

A look at the Leonard C. Ferguson Cancer Center

"H" is for hope

It's the dreaded "C" word—

Cancer. It's a word we seem to hear on a daily basis. It's on the news, it's in the papers, and it's in our back yard—not from the standpoint that we all have friends, relatives and neighbors who have, or have had cancer, but from the standpoint that we have a facility, literally in our back yard, that epitomizes the "C" word in a much different way. Compassion, caring, concern, and convenience are just some of the "C" words patients use when talking about the Leonard C. Ferguson Cancer Center.

Back-yard background

Located next to FHN Memorial Hospital, the Center provides medical oncology, hematology and radiation oncology services all under one roof. The facility has been in our community since being built in 1995 and serves nearly 1,000 patients annually, with about 350 new patients each year.

Dr. Michael Eastman and Dr. Patrick Fernandes lead the team at the Center consisting of skilled nurses, radiation therapists, one dosimetrist, one physicist and a support staff. Dr. Eastman is board-certified in the study of Oncology and Hematology, while Dr. Fernandes is board-certified in Radiation Oncology. In addition to both being "cancer doctors," they also share a commonality that gives our small town yet another advantage: both are on active staff at UW-Madison and are part of the UW Comprehensive Cancer Center, one of only 39 comprehensive cancer centers in the United States.

High-tech treatment

In addition to the outstanding physicians and staff at the Center, FHN made a \$760,000 investment in patient care in June of this year. An IMRT (Intensity Modulated Radiation Therapy) system was brought to the Center. IMRT uses specialized computer software to develop an accurate image of the tumor's size, shape and location to determine a desired radiation dose, along with dose limits for nearby organs, which gives clinicians a much greater chance of completely eradicating the tumor. "FHN is fortunate to be able to offer a proven product like IMRT," explained Dr. Fernandes. "Clearly, IMRT has redefined cancer treatment."

A dose of reality

To an outsider, all of these things must seem great. Yet it all means nothing if it's not benefiting the patient. And that is something the Center will always have as its foremost concern.

Bill Morrow has been a patient at the Center since 1999. He described a time when his brother-in-law had cancer and took treatments in Rockford. "He went into a room where all the patients took chemo together. They sat in chairs and looked at each other," said Morrow. "When I came to the Center, I had a private room, a TV set, a VCR, and a comfortable chair. It was very private and personal, which was nice for my friends and family." Morrow feels the Center is a huge asset to our community. "I think it's



Dr. Patrick Fernandes (pictured) and Dr. Michael Eastman, along with the Cancer Center team, bring hope and high tech equipment to patients from the community and the surrounding area.

very important that you don't have to drive all the way to Madison or Rockford when you don't feel good." When asked what the Center means to him, Morrow simply said, "It means I'm still here."

Beth Dittmar, a patient since 2001, said she never contemplated going anywhere other than the Center when she was diagnosed. "I've worked in intensive care here for 30 years, and I know everyone. I never thought to go somewhere else," Dittmar said. She went on to describe what it's like going to the Center. "It's a comfortable feeling because the people who are working here are from this area, so you just have lots to chat about. There's a real commonality. You don't feel a stranger at all because they're all so kind, wonderful and giving." When asked what the Center meant to her, Dittmar thought for a moment and then smiled with her reply, "Well, it's certainly hope. It's hope that they'll whip this thing for me and many others."

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“H” is for hope

Everything happened pretty quickly for Art Moshure, a patient since March of this year, causing him much apprehension about his treatment.

After his surgery, which took place six days after his diagnosis, Moshure and his team of doctors looked at treatment options. He was told he could either go back to Madison, go to Rockford or to a “satellite” clinic in Freeport. “Satellite” indeed, according to Moshure. “Freeport is only 30 minutes from home for me,” said Moshure, who lives in Mt. Carroll. “We decided to come to the Center and meet Dr. Eastman and the rest of his team. After that, there was never a question to go somewhere else. Dr. Eastman has done a phenomenal job. As far as recommending this center to anybody, I don’t think you’ll find a better center in the country.”

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“Every single person here is just unbelievable,” said Karla Hendee, a patient since last December and a nurse at FHN. Hendee gave many examples of the convenience of the Center, and also added, “But if they weren’t good at what they did, you wouldn’t come here no matter how convenient it was. They could be across the street, but if their care and compassion and skill levels weren’t there, no one would come.” She added, “The people here can make a really bad time in your life seem so much easier.

Besides the convenience, their expertise, their care, their compassion

“It means I’m still here.”

—Bill Morrow



and the way they included my family—I just think we are so lucky to have the Center here.”

As with each of the patients above, Hendee was asked

what the Center means to her. Through her tears, she summed it up completely. “In a bad situation, it’s just a wonderful place to be able to come to. It’s pretty tough to come here for chemo when you know how sick you’re going to be and how rotten you’re going to feel. But the people here are so great that you know you’re going to get through it.”

If you would like more information on the Leonard C. Ferguson Cancer Center, please call 599-7000, or contact your primary care provider. ■

TriVex those veins away!

Varicose veins. Those unsightly and often painful veins that nearly a quarter of all women and 15 percent of all men suffer from can now be treated more efficiently and effectively.

FHN is pleased to introduce the new TriVex System for the treatment of varicose veins. This clinically tested surgical technique for vein removal allows the surgeon to remove veins with a minimal number of incisions and a much decreased recovery time. The TriVex System is designed for use during a patented, clinically tested surgical technique for varicose vein removal called transilluminated power phlebectomy. In this procedure, the surgeon views the vein using a transilluminating light and removes it with a small powered surgical device.

Traditional varicose vein surgery is often looked at as a “blind procedure,” meaning that surgeons cannot always see the vein or confirm removal. The TriVex System’s unique illumination feature allows the surgeon to quickly and accurately target and remove the

vein and then visually confirm its complete extraction.

Minimally-invasive procedure

The procedure is performed on an outpatient basis and usually takes less than an hour (depending on the number of veins being removed). The minimally-invasive TriVex procedure cuts operating time in half, reduces the number of incisions by 50 to 75 percent, requiring less anesthesia and resulting in less post-operative pain and infection.

Though the TriVex procedure has been around since 1996, FHN began performing these surgeries in 2002. Cindy Perry, OR Supply and Equipment Coordinator explains, “The machine is so small and portable. It’s a pretty neat piece of equipment—everything is built into one unit which makes it extremely convenient for this procedure.”

According to Dr. Barry Barnes, board certified surgeon with FHN, this procedure is the way to go in varicose vein removal. “Once word gets out about this innovative procedure and the excellent outcomes we’ve had, I think more and

more people will see the benefits of this surgery,” stated Barnes. His patients come in for a follow up visit three days “post-op” to remove the dressings from the surgery. He explained that most patients are walking around and going up and down stairs right after surgery. “I prescribe compression stockings for my patients and most are back to work within one week. This is a huge improvement over the way this surgery used to be performed. The recovery time is significantly less, and scarring is minimal since there are so few incisions needed.”

So how do you know if your varicose veins are bad enough that you need this procedure? Though every case is unique, symptoms include fatigue, heaviness, aching, burning, throbbing, itching, cramping and restlessness of the legs. Untreated varicose veins may create complications such as leg swelling, hyper pigmentation and leg ulcers. To date, there is a 99 percent success rate using the TriVex procedure.

To learn more about this procedure, call FHN at 599-7770. ■



A technology tango: Partnering for the future

Today, healthcare organizations and their Information Service (IS) departments are facing a battery of issues due to the advances in information technology (IT) solutions. Increased attention to national policy, overall technical advancements, patient safety requirements, electronic medical recording and the need to truly integrate all of these information systems together are transforming how IT is viewed within healthcare organizations. IT is being viewed as a strategic weapon and not merely a departmental tool. Today, IT users are employees and physicians. Tomorrow, patients will be the users.

FHN has initiated an 18-month evaluation of whether FHN can and should participate in the development of an IS joint venture with SwedishAmerican Health System (SAHS) in Rockford. Under this joint venture analysis, FHN will be able to explore the opportunities and benefits of combining IS resources with SAHS.

The conception

The idea for a joint IT process happened a few years ago after an independent consultant visited FHN to help with strategic planning. FHN had been contemplating the idea of sharing IT resources with other medical facilities since it was (and is) difficult to fund quality IT services. The option merited further investigation, so contacts were made and a meeting was held with regional health care organizations to discuss the proposed process. SAHS was impressed with the idea and readily volunteered to partner in the 18-month evaluation.

The first step in this venture was to jointly hire a Vice President and Chief

Information Officer. Phil Wasson took on that role in July, 2004 with offices in the IT departments at both FHN and SAHS. With the overall goal of leveraging access to quality technology, Wasson explained, "We are anticipating that this partnership also will allow us to build the foundation necessary to expand this support model into other organizations in the future.



Phil Wasson,
Vice President and Chief
Information Officer

We also realize that the sharing of healthcare information and resources among providers may very well be a regional activity in the future. Expenses can be shared to provide a more efficient model of operation."

The basics

But what does this all really mean, and what are the potential outcomes and benefits for FHN? Sandy Hein, vice president of performance excellence and former CIO for FHN, stated, "The combining of IT resources with SAHS allows FHN to provide better information for our patients, save time, save money and save resources." An example of this, as Hein explained, would be once hardware, software and interfaces are examined and determined, FHN and SAHS would no longer have to look at vendors separately—they could jointly meet with a vendor and negotiate better pricing. "Looking at it another way," continued Hein, "is if a certain software needs to be purchased, both parties can purchase it together and then jointly pay for the implementation of that software one time."

Another example of how this coordination would work is how the Meditech system is being used within both organizations. (Meditech is FHN's internal electronic communications vehicle.) Currently, any time Meditech comes out with an upgrade, it can take up to six months to test and evaluate the upgrades before implementing them throughout the entire FHN organization. By sharing IT processes, FHN and SAHS could test different pieces of the Meditech upgrade and share those findings jointly, thus saving overall testing and implementation time and cost.

Where are we today?

IT still represents significant challenges at FHN. "How should we respond in an appropriate manner to use technology to grow our organization's business and quality, while still driving to employ this vision to attain a sustainable strategic advantage?" queried Wasson. "IT is not an infinite resource, and the application of IT requires attention in how it promotes FHN's business strategies and mission. We must be good caretakers of these limited resources and insure that they are applied appropriately and work effectively to maximize our capabilities," said Wasson.

Both FHN and SAHS continue to look at software and hardware tools that are already being used at both facilities (like Meditech). This, in turn, means expensive interfaces need not be built and the sharing of resources could begin in those areas. On a more tactical level, FHN is currently evaluating the use of electronic ambulatory records at physician practice locations, while the hospital is evaluating the use of new advanced clinical systems for the Emergency Department. The hospital also is looking at integrated systems that employ bar code technology for delivering medications to patients at bedside. "The possibilities are truly amazing," said Hein. "I believe the technologies that are out there will surely change the future of healthcare."

Speaking of the future

FHN's partnership with SAHS and the advanced IT projects currently being explored represent huge opportunities for FHN. "The prospect presented by the addition of these advanced clinical systems should cause us all to pause and envision the future," said Wasson. "And I look forward to working with everyone at FHN to help achieve a greater understanding of the strategic relationship with SwedishAmerican and how IT can be applied to achieve sustainable success into the future."

Clearly, FHN's future will be comprised of IT systems that provide quick and easy access for patients while insuring that care continues to be delivered in a safe and effective way. ■

Good Old Summertime 2004



Insight

Insight is published quarterly by FHN
1045 West Stephenson Street
Freeport, IL 61032
(815) 599-6000
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Next issue...

- **New Judy and Virgil Bocker**
- **Cardiovascular Center Debuts**
- **Festival of Trees Recap**

Send your contributions, story ideas or comments to Tammy Edler via e-mail to tedler@fhn.org or by calling 599-6209.

Mark your calendar—

Cardiovascular Center Open House

Nov. 4, 2004 for physicians
Nov. 5, 2004 for employees and public

Festival of Trees 2004

Nov. 19, Gala and Live Auction
Dec. 5, 2004–Jan. 6, 2005, community activities

Get Fit Challenge 2005 (Jan.–Apr.)

Nov. 15, registration forms available
Dec. 22, early registration deadline
Jan. 6, 2005, final registration deadline