

Healthy LIVING



Inside this Issue

- 2** **ANGIE SHAKE'S WORST DAY EVER**
- 4** **DCH RECOGNIZED FOR EXCELLENCE IN INFANT AND MATERNAL HEALTH**
- 4** **INDIANA BREAST CANCER AWARENESS TRUST GRANTS AWARDED**
- 5** **DAVISS COMMUNITY HOSPITAL RENOVATIONS AND EXPANSION**
- 6** **JEFF WILSON'S LONG ROAD TO WOUND RECOVERY**
- 7** **MOM'S PERSISTENCE PAYS OFF**
- 8** **ANNA M. LAMB, DO, FACOFB BOARD-CERTIFIED FAMILY MEDICINE**

ANGIE SHAKE'S WORST DAY EVER

November 19th started out as a normal day for Angie Shake at her home in Plainville, Indiana. She and her husband, Kevin, had enjoyed breakfast together and were ready to start their day. Normally, Kevin would have already left the house, but this particular morning, he was waiting for Angie to finish the dishes and a phone conversation with a friend so she could cut his hair.

"The last thing I remember is having a phone conversation with my friend, Sheila," recalls Angie. "I don't even remember calling my friend, Tonya, who I was on the phone with when I collapsed. It wasn't until later that next day in ICU that I was responsive. I don't remember anything until four days later and had no idea what had happened to me."

Kevin and Angie's friend, Tonya, have helped explain the events to Angie. "I heard her talking on the phone, and the conversation seemed to be normal," recalled Kevin. "All of a sudden, I heard one of our bar stools crash to the floor and ran into the kitchen where I found Angie on the floor."

Angie was unresponsive, so Kevin immediately called 911.

Tonya had also heard the crash over the phone and immediately headed to the Shake home. Tonya has a medical background and worked with Kevin to perform CPR until help arrived.

Two first responders from Plainville arrived and took over compressions, then Deputy JR Crew showed up and used an AED (Automated External Defibrillator) until a DCH EMS crew arrived.

The DCH EMS team placed Angie on the stretcher and connected her to a LUCAS™ device. The LUCAS™ device does not fatigue or inadvertently interrupt compressions, and it provides a consistent depth and rate of chest compressions. Logistically, it frees up one provider to provide other care and it offers improved access to the patient. The patient can be safely moved and transported while undergoing CPR. The DCH EMS crew and Angie arrived at the Daviess Community Hospital Emergency Department soon after leaving Plainville.

Angie had been unresponsive the entire trip to the hospital. The Emergency Department team, led by Dr. Otto Susec, worked to revive Angie for several minutes while her friends and family waited nearby.

"Angie arrived in our ER as a cardiac arrest," recalled Dr. Susec. "Typical to the nature of such an emergency, the potential for a positive short and long-term outcome is indeed rare even if the patient is successfully resuscitated in the emergency department."

Angie had been without a pulse for several minutes prior to her arrival to DCH and then for several more minutes in the ED despite the best appropriate efforts for all those involved with her resuscitation.

Dr. Susec was able to speak briefly with Angie's husband, Kevin, to give him an update on the team's efforts to resuscitate Angie. When Dr. Susec returned to the resuscitation bay, the team continued CPR and ACLS medications for a few more minutes. Though Angie had electrical cardiac activity, there continued to be no mechanical cardiac function to generate a pulse and blood pressure. The team continued to do pulse checks between CPR and medications.

Dr. Susec recalled, "I told our staff that we would do one last pulse check after a few more moments of CPR and then we would declare resuscitation efforts over and Mrs. Shake deceased. Precisely at that last pulse check, the nurse astonishingly detected a pulse which I then confirmed."

Angie was immediately transported to a nearby cardiac catheterization lab, which is equipped with state-of-the-art imaging technology used to view the arteries and check how well blood is flowing to and from the heart. Tests revealed that she had no blockages and her vascular system was functioning well. She was placed in an Intensive Care Unit (ICU) on a ventilator. By the next day, she was responsive and able to follow commands.

"I was told I used a white board to communicate until I was extubated two days later," Angie recalled. "I was in a lot of pain due to fractured ribs resulting from the chest compressions." I was transferred to Ascension St. Vincent – Evansville just four days after my cardiac arrest and a defibrillator was inserted the day after Thanksgiving." Angie was grateful to be discharged to home just eight days after her traumatic health scare.

Meanwhile, Dr. Susec and the ED team learned that Angie was not only still alive, but she had been extubated, was alert, and was talking. "This was indeed miraculous in itself, but I still did not expect her to recover to anywhere near her functional level prior to her cardiac arrest," recalled Dr. Susec.

Several weeks later, Dr. Susec met Angie once again as a patient in our ED at DCH under much less emergent circumstances. He was astonished to meet a perfectly normally functioning woman.

"The moment I introduced myself as the physician



COVER PHOTO

left to right:
Angie Wagler, RN; Chrissy Winger, RN;
Angie Shake, Dr. Otto Susec.

who had cared for her at DCH previously, Angie smiled and teared up," Dr. Susec said. "Not knowing if her tears were joyful or traumatic, I did not dwell on her traumatic experience. It was truly a humbling moment having had the opportunity to have some closure with the miracle that had occurred."

Dr. Susec attributes Angie's miraculous recover to the immediate attention provided to her by her family at the scene, the heroic efforts by EMS, the exceptional CPR provided by the Lucas device, the persistence and professionalism of our ED nurses and staff, and Angie's determination to survive and recover against all odds.

"Having seen thousands of ER patients as a practicing emergency physician for 25 years, only a handful of patient encounters stand out in my memory as truly exceptional and inspirational," Dr. Susec stated. "Angie Shake was one of those very remarkable and humbling cases. Her case was emblematic of the unpredictable and magical nature of the human body and spirit. Rare cases like Angie's offer us inspiration as human beings and the satisfaction as emergency caregivers to carry on."

Angie is grateful that she could enjoy time with her family during the holidays. "Christmas was a blessing," she recalled. "I had most of the gifts already purchased, but friends and family put up the Christmas tree and wrapped gifts for me."

Angie contributes the circumstances and people involved the day of her cardiac arrest to a higher power. "It's a God thing," she said. "For Kevin to be home, for me to be on the phone, for the first responder in Plainville to come so quickly, for the AED unit that JR Crew used, to the amazing EMS and hospital teams – it had to be a "God thing" that so many people were in the right place and the right time."

DCH RECOGNIZED FOR EXCELLENCE IN INFANT AND MATERNAL HEALTH

Daviess Community Hospital was recognized recently by the Indiana Hospital Association (IHA), in partnership with Governor Eric J. Holcomb and State Health Commissioner Kris Box, M.D., FACOG, for their commitment to infant and maternal health at the third annual INspire Hospital of Distinction recognition program.

INspire, funded by the Indiana Department of Health's Safety PIN grant, was developed to implement the delivery of best practice care for Hoosier moms and babies and recognize hospitals for excellence in addressing key drivers of infant and maternal health.

Daviess Community Hospital earned a Hospital of Distinction recognition based on implementing best practices in six key areas, including infant safe sleep, breastfeeding, tobacco prevention and cessation, perinatal substance use, obstetric hemorrhage, and maternal hypertension.

"We would like to thank not only the individuals who worked to abstract, collect and submit the data for this award, but also those who performed quality care with a personal touch on a daily basis," said Shawna O'Kelley Brinson, Director of OB Services at Daviess Community Hospital.

"I would like to recognize the entire OB department and providers for delivering quality care and making a difference in our community," remarked Tracy Conroy, CEO of Daviess Community Hospital. "It is an honor to receive the Inspire award for excellence in infant and maternal health."

"Indiana hospitals are grateful for the leadership of Gov. Holcomb and Dr. Box and are thrilled to be a partner in Indiana's effort to reduce infant mortality," said IHA President Brian Tabor. "We look forward to building on the progress we've made."

Indiana Hospital Association serves as the professional trade association for more than 170 acute care, critical access, behavioral health, and other specialized hospitals in Indiana.

INDIANA BREAST CANCER AWARENESS TRUST GRANTS AWARDED TO DCH FOUNDATION

Daviess Community Hospital Foundation has been awarded \$7,387.38 in grant funds to provide breast cancer screening and diagnostic services to area women for 2023. The program for lower-income, medically underserved women, age 40+ that reside in Daviess, Martin and Pike Counties in Indiana will be administered by the Radiology Services Department at Daviess Community Hospital. The funds are awarded through the Indiana Breast Cancer Awareness Trust Grant Program.

Funds have been designated for the delivery of breast cancer screening and diagnostic services. The goal is to increase the number of low-income, medically underserved women receiving mammograms at Daviess Community Hospital, then to increase the follow-through rate of those patients who are called back for diagnostic mammograms.

Lower-income women age 40+ who reside in Daviess, Martin, and Pike counties are encouraged to contact the Radiology Services Department at Daviess Community Hospital for more information about the application process and guidelines.

The Indiana Breast Cancer Awareness Trust, Inc. receives funds through the sale of breast cancer awareness specialty license plates. These monies are then used to provide grants throughout Indiana to help address unmet breast health cancer needs.

Since the Breast Cancer Awareness special group recognition (SGR) license plate was first made available in 2002, nearly \$6.5 million has been distributed by the Indiana Breast Cancer Awareness Trust (IBCAT) through competitively awarded grants to organizations throughout Indiana for innovative projects for breast cancer screening, diagnostic and support services not otherwise available to medically underserved populations in Indiana. In addition, over \$117,000 has been awarded in scholarships to high school seniors who have lost a parent to breast cancer, or have a parent currently battling the disease.

The mission of the Indiana Breast Cancer Awareness Trust, Inc. is to increase awareness and improve access to breast cancer screening, diagnosis and support services throughout Indiana. Indiana residents may purchase an Indiana breast cancer awareness special group recognition license plate by visiting any Indiana Bureau of Motor Vehicles branch, online at IN.gov/BMV, or on a BMV Connect kiosk for an annual \$40 fee, \$25 of which is a direct tax-deductible donation (to the extent of the law). The plate may be purchased for display on passenger motor vehicles, motorcycles, trucks with a declared gross weight of not more than 11,000 pounds, and recreational vehicles.

The Indiana Breast Cancer Awareness SGR license plate was the brain-child of the late Nancy Jaynes, a Plymouth (IN) High School family and consumer sciences teacher. Nancy lost her battle with breast cancer in March of 2008. Her vision that the license plate be a traveling billboard and reminder about the importance of early detection of breast cancer is alive and making a difference to thousands of Hoosiers.

For more information or to make a direct donation to the Indiana Breast Cancer Awareness Trust, please visit our website at www.BreastCancerPlate.org.


DAVISS COMMUNITY HOSPITAL RENOVATIONS AND EXPANSION

Daviess Community Hospital's vision for a combined Med Surg/ICU unit has been years in the making, and construction plans are now finalized. A second phase will include the expansion of the hospital's Emergency Department, along with the addition of cutting-edge diagnostic equipment and technology.

For many years, the Daviess Community Hospital Board of Directors, medical providers, staff and management have discussed various options for renovating vital patient care areas. The hospital's Board of Governors has made a substantial commitment of over \$8 million towards this facility upgrade.

"Daviess Community Hospital has been serving the community for well over 100 years, and the Board of Governors, along with the hospital's administration team, are committed to serving the needs of the community for the next 100 years", said Deron Steiner, President of the DCH Board of Governors. "In order to do this, we must invest in our facilities to ensure we have the most up-to-date medical care available to those who need it. The pandemic highlighted needs we never imagined, and these upgrades are, in part, a reflection of those needs."

The entire project is a significant part of a larger master facility plan encompassing key areas of the first and second floor of Daviess Community Hospital. The plans include renovating the current medical/surgical unit to include a state-of-the-art ICU, expanding the existing emergency department, and modernizing public and support areas. These improvements will equip Daviess Community Hospital to transform the care provided to Daviess County residents and the surrounding communities for generations to come.



The current ICU provides 24/7 monitoring of our most seriously ill patients, from stroke victims and patients requiring ventilator support, to those recovering from major surgery. The new Med Surg/ICU will occupy an existing 9,000-square-foot area of the Hospital to house 16 patient rooms with the latest monitoring systems, a centrally located nurse's station, a physician's consult room, and a new family waiting room. When complete, the new unit will not only improve efficiency for staff delivering care, but it will enhance the healing experience for patients and families.

"Our vision statement is "We will be the community's choice in healthcare";" said CEO Tracy Conroy. "In order to accomplish this, DCH must continue to invest in both the facility and the employees to ensure the best care possible for those we serve."

The first phase of the renovation is expected to begin mid-May. The entire project is expected to take approximately 14 - 18 months to complete.

The Daviess Community Hospital Foundation will soon launch a Capital Campaign to support the hospital's improvements. The Foundation has committed to raising \$1 million for the next 18 months. This fundraising campaign plays a vital role in supporting this extensive project.

For more information about the DCH Foundation's fundraising efforts, please call 812-254-8858 or email asteiner@dchosp.org.

JEFF WILSON'S LONG ROAD TO WOUND RECOVERY

Most of us would say that 2020 and the "COVID-19" pandemic were challenging times. Jeff Wilson's health issues have made the past few years difficult in many ways.

Disabled since 2015 due to a stroke and struggling with diabetic neuropathy, Jeff has very little feeling in his feet. He spends most of his time sitting throughout the day. In 2020, he spent most nights sleeping in a wingback chair with his legs dangling. At some point, he developed Congestive Heart Failure (CHF), which is a weakened heart condition that causes fluid buildup in the feet, arms, lungs, and other organs.

As a result of CHF, Jeff discovered that he had lymphedema in his legs. The condition worsened and open wounds developed on his legs. He had spent so much time inside his house, that he didn't realize how swollen his legs were until he finally went outside.

It wasn't until October 2021 that Jeff first met the DCH Wound Care team. "They are all amazing," said Jeff. "Nurse Practitioner Valerie Dyer is an amazing, encouraging caregiver. I was concerned that my age (early 60's) would make it harder for me to heal. Valerie assured me that the DCH team could help me manage my condition."

At each weekly visit, Valerie and the wound care team would measure the wounds, take photos to track the healing progress, and dress the wound with instructions for Jeff on how to maintain the dressing with the help of his loving wife, Jeannette. He was able to heal the wounds and decrease the swelling with the use of compression, lymphedema pumps, and basic exercise.

When Jeff first began his appointments at DCH Wound Care, he could barely bend his legs to get into a vehicle. In fact, he never left the house for more than an hour or two at a time in the last few years. Jeff was released from the DCH Wound Care clinic after more than a year of treatments and has "graduated" to managing his condition on his own.

"Valerie assured me that I can call the clinic anytime with questions or concerns," Jeff said. "She also emphasized that if I develop any new wounds, they will gladly see me again."

In February, Jeff and his wife traveled to Indianapolis to meet their new grandchild. Jeff was even able to attend church for the first time in quite a while.

He is now able to drive again and looks forward to taking walks, traveling, and spending time with family. He is also excited to be able to wear "real shoes" again vs. the type with Velcro that are not the most comfortable or safe.

A native of Vincennes, Jeff is happy to be back in his hometown. "My wife and I raised our kids in Cannelburg," Jeff said. "Our kids went to Barr Reeve and we enjoyed our time in Daviess County. Now that they are grown and out of the house, we decided to move back to Vincennes to be closer to my mother." They actually live a block away from the house he grew up in and where his mother still lives.

"Even though we have moved farther away from Washington, I trust the DCH Wound Care team and will travel back there if I ever need their help again," Jeff said.



**Pictured are
Jeff and Jeannette Wilson**

MOM'S PERSISTENCE PAYS OFF

Courtney Burkhart vividly remembers how her son, Colter, first was introduced to the DCH CORE Center.

“When Colter was 18 months old, I could tell he had a speech a delay,” she explained. “I brought it up at our well check with his pediatrician and heard many reasons why we should be patient, including “he’s a boy”, “he’s had tubes”, “don’t compare him to his sister”, and “he will catch up”.

Courtney and her husband, Blake, agreed to not rush their young son to a speech therapist. As time went on, Colter was having behavior issues because his parents couldn’t understand what he was trying to say.

At Colter’s two-year wellness visit, he only had five words in his vocabulary that could be understood. They were “mom, dad, sis, mamaw, and house.” His doctor still was not convinced that he needed a speech evaluation, but did agree to send a referral for a hearing test. Not surprisingly, Colter passed the test with flying colors.

It was at that same time that Courtney ran across a social media post for the DCH CORE Center in Washington. A special day of screening for children was coming up and she knew this was her chance to finally get some answers.

“At that point I knew it was up to me to get help for my boy,” she recalled. “I called The CORE Center and scheduled a speech eval for my little fella. Colter was evaluated the following week, and we had a diagnosis the SAME day! Someone had finally listened to me, and Colter was getting

the help I had been desperately seeking for four years.”

Sara Niehoff, DCH CORE Center speech therapist, has been with Colter every step of the way. Courtney was impressed with Sara from the very first visit.

Sara’s first order of business is to build a rapport with her young patients. “He’s an active boy and likes to be busy, so I make each visit interesting so that he is engaged throughout the session,” Sara explained.

After every session, Sara walks the child out to meet the parent and provides a summary report of what has been accomplished and any “homework” for the family to work on until the next appointment.

“I have sent flash cards home with patients so that they can work in between appointments,” Sara explained. “if it doesn’t happen at home, it won’t happen during the therapy session.”

Colter’s appointments with Sara began as frequently as two times per week for an hour. As he progressed, the appointments transitioned to once per week for 30 minutes.

On February 7, 2023, Colter graduated from speech therapy and is a thriving Kindergartner. He loves Cardinals baseball and spending time with his family.

Courtney was overjoyed at the results. “I cried happy tears right there in that office as we celebrated a day I thought might never come!” she exclaimed. “I can’t thank Sara enough for all her hard work with our boy over the years.”

Courtney’s advice to parents is “to advocate for your child because you know your child best. Don’t stop until you get answers”.



Pictured are Sara Niehoff M.A., CCC-SLP (Speech Therapist); and Colter Burkhart

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