The Sanitarium was renamed Bozeman Deaconess Hospital and was managed by Methodist deaconesses. A “deaconess” was a woman who dedicated her life to service.

On the corner of Tracy and Laramie, the hospital purchased a radiologic isotopescanner in 1977. By 1980 the population in Gallatin Valley had grown to 42,865. In 1983 the need was established for a modern acute care facility. Trustees formulated a long-term development plan to relocate and construct a new facility west of Highland Boulevard and north of the Hi-Crest Retirement Community on land it had purchased in 1956. The 86-bed (all private rooms) hospital opened in 1984 in an area that offered, and continues to offer, ample space for future expansion of services. At that time there were 60 physicians on medical staff. In response to requests for office space by area physicians, attached medical office buildings were constructed. Highland Park 1 opened in early 1990. Also in 1990, the Cardiac Pulmonary Rehabilitation Program began and the Pharmacy at Highland Park opened. Highland Park 2 was fully occupied by July 1992. The Cancer Treatment Center (now Bozeman Deaconess Cancer Center) opened in 1994. Highland Park 4 opened in 1998 for medical office space and also houses the Cancer Center, the Dialysis Center and Out-patient Services. Bozeman Deaconess Foundation was incorporated in 1998. Between 1996 and 2006 Gallatin County saw a 27% growth. In 1997 Bozeman Deaconess responded to meeting growing community need to improve community health and health care. A 10-bed emergency department opened in October 1999. Construction is underway for a new 25-bed Emergency Services Department that will open mid-2001. In 2002, Hi-Crest Senior Living Neighborhood was rebuilt and Aspen Pointe (retirement living and assisted living) opened. In 2005 the Cancer Cath Lab opened, offering diagnostic catheterizations. Highland Park 4 was completed in 2005. Bozeman Deaconess Health Group began in 2005 as a partnership to support continued access to essential and expanded services to the community. Robert A. Hathaway and incoming Chief Executive Officer, opened. The Knolls Phase I opened for adults 55 and better. Synergy Medical Spa opened. Pulmonary Disease and Critical Care, Infectious Disease, Rheumatology and Family Medicine & Pediatrics (formerly Medical Associates) joined Bozeman Deaconess Health Group. Bozeman Deaconess received American Heart Association Training Center designation and the Bozeman Deaconess Foundation celebrated a decade of philanthropy with $10 million raised from community and 10 years. The Greater Gallatin United Way presented its Community Impact Award to Bozeman Deaconess and the Health Information Center opened in Highland Park 2 Artium. In 2001 Bozeman Deaconess Cancer Center established American College of Surgeons Commission on Cancer accreditation and Seattle Cancer Care Alliance Network membership. Bozeman Deaconess and 16 school districts formed a health literacy partnership. Bozeman Deaconess Nephrology opened. Today Gallatin County is home to more than 90,000 people who, along with visitors, seek and receive top-notch medical care at Bozeman Deaconess Hospital.
SAFETY FIRST IN BOZEMAN DEACONESS SURGICAL SERVICES

The timeout enhances safety and it matters to our patients. It’s an opportunity before incision or the start of a procedure to conduct a final assessment.

habit is “Communicate Clearly.” That means everyone is responsible for ensuring they hear things correctly, understand accurately and say things clearly.

A surgical timeout is a requirement of the 2008 National Patient Safety Goals. A timeout verifies the correct patient, procedure, side, site, position, equipment/x-rays. The timeout gives the OR team the opportunity to correct any discrepancies before a procedure begins.

At Bozeman Deaconess Hospital, we believe the timeout process is clear communication in action and consider the timeout vital to patient safety in the OR. The timeout enhances safety and it matters to our patients. It’s an opportunity before incision or the start of a procedure to conduct a final assessment. During the timeout, immediate members of the surgical team suspend their actions to verify that they have identified the correct patient, correct procedure and correct site. The team’s focus during timeout is on standardized active and clear communication; the procedure is not started until all questions are resolved.

WHAT IS A HOSPITALIST?

By Matthew Wright, MD, Bozeman Deaconess Hospital Medicine Program

A hospitalist is a physician who cares for hospitalized patients. Hospitalists may be internal medicine or family medicine physicians. Their primary focus is the general medical care of hospitalized patients. Their activities include patient care, teaching, research and leadership related to hospital care. Many patients are referred by their primary care physician for treatment during the duration of their hospitalization and are then returned to their primary care physician after discharge. Hospitalists also consult on and treat patients referred by surgeons and medical subspecialists during their hospitalization. They help manage patients through the continuum of hospital care, often seeing patients in the Emergency Services department, following them into the Intensive Care Unit when necessary and organizing post-acute care. In addition, hospitalists at Bozeman Deaconess are involved in efforts to improve the quality of healthcare delivery in the hospital.

The 24/7 hospital medicine department at Bozeman Deaconess Hospital provides primary inpatient care for patients of:

- Bozeman Deaconess Health Group Clinics: Bridger Internal Medicine Cardiology Consultants Family Medicine, Medical Associates Hathaway Internal Medicine Internal Medicine Associates
- GI Clinic Medical Oncology Neurology Nephrology
- Community Health Partners
- “Unassigned patients” in need of hospitalization who do not have a primary care physician.
THE IMPORTANCE OF SPORTS PHYSICALS FOR KIDS

Dr. James Feist

By James Feist, MD of Bozeman Deaconess Pediatrics, Medical Associates

SPORTS ARE ONE OF THE GREAT WAYS FOR KIDS TO BUILD STRENGTH AND CHARACTER, TO MAKE FRIENDS AND TO LEARN HOW TO ACCEPT BOTH SUCCESS AND DEFEAT GRACEFULLY.

A pre-participation sport physical is required by the Montana High School Sports Association to ensure the health and safety of the student athlete. Done properly, the exam has several components: a careful family history, a past medical history, a complete medical exam, and a musculoskeletal exam.

The family history focuses on any evidence of early heart disease in family members, which is the primary cause of sudden death in athletes. This history must be reviewed by parents to ensure accuracy. The student’s past medical history identifies conditions such as asthma, hypertension, concussions, seizures, and previous organ injury that need to be addressed for safe athletic activity. Vaccine history can also be updated.

The medical exam focuses on heart conditions, lung functions, and blood pressure. The musculoskeletal exam is used to identify any preexisting weakness or previous injuries that require further evaluation before practice begins. The exam should be done well in advance of practice, not a quick 10 minute ‘sign my form’ event. Ideally the exam is done 4–6 weeks before the season so any further evaluation, treatment or rehabilitation can be finished as to not delay the athlete in starting practice.

Teenagers rarely are involved in routine medical care and this exam promotes a physician-patient relationship that can offer an opportunity to address other health issues. This exam should be viewed as an important contribution to athletic safety and health promotion.

BOZEMAN DEACONESS NUTRITION SPECIALISTS IS LAUNCHING A NEW 10-WEEK WEIGHT LOSS PROGRAM BASED ON COMMON SENSE EATING PRINCIPLES. LiveNOW! is a program of nutrition education and counseling that incorporates physical activity coaching for participating adults. To be eligible, you must have a body mass index of over 25 and be ready to commit to a 10-week series of classes which include keeping a daily food intake and physical activity log. The first class will meet Wednesday, September 14 at 5:30 pm. The cost is $250.

For more information about LiveNOW! contact Bozeman Deaconess Nutrition Specialists at 522-4600 or visit www.bozemandeaconess.org/nutrition.
Clinical Trials offer cancer patients access to the latest and newest cancer research options. And while these experimental drug costs are funded by the group conducting the clinical trials, in many instances, insurers don’t cover routine cancer treatment for participating patients.

Oncologist/hematologist Jack Hensold, MD, Bozeman Deaconess cancer center, testified recently in Helena in support of a bill to advance cancer treatment and research. HB 615, sponsored by Bozeman Rep. Kathleen Williams, requires the state insurance commissioner to convene a working group to address insurer denial of routine cancer treatment for patients participating in cancer clinical trials.

“The working group study will identify and hopefully overcome the current barriers to participation in clinical trials,” Dr. Hensold says.

Bozeman Deaconess Cancer Center patients have increased access to clinical trials through the Seattle Cancer Care Alliance (SCCA) Network. The Seattle Cancer Care Alliance (SCCA) Network provides community-based physicians throughout the Pacific Northwest with access to the latest cancer diagnostic and treatment information.

SCCA has over 200 clinical trials open for patients. Bozeman Deaconess Cancer Center is an SCCA Network member and that means our patients may access many new drugs and alternative treatments that are under investigation in clinical studies and are available only at SCCA and at limited sites around the country. According to SCCA, for many types of cancer the best chance for a cure is found in clinical trials. Cancer clinical studies are research studies that test how well new medical treatments work in people. Clinical studies may examine new kinds of screening, diagnosis, prevention or treatment. For example, they may test a new chemotherapy drug for toxicity or test a different dose for an established drug.

The goal of clinical studies is to increase knowledge about cancer and develop more effective, less-toxic cancer treatments. Without clinical studies, new drugs and treatments could not be approved. No matter how promising a new treatment looks when tested with lab animals, it cannot be used to treat people until it has been carefully evaluated through the several phases of a clinical study. Every advance in cancer treatment in recent years has come out of a clinical study.