ISSUE 26 | Fall 2025 | Free YOUR GUIDE TO FITNESS & WELL-BEING It takes a village **SPEAKING OUR PATIENTS'** LANGUAGE **DISCOVERING** When 2 hospitals **HEALTHCARE** partner to heal a child THROUGH VOLUNTEERING WARMING UP WITH HOMEMADE SOUP Find us online: geisinger.org/magazine

WELCOME

On the cover:

The combined expertise of Geisinger and Children's Hospital of Philadelphia has Kinlee Hock's heart beating strong. *Photo by Robb Malloy*.

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We've been part of the region for more than 100 years — celebrating with you at parades, fairs and sports events and supporting happenings that lift up our communities. Here's the latest on how we're connecting with you and your neighbors.

Health everywhere • To connect with our neighbors in Clinton and Lycoming counties, Geisinger supported building safer communities at National Night Out in Jersey Shore, Muncy and Williamsport; celebrated our local kids at the Little League Grand Slam Parade in Williamsport; and offered health screenings and education at the Lock Haven Labor Day Regatta.



New center keeping advanced cancer care closer • June

brought the opening of the state-of-the-art, 61,000-square-foot Geisinger Cancer Center Dickson City.

Lackawanna County residents won't have far to drive to reach radiation oncology or hematology and oncology.

The facility also offers infusion bays overlooking a circular garden and a dedicated palliative care clinic.

Partnering with Penn State to reach local youth • Kids at the Mifflin County Youth Football Camp were thrilled to meet Penn State football player Jeff Exinor through a partnership with Geisinger — and we were thrilled, too. Because when student-athletes represent Geisinger, these local celebrities reinforce our messages about injury prevention, mental health and hard work.



Putting the focus on behavioral health • In August,

Geisinger Behavioral Health Center Danville, a 96-bed inpatient facility, opened its doors to adult, pediatric and adolescent patients. The Montour County facility is the second facility dedicated to caring for people with acute symptoms of behavioral health disorders, after Geisinger Behavioral Health Center Northeast's opening in Lackawanna County in 2023.



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By Harlan Spector and Lyndsey Frey

The healing powers of partnership

Kinlee Hock is thriving despite a prenatal heart defect, thanks to collaborative care.

When Kaitlyn Hock and her husband, Mitchell, went in for Kaitlyn's 20-week prenatal anatomy scan, they were excited to get a sneak peek at their baby's growth and development.

They didn't anticipate any issues — especially since the heartbeat appeared normal on the ultrasound screen.

So they were shocked to learn their unborn child had a rare and serious congenital heart defect. The Bloomsburg couple didn't know if their daughter's heart would fail and she'd need emergency surgery or a heart transplant.

"We weren't sure what would happen, how she would be able to handle it. That was the scariest part," says Mr. Hock. "We didn't know until she was born."

Thankfully, their daughter Kinlee was delivered with no signs of heart failure and today, she's a happy, playful toddler. The Hock family couldn't





be more grateful for the advanced medical care Kinlee received through a partnership between Geisinger Heart and Vascular Institute, Geisinger Janet Weis Children's Hospital and Children's Hospital of Philadelphia (CHOP).

A collaborative approach to pediatric care

Kinlee was diagnosed in utero in 2022 with a large left ventricle aneurysm, which causes weakness in the heart's main pumping chamber.

Shuping Ge, MD, a pediatric and fetal cardiologist and professor of cardiovascular medicine, pediatrics, and obstetrics and gynecology at Geisinger, diagnosed the defect. He collaborated with a fetal cardiology specialist at CHOP who has more experience with such rare cases.

"It's a significant heart problem," says Dr. Ge. "The aneurysm in the left ventricle is very large and does not contract well.

As a result, it affects heart function before, during and after delivery. I have seen cases like this, but this was the largest left ventricular aneurysm I had seen in over 20 years."

After discussing the case, both specialists agreed: the Hocks should go to CHOP to deliver the baby, just in case there was a need for immediate intervention.

"Fortunately, there was no need for intervention and the baby did well with no signs of heart failure after delivery," Dr. Ge says.

Geisinger Janet Weis Children's Hospital and CHOP forged an affiliation agreement in 2021, paving the way for collaboration across many areas of pediatric medicine. The Hocks spent a couple of months in Philadelphia and moved back home shortly after Kinlee was born.

Since then, the 2 hospital programs have collaboratively managed Kinlee's care to make sure her heart continues to improve so she can avoid future medical interventions.

Finding encouragement during and after pregnancy

Ms. Hock says the medical professionals they met gave them hope.

"Geisinger maternal-fetal medicine and fetal cardiology were fantastic throughout the entire prenatal process. It was such a difficult time for us," she says. "We felt very comfortable at Geisinger because we felt like a patient, not a number. They knew the right people to talk to and collaborate with to get us what we needed."

Due to the rarity of Kinlee's heart defect, Diane Timms, DO, division chief of Geisinger maternal-fetal medicine, says it was the first of its kind she'd seen.

"We followed the Hocks through pregnancy in conjunction with CHOP," Dr. Timms says. "We watched how the baby was growing and made sure we didn't see any acute changes in the aneurysm that might suggest she needed to immediately go to CHOP."

Jack Rychik, MD, medical director of the Fetal Heart Program at

CHOP, reassured the Hocks that he had seen cases like Kinlee's, and he offered a positive outlook.

"That made us feel better, knowing he's seen something exactly like this. He's seen these patients grow up and be able to function without too much intervention," Ms. Hock says.

Providing the best outcomes for congenital heart defects

Kinlee takes medication to prevent heart failure, but the heart defect hasn't slowed her down. She's a typical, active toddler who loves dance class and playing on the family's swing set.

"She's flourishing, acting normal," Mr. Hock says. "She's doing so well now and we're so thankful. They don't want to do anything at this point. We've been very fortunate — and we hope it keeps going that way."

Ms. Hock adds, "CHOP and Geisinger collaborate so well. We can link MyCHOP and Geisinger's MyChart, so everyone is always seeing exactly what's going on. It's been a smooth process."

The hospitals' collaboration, says Dr. Ge, is a model of patient care for certain rare and highrisk cases at Geisinger.

"The goal is to use the best resources to provide the best quality of care to achieve the best possible outcome," he says. "This is an example of how we do that for patients with congenital heart defects before and after birth. It's a privilege for us to take care of Kinlee, her family and other children in our community, and I'm very happy with her progress."



The human touch: **Certified interpreters**

At the heart of Geisinger's interpreter services are the dedicated professionals who make it all possible. They're more than just language interpreters — they are cultural bridges who help patients feel comfortable and respected. These interpreters play a crucial role in preventing misunderstandings, promoting trust and protecting patient safety.

For Cindi Brown, a certified ASL interpreter, there's no such thing as a typical day. What she does depends on the patient's schedule, such as surgeries or inpatient and outpatient procedures; employee needs, such as interviews and hirings; what's happening in the ER; and whether patients need services on site or through video appointments. Ms. Brown travels to wherever she's needed throughout the Geisinger service area.

"Most deaf people struggle with reading and writing English, because it isn't their primary language — ASL is," she says. And because there are no written representations of words in ASL, medical info can be difficult for the patient to understand when it comes in the form of flvers. brochures or other written materials.

Further complicating the issue is another common misperception. "Some people think all deaf people can read lips, but most can't," Ms. Brown says.

For deaf and hard-of hearing patients who could hear at one time, captioning services through CART (Communication Access Realtime Translation) are used. These patients typically don't know sign language, but can read English. A captioner is connected remotely to an iPad or iPhone and types out the conversation in real time. This service can be scheduled through an interpreter and can be used anywhere for any procedure or appointment.

MJ Monterrosa-Martinez, a trained Spanish interpreter, emphasizes safety and trust in patient interactions. "Safety begins with communication," she says, "and I really want everyone to put themselves in the patient's shoes. They come from different countries. They speak a different language. If that was you, you would want to feel welcome and well-treated, and you would want to communicate in a language that makes you feel safe and familiar."

She's seen firsthand how interpreter services have that very effect. Once, when Ms. Monterrosa-Martinez was interpreting for a female patient in her 40s, a nurse asked the patient a standard question: "Have you ever experienced abuse of any kind?"

The patient looked back and forth between her nurse and her interpreter. then asked if her response would remain confidential. When Ms. Monterrosa-Martinez assured her it would, the patient teared up, grabbed her hand tightly, and said she was abused as a child. She'd never told anyone.

Ms. Monterrosa-Martinez credits the confession to the patient feeling comfortable and safe with someone who spoke her language and had a similar ethnic background. The feeling of safety leads to trust — an essential part of the patient/provider relationship.

The ripple effects of better communication

The impact of interpreter services extends beyond just a patient's immediate understanding of a sentence. Clear, effective communication reduces unnecessary readmissions and ER visits. Patients who feel understood and supported are more likely to adhere to their treatment plans. leading to better health outcomes.

Geisinger's interpreters play a vital role in educating staff and patients about the importance of communication in healthcare. They make sure both groups understand the patients' right to have an interpreter — and the potential risks of not using one.

A community of care

This commitment to providing interpreter services underscores Geisinger's dedication to our communities. Breaking down language barriers improves patient care and fosters a sense of belonging and support. In a world where language can be a barrier, interpreter services are a gateway to the care everyone needs and deserves.

"It doesn't matter what language we speak or where we come from, we're all human beings," Ms. Monterrosa-Martinez says. "The language of love and kindness is always understood."

If you need interpreter services at your next visit, tell the staff. They'll make arrangements ahead of your scheduled appointment to allow enough time to find an interpreter.

"Some languages are more challenging," says Rebecca Ruckno, director of language services. "Patients may have to wait for an interpreter because there just aren't very many."

If at any time you need a professional non-English spoken or sign language interpreter, ask your care team member or a Geisinger staff member.





Play your way to understanding health insurance

Have some fun with common health insurance terms. Fill in the blanks with the correct term from the word bank and you can win a prize.

By Kimberly Adler-Morelli

Questions about your Geisinger Health Plan benefits and what's covered?

You're not alone, says Jessica Persing, supervisor of GHP's customer care team. "This is one of the most common questions members ask," she says. The GHP customer care team can give you this information — or you can easily find it online, she says.

Here's how: Go to **geisinger.org** and log into the member portal or create an account. Scroll down and select "View your medical benefits." You can find information such as:

- Your benefits and out-of-pocket costs
- A glossary of insurance and medical terms
- A cost estimate for a procedure
- Your insurance ID card to view or print
- Forms
- Your authorizations
- FAOs

Still have questions? Your friendly GHP customer service team is always happy to answer them. Call the number on the back of your insurance ID card.





Tessa needs health insurance, so she researches several plans to find the best fit for her. She wants a(n) _____ plan, which features a primary care physician and a large network of participating providers. And she'd really like a(n) ______,

because she can set aside pre-tax money for medical expenses. Tessa's _____ looks for insurance plans on her behalf and finds a couple of great options that fit the bill.



Shantal's doctor prescribes a new medication to treat her psoriasis. She checks the to make sure the drug isn't a(n) ____ which wouldn't be covered under her plan. The new prescription is covered — hooray! But her doctor must submit a(n) ______, which her insurance plan requires before they'll pay for it.



Brian has an appointment with his orthopaedist for a recheck following his knee surgery. He pays his ______, a set amount for covered services, when he checks in. He's close to meeting his ______, the amount of money

he pays before the insurance kicks in.



Hiroshi's new insurance plan has affordable _____, deducted from his weekly paycheck to pay for his coverage. Before his next doctor's appointment, he reviews his _____ document to make sure he

understands what services his plan covers.



Word bank

broker

deductible

prior authorization

exclusion

premiums

formulary

copay

benefits

HMO

(health maintenance organization)

FSA

(flexible spending account)

How did you do?

Share your completed game with us and we'll send you a small prize! Email it to pahealth@geisinger.edu or mail to PA Health, M.C. 40-20, 100 N. Academy Ave., Danville, PA 17822.





Teen volunteers give time and talent – and gain vital experience

By Beth Kaszuba

- Meet with Geisinger's cardiothoracic surgeons.
- Scan hospital hallways to flag safety concerns.
- Create meals for families staying at the Ronald McDonald House.

It sounds like a to-do list for a hospital administrator, doctor or dietitian. But these are all opportunities Geisinger's youth volunteers enjoy as part of their immersion in the system's workings and culture.

"Our Junior Volunteer Program participants explore every aspect of the hospital so they can make informed decisions about their next steps career paths," says Nyky Crabb, regional operations manager for Volunteer Services at Geisinger Medical Center in Danville. "They don't just participate in clinical experiences, they also learn about non-clinical careers such as accounting, food service — everything we do here."

Each summer, from mid-June to mid-August, Geisinger welcomes teens ages 15 to 18 at the Danville campus, as well as at Geisinger Community Medical Center in Scranton, Geisinger Wyoming Valley Medical Center in Wilkes-Barre and Geisinger Lewistown Hospital.

The program isn't new. Junior volunteers have been serving at Geisinger for decades. But their roles and involvement have grown in recent years. From hands-on tasks to career exploration workshops, they gain real-

world experience and a glimpse into the many careers available in today's modern, complex health systems.

By the end of the 8-week experience, volunteers may have explored Geisinger Life Flight® helicopters, heard from anesthesiologists, taken active shooter training from the security team, completed CPR classes, made crafts for patients, prepared food for patient families and attended meetings of Geisinger's employee resource groups.

Experienced youth volunteers who return for a second or third year gain more autonomy and earn leadership opportunities as they grow in seniority.

'We collaborate with as many departments throughout the system as we can," says Ms. Crabb, noting that the volunteer pool varies and in summer 2025 included students from 6 continents. "It's intercultural and intergenerational. And it's driven by the students' interests."

Building skills, fostering empathy

Many participants are interested in clinical careers or becoming healthcare providers, often following in the footsteps of a family member. But the Junior Volunteer Program welcomes young people with all kinds of backgrounds and interests.

Shaun Sahaya, who has served in the program for 3 years, has a Geisinger-employed family member — but they're not a clinician. Shaun's father works on Epic, Geisinger's electronic health record system, as part of an IT team.

Being a youth volunteer is "an awesome experience," Shaun says, explaining that he most enjoys interacting with patients. "Just to see a smile on a patient's face — it makes me happy."

Third-year volunteer Sanah Bhanushali also appreciates the chance to meet a variety of people and brighten their days. Her sisters also participated in the Junior Volunteer Program at Geisinger, and Sanah is considering medical school and perhaps specialization in oncology. "The JVP program has really inspired me," she says.

Rishabh Nama, who's volunteering for his second year and plans to attend medical school, likes helping staff and making their work easier. "Even if you don't want to go into healthcare, it's a great experience because you build connections with people," he says.

Staff support

The program's success hinges on support from adult staff across the entire system, says Ms. Crabb. Although people in every role are busy, they willingly make time to mentor and encourage the next generation.

"Recently, an interventional radiologist coordinated a full-day learning experience for JVP participants, including topics such as 3D printing," Ms. Crabb says. "He even worked with a vendor to have supplies donated so the kids could practice with real-life materials."

By exposing young people to the variety of roles and skills needed to make a health system run safely and efficiently, "we make sure students understand that every role has value," she adds. "They're also developing empathy."



At left: Geisinger Junior Volunteers gather for an education session.

Above: A family of Geisinger volunteers – sisters Sarah, Sanah and Siyah with their father, Ashok Bhanushali, MD, Geisinger director of interventional radiology.

The program does have a (positive) ulterior motive: to bring talented young people into the Geisinger family with the hope that they will return to serve their communities.

"Geisinger strives to be the best," says Ms. Crabb. "It's our culture. To do that, we say, 'That was great. How can we do it better tomorrow?' "

Geisinger youth volunteers are encouraged to participate in continuous improvement in all they do. Their fresh eyes are an asset, Ms. Crabb says. And hopefully, they'll continue to take advantage of the all of the ongoing opportunities Geisinger has to offer them and remain part of the Geisinger team.

"We feel like the investment we're putting into this will pay off in the future," she says. And not just for Geisinger. "We want these young people to be the best, too — wherever they go."

Interested in volunteering?

Geisinger Junior Volunteer candidates can start the online application process in February. The admission process is competitive, and space is limited. Visit geisinger.org/juniorvolunteer.



Palliative care might not be what you believed.

Don't be afraid of palliative care.

That's a key message Lauren Nicholls, MD, a Geisinger physician specializing in palliative and hospice care, wants to share with patients and their families.

While palliative care is always part of hospice care, the two things aren't synonymous. Palliative care isn't just for people with a terminal illness. It's about providing support and relief from pain or discomfort for anyone with serious or life-limiting conditions, especially cancer, but also health issues like heart failure and ALS.

was founded 10 years ago. "Attitudes have changed a lot in the last decade. Very clear research shows that patients who receive palliative care live longer."

Dr. Nicholls and her colleagues focus on symptom management and emotional support. "Anything that bothers a patient — that bothers me," she says.

A palliative care specialist may have solutions to problems that patients might otherwise simply accept as part of treatment for a serious condition, like itching related to dialysis, a strange taste in the mouth during chemotherapy, or diarrhea related to cancer treatment.

"It never hurts to ask" about possible relief, she says.
"Oncologists do not receive specific training in aggressive symptom management."



Dr. Nicholls decided she'd be a physician at age 5 and was drawn to palliative care after watching side effects of her mother's cancer treatment limit her life for over a decade. Palliative care finally helped ease her mother's symptoms — just 2 months before her death.

Today, Dr. Nicholls tries to help every patient in her care live their best life, particularly during cancer treatment. "No one does cancer treatment to sit at home," she says. "They do it to go out and live their lives."

Dr. Nicholls is also an assistant professor at Geisinger College of Health Sciences, and she's helped introduce a new palliative medicine fellowship to train future specialists in the field. But she stresses the importance of understanding palliative medicine — and how to have difficult conversations with patients and their families to everyone she teaches.

"I always challenge medical students to show me a specialty where you don't have to have a difficult conversation," she says. "I have yet to have a student come up with a field."

Crossing cultural and age gaps

Dr. Nicholls notes that, along with becoming "comfortable with the 'D' word," or death, palliative care specialists need to be alert to patients' backgrounds and personal circumstances.

"We talk about goals of care and make sure the care we give always aligns with a patient's values," Dr. Nicholls says. "Part of our training is cultural humility and learning that globally, there are very different viewpoints on the end of life."

That can be as simple as avoiding colloquialisms — a patient's family member once misunderstood Dr. Nicholls' use of the term "passing." Or it may be as complicated as making sure a Nepalese patient's jewelry and cash weren't removed from her body after death, in keeping with tradition.

Dr. Nicholls also works with pediatric patients and their families. "People don't give kids enough credit for what they know," she explains, adding that young patients are usually good at facing reality — and fighting illness. "Young people don't fade away," she says. "When they die, it's usually a battle."

Treating not just patients, but people

Is it draining to care for patients who face pain, perhaps fear and in many cases death?

Dr. Nicholls says no.

Initially trained in family medicine, she didn't find her passion until she focused on palliative medicine and hospice. In palliative medicine, she found meaning in helping people improve their daily lives.

> "I felt like I was helping people, even if a person," she says. "I get to

it was just asking who they are as learn people's stories. And people are incredible."

> She exudes warmth that is no doubt comforting to her patients, and she smiles broadly as she adds. "Humans are so cool."

Making sure 'No One Dies Alone'

As part of her work with Geisinger School of Medicine, Dr. Nicholls facilitates a chapter of No One Dies Alone. The group's volunteers — all medical students sit vigil with actively dying patients at a Scranton hospice. The volunteers' presence provides solace, so no one faces their final moments in solitude.

Student volunteer Katelyn Whetstone, MD '28, says the experience has helped her confront her own ideas about mortality. "I gained a profound understanding that medicine is not solely about healing, but also about providing comfort and presence in life's final moments."

Soup's on! When days get shorter and temperatures drop, making soup at home is a great way to warm up the kitchen — and your soul. By Kaye Spector See the soup-making in action at peisinger.org/minestrone. PA HEALTH MAGAZINE



A steaming bowl of soup on a cool fall day is perfection, just like slurping ice cream in the heat of July. And when you make it at home, you can avoid the salt, sugar and additives of canned soup or box mixes.

Lentils, full of protein and fiber, are the star of this recipe. These budget-friendly legumes are a good source of nutrients and fiber that keep you feeling full.

This minestrone soup is packed with wholesome vegetables like carrots, zucchini, celery, sweet potatoes and spinach, all simmered together in a savory broth.

Whether you're a cooking enthusiast or new to the kitchen, this recipe is perfect for anyone who wants to warm up with a healthy meal.

Lentil minestrone soup

Ingredients:

- O 1 tablespoon olive or vegetable oil
- O 1 yellow onion, peeled and chopped
- O 2 cloves garlic, peeled and minced
- O 3 carrots, scrubbed and diced into \(^3\)-inch pieces
- O 1 celery stalk, diced into ¼-inch pieces
- O 2 sweet potatoes, scrubbed and diced into ¼-inch pieces

- O 1 zucchini, diced into ¼-inch pieces or 1 cup frozen
- O 2 cups canned low-sodium, diced tomatoes, including liquid — or use fresh tomatoes
- O ½ cup lentils
- O 8 cups of water
- O 1 cube low-sodium chicken bouillon
- O 4 cups kale or spinach, washed and chopped into ¼- to ½-inch pieces

Directions:

- 1. Put a soup pot on the stove over medium-high heat. When hot, add the oil. Add onion and garlic and cook for 7 minutes until golden.
- 2. Add carrots, celery, sweet potato and zucchini, and cook about 10 minutes until slightly tender.
- 3. Add tomatoes, lentils, water and chicken bouillon cube and bring to a boil over high heat. Turn the heat down to low, cover and simmer for 40 minutes.
- 4. Add the kale or spinach and simmer 20 more minutes. Serve right away or cover and refrigerate up to 3 days.

Adapted from whatscooking.fns.usda.gov

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