

Fall 2014

Partners

in health and wellness

BREATHE EASIER

A new pulmonary clinic at F.F. Thompson Hospital makes enhanced care more convenient for those with breathing difficulties.

Justin Weis, MD, is among a team of pulmonologists serving our patients.



UR
MEDICINE

THOMPSON
HEALTH

Quality designations



Joint Commission
Top Performer
on Key Quality
Measures®



MESSAGE FROM OUR CEO

What Thompson's affiliation with UR Medicine means for you

IT HAS NOW BEEN more than two years since we affiliated with UR Medicine, but from what we're hearing in the community, many people really took notice when our signage changed to reflect the new branding of the UR Medicine/Thompson Health system.

The signage and new logo are highly visible, but there are so many benefits of the affiliation, and this magazine is one way to enhance your awareness of these benefits.

As mentioned in previous issues of *Partners*, we have added nephrology at Thompson and expanded other specialties, including vascular surgery, plastic surgery and neurosurgery.

As detailed in this issue, a greater pulmonology presence allows many critically ill patients to stay close to home when hospitalization is necessary and allows outpatients to attend a new pulmonary clinic. Also in this issue, you can learn about how our Sands Cancer Center

becoming part of the Wilmot Cancer Institute benefits our patients as well.

Indeed, the resources available to Thompson through UR Medicine strengthen our health system as we grow our base of primary care physicians, including the two mentioned on the opposite page.

This affiliation is so much more than a sign or a logo, and it's exciting to continue being able to bring you news of even more developments. I hope you enjoy reading about them.



Michael F. Stapleton, Jr.
President and CEO

A variety of ways to make an impact

AS YOU PLAN your year-end charitable contributions, consider the F.F. Thompson Foundation, Inc., a not-for-profit corporation that helps make it possible for our health system to provide excellent medical care for more than 165,000 residents of the region.

"All gifts, regardless of their size, make an impact," says Foundation Director Anita Pietropaolo.

Gifts can be designated for a specific area of the health system or you can donate to the Unrestricted Fund, providing support whenever and wherever it is needed most.

In addition to gifts made by check or credit card, donations may also be in the form of:

Bequests. You can designate the Foundation as a beneficiary in your will or trust, donating a specific asset or amount of money or the remainder of your estate after other bequests, debts and taxes are paid.

"All gifts, regardless of their size, make an impact."

—Foundation Director
Anita Pietropaolo

Beneficiary designations. You can name the Foundation as the beneficiary of a life insurance policy or retirement plan.

Charitable annuities. You can make a donation and receive fixed annuity payments for the rest of your life.

Also, be sure to ask your attorney or financial advisor to review the tax and other possible implications of your gift.

Contact the Foundation at **585-396-6155** for more information on projects or areas of the health system in need of funding.

Quality recognition for five family medicine sites

THE NATIONAL COMMITTEE for Quality Assurance (NCQA) recently announced that Thompson Health has received NCQA Patient-Centered Medical Home (PCMH) recognition for using evidence-based, patient-centered processes to coordinate care and long-term, participative relationships.

This recognition applies to Thompson's five original family medicine sites, in Canandaigua, Honeoye, Lima, Shortsville and Victor.

Thompson has three additional primary care locations, all of which became part of the health system within the

past year. These locations, in Macedon, Farmington and Clifton Springs, are now beginning their transition to the PCMH model.

A PCMH combines teamwork and information technology to improve care, improve patients' experience of care and reduce costs. The approach fosters ongoing partnerships between patients and their personal clinicians. Each patient's care is overseen by clinician-led care teams that coordinate treatment across the healthcare system, and patients who have high-risk conditions or chronic diseases work closely with RN care managers.

Pat Lane, 73, of Canandaigua has a number of chronic conditions and says working with RN Care Manager Janette Aruck at Shortsville Family Practice makes a big difference when it comes to staying out of the hospital.

"She gives me all these new ideas, she helps motivate me and she talks to the doctor when I have problems," Lane says. "Before, I didn't really have the additional support I needed, and she gives that to me, which is fantastic."

Victor Family Practice expands, welcomes new physician

ELISABETE SHARP, MD, recently joined the team at the newly expanded Victor Family Practice, 53 W. Main St., and is accepting new patients.

A board-certified family physician, Dr. Sharp is a member of the American Medical Association, the American Association of Family Physicians, and the American Congress of Obstetrics and Gynecologists. She completed her three-year family medicine residency at Saint Mary and Elizabeth Hospital in Chicago in 2013 and has a special interest in women's health. Having completed an obstetrics-gynecology residency in Brazil in 2004 and an OB-GYN externship at Shady Grove Adventist Hospital in Rockville, Maryland, in 2009, she is experienced in evaluating both young and postmenopausal women, as well as in performing procedures such as gynecological



Caring for patients at Victor Family Practice are Jennifer Mead-Samuels, PA; John Sharza, MD; Elisabete Sharp, MD; and John McGuire, MD.

biopsies, IUD/Implanon insertion, colposcopies and Pap smears.

At the Victor practice, which recently grew more than 800 square feet after the renovation of an adjacent office suite, Dr. Sharp joins John McGuire, MD, and John Sharza, MD, as well as physician assistant Jennifer Mead-Samuels.

"We are thrilled to welcome Dr. Sharp to our health system," says Thompson Health Director of Practice Management Catherine Shannon. "She is a compassionate

patient advocate as well as a true champion of quality."

Also new to Thompson's family practice network is Joseph Duba, MD. A general practitioner based in Shortsville for the past 28 years, Dr. Duba recently relocated to Thompson's Canandaigua Family Practice.



Joseph Duba, MD



Several of Thompson's primary care sites are accepting new patients. For more information, visit ThompsonHealth.com and click on "Primary Care" under "Health Care Services."



SHINGLES

A good shot at prevention

IF YOU'RE AN OLDER ADULT, a vaccine to lower your risk for shingles could save you a whole lot of misery.

The vaccine, called Zostavax, is given only once in a lifetime. It may prevent or reduce the severity of shingles, a painful disease that affects the nerves, usually in later life. With some exceptions, the Centers for Disease Control and Prevention recommends the vaccine for people 60 or older who have had chickenpox. The vaccine is approved by the U.S. Food and Drug Administration, however, for people 50 and older.

Shingles is caused by the same virus that causes chickenpox. When chickenpox runs its course, the virus remains in

the body's nerve cells. Later, the virus can re-emerge as shingles. This recurrence can cause extreme pain and severe complications if not treated promptly.

Most cases of shingles last from three to five weeks, according to the National Institute on Aging. Shingles usually follows this pattern:

- An area of the skin—generally on just one side of the body—begins to itch, burn, tingle with pain or feel numb.
- A rash or group of fluid-filled blisters appears a few days later.
- The blisters dry out and turn to scabs in about a week.

If you suspect shingles, see a doctor within three days after the rash starts. A

doctor needs to confirm shingles as soon as possible because early treatment with drugs can help.

Most people are treated with medicines to lessen pain, shorten the length of the illness and lower the risk of complications such as postherpetic neuralgia, which can cause pain for weeks, months or years.

If blisters are near or in the eye, shingles can cause blindness. Brief facial paralysis and, in a small number of cases, brain swelling are also possible.

You can have shingles more than once, but it is not contagious. However, exposure to shingles can cause chickenpox in someone who hasn't already had chickenpox.

Additional source: National Institutes of Health

Hospital honored for quality and patient safety

F.F. THOMPSON HOSPITAL was recently named one of only two hospitals in the state to receive the 2014 Pinnacle Award for Quality and Patient Safety, presented by the Healthcare Association of New York State (HANYS).

The Pinnacle Award celebrates significant achievement in improving patient care and reducing unnecessary hospital readmissions.

Thompson was honored for its initiative to eliminate hospital-acquired conditions, which uses visual tools to track progress and offer reminders of evidence-based best practices. This heightens awareness, allowing patients and families to actively partner in their care. The program has resulted in a decrease in falls, pressure ulcers and central line-associated bloodstream infections, as well as the elimination of ventilator-associated pneumonia.

"Patient safety is paramount, and we're proving visual management is an effective means toward achieving our goals," says Thompson Health President/CEO Michael F. Stapleton, Jr., noting the initiative engages everyone from frontline staff to the board of directors.

Stapleton and other Thompson officials accepted the award—in the category for small hospitals—during HANYS' annual Membership Conference.



Pictured during the presentation of the 2014 Pinnacle Award for Quality and Patient Safety are (from left) Thompson Health Vice President of Patient Care Services/Chief Nursing Officer Hazel Robertshaw; Thompson Executive Vice President/Chief Operating Officer Kurt Koczent; Healthcare Association of New York State's Board Chair Linda Brady, MD; Thompson Director of Quality, Safety & Utilization Management Kiera Champlin-Kuhn; and Thompson President/CEO Michael F. Stapleton, Jr.

A survivor's story

EVER SINCE CHILDHOOD, David Ackerman's idea of a person who had experienced a stroke was based on how a stroke had left his grandmother—unable to walk, unable to move her right arm or leg, and able to speak only with difficulty.

It's a far cry from how Ackerman is faring following his own stroke this past June, and he credits physical therapist Valerie McGrath's "quick and decisive action" as playing a major role in his outcome.

"She's exceptional—a great therapist in a great facility," says Ackerman, who taught social studies at Newark High School for 37 years.

During supper on Tuesday, June 24, Ackerman noticed what he describes as "a kaleidoscope effect" on the right side of his eye. He has experienced optic nerve issues in the past and called his eye doctor's office but sensed no cause for alarm.

The following day, Ackerman made the drive from his home in Newark to F.F. Thompson Hospital in Canandaigua, where he was receiving aqua therapy twice a week for arthritis in his neck and back. After the 45-minute session, he was towelng off in a chair when he suddenly slumped to the side.

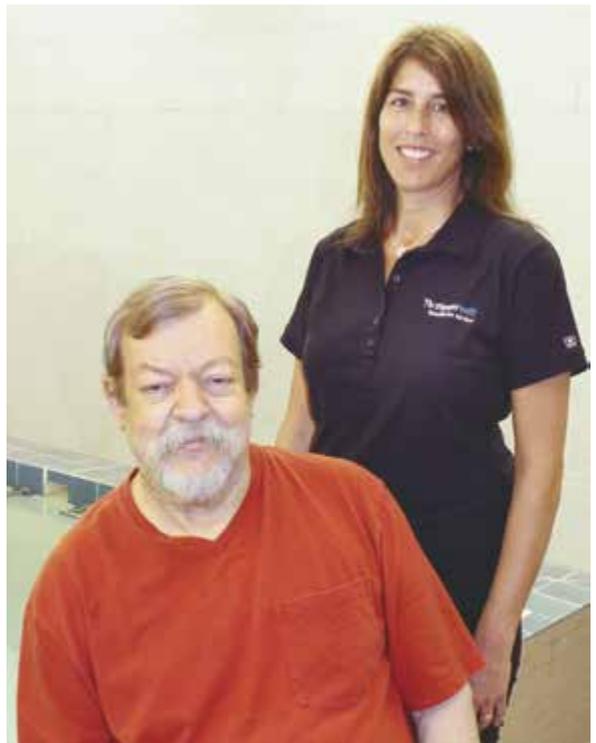
FAST ACTION

"I ran right over to him, and he was unresponsive," says McGrath, who caught Ackerman so he wouldn't fall from the chair and called out for help.

Within seconds, she was joined by another member of the Rehabilitation Services Department and the hospital's Rapid Response Team was on its way. With Thompson a New York State-designated Stroke Center, Ackerman was whisked to the Emergency Department and later admitted to an inpatient floor. He describes his care as "excellent," from the nursing staff to the neurologist to the hospitalist.

"I was very happy with it all," he says, noting that he was discharged just two days later with no physical or cognitive deficits. The only difference in his life is that he is now taking a prescription blood thinner.

Ackerman considers himself fortunate in many ways, starting with the fact that he didn't lose consciousness while he was driving or while in the



Retired high school teacher David Ackerman credits physical therapist Valerie McGrath with acting quickly and decisively when he had a stroke this past June.

pool or the locker room. He celebrated his 70th birthday in September and is expecting a second grandchild any day now. He's also looking forward to his 50th wedding anniversary, a little over a year away.

"Thanks to Val," he says, "these are all things I get to experience."

➔ If you think you or someone else might be having a stroke, call 911 immediately.

STROKE IS AN EMERGENCY

ACT FAST CALL 911
Any one of these could mean a stroke:

			
FACE	ARM	SPEECH	TIME
Look for an uneven smile	Check if one arm is weak	Listen for slurred speech	Call 911 right away

A breath of fresh air



AS THE SON of a general internist in Muscatine, Iowa, Justin Weis, MD, has known from an early age that people don't have to go to the big city for quality care.

In fact, it is precisely why he is based at F.F. Thompson Hospital now, helping the hospital broaden the scope of pulmonary care for both inpatients and outpatients.

After medical school at the University of Iowa and an internship and residency at Strong Memorial Hospital in Rochester, Dr. Weis completed a three-year fellowship in Pulmonary/Critical Care at Strong in June of this year. It was during his residency that he first came to Thompson with one of his mentors, Michael Kallay, MD.

Dr. Kallay has been seeing outpatients in Canandaigua for more than 30 years, but in August 2013—a little over a year after the UR Medicine/Thompson Health affiliation—other UR Medicine pulmonologists began treating Thompson inpatients on a regular basis.

This past August, Thompson became a satellite pulmonary clinic for UR Medicine, offering outpatient appointments three days a week.

In addition to overseeing the clinic, Dr. Weis is also the provisional medical director of Thompson's seven-bed Intensive Care Unit (ICU) as well as its Respiratory Therapy Department, treating inpatients both in the ICU and on the medical/surgi-



Justin Weis, MD, shown with Sharee Defayette, RN, in F.F. Thompson Hospital's Intensive Care Unit (ICU), is among the pulmonologists sharing responsibility for patient care in Thompson's new outpatient pulmonary clinic as well as its ICU and medical/surgical floors.

cal floors. It's an opportunity to interact with other physicians from a multitude of disciplines—an opportunity he jumped at.

"I wanted to stay involved with the university and I wanted to keep teaching, but I wanted to be in a community hospital like my dad," Dr. Weis says, describing Thompson as a place with "awesome people and great facilities."

His wife, Emily, is originally from York in Livingston County and is an allergist in Geneseo. They have a 3-year-old son named Jack.

After working in Thompson's Hospital Medicine Department in 2013 in order to become familiar with the people, the system and the computer network, Dr. Weis started full-time at Thompson in August and hit the ground running. "It's been a full clinic every day," he says.

EXPANDING SERVICES

According to Thompson Health Director of Cardiopulmonary Services Marie Rusaw, the Pulmonary Clinic follows the creation in 2007 of the Better Breathers Support Group and the 2010 creation of Thompson's Pulmonary Disease Management Program.

“Having an outpatient pulmonary clinic—in addition to enhanced services for inpatients with breathing issues—is something we have been working toward for a long time, and we are thrilled to be able to offer this level of care to the communities we serve,” Rusaw says.

Being at Thompson full-time works out well for Dr. Weis because he is close by whenever a need arises, whether it’s in the clinic, in the ICU, on a medical/surgical floor or in the fitness center where participants in the Pulmonary Disease Management Program exercise.

Dr. Weis, who received the Department of Medicine Fellows Teaching Award earlier this year, will continue to teach at the University of Rochester School of Medicine and Dentistry. His role at Thompson will be shared at times with Serban Staicu, MD, with whom he trained through both residency and fellowship. Everett Porter, MD, and Jim White, MD, also from the Division of Pulmonary and Critical Care, will also continue seeing patients at Thompson on a regular basis.

“For our patients, this translates into timely appointments in the Pulmonary Clinic, care that is provided close to their home and access to highly trained pulmonary specialists who can care for complex critical care needs should they require admission to Thompson Health,” says Senior Vice President of Medical Services David Baum, MD.

→ To make an appointment with UR Medicine’s satellite Pulmonary Clinic at Thompson Hospital, call the UR Medicine Access Center at **585-275-4161** and mention that you would like your appointment in Canandaigua.

PULMONARY DISEASE MANAGEMENT PROGRAM GETS RESULTS

Thompson Health’s Respiratory Therapy Department offers a personalized program for people who have difficulty breathing due to asthma, chronic obstructive pulmonary disease and other disorders.

Through education, strength training and exercises to recondition muscles so a patient can tolerate walking and other activities of daily living, the Pulmonary Disease Management Program is designed to improve physical health and assist with self-management of the disease.

“There also is a social support component when they engage with others who have similar conditions,” says respiratory therapist Stacey Lauretti.

Sandra Baker of Farmington started the program in 2010. “This is the best thing I could have possibly done,” she says. “I’ve learned an awful lot, and I don’t know where I’d be without it. I’m very thankful.”

Exercise sessions are Tuesdays and Thursdays in the Fralick Cardiac Rehabilitation and Fitness Center at F.F. Thompson Hospital. Oxygen is available, but participants must be able to move independently from one piece of equipment to the next. A classroom session is held each Tuesday.

Program benefits include:

- Locating resources for medical equipment
- Working with oxygen companies to find the equipment that best meets a participant’s needs
- Finding a primary physician or pulmonologist

- Working with drug companies to find affordable medications
- Working with family members so they can help with disease management
- Developing an at-home exercise regimen

According to program participant Ellen Taylor of Canandaigua, her lung disease “has not progressed one iota in two years.”

“I’m as happy as a little lark,” Taylor says.

According to Lauretti, working with people like Baker and Taylor is the most rewarding thing she has ever done as a respiratory therapist. “I feel like we’re making a difference in people’s lives, and that’s the best,” she says.



Janet Doell, a participant in the Pulmonary Disease Management Program, is pictured with respiratory therapist Stacey Lauretti and Everett Porter, MD.

TO GET STARTED

→ Call Thompson Health Respiratory Therapy at **585-396-6277**. The department will send an information package to your home and explain the documentation required. The program, which involves a modest fee, is self-pay. Participants are encouraged to check with their insurance providers to see if a gym membership is covered.



Sands Cancer Center joins UR Medicine's Wilmot Cancer Institute

EARLIER THIS YEAR, UR Medicine announced the creation of the Wilmot Cancer Institute, a new organizational structure for all of its clinical and research programs in cancer, including the Sands Cancer Center at Thompson Health in Canandaigua.

The Wilmot Cancer Institute's goal is to provide the highest level of care to individuals throughout western New York, by making the Institute's expertise and capabilities available to patients closer to home. Research, and bringing scientific discoveries directly to patients, is also an integral part of the Institute's mission.



Dirk Bernold, MD

BETTER TOGETHER
"This affiliation allows the Sands Cancer Center to continue to provide its patients with the personal approach

of a small community practice while including the cutting-edge treatments and technologies available in the larger institution setting," says Dirk Bernold, MD, of Interlakes Oncology and Hematology at the Sands Cancer Center.

As part of Wilmot Cancer Institute, the radiologists, oncologists and patients at Sands will be able to connect to Wilmot's comprehensive services, including:

- Weekly planning sessions regarding specific patients' care and other consultations involving a multidisciplinary team
- Clinical trials
- The UR Medicine e-record system
- Gene testing and advanced diagnostic testing for certain cancers, which helps physicians to more precisely tailor treatments to a patient's needs
- A new cardiology/oncology program focusing on cancer-related heart problems

- Palliative care to help patients and families decide on the best course toward the end of life

"Cancer care is so complex these days," says Jonathan W. Friedberg, MD, MMSc, director of the Institute and Samuel E. Durand Chair in Medicine. "It starts with a diagnostic process that often involves sophisticated tests and specialized skills and continues through treatment decisions, follow-up care and survivorship needs. Our Institute brings that level of comprehensive and smart service every step of the way."

With the Wilmot Cancer Center on the University of Rochester Medical Center campus as its hub, the new Institute now encompasses all cancer research activities at the university and six satellite cancer treatment facilities, including Sands and facilities in Rochester, Henrietta, Greece, Geneva and Brockport.

LYMPHEDEMA TREATMENT CAN RESTORE QUALITY OF LIFE

Lymphedema is a condition that many people have never heard of, but one that—if left untreated—can cause discomfort, limited mobility and even social isolation.

A protein-rich swelling in the superficial tissues of the body, lymphedema occurs when the lymphatic system is impaired. There are two types:

Primary lymphedema. Caused by birth defects involving the lymphatic system, when lymphatic vessels are missing or impaired, this can occur in either childhood or adulthood.

Secondary lymphedema. Caused by surgery, radiation treatment, infection or trauma that impairs the lymphatic system, this type is estimated to occur in up to 10 percent of patients undergoing treatment for breast cancer. It can occur within days of surgery or up to 30 years after treatment, with onset most often occurring within three years of surgery.

Lymphedema progresses through stages if left untreated. The first stage is reversible and is associated with minimal swelling that can decrease with elevation or rest. The second stage is associated with moderate swelling and hardening of fluid.

As lymphedema gradually worsens, the risks for serious health complications and diminished quality of life increase. That is because the third stage—called elephantiasis—involves severe swelling, infections, color changes and wounds.

The good news? A tremendous resource exists within Thompson's Rehabilitation Services Department. There, certified lymphedema therapists use complete decongestive therapy (CDT), which is effective not only in the treatment of cancer patients but also for chronic swelling associated with orthopaedic injury and surgery, as well as primary lymphedema.

Used as part of a two-phase treatment program, CDT involves skin care, manual lymph drainage, compression therapy and exercise.

"If you suffer from lymphedema, you need to know that there is hope," says Angela Kiklowicz, a certified lymphedema therapist at Thompson. "Through early intervention and the two-phase therapy treatment program, quality of life can be restored."



Courtney Middleton, OTR/L, CHT, CLT, left, is one of Thompson Health's certified lymphedema specialists.



WHEN A FRIEND HAS CANCER

If someone you care about is facing cancer, you may not know what to say or do.

Yet one of the most meaningful ways to offer support is to simply be available to listen. In fact, it's even OK to say: "I don't know what to say. But I care, and I'm sorry you're going through this."

And while there are no set rules for helping someone with cancer—different people may have different needs—there are some general do's and don'ts.

DO

- Follow your friend's cues. Your friend may feel relieved to talk openly about his or her illness. Or the opposite might be true. Your friend might need privacy. Respect your friend's desires.
- Try not to let cancer dominate your friendship. As much as possible, try to treat your friend as you always have. Talk to your friend about his or her interests that have nothing at all to do with cancer.
- Offer to help in concrete ways. You might volunteer to cook dinner, or pick up prescriptions.

DON'T

- Don't be afraid to talk about the illness. And if your friend feels anxious or sad, allow your friend to express these feelings.
- Don't offer advice if not asked. Also, respect your friend's treatment decisions, even if you disagree.
- Don't feel you have to respond. A caring listener may be the best medicine of all.
- Don't make assumptions. Try not to tell your friend, "I know how you feel." You really can't, unless you've also faced cancer.

Sources: American Cancer Society; American Society of Clinical Oncology

Patients need a referral from their physician for an evaluation and/or treatment. For information, please call **585-396-6050**.



5 Ways to prevent a return trip to the hospital

IT'S NICE to have skilled, compassionate care you can depend on when you need it. But staying healthy after being discharged from the hospital—and avoiding a return trip—is everyone's preference, and it's what we want for you too.

Unfortunately, a significant percentage of people discharged from hospitals nationwide are readmitted within 30 days, which is why reducing readmission rates is a goal of the Affordable Care Act. It's a goal F.F. Thompson Hospital takes seriously, and one Thompson needs patients' help to achieve.

When you leave the hospital, we will strive to make it a smooth transition. We ask that you help us by doing the following:

1. Make sure you understand your condition by asking:

- What you should do to help yourself get better
- What, if any, limitations you now have
- What potential problems you should watch for
- What to do if problems occur

If you'll be handling certain medical tasks on your own or with the help of a family caregiver, ask a member of the hospital staff to go over the procedure with you until you're comfortable with it.

2. Review your medications. Ask if you should continue taking everything you were taking before you were admitted and if any new medications have been prescribed. If you do need to take some new ones, be sure you know when and how to take them, how much to take, and for



how long. Also, be sure you understand why you're taking the new medicines.

It's a good idea to keep a list of all your medications. That list, or other tools ranging from simple pillboxes to more high-tech gadgets, can help ensure you take your medicines correctly.

3. Keep your medical appointments.

Often follow-up tests or doctor visits are scheduled before you leave the hospital. It's essential that you keep them. They're necessary for monitoring your progress and keeping you well.

4. Speak up if you need help. Can you bathe and dress yourself and cook your meals? If you have concerns about your ability to handle these and other tasks, don't hesitate to say so. We can arrange to get you some help.

If you're worried about things like paying for your medications or getting transportation to your doctor visits, mention that as well.

5. Get a name and number. You may have questions or concerns after leaving the hospital. Be sure you're clear about whom to call for answers.

We're confident that by working together, we can help keep you healthy and out of the hospital as much as possible, which will help lower healthcare costs for everyone.

Preventing readmissions is a goal we take seriously within Thompson Health. But it's a goal we need your help to achieve.

Positive attitude goes a long way for woman with MS



Jennifer Sims and physical therapist Cheri Sidoti have been working together, on and off, for over a decade.



Cheri Sidoti, PT, Cert MDT

SPORTING a “Wheels in Motion” T-shirt and sipping her java chip and caramel drink from the coffee shop just off the lobby, Jennifer Sims is completely at home in F.F. Thompson Hospital.

The East Bloomfield woman waves to a nurse who walks through the main entrance, says hello to a friend headed outside and jokes with a Facility Services associate passing by.

“I know everybody—the cashier, the volunteers, the doctors, everybody,” she says, as the woman at the Information Desk gives a playful wink and offers, “Don’t believe anything she says.”

It’s no wonder Sims is on a first-name basis with so many people at the hospital. Over the course of the past several years, it’s become a second home, and its staff have become family.

Now 31, Sims was just 11 and struggling with balance, numbness and vision problems when she was diagnosed with primary progressive multiple sclerosis (MS), an autoimmune disease affecting the brain and spinal cord.

“It is what it is,” Sims says. “You deal with it, and you move on. I don’t remember life without MS. This is me.”

A LASTING PARTNERSHIP

At 19, Sims first began physical therapy in Thompson’s Rehabilitation Services Depart-

ment. Cheri Sidoti was her therapist then and still is today as the two continue to pursue the goal of keeping Sims mobile.

“There are so many people who would have given up on me, but she’s like, ‘We’re going to do it,’ and we do it,” Sims says. “Without her encouragement and her belief in me, I don’t think I would be nearly as successful at therapy as I am.”

Sims nicknamed Sidoti “Boss” and says she has been a constant support. This past May, for example, Sidoti and other members of Rehabilitation Services joined Sims at Canandaigua’s Walk MS event, helping raise more than \$1,000 and assisting Sims in walking across the finish line.

Sidoti also traveled to Albany in September, when Sims placed as second runner-up in the Miss Wheelchair New York pageant, and plans to watch Sims in action as a member of the Western New York Wreckers wheelchair rugby team.

“Jen continues to find ways to make me proud, whether it is within the

clinic, meeting and surpassing the goals I set for her, or outside in the community,” Sidoti says. “If she is told she can’t do something, she will do everything in her power to prove that person wrong.”

With a degree in human services/social science from Finger Lakes Community College, Sims serves on an advisory council at the Al Sigl Center in Rochester and is working with the Center for Disability Rights (CDR) on public policy, also serving on CDR’s development team.

Sims’ MS is progressing. Soon, she will have a pump implanted to send an anti-spasmodic drug called baclofen directly into her spine. After two months of recovery, she hopes to go back to both the rugby team and therapy at Thompson. In the meantime, she is keeping her chin up and staying active.

“I really like helping people and making people smile,” she says.



Thompson’s Rehabilitation Services team includes more than 65 licensed, credentialed professionals from many disciplines, including physical therapy, occupational therapy, sports medicine and speech therapy. For more information, visit ThompsonHealth.com or call **585-396-6050**.

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Thompson Health
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585-396-6670

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THOMPSON HONORED FOR WORKPLACE WELLNESS



Thompson Health was honored with a 2014 Wealth of Health Award, presented by the Rochester Business Journal and Excellus BlueCross BlueShield in recognition of exceptional efforts with regard to workplace wellness.

Having previously won this award in 2009 and 2011, Thompson was recognized in the new Laureate category for past honorees continuing to

broaden employee wellness efforts in significant ways.

Among the recent Thompson initiatives cited were a self-care initiative and the hospital cafeteria's rollout of Traffic Light Eating, involving the use of green, yellow and red to indicate which selections are healthiest, which are best in moderation and which should be consumed only sparingly.

"Associates who take good care of themselves help performance, productivity, morale and teamwork as well as their own health," says Coordinator of Health Services Randy Jacque. "This helps them remain positive and on-task, which benefits our patients and our residents."



New opportunities to properly **dispose of medications**

THE PARTNERSHIP for Ontario County's Drug-Free Communities Coalition—in which Thompson Health participates—recently set up two permanent medication drop boxes in an effort to expand the service already provided by its annual series of one-day drop-off events.

One box is located at the state Department of Motor Vehicles (DMV) bureau at 20 Ontario St. in Canandaigua. The bureau is open from 8:30 a.m. to 4:30 p.m. Mondays through Fridays. The other box is located at the Geneva Police Department, 255 Exchange St., which is open 24 hours.

"By allowing year-round access to a previously limited service, we hope these drop boxes will bring in more unwanted

medications, keeping our community safe from prescription drug abuse, accidental poisonings and water pollution," says Brianna Wright, Drug-Free Communities project director.

Wright notes that the Ontario County Sheriff's Office assists the DMV and the Geneva police in maintaining the box drop-off service. The partnership expects to announce more locations this fall. Visit www.partnershipforontariocounty.org for updates.

In addition to the partnership's drop-off locations, the New York State Police (NYSP) Troop E Headquarters at 1569 Route 332 in Farmington is part of a network of NYSP drop box sites and is accessible 24 hours.