HOLY FAMILY TURNS 50
Stories of the brave Sisters who expanded health care in the region

REVOLUTIONARY EXCHANGES
Providence caregivers serve remote Guatemalan and Rwandan communities

PAINLESS PEDIATRICS
Taking fear and discomfort out of the Children’s Hospital

Now you can read Heart Beat on your tablet or smartphone. Just go to phc.org/heartbeat for the latest issue or to sign up for email delivery.
Introducing an online connection to your doctor’s office

Scheduling an appointment or just asking a question about your health shouldn’t be difficult. That’s why Providence Medical Group now offers MyChart – a free online service that lets you:

- Schedule your next primary care appointment
- Communicate with your care team
- Receive test results
- Review your medications, immunizations, medical history and much more

Ask about MyChart at your next appointment, or visit providence.org/mychart.
Taking Cues From the Sisters

One of the things I love most about Providence Health Care is its rich heritage and strong leaders who paved the way for us to carry out our Mission. Within our Eastern Washington network of hospitals, clinics and senior services, we stand on the legacy not only of the Sisters of Providence, but also the Dominican Sisters. While the Providence nuns came to the West by way of Montreal, the Dominicans hailed from Germany and eventually settled in Kettle Falls, Wash. Both groups were visionary, resolute and quick to act in good faith for the community’s needs.

After establishing rural hospitals in Northeastern Washington, the Dominicans founded Holy Family Hospital in Spokane. It was 50 years ago that the “gem of the North Side” opened its doors.

As their numbers declined, the Dominican Sisters faced decisions about their ministries. Acting as good stewards, they transferred ownership of the Dominican Network, their health care corporation, to the Sisters of Providence for $1 in 1993. This transfer included DominiCare, St. Joseph’s Hospital in Chewelah, Mount Carmel Hospital in Colville, Holy Family Hospital in Spokane and Adult Day Health. The Dominicans knew that the Providence Sisters shared their commitment to serve the poor and vulnerable.

Since that momentous change, Providence has further integrated its ministries to create a comprehensive health care network for the Inland Northwest. Today, we have partnerships with many quality organizations.

I’m proud we continue to stand on the shoulders of the Sisters who came before us.

Elaine Couture
Chief Executive
Providence Health Care
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Be a Pumpkin Eater this Fall

Everywhere you go this time of the year, the smell of pumpkin spice is in the air. To get the most out of pumpkin foods and drinks, skip the artificially flavored treats and choose the real thing. Pumpkin is in season and it has plenty of health benefits.

**PUMPKIN IS AN EXCELLENT SOURCE OF POTASSIUM AND VITAMIN C.** It’s also high in fiber and vitamin A, which are both helpful in boosting immunity—a good thing during cold and flu season. Look for smaller pumpkins, which are usually more juicy and tender than larger ones, and choose pumpkins without blemishes.

**PUMPKIN SEEDS PACK A NUTRITIONAL PUNCH, TOO.** They’re high in antioxidants and the minerals phosphorus, magnesium, manganese and copper. They’re also a great source of zinc and iron. You can easily roast them with a little bit of olive oil at 300 degrees F for about 7-10 minutes.

**QUICK TIP**

Add more pumpkin to your diet by whipping it into a smoothie. Just mix pumpkin, low-fat milk, vanilla yogurt and spices, such as cinnamon and nutmeg, in a blender. Pumpkin seeds make a great addition to salads, vegetables and oatmeal—or all by themselves as a healthy snack.

**SHARE YOUR HEALTHY EATING TIPS**

Have good ideas for including healthier foods in your family’s meals? Share them with us on our Facebook page. Go to facebook.com/ProvidenceSpokane or email heartbeat@providence.org.

**New Recipe Book**

Providence Health Care released a new *Heart Healthy Guide* this spring. It’s never too late to get your copy! To request one just call 509-474-3081 or email heartbeat@providence.org.
A Smarter Thanksgiving

The Calorie Control Council estimates that Americans consume 4,500 calories (with 229 grams of fat) during the Thanksgiving meal. The New York Times questioned that number, reporting that it’s only possible to intake 1,500-2,500 calories in one sitting. Still, that’s a day’s worth of calories—and several times the amount of recommended daily fat.

This Thanksgiving, rein in your consumption with this advice from the American Diabetes Association: “One of the biggest problems ... is portion control. Not only do we overload our plates with everything on the table, but we often go back for [more].”

Instead, “Think about which dishes you can’t live without and which ones you don’t mind passing on,” advises the ADA. “Then adjust portions to keep your carbohydrate and calorie count similar to what you usually eat at dinnertime.”

Give It A Try
Visit your Spokane Rosauers store (South Hill, North Side or Valley) to use the free kiosk. Go to phc.org/heartbeat for a list of grocery stores that will feature Suzie’s MAPS soon.

Servings Master
Go to diabetes.org for a meal plan for Thanksgiving Day that will keep off the extra pounds.
Build a Strong Core with a Plank a Day

Add a plank pose to your daily routine to improve your abdominal and lower back strength. Focus on form, then work up to holding the exercise for one to three minutes at a time. Here’s how to do a proper plank, according to the American Council on Exercise:

“Lie on your stomach on an exercise mat or floor with your elbows close to your sides and directly under your shoulders, palms down and fingers facing forward. Engage your abdominal/core muscles. Next, lift your torso and thighs off the floor or mat. Keep your torso and legs rigid. Hold.”

1 IN 5 ADULTS IN AMERICA HAS ARTHRITIS

YOGA MAY HELP WITH ARTHRITIS

“Practicing yoga regularly can improve muscle strength and joint flexibility, while boosting mood and controlling stress. Some forms of yoga involve quickly moving from pose to pose and count as a light cardiovascular exercise. With regular practice, you can build up strength and flexibility, and try faster motions or more weight-bearing moves.” —The Arthritis Foundation

ON AVERAGE, WALKING OR RUNNING ONE MILE BURNS 100 CALORIES. STRIVE TO MAKE EXERCISE PART OF YOUR ROUTINE AT LEAST THREE OR FOUR DAYS A WEEK.

JOIN US FOR FREE CLASSES
 Providence Center for Health & Well-being offers meditation, yoga and tai chi classes throughout the year. For a calendar of events, go to phc.org/heartbeat and search Health & Well-being.

Yoga may help with arthritis

In 5 adults in America has arthritis

On average, walking or running one mile burns 100 calories. Strive to make exercise part of your routine at least three or four days a week.

Join us for free classes
 Providence Center for Health & Well-being offers meditation, yoga and tai chi classes throughout the year. For a calendar of events, go to phc.org/heartbeat and search Health & Well-being.
Better Care for Our Community

Group Health Cooperative and Providence Health Care are collaborating on a jointly owned accountable care organization (ACO) called CareUnity. The ACO represents a group of health care providers in the Spokane area who deliver coordinated care. The goal of an ACO, according to CMS.gov: to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

CareUnity is the region’s most comprehensive ACO, offering the full continuum of care—from health education and prevention, physician visits, hospitalization, rehabilitation therapy and home health services to end-of-life care.

CareUnity includes health care providers from Group Health Physicians, Providence Medical Group and Columbia Medical Associates in Spokane. Pivotal to its success are nearly 200 primary care providers who help to ensure that patient care is coordinated across the entire health system—specialists, urgent care centers and hospitals, including Providence Sacred Heart Medical Center & Children’s Hospital and Holy Family Hospital.

NEED A PRIMARY CARE DOCTOR?
To find a primary care physician that’s a good match for your needs, call us at 877-304-1408.

Physician, Expert Joins Providence
IRA BYOCK, M.D., one of the country’s foremost experts for improving care through the end of life, has joined Providence Health & Services. Dr. Byock is the author of The Best Care Possible, The Four Things That Matter Most and Dying Well.

Dr. Byock is developing a new Institute for Human Caring based at Providence TrinityCare Hospice in Southern California, which eventually will support clinicians across the Providence system.

“The new institute will help us further our long tradition of caring for each patient as a whole person and delivering patient- and family-centered care through the continuum,” says Rod Hochman, M.D., chief executive officer for the five-state Providence system.

The development of this institution and Dr. Byock’s position would not be possible without support from the TrinityCare Hospice Foundation.

Compassionate Care for Older Adults
We at Providence strive to provide outstanding care to adults who need 24/7 medical attention. Learn more at phc.org/heartbeat.
Hard-Hat Zone

Construction began this summer to expand and remodel the cardiac intensive care unit (CICU) at Providence Sacred Heart Medical Center & Children's Hospital. Here’s what you need to know:

**Why is the CICU being expanded?** The CICU has not been remodeled in three decades. This project, though, is about more than updating the space. It’s about meeting the needs of an ever-widening referral region and serving patients who want to come to Sacred Heart rather than travel to another major city for their care.

**What will it entail?** When the project is complete, Sacred Heart will have a 34-bed CICU (an increase of 12 beds) to serve patients needing the best cardiac tech, including advanced techniques like mechanical hearts, heart transplants, robotic surgery and other sophisticated treatment.

**How else is it innovative?** The CICU design improves staff’s ability to provide care while enhancing the patient’s experience. An added bonus? It will include an open-air courtyard for patients who are able to leave their rooms, and for their visitors.

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**CARE FOR THE TINIEST BABIES**

Having a baby who needs advanced medical treatment is scary. But for families whose newborns have such delicate health needs, Providence Sacred Heart can be a godsend.

For many years, the hospital has provided advanced care for newborns’ complex health needs. Recently, the hospital’s neonatal intensive care unit (NICU) and perinatal programs at Providence Sacred Heart received a Level IV designation (upgraded from Level III), the highest level of care for neonates and critically ill newborns.

The Level IV status was granted by Washington State, acknowledging that the medical center meets all American Academy of Pediatrics Perinatal and Neonatal Level of Care Guidelines. Sacred Heart is the only facility in the state to have both the perinatal and neonatal Level IV designation.

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**TAKE PART**

The $19 million project is funded in part by the PHC Foundation. To contribute in honor of a caregiver who has touched your life, visit [phc.org/giving](http://phc.org/giving).
YOU CAN HELP, TOO
Thanks to a generous grant by the Providence Health Care Foundation, the Children’s Hospital was able to purchase a number of devices that reduce or eliminate discomfort for kids. Go to phc.org/giving to make a donation to the foundation.

Video goggles during an MRI is just one way Providence is providing a better patient experience for kids.
TAking the Fear and Discomfort out of the Children’s Hospital

Needles, IVs, scary machines and the great unknown of medical procedures. Thinking about any of these is enough to upset many kids. For a child who has had a bad experience and yet needs regular treatment, going to the hospital can be downright traumatic.

Just ask Daniel and Jessica James, whose daughter Piper spent her seventh birthday undergoing a procedure that turned out to be an emotional disaster for them all. Thankfully, when the family came to Sacred Heart Children’s Hospital for a repeat of the testing, the experience was a night-and-day difference.

“If this is the kind of stress relief and care my daughter can get, I will avoid our local hospital and seek the care present in your hospital,” her father, Daniel, wrote in a letter to Sacred Heart. “A four-hour drive means nothing to me in an effort to comfort my daughter.”

Providing a pain-free experience is something Sacred Heart Children’s takes seriously. “Parents have enough to think about when their child needs testing or procedures,” says David Burns, M.D., anesthesiologist. “The last thing parents need to be concerned about is whether the child is going to be terrified and what to do if he or she is. We’ve essentially eliminated those concerns here at the Children’s Hospital.”

Piper’s Story

When Piper started elementary school and began having regular stomach pain, her parents and teachers suspected the culprit was anxiety. After she missed several days of school due to severe pain, and her outgoing personality was replaced by lethargy, her parents consulted a pediatric gastroenterologist at Sacred Heart Children’s Hospital. Because the suggested course of action would require multiple scans, the specialist recommended having them done at the family’s local hospital in Montana to avoid the travel to Spokane.

The scans required Piper to have an IV, and without any type of sedative, her panic escalated. Piper screamed and thrashed throughout the process of setting the IV and the rest of the testing. Nearly five hours after arriving at the hospital, she fainted from sheer exhaustion. The parents—wrought with anxiety and frustration—swore they would never do that again.

Unfortunately, because their daughter’s pain continued, the Jameses still had to find treatment. They made the drive to Spokane, hoping that a facility created for children would make all the difference. Once inside the Children’s Hospital, Piper once again started screaming in fear.

“My stress went through the roof,” Daniel remembers. “Then a staff member approached us and indicated everything would be OK because there were pain-easing options for Piper to choose from.”

She could have a small drink that would make her feel silly and slightly sleepy; she could have nitrous oxide (“laughing gas”) or they could use an instrument that blows air at her skin to numb it. Piper chose the nitrous.

Then a child life specialist, Jan Foerster, began playing games with her on an iPad. When Dr. Burns came in, he asked the young girl...
what she would like to dream about while she was resting. Piper also got to choose a yummy smell that would be on the mask delivering the nitrous (strawberry!) and, when the sleepy gas started, Foerster strategically placed the iPad where the patient wouldn’t see what caregivers were doing. The IV was quickly set and the procedure was underway.

The entire process, from administering the anesthetic to setting the IV, took less than 10 minutes. Piper kept repeating, “It didn’t even hurt!”

When the Jameses returned for the second scan a week later and the need for surgery was confirmed, pediatric surgeon Winston Chan, M.D., rearranged his schedule to perform the procedure the very next day so that the family didn’t have to make an additional trip to Spokane.

“Top to bottom—the whole experience couldn’t have been any better,” Daniel says.

After sitting out of her dance and tumbling classes for two months, Piper returned to her favorite activities and won first place in the gymnastics floor routine. “She’s in perfect health,” says her dad.

By providing this kind of safe and nurturing environment is exactly why pediatricians created the Children’s Hospital more than 10 years ago. Today’s pediatric experts continue making advances in care for kids. The latest example is the Pediatric Pain Committee, a group of 15 providers, led by Dr. Burns, focused on initiatives to eliminate all unnecessary pain from the hospital experience.

“There are conditions that require regular exams that are uncomfortable for kids to undergo,” Dr. Burns says. These can include bladder scans for those with urinary tract infections or any procedure that will require a Foley catheter.

He remembers Piper James and how terrified she had been, and how nervous her parents were after their previous experience. He talked with her about the nitrous, which he advocates for many patients because:

- It provides the relaxation a patient needs without the long-term drowsy impact of pain medication.
- You can administer it more than once—nitrous is not going to build up in your system.
- There are no requirements to refrain from eating or drinking in advance, as there are with sedation.
- Also unlike sedation, there is no time (or expense) in the recovery room.

The only caution is the duration of the nitrous, because the longer a person receives it, the higher the chance of experiencing nausea. When the doctor turns off the gas, it only takes 90 seconds for patients to return to a normal state.

At Children’s Hospital, advocates of using nitrous oxide for young patients have identified opportunities to expand its use and have started to train nurses in the Children’s Emergency Center. It can be used for a variety of purposes, including starting IVs, injecting a local anesthesia or placing a catheter or a feeding tube. Dr. Burns says it’s good for many things that are relatively quick and mildly discomforting.

“It opens up a whole lot of possibilities,” he says. “It’s pain and anxiety relief without compromise.”
Nitrous oxide and distraction techniques aren’t the only tricks in the bag for caregivers at Sacred Heart Children’s Hospital. Here are some additional pain- and anxiety-relieving aids.

For those afraid of needle sticks, especially for the purpose of starting an IV, the J-Tip is a godsend. A needle-free injection system, the J-Tip uses air pressure to deliver numbing medications like lidocaine in less than a second. “It’s fast, painless and works better,” Dr. Burns says. “I like to call it Star Trek hypospray.”

Maybe that’s why adult patients at Sacred Heart are now asking for the J-Tip, too.

Then there’s a new procedure that’s being described like being at the movies, without the popcorn. Undergoing an MRI scan can be unnerving. MRI, which stands for magnetic resonance imaging, requires lying completely still on a firm table partially inside a tunnel. For some people, it’s the lying still that’s difficult. For others, it’s the claustrophobia-inducing tightness of the space. Add to it the loud clunking noises of the machine, and many patients would like to crawl out, midscan.

What’s the best way to distract a child for an hour and a half? TV, of course. And thanks to a $40,000 donation from the Providence Health Care Foundation and Inland Imaging, Sacred Heart’s Radiology department now uses video goggles to turn its MRI room into a movie theater.

Patients can watch the show of their choice through high-tech goggles that block peripheral vision so they can’t see what is happening around them. Headphones and a microphone allow them to hear the staff and talk to them, too.

“In hospitals that have used the goggles long enough to measure outcomes, the use of sedation has gone down 80 percent,” says Dr. Burns. “That is a huge savings for families and the hospital, because doing a procedure without sedation or general anesthesia eliminates half of the medical expenses.”

Costs aside, Dr. Burns and his colleagues on the Pediatric Pain Committee agree this is “more about patient satisfaction than anything. We’re going to have the best services, but we’re also going to make each child’s experience as painless as possible.”
As part of her studies at Sacred Heart School of Nursing in 1964, Sister Maureen Healy, OP, worked as a student nurse at Spokane’s then brand-new Holy Family Hospital.

“I worked in any area that needed help,” she says. Once, that included manning the switchboard.

“There I was—like Lily Tomlin—running a switchboard with 18 incoming lines,” laughs Sister Maureen. “I had my nice operator voice and answered each line but had no idea how to transfer them anywhere.”

While she briefly stopped serving at Holy Family while attending Montana State University in the 1970s, Sister continued to work and sent money to help support the hospital. After returning to Holy Family, she found herself most at home in the emergency room.

75 YEARS A SISTER
In the 1960s, when local physicians begged for a North Side hospital, it was Sister Alberta Nett who responded. She was the Prioress for the Dominican Sisters and determined that their band would shift its focus from building a school to constructing a hospital instead.

In 2014, as Holy Family turns 50, Sister Alberta celebrates her 75th jubilee as a Dominican Sister. At St. Joseph Long-term Care in Chewelah, friends gathered to honor her life of service. The priest who shared her legacy said she could be described by her obedience to the Gospel, joyfulness and fearlessness.

COURAGEOUS WOMEN
“That [fearlessness] was in all of us,” reflects Sister Maureen. “But those early Sisters who came from Germany, they were breathtaking in their fearlessness.”

Most of these ladies, just starting their training as teachers, thought they were coming to the land of promise to teach Native Americans.

“They had to learn everything about medicine and caring for patients while still learning English,” Sister Maureen says. “Fearless, for sure. They were also tough and smart and hardworking.”

About 120 Dominican Sisters settled in the Kettle Falls, Wash. area and set about running schools and hospitals at the same time.

Women trained as teachers found themselves doing hospital administration, admitting, payroll and accounting.

They never said, “I can’t do that, I wasn’t trained for it.”

The German Sisters had a vocation booklet given to novices upon stating their interest in taking vows. Inside the cover was the slogan, “Work is [our] vocation.”

“I should have paid attention then,” Sister Maureen jokes. “I was in for a surprise—just how much they loved to work.”

CLAIMS TO FAME FOR HOLY FAMILY
In addition to offering a number of programs unique to the region, Holy Family Hospital had many firsts among Spokane hospitals. Sister Maureen Healy remembers her hospital being first to:

- Allow nurses to wear scrubs in the ER
- Provide a fast-track emergency triage system to expedite care
- Offer the assistance of a social worker in the ER
- Have air conditioning
- Remodel the majority of rooms into one-bed rooms for patient privacy and comfort

Sister Maureen says these things were possible because the hospital had “a very responsive and fantastic administration that was willing to be innovative.”
When I left The Spokesman-Review after 28 years to begin a career in Mission Integration with Providence Health Care, I inherited the committee planning events for the 50th anniversary of Providence Holy Family Hospital. The story of the Dominican Sisters who founded this North Side gem inspired me. Here are three of many lessons garnered from their history.

1. **Say yes to impossible requests. You never know where the yes will lead.**

In the mid-1950s, the Dominican Sisters were known in the Northwest for their ability to run rural hospitals, so North Side Spokane doctors asked the Sisters if they would build a hospital on the parcel of land the Sisters owned bordering Division Street.

   “Although only God knows whether and when this project will materialize, we shall start at once with preparations,” wrote Mother Garina Storck, provincial superior, in 1955.

   The Sisters’ radical “yes” is apparent everywhere 50 years later, especially in the 850 employees who provide compassionate care each day at Holy Family.

2. **Say yes to sacrifices. You’ll change a community’s future.**

Once the Sisters said yes to the doctors, they focused on raising the estimated $3 million it would cost to build a hospital. In 1957, they started a building fund and began sacrificing luxuries big and small.

   At St. Martin’s Convent in Tonasket, for instance, Nurse/Sister Mary Esther donated 10 cents to the building fund when she “drank the wonderful Tonasket water instead of soda pop during night duty.” The Sisters also sacrificed writing home to Germany, donating their stamp money to the fund.

   The Sisters collected pennies and dimes from playgrounds, and donated winnings earned in shuffleboard tournaments with Arthur Lund, president of Tonasket’s First National Bank.

   Their sacrifices paid off. Northside residents were more than ready when Holy Family Hospital opened in late summer 1964.

   “A four-day open house attracted 30,000 visitors and caused a huge traffic jam,” wrote Linda Sharman in “A Measure of Leaven: The Dominican Sisters of Spokane.”
Say yes to beauty. It renews body, spirit and mind.

My office is located where the Sisters once did the laundry for the hospital, and outside my window, a German Linden tree soars taller than the roof of the building. Nearby, an heirloom red rose bush has climbed the brick wall, aiming for heaven.

The campus’ original trees have outlived all but one of the Sisters who once worked here. And boy, did the Sisters work. They were called into the hospital at all hours of the day and night. On many weekends and holidays, they often sent nurses home to be with their families and took over their shifts. Walking outside among trees and flowers renewed the busy Sisters.

On busy days here, I meditate for a few minutes on the thin but sturdy German Linden tree trunk.

It is 50 years old now, and healthy. The Sisters planted the Holy Family trees not knowing whether the trees—or the hospital—would survive.

Meister Eckhart, a 14th century German theologian and mystic, wrote: “If the only prayer you ever said was thank you, it would be enough.”

Thank you, Dominican Sisters. What you created 50 years ago is way more than enough.
PROVIDENCE HEALTH CARE has a reputation for excellence in cancer care across the region. Providence, Cancer Care Northwest and Kootenai Health are planning to form a new cancer alliance aimed at elevating the quality, coordination and care experience for patients and their families throughout the Inland Northwest.

The goal is to encourage more local advancements in cancer care. Experts will use evidence-based clinical protocols, medical research and clinical trials that bring more treatment options to patients; improve recruitment of the best cancer physicians; and provide community education and prevention programs. The first endeavor of the alliance will be to establish a comprehensive, integrated radiation treatment program for patients. With one coordinated program, Providence and its partners will create greater efficiencies and improved access to advanced technology and treatment options.

Read about heroic men and women battling cancer—and winning the fight.
Roger Jamison, a 64-year-old math teacher at East Valley High School in Spokane, had gone most of his life without any serious health issues. But in 2012, he was diagnosed with multiple myeloma, a form of blood cancer. He was initially treated with chemotherapy, but the side effects were taking a toll on his quality of life.

Fortunately, he was referred to Hakan Kaya, M.D., an oncologist/hematologist at Cancer Care Northwest and director of the Inland Northwest Myeloma/Lymphoma & Transplant Program.

Dr. Kaya determined that Jamison was a good candidate for a stem cell transplant, which can put cancers considered incurable into deep remission and give patients a much longer life expectancy.

In February 2013, stem cells were removed from Jamison’s body, after which he received high doses of chemotherapy to kill the cancer cells and bone marrow. The stem cells were then transfused back into Jamison’s body, where they began multiplying and reestablishing new blood cells.

“The stem cells they removed from me were still healthy enough to start growing and replenishing my blood,” says Jamison. “I was pretty tired for a few months, but I was back to teaching in April, and by the start of the next school year in September, I was feeling good. Now I’m back to doing everything I want, including playing percussion for the Spokane Civic Theatre.”

Jamison was the 100th patient to receive a stem cell transplant in Spokane; by summer 2014 the treatment had been administered to 140 patients with multiple myeloma or lymphoma, which is cancer of the lymph nodes.

According to Dr. Kaya, Cancer Care Northwest was the first program in Eastern Washington to offer stem cell transplants and is still the only program in the state outside of Seattle.

“There’s no [stem cell transplant] program in northern Idaho or western Montana, so we offer a more convenient location for patients there and those closer to Spokane,” he explains.

“High-dose chemotherapy can be very effective in destroying certain cancers, but the intense therapy can also damage healthy cells and increase chance of infection and other health problems,” Dr. Kaya says. “In a process called autologous stem cell transplantation, doctors collect cancer patients’ own stem cells before they receive the high-dose chemotherapy. They return the healthy stem cells to the patient after treatment, improving the body’s ability to recover. With this therapy, patients with multiple myeloma can live longer, and patients with otherwise incurable cancers such as lymphoma can potentially be cured.”
Head and neck cancer can be difficult to treat. But at Sacred Heart Medical Center, a team approach is yielding improved results.

The majority of head and neck cancers treated at Sacred Heart involve tumors of the mouth, throat and voice box, as well as the top of the digestive tract. Treatment usually includes a combination of surgery, chemotherapy and radiation therapy, tailored to each patient’s diagnosis.

One of the most powerful tools in Providence’s arsenal is its weekly tumor board: a gathering of 12 to 15 cancer physicians in Spokane. The board meets to review cases and come to a consensus about the best treatment approach for each patient.

“Having a consultation with this many experts on each patient is very beneficial,” says Jeff Bunn, M.D., an otolaryngologist who is fellowship trained in head and neck cancer and reconstruction. “Following national guidelines, staying current on new treatments, and bouncing ideas off each other may lead to an approach or treatment option we hadn’t thought of.”

Dr. Bunn and his partner, Brian J. Mitchell, D.O., make sure the surgeries they perform are as minimally invasive as possible. Instead of more aggressive surgeries that go through the jaw, they often use laser surgery through the mouth to remove a tumor.

Some patients will need a laryngectomy, which is removal of the
larynx. Although the surgery is typically very successful at eliminating the cancer, it leaves patients without a voice box. Patients need to find other ways to communicate or may have an electronic larynx implanted that allows them speak again. Caregivers provide support to help patients manage some of the challenges involved after a laryngectomy.

“One patient who had a laryngectomy a number of years ago has recovered a fairly strong speaking voice using a speech valve we inserted after surgery,” says Dr. Bunn. “He remains productive at work and enjoys his personal life. The speech valve is just a different way of speaking, and he’s adapted very well.”

Cancer treatment has improved by leaps and bounds in the last few decades, but there’s still much more to be done. That’s why clinical trials of potential new treatments are vital to the work of cancer experts.

Cancer Care Northwest is one of only six centers across the country involved in the study of a new approach that could revolutionize ovarian cancer treatment. Ovarian cancer is hard to diagnose and treat, largely because it has few symptoms, resulting in very late diagnosis. Surgery and chemotherapy are usually used for treatment, but the cancer often returns and is then nearly impossible to cure.

The clinical trial is studying a vaccine that’s made using a woman’s own cancer cells. Those cancer cells are sent to a lab, where they are turned into a vaccine that researchers hope will help the patient’s immune cells recognize and destroy cancer cells in her body. The vaccine is administered after a woman is treated with surgery and chemotherapy.

“The first part of the study is trying to determine whether the vaccine prolongs cancer remission,” says Liz Grosen, M.D., a gynecologic oncologist with Cancer Care Northwest. “Although it’s too soon for results, some of the preliminary data has shown that the body does respond to the vaccine, so it’s pretty exciting.”

It will be some time before the study is complete, but patients can still enroll. Right now, only women with newly diagnosed ovarian cancer, who have not been treated before, are eligible for the study—but the study may be broadened in the future to include women who have already tried treatment. □

CLINICAL TRIALS
For more information about our clinical trial, please email research@ccnw.net or call 509-228-1689. Make sure to mention this story.

21,980
Estimated U.S. cases of ovarian cancer diagnosed in 2014

14,270
Estimated U.S. deaths in 2014 due to ovarian cancer

ALLIANCE AT A GLANCE
Bringing together the power of three leading health providers, the initial alliance will include numerous full-time, dedicated specialists:

27 oncology physicians + 12 oncology advance practice professionals = 39 cancer experts

SUPPORTED BY PROVIDERS AT:
CANCER CARE NORTHWEST
22 physicians
8 mid-level providers
4 clinics

KOOTENAI HEALTH
75+ primary and specialty care physicians
1 community-owned hospital
3 hospital affiliations

PROVIDENCE HEALTH CARE
500+ primary care, specialty care and hospital-based providers
11 integrated health care organizations

INNOVATIVE NEW TREATMENT FOR OVARIAN CANCER

Find out more information about cancer services at phc.org/heartbeat.
REVOLUTIONARY EXCHANGES

Providence caregivers serve remote Guatemalan and Rwandan communities
Twice each year, a dozen Providence employees travel to remote Mayan communities in Guatemala with Providence Health International. One team provides surgical and health care services at local hospitals, and the other installs clean-burning cook stoves and sanitary latrines. Both projects are part of Providence’s commitment to building healthier communities within the five U.S. states where it has hospitals and clinics, and well beyond those borders.

In Guatemala, Providence works alongside Medical Teams International (MTI), a Christian non-profit organization serving communities affected by extreme poverty or natural disasters. MTI’s staff includes Mayans who know the language and customs and who provide year-round support to the local people. Together, Providence and MTI seek to eliminate preventable illnesses like chronic diarrhea and respiratory distress. They also address malnutrition with training for women of the community who serve as “Monitoring Mothers” to help families track the growth of their children and address concerns.

In Sehaquiba, the village where Mercedes lives, teams have installed clean-burning cook stoves in 85 homes, serving more than 300 individuals. The benefits of these stoves are many: Not only do they provide proper ventilation so the smoke is not breathed inside the home, they also burn significantly less wood, which means less labor for the women who chop and haul wood to their homes.

Sehaquiba residents showed their enthusiasm for the American visitors with ceremonies that included marimba music and traditional Mayan dances. They decorated the guests with hydrangeas and covered the community center’s dirt floor with a carpet of fresh pine needles.

One local leader said, “Thank you for the love you’ve shown us and for your help in community development. We’re so happy having you here working together with our people. We have understood the need for these stoves—no more smoke in the house—this is important for our good health.”

The tiny room had dirt floors, and the daylight that shone through slats in the wooden walls was the only source of light. More than a dozen people joined the homeowner, Mercedes, in watching foreigners install a cook stove that would end the centuries-long tradition of having an open fire indoors. When she lit the first fire and the smoke escaped the home through a ventilation pipe, everyone shouted and clapped. Mercedes was deeply moved. Through a translator, she said, “I want so badly to tell you in your own language how much I thank you. I want to tell you how wonderful it is that you have sacrificed to come here—that you left your country, your home, your own families—to help us.”

LIVING OUT THE MISSION IN GUATEMALA

Four Providence caregivers from the Eastern Washington region took part in the public health service trip to Guatemala. They were: Kendra Darnell, nurse; Phil Stalp, board member (shown in top right photo, with his new friend Daisy); Staci Wright, social worker (shown dancing with children during a ceremony); and Kate Vanskike, writer/photographer.
HEALING BROKEN HEARTS IN RWANDA

“Why would I go to Rwanda?”
That was Providence cardiologist Hal Goldberg’s response when asked to participate in a medical mission in Rwanda, the tiny African nation most known for its tragic genocide. But when his college-age son said that he would go, too, Dr. Goldberg reluctantly agreed to make the trip to evaluate medical needs in a country where there were only two cardiologists serving 10 million people.
That was 2008. The following year, he was—excitedly—gathering a group of people to return to Rwanda to perform heart surgeries.

EXPLORING A NEED
The effects of the 1994 genocide in Rwanda have been long-lasting and devastating. About 75 percent of the nation’s medical professionals were either among the million people who were killed, or fled the country. More than a decade later, a chronic shortage of qualified physicians continued, and life expectancy had dropped to just 52 years.
The first team of Spokane caregivers to visit Rwanda included physicians, medical students, nurses and cardiac experts in pacemakers and electrophysiology. When they arrived at a small county hospital, they quickly learned the vast difference between their well-equipped American facilities and those of developing nations.

A TWO-WAY STREET
“We love Americans … because they become our friends.”
That quote was shared by one of Sehaquiba’s leaders after working alongside the team of Providence caregivers, which included hospital executives, nurses, a doctor, a social worker, a writer, a chaplain and a board member.
In the trips up and down mountainsides to complete the work, there was much camaraderie—Americans and Mayans laughing and enjoying the company of one another, despite not sharing a common language.
Providence nurse Kendra Darnell describes that connection as revolutionary on both sides. “The first home our team visited was very generous with gifts of plums, coffee, pure water and a ceremonial drinking cup,” Darnell shares. “It seemed wrong to accept such luxuries, but it was obvious that their joy was in the giving. Their neighbors were equally gracious in their blessing but apologized that they did not have anything to give.”
She continues, “How to adequately express that we were the ones receiving a gift that would also revolutionize our lives? It seemed impossible to adequately translate our deep emotion.”
Sharing dreams with the women who serve as Monitoring Mothers was equally moving.
“These women know what they want for their community,” says Darnell. “Not wealth, more jobs, less taxes, bigger homes. They want clean water, healthy children and an education.
“Certainly they know their priorities, and hearing them caused me to consider my own hopes and dreams for my family,” she says.

“THESE WOMEN KNOW WHAT THEY WANT FOR THEIR COMMUNITY … CLEAN WATER, HEALTHY CHILDREN AND AN EDUCATION.”
“It was an eye-opening experience,” says Dr. Goldberg. “To see that a hospital that takes care of trauma didn’t have a defibrillator. To learn that we couldn’t do lab work because there were no [blood collection] tubes. To find that the patient couldn’t have his blood evaluated at a city lab because it was Saturday.”

“What it made me realize,” he says, “is that we had to learn how to provide good medicine without relying on all the tests and procedures and equipment” at hand in the U.S.

**A SUCCESSFUL SURGICAL MISSION**

Back in the States, Dr. Goldberg and his wife, Sandy, along with a dozen other Spokane caregivers, established the nonprofit Healing Hearts Northwest to organize surgical mission trips to Rwanda. They took a trip back to King Faisal Hospital to inventory the supplies they’d need; another visit was necessary to evaluate patients who needed heart surgery. Once home, the team reviewed the charts and selected 16 patients and five alternates, then set about collecting the appropriate supplies: surgical tools, heart valves, pacemakers and more.

Those involved with Healing Hearts Northwest have become overnight pros in the details of international service. They know what it costs to fly a team of 45 people to Rwanda and how much correspondence with the minister of health is necessary to gain proper access. Perhaps most important, they understand the necessity of training volunteers to face the realities of trauma that took place two decades ago.

The team’s experts offer plenty of education to providers in Rwanda, too. They hold conferences to train nurses about intensive care, and they invite their Rwandan colleagues—surgical residents, anesthesiologists and others—to work alongside them for training.

Most remarkably, the Spokane-based organization enjoys a deep level of cooperation with other teams that work consistently in Rwanda. Physicians across continents discuss humanitarian cardiovascular medicine to create a better system of care. They have established a common surgical warehouse where every team can store supplies, tools and pharmaceutical items, reducing duplication of effort and cost of shipping. They have developed one common patient information form and an agreed-upon list of preferred medications, all to ensure that the Rwandan caregivers have consistency in doctors’ orders. Their goal is a unified Rwandan heart program.

“We’ve made a lot of progress in a short time,” Dr. Goldberg says.
Dr. Brisbois continues, “We know that the rise in C-sections we had seen was not associated with any improvement in the outcomes of our babies, which indicated that we may have been creating more harm than good.”

A cofounder of Northwest Ob-Gyn in the 1980s, Dr. Brisbois delivered more than 3,000 babies before turning his career toward robotic gynecological surgery. As chief of women’s services for Providence Sacred Heart Medical Center and Providence Holy Family Hospital, Dr. Brisbois interacts with more than 30 OB physicians who collectively deliver more than 3,000 babies in the Inland Northwest each year.

REVERSING AN ALARMING TRENDS

In 2009, Washington state and national statistics showed a consistently rising rate of C-sections that, if left unchecked, threatened to reach 50 percent of total births within a decade. Here in Spokane, Dr. Brisbois and several colleagues developed a task force to address this by tackling three key questions: Why are C-section rates increasing? What can we do about it? What is an acceptable rate?

The physicians agreed on several measures to put into place, and the result has been a steady 20 percent decline in rates at 50% of births will be delivered by C-section by decade’s end without changes like those spearheaded by Providence.

For the Health of Mom and Baby

Reducing C-section deliveries

For the past few decades, charts following the rise and fall of Cesarean section deliveries in the United States have resembled the track of a roller coaster. Recommendations in both medical journals and consumer publications have shifted from promoting the surgical procedure over natural birth, to reducing the rates at which hospitals and doctors are doing it. What should the rate of C-sections be?

“That’s a difficult question to answer,” says Steven Brisbois, M.D. “The better question is simply, ‘Are we doing the right thing?’”
Sacred Heart. That’s significant, considering a tertiary hospital like Sacred Heart, which cares for mothers in very high-risk pregnancies, will always have rates higher than the average.

“I believe that our efforts have resulted in a change in the OB culture at Sacred Heart,” Dr. Brisbois says. “It’s an environment where providers collectively try to ensure that our C-section rates are consistent with providing the safest care for our moms and babies.”

As for Providence Holy Family Hospital, the OB physicians there have always been maintained C-section rates in the 20 percent range. “They do a great job,” Brisbois adds.

THE STATUS OF VBACS
Highly debated over the years, “VBAC” stands for vaginal birth after Cesarean [section]. In the 1970s, ’80s and ’90s, they were common practice. Then, in the mid-1990s, professional literature reported that a VBAC presented more risk to a woman than a repeat C-section would, due to the risk for uterine rupture. As a result, women who had undergone one C-section usually were advised to opt for a repeat, rather than a vaginal birth.

This was certainly true in the Spokane community, where two high-profile lawsuits targeted physicians who had done VBACs. Many other obstetricians quit doing VBACs as a result, fearing similar legal troubles.

Over time, studies found that selected pregnant women (those whose prior C-sections were done via a low transverse incision rather than a vertical one and who have had only one prior C-section) experience higher risk with VBACs than they are with a repeat C-section. Thus, the trend is swinging back toward physicians allowing a vaginal birth after a previous C-section.

“It’s all about proper selection,” says Dr. Brisbois. “Risks have to be weighed individually according to each woman’s condition.”

That notion is supported by the American College of Gynecologists and remains the topic of many educational offerings for obstetricians who are still reluctant to handle the once controversial VBAC.

As a result of better-informed selections on the part of both women and their doctors, the rate of VBACs has doubled from 2010 to 2013.

“This is the right direction to go,” Dr. Brisbois shares. “It allows women to experience a vaginal delivery, and it prevents the complications, risks and costs of having surgery.”

Providence Spokane hospitals have some of the best rates in the state, with Holy Family achieving 36 percent VBACs, and its total C-section rate (first-time and repeat surgeries) at 22 percent.

CALL US FOR AN APPOINTMENT
Learn more about giving birth at one of Providence’s maternity suites. Call 509-474-2400 for a free tour, or go to phc.org/heartbeat.
Caring for the Whole Person

Palliative medicine is provided for any person with a serious illness, not just those at the end of life. Here, Dr. Lisa Stiller weighs in on its importance

Q: What is palliative medicine?
A: It’s a subspecialty recognized by the American Board of Medical Specialties. Basically, it is care aimed at providing the best quality of life for a patient with a serious illness, as well as the patient’s family. Often, it is provided by an interdisciplinary team such as doctors, social workers and chaplains, all working together to provide an extra layer of support.

Q: How is palliative medicine changing?
A: Many hospitals now have thriving inpatient palliative care programs. Health care leaders are looking at extending palliative care to the outpatient setting. Locally, we hope to have a Providence palliative care team in the outpatient setting by 2015.

Today, palliative care concepts are integrated into the curriculum in medical, nursing and social work programs, so all caregivers coming out of school have basic knowledge of how to talk about developing a care plan, walking people through discussions and facing end of life.

We’re also seeing a shift in the approach toward people with serious illness, recognizing care of the whole person as increasingly important, not just tending to medical concerns.

Q: When are supportive care experts called upon?
A: Ideally, we’re brought in at the time a patient or family first learns about their serious illness. Palliative care can be provided for a patient as they fight for a cure. Our goal is to help patients and families manage the pain, symptoms and stress of dealing with a serious illness.

Q: What is unique about Providence’s palliative care?
A: Our team cares for people of all ages. We see babies facing serious or life-limiting illness who have yet to be born, all the way to patients who are over 100 years old. Our team is very active in pediatric care. The Sunflower program is for children and families diagnosed with life-limiting conditions. The Forget-Me-Not program offers support for families facing the birth and/or loss of a baby diagnosed with a serious condition.

Q: What is the benefit of having a larger care team?
A: Supportive care involves treating the whole person, which means attention to physical, emotional and psycho-social concerns. As the disease progresses, the needs increase. Emotions and symptoms can be hard to manage, and people have decisions to make. Our interdisciplinary team plays a vital role in helping the patient and family with all of those aspects.

Q: What’s a lesson you’ve learned from this field?
A: When I was young, I used to skip the communication classes; now I
realize that effective communication is a skill that can be improved with education and practice. On a deeper note, caring for patients who are often young and facing life-threatening illness continues to teach me the life lesson of deepening gratitude for the preciousness of life.

Q: And from patients and families?
A: They often teach me more during their time of crisis than I ever can help them. I’ve seen strength and courage and true compassion come out of interactions between patients and their families. One patient recently taught our team that the journey at end of life can be beautiful and joy filled, and that the person going through it can lead his or her family into a place of peace even when they aren’t ready.

Q: What are ways the palliative care staff reaches beyond its boundaries?
A: One example is playing a small role in supporting patients experiencing delirium. Delirium is a state of confusion or agitation that can occur among patients who are critically ill and/or recovering from surgery. It can contribute to a longer hospital stay and difficult recovery, but with the right treatment protocols, it can be prevented. This is another way we can help people who are fragile or vulnerable.

Q: How did you choose this field?
A: When I first moved to Spokane, I interviewed for a hospitalist job. When asked what I enjoyed most about medicine, I said it was working with patients and families going through crisis. So I was introduced to Dr. Jim Shaw, who was the first director of palliative care for Providence, and the rest is history. I feel very blessed to have been in the right place at the right time, and able to move into the palliative care field with mentoring by amazing people.

PLAN AHEAD WITH AN ADVANCE DIRECTIVE
In these legal documents, you specify your wishes about care provided to you if you’re hurt or nearing end of life and can’t communicate your desires. Go to phc.org/heartbeat to download a form, or call 509-474-3081 to request a printed copy to be mailed to you.
HEALTHY BABY, HEALTHY CHILD
Providence offers educational classes for expecting moms, new parents and other child care providers. For more information or to register for any of the following, contact the Sacred Heart Women’s Health Center, 509-474-2400 or visit phc.org/heartbeat.

- Childbirth Classes. Classes are at Sacred Heart, Holy Family and Providence Medical Park-Spokane Valley; choose from evening or weekend classes. Learn all about your choices for childbirth so you can make informed decisions.
  - Breastfeeding Classes. Learn the steps to get started breastfeeding your baby! One Monday evening a month, 6–8 p.m.
  - Infant/Child CPR with Basic First Aid Classes. Learn how to give CPR and how to help a choking baby or young child. Basic first aid includes minor burns, allergies, etc. Classes are at Sacred Heart and Holy Family, Saturday afternoons or evenings; $30 for two people.

TAKE HEART!
Providence Spokane Heart Institute experts provide FREE public forums quarterly on a wide range of topics relating to keeping your ticker in tip top shape. To inquire about what’s coming next, visit phc.org/heartbeat or call 509-47-HEART (509-474-3278).

SOUND MIND AND BODY
Providence Center for Health & Well-being offers a variety of opportunities to help improve your overall well-being:

- Mindfulness-based Stress Reduction
- Pilates
- Massage Therapy
- Walking Meditation
- Am I Hungry?® Mindful Eating

Learn more at phc.org/heartbeat or call 509-474-3008.

TOBACCO CESSATION FOR PREGNANT WOMEN
Kicking the habit is hard—but your health and that of your baby depend on it! Come for one-on-one counseling with a registered pharmacist at the Providence Anticoagulation/Pharmacotherapy Clinics.

- Near Holy Family: 509-482-3057
- Near Sacred Heart: 509-474-2232

4 out of 5
Number of cardiac arrests that happen at home. Know what to do: Get CPR training, which requires no mouth-to-mouth contact.

LIFESAVING LESSONS
Get expert training on critical rescue methods. Adult Heartsaver First Aid, CPR and AED covers adult and child CPR (over age 1), AED and First Aid, and is ideal for the workplace, school or anyone who wants to know how to save a life. For more information or to register, please call 509-474-2400.

SEE MORE EVENTS
Check out the full calendar of events, with more details and free informative sessions, at phc.org/heartbeat. Hover over “Health Resources,” then choose “Calendar of Events.”
Healthy Sips

How do you improve your family’s health? Here’s one way: Reduce—or eliminate!—your soda pop consumption for lasting benefits

1. Regular soda pop is full of sugar. In fact, sugar-sweetened sodas are the biggest source of added sugars in kids’ diets, reports the Centers for Disease Control and Prevention. Those empty calories can pack on the pounds fast at any age.

2. Drinking too much soda pop can increase your risk of diabetes and heart disease. One study showed that people who drink one to two cans of sweetened soda a day increase their risk of type 2 diabetes by 26 percent. Just one can a day may increase your risk of having a heart attack.

3. Both regular and diet soda are bad for your bones. Many soft drinks contain phosphorous, which might reduce the amount of calcium your bones absorb, says the National Osteoporosis Foundation. The jury is still out, but better to be safe than sorry.

4. Diet soda is no better for you than regular when it comes to your heart. Middle-age adults who drank more than one soft drink a day—diet or regular—had a 40 percent greater rate of developing metabolic syndrome, a group of conditions that increase the risk of heart disease, according to the National Institutes of Health. Older women who drink two or more cans of diet soda a day are at increased risk of having a heart attack, too.

5. Diet soda pop may also damage your kidneys, especially diet colas, if you drink two or more servings a day.

KICK THE SODA HABIT

As with anything else, moderation is key. Shaekira Collins, a registered dietitian at Providence Sacred Heart, suggests these strategies to help you and your family cut back on or cut out soda pop completely.

- Instead of sugar-sweetened soda, liven up water or unsweetened sparkling water with a slice of fresh fruit, cucumber or herbs such as mint.
- Swap your sugary drinks for unsweetened iced tea. Just go easy on the caffeine.
- Don’t keep soda pop in the house, so your kids won’t get used to drinking it regularly.
- If you are clamoring for something sweet, mix fruit juice and sparkling water. Remember: Fruit juice is high in sugar and calories, too, so don’t overdo it.
- Parents, lead by example. “Your kids will drink what they see you drinking,” Collins says.

26%

People who drink even one to two sodas a day increase their risk of type 2 diabetes by 26 percent.
How do I know if my aging parent needs some type of skilled nursing facility care?

Your best guide is your gut. If you instinctively question whether your parent needs assistance, it’s time to talk with an expert. Other reasons to re-evaluate a parent’s living situation include a hospitalization, a major life event like the loss of a spouse, or clues such as a lack of personal grooming, moldy food in the refrigerator, or scratches on the car that may point to difficulty driving. At Providence Health Care, we provide a continuum of services for aging adults. You can learn more here: [phc.org](http://phc.org).

**HAVE A QUESTION?**

If you have a question you’d like a doctor to answer about your family’s health, send it to us at [heartbeat@providence.org](mailto:heartbeat@providence.org).