dear friends and colleagues,

2014 marked a milestone for health care in the United States as it was the first year uninsured Americans could enroll in health exchanges under the Affordable Care Act. As more people access health care, Hospital Sisters Health System continues to enhance the reliability and value of care we provide to our patients while keeping focused on the unique needs of each individual we have the privilege of serving.

In this annual report, we highlight some of the ways we are serving our patients and their families through our high quality, Franciscan health care ministry. Our accomplishments this past year include implementing new programs to restore health to our patients, updating the environments in which we heal, increasing the effectiveness and efficiency for how we deliver care, and working collaboratively with others to improve the health status of our communities.

Our accomplishments all have one thing in common: they were achieved so we could better serve the individual who comes to us for help at a vulnerable time in his or her life. Whether it’s a process improvement initiative in the Emergency Room, online access to medical records, a multi-million dollar renovation project, or a training program for Spiritual Care colleagues, the goal is to ensure each patient we encounter has the best experience during their care and the optimal outcome for their health.

To that end, our colleagues and physician partners embrace the patient experience. We are no longer content to focus on improving patient satisfaction. While we continuously strive to exceed our patients’ expectations during their time with us, we also seek to get them actively involved in the care they are receiving at our hospitals and clinics. As we live out our Core Values of Respect, Care, Competence and Joy, we engage our patients so that we can better understand their perspective, their unique needs, and their anxiety and fears.

As we continue our healing ministry, we look to the example of our patron saint, St. Francis of Assisi, who cared for lepers and the sick with a smile on his face and the love of Christ in his heart. The care he provided was a sacred bond with that patient that we seek to emulate.

On behalf of the Hospital Sisters Health System family, we are grateful for the opportunity to serve our patients, their families and our communities in the healing tradition of Jesus Christ and St. Francis of Assisi.

Sincerely,

Mary Starmann-Harrison
President and CEO

Sr. Mary Mollison, CSA
Board Chair
dear friends,

While there is no question that health care delivery today presents challenges, we are also provided incredible opportunities to change and improve the value of services for our patients and communities. Over the next decade, we will likely look at this period as one of profound transformation in health care delivery and financing.

We are proud to say that we are ahead of the curve with regard to many challenges and opportunities. Over the past several years, we have proactively established the building blocks necessary to create integrated systems of care. These changes have prepared us for the rapidly evolving expectations we are experiencing in our health care environment, locally, regionally and nationally.

From our front line colleagues to our Boards, we embrace excellence, focusing on patient safety; patient, colleague and provider engagement, and connecting compassionately with every patient, every time. This belief is shared by all within our organizations, Prevea Health and other physician partners. Together we are one family providing the highest quality, highest reliability of care to all who come to us.

In the next year we will complete the full integration of Community Memorial Hospital, Oconto Falls, into Hospital Sisters Health System as St. Clare Memorial Hospital. We will improve the care coordination for people in Oconto County over the next year and integrate operations into our division.

We are grateful for the opportunity to serve patients, families and communities in Eastern Wisconsin and we look forward to continuing to create value through our high quality, Franciscan ministry.

Sincerely,

Therese Pandl
President & CEO
HSHS Division - Eastern Wisconsin

DJ Long
Chair, Board of Directors
St. Vincent Hospital and St. Mary’s Hospital Medical Center

David A. Van de Water
JD, LLM
Chair, Board of Directors
St. Nicholas Hospital

Therese Pandl
President & CEO
HSHS Division - Eastern Wisconsin

DJ Long
Chair, Board of Directors
St. Vincent Hospital and St. Mary’s Hospital Medical Center

David A. Van de Water
JD, LLM
Chair, Board of Directors
St. Nicholas Hospital
dear friends,

On behalf of the physicians and staff of Prevea Health, I would like to thank HSHS-EWD for our continued partnership. Through our partnership, we have actively improved the lives of the communities we serve by providing high-quality care, close to home.

Great examples of our joint successes include the recruitment of new specialties into our communities, which most recently has included the addition of orthopedic trauma surgery, pediatric gastroenterology and pediatric reconstructive plastic surgery, just to name a few. Without the partnership between Prevea Health and HSHS-EWD, we wouldn’t be able to provide such high-caliber care or to recruit such great physicians to our area.

One successful endeavor that’s advancing our ability to offer new and innovative services within our communities is the launch of Prevea360 Health Plan — a plan focused on keeping health care dollars, especially insurance premiums, locally. We now have our medical group, hospitals and health plan working jointly to improve the health care infrastructure of our area, thereby improving the continuity of care and the total wellness of the patients we serve.

As we continue to expand our partnership by seamlessly offering integrated care through a variety of new services and in new communities, our partnership will only continue to grow stronger.

At the end of the day, we understand that Prevea Health will always be a destination for our patients when they become sick, and our hospital partners will continue to be visited by patients when the need arises. But the success of our partnership comes from a more positive place. Together, we’re working to make our communities healthier, and when sickness does arise, we’re now better prepared than ever before to return our patients to their highest level of wellness as quickly as possible.

Sincerely,

Ashok Rai, MD
President and CEO
Prevea Health
In every conceivable manner, the family is link to our past, bridge to our future.

– Alex Haley

When we think about families, we think of a rich tapestry of shared experiences, values and viewpoints. Yet within the similarity are unique talents and ambitions that strengthen the whole and support the other members.

That is also what you find in our health care family. We are a collaboration of health care organizations — hospitals and provider groups — under one umbrella and bound by shared beliefs. We passionately believe in and honor our commitment to help every patient achieve and maintain his or her best possible health at all stages of life.

Our family brings together leaders of every field and specialty. Together, we are stronger, smarter and greater than any of us could be alone. People will be truly healthier as a result of our bond.

“One family” is not just a tagline. It isn’t a place or thing. It is a promise. One kept by every member of the family.

You see “one family” come living that promise every time someone journeys through our experience — from calling the clinic to leaving the hospital — and has no sense that they were within different organizations, other than the name on the building.

This is our legacy. This is “one family”.

one family
cancer care
Research affords individuals the opportunity to take part in clinical trials designed to find the best possible treatments and therapies for cancer. The National Cancer Institute (NCI) designated St. Vincent Hospital as one of the sites for its prestigious Community Clinical Oncology Program (CCOP) and awarded the hospital a grant for cancer research. The designation makes St. Vincent one of only 63 major cancer research sites in 34 states, the District of Columbia, and Puerto Rico. This designation gives the Center the ability to work directly with the NCI to bring people in this part of the country access to cutting-edge cancer clinical trials, drugs, and prevention studies, and allows the St. Vincent Cancer Research Program to further its commitment to provide the best in cancer research, care, and prevention.

Doxepin NO9C6

Painful oral mucositis (OM) is a significant side effect during radiotherapy for head and neck cancers. The objective of this clinical trial was to determine whether Doxepin oral rinse is effective in reducing OM-related pain in patients undergoing radiation therapy to the oral cavity. James Leenstra, MD, Radiation Oncology Specialists, St. Vincent Regional Cancer Center and St. Mary’s Hospital, was part of the NO9C6 development team and wrote the trial during his residency at Mayo Clinic College of Medicine, Rochester, MN.

Dr. Leenstra was the first author of the paper reporting the trial results in the Journal of Clinical Oncology (May 20, 2014) showing Doxepin oral rinse to be superior to a placebo rinse in controlling radiation mucositis pain.

“One of my interests is the treatment of head and neck cancers and during my treatment of David, I talked to him about participating in the NO9C6 clinical trial. Patients undergoing radiation therapy on the neck and oral cavity suffer substantial pain in the mouth and throat. David kindly agreed to go on the trial and found the Doxepin was helpful in alleviating his pain and chose to continue with the trial after the ‘unblinding’ period of the study. In fact, most patients in the trial experienced greater pain relief from Doxepin than from the placebo and, like my patient David, 86% of the trial participants chose to continue to use the Doxepin rinse after the ‘unblinding’.

— James Leenstra, MD
Radiation Oncology Specialists
St. Vincent Regional Cancer Center and St. Mary’s Hospital Medical Center

I had Stage IV throat cancer, which required 35 radiation therapy treatments and eight chemo treatments. While the radiation did not burn or blister my neck as it does with so many other patients, I did have pain in my throat and trouble swallowing. When Dr. Leenstra asked if I wanted to participate in a clinical trial, I said yes, I couldn’t see how it could hurt and the trial’s oral rinse couldn’t taste worse than the one I was taking. The trial’s rinse tasted so much better and didn’t leave a foul taste in my mouth. I’m glad I had the opportunity to be in this trial and feel like I’m one of the luckiest people alive — I think Dr. Leenstra and his team would agree.

— David Melotte, patient
Diet & Exercise GOG0225

Ovarian cancer is diagnosed in approximately 22,430 women annually in the United States; one in 69 U.S. women will be diagnosed with ovarian cancer in her lifetime. Despite the identification of numerous risk factors for ovarian cancer, most of which are not impacted by behavior change, efforts to identify lifestyle modifications that may modulate disease incidence and progression remain limited. The Gynecological Oncology Group, with its nationwide commitment to improving treatment and survival from ovarian cancer, affords a unique opportunity to test hypotheses relating to dietary intake and increased physical activity to improved progression-free survival among women diagnosed with ovarian cancer. The beneficial effects of stimulating immunity, enhancing metabolic pathways, and minimizing body fat are mechanisms by which physical activity would be expected to improve survival and reduce risk of recurrence following cancer treatment.

While the role of diet and specific dietary constituents in the development of, or survival from, ovarian cancer is not clearly understood, it remains a potential modifiable risk factor for this disease. The ability to maintain life quality is an important aspect of cancer survivorship. In addition to the expected beneficial physiologic effects, physical activity is associated with significant improvement in quality of life measures among cancer survivors and patients undergoing cancer treatment. Cancer diagnosis and treatment are life-changing events. In cancers in which median survival is particularly poor, as with ovarian cancer, adoption of healthy lifestyle practices to potentially increase progression-free survival is of particular importance to me. It is why I am an advocate for this study and encourage my patients to participate.

— Jonathan Tammela, MD
Gynecologic Oncology
Prevea Health

I was diagnosed with Stage III ‘C’ ovarian cancer in 2012. After my surgery and prior to starting chemo, my oncologist in Appleton referred me to Doctor Jonathan Tammela, a Gynecologic Oncologist at the St. Vincent Regional Cancer Center because I was interested in the possibility of participating in a clinical trial. I met with Dr. Tammela and chose to drive to Green Bay for my chemo.

Just prior to completing my chemo treatments, I was asked to participate in a clinical trial. I have a daughter, granddaughter and sisters, so even if the trial couldn’t help me, I knew it might help them and other women. As I was finishing this trial, I was told of another trial that will study the effects of diet and exercise. I was still very fatigued, but with my husband’s encouragement and offer to do it with me, I enrolled. In less than three months, I started noticing a change. I have more energy, healthier looking hair, nails and skin. I feel so good that I am determined to follow the plan after the trial is over.

— Janis Weiland, patient
A randomized Phase III Study of Bendamustine plus Rituximab versus Ibrutinib plus Rituximab versus Ibrutinib alone in untreated older patients (≥ 65 years of age) with chronic lymphocytic leukemia (CLL)

This study was announced in December 2013. I discussed it with my patient, Jane Delveaux, during an office visit and she enrolled in January. This clinical trial uses an exciting new drug that targets cancer cells in a very specific way. It has shown great efficacy, even in patients whose chronic lymphocytic leukemia (CLL) had been resistant to other treatments. It is generally tolerated very well without toxicities like infections, hair loss, nausea/vomiting that are often seen with other treatments.

— Michael Volk, MD
Green Bay Oncology, Ltd.

As an investigator with the National Cancer Institute (NCI), Dr. Volk is able to offer the trial through the Cancer Research Institute at St. Vincent Hospital. He sees Jane at the Green Bay Oncology Clinic in Oconto Falls, which allows her to stay in her own community while participating in the study.

Dr. Volk talked to me about the study and explained the components, possible side effects, and benefits I could realize. His knowledge of the study and enthusiasm in the effects I could realize by participating in the study made my decision easy. I wanted to participate, to see if this could help me. I realized positive results within a few weeks. I feel better and have more energy; I am extremely grateful to Dr. Volk and his staff for their ongoing care, encouragement and support.

— Jane Delveaux, patient
The St. Vincent Regional Cancer Center team continuously strives to improve all aspects of its services and care. “We can produce ‘cancer-free’ results with many patients, and now we are able to enhance the follow-up rehabilitation to greatly enrich their quality of life,” said Sally Luehring, MSL, Executive Director, Cancer Services, St. Vincent Regional Cancer Center. The Oncology Rehab Program’s goals of: raising energy, mobility and spirit, is one of the Center’s newest process improvements.

“Cancer treatment can be toxic and cause significant pain, fatigue and disability. Through our Oncology-focused Program and the STAR® certification process, we are equipped to help cancer patients minimize these side effects and provide the recommendations they need to live the best quality of life possible,” said Megan Pfarr, Physical Therapist/Certified Lymphedema Therapist, Oncology Rehab Program Coordinator.

The STAR® Program Certification (Survivorship Training And Rehabilitation) is the gold standard in cancer rehabilitation care providing training, protocols and other tools needed to deliver evidence-based “best practices” cancer rehabilitation services. Sixty-seven members of the cancer care team including — physicians, Nurse Practitioners, Physicians’ Assistants, Radiation Technicians, Physical Therapists, Occupational Therapists, Speech and Language Therapists, Medical Assistants and Registered Dieticians — have already completed their training to become STAR® certified clinicians.

The Oncology Rehab Program is available to all cancer patients — at any point in their journey — at diagnosis, during active treatment and throughout recovery. Designed on an individual basis with the goals of increasing strength and energy these programs are comprehensive in their approach to improving symptoms — fatigue, musculoskeletal pain, joint stiffness, limb swelling (lymphedema), weakness, memory problems, balance, and talking or swallowing difficulties. “Research has shown that skilled rehab care can give them a better quality of life and I’m proud to be on the team that is helping them achieve it,” said Pfarr.

“This program is an excellent example of our cancer team’s commitment to improve quality of care and better outcomes for our patients. We are relentless in our focus on continuous improvement wherever and whenever it is in the best interest and well-being of our patients,” said Luehring.

Outstanding Achievement Award

St. Nicholas Hospital is one of 74 hospitals across the United States and one of three hospitals in Wisconsin to receive the 2013 Outstanding Achievement Award from the Commission on Cancer of the American College of Surgeons.

The Outstanding Achievement Award recognizes cancer programs that achieve excellence in providing quality care to cancer patients, motivates other cancer programs to work toward improving their level of care and encourages honorees to serve as quality-care resources to other cancer programs.

“These 74 cancer programs currently represent the best of the best — so to speak — when it comes to cancer care,” said Daniel P. McKellar, MD, FACS, and Chair of the Commission on Cancer. “Each of these facilities is not just meeting nationally recognized standards for the delivery of quality cancer care, they are exceeding them.”

St. Nicholas Hospital’s cancer program was evaluated on 34 program standards categorized within one of five cancer program activity areas: cancer committee leadership, cancer data management, cancer conferences, clinical services and quality improvement.

“Earning this award recognizes the quality of cancer care we provide at St. Nicholas Hospital and demonstrates our commitment to delivering exceptional, quality care and service to our community on a daily basis,” said Brenda Davies, Clinical Research Associate, Cancer Research Institute.

S. Mark Bettag, MD
Oncologist, Sheboygan Cancer/Blood Specialists
I am an active healthy person addicted to exercise and a healthy diet so my eventual cancer diagnosis came as a total shock and nearly knocked me off my feet. Fortunately, I was in the caring hands of a great team.

During the pre-diagnosis period, my nurse practitioner worked to squeeze me in for appointments, called me regularly to see how I was doing, and referred me to Dr. Jonathan Tammela, a Gynecologic Oncologist at the St. Vincent Regional Cancer Center. As my case became more complicated, Dr. Tammela grew the team of specialists, all bringing their skills and knowledge to the ‘table’ to ensure that I got the very best care, treatment and follow-up.

I was supposed to be in the hospital for about three days, but due to complications, my stay turned into three weeks. Being in the hospital during the holidays was difficult, but the nurses and staff were extraordinary, they often brought me flowers and other little surprises like Christmas ornaments, body lotion and lip gloss, but most importantly, they were always there giving me smiles and encouragement.

When I think about the time I spent in the hospital, I realize that I was not the only patient on the unit, but you would not guess it based on the care, compassion and understanding I received.

In addition to the support and care provided by my health care team, my family and friends were there with me every step of the way. I enjoy hosting or going to spontaneous parties with my circle of family and friends and they saw to it that our fun spontaneous gatherings continued! One of them planned a New Year’s Eve party at the hospital. One of my nurses made sure my cranberry juice was served in a crystal glass for our New Year’s Eve toast!

It took five weeks to determine what type of cancer I had and Dr. Tammela visited me in the hospital every day (even on the holidays) to give updates and answer questions. My case was unusual, and he knew that just by stopping in to talk, listen and answer questions would help boost my confidence and spirits.

Other physician specialists were also very attentive in explaining their role in my care, offering support and answering my questions. This team, under the leadership of Dr. Tammela gave me the confidence I needed to ‘hang in there’.

I began four months of chemo at St. Vincent’s Cancer Center with Dr. Tammela and his staff and during this time, the “Tammela Team” was extraordinary! They treated me with care and compassion always making me feel like I was their only patient.

When I retired, I realized I missed the “Tammela Team” and wanted to be a part of it. Today, I am a volunteer at the Cancer Center. I talk to new chemo patients and share my own personal experiences. Many patients are often surprised to learn that I conquered the same battles they are just beginning to face.

I am a survivor and proud member of the “Tammela Team”! I believe that my trust in their expertise, attentiveness and care combined with the love and support I received from my family and friends gave me the strength and confidence I needed. Now I have the opportunity to offer that same kindness, compassion, interest and support that I received, helping them discover confidence, energy and hope.
quality
quality/care integration in today’s environment

Hospitals and health care are experiencing a sea of changes and related innovations due in large part to health care reform, the Affordable Care Act (ACA) of 2010. As a result, many health care providers are facing the need to reinvent themselves, moving from being reimbursed and incentivized for caring for higher volumes to increase reimbursement to being held accountable and recognized for outcomes and being paid accordingly.

At the core of it all is quality. In this environment, the quality of care we provide will not only benefit our patients and serve our mission, but will directly link to our future financial incentives and reimbursement.

At HSHS Division - Eastern Wisconsin we have the advantage of our original Mission and Core Values — Respect, Care, Competence, Joy. Our long-standing commitment to providing high quality health care already defines us in our approach to patient care. Fortunately, we do not have to reinvent ourselves. Rather our task is to look for ways to provide our high quality standard of care better, faster, and at less cost, which is how we will maintain our advantage and succeed in this competitive environment.

The Division is dedicated to adhering to our mission and our commitment to provide high quality care. We work collaboratively across the Division and disciplines — nursing, pharmacy, the therapies and quality — to seek Continuous Performance Improvement (CPI) in our work processes and in the development of each other. These key concepts will sustain us as we move forward.

Some of the Quality/Care Integration CPI initiatives developed during 2013 include:

- Bedside Report and Safety Checks
- Emergency Department to Inpatient Admission Report
- Hospital-wide telemetry process
- Hand-off of critical patient information
- Implementation of Neonatal Abstinence Syndrome protocols
- ST-Segment elevation myocardial infarction door-to-balloon process
- Supply and inventory reduction
WHA Partners for Patients

WHA Partners for Patients began in 2012 as part of a national effort sponsored by the Centers for Medicare and Medicaid Services (CMS). Its purpose is to decrease hospital readmissions and hospital-associated harm. “The program encourages frontline colleagues to lead the initiatives and become involved in the process changes,” said Debbie Walsh, RN, BSN, Quality Specialist/Quality and Performance Improvement, HSHS Division - Eastern Wisconsin and WHA Partners for Patients Lead.

In 2013, the Division participated in seven initiatives.

**Catheter Associated Urinary Tract Infection (CA-UTI)**

St. Mary’s Hospital Medical Center piloted a daily review of catheter line necessity. “Any day a Foley is in place when it is not necessary puts a patient at increased risk for infection,” said Karissa Singleton, MSN, RN, CIC, Infection Prevention Specialist, HSHS Division - Eastern Wisconsin and CA-UTI Team Leader.

During the pilot catheter days at St. Mary’s CA-UTIs were reduced 4 percent and there were zero CA-UTIs for more than seven months house-wide.

**Central Line Associated Blood Stream Infection (CLABSI)**

Within the first year of participating, the unit achieved zero CLABSI incidences. This is an outstanding achievement. The dedicated team worked not only to achieve but to sustain zero for more than a year.

**Fall Prevention**

Known as the Safety Talks Program, this nursing-owned initiative is gaining momentum throughout the Division.

Each Professional Nurse Practice Council (PNPC) Quality/Fall Committee member tried Safety Talk with patients and reported successes and barriers. Countermeasures were developed, and the team tested it again. Today, the program is gaining momentum. Nurses on the test units hold each other accountable and the data ranking the three Division hospitals shows the greatest level improvement in this initiative.

**Pressure Ulcer Prevention (PUP)**

Development of hospital-acquired pressure ulcers is a useful indicator of an inpatient facility’s quality of care because by identifying at-risk patients and applying appropriate interventions, we can prevent pressure ulcers.

At the end of the team’s first year the data showed a decrease in the rate of hospital-acquired pressure ulcers Division-wide.

**Readmissions**

Based on Best Practice Models for preventing readmissions, this team continues to improve the discharge process and transition of care for patients throughout the Division.

**Surgical Site Infection (SSI)**

The SSI team piloted a six-month perioperative skin antisepsis study for select Orthopedic, spine and plastic surgery cases at St. Mary’s Hospital Medical Center. The team standardized the skin preps and developed education materials on the proper use of the prep for the surgery staff.

At the end of the first year, the skin prep standardization was approved by the surgery case committees and the pilot was cleared for launching.

**Venous Thromboembolism Events (VTE)**

The VTE team focuses on preventing harm to patients by developing processes to facilitate physician assessment of VTE risk, prescribing appropriate VTE prevention, and implementing appropriate interventions for hospitalized patients.
Over the past year, St. Vincent Hospital and St. Mary’s Hospital Medical Center were recognized with an “A” Hospital Safety Score in 2014 by The Leapfrog Group, an independent national nonprofit run by employers and other large purchasers of health benefits. The A score was awarded in the latest update to the Hospital Safety Score™, the A, B, C, D or F scores assigned to U.S. hospitals are based on preventable medical errors, injuries, accidents and infections using publicly reported data from CMS’s Hospital Compare and unique data sets submitted by hospitals.

“Receiving an ‘A’ score really emphasizes our commitment to providing safe, quality health care to our patients” said Gail Ostrander, Chief Performance Improvement Officer. “We are relentless in driving improvements to those we serve. Patient safety is the top focus for us — one that requires diligence with every patient, every day with our outstanding team of providers, nurses, leaders, and support team members.”

The Hospital Safety Score was compiled under the guidance of the nation’s leading experts on patient safety. The first and only hospital safety rating to be peer-reviewed in the Journal of Patient Safety (April 2013), is designed to give the public information they can use to protect themselves and their families.

To view the safety scores, visit the Hospital Safety Score website at www.hospitalsafetyscore.org, which provides information on how the public can protect themselves and loved ones during a hospital stay.

Congratulations to St. Vincent Hospital and St. Mary’s Hospital Medical Center on this recognition and to all of our Eastern Wisconsin hospitals on being recipients of an “A” in Hospital Safety.
stroke programs receive accreditation from The Joint Commission

Stroke kills almost 130,000 Americans each year and accounts for one out of every 19 deaths. Each year, about 795,000 people experience a new or recurrent stroke, making it the fourth-leading cause of death in the United States and the leading cause of long-term disability.

Patients who suffer a stroke and live in Northeast Wisconsin and surrounding areas, can be assured they have access to high-quality care close to home. St. Vincent Hospital and St. Mary’s Hospital Medical Center in Green Bay, as well as St. Nicholas Hospital in Sheboygan have all received The Joint Commission’s Gold Seal of Approval for Advanced Certification in Disease-Specific Care, as a Primary Stroke Center.

“Our dedicated, multidisciplinary stroke teams worked diligently to achieve these certifications, and they continue to work hard every day to maintain this level of excellence,” said Jason Helgeson, Executive Director of Musculoskeletal, Neuroscience and Therapy Services. “We are pleased to have The Joint Commission recognize our continued commitment to providing the best possible care to our patients and our community.”

The Joint Commission is the nation’s oldest and largest accrediting body in health care. It evaluates more than 20,000 health care organizations and programs in the United States with rigorous, in-depth and on-site evaluations before awarding certification. The Joint Commission’s Primary Stroke Center Certification was launched in 2003 and developed in collaboration with the American Heart Association/American Stroke Association.

“In achieving Joint Commission certification, St. Vincent, St. Mary’s and St. Nicholas have demonstrated their commitment to the highest level of care for stroke patients,” says Jean Range, MS, RN, CPHQ Executive Director, Disease-Specific Care Certification, The Joint Commission. “Certification is a voluntary process and I commend all three hospitals for successfully undertaking this challenge to elevate their standards of care and instill confidence in the communities they serve.”
ortho
St. Mary’s opens doors to Prevea Regional Orthopedic Center and One Day Services

St. Mary’s Hospital will be home to the Prevea Regional Orthopedic Center, and renovated One Day Services and Sterile Processing Departments this fall. Construction on these large projects began in January 2014 on the second floor of the hospital.

The Prevea Regional Orthopedics Center is a sprawling, 22,500 square feet that offers comprehensive care — exams, X-rays, labs and radiology — in one location. There are eight sub-specialty services offered, including Hip & Knee, Shoulder, Spine, Hand, Foot & Ankle, Family Medicine, Rheumatology, and Physical and Occupational Therapy. Patients will find the new center to be easily accessible as they can use valet parking at the main entrance of the hospital, cross the lobby and then take an elevator directly to the Center.

Exam rooms in the Prevea Regional Orthopedic Center include large-screen TVs for providers and patients to view digital X-rays. The environmentally-friendly design of the new center is also enhanced by plenty of natural lighting.

“The Prevea Regional Orthopedic Center at St. Mary’s Hospital will be the first all-inclusive center of its kind in Northeast Wisconsin,” said Jason Helgeson, Executive Director, Musculoskeletal, Neuro Science and Therapy Services. “This is truly the ‘gold standard’ in orthopedic care.”

Adjacent to the Prevea Regional Orthopedics Center on the second floor, is St. Mary’s One Day Services. The 10,000 square-foot outpatient surgery unit includes 26 rooms for pre- and post-op patients. Each room will be private with a door and its own bathroom. Two rooms include ceiling lifts.

“St. Mary’s Hospital and Prevea Health have a strong reputation in the community for advancing the mission through comprehensive orthopedic care,” said Larry Connors, COO, St. Vincent and St. Mary’s Hospitals. “The expansion and renovation of the Prevea Regional Orthopedic Center and One Day Services at St. Mary’s Hospital Medical Center will aid in the recruitment of additional orthopedic specialists and enhance patient satisfaction by increasing privacy and comfort. We are very excited about this project and the benefits it will provide to patients and their families.”
**improving** rotator cuff repairs

**Current, leading-edge techniques**

Rotator cuff tears are a very common cause of shoulder pain that can be quite disabling for patients. Nonsurgical treatment revolves around physical therapy, nonsteroidal anti-inflammatory medication, steroid injections and activity modification. If these treatments fail, arthroscopic surgery is the treatment of choice.

The techniques to repair rotator cuff tears have evolved over time. Current treatment involves arthroscopic (minimally invasive) surgery through three to five small holes using a camera and small instruments to repair the tear. Small suture anchors are placed into the bone and the stitches are passed through the rotator cuff to repair the tear down to the bone.

Re-tears of the repaired shoulder can occur, and there are some state-of-the-art treatments being done at the hospitals in our Division to reduce these re-tears.

One such strategy is to use the body biology — or biologics — to help improve the healing of the repairs. Marrow stimulation is one example of using biologics. The orthopedic surgeon pokes 2-3mm holes in the bone where the rotator cuff is repaired to. The holes produce bleeding bone which may help the rotator cuff to heal.

Another example of using biologics to improve rotator cuff healing is to inject Platelet Rich Plasma (PRP) into the repair site. PRP is derived by drawing blood out the patient’s vein and using a centrifuge to spin the blood down into plasma. The plasma has several growth factors in it that can enhance healing, and some studies show that injecting PRP into the repair site can enhance the healing of rotator cuff repairs.

Another leading-edge technique to improve rotator cuff repairs is to augment the rotator cuff repair with a patch of artificial rotator cuff tendon. The patch of tissue is produced by several companies to mimic the properties of rotator cuff tissue. This patch can be sewn into the rotator cuff repair with arthroscopic techniques to improve the healing of the rotator cuff and reduce re-tears.

The surgical techniques used are very important to optimize healing. The physical therapy protocol after the repair is equally important to ensure optimal results. The highly-skilled physical therapists in our Division have done extensive research with our providers to design the best possible therapy protocols to give the best possible outcomes for patients.

With excellent, leading-edge surgical techniques and outstanding physical therapy, patients can expect outstanding results.

---

**focus on fractures**

Hip fractures are serious fall injuries that often result in long-term functional impairment, nursing home admission and increased mortality. With an aging population, the number of hip fracture incidents is projected to increase.

Patients who suffer from hip fractures and other types of fractures will soon have access to a new and comprehensive treatment plan at St. Vincent Hospital implemented by orthopedic trauma specialists with the Prevea Regional Orthopedics Center.

In the last year, an Executive Fracture Council — comprised of physicians, administrators and medical professionals who come in contact with fracture patients on a regular basis — was formed to start developing an orthopedic fracture center at St. Vincent Hospital.

“St. Vincent Hospital already serves as Brown County’s leader in treating fracture patients,” said Jason Helgeson, Executive Director, Musculoskeletal, Neuro Science & Therapy Services. “Now, we’re getting ready to offer an even higher level of care.”

The fracture center would serve as a one-stop shop for patients suffering from fracture injuries, and would give patients access to a dedicated, fracture care coordinator, the area’s only fellowship-trained orthopedic trauma surgeon, Dr. Daniel Severance, and a highly skilled team of experts. The fracture center would be overseen by the Executive Fracture Council to monitor clinical pathways, patient outcomes, key quality metrics, and customer service.

A business plan for an Osteoporosis Clinic, which would specialize in follow-up care for fracture patients, as well as falls and balance prevention education programs, is also in development. This would be the first of its kind in the Green Bay market.
growth
In September 2014, Community Memorial Hospital in Oconto Falls joins HSHS - Eastern Wisconsin Division and formally changes its name to HSHS St. Clare Memorial Hospital. St. Clare Memorial Hospital becomes the 14th hospital to join HSHS and the 4th to join our Division.

“This is truly a historic event as HSHS has not added a hospital to their health system since the 1980's,” said Therese Pandl, President & CEO of HSHS - Eastern Wisconsin Division. “We are delighted to have St. Clare Memorial Hospital in Oconto Falls join our family. We believe that through working closely together, we can improve the health care of our communities and we will be stronger serving together.”

“By joining Hospital Sisters Health System, St. Clare Memorial Hospital is creating the foundation upon which we will continue our mission of providing high quality health care close to home, well into the future,” said Dan DeGroot, Chief Operating Officer of St. Clare Memorial Hospital. “We are all truly excited about what this means for our organization and more importantly, what this means for the patients and families we will continue to serve for years to come.”

In May 2011, Community Memorial Hospital and HSHS entered into an affiliation agreement in an effort to enhance physician recruitment, implement an electronic health record system and improve delivery of care. As an official member of the HSHS Eastern Wisconsin Division family, St. Clare Memorial Hospital adopts the HSHS mission to reveal and embody Christ’s healing love for all people through a high-quality Franciscan health care ministry. The high quality care that patients have been accustomed to for more than 93 years in the Oconto Falls community remains.

St. Clare Memorial Hospital is named after St. Clare of Assisi, who is considered by many to be a co-founder of the Franciscan movement.

As the other three hospitals in our Division, St. Clare Memorial Hospital works in partnership with Prevea Health to have access to a variety of providers in a number of specialty areas.
The St. Vincent Hospital Center for Wound Care & Hyperbaric Medicine opened its doors in 1998 and today serves more than 1000 outpatients per year.

“Many of our patients are elderly and/or disabled and often need wound care supplies and other medical equipment,” said Jane Charnetski, RN, MSN, CWON, Manager/Nurse Practitioner, St. Vincent Center for Wound Care & Hyperbaric Medicine. In the past patients were given a prescription and it was the patient’s responsibility to obtain the items from local suppliers. However, many patients were not filling the prescriptions because it was inconvenient and sometimes difficult to make another stop after treatment. As a result, compliance with care recommendations and patient outcomes suffered.

It became evident that an onsite Durable Medical Equipment (DME) provider specializing in wound care products would be a nice complement to the center’s services. In 2008, the Center contracted with a national DME company specializing in serving wound clinic patients and the center, seemingly overnight, began realizing improvements such as enhanced patient experience, improved outcomes, and efficiency gains in processing the paperwork. In 2011, the Center collaborated with HME Home Medical, which is also part of HSHS, to provide their wound care DME services in the Center.

HME Wound Care supplies a complete line of products for treatment of complex wounds. “Our expertise is in surgical wounds, burns, diabetic ulcers, pressure ulcers as well as many other conditions,” said Angela Smet, Regional Wound Care Specialist, HME Home Medical. An HME colleague is available to assist patients, wound center colleagues and physicians during clinic hours. “Our HME colleague meets with patients and families, provides equipment or supplies, explains how to use the equipment, and completes the necessary insurance paperwork,” said Nancy Stellpflug, General Manager, HME Home Medical. The HME colleagues also serve as resources for the Wound Center physicians and often collaborate with them in determining the kind of supplies will meet the patient’s needs and whether the patient’s insurance covers the supplies.

The collaboration between the Wound Center and HME is achieving results on many levels — increased patient satisfaction, improved patient outcomes, greater efficiencies and compliance care recommendations are met and often exceeded. “The most important aspect of this collaboration however, is that it is an excellent example of our efforts in continuously looking for ways to improve our services for the good of our patients,” said Charnetski.
Patients of all ages rely on medically necessary home medical equipment to allow them to live an independent lifestyle. Because of this equipment, they are able to live in their homes and not in hospitals or care facilities. For these patients, home medical equipment is a vital part of their lives, and they rely on their home medical equipment providers to provide them with quality care and services to make their lives easier.

“That’s why the collaboration between Home Health and HME Home Medical made sense,” said Tanya Smith, Divisional Director, Home Health Services. “We’re excited about this collaboration as we work together to provide continuous and comprehensive health care for our patients.”

Patient needs vary and that’s why it’s a top priority to offer equipment that meets the temporary and permanent needs of the patient. This may include a walking aid, wheelchair, lift chair or stair lift. No matter the need, resources are available to ensure the patient receives continuous care from the clinic or hospital into the home.

“HSHS, Prevea Health and HME have a long history of providing quality care and services,” said Jim Vana, HME Home Medical Executive Director. “With this partnership, we can provide a complete spectrum of care for our mutual patients from clinic and hospital intake, to discharge, to durable medical equipment necessary for recuperation in the home environment.”

Durable medical equipment includes more than hospital beds and commodes. When patients no longer need full hospital services, it’s more comfortable and convenient to receive intermittent care at home. Home health care, including the use of durable medical equipment and supplies, can help patients avoid prolonged hospital stays, re-hospitalization and speed up their recoveries.

“HME can help patients learn to better navigate through their environment and complete tasks like using stairs or showering,” said Vana. “Plus, in the home setting, the family becomes more involved in the patient’s recovery.”
finding comfort in choice

For 89-year-old Patricia Huibregtse, having health care choices brought hope when she was diagnosed with ovarian cancer. Being diagnosed with a terminal illness is never easy and can be devastating for the patient and family. However, thanks to colleagues at St. Nicholas Hospital, Pat felt comfortable making her decisions about how to live the rest of her life.

When asked about her doctor, Pat’s face lit up as she answered, “Dr. (Mark) Bettag is amazing!” You see, Dr. Bettag (Oncologist, Sheboygan Cancer/Blood Specialists) became a family friend of Pat’s, as he is the primary care provider for Roland, Pat’s husband. “I felt comfortable working with Dr. Bettag and knew that he would help me understand my diagnosis and options,” said Pat. “He ordered additional tests to get a handle on things, met with my family and gave me my options. He was there for me and would be no matter what I decided.”

With comfort as a priority, Pat chose palliative care, an approach that focuses on comfort and quality of life for those affected by life-altering, life-limiting or life-threatening illness. Its goal is much more than comfort in dying. Palliative care is about living, through meticulous control of pain and other symptoms; emotional, spiritual, and cultural support, and maximization of functional status. Since Pat didn’t want to seek an aggressive cancer treatment, she also chose St. Nicholas Hospice. She wanted care that allowed her to focus on maintaining the quality of her life with dignity.

Pat chose to continue to live with a focus on comfort and quality of life. Her room at the assisted living facility is filled with personal belongings that remind her of the good times and the things that make her smile. She is a wife, a mother, a grandmother and great-grandmother who loves to read and appreciates the staff because they’ve become her second family. They keep her comfortable and help her live each day to the fullest.
St. Nicholas Hospital acquires
Sheboygan Surgery Center

After more than five years of successful partnership, St. Nicholas Hospital and the physician owners of the Sheboygan Surgery Center reached an agreement for the hospital to acquire the Surgery Center. The acquisition took place on December 31, 2013, making the Surgery Center a department of St. Nicholas Hospital.

This partnership brings a unique level of service to the Sheboygan community. Patients are able to have outpatient surgical procedures performed in a non-hospital setting — with the same quality of care — and the security of knowing that they could quickly and easily transition to hospital care should it be needed.

“Since the Center’s inception, the hospital and Surgery Center have continued to explore ways the hospital and its physician partners could work even more closely together to enhance the quality of patient care and reduce the cost of health care for our patients, their families and the community,” said Andy Bagnall, President & Chief Executive Officer, St. Nicholas Hospital. “The change in ownership reflects a natural evolution of that exploration and our hospital/physician partnership.”

All Sheboygan Surgery Center colleagues are now St. Nicholas Hospital colleagues, and participating physicians are working with the Hospital to provide oversight to ensure surgical excellence and an outstanding patient experience.

“We’re working together to streamline operations to take advantage of shared services and efficiencies gained through common ownership,” said John Winter, Co-Director, Sheboygan Surgery Center.
cardiac services enhanced

The cardiac care services offered in Green Bay through Prevea Health and the HSHS Division - Eastern Wisconsin Green Bay hospitals — St. Vincent Hospital and St. Mary’s Hospital Medical Center — were greatly enhanced when James C. Hansen, MD, an electrophysiologist, arrived on the scene in August 2012.

Cardiac electrophysiology is a branch of cardiac care that treats heart rhythm disorders (arrhythmias) where a heart beats too slowly, too rapidly or irregularly. Since his arrival, Dr. Hansen’s cardiovascular services advanced at a rapid pace, often leading the region in cardiac catheterization procedures and technological advancements.

Dr. Hansen performs a myriad of procedures, including the new injectable Reveal LINQ Loop Recorder, Pacemakers, ICDs, Ablations and the first credentialed Electrophysiologist in Northeastern Wisconsin to implant the Boston Scientific subcutaneous defibrillator (S-ICD).

I have struggled with Atrial Fibrillation (A-Fib) since September 1995. When I had the opportunity to meet Dr. James Hansen, I knew he was the right doctor for me. During my initial visit he patiently and sincerely listened to my story and my concerns. His manner was reassuring and he easily fielded all of my questions about the ablation procedure, its outcomes, both immediate and long term.

Throughout this journey, when I visit Dr. Hansen, I feel as if we could talk about anything, his relaxed yet knowing manner is extremely helpful and his proven surgical expertise is nothing short of life changing for me.

DR. HANSEN HEALED MY HEART.

— Laurence Zibell, patient
The Subcutaneous Implantable Defibrillator (S-ICD) System is a new defibrillator therapy recently made available at the HSHS Division-Eastern Wisconsin Heart and Vascular Center. James Hansen, MD, is the first electrophysiologist in Northeast Wisconsin credentialed to implant the Boston Scientific S-ICD.

“This is an exciting new solution for patients at risk of sudden cardiac arrest. It is leadless device, which promotes patient safety and less risk for infection leaving the heart and veins untouched. It is an exciting new solution for patients at risk of sudden cardiac arrest,” said Dr. Hansen. The S-ICD System is a defibrillator implanted under the skin (subcutaneous) providing an electric shock to the heart (defibrillation) for the treatment of an abnormally rapid heartbeat originating from the lower chambers of the heart (ventricular tachyarrhythmias).

In clinical studies, data showed the S-ICD System was capable of restoring a normal and stable rhythm and thereby able to support life. “This therapy is effective in treating life-threatening arrhythmias, eliminates the risks associated with implanting leads on or in the heart, meets an unmet need for patients who are not suitable for transvenous lead placement and offers a less invasive alternative for patients,” said Dr. Hansen.

Patients suffering from heart failure with a high risk of dangerous heart rhythms, or who have a history of sudden cardiac arrest (SCA), an S-ICD may find this the right choice.
At the heart of our Center is our commitment to the care and comfort of our heart patients and their families.

— Christopher Brabant
Executive Director Heart and Vascular Center

multi-specialty imaging suite and expansion of CVICU

Plans are nearing completion for a cardiovascular multi-specialty imaging suite at St. Vincent Hospital. “Our Heart Center houses the latest technology and supports the most advanced cardiac treatments and procedures. A multi-specialty imaging suite will serve our growing number of patients more efficiently,” said Christopher Brabant, Executive Director Heart and Vascular Center, HSHS Division - Eastern Wisconsin.

The new suite will incorporate noninvasive diagnostic clinical imaging studies using state-of-the-art MRI and CT technology. This will assist with complete cardiac functional studies and vascular studies of all territories including coronary, carotid, thoracic, abdominal, pelvis and extremities.

“Room configuration for the new Multi-specialty Imaging Suite is completed and we are working on finite details such as light switch locations, floor type and color, ordering the phasing for construction and preparing the bids for vendors,” said Brabant.

“At the heart of our Center is our commitment to the care and comfort of our heart patients and their families,” said Brabant. It is important for patients and their families to have peace of mind in knowing the Center’s cath labs, cardiovascular operating room, and intensive care unit are just steps away from each other allowing the doctor to see a patient in a cath lab and, if immediate surgery is required, the patient can quickly move next door for their procedure.”

Construction of the new suite is scheduled to begin in January 2015.

CVICU expansion

Just steps from the operating room is the Cardiovascular Intensive Care Unit (CVICU), where staff closely monitors and recovers patients immediately following surgery.

The CVICU is a fast-paced and highly specialized nursing unit currently comprised of four critical care beds, all in private rooms. “As our volume increases, so must our ability to care for patients. Therefore, in conjunction with our new multi-specialty imaging suite we are expanding our CVICU to six beds,” said Brabant.

The CVICU nursing staff provides compassionate, high quality patient and family care that is respectful and safe. They are an integral part of the Heart Center’s multi-specialty team.

“The exceptional care our patients receive begins with our experienced physicians, who work closely with our nurses, nurse practitioners and physician assistants, all specializing in treating our cardiovascular patients with a focus on balancing our state-of-the-art technology and skills with patient-focused care,” added Brabant.

“For 120 years, patients have trusted us to care for their most complex health care needs. As we enhance, construct, and continuously look for ways to improve our Heart Center we will continue to care for our patients and serve their needs well into the future,” said Brabant.
women's care
St. Vincent Hospital brings whole body cooling therapy to Northeast Wisconsin

In fall 2013, St. Vincent Hospital was the first in the region to introduce whole body cooling, a new therapy to treat newborns who experience reduced blood flow to the brain or other body organs during the birthing process.

Whole body cooling protects the infant’s brain by slowing its metabolism which, in turn, slows the physiological effects that accompany reduced blood flow — brain swelling and brain cell death. This series of events often reduces the severity and effect of the initial brain injury, which can often lead to improved quality of life for the infant.

“Previously, this type of therapy was only implemented at large academic centers and, in terms of our region, was only offered in Milwaukee,” said Robert Rock, MD, Neonatologist, St. Vincent Hospital. “In 2013, we determined that our skilled NICU team and pediatric specialists could provide effective whole body cooling treatment right here in Green Bay.”

The cooling process must take place within six hours of birth, but is generally started as soon as NICU staff perceives the risk for reduced blood flow. During the therapy, infants are placed on a bed with a cooling blanket and special monitoring equipment. A cooling device pumps cool water through the blanket to slowly reduce the infant’s body temperature to 92 degrees Fahrenheit. The NICU staff keeps the infant’s body at that temperature for 72 hours and slowly re-warms him or her over the course of six hours. The whole body cooling team consists of four neonatologists, six NNPs and specially trained nurses with neurologic support from Prevea Pediatric Neurologist Dr. Terance Edgar. The team has been instrumental in educating the community, obstetricians, midwives and others about this therapy and its criteria to ensure babies who meet the criteria are not warmed immediately after birth, but rather transferred to the St. Vincent NICU for therapy.

“Since we began offering whole body cooling, we have treated two infants and both did very well,” said Dr. Rock. “The incidence of neurologic injury meeting cooling criteria is only seen in about 1 to 3 cases per 1,000 live births, so we don’t anticipate treating many infants with this therapy, but we’re fortunate to have the ability to provide it locally when it is needed.”

We determined that our skilled NICU team and pediatric specialists could provide effective whole body cooling treatment right here in Green Bay.

— Robert Rock, MD
SimMom® helps labor and delivery staff train for high-risk deliveries

For labor and delivery teams, learning to make the right decisions quickly can have a profound positive impact on the health of both baby and mother — especially when it comes to high-risk deliveries. The labor and delivery teams at St. Vincent and St. Mary’s have a new way to further sharpen their skills, thanks to the gift of SimMom® birthing simulator by Friends of St. Mary’s.

SimMom is an advanced birthing simulator mannequin that mirrors a real expectant mother and baby. She is programmed to replicate high-risk birthing situations, including hemorrhages, shoulder dystocia, emergency Cesarean section, umbilical cord prolapse and heart rate issues, among others. Depending on the scenario selected, respiration, blood pressure and other vital signs will change to mimic the changes that would occur in a live patient.

The labor and delivery team uses SimMom as training tool, running various high-risk delivery drills to ensure they respond in a uniform manner and react properly to a variety of unusual complications.

“SimMom helps us practice our skills, shows us where we are lacking and helps us to improve processes and communication,” said Paula Kiel, Clinical Nursing Educator at St. Vincent Hospital. “She allows us to practice skills that would be too invasive to practice on a live patient or coworker.”

During some drills, trainers stop the group if any member of the team performs an incorrect action. Once the issue is corrected, they resume the drill. However, other drills are run from start to finish with a discussion about improvements after the drill is complete.

“Drills are a good opportunity to discover what skills the staff is lacking, so we can revisit that training and ensure everyone is up to par,” said Kiel. “Outcomes are greatly improved when we can put staff in clinically challenging situations before they are thrust into the anxiety of an actual high-risk delivery.”

The goals of these drills are to prevent hospital error, improve team communication and ultimately lead to ideal outcomes for patients, no matter what the complication.

Simulators are used frequently in nursing and medical school settings. However, they are becoming more popular in hospital settings, as more organizations are recognizing the value of high-risk delivery drills.

“The high-risk delivery drills have been very helpful for our nurses, midwives and doctors,” said Dr. Erich Metzler, Obstetrician/Gynecologist at St. Vincent Hospital. “They teach all of us to work better as a team and our team takes patient safety very seriously. As a result of these drills, the Obstetrics staff has become even more effective in providing excellent patient care at St. Vincent and St. Mary’s hospitals.”
Since 2009, the Green Bay area has experienced a boom in the number of infants born addicted to both illicit substances and prescribed narcotics — a condition known as neonatal abstinence syndrome (NAS). In fact, the incidence increased three-fold during that time.

As a result of this trend, the Eastern Wisconsin Division (EWD) hospitals decided to take a proactive approach to the issue by joining the International Collaborative on Narcotics Withdrawal in 2012. The Collaborative is part of the Vermont Oxford Network (VON), a nonprofit voluntary collaboration of health care professionals who work to address issues affecting neonatal care.

In 2013, each participating hospital was asked to bring together multi-disciplinary teams — including nursing leaders, nurses, physicians, pediatricians, obstetricians, neonatologists, and NICU and nursery staff — to explore opportunities for improvement in NAS treatment at their facilities.

The former NAS treatment policy required infants noted as “at risk”, either by disclosure from the mother or a positive drug test, to be moved to the NICU immediately after birth. “After reviewing the data, our team noticed the hospital stays of infants with NAS were fairly long, some as long as one month,” said Robert Rock, MD, Neonatologist, St. Vincent Hospital. “We also discovered that breastfed infants with NAS often fared better than those fed formula.”

These findings sparked the need for a new NAS treatment policy. The new focus looks to:

- Keep at-risk infants with their mothers and monitor them for symptoms of withdrawal.
- Move only infants requiring medication to ease withdrawal symptoms to the NICU.
- Encourage mothers to be at their infant’s bedside and involved in his or her care during withdrawal.
- Promote breastfeeding, if safe, to help ease withdrawal symptoms. Breastfeeding often leads to shorter treatment courses and less cumulative dosage of medications.

“Infants will usually experience withdrawal within 72 hours of birth, so if we remove the child from the mother immediately, we are compounding the stress on the baby,” said Dr. Rock.

The team is also reaching out to obstetricians, midwives and other medical professionals that are involved early on in high-risk pregnancies to share information and coordinate care. Speakers from local opioid treatment programs have presented to the hospital team and, in turn, the team has spoken to mothers about what they should expect after delivery.

“As the population grows, we want to have the appropriate interventions in place to improve care for these infants and discharge them from the hospital in a safe manner,” said Dr. Rock.

The new treatment policy will ensure nursery nurses, obstetricians, pediatricians and family medicine physicians coordinate the best possible care for the infant.

**We want to have the appropriate interventions in place to improve care for these infants.**

— Robert Rock, MD
friends
Jenny shared the personal impact the Friends of St. Nicholas Hospital Charity Care program had on her at the 16th annual St. Nicholas Eve on Friday, December 6, 2013.

Hi, I’m Jenny Carpenter, and I’m here tonight with my son, Caleb. Thank you all for allowing me share how much your gift has meant to us.

Let me give you a little background about myself and how it is that I’m here with you all tonight.

I grew up in Sheboygan (In fact, I was born at the old St. Nicholas Hospital) and have lived in this area most of my life. I have taught ESL (English as a Second Language) for many years for Lakeshore Technical College, Farnsworth and Horace Mann Middle Schools, and Lakeland College. From 2010 until 2012, however, my son Caleb and I lived in Cambodia, his birth country and from where we adopted him. Well, it was supposed to be a family move, but things didn’t quite work out as planned. My husband filed for divorce after taking a new direction in his life, and Caleb and I returned to Sheboygan.

My divorce was finalized in October 2012. The month prior, I had gone to the doctor and dentist for checkups and received clean bills of health. This was very important, because I was going to be losing my health insurance because of the divorce, and I was employed only part-time and with no benefits at Lakeland.

This past June, I started experiencing pain in the upper part of my left leg. My son is a football player and quite muscular, and I thought he had probably just knocked something out of joint while using me as a tackling dummy. (13-year old boys are known to do that. That’s how they express affection!) I didn’t have health insurance anymore, so I figured I’d just live with the pain and it would go away. Then at the end of June, my vision started becoming blurry. I thought that these two strange events must be related, so I decided I’d better see a doctor. X-rays were taken of my leg and a scan was taken of my head. By the second week of July, I was having trouble walking, because the pain in my leg was getting so bad.
Soon, I received word that the X-ray showed a hole in my left femur and a tumor behind my left eye. A diagnosis was made — I had a fourth-stage metastatic lung cancer (and I’ve never smoked), and it had already spread to the bone in my left leg. Within a week and a half after my diagnosis, I had surgery to install a titanium rod in my left thigh.

The cancer was also found on my liver and various other spots. Apparently, it is a microscopic cancer that travels through the bloodstream, so that’s how it was able to spread so quickly. I began chemotherapy the week after surgery, and the week after that, I had a radiation treatment to zap the tumor behind my eye, which was causing the blurry vision. Unfortunately, that treatment didn’t do the trick, and the tumor had to be surgically removed. My treatment routine now is chemotherapy every three weeks, and I’m praying for restored health.

I have received most of my treatments from St. Nicholas Hospital and the other medical facilities affiliated with St. Nick’s. I have been so impressed by everyone I’ve dealt with — from receptionists to nurses and from cleaning and food service workers to doctors. They have all encouraged me with their smiles, positive attitudes and informative explanations while I was experiencing all these new procedures. You can be proud to be associated with these kind and competent people!

Shortly after receiving my diagnosis this past summer, I applied for BadgerCare, because my bills were mounting and my temporary full-time summer position had ended. However, I was denied BadgerCare for July and August, the months when most of my medical expenses, totalling over $80,000, were accrued. I was trying to focus on healing, but the burden of how I was going to pay for all this was heavy on my mind.

Well, that’s where I have been blessed beyond belief! About a month ago, after meeting with my doctor, Dr. Mark Bettag, I was sitting in his clinic receiving my fourth chemo treatment. Suddenly, my cell phone rang. I answered and was astounded to learn that an amazing group called The Friends of St. Nicholas was covering my St. Nicholas Hospital bill of $37,000. I remember saying, “Are you joking?” This news brought tears to my eyes, and I couldn’t find words strong enough to express how much your generosity means to me and my son! (Oh, and your generosity not only inspired me — the next day Holy Family Hospital in Manitowoc called to tell me they were going to cover my $21,000 radiation bill, following your example. This was a change for them, because they had previously told me that they would not offer me any assistance, because I didn’t live in Manitowoc County!)

This has been a tough year for me with what felt like one catastrophe after another: divorce, lower income, loss of insurance and a cancer diagnosis. It’s hard enough for me to deal with it all, but for a 13-year old to endure so much… You have taken a weight off our shoulders. You are indeed doing God’s work. Please don’t ever forget the impact you all are having in people’s lives! God bless you all!

You have taken a weight off our shoulders. You are indeed doing God’s work. Please don’t ever forget the impact you all are having in people’s lives!

— Jenny Carpenter
Byron L. Walter Family Trust

The Byron L. Walter Family Trust. That name pops up all over town. It’s on a theatre on the St. Norbert College Campus. It’s at the Wildlife Sanctuary and the YWCA. The name is on educational videos, scholarships and a skate park. It’s even on a public restroom in Voyager Park in De Pere. If you look closely at most not-for-profit organizations in Brown County you will see the effects of the generosity of this trust. St. Vincent and St. Mary’s Hospitals are no exception. The hospitals have received more than $1.2 million from the Byron L. Walter Family Trust over the past 33 years.

Mr. Byron L. Walter was a successful business man. He owned a hardware store and was an initial investor in Paper Converting Machine Company and Bay West Paper Company. He was also very involved in the community. Arlene, his daughter, created the Trust in 1979 in honor of her father.

St. Vincent and St. Mary’s Hospitals have been fortunate to partner with the Trust on some innovative and exciting projects. This partnership grew out of a shared mission to better the lives of the people of Brown County. And that’s exactly what we’ve done.

For instance in 1999, the Trust helped St. Mary’s install an award winning storm-water management project. It treats storm water from the campus by removing most solids and some of the phosphorous. That has proved helpful in reducing sediments and heavy metals in the Fox River and Green Bay.

The Byron L. Walter Trust has also helped the hospitals remodel other vital patient care areas and purchase equipment needed to improve the quality of life of our patients. We are grateful the Trust has continued to invest in this partnership and work with us to enhance the fabric of life in our area.

So next time you’re at St. Vincent or St. Mary’s Hospital, or the Neville Museum or the Green Bay Botanical Garden, take a look around. Chances are you’ll see the very familiar name of the Byron L. Walter Family Trust. We are grateful for everything the Trust has done on behalf of our community.

Bobbi Giles
Director, Development
Friends of St. Vincent/ St. Mary’s Hospitals

Photo courtesy of the Brown County Library

A shared mission to better the lives of the people of Brown County.
living with cystic fibrosis: Michael’s story

Just like most men his age, 25-year-old Michael Moss leads a busy life. He is a college graduate, has a job, enjoys being outdoors, is a Green Bay Packers fan, plays soccer and goes on family vacations. But unlike most men his age, Michael battles cystic fibrosis (CF) and must also take time to manage his condition. He does this with the help of the CF Care Team at St. Vincent Hospital.

CF is an inherited disease that affects the way in which salt and water move in and out of the body’s cells, causing certain organs — the lungs and digestive system — in the body to function improperly. With most forms of CF, a defective gene causes the body to produce an abnormally thick, sticky mucus that clogs the lungs and leads to life-threatening lung infections. CF can also cause pancreatic blockages, which cause poor digestion and absorption of food, leading to growth restriction and malnutrition. The symptoms of CF vary from person to person and can appear any time from birth to adulthood.

Living with CF has become a part of Michael’s daily life. He recognizes the importance of completing daily medications and therapy sessions to prevent lung damage and keep him feeling well. When asked how CF affects him, Michael answered, “I try not to let it do so.” However, there are times he has to miss parties and events because he has to take medications or complete his therapy. In addition to his daily treatments, Michael attends clinic appointments once every three months, where he meets with the CF Care Team to check his progress since his last visit and to determine what the focus should be for the upcoming months.

The CF Care Team at St. Vincent Hospital consists of a nurse, pharmacist, dietician, genetic counselor, case manager, respiratory therapist and two physicians — one that specializes in the management of pediatric patients and another that specializes in the management of adult patients. The team also includes the patient and his or her family members. “This unique team approach has allowed us to provide care for a complex group of people,” said Paul Pritchard, MD, Prevea Internal Medicine Physician. “We take a comprehensive look from all of our different disciplines and specialties and come together to develop the best treatment plan for the patient.” Open communication between CF health care professionals, the patient and family members, combined with early treatment can lead to improved growth, healthier lungs, fewer hospital stays and a longer life.

“The hospital staff is fantastic,” said Moss. “They’ve treated me since I was a child, so I’ve gotten to know them really well. They’re like my family. They’re interested in me and my life, not just my illness.”

Today, Michael is a healthy 25-year-old who recently graduated from the University of Wisconsin-Madison School of Pharmacy. He has come such a long way and doesn’t let CF define him or constrain his spirit. Having CF has had a tremendous impact on his life. However, it’s helped mold Michael into the caring young man he is today.

“I don’t let cystic fibrosis define me,” said Moss. “It’s just one aspect of who I am. But it’s taught me dedication, hard work and time management. Those are all skills that I’m able to apply to other aspects of my life and for that I’m grateful.”
Every now and then, God sends us someone. They awaken us and we see a new meaning in life and a new purpose, Sister Jonette is one of those people.

– Rev. Willard VandeLoo

inspiring our Franciscan heritage

Sister Jonette came to St. Vincent Hospital in 1971 and during this time touched countless lives. She was the hospital’s first Clinical Nurse Specialist (CNS) and taught the skills of this position to many CNS colleagues. Sister also taught local nursing programs and was a preceptor for Masters Program students from colleges throughout Wisconsin and Michigan.

Sister realized St. Vincent’s role was growing as a regional tertiary health care facility, and became instrumental in the development of a renal dialysis program. She worked untold hours to establish the program meeting with the Medical Staff, caring for the patients during procedures and speaking to community groups about the program that would serve all of Northeastern Wisconsin.

As a member of the Northeastern Wisconsin Chapter of the Wisconsin Kidney Foundation, Sister developed a relationship with UW-Madison’s renal program and the organ procurement/renal transplant service, she became the voice of organ procurement in Green Bay. In 1973, she was instrumental in initiating a “waiting list” for UW-Madison of suitable transplants.

Recognized by community and nursing organizations for her role in organ procurement/transplant and education, Sr. Jonette accepted the recognition pointing out that she was only one of the participants in God’s plan and credited others who were involved in making these projects successful.

“All of us, as well as our patients and community are blessed to know Sister Jonette. Sister never wavered in her belief in the value of all people and inspired us, by example, to live our Franciscan Heritage,” said Paula Hafeman, RN, MSN, FACHE, Chief Nurse Executive, HSHS - Eastern Division.

In addition to her work at St. Vincent Hospital, Sister was also active in the community at homeless shelters, the local St. Vincent de Paul Store and in Toys for Tots drives.

“Sister has truly been an inspiration to many. The St. Vincent Hospital family and our Division is blessed to have known and worked with her,” said Hafeman.
The Sister Jonette Fund for the Advancement of Nursing

The Sister Jonette Fund for the Advancement of Nursing, established in April 2004, helps nurses to pursue excellence. It represents encouragement, support and recognition for their accomplishments.

“The Fund was established not just as a tribute to an extraordinary individual, but to acknowledge the hundreds of nursing professionals who care for patients at our hospital — around-the-clock, every day of every year,” said Paula Hafeman, RN, MSN, FACHE, CNO-HSHS - Eastern Division.

Sister Jonette Devlin, OSF

Sister Jonette left St. Vincent Hospital in December 2013 to continue her ministry with the Hospital Sisters of St. Francis, in Springfield, Illinois. In her honor, contributions totaling nearly $9,000 were given to the Fund.

“Sister Jonette would be proud of our nurses’ accomplishments, and the fund named in her honor will ensure that her passion for nursing excellence continues, well into the future of our Hospital,” said Hafeman.
Quality Care Committee (continued)
Dennis Langenberg
DJ Long
Richard McNutt, MD
Judy Nagel
Gail Ostrander
Ryan Peirce, MD
Dan Platkowski
Paul Pritchard, MD
Karla Roth, MD
Steve Schilz
Greg Simia
Samanta Tonn
Lori Turek
Rose Turba, MD
St. Vincent/ St. Mary’s Medical Staff/ Executive Committee
Jonathan Tammela, MD, President, St. Vincent Hospital
Roland Christian, MD, President, St. Mary’s Hospital Medical Center
Rose Turba, MD, President Elect, St. Vincent Hospital
Todd Fergus, MD, President Elect, St. Mary’s Hospital Medical Center
Mary Neustifter, DO, Secretary, St. Vincent Hospital
Robert Moyer, MD, Secretary, St. Mary’s Hospital Medical Center
Thomas Smith, MD, Past President, St. Vincent Hospital
Robert Tameaux, MD, Past President, St. Mary’s Hospital Medical Center
Jules Blank, MD
Jennifer Burns, MD
James Clemens, MD
Charles Dais, Jr., MD
Mehul Doshi, MD
Terence Edgar, MD
Ed Fangman, MD
Paul Holzman, MD
Thomas Huffer, MD
Erich Metzler, MD
Ryan Peirce, MD
Richard Potts, DO
David Rentmeester, MD
Charles Saletta, MD
Paul Schmitz, MD
John Seccombe, MD
Tangee Sinclair, MD
Christopher Thompson, MD
Friends of St. Vincent/ St. Mary’s Hospitals Leadership Council
Rick Boer, Chair, St. Vincent
Mary Meyer, MD, Chair, St. Mary’s
Bobbi Giles, Director, Development
Gina Angeli
Charlie Apple
Mark Bartels
Susan Bellin
Julie Blank
Kathleen Brandt
Casey Cuene
Bernie Dahlin
Daniel DeGroot, MD
Sister Jonette Devlin, OSF
Bonnie Eflner
Cheryl Guc
Evon Lin
Edward Martin
Daniel McCormack
James McGovern, MD
Gerald Mortell
Therese Pandl
Jim Schneider
Mickey Seccombe
Jan Spielbauer
Warren Wanezak
St. Nicholas Hospital
St. Nicholas Hospital Board of Directors
David A. Van de Water, JD, LL.M, Chair
Michael Lansen, EdD, Vice-Chair
Ann Carr, Treasurer
Sister Bernadine Gutowski, OSF, Secretary
Andrew Bagnall
S. Mark Bettag, MD
Stuart Brotz
Carl Claerbout
Sister Marybeth Culnan, OSF
Timothy Kellner
Larry Schumacher
Mary Starmann-Harrison
William Trager, MD
St. Nicholas Hospital Advisory Council
David A. Van de Water, JD, LL.M, Chair
Andrew Bagnall
Michael Basch
Kristin Blanchard
John Brotz
Carl Claerbout
Lee Gentine
Jeffrey Herold
Eve Kuvacks
Dennis Ladwig, EdD
Todd Mueller
Trent Rammer
Joseph Sheehan, PhD
Michael Vandersteen
Helen Veldboom
St. Nicholas Hospital Officers and Medical Staff Executive Committee
Jeffrey Herold, MD, President
Nicholas Barnes, DO, President Elect
Mary Gentine, MD, Secretary
Gregory Grose, MD, Past President
Joseph Bernstein, MD
Howard Croft, MD
Robert Cutlan, MD
Mary Gentine, MD
Timothy Enright, MD
Craig Heins, MD
Vytas Kerpe, MD
Jeffrey Jacoby, MD
St. Nicholas Hospital Quality Care Committee
Andrew Bagnall, Chair
Jennifer Balthazor
Nicholas Barnes, DO
S. Mark Bettag, MD
Carl Claerbout
Howard Croft, MD
Annette Gagnon
Paula Hafeman
Chief Nurse Executive
Michael Lansen, EdD
Sarah Mirocha, MD
Lori Turek
Steve Schilz
Friends of St. Nicholas Hospital Leadership Council
John Wenig, Chair
Ryan Zinkel, Vice-Chair
Charmaine Jankowski, Director, Philanthropy
Andrew J. Bagnall
Jonathan Bemis
Stuart Brotz
Jane Gapinski
Jennifer Grosse
Suzanne Harold, MD
Craig Mazza
Daniel McCormack
Laura Rector
Steven Stauber
Helen Veldboom
Linda Zimbali
Eastern Wisconsin Executive Leadership Team
Therese Pandl, President & Chief Executive Officer
Andrew Bagnall, President & Chief Executive Officer, St. Nicholas Hospital
Thomas Bayer, Senior Vice President, Regional Development
Lawrence Connors, COO, St. Vincent Hospital and St. Mary’s Hospital Medical Center
Larry Gille, Vice President, Legal Affairs, Eastern Wisconsin Division; Associate General Counsel, Hospital Sisters Health System; Senior Vice President, General Counsel, Prevea Health
Paula Hafeman, Chief Nurse Executive, St. Vincent Hospital, St. Mary’s Hospital Medical Center, and St. Nicholas Hospital
Christine Jensema, Chief People Officer
Ken Johnson, MD, Chief Physician Executive
Shane Miller, Chief Information Officer
Gail Ostrander, Chief Quality Officer
Greg Simia, Chief Financial Officer
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Address</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Vincent Hospital</td>
<td>835 South Van Buren St., Green Bay, WI</td>
<td>stvincenthospital.org</td>
</tr>
<tr>
<td>St. Mary’s Hospital</td>
<td>1726 Shawano Ave., Green Bay, WI</td>
<td>stmgb.org</td>
</tr>
<tr>
<td>St. Nicholas Hospital</td>
<td>3100 Superior Ave., Sheboygan, WI</td>
<td>stnicholashospital.org</td>
</tr>
</tbody>
</table>