

A Delicate Balance

2001-2002 MeritCare Annual Report



MeritCare
Health System



In my visits with people in the community and across the region, I am privileged to hear about individuals' experiences at MeritCare. I hear appreciation for the high technology that remedied the problem and perhaps saved the person's life, but even more I hear the impassioned accounts of a particular MeritCare staff member who made a profound difference. The staff member who, with comforting words or compassionate actions or just being present, showed genuine care for the person, not just the person's medical condition.

I appreciate hearing these stories because it confirms to me something we in healthcare have known for years. Research from as far back as the 1930s has shown it's not enough just to meet physical needs. To truly thrive, to truly heal, a person needs the human touch. It is a fact that people of all ages benefit when they sense true caring on the part of another.

Why is this "high touch" message so critical now? Because nationwide and at MeritCare, we have seen significant advances in technology. In the past year alone, MeritCare has implemented technological advances including a pharmacy robot named Homer, a voice activated surgical system named Hermes, a surgical robot that can assist in general, urologic, gynecologic and heart surgery ... and these are just a few of many examples. In addition, we have made excellent progress in the first year of our five-year renovation. When completed, our renovated structure will nicely accommodate the technological advances of the future.

The monumental rate at which technology is advancing underscores the importance of high touch. At MeritCare, we have implemented certain programs that further this crucial aspect of care. A new department called Guest Services, for example, focuses on making the medical experience a positive one for patients and families. CaringBridge, an Internet service now available at MeritCare, gives patients and families an easy way to communicate with friends and relatives throughout the country — and the world. One more example comes from MeritCare Children's Hospital, where therapy dogs visit children on a regular basis, prompting smiles and brightening days.

These and many other high-touch programs are important, but no program in the world can replace the simple gestures of caring expressed by individual employees. This year's annual report will tell you more about how various people from several departments have combined high technology with high touch. They and many others at MeritCare have been successful in achieving this delicate balance.

Sincerely,

Roger L. Gilbertson, M.D.

Roger L. Gilbertson, M.D.

2001-2002 Board of Trustees and Corporate Officers



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Seated left to right: Wayne Gadberry, Treasurer; Jane Sinner, Vice Chair; Ben Anvary, Secretary

Standing left to right: John Jambois; Roger Gilbertson, M.D.; Steven Clemenson, M.D.; Jack Reynolds, Ph.D.; Nancy Jordheim; Steffen Christensen, M.D.; Ellen-Earle Chaffee, Ph.D.; David Glatt, M.D.; Pamela Anderson

Not pictured: Roxanne Newman, M.D.; Tim Monson, M.D.; Tom Dawson

2001-2002 MeritCare Health System Administrative Staff

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An Entire Network of Care

MeritCare Medical Group

- Largest group practice in North Dakota
- 361 doctors
- 96 mid-level practitioners, including physician assistants and nurse practitioners
- 71 specialty areas of medicine
- Over 1.4 million patient visits per year
- Over 95,000 Walk-In Clinic visits
- 11 locations in Fargo/Moorhead/West Fargo
- 14 regional locations in Minnesota
- 11 regional locations in North Dakota
- Service area that spans 250 miles west to east; from Jamestown, N.D. to Bemidji, Minn.

One Hospital, Two Locations

MeritCare Medical Center & MeritCare South University

- Largest hospital in North Dakota - 583 beds at two locations
- 18,700 admissions per year
- 36,500 yearly visits to the Emergency Center
- 1,830 births
- 13,900 surgical cases per year

MeritCare Medical Center

- 380 adult and pediatric licensed beds;
 - Children's Hospital with 56 beds;
 - 24 bed level III neonatal intensive care;
 - 8 bed pediatric intensive care;
 - 24 bed general pediatrics
 - 40 bassinets

MeritCare South University

- 203 beds
 - 143 acute care beds
 - 33 transitional care beds
 - 27 rehabilitation beds

Medical Specialties

- Allergy & Immunology
- Anesthesiology
- Audiology (Hearing)
- Cardiac Electrophysiology — Clinical (Pacemakers)
- Cardiology (Heart)
- Chemical Dependency Services (Addiction)
- Child & Adolescent Psychiatry
- Child & Adolescent Psychology
- Chiropractic
- Clinical Chemistry
- Critical Care
- Cytopathology

- Dermatology
- Emergency Medicine
- Endocrinology (Diabetes & Metabolism)
- Family Practice
- Gastroenterology (Digestive System)
- Geriatric Medicine
- Hematology (Blood)
- Infectious Disease
- Internal Medicine
- Interventional Radiology
- Medical Microbiology
- Neonatal — Perinatal Medicine (Premature Infants)
- Nephrology (Kidney)
- Neurology (Nervous System)
- Neuropsychology (Brain Disorders)
- Neuroradiology

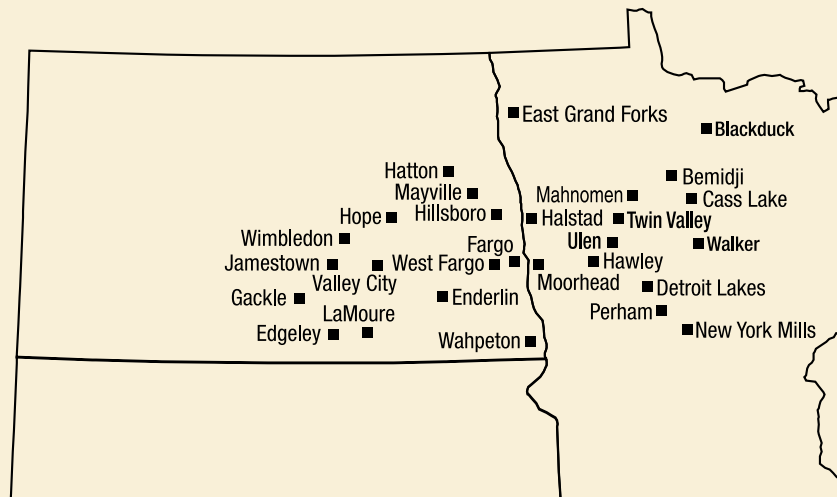
Medical Specialties continued

- Neurosurgery (Brain & Nervous System)
- Nuclear Medicine
- Nutrition
- Obstetrics & Gynecology
- Occupational Medicine
- Oncology — Medical (Cancer)
- Ophthalmology (Eye)
- Optometry (Eye)
- Oral & Maxillofacial Surgery (Mouth & Jaw)
- Orthopaedic Surgery (Bones & Joints)
- Otolaryngology (Ear, Nose & Throat)
- Pain Management
- Pathology — Anatomic & Clinical
- Pediatric Cardiology (Heart)
- Pediatric Critical Care Medicine
- Pediatric Endocrinology (Diabetes & Metabolism)

- Pediatric Gastroenterology (Digestive System)
- Pediatric Hematology — Oncology (Cancer)
- Pediatric Immunology — Laboratory & Clinical
- Pediatric Neurology (Nervous System)
- Pediatric Orthopaedics (Bones & Joints)
- Pediatric Pulmonology (Lungs)
- Pediatrics
- Physical Medicine & Rehabilitation
- Plastic Surgery
- Podiatric Medicine & Surgery (Feet)
- Psychiatry
- Psychology
- Pulmonary Disease (Lungs)
- Radiation Oncology (Cancer)
- Radiology — Diagnostic

- Reproductive Endocrinology (Fertility)
- Rheumatology (Arthritis)
- Sleep Medicine
- Sports Medicine
- Surgery
- Surgery — General Vascular (Blood Vessels)

- Surgery — Hand
- Surgery — Head & Neck
- Surgery — Cardiothoracic
- Surgery — Cardiovascular
- Surgery — Transplant
- Urology (Urinary Systems)



At MeritCare, stories of caring abound. Why? Because every day, in all corners of MeritCare, people care for people.

Of course the most obvious place this happens is in patient care areas. But it happens in support and administrative departments, too.

A receptionist takes extra time to better coordinate a patient's appointments, an employee extends a helping hand to a coworker on a busy day, or anyone at all asks the simple question "May I help you?" to a visitor who looks lost. The stories of caring abound...



PACS clicks away frustration

It might not seem like a big deal, but if you've been in the situation, you know how frustrating it can be. You're in your doctor's office, but for some reason your X-ray films are not. "It's not something any medical facility likes to admit, but it's a fact that nationwide 8 to 10 percent of films get lost each year," says radiologist Dr. Richard Marsden, physician leader of the Radiology Department. "The same test may need to be repeated, causing inconvenience and added expense. "Patients deserve better than that," he adds.

Dr. Marsden leads the effort to make PACS (Picture Archive Communication System) part of the electronic patient record, now being implemented at MeritCare. In simple terms, PACS means any type of radiological "picture" taken at MeritCare, such as an X-ray, ultrasound or MRI, can be transmitted digitally and become part of the individual's electronic patient record. No more transporting films from one department to the next, waiting for a film to show up, or lost films. Instead, they're just a few clicks away on computer in physicians' offices.

"Even though radiologists don't have a lot of direct contact with patients, PACS is an important way we can better equip physicians to provide more complete, convenient care — with fewer repeat tests," says Dr. Marsden. "That's what I would want for myself and my family, and that's what I want for our patients, too."



The power of touch

In the 1940s, the goals in taking care of a premature infant were threefold: keep the baby warm, fed and free of infections. And the parents? "They were kept away and could only look through a glass door," says neonatologist Dr. Indu Agarwal. Back then, only 50 percent of 4-pound babies survived.

Today, almost all 4-pound babies — and many who weigh much less — survive . . . and thrive. Milestones in equipment, medications and knowledge have contributed to the much-improved results. The past decade has brought yet another milestone: the recognition that an infant's developmental needs must be met, too. That's why today's parents can stay close to their tiny babies, touching them, talking to them, even holding them. And at MeritCare Neonatal Intensive Care Unit, even when parents can't be there, babies get plenty of TLC from the staff.

Research confirms the importance of touch in a baby's development, but to Dr. Agarwal it goes beyond studies and data. "It's wonderful to see our tiny patients get better and it's a privilege to be part of this process," says Dr. Agarwal. "It warms my heart to know the tiny babies in our nursery can experience what it means to be loved and comforted."



You laugh, you cry, you connect

A 15-year hospital obstetrics nurse, Loretta Swanson never imagined herself as an oncology nurse. "If years ago someone had told me that was in my future, I'd have said, 'No way, I don't want to deal with that kind of pain,'" she says. "But now I'm here and I've learned what a special place this is. You laugh with patients, you cry with them, you connect with them."

Loretta administers chemotherapy to cancer patients in the Medical Oncology Department at MeritCare Bemidji. Four private rooms devoted to outpatient chemotherapy make the treatment experience as comfortable as possible. Patients can relax in comfortable recliners, watch television or a movie, listen to the radio, have a snack or just visit with the oncology nurses who stop in frequently. "At first patients are fearful and anxious. They don't know what to expect," says Loretta. "We always take the time to educate them and answer their questions. We let them know we're not just going to start their IV and walk out the door."

Besides getting to know the patients, Loretta sees firsthand the breakthroughs that have made today's cancer treatments easier and more effective — the anti-nausea drugs, the monoclonal antibodies that target tumors, the various drug combinations, the clinical trials that allow people access to promising treatments. "People are amazed we can do these high tech things," she says. "I guess that's why they call us one of Bemidji's best-kept secrets."

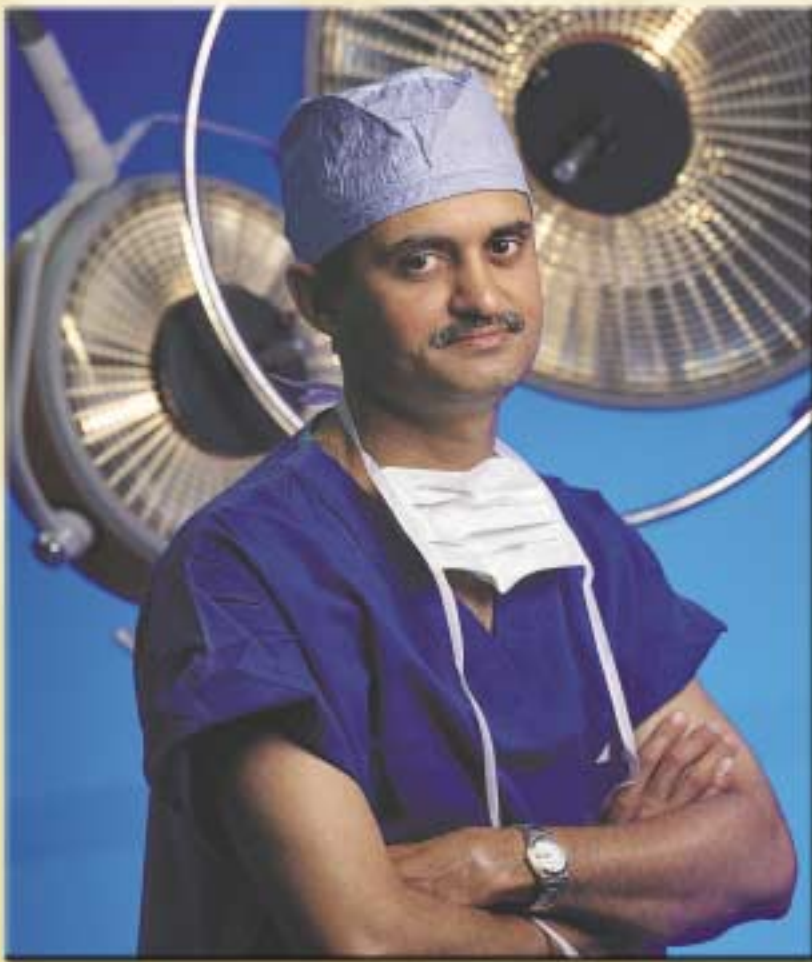


Here when they need us

From a wall display of metal devices the size of pagers, Heidi Irmen plucks one off and holds it in the palm of her hand. "This is a defibrillator," she says. "It can jumpstart a heart that's stopped beating — it can save a person's life."

Surgically implanted in people with certain types of heart conditions, today's defibrillators are smaller and more customized than ever before. The same holds true for pacemakers, including the new biventricular pacemaker — the first pacemaker especially for people with congestive heart failure. Heidi, a clinical coordinator at the Pacemaker Arrhythmia Clinic within MeritCare Heart Center, deals every day with these devices.

But more important than the devices themselves, she deals with the individuals who have them. "We spend a lot of time teaching people and making sure they're comfortable, not just with the technology, but with us," she says. "That's key because as long as they have this device, whether it's a defibrillator or a pacemaker, they'll have contact with us for periodic follow-up and adjustment. We want them to feel at ease and confident that we're here for them anytime they need us."



"I'm happy for them"

What makes today's transplants more successful than the transplants of years ago? Transplant surgeon Dr. Bhargav Mistry says the biggest factor is increased understanding of the process of rejection. That understanding has led to — and continues to lead to — better-targeted drugs and different combinations of drugs to help ensure the recipient's body will accept a donated organ.

Dr. Mistry keeps up-to-date on all aspects of transplant technology, wisely incorporating the best ones into his practice at MeritCare. His practice focuses on kidney and pancreas transplants, and in the next two to three years may also include liver transplants. But to Dr. Mistry, it's really about people: the trucker who's back on the road, the student who's strong enough to once again participate in school activities, the father who can go fishing with his son.

"I know all my patients. I know their life stories and what they've been through," says Dr. Mistry. "I see their failing health before the transplant and their improved health afterward. To see them smiling, walking instead of using a wheelchair, being able to work again, enjoying time with their families — that gives me a real feeling of satisfaction. I'm happy for them."

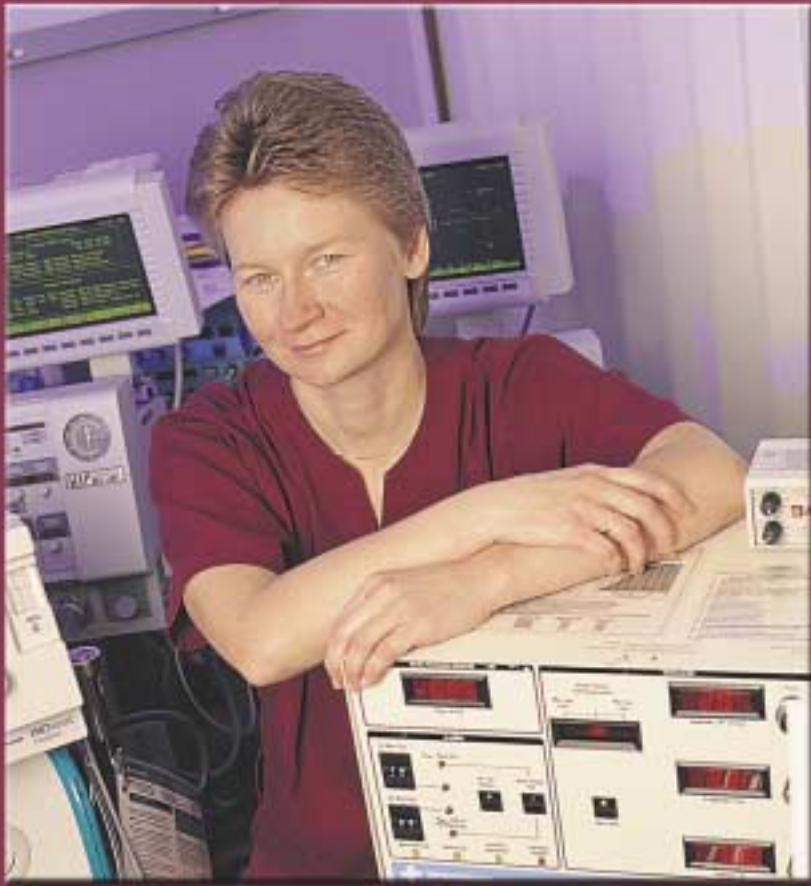


Staying close in the darkest hours

Every day the staff on the Critical Care Unit at MeritCare Hospital see seriously ill people make remarkable recoveries due in large part to the advanced technology that characterizes this highly specialized unit — the ventilators (machines that breathe for people), the monitoring systems, the powerful medications. But sometimes not even the most advanced technology can save a life. Then what?

For critical care nurse Bev Peterson, the answer is simply to be there. To stay near a family member who's hurting. To put an arm around the shoulder or hold a hand as a loved one quietly slips away. Bev recently stayed near a grieving mother whose seriously ill adult son would die within hours.

"She didn't have any other family members here, and even though my shift was over, I knew I needed to stay," says Bev, eyes tearing up. "Even though I didn't have any words to make things better, I knew I needed to be with her. Sometimes you get more emotionally involved than you want to get, but that's part of it, too."

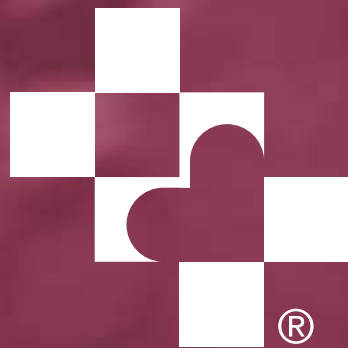


The "tool" you can't buy

When respiratory therapist Cathy Mortrud enters a patient's room at MeritCare Children's Hospital, she has with her whatever she'll need to administer the prescribed breathing treatment, whether it's equipment, medication or both. Today's respiratory therapy "tools" are more advanced than ever, and Cathy utilizes them every day. But one "tool" she absolutely couldn't do without is a tool you can't buy.

"The minute I walk into the room, I make sure I have a big smile on my face," she says. "That sets the stage for the rest of the time I'll spend with the patient." Over the years she's discovered other tools help, too — bright scrubs, easy explanations, and always, plenty of time. "Taking extra time with kids is one of the most important things," says Cathy. "You do what you need to do so that by the time you leave, the child is breathing easier and the stress level is down."

And how does she know when she's done a good job? "I know the next time I walk into the room," says Cathy. "If the patient smiles at me and the family says 'we're glad you're here,' then I know."



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