

ISSUE PREVIEW



THE MARVELS OF MODERN MEDICINE

FEBRUARY ISSUE—2007

# HELP STOP THE SPREAD OF COLDS AND FLU

## How germs spread

COLDS AND FLU SPREAD from person to person primarily in respiratory droplets from coughs and sneezes. Droplets from an infected person move through the air and are deposited on the mouths or noses of others. Touching a surface on which droplets have fallen, like a desk, then touching the eyes, mouth or nose before hand-washing also spreads illness. Some viruses and bacteria can live two hours and longer on surfaces like cafeteria tables, doorknobs, and desks.

## How to stop the spread of germs in a nutshell,

- Cover your mouth and nose when you cough or sneeze
- Wash your hands well and often
- Remind your children to practice healthy habits, too

## Cover your mouth and nose when coughing or sneezing

Cough or sneeze into a tissue then throw it away. If you do not have a tissue, cover with your hands, then clean your hands thoroughly. Do so every time you cough or sneeze.

## Handwashing 101

Wash your hands with soap and warm water for at least 15 to 20 seconds. That's

*Good hand washing protects against the spread of many illnesses – from the common cold (which is responsible for 22 million lost school days each year), to more serious illnesses such as meningitis, flu, hepatitis A, and most types of infectious diarrhea.*

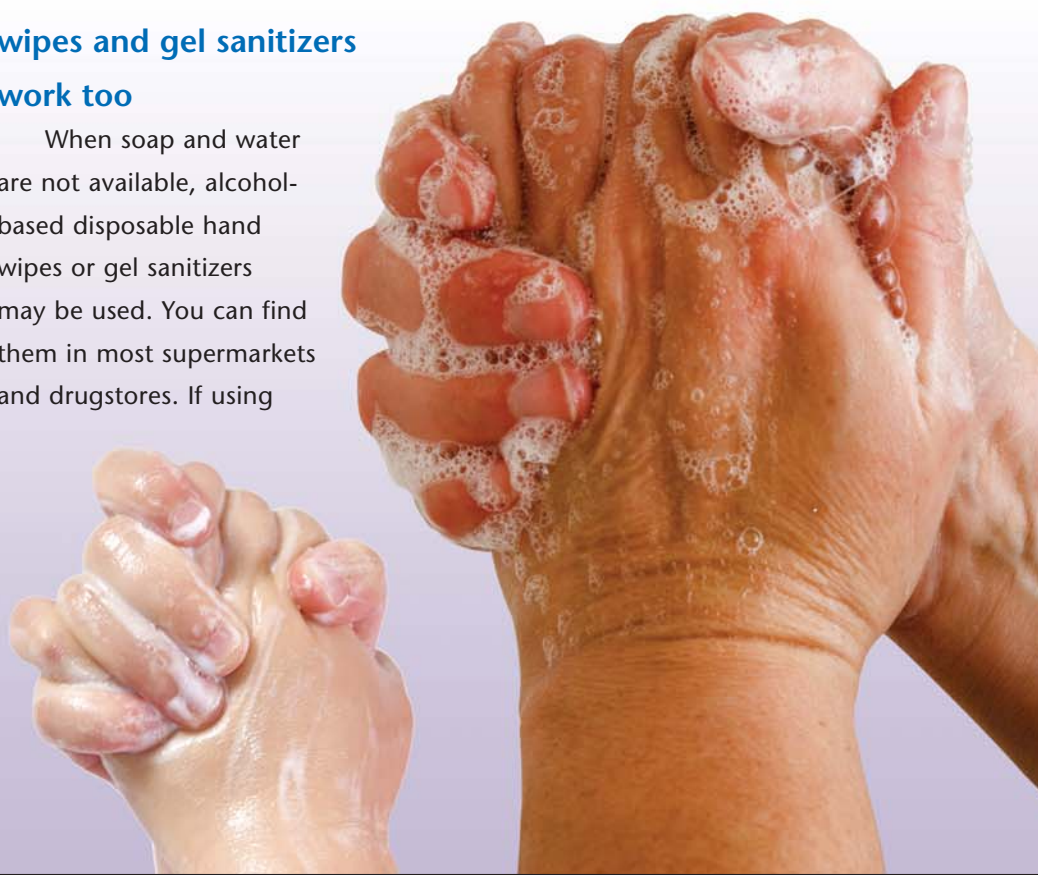
about the same amount of time it takes to sing the "Happy Birthday" song twice.

## Alcohol-based hand wipes and gel sanitizers work too

When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using

gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

Source: Center for Disease Control



## Improved Cervical Cancer Detection and Prevention Now Available

A SOPHISTICATED NEW PATTERN recognition computer and automated microscope system is now available at Bozeman Deaconess Hospital. The recently installed equipment increases detection capabilities for cervical cancer and reduces the incidence of false-negative Pap tests.

The new Cytoc ThinPrep® imaging system uploads data directly to the companion microscope, which automatically steers laboratory technicians to 22 field-of-view areas on a slide where possible atypical cells are detected.

The computerized imaging system in the Bozeman Deaconess Hospital Laboratory—the only one of its kind in Montana—works in conjunction with ThinPrep automated liquid slide preparation. "Liquid slide preparation filters and deposits a uniform monolayer of cells," says Winfield Wallace, Bozeman Deaconess Laboratory Cytology supervisor. Wallace, who is certified by the American Society of Clinical Pathologists of Cytologists,

says this process provides a more representative cell sample and can also—unlike conventionally prepared slides—be used later to detect the presence of the human papillomavirus (HPV) and chlamydia trachomatis.

That's important because exposure to the HPV virus can cause pre-cancerous squamous cell lesions, and early detection by Pap tests reduces the incidence of cervical cancer and related deaths. An annual screening test is recommended after a woman becomes sexually active or reaches age 21. Then, after two successive negative tests, screening is recommended every two years.

Initial studies of the new technology show a 30.7% increase in detection of low grade squamous cell lesions and a 20% increase in detecting high-grade squamous cell lesions. The rate of false negatives—failing to detect existing pre-malignant lesions or cancer—decreases by 39%. Wallace says every Pap test slide sent to the Laboratory is viewed by a cytologist, which may not be the case in other Montana laboratories.

Cost may be a factor. Since conventional tests are approximately half the cost of the new technology, Bozeman Deaconess Hospital continues to offer conventional readings for those whose health care providers don't yet offer liquid slide preparation.

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## COORDINATED CARE AT WOUND CLINIC

THE BOZEMAN DEACONESS Wound Clinic is the only advanced multidisciplinary treatment clinic of its kind in Montana. And soon, the service will have the state's only monoplace hyperbaric chamber dedicated to wound healing.

Caryl Perdaems, OTR, CLT-LANA, CWS manages the department. Medical Director, Jon Robinson, MD, CWS and Wound Clinic Physician Garth Olds, MD, CWS have specialized training in wound treatment. "Our goal is to preserve as much function as possible.

We use a computerized documentation program that captures measurements, documents treatment results and provides courtesy referral updates to primary care physicians," Perdaems says. "The majority of our patients have diabetic complications and circulatory disorders. We have already treated approximately 75 burn and frostbite cases that would otherwise have been sent out of town."

Pat O'Brien, RN, CWOCN, joined the Center as clinical coordinator. Previously, she worked as a nurse at Bozeman Deaconess Hospital for more than 20 years, then as an independent nurse specializing in wound care. Lori Liston, RN, CWS is the department's wound care technician.

The new Center coordinates all aspects of wound and lymphedema evaluation at offices on the third floor of Highland Park 4. Besides drawing on the expertise of Drs. Robinson and Olds, the team relies on dermatologists, surgeons, and primary care physicians. They also partner with Bozeman Deaconess Hospital specialists in nutrition, prosthetics and orthotics, home health, respiratory therapy, and physical rehabilitation.

"Having access to our Center means patients don't have to make multiple appointments that can delay the healing process," says O'Brien. "We also provide extensive follow up that helps keep wounds from recurring." Wounds treated at the Center include burns, lower extremity ulcers, diabetic foot ulcers, post operative infections, scar tissue problems, pressure ulcers, and skin tears.

Because the staff knows from experience which dressings will speed healing of various kinds of wounds, how to spot edema problems, and when to recommend a vascular workup, healing rates have increased. "Patient education is a big focus," O'Brien says. "So is our connection to home health and nursing home caregivers."

In addition to managing daily Center operations, Perdaems treats patients with lymphedema. The condition, she says, occurs when lymphatic pathways are damaged during cancer surgery. Symptoms are a heavy-feeling, painful limb prone to repeated infections. Non-invasive treatments include manual lymph drainage, compression bandages, exercise, skincare education, and scar tissue management. Circulatory disorders can also cause swelling in the legs, particularly after surgery, and the swollen tissue can split open a wound, whether traumatic or surgical. The Center's expertise extends to all aspects of wound care.

Dressings with antimicrobials that prevent odor, growth factors to stimulate healing, and skin substitutes are among new therapies offered at the Center. Also in use is VAC therapy, a technology that pulls excess fluid drainage away from the wound, increases blood flow, and

creates a better environment for granulation or formation of new skin.

The Center also uses digital photography to monitor the size and status of each wound.

"A new Transcutaneous Oximeter monitors oxygen levels of the skin and tissue around a wound, or in distal areas such as toes. It can be used alone or in conjunction with the hyperbaric oxygen therapy we will soon offer," Perdaems reports. Hyperbaric oxygen therapy delivers large amounts of oxygen to body tissues in a pressurized chamber filled with 100% oxygen. Hyperbaric therapy helps heal chronic wounds, radiation tissue damage, skin grafts and flaps, necrotizing soft tissue infection, feet damaged by diabetes, crush injuries, and can, in many cases, save limbs.

"The chamber—that will eventually be available for critical care treatment of carbon monoxide poisoning—is enclosed with clear acrylic, has multiple communication systems, and is fitted with a specialized gurney and stretcher," says Perdaems. The hospital's Respiratory Therapy department will assist in the operation of the new hyperbaric chamber.

Another important benefit of the comprehensive Center is that Medicare and insurance companies usually pay for outpatient wound and lymphedema care, as well covering inpatients referred through chart orders.

**For more information contact the Center at 406-556-5512.**



## INJURED SKIER GETS BACK ON BIKE

THANKS TO CARE HE RECEIVED at Bozeman Deaconess Sam Kavanagh, a 26-year old civil engineer and competitive cyclist, is back on his bike and a member of the US Paralympic Cycling Team. A below-the-knee amputee, Kavanagh's goal is to compete in the 2008 Beijing games. He's already been out backcountry skiing, in spite of the fact that he barely survived on January 1, 2005, when an avalanche battered his leg and a snowstorm delayed evacuation for 48 hours.

He arrived at Bozeman Deaconess by military helicopter on January 3, two days after the accident that took the life of his friend and ski partner. The weather remained dicey and while they wouldn't ordinarily take the risk, when the crew learned that Kavanagh wouldn't survive another night, they made the decision to attempt the difficult air rescue. Before Kavanagh could begin to worry about whether his leg could be saved, he and the trauma team at Bozeman Deaconess centered their concern on his survival.

"I'd lost half my blood, had acute compartment syndrome and my kidneys were shutting down. During surgery I was given nine units of blood and because there was still a pulse in my foot, the decision was made to try and save it," Kavanagh recalls. However, within ten days, infection and edema (swelling) set in and Kavanagh, knowing he'd lost function in his calf muscle, together with Jon Robinson, MD, his orthopedic surgeon, made the decision to amputate.

After the amputation Kavanagh had a series of skin grafts followed by wound infections. "I saw the wound specialists everyday for five weeks. My situation continues to run on the theme: Textbook worst case scenario with best-case scenario return to health," he says. Except for consults at major medical centers in Seattle and Denver, all his care was given at Bozeman Deaconess. "I've developed personal relationships with people who are second to none," he says about his orthopedic team and the wound specialists. "I wasn't a number, someone to shuttle out of bed. They've embodied my goals and when I made the elite team, they were the reason I made it."

Four months after the amputation Kavanagh was fitted for his new leg. Five days later he was back on his bike. He's grateful for the surgeons and wound care specialists at Bozeman Deaconess. "It's because of them I've got my knee—a longer limb—and I have no phantom pain and I can be in my leg 15 hours a day. You read about the lack of advanced treatment here, but that's not so. People at those major medical centers were extremely impressed with the service I got in Bozeman."

## WALK A DOG, LOSE WEIGHT Study finds average loss of 14 pounds after a year

LETTING YOURSELF GO TO THE DOGS MAY HELP YOU LOSE WEIGHT. A University of Missouri-Columbia study says that even borrowing a dog can help people get more exercise and lose weight.

"Our goal was to look for ways to increase the average exercise regimen, and we found being responsible for a pet, such as committing to walk a loaner dog, encouraged people who did not own dogs to walk more often and for longer periods of time," says Rebecca Johnson, associate professor of nursing and director of the College of Veterinary Medicine's Research Center for Human-Animal Interaction. "Our first study group averaged a weight loss of 14 pounds during the one-year program."

That 14-pound loss over a year is better than results reported by major weight-loss plans, Johnson noted.

The study included disadvantaged, disabled people who were encouraged to walk dogs on a regular schedule. The participants began with a 10-minute walk, three times a week, eventually walking the dogs five days a week for up to 20 minutes.



## UNDERSTANDING HOSPICE CARE

### 8 KEY POINTS THAT EVERYONE SHOULD KNOW

LAST YEAR, more than 1.2 million people were served by the nation's hospice programs. Yet for every person that received hospice care, it is estimated that another individual would have benefited from the services of hospice but didn't get this compassionate care at the end of their lives.

There are eight key messages about hospice care that everyone, healthcare professionals and consumers alike, should understand.

1. Hospice is not a place but a special kind of care focusing on relief of pain, symptom control, and spiritual and emotional support. Care goes out to the patient and family caregivers.
2. The majority of hospice care takes place in the home, where the person can be surrounded by family and familiar settings. Yet inpatient services are available if symptoms cannot be properly attended to at home.
3. Hospice costs are covered by Medicare, Medicaid in most states, and by most insurance programs and HMOs.
4. The expenses of all medicines related to the life-limiting illness are covered under the Medicare Hospice Benefit.
5. Hospice is not about "giving up" but instead focuses on quality of life making the wishes of the patient and family caregivers a priority.
6. Hospice provides support and caregiving training to family members and loved ones in the home.
7. Bereavement support is available to families for a year after the death of their loved one.
8. The most common statement made by families who chose hospice for their loved one is, "we wish we had known about hospice sooner."

If a person isn't facing decisions about care at the end of life for themselves or a family member, it's likely that a close friend, neighbor or coworker is struggling with these difficult issues.

The Bozeman Deaconess Hospice team of skilled professionals—physicians, nurses, home health aides, social workers, therapists, spiritual support and volunteers—pride themselves on being sensitive and responsive to the special requirements of each individual and family. Respect for the decisions of the patient and his or her loved ones is a primary consideration. **For more information on Hospice, please call 406-585-1099.**

**Hospice is sustained by generous donations through Bozeman Deaconess Foundation.**

## Hillcrest Senior Living Not a Facility, IT'S A "NEIGHBORHOOD"

"IT'S LITERALLY A NEIGHBORHOOD CONCEPT," says Rick Ojala, Bozeman Deaconess Vice President of Senior Living. He's referring to the collection of projects and services that make up the Hillcrest Senior Living Neighborhood. The neighborhood currently includes Aspen Pointe, which features independent living, and Birchwood, an assisted living and respite/recovery care facility.

The neighborhood houses 124 seniors and employs 73 people full- and part-time: six administrators, 21 nurses and nursing assistants, one marketing specialist, seven environmental services and four engineering employees, 33 food and nutrition staff, and two program coordinators.

Hillcrest Senior Living Neighborhood is owned and operated by Bozeman Deaconess Hospital and is a member of the American Association of Homes and Services for the Aging, an association of not-for-profit organizations serving the aged. According to the association, government statistics show not-for-profit organizations provide more hours of daily patient care and invest more resources in patient care. Not-for-profit retirement facilities also have significantly fewer deficiencies than for-profit homes.

"We take our service and resident satisfaction scores very seriously," Ojala says. "The only reason we exist is to provide service to our residents." He says



working in a senior living neighborhood requires a mix of hospitality and medical services. That's why he and his staff are always working to improve already high marks on twice-yearly patient and family satisfaction surveys.

Birchwood, the neighborhood assisted living facility, offers three meals daily, 24-hour staff and security, personal care and grooming, and medication management. There is no restriction on guests—family members are always welcome. Birchwood also provides transportation and a full calendar of social events and activities.

"New residents have high expectations," says Ojala, and he and his team aim to meet them. Thirty-two new one- and two-bedroom apartments opened in November at Aspen Pointe. New residents will join the 83 Aspen Pointe neighbors. Independent living amenities include fine dining, a library, broadband internet service, salon, exercise room, greenhouse, and numerous programs and events.

The city recently approved plans for 76 cottages and bungalows for people age 55 and over. "The Knolls" is being built to the south of the existing neighborhoods, west of Highland Boulevard. Being part of the Hillcrest neighborhood will give residents of The Knolls options for services while allowing them to live as independently as possible, as long as possible.

## MADE IN MONTANA Record Number of Newborns Second Year Running

ONCE AGAIN, a record number of babies were delivered at Bozeman Deaconess Hospital in 2006. Last year's record—1,052 babies—was matched on November 27, three weeks after the 1000th baby of this year arrived. As of December 31, a total of 1,148 babies had been welcomed into the world.

"We're way ahead on girls this year," reports Susan Connell, RN, manager, Maternal-Newborn department. Seven babies arrived in seven hours on the October 20 nightshift and seven sets of twins were born in the first 49 weeks of the year.

The smallest baby born at Bozeman Deaconess in 2006 weighed just 2 pounds 7 ounces and the record 'heavyweight' was a 10 pound 9 ounce baby girl. Some of the new mothers are yet in their teens while the eldest mother to give birth was a 47-year old.

Bozeman Deaconess currently has 23 physicians with obstetrics privileges. According to Connell, we have a healthy population. Mothers get good prenatal care, good labor and delivery nursing care and Doula care is encouraged. Childbirth education classes are well attended and fill up fast. Prospective parents can sign up for one of two course choices—a six week Monday evening classes or a weekend intensive session.



## Bozeman Deaconess Hospital Exceeds Patient Expectations, Earns National Award

AVATAR INTERNATIONAL, a research and consulting firm that measures and compares quality of care in the nation's hospitals, recently recognized Bozeman Deaconess Hospital with an "Exceeding Patient Expectations in Service Quality" award for 2005.

"Customer expectations form the basis for all quality and service judgments," said an Avatar consultant. "We've found that patients will only recommend or remain loyal to a hospital when their expectations were surpassed."

With the award, Avatar commended Bozeman Deaconess Hospital for its focus on quality patient care as well as exceeding patient expectations.

## Dr. Erb elected to Board of Governors of the American College of Cardiology

BLAIR D. ERB, JR., MD, FACC, of Cardiology Consultants of Bozeman, was elected to the Board of Governors of the American College of Cardiology at the group's Annual Scientific Session recently in Atlanta, Georgia. His term runs through March, 2009.

Prior to moving to Montana, Erb was in practice with the Page-Campbell Cardiology Group in Nashville, Tennessee, and served on the faculty of Vanderbilt University. He founded Cardiology

Consultants of Bozeman in 2002. Erb has been named one the "Best Doctors in America" annually since 1996, and was twice named one of the "Top Doctors" in Nashville.

Erb graduated from Colorado College and Vanderbilt University Medical School, was an intern and resident at the Department of Medicine at the University of California, San Francisco, then returned to Vanderbilt University for a cardiology fellowship.



## BOZEMAN DEACONESS INTERNAL MEDICINE ASSOCIATES MOVES TO HIGHLAND PARK 4



BOZEMAN DEACONESS INTERNAL MEDICINE Associates is pleased to announce it will open its new location in Highland Park 4, Level 5 in February.

Features of the new clinic suite include a more expansive and more comfortable space, along with network jacks

and computer docking for electronic medical records. Bozeman Deaconess Internal Medicine Associates will continue to offer the Anti-Coagulation Clinic and phlebotomy services in the new space.

The practice cares for close to 20,000 patients; the new facility will house 32

exam rooms and is approximately 14,000 square feet (almost double that of the current space).

"We are a primary care clinic—all of our physicians are board certified in internal medicine. We also offer subspecialty care," says Sandi Kramer, RN, M. Ed, Bozeman Deaconess Health Group practices manager. Internists specialize in adult medicine and provide long term, comprehensive care in the office and in the hospital. They manage both common and complex illnesses. The Bozeman Deaconess Internal Medicine Associates practice also has specialists in rheumatology, pulmonary medicine, palliative medicine, geriatrics and critical care medicine. Recently the Bozeman Deaconess Health Group hired a hospitalist who works exclusively with hospitalized patients.

Bozeman Deaconess Internal Medicine Associates is one of four provider-based practices owned and operated by Bozeman Deaconess Health Group. Other physician clinics include Bridger Internal

Medicine, Robert A. Hathaway Internal Medicine and Hematology/Oncology Associates (Cancer Center medical oncology physicians). Bozeman Deaconess Hospital developed the Bozeman Deaconess Health Group practice management organization as a way to retain primary care and cancer physicians in our community. The physicians and their practices are now owned and operated by the Health Group and the partnership. Physicians remain autonomous, overhead costs are reduced and the hospital-owned clinics are better able to capture Medicare reimbursement.

Directions to Highland Park 4: Take Ellis Street from Highland Boulevard and proceed to Highland Park 4 located on the northeast side of the campus and park in Parking Lot G for easiest access to the new facility. (There is no parking at the entrance but there is a drop-off area.) Take the elevator to Level 5.

## BRACHYTHERAPY: A New Treatment Option for Prostate Cancer Patients

BRACHYTHERAPY, an innovative, minimally invasive treatment for prostate cancer, will soon be available at Bozeman Deaconess Hospital.

The treatment involves placing small radioactive "seeds" directly into the prostate gland, where they emit high doses of radiation to the tumor, with minimal effect on surrounding healthy tissue.

Dr. J. Bruce Robertson, Urologist; James Brewer, PhD, Cancer Center medical physicist; Brent Forsyth, dosimetrist; and Robbie Sherry, surgical technician, completed brachytherapy training at the Seattle Prostate Institute. The Bozeman Deaconess Hospital team studied all aspects of seed implantation, including patient selection, treatment techniques, dosimetry planning, potential complications, quality assurance, quality of life issues, and assessing results.

"Just about anyone who is a candidate for prostate surgery is a candidate for brachytherapy," says Robertson. The procedure also eliminates many of the side effects that can accompany external beam radiation. "Complications from modern brachytherapy are few and the treatment results are far better than in the past." The old procedure involved making an incision in the abdomen and blindly



placing the seeds into the prostate by hand, Robertson says, noting that improved imaging technology makes it possible to quickly and accurately place seeds using ultrasound guidance. A CT scan shortly after the treatment confirms the accuracy of placement.

According to Robertson, several recent studies indicate that today's brachytherapy procedures are as effective as

surgery or external beam radiation for at least 10 or 12 years after treatment.

The goal with brachytherapy is to evenly distribute radiation throughout the prostate gland. Precise placement of radioactive Iodine seeds—each the size of a grain of rice—improves outcomes while reducing rectal and urethral side effects. Serious side effects or permanent complications are unusual. And brachytherapy is less likely to cause impotence than surgery, or to damage nerves as external beam radiation sometimes can.

The procedure takes about an hour and a half. Most men return home the same day after anesthesia wears off, and resume normal activities the next day. External beam radiation therapy, on the other hand, involves two months of Monday-through-Friday treatment.

Follow-up treatment includes quarterly blood tests and an annual rectal exam. The iodine seeds are never removed, although they gradually stop releasing radiation.

The team expects to perform 25 brachytherapy treatments at Bozeman Deaconess Hospital each year.

## SKI INJURY PREVENTION By John Perdaems, PT, Certified MDT

THE BEST SEASON OF THE YEAR—ski season—is here. Be sure you're ready for an active, injury-free season.

As a Physical Therapist, I see many ski-related injuries each winter, mostly knee and lower-back injuries. Some happen regardless of pre-conditioning. But weakness, which leads to fatigue, is a prime risk factor when it comes to ski injuries. And that comes down to your level of conditioning (or lack thereof). Here are a few exercises that will reduce your chances of injury this season:

**Conditioning.** Maybe you can walk for an hour or jog for 20 minutes, but does that mean you're in shape for skiing?



Probably not. Skiing is done at a higher altitude, so above-average aerobic conditioning is required. I recommend 30 minutes of high-intensity exercise, four to five times a week.

A heart rate monitor is a valuable tool to make sure you are working out at the desired level. I recommend working at 75% max heart rate. (220 – your age = max heart rate.) So, a 40-year-old should



maintain a heart rate of 135 beats a minute for a good cardio workout. Any form of aerobic exercise will do; elliptical trainer, bike, treadmill, hiking, or running.

**Strength.** Skiing requires strength of the quad, gluteals, and core muscles. For home strengthening, try lunges (3 x 30), wall sits (5 x 1 minute hold each), superman (10 x 20 second hold each), dying bug abdominal crunches (5 x 30 seconds each), and lateral bridges (10 x 10 second hold each). This makes for an easy strength program you can do in front of the television. For a more sport-specific workout, incorporate balance and movement: one-legged Bulgarian squats (3 x 15), lateral box hops (up and over a 12-inch box), as well as balance disk or bosu squats or lunges. Three days a week of strength training should be adequate.

I recommend stretching after your workout, or at least after you have warmed up to a good sweat—stretching cold before a workout isn't very effective. Try full lumbar press-ups, low back rotations, quadruped prayer stretches, as well as hamstring and quad stretches.

Please feel free to contact a Bozeman Deaconess Hospital Physical Therapist for further advice or more personal recommendations. Here's to a great snow season! We hope to see you on the slopes and not in our clinic, so get busy!

## CLINICAL EDUCATION Life-size Computerized Training Model Gifted to Medical Surgical Department

FROM AFAR, he looks like a real person. Get close and you might hear him cry in pain. During scenario-based training, while a nurse is intubating him, he may very well choke and gasp. Poor Hugo. But that's his job. He's the new interactive life-size training model/VitalSim computer that was 100% donated to the Medical Surgical department by retired nurse and Bozeman Deaconess volunteer Edith Sanks.

"We're grateful," says Medical-Surgical Manager Vickie Groeneweg, RN. "This donation facilitates nursing staff learning and practicing skills that translate to better patient care and outcomes."

Medical Surgical Clinical Educator Sue Powell, RN, says the VitalSim computer can set up core vital signs for Hugo and is also compatible with the hospital's baby and child training models. With the new computer, she can set up pre-arranged labs for new skills and also create scenarios to boost assessment expertise and debrief real patient care issues.

The computer can program normal and abnormal heart, breath and bowel sounds, blood pressures and palpation of carotid, brachial and radial pressures with varying pulse strength. Hugo's anatomical head, trachea and esophagus with simulated lungs and stomach allow for practicing NOG, OG, tracheal care and suctioning procedures. "I can put fluid in his stomach and when an NG tube is in place, the nurse can pull fluids back. We can practice giving injections and starting IV's, too," says Powell.

The anatomical model (American 3B Scientific 'manikin') and computer technology is also used to palpate blood pressures, note changes in pupils, hear and



identify various airway sounds and practice defibrillation.

Hugo comes with extra parts, even a below the knee amputated leg so nurses can assess and practice wound care. Other training opportunities include male and female (he can become a she) catheterization, caring for colostomy and flushing ports.

"Our nurses are really bright and motivated," Powell notes. "They're excited about nursing and looking at ways to improve care." She says Hugo is a good sport about being poked, prodded and palpated and that a staff demonstration is coming soon.

**For more information about gifts to Bozeman Deaconess, contact Debra Gill, Executive VP of Philanthropy, Bozeman Deaconess Foundation, at (406) 585-1085.**