

Stark County Medical Society News

CELEBRATING 155 YEARS!

Summer 2021

President's Message



On July 1st I had the opportunity to speak with the incoming residents. This brought back a lot of memories of how I felt when I first started as a resident in 1990. At that time, we did not have smart phones, and we certainly were not using computers to document our notes. As a first-year resident, we were expected to know our patients without looking at any papers or notes. Heaven forbid you didn't know the answers.

As a medical student, I was lucky to have Dr. Ognibene at Aultman Hospital as one of my mentors. His simple yet sage advice was to "always treat the patient, not the lab value."

This became quite evident recently when one of my patients presented to the ER for complaint of high fever 103. Elevated white count 22,000, cough occasionally productive and shaking rigors. Per the protocol at the hospital, he had a respiratory panel done, of course, looking for Covid as well as a CBC, urinalysis and a chest x-ray.

Stacey Hollaway, M.D.

Chest x-ray did not show any abnormalities according to the ER physician. They ruled that his complaint was viral and sent him home.

It should be noted that his urine showed 1+ bacteria, 200+ blood and 100+ protein. I saw him the very next day. The patient was acutely ill. He initially presented with no temperature, but while we were talking, he had shaking rigors, diaphoresis and appeared to be tachypneic. When I examined him, I could hear his pneumonia in his right lower lobe. I was also concerned about his abnormal

urinalysis. CT scan was performed and was fine with regards to the kidneys but did show evidence of a pneumonia. While in the office, I started him on a medication that would cover both the kidneys as well as community-acquired pneumonia. I asked him if the ER doctor had bothered to listen to his lungs and he said no. He stated that the doctor stood in the doorway asked him a few questions and ordered a bunch of tests. Most of us are taught that chest x-rays lag behind the clinical course. In other words, you can often hear a pneumonia even though you may not see a pneumonia on x-ray. Let us treat the patient instead of the lab values, or in this case, the lack of a positive x-ray.

Dr. Roger Musa, Director of Family Practice Residency expounded on the same theme in his orientation address to the residents. He talked about the importance of listening to patients, noting that we are often in such a hurry that we sometimes do not truly hear what a patient is saying. Going one step further, taking time to explain why tests are being ordered and why the chosen treatment plan is a good one helps build confidence and trust.

A common complaint that I hear from patients is that they feel that no one really cares because nobody took the time to examine them or sit down in the exam room and to listen to them.

We all went into medicine for the right reasons. We wanted to help people and make a difference. Make a difference in someone's life today by taking the time to listen.

www.starkmedical.org

We have access to the politicians and the state medical association. Together, we have a voice that will be heard!

Contact us at starkmedical@ameritech.net or call 330-492-3333. We look forward to hearing from you!



Opinions expressed by the authors are their own, and not necessarily those of the Stark County Medical Society, Trustees or individual members. SCMS News reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted.

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Stark County Medical Society **20th Annual Golf Outing** to Benefit Community Harvest

Wednesday, September 22, 2021 Arrowhead Golf Club

1500 Rogwin Cir SW, North Canton, OH 44720

10:00 AM	Registration and Shrimp & Bloody Mary Hospitality Station
11:00 AM	Lunch
12:00 PM	Shotgun Start
6:00 PM	Dinner

Scramble format 18 holes with cart • Lunch cookout before shotgun start • Margaritas and chips at the turn • Unlimited beer (21+), pop and water on the course • Raffles • Exclusive swag bag for each golfer • Prizes • Free contests • Dinner at the lodge immediately after golf

\$90/Golfer • \$360/Foursome

Single Registration • \$90/person

Name:

Meal Selection:

Individual golfers and smaller groups will be paired for the event. Team Registration • \$360/foursome

Team Name:

Name 1:	Meal Selection:
Name 2:	Meal Selection:
Name 3:	Meal Selection:
Name 4:	Meal Selection:

The event will sell out. Registration is on a first come, first serve basis. Your payment is required for completion. Please indicate dinner selection after each name. Golfers have a choice of steak, scrod, lemon chicken or vegetarian.

Dinner at the lodge with no golf • \$30/person

Name:

Meal Selection:

Tee Sponsorship • \$100

Business or Family Name:

Sponsorship Opportunities:

Become an outing sponsor for just \$100 and show your support of Community Harvest, a program of the Akron-Canton Regional Foodbank. Your family or business name will be proudly displayed at the tee box of one of the 18 holes. PRIZES AWARDED TO 1st Place Team • 2nd Place Team Last Place Team



Contact Faith Barbato at 330.493.0800 or fbarbato@acrfb.org for more information. Mail this form with check payable to Stark County Medical Society to: Community Harvest; Attention: Faith Barbato; 4915 Fulton Drive NW, Unit 7; Canton, OH 44718

Stark County Medical Society

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TICK BORNE ILLNESS: BE TICK SMART

Tick borne illnesses in Ohio have continued to rise in the past decade as the tick population grows, making encounters with ticks more frequent and illness more likely. Diseases spread by ticks include: Anaplasmosis, Babesiosis, Ehrlichiosis, Tularemia, Powassan Virus, Lyme Disease and Rocky Mountain Spotted Fever (RMSF), the latter two being the most common. There are over 10 identified tick species in the State, but three are most commonly linked to disease transmission.

The American dog tick, Blacklegged "Deer" tick and the Lone Star tick are the ticks most commonly encountered by people throughout Ohio and responsible for transmitting disease. The Ohio Department of Health is continuously working to improve surveillance and detection of cases among humans – reports of tickborne diseases were uncommon as recently as the 1990's, with an average of about two dozen Lyme cases in Ohio residents annually. Most recent data from 2019 shows that there were more than 400 cases of Lyme disease among humans in Ohio. Although some ticks are active all year round, the most common time to encounter ticks is during the spring through mid-summer months and the fall months.



SCMS News

American Dog Tick (Deschutes County, OR- Extension Services, 2021)



Deer Tick (Medical News Today, (9/20/2020)

What to tell your patients to decrease their risk of infection:

- Avoid areas where ticks live by walking in the center of trails and avoiding wooded or brushy areas with high grass. Take extra precautions when ticks are most active by using tick repellents and wearing appropriate clothing.
- Use tick repellents registered by the U.S. Environmental Protection Agency (EPA) containing up to 30% DEET on exposed skin.
- Wear appropriate clothing to keep ticks off your body including long pants, long sleeves and long socks. If possible tuck pant legs into socks or boots and shirts into pants to try and keep ticks on the outside of clothing.
- Check for ticks on your clothes, gear and pets before going indoors. Check your whole body for ticks paying attention to areas under the arms, in and around the ears, inside the belly button, behind the knees, around the waist and in the hair.
- Remove ticks as soon as possible if found. Using fine-tipped tweezers, grasp the tick as close to the skin's surface as possible and pull straight away from the skin. Don't twist the tick when removing as this can cause mouth parts to remain in the skin.

Symptoms of tickborne illness can begin 3 to 30 days after a tick bite and typically include the following: fever/chills, joint pain, headache, fatigue, muscle aches, rash. The range of severity for tickborne illness symptoms can be mild and treatable at home to severe infection requiring hospitalization. Additionally, because the symptoms are vague, and it's not always easy to pinpoint exact tick exposure, these illnesses can be hard to diagnose but are treatable with prescribed antibiotics.

For additional information please visit:

CDC Lyme Disease: https://www.cdc.gov/lyme/ CDC Lyme Disease: What You Need to Know: https://www.cdc.gov/lyme/resources/brochure/lymediseasebrochure-P.pdf

Resources: Ohio Department of Health. Tickborne Diseases in Ohio: Be TICK Smart. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/zoonotic-disease-program/resources/tickborne-diseases Ohio Department of Health. Lyme Disease. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/zoonotic-disease-program/resources/lyme-disease





After a break last year, the SCMSA will be hosting their annual Health Fair, an event geared toward promoting good health to the underserved within our community.

In partnership with the SCMS, this event will feature various Information tables staffed by experts in such fields as dental care, mental health, accessing health information, general wellness and more. After lunch a panel of medical experts will field questions. This year we will also be offering free COVID and flu vaccines.

The Health Fair is open to the community at no charge and is funded by private donations and our Charitable Fund reserves.



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From The Desk of CARL J. FOSTER, M.D.

While enroute to a nearby village for some shopping one Saturday morning, we received a text message from one of our daughters. She had had an unexpectedly busy morning. It seems that her dog had wallowed in some bear poop and required an early morning bath. After I chuckled to myself at her early morning calamity, it occurred to me that the text provoked no anxiety on my part. For over 30 years my practice as an anesthesiologist included taking weekend emergency call. And on those weekends on call the ringing of a telephone, the alert from a pager, or more recently a text message would provoke in me a sense of dread. It has been about one month short of a year since I have retired, and my weekends are no longer interrupted by calls from the hospital.

A weekend summons could present any number of issues for anesthetic management. It could be an injured patient in need of either a minor procedure or a major surgical intervention. It could be a hospitalized patient whose condition had deteriorated to the extent that surgery was urgently needed. It could be a woman in labor who required an epidural for pain relief or anesthesia for either an elective or emergent cesarean section. Each of these clinical problems presents its own anesthetic challenges. In addition, there are specific considerations that they share, in common.

First, it must be determined whether the scheduled procedure is amenable to either a general or regional anesthetic? Regional anesthesia is less complicated in that it involves fewer issues. With regional anesthesia the patient usually breathes spontaneously and if sedated, only minimally such that airway patency is maintained. Conditions suitable for surgery are achieved by injecting a local anesthetic medication close to structures innervating the operative site rendering it numb. Examples of procedures for which regional anesthesia techniques are useful include upper and lower extremity injuries, urological procedures, and labor analgesia as well as cesarean section.



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LIFETIME FINANCIAL GROWTH



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Emergency patients are considered to have a full stomach and are therefore at risk for aspiration pneumonia when laryngeal reflexes are diminished under general anesthesia. So, when general anesthesia is indicated, tracheal intubation is achieved by a rapid-sequence induction technique. This method involves allowing the patient to breathe pure oxygen to fill the lungs with oxygen to act as a reserve while the patient is apneic. Then the patient is given drugs in rapid sequence (hence the name) to induce unconsciousness and paralysis after which endotracheal intubation is achieved. From the time that the drugs take effect and the time that the airway is secured the patient is apneic and dependent upon the reservoir of oxygen in his or her lungs. So, the question of encountering a difficult intubation was my primary concern. Obese patients are a special concern since they often combine a difficult airway with a decreased lung capacity limiting the time one has, to secure the airway and begin oxygen delivery. Will I encounter a patient with complicated pulmonary or cardiac conditions? Will I encounter an untoward anesthetic complication like an anaphylactic reaction or the dreaded malignant hyperthermia? These concerns and many others would come to mind on the way to the hospital and the appropriate plan of action to handle each of them would be evaluated in my mind as I formulated an anesthesia management plan.

Retirement for me seemed an impossibility. I love the practice of medicine in general and the practice of anesthesiology most specifically. Having benefited from both excellent training and a wealth of experience, I took the stress of being on call in stride. I considered it a small price to pay for the gratification and satisfaction that I derived from achieving satisfactory outcomes. But advancing age and deteriorating health have conspired to make retirement a necessity.

My father once told me that "retirement doesn't mean doing nothing rather it means doing what you want." That is a piece of advice that I have found most useful. There seems to be not enough time in each day to pursue items on my "bucket" lists. There are many books on my reading list. There are many dishes on my list of recipes to be prepared and enjoyed. And there are many subjects to be discovered and photographed. Most importantly, I now have more uninterrupted time with my wife. So, I have closed this chapter of my "life's story" and opened the next and I am keen to see what the future holds.

Summer 2021

Feeling lost in the Health Insurance Jungle?



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\$125 Ticket #27	\$125 Ticket #42	\$125 Ticket #22
\$75 Ticket #42	\$75 Ticket #47	\$75 Ticket #15
\$50 Ticket #97	\$50 Ticket #55	\$50 Ticket #38

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Contact Kevin at 330.492.3333 if you are interested in helping strengthen the society.

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<image>

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FRACTIONAL HR: Making Peace of Mind Possible



According to SHRM, over half of small businesses opt to handle employment matters internally, but with

only so many hours in their day, managers often end up having to prioritize sales and growth before operations and HR. Experts in entrepreneurship and business development are encouraging leaders to really stop, pause, and consider, what investments could save leaders time, save money, and achieve peace of mind? The answer is simple: investing in HR.

But what type of HR support provides this support? Fractional HR does. If the idea of Fractional HR is to you, look below and learn more about what it is, why it impacts your business, and how it's helping entrepreneurs achieve peace of mind.

What is Fractional HR?

According to Clarity HR, their Fractional HR model...

- ✓ Is how small businesses that are too small to afford a full-time HR person but too big not to need an HR Partner achieve compliance
- ✓ Includes team of HR experts that partner with your business leaders to prioritize your human capital goals and align them with a road map of strategic solutions
- ✓ Makes HR support affordable no matter what the annual sales of your business
- ✓ Is an extension of your company philosophy who brings a human capital perspective to those business development decisions
- \checkmark Is a business partner who has head and heart in the game

So, what does Clarity HR offer our business?

While you are consistently thinking about your people and profits, we are making sure you and your team have the following:

- ✓ A customized living handbook that updates with state and federal policies automatically
- ✓ Unlimited, immediate access to real experts to answer your HR questions in the client portal
- ✓ An all-access pass to an HR library of best practice resources, templates, and hiring tools
- ✓ On-demand training and development resources to manage performance and grow
- ✓ 1:1 Support from a Local HR Expert

Why does working with Clarity HR impact our bottom line?

We work together to assess, address, and align operations and goals. As HR Experts, we know the research of strategic HR planning can have a positive impact on your business.

- ✓ Focusing on employee engagement can result in a 21% greater profitability [Leadr 2020]
- ✓ Establish career mapping: 94% if employees would stay at companies longer if they invested in their careers [LinkedIn]
- ✓ Submitting HR Questions to the HR experts in the client portal

saves companies on average \$13,143 annually [ThinkHR 2021]

- ✓ Investing in employee training and development can generate a 6% higher Shareholder return [ATD/ASTD] and saves companies \$16,286 on average annually [ThinkHR 2021]
- ✓ Implementing hiring and retention best practices can help avoid the cost of replacing an employee which is on average is 250% of their annual salary

How does Clarity HR support our peace of mind? Employee relations and performance management go hand in hand but having a process in place to make this effective can appear complicated, that is why we develop tailored step by step plans to help you in addition to all the services listed above, we also help in the following areas:

- ✓ HR Compliance
- ✓ Hiring and onboarding
- ✓ Interviewing
- ✓ Strategic Planning
- ✓ Leadership development
- ✓ Organizational Charts

If you have found yourself nodding or saying, "I need that!" as you've been reading, then it's time to connect with Clarity HR and learn how you the investment in HR can help bring you peace of mind.

For more information, contact our Engagement Architect, Megan Vogias, at megan@clarityhr.com or call 330-645-3924.



✓ Performance Management

Technology integration

✓ Compensation analysis

✓ Career Mapping

✓ And more

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