Strategic Initiatives

Announcements (continued)

Fresolone Announces Retirement
Vic Fresolone, president and chief executive officer of Mercy Healthcare, Roseburg, Ore., will retire effective October 31, 2006. Dave Goode, senior vice president of operations for Catholic Health Initiatives, is working with the Mercy board of directors to develop a leadership transition plan.

Honey Named ACHE Diplomate
Debbi Honey, RN, vice president of clinical operations for Catholic Health Initiatives, was named a Diplomate in the American College of Healthcare Executives (ACHE) during its 72nd Convocation on March 26. Individuals may advance to the level of Diplomate after presenting evidence of professional growth and competence, including successful completion of the Board of Governors Examination in Healthcare Management.

Blye Featured in HFMA Publication
The February 2006 issue of Healthcare Financial Management Magazine features an interview with Colleen Blye, chief financial officer for Catholic Health Initiatives. In the interview, Blye discusses Catholic Health Initiatives' approach to cost containment, capital allocation and other financial topics.

Initiatives

Initiatives is published by Catholic Health Initiatives. Please direct submissions for articles, questions, comments or mailing list changes in writing to:

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Submission Guidelines
Please send photos, news releases or brief announcements on successful healthy community initiatives, unique clinical and service advancements, new partnership activities, awards and recognitions and appointments of executives. Submissions should include contact information.

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In keeping with its tradition of care for the body, mind and spirit, Catholic Health Initiatives continues to sharpen its focus on person-centered care. “Person-centered care brings all of an individual’s richness and complexity as a person — his or her preferences, values and relationships — into the picture,” said Milt Hammerly, MD, vice president of medical operations and integrative medicine.
Mercy – Des Moines Ranked Among Nation’s Best

Published research performed by the Harvard School of Public Health’s Department of Health Policy and Management ranks Mercy Medical Center — Des Moines, Des Moines, Iowa, ninth in the nation for quality of care for heart attack, congestive heart failure and pneumonia.

The ranking is based on clinical data provided by 3,558 hospitals across the nation to the Centers for Medicare and Medicaid Services. The data covered 10 indicators of quality care, ranging from appropriately providing life-saving medicines to performing important diagnostic tests. The data and review showed that Mercy met or significantly exceeded the national and state average measures for care reported.

“The quality indicators confirm that for these critical therapies, patients at Mercy are getting some of the best heart and pneumonia care in the country.” said study leader Ashish Kumar Jha, MD, MPH, assistant professor at the Harvard School of Public Health Policy and Management. “Mercy Medical Center is doing a fantastic job for all of the measures reviewed,” said study leader Ashish Kumar Jha, MD, MPH, assistant professor at the Harvard School of Public Health Policy and Management. “The quality indicators confirm that for these critical therapies, patients at Mercy are getting some of the best heart and pneumonia care in the country.”

For more information, contact Gregg Lagan of Mercy at glagan@mercydesmoines.org.

Memorial’s Cancer Program Achieves Highest Ranking

The Commission on Cancer of the American College of Surgeons has granted three-year approval with commendation to the cancer program at Memorial Health Care System, Chattanooga, Tenn. “This is the highest level of recognition the commission gives,” said Ruth Brinkley, president and chief executive officer of Memorial Health Care System. “It only occurs when a program complies with all standards and receives one or more commendations. Our program was commended for 100 percent compliance with quality of care documentation, implementation of continuous improvements, exceptional outreach activities to the community and an excellent annual report publication.” For more information, contact Karen Sloan of Memorial at 423/495-4320.

Top Hospitals List Includes Three from Catholic Health Initiatives

The 13th list of the 100 Top Hospitals®: National Benchmarks for Success includes three of Catholic Health Initiatives’ hospitals: Flaget Memorial Hospital, Bardstown, Ky.; Memorial Hospital, Chattanooga, Tenn.; and Saint Joseph East, Lexington, Ky.

The list was determined by a study conducted by Solucient, a health care information products company based in Evanston, Ill., that identifies industry benchmarks by recognizing U.S. hospitals that demonstrate superior clinical, operational and financial performance. Solucient uses Medicare data to score facilities on nine measures, including mortality; complications; patient safety; growth in patient volume; length of stay; expense per discharge; profit from operations; cash-to-debt ratio; and tangible assets per discharge. While the 100 Top Hospitals treat sicker patients who require more complex treatment, they show better patient outcomes and lower costs.
Catholic Health Initiatives Leases Additional Space in Meridian Park

To meet current needs, Catholic Health Initiatives has leased additional office space in the Meridian Business Park in Englewood, Colo. The new space, located a short distance from the Denver-Meridian national office, will be ready for occupancy in mid-May.

Catholic Health Initiatives is also continuing negotiations to purchase land near the Denver-Meridian office. “Growth in staff at the Denver-Meridian office reflects organizational changes that place increased emphasis on our newest core strategy of information: accelerating the implementation and standardization of advanced clinical information systems and consolidating selected functions within finance, supply chain and information technology,” said Michael Fordyce, chief administrative officer for Catholic Health Initiatives. “Long term, we believe that it is best for Catholic Health Initiatives to have these employees near each other in buildings we own, as they work to help our market-based organizations and community health services organizations better serve their communities.”

Remembering Dan Clark

Dan Clark, vice president of human resources for Catholic Health Initiatives, died unexpectedly on Sunday, February 26, of a heart attack. He is survived by his wife, Kathi; their children, James and Maggie; and a grandson, Jaylin.

“Dan was the very essence of Reverence, Integrity, Compassion and Excellence and a pillar among his human resources colleagues,” said Herb Vallier, senior vice president of human resources for Catholic Health Initiatives. “While he was taken from us much too early, we know that we are better for having been with him. Let us pray that his family finds comfort knowing that Dan lived a life that made this world, and this ministry, a better place.”

To honor Clark, Catholic Health Initiatives has named the new education center in the Northern Kentucky national office the Clark Education Center.
In keeping with its tradition of care for the body, mind and spirit, Catholic Health Initiatives continues to sharpen its focus on person-centered care.

"Person-centered care is distinct from patient-centered care," said Milt Hammerly, MD, vice president of medical operations and integrative medicine for Catholic Health Initiatives. "Both approaches customize care to meet an individual patient's needs, but they differ as to who is in control. Person-centered care places the focus of control with the individual being served, versus patient-centered care, in which providers of care have the locus of control. Person-centered care brings all of an individual’s richness and complexity as a person — his or her preferences, values and relationships — into the picture."

John Anderson, MD, chief medical officer for Catholic Health Initiatives, said person-centered care represents an enrichment of patient-centered care. "Person-centered care takes into account all dimensions of a person," he said. "It resonates deeply with who we are as an organization and why many of us entered the health care field."

Patients or Persons?
While the people who come to Catholic Health Initiatives' facilities for care are often referred to as "patients" or "residents," that probably isn’t how they would choose to define themselves. "If you meet someone and ask her to tell you about herself, she may talk about her work, family or hobbies: ‘I’m an accountant,’ ‘I’m a mother of three,’ or ‘I’m a skydiver,” said Hammerly. “‘I’m Dr. Miller’s patient’ is probably much further down the list of ways she defines herself. Any individual in our care is much more than a patient: he or she is a person who deserves respect and an understanding of his or her values and priorities."

Person-centered care is a philosophy of care that emphasizes involving patients and their loved ones in care decisions and giving them a feeling of control over the care received. "When individuals and their family members feel in control, they often share more information, more freely, with caregivers," said Hammerly. "With more information, we can do a better job of meeting the individual’s needs."

Persons who feel more in control of their care may also be more confident about requesting and accepting help from a variety of caregivers, including chaplains, therapists and social workers. "When the focus is on meeting the needs of the whole person in mind, body and spirit, care is naturally more comprehensive and collaborative," said Hammerly. "We find that when care is comprehensive and collaborative, other important issues — such as safety and quality — tend to fall into place. It’s difficult to deliver person-centered care that isn’t safe, because the care is truly customized for an individual. However, it’s very possible to deliver safe care that isn’t person-centered."

Person-Centered Palliative Care
A person-centered approach to care is evident in the Palliative Care Program at Saint Joseph HealthCare in Lexington, Ky. "Our goal is to improve the quality of life for patients with life-limiting illnesses," said Billie May, RN, clinical nurse specialist in
palliative care. “That means addressing whatever interferes with their quality of life, whether it involves the mind, body or spirit. No one caregiver can address all of those needs, so we use a multidisciplinary team to provide palliative care for these patients.”

As a consulting team brought in by a patient’s attending physician, Saint Joseph’s Palliative Care Team works to identify and address all causes of a patient’s pain and suffering. “We recently provided care to a woman in her 40s, newly diagnosed with cancer, who was in excruciating pain,” said May. “The cancer had spread to her bones, so there was certainly physical pain. But, we found that she also had overwhelming psychosocial stress. She was an independent, single, self-employed woman with no health insurance, so she worried about paying her medical bills. She worried that she might not be able to return to work. Because of some unresolved family issues, she was afraid that she would not be able to rely on her family for help when she left the hospital. As we worked to control her physical pain, we also worked to resolve her insurance status, involve her family in her care, ease her emotional stress and introduce her to community resources that could help and support her after she left the hospital.”

Saint Joseph’s Palliative Care Team provides this type of comprehensive, person-centered care to hundreds of patients and families each year. Saint Joseph’s program is affiliated with the Palliative Care Center of the Bluegrass, one of just six organizations in the country designated as Palliative Care Leadership Centers by the Robert Wood Johnson Foundation.

“As a consulting team, we have the luxury of spending enough time with patients to discover the true sources of their pain and suffering,” said May. “We can have a positive effect not only on their symptoms while they are hospitalized, but on the care they may require in the future. And, we are able to educate our nursing staff in palliative care interventions, which raises the quality of nursing care for all of our patients.”

Through the Eyes of Residents

Introducing or enhancing a person-centered approach can be challenging when caregivers believe they already provide the best possible care. “It can take extra effort to go to the next level of person-centered care,” said Hammerly. “Sometimes, it can be accomplished by looking at everything that happens in a health care facility through the eyes of a patient or resident.”

That approach was taken by a team of leaders from Centura Health’s long-term care facilities in Colorado. For example, when team members observed meal times,
they noted a lot of “hurry up and wait.” Employees would hurry to get residents up and dressed: then, the residents would wait for their meals, often while lined up in the hall outside the dining area. “Waking and feeding residents who don’t want to be woken and aren’t hungry, and then making them wait, can be traumatic for the residents and their caregivers,” said Hammerly.

Some of the facilities are now trying an open dining concept. Meals are served for longer periods of time, giving residents more choice about when to get up and go to the dining room for breakfast, lunch and dinner. There is also a wider choice of food at each meal to appeal to residents’ differing tastes. “One of the Centura facilities, Villas at Sunny Acres, reported increased resident satisfaction, less wasted food and significantly improved employee satisfaction over a one-year period,” said Hammerly. “This is consistent with the results of open dining at other long-term care facilities.”

**Person-Centered Structures**

Person-centered care also has implications for the way health care facilities are designed. “Currently, most facility designs are based on industrial concepts that are convenient for providers, but not necessarily for patients,” said Hammerly.

For help in designing new facilities or remodeling the old, some market-based organizations are drawing on the philosophy of Planetree, a nonprofit organization that advocates for the patient perspective in all aspects of health care, including facility design. Believing that the physical environment is vital to the healing process, Planetree advocates for warm, home-like design and decor that provide patients and family members with a sense of “safe shelter” while accommodating medical technology.

Facilities that use the Planetree model provide patients and families with space for both solitude and social activities, such as libraries where families can read together and kitchens where they can cook favorite meals. Healing gardens, fountains, fish tanks and waterfalls may be used to connect patients and their families with the relaxing aspects of nature. Architectural barriers that can inhibit patient mobility or interfere with family participation are removed.

“This type of environment can be very nurturing for caregivers as well,” said Hammerly. “They also benefit from working in a warm, comfortable environment.”

**Business Sense**

While facility design contributes to person-centered care, the most important element is the culture of the organization. “The good news is that when person-centered care is part of the culture of an organization, it contributes to good business outcomes,” said Hammerly.

“Person-centered care leads to improved patient satisfaction and helps create a healthy work environment, which is a definite advantage in competitive markets.”

Catholic Health Initiatives market-based organizations that want to develop or enhance a person-centered approach to care can begin with an assessment tool developed by the national Clinical Services Group. “We developed a questionnaire that is customizable for different care settings,” said Hammerly. “The results provide a baseline assessment of an organization’s person-centered care status according to criteria established by the Institute of Medicine and the Institute for Family-Centered Care. With identified opportunities to develop a more person-centered approach to care, an organization can begin to create changes that will benefit patients and caregivers.”

To request a copy of the person-centered care questionnaire, contact Milt Hammerly at milthammerly@catholichealth.net, or Marita Schifalacqua, director of professional practice innovation, at maritaschifalacqua@catholichealth.net.
Rapid Response Teams are Saving Lives

At Catholic Health Initiatives’ National Patient Safety Conference in early February, an exciting trend became clear: Rapid Response Teams are saving lives across the system.

During the conference, attended by 77 representatives from 49 Catholic Health Initiatives facilities, the national Patient Safety Team took an impromptu poll. “We invited attendees to step up to a flip chart and write the number of lives saved at their facilities by Rapid Response Teams,” said Jeff Norton, director of clinical services for Catholic Health Initiatives. “It wasn’t a scientific poll, but it was enlightening: the total number of lives saved across the system was 89. We realized that was more than the number of people in the room, which was very motivating for the attendees.”

Rapid Response Teams are comprised of clinicians such as physicians, nurses and respiratory therapists. A team is called when a patient shows signs of rapid decline. The team arrives quickly, evaluates the patient immediately and orders appropriate interventions. In addition to saving lives, research shows that Rapid Response Teams reduce length of patient stay and risks for heart failure, infection, inability to breathe, kidney or liver failure and strokes. Rapid Response Teams are one of six proven interventions promoted by the Institute for Healthcare Improvement’s 100,000 Lives Campaign, which aims to reduce avoidable patient deaths.

At Catholic Health Initiatives’ National Patient Safety Conference, presenters discussed concepts and practical tools for implementing Rapid Response Teams. “Our presenters provided a terrific variety of expertise,” said Mary Osborne, RN, director of clinical performance improvement for Catholic Health Initiatives. “One of the most highly-rated sessions was a panel of representatives from five different market-based organizations that have implemented Rapid Response Teams. Their insights were invaluable to the group, as were their touching stories of lives saved.”

The conference was one result of a grant Catholic Health Initiatives received from the Robert Wood Johnson Foundation for implementation of Rapid Response Teams throughout the system. Catholic Health Initiatives provided each participating hospital with a $1,000 scholarship for each attendee to offset the cost of attendance. The grant funding is also being used to create educational materials, including Rapid Response Team fact sheets for patients and their families.

“In addition to helping all of our hospitals implement Rapid Response Teams, we will address ways to refine their use,” said Osborne. “Possibilities include expanding Rapid Response Team availability to more areas of a hospital, such as labor and delivery and even outpatient areas. There are also issues around the best ways to staff teams in smaller hospitals and how to cover for team members when they go on calls. With time, we believe that Rapid Response Teams will only become more important to our hospitals and our patients.”

For more information on Rapid Response Teams, contact Mary Osborne at maryosborne@catholichealth.net.
Culture of Safety Surveys on Track for Completion

More than half of Catholic Health Initiatives’ market-based organizations have completed a Culture of Safety Survey, with the remainder on track to complete the survey by the end of June.

The survey, from the federal Agency for Healthcare Research and Quality, helps assess safety-related behaviors in a health care facility. “The survey is a good tool because it determines not how health care facility employees feel about safety, but what they actually do about it,” said Jeff Norton, director of clinical services for Catholic Health Initiatives. “The survey has become a standard for safety assessment in health care, and it takes just ten minutes to complete.”

Each market-based organization has a cross-section of employees complete the survey. Results to date show some general areas of opportunity for safety enhancement.

“The findings are in line with what other health care organizations and systems are discovering through the survey,” said Norton. “Already, we see Catholic Health Initiatives’ market-based organizations implementing changes to enhance safety, many with great success. We believe the sharing of these best practices can make our facilities even safer for our patients.”

For more information on the Culture of Safety Survey, contact Jeff Norton at jeffnorton@catholichealth.net.

Data From Source Adds Interactive Analysis Tool

To make the wealth of clinical data in the Catholic Health Initiatives Data from Source database easier to use, the national project work group is introducing an interactive analysis tool.

Data from Source is a database of clinical data, derived from health insurance claim forms — standardized and adjusted for risk and severity — from across the Catholic Health Initiatives system.

“The data shows which facilities have the best outcomes for specific diagnosis related groups, which can jump-start the process of sharing best practices,” said Debbi Honey, RN, vice president of clinical operations for Catholic Health Initiatives. With the new tool, market-based organizations and national leaders will be able to search for data and view reports related to specific types of clinical cases. “The reports are written for transparency: users will be able to see data from all Catholic Health Initiatives facilities, as well as the system’s aggregate data,” said Honey.

The interactive tool was introduced to market-based organization chief executive officers during their national meeting the week of April 3. Full rollout is expected later in April. “The tool is easy to use, but it is still a work in progress,” said Honey. “We expect it to become more streamlined and sophisticated in the future.”

For more information about the Data from Source project, contact Debbi Honey at debbihoney@catholichealth.net.
Saint Francis
Part of Universal Signage Project
Saint Francis Medical Center, Grand Island, Neb., participated in a project that found universal symbols help people from different language groups find destinations within a health care facility more quickly and easily. “While universal symbols have long helped people navigate complex environments like airports, we are just now beginning to address this important issue in health care,” said Yolanda Partida, director of Hablamos Juntos (We Speak Together), a national program of the Robert Wood Johnson Foundation. Three hundred people from English, Spanish, IndoEuropean and Asian language groups helped design 28 symbols for pharmacy, radiology and other hospital areas. In addition to Saint Francis, the symbols were tested at Somerville Hospital, Somerville, Mass.; Grady Memorial Hospital, Atlanta, Ga.; and Kaiser Permanente San Francisco Medical Center, San Francisco, Calif. Nearly nine out of 10 multilingual testers said they could understand more than half of the symbols, and testers arrived at their destinations faster using symbols than when they relied on word signs.

Contingent from Nampa Visits Ghana
A group from Nampa, Idaho, including representatives of Mercy Medical Center, visited the coastal region of Ghana to determine the area’s medical needs and how local residents’ access to health care could be improved. “Ghana is home to lovely and gracious people, but their country is struggling economically,” said Rev. Mark Bekkedahl, vice president of mission integration for Mercy. “The public health infrastructure is invisible, if not completely absent. There are far too few hospitals and clinics for the population, and in rural areas there are no providers at all.” Mercy plans to send clinical teams to the village of Nyamarunsah twice a year to provide medical treatment. Mercy also hopes to secure funding to build a clinic in the village. For more information, contact Mark Bekkedahl at markbekkedahl@chiwest.com.

Mercy Medical Center, Nampa, Idaho, hopes to improve access to health care for the residents of Nyamarunsah, Ghana, and surrounding areas. Representatives of Mercy who recently visited the village include (back row, left to right) Randall Hutchings, MD; Rev. Mark Bekkedahl; Marcie Messmer; and Joseph Messmer, president and chief executive officer of Mercy.

Performance
Three Make “Highly Integrated” List
Three of Catholic Health Initiatives’ market-based organizations are on the 2006 Top 100 list of the most highly integrated health care networks in the nation, published in Modern Healthcare magazine. All three market-based organizations are in the top half of the list, with Alegent Health, Omaha, Neb., at number 17; TriHealth, Cincinnati, Ohio, at number 32; and Franciscan Health System, Tacoma, Wash., at number 36. The ninth annual list was determined by Verispan of Yardley, Pa., an independent research company that evaluated 566 health care organizations for performance, degree of integration and ability to operate as unified organizations.
Governor Visits St. Otto’s

Tim Pawlenty, governor of Minnesota, and Diane Mandernach, the state’s commissioner of health, visited St. Otto’s Care Center in Little Falls on January 20 as part of a tour to introduce the state’s new Nursing Home Report Card. The report card uses a star rating to grade each of the state’s Medicare/Medicaid-certified long-term care facilities in eight categories, including resident satisfaction and quality of life; clinical quality; hours of direct care; staff turnover; staff retention; use of temporary nursing staff; proportion of beds in single bedrooms; and state inspection results. St. Otto’s score met or exceeded the state average in each category, earning a total of 31 out of 40 stars.

Knee Surgery to be Observed at St. Vincent

Members of the public and the media are invited to watch a scheduled knee replacement surgery at St. Vincent Infirmary Medical Center, Little Rock, Ark., on April 12. The surgery will be performed by C. Lowry Barnes, MD, hip and knee specialist with Arkansas Specialty Orthopedics and the St. Vincent Orthopedic Center. Those attending will have the opportunity to talk to and ask questions of Barnes and his advanced practice nurse during the actual operation. For more information, contact Margaret Preston of St. Vincent at mpreston@stvincenthealth.com.

St. John’s Selected for Clinical Nutrition Study

The clinical nutrition department at St. John’s Regional Medical Center, Joplin, Mo., has been selected to participate in an American Dietetic Association study on clinical validation of nutrition diagnosis. St. John’s is one of just 10 hospitals selected for the study from more than 400 volunteers across the nation. For more information, contact Bre LaFerla of St. John’s at blafierla@stj.com.

Information

Sg2’s Edge Provides Intelligence, Consulting, Education

Catholic Health Initiatives has established a system-wide relationship with Sg2 for 2006 and 2007. Sg2, Skokie, Ill., provides health care organizations with intelligence, consulting and education to help improve operations and market position. “Now, all of our market-based organizations and national staff will have access to Sg2’s Edge™ Membership portfolio of products and services,” said Bob Cook, vice president of strategy and business development for Catholic Health Initiatives.

Edge Membership delivers in-depth information on changes in the technology, financing and delivery of health care and helps translate these changes into actionable strategies and tactics. Edge Membership products and services include:

- Briefings: In-depth studies that analyze emerging clinical developments, technological advancements and market trends.
- Conferences and Web conferences: Events, in various locations and on the Web, which connect participants with experts and other Edge members.
- Impact of Change Online: Web-based tool that provides instant access to Sg2’s national and market-specific forecasts for all inpatient service lines and diagnosis-related groups as well as outpatient procedures.
- Calculators: Interactive spreadsheets that project the impact of specific technologies and market trends on volumes, finances, staffing and facility needs.
- This Week on The Edge: weekly e-mail update with streamlined information on the latest Edge intelligence, decision tools and events.

To access Edge Membership, Catholic Health Initiatives employees should register at www.sg2.com. For more information, contact Bob Cook at bobcook@catholichealth.net.
**St. Joseph in Reading Receives $750,000 Grant**

St. Joseph Medical Center, Reading, Pa., has been awarded a challenge grant of $750,000 from The Kresge Foundation toward construction of its new health care campus in Bern Township just outside of Reading. The 40-acre campus, which will feature a 380,000-square-foot, state-of-the-art medical center, is scheduled to open late this year. To receive the Kresge challenge grant, St. Joseph Medical Center Foundation will need to raise an additional $2.8 million by June 30, 2007.

“This grant will assist us in raising the balance required to reach — and surpass — our $10 million campaign goal,” said Stephen Najarian, chair of the foundation board of directors. For more information, contact Mike Jupina of St. Joseph at michaeljupina@catholichealth.net.

**St. Anthony Task Force Invites Public Comment**

The public was invited to attend a recent workshop of the St. Anthony Central Redevelopment Task Force in Denver, Colo. Attendees had the opportunity to review and provide comments on the task force’s draft recommendations for use of the St. Anthony Central Hospital campus after the hospital vacates its current location in 2010. The hospital has announced its intention to move to a more expansive site in nearby Lakewood, Colo. For more information, contact Laura Wegscheid of St. Anthony Hospitals at 303/629-3728.

**Penrose-St. Francis Announces Plans for New Facility**

Penrose-St. Francis Health Services, Colorado Springs, Colo., announced plans to build a new tertiary hospital to serve the northeastern communities of Colorado Springs. The $200 million facility will be called St. Francis Medical Center. Groundbreaking is expected in late summer 2006, with a projected finish date in early 2008. The hospital will be licensed for approximately 158 beds at opening, with the capability to increase to 300 beds in the future. The hospital will sit on 45 acres of land, with the campus to include physician offices and an ambulatory services building. For more information, contact Tanya Dantzler of Penrose-St. Francis at tanyadantzler@centura.org.

**Cancer Center Opens at St. Mary-Corwin**

St. Mary-Corwin Medical Center, Pueblo, Colo., will hold a blessing and official dedication of The Reverend Roger Patrick Dorcy Cancer Center on April 22. The Dorcy Cancer Center will be the only facility in Colorado to treat cancer and neurological abnormalities with image-guided radiotherapy and radiosurgery. For more information, contact Jillian Maes of St. Mary-Corwin at jillianmaes@centura.org.

**Saint Joseph Pharmacist to Speak at Conference in Beijing**

Heath Jennings, PharmD, clinical pharmacy manager at Saint Joseph HealthCare, Lexington, Ky., will serve on the faculty of the Beijing International Clinical Pharmacy Conference, April 12–13 in Beijing, China. Jennings will present sessions on “Utilizing Clinical Pharmacy to Prevent Patient Harm and Improve Outcomes,” and “Cardiac Pharmacology and Management in the United States.”

**Trustee Receives Nurse Researcher Award**

Mary Wakefield, RN, PhD, received the American Organization of Nurse Executives (AONE) 2006 Nurse Researcher Award. Wakefield, a member of the Catholic Health Initiatives Board of Stewardship Trustees, is associate dean at the School of Medicine and Health Sciences and director of the Center for Rural Health at the University of North Dakota, Grand Forks, N.D. The AONE award recognizes a nurse researcher who has made a significant contribution to nursing research.