WHO BENEFITS from Not-for-Profit Health Care?

West Michigan. Your Community. You.
Yes, Spectrum Health is a successful health care business. Yes, Spectrum Health is a not-for-profit health care system. And yes, these two characteristics can—indeed, must—co-exist.

As a not-for-profit health care system, Spectrum Health’s focus is on our mission—improving the health of individuals and the community. That means our net income is reinvested in achieving that mission, rather than providing a profit to owners or shareholders. Local governance ensures this with volunteer boards of directors who represent the communities we serve.

As a not-for-profit health care system we also face a formidable challenge: To identify and achieve a mix of business objectives that not only serves the community, but also generates enough margin to allow us to go on serving the community—for a long, long time. In this special edition of Spectrum Health Today, you’ll find examples of how we meet this challenge.

**BENEFITS OF NOT-FOR-PROFIT HEALTH CARE**

**Community Health.** We’re proud of the $72 million in community benefit that Spectrum Health provided to West Michigan in its 2004 fiscal year—the largest amount in the system’s history. This includes $56.5 million in uncompensated care for Medicare and Medicaid services and care to the indigent. In fact, Spectrum Health is the largest provider of Medicaid care in West Michigan and the second largest in all of Michigan.

Our community benefit also includes $15.5 million to care for the underserved, fund research, and support community clinics, the Renucci Hospitality House and Spectrum Health Healthier Communities.

**Improved Quality and Access.** Spectrum Health is a leader in measuring, improving and reporting our quality of care with a focus on process improvement and evidence-based medicine. Our health plan, Priority...
Health, emphasizes prevention, wellness and the health management of chronic diseases. With more than 140 service sites and through innovative insurance products that give consumers more health care coverage choices, we are continually finding new ways to provide greater value to our communities.

**Destinations for Medical Excellence.** We’ve become a destination for medical excellence through our heart, cancer, neuroscience, children’s, women’s health, bariatric and orthopaedic services. We recognize our responsibility to invest in the infrastructure, technology and programs that meet West Michigan’s growing needs.

**Continuing Care.** Another important benefit of a large, integrated, not-for-profit system is our continuum of care—including long-term acute care, rehabilitation services, skilled nursing and home care. This provides for the seamless transition of services for patients with complex medical needs.

**Regional Tertiary Services.** A major component of our not-for-profit mission is to support the highest levels of specialized care available in our region—DeVos Children’s Hospital, Aero Med helicopter transport service, our Level 1 Trauma Center and our regional neonatal, poison and burn centers. We also have an extensive clinical research program, and collaborate with a variety of partners to train the health care providers of tomorrow.

**Community-based Care.** Spectrum Health is committed to facilitating networks that strengthen community health. Equally important, our own community hospitals are continually upgrading their facilities to meet local community needs. And our ambulatory services make your health care more convenient.

Read on and we think you’ll agree. Who benefits from not-for-profit health care?

*West Michigan. Your Community. You.*

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**Our $6 Million Annual Investment in Healthier Communities**

How many health care organizations earmark $6 million a year specifically for community health programs? In West Michigan, there’s just one.

Spectrum Health’s Healthier Communities is one of the most visible examples of how West Michigan benefits from not-for-profit health care. Since 1998, Spectrum Health has set aside $6 million annually to provide programming for the community with a focus on underserved populations. To date, that adds up to nearly $45 million in benefits.

The funding Spectrum Health provides through Healthier Communities is monitored by an independent community board and audited annually. In addition, programs are measured for effectiveness by the Grand Rapids Medical Education & Research Center (GRMERCC).

Today, Healthier Communities programs address many of West Michigan’s most pressing concerns—infant mortality, heart disease, cancer, access to primary care, disease prevention, obesity and children’s health—and benefit more than 45,000 individuals each year.

Learn more about Healthier Communities. Call (616) 391-5000 or visit spectrum-health.org.

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**MISSION, VISION AND VALUES**

Spectrum Health’s 13,000 employees, 1,400 medical staff members and 2,000 volunteers at our more than 140 service locations share a common mission—to improve the health of the communities we serve.

Spectrum Health’s vision to be the nation’s highest quality and most successful health care enterprise defines a clear strategic direction for our future.

Compassion, excellence, integrity, respect and teamwork are the core values that guide our behavior and decision making.
If there were a marathon for community health organizations, Spectrum Health’s Healthier Communities would be at the front of the pack. They lead the way with innovative programming and out-of-the-box thinking. Building enduring coalitions with people from many sectors of the community—health care, government, churches, business, police and emergency services—they are making a difference in the community. And West Michigan folks are not the only ones to take notice. Healthier Communities has received 13 awards for leadership, and organizations across the country are consulting with Healthier Communities staff and using their programs as models and benchmarks.

“We’re helping shape the way people think about community health in our country,” says Mary Kay Kempker-VanDriel, director, Healthier Communities. Currently, Healthier Communities is working with a large, California health care system, as well as locally with a Muskegon school district. Closer to home are two innovative programs that Healthier Communities believes are the first of their kind in the nation: Nutritional Options for Wellness (NOW) and the Grand Rapids Public Inebriates Program. These programs represent the kind of innovative thinking likely to inspire other communities in the future.

**TAKE TWO VEGGIES AND CALL ME IN THE MORNING**

Like so many of the programs that characterize Healthier Communities’ innovative approach to public health, the NOW program started with one person trying to solve a problem in a unique way.

Three years ago at a Spectrum Health clinic, a nurse case manager came across a patient with an open wound that was not healing. Suspecting that malnourishment contributed to the problem, she encouraged the patient to eat a high-protein diet, and plenty of fresh fruits and vegetables. The patient, however, couldn’t afford this kind of food. So the nurse provided the patient with nutritious food. Within 17 days, the patient’s wound and overall health improved.
dramatically. Her experience sparked one of those “Aha” moments: Why not make nutritious food available to low-income people who have chronic diseases that respond to an improved diet?

**Rx: Fresh, Healthy Food.** Spectrum Health joined forces with All County Churches Emergency Support Systems (ACCESS), the Emergency Needs Task Force food subcommittee and Second Harvest Gleaners. Together, they sought to bring clinicians into the equation and to improve the types of food available at area food pantries. “In the past, food pantries tended to offer non-perishable items often high in saturated fats, sugars and sodium. Food pantries participating in NOW make healthier food choices available,” explains Shawn Fleet, program coordinator. It’s a formidable task because the Kent County food pantries feed more than 78,000 people weekly.

Fleet coordinated a pilot NOW program which debuted in July 2004 and is nearing its target of helping 80 patients a month. How does it work? Clinic staff—nurses, physicians, social workers and dietitians—write prescriptions for appropriate foods for low-income patients with conditions that can benefit from improved nutrition: diabetes; wounds; heart, lung, pancreas and kidney diseases; and sickle cell anemia. The patient can get the food from participating food pantries and kitchens for up to three months. If more help is needed, the clinic staff can renew the prescription. Patients also learn more about nutrition, cooking and disease self-management.

“Currently, we’re working with staff at Spectrum Health clinics, Cherry Street Health Services and Ferguson Adult Health Center, but we would like to involve all 16 community clinics, as well as primary care physicians,” says Fleet. “Our goal is to get all 110 Kent County food pantries stocked with healthier food choices.”

**Maximizing Existing Resources.** In fact, says Fleet, she is ready to take the program national with the help of additional funding from the VHA, an alliance of not-for-profit health care entities. “We believe that the results will show decreased costs to the health system overall due to fewer emergency room visits, shorter hospital stays, decreased mortality, improved health indicators (such as blood pressure, blood sugar, weight and cholesterol), and changes in behavior. In many areas, a food pantry infrastructure is already in place. The NOW program will help to coordinate links within the community and fully utilize existing resources.”

**APPROPRIATE, COMPASSIONATE CARE FOR A CHRONIC PROBLEM: PUBLIC INEBRIATION**

The pioneering Grand Rapids Public Inebriates Program brings people who are intoxicated in public to a shelter instead of the emergency room. Like the NOW program, it started with one person’s out-of-the-box thinking. In the mid ’90s, Jeff Jones, M.D., an attending emergency physician and research director, wrote a paper on treating intoxicated patients in the emergency department (ED). He pointed out that while these patients need assessment and observation, they rarely need the kind of medical resources provided at most EDs.

He suggested that the community find alternative approaches. The Grand Rapids community saw the wisdom in his suggestion, and a multidisciplinary committee was formed. Participants included the regional health care coordinator as well as representatives from Spectrum Health, St. Mary’s Health Care, Grand Rapids Police Department and Mel Trotter Ministries, a local shelter. By 2001, a solid plan had taken shape.

Says Dale McNinch, D.O., the program’s medical director, “We had to put a lot of things in place before we could move forward. Legally, if the police received a call about individuals intoxicated in a public place, they were required to call an emergency medical response team to bring such persons to a hospital ED, where the staff examined them and then observed them until they were sober enough to leave on their own. Our idea was to bypass the ED altogether and bring intoxicated persons directly to a shelter. There, they would still receive medical attention and observation, but they also would be fed and clothed, and receive help for rehabilitation.”

Putting this plan into action required collaboration among hospitals, police, emergency medical services and downtown development leaders. “Mel Trotter Ministries took on the lion’s share of responsibility—the shelter had to hire special staff and outfit designated rooms for screening, monitoring and observation. Healthier Communities secured funding. We also developed screening, transport and treatment protocols. Then we had to have all this approved by the Michigan Health Department Emergency Medical Services Committee,” says Dr. McNinch.

“Fortunately, we have a very cooperative medical and social community in Grand Rapids. We were able to change how the system works,” he says.

And it does work. To date, there have been approximately 2,000 individual visits through the program. Conservative estimates say that a typical ED visit for a public inebriate costs the community medical system $800 to $900, which translates into $1.6 million to $1.8 million so far in savings.

Says Dr. McNinch, “The program provides compassionate and appropriate care for the individual. It frees up hospital staff and resources. It allows emergency medical services to address true emergencies. And it saves the community health care system significant money.”

From left, Dale McNinch, D.O., chairman, Grand Rapids Public Inebriates Program; Thomas Meyers, Mel Trotter Ministries executive director; and William Merchut, director of clinical services, Mel Trotter Ministries.
In reality, the best clinical outcomes come from what is called “evidence-based medicine,” which relies on hospitals all over the country following the same processes and protocols within a given time frame for specific diagnoses. It may not be as exciting as a medical soap opera, but it is far, far better for the average hospital patient.

That’s why, almost two years ago, Spectrum Health joined hospitals across the country in the Hospital Quality Initiative sponsored by the federal government’s Centers for Medicare and Medicaid (CMS). The initiative targets a group of serious diagnoses including heart attack, stroke and pneumonia. Hospitals that participate (all on a voluntary basis) have to implement and follow specified standards of care. They also have to publish the results. This allows referring physicians, insurance companies, health plans and individuals to be able to make informed choices based on each hospital’s results.

The thinking is that hospitals with good outcomes will be rewarded with increased admissions for those diagnoses. This, in turn, would boost quality even further because of yet another quality principle: Higher volumes often equal better outcomes. In effect, the more a provider or a hospital performs a particular procedure or protocol, the better the results.

Here’s a look at a couple of the teams Spectrum Health has put together.

**HEART ATTACK TEAM**

**Group Effort + Standardized Care = Lives Saved.** It made sense to focus on Acute Myocardial Infarction (AMI), more commonly known as heart attack, since cardiovascular disease is a top killer in both Michigan and the United States. Started in October 2003, the interdisciplinary AMI team gathered experts from every specialty that deals with heart attack patients: cardiovascular physicians and nurses, nurse managers, clinical specialists, emergency department doctors and nurses, quality improvement specialists, physical therapists, catheterization laboratory technicians, pharmacists, and representatives from the care management and coding departments.

Says Kathleen Johnston, R.N., quality improvement specialist, “We took the core measures for treating AMI set by JCAHO [Joint Commission for the Accreditation of Healthcare Organizations—health care’s premier accrediting body], which have been shown to improve patient outcomes. We then brainstormed ways in which we could standardize care to ensure that patients receive this care whenever they came to us.”

As Johnston explains, the JCAHO core measures for AMI are:
They also measure the mean time to certain interventions, if needed, including thrombolysis and percutaneous transluminal coronary angioplasty (PTCA).

Simple Solutions with Outstanding Results. To meet the measures, the team standardized order sets so that care consistently would be provided based on what is known to be evidence-based best practice. They continue to work to develop streamlined and efficient processes from the emergency department to the catheterization laboratory where many of these patients are treated.

On many of the measures, Spectrum Health finished at 100 percent; in all, Spectrum Health finished among the top 10 percent of hospitals nationwide. The team then decided to go a step further and exceed several of the measures. Says Johnston, “Preservation of the heart muscle depends on how quickly we are able to restore blood flow. Because of this, the quality team was not satisfied to meet the JCAHO standard of having the cardiac vessel opened within 120 minutes upon arrival in the emergency department. They are working to achieve this within 90 minutes.”

The results have been dramatic. In the time since the measures were initiated and tracked, the team estimates that a total of 20 people’s lives have been saved as a result of consistent adherence to these evidence-based quality protocols.
To Dan Post, age 47, it was a normal morning. He got up at 5:30 a.m., showed, dressed, prepared breakfast for his 14-year-old twin daughters and was just about ready to drop them at the bus stop before heading to work as a property maintenance supervisor for Spectrum Health.

“Based on the latest medical literature and the accepted best practices, we decided to focus on one key intervention—making sure the patient receives tissue plasminogen activator (tPA) within three hours of the onset of symptoms,” says Jeanne Engelhard, R.N., senior quality improvement specialist. “Of course, this is not possible for all patients, because many come to the hospital after the three-hour window has already passed. But for those who are admitted within the time frame, we decided to look at ways to speed the process so that they would have an opportunity to receive this life-saving drug.”

Clot-busting tPA is a drug that has been approved by the FDA since 1996 for thrombolytic therapy for heart attack and ischemic stroke patients. For stroke, it works quickly to dissolve the clot and helps prevent stroke-related disabilities. The key to this drug’s success, however, is that it must be given no more than three hours after the first symptoms strike.

Two-pronged Approach. “Early in the team’s evaluation process, we realized that we had to look at the issue of speedy intervention on two levels: Not only do we need to streamline our internal processes at the hospital, but we also needed to raise awareness about the signs of stroke and the importance of immediate medical attention. We’re currently working on raising public awareness through an advertising campaign that includes radio and print,” explains Engelhard.

“We also took a hard look at every step in the treatment process once a patient is admitted and diagnosed with stroke—and worked to tighten the time line.” Some of the steps taken include:

- Stroke-specific assessment processes so that when a stroke patient is identified, the stroke response team—consisting of specially trained pharmacists who assist the emergency department (ED) physician and the neurologist—is paged
- Rapid computerized tomography (CT) scan readings and lab results that are fast and accurate
- Reporting outcomes back to the emergency medicine physicians who first evaluate the patient, so they can see the direct relationship between a speedy diagnosis and the patient’s outcome following treatment

Dawn came over and helped me sit down and get comfortable,” he recalls, “then she ran the girls out to the bus.”

Too Young for a Stroke. Dawn Post returned to the house three minutes later to a sight that still haunts her today: The left side of her husband’s face had fallen, his left leg was slumped and his left arm was hanging limp. She immediately called 911, and while on the telephone in the other room, she heard a thump. Dan had fallen over.

“That was the last I remembered for about 3½ hours,” says Post. Although he didn’t know it at
Your Life if You Seek Stroke Help Early

When a 51-year-old Post walked into Spectrum Health’s Butterworth Campus emergency department complaining of left-sided weakness and numbness, it seemed like nothing more than an ordinary migraine. But Post, a long-time employee at Spectrum Health, had lived with chronic migraines all his life. Then he started feeling strange, “like something was wrong.”

Paramedics rushed Post to the Level 1 Trauma Center on Spectrum Health’s Butterworth Campus, where he underwent several tests including a CT scan. Because Post had come into the emergency department promptly, the attending neurologist saw that Post was a candidate for tPA. This clot-busting medication, when administered early, can make a huge difference in the survival and recovery of patients who have suffered a stroke.

“He explained it all to my wife and she consented to the treatment,” says Post. “It is administered via injection and intravenously. At the time they started me on the tPA, I couldn’t lift my arm and when asked, I didn’t know my birthday. Fifteen minutes later, I could lift my arm six inches and move my leg. My birth date just tripped off my tongue.”

Nothing Short of a Miracle. Although Post describes his recovery as nothing short of miraculous, he is living proof of the importance of early intervention after a stroke.

Post stayed in the ICU at the new Fred and Lena Meijer Heart Center overnight, then spent a day and a half at the Butterworth Campus before being released home with a clean bill of health. Two weeks later, he returned to work with no residual side effects except an occasional tingling in his left foot. “People are shocked at my amazing recovery,” says Post, “because everyone seems to know someone who had a stroke involving significant impairment. I understand now that if there had been even a slight variation in timing, my results could have been quite different.”

No one emerges from such a serious, potentially life-altering experience without reassessing their life, and Post is no exception. “I realize how important quality time is in my life. Now I don’t spend time getting stressed out about work. But also, I want to help raise people’s awareness about stroke. I had no idea that something like this could happen to a healthy person my age. It’s important to get the word out about the signs and symptoms so that others can get the same early, life-saving treatment I received.”

For more information, visit spectrum-health.org.

“Our certified stroke center is among just 50 in the nation,” says Jeanne Engelhard, R.N., senior quality improvement specialist.
It’s in Your HANDS
Priority Health’s Consumer-Directed Health Care

One of the reasons Spectrum Health can provide excellent value while delivering the highest quality health care is that we are an integrated health care system. Simply put, that means there are two pieces to our business—our delivery system which gets the care to people—and the insurance side, Priority Health, which assumes the risk for providing that care.

Our delivery system provides care in settings ranging from the home to the hospital. Priority Health focuses on prevention, wellness and health management of chronic diseases—in other words, keeping people out of the delivery system.

That may sound contradictory but it is one of the benefits of health care systems—a built-in check and balance. Individuals benefit because they get the best care. The community benefits because costs are controlled.

Now Priority Health is pioneering a new frontier: placing more management directly into the hands of the consumer. This new concept in health plans—also known as “consumer-directed” health care—is the basis of Priority Health’s recently unveiled Consumer Engaged Healthcare (PriorityCEH™) products:

- **HealthbyChoiceSM**—an Internet-based program that encourages and rewards employees for healthy behaviors.
- **HealthSavingsSM**—a Health Savings Account (HSA) that is employee-owned, portable and tax-free. The HSA is combined with a high-deductible health plan and can be used to pay for qualified medical expenses until that deductible is met.
- **HealthAdvantageSM**—an employer-owned Health Reimbursement Arrangement (HRA) account that can be used to pay employees’ qualified out-of-pocket medical expenses. It must be coupled with a high-deductible health plan.
- **HealthFlexSM**—a Flexible Spending Account (FSA) that lets employees get more out of every paycheck by allowing them to pay for their out-of-pocket health care expenses with pre-tax dollars.

**WHY CONSUMER-DIRECTED HEALTH CARE?**

The underlying idea is simple. Those in the best position to make health-smart, cost-effective decisions are health care’s end users—that is, consumers. As Nobel prize-winning economist Milton Friedman put it, “Nobody spends someone else’s money as wisely or frugally as he spends his own.” Toward this end, consumer-directed health care shifts more responsibility for health care decisions—and their accompanying costs—from employers and managed care companies to employees and their families.

“The challenges before us make consumerism an imperative,” says Kim Horn, president and CEO of Priority Health. She cites several factors that contribute to increased cost pressures—and the movement toward consumer-directed health care as a solution.

**BRINGING QUALITY CARE TO MEDICAID PATIENTS**

Priority Health recently was named one of the nation’s top 10 Medicaid health plans by the National Committee for Quality Assurance (NCQA). The health plans named to the list were the nation’s top overall performers on a range of key clinical performance measures related to cancer, diabetes, asthma, heart disease and immunizations. NCQA is a private, non-profit organization dedicated to improving health care quality.

At right, Kim Horn, president and CEO, Priority Health
A growing demand for services. Our aging, obese and sedentary nation has a growing population of chronically ill patients. Heart disease, diabetes, back pain, arthritis and other chronic illnesses are costly—and even more so when sufferers experience avoidable flare-ups because they don’t follow medically proven recommendations for managing their illness. “That’s an area where we’re focusing on,” says Horn. “Priority Health has a strong track record in engaging patients in improving their health.”

Lack of a health care marketplace. Managed care’s promise of first-dollar coverage as a means of promoting good health has allowed patients to become disconnected from the real cost of care. As one consultant describes it, “The patient begins to value the interaction with their physician as a $10 event… little more than visiting McDonald’s for a (burger).” Likewise, consumers may go to a hospital or get a treatment without considering less costly options. Why? According to Horn: “There’s not enough reliable, consistent information to make decisions, and there is an absence of incentives for making evidence-based, cost-effective choices.”

Gaps in performance within the health care system. The health care system is composed of many different, independent pieces all operating with limited connectivity or information about the other parts of the continuum. For example, your hospital may have information your physician does not. And did those recent lab test results go to both your primary care doctor and your heart specialist? Priority Health is committed to forging those connections, and making quality and cost information more available.

Loss of benefits as a result of rising premiums. Nationally, health care premiums rose by double-digits for the last three years, making it more difficult for employers to afford health care benefits for employees. A recent study conducted by the Kaiser Family Foundation found that the percentage of all workers receiving health coverage from their employers fell from 65 percent in 2001 to 61 percent in 2004. The study also estimates that there are at least 5 million fewer jobs providing health insurance in 2004 than in 2001.

CONGRESS PAVES THE WAY

To address these issues, Congress paved the way for consumer-directed health care by creating tax-advantaged funding mechanisms: HSAs such as Priority Health’s HealthSavings and HRAs such as Priority Health’s HealthAdvantage. By law, each option is attached to a high-deductible health plan such as Priority Health’s PPO.

HSAs are employee-owned, portable, tax-free trust accounts. Employees, employers, or both can contribute to an HSA. Employees may use the money at any time to pay for qualified medical expenses, or save it for future expenses. Unused HSA money can grow, tax free, from year to year and “follow” an employee from job to job, like a 401(k) does.

HRAs are employer-owned, tax-advantaged accounts used for paying employees’ qualified medical expenses. They are completely employer-funded. HRAs typically are used when employees are covered by a high-deductible plan. Employers determine when the HRA assists with payment and whether unused funds roll over year to year.

Priority Health’s consumer-directed health plans are supported by consumer decision aids such as its HealthbyChoice program, which encourages employees to establish wellness commitments, and thus reduce the cost of health care over the long term. Incentives such as cash prizes and discounts to their health insurance contributions help motivate employees to change. Flexible savings accounts like Priority Health’s HealthFlex offer another valuable option for consumers.

“Lower premiums for consumer-directed products mean that more employers can afford to provide health care benefits,” says Horn. “That’s important.” With all of these programs, Priority Health’s goal is to improve health and lower costs by engaging customers in their health decisions.

FOUNDATION FOR SUCCESS

Priority Health has an excellent foundation for achieving these goals. Last year, the company was named by the National Committee for Quality Assurance (NCQA) as one of America’s top 10 health plans for customer service. In terms of cost, Priority Health coverage is among the lowest priced in the nation.

Priority Health also is a pioneer in measuring, reporting and improving outcomes and costs—and integrating technology into the process. For example, quality information on participating health care providers can be found on the company’s Web site—priority-health.com. This includes online scorecards rating doctors and hospitals on how well they perform on basic measures of care.

Equally important, “Wellness is woven into the way we do business,” says Horn. The company covers preventive services such as physical examinations and immunizations at no copayment or a nominal copayment—without applying the deductible. Priority Health also runs successful health management programs for patients seeking help with diabetes, heart disease, depression, high-risk pregnancy and tobacco cessation.

When you take control of your health, you keep yourself well and help keep down overall health care costs, says Horn. What can you do? Get regular checkups and screenings. Research options on procedures and services. Compare costs and quality measures.

For more ideas, see priority-health.com. For more information on Priority Health, call (616) 942-0954 or toll free (800) 942-0954.
West Michigan’s Finest Heart Center
Up and Running and Raising the Bar

On November 29, 2004, a buzz of excitement echoed around Grand Rapids. The source: 100 Michigan Street N.E., where the new Fred and Lena Meijer Heart Center officially opened its doors to patients. It was the fruition of a long-cherished dream—the bringing together of Spectrum Health’s renowned Butterworth and Blodgett heart programs within West Michigan’s first and only heart center.

And what a grand opening it proved to be. Sunshine sparkled in the Antonini-Powers Healing Garden. State-of-the-art medical technology hummed throughout the building. Physicians, nurses and technicians enjoyed a strange but welcome new sensation—elbow room. Patients and their families marveled at the beautiful, comfortable environment.

The Meijer Heart Center assumed its position as a source of civic pride, a cornerstone of West Michigan’s health care corridor, and a regional destination for cardiovascular excellence.

Fast Facts

Spectrum Health Cardiovascular Services
- 66 specialists, including cardiologists, cardiac surgeons, pediatric cardiac surgeons, vascular surgeons and interventional radiologists
- Performs about 9,000 catheterization procedures each year
- Performs more than 1,500 open heart surgeries annually
- Ranks first in volume among Michigan hospitals that performed and reported on coronary artery bypass grafts and percutaneous coronary interventions (Michigan Health and Safety Coalition 2004 Consumer Report)
- Mortality rates for coronary artery bypass graft surgery are consistently lower than the national average reported by The Society of Thoracic Surgeons
- Named five times to the Solucient 100 Top Cardiovascular Hospitals in the nation
- More than 3,000 donors gave nearly $35 million to help build Meijer Heart Center
Am I Having a Heart Attack?

These are words everyone hopes to avoid. However, it’s important to know the signs because when it comes to heart attacks, every minute counts. Chances of survival increase dramatically if treatment begins within the first hour of the onset of symptoms. Unfortunately, studies show that people on average don’t seek help until two hours after symptoms begin. By then, the heart muscle may sustain irreparable damage.

When in Doubt, Dial 911. If you're having a heart attack, paramedics can begin lifesaving measures en route to the hospital. What if you go to the hospital emergency department and discover that you weren't having a heart attack? It's nothing to be embarrassed about. Gwendolyn Hoffman, M.D., emergency medicine department chair, Spectrum Health Hospitals Butterworth Campus, says, “If you think you are having symptoms, get evaluated promptly. If it is not a cardiac problem, that can only be good news. If it is a cardiac problem, we will be able to provide you with the care you need. Always err on the side of caution.”

Typical Warning Signs

Signs of a heart attack include:

- Chest discomfort. Uncomfortable pressure, squeezing, fullness or pain in the center of the chest that lasts for more than a few minutes, or goes away and comes back.
- Discomfort in other areas of the upper body. Pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath. Can accompany chest discomfort or occur before the onset of chest pain.
- Nausea or vomiting, light-headedness, cold sweat, fainting or passing out, feeling like the start of the flu.

Special Warning for Women: The Signs Can Be Different!

For women, the signs of heart attack can be what doctors call “atypical” or “non-specific.” While women may experience the warning signs listed above, they also may experience:

- Fatigue
- Indigestion
- Back or jaw pain
- An anxious feeling

For more information on heart health, visit heartcenter.spectrum-health.org or call the Meijer Heart Center at (616) 391-4327 or toll free at (866) 391-4327.
Multispecialty Cancer Clinics

Innovative Approach to the Cancer Journey

Sometimes the most effective way to take care of people involves a lot of professionals spending a lot of time paying a lot of attention to a single individual. The Spectrum Health Cancer Multispecialty Clinics are an example of this approach.

Here, a patient diagnosed with cancer makes a one-day appointment at a clinic that focuses on his or her particular kind of cancer—in most cases, breast, colorectal, lung or prostate. On the day of the clinic, the patient meets with multiple physician subspecialists. Each of these physicians—who may include colorectal surgeons, general surgeons, medical oncologists, pathologists, pulmonologists, radiation oncologists, radiologists and urologists—brings a unique body of knowledge and experience to the process.

Working as a team, the physicians review the patient’s case. They share ideas, determine the best course of action, make recommendations and seek the patient’s input. By the end of the day, patients leave the clinic with a detailed treatment plan in hand—an action plan that meets their needs and gives them the best shot possible at beating the disease. Patients can feel confident knowing their treatment decisions reflect their own preferences as well as the united effort of a top-notch team of experts.

SPENDING TIME TO SAVE TIME

“Our physicians rotate, taking time out from their practices to serve the clinic,” says Deb Bisel, R.N., coordinator, Spectrum Health Hospitals cancer services. In addition to physician specialists, other professionals—a genetic counselor, research nurse, medical social worker or chaplain—may be requested to participate on clinic day. Most patients also bring a spouse, friend or family member to listen in and provide support.

Health care can be challenging to navigate, especially when several doctors are involved. What the clinics do is condense into one day a process that typically takes days, weeks or even months of appointments, says Bisel.

“The importance of the clinics is that they permit and encourage the various specialists to enter their input into the treatment planning process before therapy begins so that the value and richness of all of their skills can impact the treatment care plan,” says Mark Campbell, M.D., executive director, Spectrum Health regional cancer network.

This has important patient benefits, explains Glenn VanOtteren, M.D., pulmonologist. “The ability to advance quickly from a diagnosis to an effective treatment plan is one significant advantage of the multispecialty clinic concept,” he says. “Less waiting time not only reduces patient anxiety and uncertainty, but also makes a significant difference in the patient’s survival and quality of life.”

For example, in its first year of operation, Spectrum...
Put Patients First

Health’s lung mass and cancer clinic managed to reduce the median wait time for a biopsy to a mere three days—two-thirds shorter than the national average of nine days. At the breast cancer clinic, the average amount of time from cancer detection to start of treatment has been reduced by 20 percent, according to Alan Campbell, M.D., medical director, Spectrum Health Hospitals cancer services. Similar results are being tracked at the Spectrum Health Prostate and Genitourinary Cancer Multispecialty Clinic and the newly opened Spectrum Health Gastrointestinal Cancer Multispecialty Clinic.

FOCUSBING ON THE WHOLE PERSON

Bisel, a 15-year breast cancer survivor, says the multispecialty clinics reflect a personal mission. “Ever since my own experience with cancer, I’ve wanted to help create a multispecialty clinic where the physicians involved in the patient’s care sit down with the patient and talk together about treatment options, recovery and prognosis.”

Her dream became a reality with the opening of the breast cancer clinic in 2001, and the other multispecialty clinics that followed. According to Dr. Alan Campbell, the multispecialty clinics focus on the whole person, foster a comprehensive approach to care, link patients to the most advanced treatment options available and promote continuity of care with the referring physician.

“The evolution of this type of care is positioning Spectrum Health cancer services for the future,” says Dr. Campbell. Michael Mahacek, M.D., medical director, radiation oncology, also is among the multispecialty clinics’ fans. “It is important for patients to discuss their options with their physicians prior to making a treatment decision,” he says. “Fortunately, Spectrum Health is approaching the treatment of cancer with a multispecialty mindset and the capability to perform innovative procedures that make treatment easier on the patient and provide excellent outcomes.”

To schedule an appointment, call (616) 391-1103.

Fast Facts

Spectrum Health Regional Cancer Network

- Ground breaking in July 2005 for new cancer center at Butterworth Campus
- Diagnosis and care for two-thirds of new cancer cases in Kent County
- Nearly 3,000 new cases diagnosed annually
- Lettinga Inpatient Cancer Center
- Participation in more than 130 cancer research studies
- 4 Cancer Multispecialty Clinics:
  - Breast Cancer Clinic
  - Lung Mass and Cancer Clinic
  - Prostate and Genitourinary Cancer Clinic
  - New Gastrointestinal Cancer Clinic now open

“What the clinics do is condense into one day a process that typically takes days, weeks or even months of appointments.”
YEARS AGO, TREATMENT FOR MANY MAJOR BRAIN DISORDERS REQUIRED OPENING THE SKULL. THAT HAS CHANGED. AT SPECTRUM HEALTH, MEDICAL CONDITIONS, INCLUDING BRAIN TUMORS AND CEREBRAL (BRAIN) ANEURYSMS OFTEN CAN BE TREATED WITH SPECIALIZED, MINIMALLY INVASIVE TREATMENT TECHNIQUES.

ONE SUCH TECHNIQUE CALLED GUGLIELMI DETACHABLE COIL (GDC) INSERTION HAS REVOLUTIONIZED THE WAY BRAIN ANEURYSMS ARE TREATED, SAYS JEANNE ROODE, DIRECTOR, EMERGENCY, TRAUMA AND NEUROSCIENCE SERVICES, SPECTRUM HEALTH HOSPITALS. A BRAIN ANEURYSM IS A WEAK BULGING SPOT ON THE WALL OF A BRAIN ARTERY VERY MUCH LIKE A THIN BALLOON OR WEAK SPOT ON AN INNER TUBE. IN GDC OR COIL EMBOLIZATION, NEUROINTERVENTIONAL RADIOLOGISTS (BOARD-CERTIFIED PHYSICIANS WHO ARE SPECIALY TRAINED IN NEUROVASCULAR DISEASES AND IMAGING) USE REAL-TIME, X-RAY TECHNOLOGY TO VISUALIZE A PATIENT’S VASCULAR SYSTEM. A CATHETER OR NARROW PLASTIC TUBE IS INSERTED INTO THE FEMORAL ARTERY IN THE PATIENT'S LEG AND NAVIGATED THROUGH THE BLOOD VESSELS INTO THE BRAIN ANEURYSM. TINY, FLEXIBLE PLATINUM COILS ARE THEN THREADED THROUGH THE CATHETER AND POSITIONED INSIDE THE ANEURYSM, PREVENTING RUPTURE.

“NOT EVERYONE IS AN IDEAL CANDIDATE FOR THIS PROCEDURE. IT DEPENDS UPON THE SPECIFIC PATIENT AND HIS OR HER DIAGNOSIS,” SAYS AMY MORTENSEN, NURSE PRACTITIONER, ADVANCED RADIOLoGY SERVICES, P.C. “HOWEVER, WHEN IT CAN BE PERFORMED, COIL EMBOLIZATION FREQUENTLY RESULTS IN SHORTER HOSPITAL STAYS, REDUCED RECOVERY TIME AND DECREASED POSTOPERATIVE COMPLICATIONS. THAT’S WHY IT’S QUICKLY BECOMING THE FIRST-LINE TREATMENT APPROACH FOR BRAIN ANEURYSMS.”

SPECTRUM HEALTH COLLABORATES WITH ADVANCED RADIOLoGY SERVICES, P.C., ONE OF THE LARGEST NEUROINTERVENTIONAL RADIOLOGY PRACTICES IN THE COUNTRY, SAYS ROODE. THE PRACTICE’S NEUROINTERVENTIONALIST AND FOUR INTERVENTIONAL RADIOLOGISTS HAVE SUCCESSFULLY PERFORMED NEARLY 400 COIL EMBOLIZATIONS.

OTHER ADVANCED NEUROSCIENCE SERVICES AVAILABLE AT SPECTRUM HEALTH INCLUDE STEREOTACTIC RADIOSURGERY TO REMOVE LESIONS OF THE BRAIN, HEAD AND NECK, INCLUDING TUMORS INACCESSIBLE BY CONVENTIONAL SURGERY. THIS MINIMALLY INVASIVE PROCEDURE OFTEN CAN BE PERFORMED ON AN OUTPATIENT BASIS.

FOR MORE INFORMATION, VISIT SPECTRUM-HEALTH.ORG OR CALL ADVANCED RADIOLoGY SERVICES, P.C., AT (616) 459-7225.
INNOVATION in Women’s Health at Every Stage of Life

At Spectrum Health, our goal is not just to deliver your baby or perform your mammogram, but also to support your health at every stage of your life.

Through Healthier Communities, we offer more than 400 education classes annually on everything from prepared childbirth and parenting to nutrition, CPR and osteoporosis. We have specialty services for all ages from adolescents to seniors. Our Women’s Heart Health Program was the region’s first initiative to seek to improve the heart health of West Michigan women. Our Betty Ford Breast Care Services and Spectrum Health Breast Cancer Multispecialty Clinic offer innovative approaches to cancer prevention, detection, diagnosis and state-of-the-art treatment. We have become a leader in pioneering minimally invasive procedures for gynecological disorders—including incontinence—allowing women to have safer recoveries and return to their day-to-day lives sooner.

Driving these efforts is a single question: How can we improve the lives of West Michigan women? Our two newest initiatives—the Postpartum Emotional Support Program (PESP) and our Structured Early Labor Assessment and Care by Nurses (SELAN) program—show how Spectrum Health stays on the forefront of women’s health care.

NEW TOOL HELPS IDENTIFY POSTPARTUM DEPRESSION

Every community seems to have a tragic story of a new mother who has harmed either herself or her baby as a result of undiagnosed postpartum depression—and Grand Rapids is no exception. “There was one high profile story last year and that is one story too many,” says Sandra Lynne, clinical nurse specialist and certified nurse midwife. “Nationally, 10 percent to 13 percent of moms suffer postpartum depression in the first year after the birth. About one to two women out of 1,000 develop postpartum psychosis, a severe form of postpartum depression in which the symptoms are much more exaggerated and sufferers can lose touch with reality. In addition, 50 percent to 80 percent of all new mothers suffer the ‘baby blues,’ which is very transient and common, usually occurring in the first few days after delivery. We wanted to do something to better diagnose and treat these conditions.”

As a result, Women’s Health nurses Kathleen Buchanan, R.N., and Nancy Roberts, R.N., developed the Postpartum Emotional Support Program (PESP), a new, confidential self-assessment screening tool to identify women at risk for postpartum depression. Funded by a grant from the Blodgett Butterworth Health Care Foundation, PESP asks patients questions that can prompt a nursing intervention. Answering “yes” to questions concerning thoughts of harming herself or her child triggers an immediate response by a specialty nursing team.

Interventions consist of one-to-one talks with specially trained nurses, online support, printed materials, and a follow-up call several weeks after discharge by the nursing team, and then again six weeks postpartum. In addition, a copy of the assessment is sent to both the mom’s and the baby’s physician. “The whole point is to identify the women at risk and connect
them with the resources and a support system that can help them—both at the hospital and in the community,” says Lynne.

**PIONEERING STUDY TO TREAT EARLY LABOR**

Another innovative Women’s Health initiative is the Structured Early Labor Assessment and Care by Nurses (SELAN) program, a three-year, international nurse research project out of the University of Toronto that includes such prestigious participants as Brigham and Women’s Hospital in Boston and Rush University Medical Center in Chicago. Spectrum Health is the only hospital system in Michigan to participate. The program is designed to address a condition in which women experience early contractions or false labor without dilation of the cervix.

“The condition can go on for days,” explains Lynne, “and it can leave the mother miserable and exhausted before real labor even begins. This maternal exhaustion can be related to increased risk of Cesarean sections and use of forceps. A long, difficult labor also can lead to anxiety and emotional distress—all of which can adversely affect mother and baby. The goal of the study is to provide intervention and support at the onset of early labor to promote a more comfortable experience and a safer birth.”

Patients who meet the early labor criteria for the study spend one to four hours with a triage nurse upon admission to the hospital. They learn measures to alleviate pain, and receive support and hands-on care. Though the program is still in the early stages, response so far has been excellent. Lynne says participating patients have given nothing but positive feedback. SH

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**A Woman Physician’s View of Women’s Health**

**On Relationships, Trust and Prevention**

On the front lines of community health are primary care doctors—the family practitioners, internists and obstetricians/gynecologists (OB/GYNs) who see their patients on a regular basis, year after year. Typically, these physicians are the link between patients and the health care system. The way they practice medicine can have a profound effect on communities as well as individuals.

Judy Hiemenga, M.D., is familiar with this. An obstetrician/gynecologist with Grand Valley Gynecologists, P.C., Dr. Hiemenga has lived in Grand Rapids since 1971 and has worked with Spectrum Health since her residency in 1982. Her personal philosophy of care parallels that of Spectrum Health: Build relationships, create trust and focus on prevention.

**Building Trust**

“I chose my specialty partly because I enjoy the variety it offers, but mostly because I get to know my patients long term,” Dr. Hiemenga explains. “This offers a tremendous advantage. My patients and I have a history together, and over the years they’ve grown to trust me. It’s much the same with hospitals—for example, the role of Spectrum Health in the community. People have experience with it—perhaps their children were born here or a parent had surgery here—and that creates a comfort level. As a result, people are more willing to listen to the hospital and to me on decisions about their health.”

This trust can translate into taking steps toward better health. “Maybe no one in my patient’s family ever got mammograms or paid attention to their diets. But because they trust my judgment, they follow my advice and are healthier for it. When patients feel comfortable with their provider, they know they can ask questions or call with concerns. Problems can be averted.”

**A Whole Person Approach**

Because she was a public health nurse before she went to medical school, Dr. Hiemenga is keenly aware of the importance of a “whole person” approach to medicine. “Every year, I ask my patients about how much they smoke, how much they drink, if they wear seat belts, if they are getting the appropriate screenings for other conditions. Even the fact that I ask these things can make a difference. For example, recently I asked one of my patients about seat belts, and she replied that she has been wearing them since I asked her last year.”

Dr. Hiemenga believes she is not unusual in the Spectrum Health community of 1,400 physicians. “As physicians, we try to do everything we can to help patients live a healthy life.”

For a physician referral, call Physician Finder at (616) 391-5999.

Judy Hiemenga, M.D.
Obesity is rapidly becoming not just a personal problem but also a public health issue—contributing to epidemic rates of diabetes, as well as high blood pressure, heart failure and depression. Spectrum Health, in collaboration with the Michigan Medical P.C., (mmpc®) Center for Health Excellence, is taking a multi-pronged approach to prevention and treatment of obesity. The goal is to improve the patient’s health and quality of life.

On the prevention front, there are exercise programs, nutrition education and weight-loss support, all of which are available through Spectrum Health or mmpc to anyone in the community. On the treatment front, a comprehensive bariatric program—a joint venture between Spectrum Health and mmpc—is offered for people who are morbidly obese. The newest addition to the bariatric program’s list of weapons against obesity is the LAP-BAND® procedure.

STATE’S LEADING BARIATRIC PROGRAM

Since the program was launched in 2003, it has become the statewide leader in volume of gastric bypasses. Gastric bypasses decrease the size of the stomach and are the only proven method of weight loss for morbidly obese people.

The bariatric program also is committed to using the least invasive approach available. Surgeons are trained in the latest laparoscopic techniques. In fact, the program’s medical director, Randal Baker, M.D., along with partners Paul Kemmeter, M.D., and James Foote, M.D., helped pioneer a laparoscopic technique to decrease the risk of postsurgical complications.

So it comes as no surprise that the Spectrum Health and mmpc bariatric program is once again at the forefront of innovation—becoming the first program in West Michigan to offer the minimally invasive LAP-BAND procedure. This new variation on bariatric surgery induces weight loss by restricting food intake—and offers several added benefits.

AN INNOVATIVE AND HIGHLY FLEXIBLE PROCEDURE

The LAP-BAND procedure involves placing an adjustable silicone elastic band on the upper part of the stomach to divide the stomach into two portions. This helps regulate food intake, allowing patients to feel full faster with smaller amounts of food. The band is inserted laparoscopically; just five small incisions are used. While the LAP-BAND system being used by Spectrum Health and mmpc offers a slower rate of weight loss than other bariatric procedures, the minimally invasive features help to reduce patients’ postoperative discomfort, length of hospital stay and recovery time. It also is the only reversible surgical procedure for weight loss.

“LAP-BAND is an innovative and highly flexible procedure that complements the solutions we currently offer patients who suffer from severe obesity,” explains Dr. Baker. For more information, visit spectrum-health.org or mmpc.com.
Fortunately for West Michigan, some of the best orthopaedic problem-solvers are on board at Spectrum Health.

“We were named among the nation’s ‘Best Hospitals’ in Money magazine’s 2003 special report,” says Deb Cress, R.N., director, orthopaedic services. “We were listed as one of the top five hospitals in the Great Lakes Region for total hip replacement, total knee replacement, back and neck surgery, and spinal fusion.”

With 45 board-certified orthopaedic surgeons on staff, Spectrum Health’s program is one of the largest in the state. Many of these physicians also have completed fellowships and advanced subspecialty training in trauma, spine, foot and ankle, hand and upper extremity, pediatrics, joint arthroplasty and sports medicine.

These highly qualified doctors don’t solve orthopaedic problems alone, however. They work closely with a multidisciplinary team of skilled health care professionals including: orthopaedic nurses, physical and occupational therapists, trauma nurse practitioners, case managers, pharmacists, dietitians, anesthesiologists, pain management specialists and a total joint program coordinator. This diverse team provides complete orthopaedic support, from prevention, education and surgery to rehabilitation and home care.

“At Spectrum Health, orthopaedic care begins prior to admission with an education class for patients who are anticipating hip or knee replacement surgery,” says Charles Bukrey, M.D., orthopaedic surgeon and medical director, orthopaedic services. “Following surgery, care continues through discharge.”

HIGH VOLUMES, LOWER COSTS, EXCELLENT OUTCOMES

At Spectrum Health, our state-of-the-art total joint replacement program performs more than 800 hip and 900 knee replacements annually. These statistics speak volumes about the quality of the program. Medical studies have shown that the more experienced a health facility and its surgeons are in any given procedure, the better the outcomes. From a cost perspective, we also have the lowest charges among other top-volume state and regional providers for major joint operations, including knee and hip replacements.

“The level of orthopaedic care we provide is considered extraordinary in West Michigan and beyond,” adds Thomas Malvitz, M.D., total joint replacement surgeon and chairman, orthopaedic department. “We are respected nationally not only for our outcomes, but also for our ability to give patients the latest technology, including minimally invasive breakthroughs for both total hip and total knee replacements.”

FOCUS: MINIMALLY INVASIVE PROCEDURES

An example of minimally invasive breakthroughs is the 2-Incision Total Hip Replacement—which involves just two incisions that are as small as 1.5 to 2 inches long. It was performed first in Michigan by Dr. Malvitz in March of 2003. Gregory Golladay, M.D., a Harvard fellowship-trained total joint replacement surgeon, also performs this procedure at Spectrum Health.

“Though they’re not appropriate for everyone, minimally invasive procedures offer the potential for earlier recovery when combined with a multidisciplinary approach,
Hello Hips, Good-Bye Pain

“I couldn’t even take walks around my neighborhood,” says Mary Gerbens, osteoarthritis sufferer. “The cartilage was completely worn away in both of my hips.”

Gerbens, a 56-year-old Grand Rapids resident, decided to undergo surgery to ease her constant pain. “In December of 2003, I had my right hip replaced. Then in November of 2004, I did the same with my left,” she says. “Both procedures went beautifully. I didn’t even have to go through physical therapy afterwards because I could just as easily walk on my treadmill at home.”

According to the American Academy of Orthopaedic Surgeons, more than 200,000 hip replacements are performed annually in the United States. The procedure is called total hip replacement because both the head of the femur and the socket, which together make up the hip joint, are replaced during surgery.

“Several different designs of replacement components are currently available,” says Thomas Malvitz, M.D., the surgeon who performed Gerbens’ total hip replacements at Spectrum Health. “Our goal is to select the implant that will function well for many years.”

For Doug Josephson, an Ada resident and pharmacy operations manager for Spectrum Health, implant longevity was of particular concern. At age 45, Josephson had his left hip replaced in February.

“I was diagnosed with osteoarthritis about five years ago,” he says. “It was definitely interfering with my life and my activities with my four teenagers.”

Like Gerbens’ experience, Josephson’s surgery was a positive one. “My procedure went flawlessly,” he says. “And the nurses were unbelievably responsive. My call lights were always answered in less than a minute. I felt each part of my care was well engineered, from my preoperative education to my preadmission to my discharge.”

Now that Gerbens and Josephson can move freely—without pain—they each have plans. Gerbens looks forward to long walks in exotic locations on vacation with her husband Larry, a local ophthalmologist. “We’re going to Jordan,” she says. Josephson anticipates a summer of pain-free fun with his family.

including anesthesia management, rehabilitation and discharge planning services,” says Dr. Malvitz. “Our first 2-Incision patient went home the next morning, was able to bear full weight on his new hip, and took only acetaminophen for pain.”

In addition to progressive hip replacement procedures, Spectrum Health also offers the latest minimally invasive knee replacements. Six orthopaedic surgeons are trained in newer techniques such as quad-sparing, which avoids the manipulation or cutting of the quad tendon and muscles. The potential advantages of this technique include less postoperative pain, shorter hospital stays and decreased total rehabilitation time.

BLODGETT’S BIGGER, BETTER ORTHOPAEDIC UNITS

Also new and improved in orthopaedics at Spectrum Health are the facilities. Orthopaedic services are being consolidated and renovated, and a new Spectrum Health Center for Joint Replacement is on the Blodgett Campus, Cress says. “We’ve added private rooms, rehabilitation space, a new physician work area, surgical equipment and instruments. It’s all part of our effort to meet the growing needs of our patients with the best orthopaedic services available.”

For more information on Spectrum Health orthopaedic services, visit spectrum-health.org.
Like most ordinary 21-year-olds, Sara Naraghi, a resident of suburban Grandville, likes making crafts, using computers, playing cards and watching movies. Yet Naraghi is anything but ordinary. Merely two years ago, Naraghi sustained a traumatic brain injury, as well as a broken neck, left hip and ribs, from an automobile accident in Holland. She spent two months in a coma.

“The doctors did not expect me to live, and if I did, they didn’t think I would get better because of my brain injury,” Naraghi says. “The nurses thought I would have to relearn my ABCs, and that I would forget Farsi, my second language.”

In the United States, the Centers for Disease Control and Prevention estimate that there are at least 5.3 million individuals—people like Naraghi—living with a traumatic brain injury. These types of injuries are the result of blunt or penetrating brain trauma, leading to an impairment of cognitive or physical abilities. Traumatic brain injuries also can cause temporary or permanent disturbances in behavioral or emotional functioning.

But while Naraghi says she still struggles with her speech, walking and memory at times, she is not defined by these challenges. Instead, she counts her blessings. Recently, she decided to thank the people who saved her life.

THANKS TO AERO MED

It was Aero Med—Spectrum Health’s emergency airlift and transport service—that brought Naraghi from a local hospital to Spectrum Health’s Level 1 Trauma Center. “I really think you are my angels that God sent to help me,” she wrote in her letter to Aero Med. “I don’t think any amount of money or any words will ever be enough to show my appreciation, but I just want to tell you thank you so much for saving my life.”

After a one-month stay in intensive care at the Butterworth Campus, Naraghi was transferred to several rehabilitation facilities—including Spectrum Health’s Continuing Care Center, Mary Free Bed Rehabilitation Hospital.
and Hope Network—for various stages of her recovery. In August 2004, she began working with Peggy Brennan, speech-language pathologist from Spectrum Health Continuing Care’s Worth Rehabilitation Services, along with a physical therapist, occupational therapist, social worker and home health aide from Worth Home Care and Worth Rehabilitation Services.

A PARTNERSHIP TO PROVIDE BEST CARE

“Each rehabilitation journey is unique and our goal is to work together with other organizations to deliver the best and most appropriate care at each stage of a patient’s recovery,” says Lynn Brouwers, director, neurotrauma programs, Spectrum Health Continuing Care. “That’s why we formed the Western Michigan Brain Injury Network between Spectrum Health Continuing Care, Mary Free Bed Rehabilitation Hospital and Hope Network. This 20-year partnership has allowed us to ensure that every element of service is available here in West Michigan.”

When it came to Naraghi’s recovery, this local partnership and coordination of comprehensive care has made the ultimate difference. “We were told that she would never make it,” says Theresa Naraghi, her mother. “But thankfully, we were blessed at every turn with the right caregivers.”

THE RIGHT CAREGIVERS

Today, the “right caregivers” continue to include Brennan, who routinely provides Naraghi with speech strategies at her home and in the community.

Brennan notes that Naraghi volunteers at Spectrum Health’s Diabetes Services – Marywood Center, filing and assisting with computer-related tasks. She has also been accepted to Grand Rapids Community College, where she will begin taking classes in the fall toward an x-ray/ultrasound technician degree.

Today, Naraghi is a young adult, getting ready for college. Two years ago, she was fighting for her life. “I know I’m lucky,” says Naraghi. “I have a future filled with wonderful things: school, friends and family. Not everyone who survives a traumatic brain injury is as fortunate—or receives such amazing care.” SH
With trauma services, numbers tell a lot. For example, Spectrum Health has the only Level 1 Trauma Center in West Michigan, a designation that means we have the ability to handle the most severe and complex emergencies. Of the 2,483 cases we admitted in 2003, 36 percent came from other hospitals while 31 percent arrived via helicopter. Those numbers mean we are not just a local provider but also a regional resource for the highest level of trauma care available.

However, for one of the most important things we do there are no numbers at all—the number of lives we save through outreach and injury prevention programs. How do you measure the number of kids who won’t experience head injuries because we’ve taught them the importance of bike helmets and booster seats? “Without a doubt, intervention is a huge piece of Spectrum Health’s service to the community,” says Connie Mattice, manager, trauma services. Here is a close-up look at a couple of these outreach programs.

BOOSTING THE SAFETY OF KIDS IN CARS

For many years, DeVos Children’s Hospital has been the lead agency for the Greater Grand Rapids Safe Kids Coalition and Lakeshore Safe Kids Coalition in Holland. Working under the umbrella of Safe Kids Worldwide, an international organization, the coalitions’ focus is preventing injuries among children in the community. These communitywide collaborations include health care organizations, the police and fire departments, and other community agencies. Among the safety programs promoted are child passenger safety, bike safety, pedestrian safety, and home, playground and youth sports safety.

How do these programs help? The child passenger safety program provides an excellent example. Headed by Melinda Howard, Greater Grand Rapids Safe Kids Coalition coordinator, the program offers free car seat fittings and car seat training for parents by certified child passenger safety technicians. The program also distributes car seats at low or no cost—last year 350 were provided at no cost to families by Children’s Miracle Network at DeVos Children’s Hospital and other sponsors.

Beyond promoting car seats, Howard is trying to get the word out about booster seats. Seat belts, she explains, were not designed for kids. Children ages 4 to 8 need properly installed booster seats as well as lap and shoulder restraints. Although seat belts alone offer kids some measure of protection in an accident, they also can do damage. Lap belts can cause internal injuries to kids. Shoulder harnesses can cause head, neck and face injuries. In fact, a full 71 percent of children in car accidents experience this phenomenon. It’s so common that hospital emergency departments have a name for it—seat belt syndrome. The solution, she says, is booster seats. “Booster seats reposition the child so that lap and shoulder restraints can provide better protection.”

“The Greater Grand Rapids Safe Kids Coalition and Lakeshore Safe Kids Coalition also are working with the Michigan state legislature to enact a booster seat law mandating use in children who weigh between 40 pounds and 80 pounds.
PEDDLING BIKE SAFETY

The Greater Grand Rapids Safe Kids Coalition also works to promote bike safety for children. The Bike Team, headed for the last two years by Diana Ropele, R.N., pediatric trauma clinical nurse specialist, DeVos Children’s Hospital, conducts several area bike rodeos between April and October.

“They have become a major attraction for parents and kids,” says Ropele. “We make it fun—like having an obstacle course that the kids can ride through—but at the heart, our message is serious: Safe biking and wearing helmets can save lives.”

The rodeos reach as many as 500 people a year and donate countless bike helmets. “Last year we gave away $2,500 worth of helmets. This year, thanks to a generous donation from CVS Pharmacy, we’ll probably be able to give away twice as many.”

Like Howard, Ropele advocates for change on the legislative level. She and the Bike Team are working on a citywide initiative to create an ordinance requiring children under age 16 to wear helmets. “East Grand Rapids already has the ordinance. We’ve seen what a difference it makes in terms of bike-related head injuries.”

The Bike Team has met with the Chief of Police and the Mayor of Grand Rapids and has the cooperation of 16 Grand Rapids neighborhood associations. “Basically, we are a bunch of hard-working, passionate people from various community agencies who have seen the effects firsthand of kids riding bikes without wearing helmets.” SH
Severe burns know no equal in terms of the pain they cause and lives they disrupt. Likewise, caring for patients with traumatic burn injuries requires an extraordinary level of commitment—not only from the caregivers themselves, but from the organization that supports these services.

That is certainly the case at the Spectrum Health Regional Burn Center. Providing a full scope of burn services from intensive care to outpatient rehabilitation, the Spectrum Health Regional Burn Center fills a critical need—a need that a declining number of hospitals are willing to take on.

That’s because severe burn treatment can require intensive care, numerous surgeries, skin grafts, bioengineered dressings and multiple therapies. Long hospitalizations are not unusual and follow-up care tends to be extensive, continuing for years after initial treatment. Reduced reimbursement for care—a perpetual issue—makes such complex and long-term services costly for hospitals to support.

“Michigan once had seven burn centers,” says Karen Harvey, R.N., Spectrum Health Regional Burn Center manager. “Now we’re down to four.” With fewer burn centers open, Spectrum Health’s responsibility has grown from serving 12 counties to more than 50.

Spectrum Health is up to the task. On an annual basis, the burn center serves more than 2,700 outpatients ranging in age from infants to the elderly. Another 180 patients are treated annually in an 8-bed inpatient unit. All of these patients are admitted regardless of ability to pay.

COMMITTED CAREERS, DEVOTED VOLUNTEERS

“Burn care is one of those specialty areas you either love or you hate. Just as some nurses are better suited to working with open heart or cancer patients, it takes a certain kind of nurse to do burn care,” says Harvey.

That’s precisely the kind of staff that the burn center has been able to attract.

“Our turnover rate is low,” says Harvey. Most of the burn center’s 12 nurses have been on staff for at least five years and one has been with the burn center since it started in 1977. Harvey herself has been doing burn care for 19 years.

What keeps the burn center staff so committed? It helps that they’re a small unit with a family atmosphere, phenomenal physicians and an excellent multidisciplinary staff. “We develop close relationships with patients and often stay in contact for years,” Harvey says.

Another aspect of the burn center’s mission—prevention and support—also inspires dedication. Staff volunteer an enormous amount of their own time—in a recent two-month period, just four nurses logged 300 volunteer hours—to community outreach programs.

BURN PREVENTION: GIVING KIDS A HEAD START

The number one cause of visits to the emergency room in children under age 5 is burns, says Shelley Smith, program coordinator, Spectrum Health Regional Burn Center. “We’re trying to change that.” Through a partnership with Spectrum Health, local fire departments and Head Start, Smith helps deliver a burn prevention program to the under-served community, which also happens to be the population at highest risk for fires. “Fire risk is due to a combination of factors,” Smith explains, “including living in rental properties that are poorly maintained, require space heaters for warmth, and have wood floors, old wiring and other flammable materials.”

The program initially was presented in selected Head Start preschools for children ages 3 to 5. Next year it will be in all 50 Kent County Head Starts—translating into about 1,500 kids plus their parents.

Says Smith, “With the parents, we make them aware of how common things, such as spilled coffee and scalding hot bath water, can be deadly to small children. With the children, we convey—in an age-appropriate way—what to do in case of fire. We have a firefighter puppet, simulations with fake flames and smoke, a model house that shows all the ways a fire can start, and our own book and board games.” This is one of numerous other programs sponsored by the Spectrum Health Regional Burn Center, Smith says.
LEARNING on Health Care’s Front Lines

How do you prepare tomorrow’s doctors and nurses to meet health care’s rapidly changing demands? How do you attract and retain health care professionals in the midst of national staffing shortages? How do you help staff keep up with—and contribute to—advances in their fields?

One of the best tools is professional education. It’s a tool that Spectrum Health uses effectively, working with other Grand Rapids area institutions to develop programs aimed at physicians, nurses and other health care professionals. As a result, everybody wins—patients, professionals and the community.

COLLABORATION IS KEY

“Spectrum Health has a longstanding tradition of collaboration,” says Kent Bottles, M.D., president, Grand Rapids Medical Education & Research Center for Health Professions (GRMERC). For example, Spectrum Health is a founding member and a major financial contributor to GRMERC, an organization that promotes and integrates research and training for the health professions. One of GRMERC’s primary tasks is to place medical and health care students in training positions—such as residencies, externships and internships—citywide. This collaboration allows for a greater quantity, flexibility and variety in positions available. It also offers the opportunity to innovate.

Education and training programs offer additional benefits beyond preparing tomorrow’s work force. They also help attract and retain today’s medical and health care staff. That’s a boon not only for Spectrum Health but for all of West Michigan because “medical services vital to the community depend on adequate staffing levels,” says Shawn Ulreich, R.N., Spectrum Health Hospitals chief nursing officer/vice president, patient care services.

“Today’s staffing shortages make recruiting new graduates more important than ever,” agrees Jan Hodges, R.N., manager, academic relations and nursing research. In response, Spectrum Health participates in initiatives such as the Clinical Placement Consortium (CPC), which draws from 10 nursing programs and seven nursing schools to place about 300 nursing students in clinical rotations each semester.

A STAR Finds Her Place

As a nurse extern at Spectrum Health, Christine Van Zee, R.N., not only found a great learning opportunity but also a confirmation that her second career choice is, indeed, the right one. The former certified public accountant says that after years of crunching numbers, she enrolled in a full-time second bachelor’s degree program at Grand Valley State University. Eventually she was chosen to participate in the prestigious STAR externship for promising nursing students at Spectrum Health. For several weeks, Van Zee rotated through nearly a dozen departments at the Butterworth and Blodgett campuses.

“I discovered I enjoyed the big hospital environment and being able to offer people all the services they need,” says Van Zee.

“My experience at Spectrum Health also showed me this is where I want to be,” she says. Van Zee joined the labor and delivery team at Butterworth Campus in January 2005.

MUTUAL BENEFITS

Members of Spectrum Health care teams devote countless hours and energy serving as professors, proctors, role models and preceptors. Why? It’s not for the money—most of these positions offer nominal financial compensation.

“The ability to teach, connect with and learn from the young is what keeps busy practitioners involved in education,” says Dr. Bottles.

Spectrum Health supports the continuing education of current staff as well as future physicians and nurses. A continuous stream of inservices and classes helps meet professional and recertification requirements. And an extensive catalog of lifelong learning programs is open to all staff and the community. SH

For information, visit spectrum-health.org.
commitment to clinical research is a commitment to hope—the hope of healing oneself, a family member, a friend or future generations. It’s a commitment that Spectrum Health honors by dedicating an entire department solely to the support and advancement of clinical research. The Spectrum Health Cook Research Department puts that commitment into action by coordinating hundreds of research studies involving thousands of patients annually.

“People appreciate that the option of participating in sophisticated research is available right here in Grand Rapids,” says Linda Pool, manager, Spectrum Health Cook Research Department. Several types of research are conducted.

Clinical Studies. Also called clinical “trials” or “protocols,” clinical studies not only help researchers evaluate a therapy’s safety and effectiveness, but also provide important treatment options to patients. Clinical study participants may access new advances in medication, surgery or other therapies which might otherwise be unavailable to the general public. Spectrum Health clinical studies cover a broad range of disciplines including cardiology, critical care, emergency care, infectious disease, intensive care, neuroscience, oncology and orthopaedics. Many pediatric clinical studies are conducted through DeVos Children’s Hospital.

Registries. Data registries gather health information from specific populations for statistical evaluation. For example, one of the many databases in which Spectrum Health participates is ADHERE™ (Acute Decompensated Heart Failure National Registry). This registry includes data from 100,000 acute congestive heart failure patients through more than 275 participating hospitals. Registries like ADHERE help the medical community gain knowledge about specific medical problems, improve their management and enhance quality of care for patients.

Compassionate Use Studies. Spectrum Health offers compassionate use studies as a service to patients seeking very specific experimental therapies that may not be part of a larger clinical study. Candidates for compassionate use studies usually have life-threatening or other serious diseases for which no satisfactory standard drug or other therapy exists. “The presentation of the illness may be truly unique or the physician may have run out of treatment options,” explains Pool.

Fast Facts

Research
- Current, open research studies listed by Spectrum Health Institutional Review Board: more than 800
- Spectrum Health physicians involved in research as investigators: 200 to 250
- Spectrum Health Cook Research Department staff: 30 full- and part-time employees
In these cases, her department is ready to respond rapidly. In as little as 12 to 24 hours, they may search for new protocols or therapies that meet the patient’s needs, coordinate review and approval by Spectrum Health’s Institutional Review Board (IRB), and complete the education and consent process with the patient, family and physician.

**Basic and Translational Research.** In collaboration with the Van Andel Research Institute, Spectrum Health also participates in tissue studies analyzing disease genetics and molecular biology. Facilitating the translation of these basic science discoveries into therapeutic strategies for attacking disease is a long-term commitment for both organizations.

Research Participation Proves Worthwhile

What’s it like to participate in a clinical study? For Rockford resident Martha Douglas, age 75, participating in a clinical study for two years was “a worthwhile experience” and, she says, “even kind of fun.”

Through Spectrum Health Cook Research Department, Douglas became one of more than 4,000 participants in an international study called PROVE-IT (Pravastatin or Atorvastatin Evaluation and Infection Therapy). A randomized, double-blind study of cholesterol-lowering drugs, PROVE-IT compared the clinical outcomes of two different statin regimens—standard-dose pravastatin (Pravachol®) versus high-dose atorvastatin (Lipitor®).

In double-blind studies, neither the investigator nor the patient knows which medication is being used. This prevents bias and ensures objectivity.

“The goals of the study and the consent process were thoroughly explained by the research staff and I felt very comfortable with my decision to participate,” says Douglas.

“The research nurses treated me like a V.I.P. I actually enjoyed coming in to visit them.”

Douglas was invited to join PROVE-IT because she met the study’s criteria: She had an elevated total cholesterol level and had been previously hospitalized for an acute heart attack. Participants were prescribed either 40 mg pravastatin or 80 mg atorvastatin per day. Their cholesterol, blood pressure and other vital signs were evaluated frequently through the program.

PROVE-IT demonstrated that an intensive lipid-lowering statin regimen provides greater protection against death or major cardiovascular events than does a standard regimen, according to Richard McNamara, M.D., medical director, cardiology and a principal investigator for PROVE-IT at Spectrum Health.

In total, 31 Spectrum Health patients participated in PROVE-IT, and the quality of Spectrum Health’s data was nationally recognized.

“I was glad to be part of such a valuable study,” says Douglas. And her own heart health? “Vastly improved. My cholesterol is now under control.”
How does government underfunding for Medicaid affect your kids? If you have insurance, you might think the answer to that question is, “not much.” In that case, you’d be wrong.

As David Alexander, M.D., president, DeVos Children’s Hospital, explains it, underfunding of Medicaid has a ripple effect that ultimately threatens children across America—as well as here in West Michigan. At DeVos Children’s Hospital, one-third of our patients rely on Medicaid for their health care coverage. But Medicaid only covers, on average, 71 cents of the cost of every dollar of care provided. The hospital’s special care neonatal unit is paid only 57 cents for each dollar of care provided. DeVos Children’s Hospital, nonetheless, is committed to providing care to all of its patients, regardless of insurance or their ability to pay.

THE RIPPLE EFFECT

Fact #1: When children’s hospitals aren’t paid fully for their services, there are fewer health systems willing to make the commitment to build and maintain children’s hospitals. You’ve probably noticed that when it comes to specialized pediatric hospitals, DeVos Children’s Hospital is the only game in town—and the region.

However, that’s just one issue. There is more.

Fact #2: Underfunding of Medicaid not only affects hospitals, it affects availability of pediatric doctors. And that’s where the ripple effect really threatens kids across the board. Explains Dr. Alexander: “If you’re a physician and you provide a given service—let’s say an appendectomy—to a senior citizen, there’s a charge code with it: a federally established fee screen that determines what the Medicare program will pay for each type of service.

Now let’s say you’re a doctor providing that appendectomy for a child or his mother who has Medicaid coverage. You perform the exact same service and send that exact same charge code to the state government—but it’s filed under a different program, Medicaid—that results in a different payment. The payment to physicians under Medicaid is set at a percentage of the Medicare fee screen. In Michigan right now, that amount is about half.”

These payment disparities are creating shortages in pediatric subspecialists, says Dr. Alexander. Pediatricians are hurt more than many other specialists because pediatricians tend to have more Medicaid patients. According to the American Academy of Pediatrics (AAP), Medicaid provides health insurance for one in every four American children. About 28 percent of Michigan’s kids are covered by Medicaid.

For young physicians, making the choice to enter pediatrics means accepting that their services may be valued at half the price of those provided by peers practicing on adults. An additional irony is that many pediatric subspecialists often have to go to school longer—and incur more tuition loans—than their adult medicine counterparts.

Says Dr. Alexander: “If you’re a surgeon and you’re in your fourth year of general orthopaedic residency after medical school, do you wake up one morning and say to yourself, ‘I think I’m going to train an additional two years to specialize in pediatric orthopaedics so a significant part of my income can be cut in half?’”

Fortunately, he says, there are still people who are willing to make that decision. But that number is shrinking. “I can tell you, for example, that across the country last year, only nine new pediatric orthopaedic surgeons completed their training. Nine. That’s it.”

What this translates to is a national shortage of pediatric subspecialists—not only in orthopaedics, but also in anesthesiology, diagnostic radiology, gastroenterology, neurology,
pulmonology, surgery and other fields. In fact, according to
the National Association of Children’s Hospitals and Related
Institutions (NACHRI), a shortage of pediatric subspecialists
during the next decade may become the number one
operational issue facing children’s hospitals.

How does this affect families? When doctors aren’t
available, children can’t get the care they need close to home.

STEPPING IN TO ENSURE ACCESS TO SPECIALISTS

Fact #3: Not-for-profit hospitals and health care systems,
with their mission of ensuring access while providing quality
care, often fill in the health care gaps of a community. That’s
where a system like Spectrum Health can really make a differ-
ence. And it has. When West Michigan recently faced a short-
age of pediatric orthopaedic surgeons, DeVos Children’s
Hospital stepped in and created a hospital-based pediatric
orthopaedic practice in early fall 2004. They brought three
pediatric orthopaedic surgeons on staff so the community
could have access to this kind of specialty care. “That’s a
significant financial commitment,” says Dr. Alexander.

Medicaid’s inadequacies thus hit DeVos Children’s
Hospital with a triple punch—first, by not covering the
cost of hospital care provided; second, by not covering
the cost of physicians’ services provided; and third, by
compelling the hospital to salary pediatric subspecialists
in order to sustain availability of services.

Medicaid issues aside, Dr. Alexander points out that
if all health care systems were for-profits, there would be
no pediatric specialty hospitals. “Children’s health care is
not a business that works in a for-profit model,” he says.
Not-for-profits like Spectrum Health are essential to
the survival of children’s hospitals. SH

DeVos Children’s Hospital
Regional Poison Center
Making the Right Call

Covering 65 counties and 44,544 square miles
in Michigan, the DeVos Children’s Hospital
Regional Poison Center handles more than
134 callers daily and more than 49,000 calls a year.
And while 110 hospital emergency rooms feed into
the center, the vast majority of the calls—up to
80 percent—come from residences.

“This tells us that the poison center is the first place
the public turns to for help with a poisoning crisis.
That means we’ve done a good job in getting the
word out,” says the center’s managing director,
John H. Trestrail III.

Through Trestrail’s leadership, the center
has been recognized as one of the top certi-
fied poison centers in the nation, handling
more than 1 million calls since it opened in
1975. With each caller, the center assesses,
triages, makes treatment recommendations
and does follow-up. They deal with every
kind of suspected poisoning, from street
drugs and over-the-counter medication to
cleaning products, plants, food, chemicals
and fumes.

“No matter what the poison, we can
handle it,” he says.

In addition to saving lives, the poison center
also saves dollars by minimizing the health
care costs for minor poisonings. This is
accomplished by having up-to-date treatment
information and protocols, so staff can assess whether a
referral to the emergency department is warranted.

The DeVos Children’s Hospital Regional Poison Center
is open 24 hours a day, 365 days a year. If you suspect
poisoning in a child, yourself or a loved one, don’t
hesitate. Call 1-800-222-1222.

Brush up on your poison prevention facts at
poisoncenter.devoschildrens.org

Medicaid

- What Is Medicaid? Medicaid is the nation’s largest public
  health insurance program providing health and long-term
care coverage to 52 million low-income people in 2004.

- Who Does It Cover? Medicaid covers children, families
  and people with disabilities. It also fills in gaps in Medicare
  coverage for seniors.

- How Can You Help? One of the most effective ways to
  make our communities better for kids in the long term is
  through legislative advocacy. The Children’s Advocacy
  Network is aimed at making sure that kids’ concerns are
  heard when public policies are made. For more information,
  visit devoschildrens.org.
Imagine you are a 65-year-old who lives a half-hour drive from Grand Rapids. You have cataracts and you need eye surgery. There are surgeons at Spectrum Health hospitals in your local community who can perform the procedure using state-of-the-art equipment, or you can have the same physicians do the surgery in Grand Rapids. Your children don’t live in the area and your spouse does not feel comfortable “driving to the big city.” You weigh the options. The decision is easy. You choose close-to-home surgery.

This scenario is very real, not only for seniors, but for anyone who lives outside the greater Grand Rapids area and is pressed for time, needs urgent care or can’t travel. People want, and deserve, quality health care close to where they live or work.

To meet these needs, Spectrum Health offers community-based health care through three hospital campuses north of Grand Rapids. Spectrum Health United Memorial operates the United Campus in Greenville and the Kelsey Campus in Lakeview. Spectrum Health Reed City Campus is located at U.S. 131, just south of U.S. 10.

Sharing resources with the Spectrum Health system, these local hospitals have access to the latest technology and a renowned team of health care experts. They both are upgrading their facilities to ensure their communities have access to quality care. And by maintaining their own board of trustees and management teams, these Spectrum Health hospitals have been able to keep their ties to the communities they serve.

INVESTING IN EXPANSION AND THE FUTURE

Both the Reed City Campus and Spectrum Health United Memorial have kept pace with change by investing in their facilities and expanding their services to meet the needs of their communities.
Recently approved plans at the United Campus call for major infrastructure updates, and new surgical suites and patient rooms. Ground was broken this spring for a three-story Hendrik and Gezina Meijer Surgery and Patient Care Center which will be completed in the fall of 2006. Two floors will be completed in the initial phase; the third floor will be shelled for future expansion.

Spectrum Health recognizes the need for these improvements and is supporting the plan by guaranteeing $17 million in financing. Spectrum Health United Memorial Foundation has received a commitment from the community to help finance the plan. To date, $2.2 million has been donated to support the expansion.

COORDINATED CANCER CARE

The Reed City Campus and Spectrum Health United Memorial offer cancer care and infusion therapy on site through Spectrum Health cancer specialists based in Grand Rapids. These physicians see patients in Greenville or Reed City on a rotating basis. By sharing Spectrum Health physicians, capabilities and treatment plans, patients are ensured coordinated, quality care. Cancer care provided in Reed City and Greenville includes mammograms, infusion therapy and chemotherapy treatments.

EMERGENCY CARE

Around-the-clock emergency care also is available at Spectrum Health United Memorial and the Reed City Campus. Each has the latest computerized tomography (CT) systems and radiology imaging systems.

If patients need to be transferred to the Spectrum Health Butterworth Campus Trauma Center, either by ambulance or Aero Med, care is quickly coordinated. Thanks to Spectrum Health’s integrated computer systems, records and test results are available electronically, so waiting trauma physicians can access information instantly.

Serving Lake and Osceola counties, the Reed City Campus emergency department has undergone major renovation including the addition of five private rooms. One of these is dedicated to treating pediatric patients. The United Campus and Kelsey Campus serve patients in Montcalm County, offering care for sudden illness as well as injuries ranging in severity from routine to life-threatening.

SAVING TIME, SPEEDING RECOVERY AND BALANCING RESOURCES

Supporting community-based health care makes sense. For patients and families, it’s simply easier to seek care close to home. Trust develops between patients and staff because the providers often are local residents. Having family and friends available also improves the well-being of patients recovering from illness or injury. And when quality health care is available locally, resources at the Spectrum Health Grand Rapids campuses can be focused on more complex medical treatments. This helps ensure efficient and cost-effective care for everyone.

With the continued support of the Spectrum Health system, hometown health care will go on thriving in Montcalm County and the Reed City area, as it has for nearly a century. SH

For information on Spectrum Health United Memorial, call the United Campus at (616) 754-4691 or the Kelsey Campus at (989) 352-7211. Call the Reed City Campus at (231) 832-3271.
Regional Hospital Networking
The Power of a Shared Mission

Spectrum Health Regional Hospital Network began two years ago as “a way for Spectrum Health to reach out,” says Linda Erickson-Joel, the network’s executive director. “We felt a regional hospital network could help preserve community hospital independence while improving health care quality, value, cost and access to services.”

Today, the network includes 15 independent community hospitals and seven Spectrum Health campuses. The hospital’s CEOs meet quarterly to set direction. Their mission: To advance the health status of the communities they serve through collaboration, says Erickson-Joel.

The power of this shared mission is demonstrated by the network’s results. In their first 18 months of working together in partnership with VHA Michigan, network hospitals saved more than $2.3 million in medical-surgical, pharmacy and laboratory supplies. Also underway are negotiated discounts for radiology and information technology.

At the department level, the network has established specialty teams focused on high-priority areas. “Peer-to-peer collaboration has had great results,” says Erickson-Joel. Below are some of the achievements to date.

Access to MRI services. Mobile magnetic resonance imaging (MRI) will be offered to West Michigan communities through a partnership with the West Michigan Imaging Center via the Great Lakes Hospital Network.

Lower costs for life-saving blood products. New prices for blood products were negotiated with the American Red Cross. Estimated savings: $300,000 for the region. Expanded relationships between the Michigan Community Blood Centers and area hospitals contributed to this savings as well.

Physician recruitment initiatives. The network is building relationships with West Michigan-trained medical residents. New programs such as dinners with hospital CEOs familiarize young physicians with hospital leadership and encourage them to launch their practices locally.

Access to nursing education. Through the network, the majority of Spectrum Health’s extensive catalog of continuing education courses is available to nurses free of charge.

Innovative solutions to specialized staff shortages. Some areas of the region are experiencing a shortage of licensed pharmacists, making it difficult to ensure availability especially when the hospital’s pharmacy is closed. The network is evaluating a telepharmacy service that could review prescriptions when the hospitals’ pharmacists are unavailable.

“The benefits of the Spectrum Health Regional Hospital Network are diverse and growing,” says Erickson-Joel. “We’re making a difference in the health care of the communities we serve.”

Hospitals Become Partners in Children’s Health

DeVos Children’s Hospital recently announced affiliations with hospitals in West and Northern Michigan to help improve the care of children and their families in the region. Called Partners in Children’s Health, it will provide a framework to further develop pediatric care in each community.

DeVos Children’s Hospital will offer assistance through quality initiatives, clinical outreach and continuing medical education programming for the hospitals’ pediatricians and other clinical staff. Also provided are opportunities for community education programs, and advocacy for children’s health and safety in each of the partner communities.
Spectrum Health provides a wide range of ambulatory services close to where you work, play and live. The term "ambulatory" includes any medical service where patients can "ambulate" or walk around, and overnight stays are unnecessary. Today, thanks to advanced technology and treatment, more medical services than ever fall under the "ambulatory" umbrella. These include urgent care centers providing immediate treatment for illnesses and injuries. Sophisticated outpatient surgery centers performing the latest minimally invasive procedures. State-of-the-art diagnostics and imaging from mammography to positron emission tomography (PET) scanning. Sports medicine and rehabilitation programs. A sleep center that treats sleep disorders. Radiation therapy for cancer patients. And much more.

At Spectrum Health, we’re committed to meeting West Michigan’s demand for high quality, cost-effective diagnostic, treatment and rehabilitation services—all delivered on an outpatient basis by highly qualified professionals. It’s just one more way we’re working to improve your health and the health of our communities.

For more information, contact the program or facility nearest you.

For a complete listing of Spectrum Health’s more than 140 service sites, visit our Web site at spectrum-health.org.

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Taking the Lead in Making a Difference 4

Benefit: Improved Quality and Access
Quality: People Make a Difference, But So Do Processes 6

It’s in Your Hands: Priority Health’s Consumer-Directed Health Care 10

Benefit: Destinations for Medical Excellence
West Michigan’s Finest Heart Center 12
Multispecialty Cancer Clinics
Put Patients First 14

Neuroscience: It Is Brain Surgery—and Minimally Invasive Treatment, Too 16

Innovation in Women’s Health at Every Stage of Life 17

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