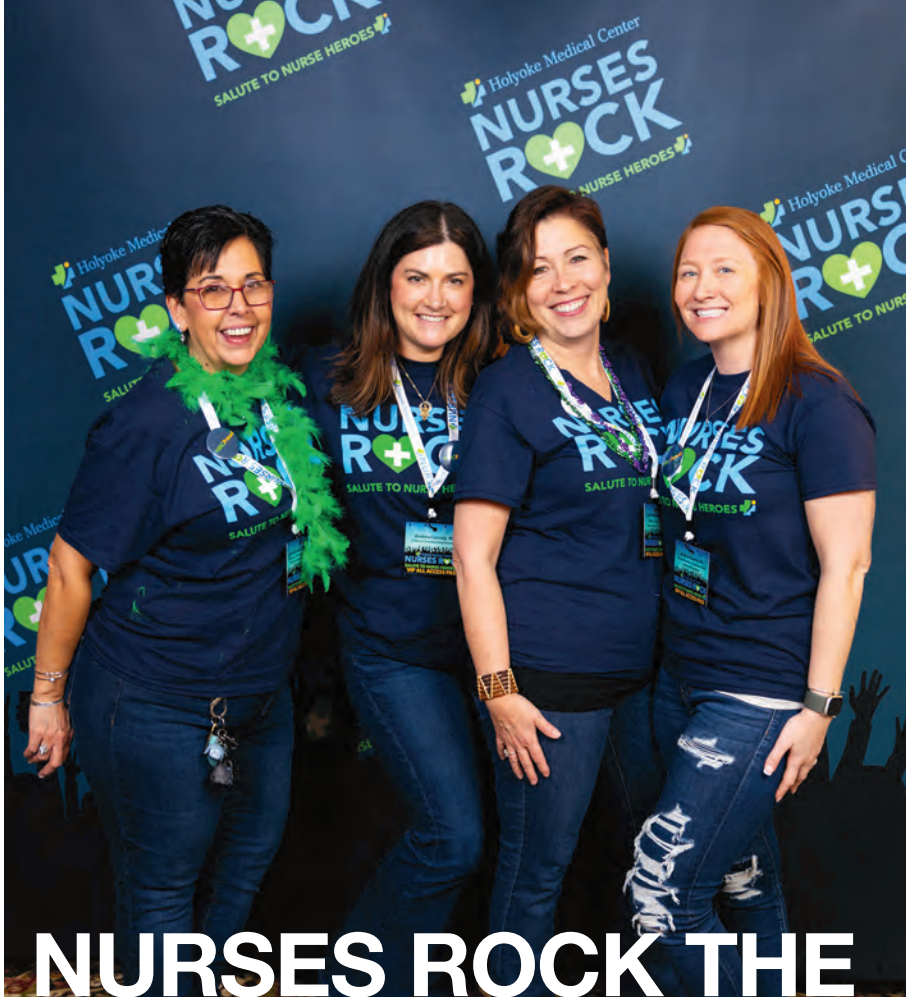
- From left to right: Samantha Ramirez, Shane Coffey, Ted Mlapah, MD, Miguel Rodriguez, MD, Dean Vitarisi, Alexa Mignano, LMHC, Maritza I. De Hoyos, Joe Diver, Jody Peltier, MSN, RN HN-BC CH, CCAP, Beverly Fein, Janet Laroche, Roberta Keefe, RN, Marcel Moniz, Brenda Fuller, BSN, RN, Spiros Hatiras, Kathryn D. Girardin, Au.D., Simon Ahtaridis, MD, Dawn Rogers, RN, Kristie Harrington, FNP-BC, Avadhoot Gokhale, Lucyna Nigro, FNP-BC, Francis Martinez, MD, Carl Cameron and Margaret-Ann Azzaro.



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- 7 Best Nurse winner Roberta Keefe, RN, center, with Chief Nursing Officer and VP of Patient Care Services, Margaret-Ann Azzaro, and Carl Cameron
- 8 Saema Khatak accepted the Lifetime Achievement Award on behalf of her late father, Dr. Kimat Gul Khatak, who served the Holyoke community for more than 42 years before passing in 2021.
- 9 Best Physician winner Francis Martinez, MD, right, with President of the Medical Staff, Dr. Thomas Buck, and Chief Medical Officer, Dr. Simon Ahtaridis.
- 10 Best Caregiver winner Lucyna Nigro, FNP-BC, center, with VP of Ancillary Services, Marcel Moniz, and Chief Quality Officer, Avadhoot Gokhale.
- 11 Team members from the operating room, PACU and short-stay surgery.

\* Save the date! Next year's Gala and ACE Awards event will be on February 8, 2025, at the Log Cabin. For more information or to become a sponsor, please call 413-534-2579.



Nurses at the first annual Nurses Rock event in 2023. From left to right: Lynn Garreffo, Andrea Cassidy, Jody Peltier and Brianna Hale.

**NURSES  
ROCK '24**  
SALUTE TO NURSE HEROES

# NURSES ROCK THE Pioneer Valley

IN MAY, A FREE CELEBRATION WILL HONOR ALL NURSES IN WESTERN MASSACHUSETTS.

**MAY IS NATIONAL NURSES MONTH**—the perfect opportunity to acknowledge nurses throughout the Pioneer Valley with a free concert in their honor! Nurses Rock '24: Salute to Nurse Heroes will be held on Friday, May 10, at 5:30 p.m. in downtown Springfield. The free event is for all nurses, regardless of where they work, and offers



Margaret-Ann Azzaro, DNP, RN, CENP

complimentary food, drinks and parking along with giveaways and live music by Aquanett, an '80s rock tribute band.

“We hosted Nurses Rock for the first time in

2023, and it was a huge success,” says Margaret-Ann Azzaro, DNP, RN, CENP, vice president of patient care services and chief nursing officer at Holyoke Medical Center (HMC). Azzaro says the event started as the medical center’s thank-you to nurses and turned into such an uplifting and well-received celebration that they decided to organize it again.

The timing of last year’s event right on the heels of the COVID-19 pandemic—one of the most challenging

periods in nursing—was particularly important. “This was our way of celebrating the selfless role nurses played during an extremely difficult time,” says Azzaro.

## A CULTURE OF APPRECIATION

Although the intensity of nursing during the pandemic has subsided, the profession is now faced with a national nursing shortage and significant healthcare workforce challenges, Azzaro says. “All hospitals are putting their efforts into nursing recruitment and retention. Events like Nurses Rock celebrate our profession and demonstrate the culture we have at Holyoke Medical Center, which includes expressing appreciation for our nurses.”

A nurse for 30 years, Azzaro has never experienced an event as unique as Nurses Rock. “Nurses from around the Pioneer Valley that have worked together at various hospitals during their careers were reunited at the event, and that was special,” she says of the nurses who attended, representing HMC and other area hospitals. “All nurses were welcome.”

Nurses Rock '24: Salute to Nurse Heroes promises to be another worthwhile celebration. “It will be held during National Nurses Week in May,” says Azzaro, “making it extra special.”

**\* Nurses who wish to attend Nurses Rock '24 must register. The event will be held at Penthouse 650 Weddings & Events inside Tower Square at 1500 Main St., Springfield. To register and learn more, visit [www.HolyokeHealth.com/nursesrock](http://www.HolyokeHealth.com/nursesrock).**

## { POWER FOOD }

# Salad's Secret Weapon

ARUGULA, A PEPPERY-TASTING, LEAFY GREEN,  
CAN ENLIVEN A ROUTINE SALAD—AND MAYBE YOU, TOO!

**THOSE ANCIENT ROMANS** weren't fools, and neither, centuries later, was Charlemagne. The tart-but-tender, leafy, cruciferous vegetable known to science as *Eruca vesicaria* (and to us as arugula) was on the menu in the Eternal City—and for a reason. The poet Virgil wrote that it “revives drowsy Venus,” and by Venus he meant the libido. Legend says the plant was therefore shunned by propriety-minded monastery gardens, but the King of the Franks came to its rescue in 802 A.D. by decreeing it an officially OK herb.

Arugula isn't lettuce; it's actually a member of the mustard family, kin to kale, broccoli and cabbage. Plants are native to warm climates such as those of the Mediterranean, Turkey and western Asia; they grow from eight to 40 inches tall. The world's two top growers today are China and the U.S.

Still, we Yanks were slow to climb aboard the arugula bus. Reportedly the name of this leafy treat didn't show up in American English until 1960, when it appeared in a Craig Claiborne *New York Times* column. But by 2006, when writer David Kamp published a book about “how we became a gourmet nation,” saluting everything from heirloom tomatoes to artisanal cheeses, he knew just what title would capture the national foodie mood: The United States of Arugula.

### POWER UP:

Whether or not it's a true boost in the bedroom—we still don't know that answer for sure—arugula has arrived and with it a host of health benefits. Research suggests that its high levels of nitrates

and polyphenols can reduce both blood pressure and the amount of oxygen the body burns during exercise. Arugula contains bone-building calcium and muscle-building potassium. According to the FDA's recommended daily values, a cup of arugula can furnish 27.7 percent of the body's daily need for vitamin K, 9.5 percent of its vitamin A and 2.5 percent of its vitamin C. (One caution: If you're taking a blood-thinning medication, don't load up suddenly on arugula, as vitamin K promotes clotting and could make the meds less effective.)

Diets rich in cruciferous veggies such as arugula have been linked to a lowered risk of cardiovascular disease and of Type 2 diabetes, and a 2017 meta-analysis associated them with lower cancer risk. Another study, in the journal *PLOS*, confirmed that erucin, found in arugula, inhibits the proliferation of a type of breast cancer cells.

As a food that offers an intriguing, peppery taste at a measly 5 to 6 calories per cup, arugula can be a healthy alternative to whatever else you're tempted to munch.

### BUY/STORE/SERVE:

In the wisened-up foodieland America has become, you should have no trouble finding arugula at your local grocery store, vegetable stand or farmer's market. The bagged product may be there year-round, while bunches and loose-leaf arugula are most plentiful in early spring or fall. Look for bright green leaves, giving

yellow, wilted or mushy ones a pass. A bit of dirt, however, needn't be a deal-breaker—you'll be washing off the leaves when you get them home. You can refrigerate leaves (wrapped in a slightly damp paper towel) in an airtight container for about 10 days.

Plucked when young, the plant is straight-on green; more mature arugula is darker and more pungent. Arugula (especially baby arugula) is great when eaten raw, perhaps in a salad in combination with milder greens, to which it adds pizzazz. It's also a happy companion to citrus fruits or flavorful cheeses. Arugula can be worked into a casserole or a pasta dish. Top a pizza with it as the Italians do (they call it *rucola*, yet another alias), or chop it up and sprinkle it over scrambled eggs, an omelette or a baked potato. Search the internet and you'll quickly be awash in arugula recipes, including quesadillas, sausage fettuccines, beef carpaccios—even a gimlet cocktail.

Have a vegetable garden or a north-facing window? You can grow your own arugula.





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