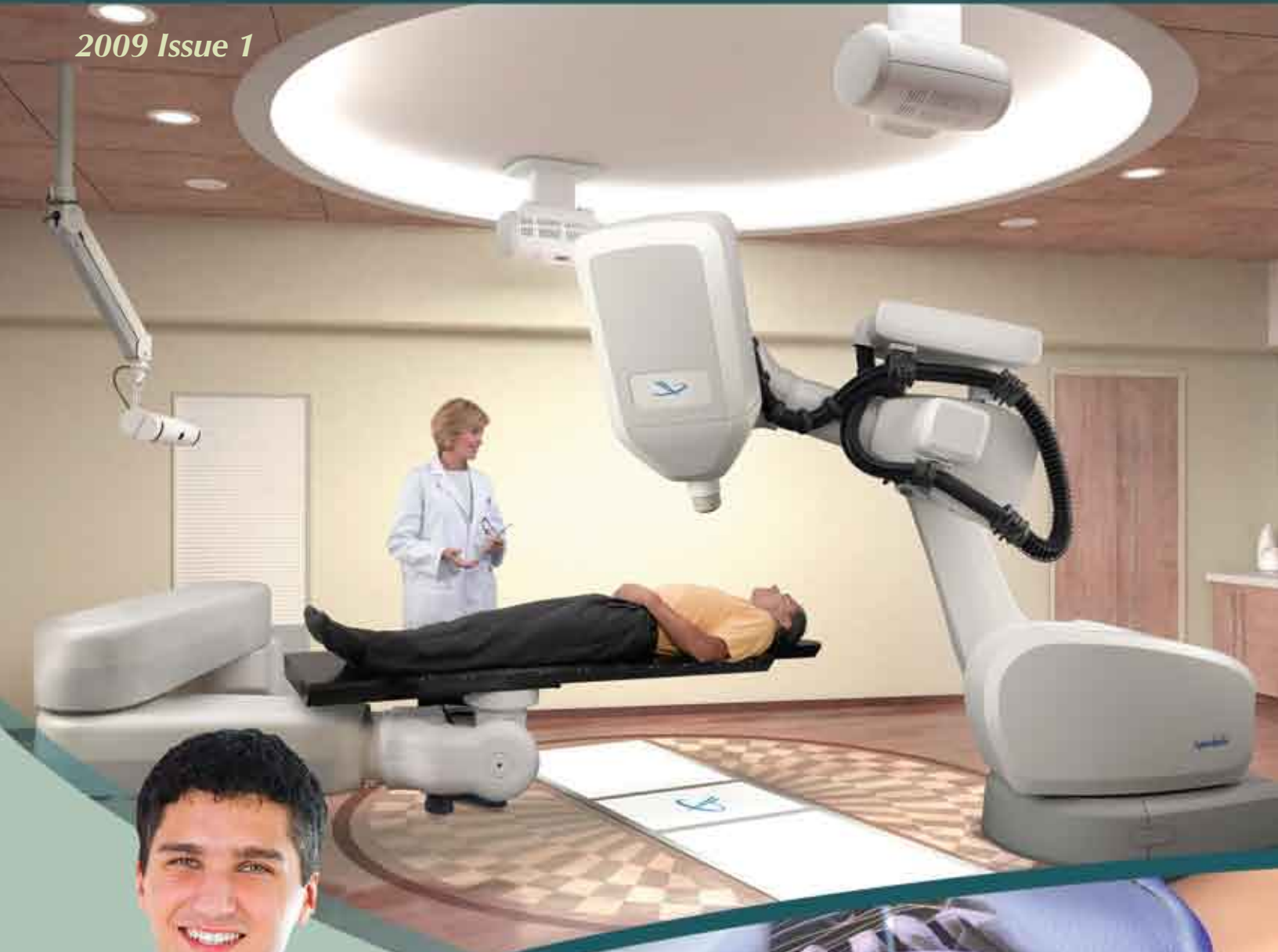


# New Technology in Town Giving New Hope to Patients with Cancer

2009 Issue 1



## The Colleague

A PUBLICATION OF LINCOLN'S SPECIALTY CARE



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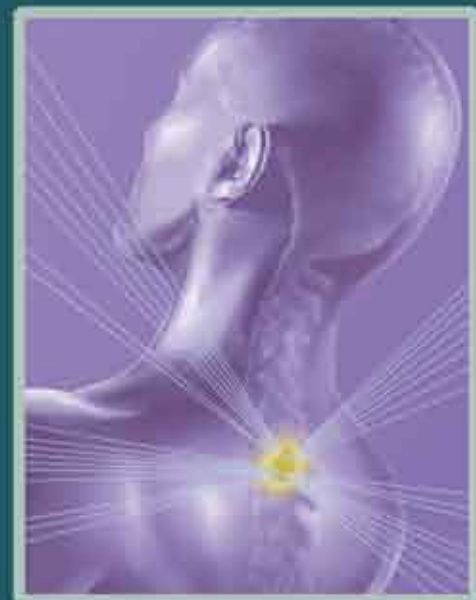
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## Arthritis Center of Nebraska celebrates 25 years of care

Arthritis Center of Nebraska celebrates 25 years of service at the forefront in the fight against arthritis-related disease. Lead by Mayo Clinic trained and board certified rheumatologists, Dr. Melvin Churchill, Dr. Alan Jacobs, Dr. Rick Chatwell, and Dr. Robert Valente, the practice has been providing innovative and aggressive treatments for rheumatoid arthritis, gout, osteoarthritis, fibromyalgia, and other auto-immune conditions since 1984.

“We’re dedicated to helping people stay active and moving for as long as possible,” said Dr. Alan Jacobs. “The diseases we treat are extremely prevalent, affecting every echelon of society.”

Knowledge is the key to living better with arthritis, and Arthritis Center of Nebraska provides abundant educational opportunities to keep patients actively involved in their treatment. Monthly Knowledge Night Learning Series seminars inform patients about pain management, innovative treatments, understanding lab results and more. “Knowledge Night gives patients a chance to know us better as physicians,” said Dr. Rick Chatwell. “And it allows us to answer their questions in a non-clinical environment.”

Patients can learn about osteoporosis, injection therapy, fibromyalgia, lupus, and gout through informational videos on the practice’s website at [nebraskaarthritis.com](http://nebraskaarthritis.com). In addition, an annual Arthritis Day event, co-hosted by Arthritis Center of Nebraska, enables medical healthcare professionals to learn and share information on drug therapies, clinical experiences, and more.

Arthritis Center of Nebraska conducts a variety of clinical trials geared toward innovative treatment therapies, some of which are now used around the world. “Clinical trials have a circular effect,” said Dr. Melvin Churchill. “They involve patients in their own healthcare through access to innovative treatments and care, and the results help others by contributing to medical research.”

As treatments progress at breakneck speed, staying abreast of treatment breakthroughs is critically important. “No one knows what the next 25 years will bring,” said Dr. Robert Valente, “but we do everything we can to stay on the cutting edge to provide our patients with a gratifying experience before, during and after we care for them.”

*Arthritis Center of Nebraska is located in the Pine Lake Medical Plaza building at 3901 Pine Lake Road in Lincoln. For more information call (402) 420-1212 or visit [www.nebraskaarthritis.com](http://www.nebraskaarthritis.com).*

Left to Right:  
**Melvin A. Churchill Jr., MD; Robert M. Valente, MD;  
Rick C. Chatwell, MD; Alan J. Jacobs, MD**



## Spyglass successfully treats gallstones

Patients at BryanLGH are benefiting from a new SpyGlass Direct Visualization System that allows physicians to diagnose and treat conditions such as obstructions and stones in the biliary tract during a single visit.

“I’m using it for treating gallstones – historically, gallstones were too big to remove with endoscopic instruments and we weren’t able to break them up, so we had to go to surgery,” says gastroenterologist Andrew Coen, MD. “That’s all changed with the SpyGlass system.”



**Andrew Coen, MD**

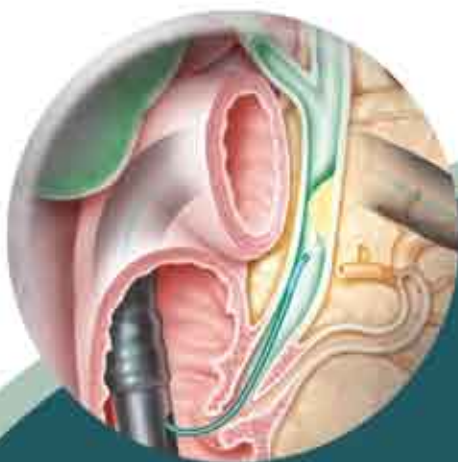
ERCP (endoscopic retrograde cholangio-pancreatography) is a specialized procedure that combines endoscopy with fluoroscopy (X-rays) to guide the removal of gallstones, stenting of bile ducts or obtaining biopsies for diagnosis of lesions or tumors.

SpyGlass technology is used during ERCPs to provide for direct visualization of bile ducts, which can increase the accuracy of diagnoses and treatment. This system by Boston Scientific uses a miniature 6,000-pixel fiber optic probe that is inserted via catheter down the throat into the biliary tract to enable direct visualization in full color. Special instrumentation allows the operator to get tissue samples or use electrohydrolic lithotripsy (sound waves) to completely destroy gallstones.

“There’s much less uncertainty and more rapid time to treatment because the results are so much clearer,” Dr. Coen notes. “Particularly, there’s a much higher yield on pathology specimens than we usually got in the past when using a brush or biopsy forceps to get samples.”

This technology is new to gastroenterology, although urologists have been using it to treat kidney stones for some time, according to the physician. “Some of my partners at Gastroenterology Specialties also are using the system for treating tumors. Spyglass shows the possible malignancy, and then the physician can do directed biopsies,” he adds. “For the patient, having a SpyGlass system available can mean fewer procedures — that is, it can combine diagnosis and treatment in the same visit, rather than having to come back.”

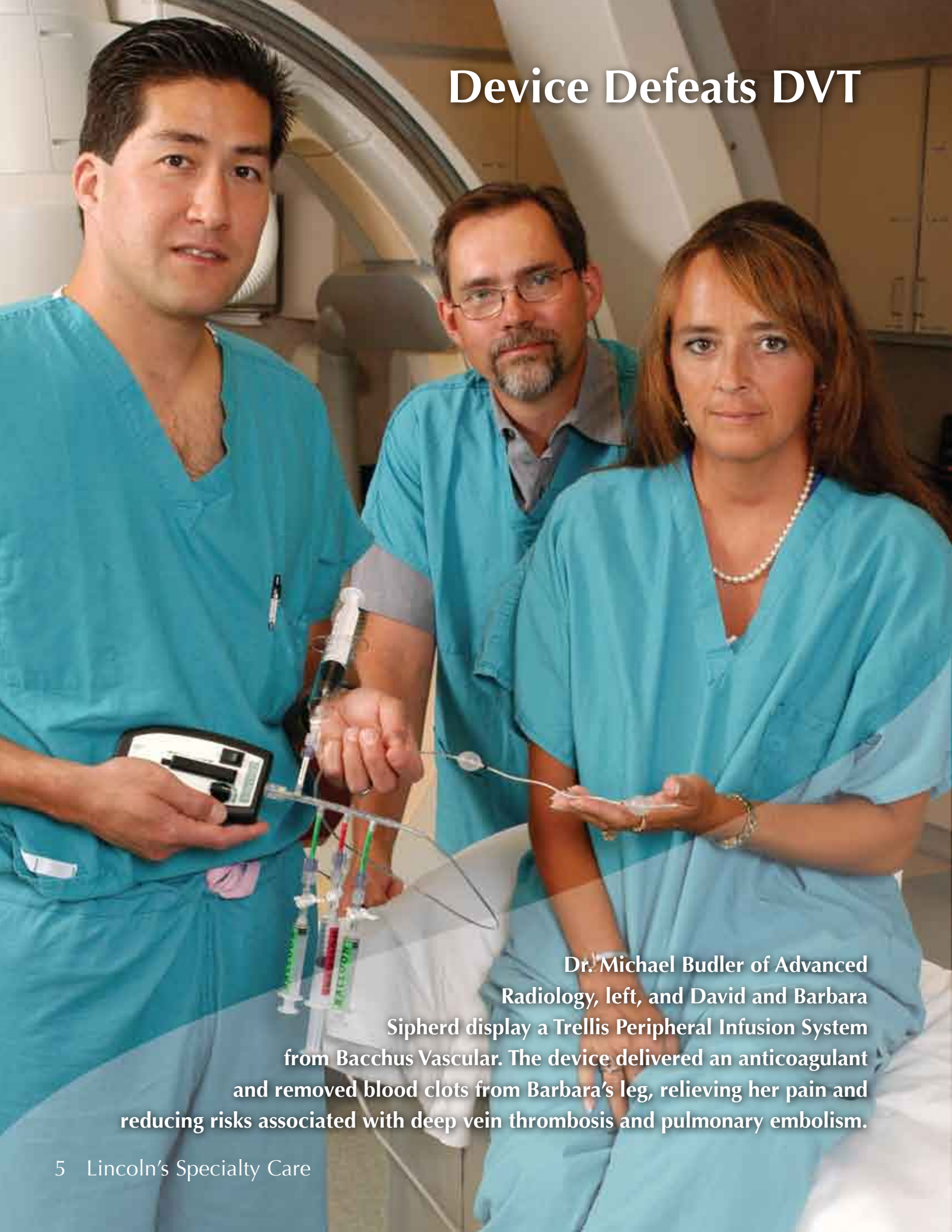
*For more information, contact GI Specialties Manager Mark Hoffmeyer at BryanLGH by calling (402) 481-8630.*



**BryanLGH**  
HEALTH SYSTEM



# Device Defeats DVT



**Dr. Michael Budler of Advanced Radiology, left, and David and Barbara Sipherd display a Trellis Peripheral Infusion System from Bacchus Vascular. The device delivered an anticoagulant and removed blood clots from Barbara's leg, relieving her pain and reducing risks associated with deep vein thrombosis and pulmonary embolism.**

## DVT procedure is life saver

*Trellis device safely unblocks veins, relieves pain*



Barbara Sipherd went from a wheelchair and uncertain future to walking without pain, thanks to a new treatment that broke up life-threatening blood clots in her leg. Patients who suffer from deep vein thrombosis (DVT) are benefiting from a minimally invasive procedure that uses the FDA-approved Trellis Peripheral Infusion System at BryanLGH Medical Center.

Barbara is a 40-year-old mother of two. This Oakland, Iowa, resident was hospitalized in the Omaha area but received only conventional anticoagulation therapy and pain medications for her condition. In her case, that wasn't enough. DVT involves blood clotting in large veins, usually in the legs. This leads to blocked circulation and the risk of serious complications, such as a pulmonary embolism or even death if not diagnosed quickly and treated.

"Deep vein thrombosis usually affects people in their sixties, not a young person like Barbara," notes husband David. "To have to deal with leg pain and mobility loss for the rest of her life just wasn't acceptable to us – there had to be something, somewhere that could be done."

### Turn to us for help

The family searched for answers. David's mother, Belva Sipherd, the transfusion service coordinator at BryanLGH, and a friend discovered information about Trellis on the Internet. "We also learned that about half of DVT patients get post-thrombotic syndrome, which is a dangerous pooling of blood in the legs," Belva recalls. "We were making plans for Barbara to go to Arizona for a Trellis procedure, but after more calling around and talking to physicians we found out that David's high school classmate Dr. Michael Budler was among physicians doing this right here in Lincoln."

Interventional radiologists like Dr. Budler and vascular specialists offer the procedure here. Barbara arrived at BryanLGH East last summer with severe swelling of her left leg and in extreme pain. A couple of hours later, her condition had dramatically changed. "It was incredible, to be able to stand again and walk around almost right away after the procedure," Barbara recalls.

### How it works

Trellis uses pharmaco-mechanical thrombolysis. That is, an unusual catheter system with two balloons and an oscillating wire is threaded into the vein. The balloons are inflated to create barriers on each end of a blockage, and the wire vibrates to help spread clot-busting drugs such as tPA.

"The beauty is that the balloons trap the clot, so a dose of only about one-tenth as much tPA used with conventional treatment goes into the patient's circulation," Dr. Budler explains. "It only takes about 10 minutes to liquefy the clot, which is sucked out to remove the danger of it going to the lungs or heart. Everything's done in a matter of hours, not days."

BryanLGH is one of the few places in the Midwest offering the procedure. "This new technique provides rapid, effective and safer treatment for patients suffering from acute DVT," adds Dr. Budler of Advanced Radiology. "Patients are pain-free and able to return to their lives almost immediately. I'm encouraging physicians to consider this more aggressive option for treating DVT and decreasing the occurrence of post-thrombotic syndrome."

*For more information about this procedure or deep vein thrombosis, call (402) 481-3095.*

## Only THREE cancer treatments!

Alvin Newton, 70, of Axtell, NE is thankful and still gets emotional when he thinks about the three CyberKnife treatments he recently underwent for his cancer! Only THREE radiation treatments for his cancer! He had spent months just trying to find out what was wrong with him. Already a slight man, he lost weight; had nearly no energy; couldn't work as an over-the-road truck driver; and the pain had him immobilized and on 8 heavy-duty pain pills-a-day.

He thanks God for his recovery – and for his timing. After numerous frustrating months of negative medical tests, finally a test identified the problem but it was serious...cancer. He had an especially tricky tumor that was wrapped around and inside his spinal column and causing him nearly-unbearable nerve pain.

At the Saint Elizabeth Radiation Therapy Center, Dr. Dina Howell-Burke, medical director and radiation oncologist, explained they could not use conventional radiation therapy on his tumor because it was dangerously close to his spine, heart and esophagus. His neurosurgeon said it was also too dangerous to operate. But, the physicians agreed he WAS a candidate for the brand new CyberKnife, only up-and-running a few days!

Alvin had never heard of a CyberKnife let alone thought we had such a fantastic piece of equipment in Lincoln, Nebraska AND that HE would be using it! Dr. Howell-Burke knows all about it, however, and she calls it amazing!

“I've told a number of people over the years that ‘one day’ we'll have equipment that can deliver radiation while tracking tumor movement and patient movement continuously, in real time, and correct itself throughout the entire delivery of radiation. Well, that day is here! ‘One day’ has arrived.”

She compares conventional radiation treatment to targeting a “strike zone” to hit the tumor with radiation. “Other area equipment can get closer and can hit the ball, but the CyberKnife is exceptional, with sub-millimeter accuracy (25 mm = 1 inch), and can hit the stitching on the baseball!”

Alvin learned that the CyberKnife can be used safely on nearly all tumors (even his) that are considered untreatable by conventional means including by Gamma Knife. Its state-of-the-art image guidance system gives it the ability to focus around 1,200 beams at the exact area that needs radiation. It is incredibly accurate.

In total Alvin needed only THREE treatments of an hour-and-a-half each, three days-in-a-row. Traditional radiation therapy, were he a candidate, would have consisted of 15-20 treatments over 4 or more weeks.

After his FIRST treatment, he already felt phenomenal improvement! After the third treatment, he and his wife Leslie picked up their grandchildren and ate ice cream cones with them back home! Less than a week later he was off his pain pills completely.

*For more information on Nebraska's ONLY CyberKnife, go to [SaintElizabethONLINE.com](http://SaintElizabethONLINE.com) or call (402) 219-7932.*





## Revolutionary cancer treatment

Patients benefit from stereotactic body radiotherapy at Pine Lake

Thanks to a partnership between BryanLGH and radiation oncologists at the Pine Lake Medical Plaza, patients have a powerful new force to help them defeat cancer anywhere in the body. It's stereotactic body radiotherapy (SBRT) from BrainLAB Radiosurgery – and this technology means treatment periods often can be reduced from weeks to just a few days and with less risk of complications.

“It's going to revolutionize our patients' treatment experience,” says radiation oncologist Joseph Kam Chiu, MD, medical director of Pine Lake IMRT (intensity-modulated radiation therapy) Radiation Center.

Stereotactic body radiotherapy is a noninvasive form of radiosurgery that uses a three-dimensional coordinate system to locate and treat tumors throughout the body with sub-millimeter accuracy. The technology has existed for about 20 years, but recent advances in 3-D image guidance and intensity modulation make SBRT much more effective. “Today's systems allow for highly selective, aggressive dosing of tumors, which can mean fewer treatment sessions,” Dr. Chiu notes. “And delivering a lower total body dose significantly lessens the risk for developing second malignancies, especially in younger patients.”

Researching several systems – and drawing on his experience in treating hundreds of patients in a stereotactic radiosurgery program he initiated at Houston, Texas – convinced Dr. Chiu that the BrainLAB system was most appropriate here. The system works in concert with Siemens linear accelerator equipment already installed at Pine Lake and complements the Leksell Gamma Knife radiosurgery system at BryanLGH West.

Nine years ago BryanLGH was Nebraska's first hospital to install a Gamma Knife, the gold standard for treating deep-seated brain lesions. Now, BryanLGH again leads the way by introducing SBRT from BrainLAB. “We installed a sophisticated cone beam guidance system last spring in advance of getting the SBRT system because a good 3-D verification system is essential to ensuring that the radiation is effective,” he adds. Stereotactic radiosurgery is particularly beneficial for previously irradiated sites. According to Dr. Chiu, it safely delivers additional radiation with minimal risk of radiation injury. It also is better for tumors that are resistive to conventional radiation treatments and will provide excellent control or palliation to tumors such as renal cell cancer, sarcoma and melanoma.

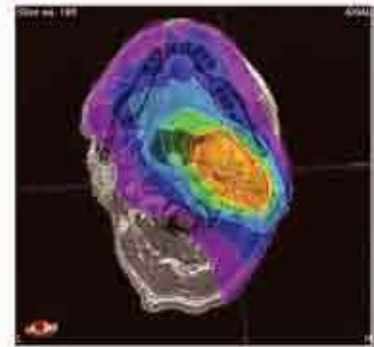
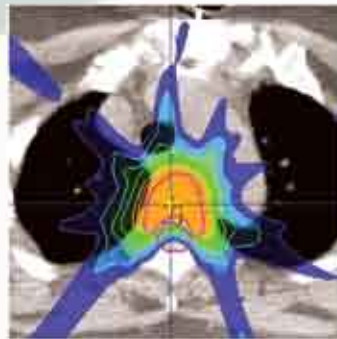
The system at Pine Lake can treat base of skull, intracranial and extracranial tumors; head and neck tumors; and cancers in the lungs, kidney, liver, pancreas, spinal cord, and prostate; and lymphomas at any site.

Dr. Chiu concludes, “The physicians, physicists, dosimetrists, therapists and other staff members at Pine Lake IMRT are excited about being able to provide this new level of radiation therapy in Lincoln.”

*For more information, call (402) 481-6090.*



**Joseph Kam Chiu, MD**  
*Medical Director  
of Pine Lake IMRT*



## Saint Elizabeth greets patient #500 for gastric band surgery

Rev. Dr. Jim Wooten is preaching a slightly different message these days. He still thanks God for everything, but knows he also took steps to help himself (as in “God helps those who help themselves.”) His Columbus, NE followers are noticing some differences these days and hearing the value of improving one’s health.

Saint Elizabeth is grateful to Jim as well. He was Patient #500 at Saint Elizabeth for the less-invasive laparoscopic band procedure for weight loss surgery. They have performed more than 750 weight loss surgeries but this adjustable gastric band is growing rapidly in popularity because of the reduced recovery time and because of the adjustable part – it can be tightened to help each person continue their weight loss.

### HUSKY JEANS

Jim recalls buying “husky” size jeans as a boy and felt that was a “life label”. He grew tall; in fact he’s now 6’ 5” but he’s battled “husky” all his life. He tried Nutri-System – it worked but then he gained his weight back. He tried exercise, pills, Optifast, running, Atkins, and so on – they all worked but then the weight always came back! With his family health history he recognizes that without weight loss surgery he is just not going to make it.

### Trading 100 pounds and diabetes for a new life

Cynthia Falk made the move to lap band surgery two years ago. She went from 291 pounds down to 194, is off six of her medications, no longer has diabetes or high blood pressure and can do things she only dreamt of including getting on the floor and playing with her grandchildren – and getting up again!

Cynthia knows the gastric band surgery is no quick fix. It takes commitment. She credits the Saint Elizabeth support group with helping her through the challenging times. She also enjoys sharing her stories with others and inspiring a few of them as well.

*For more information related to weight loss surgery at Saint Elizabeth, please call their bariatric surgery coordinator at (402) 219-7638. Or: Click “Get answers” at: [SaintElizabethOnline.com](http://SaintElizabethOnline.com).*

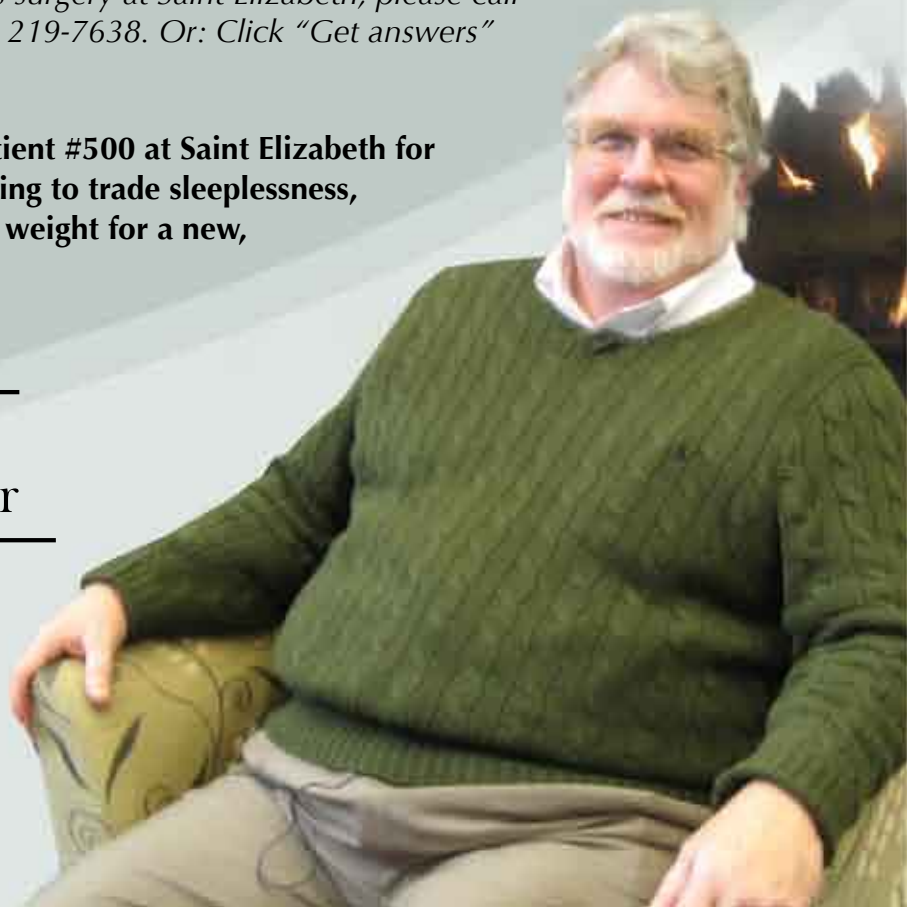
**Rev. James Wooten of Columbus NE is patient #500 at Saint Elizabeth for gastric band weight loss surgery. He’s hoping to trade sleeplessness, hypertension, high cholesterol and excess weight for a new, healthier life.**

† CATHOLIC HEALTH  
INITIATIVES

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Saint Elizabeth  
Regional Medical Center

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## Saint Elizabeth Weight Loss Surgery – new insurance

Weight loss surgery almost always dramatically improves the health of the patient. Many patients whose insurance does not cover this health-improving surgery are willing to pay out of their own pocket for it, recognizing the immeasurable value to their quality of life.

But there is always a lingering question. For instance, at Saint Elizabeth Regional Medical Center, while the bariatric surgeons are among the most skilled in the nation, weight loss surgery patients typically have multiple health issues – diabetes, heart problems, high blood pressure, etc. – and that places them at higher risk for complications from surgery – and potential added cost.

But now, those worries can be put aside! Saint Elizabeth and Nebraska Surgery Center along with the physician practice group, Surgical Associates, PC are the first in the state to have qualified for a new program that will offer these patients an insurance plan to cover additional medical costs due to surgical complications.

BLIS, Inc., based in Portland, Oregon is offering this unique insurance. The company makes it clear they only offer these policies to patients of surgeons with superior outcomes, as explained by Benjamin Hung MD, Medical Director of the Saint Elizabeth Bariatric Surgical Program and partner in Surgical Associates, PC.

“This program is only offered to a handful of surgeons across the country who can prove they have strong clinical outcomes and minimal complications. It essentially is another way for patients to know that their surgeon has been verified to have excellent skills and encourages surgeons and hospitals to provide high-quality care to help avoid costly mistakes.”

BLIS continually monitors its participating surgeons to ensure their clinical outcomes remain high. “Much like car insurance carriers, we monitor our physician partners to make sure that they meet our high quality standards,” states BLIS President & CEO Regi Schindler.

With this insurance “safety net” more patients may be able to receive this health-improving and sometimes life-saving surgery.

*For more information related to the BLIS coverage or to weight loss surgery in general, please call the Saint Elizabeth bariatric surgery coordinator at (402) 219-7638. Or: Click Get answers at: [SaintElizabethOnline.com](http://SaintElizabethOnline.com).*

**Saint Elizabeth Bariatric Surgery Team with surgeons  
Benjamin Hung, MD – far right; Ray Taddeucci, MD – far left.**





## Cost saving device offers independence to people with ventilators

According to the National Spinal Cord Injury Statistical Center (NSCISC), the annual incidence of spinal cord injury (SCI) in the U.S. is approximately 12,000 new cases each year. The number of people in the United States as of 2007 who have an SCI has been estimated to be approximately 255,702 persons. Nearly half of the people with an SCI exhibit tetraplegia, or paralysis affecting both upper and lower extremities. Approximately 40% of all persons with C1-C4 SCI are dependent upon a mechanical ventilator for respiratory support.

Individuals ages 16-30 years old are more likely to receive an SCI, and the incidence is more prevalent in males than females. Motor vehicle accidents are the leading cause of SCI, followed by falls. Work related accidents cause 10.1% of SCIs.

### Ventilator expenses and limitations

Living in the community with a ventilator is both expensive and limiting. Individuals who use ventilators require trained caregivers who are available 24 hours per day, 7 days per week. They need to purchase or rent two ventilators: one for primary use and one as a back-up in case the primary one malfunctions. Despite advancements in the size and portability of ventilators, community mobility still presents a challenge for these individuals, who most often require a power wheelchair due to paralysis of all extremities.

In a selected subset of patients with high tetraplegia, electrical stimulation of the phrenic nerve can produce functional breathing as an alternative to the use of a positive pressure ventilator. Phrenic nerve stimulation systems have been in use for this purpose for over 30 years. The systems traditionally used for diaphragmatic pacing have required bilateral surgical implant commonly requiring a 7 to 14-day acute care hospital recovery prior to beginning the diaphragm conditioning that gradually leads to functional breathing. This extensive surgery and hospital stay results in considerable expense, often with limited success.



NeuRxDPS® brings freedom, reduced costs. There is a new system recently approved by the FDA that uses a minimally invasive implantation approach, which most patients receive on an outpatient basis or with a short inpatient stay. The NeuRxDPS®, distributed by Synapse Biomedical Inc., avoids placing electrodes directly on the phrenic nerve; instead, stimulating electrodes are placed on the motor points of the diaphragm. This technique allows initiation of diaphragm conditioning and training within a week of the implant.

Rehab training is initiated in a rehabilitation hospital or LTACH setting and then continued after the patient returns home through periodic outpatient assessments and adjustments. The length of this conditioning and training phase is variable. In the study performed by Synapse Biomedical, the training ranged from one week for 18-20 year-olds on mechanical ventilation-for less than one year, to 14 weeks for 40-50 year-olds on a ventilator for greater than five years. The average time required to achieve 12 hours per day off the mechanical ventilator was 10 weeks, with 35%



**Madonna**  
*Now you can.*

of patients achieving full time pacing in less than seven weeks. In a clinical trial of 50 patients, 96% were able to wean from their ventilator for greater than four consecutive hours.

The new system of diaphragm stimulation is cost effective. Being able to perform the procedure either as an outpatient or with a short inpatient stay means much lower acute care hospital costs. Being off the ventilator for even part of the day also results in a faster return to the community, participating in work, school and play.

## Stats

- In addition, published data on ventilator acquired pneumonia (VAP)<sup>3</sup> show an association between hours on a ventilator and infections, atelectasis, and barotraumas.
- 2005 data from the NSCICS reported that patients with high (C1-C4) tetraplegia at age 25 years at injury exhibit first year expenses greater than \$700,000, subsequent years exceeding \$127,000, and average lifetime expenses totaling \$2,800,000.<sup>5</sup>
- Statistics show the average cost for VAP is approximately \$40,000.
- Avoiding even one incidence of VAP nearly pays for the procedure. After surgical implantation, Madonna Rehabilitation Hospital provides CARF accredited inpatient rehabilitation, specifically designed to meet the needs of patients with the NeuRxDPS<sup>®</sup> device.

*If you know of individuals who might benefit from this procedure, please contact Lisa Franklin, CCM, LCSW at (402) 483-9487 or lfranklin@madonna.org. We would like to provide you with a one-hour, on-site, CEU-accredited presentation to share more details about the background, studies, and outcomes. To arrange for a presentation, call Karen Divito (402) 483-9872 or kdivito@madonna.org.*

“Madonna Rehabilitation Hospital is one of only a few hospitals nationally that are approved to provide rehabilitation for NeuRxDPS<sup>®</sup> patients.”





## Tabitha Offers New Services For Older Adult Health Care



Tabitha Health Care Services is truly one of Nebraska's pioneers. Since its 1886 founding, Tabitha has built a rich history of forward-thinking and life-enhancing programs that have led to a more compassionate, dignified way of life for older adults in southeast Nebraska. Introducing numerous services to Nebraska—Home Health Care, Hospice, Meals on Wheels and the Green House Project®—Tabitha has paved the way in the health care industry, continuously lifting quality care to a higher plane. Now, the time has come to innovate and grow again!

Tabitha Health Care Services announces expansion on its Lincoln Campus that will add and improve services, create jobs and enhance facilities located at 48th and Randolph

Streets. The \$31-million project will begin early 2009 and wrap up May 2011 on five projects.

Fortunately, great advances have been made for individuals diagnosed with Alzheimer's Disease. Unfortunately, the demand for advanced, long-term care for these individuals has also increased. Tabitha will expand its high level of care for individuals with memory care needs with the opening of a new assisted living and memory care facility. The new care facility will include 15 apartments of assisted living and 48 apartments specifically designed and staffed to for memory care living. Both programs will offer studio and double-occupancy accommodations. Residents will benefit from safe, worry-free living, 24-hour personal assistance and onsite health professionals. Tabitha Nursing & Rehabilitation Center's south

entrance will undergo a three-story redesign that will include construction and remodeling to accommodate patients, families, visitors and staff throughout Tabitha's continuum of health care services. Three additional Green Houses will accommodate 12 Elders each and will be Medicare and Medicaid Certified. Green House environments are small homes set in a residential neighborhood that are specifically designed and staffed to serve Elders with chronic health care needs requiring skilled long-term care. The non-institutional setting and specialized programming produces superior clinical and social outcomes as well as greater family and staff satisfaction. These results have been demonstrated over the past two years in Tabitha's first Green House (second in the nation; first in Nebraska).

Hospice provides very specialized and compassionate care for individuals facing an end-of-life illness. As in long-term care, persons who can no longer be cared for at home, don't want to live their final days in an institution. If small, smart homes work when caring for individuals in long-term care, why not for persons in Hospice care? Tabitha answered the call and will build a 12-bed skilled nursing facility dedicated to Hospice care with the environment, programming and amenities designed to enhance end-of-life care.

Since the 2004 addition of its new LifeQuest Rehabilitation Center, Tabitha's post-acute rehabilitation programs have helped thousands of individuals successfully return home after a hospitalization. Tabitha will renovate existing spaces to create 19 additional private rooms and expanded rehabilitation gym space to meet a growing demand for these Skilled services. LifeQuest Rehabilitation offers physical, occupational and speech therapies, as well as a therapy pool.

Tabitha provides compassionate care for older adults through rehabilitation, home care, hospice, meals on wheels, intergenerational care and Elder living options. Tabitha is headquartered in the heart of Lincoln, Nebraska. Tabitha has Regional Offices in York, Nebraska City and Grand Island and the long-term care facility in Saline County, Tabitha Nursing Center at Crete.

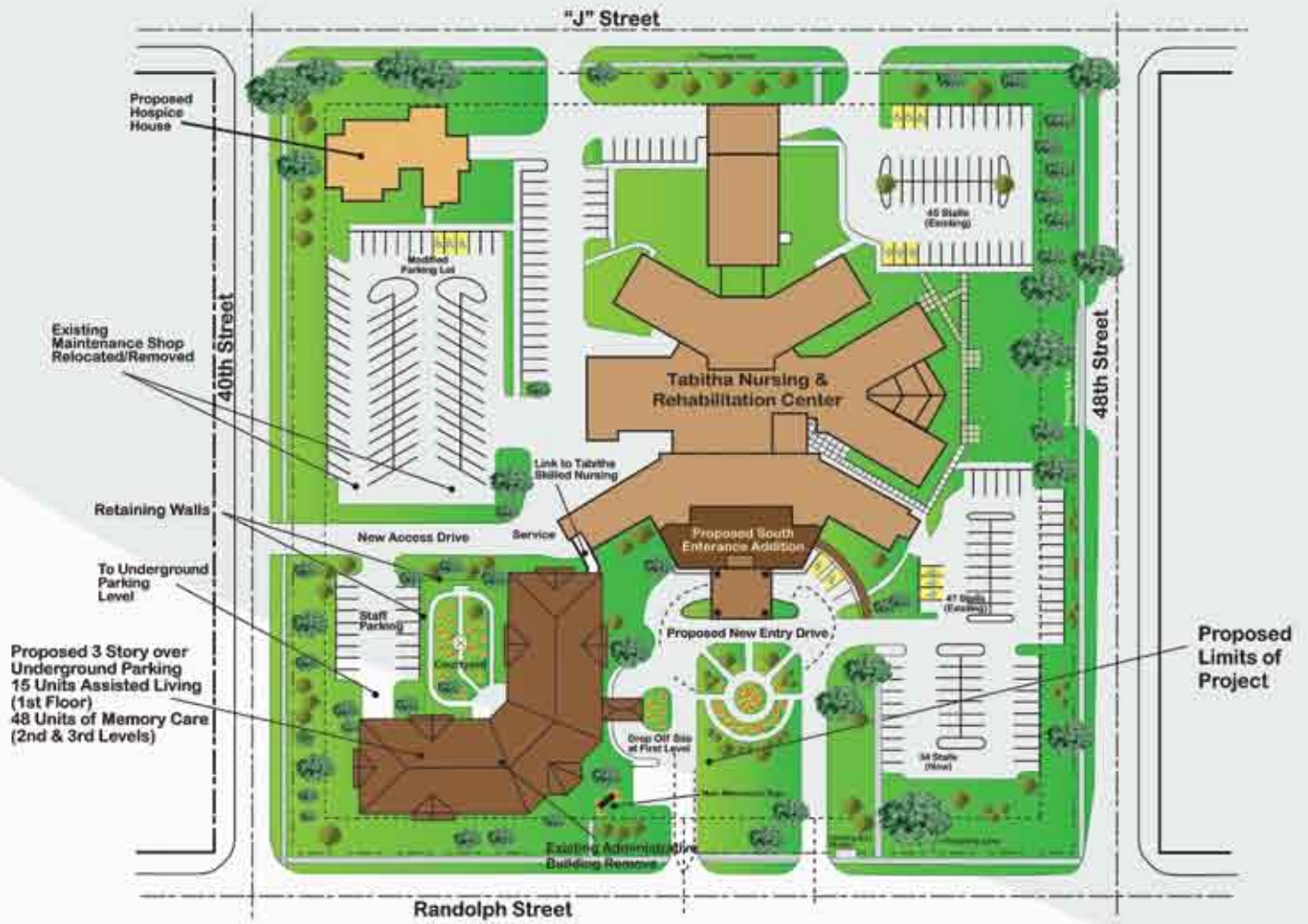


The five-phase project begins in 2009 and wraps up in 2011.

Rendering of *Tabitha's* Second Green House Project  
Located on North Side of Campus

Rendering of New Main Entrance to  
*Tabitha Nursing & Rehabilitation Center*  
on South Side of Campus

## Tabitha Expansion to Provide New Services, Facilities & Jobs



This expansion phase is the result of client and family feedback, a needs assessment, market analysis and site analysis. Tabitha's expansion will provide a full array of housing and support services to enhance independence, health and living for Elders as well as continue to create superior environments to match Tabitha's exceptional care. The five projects are:

1. Assisted Living & Memory Care Facility
2. South Entrance Addition
3. Green Houses®
4. Expansion of Hospice Care with the Construction of a 12-bed Skilled Nursing Facility
5. LifeQuest Rehabilitation Expansion & Private Room Conversion







## Tabitha Ranks In Country's Top 25 Percent of Home Care Providers

**Pat Mehmken, RN**  
*Administrator*

*Tabitha Home Health Care*

Tabitha Health Care Services – Nebraska's longest serving home health care agency has been named to the 2008 HomeCare Elite™, a compilation of the most successful Medicare certified home health care providers in the United States. This annual review identifies the top 25 percent of agencies, ranked by an analysis of performance measures in quality outcomes, quality improvement and financial performance. The data used for this analysis was compiled from publicly available information.

“Being named to the 2008 HomeCare Elite™ is such an honor and a noteworthy accomplishment for our organization. This award is due to our incredible staff and their dedication to using evidence based best practices in serving our clients. It is truly wonderful that Tabitha Health Care Services has been recognized as one of the Home Care's highest achievers again this year,” said Pat Mehmken, Administrator, Tabitha Home Health Care.

Tabitha Home Health Care was introduced in Nebraska in 1966 and continues to be Nebraska's longest serving Medicare certified home health agency. Tabitha Home Health Care is the premiere provider of Elder health care services in 19 Nebraska counties, including: Adams, Butler, Cass, Clay, Fillmore, Gage, Hall, Hamilton, Johnson, Lancaster, Merrick, Nemaha, Otoe, Polk, Saline, Sarpy, Saunders, Seward and York.

The 2008 HomeCare Elite™ is the only performance recognition of its kind in the home health industry. The 2008 HomeCare Elite™ is brought to the industry by OCS, Inc., the leading provider of healthcare informatics and DecisionHealth, publisher of home care's most respected independent newsletter Home Health Line.



## Saint Elizabeth named a “100 Top Hospital®” – a 5th time!

Saint Elizabeth Regional Medical Center has again been named among the nation’s “100 Top Hospitals®” by Thomson Reuters. This National Balanced Scorecard listing evaluates performance in nine areas of patient safety, clinical quality, operational efficiency, financial performance and, for the first time this year, patient satisfaction. Hospitals that make the list must perform at a very high level on a combined measure of the nine indicators when compared with national peers. They must also score at least at the median level in each individual category. More than 3,000 US hospitals were evaluated.

### What this means for patients

Our community can share in this exciting national recognition because it indicates that right here in Lincoln patients can receive some of the best healthcare in the country! This award also acknowledges teamwork, explains Bob Lanik, Saint Elizabeth CEO, “We appreciate that at Saint Elizabeth the doctors, nurses, and other employees work closely together to continually measure, review, and improve our medical care and operating efficiency to assure that we offer our patients superior medical care combined with excellent financial stewardship.”

In fact, Thomson Reuters points out that if all hospitals in the US functioned the way those on the “100 Top Hospitals” list do:

- More than 107,500 additional patients would survive each year
- More than 132,000 patient complications would be avoided annually
- Expenses would decline by an aggregate \$5.9 billion a year
- The average patient stay would decrease by nearly half a day

Thomson Reuters says that 100 Top Hospital winners also have higher patient satisfaction as well as better patient safety, saving lives and dollars.

### FIFTH Year!

“The 100 Top Hospitals winners raised the bar again this year, delivering a higher level of reliable care and greater value for their communities and payers,” said Jean Chenoweth, senior vice president for performance improvement and 100 Top Hospitals programs at Thomson Reuters. “It should reassure our community that ongoing care at Saint Elizabeth is consistently among the best in the nation and that we continually work to improve it,” adds Lanik. “Each year the bar is raised for joining this elite list of top performing medical centers and we at Saint Elizabeth have managed to meet their stringent requirements a total of FIVE years.” Saint Elizabeth will receive a special “Landmark Award” for this accomplishment of being one of only 27 hospitals in the nation that have made the list five or more years since the survey was begun in 1993.



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## Saint Elizabeth Regional Medical Center

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## Institute's new Joint Academy helps return you to action quickly, safely



Are you a candidate for total joint replacement surgery? The BryanLGH Joint Academy offers an individualized approach that educates students about upcoming procedures and inspires them during preparations for a rapid, safe and successful recovery.

### It's a new program of the BryanLGH Human Motion Institute.

"The Joint Academy is an all-inclusive program, beginning before hospitalization and continuing after the student's knee or hip replacement surgery," says Human Motion Institute program manager Brenda Lieske, RN. "Our instructors supervise the entire Joint Academy experience with the common goal of returning patients to life's activities as quickly and safely as possible." She emphasizes that participants benefit from the expertise of a clinical staff that provides special attention to each patient's needs.

### All the best

The Human Motion Institute is a unique program that offers a complete, leading-edge approach to preventing, assessing, treating and rehabilitating musculoskeletal conditions. Combining the experience of leading orthopedic surgeons and our dedicated staff with a compassionate, individualized treatment philosophy, we've created a program of excellence that's known for its quality of care.

"BryanLGH offers the latest technology and techniques, and over the years we've received national recognition for our excellent outcomes, very low complication rates and high patient satisfaction," Lieske adds. The Joint Academy – for people facing joint replacement surgery – continues this tradition as the Institute's newest program.

### Meeting expectations

What's involved? Proper knowledge ensures realistic expectations and helps prepare for a successful recovery.



As a student of the Joint Academy, you can expect:

- Free pre-surgery education in the Joint Academy Class, including a physician-endorsed notebook to use before and after your surgery.
- Personalized care, with specially trained care team instructors in the orthopedic unit and a private room designed to help you recovery quickly.
- Individualized goals
- Education for success
- Tutoring
- Graduation celebration and
- Continuing education

### There's more!

The Human Motion Institute provides a series of community programs for people experiencing osteoarthritis, joint pain and back pain. Medical experts, including physicians, RNs and therapists, present information about musculoskeletal topics on an ongoing basis, and our "What Can I Do for the Pain?" program is offered quarterly.

*To register for one of these community programs or to find out about upcoming presentations, visit [www.bryanlgh.org](http://www.bryanlgh.org) or call (402) 481-8886.*

### Begin here

*To learn more about the BryanLGH Joint Academy or Human Motion Institute, contact Brenda Lieske at (402) 481-5490.*

All Joint Academy classes are held in the Plaza Conference Center at BryanLGH Medical Center East, 1500 S. 48th St. To enroll, call (402) 481-5121 or (800) 283-2810.



## Continuous video EEG unlocks secrets to seizures at BryanLGH

The Gogela Neuroscience Institute's Continuous Video EEG program at BryanLGH West combines brain wave monitoring (electroencephalography) and video recording to help the medical team identify types and severity of seizures so that appropriate treatments can begin. "We're using this non-invasive technology to see if a patient's episodes are epileptic seizures or something else," says neurologist Matthew Kniss, MD "This is a refined tool that helps us really zero in. A patient's symptoms may represent epilepsy, or they may be caused by non-epileptic events such as syncope, sleep disorders or anxiety attacks."



**Matthew Kniss, MD**

About 30 percent of people with seizures don't have epilepsy; continuous video EEG monitoring over several days can lead to other diagnoses and bring to light appropriate treatment options, such as vagal nerve stimulation. Routine EEG studies record for only about 20-45 minutes, which may not be long enough to capture a seizure. Continuous EEG – the camera is on 24 hours a day – is a better way to gather usable information, according to Dr. Kniss.

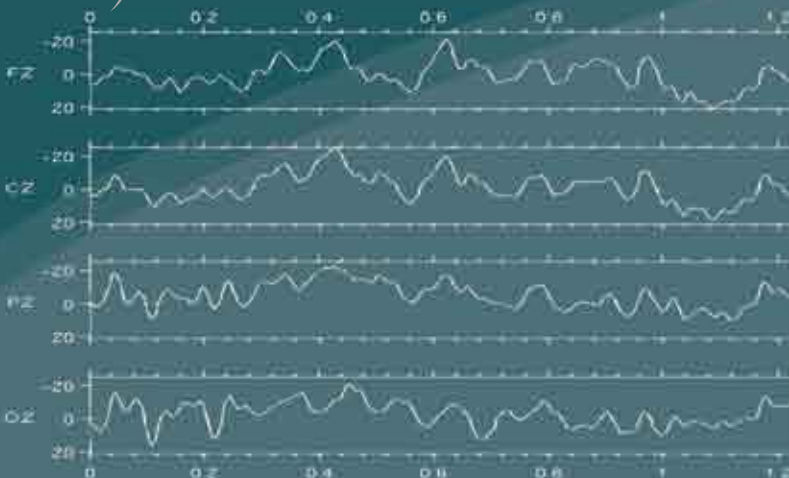
During a three- to five-day period, electrodes record the patient's brain waves while the camera is on continuously. Studying patient movements between and during seizures and having a visual documentation of what happens during a typical seizure helps determine its causes.

"EEG is part of the process for diagnosing the cause of a patient's seizures. Special imaging tests, such as an MRI or PET scan, may be helpful in pinpointing areas of the brain causing the seizures, but such scans provide only a picture of the brain at a particular moment, whereas the continuous EEG study demonstrates patterns," Dr. Kniss concludes. "This is helping us make a difference."

*For more information about the benefits of this new program, contact Brenda Lieske, program manager for the Gogela Neuroscience Program and Human Motion Institute, at (402) 481-5942.*



**Louis J. Gogela Sr. MD NEUROSCIENCE INSTITUTE**





## Nearly Three years without a VAP!

Saint Elizabeth Regional Medical Center, Lincoln, NE went just days short of 3 YEARS without a single Ventilator Associated Pneumonia (VAP)—the leading cause of morbidity and mortality in the intensive care unit, according to the Institute for Healthcare Improvement (IHI). This phenomenal ICU team completed 1,022 days without a VAP. That awesome accomplishment attracted the attention of the American Hospital Association's who has included them in their latest patient quality and safety book, *Community Connections Ideas & Innovations*, out last month.

Led by Bill Johnson, MD, intensivist, the VAP initiative started by incorporating the Institute for Healthcare Improvement (IHI) bundled steps—five small steps done together every day for every patient. But it has taken on a life of its own—regularly adding additional safety features for patients such as oral care. A multi-disciplinary team (pharmacy, PT, respiratory, social work, speech therapy, lab, case managers, nursing, pastoral care, and nutrition) rounds every morning on all patients and ask questions such as “Can this patient be weaned off the vent?”

## Saint Elizabeth Radiation Accreditation

The Saint Elizabeth Radiation Therapy Center just received accreditation by the American College of Radiology. Mike Hopkins, imaging director, explains that to achieve this prestigious accreditation his team had to submit volumes of documentation related to equipment, processes, personnel, and outcomes; validate the high quality and efficacy of their treatments and services; demonstrate that their radiation safety and quality control is outstanding, and undergo a full day's on-site scrutiny by a team of board-certified physicians and medical physicists. He further noted that many radiation therapy centers do not pursue this accreditation because of the demanding and stringent standards. There are only two medical centers in Nebraska with this accreditation, UNMC is the other. There are no accredited centers in Iowa, Kansas or Colorado.

“We consider this a significant testament to the excellent radiation oncology program we have,” adds Hopkins. “This accreditation should offer additional assurance for people in and around Lincoln that at Saint Elizabeth they will receive some of the highest quality treatments and overall care available in the nation.”

Hopkins congratulates the entire team in the Saint Elizabeth Radiation Therapy Center, including Dr. Dina Howell-Burke, medical director and radiation oncologist; Leo Jablonski, medical physicist; and Nicole LaFleur, dosimetrist. He notes that this lengthy accreditation process began a couple years ago.

The Saint Elizabeth Radiation Therapy Center offers individualized, customized treatments for patients with some of the nation's latest state-of-the-art cancer-treating equipment. They are home to the state's only non-invasive CyberKnife, offering typically fewer than five treatments versus 35-40 with conventional radiation therapy. They also have a linear accelerator with both Intensity Modulated Radiation Therapy (IMRT) and Image-guided Radiation Therapy (IGRT) or, On-Board Imager.

*For more information on their radiation oncology services or other services, visit their website at [SaintElizabethOnline.com](http://SaintElizabethOnline.com).*



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# Healthiest U.S. City: Lincoln, Nebraska by WebMD

By Daniel J. DeNoon; Reviewed by Louise Chang, MD

WebMD Health News

Nov. 17, 2008 - Lincoln, N.E. is the healthiest city in the U.S., and Huntington, W.V. is the least healthy, 2007 CDC data reveal.

The CDC's city-by-city report is based on annual health surveys. Residents were asked to rate their health as excellent, very good, good, fair, or poor.

Topping the list was Lincoln, N.E., where 92.8% of residents say their health is good or better and only 7.2% report fair or poor health.

At the bottom of the list is Huntington, W.V., where only 68.8% of residents say they enjoy good or better health, and a whopping 31.2% report only fair or poor health.

Some news reports have put Burlington, V.T., at the top spot. Those reports are based on 2006 CDC data. In the most recent available data, from 2007, Burlington ranks fourth behind Lincoln, Fargo, N.D., and Boulder C.O., according to the CDC's Selected Metropolitan/Micropolitan Area Risk Trends (SMART) database.

## Healthiest City – City-by-City Rankings

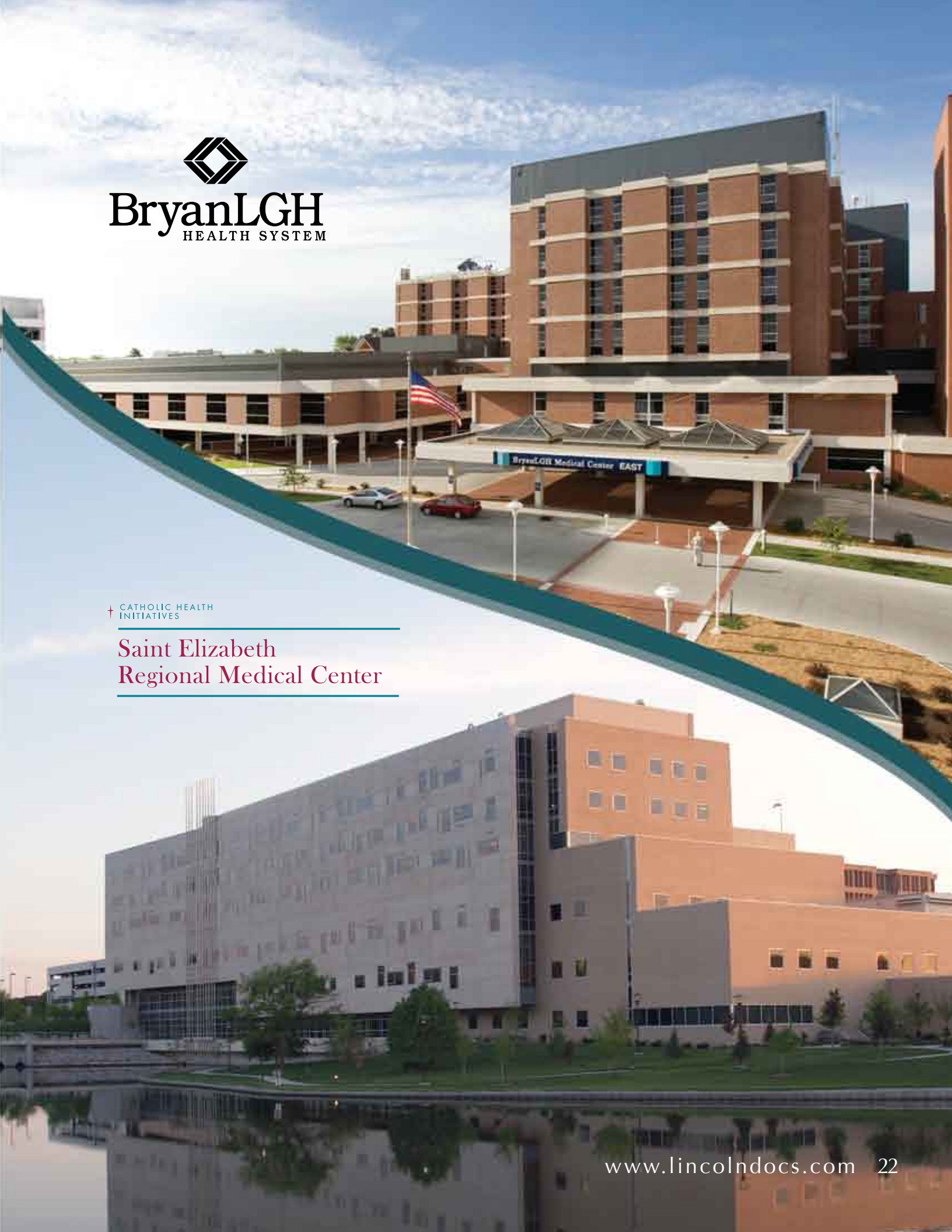
The CDC tells WebMD it does not rank cities or states in terms of health. But here's how U.S. cities line up, based on the CDC's SMART database:

*Cities are ranked from healthiest to unhealthiest. Cities are shown according to the metropolitan area to which they belong. Some metropolitan areas cross state lines. The top 10 are listed below.*

### Healthiest Cities:

1. Lincoln, NE Metropolitan Statistical Area
2. Fargo, ND-MN Metropolitan Statistical Area
3. Boulder, CO Metropolitan Statistical Area
4. Burlington-South Burlington, VT Metropolitan Statistical Area
5. Ogden-Clearfield, UT Metropolitan Statistical Area
6. Provo-Orem, UT Metropolitan Statistical Area
7. Concord, NH Micropolitan Statistical Area
8. Sioux Falls, SD Metropolitan Statistical Area
9. Barre, VT Micropolitan Statistical Area
10. Cambridge-Newton-Framingham, MA Metropolitan Division





+ CATHOLIC HEALTH INITIATIVES

## Saint Elizabeth Regional Medical Center





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Thank you,  
Kate Ellingson