Occupational Medicine: Health in the workplace

Colleen Thomas, at age 49, is learning to walk again. This is happening with the help of Kan Urban, Certified Prosthetist and Certified Orthotist (CPO) at KeyCare Medical and therapy staff at Trinity’s Inpatient RehabCare Unit. Thomas’s story began about 11 years ago, when she was finishing up a 12-hour shift at work. She has worked in health care all of her adult life. She wasn’t feeling well, so she went to have things checked out. What she discovered, is that she had high blood sugar, and was later diagnosed with diabetes. Diabetes often contributes to poor circulation in the legs. Not long after this discovery, she had her first femoral artery bypass surgery because she did not have adequate blood flow to her legs. She ended up having this procedure twice. "I was told this procedure would work for about 10 years, and that is exactly what happened," she shared. In September 2010, Frank Shipley, M.D., Surgeon at Trinity Health, began working with Thomas on a long journey to save her legs. Dr. Shipley did what he could, but blood flow and healthy tissue could not be restored to her right leg. She ended up having her right leg replaced. "What we make sure that we make sure we provide prevention education for pre-employment physical evaluations, to injured worker follow-up case-management (and a broad range of related services) it is the mission of Trinity Health’s Occupational Medicine Team, to help promote a healthy and safe workforce and work environment for employees, while helping employers to maximize workforce productivity. Heading the Occupational Medicine team is Howard Reeve, M.D. Dr. Reeve is Board Certified in Family Medicine and has practiced in Occupational Medicine for over 15 years, making him one of the region’s experts in occupational medicine practice. Dr. Reeve stays current in his field by obtaining 15 hours of continuing medical education in Occupational Medicine each year, and by visiting with business leaders and employers in the field. A native of Minot, Dr. Reeve has been involved in the community’s healthcare and, more specifically, the needs of area employers throughout his career.

Why choose Trinity Health as a Designated Medical Provider (DMP)? Employers in North Dakota have the option of selecting Trinity Health as a DMP. Trinity Health offers a flexible, yet comprehensive array of occupational medical services; employers can easily choose any combination of Trinity providers who are trained to deal with occupational injuries and prevention. We work with hundreds of companies to provide work-related medical care, medical evaluations and employment drug testing. As your DMP of choice, Trinity Health can benefit your organization by:

- Reducing employer absence or time away from work
- Reducing costs associated with work-related injuries
- Educating employees on preventative treatment options, as well as transitional work opportunities through recovery
- Increasing employee retention within your organization
- Reducing overall risk of re-injury to employees
- Lowering costs associated with work replacement.

Colleen Thomas, center, receives physical therapy treatment from Jennifer Nelson, Physical Therapist, and Vickie Larson, Rehab Tech, during her stay in RehabCare. In Northwest ND, businesses have turned to Trinity Health’s Occupational Medicine, lead by Howard Reeve, MD, for over 15 years. Occupational Medicine is the branch of medical care that helps employers to identify candidates’ suitability for given tasks through pre-employment screening exams. Plus, during one’s employment, occupational medicine continues to provide prevention education and treatment for diseases and injuries occurring at work or in specific occupations. Trinity Health’s Occupational Medicine Team, lead by Howard Reeve, MD, also includes (from left) Jeni Cogdill, receptionist; Lanna Reiter, LPN; Ingrid Scholl, Work Injury Management Coordinator; Erin Hubbard, LPN, and Heather Fenn, office assistant.

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Breast Cancer: What you need to know

Breast cancer is the most common cancer among women in the United States, other than skin cancer. It is the second leading cause of cancer death in women, after lung cancer.

The American Cancer Society states that approximately 230,480 women will be diagnosed with breast cancer in 2011. About 39,520 women will die from the disease this year. Right now there are about two and a half million breast cancer survivors in the United States. This includes both women still being treated and those who have completed treatment.

Who is at Risk for Breast Cancer?

Dr. Kevin Collins, Radiation Oncologist with Trinity’s CancerCare Center, said the primary factor in getting breast cancer is being a woman, although in rare cases men can get it too. “Those men who have a first-degree relative with breast cancer or have a BRCA (breast cancer early onset) gene mutation, are at risk of getting breast cancer,” he explained.

Goals to conquering breast cancer

According to Dr. Collins, there are three goals in conquering breast cancer – active endeavors using tamoxifen or raloxifene in high-risk patients, effective screenings and diagnoses for women with breast cancer at an early stage, which includes annual mammograms, self breast exams and clinical breast exams; and continuous research efforts for cancer care, including both local and systemic (whole body) treatments.

“When breast cancer is detected early, there are more treatment options, and the required treatment has less toxic effects,” he explained. “Since there are better tools to detect breast cancer including digital mammography and Breast MRI, breast cancer diagnoses have increased in all age spectrums.”

Breast Cancer Treatments

As far as treatments for breast cancer, Dr. Collins emphasizes that every patient is unique and the CancerCare Team develops a customized approach to individual treatment plans.

“Doctors make treatment related decisions by using the best medical evidence and national standards and guidelines,” he stated. Dr. Collins said that some of the treatment options for breast cancer patients include a lumpectomy with radiation versus a mastectomy, radiation treatments after a mastectomy, and chemotherapy either alone or combined with hormonal therapy. A lumpectomy is a breast conserving or breast preservation surgery where there is the removal of the breast tumor (the “lump”) and some of the normal tissue that surrounds it. A mastectomy is the surgical removal of one or both breasts, partially or completely. Chemotherapy refers to treatment of disease by chemicals that kill cells, specifically those of malignant or cancerous tissues.

Occupational medical services get”, explained Dr. Reeve. “For companies, we ensure potential employees do not have any back problems, and for truck drivers, we ensure there are no signs of potential heart problems.”

Dr. Reeve further explained that he and other members of the Occupational Medicine team tour individual businesses to better understand what’s involved in each job.

“Work places can be complicated, so we focus on each individual business tailoring our services to each employer’s needs,” Dr. Reeve added. “Our goal is to prevent worker injuries while providing a safe working environment.”

Dr. Reeve said that another scope of the Occupational Medicine program at Trinity is focusing on getting a worker back to work actively safely and as quickly as possible once they have been injured.

“We view return to job duties as an important part of the recovery plan,” Dr. Reeve explained. “Our Work Injury case managers follow each injured worker. The case manager works with each employee and employer to provide the optimal return to work plan. Modified job duties are considered if needed.”

Trinity’s Work Injury Management Coordinator is Janelle Schell, who has worked with Dr. Reeve for more than 11 years. “It is necessary to ensure all parties involved, employers and employees, are on the same page regarding what’s expected of them in order to promote a good treatment and recovery plan,” Schell said. “We want the best result possible for both continued from page 1

American Cancer Society Guidelines

- Yearly mammograms are recommend ed starting at age 40 and continue using for as long as a woman is in good health.
- Clinical breast exam (CBE) should be part of a periodic health exam, about every year for women in their 20s and 30s and every year for women 40 and older.
- Women should know how their breasts normally feel and report any breast change promptly to their health care providers.
- Breast self-exam (BSE) is an option for women starting in their 20s.
- Women at high risk (greater than 20 percent lifetime risk) should get an MRI and a mammogram every year.
- Women at moderate risk increased (15 to 20 percent lifetime risk) should get an MRI and a mammogram every year.
- Women at low risk should get a mammogram every year.
- Smoking cessation counseling is recommended at any time.

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Breast Cancer

Technology & Physical Rehabilitation

risk) should talk with their doctors about the benefits and limitations of adding MRI screening to their yearly mammogram. Yearly MRI screening is not recommended for women whose lifetime risk of breast cancer is less than 15 percent.

Programs/Support Groups
For those who are diagnosed with breast cancer, they’re not alone, and there are several programs and support groups to help them cope with it. The CancerCare Team has information on these resources, which include the American Cancer Society’s Look Good, Feel Better Program, Trinity’s Cancer Exercise Rehab Program, and several breast cancer support groups.

About Trinity’s CancerCare Team
Cancer care specialists oversee all aspects of treatment and care at the center. The staff includes Radiation Oncologists as well as Hematologists, Oncologists and other specialists and support staff as treatment dictates. Dr. Collins and his colleagues include Drs. Patanit (“Dr. P”) Watanaaboonkhet and Stephen Makoni, both specialists in Hematology and Oncology. Dr. Collins is a cancer radiation specialist board certified in radiation oncology. He serves as medical director of radiation oncology at Trinity CancerCare Center which introduced state-of-the-art technology to our region in 1999. He was recently elected to a two-year term as Chief of Medical Staff for Trinity Hospitals. A graduate of the University of Oklahoma College of Medicine in Tulsa, Dr. Collins completed his radiation oncology residency at New York University Medical Center. Before coming to Trinity, Dr. Collins was in private practice in Jonesboro, Arkansas, where he gained extensive experience in computerized 3-D treatment planning. He emphasizes patient education in his practice and is an advocate for cancer patients and their families. His office is located at Trinity’s CancerCare Center, 831 South Broadway Dr. Watanaaboonkhet (“Dr. P”) specializes in Hematology and Oncology. A graduate of the University of Health Sciences College of Osteopathic Medicine, Kansas City, MO, she completed her Internal Medicine residency at Michigan State University/Michigan Cancer Treatment Center in Lansing and her Hematology/Oncology fellowship at Lansing’s Ingham Regional Medical Center. She practiced at the Cancer and Blood Disease Center in Richmond, IN, before joining Trinity Medical Group. She is board certified in Internal Medicine and a member of the American Osteopathic Association. She works closely with other members of Trinity’s cancer fighting team to provide the most up-to-date care for cancer patients utilizing the latest chemotherapy medications and cancer-fighting therapies. She also treats diseases of the blood and blood forming organs, such as the spleen, lymph nodes, bone marrow and thymus. Her office is located at Trinity’s CancerCare Center.

Dr. Makoni is a specialist in Hematology and Oncology and provides expert care for cancer patients utilizing the latest chemotherapy medications and cancer-fighting therapies. He’s also knowledgeable in the diagnosis and treatment of diseases of the blood and blood forming organs. A graduate of the University of Zimbabwe Faculty of Medicine, he completed his Internal Medicine residency at Drexel University College of Medicine in Philadelphia and fulfilled his Hematology/Medical Oncology Fellowship at the University of Kentucky. Dr. Makoni is board certified in Internal Medicine, Medical Oncology, and Hematology. His office is located in Trinity’s CancerCare Center.

For appointments and consultations, call Trinity’s CancerCare Center at 701-857-3535 or 1-800-477-1046.

Technology and Physical Rehabilitation

Thyroid: Her office is located at Trinity’s CancerCare Center.
Trinity Health continues to combat breast cancer using the latest technology and equipment. These various breast imaging services include digital mammography, breast ultrasound, galactography (duc- togram) and breast MRI.

Digital Mammography

From July 1, 2010, to June 30, 2011, more than 8,900 women received mammograms through breast imaging services offered by Trinity Health. From these screenings approximately 50 patients or 25–35 percent were recalled for additional views to further determine breast abnormalities. From these 173 biopsies were performed with 68 cancerous, but they can save lives by finding breast cancer as early as possible. Studies have shown that mammograms may lower the death rate of breast cancer by as much as 25–35 percent in women over the age of 50 and between 30-50, by as much as 25–35 percent.

"Digital mammography is the gold standard in detecting breast cancer, and it’s the way of the future," Bouch said. "We’ve been using digital mammography here at Trinity for more than five years — since 2006.

Digital mammography uses special equipment and computer technology to capture high-quality images of the breast(s) electronically. This gives radiologists the ability to enhance these images in order to look for tiny abnormalities. Digital mammography is particularly well suited to reveal smaller, suspicious calcifications and other abnormalities. Digital technology has been proven especially well suited to detect non-cancerous (benign), tiny clusters of calcifications, which are usually non-cancerous (benign), and may indicate a problem that needs investigation.

Trinity's digital system also provides optimal use of computer-assisted detection (CAD), or what we call the Second Look® capability. With this feature, the computer detects any "area of concern" and marks them on the mammogram for the radiologist to review. This capability is already built into the system, thus making it unnecessary to scan the mammogram images into a computer.

Since digital mammography uses a computer system to process mammogram images in a database, these images can be recalled and reviewed tradi- tionally between appropriately linked providers.

This Spring, Trinity’s Breast Imaging Center introduced a new mammography unit to their oncology department. The mammography unit is the latest technology available to Trinity’s digital system.

"This reflects the growth of a great breast center," Radiology Director Jim Coffin said. "We anticipate that this system will increase our capacity and provide an additional service line for patients to our new mammograms, a doctor's order is required before a breast MRI evaluation with detailed imaging diagnostic mammograms or ultrasound may be necessary."

Breast Ultrasound

If a patient has an abnormal screening mammogram, then additional imaging evaluation with detailed diagnostic mammograms or ultrasound may be necessary.

"Breast ultrasound is useful to determine if a mass is solid or cystic (filled with fluid)," Bouch explained. "If a solid lesion is present then a biopsy may be required to determine if cancer is present, or if a cyst lesion is present, we can usually rule out there is no further problem.

Ultrasound uses high-frequency sound waves that are transmitted through breast tissue from a handheld, leaded transducer. These sound waves bounce off tissue structures creating "echoes" which are then recorded by a computer generating an image of the breast tissue. The image is then displayed on a computer screen.

No radiation is used, and very little pressure is required. According to Bouch, patients question why they just can’t have an ultrasound as it’s easier to tolerate without compression to the breast tissue and easier on patients to undergo a new test.

According to Bouch, mammograms help detect tumors that are too small to feel and are not seen well with regular mammographic or ultrasound.

After appropriate cleansing, a radiologist inserts a small needle-tipped into the nipple, directly into the duct to visualize the breast tissue from a ductal discharge. The ultrasound contrast (dye) is then injected and contrast can easily be seen with a mammogram if any mass is present. Ultrasound can use no radiation. MRI can be used for screening of breast cancer when a biopsy confirms a lesion.

This includes women with a genetic predisposition to developing breast cancer, or those with a strong family history such as multiple primary breast cancers, or those who have been diagnosed with breast cancer, explained Dr. Kenneth Keller a radiologist and Co-Medical Director of Trinity’s Radiology Department. "It also includes women with a newly diagnosed breast cancer, where a breast MRI would be used to determine whether there are multiple areas of cancer in the same breast or whether there is any sign of cancer in the other breast. The presence of breast disease would drastically affect how the patient would be treated.

Scheduling of breast MRI examinations is done through the patient’s physician’s office since, unlike screening yearly mammograms, a doctor’s order is required before a breast MRI examination can be performed.

Trinity Health continues to help hundreds of women reinvent their lives as a result of the early detection and recent medical advancements in breast cancer. In turn, these women are remaining disease free and living longer, healthier lives.
In the meantime, Dr. Sather took his message on the road, addressing the National Association of EMS Physicians at a national conference in Florida last month. The topic, "STEMI Systems in a Rural Environment."

"About a year ago, the State of South Dakota entered into a STEMI project," Dr. Sather noted. "Then in the last North Dakota legislative session we went to Helmsly Charitable Trust and got a two-thirds/third matching grant for a $71 million project for the State of North Dakota. Since Trinity had already invested $600,000 toward our initiative, it made sense for us to roll project into the state program. It's been pretty exciting."

As a result, Dr. Sather joined Governor Jack D. Dalrymple, the American Heart Association at a Biomark news conference August 2 to announce a project that will create a statewide STEMI system for North Dakota residents. The state's initiative will put a 12-Lead EKG unit in each of the roughly 1,000 ambulances that serve North Dakota.

Eight communities involved in Trinity's original initiative received their equipment and training recently, including Berthold, Kenmare, Watford City, Minot, Tioga, Velva and Westhope. Dr. Sather was on hand to greet the group.

"I can't overstate the importance of getting this equipment into your hands," Dr. Sather said. "This enables us to do several things – identify the STEMI early on, summon the cardiologist, get the Cardiologist, make sure the Cardiologist is open and ready to go. With all of that in place we can bypass the ER and go straight to the Card Lab."

Just what will the system's impact be? It will take time to determine and assess, but Dr. Sather observed, "STEMI systems have been used in other states, primarily in metropolitan areas. Data show that in areas that have STEMI systems available, heart attack is no longer the leading cause of death."

**Trinity Foundation Report to the Community: Why the Foundation raises philanthropic funds**

The Trinity Foundation received over $350,000 in grants during fiscal year 2011, which ended June 30. This was achieved through the generosity of individuals giving memorials, contributions to grant funding, and awards from other organizations.

"There are no words that can say how much Trinity Health is of the giving people in the region. This money received makes a difference in the healthcare and community services at Trinity Health," stated Amy Moos, Director of Trinity Health Foundation.

This money is wisely invested through their imaging and IT systems to improve patient care. According to the Foundation, "Our winners are recognized at the top of the scale. That means they fall in the top 4.5 percent of U.S. facilities."

Radiology Co-Medical Director Kenneth Keller, MD, FACR, said Trinity's digitally-driven imaging system has improved turnaround time for radiology tests and enabled Trinity to network electronically with rural health facilities. "Our picture archive system has had a tremendous impact on turnaround, especially for patients in outlying areas," Dr. Keller said. "A patient in Stanley or Rugby can have an image sent across our digital system and have an answer within minutes. It saves the patient the stress of traveling a long distance and the anxiety of waiting for a test result." Trinity Health President and CEO John M. Kutch Data show that in areas that have STEMI systems available, heart attack is no longer the leading cause of death. 

Trinity Health Named ‘Top 25 Connected’ in U.S.

HEALTH TALK  TRINITY HEALTH  5 • OCTOBER 2011

Heart disease has long been the No. 1 cause of death and disability in North Dakota. But a statewide initiative – similar to one launched regionally by Trinity Health – could knock the killer off its perch. It was close to two years ago that Trinity Health announced a campaign to speed treatment to people who experience a STEMI-type heart attack, caused by sudden blockage of the heart artery. "The only way to determine if a patient is having a STEMI is by using a 12-Lead EKG, and only about half of all the ambulances in the state are equipped with a 12-Lead capability," Trinity Emergency Trauma Director Jeffrey Sather, MD, explained.

Trinity Foundation set a goal to raise $1.7 million in fiscal year 2011 to provide EKG equipment to dozens of rural providers, including rural ambulances, hospitals and clinics – all within the 16 counties surrounding Minot. Trinity Foundation and Enbridge Pipelines were among the major contributors to the campaign.

Trinity’s initiative to put life-saving heart equipment in the hands of rural ambulance providers reached a statewide milestone. Crews from eight communities trained on LIRENET, a web-based system that grew provides and first responders the tools to transmit 12-lead (diagnostic quality) EKG data across a cellular network for quick confirming of a heart attack. Trinity Emergency Physicians Dr. Jeffrey Sather says metropolitan areas that have already adopted a STEMI program have shown a sharp reduction in heart attack deaths. Those who trained were from Berthold, Kenmare, Watford City, Minot, New Town, Tioga, Velva and Westhope.

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"Top 25 list Trinity has made the list. It's the third year in a row that Trinity has made the list. The Top 25 list recognizes hospitals and clinics – all rural providers, including hospitals and clinics – all rural providers, including Trinity Hospitals, Trinity Emergency/ Trauma Director Jeffrey Sather, MD, explained. It’s been pretty exciting."

"I can’t overstate the importance of getting this equipment into your hands," Dr. Sather said. "This enables us to do several things – identify the STEMI early on, summon the cardiologist, get the Cardiologist, make sure the Cardiologist is open and ready to go. With all of that in place we can bypass the ER and go straight to the Card Lab."

Just what will the system’s impact be? It will take time to determine and assess, but Dr. Sather observed, "STEMI systems have been used in other states, primarily in metropolitan areas. Data show that in areas that have STEMI systems available, heart attack is no longer the leading cause of death.

Trinity Health Image & IT

Trinity Health has once again put Trinity Health on its list of Top 25 Connected Health Facilities. It’s the third year in a row that Trinity has made the list. The Top 25 list recognizes hospitals and doctors that integrate their imaging and IT systems to improve patient care. According to the Foundation, "Our winners are recognized at the top of the scale. That means they fall in the top 4.5 percent of U.S. facilities."

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Pharmacy in action

The month of October is dedicated as National Pharmacy Month. Observance of this month was created by the American Pharmacists Association back in 1925 as a way to promote the value of pharmacy services. Pharmacy services nationwide have greatly expanded and evolved over the years. There have been continual improvements as it relates to medication safety and overall patient safety within pharmacy services. There have been enhancements with medication therapy management, education, patient counseling, and disease state management with fire detection and prevention to detect and prevent harmful drug interactions. Pharmacists advise doctors, nurses, and patients on appropriate medication therapy and know the provider's best procedures to check and prevent harmful drug interactions. There have been enhancements in pharmacy practices with barcode scanning and electronic prescriptions. Pharmacists have rapidly become relied upon to be medication experts. Pharmacists advise doctors, nurses, and patients on appropriate medication therapy and know the provider's best procedures to check and prevent harmful drug interactions. Pharmacy education programs have been built to prepare individuals for the practice of pharmacy with the option of individuals to participate in clinical based post graduation programs to further enhance their clinical knowledge. There are also board certification specialties and fellowships services available to provide additional advancement in the profession. The American Society of Health-System Pharmacists endorses a National Pharmacy week, which is observed October 16-22 for 2011. The evolution of hospital pharmacy has been especially dramatic in the recent years as pharmacists have moved beyond compounding and dispensing medications to becoming vital members of multidisciplinary patient-care teams. Pharmacists have been able to expand to the patient-care areas to assist physicians, nurses, patients and families with medications. Some of the services pharmacists providing includes oversight of the correct dosing of medications, evaluating patient profiles for duplicate medications, adjusting medications, and helping convert medications given by vein to medications that can be taken by mouth. Pharmacists would be able to assist with these functions without optimizing highly trained, certified pharmacy technology. Pharmacy scanning technology is underpinning a workforce. In general, pharmacy technicians are the first line of a pharmacist and have therefore enhanced the role of the pharmacist. Pharmacists advice sometimes can be overwhelming for people. Understanding what medications do and how it act in the body is important to comprehend, especially if a person is taking several medications at a time. The following are some helpful hints that people do to alleviate any frustrations with medications and help make themselves more involved and aware of their medication therapy. 1. Keep an Up-to-date Medication List. When you see your pharmacist or practitioner don’t have to be afraid to ask for a print-out of your medication list is highly recommended. 2. Understand if your Medication is Extended Release or Immediate Release. What does this mean exactly? Medications can come as different product formulations of release which relates to how many times the medication is taken in a day and how it can provide adequate blood concentrations for treatment. Some of your medications may require SR, ER, XL, CR and SR. Ask your pharmacist to clari- fy what that means. 3. Just Ask!!! Don’t be afraid to ask questions to the pharmacist or practi- tioner. There is no need to know all medications. Knowing that a capsule, tablet, cream, ointment, suspension or injection can assist in treatment is astounding. Only you can take charge of your body and being part of the process is a necessity and if there is something you don’t understand... JUST ASK!!!

Q&A: Taking the guess-work out of mammograms

Q. What happens during a mammogram? A. The entire procedure takes about 10-20 minutes. You’ll be asked to undress from the waist up. The technologist will instruct you how to stand so the placers one of your breasts on the flat plate of the mammogra- phy machine. The technologist then places a second plate above the breast, compressing it for a few seconds. This takes an X-ray picture of your breast. This process is repeated twice for each breast.

Q. I’ve heard mammograms are painful and can expose me to harmful radiation. Is that true? A. Yes, the test can be a bit uncomfortable, but most women don’t consider it painful. During a mammogram, your breast is placed on a special plate and compressed with a plastic paddle. Compression helps hold the breast still, even out the breast tissue and allows lower doses of X-rays to be used. Because there is pressure on the breast, the American Cancer Society recommends you take the procedure one week after your period, when your breasts are least tender.

Q. If you feel pain, speak up. The technologist may be able to lower the compression and relax some of the pressure on your breast. And remember that the actual X-ray takes less than one minute. As with all X-rays, you are exposed to radiation, but it is a very small amount. The benefits far outweigh the potential risk.

Q. What does every woman need to have a mammogram? A. Starting at age 40, all women should get a mammogram every year. Women who are at high risk due to a family history of breast cancer or ovarian cancer should start sooner, around age 30. And, although it may seem scary to get a mammogram, it’s much scarier to get breast cancer and not detect it early.

Q. Where can I go for my Mammogram? A. Either Trinity Mammography Clinic at Health Center - Medical Arts 701-457, 2640 or the convenient Digital Mobile Mammography Service (surrounding com- munities) Toll Free 1-800-862-0005.

We are here to help in your fight against breast cancer.
Be prepared for flu season

According to the Centers for Disease Control and Prevention, anyone can get influenza. Influenza causes an average of 36,000 deaths each year in the U.S., mostly among elderly or health-compromised citizens.

Dr. Casmiar Nwaigwe, infectious disease specialist with Trinity Medical Group, says anyone who wants to reduce his or her chance of catching the flu should consider getting vaccinated.

Dr. Nwaigwe concurs with the CDC that the people in the highest risk categories for developing a serious case of the flu include:

- Adults over age 50
- Residents of long-term care facilities
- People of any age with chronic health problems or weakened immune systems
- People six months to 18 years of age on long-term aspirin treatment
- Pregnant women in the second or third trimester
- Anyone who comes in contact with people at risk

“The CDC recommends that everyone get a flu shot because we all are at risk of becoming terminally ill or transmitting the flu to someone else who might become terminally ill,” Dr. Nwaigwe adds.

Dr. Nwaigwe adds.

Trinity’s physical therapy team would like to remind everyone that no matter what area of the body is ailing, physical therapists can assist in improving your quality of life, restore and improve mobility, and help eliminate pain and discomfort so you can Move Forward.

Physical therapists receive specialized education in a variety of sciences – physics, human anatomy, kinesiology (human movement), and others. They understand how the body works and how to get you moving to improve healthy living habits.

“Often times, it is the education and prevention tips that physical therapists can teach patients that are most successful in improving the patient’s quality of life and achieving their long term goals,” stated Mike Rexin, PT, DPT, PT Coordinator for Trinity Outpatient Physical Therapy.

Rexin said that it’s a physical therapist’s expectation to not only address a patient’s current symptoms and deficits but to also help identify the cause and how future problems can be prevented.

“A patient will achieve the greatest improvement in their quality of life when they understand why they developed their problem and how they can help prevent with the prevention in the future (e.g., exercising more regularly, improving lifting techniques, stretching, or adjusting activity levels),” Rexin explained. “This can also help reduce the need for repeated medical visits and save the patient time and money.”

According to the National Aging Council, Rexin said that about one in three seniors above age 65, and nearly one in two seniors over age 80, will fall at least once this year, many times with disastrous consequences. As the community moves after the flood and with rebuilding, for more information about the services Trinity Physical Therapy offers, call 701-857-5286.

October is Physical Therapy Month and this year’s theme is Move Forward. Physical Therapy brings motion to life.

Community Flu Shot Clinic

$25 Payable at the Time of Service

Oct. 13 & 14, and Oct. 20 & 21
11 am-6 pm
Dakota Square ~ JCPenney Court

Medicare patients – please bring your Medicare card so we may direct-bill Medicare.

Provided as a community service by Trinity Physical Therapy

Visit our new website at www.trinityhealth.org

Physical Therapy: “Bringing motion to life”
Consuming a diet high in sodium is linked to high blood pressure.

Sodium causes your body to retain excess fluid and puts an added burden on your heart, making it work harder. Your doctor may tell you to cut down on the salt you use in cooking and encourage you to not add extra salt to your foods.

Much of the sodium in our diet comes from salt. Limiting salt will help lower blood pressure thus reducing your risk for heart disease. Try to consume less than 2300mg of sodium each day (that’s 1 teaspoon of salt!), and further reduce intake to 1500mg per day if you are 51 and older (which applies to about half of the US population), African American, or have hypertension, diabetes, or chronic kidney disease. This recommendation is now part of the 2010 Dietary Guidelines for Americans.

Tips to reduce sodium intake:

- Reach for herbs and spices like garlic and onion powder, dill, basil, curry powder, nutmeg or oregano to add flavor to foods.
- Use flavorings such as lemon, vinegar and pepper, or try salt-free seasonings, like Mrs. Dash.
- Read the label!! Especially on canned, processed and commercially prepared foods.
- Watch out for high sodium ingredients such as: sea salt, MSG, baking soda and sodium chloride.
- Choose products with less than 200mg sodium per serving.
- Reduced-fat/reduced calorie foods may actually be higher in sodium.
- Be sure to compare labels when shopping.
- Discuss with your primary care provider before using salt substitutes.

Advanced Imaging Center
Open House & Ribbon Cutting
October 4 • 5-8 pm
Town & Country Center

- Tour our new outpatient facility
- See our advanced imaging systems
- Enjoy food and refreshments

Trinity Health’s Advanced Imaging Center offers high quality diagnostic imaging, outstanding service and consumer driven convenience. The center is home to many outpatient imaging services to include North Dakota’s only 3T MRI, our own and newly operated PET/CT and more. We’re excited to serve our region with even better outpatient services than before.

Low Sodium Hamburger Stroganoff

Ingredients:
- 1 Onion, Chopped
- 1 lb Lean Ground Beef
- 4 oz Mushrooms, Sliced
- 1 T Flour
- 1/2 c Low Sodium Beef Broth
- 2 T No Salt Added Tomato Paste
- 1 c Sour Cream

In a large skillet, brown ground beef with mushrooms and onion. When meat is cooked, sprinkle flour over top and stir to mix in. Add broth and cook until thickened, scraping any sticking bits from the bottom. Remove from heat. Stir in sour cream. Serve over hot cooked noodles.

Yield: 4 Servings

(Source: www.lowsodiumcooking.com)