Dear Friends and Colleagues,

Throughout 2016, Hospital Sisters Health System has successfully met the needs of our patients, their families, our colleagues and physician partners by effectively sharing our resources and talents. Together we are expanding access to our high quality, Franciscan health care at a time when we must continually adapt to a health care environment that is still evolving under the Affordable Care Act.

In this report, we will describe the many ways our ministries are providing high quality, compassionate and affordable care that is aligned with our Franciscan heritage and mission. Several notable accomplishments this past year include establishing an Accountable Care Organization (ACO) in Illinois, receiving distinguished ratings in quality care, patient safety and satisfaction, advancing the HSHS-led telemedicine network across Illinois, affiliating with HSHS Holy Family in Greenville, and pursuing a full affiliation with Shelby Memorial Hospital in Shelbyville, Ill. and a minority interest affiliation with Ministry Door County Medical Center in Sturgeon Bay, Wis.

Our success is due to the HSHS colleagues and physician partners who work tirelessly to care for our patients. HSHS supports their vital work through investments in state-of-the-art technology and facilities. By making these investments, we are advancing our care integration strategy to better serve those seeking health and healing. Whether we’re offering Anytime (virtual) Care to reach patients at home, enhancing and consolidating our electronic health records, or administering industry-leading training for colleagues, we consistently strive to ensure each patient has the best experience and outcome possible.

As a Franciscan health care ministry, we are inspired to serve others, particularly the most vulnerable in our society. We are also committed to adopting the latest best practices to deliver exceptional and compassionate care to all our patients and colleagues.

For more than 140 years, our mission to share the healing love of Christ remains constant. On behalf of the HSHS 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 and St. Clare of Assisi.

Sincerely,

Mary Starmann-Harrison
President and CEO

Stephen J. Bochenek
Chair, Board of Directors
Dear Friends,

The tumultuousness of an election year is upon us, and, with it, the uncertainty of the impact the presidential election will have on the health care industry. Health care nationwide remains challenged by the continued rollout and implementation of new phases of the Accountable Care Act, further physician reimbursement legislation, as well as the related higher deductibles that challenge many of our patients.

If anything is certain, it is that there will be substantial change. In fact, our world is changing at a pace faster than we could even imagine a few years ago. Much of this change in our world is disruptive economically and technologically.

Without a doubt, health care is a unique combination of standardized deployment of technology, delivered with individualized compassion and connection. On the face of it, pairing standardization and individualization seems incongruous. Yet, that is precisely how we must provide highly reliable care to all we are privileged to serve. At the foundation of this pairing are our Core Values of Respect, Care, Competence and Joy. These are not just words on plaques in our hallways, although certainly they can be found there. Rather, they are the driving force that makes us an outstanding organization, bringing the best care to every patient, every time in Eastern Wisconsin.

In these pages you will see how this plays out in our Division.

Respect: Build Relationships  Over the past year we: brought Libertas, a drug and alcohol treatment center for teens and adults into our Division; expanded pharmacy services to Oostburg; began a partnership with extended care facilities to improve patient transition to home; and are beginning an exploration of a new partnership with Ministry Door County Medical Center to better serve our patients and families in that area.

Care: Connect Compassionately  The story of long-term pediatric patient Haley on page 31 exemplifies how we reach out and pull together amazing resources to achieve outstanding results for our patients. Each of the other patient stories featured here shows additional ways we have done this.

Competence: Be Reliable  Technology, such as the new Transcatheter Aortic Valve Replacement (TAVR); the most trained orthopedic group in the region; telestroke remote treatment of stroke; program accreditations and awards; and our commitment to Zero Harm are just a few of the ways we ensure quality outcomes for our patients.

Joy: Show Recognition  Finding joy in our work and sharing that joy with one another and our patients and their families is important. You will see that in the stories of our patients and their relationships with our caregivers inside these pages.

These are just a few of the exciting improvements happening in our region every day. We are honored to share them with you in this publication and to serve the people of Eastern Wisconsin. We look forward to continuing as your health partner and to bringing you high quality, Franciscan health care.

Peace,

Therese Pandl
President & CEO
HSHS Division Eastern Wisconsin

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

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

Christy Kaemper
Chair, Board of Directors,
HSHS St. Clare Memorial Hospital
Dear Friends,

Prevea Health is celebrating our 20 year anniversary, and it’s an exciting time to reflect on where we’ve been, where we are and where we can go from here. We’ve seen continual and far-reaching change in the health care industry over this time, but because of our ever-evolving and growing partnership with HSHS-Eastern Wisconsin Division, we’ve met those changes with success.

Prevea began in 1996 when three small medical groups combined and partnered with HSHS St. Vincent Hospital and HSHS St. Mary’s Hospital Medical Center in Green Bay. We have since partnered with HSHS St. Nicholas Hospital in Sheboygan, HSHS St. Clare Memorial Hospital in Oconto Falls, and have recently grown to partner with the Western Wisconsin Division as well.

Our services, numbers and our unique partnership have all grown, leading to tremendous success. Now with nearly 400 clinicians, Prevea is able to care for a pool of patients that is much bigger and more diverse than our founders would have ever dreamed. And our partnership with HSHS-EWD is making it possible for us to care for those patients across the continuum with seamless transitions of care.

Whether patients are cared for in the clinic, hospital, skilled nursing facility, or anywhere else in the continuum, our patients will feel the benefit of our unique model and will never notice a hard transition between partners. Our care managers and case managers are ensuring smooth transitions and lower readmission rates, while our specialists are working side-by-side with our primary care providers to ensure a team approach that focuses on the needs of each individual patient.

We sincerely appreciate our unique relationship with our hospital partners, because together, we are providing the highest level of patient care across the communities we serve. Our partnership has facilitated Prevea’s growth and success over the years, improved the wellness of our patients, and it has positioned us for continual success as we enter into value-based contracts not only with the government, but also on a commercial basis.

We would like to extend our gratitude to HSHS-EWD for the past 20 years, and congratulate our partners on their own successes over that time, including the addition of HSHS St. Clare Memorial Hospital to our family in 2014, and HSHS-EWD’s recent alignment with Door County Medical Center. As we look to the future, we can’t wait to see where the next 20 years will take us.

Ashok Rai, MD
President & CEO
Prevea Health
Radiation Oncologists Bring Expertise in Advanced Radiation Therapies

HSHS St. Vincent Hospital Regional Cancer Center – with the experts of Green Bay Oncology and providers across the Division – is providing the most comprehensive and compassionate cancer care for our patients. In fall 2015, we welcomed three new members to our radiation oncology team: Dr. Eva Christensen, Dr. Barbi Kaplan-Frenkel and Dr. Michael Guiou.

Dr. Eva Christensen is a board-certified radiation oncologist with a PhD in biochemistry. She treats all cancer types and specializes in breast, lung, gynecologic, gastrointestinal and head and neck malignancies as well as intensity modulated radiotherapy, stereotactic body radiotherapy, stereotactic radiosurgery and brachytherapy. Her goal is to help patients on their personal journey with cancer and provide guidance on the latest treatment options.

Dr. Barbi Kaplan-Frenkel, is a board certified radiation oncologist and fellowship trained in brachytherapy, specializes in breast and prostate cancer care. She strives to provide patients with information to be an active decision maker in their care, as well as to assure the highest quality of treatment available.

Dr. Michael Guiou, is a board certified radiation oncologist who treats all cancer types, has a special interest in both pediatric radiation oncology as well as brain and spine radiosurgery. He excels in recognizing what his patients may need throughout their experience and works to deliver effective solutions.

“Our radiation oncologists use the latest techniques and therapies to aid in the treatment process,” said Sally Luehring, Executive Director, Cancer Services and Clinical Research, HSHS Eastern Wisconsin Division. “Drs. Christensen, Kaplan-Frenkel and Guiou are trained in multiple forms of radiation therapy which allows us to utilize the most effective type of treatment for each patient’s needs in fighting cancer.”

With more cancer survivors than any team in the region, we have the tools to provide our cancer patients with state-of-the-art therapy in a caring, compassionate environment close to home.
Clinical Trials Are Value Proposition

The HSHS St. Vincent Cancer Research Institute, part of the HSHS St. Vincent Hospital Regional Cancer Center, is among an elite group of community cancer research programs in the United States that are able to share promising new treatments with patients through cancer research trials. This is thanks to the National Cancer Institute (NCI) Community Oncology Research Program (NCORP), a grant program that allows community cancer care teams to offer clinical trials at their sites. As part of NCORP, HSHS St. Vincent Hospital Regional Cancer Center partners with Marshfield Clinic and Gunderson Lutheran Hospital to be one of 34 groups nationwide providing access to clinical trials.

In addition, trials are available through pharmaceutical companies. These are industry trials that provide opportunities for patients for whom is not currently an NCI study available. We try to offer as many new and promising treatments as possible through a combination of NCI and pharmaceutical company studies.

Genetic Trials Open New Horizons

“The latest genre of clinical trials focuses on the genetic component of cancer,” said Christy Gilchrist, Director, HSHS St. Vincent Cancer Research Institute. “Sometimes, for example, we have a tumor and we expect to use chemotherapy or radiation to treat it and watch it get smaller. Then we discover this treatment that has worked so well for others does not work for a particular individual. And we have to ask ourselves, ‘why?’"

That is where genetics come in. Perhaps the patient has a genetic predisposition for a drug not to work. “So if we know a patient has a genetic “marker,” or sequence of DNA with specific traits, and some studies show patients with those genetic markers do not respond to treatment, we would take a ‘do not harm’ approach and avoid that treatment,” Gilchrist said. “But we also have some studies that hint certain genetic markers do respond well to other therapies. In order to make that claim, we need to gather more data, through another study.”

NCI currently has studies called MATCH studies that literally “match” patients with certain genetic markers to treatments. In these studies, patients are asked if they would like to participate in genetic testing to help identify if the patient has the right genetic marker and condition for a proposed treatment. If the testing indicates they have the right matching genetic marker, the patients may receive that study treatment. If, however, testing reveals genetic markers indicating the study medication will not work, doctors skip the step of using that study treatment and move on to something else. If the study answers the genetics testing well, matching treatments to conditions could radically change the way cancer is treated. Either way, this important study will help us to understand the role of genetics in patients’ ability to respond to treatment.

A genetics clinical trial specific to lung cancer also just opened at HSHS St. Vincent Cancer Research Institute. “It is too soon to know what the trials will bring to our patients, but we are participating in groundbreaking research that we hope will bring better treatments to our cancer patients,” said Gilchrist.

Clinical trials provide:

- Access to new treatment protocols and drugs for people who are diagnosed with certain types of cancer
- Prevention studies to help people remain cancer free
- Studies to find better ways to control symptoms or side effects of therapies or to improve quality of life
- Opportunities for local people to directly contribute to the body of knowledge scientists need to find a cure for cancer.

“Clinical research trials truly advance patient care, but advances take time,” said Christy Gilchrist, PhD, CRA, Director, HSHS St. Vincent Cancer Research Institute. “With clinical trials, we know the treatment is the latest. It is only through clinical trial testing that we can determine if the treatment is the greatest. Patients participate in these efforts with the hope of finding the greatest. Patients know they may or may not benefit directly during the study, but believe that the result of their experience could help someone in the future. Even studies that show no benefits still provide information. It is incredibly humbling that patients are willing to do this.”
Cancer Survivorship Programs See **Growth & Success**

Just hearing the word “cancer” can make people fall to their knees, leaving them feeling hopeless and in the hands of fate. When a patient receives their diagnosis, it’s not only hard for them; it’s difficult on their family, too. In 2015, HSHS St. Vincent Hospital Regional Cancer Center introduced Anew Cancer Survivorship – a comprehensive survivorship program to help cancer patients gain control over their lives.

**In its first year, Anew has experienced growth in every discipline offered.**

To be on the Anew team, every staff member participates in Survivorship Training and Rehab (STAR) training so they become familiar with cancer and the treatment side effects. Currently, there are 120 clinicians on the Anew team and they continue to grow by adding new staff in areas such as social work, medical oncology, financial counseling, behavioral medicine and nursing.

In 2015, 1,150 new patients were diagnosed at HSHS St. Vincent Regional Cancer Center. The Anew Cancer Rehab program saw more than 50 percent of those patients. In fact, 35 percent of patients participated in “prehab” assessments and recommendations before their cancer treatments began. Prehab prepares patients to be fit for treatments such as surgery and gives them a smoother recovery in rehab after treatment is complete.

Anew is also helping patients through a program called Bridge to Wellness. In cooperation with Western Racquet and Fitness Club, dietitians and cancer exercise specialists guide patients through a 10-week program to help them become active and healthy after cancer treatment. The nutrition and exercise programs offered through Bridge to Wellness are tailored to the special needs of cancer survivors – as a whole and as individuals.

“Anew and Bridge to Wellness break it down to what will work for patients,” says Megan Pfarr, Anew Rehabilitation Facilitator, HSHS St. Vincent Hospital Regional Cancer Center and Prevea Therapy Institute. “You have to meet them where they’re at.”

Sara Larsen, a 4K teacher in Pulaski, turned to Bridge to Wellness following extensive treatment for breast cancer. She began her treatment at age 47, not long after her mother passed away from the same condition. After 38 doses of radiation, mental and physical exhaustion were common for Sara. Then she met health and wellness coach Karisa Laskowski, MS, CSCS, NSCA-CPT, and Stephanie Lazzari MS, RD, CD, HSHS St. Vincent Hospital Regional Cancer Center dietitian.

“Bridge to Wellness helped me a lot,” said Sara. “The program motivated me and it was nice to be around people who cared. The dietitian really helped debunk the myths of what I should eat.”

Today, Sara is cancer free. She remains positive and incorporates exercise into her daily routine.

But Bridge to Wellness does more than just help cancer survivors live a healthier life; it bonds them. The program instructors work with patients one-on-one to discover their individual strengths and weaknesses as well as conduct group workouts.

“They go through this together and through nutrition and exercise they create a bond and stay close,” says Pfarr.

Patients open up with one another to create a support group and understand each other in a way no one else could. Some patients who may not have supportive friends or family can find solace in this group and their mutual experience.

Pfarr believes Anew and Bridge to Wellness will continue having a powerful impact because of the program’s nature and what patients have made of it so far.

“You can’t design this type of success – the combination of the survivors and our instructor is the ‘wow’ factor,” said Pfarr. “It’s the perfect mix.”

Breast cancer survivor Sara Larsen completed Bridge to Wellness and currently lives cancer free.
Prostate Cancer Clinical Trial

HSHS St. Vincent Cancer Research Institute is a top national research center with more than 30 years of experience in conducting clinical trials. More than 700 different clinical trials have been provided to more than 2,800 patients. The ability to conduct research studies opens up new avenues of hope, providing patients with more treatment options.

“Research compares the best-known treatment with new treatments, which have a possibility of improving current outcomes. Standard treatments used today are a result of past clinical trials,” said Christy Gilchrist, PhD, CRA, Director, HSHS St. Vincent Cancer Research Institute.

During a routine exam, 11 years after Keith Blom’s initial prostate cancer diagnosis and surgery, he learned his Prostate Specific Antigen (PSA) was rising and the cancer had most likely returned.

“Dr. Dan DeGroot said it was time to see an oncologist because there were indications my cancer had returned,” said Keith. He made an appointment to see Dr. Anthony Jaslowksi and a clinical trial was discussed. “He asked if I would be interested in participating in a clinical trial and explained it and its possible side effects.” With little if any hesitation, both Keith and his wife, Roxanne agreed to participate in the trial. “When Dr. Jaslowksi offered us the opportunity to participate in a clinical trial, it was like a bright beacon of hope as far as I was concerned,” said Roxanne.

Keith was enrolled in a randomized phase III trial studies enzalutamide to see how well it works compared to a combination of enzalutamide, abiraterone acetate, and prednisone in treating patients with prostate cancer that has spread to other places in the body and keeps growing even when the amount of testosterone in the body is reduced to very low levels. Androgens can cause the growth of prostate cancer cells. Drugs, such as enzalutamide, abiraterone acetate, and prednisone, may lessen the amount of androgens made by the body. Keith is in the combination of two hormones group. The treatment will continue until the disease progresses, requiring different measures, or the patient reaches unacceptable toxicity. Patients are followed for clinical outcomes for a maximum of five years post study treatment.
New cancer treatments continue to bring increasing promise. My goal is to ensure that my patients are given the very best choices to fight this disease.

— Anthony Jaslowksi, MD, FACP, Hematology, Medical Oncology, Internal Medicine, Green Bay Oncology

While there could be many possible side effects, Keith considers himself pretty lucky. “My side effects are very manageable, I have hot flashes and I am on blood pressure medication, other than these two things, I’m doing great.”

In cancer research, clinical trials are designed to answer questions about new ways to:

• Treat cancer
• Find and diagnose cancer
• Prevent cancer
• Manage symptoms of cancer and/or its treatment

One important benefit of participating in a clinical trial is the possibility of being part of a breakthrough discovery in the treatment of cancer. Clinical trials help people who may get cancer in the future. But whether to participate in a trial or not is always the patient’s decision. Without a doubt the clinical trial was a godsend for the Blom’s and they have the satisfaction of knowing that Keith is part of a much bigger ‘picture’.

“Basically, I agreed to participate because I wanted to help someone else and if the study can help even one person, I will feel it was worth it,” said Keith.

The decision to participate in a clinical trial is left up to the patient and his/her family; there is no pressure. But from Keith’s perspective, the decision was easy. “I know that by participating in a clinical trial I am helping advance new treatments; I may even be part of a treatment that will cure or keep prostate cancer in remission. I also have the added attention from the clinical trial staff and I’m monitored very closely, which makes me feel more secure and confident. It is an individual decision, but one I feel the benefits — for myself and those who will be diagnosed after me — far outweigh any risks,” said Keith

Keith goes every four weeks for lab work and every 12 weeks for a CT Scan and full bone scan. “They are keeping a close eye on this. The last scans I had everything looked fine — nothing has moved into any of the organs, there were no spots appearing on the bone and my PSA was down significantly from where we started,” said Keith.

Keith and Roxanne cannot say enough about the medical attention they receive. “It is really so important to have a team that is working together for the good of the patient from the urologist who is the middle man between the day-to-day, year-to-year monitoring and the oncology and research teams who take over when it is time for their expertise. I just can’t say enough about how everyone works so well together in taking care of Keith,” said Roxanne.

Through the HSHS St. Vincent Cancer Research Institute, patients of the HSHS St. Vincent Hospital Regional Cancer Center have access to more than 100 clinical trials at any given time. Many of these trials are also available at our affiliated locations.

The Blom’s have another weapon in this fight. “I have a positive attitude. I realize, the doctors and nurses are fighting with me and Roxanne; with their expertise and my positive attitude, we can’t go wrong,” said Keith. The medical team, the husband and wife partnership, the clinical trial and Keith’s positive attitude seem to all be working in Keith’s favor. “At my last appointment the doctor said, ‘you’re on autopilot now!’ I really am one of the luckiest men alive.”
Super Hero Isaiah Patterson

When you learn about Isaiah Patterson’s survival journey, it will come as no surprise that he adopted the persona of Iron Man. “It all started when he was watching the Marvel comic shows with his older brothers and saw Iron Man. He identified with him immediately because Isaiah had a port for his chemotherapy treatments and Iron Man had a port in his suit of armor. With his newly adopted super hero powers, Isaiah fought the ‘monster,’” said Barbie Patterson, Isaiah’s mom.

In April 2012, Isaiah was 22 months old and diagnosed with stage-four high-risk neuroblastoma. “We spent a few weeks at Children’s Hospital in Milwaukee waiting for an accurate diagnosis in order to be able to begin an appropriate treatment plan,” said Barbie. They learned Isaiah had cancer in his blood, his thigh bone (femur), an early stage spot on his spine and a football sized tumor in his belly.

With a confirmed diagnosis, Isaiah returned to HSHS St. Vincent Children’s Hospital for the majority of his chemotherapy treatment, providing expert care coordination with other specialists as needed throughout his care journey.

“We were so thankful Isaiah could have the rest of his treatments in Green Bay. This community is so fortunate to have such an outstanding facility right here — it is second to none.”

— Barbie Patterson

Throughout the fall and into spring 2013, Isaiah completed radiation therapy and went on to participate in an Antibody Immunotherapy Clinical Trial. “We were so grateful that Drs. Jon Brandt and John Hill, the HSHS St. Vincent Hospital Cancer Research Institute and Children’s Hospital of Milwaukee found this trial for Isaiah and could administer and monitor it in Green Bay, where we could be home with our other four children who ranged from elementary to high school,” said Barbie.

“We were in a battle, fighting a monster every day and had a lot of things to juggle — our family life, our jobs and most importantly, life — we were fighting for Isaiah’s life,” said Barbie.

“The immunotherapy was the most difficult and Isaiah spent quite a bit of time in and out of the hospital. I watched Drs. Brandt and Hill, nurse practitioners, and the clinic and hospital nurses fight every day, not just for my son, but all the oncology children. HSHS St. Vincent Children’s Hospital was our home away from home and we could not feel safer or better cared for.”

— Barbie Patterson

People often ask how they did it. Barbie answers, “You just do. We have a strong faith and we prayed every day for the miracle of Isaiah and his healing. Throughout our family’s journey, we felt blessed knowing Isaiah was under the care of a wonderful team of doctors and nurses. They were angels on earth — helping us through the fog.”

They also learned to accept support from family, friends and community organizations like STINGCANCER and Families of Children with Cancer. “Their kindness was beyond belief. They brought us food and took our kids places when we could not be there. We received gas cards, restaurant gift certificates and support in ways we did not even know we needed. They were amazing,” said Barbie.

Barbie was also grateful for the support they received from the Child Life Specialists at HSHS St. Vincent Children’s Hospital. “They knew when Isaiah needed to be amused. At the end of the day, someone from Child Life visited and left some of Isaiah’s favorite toys in case he got restless during the night. I cannot say enough about these people, they were so perceptive and always knew how and when to help,” said Barbie.
“You know, when we learned Isaiah had cancer, that was our most sorrowful day. It was also the day we realized we would not be fighting this monster day-by-day, but minute-by-minute. It was also a time when we learned what joy was.”

According to Barbie, “Joy came in small, simple things like when we were able to take Isaiah home and be a family, watch a movie, eat a meal together. Simple things that brought normalcy and joy to our family.”

Isaiah was termed cancer-free in June 2013. He is a strong, healthy survivor and still a super hero. Today he is Batman — the super hero who protects; a fighter of evil, but without super powers. Like Batman, Isaiah does not need super powers any more to be a super hero.

“I think Isaiah will be a super hero kid forever. He certainly is ours,” said Barbie.

Specialists in Cancer Care

The cancer team at HSHS St. Vincent Hospital Regional Cancer Center is comprised of renowned doctors who provide patients with advanced cancer treatment options close to home.

Two of these specialists include Christopher Rupp, MD, Prevea Health General, Hepatobiliary and Pancreatic Surgeon, and Jonathan Tammela, MD, FACOG, Prevea Health Gynecologic Oncologist.

Dr. Rupp is certified by the American Board of Surgery and is the only liver, pancreas and bile duct surgeon in the Green Bay area. His patients’ diseases are often highly complex and their treatment requires his special care and intricate, high-risk surgical expertise.

Dr. Tammela is northeast Wisconsin’s first gynecologic oncologist. He is board-certified by the American Board of Obstetrics and Gynecology in both Gynecologic Oncology and Hospice/Palliative Medicine. In addition to offering his patients access to clinical trials and the newest therapies, he also utilizes advanced techniques for cancer treatment including robotic surgery and intraperitoneal chemotherapy.

HSHS St. Vincent Hospital is one of only four hospitals in Wisconsin that treats pediatric cancer.
Sue Collins, Orthopedic Physical Therapy resident, works with a patient to improve their quality of life.
Comprehensive Orthopedic Care Close to Home

The Eastern Wisconsin Division is home to the region’s most comprehensive specialty-trained orthopedic group, providing timely access to health care for optimal health outcomes.

Over the past few years, in partnership with Prevea Health, we recruited orthopedic specialists to join our family. We’ve assembled a team of fellowship-trained orthopedic surgeons, physicians, physiatrists and podiatrists who provide the most specialties — hand, wrist and elbow; foot and ankle; hip and knee; back and neck; shoulder care; sports medicine; pediatrics; and trauma — in northeast Wisconsin to care for our patients.

“Offering a full scope of orthopedic services, along with state-of-the-art technology, fosters an ideal collaborative environment where a more comprehensive continuum of care ensures the latest in diagnosis, treatment and therapy options for better patient outcomes,” said Jason Helgeson, Executive Director, Musculoskeletal, Neuroscience & Therapy Services, HSHS Eastern Wisconsin Division and Prevea Health. “Our patients can rest assured knowing our physicians are leaders in orthopedics and their subspecialty, delivering an exceptional level of expertise and experience.”

We are committed to the well-being of the greater community. Last year, we provide the area’s broadest offering of free educational seminars on muscle, joint and spine care to promote increased public health and reached more than 21,000 community members.

Our joint replacement program at HSHS St. Vincent Hospital and HSHS St. Mary’s Hospital Medical Center is the only program in Brown County certified by the Joint Commission Gold Seal of Approval™. HSHS St. Nicholas Hospital in Sheboygan also holds this certification, offering comprehensive services for hip and knee. That’s a mark of excellence shared by less than eight percent of hospitals in the nation. In June 2016, the length of stay for total joint replacements at HSHS St. Vincent Hospital was 1.4 days.

In fact, Dr. Matthew Colligan, our only fellowship-trained orthopedic hip and knee surgeon, performed the first outpatient total hip replacement at HSHS St. Mary’s Hospital Medical Center and Dr. Thomas Florack, orthopedic surgeon, performed the first at HSHS St. Vincent Hospital.

We are home to the area’s first post-fracture osteoporosis clinic led by Dr. Daniel Severance, fellowship-trained orthopedic trauma surgeon. Implementing a coordinated care model ensures fracture patients are placed under osteoporosis management. This clinic has a 30-day post-operative mortality rate of 1.9 percent, which is below the national average of 10 percent.

As the first and leading sports medicine program in the region, we welcomed Dr. Jonathon Dunker, fellowship-trained orthopedic sports medicine surgeon to Prevea Health in September 2015. He, along with the other sports medicine physicians, athletic trainers and strength and conditioning coaches, provide services to care for athletes of area high schools, as well as Green Bay Athletics, St. Norbert College and Lakeland University. Part of this thriving team includes Dr. Chad Zehms, Prevea Health fellowship-trained orthopedic sports medicine surgeon, who is the leader for knee arthroscopies and third in shoulder arthroscopies in Wisconsin.

To support our patients, we offer more treatment options and expert therapists than anyone else in the region. With more than 190 physical, occupational and speech therapists, we are the region’s most comprehensive, fully integrated therapy team.

With the most specialized orthopedic team in northeast Wisconsin, we have every aspect of orthopedic care covered to get our patients back to what they love.
Rare Wrist Replacement Procedure Performed at HSHS St. Mary’s

Home of the Prevea Regional Orthopedic Center in Green Bay, HSHS St. Mary’s Hospital Medical Center is a leader in comprehensive joint replacement care. The orthopedic specialties offered extend beyond the common hip and/or knee replacements to leading-edge procedures that are getting patients back on the move.

In May 2016, fellowship-trained orthopedic hand surgeon, Dr. Cathryn Vadala, performed a total wrist arthroplasty, also known as a total wrist replacement at HSHS St. Mary’s Hospital Medical Center.

“Somebody that specializes in hand may only do two or three total wrist replacements a year,” said Dr. Vadala. “A specialist at an academic facility may do ten each year — so, it’s rare.”

The two-hour procedure involves securing a metal base plate to the radial side of the wrist joint to recreate the joint surface. A round, plastic carpal component is then secured to the other side of the wrist joint. The connection between the round plastic component and the metal base plate allow for motion that mimics a real wrist.

“Patients typically get about 40 percent of the motion back in their wrist following a total wrist replacement,” said Dr. Vadala. “This is much greater than if a patient were to choose a wrist fusion procedure, which would eliminate their ability to move their wrist all together. It’s helping patients get back to doing everyday tasks many of us take for granted, like eating and brushing our teeth.”

A limited number of patients are ideal candidates for a total wrist replacement, which is another reason the procedure is considered to be rare. Patients who are good candidates need to have a specific pattern of arthritis in their wrist with activity-limiting pain.

“The motion the implant creates is just enough to complete every day activities,” said Dr. Vadala. “High-demand activity could cause dislocation of the implant, so not every patient is an ideal candidate. Our hope is that over time, the design of the implant can be improved so more patients can benefit from this procedure.”
**HSHS St. Clare Offers Orthopedic Residency**

HSHS St. Clare Memorial Hospital now has an orthopedic residency program and it is among one of five in Wisconsin focused on providing post-graduate residency for physical therapists in outpatient orthopedic care.

Graduates may participate in a residency for one to two years. Programs usually begin in June or July and are completed in May. As part of their residency experience, graduates work with professors and instructors to treat patients. Residents are also expected to complete individual coursework alongside their residency.

“Residents get advanced training through a hands-on approach with professors in the clinic setting treating patients from the community,” said Jarod Husmann, Divisional Director, Therapy Services and Sports Medicine, HSHS Eastern Wisconsin Division and Prevea Health.

Additionally, residents accepted to this program will have an advantage to gain board certification in orthopedics by the American Board of Physical Therapy Specialties (ABPTS). Board certification typically requires applicants submit evidence of 2,000 hours of direct patient care as a licensed United States physical therapist and about 25 percent of those hours must be within the last three years.

Residents may not have these hours, but if they submit evidence upon the successful completion of an ABPTRFE-Accredited post-professional clinical residency like the one at HSHS St. Clare Memorial Hospital, they can be approved for the examination as long as they meet all other requirements. By passing the ABPTS board certification exam, a physical therapist adds Orthopedic Clinical Specialist (OCS) to their professional title.

Board certification is invaluable to physical therapists, and HSHS St. Clare Memorial Hospital’s program will provide residents a significant head start. Currently, there are 4,399 licensed physical therapists in Wisconsin, but only about 222 of them are OCS trained. If they pass, the hospital’s two current residents will become part of the five percent of practicing therapists in Wisconsin who are OCS trained.

“It has been a challenging and rewarding year,” said Sue Collins, a current resident in the orthopedic physical therapy residency program. “I feel the knowledge I have gained will help me offer more effective care to my patients.”

**HSHS St. Clare Memorial Hospital’s program is considered to be an American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) accredited residency though our residency partners, Specialized Physical Therapy Education (SPTE).**

For a typical residency, graduates apply to programs all across the country. If a program accepts them, residents have to leave their current job, move away and may take a reduced salary in an effort to achieve this professional goal.

Unlike these residencies, HSHS St. Clare Memorial Hospital’s PT orthopedic residency program is performed on-site. Two residents are accepted to work for the hospital and stay within the hospital’s system. For the hospital, this program has become a recruitment tool to attract therapists to the area who want to complete a residency, but are unable to move across the country.

“The residency has been a beneficial and worthwhile experience not only for me, but for my current and future patients,” said Olivia Smaney, one of the hospital’s current residents. “The experience has deepened my thought process and forced me to reflect on my clinical decision making.”

Sue Collins, Orthopedic Physical Therapy resident, replaces a weight used in working with patients to improve their quality of life.
Lou Heroux re-engaged right after her aortic valve replacement procedure by sending text message to loved ones.
Texting after TAVR

Slowing down with age was something Lucille (Lou) Heroux simply couldn't accept. At age 85, Lou loved to walk but began having trouble walking short distances, needing to stop often. “I didn’t have much energy and felt short of breath,” said Heroux. Unfortunately, for Lou, her heart valve was narrowing, causing her to not only feel weak, but fatigued.

For the last three years, Lou has had an annual echocardiogram to outline the movement of her heart. In May 2016, Dr. Todd Fergus, Prevea Interventional Cardiologist, referred Lou to the Prevea Heart Valve Clinic to see, Dr. John Seccombe, Prevea Health Cardiothoracic Surgeon, and was deemed a high-risk surgical candidate. Her heart condition was severe and, while she was too frail to undergo open heart surgery, there was a newer procedure that could fix her heart.

With a history of heart issues, Lou was a candidate for Transcatheter Aortic Valve Replacement (TAVR), a technically sophisticated procedure that is significant because it provides high-risk patients, those who are not suitable candidates for open heart surgery, with a minimally invasive alternative for valve replacement, ultimately improving the quality of life.

“The care received was wonderful. Everyone was so informative and it made me feel comfortable and prepared for every step of the procedure. I would recommend this to anyone who is a candidate. Thanks to my care team, I feel good again and I have my life back.” — Lou Heroux
Improving Patient Care with Advanced Multimodality Imaging Suites

From prevention and diagnosis to treatment and recovery, the Heart Center at HSHS St. Vincent Hospital delivers quality services with the most compassionate care. With the completion of the Heart Center expansion, the Eastern Wisconsin Division now offers the most advanced treatment options to patients.

In spring 2015, construction began to develop multimodality imaging suites, commonly referred to as hybrid operating rooms, to better equip our highly specialized medical team to serve our growing number of aortic valve disease patients more efficiently. Today, the Heart Center has three new imaging suites:

• The largest suite, the designated hybrid operating room, has advanced medical imaging technology for minimally-invasive surgeries, such as the Transcatheter Aortic Valve Replacement (TAVR) procedure and major vascular procedures such as endovascular aortic aneurysm repair. The TAVR is a technically sophisticated procedure and is significant because it provides high-risk patients, those who are not suitable candidates for open heart surgery, with a minimally invasive alternative for their condition, ultimately improving their quality of life. See page 19 for TAVR patient story.

• The second suite is similar to the hybrid operating room, but has less square footage but similar technology to the hybrid room. This suite still provides a space where health care teams can complete procedures such as the TAVR and any vascular repair procedures that require advanced imaging.

• The final suite is the catheterization lab upgrade, where providers can use imaging technology to visualize the arteries and chambers of the heart to treat coronary and structural heart abnormalities.

The state-of-the-art imaging suites combines a standard operating suite and cardiac catheterization laboratory, allowing a diverse team of experts — cardiologists, cardiovascular surgeons, vascular surgeons, radiologists, anesthesiologists and numerous allied health providers — to work in the same environment. “Patients who would have otherwise required a highly invasive open heart surgical procedure can now receive a catheter-based intervention,” said Christopher Brabant, Executive Director, Heart, Lung and Vascular Center, HSHS Eastern Wisconsin Division and Prevea Health. “This results in shorter hospital stays, faster recoveries, and the most technologically advanced care available for the health and for the wellness of our community.”
Dr. James C. Hansen: the Region’s Atrial Fibrillation Ablation Specialist

Cardiac ablation is a procedure used to destroy these short-circuits and restore normal rhythm, or block damaged electrical pathways from sending faulty signals to the rest of the heart. During the atrial fibrillation ablation procedure, the abnormal heart tissue is destroyed through radiofrequency energy that burns it. Ablation has a greater chance of reducing and, in some cases, eliminating a patient’s symptoms making him/her feel better – almost immediately.

How do you choose the right treatment plan?

Antiarrhythmic drugs and catheter ablation are designed to control symptoms caused by the abnormal heart rhythm; they do not decrease the risk of stroke in afib. “The goal of atrial fibrillation treatment – whether through medication or ablation – is to reduce the burden of arrhythmia, the frequency, impact and symptoms of the condition to improve the patient’s quality of life,” said Dr. Hansen.

Guidelines issued in March 2014 by the American Heart Association, the American College of Cardiology and the Heart Rhythm Society recommend ablation as the first line therapy for atrial fibrillation. Since then the research continues to show support for this treatment therapy. “These guidelines are based on studies conducted over the last 10 years that document more freedom from atrial fibrillation at one-year and three-year follow-ups when the ablation procedure is performed compared to antiarrhythmic medication,” said Dr. Hansen.

On average, ablation has a 70 to 80 percent success rate. Younger patients, who have no underlying heart disease and whose afib is intermittent, can have success rates as high as 95 percent. Older patients with persistent afib and an underlying heart disease have a success rate around 40 to 60 percent.

With more than 10 years experience in Cardiology and Cardiac Electrophysiology, Dr. James C. Hansen, MD, FACC, FHRS, Prevea Health, is the region’s premier atrial fibrillation ablation specialist. Atrial fibrillation, also called afib, can be debilitating. Patients may experience palpitations, shortness of breath, fatigue and weakness. “In the past afib patients’ only option for trying to reduce their symptoms was to take medications called antiarrhythmic drugs that controlled the abnormal heart beat,” said Dr. Hansen.

According to the American Heart Association, these drugs can stabilize the heart muscle tissue and help return the heart to its normal rhythm. However, while the medications work well for some people, they do not work well for everyone and over time, antiarrhythmic drugs can lose their effectiveness.

A normal heartbeat is controlled by a smooth, constant flow of electricity through the heart. A short-circuit anywhere along this electrical pathway can disrupt the normal flow of signals, causing an arrhythmia (an irregular heartbeat).

As technology and the fields of Cardiology and Electrophysiology advance, the atrial fibrillation ablation procedure is proving to have the most compelling outcome effectiveness evidence.
Is Ablation right for you?

Ablation is performed to treat many types of arrhythmias and is often successful in eliminating the need for long-term drug therapy. This procedure may be an option in any of the following situations:

- The arrhythmia cannot be controlled with lifestyle changes or medication.
- The patient cannot tolerate, or does not want to take medication to treat the arrhythmia.
- The patient has a supraventricular tachycardia (SVT) – a rapid heartbeat that begins in the upper chambers of the heart.
- The patient has a ventricular tachycardia (VT) – a rapid heartbeat that begins in the lower chambers of the heart.

“As an electrophysiologist, I have the privilege of working closely with patients to evaluate and treat their heart rhythms. Together we arrive at the best course of action, addressing palpitations, risk of sudden cardiac death and quality of life to help them feel significant improvements and live longer, better lives,” added Dr. Hansen.

“I am very fortunate. I have a family I love, a job I enjoy and, thanks to Dr. Hansen, I am healthy again.”

“Is Ablation right for you?”

“Can’t emphasize it enough — my experience with Dr. Hansen and his staff was exactly like the one we try to give our customers at Sensigz’s. From the reception area to surgery I felt welcomed, among friends and safe; like I was their only ‘customer’. I praise Dr. Hansen and his staff every time I get a chance. Most recently, a lady came in the store and literally needed to sit down. She has what I had. We talked more about her health than we did about furniture. I told her about Dr. Hansen — I hope she went to see him and will have the success I had,” Senzig said.

Todd Senzig, Owner Senzig Furniture

Todd Senzig got up one morning to wake his kids for school. The next thing he remembered was lying in the hallway face-up. He got up, felt fine and went to work. His wife told him to call his doctor, who referred him to Dr. Hansen.

Dr. Hansen ran several tests and diagnosed atrial fibrillation (afib). He explained the condition, the medication route, the atrial fibrillation ablation procedure, their success rates and the pros and cons of each. He prescribed a medication to regulate Senzig’s heart and told him he could:

1. Stay on the medication for the rest of his life.
2. Have the afib ablation procedure.

“I was 48 years old and had never been on any medicine; I opted for the surgery. After the surgery I felt better, but Dr. Hansen said that if I wanted to feel 100 percent, I may need a second surgery. He also told me I could opt to stay on the medication without a second procedure. I didn’t even wait for my wife to come in to discuss it. I was impressed with him and his staff from my very first visit and so confident in him that I said, ‘Let’s do the second surgery, give me a date.’ About four months later I woke up from the second procedure and immediately felt great — I knew he got it this time,” said Senzig.
From Our Hearts to Theirs

The heart is the beat that keeps the rhythm of life. To keep people going, we keep hearts beating, and to do so, cardiologists play an important role. And now, HSHS St. Nicholas Hospital and Prevea Health have a dedicated team providing comprehensive cardiology services at the Prevea St. Nicholas Health Center. With the addition of these highly-skilled physicians, Sheboygan has a variety of comprehensive cardiology services.

Mercy Chandrasekaran, MD

Dr. Chandrasekaran is certified by the American Board of Internal Medicine. She completed a residency and fellowship at Advocate Illinois Masonic Medical Center in Chicago, Ill. and graduated from medical school at Maharashtra University of Health Sciences in India. She specializes in cardiovascular disease prevention and screening, management of coronary artery disease, valve disorder, heart failure, nuclear cardiology, echocardiography, women’s cardiovascular health, and heart rhythm disorders.

“I have the privilege of saving many lives, and focusing on the most fascinating organ in the body and the hardest working: the heart,” said Dr. Chandrasekaran. She is passionate about creating a stronger, healthier community that will impact future generations.

Jose Iturrizaga, MD

Dr. Iturrizaga is certified by the American Board of Internal Medicine. He completed fellowships at the University of Alabama at Birmingham Hospital and Montefiore Medical Center for Heart & Vascular Care in Bronx, N.Y. He specializes in cardiovascular disease, advanced heart failure and transplant, and pulmonary hypertension.

“I have the opportunity to use my resources to assist those suffering from cardiovascular disease, and I am able to improve quality of life through non-invasive procedures,” said Dr. Iturrizaga.

“I truly hope that people in Sheboygan see me as a friend, and consider my privilege of living in their community as a mutual opportunity of learning and changing some concepts in healthy lifestyle and cardiovascular health,” said Dr. Iturrizaga.
HSHS St. Vincent Hospital and HSHS St. Mary’s Hospital Medical Center

**Receive AHA Mission Lifeline Silver Plus Award**

The American Heart Association (AHA) recognized HSHS St. Vincent Hospital and HSHS St. Mary’s Hospital Medical Center with the *Mission: Lifeline® Silver Plus award*. In order to receive this award, the Hospitals achieved:

- 85 percent or higher composite adherence to all Mission: Lifeline STEMI Receiving Center Performance Achievement indicators for consecutive 12-month intervals.
- 75 percent or higher compliance on all Mission: Lifeline STEMI Receiving Center quality measures.
- First-Door-to-Device time of 120 minutes or less for transfers from critical access hospitals to improve the quality of care for STEMI patients.

STEMI is a common name for ST-elevation myocardial infarction, which is a more precise definition for a type of heart attack, caused by a prolonged period of blocked blood supply that affects a large area of the heart. STEMI has a substantial risk of death and disability and calls for a quick response.

**Mission: Lifeline** is a coordinated, proactive system of care that turns first responders, hospitals and other health care providers into a team that uses proven guidelines and best practices to treat patients suffering from acute coronary syndrome, including both STEMI and non-ST-elevation acute coronary syndrome (NSTE-ACS) heart attacks.

The goal of this program is to help save lives and improve patient outcomes, from the first symptom all the way through cardiac rehabilitation.

The program addresses gaps in care, creates systems where they don’t currently exist, and provides innovative tools and measurements to improve the speed and quality of care by enabling EMS, referring hospitals and receiving hospitals to work together seamlessly and accelerate the decision making process while treating high-risk patients.

AHA began working collaboratively in 2003 on what eventually became Mission: Lifeline, after top volunteer and staff leaders recognized gaps and issues in STEMI heart attack treatment. Several years of research and program development led to the launch of Mission: Lifeline as primarily a STEMI system of care improvement process and recognition initiative.

Receiving hospitals, such as HSHS St. Vincent Hospital and HSHS St. Mary’s Hospital Medical Center, are cornerstones in the treatment of heart attack victims.

“When a heart attack strikes, every second matters. Cardiac patients need a seamless lifeline that offers the best possible fighting chance for survival. That’s why AHA developed Mission: Lifeline and why we chose to participate in the program,” said Michelle Bobusch, Manager Cardiac Catheterization Lab, STEMI Coordinator, HSHS St. Vincent & HSHS St. Mary’s Hospitals.
Renovated Maternity Suites at HSHS St. Vincent Hospital – *Phase 2 Complete*

For expecting moms and dads, selecting the hospital to bring their bundle of joy into the world is a big decision to make. In addition to the services offered, expecting parents also consider the accommodations. In August 2015, HSHS St. Vincent Hospital’s Women’s Health & Birthing Center introduced family suites to the Green Bay area, signifying the end of Phase 1. Reactions from patients and families have been astounding; and patients will be even more thrilled to see what the outcome has been of the recently completed Phase 2.

Phase 2 took this renovation to a whole new level. With its recent completion, there are now 14 Labor/Delivery/Recovery/Post-partum (LDPR) rooms, two GYN rooms, one antepartum room as well as the relocation of the nurses’ station, nursery and family waiting area. Renovations of non-patient care areas include a new colleague lounge, new offices for leadership and clinical educators.

“The centralized relocation and configuration of the nursing station and nursery allows for enhanced newborn safety and communication, between all involved in patient care,”

Jamie Babbitts, Executive Director, Women's Services, HSHS Eastern Wisconsin Division.

In 2016, HSHS St. Vincent Hospital, HSHS St. Mary’s Hospital Medical Center and HSHS St. Nicholas Hospital became the first hospitals in northeast Wisconsin to re-introduce nitrous oxide as an option for labor pain management.

“There is a growing consumer interest in this option for pain control,” said Jamie Babbitts, Executive Director, Women’s Services, HSHS Eastern Wisconsin Division. “Our goal is to make the birthing experience as positive as possible for women in our community.”

Nitrous oxide has been used for labor pain management in many countries since the early 1900s and was used frequently in the United States during the 50s, 60s and 70s before many hospitals stopped using it in favor of epidurals. “Nitrous oxide is far more popular in the United Kingdom, where it is used by 60 percent of women in labor,” said Pamela Grant, Maternal Fetal Medicine physician, Prevea Health and HSHS St. Vincent Hospital. “It is also commonly used in Australia, Finland and Canada.”

When a patient requests nitrous oxide during labor, the device holding the nitrous oxide tank and mask is wheeled into the patient’s room on a small, rolling stand and connected to the oxygen outlet. The patient can self-administer the nitrous oxide quickly, easily and safely by placing the mask to her face and inhaling deeply starting approximately 30-seconds prior to the beginning of a contraction.

“Labor pain is no laughing matter, but nitrous oxide, commonly known as “laughing gas” is making a comeback for women looking for a more natural approach to childbirth.”
“Nitrous oxide allows a woman to be a full participant in the labor and delivery process, but with less pain and anxiety,” said Dr. Grant. “Most women who use nitrous oxide find that while they still feel the contraction, they don’t perceive it as painful. It’s particularly beneficial to women who aren’t candidates for narcotics or epidurals — due to prior back surgery, ongoing medical therapy or other health concerns.”

There are no known fetal or newborn side effects with the use of nitrous oxide and the gas dissipates from a woman’s system within a few minutes after she stops breathing it in. For some, this option is more desirable than an epidural which can take a longer period of time to wear off and cause immobility.

The introduction of nitrous oxide is just one of many efforts to enhance the birthing experience for women at HSHS St. Vincent Hospital, HSHS St. Mary’s Hospital Medical Center and HSHS St. Nicholas Hospital. Hydrotherapy tubs are available at all three hospitals as another option for labor pain management.

“We want to support and facilitate a positive birth experience for all women and their families and believe offering multiple pain control options and birthing options helps facilitate this goal,” said Babbitts.

OB/GYN physician, Dr. Michael Arnold, above left, and nurse practitioner, June Peters, above right, are seeing that patients at HSHS St. Clare Women’s Care receive only the highest quality of care.

“HSHS is reaching out to provide high-quality women’s care to the Marinette community,” said Dr. Arnold.

Dr. Arnold specializes in pre- and post-natal obstetric care, a full range of gynecological services, urinary incontinence, pelvic repair, pelvic pain, evaluation and treatment of abnormal bleeding, and on site ultrasound technology. June Peters provides care for women’s wellness, family planning, gynecologic services, menstrual problems, menopause and incontinence.

Dr. Arnold says the best part about HSHS St. Clare Women’s Care in Marinette is that it is convenient for patients to access services without having to travel far from home. Marinette is his and June Peters’ second location, with their original practice residing in Oconto Falls.

“It’s important to me to give my patients the time they need to share their health concerns,” said Dr. Arnold. “That way, I can educate them on all of their options and work with them to determine a plan that is best for them.”
New \textit{Children’s Hospital}

At the end of 2016, HSHS St. Vincent Hospital announced the naming of a new children’s hospital in Green Bay—HSHS St. Vincent Children’s Hospital—an exciting step for the hospital and the community.

What was formerly the HSHS St. Vincent Regional Pediatric Center had served the region for many years, providing a wide range of top quality pediatric services not found elsewhere in the area.

“The Designating the services as Children’s Hospital is an important step toward improving pediatric care in Northeast Wisconsin and Michigan’s Upper Peninsula,” said Heidi Warpinski, Executive Director, HSHS St. Vincent Children’s Hospital.

“HSHS St. Vincent Hospital has been a high-quality, reliable source of health care for children in our area for many years. Our advanced care includes pediatric and neonatal intensive care, as well as a large array of pediatric general and subspecialty care – including some specialties that you won’t find anywhere else in the region,” Warpinski said. “Designation as a children’s hospital was the logical next step.”

Children’s hospitals represent less than five percent of all hospitals and provide a disproportionately large share of the nation’s pediatric acute clinical care. Children’s hospitals are also vital centers of primary and specialty pediatric medical education and are leaders in pediatric research.

In addition, HSHS St. Vincent Children's Hospital has been accepted as a member of the Children's Hospital Association — the voice for more than 220 children’s hospitals nationwide. As champions for children’s health, the Association advances public policy enabling hospitals to better serve children and builds awareness of child health issues. It is the premier resource for pediatric data and analytics driving improved clinical and operational performance among its hospital members.

“We have made great strides in pediatric specialty care in partnership with Prevea Health. Taking this next step to become HSHS St. Vincent Children's Hospital allows us to expand these services even further for the benefit of our patients,” said Dr. Joel Ament, HSHS St. Vincent Children’s Hospital Medical Director and Prevea Pediatric Intensivist.

HSHS St. Vincent Children’s Hospital, located inside of HSHS St. Vincent Hospital, encompasses a wide range of services, including Pediatric Intensive Care (PICU), Neonatal Intensive Care (NICU), Pediatric Hematology/Oncology Services as well as specialized pediatric components of HSHS St. Vincent’s Emergency Department, Diagnostic Imaging Services, and much more.

The hospital has a new logo and promotions. Child-friendly elements will be expanded throughout the Children’s Hospital and the ancillary departments it reaches at HSHS St. Vincent Hospital. “In this way, our patients and families will feel secure that they are part of the child-focused world they depend on for care at some of life’s most challenging times,” said Warpinski.
State-of-the-Art **MRI Projector and Glasses**

HSHS St. Vincent Hospital Foundation received a $35,123 donation from the Beaux Mettler Foundation, a nonprofit organization whose mission is, “… to provide new technology for ill children while in the hospital to help them continue their education, connect with family and friends, and to provide comfort while undergoing medical procedures.”

“Thanks to this generous donation and donations from the KC Stock Foundation, Inc. and Cornerstone Foundation, we were able to purchase video projector and glasses that make it more comfortable for children undergoing an MRI scan,” said Heidi Warpinski, Executive Director, HSHS St. Vincent Children’s Hospital.

During an MRI, patients are confined and often become claustrophobic. Patients also have to lay very still, in a high-tech tube with noises and echoes going on all around them sometimes for hours, depending on the type of study being performed. That’s a tall order for any adult; imagine how hard that is for a child, especially a child whose treatment plan calls for numerous scans over the course of time.

“Most people would agree, it can be tough staying still during an MRI while in a confined space in a loud machine,” said Barb Halron, treasurer of the Beaux Mettler Foundation. “And for children, that task can be difficult without sedation. But now, this new technology, pictured on page 28, will provide a more comfortable, relaxing environment. That’s why we are thrilled to make this donation in support of HSHS St. Vincent Children’s Hospital. We support their work in caring for the region’s youngest patients and helping them find comfort while they undergo medical procedures.”

“Accompanied by MRI headphones, the system supports two-way voice communication so the technicians can communicate with their patients and vice versa and provide a safe distraction for children. In addition to having the ability to use the projector and glasses for MRI procedures, the system will also be used across many different diagnostic settings.

“HSHS St. Vincent Children’s Hospital is dedicated to making the patient experience a number-one priority,” said Warpinski. “This generous donation made by the Beaux Mettler Foundation and other valued community partners allows us to expand the tools we are able to use to individualize care for our pediatric patients and their families. We strive to keep patients as comfortable as possible and in this case, we can make an MRI experience something fun and a little less scary.”

“HSHS St. Vincent Children’s Hospital is dedicated to making the patient experience a number-one priority.
Hailee’s Story

Every parent has dreams for their child and is hopeful they can bring something forth to this world to make it a better place. When Shannon Kin gave birth to her daughter Hailee in 2008, she didn't realize just how much of an impact her little girl would make.

“My pregnancy was normal, but my delivery wasn’t,” recalls Shannon. “Hailee was stuck and once they got her out she was kind of misshapen. Eventually, she took shape and her numbers were good, so we got to go home.”

Hailee was your typical baby for the first month or so, but when she started not to eat and began to vomit frequently, Shannon knew something wasn’t right.

“At her 2-month checkup the doctor said she wasn’t thriving and her muscle tone didn’t seem right, so tests and ultrasounds were performed,” said Shannon. “The doctors weren’t able to find anything so they referred her to a specialist. It was then we learned she has severe infantile hypophosphatasia.”

Infantile hypophosphatasia is a disease that affects the development of bones and teeth. Shannon and her husband Brian learned that at that time, there was no treatment for this rare condition.

“We learned that 50 percent of kids who have this disease, die before they’re one,” recalls Shannon. “My first thought was, ‘how am I going to pay for her funeral?’ They sent us home and I just kept researching online until I found information about a trial for a drug that had not yet been approved in the United States. I contacted them and they asked if we’d be willing to do this trial.”

Hailee was your typical baby for the first month or so, but when she started not to eat and began to vomit frequently, Shannon knew something wasn’t right.

“Part of the study was to look at the bones and the bone structure,” said Dr. Taylor. “Initially, the bones looked very abnormal. However, within two months we were starting to see significant changes throughout the X-rays, suggesting there was improvement in calcification and the presence of new, solid bone.”

Hailee continued the trial and treatment at HSHS St. Vincent Hospital for seven and a half years, showing improvement after each hospital visit.

“From the minute we got here, they made us feel so welcome,” said Shannon. “There are no words to thank them for everything. I can see the love they have for her. They always made us feel not like a patient, but like family.”

While Hailee still has some challenges ahead, she has made significant strides in her health. She has also made a tremendous impact on others who have been diagnosed with hypophosphatasia, or could be in the future.

“Watching her grow has been a remarkable experience,” said Dr. Taylor. “She has an amazing, endearing personality that really grabs at your heart.”

Thanks to Hailee’s — and others’ — successful outcomes with the trial drug asfotase alfa, the U.S. Food and Drug Administration approved it for treatment of patients with perinatal-, infantile- and juvenile-onset hypophosphatasia on October 23, 2015.

“Heidi Warpinski, Executive Director, HSHS St. Vincent Children’s Hospital, Dr. John Taylor, Prevea Pediatric Intensivist, and Hailee.
Almost Home Transitions Patients for Their Return Home

If you or someone you love has had to stay at a rehabilitation facility after a stroke, surgery or major injury, you know that recovery can be a long and difficult process that is often complicated with uncertainty about what to expect when transitioning back home.

The nursing and rehabilitation team at HSHS St. Clare Memorial Hospital is committed to helping patients transition from the hospital to their home through the Almost Home Program. “We evaluate each patient and work with them to ensure their individual needs are met,” said Brenda Hella, Manager, Therapy Services, HSHS St. Clare Memorial Hospital.

The Almost Home program is a unique program for hospitals and not all hospitals are able to offer a transitioning home rehabilitation program. HSHS St. Clare Memorial Hospital, as a Medicare-certified Critical Access Hospital has the capability of using any of its 25 beds for either acute inpatient or skilled level nursing care. “The Hospital’s Almost Home program can accept patients referred from other hospitals as well as those initially hospitalized at HSHS St. Clare Memorial Hospital. Inpatients at our Hospital often times are even able to stay in the same room when transitioning to Almost Home. The flexibility in ‘swinging’ the beds between acute and skilled nursing helps maintain the financial viability of a critical access hospital as well as provide a smooth patient transition to his/her home,” said Hella.

Patients are given a private room with 24-hour nursing care. “We encourage patients to wear their own clothing and bring items from home to make their stay comfortable and more focused on their recovery,” said Hella.

Almost Home is designed for a wide range of patient conditions such as joint replacement surgery; stroke; heart attack or congestive heart failure; serious illness; major accident; and wound care.

“We understand the recovery journey is difficult and at times very frustrating. We give our patients the medical care, therapies and emotional support they need to succeed and encourage them to feel good about their accomplishments no matter how small they may seem; each accomplishment is a step closer to their recovery and return home,” said Hella.

“I received wonderful care as an inpatient and was able to stay in my room for my transitional recovery through the Almost Home program. I cannot say enough about the Hospital, the staff and the Almost Home program. To be able to stay in the Hospital rather than go to a Nursing Home for my therapy was wonderful. I had the freedom to walk the halls — no matter what time it was — doing things on my own time, just as if I were at my own home. I feel very fortunate to have had the opportunity to recover at HSHS St. Clare Memorial Hospital and glad the Almost Home program was available; I really felt at ‘home’.” — Judith Broderick, pictured on opposite page.
Libertas Joins the Division

In March 2016, HSHS Eastern Wisconsin Division welcomed the Eastern Wisconsin locations of Libertas in Green Bay, Marinette and Sheboygan to its family of care.

Libertas treatment centers treat and educate adolescents, adults and families who experience problems related to alcohol and other drug abuse. Libertas began in 1977 as part of HSHS St. Joseph’s Hospital in Chippewa Falls, which currently owns and houses the L.E. Phillips Libertas Treatment Center. In 1989, Libertas expanded to Eastern Wisconsin in Green Bay, then to Sheboygan and Marinette.

On March 1, 2016, all three Eastern Wisconsin locations of Libertas became a department of HSHS St. Vincent Hospital, which is licensed as a satellite hospital for chemical dependency treatment. Libertas also serves HSHS St. Mary’s Hospital Medical Center, HSHS St. Nicholas Hospital and HSHS St. Clare Memorial Hospital. In addition, 31 colleagues from Libertas locations in Green Bay, Marinette and Sheboygan joined HSHS St. Vincent Hospital.

“HSHS St. Vincent Hospital is in closer proximity to the Libertas treatment centers in Eastern Wisconsin, which helps to improve the recruitment of new physicians and counselors and develop future treatment programs,” said Larry Connors, Chief Operating Officer, HSHS St. Vincent Hospital. “We are also able to seamlessly coordinate care with our partners throughout Eastern Wisconsin.”

As a key HSHS Eastern Wisconsin Division hospital partner, Prevea Health also plays an important role in patient care at Libertas.

“With shared staffing, programming and training, HSHS Eastern Wisconsin Division, Prevea Health and Libertas are providing consistent, exceptional care to patients struggling with addiction,” said Paula Manley, Executive Director, Behavioral Care, HSHS Eastern Wisconsin Division and Prevea Health.
More Possibilities, Closer to Home

The priority of a hospital is to serve its patients with the best quality care. But if services are not available, a patient must be referred to a facility that can provide them. Travel time can be time-consuming, costly and stressful for patients and their families.

That is why HSHS St. Clare Memorial Hospital is proud to offer more possibilities and resources to patients in Oconto Falls with the opening of its new regional surgery center on April 11, 2016. The HSHS St. Clare Regional Surgery Center performs surgical procedures that previously resulted in patients traveling to other, larger hospitals.

The addition of the surgery center on the HSHS St. Clare campus means more services and less travel time for patients in Oconto County.

Led by Richard McNutt, MD, FACS, and Tina DeGroot, APRN, the new surgical team gives HSHS St. Clare Memorial Hospital an extension of adult and pediatric surgical procedures possibilities. Some of these possibilities include general and vascular surgery, colon and breast cancer surgery, colonoscopies, advanced laparoscopic surgeries, minimally-invasive surgeries, hernia repair, and new treatments for varicose veins.

“We have the connection with our other regional HSHS hospitals, and we are bringing the same level of high-quality care. It is a large-city practice in a small town,” said Dr. McNutt.

Getting to know patients is important to Dr. McNutt and his team, especially for a small community like Oconto Falls. Right before each procedure, Dr. McNutt and his surgical staff take a time out for a consultation to meet with the patient and his/her family to answer questions, get to know the patient better and overall, make everyone feel comfortable and at ease before the patient is taken to the operating room. This consultation has become one of the services patients appreciate most.

“Having that personal connection centers people on what we are doing,” said Dr. McNutt. “It helps our team realize the impact they have on our patients’ lives.”
Renovated Surgical Services and ICU at HSHS St. Nicholas Hospital

HSHS St. Nicholas Hospital’s Surgical Services (operating rooms) and Intensive Care Unit (ICU) were originally constructed as part of the new hospital in 1978. The ICU has undergone cosmetic updates in the last two years; however, the operating rooms have remained virtually the same as when constructed.

In summer 2015, HSHS St. Nicholas Foundation received a $1 million donation from the ACUITY Charitable Foundation to benefit the hospital’s 125th Anniversary Capital Progress Campaign, see page 49. The donation funded the development of the new ACUITY Intensive Care and Intermediate Care Unit (ICU/IMCU) at HSHS St. Nicholas Hospital, which is part of a large renovation project that also includes a redesign of the operating rooms.

Currently, the ICU is on the hospital’s 2nd floor, but will be relocated to 5th floor. The new ACUITY ICU/IMCU will serve the critical care needs of our patients as the severity of illnesses become more acute and our patient population ages. Today, work continues on the new ACUITY ICU/IMCU and once complete the space will provide:

• a modern facility that better meets the needs of our patient population,
• larger patient rooms with private bathrooms,
• decentralized nurse stations positioned at each ICU patient room,
• vertical positioning with our 4th floor medical/surgical unit,
• private consult rooms for physicians and family members,
• a family waiting area within the unit to keep family and visitors close to their loved ones, and
• enhanced infection prevention measures to decrease the risk of spreading illnesses.

The redesign of the operating rooms will provide a new high-tech environment with modern efficiencies for our surgeons to perform increasingly complex surgical procedures including spine and joint replacements. Construction is on track and when the redesign is complete, we will have five new operating rooms located on the hospital’s 2nd floor. The new operating rooms will provide:

• increased operating room size to 600 square feet to accommodate more complex cases and equipment,
• room for growth with the shell of a sixth operating room,
• increased electrical capability for advanced technology,
• anesthesia and equipment in each room that is mobile,
• video integration for future needs,
• a clean/dirty elevator for more efficient transportation of instruments to Sterile Processing, and
• a sterile corridor between the operating rooms for more useful space to store supplies and instruments.

“The redesign of these areas will allow us to serve the vital needs of our patients today and in the future as we strive to keep care close to home and accessible for all,” said Andy Bagnall, President & CEO, HSHS St. Nicholas Hospital. “Creating the new surgical services and ICU/IMCU will improve patient safety and security, increase privacy, improve efficiency and enhance our patients’ experience.”
New Technology for Quicker, Improved Stroke Care

When someone is having a stroke, every minute that passes can mean the difference between life and death. In 2016, HSHS St. Nicholas Hospital implemented state-of-the-art technology that allows for faster, improved care of stroke patients. It’s called, Telestroke.

Telestroke is telemedicine technology that connects stroke patients and emergency department physicians with highly-skilled stroke experts with the click of a button. When a patient with stroke symptoms arrives at HSHS St. Nicholas Hospital’s emergency department, they receive immediate, hands-on care and assessment from the highly-skilled medical professionals on staff. Then, Telestroke technology – which includes a camera and microphone for live, two-way audio and video – is wheeled to the patient’s bedside and used to contact a board-certified neurologist.

“There are a very limited number of neurologists in Sheboygan available to provide immediate care to stroke patients 24-hours a day,” said Dr. Thomas Zweifel, a Prevea Health neurologist who cares for stroke patients at HSHS St. Nicholas Hospital. “This advanced technology is allowing experts to see patients at the bedside from many miles away and much faster, without losing the precious time it takes to transport the patient or wait for a specialist, like myself, to arrive at the hospital.”

Telestroke allows a neurologist who may be hundreds of miles away to be at the patient’s bedside. The technology allows them to speak with the patient and thoroughly examine them. In addition, the stroke physician can zoom in and out on the patient with Telestroke’s camera to further assess the patient’s ability to move and speak, as well as assess their pupil reactivity. Once the neurologist has examined the patient, they can then consult with the on-staff emergency department physician at HSHS St. Nicholas Hospital about the best course of treatment for the patient.

“With time being such a crucial factor in stroke patients’ ability to make a full recovery, it’s essential that the emergency department physician and neurologist are reviewing test results and communicating with a sense of urgency,” said Jason Helgeson, Executive Director, Musculoskeletal, Neuro Science & Therapy Services, HSHS-Eastern Wisconsin Division and Prevea Health.

During a stroke, an estimated two million brain cells die per minute, meaning that time lost is brain lost. Evidence shows that a stroke patient’s outcomes and recovery are far better the quicker you can evaluate and treat a stroke. Thanks to Telestroke and the communication it allows between stroke experts, stroke patients and emergency department physicians – HSHS St. Nicholas Hospital can more quickly treat stroke patients and reduce or eliminate long-term stroke impacts on their patients.

“As a designated Primary Stroke Center by The Joint Commission, HSHS St. Nicholas Hospital already offers exceptional stroke care,” said Helgeson. “Telestroke takes that high-quality care another step further.”

HSHS St. Clare Memorial Hospital in Oconto Falls is also set to implement Telestroke after recently being approved for a grant to purchase the technology.
Searching for a job after high school can be a tough — and scary — task, but what if you have no job experience? And what if you also have developmental disabilities?

During the 2015-2016 school year, Project SEARCH, an innovative job training and workplace internship program launched at HSHS St. Vincent Hospital to help seven young adults turn their final year of high school into a year of work experience and training.

Project SEARCH is a one-year transition program that immerses students with developmental disabilities in a combination of classroom instruction, career exploration and hands-on training through a series of three 10-week work-site rotations. HSHS St. Vincent Hospital partnered with ASPIRO, Bellin Health, CESA 7, area high schools and the Wisconsin Department of Workforce Development – Division of Vocational Rehabilitation to bring the program to the community.

“...the program is designed to create a seamless combination of classroom instruction, career exploration, and important job skills training through a process of total workplace immersion,” said Matt Astleford, Annual Giving Officer, HSHS St. Vincent/St. Mary’s Hospital Foundation and Project SEARCH Business Liaison. “Because interns spend their entire day embedded in the organization, they gain a level of confidence, maturity and familiarity with workplace culture.”

A typical day for a Project SEARCH intern starts with classroom instruction located at HSHS St. Vincent Hospital. During this time, students learn general employability and independent living skills, such as social interaction, resume writing, job interview techniques, and workplace dress and hygiene. To learn how the state-of-the-art classroom came to life, see page 48.

Governor Scott Walker visited HSHS St. Vincent Hospital in October 2015, to meet with the Project SEARCH students and check out the newly renovated classroom located on the ground level of the hospital.
After classroom instruction, interns head out to spend the majority of their day in different hospital departments at HSHS St. Vincent Hospital or Bellin Health. This provides an opportunity to explore career options and learn specific, transferrable job skills that give them the qualifications they need to compete for entry-level jobs at the hospital or with other employers.

At HSHS St. Vincent Hospital, these skills include material management (delivering supplies, stocking patient rooms, managing inventory, assembling patient admission packets); data entry; answering public phone calls; patient transport; plant services; environmental services; and food service.

When asked what is most important about being a Project SEARCH intern, Andrea replied, “It provides me the opportunity to learn lots of skills in different jobs.” Andrea’s work-site rotations included Critical Care, Nutrition Services and Inpatient Surgical Services at HSHS St. Vincent Hospital. “I enjoy learning new things, being exposed to new tasks and making a difference,” said Andrea.

Michaela, another Project SEARCH intern, spent her work-site rotations in Critical Care and the Surgery Department at HSHS St. Vincent Hospital. “The program has been fun and has provided me the opportunity to work in different departments and learn new skills to figure out what I am good at,” said Michaela.

When Andrea and Michaela graduated from the inaugural Project SEARCH class in June 2016, they were offered employment at HSHS St. Vincent Hospital. Having experienced success throughout their internships, they found the best match for their skills, abilities and interests; Andrea in Nutrition Services and Michaela in the Surgery Department.
**Patient Celebrates 33 Years on Dialysis**

For many patients, dialysis treatment can mean the beginning of the end.

**Not Jim Gayhart.**

Looking back, Gayhart said he had a “pretty normal life” growing up. He loves music and learned to play guitar at a young age. But he suffered from kidney failure and in 1982 had to have a kidney transplant and shortly after dialysis began.

At the age of 67, Gayhart undergoes dialysis for more than four hours three times a week at the HSHS St. Vincent Dialysis Center. Honoring his 33 years on dialysis, a surprise celebration with cake was held on June 24, 2016, to recognize the unusual feat.

“It’s not a world record or anything, but it is an accomplishment I’m proud of,” said Gayhart. “I have more to live for and a lot of things I still want to do.”

Most dialysis patients are expected to live five years. “Just because you go to dialysis doesn’t mean you can’t lead a long, productive life,” said Thomas Smith, MD, nephrologist, HSHS St. Vincent Dialysis Center. “It’s teamwork — If you follow guidelines and live a healthy lifestyle, your longevity improves. Plus, attitude can be everything and Jim’s attitude towards dialysis has served him well.” Gayhart is Dr. Smith’s longest lasting patient on dialysis.

**Skilled Nursing Facility Specialist Program** Developed and Implemented

Transitioning from the hospital to a nursing home is difficult for patients and their families. From the patient’s perspective it means a loss of independence. Family members try to support their loved one through the emotional transition, while helping them make difficult decisions in a relatively short period of time.

In the past, transfers from the hospital to a nursing home were challenging for the nursing staff at both facilities. “At our hospitals, electronic medical records [EMR] are shared throughout our system, but the nursing homes are not part of our shared EMR system. As a result, transferring information concerning the patient’s hospital inpatient care, medications, and physician orders were not always communicated effectively,” said Doreen Kluth, MS, BSN, RN, Executive Director Care Continuum, HSHS Eastern Wisconsin Division and Prevea Health.

In 2014, a multi-disciplinary team from HSHS Eastern Wisconsin Division began a review process of the continuum of care transitions among its clinics, hospital partners, local skilled nursing facilities, and affiliated organizations to determine how the transfers and communication could improve.

During the review, the team realized that most patients transitioned to a nursing home setting were followed via phone and fax and not physically seen by a physician for approximately 30 days. Missed orders, medication errors and duplication of tests and lab work occurred because there was no record of care saved within our Electronic Medical Record (EMR).
“It was clear that we needed to develop a strategy for implementing a model of care that would address these gaps including physician coverage for preferred partner nursing homes,” said Kluth.

The SNFist model of care includes a Skilled Nursing Facility Specialist (SNFist) provider supported by nurse practitioners. Patients are now physically assessed within 72 hours of their transfer to a nursing facility and follow-up care is provided as needed throughout their stay. Nurse to nurse phone calls are now a standard practice to facilitate seamless patient transitions. In addition, advanced care planning is encouraged among patients and their families to help them proactively make decisions on their long-term care plan.

To further optimize the SNFist care model, documentation templates were created in the Division’s electronic medical record and both protocols and billing functionality were standardized. The changes in how care is now organized and provided were then communicated throughout the Division and SNF partnering facilities.

Read-only access to the EMR is now available to all skilled nursing facilities within our service area to provide consistent information to the care delivery team. “This allows the patient’s medical documentation available across the continuum and is effectively decreasing duplicative services and reducing errors,” said Kluth.

Since launching the SNFist Program, data is collected on a monthly basis from partnering facilities to evaluate the number of SNFist admissions, readmissions, referrals to hospice and referrals to home health care. At right is readmissions information since the program’s inception.

“We believe that in addition to providing a seamless continuum of care and higher quality of care through the SNFist Program we are putting our focus on our patients and their families by keeping them connected to and involved in their plan of care,” added Kluth.

My wife, Mary was transferred from HSHS St. Vincent Hospital to Odd Fellow Rebekah Home four times during the last three years and was a patient at the Home for more than 100 days. During one of Mary’s visits, within the last year, we met Dr. Jackson. She came in one day and introduced herself, sat down, clasped Mary’s hands and something clicked they started talking and became friends.

I don’t recall a doctor visiting Mary during any of her earlier stays at Rebekah Home, but I was very happy, Dr. Jackson came into our lives when she did as a result of a new program initiated by the HSHS St. Mary’s and St. Vincent Hospitals. Mary always looked forward to seeing her and every time Dr. Jackson left she gave a nice farewell – a hug, or firm hand clasp and a promise that she’d be back soon.

About two days before Mary passed away she asked Dr. Jackson to say the ‘Our Father’ with her. Dr. Jackson not only said it with her, but she put her arms around her while they recited the prayer. It was one of the last things she did for Mary. That was the type of person Dr. Jackson was for Mary – for us!

I did not know there was a new program in place, or that Dr. Jackson was part of it, but I can say that Mary was well cared for by someone who was more than a doctor, but also a friend who always brought a smile to Mary’s face. – Daniel Donarski

“My passion is for the geriatric patient. I believe that every patient is a child of God and deserves to live life to the fullest. This includes taking the time to listen to the particular concerns of the elderly.”

Lorraine Jackson, MD, Geriatric Medicine, Prevea Health
Bi-Plane
A Game-Changer in Stroke Care
In 2016, HSHS St. Vincent Hospital secured funding to enhance its dedicated Neuroscience program with state-of-the-art technology that will vastly improve care for patients suffering from strokes, ruptured brain aneurysms and other types of cerebrovascular disease.

Thanks to generous, philanthropic support, the hospital has been able to purchase a Biplane Angiography and begin construction on a new Biplane Angiography suite on the 5th floor.

A Biplane Angiography provides real-time, 3D images of the arteries and vessels inside a patient’s brain, allowing for patients to be diagnosed quicker and receive advanced, interventional treatment.

“About 500 people die from stroke each year in our region.”
— Jason Helgeson, Executive Director, Musculoskeletal, Neuroscience & Therapy Services, HSHS Eastern Wisconsin Division and Prevea Health.

“As a Primary Stroke Center, HSHS St. Vincent Hospital has the space, specialists and skills to help these patients. We are only missing the equipment. The addition of the Biplane Angiography suite in 2017 will prevent patients from having to travel to Appleton or Milwaukee for intervention.”

In 2015, HSHS St. Vincent Hospital welcomed Douglas Chyatte, MD as Chief of Neurosurgery. He provides a vast amount of clinical experience to the Neuroscience program, having served as Former Chief of Neurosurgery at Mayo Clinic in Mankato, Minnesota and Former Chief of Neurosurgery and Neurology for Geisinger Health in Pennsylvania.

“The Biplane Angiography’s most important contribution is that it allows a surgeon to use more effective and less invasive procedures to treat stroke patients,” said Dr. Chyatte. “Ultimately, this reduces the patient’s risk of disability and death.”

The Biplane Angiography suite at HSHS St. Vincent Hospital is slated for completion and the equipment available for use this spring.

“Currently, we are able to rapidly diagnose all forms of stroke and provide some forms of treatment, but the Biplane Angiography will be a game-changer,” said Dr. Chyatte.
A Change of Scenery

When a patient is hospitalized for an illness or recovering from surgery at HSHS St. Mary’s Hospital Medical Center, they are placed in the care of the Medical Surgical Department on either the third or fifth floors.

Up until May 2016, patients who required a stay on the third floor had an unpleasant view outside their hospital room windows. A large air handler system, which controls the hospital’s heating and air conditioning, sits atop the third-floor roof. In 2009, Plant Services installed a new air handler and hung 4x8-foot pieces of sheet metal on a wall divider to try and mask the air handler and enhance the view for patients.

“Due to the layout of the hospital and in order to help all patients, visitors and colleagues in our hospital stay safe and comfortable, the third-floor roof is the best place for the air handler,” said Rocky Compton, Manager, Plant Services, HSHS St. Vincent Hospital, HSHS St. Mary’s Hospital Medical Center.

Plant Services, hospital leaders and colleagues all wanted to take the efforts to create a more pleasant view another step further. In the summer of 2015, Rocky had a chance encounter with a local designer and the two came up with a plan to provide third-floor patients a change of scenery.

Today, each piece of 4x8-foot piece of sheet metal that can be seen outside of the patients’ rooms is covered by a large photograph of Wisconsin scenery. Instead of flat, dull sheet metal, patients now look out their windows to see crystal-clear lakes, stunning sunsets and lush, green trees. There are nine photographs total that offer a beautiful change of scenery.

“We made sure the images were coated to protect against sun-damage so they would last a long time for our patients to enjoy,” said Rocky. “In the future, we’d like to install dimmable lighting on the photos for patients to enjoy during the evening hours as well.”

The $25,200 project, funded by HSHS St. Mary’s Foundation, is making a noticeable difference for patients.

Patients’ eyes and smiles light up when they talk about the photographs.
HSHS St. Vincent Hospital First in Green Bay Area to Use *da Vinci Xi Surgical System*

In January, 2016, HSHS St. Vincent Hospital completed the very first surgery in the Green Bay area utilizing the da Vinci Xi Surgical System — one of the most advanced, state-of-the-art robotic surgery technologies available in the world today.

The da Vinci Xi Surgical System offers a three-dimensional high-definition (3D-HD) vision system, special instruments and computer software that allow surgeons to operate with enhanced vision, precision, dexterity and control. The 3D-HD image is highly magnified, offering surgeons a close-up view of the surgical site. The da Vinci instruments have mechanical wrists that bend and rotate to mimic the movement of the human wrist.

The da Vinci Xi Surgical System supports a less-invasive technique than traditional surgery. Procedures are always performed entirely by a surgeon. After a surgical site is accessed through tiny incisions, the system translates the surgeon’s hand movement into smaller, more precise actions of the instruments inside the patient’s body. The da Vinci Xi Surgical System may be an option for patients having colorectal, general, bariatric, thoracic, gynecologic, or urologic-related surgery.

“Almost every day, we use the da Vinci Xi Surgical System to perform surgical procedures that would not have been possible without it,” said Dr. Hassanain Jassim, general and bariatric surgeon, Prevea Health.

Dr. Jassim is part of a team of highly-skilled surgeons that utilizes robotic surgery systems at HSHS St. Vincent Hospital to provide patients the highest quality of care. Advanced, robotic surgery systems have been in use at HSHS St. Vincent Hospital since 2007. The da Vinci Xi Surgical System is the hospital’s third piece of robotic surgery technology.

Patients benefit from the use of the da Vinci Xi Surgical System in the following ways:

- Surgery is minimally-invasive, with reduced scarring
- Shorter hospital stay
- Quicker recovery
- Less pain medication is required

“This is a very exciting time in surgery as we continue to advance our technologies to provide surgeries that lead to improved outcomes, faster recovery, and improved quality of life,” said Dr. Hassanain Jassim, general and bariatric surgeon, Prevea Health.

The robotics program at HSHS St. Vincent Hospital has quickly grown to be one of the busiest centers in the state and region. With the addition of the da Vinci Xi Surgical System, we are not only able to provide more access to our patients, but we also now have the capability to perform even more complex procedures throughout the chest and abdomen in a minimally-invasive fashion,” said Jassim.
**Abby’s Gift of Life**

For most people, organ donation is something one starts to think about when they get their driver’s license and are asked if they’d like to include the organ dot and be an organ donor. But it’s not something parents think about when they think of the hopes and dreams they have for their children.

Ever since Abby Reiswitz of Peshtigo was little she had a reaction to regular milk-based formula. As Abby grew, this led to a milk allergy. But her allergies didn’t stop there. The list grew to include: dairy, egg, peanut, various tree nut allergies, fish, kiwi and more. This was something that Abby and her family had learned to adapt to.

Then, on January 25, 2016, when Abby was 13 years old, everything changed. Abby’s asthma was already flaring up that day when she took a sip from the wrong glass at dinner. Abby was rushed to a local hospital and then transferred to HSHS St. Vincent Children’s Hospital. However, Abby was non-responsive and tests determined she was brain dead.

“Abby’s dad and I discussed it, and we knew that we wanted to donate her organs,” recalls Abby’s mother, Gena Hasse. “The medical staff, the nurses … they were so helpful in the process, making us and Abby comfortable. And little things, too … while we waited for the procurement, I got to braid her hair and paint her fingernails, this was all suggested by one of the nurses.”

Kim Franzen, Director of Nursing Resources, HSHS St. Vincent Hospital, says that these are tough conversations that trained nurses have with families.

“We really want to carry out the wishes for that family,” said Franzen. “We are reaching out at the saddest moments of their lives so that others can continue to live.”

Through Abby’s gift of life, she donated both of her kidneys, pancreas and her liver was split in two for two separate recipients.

“There are many individuals waiting every day for an organ. There are patients waiting on transplant lists just waiting for that phone call,” said Franzen.

Abby’s parents made the decision that Abby couldn’t make herself — one that gives life and hope. But without doubt, they know it was the right decision for their family.

“She would want to help others, I know that,” said Hasse.

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**HSHS Prescription Services Expands to Oostburg**

Located inside the Prevea Oostburg Health Center at 15 S. 10th St., HSHS Prescription Services is the only prescription medication-filling service available in Oostburg. It opened on January 4, 2016, and provides prescription and over-the-counter medications; friendly, knowledgeable staff; video consultations with pharmacists; a 24-hour, automated phone line to fill and refill prescriptions; free mail delivery; and email notifications to alert customers when prescriptions are ready. It’s open Monday through Friday, 9:00 a.m. to 5:00 p.m.
Beginning a Journey to Zero

Each March, National Patient Safety Awareness Week offers a time when hospitals recognize all we do to keep our patients safe in our care. This year we chose to make that week extra special by beginning a Division-wide Journey to Zero initiative.

Journey to Zero is an enhanced focus on patient safety and a commitment to work toward reaching zero harm goals in our care continuum. Our commitment began with involvement from our hospital Boards of Directors. We are all on this journey together.

During the Division’s National Patient Safety Awareness Week celebration, a group of colleagues introduced Journey to Zero at each of our hospitals. Colleagues were invited to enjoy treats, learn about the program and sign a banner pledging zero harm. Visitors received a pledge card committing to doing their part to ensure safe care.

Early Journey to Zero efforts are focused on achieving zero events of harm to our patients on Methicillin-resistant Staphylococcus Aureus (MRSA), Bacteremia, Central Line-Associated Blood Stream Infections (CLABSI), and Catheter-Associated Urinary Tract Infections (CAUTI) Infections, with some departments already at ZERO infections. The “zero” departments share their steps to success so others can learn from them and also reach that pinnacle of zero.

Additional efforts on the journey will continue to roll out.

EWD Top 5 List

The top 5 reasons we are on the JOURNEY TO ZERO

5 – The simple things we do make a big impact!
Organizations with hand hygiene rates in the 90% range have seen decreases in hospital-acquired infections by over half.

4 – Other hospitals have done it!
Memorial Hermann in Texas – 15 hospitals ranging from critical access to multi-organ transplant hospitals have eliminated many hospital-acquired conditions from their systems.
South Carolina – 19 hospitals received Zero Harm Awards for achieving zero surgical site infections for hip and knee surgery and zero central line bloodstream infections!

3 – We have already done this!
HSHS St. Vincent Hospital – 7 inpatient units with zero central line infections in 2015
HSHS St. Clare Memorial Hospital – Zero catheter-associated urinary tract infections in 2015
HSHS St. Nicholas Hospital – Zero central line-associated bloodstream infections in 2015
HSHS St. Mary’s Hospital Medical Center – Zero MRSA Bacteremia infections in 2015

2 – We all want the best care for our patients!
Why would we be in health care if that wasn’t true?

1 – Because one day it may be you or someone you love who is the patient
Donations Make Project SEARCH a Reality

Thanks to hospital donors and support from the Schreiber Charity Golf Classic, an innovative job training and workplace internship program launched in the Green Bay area during the 2015-2016 school year.

Project SEARCH is a one-year transition program for students in their last year of high school who have developmental disabilities. The program is designed to help those with disabilities make the transition from school to work by immersing them in an environment where they can learn valuable job skills and explore career opportunities. See page 38-39 to learn more about the program.

The HSHS St. Vincent/HSHS St. Mary’s Hospital Foundation was instrumental in applying for the Schreiber Charity Golf Classic Beneficiary Program. In 2015, Project SEARCH was one of two beneficiaries and received a $123,000 donation to enhance the program.

“We couldn't be more thankful for the generosity of the donors who helped bring Project SEARCH to life,” said Matt Astleford, Annual Giving Officer, HSHS St. Vincent/ St. Mary’s Hospital Foundation and Project SEARCH Business Liaison. “Creating a hands-on learning environment for young adults that build their skills and confidence while identifying the unique abilities of each individual has to offer is a positive experience for everyone involved.”

Donations provided the necessary funds to create a top notch learning environment with updated technology and a renovated classroom.

No detail was overlooked in designing the state-of-the-art classroom. While the first year of Project SEARCH was a success, everyone who donated to the program helped lay the foundation to make a difference in the years to come.

Classroom Features:

- New LED lighting to eliminate the ‘hum’ that comes from fluorescent lighting.
- Screen and Smart Board computer system for teacher and student interaction.
- Adjustable desks to accommodate students in wheelchairs.
- Flexible seating so the room can be modified depending on class size.
- A private office space for the teacher and job coach with a viewable window to the classroom.
- Close proximity to HSHS St. Vincent Hospital and Bellin Health.
- A badge reader for secure access into the classroom.
- Freshly painted walls.
HSHS St. Nicholas Hospital Receives Million Dollar Donation from ACUITY

HSHS St. Nicholas Hospital was the recipient of a very generous $1 million donation from the ACUITY Charitable Foundation on October 1, 2015. The donation is helping fund the ACUITY Intensive Care and Intermediate Care Unit (ICU/IMCU) at HSHS St. Nicholas Hospital.

“ACUITY has been a longstanding supporter of facilities, programs, and initiatives that provide needed healthcare services in the community and advance the level of care that patients of all ages can receive,” said Ben Salzmann, ACUITY President and CEO. “We are proud to help HSHS St. Nicholas Hospital expand its intensive and intermediate care capabilities.”

ACUITY’s core values are about spreading joy, and HSHS St. Nicholas is rejoicing because they can extend this joy and continue providing high quality care to patients.

“HSHS St. Nicholas Hospital is committed to serving the needs of its community. The redesign of these areas will allow us to serve the vital needs of our patients today and in the future as we strive to keep care close to home and accessible for all,” said Andy Bagnall, President and CEO, HSHS St. Nicholas Hospital. “HSHS St. Nicholas has been blessed by the generosity of the ACUITY Charitable Foundation and major donors in this community who support the care we provide.”

For more information regarding the status of the ICU/IMCU renovation, see page 36.

New renovations will give HSHS St. Nicholas Hospital the ability to better serve its patients.
Spring Fling Gala Raises Nearly $55,000

HSHS St. Clare St. Clare Foundation is the supporting, charitable arm for HSHS St. Clare Memorial Hospital. In order to help build the Foundation’s funds, the Spring Fling Gala was initiated in the spring of 2006.

The first Gala raised $2,224. From 2006, until Ann Senn began working at the Hospital in 2014, the Gala showed gradual increases in the amounts raised. “When I started at the Hospital, we raised $10,215, in 2015 we raised $17,400,” said Ann Senn, Director of Philanthropy, HSHS St. Clare Memorial Hospital. This year, the Gala raised nearly $55,000 due to significant changes made to the event and the generosity of donors and sponsors.

“This year we completely re-invented the event by changing its venue to the Green Bay Botanical Garden and enhancing all other aspects,” said Senn.

The event was sold out providing 200 guests with an evening of fun, which included delicious offerings at various tasting tables, tours of the garden, a silent auction, video highlighting the need for support, a donation challenge, dinner catered by Run Away Spoon and live music throughout the evening.

“It is amazing to witness what can be accomplished when community, colleagues and business partners come together to help support our Hospital’s mission.”

— Dan DeGroot, Chief Operating Officer, HSHS St. Clare Memorial Hospital.

Over the years the Hospital Leadership Council has pledged to build the Foundation’s funds in order to have the ability to financially support important high quality healthcare close to home.

The Spring Fling Gala has been instrumental in the Foundation achieving its fundraising goal and with the amount raised during this year’s gala the Foundation is able to review requests to provide funding that will advance and support patient care.

All of the funds raised by the Foundation are used to continue to provide programs, services, and innovative/breakthrough technologies that are critical in providing the best care possible to the Hospital’s patients, families and community. “I am in awe of the generosity and giving displayed by everyone who attended this year’s Spring Fling; the community will truly benefit as a result,” said Senn.
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<td>HSHS St. Vincent Hospital</td>
<td>835 S. Van Buren St., Green Bay, WI 54301</td>
<td>920-433-0111</td>
<td><a href="http://www.stvincenthospital.org">www.stvincenthospital.org</a></td>
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<tr>
<td>HSHS St. Mary’s Hospital Medical Center</td>
<td>1726 Shawano Ave., Green Bay, WI 54303</td>
<td>920-498-4200</td>
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<tr>
<td>HSHS St. Nicholas Hospital</td>
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<td>920-459-8300</td>
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<tr>
<td>HSHS St. Clare Memorial Hospital</td>
<td>855 S. Main St., Oconto Falls, WI 54154</td>
<td>(920) 846-3444</td>
<td><a href="http://www.stclarememorial.org">www.stclarememorial.org</a></td>
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