

ISSUE PREVIEW



HEALTH NEWS


Bozeman Deaconess
HOSPITAL

THE MARVELS OF MODERN MEDICINE

JULY ISSUE—2006

NEW CANCER CENTER to Provide Coordinated Care in Peaceful, Healing Environment



ALL cancer services—treatment, prevention and education—will soon be housed together in a new Cancer Center at Bozeman Deaconess Hospital. The multi-million dollar Cancer Center, funded in part with community contributions made to Bozeman Deaconess Foundation, will improve access to more and better services for cancer patients throughout our region.

For many years Bozeman Deaconess Hospital has offered state-of-the-art radiation cancer treatment. Our oncologists have provided the best in compassionate chemotherapy. The new Cancer Center will integrate oncology, hematology, and radiation oncology into one better-equipped, better-coordinated center. Along

with clinical collaboration, the new center will expand cancer prevention offerings. More education about risk factors coupled with access to state-of-the-art screening procedures will translate to earlier diagnosis. That's important, because the earlier cancer is diagnosed, the greater the possibility it will be cured.

Bozeman Deaconess Foundation is conducting a fund raising campaign for the \$2.5 million project. "The strength of our patients is inspirational to us each and every day," says Annie Castillo, MD. She and Jack Hensold, MD, of Bozeman Deaconess Hematology & Oncology Associates, say their patients deserve the very best in cancer care. The new physically integrated

Charitable contributions to the new Cancer Center will improve many aspects of care:

- Improved communication among physicians, patients, and families.
- Physicians will be able to work more efficiently, allowing additional time for individualized patient care.
- More convenient scheduling for patients receiving concurrent radiation and chemotherapy treatments.

Cancer Center physicians say it isn't all about technology and efficiency. "It's about much more," said doctors Castillo, Hensold, and Foo in an appeal to the community. Other benefits include:

- Minimizing emotional and physical distress.
- Increasing privacy.
- Offering patients access to phlebotomists, social workers, support groups, nutritionists, and complementary medicine in one location.
- Creating a peaceful, healing environment with convenient, first-class cancer care right here in Bozeman.

center will promote a coordinated, team approach.

"We've recently developed multi-disciplinary conferences to review difficult cases," May Foo, MD, radiation oncologist,

reports. "The patient's pathology and radiology are reviewed by multiple physicians who form a multi-disciplinary care plan." She says the new center will have built-in telemedicine so

physicians in Bozeman can, in difficult or controversial cases, obtain expert opinions in real-time conferences with other physicians and centers. Collaboration within hospital departments will

also improve the scope and quality of care for the ever-growing number of cancer patients seen at Bozeman Deaconess Hospital.

An integrated Cancer Center is needed and within reach—if you will help. To tour the facility, learn more about the project, or discuss a naming opportunity, please call Debra Gill, Bozeman Deaconess Foundation Executive Director, at (406) 585-1085.



A Commitment to the Community That Can Be Counted—and That You Can Count

BOZEMAN DEACONESS HOSPITAL is a non-profit organization that is deeply committed to providing health care as an essential community service and benefit for our community residents. As a non-profit any net income is reinvested into facilities, technology, and health care services for the communities we serve. This community benefit allows access to medically necessary health care services for all patients regardless of their ability to pay. In 2005, this commitment amounted to nearly \$2 million in financial assistance for patients who lacked insurance or financial resources to pay for their care. Additionally, the hospital subsidizes the difference between what Medicare pays hospitals to provide care for its enrolled patients and the actual cost for providing that care. In 2004 that amounted to a contribution of more than \$3 million to fill that gap.

Beyond those contributions to community well-being, Bozeman Deaconess Hospital is one of the largest corporate contributors to the Gallatin County United Way and a significant supporter of the new dental program at Gallatin Community Clinic. The hospital donated five acres of land to the Western Montana Mental Health Center, and supports the Mental Health Crisis Response Team's work both in the hospital and in the community. All of these efforts support the hospital's mission of improving health and quality of life.

Other organizations receiving sponsorship support from Bozeman Deaconess Hospital in 2005 include The Center for Cancer Support's "Mending in the Mountains Retreat," Inland Northwest Blood Center's Bone Marrow Drive, the Cancer Center's Survivor's Day, Juvenile Diabetes Research Fund, American Cancer Society's "Relay for Life," American Diabetes Association's "Tour de Cure," local 4-H Chapters, Headwaters Crimestoppers, Gallatin Valley Land Trust, and the Gallatin Council on Aging.

Additionally, our Health Information Center provides free health education to the community, providing information on an array of topics, such as wellness and prevention, disease, and general health-related issues. Other health information is available free to the community on the hospital's website (www.bozemandeaconess.org). Numerous community health fairs, health screenings – such as our new "Legs for Life" stroke screening – health education classes, and support groups are routinely offered by Bozeman Deaconess Hospital, usually at no charge to participants.

Finally, our commitment to contributing to our community recognizes no borders. Bozeman Deaconess Hospital and its employees contributed – both with cash and with medical supplies – to victims of Hurricane Katrina.



DR. DANE SOBEK WORKS WELL IN CONFINED SPACES.

Dane Sobek, MD, is the latest addition to our Cardiac Catheterization Laboratory. He does his best work in tight places.

Don't get the idea that the Cath Lab at Bozeman Deaconess Hospital is tiny, or cramped—quite the contrary. It's comfortably spacious and amply equipped with the finest medical devices. It's what Dr. Sobek does there that occurs in confined spaces.

He's a specialist in interventional cardiology. And that means he threads tiny catheters through tiny blood vessels. Then, he inserts tiny tools and devices through those catheters to do amazing things like clear plaque from arteries, move it out of the way by inflating tiny balloons, implant tiny mesh tubes to hold vessels open, and other marvelous procedures. All to treat cardiovascular disease and help patients live longer, healthier lives.

We're pleased we can offer Dr. Sobek room to work. We know he'll prove a valuable addition to our medical staff, and our community.


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Marvels of modern medicine available 24 hours a day.

INTERVENTIONAL CARDIOLOGY NOW AVAILABLE AT CARDIAC CATHETERIZATION LABORATORY

UNTIL RECENTLY, a heart attack in Bozeman meant a flight to Billings for life-saving treatment. But that changed with the arrival in Bozeman of Interventional Cardiologist Dane Sobek, MD.

Within four weeks of his joining Cardiology Consultants of Bozeman in September, 2005, Sobek successfully treated 14 patients with blocked coronary arteries at Bozeman Deaconess Hospital. In the eight months since, 139 cardiac catheterization procedures and 99 coronary interventions have been performed to clear cardiovascular blockages, improve blood flow, stop heart attacks, and save lives.

"Time is the most critical factor when treating myocardial infarction, which is blockage of one or more of the major arteries of the heart. We hope to save lives by saving the time it takes to transport to Billings," Sobek says. Air transport can take up to two hours. Treating the patient in Bozeman saves heart muscle and makes a significant difference in heart function, affecting future quality of life.

Interventional Cardiologists 'intervene' by inserting a thin tube, or catheter, into a blood vessel in the groin and threading the tube through the circulatory system to the coronary arteries. Dye is injected to help locate critical blockages, which can be reopened by angioplasty or with stents, a procedure called Percutaneous Coronary Intervention (PCI).

Angioplasty involves threading tiny balloons through the catheter, which are inflated to push plaque aside. Or, the cardiologist may place a stent—a small wire-mesh tube—to support artery walls and keep arteries open.

In cases of heart attack, when an artery is completely blocked, these procedures stop the attack in its tracks and restore blood flow to the dying heart muscle. Sobek and the

staff at Bozeman Deaconess Hospital Cardiac Catheterization Laboratory successfully treated four acute heart attack patients with PCI during his first two weeks on the job, and within a month, the team performed eight diagnostic procedures to rule out blockage and 14 interventional treatments to treat constricted arteries.

Sobek, a Montana native, completed fellowship training in Interventional Cardiology at the University of Utah Medical Center in Salt Lake. He says he knows from experience how isolated from technologically advanced medical care Montana people feel, and is pleased to develop the new interventional program with support from Blair Erb, MD, of Cardiology Consultants, and the staff at Bozeman Deaconess Hospital.

Cardiology Consultants of Bozeman is a comprehensive cardiology consultation practice that diagnoses and treats blocked arteries, valvular disease, cardiac arrhythmia, and heart failure. Telemetry, treadmill, echocardiogram and stress echo studies are performed in their offices on the third floor of the Highland Park 4 building on the Bozeman Deaconess Hospital campus.

The doctors work their magic in the \$1.3 million Bozeman Deaconess Hospital Cardiac Catheterization Lab, which opened in 2003. Erb has performed more than 500 diagnostic catheterizations since the lab's opening.

Jennifer Kack, RN, manager of the Cath Lab, says that all of those patients would have gone to Billings previously. The patients, she says, would rather stay home. "They stay here, they can get results immediately and be with their families right away. Those with cardiac emergencies also save close to \$8,000 in air transport costs when they're treated here at Bozeman Deaconess Hospital," she says.



Bozeman Deaconess Foundation Receives \$500,000 Contribution

THE GILHOUSEN FAMILY FOUNDATION recently donated \$500,000 to Bozeman Deaconess Foundation. The charitable contribution is designated to continue the expansion of cardiovascular services at Bozeman Deaconess Hospital, specifically to expand Day Surgery facilities, purchase specialized equipment, and help establish a Step-Down Unit for medical and surgical patients. Step-Down Units care for patients who require more than routine nursing care but do not need Intensive Care services.

With the arrival of Bozeman's second cardiologist, Dane Sobek, MD, the hospital now offers interventional cardiovascular services such as stents and angioplasty. These services enable more patients to remain in Bozeman for heart care, creating a need for expanded hospital facilities.

When asked about the importance of this Gilhouseen Family Foundation grant, Blair Erb, MD, of Cardiology Consultants, said, "I don't think we could count the ways this is important to the community. One is health care—that's easy. The other is growth of the hospital. These expanded services will enhance the community in virtually every potential aspect."

According to Sobek, "Our goal is to become the premier cardiovascular center in the state of Montana. The quality of the facilities and equipment is critical to providing the breadth of procedures and treatments available, as well as to recruit and retain high quality physicians and staff specialized in cardiovascular care."

Bozeman Deaconess Foundation is seeking to raise \$1.4 million toward expanded cardiovascular services. Contributions to date total \$715,000. For more information, contact Bozeman Deaconess Foundation at (406) 585-1085.

Most of the technology mentioned in this article is made possible through the philanthropic generosity of our donors.

Past Planning Paying Off In Future Improvements

LOOKING AHEAD from 1956, the governing board and management at Bozeman Deaconess Hospital saw the growth that would come to the Bozeman area, and used that foresight to purchase 500 acres of land in the Hillcrest area.

The need for a retirement community became obvious in the sixties, and a portion of the site became Hillcrest Retirement Community.

By the eighties, the downtown hospital, built in 1920, had grown so old, obsolete, and crowded that trustees realized it was time to put the Hillcrest site to its primary use: home of a bigger, better hospital in keeping with modern codes and regulations. Long-range plans were also undertaken to develop new medical services and patient care programs, as well as provide for future expansion.

Twenty years ago, a new Bozeman Deaconess Hospital opened at the Hillcrest site, utilizing about 90 acres and leaving 400 acres free for future use or sale. Again, taking the long view, trustees recognized that the land would appreciate, creating an asset with the potential to lower health care costs in the future.

That future has arrived.

With a growth rate of 27 percent over the past 10 years, health-care demands in the community have multiplied. Bozeman Deaconess Health Services, the not-for-profit organization behind Bozeman Deaconess Hospital, Bozeman Deaconess Health Group, Highland Park Medical Campus, and Hillcrest Senior Living Neighborhood, sees a need to generate funds to offset the cost of future operations and to keep health care affordable for the community.

"We provide an essential community service," says Cheryl Ridgely, Vice President of Business Development at Bozeman Deaconess Hospital. "Every year, the hospital writes off \$5 million in uncompensated care and Medicare losses. That represents an indirect contribution to the health of our community, along with millions more in direct contributions. That's why we need to create surpluses where we can—to make up the shortfall." Ridgely points out that should competition come into the community, those providers won't be offering services that are marginal, or money losers. Nor will they feel obligated to provide essential services our not-for-profit community hospital often provides free.

Putting the capital assets in those 400 acres to work will go a long way in keeping basic health care affordable, as well as allow the hospital to continue adding clinically advanced, technologically sophisticated procedures and services. Here's what's on the drawing board for the next seven to 10 years at the Hillcrest site:

- Reserve property adjacent to the hospital campus for further expansion of clinical and related services.
- Set aside property to add Hillcrest Senior Living residential cottages and bungalows in the Hillcrest neighborhoods.
- Develop a multi-use campus to include mental health facilities, hospital facilities, and a small neighborhood for single-family homes.
- Create "Highland Mixed-Use Village," featuring commercial and residential areas, with sites for larger commercial operations such as hotels, restaurants, grocery stores, offices, and retail businesses, as well as reserving land for long-term hospital expansion.
- Smaller scale commercial and retail areas, on a scale to serve immediate neighborhood areas.
- Develop "Highland Neighborhoods," residential neighborhoods offering a variety of single-family and multi-family housing options and land uses.
- Set aside parks, open spaces, and trails, including a developed linear park along the glen, with improved trails offering year-round activities.

Hospital officials and planning consultants say the unique character of the property, and its proximity to services and transportation corridors, make it ideal for carefully planned in-fill development. Many residents will have the opportunity to own a home within city limits, and live in a neighborhood where most services are within walking distance. Public transportation's inclusion in the development is being studied as well.

The City of Bozeman recently approved a master plan or 'sub-area' plan. Public comments will be invited as subdivision plans come under review. Mike Potter, of Potter Clinton Development, told the Bozeman Planning Commission that Bozeman Deaconess Hospital "has been protective of the property over the years, and aims to meet the challenge of creating a site plan that interfaces with existing neighborhoods and the surrounding community." He says three critical studies—traffic, sewer/water, and affordable housing—will be made before subdivision applications are filed. "We're going to create as livable a community as we can," Potter says, adding that plans conform to the area's Unified Development Ordinance, 2020 Community Plan, and Greater Bozeman Area Transportation Plan.

SUMMER SAFETY TIPS FROM THE BOZEMAN DEACONESS HEALTH INFORMATION CENTER

SUMMERTIME usually means more time outdoors for children of all ages which also means you have to keep their safety in mind at all times to prevent injuries.

Hazards to children in the summer that can pose a risk for serious injury and death include drownings, food poisoning, and fireworks injuries. You should also take precautions to protect your children from sunburn, poison ivy, and insect bites and stings.

Water Safety

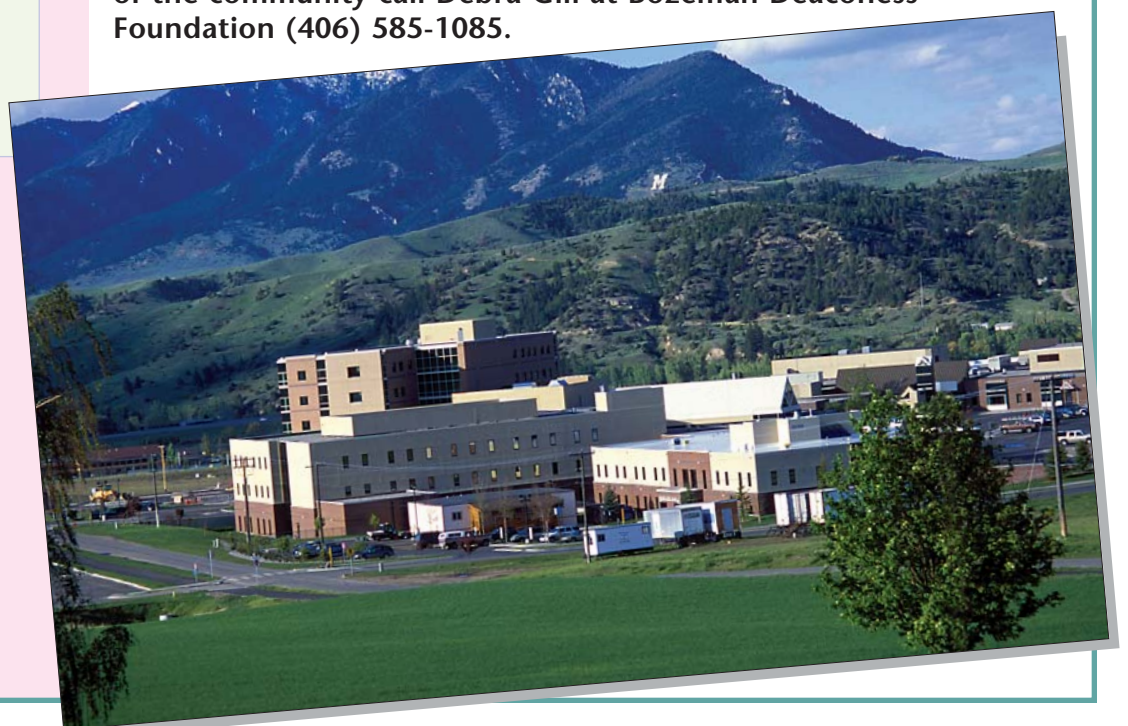
According to the U.S. Consumer Product Safety Commission, an estimated 260 children under five years of age drown each year in residential swimming pools and spas. The Commission estimates that another 3,000 children under age five are treated in hospital emergency rooms following submersion accidents each year. Some of these submersion accidents result in permanent brain damage. Nationally, drowning is the fourth leading cause of death to children under five.

To ensure that your children are safe, never leave them unsupervised around water. Here are some tips to keep your child safe around the water this summer:

- Teach your child to swim, but remember that younger children shouldn't be left unsupervised around water even if they know how to swim.
- Always wear a safety-approved life jacket when on a lake, river or ocean while boating, water skiing, jet skiing or tubing.
- Do not let your child play around any water (lake, pool, pond, river, etc.) without adult supervision (even if he is a good swimmer).
- Don't allow running or rough play around the water.
- Childproof your swimming pool with a fence around your backyard and a fence (at least 4 feet high) around the pool, with a self-closing, self-latching gate. Also consider having a phone poolside and learning CPR in case of emergencies.

For more information on how to stay safe this summer, contact the Bozeman Deaconess Health Information Center at (406) 522-1644.

If you are interested in supporting the health care needs of the community call Debra Gill at Bozeman Deaconess Foundation (406) 585-1085.



LEVEL III TRAUMA CARE AVAILABLE AT BOZEMAN DEACONESS HOSPITAL

BOZEMAN DEACONESS HOSPITAL (BDH) has, for the second time, earned Level III Trauma Center designation from the American College of Surgeons. Qualification requires high standards in trauma patient care, quality monitoring, and case reporting.

According to R. James Majxner, MD, Medical Director of Emergency Services, the hospital utilizes an on-call trauma team—in addition to and along with doctors, nurses, and others who routinely staff the Emergency department (ED)—consisting of a surgeon, anesthesiologist, radiologist, surgical nurses, and a full complement of lab, x-ray, and operating room technicians. The team, available 24 hours a day, seven days a week, activates from the field and assembles in the ED even before the patient arrives. Advanced emergency imaging equipment and other sophisticated tools allow the team to rapidly evaluate and treat trauma victims.

“In the event of exceptionally severe injuries—head injuries requiring neurosurgery, or complex injuries involving extended rehabilitation—patients are stabilized and transferred by helicopter,” Majxner says. “Harborview Medical Center in Seattle is the region’s Level I trauma center. Level II centers are available in Billings, Great Falls, and Missoula.”

Before a patient is flown out of Bozeman, they receive extensive medical care and are stabilized for safe transfer. Majxner says about one percent of the patients seen in the ED have injuries severe enough to require trauma team mobilization, and, in 2005, 23 trauma patients required air transport to outside trauma centers.

Garth Olds, MD, general, thoracic and vascular surgeon, is Director of Trauma Services at Bozeman Deaconess. “We pride ourselves on the fact that we are a Level III trauma center,” he says, and credits Charles Rinker, MD, for making the hospital eligible for the designation. Olds says the better injury care at Level III trauma centers reduces mortality rates as much as 30 percent.

According to Rinker, there is no difference in medical and nursing requirements or the degree of commitment at trauma centers, regardless of level. “Level I and II centers differ only in that their communities are large enough to support neurosurgeons, cardiac surgeons, or replantation specialists,” he says. A National Level III Trauma Center reviewer since 1992, Rinker says “there isn’t a hospital our size that does a better job than we do.”

Improved Dispatch, Paramedic Response

New dispatch protocols and increased paramedic coverage also make a difference for trauma patients on the way to the hospital. “Patients arrive in the hospital in far more stable condition than just five years ago,” Majxner reports.

“Training, testing and ongoing education among all pre-hospital providers means we’re seeing a direct improvement in quality of response when someone calls 911.”

The County 911 Dispatch Center recently introduced standardized step-by-step protocols for providing information to medical responders. Ben Hess, Director of the 911 Dispatch Center, says “We get an average of 300 calls daily, many of which require coordinating the efforts of numerous responders. We at 911 also act as first responders ourselves.” The Center is currently working toward national certification.

Ten years ago, it was rare to see a paramedic on an ambulance in Bozeman. Today, it’s common to see two. According to Kris Kaul, Operations Manager for American Medical Response, paramedics provide basic life support as emergency medical technicians do, but “the additional training paramedics receive means they can begin advanced medical care in the field—starting IVs, administering life-saving medication, providing cardiac monitoring, and performing advanced airway procedures.”

American Medical Response answers emergency calls throughout the county. The Bozeman and Central Valley Fire Departments also offer county-wide paramedic service. Big Sky, Three Forks, and West Yellowstone also offer paramedic service and emergency transport.



At the Emergency Department

Once patients reach the ED, they’re seen by one of eight physicians, a physician assistant, or a nurse practitioner as conditions require. All emergency personnel train and re-certify in Advanced Trauma Life Support every four years. (Training includes the *Advance Trauma and Life Support Manual*, co-authored by our own Charles Rinker, MD. The text is used throughout the world.)

“Medical and nursing staff spend hundreds of hours in training, testing, recording, and reviewing events,” Majxner says. Beyond training, experience counts in emergency services. “The nurses at Bozeman Deaconess Emergency Department, all told, have more than 400 years experience. Many trained at major medical centers—Mayo Clinic, Harborview in Seattle, and University of Utah Medical Center to name a few—before joining our team.”

BDH Emergency Department patients also have access to highly skilled independent physicians on call to provide specialty medical services when needed. Specialties include internal medicine, surgery, radiology, obstetrics, pulmonary medicine, orthopedics, neurology, cardiology, and others.

For more information about Bozeman Deaconess Emergency Services call (406) 585-1000.



IN AN EMERGENCY, THIS COULD SAVE YOUR LIFE.



DON'T WORRY. WE HAVE PEOPLE WHO KNOW WHAT IT MEANS.

The marvels of modern medicine may appear mysterious to the untrained eye. But what looks like mere lines and shadows or dots and squiggles to us could, in the hands of specialists in emergency medicine, actually save your life.

So when you need help in a hurry, it's good to know that the doctors, nurses, and technicians who staff

the Emergency Department at Bozeman Deaconess Hospital are specially trained in emergency medicine. Not only to use the sophisticated diagnostic tools available, but also to quickly and calmly evaluate problems and provide treatment in tense,



Bozeman Deaconess

EMERGENCY SERVICES

fast-paced, stressful medical emergencies. And that, too, is one of the marvels of modern medicine.

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ALL OUR BEST. ANYTIME. ALL THE TIME. EVERY TIME.

Lifenet® Receiving Station Saves Time, Heart Muscle

DOOR-TO-NEEDLE TIME is medical shorthand for the period between a heart attack patient being wheeled into the Emergency department, and undergoing angioplasty to remove the blockage causing the heart attack. According to R. James Majxner, MD, Medical Director of Bozeman Deaconess Emergency Services, the sooner blood flow is restored the better the outcome.

In other words, time is of the essence.

“Thanks to the new ‘Lifenet®’ receiving station in our Emergency department, we’re able to reduce door-to-needle time by up to 45 minutes,” Majxner says.

“Paramedics and EMTs in the field

transmit electrocardiogram (ECG) readings directly to the Lifenet receiving station. In cases where an emergency physician on the receiving end diagnoses a critical blockage, patients can bypass the Emergency department and go directly to the Cardiac Cath Lab.” There, Interventional Cardiologists and Radiologists start angioplasty or other appropriate treatments immediately, stopping the heart attack and preserving precious heart muscle.

Bozeman Deaconess Hospital is first in Montana to use this technologically sophisticated, life-saving equipment.

This technology is funded in part by charitable contributions.



INTERVENTIONAL RADIOLOGY: Minimally Invasive Procedures Guided by Medical Imaging

ON MARCH 8, 2006, a Radiology/Surgery team performed the first-ever peripheral atherectomy at Bozeman Deaconess Hospital. Frank Rembert, MD, used "Silverhawk," a new catheter instrument with a rotating blade, to carve out and remove plaque from inoperable arteries in the legs of a patient with critical limb ischemia. This is just one of many catheter-based imaging-guided interventional procedures now available at Bozeman Deaconess Hospital.

Radiologists diagnose disease by "seeing" it through the use of x-rays, magnetic resonance imaging (MRI), ultrasound, and computerized tomography scans. Beginning in the 1970s, new medical imaging equipment and miniaturized medical devices made it possible to begin treating many medical disorders without surgery. So, in addition to diagnosing disease, radiologists began treating patients with interventional procedures during imaging. Interventional Radiology is recognized as a medical specialty by the American Medical Association and the American Board of Medical Specialists, and today there are more than 5,000 Interventional Radiology specialists in America.

Dr. Rembert, of Intercity Radiology, is a board certified Interventional

Radiologist. He says specialized Interventional Radiology procedures performed at Bozeman Deaconess Hospital include peripheral arteriograms and venograms, including carotid and cerebral arteriography. "Arterial embolizations, arterial and venous thrombolysis, angioplasties, and stents are very common. Retrievable and permanent inferior vena cava filters, graft and fistula evaluations and declottings, biopsies, and percutaneous abscess drainages are offered," Rembert says.

Many procedures are cooperative efforts by radiologists and surgeons that combine endovascular and traditional vascular surgery techniques in the angiography suite and the operating room. "For example, leg bypass procedures and other re-vascularizations may be combined with iliac or aortic stents to provide adequate blood flow to the bypass graft and leg," says Rembert, noting that he and the surgeon often work right next to each other.

"Interventional Radiology is a primary member of any vascular surgery team. The team includes surgeons, anesthesiologists, operating room staff and Intensive Care Unit nurses," says surgeon Garth Olds, MD, FACS. "Peripheral vascular procedures are becoming more common at Bozeman Deaconess and a team

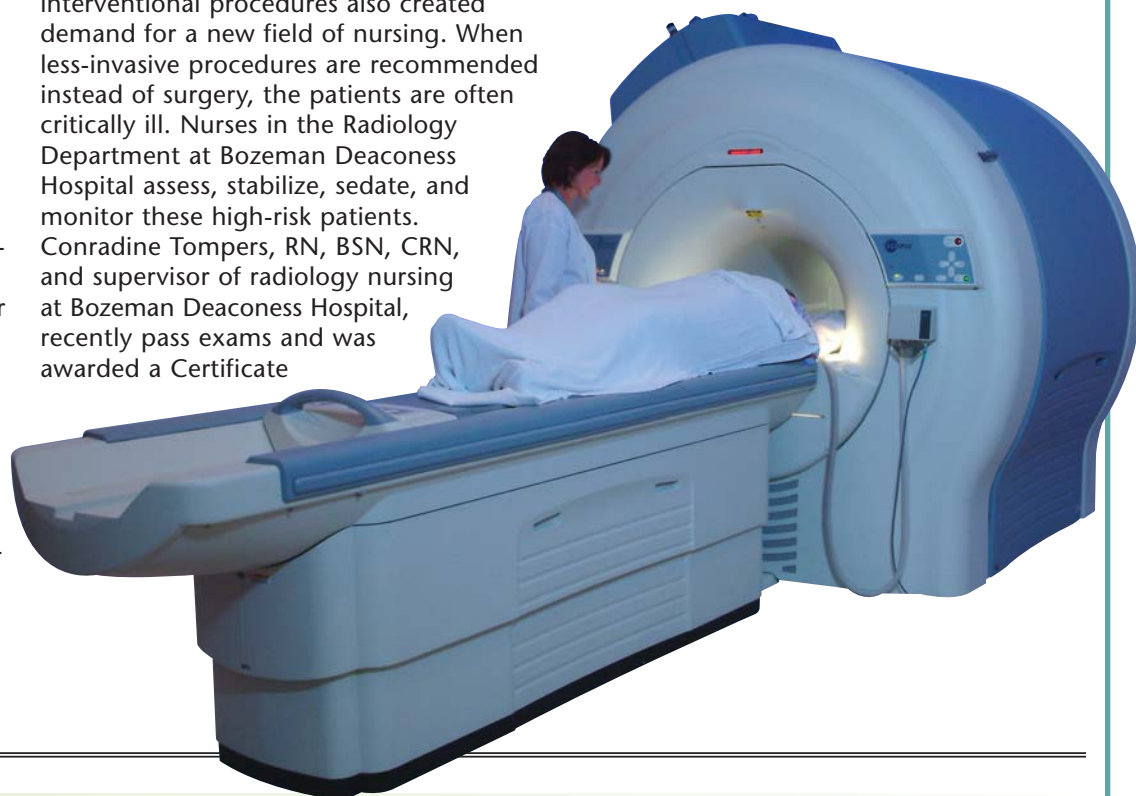
approach to these patients is essential."

All the radiologists on staff at Bozeman Deaconess Hospital perform interventional procedures. According to Daniel Alderman, MD, of Intercity Radiology, "We have the equipment and staff available to allow us to successfully perform essentially any type of Interventional Radiology procedure here at Bozeman Deaconess Hospital."

Advances in imaging technology and interventional procedures also created demand for a new field of nursing. When less-invasive procedures are recommended instead of surgery, the patients are often critically ill. Nurses in the Radiology Department at Bozeman Deaconess Hospital assess, stabilize, sedate, and monitor these high-risk patients. Conradine Tompers, RN, BSN, CRN, and supervisor of radiology nursing at Bozeman Deaconess Hospital, recently pass exams and was awarded a Certificate

of Radiology Nursing by the American Radiological Nurses Association.

"We have a great crew—all top-notch nurses," Rembert says. "They know the procedures, what the patient should expect, as well as the imaging modalities we use. Like our radiology technologists, they're experts at radiation safety and MRI safety."



New at Bozeman Deaconess Hospital in 2005

The Medical Staff Expanded to Include Five New Specialties:

- Palliative Medicine
- Interventional Radiology
- Hematology
- Interventional Cardiology
- Vitreoretinal Ophthalmology

Hospital/Physician Partnerships Formed:

- Internal Medicine Associates, Robert A. Hathaway Internal Medicine, and Hematology & Oncology Associates joined the Bozeman Deaconess Health Group
- Intercity Radiology and Bozeman Deaconess Hospital jointly opened Advanced Medical Imaging, an outpatient service featuring state-of-the-art MRI and CT scanners

New Medical Services Added:

- Palliative Care Consultants
- Wound and Lymphedema Center
- Advanced Medical Imaging
- Bozeman Deaconess Pharmacy at Big Sky



New Technology:

- PET imaging
- Telemedicine
- Brachytherapy surgery to treat prostate cancer
- Hospital-wide image storage and distribution with "PACS" Picture Archiving and Communications System
- Upgraded Varian 2100C linear accelerator for external beam radiation treatments
- Vacuum-assisted minimally invasive breast biopsy
- Infrared treatment for diabetic peripheral neuropathy
- Vitalstim™ therapy for swallowing disorders
- New operating room featuring advanced voice activation and medical video equipment.

Community Event and Health Screening Sponsorships:

- Annual Community Health Fair
- Legs for Life/Stroke screenings
- The Center for Cancer Support's "Mending in the Mountains" retreat
- Inland Northwest Blood Center bone marrow drive

Community Support:

- Corporate sponsor to United Way of Gallatin Valley
- Contributions to Hurricane Katrina relief
- Gallatin Community Clinic and its new dental program
- Donation of five acres of land to Western Montana Mental Health
- Support of American Diabetics Association Juvenile Diabetes Research Fund and American Cancer Society's Relay for Life
- Health education through the free Health Information Center
- Donation to Gallatin Empire Lions Club fireworks
- Bike Rodeo and Safety Day

Awards and Recognition:

- Highest Honor—Quality Achievement Award to Bozeman Deaconess Hospital and staff from the Mountain-Pacific Quality Health Foundation
- The Cardiac Pulmonary Rehabilitation and Adult Health & Wellness Program earned national certification through the American Association of Cardiovascular Pulmonary Rehabilitation and received "best practice" distinction, and is used by the Association as a national model

Headlines:

- Bozeman Deaconess Hospital joins New West Health Services, a not-for-profit health insurance company
- Bozeman Deaconess Hospital invests in Belgrade property as site for future health services development
- Bozeman Deaconess Hospital celebrates milestone—1000 babies born in a single year



Bozeman Deaconess Hospital Operates Montana's First and Only:

- Wound and Lymphedema Center
- Lifenet Receiving Station that allows emergency physicians to diagnose a heart attack before the patient gets to the hospital and route patients directly to the Cardiac Cath Lab for life-saving treatment

Marvels of Modern Medicine Coming Soon:

- Hospitalist Program, providing round-the-clock inpatient care
- Monoplace Hypobaric Chamber dedicated to wound care—the only one of its kind in Montana
- New Cancer Center
- Affordable practice-management service contracts for area community clinics through the Bozeman Deaconess Health Group
- 32 new apartment homes in Aspen Pointe, for resort-style independent retirement living for active seniors
- Health care services in Belgrade

New Chief Medical Officer Promotes Quality and Patient Safety Systems

BILL ROBINSON, MD, who became Chief Medical Officer at Bozeman Deaconess Hospital in May 2005, has plans. "I see my role as liaison between hospital administration and the medical staff as we work together to accomplish mutual goals regarding quality of care." It's a big goal, he says, and a team effort. "I will work with other physician leaders—the Chief of Staff, Section Chiefs and the Medical Director of Surgical Services—to help accomplish these goals."

Robinson is no stranger to administrative experience. He chaired the Department of Emergency Medicine at the University of Missouri—Kansas City School of Medicine and Medical Center for 10 years before joining Absaroka Emergency Physicians in Bozeman in 1996. Last year, he was named a physician surveyor for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). He calls it a "surprisingly fascinating experience" to see how hospitals throughout the country handle patient care. "There are many different approaches, but all the hospitals I've visited are looking seriously at improving quality. The emphasis is on evidence-based medicine and reducing medical errors by looking at more effective systems."

The 1999 Institute of Medicine report, "To Error is Human," suggested that medical errors in hospitals cause the deaths of 44,000 to 98,000 patients a year. "That caught the public's attention and created an outcry for safer hospital practices," says Robinson.

The report also caused a number of organizations, including JCAHO, the Institute for Healthcare Improvement, and the Agency for Healthcare Research and Quality to focus on quality and safety.

Robinson's new position is a natural extension of his interest and expertise in those areas. In addition to looking at indicators required by the Center for Medicare and Medicaid Services, he anticipates participation in other national campaigns directed at implementing "best practices." For example, Bozeman Deaconess Hospital is participating

in "100K Lives." Sponsored by the Institute for Healthcare Improvement, "100K Lives" is based on six clinical modules, including increased care for acute myocardial infarction, decreased surgical site infection, and reduced pneumonia associated with ventilator use.

According to Robinson, reducing errors in health care means looking at the whole medical management system. "There has to be a uniform 'theory of error' approach with multiple checks to prevent errors that are devastating to patients and caregivers." He draws an analogy to the "Swiss cheese model of error. You can stack a series of cheese slices and most of the time the holes don't line up. But if you do it enough times, they will." He says systematic measures must be in place to prevent obvious errors. A systems approach can prevent a series of small oversights that can create big mistakes.

Technology contributes by providing automated systems to help reduce errors, including electronic medical records, digitized radiographs, and medication delivery controls. "By monitoring errors we can better identify problems, learn from them and create improvements in our system to prevent them from happening in the future. Reducing variation in systems, standardizing formularies, and monitoring our actions contributes to error reduction," Robinson says. "We want to demonstrate superior performance on clinical quality indicators." Quality indicators are the driving force for the new Medicare and Medicaid "Pay for Performance" model. Hospitals that don't measure up on quality indicators will receive lower reimbursements, according to Robinson.

He is pleased that the hospital is voluntarily instituting the systems approach to error reduction, and says that new safety and quality initiatives, technologies, monitoring, and reporting are sure to improve quality and reduce medical error. "A series of small oversights can, and will, lead to error," Robinson believes. His best advice after studying the effect of the systems approach to quality is, "Never say 'that can never happen.'"

