

INGALLS Progress

WINTER 2010
ANNUAL REPORT ISSUE



The Ingalls Team: Offering Comfort, Care and Support

Ingalls Earns Designation as a Primary Stroke Center

Saving Your Sight

Sinuplasty Ends Headaches

At Ingalls, Improving Quality is a Constant Journey

As one of the leading health systems in Chicago's South Suburbs, Ingalls has long been committed to bringing superior healthcare services to the community – and to the people and partnerships that bring our commitment to life.

What does quality healthcare really mean? Any hospital can say it offers quality care, but at Ingalls, we back it up with results. In 2009, we are pleased to report that our ongoing efforts have been recognized by numerous national organizations. Here are a few examples:

Forbes.com, the nations leading business website, named Ingalls among the top 5% of the country's top hospitals for providing quality care.

The Ingalls Richard K. Desser, M.D., Comprehensive Breast Center earned a **perfect** score and a full, three-year accreditation from the National Accreditation Program for Breast Centers. Accreditation is given only to those centers that have voluntarily undergone a rigorous evaluation of their performance. Ingalls is the only accredited breast center in the South Suburbs.

Ingalls continues to provide the finest stroke care available anywhere as one of only two designated Primary Stroke Centers in the region. For patients suffering a stroke, that means better care and better outcomes. In fact, the Illinois legislature recognized the critical importance of timely, appropriate stroke care and passed a law that allows ambulances to take suspected stroke patients to a Primary Stroke Center like Ingalls, bypassing other closer hospitals.

Blue Cross/Blue Shield recognized our superior orthopedics services and designated the Advanced Orthopedic Institute at Ingalls a Blue Distinction Center for Spine Surgery and for Hip and Knee Replacement. Blue Distinction status is awarded to facilities that consistently deliver better results for patients.

Ingalls Cancer Program received highest marks from the American College of Surgeons' Commission on Cancer when it was reaccredited in 2009, earning an Outstanding Achievement Award that represents only about 20% of cancer centers in the nation.

We are understandably proud of our recent achievements, but we are not content to rest on these or any others that we accomplish in our daily work. Our quest for quality is constant and ongoing. And you have our pledge that we will continue to strive for even greater heights in providing world-class healthcare...at Ingalls, close to home.



Kurt E. Johnson
President and CEO
Ingalls Health System



Eugene M. Feingold
Chairman, Board of Directors
Ingalls Health System

Ingalls Annual Report, FY 2009

Ingalls Healthcare Expenditures

Our People	\$153,458,783
Patient Care Supplies	72,199,951
Building Insurance/Interest	11,117,300
Purchased Services	42,927,956
Depreciation and Amortization	20,818,364
Medicaid Provider Assessment	12,494,212
Provision for Bad Debts	18,670,097

Total Expenditures	\$331,686,663
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Capital Investments

IHS and Affiliates	15,371,000
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Charity Care and Community Service

Free and Unpaid Care	\$53,490,459
Community Service Activities and Employee Volunteerism	1,606,000

\$55,096,459

Contributions and Other*	\$2,228,039
Bequests, Trusts, and Memorials	220,628

\$2,448,667

Patient Care Services Summary, FY 2009

Admissions (excluding births)	18,556
Inpatient Days	89,004
Births	1,245
Avg. Daily Census (excluding newborns)	244
Emergency Dept Visits	41,422
Outpatient Visits (excluding ER)	348,495
Urgent Aid Visits	43,002

Home Health

Intermittent Care Visits	46,000
Private Duty Hours	104,089
Hospice Days of Care	12,962

Surgeries

Inpatient	2,946
Ambulatory	7,961

On the cover: Ingalls Hospice care team pictured clockwise beginning at top left: Laniya Garner, CNA; Marilyn Grantner, RN; Vivian Lofton, office assistant; Evelyn Bollinger, RN; and Rev. Wanda Y. Parker, chaplain/bereavement coordinator. **Story page 7.**

* Includes restricted contributions

Ingalls Receives Top Scores for Quality

Desser Breast Center Earns Perfect Score

The Ingalls Richard K. Desser, M.D., Comprehensive Breast Center earned a perfect score of 27 on its recent survey report from the National Accreditation Program for Breast Centers (NAPBC).

Ingalls was granted a three-year full accreditation designation by the NAPBC, a program administered by the American College of Surgeons. Currently, Ingalls is one of only five accredited breast centers in Illinois, and the only accredited center in the South Suburbs.

“Accreditation by the NAPBC is only given to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance,” explained Kurt Johnson, Ingalls president and chief executive officer.

The Desser Center offers the most complete breast care in Chicago’s South Suburbs, including two specially trained breast health nurse navigators and sophisticated diagnostic equipment that has passed stringent guidelines by the Food and Drug Administration and the American College of Radiology.



NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

Forbes Cites Ingalls as One of the Nation’s Best

The nation’s leading business website Forbes.com named Ingalls Memorial Hospital one of the country’s top hospitals for overall care. The January 26 edition of Forbes.com cited Ingalls for achieving extraordinarily low mortality and complication rates, and for improving clinical quality at a faster pace than other U.S. hospitals.

The ranking was based on a report recently published by an independent national hospital ratings company, which singled out 5% of U.S. hospitals for superior outcomes across a wide range of procedures and diagnoses, including treatments for heart failure, pneumonia, and stroke, as well as hip and knee replacements, back surgery and stent procedures.

Ingalls was one of only 269 hospitals in the entire country to earn the distinction.

According to the report, hospitals like Ingalls have a 29% lower mortality rate and a 9% lower complication rate than all other hospitals. The rankings were based on data from 40 million patients on Medicare who were hospitalized between 2006 and 2008 at every one of the nation’s nearly 5,000 non-federal hospitals.

If every hospital in the nation performed like Ingalls, 150,132 lives could potentially be saved and more than 13,000 complications in the Medicare population prevented every year, the Forbes.com article stated.



Juell Kadet

Cancer Research Benefits from Juell’s Hearts

Ingalls Cancer Research program will reap the benefit of a percentage of the sales from a unique new line of jewelry designed by Juell Kadet, founder of Rogers and Hollands Jewelers.

Kadet, a member of the Ingalls Development Foundation Board and Chair of the annual Fall into Fashion fundraiser event, recently launched the “Promise of Hope” heart collection. The “Promise of Hope” represents a passion, a driving force that has been behind many of the efforts of the 29-year cancer survivor, who has remained at the forefront of raising funds to support Ingalls acclaimed research program.

For more information, visit any Rogers and Hollands store, or go online to rogersandhollands.com.

It Matters Where You Go For Stroke Care



Stroke survivors treated at Ingalls include Peter Simon.

In most medical emergencies, the goal is for an ill or injured person to receive care at the closest hospital emergency department.

But when it comes to stroke, Illinois lawmakers say patients should be transported to the nearest Primary Stroke Center, a designation that only two dozen hospitals in the entire State of Illinois carry. Ingalls Memorial Hospital is one of them – and one of only two hospitals in the South Suburban area to hold the prestigious designation.

Last August, Gov. Pat Quinn signed a bill that was passed unanimously to establish a network of specialty stroke centers in Illinois and allow ambulances to take patients suffering suspected strokes to these facilities, bypassing other nearby hospitals.

Under the new legislation, the system to care for patients with stroke would be similar to the current system for treating patients with major trauma. Ambulances typically transport major trauma patients to hospitals that offer specialized trauma care – instead of the nearest hospital ER.

“Stroke is the leading cause of disability and the third leading cause of death in the United States,” explains neurologist Engin Yilmaz, M.D., medical director of the Ingalls Stroke Center. “The goal of the legislation is to minimize the damage caused by stroke and get patients to the most appropriate treatment facility as soon as possible. Numerous studies have shown that stroke patients receive better care and experience better outcomes when they are at a Primary Stroke Center like Ingalls.”

To qualify as a Primary Stroke Center, hospitals must have several important criteria in place at all times, including:

- Written emergency stroke care protocols;
- Director of stroke care to oversee hospital stroke policies and procedures;
- Administration of clot-busting drugs, such as tPA;
- Ability to conduct brain image tests, such as CT and MRIs, at all times.

“Hospitals with a specialty stroke center designation – like Ingalls – have the resources and the ability to rapidly assess suspected strokes and offer recommended treatments such as tPA (tissue plasminogen activator) promptly, minimizing the possibility of long-term disability,” Dr. Yilmaz added.

In 2008, Ingalls’ stroke care program earned the Gold Seal of Approval™ from The Joint Commission for Primary Stroke Centers.

The hospital’s multi-disciplinary team covers all aspects of stroke care, from prevention and diagnosis to acute care and rehabilitation and is coordinated by a master’s-prepared advanced practice nurse who specializes in stroke care.

South Holland Woman Treated for Rare Heart Tumor

The general rule of thumb when it comes to pain goes something like this: “If it wakes you up in the middle of the night, get it checked by a doctor.”

In Sandra DeGraff’s case, the pain centered in her chest. Sometimes it was sharp; sometimes it was dull. More than once in the spring of 2009, it awoke the South Holland resident from a sound sleep.

“I’d get a couple little pings of pain first, then I knew it would be coming in one solid punch,” she remembers. “Both of my parents died of heart attacks in their 60s, so I was concerned.”

Though Sandra herself didn’t have any known heart problems, her family history was cause for alarm, so she scheduled an appointment with her family doctor, Peter Neale, D.O. Dr. Neale recommended a CT scan and echocardiogram, which Sandra underwent at Ingalls Family Care Center in Flossmoor. Specialists there identified what appeared to be a blood clot or tumor on the upper left atrium of her heart and sent her to Ingalls Memorial Hospital.

Following additional tests, cardiologist Francis Almeda, M.D., a physician on staff at Ingalls, diagnosed Sandra with a suspected atrial myxoma, a rare, non-cancerous tumor that grows on the wall that separates the two chambers of the heart.

“Myxomas are more common in women,” Dr. Almeda explained. “And about 10% of them are passed down through families.”

Symptoms for atrial myxoma include:

- Difficulty breathing when lying flat or asleep;
- Chest pain or tightness;
- Dizziness;
- Fainting;
- Heart palpitations; and,
- Shortness of breath with activity.

Myxomas must be removed surgically. If untreated, they can lead to heart attack or stroke.

Before surgery, Dr. Almeda performed a sophisticated transesophageal echocardiogram (in which the patient “swallows” a tiny camera attached to a probe) to get a better look at the tumor.

“Dr. Neale and I then consulted with the cardiothoracic surgeon (Bryan Lee, M.D.), and our decision was to proceed with a 64-slice CT angiogram to further define the mass and assess for the presence of coronary artery disease before surgery,” he added.

On April 17, Sandra underwent successful open-heart surgery at Ingalls and within days was back home, sitting on the patio with her children and grandchildren.

Dr. Almeda is confident the tumor will not come back.

“I have seen her in followup and repeated a transthoracic echocardiogram, and there has been no recurrence,” he said.

“I really didn’t miss a beat,” she added. “All of my doctors were fantastic, and so was the care I received at Ingalls, especially in the intensive care unit. I’m so grateful that they found the tumor and removed it.”



Dr. Francis A.Q. Almeda and Sandra DeGraff



Dolton Man Faces Lung Cancer with a Positive Attitude

Dr. James Wallace with Harry Preston.

A positive attitude can go a long way...especially when faced with a challenging illness.

Just ask 73-year-old Harry Preston of Dolton. The retired hospital administrator was recovering from routine laparoscopic gallbladder surgery at Ingalls in the fall of 2008 when he received unexpected news.

“My doctor (Ganapathi Gottumukkala, M.D.) told me my breathing seemed labored as I was getting up to take a walk,” Harry recalls. “I was supposed to go home the next day, but Dr. Gottumukkala said he was ordering a CT scan for me. I felt fine though.”

The next morning, Dr. Gottumukkala told Harry he had a mass on his right lung.

“I was surprised, of course,” Harry recalls. “But I wasn’t distressed. I usually have a pretty good attitude about things.”

Harry was quickly referred to board-certified oncologist and geriatrics specialist James Wallace, M.D. After consulting with surgeons, Dr. Wallace told Harry the best course of treatment was removal of the right lung, followed by chemotherapy, then radiation.

Harry’s positive attitude served him well over the next several months as he braced for another major surgery and cancer treatment.

“Mr. Preston was diagnosed with stage II-b non-small cell lung cancer,” Dr. Wallace explained. “That means it had spread beyond the lung by the time it was detected. It was serious.”

In Harry’s case, the cancerous tumor had entered a major blood vessel. Removal of the entire lung offered the best prognosis. So in early January 2009, thoracic surgeon Vitaly Piluiko, M.D., removed Harry’s right lung.

Three months later, Harry began chemotherapy treatment at Ingalls. When that was done, he expected to start radiation therapy. But he received another surprise...this time a pleasant one.

“Dr. Wallace called me and said, ‘I’ve got some good news for you: radiation therapy isn’t necessary,’” Harry remembers. “I was so happy!”

Nearly two years after his initial cancer diagnosis, Harry says he continues to receive “A+’s” from Dr. Wallace following regularly scheduled CT scans. Though he stays close to home for now, Harry enjoys traveling, cruises and visiting with friends.

“Mr. Preston has done very well in treatment,” Dr. Wallace added. “There is no evidence of cancer at present.”

“Dr. Wallace says I’m doing just fine, and that’s all I need to hear. He is much more than a doctor to me. He’s a friend. I’m also very grateful to Dr. Gottumukkala. If it weren’t for him ordering that first CT scan, I might not be here right now.”

Ingalls Introduces Ambassadors for Cancer Research

The Ingalls Cancer Research Center has introduced its Ambassadors for Cancer Research program. Armed with nearly two dozen volunteers – many of them cancer survivors – the program educates new patients about the availability of cancer research studies at Ingalls.

“One of the primary goals of our Ambassadors is to educate the community at large – and newly diagnosed cancer patients – about the many opportunities for involvement in cancer research studies at Ingalls,” explains Patty Gowland, R.N., B.S.N., O.C.N., C.C.R.C., director of Ingalls Cancer Research Center. “Individuals might be surprised to discover that Ingalls is affiliated with more cancer research studies and clinical trials than any other cancer program in the South Suburbs. That means our patients can participate in the same cancer research being conducted at large university hospitals, without having to travel far from home.”

“It’s really about having treatment options – knowing what they are and making informed decisions,” adds Judith Hanzelin of Homewood, a retired oncology nurse and an Ingalls Ambassador.

Breast cancer survivor and Ingalls Ambassador Kimberly Haug of Mokena agrees. Haug speaks from the heart when she talks about cancer research. The 40-year-old mother of two teen-aged boys, enrolled in a clinical trial involving the breast cancer drug Herceptin at Ingalls in 2004. (She also underwent radiation therapy and chemotherapy as part of her treatment.)

“I had undergone a double mastectomy and was told that eight of the 20 lymph nodes in my left arm tested positive for cancer,” Haug explains. “When they offered the clinical trial to me, I thought it was a great opportunity for me and it would help cancer research.”

Five years later, Haug, who also takes the breast cancer drug Tamoxifen, remains cancer-free. “I truly believe it was the Herceptin,” she adds. “How can we beat this disease without trying new things? Other people facing cancer can look at me and see that I’m all better. I can reassure them that a clinical trial is not about being a guinea pig. You’re receiving outstanding cancer care.”

For more information about the Ingalls Cancer Research program, call 708.915.HOPE (4673).

Ingalls Cancer Ambassadors surround research nurses (seated from l to r) Lynn Muir, Patty Gowland, Julie Ann Koch and Ambassador team leader Judith Hanzelin.



Minimally Invasive Aneurysm Repair Saves Life of Country Club Hills Man

It may have been a miracle that 77-year-old Joseph Busch was scheduled for cataract surgery last February. Indirectly, it saved his life.

It all began when Joe's ophthalmologist told him to get a routine physical before surgery. Joe complied and made an appointment with internal medicine and nephrology specialist Michael Peck, M.D., in Flossmoor.

"During the exam, Dr. Peck said he felt an abdominal mass and scheduled me for an X-ray," he explained. "I was shocked. I'd never had any symptoms."

When Joe went for the X-ray a couple days later, the radiologist was alarmed enough by what he saw to have Joe transported by ambulance to Ingalls Memorial Hospital right then and there. At Ingalls, doctors told him he had a 10-1/8 cm aneurysm in his abdominal aorta that needed urgent repair.

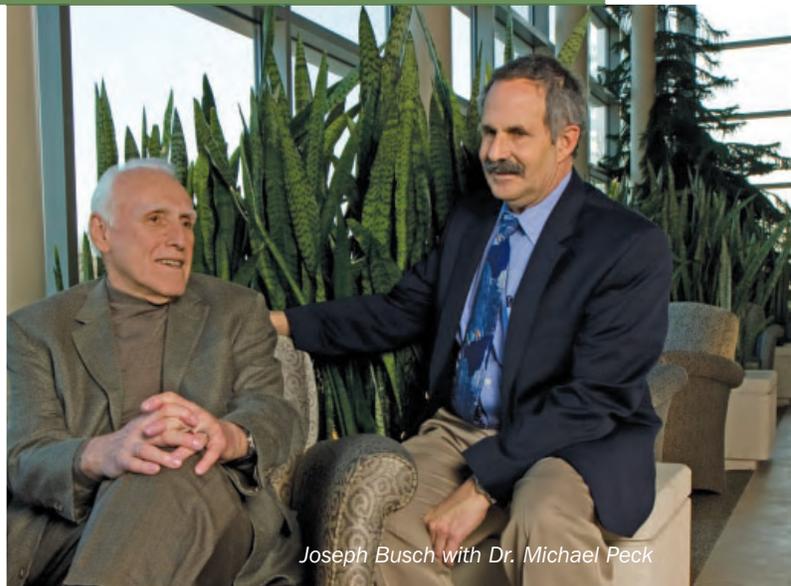
An aortic aneurysm is a weakened and abnormal bulging section of the aorta, the main vessel that carries blood from the heart to the vital organs. A normal aorta is about 1 inch (2 cm) in diameter. However, an AAA can stretch the aorta beyond its safety margin and rupture, causing severe internal bleeding, shock or death.

While he braced for major surgery, doctors told Joe he was a candidate for a minimally invasive alternative called endovascular stent graft repair. Unlike open surgery, which involves a large incision and lengthy recovery, endovascular repair involves tiny incisions in the groin and the placement of a stent graft to reinforce the aneurysm and prevent rupturing. Endovascular repair is a highly effective alternative and well-suited for individuals with multiple medical conditions.

Interventional radiologist Perry Gilbert, M.D., teamed with vascular surgeon Timothy Field, M.D., and successfully performed the procedure.

"By the next day, patients are encouraged to walk, and most are discharged within 24 to 48 hours," Dr. Gilbert explained.

But Joe's story doesn't end there. While he was still recovering at Ingalls, he received another shock. A CT



Joseph Busch with Dr. Michael Peck

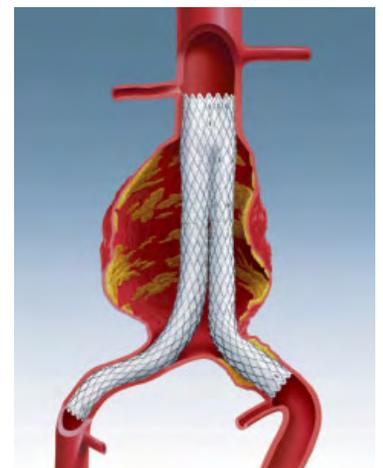
scan taken after surgery showed a suspicious spot in the upper part of his right lung.

So a team of specialists, including pulmonologist Charles Beck, M.D., oncologist James Wallace, M.D., Dr. Peck, Dr. Field and Dr. Gilbert, collaborated and determined the tumor had to be removed.

So Joe braced for a second surgery – this one somewhat more invasive – in April. Although a large part of his right lung was removed, Joe recovered and passed his six-month follow-up with flying colors.

"What amazing collaboration among doctors," Joe added. "If it weren't for them, I wouldn't be walking around today. I'm so grateful to all of them."

An avid sailor who still works part-time as a franchise consultant, Joe looks forward to sailing again in the spring. Eventually, he plans to reschedule the cataract surgery that started it all.



The stent graft reduces the pressure on the aneurysm and provides a new pathway for blood flow, reducing the risk of rupture.



Ilona Roberts sits with her son and niece, Kahyel Cunningham and Kara Hackman, as she holds a photo of her mother, Elaine Hackman.

Cover Story

Ingalls Hospice Offers Comfort, Care and Support

Hospice care brings healing, comfort and support to people facing a life-limiting illness – and to the family and friends who care for them.

When Ilona Roberts' 84-year-old mother Elaine Hackmon was nearing the end of her six-year battle with colorectal cancer last fall, Ilona and her family turned to the caring professionals of Ingalls Hospice.

"I had made a promise to my mom that I would never put her in a nursing home," Ilona recalls. "I told her I would be there to take care of her."

Ingalls Hospice care at home helped Ilona keep her promise.

"Words cannot begin to express the outstanding care my mother received from the staff of the hospice program," Ilona added. "They were there for us every step of the way. They always made us feel comfortable calling them no matter how small our issues were."

Hospice care kept Mrs. Hackmon comfortable during her final days. It also helped her family understand the stages of her journey and how to cope with her eventual passing.

"We'd never been through this before. But Ingalls Hospice helped us understand what was happening and that we weren't alone in feeling the way we did," she explained. "We will never forget the 24-hour, seven-day-a-week service."

"Hospice care honors life's final journey," explains Susan Dolan, R.N., J.D., C.H.A., director of Ingalls Hospice and award-winning author of *The End of Life Advisor*. "It focuses on quality of life and helping people live out

their remaining days to the fullest, while offering hope and support to their loved ones."

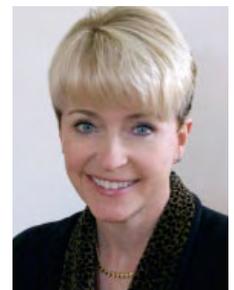
The support is what Linda Bethke and her family appreciated most when Linda's 69-year-old mother-in-law Christine was dying of lung cancer in the fall of 2008.

"They truly were my lifesavers," Linda says of the hospice nurses, social workers and nurse aides that helped the Bethke's in the remaining three months of Christine's life. "I couldn't have done it without them."

Now celebrating its 20th anniversary, Ingalls Hospice assists patients and loved ones with their physical, emotional, social, spiritual and grief needs. Patients are cared for by a team that may include a nurse, hospice aide, social worker, music therapist, chaplain and volunteer. Ingalls Hospice also assists with medications, supplies and equipment related to the patient's illness. Care is provided in the home, at a long-term care facility or in the Ingalls hospice inpatient unit. Hospice staff are accessible 24 hours a day, seven days a week.

"Most people, if asked, would hope for a peaceful, pain-free death," Dolan added. "At Ingalls Hospice, we help make that happen."

For more information, call Ingalls Hospice at 708.331.1360.



Susan Dolan, R.N., J.D., C.H.A.

New Custom-Fit Knee Implant Means Better, Longer-Lasting Wear



Dr. Mark Nikkel with John Rees



Everyone knows a custom suit is better than buying off the rack. The same applies to knee replacements.

A custom-made knee implant will wear better – and last longer – because it’s made to order.

That’s why Mark Nikkel, D.O., board-certified orthopedic surgeon and sports medicine specialist on staff at Ingalls, now offers Visionaire Patient Match Technology.

“Every person’s knee joint has subtle differences in shape and contour, but traditional surgical instruments that are used to place knee implants are one-size-fits-all,” Dr. Nikkel explains. “Visionaire technology uses MRI and X-ray images of a patient’s knee to design and build surgical instruments that are customized for a patient’s unique knee anatomy.”

During traditional knee replacement surgery, an orthopedic surgeon spends time adapting the patient’s knee to fit the new implant. But with Visionaire, the surgeon comes to the operating room with surgical instruments engineered exclusively for the patient’s knee and an implant that matches the knee’s dimensions.

“With computer-guided precision, the knee implant is then carefully put in place,” he added. “That is very important because a misaligned implant can cause pain and instability, and will eventually fail. My patients have had incredible success with Visionaire.”

John Rees of Tinley Park said his arthritis had worn down his right knee joint to “bone on bone.” “It was intolerable,” he explained. “I knew surgery was the only option.”

“It took almost a month to create the special instruments and implant that were designed for my knee.”

John quickly graduated from walker to crutches to cane in a matter of days and is looking forward to playing 18 holes again in the spring.

“I have the utmost confidence in Dr. Nikkel,” he said.

Livanda Yarbrough of South Holland agrees. A veteran emergency room nurse, Livanda says both of her knee joints were damaged from constant running. In fact, they were so bad she needed two knee replacement surgeries in 2009. The left knee was replaced in June, using traditional surgical methods; and the right knee in September, using the new Visionaire knee.

“Dr. Nikkel told me the recovery would be quicker and less painful with the Visionaire,” she recalls. “I was up walking the night of surgery. Afterward, I used a walker for three days and a cane for one day, compared to one month with a walker and another month-and-a-half with a cane the first time around.”

Benefits of the new knee system include less pain, a quicker recovery, and a longer-lasting implant. And, because Visionaire delivers pre-sized, pre-aligned instruments, surgery time is shortened, reducing a patient’s time under anesthesia.

“The technology is truly groundbreaking,” Dr. Nikkel added.

For more information, call Ingalls Care Connection at 1.800.221.2199.

Are You at Risk for Carpal Tunnel?

Performing the same hand movements repeatedly can lead to a painful disorder of the wrist and hand called carpal tunnel syndrome.



Dr. Salvatore Fanto

“The carpal tunnel is a narrow tunnel formed by the bones and other tissues of the wrist,” explains Salvatore Fanto, M.D., board-certified hand surgeon on staff at Ingalls. “This tunnel protects the median nerve, which helps move the thumb and provides sensation for the first three fingers of each hand.”

Carpal tunnel syndrome occurs when other tissues in the carpal tunnel (such as ligaments and tendons) get swollen or inflamed and press against the median nerve, causing pain or numbness.

“Carpal tunnel is most common in people whose jobs require pinching or gripping with the wrist in a bent position,” he said.

Those at risk include frequent computer users, carpenters, grocery checkers, assembly-line workers, meat packers, musicians and mechanics.

Other risk factors include a previous wrist injury, diabetes, arthritis and pregnancy.

“Early diagnosis and treatment are important to avoid permanent damage to the median nerve,” Dr. Fanto said.

The most common treatments include hand and wrist exercises, non-steroidal anti-inflammatory medications such as ibuprofen, and surgery.

Blue Cross/Blue Shield Recognizes Ingalls for Exceptional Spine, Knee and Hip Surgeries

Blue Cross/Blue Shield has recognized Ingalls for its consistently superior orthopedic services by designating the Advanced Orthopedic Institute at Ingalls (AOI) a Blue Distinction Center for Spine Surgery and a Blue Distinction Center for Hip and Knee Replacement.

Blue Distinction status is awarded to facilities in the Blue Cross network that meet rigorous, evidence-based selection criteria and have proven to deliver better overall patient outcomes.

“The Blue Distinction designation signals to our community that Ingalls consistently delivers orthopedics care that results in better outcomes for patients,” explains Kurt Johnson, Ingalls president and chief executive officer. “Of the nearly three dozen hospitals in Illinois that submitted applications for consideration, only six hospitals were approved, and Ingalls is one of them.”

Leading orthopedic specialists at the AOI provide a full range of diagnostic techniques and treatment options for conditions of the hip, knee, spine, shoulder, foot, ankle and hand. Treatment begins with a thorough diagnosis and education, and continues through recovery and rehabilitation.

Using minimally invasive and arthroscopic procedures wherever possible, orthopedic specialists at Ingalls focus on providing long-term solutions with the quickest recovery through procedures like anterior hip replacement and customized knee replacement.



Two residencies and two fellowships later, Chicago native and former college athlete Dr. James A. Krcik, M.D., returns to the area – the only physician in Chicagoland with pediatric sports medicine orthopedic fellowship training. In addition to a busy private practice and expertise on the sidelines, as with varsity football at Oak Forest High School, Dr. Krcik joins a select group of orthopedic surgeons who have partnered with Ingalls Sports Network to ensure evaluation when it is needed most – within 24-48 hours of an injury. Call the injury hotline at 708.915.OUCH (6824).

Since one energetic 82-year-old woman began receiving injections for the treatment of age-related macular degeneration (AMD), the vision in her right eye has improved.



National Study At Ingalls Compares Treatments for ‘Wet’ Macular Degeneration

Glee Hibbeler of Palos Hills woman still reads, drives and regularly socializes with friends and family. Macular degeneration hasn't slowed her down at all.

That's because Hibbeler (and dozens like her) is participating in a landmark clinical research study comparing treatments for "wet" AMD through the Irwin Retina Center at Ingalls.

"I can see so much better now," she said. "I can read the small print on the TV without my glasses; I can see better in traffic. It's wonderful."

Ingalls, in collaboration with Illinois Retina Associates, has enrolled more patients than any other site in the nation in the National Eye Institute's *Comparison of Age-Related Macular Degeneration Treatment Trials* (CATT) study since it began in early 2008.

"This is a landmark study to compare two medications and different dosing schedules," explains David Orth, M.D., principal investigator for the CATT study and medical director of the Irwin Retina Center. "We want to know whether Avastin is more effective, less effective or the same as Lucentis. We also want to find out whether treating less frequently than every month can provide the same benefits as treating on a monthly basis."



Dr. David Orth

According to Genentech-sponsored studies, the recommended treatment is one dose a month for 12 months, but physicians using the two different medications believe patients may benefit just as much from therapy spread out over two or three months.

"Patients being treated for wet macular degeneration don't see very well," he

Glee Hibbeler's vision has improved since participating in a clinical research study at Ingalls

explained. "So they rely on someone to bring them in for treatment. If we can treat them less often with an equally effective therapy, that's a real benefit – both in terms of cost and convenience."

To date, patients enrolled in the study have shown a favorable response to treatment.

"One of our participants experienced marked vision improvement after only one injection," Dr. Orth added.

For more information regarding the Comparison of Age-Related Macular Degeneration Treatment Trials, contact Linda Arredondo, R.N., at 708.915.6943.

Understanding Wet Age-Related Macular Degeneration

Macular degeneration is a disease that damages the macula, the area of the retina responsible for central vision, and is a leading cause of legal blindness among older Americans.

Wet macular degeneration occurs when abnormal blood vessels behind the retina start to grow under the macula. These new blood vessels leak blood and fluid, damaging the macula and causing a rapid loss of vision.

Visual impairment from macular degeneration can lead to loss of independence and a reduced quality of life. The CATT study at Ingalls/Illinois Retina seeks to determine whether the treatment burden for patients can be reduced without compromising effectiveness.



Eric Garrard

Ingalls Eye Expertise Saves Banker's Sight

When Eric Garrard of Valparaiso, Indiana, began experiencing flashing lights in one of his eyes, he did the right thing. He called an ophthalmologist.

Floaters or flashing lights can be a warning sign of a serious problem with the retina – the light-sensitive tissue that lines the inside back wall of the eye. The retina relays messages to the brain through the optic nerve.

As a result of aging or injury, the retina may develop a small hole or tear. If fluid leaks through the hole into the space between the retina and the inner wall of the eyeball (sclera), the retina can start to peel away from the underlying scleral shell. The fluid gains access from the clear gel that fills the eye normally, called the vitreous. Full retinal detachment is a serious problem that requires surgery to prevent permanent vision loss.

Unfortunately, Garrard's diagnosis was a full-blown detachment. But help wasn't far away.

Garrard was referred to world-renowned, award-winning vitreoretinal surgeon and surgical instruments inventor Kirk Packo, M.D., at the Irwin Retina Center at Ingalls.

Dr. Packo is one of the most sought-after and recognized vitreoretinal specialists in the field. He is consistently listed in the Best Doctors in America, America's Top Ophthalmologists, and Best Doctors in Chicago. In 2009, Dr. Packo was asked to deliver the prestigious Zivojnovic Award Lecture at the European Vitreoretinal Society's annual meeting in Morocco. Only a handful of retinal specialists in the world have been asked to deliver this address.

After a thorough evaluation and diagnosis, Dr. Packo recommended three complex procedures to save Garrard's vision. The first was pneumatic retinopexy, which involves removing fluid from the eye and injecting expandable gas into the vitreous cavity, which seals the retinal tear.



Dr. Kirk Packo

A second procedure, scleral buckling, involved attaching a tiny silicone band to the white of Garrard's affected eye. The band works like a belt to close the tear and prevent further separation. Following his second procedure, Garrard developed some scar tissue on the surface of his retina, interfering with his visual recovery. Such scarring is unfortunately a common occurrence.

To deal with the scar tissue, a third procedure, vitrectomy, was recommended to remove the central clear gel or vitreous as well as the scar tissue adherent to Garrard's central retina. The central retina is called the macula – the most precious area for vision. All three procedures were performed at Ingalls.

"A reattached retina doesn't guarantee normal vision," Dr. Packo explained. "How well a patient sees following surgery depends in part on whether the central part of the retina or macula was affected by the detachment before surgery, and if it was, for how long. The subsequent scar tissue that needed additional surgery can also contribute to some level of visual loss."

At age 55, Garrard was able to return to his job as chief financial officer of a bank shortly after the last procedure. And within the year, his vision had improved dramatically.

"I'm grateful Dr. Packo had the expertise to manage all my complications," Garrard added. "He's a wonderful doctor and person, and my care at Ingalls was excellent."

Sinuplasty Finally Puts an End to Woman's Pounding Headaches



Gloria Moreno with Dr. Eyas Othman

For more than a decade, Gloria Moreno of Chicago desperately sought relief for an agonizing sinus problem... to no avail.

Three painful sinus surgeries and endless refills of antibiotics proved to be temporary fixes at best. The pain always came back.

Eventually, her doctor suggested the pain was “in her head” and sent her to a psychiatrist.

Gloria was stunned. Of course the pain was in her head. She'd lived with it for years. The problem was, she couldn't get rid of it!

“I'd wake up with a headache and go to sleep with a headache,” she recalls. “I couldn't even take a plane ride anymore. The pressure in my head would be so bad that it felt like a knife in my forehead.”

Still in search of relief, Gloria was referred to Eyas

Othman, M.D., board-certified ear, nose and throat specialist on staff at Ingalls. Dr. Othman evaluated Gloria's medical history and listened to her complaints. Then he told her about a breakthrough, minimally invasive technique called Balloon Sinuplasty, which uses a small catheter and balloon to quickly open and expand blocked sinuses.

Encouraged by what she heard, Gloria agreed to have the procedure done at Ingalls in October 2009.

“Until recently, chronic sinus patients had two treatment options: medications such as antibiotics and topical nasal steroids, or conventional sinus surgery,” Dr. Othman explained.

While medication works for about 80% of chronic sinus patients, it does little for the rest. Surgery is the best option for these individuals. But because it involves the painful removal of bone and tissue, many patients refuse it.

“Mrs. Moreno's sinus problem involved the frontal sinuses only, which is why her headaches were so severe,” he added. “Her previous surgeries provided only temporary relief because they involved tissue removal, which eventually led to new scarring and sinus blockages.”

In most cases, however, sinuplasty can be done without removing tissue or bone. That means less discomfort, faster recovery and more permanent relief. In fact, many patients experience dramatic improvement immediately and are able to return to normal activities within 24 hours. Sinuplasty is performed as an outpatient procedure under general anesthesia.

“In Mrs. Moreno's case, I also inserted a stent containing slow-release medication to help prevent any possible scarring and keep her sinuses open,” he added. “The stent was removed after two weeks. She is very pleased with the results.”

“Before, I had pain around the clock, but I haven't had any headaches at all,” Gloria adds. “This is a real blessing, let me tell you.”

For more information, please call Ingalls Care Connection at 1.800.221.2199.

Chicago Man Celebrates One Year of Sobriety as Addiction Program Celebrates 1st Anniversary



It's no coincidence that 44-year-old Paul F. of Chicago celebrated one year of sobriety as the Illinois Institute for Addiction Recovery at Ingalls (IIAR) celebrated its one-year anniversary.

Paul was the first patient ever admitted to the addiction program in October 2008.

For nearly a decade, Paul had been in and out of alcohol and drug treatment programs until he found the IIAR at Ingalls.

"I would drink to blackout after work every day," he said.

Though he never drank at work, co-workers suspected he was an alcoholic. Then, in the fall of 2008, his behavior at an out-of-town conference left them with little doubt.

"I drank a lot during that trip and had multiple blackouts," he said. Afterward, Paul went to stay with his parents in the South Suburbs to sober up.

But his success was short-lived. When he snuck some vodka into the house and washed it down with pills, Paul ended up in a nine-hour blackout that became a physical battle with his aging parents.

That's when he turned to the IIAR.

Though Paul had exhausted his lifetime health insurance benefits and would have to foot the bill himself, he knew his life was well worth saving.

So what made the IIAR recovery program different from the others?

"I hadn't encountered that kind of compassion before," he explained. "Rachel (Ridge) was my counselor, and I felt so blessed to have her. The program at Ingalls

incorporates every aspect of your life into treatment, including your family and your job."

The program also taught Paul how to prevent relapses and create a plan for success in his personal and professional lives.

"Paul had been to treatment programs four times before coming to Ingalls," explains Rachel, L.C.S.W., C.A.D.C., addictions counselor at Ingalls. "When he came to us, he was humble, honest and willing to be accountable. Anyone can sit up on our unit for 28 days. What most people don't realize is that coming to treatment is the FIRST step in a lifelong journey of recovery. Paul was willing to do the work."

A year of sobriety is proof of that.

"I incorporated recovery into my life," he added. "I'm much more effective at work. Most importantly, I have peace of mind that I didn't have the first 43 years of my life."

Located in the Wyman-Gordon Pavilion, the Illinois Institute for Addiction Recovery at Ingalls is a 16-bed adult addiction treatment facility providing care for a wide range of addictions, including alcohol and drugs; gambling; the internet; video-gaming; sex; spending/shopping; food; and chronic pain with addiction.

For more information or to confidentially access its private treatment programs, call 1.800.522.3784 or visit www.addictionrecov.org.

Choosing quality child care is one of the most daunting tasks any parent faces. There are so many things to consider: caregivers and staffing ratios; safety; cleanliness; a positive learning environment; proximity to the home. And the list goes on.



Looking for Quality Day Care? Choose Ingalls Child Care Center

Carla and David Cheatham of Homewood faced those very issues when they were considering child care options for their son, Andrew. When the Cheathams relocated from the Bronzeville neighborhood of Chicago to Homewood to be closer to their jobs, they also discovered a promising, new child care choice in the neighborhood.

“Originally, we had planned to have a babysitter come to our home,” Carla remembers. “But then my cousin told me about Ingalls Child Care Center.”

At the time, Carla’s cousin, Leneice, was a nurse at Ingalls Memorial Hospital and chose the Ingalls Child Care Center for her young son. She was thrilled with the center and thought Carla and David would be too.

She was right!

“The Ingalls Child Care Center has been such a blessing for us,” Carla says. “Our son is very happy there. He’s learning a lot and developing wonderful social skills.”

“The teachers are wonderful, too” David adds. “You can tell by the way the kids interact with the staff that it’s a warm, loving environment.”

The Cheathams also appreciate the special activities and events the Center hosts for parents and children

throughout the year, like the annual holiday parties and Mother’s and Father’s day get-togethers. The proximity to their home and work is also a big plus.

“It’s just 15 minutes from our home and about 12 minutes to my job,” he explained.

“There are other child care centers in the area, but Ingalls is the only choice for us,” Carla said. “The staff is experienced and truly dedicated to the kids. We know that Andrew is well-cared-for, and that’s what matters most.”

Located on the campus of Ingalls Memorial Hospital, the Ingalls Child Care Center cares for infants and children, from six weeks to 12 years, Monday through Friday from 6 a.m. to 6:30 p.m. The center was founded in 1991 and includes programs for every age group, including pre-school, pre-kindergarten and kindergarten. A summer camp program is also available for six-to 12-year-olds.

Parents need not be an Ingalls employee to enroll their child in the Center; it is open to all. **For more information about the Ingalls Child Care Center, call 708.333.2240.**

Ingalls Care Extends Far Beyond Our Walls

A baby's first cry. A strong, steady heartbeat. Healthy school children eager to master new skills. Things most of us take for granted.



Dr. Sharon James, Chicago Metro-Obstetrics/Gynecology, Jalissa Robinson and her daughter Kennedy, and Lisa Lowe, R.N., M.S.N., Ingalls Nurse Navigator, for the Healthy Baby Network.

At Ingalls, we know there are thousands of individuals who struggle with basic necessities like prenatal care, back-to-school immunizations, regular mammograms, transportation to the doctor, or filling a needed prescription. That's why we reach far beyond the walls of our hospital and family care centers with programs and services that truly improve the lives of those who need us most.

Ingalls Community Benefits program is an important measure of our mission to serve our neighbors. In fiscal year 2009 alone, Ingalls provided \$1.6 million in community benefits to thousands of men, women and children throughout our service area. And despite a challenging economy, that number represents a nearly 20% increase in community benefits from the previous year.

Our comprehensive community benefits program consists of 200 health fairs, seminars and free screenings for more than 45,000 residents; free school physicals and dental exams for over 400 area children; student internships and scholarships totaling more than \$30,000; support services for over 330 low-income pregnant women; numerous support groups with more than 3,000 members; and free patient transportation and medication.

One program, in particular, has seen remarkable results since its inception in early 2008.

"The Healthy Baby Network not only identifies economically disadvantaged pregnant women, it also assesses their need for prenatal care, education and social services," explains Lisa Lowe, R.N., M.S.N., Ingalls nurse navigator for the Healthy Baby Network. "By ensuring that participants get access to prenatal

care services, we hope to reduce the instances of low-birth-weight babies and infant mortality."

Since the program began, there are 40% fewer pregnant women who arrive in the hospital emergency department without any prenatal care. In the last two years, 420 young women have enrolled, most of whom are 13 to 20 years old. Nearly 80% of the 288 active participants now receive food assistance from the Illinois Women, Infants and Children (WIC) program (compared to 20% in 2008), and 95% are covered by health insurance at the time they give birth.

"This is a very well-received, much-needed program for the young women of our community," Lowe added.

A new addition to the community benefits program for 2010 is a comprehensive Congestive Heart Failure (CHF) Clinic, with a dedicated advanced practice nurse. The program also includes the installation of high-tech home-monitoring equipment that measures blood pressure, weight and blood-oxygen levels. These measures are monitored daily by the home care department and communicated to the patient's doctor.

"Re-admission to the hospital is a frequent problem for patients with CHF," explains Jill Zaki, administrator of Ingalls Home Care. "Our goal is to educate patients about the importance of self-care and managing their conditions well enough to avoid repeat hospitalizations and enjoy a better quality of life."

Through programs like these and dozens of others, Ingalls continuously strives to meet the region's most pressing healthcare needs – and to be a good neighbor.

Ingalls Diabetes Centers Helps Patients Take Control of their Condition

Diabetes is a common disease, yet each individual needs unique care. It is important to learn as much as possible about the latest medical therapies and approaches, as well as how to make healthy lifestyle choices. Good communication with a team of experts can help you stay in control of the disease.

A Teen Takes Control of Her Diabetes

When Sherri Stoub of Chicago Ridge was diagnosed with Type 2 diabetes at 15, her mother Violet went into a tailspin.

"I was panic-stricken," Violet recalls. "My fear was that she wouldn't be able to eat anything."

So, board-certified endocrinologist Ilene Yohay, M.D., referred Sherri to the Ingalls Outpatient Diabetes Center for education and monitoring. The center specializes in treating patients with Type 1, Type 2 and gestational diabetes.

To their relief, the Stoubs discovered diabetes was a manageable condition. They learned about proper nutrition, portion control, exercise, regular blood-sugar testing, medication management and more.

With her diabetes now in check, the active 16-year-old may soon be able to give up her diabetes medication altogether.

"I'm doing really well," Sherri adds. "This hasn't slowed me down."

Finding Treatment That Works

When Wally Williamson of Oak Forest was diagnosed with Type 2 diabetes eight years ago, his doctor prescribed oral medication. Eventually, he needed insulin injections to control the disease. Nothing worked well for long.

Six months ago, board-certified endocrinologist Andree de Bustros, M.D., recommended Williamson try an insulin pump, and referred him to the Ingalls Diabetes Center.

"When I was diagnosed, my wife and I were more confused than anything," he admits. "Dr. de Bustros and Julie Allen at the Diabetes Center really opened our eyes."

Ingalls Outpatient Diabetes Management Center, located in Calumet City, Flossmoor and Tinley Park, is recognized by the American Diabetes Association for self-management education. For more information, call 708.915.8530.



Could you be at risk for diabetes? Nearly six million of the 23 million Americans who have diabetes don't know they have it.

To help you learn your risk, Ingalls has a free online **DiabetesAware** assessment. If you are found to be at risk, you may qualify to receive a coupon for a free A1c blood test.

Visit Ingalls.org/DiabetesAware today and complete our quick and easy assessment.

Let the Ingalls Sleep Centers Help You Get a Good Night's Rest

Do you find yourself nodding off in the middle of the day? Is it hard to stay awake while you read? Do you rely on caffeine for energy boosts?

If you feel like you're running on empty most days, you may have a sleep disorder.

"Adequate sleep is as necessary to health and well being as diet and exercise," explains Kevin Fagan, M.D., board-certified neurologist and medical director of the Ingalls Sleep Centers.

The average adult needs six to nine hours of sleep per night. Unfortunately, more than half of all Americans aren't getting the sleep they need.

One of the most common sleep disorders is obstructive sleep apnea, a condition in which an individual has pauses in breathing for 10 seconds or longer (an occasional stop in breathing is normal).

One of the most effective treatments is a continuous positive airway pressure (CPAP) device, which increases air pressure in the throat so that the airway does not collapse when you breathe in.

Herbert Wallace of South Holland, a long-time user of CPAP therapy, recently traded in an old model for a new one through Ingalls Sleep Centers. He noticed a pleasant change immediately.

"I love it," he explained. "It's smaller, quieter and has a humidifier attachment, which is a very nice feature, since CPAP can be drying."

With locations in Calumet City, Tinley Park and Flossmoor, the Ingalls Sleep Centers offer testing, diagnosis, and treatment for individuals experiencing a full range of sleep conditions.

For more information about sleep disorders and treatments, call the Ingalls Sleep Centers at 708.915.8428.

Welcome New Doctors to the Neighborhood

For more information about physicians on staff at Ingalls, or to make an appointment with any of the physicians listed below, please call the Ingalls Care Connection at 1.800.221.2199.

Bradley P. Knight, M.D., is board-certified in clinical cardiac electrophysiology, cardiovascular disease and internal medicine. Dr. Knight earned his medical degree from Ohio State University-College of Medicine and served his residency at University of Michigan Hospitals. Dr. Knight provides electrophysiology services at Ingalls Memorial Hospital.



Susan S. Kim, M.D., is board-certified in electrophysiology, cardiovascular disease and internal medicine. Dr. Kim earned her medical degree from University of Chicago Pritzker School of Medicine. She served her residency at Brigham and Women's Hospital, Boston. Dr. Kim provides electrophysiology services at Ingalls Memorial Hospital.



Sameh Nabelsi, M.D., is board-certified in internal medicine. Dr. Nabelsi earned his medical degree from Damascus University School of Medicine, Syria, and served his residency at St. Luke's Hospital, Chesterfield, MO. Dr. Nabelsi is in private practice in Flossmoor. He assumed the practice of Geoff Caplea, M.D.



Ingalls Progress is created to provide healthcare information to the residents of Chicago's South Suburbs.

Shelia Porter, *Editor*
Susan Fine, *Director*
Marketing Communications

To be removed from our mailing list, please call 708.915.6173 or e-mail contact@Ingalls.org.

We bring quality care to your neighborhood

Ingalls has the most extensive network of outpatient care centers in the South Suburbs. Wherever you live or work, you'll find an Ingalls facility nearby:

- > **Ingalls Memorial Hospital, Harvey**
(156th and Wood Streets)
708.333.2300
- > **Ingalls Family Care Center, Calumet City**
(170th and Torrence Ave.)
708.730.1300
- > **Ingalls Family Care Center, Flossmoor**
(Governors Highway between Kedzie and Vollmer)
708.799.8400
- > **Ingalls Family Care Center, Matteson**
(Route 30 east of Cicero)
708.747.7720
- > **Ingalls Family Care Center, Tinley Park**
(159th St. east of Oak Park Ave.)
708.429.3300
- > **Ingalls Center for Outpatient Rehabilitation (ICOR)**
Calumet City
708.862.5500
- > **Ingalls Home Care**
708.331.0226
- > **Ingalls Cancer Care Centers**
Harvey – 708.915.6620
Tinley Park – 708.915.7800
- > **Ingalls Same Day Surgery**
Tinley Park
708.429.0222
- > **Ingalls Wellness Center**
(H-F Racquet & Fitness Club)
Homewood
708.206.0072
- > **Cancer Support Center**
Mokena
708.478.3529
- > **Ingalls Care Connection**
Information and Referral Line
1.800.221.2199
- > **TTY for hard of hearing:**
1.800.526.0844

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27th Annual FREE Family Health Fair

Sunday, April 11, 2010
9 a.m. – 2 p.m.

Sponsored by the Homewood Rotary Club and Ingalls Health System

James Hart School, Homewood
183rd & Aberdeen, at the H-F Sports Complex

- \$10 Lipid Profile (fast required)
- Heart & Cancer Screenings
- Bone & Joint Pain Evaluations
- \$15 School Physicals, FREE Immunizations