



# HEALTH NEWS



THE MARVELS OF MODERN MEDICINE

SEPTEMBER ISSUE—2010

## BOZEMAN DEACONESS EARNS FIVE-STAR RATING FOR COMMUNITY VALUE

BOZEMAN DEACONESS HOSPITAL—FOR THE FOURTH YEAR IN A ROW—has earned a Five-Star Award for Community Value for scoring in the top 20% of over 1,500 similar hospitals in an evaluation by Cleverley + Associates.

The Community Value Index assesses a hospital's performance in three key areas: financial performance and plant reinvestment, hospital cost structure, and hospital charge status. These criteria provide a unique measure of the value that a hospital provides to its community. "Being named a five-star hospital in community value for four years in a row is a tremendous achievement," said Gordon Davidson, VP Finance and Chief Financial Officer at Bozeman Deaconess Hospital. "Bozeman Deaconess Hospital strives to have the best quality of care possible, while keeping healthcare costs down," said Davidson.

The Community Value Index suggests that a hospital provides value to the community when it is financially viable, appropriately reinvesting back into the facility, and maintains a low cost structure with reasonable charges. "A hospital must be financially viable in order to be a valuable asset in the community," said Davidson. "A strong financial position is essential in order for us to continue our mission to improve community health and quality of life." In addition, the hospital has proven its commitment to reinvesting in its facility. "We believe it's important to reinvest in our facility to provide for current and emerging health needs in our community," said Davidson.

The study found that high-performance hospitals, such as Bozeman Deaconess Hospital, have lower lengths of stays and lower amounts of debt, which equates to lower charges to

patients. "We feel that lower patient charges are a great benefit for patients and employers paying health insurance premiums for their employees," said Davidson.

The Cleverley + Associates Community Value Index provides a good overall measure of a hospital's financial strength and performance in regard to cost and charges. Cleverley + Associates maintains a database containing financial and operating data, ratios, and performance measures for U.S. hospitals, departments within hospitals, and Medicare patients. Cleverley + Associates produces individual hospital financial, operational, departmental, and clinical reports from its databases—reports used for financial and operational benchmarking, health-care industry analysis, market share analysis, charge and cost analysis, and quality-of-care assessment.



## ATRIAL SEPTIC DEFECTS REPAIRED WITH GORE HELEX SEPTAL OCCLUDER



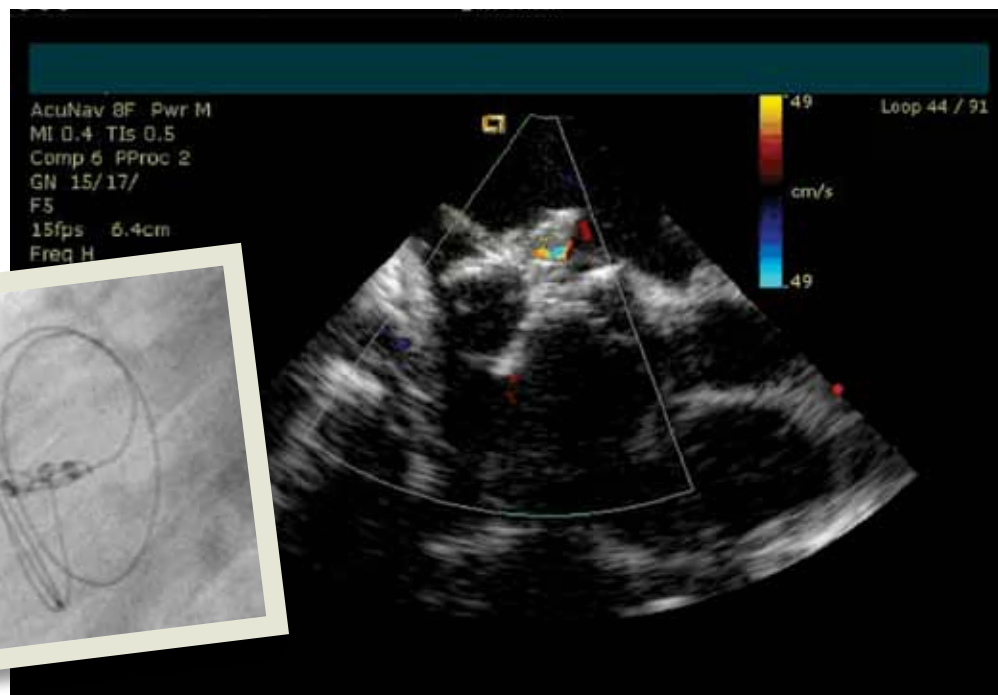
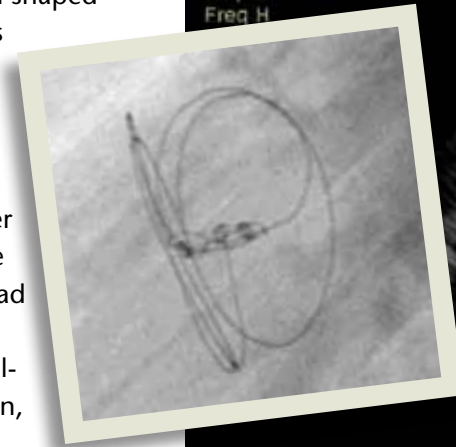
Dane Sobek, MD

INTERVENTIONAL CARDIOLOGIST Dane Sobek, MD, successfully closed a hole in a young adult's heart wall by implanting a patch with biocompatible material that will regrow tissue, sealing the defect. The non-surgical procedure in the Bozeman Deaconess Vascular Lab was the first time a new device—the Gore Helex Septal Occluder—was used in Montana. Dr. Sobek, of Cardiology Consultants

of Bozeman, repaired the atrial septic defect using a catheter-based delivery; two more patients are scheduled for the procedure with the new device.

"The advantage of the Helex device is its conformability," said Dr. Sobek. "It's lightweight, less rigid and shaped like a strand of DNA, giving us more flexibility in the types of defects we can treat."

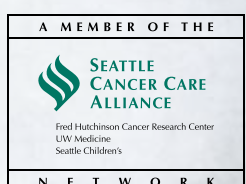
Left untreated, an atrial septic defect—a congenital condition that causes improper blood flow from the left to the right side of the heart—can lead to an enlarged or weakened heart and the risk of atrial fibrillation, pulmonary hypertension, heart failure or stroke.



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## PATHOLOGY FORUM SHOWCASES NEW AUTOMATED SYSTEMS



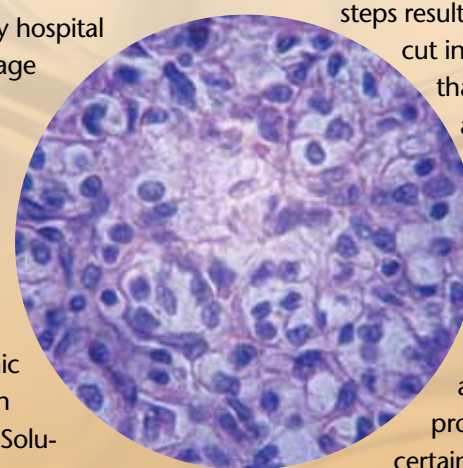
Ben Blend, MD

BOZEMAN DEACONESS HOSPITAL recently hosted histotechnologists, pathologists and laboratory directors from hospitals in Montana, Spokane, WA, Lewiston and Twin Falls, ID, as they attended the Bozeman Deaconess Summer Pathology Forum in June. The forum included presentations on new automated systems and a tour of the Bozeman Deaconess Anatomic Pathology Laboratory.

Bozeman Deaconess is the only hospital in Montana with the Ventana Vantage Lean Workflow Solution system, specifically designed for histology and pathology. The system automates, streamlines and integrates lab work and information flow to provide maximum productivity and patient safety. According to Kris Michaels, HTL (ASCP), Anatomic Laboratory team leader at Bozeman Deaconess, "The Ventana Vantage Solution virtually eliminates the human error factor in patient identification via bar-coded labels." She says the Summer Pathology Forum tour featured three new instruments that bring histology to full automation. "With

the new process, when a specimen arrives in our lab, information about the patient is entered into a computer only once. After that, it is electronically transferred throughout the process," she said. The reduction of data entry points greatly reduces the chance for error. The new barcode technology also pinpoints exactly where each patient's tissue is at any moment.

Ben Blend, MD, board certified anatomical and clinical pathologist, is medical director of Bozeman Deaconess Laboratory Services. He explains that histology is the art and science of preparing tissues removed from patients so that they can be examined by a pathologist resulting in a diagnosis. "The diagnosis includes hundreds of diseases including the many varieties of cancer. Many complex



steps result in pieces of tissue cut into sections thinner than the diameter of a red blood cell and stained with a variety of stains allowing the tissue to be seen through a microscope. Complex stains use antibodies to isolate proteins unique to certain types of cells and some even isolate sequences of DNA, detecting mutations and other abnormalities important not only in establishing a diagnosis but also in guiding treatment." "With

## NUTRITION PEAS AND Q'S: HEALTHY EATING TIPS



Jacqueline Sikoski, MS, RD, LN

VITAMIN-ENRICHED FOODS, WHOLE GRAINS, GOOD FATS AND BAD FATS, SUGAR HIGHS AND PROTEIN. DIETITIAN JACQUELINE SIKOSKI HELPS US GET TO THE BOTTOM OF YOUR MOST PRESSING NUTRITION QUESTIONS.

**Finding healthy bread can be confusing because even white bread says "vitamin-enriched" and "whole grain" on the packaging. Is white bread ever really healthy, and how can readers decipher labels to make sure that bread is really healthy?**

White-whole wheat breads can absolutely be good for you but should not be confused with breads made from refined white flour, which has had both the bran and germ removed. White whole-wheat bread looks and tastes like white bread but has the nutritional benefits of whole-wheat bread — such as increased fiber and nutrients. The difference between white whole-wheat bread and regular whole-wheat bread is in the type of wheat used. Regular whole-wheat bread is made with red wheat, which is dark in color and has a slightly bitter taste. White whole-wheat bread is made with an albino variety of wheat, which is lighter in color and has a sweeter, milder flavor. White whole wheat has almost the same nutrient content as red whole wheat; however, soft white whole wheat has slightly less gluten and protein.

The use of this albino variety of wheat is becoming more popular and can be found in the grocery stores for use in baking at home.

Be sure to read labels, the FDA requires at least 51% of the flour in a product to be whole wheat for manufacturers to use this label. Read the product ingredients and be sure that it lists the "whole" grain as the first ingredient, such as whole wheat, white

whole wheat. Many 'wheat' products are a blend of whole grain and refined flours; labels that state '100% whole wheat' or 'Stone Ground whole wheat' are the best choice. Choose breads that provide at least 3 grams of fiber per serving.

If you don't like the taste or texture of regular whole-wheat bread, white whole-wheat bread may make it easier to add whole grains to your diet.

### How much healthy fat do we need in a day?

Your total fat intake should be no more than 25%-30% of your total calorie intake. If you consume 2,000 calories per day, (multiply 2,000 by 0.30) which tell you that no more than 600 of those calories should come from fat. Since fat contains 9 calories per gram, (600 divided by 9) on a 2,000-calorie diet, you should take in no more than 66 grams of fat per day.

There are two kinds of fat: saturated (bad, unhealthy) and unsaturated (good, healthy). Of the 25-30% of your calories per day that come from fat, no more than 7% should come from saturated fats and <2% from trans fats.

Monounsaturated and polyunsaturated fats are found primarily in fish, seeds, nuts and oils. They are also found in avocados and peanut butter. Saturated fats are a type of fat found in animal products, such as meat and dairy. This type of fat is typically solid at room temperature. Substituting saturated and trans fats with monounsaturated and polyunsaturated fats can help lower blood cholesterol.

Sugar and fat raise the dopamine in our brains and gives a temporary "high." Isn't dopamine a positive thing? Is it that this combination of sugar and fat releases too much dopamine?

Dopamine is good in that it is central to our pleasure system and feelings of enjoyment; however, dopamine is also involved in reward-seeking behavior, which is not always good for us. Dopamine is released in response to highly pleasurable foods that are high-fat, high-sugar (think ice cream) or high-fat, high-salt food items (peanuts)—and the experience is stored

as a memory along with the surrounding environment or feeling. Over time, your brain can become wired to seek these highly palatable foods in response to the environment, feeling or situation. For example, it is common to seek food when you are lonely or in need of comfort, eating a bowl of ice cream gives you the feeling of pleasure, temporarily so when those feelings return we again look for ice cream to fill the void.

Another common food-cue is eating in response to stress. For example, you might come home after a long, stressful day and immediately opening the pantry, snacking mindlessly on chips, cookies, etc. before taking off your coat. The dopamine release helps us decompress and relax; we become conditioned to this routine, which can easily pack on hundreds of unhealthy calories a



day.

Food-cues can also be positive associations such as buttered popcorn and the movie theater, or eating and drinking in association with celebration. Unfortunately just because they are positive associations, doesn't mean they are healthy and also frequently lead to overeating.

Because of this 'addictive' behavior, behavior modification is an essential part of changing your relationship with food and permanently adopting a healthy lifestyle.

**How much total protein does the average person need each day and what are a few examples of appropriate serving sizes for a meal if you're eating 5 times per day? (3 meals, 2 snacks)**

There's no one size fits all when it comes to protein needs, in general the average person eats more than enough protein, which ranges from 40-80 grams each day depending on gender, age, health and activities. The recommended amount of protein is 15-30% of your calorie intake or more specifically .8 g/kg of body weight

but can be as high as 1.2-1.8 g/kg if you are an athlete, under stress, pregnant or recovering from an illness.

I recommended including protein in each meal and snack. The serving size or amount for each meal would depend on your calorie needs. One example, a woman who needs 60 grams of protein each day may have 15 grams of protein for breakfast (2 eggs or 1 cup yogurt), 20 grams for lunch and dinner (3 oz. of lean meat, tofu or 1 cup of cottage cheese) and 5-10 grams included with snacks (cheese stick or 1 oz. almonds).

A common misconception is that the more protein you eat the more muscle mass you can build. Bodybuilders and

athletes do require more protein but any more than about 1.6 g/kg won't necessarily build more muscle. I like to use the analogy, 'putting more gas in your car doesn't make it run faster.' There are no foods or supplements that can replace the right training and the right diet.

**I've heard that cinnamon helps tame blood sugar and is an antioxidant—true? If so, how much cinnamon is a good amount to sprinkle on cereal or in yogurt to reap the benefits?**

Cinnamon's role as anti-diabetes treatment has not been concluded definitively; it appears to possess blood sugar lowering properties and the potential to reduce fasting blood glucose levels. Most studies have used the equivalent to ½ teaspoon a day.

Spices, such as ground cloves, cinnamon, and oregano, are rich in antioxidants, although they are generally consumed in minimal amounts so fruits and vegetables are a better source.

## FROM THE BOZEMAN DEACONESS MAILBAG



To Staff of the Intensive Care Unit:

Thank you all so very, very much for the wonderful care and concern you showed to my son, Joe, while in your care. You all were so considerate of him and always professional. You also were so helpful to both my husband and me with compassion and information that helped so much.

Again, thank you all so much for the care and help. It meant so much to us all.

Sincerely,

Donna, Ivan and Joe Newnham  
Bozeman

Dear President and CEO:

My family and I were visiting Big Sky Ski Resort this April and we were involved in a bad auto accident. We were brought by ambulance to your ER for care. My 8-year-old son John had a pneumothorax [partially collapsed lung], fractured pelvis, fractured humerus, head injury and neck injury. My wife, Katie, had several spleen lacerations and two fractures in her lumbar spine and I suffered a kidney injury. My son was admitted for eight days and my wife for two days.

My family wishes to thank you and all for the wonderful, caring and professional care from the doctors, nurses, and ancillary staff we encountered in the ER, ICU, regular nursing floor, MRI, X-ray, food service, PT and OT and anyone else involved in our care. It seemed like the staff not only did their job, but also went above and beyond.

From nurses bringing in DVD's and stuffed animals for my son to food service providing courtesy meals as we stayed by his bedside, we were made to feel like we were special. We were visiting from Florida and had no family or friends in the area and this made the experience so much more

bearable. I am an RN and when I returned to work I was bragging about your hospital to my co-workers. Again, we are truly grateful for the care and compassion we received.

Sincerely,

John, Katie and lil John Haymore  
Green Cove Springs, FL

Bozeman Deaconess Staff,

Thank you so much for the special care my mother (Verna Dockter) was given during her brief stay at Bozeman Deaconess before her passing. The nurses and aides and other staff were very helpful and compassionate. We appreciate your kindness.

The Dockter Family  
(Thomas and Sheila Stewart)  
Belgrade

Dear Mr. Nordwick,

A week ago I was a patient in the Emergency Room and Room 100 on the Medical Unit. I wanted you to know that I received the best care you could expect to help me recover from a very scary time.

The people in the Emergency Room were so good, the nurses and physicians. There was so much empathy for me. Thank you.

Martyna Wallace  
Bozeman

To ICU Staff:

I want to thank all of you that gave me extra care in the ICU after my neck surgery. I thank all of you for your patience with me and the care was well appreciated. Also, thank you for making me smile when I didn't feel like it.

Tom Starceovich  
Butte

## THE FACTS ABOUT DISTRACTED DRIVING



By Sam Miller, RN, CEN, CCRN, Bozeman Deaconess Trauma Coordinator

THE WORLD IS MORE ELECTRONICALLY CONNECTED THAN EVER. In general, this is a good thing. It does come with some caveats; one being the issue of cell phone use while driving.

At any given time there are over 800,000 vehicles on the road with a driver who is either on the phone or texting (roughly 8 to 10 percent of the vehicles on the road in the U.S.). These drivers increase their risk of an accident by at least 400 percent merely by being on the phone. The risk surges to 2000 percent for texting. Drivers who are texting may take their eyes off the road for 4.6 seconds out of any 6 second time frame, according to a Virginia Tech study. For a vehicle driving at 30 miles per hour, this equates to over 200 feet of travel where the driver is not looking at the road. Thirty miles per hour is a fairly average speed in Bozeman; there could easily be many pedestrians in that space.

Statistics from a National Highway Traffic Safety Administration study showed that in 2008 almost 6,000 people were killed in crashes involving

distracted driving. These statistics favor younger drivers who have less experience operating a vehicle, and who are more likely to be using electronic devices. Over 56 percent of teens admit to using a phone while driving within the last year.

Over 20 states have banned texting while driving and seven have banned the use of hand held phones while driving. Most of these bans are primary enforcement, that means, a vehicle can be pulled over strictly for cell phone use, without any other violation.

Think twice about answering that call or text while driving—you could save your life, or someone else's life.



# PRIMARY CARE



## PROFILE ON PRIMARY CARE PHYSICIAN PAM HIEBERT, MD



Pam Hiebert, MD

PAM HIEBERT, MD, FIRST JOINED THE MEDICAL STAFF at Bozeman Deaconess in 1988. She is board certified in internal medicine and specializes in primary care. She explains what it's like to be a primary care physician.

### Why did you choose primary care medicine over a specialty practice?

In choosing primary care medicine, I have the privilege to care for patients over the long haul. I have known some patients for over 25 years and have helped guide them through lots of transitions in their lives. We develop a relationship through the years. While specialists may fix or take care of a specific problem, they don't necessarily see the patient again,

or only see the patient for short-term care. Primary care providers care for the whole person—including physical, emotional and social issues. Primary care physicians help guide the team in coordinating patient care in the hospital emergency room, surgical services or in assisted living or nursing homes.

### What is a typical day like in your practice?

I see about a third of patients for routine care or annuals. We focus on prevention strategies or on staying healthy. I order and review health screening tests such as mammograms, routine Pap tests (cervical) or PSA checks (prostate). Often we discuss cholesterol levels or high blood pressure or thin bones. The rest of the day I deal with urgent problems, such as acute back pain or bladder infections, headaches and chest pain. I also manage chronic conditions such as hypertension, stroke, heart attack or MS, coordinating consults with specialists, ordering medical testing and managing medications. I often discuss end-of-life wishes for care and a range of other issues important to my patients.

### WHAT HER PATIENTS SAY:

*I will never forget Dr. Hiebert strongly recommending that I have my tonsils removed when I was 24! She has always given great advice. She's like an old fashioned doctor—she gets to know you and asks very specific questions to get down to the problem. She remembers you and your concerns at follow up appointments. I am so happy to refer family and friends to her. I switched my mother-in-law to her and it has been such a good decision. My mother (Ann Staffanson) can also tell you about Dr. Hiebert. My mom has been her patient as long as I have. – Kristin Campbell, age 40*

### WHAT HER PATIENTS SAY:

*[She's] absolutely wonderful. The greatest. Beyond her knowledge, Dr. Hiebert is so caring, loving. I've never had that kind of care. She has all my information and I just had a check up and in the mail I got a list with all my blood tests. The note she sent with it said "I think you have another 20,000 miles on you." I'm very healthy even though I've had two hips and a knee replaced and became blind 10 years ago with macular degeneration. The attitude she has makes all the difference for me. When I fell last year, maybe it was from blood pressure or loss of balance, she helped with everything. –Ann Staffanson, age 85:*

### What are the drawbacks of not having a primary care physician?

It is ideal for everyone to have a trusted primary care provider. They can help make sure proper screening is happening (tailored to the individual, depending on certain risks, family history, etc.). The primary care provider also helps people get through the maze of specialists, testing, social issues, advanced directives, and other complex social and medical issues.

### What changes have you seen in your practice?

Due to the big office demand, we now use "hospitalists" for inpatient hospital care. We are still in the loop, though. The Emergency doctors and hospitalists (as well as orthopedic and other surgeons) keep us informed when a patient is in the hospital. In the old days we could see patients in the hospital and office, but our patient load got so big that it made sense to have the hospitalists focus on inpatient patients and office doctors focus on clinic patients. We still go to the hospital to visit our patients, if they request this or have very complicated problems.

## WHAT IS A DOCTOR OF INTERNAL MEDICINE (INTERNIST)?



James Loeffelholz, MD

AN INTERNIST IS A DOCTOR FOR ADULTS—both in treating disease and keeping patients well. We are to grownups what pediatricians are to children. We are not interns (interns are doctors in their first year of training after medical school). Our training includes three additional residency years learning about adults and how to prevent, diagnose and treat illness in adults.

As specialists in adult health care we care for our patients for life. Internists see patients—from teens through old age—in our offices or clinics. We also see patients in nursing homes. We manage our patient's care even when other doctors are involved.

Other doctors often ask us for advice. And, if you ask enough physicians who their own doctor is, they'll probably tell you they see an internist. Thus our nickname, "The Doctor's Doctor."

Internal medicine is the foundation for subspecialty training in treating just one illness or one system. For example, a pulmonologist is a lung specialist, cardiologists treat heart disease and oncologists are internal medicine doctors who treat cancer.

**CLIP AND SAVE**

### WELL CHILD EXAMS RECOMMENDED AT:

- 1 week and 3 weeks old • 2, 4, 6, 9, 12, 18 months old
- 2, 3, 4, 5 years. Every two years between age 5-18

### SCREENING THAT OCCURS AT DIFFERENT PEDIATRIC AGES:

- Developmental • Hearing • Vision
- Height, weight, body mass index (BMI) • Nutritional evaluation
- Blood pressure screening • Anemia screening
- Lead exposure test (6 months-6 years)
- Immunizations • Cholesterol screening



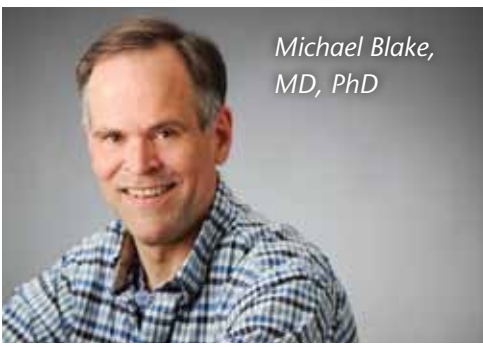
**Bozeman Deaconess**  
HEALTH GROUP

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## PREVENTIVE HEALTH CARE CHECKLIST

ADULT SCREENING/TREATMENT	HOW OFTEN?	FOR WHOM?
Breast Cancer (Mammogram)	Every 1-2 years	Average risk women ≥40 years
Cervical Cancer (Pap Smear)	Every 1-3 years	Women 3 years after onset of intercourse or age 21. May stop at age 65 if not at high risk
Colon Cancer (Colonoscopy)	At age 50	All average risk men and women
Prostate Cancer (PSA)	Generally accepted practice age 50	Discussion at age 40 if several <65 year old first degree relatives; age 45 if one first degree relative with cancer or if African American; At ≥50 and more than 10 year life expectancy
Flu Vaccine	Yearly	All
Pneumococcal Adult vaccine	Once usually	All adults ≥65 years. Smokers, chronic lung conditions including asthma, chronic cardiovascular conditions, diabetes
Shingles vaccine	Once	All adults over ≥60
Tdap (Tetanus, Pertussis, Diphtheria) vaccine	Every 10 years. This newer vaccine may be given within 2 years of the common Tetanus shot and protects against pertussis (whooping cough)	All adults 19-64 years
Abdominal aortic aneurysm	Once	Men 65-75 who have smoked ≥100 cigarettes ever
Blood pressure	Normal: recheck in 2 years Prehypertension: recheck in one year Stage 1: 2 months Stage 2: 1 month >180/110 treat now	Goal: <120/<80 Prehypertension: 120-139/80-89 Stage 1: 140-159/90-99 Stage 2: ≥160/≥100
Diabetes Screening	1-3 years depending on risk factors	Those with blood pressure >135/80 or those with other cardiovascular risks (age >45, obesity, certain ethnic groups, family history, age)
Lipid Screening	1-5 years	All men and women ≥20 or men and women at increased risk ≥ age 20. Men ≥35; Women ≥45 if increased risk
Tobacco Use (Smoking Cessation Counseling)	Counsel at every visit until use curtailed	Smokers/smokeless tobacco users
HIV testing	Once (unless high risk)	Age 13-64
Osteoporosis (bone density scan)	Once, depending on risk	Women ≥60; Men ≥65
Thyroid Testing	Based on symptoms	Evidence to screen
Hormone Replacement Therapy	Recommend against routine use	

## PREPARING YOUR CHILD FOR THE NEW SCHOOL YEAR



Michael Blake,  
MD, PhD

By Michael Blake, MD, PhD, Board Certified Pediatrician, Bozeman Deaconess Medical Associates

THE START OF A NEW SCHOOL YEAR inspires a mixture of dread and anticipation in most children. Talking with your child about their health and safety lets them know that everything possible is being done to ensure they have a good year.

### Nutrition

Good nutrition is essential for optimum academic performance and is perhaps the most important intervention you can do to prepare your child for success at school. This is especially true for children because they are growing and changing every day. Studies conducted since the early '70s show that nutrition, especially nutrition in the morning, stimulates children's learning. There are marked improvements in attendance and behavior and a decrease in visits to the nurse/doctor for ill-defined complaints. Good nutrition helps improve memory

and positively affects the tasks that require the retention of new information. Immunizations are one of modern medicine's most significant public health achievements. Not only do vaccines protect children against common seasonal diseases like seasonal influenza, they also help prevent diseases that are much rarer. Vaccines have eradicated smallpox, eliminated wild poliovirus in the U.S., and significantly reduced the number of cases of measles, diphtheria, rubella, pertussis and other diseases that often caused serious illness or even death. But despite these efforts, tens of thousands of people in the U.S. still die from vaccine-preventable diseases every year.

Contrary to a popular misconception, immunizations are becoming safer and safer. A false sense of security seems to have developed concerning immunizations. Because of the effectiveness of immunizations in preventing life-threatening diseases, parents today are not familiar with the burden of disease and mortality inflicted by such organisms as tetanus, haemophilus influenza B, polio, and smallpox. Vaccine-preventable diseases are still out there, so, if children don't stay up to date with vaccinations, the U.S. could see new epidemics of diseases. More children would get sick, and more would die.

A massive body of free literature is available that demonstrates the safety and effectiveness of immunizations (National Library of Medicine: [www.nlm.gov](http://www.nlm.gov)). There



and would be the first to condemn treatment or therapy that could harm children.

During the early years of life, we recommend children get a number of vaccines to protect them from diseases that can be serious, even life-threatening. Parents who choose not to vaccinate their own children increase the risk of infection for their children, other children around them, neighbors, and the community. Parents can find out what vaccines their children need and when the doses should be given by reviewing the nationally recommended vaccine schedule available on the website for the Center for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)) or the American Academy of Pediatrics ([www.aap.org](http://www.aap.org)).

### Before you send your child to school

#### Contact Information

Make sure your child's school has all contact information so that you can be notified promptly in the case of an emergency involving your child. Children with special health care needs should have a written plan of care on record with the school. It is important for parents and school staff to discuss medications that your child is taking and assure that they are available and not expired.

#### Transportation

- Find another child in the neighborhood with whom your child can walk to school or ride the bus.
- Review bus safety rules: Wait for the bus to stop before approaching the curb. Do not move around inside the bus. Check for oncoming traffic (look both ways) before crossing the street after exiting the bus. Avoid bending down in front of the bus to pick up objects or tie shoes, etc. as this makes it difficult for the driver to see them.

- Review bike safety rules: Wear a

helmet at all times. Use hand signals when making turns in traffic. Ride with traffic. Wear clothing and use reflectors that assure good visibility. Know traffic signals.

#### Bullying

We are just now becoming more aware of the long-term effects of bullying. According to Healthy Children ([healthychildren.org](http://healthychildren.org)), many of the teenage gunmen involved in school shootings had been ostracized or actively bullied by their peers for much of their lives. As adults we must dispense with the conventional wisdom that teasing is a harmless ritual of youth. While mild teasing may be harmless, ridicule should not be tolerated.

Teach your child that it is wrong to hurt other people's feelings. Encourage your child to actively intervene if they observe bullying. Tell the bully to "leave the other child alone" or "no one thinks you're cool." Seek out a teacher or other adult if your child feels threatened.

Arm your child with some strategies for coping with bullies: don't give in to the bully's demands. Simply walk away or tell the bully to stop. Don't cry or get upset, as this often promotes more abuse. Parents, actively promote and encourage your child to bond more closely with friends. Staying in groups makes it less likely that your child will be singled out for abuse. If bullying persists, parents should talk to the teacher.

Be alert for signs that your child is being bullied: sudden lack of interest in school, a drop in grades, not wanting to go to school, morning complaints of psychosomatic symptoms such as stomach ache or headache. Be aware that there is a strong correlation between childhood obesity and being bullied.

#### After School

If your child walks or rides a bike to school, be sure your child knows where to go after school if you are not home. Establish a specific route to school and back. Develop a plan if a child thinks they are being followed and enforce the importance of not talking to strangers. Your child should know his full name, address, and phone number. The American Academy of Pediatrics recommends adult supervision for children until the age of 11 or 12. If your child will be at home alone after school, be sure he or she knows who is responsible for them. They should know your full name, exact place where you work, and your work phone number, pager, etc. Have them call or text when they have arrived home. Establish a home safety checklist to be followed before entering your home and while they are home alone. Establish rules for after school play and how to get help in case of an emergency.

**There is no hidden agenda to give kids immunizations other than to protect the health of all children. Your pediatrician would never advocate or recommend treatment that would be detrimental to the health and well-being of kids.**

and positively affects the tasks that require the retention of new information.

Conversely, a poorly nourished child can be apathetic, disinterested, and irritable when confronted with difficult tasks. Growth and the nonverbal aspects of development and learning are significantly affected. Children who are poorly nourished are sometimes diagnosed as learning disabled or emotionally disabled when, in reality, they are merely hungry.

When children are poorly nourished, their bodies conserve the limited food energy available for priority functions such as maintaining organ function, then for growth, and last for social activity and cognitive development. As a result, poorly nourished children reduce their activity level and become lethargic and apathetic. Their behavior affects their social interaction, inquisitiveness, and their ability to concentrate and perform complex tasks. It affects overall cognitive function.

Integrating good nutrition into your child's schedule leads to improved learning, achievement, and behavior, as well as better math and reading scores. Studies have shown that children who eat breakfast average math grades that are almost a whole letter grade higher than students who rarely eat breakfast. Children who eat breakfast have better standardized test scores, as well as reduced rates of absence and tardiness.

### Vaccinations

Making sure that children at every age receive all of their vaccinations on time is one of the most important things parents can do to ensure their children's long-term health as well as the health of

never advocate or recommend treatment that would be detrimental to the health and well-being of kids. We are continually looking at ways to improve children's health through the use of immunizations

have been no well-controlled, well-designed substantive studies that demonstrate a causative relationship between immunizations and autism or any other cognitive disorder. There is no hidden agenda to give kids immunizations other than to protect the health of all children. The immunization schedule recommended by your pediatrician is designed to protect the individual as well as the population as a whole. Even if your child is not at particular risk for a disease, immunizing him/her will reduce the burden of the disease in the population thereby indirectly helping other children who may be more at risk. Your pediatrician is dedicated to the health of all children and would



never advocate or recommend treatment that would be detrimental to the health and well-being of kids. We are continually looking at ways to improve children's health through the use of immunizations



helmet at all times. Use hand signals when making turns in traffic. Ride with traffic. Wear clothing and use reflectors that assure good visibility. Know traffic signals.

#### Bullying



Connie Hahn, DO

By Connie Hahn, DO, Bozeman Deaconess Medical Associates

GENERALLY SPEAKING, A FAMILY MEDICINE DOCTOR IS A FULL SPECTRUM PHYSICIAN who treats all members of the family providing continuous and comprehensive health care.

## WHAT IS A FAMILY MEDICINE DOCTOR?

In the United States, family medicine doctors may hold either an M.D. or a D.O. (Doctor of Osteopathic Medicine) degree, and they must complete a three-year, post-graduate family medicine residency to be eligible for board certification.

Family physicians deliver a range of acute, chronic, and preventive medical care services. In addition to diagnosing and treating illness, they provide preventive care, including routine checkups, health-risk assessments, immunizations, and screening tests, as well as personalized counseling on maintaining a healthy lifestyle. Family physicians manage chronic illness, while coordinating

care provided by other subspecialists, and many practice obstetrics.

Family medicine physicians rarely specialize, but are drawn instead to a wide range of medicine and the variety of seeing patients of all ages. However further training is available through fellowships that follow residency, including obstetrics, sports medicine, and geriatrics.

Family medicine physicians enjoy being a part of the whole family. Knowing the dynamics of multiple generations and caring for each is part of their approach to good medical care for the entire family.

## WELCOME NEW BOZEMAN DEACONESS MEDICAL STAFF

KAREN DORN, MD, joined the Hospital Medicine Program. She's a graduate of the University of Minnesota Medical School and completed residency in internal medicine at Hennepin County Medical Center (chief resident). Dr. Dorn, who is board certified in internal medicine, was a primary care physician at Affiliated Community Medical Center, Benson, MN, and a hospitalist at Fairview Ridges Hospital, Burnsville, MN, before joining the medical staff at Bozeman Deaconess.



Shari Marx, MD

SHARI MARX, MD, board certified internist, is in practice with the Bozeman Deaconess Hospital Medicine Program. She earned her MD at the University of Colorado Health Sciences Center and completed internship and residency in internal medicine at the University of Utah Hospital in Salt Lake City. Dr. Marx was in private practice in Helena and served as medical director of Frontier Hospice in Helena before joining the inpatient medicine program at Bozeman Deaconess.



Steffan John May, MD

STEFFAN JOHN MAY, MD, a board certified internist, is in practice with Bozeman Deaconess Internal Medicine Associates. He is a graduate of the Ohio State University College of Medicine where he also completed residency training in internal medicine in 2010. He earned a resident teaching award, was senior internal medicine resident and a volunteer at the Columbus Free Clinic.

RICHARD E. POPWELL, JR., MD, joined Bozeman Deaconess Neurology. He graduated summa cum laude from Tulane University and obtained his MD at Tulane University School of Medicine in 1997. He completed his neurology residency in 2001 at the San Antonio Uniformed Services

Health Education Consortium. Dr. Popwell then served four years as an officer in the United States Air Force and from 2003 through 2005, he was the chief of neurology at Keesler Medical Center in Biloxi, Mississippi. He relocated to Northern Colorado, where he was in private practice. Areas of clinical interest include multiple sclerosis, neuromuscular disorders, dementia, movement disorders and adolescents with neurological disorders. He performs nerve conduction studies, electromyography, electroencephalography, lumbar punctures and botulinum toxin injections (non-cosmetic only). Dr. Popwell also programs vagal nerve stimulators for the management of epilepsy and deep brain stimulators for the management of tremors and Parkinson's disease. He is board certified in neurology.

GREGORY PRITHAM, MD, is now in practice with Bozeman Deaconess Urological Associates. He is a graduate of Tufts University Medical School and completed residency in urology at the University of New Mexico. He is available for consults, surgery and office appointments.



Michael H. Spinelli, MD

MICHAEL H. SPINELLI, MD, is now seeing patients at Bozeman Deaconess Hathaway Internal Medicine. He earned his medical degree at Virginia Commonwealth University Medical College of Virginia campus, Richmond, VA, and completed residency in internal medicine (chief resident) at Georgetown University Hospital, Washington, DC. He received two prestigious awards at Georgetown; for excellence in practice of medicine, passion for the art of medicine and commitment to community and also for scholarship, excellent patient care and a well-developed sense of humor. Dr. Spinelli is board certified in internal medicine.

HEIDI TUTHILL, MD, joins Intercity Radiology. She is a graduate of the University of Southern California-Los Angeles School of Medicine and completed residency in diagnostic radiology and fellowships in both musculoskeletal radiology and neuroradiology at Jackson Memorial Hospital, Miami, FL. Dr. Tuthill is board certified by the National Board of Medical Examiners and the American Board of Radiology.

## FEDERAL HIGH RISK POOL OPTION (THE MAC PLAN)

*Federal High Risk Pool Option (The MAC Plan) Open for Enrollment*

ON MARCH 23, 2010, PRESIDENT OBAMA signed the Patient Protection & Affordable Care Act into law. The Act contains a provision for a new federal high risk health insurance pool program to be established within 90 days (known as the "Federal Pool"). In Montana, this plan is called the MAC Plan and is being offered through the Montana Comprehensive Health Association (MCHA).

Montanans with pre-existing conditions who are seeking affordable, high-quality health benefits are strongly encouraged to contact the MCHA, which will begin accepting applications for the MAC plan, a new federal high risk health insurance pool program that is part of the federal health care reform law.

To qualify, an individual must be a citizen or national of the United States, or lawfully present, must be a Montana resident, must have a preexisting medical condition and must have been uninsured for at least 6 months before applying for the federal program. Enrollment in the federal MAC Plan is limited and on a first-come basis.

The federal MAC Plan is funded by the premiums paid by insureds and funding authorized by the federal government. If the federal funding is exhausted, insureds may move to an MCHA traditional plan of the insured's choice. The insured will need to pay the full MCHA premium for that coverage.

### To Apply

Applicants must complete the MCHA Traditional Plan/Federal High Risk Pool Application. Applicants will need to provide documentation of citizenship, Montana residency, and proof of a pre-existing condition or two denials or offers of coverage which excludes benefits for a pre-existing condition. Please see the application for the full requirements for making application.

The first month's premium and all documentation should be submitted with the completed application. If you would like assistance with the application process, you may contact any licensed Montana insurance agent.

Montana Affordable Care Application and related documents are available at [www.mthealth.org](http://www.mthealth.org).

## HEALTH AND WELLNESS FORUM: SEPTEMBER 23



Derrick Rowe, PA-C

**IMPORTANT NEWS FOR MEN ABOUT PROSTATE HEALTH** by Derrick Rowe, PA-C

**Prostate health** is one of the leading health concerns for men.

Join Derrick Rowe, PA-C, of Bozeman Deaconess Urological Associates, who will discuss prostate health—voiding difficulties associated with an enlarged prostate, preventative health, and PSA screening and treatment options. This Health and Well-

ness forum is held at on **Thursday, September 23, at 5:30 pm in the Bitterroot Room.** Contact the Bozeman Deaconess Health Information Center at 522-1644 for more information.



## NEW CHILDBIRTH EDUCATION CLASS FOR SINGLE PARENTS, TEENAGERS



PREGNANT AT 16, Chelsea Embry, RN, BSN, decided not to attend childbirth classes. "The father wasn't involved and I felt alienated from the older couples so I chose not to take formal childbirth classes," she recalls. "Luckily, I had a wonderful labor nurse here at Bozeman Deaconess who inspired me to go into the field of nursing."

Since her baby was born nine years ago, Embry graduated from Montana State University with a BSN. She's been a neonatal intensive care unit and postpartum nurse at Bozeman Deaconess Maternal-Newborn Services since 2006, has had two more children and this summer launched a new class "Childbirth Education for the Single Parent and Teenagers."

Embry says the 5-week class, taught three times a year at Bozeman Deaconess, will be similar to other childbirth courses held at Bozeman Deaconess. The difference will be an emphasis in post-birth referrals to community programs and services for single and young parents. For example, there are childcare grants for teen moms who attend school and support programs for single parents.

This is the course Embry wished was available when she was pregnant as a teen. She anticipates that single women and teens will be more comfortable taking a childbirth education class with others in similar situations. For more information on the \$50 course, call the Bozeman Deaconess Health Information Center at 522-1644.



Everything you want. More than you expect.



### According to research, she has a smile on her face 99.1% of the time.

Perhaps we exaggerate. But the fact is, on our most recent Resident Satisfaction Survey, the satisfaction rate is 99.1%. Which means that no matter how you look at it, when you look at our residents you're likely to see a smile.



That's nothing new. People at Aspen Pointe have been happy for years and years. Maybe it's the beautiful grounds and spacious living quarters. Perhaps it's all the

events and activities. Or the privacy, peace, and quiet. The fact that there's a fully staffed, full-service hospital and medical campus right next door, providing easy access, security, and peace of mind probably helps.

Whatever it is, it works.

Think about life at Aspen Pointe. There's a 99.1% chance it'll put a smile on your face.



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[www.hillcrestseniorliving.org](http://www.hillcrestseniorliving.org)

## HIP REPLACEMENT SURGICAL TRAINING PROGRAM BASED AT BOZEMAN DEACONESS



Dr. Daniel Gannon (front left) at the hip replacement symposium in Rome, Italy

ORTHOPEDIC SURGEONS FROM AROUND THE U.S. and the world come to Bozeman Deaconess Hospital to observe Daniel Gannon, MD, of Bridger Orthopedic and Sports Medicine perform hip replacement surgeries. The physicians come to Bozeman to learn how to perform the direct anterior, one incision total hip replacement procedure that Dr. Gannon helped popularize, which uses a hip stem that he helped design. In addition to performing 175 hip replacements a year at Bozeman Deaconess, Dr. Gannon has traveled throughout the United States to teach physicians innovative surgical techniques for hip replacement surgery.

In May, Dr. Gannon traveled to Rome, Italy, to participate in an international symposium on the Depuy Tri-Lock hip stem used for hip replacement surgery. Dr. Gannon is a member of the design team with five other surgeons from around the U.S. and was instrumental in the development of this hip stem. He was one of two physicians from the U.S. lecturing at the symposium where the international release of the new hip stem was initiated (it debuted in the U.S. in 2008). Dr. Gannon joined faculty from Ireland, England and Switzerland; 200 surgeons from various parts of Europe and Asia attended. Members of the design team demonstrated the use of the new hip stem to foreign doctors, lectured on the technique and reported results.



Dr. Gannon and Dr. Harsh Shah

Dr. Gannon trains physicians at Bozeman Deaconess Hospital where they learn first-hand from him in the operating room. This spring, Dr. Harsh Shah, an orthopedic surgeon from Ahmedabad, India, traveled halfway around the world to learn the procedure he will now teach surgeons in his country. Along with his training, Dr. Shah returned to India with a special gift—a retractor tool Dr. Gannon designed.

The surgical procedure Dr. Gannon specializes in translates to faster recovery from surgery, shorter hospitalization and quicker return to daily living activities.

Expecting? Let us pamper you!

Because soon enough you'll be doing most of the pampering.

Bozeman Deaconess Synergy Medical Spa offers a full menu of pregnancy massage services and products. At Synergy, each treatment is created to alleviate the main issues of discomfort in pregnancy—increasing skin elasticity, easing tired and sore muscles, reducing water retention, increasing circulation and treating dry, stretched and aggravated skin. Synergy uses specially designed pillows for comfortable position-

ing, then lets you float away to a relaxed state that's beneficial for both you and your baby. Labor massage helps to decrease pain in all stages of labor, while positively reinforcing breathing and relaxation techniques. All of our pregnancy treatments are enhanced with the use of Mama Mio® skincare products.

At Synergy Medical Spa, we believe pampering is just as important for moms as it is for their babies.

**Bozeman Deaconess**  
556-5140 | 905 Highland Blvd., Suite 4420 | synergymedicalspabozeman.com

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### HOSPICE OF SOUTHWEST MONTANA VOLUNTEER TRAINING COURSE

Held at The Cancer Support Community  
October 7, 8 from 4:30 to 8:00 pm, and  
October 9 from 9:00 am to 5:00 pm

Hospice of Southwest Montana, formerly Bozeman Deaconess Hospice, is seeking committed volunteers with flexible schedules to enjoy the rewards of providing invaluable support for our patients and families. Volunteers offer both companionship and respite when it is needed most—they visit with patients, take them on errands, read to them, listen to their stories and make a difference in their lives.

To learn more or to register, please call Gale Smith, Volunteer Coordinator at 585-1099. Please register by October 1. The training is free and open to the public.



**HOSPICE OF SOUTHWEST MONTANA**  
A partnership between  
Bozeman Deaconess Hospital  
and Frontier Home Health  
and Hospice

1600 Ellis St., Legacy Building, Suite 3A, Bozeman, MT 59715 | 406-585-1099

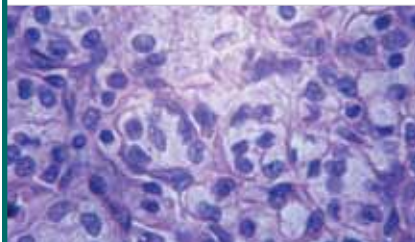
#### THE MARVELS OF MODERN MEDICINE

**Bozeman Deaconess**  
HOSPITAL



## HEALTH NEWS

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**Pathology Forum Showcases New Automated Systems:** The forum included presentations on new automated systems and a tour of the Bozeman Deaconess Anatomic Pathology Laboratory.



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**Nutrition Peas & Q's:** Dietitian Jacqueline Sikoski helps us get to the bottom of your most pressing nutrition questions.



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**Preparing your child for the new school year:** Talking with your child about their health and safety lets them know that everything possible is being done to ensure they have a good year.



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**New Childbirth Education Class:** This 5-week class will be similar to other childbirth courses held at Bozeman Deaconess but with an emphasis in post-birth referrals to community programs and services for teenagers and single and young parents.



page 6

**Hip Replacement Surgical Training Program:** Orthopedic surgeons from around the U.S. and the world come to Bozeman Deaconess Hospital to observe Daniel Gannon, MD, perform hip replacement surgeries.