



When seconds count, Lawrence General is moments away

+PLUS

**FIGHTING THE OPIOID
EPIDEMIC LOCALLY**

**HOPE FOR WOMEN
COPING WITH PELVIC
FLOOR DYSFUNCTION**

Cardiologist Sunit Mukherjee, MD, (right) and his team know that rapid response to cardiac emergencies can save lives.

PHOTO: PETER KASKONS



Lawrence
General
Hospital

Promoting wellness in the community

At Lawrence General, we strongly believe that a component of our mission to facilitate health and wellness lies beyond the walls of the “hospital on the hill.”

As part of a multiyear Master Facility Plan, we have donated more than \$2.5 million to the City of Lawrence to support residents’ healthier lifestyles.

Over a six-year period, the funds are being used for health projects overseen by the Mayor’s Health Task Force.

One of these projects is “Bodegas Saludables,” or “Healthy on the Block.” The goal of this initiative is

to make it possible for Lawrence bodega owners to designate space in their markets for healthy food. The project also assists with aisle organization to improve product display, enhances food labeling, and pays for the installation of refrigeration as needed. The city’s bodegas are cultural centers in their neighborhoods—and 26 of these shops are now offering healthier food options through the program. In the long term, this collaborative effort could decrease obesity, better control diabetes and congestive heart failure, and even prevent some conditions, such as heart disease and cancer.

Working with many community partners, we are building a continuum of outreach, prevention, and care management that starts at home, expands into our neighborhoods, and offers reassurance that your trusted hospital system is here to meet your needs—at every level of care for an illness or injury.



Lawrence General President and CEO Dianne Anderson, RN, joins (L to R) bodega owner Cesar Checo and Lawrence Mayor Daniel Rivera inside El Mello Supermarket, during a recent press conference promoting access to healthy food.



medication misuse A LOCAL CONNECTION TO THE OPIOID EPIDEMIC

The opioid crisis is the worst addiction epidemic in American history, and Lawrence General is taking a leadership role in keeping its staff and the public informed. On May 22, as part of its fifth annual Healthcare Leadership Summit at the Andover Country Club, the hospital brought together experts from around the country to discuss efforts to reverse the problem.

Two presentations highlighted Lawrence General. Kathleen Connolly, director for Strategic Investment at the Health Policy



Summit speakers included (L to R) Kathleen Connolly, Health Policy Commission; Marc Myer, MD, Hazelden Betty Ford Foundation; Dianne Anderson, RN, Lawrence General president and CEO; Christin Price, MD, Brigham Health Bridge Clinic; Paul Moakley, Time magazine; and Dan Hale, MD, event organizer.

A handwritten signature in blue ink that reads 'Dianne'.

Dianne Anderson, RN
President and CEO
Lawrence General Hospital

ANOTHER 'A' FOR PATIENT SAFETY!

In May, Lawrence General received its second consecutive “A” in patient safety from The Leapfrog Group, a national organization that aims to improve health care quality and safety for consumers and purchasers. This high mark puts Lawrence General among the top third of all hospitals in the nation

DID YOU KNOW? In July, Lawrence General celebrated 10 years of performing the Percutaneous Coronary Intervention, a nonsurgical procedure that uses a catheter to place a stent in an artery that has been narrowed by plaque buildup. The intervention is most effective when completed within 90 minutes of the patient's arrival at the hospital—the door-to-balloon time. Lawrence General's average door-to-balloon time is 65 minutes. Lawrence General is the only hospital in the Merrimack Valley with an accredited Percutaneous Coronary Intervention program.

Commission, discussed how the hospital is using grant money to significantly improve outcomes for the vulnerable babies in its Neonatal Abstinence Syndrome program.



Jennifer Mosher, with daughter Brayleigh, was part of a special issue of *Time*. Read the edition at time.com/james-nachtwey-opioid-addiction-america.

In the past year, this program has seen some positive results, decreasing the length of stay for newborns, increasing breastfeeding rates, reducing use of medications, and lowering the overall cost of care. Every nurse at Lawrence General has also received substance use disorder awareness and sensitivity training.

Speaker Paul Moakley, an editor at *Time* magazine, also talked about Lawrence General in his discussion of “The Opioid Diaries,” a special multimedia edition of *Time* published in March 2018. This issue includes a story and video focused on Jennifer Mosher, a local mother in recovery who gave birth at Lawrence General last year and went through the hospital's Neonatal Abstinence Syndrome program. The mother, holding her healthy baby, was part of a Q-and-A discussion with Moakley.



and the Commonwealth. Congratulations to both clinical and non-clinical teams across the organization who are continuously working on quality initiatives!

“We are very focused on doing the right thing consistently for each patient,” says Dianne Anderson, RN, president and CEO of Lawrence General Hospital.

part of our network

LAWRENCE GENERAL WELCOMES NEW SPECIALISTS



Obstetrics and Gynecology

1 Abby Smith, MD, is now practicing at Andover OB/GYN, located at the Andover Medical Center. Board certified by the American Board of Obstetrics and Gynecology, Dr. Smith is also a fellow of the American Congress of Obstetricians and Gynecologists. Contact her practice at **978-475-2731**.

Radiation Oncology

2 Claire Fung, MD, is a radiation oncologist at Alliance Radiation Oncology in Newburyport who is now seeing patients at Andover Medical Center in the Lawrence General Specialty Clinic two days per month. Board certified in radiation oncology, she is also a member of the Department of Radiation Oncology at Beth Israel Deaconess Medical Center. Contact her practice at **978-997-1351**.

Thoracic Surgery

3 Syed Quadri, MD, is a board-certified thoracic surgeon affiliated with Lahey Hospital & Medical Center who is now seeing patients at Lawrence General Hospital.

4 Elliot Servais, MD, is a board-certified thoracic surgeon affiliated with Lahey Hospital & Medical Center who is now seeing patients at Lawrence General Hospital.

5 Cameron Stock, MD, is a board-certified thoracic surgeon affiliated with Lahey Hospital & Medical Center who is now seeing patients at Lawrence General Hospital.

Contact the practice of Drs. Quadri, Servais, and Stock at **978-946-8250**.

FIND YOUR PHYSICIAN

Visit lawrencegeneral.org/physicians/choose-a-doctor.aspx.

(L to R) Nicholas Rigattieri RT(R), Kathy Caredeo, RN, and Danielle Garcia, RN, are part of a team that provides high-quality, compassionate cardiac care, close to home.

ON-SITE SPECIALISTS IMPROVE CARE

Lawrence General now has a dedicated cardiology hospitalist on-site every day, significantly improving the efficiency of the care of heart patients.

Since the program began, the hospital has reduced the length of stay for patients under observation for cardiac problems from 33 hours to 15 hours—indicating that cardiac testing is being completed and read more quickly.

In addition, Lawrence General has reduced the number of inpatient stress tests by 33 percent in the first seven months of the program. This is another positive sign, as these tests are often not necessary when there is a cardiologist on-site to thoughtfully evaluate the need for the test.



WHEN EVERY SECOND COUNTS

Lawrence General provides immediate care for those with emergency heart conditions

PHOTO: PETER KASKONS



TOP SIGNS OF HEART ATTACK FOR WOMEN

Pressure, fullness, squeezing, or pain in the center of your chest that lasts more than a few minutes, or goes away and comes back

Discomfort or pain in one or both arms, the back, neck, jaw, or stomach

Shortness of breath with or without chest discomfort

Breaking out in a cold sweat, nausea, or lightheadedness

Source: American Heart Association

“I have a strong history of heart disease in my family,” Anna says. “I have five siblings, and four of them have had heart issues. My father and brother both died of heart disease, and yet for some reason I didn’t think it could happen to me. Or I didn’t want to.”

Timing is everything.

The cardiac team at Lawrence General quickly determined that Anna had one artery that was 100 percent blocked. She was having what the cardiac team calls a “STEMI,” referring to the ominous shape produced by the electrocardiogram when someone is having this type of heart attack. “The minute they had the results I felt like

I was surrounded by people,” she recalls. “It happened so fast. I was scared and they were so kind and encouraging. It felt like I had 20 people around me, including Dr. Sunit Mukherjee, and they were going to take care of this. It seems surreal now.”

To clear up the blockage, Anna underwent coronary angioplasty. During this procedure, a stent, or tiny tube, is placed in an artery to keep it open.

Nearly a year later, Anna is taking better care. She’s exercising as her cardiac rehabilitation team at Lawrence General taught her. She is eating healthier and she’s lost 25 pounds. She’s back at work full time and enjoying her days with the children at her school. She understands that her heart attack symptoms, while not the typical ones you hear about, are very typical for women. Women’s symptoms are different from men’s and are often easier to ignore, like indigestion and jaw pain. (See sidebar above.)

Gaining knowledge. “Get educated. It’s so important for women to know what these warning symptoms are. If you suspect there’s a problem, don’t wait,” Anna urges. “There’s a great team right here that can take care of you, and get you back to what you enjoy.”

Anna Gentile was enjoying a Halloween

party with her co-workers at a Southern New Hampshire middle school last year when she began feeling ill. Her arms hurt. She felt hot and nauseous, and there was a pressure in her chest. Her colleagues took her to the school nurse, who determined a slightly elevated blood pressure. Anna, 51, the school secretary, was counseled to go home and follow up with her doctor, and she called her daughter to come and pick her up.

It never occurred to Anna that she might be in serious trouble until her daughter, a nurse, learned that her mom was having chest pressure. Instead of taking Anna home, her daughter drove her to the Lawrence General Emergency Center.

WE GOT HEART

Learn more about cardiac care services at Lawrence General at lawrencegeneral.org/heart.



“I’m running five miles again, because I don’t have to use the bathroom 10 minutes into my run.”

“Now when I go out with my friends I don’t have to memorize the locations of restrooms nearby.”



Regaining control

A nonsurgical approach to a common women’s issue focuses on education and muscle strength

JUST FOR WOMEN

To inquire about the pelvic floor dysfunction program, call **978-946-8392**.

The problem is called pelvic floor dysfunction, and it becomes more common as women age, affecting as many as 50 percent of women in their 50s and more than 75 percent in later years. It is also a very common issue for women postpartum as the pelvic floor muscles stretch for delivery, often causing injury to the area. For active women, it is the worst kind of loss of control. It’s embarrassing and something many women are reluctant to talk about.

In Lawrence General’s Rehabilitation Centers, however, pelvic floor dysfunction is a very comfortable and hopeful topic.

“For more than 75 percent of women with urinary incontinence, rehabilitation therapy significantly reduces or solves the problem—no surgery or medications needed,” says



Physical therapists Renee Morin, left, and Suzanne Miller, work with women struggling with pelvic floor dysfunction.

Suzanne Miller, PT. “And results can happen quickly, in four to six weeks.”

“Childbirth is a significant trauma for the pelvic floor muscles,” observes Renee Morin, PT. “So, we see a lot of women with urinary incontinence and/or pelvic pain post-childbirth. However, we also see younger women, in their 20s, who struggle with this, and we can help.”

The pelvic floor is an essential stabilizer of the body in conjunction with the lower back, hips, and abdominal muscles. These muscles are often forgotten and may be weak and overstretched or tight, depending on the situation, causing incontinence, pelvic pain, and/or bowel issues in women and men.

Education. For pelvic floor dysfunction, physical therapists do a thorough initial evaluation, with education beginning on day one. They use anatomic models to teach patients about the muscles in the pelvic floor that support the organs in the pelvis, and influence things like bladder, bowel, and even sexual function. Bladder irritants, water intake, and a bladder diary are integral topics that are covered in the first few visits.

“Pelvic floor dysfunction can have many different symptoms, from lack of control to non-specific pelvic pain, and these symptoms can also be related to pain or problems in other areas of the body, such as the lower back. The causes also vary, and we have a variety of techniques to help patients relieve their symptoms,” says Miller.

Treatment. The team uses both strengthening and relaxation to help women address their symptoms. Biofeedback technology helps women isolate muscles deep in the pelvis that, when strengthened, facilitate better control. Behavioral modification, stretching, and focused breathing are also helpful to patients.

“It’s like turning on a light for some women,” says Morin. “They say, ‘I didn’t realize that muscle was there, or that I could exercise it!’”

Homework. Patients go home with exercises to help them strengthen and maintain the health of both the pelvic floor and their abdominal core, and quickly gain the confidence to re-engage in activities they thought they could no longer do. “It’s such a basic need, to be able to control our bathroom habits or to enjoy a normal sex life,” observes Miller. “Once they know how, these patients can maintain their recovery by keeping up with the exercises.”

While medication and surgery are good options and may be needed in a percentage of patients, rehabilitation therapy is a less invasive and very successful alternative for many women. The team has some male patients, too, often with side effects from prostate surgery. Rehabilitation works for them as well, though in some cases the course of treatment may be longer.

Stop the Bleed, Save a Life

National initiative teaches techniques to help save lives in emergency situations

The nightly news is filled with stories of people suffering all manner of severe bodily harm. From car accidents to crime scenes, these events often end in tragedy, as victims succumb to extreme blood loss while awaiting medical treatment.

A national initiative called Stop the Bleed, which was recently adopted by Lawrence General, aims to help rectify this situation by expanding the number of people properly trained in the techniques used to stanch blood flow. To date, more than 90 people have been trained, both at Lawrence General and in the surrounding community.

The one-hour class is designed

to emphasize the use of tourniquets, direct pressure, and wound packing to properly and effectively stop blood flow. The program includes both a classroom component, as well as hands-on application of the bleeding control techniques.

TAKE ACTION

If you are interested in learning more about the Stop the Bleed program, contact Beth Pahigian at elizabeth.pahigian@lawrencegeneral.org. Stop the Bleed was created by a group called the Hartford Consensus and is directed by the American College of Surgeons.



Beth Pahigian, RN, BSN, TCRN, manager of the Lawrence General Trauma Program, conducts a Stop the Bleed training session with the North Andover Fire Department.

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mylghecare.org



ONLINE SELF-ASSESSMENT TOOLS

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lawrencegeneral.org/spine

Heart Disease

lawrencegeneral.org/heart

Joint Pain lawrencegeneral.org/joints

Peripheral Artery Disease

lawrencegeneral.org/circulatory

Weight Management

lawrencegeneral.org/weightloss



WE'RE SOCIAL



Reception to raise awareness

Friends, neighbors gather to support cardiovascular services

On April 26,

Andover residents Charlie and Lauren Duerr generously hosted a reception for friends and neighbors at the Lanam Club to raise awareness about Lawrence General's exceptional Cardiovascular Center and other services. Several years ago, Charlie received lifesaving cardiac care at Lawrence General after suffering a heart attack and has been a vocal and enthusiastic champion of the hospital ever since.

The support of grateful patients and



community members like the Duerrs who value having access to modern, high-quality, compassionate, and efficient care close to home is essential to the long-term well-

being of the hospital.

Lawrence General needs the community's support to build the responsive health care system this region requires going forward, to keep

health care local.

The hospital's fundraising efforts give community members the means to direct private dollars to support care in the future.

MAKE A DIFFERENCE

If you would like to support Lawrence General Hospital, please use the enclosed business reply envelope or donate securely online at lawrencegeneral.org/donate.

Charlie and Lauren Duerr, with their son, Mitch (center), are surrounded by Lawrence General trustees (L to R) Robert Gilbert, Dennis Conlin, Richard Santagati (chairman emeritus), Eduardo Haddad, MD, and Lawrence General President and CEO Dianne Anderson, RN.



Beth Israel Deaconess
Medical Center

Lawrence General is clinically affiliated with Beth Israel Deaconess Medical Center and Floating Hospital for Children at Tufts Medical Center.

Floating Hospital
for Children
at Tufts Medical
Center