



St. Joseph's Area
Health Services

Catholic Health
Initiatives

Health *Line*

Sr. Margaret smiles / See 8

February, 2005 / Published quarterly



IMAGING & TECHNOLOGY



New Nuclear
Medicine equipment
advances capabilities

Inside:

Two new ultrasound
machines read in three
and four dimensions / see 3



Congratulations to St. Joseph's award-winning teams

- ▶ Minnesota Hospital Association-Best Minnesota Hospital Workplace Award
- ▶ Minnesota Hospital Association-Innovation of the Year in Patient Care Award

The President's Perspective

Our key to survival and prosperity depends on how we embrace change



*Peter Jacobson,
President/CEO*

Our world is changing at an ever-increasing pace. Change can be frightening, frustrating and expensive but also exciting and life giving. The key to moving from surviving to thriving in our changing world is how this change is anticipated, accepted and sometimes celebrated.

This issue of the HealthLine celebrates many areas where change has occurred at St. Joseph's Area Health Services. A common theme in all of these examples is that the changes were planned and embraced by staff and physicians in a constructive manner which ultimately benefits our patients and community.

▶ Our Imaging Department is undergoing many technology changes that improve patient care. These technological advances benefit our local physicians and, in some instances, have allowed us to link to specialists around the world, bringing highly specialized technical expertise to care provided in your local community.

▶ Our Orthopedic Services are undergoing change as we welcome Dr. Glenn Johnson, who is relocating his practice to Park Rapids. Dr. Johnson has been a leader among orthopedic surgeons in Minnesota, adopting minimally invasive orthopedics. These changes have led to shortened hospital stays and improved recovery times.

▶ Our Community Dental Clinic is leading the change in how dental care is provided to public program patients. This leadership was recently recog-

nized by the Minnesota Hospital Association (MHA) through its Innovation in Patient Care Award.

▶ Our employees were also recognized by the MHA for having the best workplace environment for small hospitals in Minnesota. This award, along with extremely high job satisfaction scores in our recent employee climate survey, signifies the sense of teamwork and collaboration among St. Joseph's employees, two keys to operating a successful hospital.

▶ Change has occurred in organ donations in recent years that has led to new life being given to thousands of people across the United States. St. Joseph's is proud to partner with LifeSource to promote organ donation, sharing the gift of life.

▶ Finally, this issue of the HealthLine includes a focus on Sister Margaret Smith. In her

nearly 60 years at St. Joseph's, Sister Margaret has seen more change than most of us combined. She truly lives out our mission of continuing the healing ministry of Jesus each day, and her approach to change is a model for all of us to look to as we face the challenges of the future.

Changes will continue in healthcare and our commitment to you is to continue to face changes with a spirit of reverence, integrity, compassion and excellence. Once again, thank you for the continued trust that you place in us to serve you and your families' healthcare needs.

“The key to moving from surviving to thriving in our changing world is how this change is anticipated, accepted and sometimes celebrated.”

Imaging

IMAGING & TECHNOLOGY

There's a "Wow!" factor at practically every turn during a tour of St. Joseph's Area Health Services Radiology Department. One sweep down the imaging corridors and medical imaging professionals are getting a good look at patients; both inside and out.

Joel Danielson, Imaging Manager, thinks a lot of people would be surprised by the array of services offered by a rural hospital such as St. Joseph's. Pleasantly surprised. They also may not be expecting 24/7 ultrasound coverage or 24/7 emergency service for Computed Tomography (CT), not to mention around-the-clock staffing in x-ray during the week with day shift and in-house response available on call during the weekends.

"X-ray, CT, ultrasound, bone density, nuclear medicine, Magnetic Resonance Imaging (MRI), mammography and echocardiography all come under the umbrella provided by this department," he says.

It's fascinating stuff, but for the patient it's more than that. It's peace of mind knowing that with high technology comes better images with which to diagnose and treat them.

It takes a commitment to say the least. When the hospital obtains a new CT unit later this year they'll be committing approximately \$800,000 on the equipment. Peter Jacobson,

Nuclear Medicine



New nuclear medicine equipment installed last summer features state-of-the-art imaging with two gamma camera heads.

St. Joseph's President/CEO, says it is a bit of a balancing act to stay current with technology trends and the community's standards while being sure to be good stewards from a financial standpoint. It's all about timing.

Last summer the hospital obtained state-of-the-art nuclear medicine equipment and recently purchased two new ultrasound units with 3D and 4D capabilities. Expected to arrive this year is the CT machine and a new mammography unit with Computer Aided Diagnosis (CAD) capabilities which helps increase cancer detection rates, especially for women with dense breast tissue.

Meet your baby

In December, Tay Odor of Park Rapids was five months pregnant when she met her baby on 3D ultrasound imagery. The baby happened to be in an ideal position for the sonographer to try out the capabilities of the new machine.

"It was just awesome," said the mother-to-be. The fetus appeared in a golden hue on the screen. "You're looking straight at the baby. It's pretty incredible," she says. The sonographer took advantage of the baby's position to see what the new technology could do. Meanwhile Odor enjoyed every minute of the test, right down to seeing the divot in the baby's upper lip and the baby's chin which she thought resembled that of her toddler son.

Sonographer Suzie Johnson says she's able to see things "a lot clearer" with the new equipment.

Color doppler is also available allowing a sonographer to study the blood flow and performance of an artery such as the carotid. Danielson says they do quite a lot with obstetrics and vascular components in addition to studies on the breast, abdomen, small parts and echocardiography.

Danielson's one concern is that pregnant moms will expect to walk out of the hospital with a gallery of baby pictures when,

Ultrasound



Two new ultrasound machines feature advanced capabilities including color doppler and 3D and 4D imaging.



Radiologist Dr. Donald Douglas recites his reports into a digital recorder which is downloaded into a central dictation system which physicians can tap into. This 24-hour service allows doctors to hear reports after hours.

“The fact that we have teleradiology means we can consult specialists in various specialties of radiology that we network with. Really we’re not as isolated as we used to be.”

*Dr. Donald Douglas,
Radiologist*

Machines take the image, the human eye makes the call

Dr. Donald Douglas sits in a darkened room surrounded on four sides by walls of lights. Eyes intent on a mammogram film, he grabs a magnifying glass for closer inspection.

A tiny blur, smaller than the size of a Tic Tac breath mint, has his attention. He quietly speaks into a digital recorder in a language unfamiliar to most, unless you speak physician.

“We like to compare film from two to three years back, sometimes more,” Dr. Douglas says. In this case the patient has films from previous years so he can compare images. “It all depends on what we see.”

He switches the light off and grabs a heavy lead apron before heading to the fluoroscopic room to conduct an upper gastrointestinal (GI) series.

“You’ll feel a little pressure from my hand,” he assures a patient midway through the test. On a video monitor the patient swallows a barium dye and water mixture which can be seen swirling down the throat and through the stomach. For a relatively routine procedure in radiology, it’s still pretty amazing for patients to see for the first time.

That done, Dr. Douglas heads back to the reading room to examine a hand x-

ray. Radiographers and sonographers run in and out loading the walls with more images for him to view. He conducts an abscess drainage under the guidance of ultrasound, performs a breast biopsy in another room and analyzes a CT scan at a computer work station.

“You can see it gets pretty hectic in the morning,” he says. He gets plenty of hands-on interaction with patients.

Dr. Douglas has worked in diagnostic radiology for the past 32 years, the last 10 which have been at St. Joseph’s.

“What’s not to love about this job?” he says. “It’s a good way to blend science and have a patient contact. You have a very close working relationship with the family physicians and the surgeons.

“Radiology is really an important piece to the diagnostic aspect of your hospital,” he says.

The role Dr. Douglas plays is to interpret all of the information and images captured by the professional staff.

Joel Danielson, Imaging Manager, says the radiologist’s job is extremely important. “We need somebody to read all of the information; a physician who can read it and give a report to the referring physician. That is the crux of imag-

ing. Our role as the staff is to get those images in the best possible configuration for the radiologist.”

While Dr. Douglas works full time at St. Joseph’s, he has networking resources by means of teleradiology technology. He can send images to radiologists who specialize in various aspects of radiology, of which there are many. When he’s not on site, global network services are in place to do the work. A radiologist may be sitting at a computer station in Australia, Great Britain or Utah reading St. Joseph’s images and sending back reports.

Technology continually improves components of imaging at an amazing rate. Computers and digital imaging are the future.

“Machines get better, faster and more accurate,” Dr. Douglas says. “The job really doesn’t get a lot harder, as a matter of fact it gets a lot easier because of the image quality.”

► *If Dr. Douglas had a tip to share, it would be for those making a permanent move to the area. He recommends they have their imaging tests or films transferred to St. Joseph’s. It’s a big help in making an accurate diagnosis.*

Imaging / from 3

in fact, the purpose of the test is to be doing a diagnostic study; the physical perimeters, the baby's position, etc. "We can't always get that type of an image because of the baby's position for instance. People come in with high expectations for pretty pictures, but it's not always available or possible to do," he says. He doesn't want people to have unrealistic expectations.

Nuclear medicine

A nuclear medicine test finds radiologist, Dr. Donald Douglas, sitting at a computer work station examining the digital interpretation of a patient's beating heart. This is possible because the machine works in conjunction with an EKG machine. Dr. Douglas can manipulate the computer mouse to turn the heart on its axis and flip it around as though the pulsing heart were in his hands.

St. Joseph's uses the new nuclear medicine unit as a diagnostic tool. Very limited therapeutic intervention is handled here. The hospital previously used a single gamma camera to capture energy exiting a patient's body. The new unit uses two cameras which increases its efficiency and the amount of time a patient spends in a scan. "This is another state-of-the-art piece of equipment, especially for a facility our size," he says.

Linda Crossman, nuclear medicine technologist, says the advancements in nuclear medicine have changed the field "immensely." The equipment has improved as have the materials being used. With the new machine she can perform a scan in half the time. For a study on the heart as mentioned above, patient time spent in the scanner is now 20 minutes, compared to 40.

Slices of bread

"CT uses x-ray computers to create an image of a body much like a loaf of bread with the pictures being a slice," Danielson translates the process. "It's used a lot for accessing traumatic injuries, chronic illnesses, identifying cancer or following cancer's progress. It's also used a lot for bone densitometry."

When the new unit arrives this summer, he says it will take 16 slices, thinner slices with more "discrete detail" at one time versus one slice. That's a lot of bread. It will also create a huge amount of image data which is why St. Joseph's will be looking at acquiring storage services in the near future. All data from Feb. 2002 is

Computed Tomography (CT)



A CT scan could be described as taking a computer and coupling it with an x-ray source. The result is a digital image that can be manipulated to make it easier to interpret.

stored electronically. "Again, that's something you probably wouldn't expect to find in a small rural town," he says. He says the same thing about the mammography and CAD capabilities on its way as well.

MRI & Echocardiography

St. Joseph's has established a cooperative with Central Medical Diagnostic Imaging (CMDI). They bring in the semi-trailer (you may have seen it parked outside of the hospital by the Emergency Department entrance) three times weekly to provide MRI and echocardiography imaging (located in a smaller van). Echocardiography is a specialty of ultrasound which focuses on the heart. Danielson credits CMDI with high caliber capabilities.

Working as a ministry

Danielson enjoys working in the field of radiology. The most difficult aspect of his field, he says, is that "it's highly technical and never stands still." It's a love/hate relationship. Radiology has evolved at such a fast rate and staying ahead of regulations and technical information can be a challenge, for him as well as his staff which includes 10 radiographers, three sonographers, one nuclear medicine technologist, and three clerical staff. Dr. Douglas serves as radiologist and medical director of the department. St. Joseph's also serves as a radiologic technology clinical site, so students study here as well.

The core beliefs of Catholic Health Initiatives, St. Joseph's parent organization, are those which Danielson wholeheartedly embraces; reverence, integrity, compassion and excellence.

"You're taking care of people, and they're usually stressed or in vulnerable situations, so compassion is really important," he says. "You have to have integrity, you have to deal with a patient as though you were dealing with your dearest friends and colleagues. As for excellence, all of this about technology, how we apply it is about excellence. And reverence is the fact that this is a ministry, not just a job. As a Christian, my duty is to apply myself as this is a ministry; taking care of mind, body and spirit," he says.

Mammography



St. Joseph's Area Health Services accommodates about 3,000 mammograms per year.

Orthopedics

Orthopedic surgeon specializes in Minimally Invasive Surgery for patients in need of joint replacements

In the 1970s Dr. Glenn Johnson volunteered at a hospital which worked specifically with crippled children. He was in medical school at the time pursuing a degree from the University of Iowa School of Medicine.

"I knew then that I wanted to be able to fix people up to walk again," Dr. Johnson says of his calling.

That moment propelled him into a career as an orthopedic surgeon, and since then he's worked to fulfill that dream. St. Joseph's Area Health Services welcomed his arrival to the Orthopedic Department Feb. 1.

Dr. Johnson relocated his practice, Headwaters Orthopedic, PLC here and will divide his time between St. Joseph's and Fosston. He offers a full range of services for patients, from children to adults. His specialty is Minimally Invasive Surgery (MIS) for joint replacement. Incisions he makes for hips, knees or shoulders are kept small for the patient's benefit.

"The recovery is fast and the risks, complications and post-operative pain are much less," he says.

"I absolutely love what I do," Dr. Johnson adds. "Very few people have the privilege of actually being able to help people walk again or help them live without pain."

Patient satisfaction

Dr. Johnson tells countless stories to share about patients who've benefited from orthopedic care.

"Just today I saw a patient who was sent to me around Thanksgiving to have her leg amputated because of a severe deformity and open ulcers," Dr. Johnson says. "The patient hobbled into my office today and gave me a big hug." He was ultimately able to save the leg.

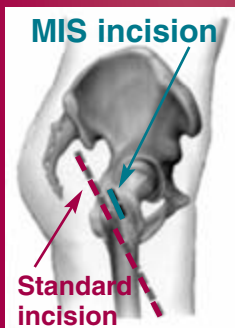
Another patient walked into his office recently four weeks after being wheelchair-bound with a severely arthritic hip.

Then there was the patient who recently shook his hand, thanking Dr. Johnson for saving his hand which had been severely crushed four months earlier. "The patient surprised us both," Dr. Johnson says. "The

'Very few people have the privilege of actually being able to help people walk again or to be able to live without pain.'



Dr. Glenn Johnson, Orthopedic surgeon



Minimally Invasive Surgery (MIS), as depicted in this knee graphic, illustrates the difference between incisions.

hand was so mangled that calling it a hand would have been an exaggeration.

"These are the challenges I see every day. I have no problem getting up and going to work because no one else can enjoy their work as much as I do. The hardest part for me is accepting that sometimes there are conditions and injuries that no one on earth can restore to normal or get rid of all of the pain."

Medical advancements

Dr. Johnson says advancements in regard to MIS have "dramatically" changed how orthopedic surgeons replace severe arthritic joint cases.

He says that in most cases a single, 1 1/2-inch incision is all that's required to replace a hip joint, 2 1/2-inches for a partial knee replacement and 3 1/2-inches for a complete knee replacement.

"The old incisions were always at least 8- to 12-inches long with a much longer recovery period and with more risks and complications," he says. "Some joint

replacement surgery is even done totally as outpatient surgery now."

Doctors today have new materials, instrumentation and devices available for arthritis and fracture surgeries, he notes, and the fiber optic arthroscopic equipment continues to improve.

"The cutting edge of our specialty is not all nuts and bolts, there are fascinating developments in the form of applied biology and molecular engineering for implants and bone growth stimulation," he says. "I am doing procedures and using things today that I never even dreamed of doing just five years ago. We can now cheaply and quickly isolate growth factors and put them in surgical wounds to speed up healing and reduce pain like you wouldn't believe."

He used growth factors to help the patient who otherwise would have lost a leg as mentioned earlier.

Benefits of rural medicine

Dr. Johnson earned his medical degree in Iowa in 1977, followed by an internship at the University of Washington in 1978 and a residency at the Mayo Clinic in 1982. He was stationed with the US Air Force in Alaska from 1982 to 1988. Since then he has worked in the Bemidji area.

"I know and like the people and culture of the area," he says and believes the number one advantage of living in this area is it's people.

"Even though metropolitan areas might have more facilities and equipment resources, the big cities don't have the rural and small town culture and atmosphere we appreciate here in northern Minnesota.

"Having trained at the Mayo Clinic where the most complex surgeries can be performed, we accept the fact that in rural areas we can only do so much at times," he says. "On the other hand I think there are far more advantages to living in rural communities. The clinic and nursing staff are family, and everyone pitches in to see everyone succeed. This is missing in metropolitan areas."

Contact Dakota Clinic at 732-2895 to schedule an appointment with Dr. Johnson.

State awards

Community Dental Clinic takes top honors

They say it takes a village to raise a child. The same could be said for St. Joseph's Community Dental Clinic in Park Rapids. It's taken the effort of so many community, state and even national organizations to pull off this novel model. Combining the forces of a hospital and community health with a dental practice earned St. Joseph's the Minnesota Hospital Association "Innovation of the Year in Patient Care" Award recently.

The clinic functions to serve patients insured through Medical Assistance or MinnesotaCare, a fragment of the population who went without dental care or struggled to find adequate access to care.

Daniel Rose, DDS, who spearheaded the project along with dentist Dr. Dave Andersen and Peter Jacobson, St. Joseph's president/CEO, appreciates the support of everyone who's taken interest in the clinic including a caring staff. "Without them, we wouldn't be where we're at," Dr. Rose says. He can look at just about every piece of furniture or equipment in the clinic and tell you where it came from, who donated it or which grant helped purchase it; Catholic Health Initiatives, Mahube, Northwest Minnesota Foundation Initiatives, the local banks and Park Rapids Rotary among others. When a grant came through from Delta Dental for an autoclave, the company threw in a sonic-clave for good measure.

"Support from the dentists in town has been tremendous," Rose added.

The generosity has been overwhelming and has helped to make it the success it's become. Dr. Rose, Dr. Clinton Roberts and Dr. Clayton Shepard may accommodate 20, 30, 40 or as many as 50 patient visits per day, depending on the procedures scheduled.

Jacobson says that it's been about a year since initial conversations with Dr. Rose and local dentist, Dr. Andersen, helped to dream up this model. "What's in place is exactly what was envi-



Dr. Clinton Roberts, DDS, (from left) RaeAnn Mayer, St. Joseph's Community Health/Missions Director, and Dr. Daniel Rose, DDS, accepted the Minnesota Hospital Association's "Innovation of the Year in Patient Care" Award honors recently. St. Joseph's received the award for its new model which blends the hospital with dentistry and public health.

sioned," he says. Even more impressive is the bigger component of the dental clinic's goals towards comprehensive, long-term care which are being met. He sees the public health and dental clinic staffs working well together which sets the stage for overall health improvements for this sector of the population. In the next two to three months he expects to see a dental surgery program up and running.

"St. Joseph's is a community hospital that has met the needs of the community," says RaeAnn Mayer, St. Joseph's Community Health/Mission Director. She believes this model is an example which can be replicated by other hospitals as well.

St. Joseph's named best hospital workplace around

St. Joseph's Area Health Services was ranked number one by the Minnesota Hospital Association as having the "Best Minnesota Hospital Workplace" for smaller hospitals.

In recent years St. Joseph's has "gone the extra mile in creating a positive work environment that has resulted in reduced turnover and increased employee satisfaction," according to John Tormanen, Human Resource Manager.

Peter Jacobson, St. Joseph's President/CEO, sees the award as a "testimony to the work all of our staff has done to provide quality care and to make St. Joseph's a better place to receive care."

Tormanen sited 120 jobs which were added to the organization over the past

"People feel like a family here, and I am absolutely convinced that makes us a better place to work and makes our patient care better."

**Brian Koria,
Emergency Department**

four years, numerous inpatient and outpatient services which were added, and that inpatient admissions increased 40 percent while outpatient visits were up 25 percent.

"Our improved work environment has contributed significantly towards achieving our overall organization goals and mission," Tormanen says.

Most notable has been employee satisfaction results which have continued to improve in recent years.

And recently Catholic Health Initiatives, St. Joseph's parent organization, recently conducted a survey in which employees ranked St. Joseph's in the 97th percentile for overall job satisfaction as compared to a national survey of other hospital employees.

"There is a team attitude, and that makes a huge difference in the way things are done in this hospital," says Brian Koria, Emergency Department.

Examples of giving

One gesture can save or improve life for others

Five lives were saved, another 40 to 50 were improved, due to the generosity of a St. Joseph's Area Health Services patient and their family. The patient had stated intent to be an organ donor, a fact which was noted on the patient's driver's license. The hospital and LifeSource, a federally designated organization responsible for organ donation in the region, were able to work with the family to ensure that the patient's wishes were honored.

Kathy Kleen, St. Joseph's Area Health Services Patient Care Vice President, says this was the first time in many years one patient was able to affect the lives of so many. She adds it touched those involved on an emotional level in that while there was tragedy faced by those on one side, for others prayers had been answered.

As a result: a 70-year-old and 40-year-old man each received a kidney, apparently they had been on recipient lists for some time; a 36-year-old woman with diabetes received a pancreas; a 48-year-old woman with end-stage liver disease received a liver; and a 57-year-old woman received a

heart. The patient's tissues enhanced the lives of another 40 to 50 people.

St. Joseph's patients routinely donate eyes or tissues, and Kleen says many times area funeral homes assist with retrieval. For solid organ donation certain criteria need to be met and tests must be run before a candidate can be considered a possible donor.

"This event involved many areas of the hospital and required many employees to work together," says Kleen of the learning experience. Coordination with the airport was critical since surgeons flew in by jet to recover the organs. Surgical teams at St. Joseph's were in action, while operating rooms on the receiving end got the recipient ready.

The need for organ donors is as great as ever. LifeSource says 2,400 people in our region are in need of a life-saving transplant. "Sadly, each day 17 people die because an organ is not available while 100 more people are added to the list," LifeSource indicates.

Anyone can become a donor by stating

LifeSource Regional* Waiting List, Oct. 2004	
# of patient registrations on the waiting list	2,436
Kidney	1,236
Liver	591
Lung	199
Pancreas	142
Kidney-Pancreas	139
Heart	103
Heart-Lung	18
Intestine	8

*Includes Minnesota, North Dakota, South Dakota and portions of western Wisconsin

your intent on your driver's license. In Minnesota a driver's license is considered a legally binding document, however it's also a good idea to notify your family of your intentions. Talk to your county's licensing bureau if you're willing to become a donor.

"Life is a gift to share," LifeSource says.

Sr. Margaret shares her gifts as hospital liaison

Sr. Margaret Smith, who has worked at St. Joseph's since it was founded in 1946, doesn't make it a habit to change jobs. Now after years working in the Radiology Department she's changed jobs *and* her habit.

Gone is the traditional white she wore from head to toe for 58 years, Sr. Margaret wears navy blue with a touch of black. The change comes with her new role as Guest Relations Liaison.

Sr. Margaret serves as guest relations and advocate for St. Joseph's patients. She visits with patients in waiting rooms before they go to surgery. She helps to make them comfortable and listens to their fears or concerns. She's there for a patient's family if they have needs, even if it's to let them know where they can get a bite to eat or a place to stay in town. She makes rounds to visit patient rooms, and, with her ecumenical sensitivity, will pray with them if they desire. Essentially her healing ministry has extended to that of a listening ministry.

Iva Thielges, Hospice and Volunteer Services Manager, says having Sr. Margaret fill this role "is beyond a luxury." The job was a perfect fit for the hospital and Sr. Margaret. So perfect it leaves her wondering: "What came first? Sister or the job?"

"It's wonderful," Thielges says. "Sr. Margaret

helps by just listening. She visits with people in waiting rooms. She's in there to touch them and help them feel relaxed. She's embraced this position and made it her own. By her second day on the job she was comfortable."

Another perk is the fact Sr. Margaret has a special connection with the community and they are put at ease by having her near.

While maintaining her quality assurance role in imaging, another added duty will showcase her expertise as living historian. St. Joseph's will celebrate its 60th anniversary and Sr. Margaret will develop a historical archive for the hospital.

Sr. Margaret learned the impact she's had on the community when she was honored as an outstanding senior at the state and national level a few years ago. Congratulations poured in.

"I never realized I've touched so many lives," she modestly admits.

The Sisters of St. Joseph of Medaille are devoted to the mission of Jesus Christ which continuously unfolds in the Church and in the world: "That they all may be one, as your Father is in me and I in you; I pray that they may be one in us..." (John 17:21)

Sr. Margaret continues to devote her entire life to that mission.

