

# tidings!

June, 2007

## MARK YOUR CALENDAR

### June 17-19, 2007

92nd Catholic Health  
Assembly  
Marriott Downtown, Chicago  
FFI: www.chausa.org

### September 26, 2007

CHA-MN Annual Assembly  
St. Patrick's Catholic Church,  
Edina – Tentative Location  
FFI: 651/503-2163

### December 6, 2007

CHA-MN Board Meeting  
with the MN Catholic Bishops  
Location – TBD  
FFI: 651/503-2163

## CHA-MN Results are Mixed From the Legislative Session

Good news and not so good news... the year's just-completed legislative session clearly had mixed results. Though good for our hospitals, long-term care providers were left disappointed. Emergency contraception played an important focus in our work this session as well.

### HOSPITALS

CHA-MN achieved two high-priority goals the Board had set for the session. Those goals were to: (1) protect the health-care access fund for its intended purpose; and (2) expand insurance coverage. The legislature helped hospitals - and all Minnesotans - by expanding the eligibility and the benefit set for MinnesotaCare. The expansion, funded by the Health Care Access Fund, will make more than 50,000 people, of which 30,000 are children, eligible for health-insurance coverage.

Hospitals were also successful in preserving hospital financing sources. Despite strong opposition from the administration, the Legislature was able to protect new disproportionate share payments (DSH) for the 2008-09 biennium, bringing in \$22.8 million in increased hospital payments. The legislature was also able to protect current and planned 2009 rate rebasing.

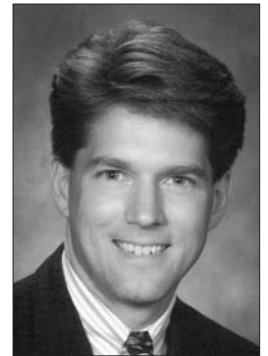
A separate bill made minor changes

to the adverse health event reporting law. Starting Oct. 1, hospitals, surgery centers and community behavioral-health hospitals must report falls resulting in serious disability, as well as insemination with the wrong donor sperm. These changes mirror reporting criteria additions adopted by the National Quality Forum.

### LONG-TERM CARE

The outlook was not as good for long-term care. Going into the session the groups that work on long-term care issues had high hopes for a better COLA and other important components for the facilities. However, in the end the legislature's final bill provides just a 2 percent COLA in rate years 2007 and 2008 for continuing care providers other than nursing facilities. For nursing facilities in 2007, the bill offers 1.87 percent, plus a quality add-on averaging 0.13 percent. Beginning in rate year 2008, the bill phases in rebasing of facility rates over an eight-year period, and pushes any meaningful increase out several years from now.

The bill also includes funding for the nursing facility moratorium exceptions



*Toby Pearson,  
CHA-MN  
Executive Director*

**Legislation** *cont. on page 4*

# Regina Medical Center, Hastings

## MEMBER PROFILE

Their presence and work is vital to the mission of Regina. The Regina Foundation was established

for the sole purpose of fund raising, bequests and donations, to support the activities of Regina Medical Center.

### OUR HISTORY

The concept of Regina Medical Center started in the 1940s

with a group of local businessmen who met in the basement of Eddy's Drug Store to discuss opening a hospital. The town's leading citizens wanted a hospital that offered the best medical treatment, the latest technology, and compassionate care. The Spirit of Regina was born when the Sisters of Charity of Our Lady, Mother of Mercy responded "yes" to a request from the priest of St. Boniface Catholic Church, who asked if the Sisters would consider

building a hospital in Hastings. The spirit was apparent when Harold Hoffman donated the land and, on November 21, 1953, when Salve Regina Memorial Hospital opened its doors. The entire community played a role in readying the hospital—from assembling furniture and equipment to stocking shelves with food and supplies. The spirit is still present today in the corridors, in every room and in the dedication of Regina Medical Center employees.

### OUR RECENT RENOVATION

On January 16, 2002, Regina broke ground for a \$14 million project involving adding to and renovating the existing building to provide new space for a Family Birthing Center, Medical/Surgical Unit, Intensive Care Unit and Laboratory. The Conference Center, Health Information Services, Information Technology and Quality Management departments were also included in this project. Step into the new

**Regina** *cont. on page 3*



### OUR MISSION AND WORK

Regina Medical Center is incorporated in Minnesota as a not-for-profit 501(c)(3) corporation with a function to provide healthcare services. Regina operates a hospital, nursing home, assisted living and memory care center in Hastings, Minnesota, as well as clinics in Hastings and Cottage Grove, Minnesota and Prescott, Wisconsin.

The mission of Regina Medical Center is *"Faithful to its Christian tradition of respect for human life, promotes the health of the whole person."*

Regina Medical Center has seen many changes since it opened its doors in 1953. Today, it is a 57-bed acute care hospital, a 61-bed skilled care nursing home, a 134-bed assisted living facility and operates three outpatient multi-specialty clinics. Regina Medical Center employs over 600 employees, has over 40 physicians on the Active Staff, and over 100 Consulting Staff specialists. The Pastoral Care Department houses a priest and one sister.

Fr. Robert Altier, chaplain, visits with a resident of Regina

## Regina cont. from page 2

lobby at Regina Medical Center in Hastings, Minnesota for a look at the completion of a 56,000 square foot addition and renovation. Regina has added 40,000 square feet of new construction and transformed 16,000 square feet of existing space into updated medical services for patients. Visitors are greeted by the gentle sound of water trickling down the 30-foot limestone wall that sets the stage for our healing environment.

### OUR VALUES

**Heritage** - We demonstrate compassion, empathy and the caring attitude inherited from the Sisters of Charity of



Our Lady, Mother of Mercy.

**Integrity** - We conduct ourselves hon-

estly, sincerely, ethically, morally and legally.

**Respect** - We treat residents, patients, guests and co-workers in a sincere and dignified manner.

**Knowledge** - We are committed to life-long learning.

**Service** - We will meet and exceed the health care needs of our communities.

**Continuous Improvement** - We constantly seek to improve the value of our services.

**Stewardship** - We manage our financial affairs in a responsible manner.

**Teamwork** - We expect participation from all physicians and staff members.

*A new life is welcomed at Regina Medical Center*



## www.chamn.org coming soon!

The Board of Directors has been actively working with a web design firm to create a site for the Catholic Health

Association of Minnesota. The initial site will provide a credible and visible presence for the association, while also providing a means for more efficient communication with our members. The site is tentatively scheduled to be unveiled at our Annual Assembly in September.



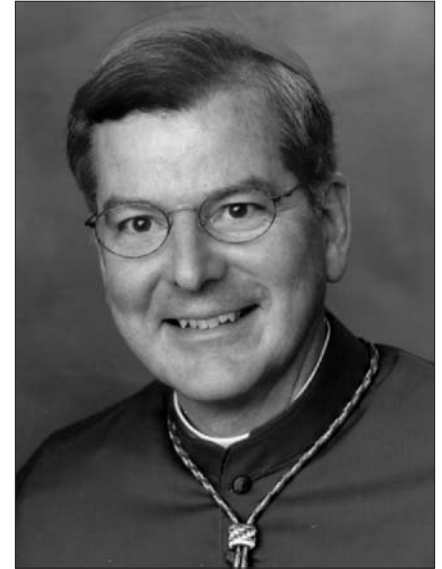
# Special Welcome to Coadjutor Archbishop Nienstedt

Bishop John C. Nienstedt was recently named Coadjutor Archbishop of Saint Paul. Born and raised in Michigan, Bishop Nienstedt was ordained to the priesthood in 1974. His graduate studies have included a Bachelor of Sacred Theology from the Pontifical Gregorian University; and a Licentiate and Doctorate in Sacred Theology from the Pontifical Institute of Saint Alphonsus, Rome. His doctoral topic was "Human Life in a Test-tube; the Moral Dimension of In Vitro Fertilization and Embryo Transfer."

Bishop Nienstedt has vast experience in the areas of moral theology related to Catholic healthcare. In 2003, he published an article for *Origins* entitled, "Bioethical Challenges for the Church". He has also recently contributed to *Crisis* magazine with an article entitled, "Facing Down the New Paradigm: The Family Planning Agenda of the United Nations". He currently sits on the USCCB Committee on Science and Human Values. He was a significant participant in the discussion on emergency contraception in this most recent legislative session.

As coadjutor archbishop he will share with the archbishop the governance, administration and pastoral ministry of the archdiocese. An archbishop consults regularly with his coadjutor on important matters regarding the archdiocese. A coadjutor archbishop immediately succeeds the local archbishop upon his resignation and automatically takes his place if he is absent or incapacitated.

The official welcoming Mass for Coadjutor Archbishop Nienstedt is at 2 p.m. Friday, June 29 at the Cathedral of St. Paul in St. Paul. A reception will follow at the Crowne Plaza Hotel in St. Paul. Both events are open to the public.



Nienstedt

## Legislation *cont. from page 1*

process (\$300,000 in this biennium, and \$4.5 million in the out years), and \$2.5 million in one-time money for nursing facility sprinklers in rate year 2007.

This outcome was disappointing to those of us who worked hard on the bill and had higher hopes for a better outcome.

### EMERGENCY CONTRACEPTION

Another issue that CHA-MN worked hard on was the Emergency Contraception in the Emergency Room bill. CHA-MN worked with the Minnesota Catholic Conference, the various hospital lobbyists, and the Minnesota Hospital Association to try to change the language to comply with our ethical concerns. The bill started out with no exceptions for the Catholic Hospitals. After many hours of negotiations and offers of amendments at the house policy committee meeting, we were able to negotiate a pregnancy test clause, and the bill passed out with a pregnancy test exemption for the Catholic Hospitals. According to ethicists at CHA-USA, this pregnancy test exemption should allow us to continue to comply with the Ethical and Religious

Directives. This same language passed out of the Senate and ultimately was signed by the Governor.

The legislative reality of this bill was that there were enough votes to pass language without any provisions for Catholic facilities. We were able to make a case for the pregnancy test so that by the judgment of many ethicists, we can continue to comply with the Ethical and Religious Directives. It is my sense that we will continue to work with the Minnesota Catholic Conference to address many of the conscience issues that arise in the healthcare arena.

### SUMMARY

In the end, the legislature did complete the HHS Omnibus bill on time and it was signed by the Governor with a couple of line item vetoes. The session was interesting because of the transfer of power in the House and the change in negotiations. The session was productive on many levels with the expansion of coverage under Minnesota Care and the expansion of coverage of children. The long-term care result was disappointing; after all of the speeches and commitments, there was not enough money to give more than a 2% COLA. Finally, the area of conscience in medicine will continue to need vigilance and monitoring for the future.

# A Call to Care

Published in 1996, *A Call to Care: The Women Who Built Catholic Healthcare In America*, features stories of the courageous women who helped build America's health care system. The following is a sample of one of the stories. This story and others can be found on the new Catholic Healthcare in the United State website at [www.catholichealthcare.us](http://www.catholichealthcare.us).

## Sr. Amata Mackett "Sr. Lumberjack" Benedictine Sisters, Duluth, Minnesota

In 1887, Mother Scholastica Kerst, superior of the Benedictine Sisters of St. Joseph, Minnesota, sent seven sisters to Duluth to open a hospital.

By 1893, St. Mary's had two sources of income: patient fees and payment from the county for charity patients. The sisters decided to implement a creative idea as a source of additional income. Health insurance had proved popular with the cowboys at the sisters' hospital in Bismarck, North Dakota. Tickets entitled the cowboys to free hospital care if they got hurt or sick.

Northern Minnesota in 1893 was experiencing a logging boom. Logging camps opened weekly, and the huge logs were sent to sawmills in Duluth. Because thousands of men in the timber industry had no access to quality medical care, the Benedictine sisters decided to offer a "lumberjack ticket." Purchasers of the lumberjack ticket were entitled to free medical care at St. Mary's Hospital and any other Benedictine hospital in northern Minnesota. The tick-

et cost from \$1 to \$5.

The chief saleswoman for the program was Sr. Amata Mackett, who stood 6 feet tall and weighed more than 200 pounds. By train, handcart, ox, or snowshoe, Sr. Amata traveled to the lumber camps of Minnesota's north woods to sell the men on the value of a lumberjack ticket. While in the camps, Sr. Amata darned their socks, listened to their problems, and baked them pies. Eventually she became known as Sr.

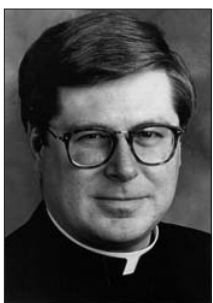
Lumberjack.

One time Sr. Amata arrived at a camp to find a logger with a mangled leg surrounded by wide-eyed and helpless men. She deftly took the situation in hand, cleaned and bandaged the wound, and demanded a horse and cart to transport the injured man to the nearest hospital. But even as she took care of the lumberjacks, she did not let them take advantage of her. When the money they owed her for lumberjack tickets was slow coming in, she would chase men out of their bunkhouses with a poker to collect.

On her way back to Duluth late one evening after a collection trip, Sr. Amata was attacked by a man who tried to steal her money. She wielded her umbrella on the hapless thief, who quickly turned tail and ran -- leaving the money with her. The lumberjack ticket was abandoned in 1913 when legislation in Minnesota mandated workers' compensation.

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## SAVE THE DATE

Wednesday, September 26, 2007  
10:00a.m. – 4:00p.m.

### CHAMN ANNUAL ASSEMBLY

St. Patrick's Catholic Church, Edina  
Keynote Speaker: **Fr. Michael Joncas**  
Associate Professor, University of St. Thomas

"Experiences from South Bend to Mayo Clinic to Bethesda Rehabilitation: A Patients Journey"

## NEWS & NOTES

- Albany Area Hospital & Medical Center (AAHMC) has recently announced that Nick Brandner has been hired as the new administrator of the hospital and medical center with locations in Albany, Avon and Holdingford. Brandner comes to Albany from Pierre, SD, where he has served since 2003 as vice president of patient care at St. Mary's Healthcare Center. Helpful to the transition at AAHMC is that St. Mary's, where he currently is serving, is also owned by Catholic Health Initiatives (CHI)—the

*News cont. on page 6*

MISSION:

BELIEVING IN THE WORTH AND DIGNITY OF THE HUMAN PERSON MADE IN THE IMAGE AND LIKENESS OF GOD, THE CATHOLIC HEALTH ASSOCIATION-MINNESOTA ASSISTS ITS MEMBERS TO FULFILL THE HEALING MISSION OF THE CHURCH.



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**News** *cont. from page 5*

Denver-based health care organization that also owns both AAHMC and Unity Family Healthcare (UFH), which includes St. Gabriel's Hospital, St. Otto's Care Center, St. Camillus Place and Alverna Apartments, all located in Little Falls.

- A special welcome to **Regina Medical Center, Hastings**, under the direction of President/CEO Mark Wilson, who recently has become a member of CHA-MN.
- **St. Francis Regional Medical Center, Shakopee** has announced a new president. **Michael A. Baumgartner** will take the reins around July 9. He has been president of another hospital bearing St. Francis in its name - St. Francis Hospital and Health Services in Maryville, Mo., for 10 years. Baumgartner will replace Tom O'Connor, who left the Shakopee organization to become president of Mercy Hospital in Coon Rapids.
- **Benedictine Health Center (BHC), Duluth**, announced plans to build a new Assisted Living Memory Care facility on its campus. The new Assisted Living Memory Care facility will serve 20 individuals with mild to moderate memory care needs needing a secure environment. Plans are to break ground on this one level story \$4.2 facility in June with a completion date of Spring 2008.
- **The Catholic Health Association (CHA-USA)** has recently launched a new website to promote the Catholic Health Ministry—[www.catholichealthcare.us](http://www.catholichealthcare.us).
- **Sr. Kathleen Hofer, OSB**, of the St. Scholastica Monastery, Duluth, has been recently named senior vice president of Benedictine Sponsorship for Essentia Health. Sr. Kathleen will be the primary liaison between the Benedictine Sisters of Duluth and the Catholic-sponsored institutions of Essentia Health, which employs more than 14,000 people in eight states, including the Benedictine Health System Participating Organizations.

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