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Infant and Maternal Mortality

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Editor's note | Joel Harmeyer, Executve Director, FWMS

Healthier Moms & Babies

With the help of our wonderful partners at Healthier Moms & Babies, we focus this issue on the critical topic of infant and maternal mortality. This edition features articles by experts on the topic including Tony GiaQuinta, MD, Sarah Turner, MD, Eric Shoemaker, DO, and Lauren Dungy-Poythress, MD. It's a jam-packed issue of our little magazine, and I hope you appreciate the depth we take on this specific topic.

If you'd like to learn more, please consider attending **Healthier Moms & Babies Conference on Infant and Maternal Mortality on February 23rd** (registration info on page 12). Dr. Dungy-Poythress is the keynote speaker for what is sure to be an educational and inspirational event.

2024 Annual Dinner Date Set

We have set **Wednesday, May 1st** as the date of our **2024 Annual Dinner.** Please make plans to attend. Fort Wayne Country Club will again host the evening whcih will be filled with fun, fellowship, and terrific food and drink. Register by emailing Lindsey at lindsey@fwms.org, or by calling us at (260) 420-1011.

Alliance

This time of year is busy for the Fort Wayne Medical Society Alliance. The 23rd Annual Cinderella Dress Day takes place on February 3rd, and Doctor's Day at Science Central happens on March 2nd. Both events experienced record attendance in 2023. We are excited to see what happens this year!

Fort Wayne Medical Society Foundation - 2023 Gifts

The trustees of Fort Wayne Medical Society Foundation awarded the following gifts to local organizations:

- ***Parkview Foundation - $10,000*** – Operating expenses for new SIM training vehicle for first responders.
- ***Vera Bradley Foundation - $5,000*** – 2024 Sponsorship of Vera Bradley Classic.
- ***FWMS – Alliance - $10,000*** – to be used for events and programming.

If you have a suggestion for a local non-profit organization, we should consider supporting in 2024, drop me a line at: joel@fwms.org

Fort Wayne Medical Society

Mission Statement

The Fort Wayne Medical Society is committed to the goals of the American Medical Association, the purpose of which is the preservation of the art and science of medicine, the personal development of member physicians and the protection and betterment of the public health.

The Fort Wayne Medical Society is committed to the principles of physician autonomy and self-determination in the practice of medicine.

The Fort Wayne Medical Society is committed to fulfilling the role of an active cohesive leader of the healthcare resources of our community by maintaining and assuring the quality, availability and the responsible economic utilization of our healthcare resources.

The Fort Wayne Medical Society is committed to active involvement in the decision-making process regarding medical, social, political and economic issues affecting patients and physicians within hospital and all various inpatient and outpatient settings.

Bird Flu – The Next Pandemic

Scott Stienecker, MD, FACP, FSHEA ,FIDSA, CIC, FWMS President

There has been a lot of talk in the news about Bird Flu (H5N1) and when, or if, it will become a pandemic. This particular strain was first recognized in 2004 and has been tracked by the World Health Organization and others[1] since then. Since 2006, there have been over 800 human infections and 458 deaths with a mortality rate that ranges from 34%-54%.[2,3]

This is a pandemic long in the making. The goose/Guangdong-lineage of H5N1 emerged in 1996 due to the clade 2.3.4.4b which has been causing avian epidemics. More recently, it has developed the ability to spread from mammal to mammal including cats, dogs, minks, seals, dolphins and others with documented spread between mammals in some cases.[4] This increases the likelihood of an emerging pandemic. To date, the missing factor is the ability to bind, and spread, from human upper respiratory epithelium. Only a few mutations are needed to accomplish this.

Table 1. Serious Viral Outbreaks Over Past 100 Years

	Name	Virus Type	Year Began	Global Deaths	US. Deaths
1	**Spanish Flu**	Orthomyxovirus	1918	50,000,000	**675,000**
2	**Asian Flu (H2N2)**	Orthomyxovirus	1957	1,100,000	**116,000**
3	**Hong Kong Flu (H3N2)**	Orthomyxovirus	1968	1,000,000	**100,000**
4	**HIV**	Retrovirus	1981	32,700,000	**700,000**
5	**SARS-CoV-1**	Coronavirus	2002	774	
6	**Influenza (H1N1)**	Orthomyxovirus	2009	284,000	**12,469**
7	**MERS**	Coronavirus	2012	875	
8	**Ebola**	Filovirus	2014	11,310	**1**
9	**Zika**	Flavivirus	2015	N/A	
10	**Ebola**	Filovirus	2018	2,300	
11	**SARS-CoV-2**	Coronavirus	2019	4,100,000+	**621,000+**

This flu exists in a highly-pathogenic form and a low-pathogenic form. It is the highly pathogenic form that is causing the problem. Of the 8 strands of RNA, most of them now have the mutations needed for pandemic. We are just waiting to see if some key mutations develop that would code for human respiratory epithelium. Humans do have some of the avian receptors deep in our lungs, but not in position to allow human to human transmission. As we see more and more mammal species become ill – and demonstrate transmission from animal to animal without a bird host – we see that the mutations are marching toward pandemic.

World Surveillance

To look for viruses that could pose a threat to humans, the WHO maintains a worldwide surveillance network called the Global Influenza and Surveillance Response System (GISRS).[5] Volunteers and researchers sample wild animals for the viral burden and then monitor those viruses with zoonotic potential. One of those sites is in Minnesota where wild birds (especially ducks) are netted and then rectal and nasal cultures are obtained for viral assessment. The birds are then set free. Another site in this network, was the Wuhan live animal market.

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Gain of Function Experiments

Scientists have long conducted gain of function experiments. They are controversial. In a gain of function experiment, a risky virus is provoked to determine how quickly it could become a pandemic strain. H5N1 was combined in ferrets with H1N1 to see how quickly a pandemic, with the capability of human-to-human spread, could emerge.[6,7,8] Ferrets are special because they contain the same upper respiratory receptors that humans do and are the classic animal model for pandemic human spread. It only took 1 mixing event to generate the pandemic strain. This study was done in Wisconsin. These studies are controversial because there is a remote chance that the new virus could escape the experimental environment and create the very pandemic of concern in the human population. For several years, NIH had greatly curtailed all funding for gain of function studies. Opponents argue that these studies are essential to pandemic vaccine production.

What are we doing about it?

Per published reports, the national stockpile has about 5 million doses derived from the strain that circulated in 2004/5 and only offers a 20% or so protection against the current circulating strain. Per other reports, the USA has contracted with Moderna to develop an mRNA vaccine against the current circulating strain. However, only another 5-6 million doses have been ordered. Another company, CSL Seqirus, cultured in cells instead of eggs, has stockpiled millions of doses of antigen and could produce 150 million doses within 6 months.[8,9]

The next pandemic hasn't yet emerged. But it will. Mammalian spread of novel flu is the most likely next global pandemic with a mortality that will likely be 35%-55% without vaccination. That compares to 0.5% mortality for seasonal Influenza and 2% for COVID-19.

In the meantime, support vaccination for all vaccines currently approved and support the research that will be critical to limit the mortality and morbidity from the next big pandemic.

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DIRECTOR TO DIRECTOR

Joel Harmeyer, Executive Director and
Paige Wilkins, Executive Director, Healthier Moms and Babies

Healthier Moms & Babies

1. *How do you describe Healthier Moms and Babies to someone unfamiliar with the organization?*

Healthier Moms and Babies is the only organization in Northeast Indiana dedicated to improving pregnancy outcomes and decreasing infant and maternal mortality for mothers and babies within our community. Our comprehensive programs are specifically designed to assist mothers throughout pregnancy and the postpartum phase and provide support to babies up to the age of two. These initiatives aim to establish a solid and healthy foundation for new families.

2. *What is the history of Healthier Moms and Babies?*

Established in 1997 as a result of a Fetal Infant Review Project initiated by the St. Joe Hospital Health Foundation and Junior League, Healthier Moms and Babies began from a committee's study of infant mortality records in our community. The committee aimed to identify trends and address ways the community could enhance birth outcomes. The committee found there was a lack of organizations or programs aiding women in navigating the prenatal and postpartum periods, Healthier Moms and Babies was founded to fill this crucial gap. After the sale of St. Joe Hospital, the organization transitioned under the Fort Wayne Medical Society Foundation's umbrella. In 2021, Healthier Moms and Babies gained independent status as a 501c3 organization.

Physicians familiar with our programs often express that our 1 ½ hour-long home visits encapsulate everything they wish to accomplish in a prenatal appointment. Our initiatives seamlessly complement a mother's prenatal care.

3. *What is a typical workday like for you?*

Each day brings a unique set of tasks. I could be drafting grant proposals, engaging with donors, mapping out budgets, talking with volunteers, strategizing initiatives, participating in community meetings, or assisting our team in unloading a shipment of diapers or packing playpens. Every day is so different.

4. *How do you strike a work/life balance?*

I have lots of work to do in this area, and it's a goal of mine to get better at it in 2024.

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5. What is the biggest challenge your organization faces?

Healthier Moms and Babies' most significant challenge is addressing the complex issue of infant mortality. Staying focused on our mission is crucial, as the magnitude of the problem might tempt us to deviate. Navigating the growing needs of mothers in our community becomes particularly challenging in a constantly changing funding landscape.

a. How can our members help?

Fort Wayne Medical Society members can lend their support by participating in the Healthier Moms and Babies Infant and Maternal Mortality Conference organized by a group of healthcare professionals on our Advocacy and Education Committee. The educational topics chosen for the conference come directly from the Healthier Moms and Babies Community Infant Mortality Report published in February of last year. Thanks to our partners at the University of St. Francis, CMEs will be provided. The conference has a minimal associated cost, covering the expense of food. Even if maternal-child health isn't your specialty, please encourage your colleagues to attend. I assure you that it will be a valuable experience.

6. What is one thing you'd like our physician members to consider when dealing with issues your organization faces?

One consideration I'd like the physician members to remember when addressing our organization's challenges is never to lose compassion for the underserved in our community. Dealing with issues related to infant and maternal mortality is complex, and there's no single approach that will solve it. It requires a comprehensive effort from the entire community, spanning healthcare, public, and nonprofit sectors. It can be challenging, especially when faced with a heavy workload, to maintain compassion or lose sight of our shared goal: celebrating more first smiles, steps, and birthdays in our community.

We Promised:
Educating Ourselves to Create a Healthier Community

Eric Shoemaker, DO

We are Life-Long Learners.

When we decided to become physicians we made an unspoken promise to continue to learn – to do otherwise is to fail our patients. Every time we step into a patient's exam room we silently promise that we are providing them with the best knowledge we have. While continuing our education can be time consuming, expensive, or inconvenient, it is our duty to do so. It is equally important to expand our knowledge in areas that we may not practice in, or we may not consider "interesting"; however, our interests rarely walk through the door. It is our job to be ready to treat and care for what is presented to us.

But are we learning?

The 2023 Allen County Infant Mortality Report indicates that for every 1000 births in Allen County at least 6 babies will not make it to the first birthday. Even more startling, that rate doubles to greater than 15 in black residents. For women surveyed, 34% did not see their family doctor during the pre-conception period and 44% of those surveyed who were currently pregnant or recently gave birth had not seen their family doctor for a checkup in the year prior. While many factors affect these statistics, the impact we have as physicians is critical. We must learn from the data and create a healthier Allen County. We must learn from the data to create a healthier future.

How do we learn from our community?

Healthier Moms and Babies (HMB) is a wonderful organization that has worked tirelessly for years to create a healthier Allen County for our moms and babies. This year they have created their Infant and Maternal Mortality Conference to focus on "Advancing Care and Collaboration." This February, HMB has put together an amazing line-up to help us expand our knowledge in an area where many are undereducated. The keynote speaker, Dr. Lauren Dungy-Poythress, will challenge us on bias in maternal care, discuss substance use screening in pregnant women, and teach us how to prioritize maternal health care. Through this conference we will collaborate with those working hard in our community, in and out of the field of medicine, to learn for our patients.

Is this conference right for me?

Yes. This conference is for anyone who has every taken care of a mom or baby. As a family doctor I must learn every day, and I will be attending this conference. My role, particularly as an Osteopathic Family Physician, is to take care of the mind, body, and spirit. Though I am no longer delivering babies I still need to learn how maternal care and infant mortality can affect my patients, now and throughout their life. I work in Southeast Fort Wayne, serving a population for whom maternal and infant care matter most. I will help my patients be healthier and for that, I must continue to learn. I will be there as a medical director, to help bring knowledge back to my organization.

This conference is for family doctors, pediatricians, OBGYNs, psychiatrists, pulmonologists, cardiologists, and immunologists. I am a voice for my patients, and you are a voice for my patients regardless of your specialty. This conference is for everyone. This conference is for you!

To register a group or pay by invoice, email Madison at **MLyon@hmbindiana.org**.

healthiermomsandbabies.org/conference

Implicit Bias in Healthcare

Lauren Dungy-Poythress, MD

We all have biases that affect all aspects of our lives. They can also affect the lives of others with whom we interact. Not every bias is harmful or hurtful. However, implicit biases –biases that we do not recognize- may lead to decisions or practices in life and at work that can lead to harmful outcomes. Whether bad or good, justified or unjustified, our beliefs and attitudes can automatically trigger our behavior and decision-making. It can happen unintentionally, unconsciously, without effort, and in a matter of seconds. Research and media reports highlight that implicit bias can negatively affect patient medical care. For example, studies have found that medical students and nurses rate the pain of Black patients lower than that of white patients, and their treatment recommendations for Black patients reflect these biases. For centuries, physicians and scientists have promoted the false notion that Black people are biologically different from White people and utilized flawed evidence to create deeply flawed theories that lend support to biased and discriminatory health practices. One of those false notions is that Black people have altered sensory nerves or thickened skin that makes them less sensitive to pain.

Throughout history, definitions of race – a non-biological, man-made social construct - have varied. The criteria for assigning individuals to these social categories have been ill-defined, subjective, political, and ambiguous. The concept of race has been misused over time for social, political, and economic purposes. The use of race in medical algorithms perpetuates and often magnifies health inequities. For example, "race corrections" built into medical software utilized to determine lung and renal function are biologically flawed and are known to affect the healthcare and treatment of Black people negatively. The eligibility to be considered a candidate for transplants is known to be often hindered by such "race corrections". Research reveals that many people of color believe they have endured adverse treatment simply because of their race or ethnicity. Reports have indicated that marginalized patients, such as people of color or homeless persons, are often automatically presumed more likely to be non-compliant with their medications, to be drug-seeking, or to have ulterior motives when seeking care. Similarly, many people of color report that they are often presumed to lack medical insurance and treated as if they cannot afford medical care when seen for emergent care. As a consequence, these patient populations are often not offered optimal treatment regimens when seeking care. Additionally, reports have shown that many Black women report feelings of being devalued and disrespected by medical providers related to their race. A 2017 survey published by NPR, Harvard, and the Robert Wood Foundation highlighted that 33 percent of Black women said they had been discriminated against because of their race when going to a health doctor or clinic and that 21 percent stated that they had avoided seeking health care due to concerns of racial discrimination. Other reports have identified that a significant number of Hispanic and Asian patients feel that they are treated by medical providers as if they lack intelligence or are "not smart". These and other factors contribute to racial disparities in health outcomes which are readily apparent in all aspects of healthcare and society. Biases and disparities related to social determinants of health have also been shown to affect health outcomes. Practices, policies, and other components of social determinants of health that negatively impact opportunities and availability related to housing, transportation, employment, and education, for example, are pervasive compounding factors that further adversely affect health outcomes for marginalized populations.

Disturbingly, the Black maternal mortality rate has remained significantly higher than that of White women for several decades. The Black infant mortality rate has an equally disturbing and longstanding history.

Black women are also more likely to experience severe maternal morbidity compared to White women. Similarly, Hispanic women and women of other non-white backgrounds experience perinatal rates of morbidity and mortality greater than that of their White counterparts. Implicit biases that affect underlying health and/or lead to discriminatory practices are central factors contributing to these health disparities. Implicit biases and discriminatory practices, intentional or unintentional, may lead to poor patient relationships, incongruent health practices, and a lower quality of care for some patients. This is particularly true in settings prone to any degree of overload or high stress. Several reports identify that minoritized patients are subject to misdiagnoses, curtailed treatment options, less pain management, and poorer clinical outcomes. These factors can all contribute to stress, anxiety, and mental health concerns – factors that create or contribute to adverse health outcomes, including complications of pregnancy that contribute to maternal and infant mortality.

Health inequity studies by the U.S. Department of Health and Human Services (HHS) have found that people of color affected by racial, ethnic, and socioeconomic barriers have lower life expectancy, higher blood pressure, and a greater strain on mental health. In 2020, the American Medical Society (AMA) officially recognized bias and structural racism as a public health threat. AMA Board Member Willarda V. Edwards stated, "The AMA recognizes that racism negatively impacts and exacerbates health inequities among historically marginalized communities. Without systemic and structural-level change, health inequities will continue to exist, and the overall health of the nation will suffer". In 2022, the American College of Obstetrics and Gynecology (ACOG) acknowledged the adverse effects of bias in maternal health stating that "racism, not race, drives health inequities and leads to adverse health outcomes", and that "racial and ethnic inequities in obstetrics and gynecology cannot be reversed without addressing all aspects of racism and racial bias".

The well-publicized murder of George Floyd by a Minneapolis police officer in 2020 has been a significant impetus for research and attention addressing concerns of bias and racial discrimination in our society. While many medical professionals, administrators, and government officials acknowledge the problems of racial bias and its effect on healthcare outcomes, medical programs and society as a whole have been slow to accept and come to terms with the issues. A recent survey published in December of 2023 by the Kaiser Family Foundation (KFF) expressed that people feel that racism and discrimination negatively impact their healthcare and well-being. KFF President and CEO, Drew Altman said of the survey results, "While there have been efforts in health care for decades to document disparities and advance health equity, this survey shows the impact racism and discrimination continue to have on people's health care experiences".

When lecturing or leading panel discussions regarding this topic, individuals often ask what can be done to reduce racial health disparities and improve maternal and infant health outcomes. I often reflect that in order to find the appropriate solution to a problem, you must first identify and acknowledge the problem(s). The issues underlying racial disparities in maternal and infant health, particularly Black maternal and infant health, are multifactorial and begin well before a woman becomes pregnant. Acknowledging that implicit biases affect health and well-being—as well as the delivery of medical care --is an essential first step. Recognizing the potential for implicit bias, both within and outside the medical arena, and working effectively and intentionally to overcome these barriers is crucial in improving health outcomes for all patients. Efforts to incorporate awareness of implicit bias in both medical and non-medical training programs are essential steps in providing quality care to an increasingly diverse patient population. Working intentionally and consistently with dedicated attention to these concerns, both on an individual and organizational level, is necessary to effectively impact and reduce racial disparities in maternal and infant health.

Screening for Substance Use Disorder in Pregnancy

Sarah Turner MD, IBCLC

The opioid epidemic.

We've all heard this term, and we're all aware of this issue, but I feel like many have missed that the "opioid epidemic" is being overshadowed by a Fentanyl epidemic instead. "But wait," I hear people say – "Fentanyl IS an opioid!" True, true…it is a synthetic opioid, but put a pin in this because we are going to come back to it in just a minute. In the meantime, I'd like to talk about the population with which I specialize in working with in this terrifying new world – pregnant women and new mothers.

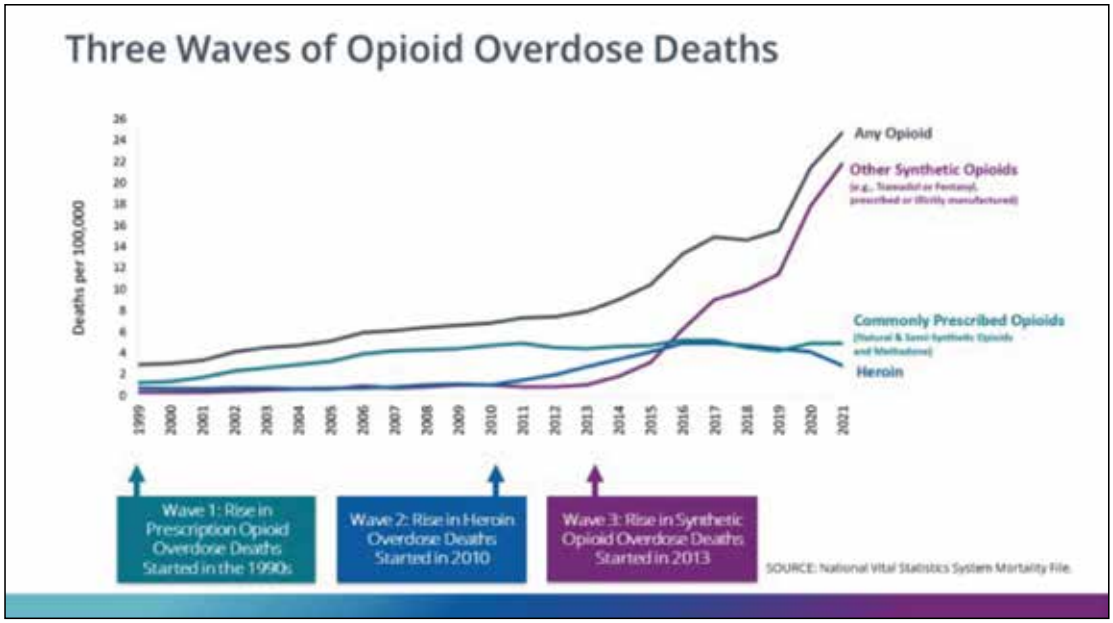
I remember when I was accepted into my Obstetric Fellowship, I learned that the bulk of our clinics involved working with women with substance use disorder (SUD). Pregnant women using methamphetamines, cocaine, heroin, and other illicit drugs. I was terrified at the fact that I knew absolutely nothing about this demographic and how to help them. I struggled to understand how I (a naïve young doctor who grew up on a farm in rural Canada) would be able to connect with these women; to have them trust me, and talk to me. What did we have in common that I could use to bridge a relationship with them? What was it like managing pregnant women in withdrawal? And how would I do when managing newborns in withdrawal from these substances? This unknown was really scary to me.

But this unknown became a part of medicine I fell in love with, and that I feel passionate to teach others about. SUD is not a moral failing; it is a medical disease. This is a fact that many have yet to acknowledge. Though there's obviously more stigma associated with SUD compared to diseases like hypertension and diabetes, it is similarly caused by a combination of genetic, behavioral, environmental, and biological factors. As a society, if we ever hope to control this epidemic, we need to accept this fact. Just as we don't shame patients with hypertension or diabetes, we should never shame patients with SUD. And just like hypertension and diabetes, we need to be screening for this disease on a very regular basis.

Pregnancy is often a period of recovery for women suffering from SUD; reproductive-age women are the most at-risk population for developing SUD. If we can identify who needs help, and assist them in taking the steps to be stable in treatment early on, not only can we decrease the risks associated with their pregnancy, but we can improve overall outcomes and long-term success rates for women. Pregnancies complicated by SUD are associated with less consistent prenatal care, and more issues with transportation, housing, and nutrition. They have increased complications, like growth restriction, preterm labor, and stillbirth. The newborns have increased risk for SIDS. These women are more likely to be victims of domestic violence and sexual abuse. Many suffer from concurrent mental illness like depression or anxiety. They have increased rates of HIV and hepatitis C. And because there's often an obvious fear of getting in trouble, many of them have chronic medical conditions that are not being appropriately monitored or treated. When looking at how deeply SUD can affect their lives (and our community), it would seem that a simple screen would be something ***EVERYONE*** is doing, and doing well!

But it's not.

We come back to the fear of the unknown: most physicians (including many providing prenatal care) are not experienced or familiar with this area of medicine, and there's an element of "*What do I do with the positive screens?*" Or if they ***DO*** know what they're supposed to do, they may not be familiar with the local resources. When a patient tells them they're taking Fentanyl, where do they send them? Who do they call? How can they help? For many, it's just easier not to ask the questions, and so instead they send urine drug tests (or just not screen). It's important that we implement universal screening, because deciding who to screen based on appearance or background will also underestimate numbers, and we will easily miss a large portion of women. There have been multiple studies looking at screening methods, and they pretty consistently show that we



need to go beyond the "do you use" questions, and we shouldn't just be sending out urine as ***THE*** screen. Using a standardized screening tool with ***ALL*** women has been shown to be most effective way to screen. Urine screens can grossly underestimate use, especially today. Remember that earlier point about Fentanyl being an opioid – we have only ***JUST*** gotten the ability to test for fentanyl on-site (without send-out labs that take days to weeks), but these are expensive and not readily available tests. So in reality, most urine drug screens aren't even looking for the ONE major opioid that most people are using. Almost everything my patients are using right now is Fentanyl – the "heroin", "Percocet", and "Norco" are almost all actually Fentanyl pressed into the right shape, or put into the right baggy. The rise in Fentanyl overdose deaths in the last 10 years has been astronomical, while those from other opioids remain stable or have decreased.

So where does one start? We find them with screening.

We need to approach these women with compassion, respect, and with the knowledge of who to call and how to help them. We need to help maintain and protect their dignity as they take the hardest step of admitting they need our help. We need to create an environment of trust so they will want to answer these questions honestly and without fear that we will just report them to authorities (which, as it turns out, is actually illegal in Indiana). We need not to judge, but rather to provide the care that they and their babies need. If we can help recover the mother, refer the partner, have social work address the food, housing, and transportation issues, then maybe we might start building the necessary framework to have a stable home in time for baby to be born. We can empower these women to love and care for themselves the way they need and deserve to be cared for, which can not only add to the local pool of peer recovery partnerships, but can help them grow into successful members of our community. When we effectively screen, we have the potential to change lives, plural. To keep families together, or bring families ***BACK*** together. To break the generational cycle that so many of these women grew up in.

And if we approach this battle with this knowledge in knowing that a basic screen can open the door for true life change, it's easy to see that it is probably the greatest tool we have to effectively fight this epidemic.

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Infant Mortality | Tony GiaQuinta, MD

It's been 30 years since the American Academy of Pediatrics released new recommendations calling for a change in infant sleep practice. Discovering that infants sleep safest when alone, on their back, on a firm sleep surface (crib), the "ABCs" of safe sleep became a shining model of a successful public health campaign as infant sleep deaths declined for 10 straight years to record lows.[1]

Unfortunately, over the last 20 years, sleep death rates haven't budged, still accounting for 3500 infant deaths every year, and contributing to an infant mortality rate in Allen County that is among the nation's worst. [2]

2020 Infant Mortality Rates

The infant mortality rate is the number of infant deaths for every 1,000 births.

United States	Indiana	Allen County	Allen County Black Residents	46806
5.4	6.6	6.9	15.2	11.4

Why the stagnation?

One might conclude that despite safe sleep practice, sudden unexpected infant deaths (SUIDS) will always be a lamentable and unpreventable contributor to infant mortality rates?

In fact, this is not the case.

As chair of the Allen County Child Death Review Team the past two years, I can tell you we have not reviewed a single case where after thorough investigation, a child died during sleep without unsafe risk factors. Not a single one.

For this reason, myself and most safe sleep experts agree that infant sleep deaths are largely preventable. Taken another way, these persistent infant deaths indicate the public heath arena, including the medical profession, is failing our most vulnerable and valuable.

The medical profession can do better. We can start by relying less on the verbose after-visit summaries that likely get tossed or buried, and instead make this a priority conversation instead of a spiel or mention.

I recommend inviting yourself into a conversation around safe sleep that asks about their sleep practices, while motivating the heart, maybe something like this:

"It is clear to me how much you love your baby. Look at all you have done to keep your baby healthy (here, I like pointing out how much weight their baby gained, excellent skin care, or as simple as placing socks to keep the feet warm)! As your doctor/nurse/provider, it's important to me that you know the safest way for your baby to sleep. Can you tell me how you put your baby to sleep at night?"

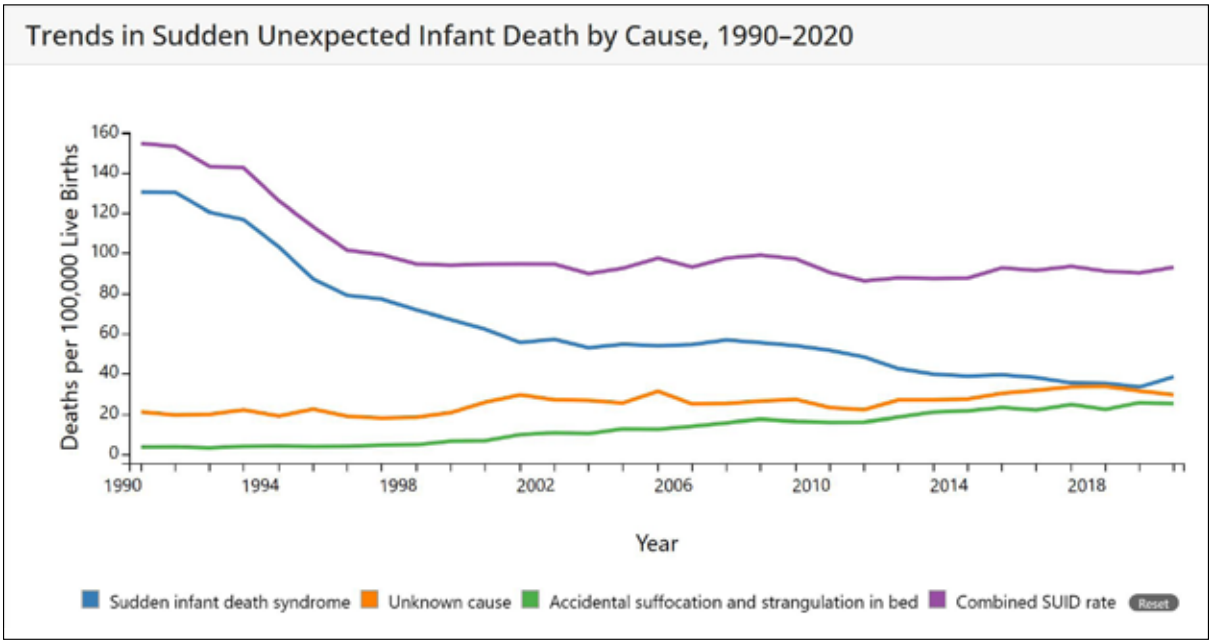
When I use a conversational approach, I'm often surprised by the honest answers I get, unveiling the risk factors and other barriers that underlie our devastatingly high infant mortality rate.

These barriers are highlighted in a survey conducted by Healthier Mom's and Babies Infant Mortality Study. Spoiler alert: parents rarely admitted they just didn't know about the "ABCs" of safe sleep!

Instead, the survey revealed the honest answers I hear in clinic, such as how their baby sleeps better in their bed or on their tummy, and the stress of not getting sleep at night. I also hear stories of eviction threats if an infant is crying throughout the night, or using air mattresses due to bed-bug infestations.

Of course, understanding the 'why' is not enough to stop sleep related deaths. The more difficult but meaningful strategy is validating the 'why's', and then finding practical solutions that address cultural, socioeconomic, and mental health disparities underlying variations in safe sleep practice.

In my practice, the most common 'why' for abandoning safe sleep practices is a fear that their baby can't sleep soundly alone, on their back, in a crib. This results in a phenomenon called second sleep practice, described



as when a caregiver intervenes with a crying baby, and when put back to sleep, is in a different position than the initial sleep position. Studies show this occurs in almost 40% of night-time awakenings, and almost always to a more 'unsafe' sleep position.[3] Of course, night time awakenings are a struggle for every parent. So why are some parents willing to compromise their baby's safety experimenting with different sleep positions?

To me, I wonder about avoidable stresses that tip the scales of anxiety and fatigue when a baby cries at night.

One public health strategy that other societies value (and, by the way, often have lower infant mortality rates) include longer maternal and paternal leave time, which boost the energy and focus necessary to care for infants, without fear of income loss or job security. Two partners switching out night time duties definitely relieves the stress of a sleepless night, especially if a parent (or both!) has a long days' work looming.

And speaking of the value of two partners tag teaming night time duties, public efforts to provide accessible, long acting, reversible contraceptive access must be emphasized. Empowering women to have babies when they are ready and intended not only prepares financial and emotional readiness, but usually involves a committed partner ready to share in the energy and efforts required, especially at night.

In addition, I believe improving post-partum depression screening and access to treatment would give parents that extra emotional strength to cope with their baby's cry at night. Along with this, medical providers can be well versed in sleep training curriculums (personally, a fan of the book, Babywise, but there are others) to offer strategies for getting the baby to sleep without compromising safety.

I'm excited and pleased that some of these strategies are exactly what Healthier Moms and Babies "The Future of Firsts" focuses on, amplifying the community based messaging around safe sleep by taking an individual approach with parents and caregivers, as well as addressing disparities in mental, preconception and interconception health. It's high time we mean what we say when we lament our devastatingly high infant mortality rates, and invest in real public health strategies that result in more first birthdays and a more secure commonwealth.

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Fort Wayne Medical Society | New Members

ZUBAIR ALMANI, MD
Specialty: Hospital Medicine & Internal Medicine
Group: Parkview Physicians Group-Hospital Medicine
11109 Parkview Plaza Dr
Fort Wayne, In 46845
Medical School: Liaquat University, 2011
Residency: Indiana University, 2020-2023

STEVEN BEHRENDSEN, DO
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Medical School: Oklahoma State University, 1988
Residency: University of California San Francisco, 1990- 1993

ANTHONY FEHER, MD
Specialty: Adult Reconstructive Orthopedic Surgery
Group: Indiana Joint Replacement Institute
1721 Magnavox Way Ste B
Fort Wayne, In 46804
Medical School: Indiana University, 2011
Residency: Indiana University, 2011-2016

JAMIE HEDMAN, MD
Specialty: Pediatrics
Group: Parkview Physicians Group- Pediatrics
11055 Twin Creeks Cove
Fort Wayne, In 46845
Medical School: Indiana University, 2007
Residency: Peyton Manning Children's Hospital, 2007- 2010

MARK MEYER, MD
Specialty: Family Medicine & Geriatrics
Group: Parkview Home Health & Hospice
1900 Carew St Ste 6
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Medical School: Indiana University, 1985
Residency: Methodist Family Practice, 1985-1988

KUNAL PATEL, MD
Specialty: Hospital Medicine & Internal Medicine
Group: Parkview Physicians Group-Hospital Medicine
11109 Parkview Plaza Dr
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Medical School: Case Western Reserve University, 2016
Residency: University Hospitals Case Medical Center, 2016-2019

CHAD PERCIFIELD, DO
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Medical School: Marian University, 2018
Residency: Michigan State University, 2018-2021

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Residency: Advocate Illinois Masonic Medical Center, 2015-2018

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MARJORIE WILLIAMS-SIMPSON, MD
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Residency: Southern Illinois University, 2020-2023

The National Hospice and Palliative Care Organization Facts and Figures

Ann Moore, DO, FACOI, CMD, Chief Medical Officer, Stillwater Hospice

The National Hospice and Palliative Care Organization (NHPCO) recently released a report, "NHPCO Facts and Figures," in which the national hospice advocacy organization analyzed the use of hospice and palliative care across the country in 2021. (Statistics for 2022 and 2023 are still being compiled.) The report concluded that a slight dip in the number of people receiving hospice care (from 1.72 million to 1.71 million) was due to the death toll from COVID in 2020 and 2021. Put simply: some 100,000 people who might have faced terminal illness and received hospice services died from COVID instead.

What is hospice?

Hospice care is the model of high-quality, person-centered medical care for those facing life-limiting illnesses. The focus is on caring, not curing. Hospice care at Stillwater Hospice is guided by an interdisciplinary team including physicians, nurse practitioners, social workers, therapists, chaplains and volunteers. In fact, Medicare requires that five percent of care be provided by volunteers, as the modern hospice movement came from dedicated citizens and medical professionals seeking a new way of approaching patients with terminal illnesses. Stillwater's 125-strong volunteer corps does everything from caring for a patient's pets to sitting at the bedside, so that no one dies alone.

What services are included?

Hospice services include:

- Symptom management including pain, nausea and anxiety
- Durable medical equipment such as hospital beds and portable toilets
- Assistance with activities of daily life, including bathing/dressing, wound care and feeding as needed
- Psychosocial support through counselors, social workers and chaplains
- Grief support for surviving loved ones

Who qualifies for hospice?

According to the NHPCO report, 47.3 percent of all Medicare decedents received at least one day of hospice care in 2021. While the bulk of patients received less than two weeks of care, the Medicare Hospice Benefit is a six-month benefit, which can be renewed as appropriate. Hospice patients who resided in assisted and skilled living communities received the longest number of days of care:

While enrolling in hospice means declining further potentially curative treatment in favor of symptom management, children who are facing a potentially fatal illness can receive hospice services along with curative treatment. While most of Stillwater Hospice's patients are older than 65, in 2023 we cared for nearly two dozen children under the age of 18. Pediatric hospice patients present unique challenges, and we are here to walk your patient's journey with you. Nationally, 25 percent of hospice patients were under 65 years old, according to the NHPCO report, a statistic that is echoed in Stillwater's patient census, where in 2023, approximately 21 percent of our patients were under 65.

Realistically speaking, the older your patient, the more likely they will need hospice services at some point in their lives. More than 60 percent of those 85 years old and above received hospice services in 2021, according to the NHPCO report. People living in urban and suburban areas are more likely to receive hospice services than their rural counterparts, due to a lack of options in many rural areas. Stillwater Hospice is unique in that we provide services anywhere a patient calls home, whether that's in the inner-city apartment or the rural farmhouse, in 12 counties across northeast Indiana.

What are some myths about hospice?

MYTH: Hospice means giving up. Patients can still be full code when they opt for hospice care. They do not have to sign a DNR. A POST (Physician Orders for Scope of Treatment) form completed during the admissions process details the physician's orders for end-of-life treatment. Hospice care focuses on symptom management and psychosocial care. Hospice social workers help families navigate the complicated world of the seriously ill and help patients with advance care planning. Chaplains, rabbis, imams and other faith counselors provide spiritual care. Free medical translators help inform patients whose first language is not English. For those patients electing to have hospice care in their homes, CNAs and home health aides provide daily care, and nurses are available 24 hours a day to provide education and support as the patient's condition

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changes. Hospice care is also provided in scattered beds at area hospitals and assisted living and nursing homes. At Stillwater Hospice's Hospice Home, our 14-bed inpatient unit offers around-the-clock care for those patients whose symptoms can't be managed at home.

MYTH: It's too soon for hospice. The hospice benefit is available to any patient whose life expectancy is six months or less if their disease process runs its normal course. Unfortunately, many times, hospice is only called in during the last few days or even hours of a patient's life. One way to approach the eventual need for hospice care is by referring patients to palliative care. Palliative care (comfort measures) can be utilized even when the patient is seeking curative treatment. Because their symptoms are being managed, patients in both palliative and hospice care feel better and can often live weeks or months longer. In fact, a 2010 study of patients with metastatic non-small-cell lung cancer published in the New England Journal of Medicine found that "(w)ith earlier referral to a hospice program, patients may receive care that results in better management of symptoms, leading to stabilization of their condition and prolonged survival." The authors of the study found that "(d)espite the fact that fewer patients in the early palliative care group than in the standard care group received aggressive end-of-life care (33% vs. 54%, P=0.05), median survival was longer among patients receiving early palliative care (11.6 months vs. 8.9 months, P=0.02)." Moreover, patients can be recertified for hospice should they continue to have a continued health decline after six months. Hospice can be certified for two 90-day periods and then unlimited 60-day periods.

MYTH: Hospice means patients have to give up their doctors. Patients have the right to choose their physician. Doctors can still see their patients and bill Medicare Part B for service not related to the hospice diagnosis or can have an agreement with the hospice agency to pay for visits related to the hospice diagnosis. The hospice physician works in concert with the patient's physician to develop a plan of care that ensures a better quality of life.

MYTH: Hospice takes away medication. When patients are admitted to hospice, their medications are reviewed for medical necessity and some may be discontinued if their risk outweighs their benefit, or if there is no benefit for a person with a life expectancy of six months or less. They may also be changed to a hospice formulary equivalent. Palliative and hospice patients are prescribed the indicated medications to treat symptoms such as pain, nausea, constipation and anxiety. In addition, adjunct therapies like massage and music therapy help reduce anxiety and pain. Volunteers offer support to both patients and families, which also helps reduce anxiety and stress for the whole family.

MYTH: Hospice care is only for people with cancer or AIDS. More than half of all hospice patients are enrolled in hospice with a diagnosis other than cancer. Hospice is for any person whose illness or injury means they have a life expectancy of six months or less if the disease or condition runs its expected course. That includes patients with congestive heart failure, COPD, ALS, Alzheimer's and other end-stage neurological diseases, and liver and renal disease. Palliative care, which provides symptom management while a patient is continuing to seek curative treatment, is also available to patients, and patients who seek palliative care can then elect hospice later if their disease progresses.

Considering enrolling your patient in hospice care isn't giving up on them. It's providing them with high-quality care, dignity and potentially improved length and quality of life. Stillwater Hospice is here to assist you and your patients as you consider options for those facing a life-limiting illness. Our nursing and referral line is staffed 24 hours a day and we can admit on the same day you call.

Take a peak inside Fort Wayne's newest medical office building

The latest addition to the IU Health Northeastern Region is now officially open. The 300-acre campus celebrated its seventh location with an open house at 10101 Ernst Rd, Roanoke, on Sept. 27.

President Brian Bauer expressed his excitement saying, "It's inspiring to witness patients exploring the facilities and meeting the physicians we've brought here. This community now has access to the level of care that Fort Wayne residents rightfully deserve."

The Northeast Region is expanding rapidly, offering various medical services, including primary care, internal medicine, cardiology, general surgery, cardiac rehabilitation, and advanced imaging. Notably, a new partnership has been established between the neurology and neurosurgery departments in Fort Wayne, providing patients and physicians access to the nation's largest medical school and advanced research studies.

Bauer emphasized the convenience of this new location, stating, "I believe this site is strategically positioned to reach new patients and provide a high standard of medical care for the people of Fort Wayne." He also revealed that the plan is to continue developing the campus while remaining attentive to the community's and our patients' needs.

"We collaborate with outstanding physicians and are expanding access to care for everyone," Bauer said.

Lutheran Health Network Celebrates New Facility in Northeast Allen County

Lutheran Health Network held a ribbon cutting to celebrate its newest healthcare facility on November 16 to serve the community in and around northeast Allen County.

The 25,000-square-foot facility at 6515 Stellhorn Road includes a freestanding emergency department on the 1st floor and family and specialty medicine physician offices on the 2nd floor. The medical offices opened on October 27 and the freestanding emergency department opened Saturday, November 18 at 7 a.m.

"Lutheran Downtown Hospital is pleased to bring emergency care to this highly populated area of Northeast Fort Wayne," said Perry Gay, CEO, Lutheran Downtown Hospital. "This location will be available to assist individuals who are able to walk-in and those requiring transport by emergency medical services."

The emergency department has 9 exam rooms, a major treatment room, onsite lab and diagnostic imaging services as well as a negative airflow room which helps contain the spread of airborne infections. The emergency department will be open 24 hours a day, 365 days a year and will provide quick, convenient care for patients with emergent and potentially life-threatening conditions – heart attacks, strokes, head injuries, fractures, abdominal pain, respiratory issues and more.

"It's important to us that people have access to care, close to where they live and work," said Nicole Rexroth, CEO, Lutheran Health Physicians. "It was an easy decision to build this new facility right here in the heart of Northeast Fort Wayne."

In addition to primary care, the medical offices will offer appointments with specialists in bariatric medicine, cardiology, endocrinology, gastroenterology, general surgery and sports medicine. Additional specialists may be added over time.

The project's architect was T M Partners, the developer was Catalyst Healthcare Real Estate and the contractor was FCI Construction.

For the last several years, Lutheran Health Network has been focused on expanding care locations in areas that are growing for the convenience of our patients.The completion of this project follows the opening of Lutheran Health Network access points in Northwest Allen County and downtown Fort Wayne. For more details on services and contact information, visit https://www.lutheranhealth.net/lutheran-health-network-stellhorn-road

Healthcare Service Runs Deep in Fort Wayne-Area Family

One of Fort Wayne's Newest Nurses "Pinned" by her Grandmother, a Former Nurse

Area resident Makayla Paige Cox (Paige) was one of 45 nursing students who participated in the 2023 University of Saint Francis Nursing program "pinning" ceremony. The Pinning Ceremony occurs at the end of a nursing program and signifies the student's completion of this level of education and their official initiation into the nursing profession. Cox completed her rigorous Bachelor of Science in Nursing program in only 2.5 years, while working at area hospitals. She currently works in Lutheran Hospital's surgery department.

What places this 20-year-old's remarkable accomplishment squarely into the heartwarming zone, is that the nursing school graduates are able to choose who will "pin" them. Cox asked her beloved grandmother to do the honors. Her grandmother is a graduate of the former nursing school at Lutheran Hospital.

During the USF pinning ceremony, Cox received a Student Nursing Excellence Award, presented by one of her Lutheran colleagues. This award is given to a future Lutheran Health Network nurse, for exemplary performance in their BSN program.

Lutheran Hospital Hosts "Mega Lung" and Screening in Recognition of Lung Cancer Awareness Month

In recognition of 2023 Lung Cancer Awareness Month, Lutheran Hospital displayed a 12 foot high by 15 feet wide MEGA Lung in the lobby. The MEGA Lung gave visitors a highly interactive, educational experience about the respiratory system's most critical organ. The public stepped inside the human lung model, learned about the various structures and normal lung functions, observed examples of lung trauma and disease, and viewed displays explaining some of the latest respiratory medical treatments. Lutheran Health Network hospitals participated in National Lung Cancer Screening Day on Saturday, Nov. 11. Lung cancer is the leading cause of cancer-related death in the United States. CT scans are a quick, easy and painless test that can detect lung cancer at an early stage, when it is most treatable.

Children and adults explored the Mega Lung Exhibit at Lutheran Hospital.

Bluffton Regional Medical Center and Lutheran Kosciusko Hospital Recognized for Performance Leadership by The Chartis Center for Rural Health

Bluffton Regional Medical Center and Lutheran Kosciusko Hospital have been recognized with a 2023 Performance Leadership Award for excellence in Outcomes. Compiled by the Chartis Center for Rural Health, the Performance Leadership Awards honor top quartile performance (i.e., 75th percentile or above) among rural hospitals in Quality, Outcomes and/or Patient Perspective.

The Performance Leadership Awards are based on the results of the Chartis Rural Hospital Performance INDEX®, the industry's most comprehensive and objective assessment of rural hospital performance. INDEX data is relied upon by rural hospitals, health systems with rural footprints, hospital associations and state offices of rural health around the country to measure and monitor performance across several areas impacting hospital operations and finance.

"Wherever we go in rural America, we witness first-hand the commitment, determination, and compassion with which rural hospitals serve their communities. Rural healthcare truly is mission-driven," said Michael Topchik, National Leader, The Chartis Center for Rural Health. "This National Rural Health Day, let us recognize the efforts of this year's Performance Leadership Award winners and all those driven to deliver high quality care throughout rural communities."

‘Parkview Pups’ allows co-workers to support co-workers with the help of their four-legged friends

Unique benefit brings even more joy and love to certified Most Loved Workplace®

A new program from Parkview Health allows co-workers to make the workday brighter and help improve the mental well-being of their peers – with a little help from their four-legged friends.

Parkview Pups is giving approximately 30 Parkview co-workers and their dogs the opportunity to become certified therapy dog and handler teams. Once certified, teams can visit Parkview facilities to provide comfort and emotional support for fellow co-workers.

Through the program, all canine companions are temperament tested and certified through Canine Good Citizen (CGC) and Alliance of Therapy Dogs (ATD) to ensure a positive and safe experience for all. Parkview Pups is funded entirely by the generosity of the Parkview Foundations, so there is no cost to co-workers.

In early August, the first four Parkview Pups teams to complete certification made their tail-wagging debut at a Parkview leadership meeting and began their visits in Parkview facilities. Fifteen teams will be certified by the end of September.

Interacting with pets is proven to boost health and well-being, which is why Parkview continues to partner with Three Rivers Visiting Dogs, whose certified dogs and handlers visit primarily with hospital patients, and occasionally with co-workers. Parkview Pups was created to focus exclusively on the well-being of co-workers and allow co-workers the opportunity to support one another.

“We know that a visit with a friendly therapy dog can brighten someone’s day, improve their mood and put a smile on their face,” said Hallie Custer, vice president of Human Resources, Parkview Health. “Beyond that, no one understands the needs of our co-workers better than their fellow co-workers. Parkview Pups is an opportunity for them to partner with their beloved pets and help spread joy amongst their colleagues.”

Parkview Pups is one of several benefit programs Parkview has to support its more than 15,000 co-workers. Recently certified as a Most Loved Workplace® by the Best Practice Institute, Parkview also uniquely offers volunteer time off (VTO), which may also be used for volunteering in the community or mental health time off; a quarterly lifestyle benefit stipend; flexible scheduling options and more.

“Knowing that our co-workers are our most valuable resource, Parkview is continuously looking to offer unique benefits to support their overall well-being, both personally and professionally,” said Dena Jacquay, chief administrative officer, Parkview Health. “Parkview Pups is one of several programs we’ve created based on feedback from our co-workers, and we are excited to see these dog and handler teams bring even more love to our Most Loved Workplace.”

To learn more about Parkview’s culture and career opportunities, visit parkview.com/careers. To learn more about supporting the Parkview Pups Program, please contact the Parkview Foundations at ParkviewFoundations@parkview.com.

Parkview co-worker Kara Light, a patient access services representative at Parkview Warsaw, and her pup Murphy, a mini Aussie-Doodle mix, are among the first teams to complete the Parkview Pups certification process.

Golden Retriever Samuel shows off his new Parkview Pups vest and photo ID badge. Like all volunteers and co-workers at Parkview Health, therapy dogs are provided with official identification. Samuel’s partner is Parkview co-worker Mike Brown, a mobile ICU transport medic with Parkview EMS.

Parkview co-worker Kim Krider, onsite services lead, Parkview Occupational Health, and her pup Bailey, a male Schicon, are among the first teams to be certified through the new Parkview Pups program.

Four Parkview hospitals recognized by The Chartis Center for outstanding rural healthcare

Four Parkview community hospitals have been recognized with 2023 Performance Leadership Awards from The Chartis Center for Rural Health.

Parkview LaGrange Hospital, Parkview Noble Hospital, Parkview DeKalb Hospital and Parkview Bryan Hospital (which was recognized under its former name of Community Hospitals and Wellness Centers – Bryan Hospital) all were honored on this year's list from The Chartis Center.

The Chartis Center annually recognizes rural hospitals that rank within the top 25% nationally in categories including quality, outcomes and/or patient perspective. Chartis released its annual rankings today in celebration of National Rural Health Day.

"Parkview serves patients in more than 20 rural counties in northeast Indiana and northwest Ohio, so providing high-quality care via our community hospitals and physician offices will always be a priority," said Dr. Greg Johnson, regional market president, Parkview Health. "Congratulations to our four facilities recognized by The Chartis Center this year."

This year, Parkview LaGrange Hospital received recognition in both the quality and outcomes categories, while Parkview Noble Hospital, Parkview DeKalb Hospital and Parkview Bryan Hospital were recognized in the outcomes category.

It's the second consecutive year Parkview LaGrange, Parkview Noble and Parkview Bryan have been honored by Chartis, while Parkview DeKalb received its first Performance Leadership Award since joining Parkview in 2019.

"Rural hospitals may be smaller, but size doesn't impact our ability to deliver high-quality care," said Jordi Disler, market president, Parkview Health North. "Our hospitals in Noble and LaGrange counties are consistently recognized as top-performing facilities and we're proud to see both recognized by The Chartis Center in back-to-back years. These awards are the result of the tireless work of dedicated and skilled co-workers who provide the best care and an excellent experience to our patients every day."

"Parkview DeKalb Hospital and Parkview Bryan Hospital are proud to join our other great Parkview rural hospitals in being recognized as an industry top performer by The Chartis Center," said Tasha Eicher, market president, Parkview Health Northeast Indiana/Northwest Ohio. "Every time a patient walks through our doors, we do everything we can to ensure that person and their family receive the best care and an excellent experience. The great outcomes our patients receive directly result from the hard work, skill and compassion our co-workers bring to the hospital every day."

The Performance Leadership Awards are based on the results of the Chartis Rural Hospital Performance INDEX®, the industry's most comprehensive and objective assessment of rural hospital performance. INDEX data is relied upon by rural hospitals, health systems with rural footprints, hospital associations and state offices of rural health around the country to measure and monitor performance across several areas impacting hospital operations and finance.

Parkview Health named to Newsweek's list of Top 100 Most Loved Workplaces for 2023

Parkview Health was named to Newsweek's list of Top 100 Most Loved Workplaces for 2023, being recognized for its outstanding employee sentiment and satisfaction.

Parkview is the only workplace in Indiana to make the national recognition list for 2023. This is the first time Parkview has made Newsweek's highly selective and competitive listing.

The 2023 Top 100 Most Loved Workplaces® are the result of a collaboration with the Best Practice Institute (BPI), a leadership development and benchmark research company. BPI previously recognized Parkview on its own Most Loved Workplaces list in July.

Results for this year's list were determined after surveying more than 2 million employees from businesses with workforces varying in size from 50 to more than 100,000 co-workers. The list recognizes companies that have created a workplace where co-workers feel respected, inspired and appreciated, and are at the center of the business model.

"Once again, we're humbled to be recognized as one of the nation's Most Loved Workplaces," said Rick Henvey, CEO, Parkview Health. "At Parkview, we've built a culture of excellence to ensure our co-workers are well supported and able to grow, allowing them to provide the best quality care to the patients they treat and the families they serve. As we continue to seek out new talent to join our team, awards like Newsweek's Most Loved Workplaces help prove that Parkview is a place where they can thrive."

"Our obsession with creating the best workplace culture has led to incredible recognitions, such as this one from Newsweek," said Dena Jacquay, chief administrative officer, Parkview Health. "We have immense pride in the work of our more than 15,000 co-workers who focus every day on delivering excellence.

Parkview Southwest Outpatient Center now open

Facility is newest, largest on redesigned Parkview Southwest campus

The Parkview Southwest Outpatient Center officially opened to patients today, expanding access to care and offering patients a new level of convenience and flexibility.

The outpatient center is the newest and largest facility on the Parkview Southwest campus, which was redesigned over the last several years to offer multiple outpatient services in one location. Because most healthcare services are delivered in an outpatient setting, Parkview Southwest offers nearly everything patients would need outside of a hospital.

"The Parkview Southwest Outpatient Center is unlike any of Parkview's other facilities because it offers a new level of convenience and flexibility," said John Bowen, president, Parkview Regional Medical Center & Affiliates. "From its unique Emergency Room/Urgent Care model – the first of its kind in the region – to the multiple specialty services available, this facility was designed to improve the delivery of outpatient care. We are excited to open the Parkview Southwest Outpatient Center as we near the completion of our redesigned Parkview Southwest campus."

The new Parkview Southwest Outpatient Center, located at 8202 Glencarin Blvd., Fort Wayne, is a three-story, 98,100-square-foot facility. With the patient experience in mind, the main entrance will be staffed by a concierge team that will welcome and direct patients. Kiosks will also be available as a fast and convenient option for registration.

Nearly 300 community members attended an open house on Oct. 22 and had the opportunity to tour the facility. Parkview leaders shared an exclusive preview of the facility and the unique services provided at this new location.

The first floor of the outpatient center features an Emergency Room (ER) combined with an Urgent Care. Parkview Southwest is the first location in the region to offer the unique ER/Urgent Care model.

The ER will be open 24/7, with Urgent Care available 7a.m. to 9p.m. Depending on diagnosis or time of day, providers will determine if patients require emergency or urgent care services – a convenient solution when patients aren't sure which level of care they may need.

Dr. Tom Gutwein, physician executive, Emergency Department and Pre-hospital Service Line, Parkview Health, explained that the determination is largely based on services needed.

"For example, you might hurt your shoulder playing football in the backyard, but you're not certain if it's bad enough that you should go to the ER," Gutwein said. "At the Parkview Southwest Outpatient Center, we could X-ray the shoulder, see that it's not broken and determine that you just need a sling, which would be an urgent care visit. Or, your shoulder might be dislocated, and you need sedation to have it put back in place – that would be an emergency room visit."

The Parkview Southwest Outpatient Center, the newest and largest facility on the Parkview Southwest campus, officially opened to patients on November 1, 2023

Adjacent to the ER/Urgent Care, the first floor of the outpatient center also offers a full outpatient lab and imaging services, as well as pulmonary function testing and home sleep studies.

On the second floor, multiple specialty care services will rotate through a shared clinic space. Specialties will include cardiology, urology, podiatry, neurosciences, cancer, rheumatology, endocrinology, general surgery, allergy and asthma, and colorectal surgery.

"With the shared clinic space, we can offer more specialty service options and support patients through nearly every step of their healthcare journey," said Dr. Roy Robertson, president, Parkview Heart Institute and Specialty Service Lines, Parkview Health. "This facility, and the entire campus, was designed to make it easier for patients to access the care they need."

The Parkview Southwest Outpatient center features several convenient kiosks where patients can check in for appointments. A concierge team will also be available to assist guests and direct them through the building.

Nearly 300 community members toured the new Parkview Southwest Outpatient Center during an open house on Sunday, Oct. 22, 2023

Parkview Health's Jesse Stanton named by Bellwether League as supply chain 'Future Famer'

Bellwether League Foundation Chairman Barbara Strain, Bellwether Class of 2021, welcomes Parkview Health's Vice President of Supply Chain Jesse Stanton into the Future Famers Class of 2023.

Parkview Health's Jesse Stanton, vice president of supply chain, has been named as one of two inductees into the Bellwether League Foundation's Future Famers Class of 2023, an award recognizing early-career supply chain professionals making an impact in the industry.

The Future Famers recognition honors supply chain professionals early in their careers who are not yet eligible for the Bellwether League Foundation's Hall of Fame, but have made notable contributions to the profession and their industry.

The Bellwether League Foundation, launched in 2007, identifies and honors men and women who have demonstrated significant leadership in, influence on and contributions to the healthcare supply chain. The organization also provides education and professional development opportunities, as well as grants and scholarships to students pursuing future work in supply chain-related careers.

At Parkview, Stanton has served in several supply chain roles, including supervisor of purchased services, manager of purchasing and contracting, and director of supply chain integration. Stanton has been employed with Parkview Health for 24 years and is a U.S. Army veteran. He received his bachelor's degree from Purdue University and earned a master's degree in business administration and healthcare management from Western Governors University. He is also a certified materials and resource professional through the American Hospital Association.

During the COVID-19 pandemic, Stanton helped ensure that Parkview maintained access to critical supplies and services for front-line clinical workers by expanding and vetting acquisitions from local, non-traditional and international vendors. Because of his efforts, needed supplies never went out of stock, even during the busiest points of the pandemic.

As supply chain manager, Stanton also developed processes for managing substitute products acquired to offset backorders and minimize waste. He's generated more than $65 million in contract savings and cost-avoidance within the last five years.

"It takes incredible effort and commitment to stock all of Parkview's 13 hospitals and more than 200 physician practices to ensure they operate without interruption," said Dena Jacquay, chief administrative officer, Parkview Health. "We are grateful to have Jesse Stanton as part of our all-star team of supply chain professionals who ensure that our providers and co-workers have the tools they need to deliver care."

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