TIDINGS!

Newsletter of the Catholic Health Association of Minnesota

January 2012

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.

Mark Your Calendar

February 11, 2012
World Day of the Sick
FFI: www.chausa.org

April 7, 2012
World Health Day
FFI: www.who.int/world-health-day/en/index.html

June 3-5, 2012
2012 Catholic Health Assembly
Philadelphia, PA
FFI: www.chausa.org

Annual Meeting

KARL MIDDLETON, VP FOR ETHICS AND RELIGION, CATHOLIC HEALTH INITIATIVES

CHAMN Members Gather in Edina

Catholic Health Association members and friends gathered at St. Patrick's Catholic Church this past November for their 2011 Annual Meeting. Featured presenters included DHS Commissioner, Lucinda Jesson; Dr. Carl Middelton, Vice President of Theology and Ethics for Catholic Health Initiatives; and noted publicist and author, John Allen.

Commissioner Jesson took time to review the charge of the Governor's new Health Care Reform Task Force which includes the following: (1) Redesign system to improve health and control cost, (2) Reform health care financing mechanisms to improve affordability, (3) Develop work groups on issues such as the health exchange and workforce needs, and (4) Create opportunities for consumer and community engagement in health reform efforts.

Jesson identified the many historical positive attributes of Minnesota Health Care, including early innovations on payment reform, recent reforms featuring provider peer grouping and development of health care homes, a long time reputation for high quality, and a high rate of access . But despite this backdrop, she recognizes that rising costs and changing demographics create serious future challenges .

Dr. Carl Middleton addressed the core issue of mission within Catholic health facilities. "Our mission statement should answer the basic question: Who sent you where to do what?" Revisiting the origins of our facilities, Middleton stated, "We have learned that our foundresses called us to carry on Jesus' healing ministry of the Church by bringing it new life, energy and viability in the 21st century. This is the purpose of Catholic Healthcare."

DAVE NELSON, CHA-MN BOARD CHAIR WITH SR. MARY HEINEN

He went on to state that, "In a variety of ways each day, each of us – in the way we deliver care and serve the health of our communities or in the way we treat co-workers or in the way we manage our leadership responsibilities – is trying to make the presence of God and healing power of Christ visible and tangible."

Middleton concluded his comments by emphasizing the important of how our mission remains constant, but our ministries will evolve or change as we respond to the "signs of the times".

Meeting *cont. on page 7*

A People-Centered Ministry

As we begin a new year, it is of value to consider our ministry and our local actions within the global context. What is unique to our Catholic health ministry is the connection not just to our local communities, but also to the world.

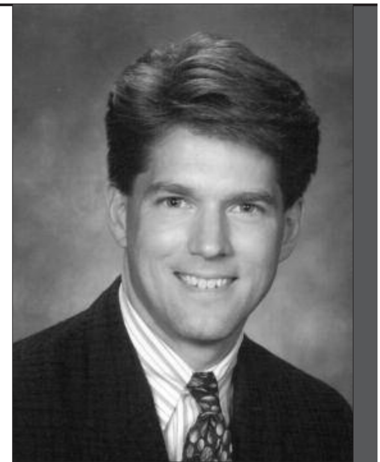
As the Holy Father has stated in his Message for the 20th World Day of the Sick, which we will celebrate on February 11th "I wish to renew my spiritual closeness to all sick people who are in places of care or are looked after in their families, expressing to each one of them the solicitude and the affection of the whole Church. In the generous and loving welcoming of every human life, above all of weak and sick life, a Christian expresses an important aspect of his or her Gospel witness, following the example of Christ, who bent down before the material and spiritual sufferings of man in order to heal them….

To all those who work in the field of health…often without even mentioning the name of Christ, they manifest him in a concrete way…

This year…will focus on the emblematic Gospel figure of the Good Samaritan (cf. Lk 10:29-37), …The encounter of Jesus with the ten lepers, narrated by the Gospel of Saint Luke (cf. Lk 17:11-19), and in particular the words that the Lord addresses to one of them, "Stand up and go; your faith has saved you" (v. 19), help us to become aware of the importance of faith for those who, burdened by suffering and illness, draw near to the Lord. In their encounter with him they can truly experience that he who believes is never alone! God, indeed, in his Son, does not abandon us to our anguish and sufferings, but is close to us, helps us to bear them, and wishes to heal us in the depths of our hearts (cf. Mk 2:1-12)….

From a reading of the Gospels it emerges clearly that Jesus always showed special concern for sick people. He not only sent out his disciples to tend their wounds (cf. Mt 10:8; Lk 9:2; 10:9) but also instituted for them a specific sacrament: the Anointing of the Sick."

Finally, he offers "To all those who work in the field of health, and to the families who see in their relatives the suffering face of the Lord Jesus, I renew my thanks and that of the Church, because, in their professional expertise and in silence, often without even mentioning the name of Christ, they manifest him in a concrete way….I assure you all of a remembrance in my prayers, and I bestow upon each one of you a special Apostolic Blessing."



As I See It

Toby Pearson
CHA-MN Executive Director

It is indeed a special place that our ministry holds.

On the legislative front, we often face challenges put forth by the economy, be it the state and federal reimbursement issues, or the increased amount of charity care provided. In either case our unique advocacy voice is anchored in our rich traditions of justice within the Church teachings.

Recently, Cardinal Peter Turkson, who heads the Pontifical Council for Justice and Peace, issued an important letter to the world. In it, he reminded us of Pope Benedict XVI's admonition in his encyclical Caritas in Veritate that to function correctly, the economy needs ethics; "and not just of any kind, but one that is people-centered." At the end of the letter, Cardinal Turkson notes that "for every Christian, there is a special call of the Spirit to become committed decisively and generously so that the many dynamics underway will be channeled towards prospects of fraternity and the common good."

This anchoring in the common good is the call echoed in our advocacy and separates our efforts from any other lobbying voice at the capitol.

Your 'people-centered' work on behalf of the sick, focused on the common good, is connected to improving the lives of those who work in your facilities, reside in your facilities, need your services, and live in your local communities. ■

Board of Director Updates

We are pleased to announce that as of January 1st, David Nelson of St. Francis Medical Center in Breckenridge has become our new President of CHA-MN.

In addition, Fr. Steve LaCanne, chaplain at St. Joseph's Hospital and Sr. Mary Heinen of St. Mary's Health Clinic in St. Paul have been appointed to board seats. ■

Catholic Health Care and the Role of the Archbishop:

A clarification on the role of the Archbishop in response to a merger between a Jewish Hospital and Catholic HealthCare facility in Louisville

By Most Reverend Joseph E. Kurtz, D.D, Archdiocese of Louisville, KY

At times, the public rhetoric has produced inaccurate depictions of the bishop's role and inadequate reflections on the role of faith in the public square. Catholic Health Initiatives had requested the approval from my office as part of the Church review process that must be applied to any entity that includes Catholic organizations that will carry out a Catholic health care ministry. In response, I issued a nihil obstat. These Latin words mean that "nothing stands in the way" and reflect a judgment by a church authority that a publication or action does not contain errors in faith or moral teaching and practice.

The role of the bishop in the proposed network is clear. I do not own or govern CHI and am not involved in decisions about the best way to deliver health care. As archbishop, I defer to experts in the field to run and govern health care institutions. My involvement is in preserving a morally sound Catholic identity and in making sure that our health care institutions are faithful to the call of the Church to make health care accessible to as many as possible, especially the poor and vulnerable.

I carry out my responsibilities through the Ethical and Religious Directives for Catholic Health Care Services (ERDs). These were established by the United States Conference of Catholic Bishops (USCCB) in the early 1970s and then revised most recently in 2009, partly in light of the cooperative ventures between Catholic institutions and other health care providers. These directives are prepared for bishops to use and promulgate within their dioceses, and it is compliance with the ERDs that was my serious and careful focus during this review process.

Hospital networks can be complex and involve moral intricacies that must be carefully addressed. Thus, my focus is on ensuring that the proposed network, though involving institutions that are not specifically Catholic, will not allow any actions that will cause CHI to fall out of compliance with the ERDs. In addition, the nihil obstat encourages respect for the contributions that the ERDs bring to safeguarding the dignity of the human person.

The analysis necessary to issue the nihil obstat was carried out very carefully to ensure that the proposed network is providing services that are clearly within morally acceptable parameters. I am grateful to the ethicists at CHI and to the moral theologians and bioethicists at The National Catholic Bioethics Center, who provided this ethical analysis.

This nihil obstat acknowledges that CHI will provide all necessary oversight to ensure that there is compliance on the part of the Catholic entities with the Ethical and Religious Directives and that no actions taken by the non-Catholic parties to this agreement will cause CHI to fall out of compliance with the directives. CHI has also agreed to an annual review of compliance by my office.

In the debate that has taken place about the originally proposed hospital network, some have questioned the role of religion. Certainly the issues are complex, and citizens have the right to ask questions, just as people of faith have the right to propose a vision for the common good. The laws of our land, grounded in the Constitution and Bill of Rights, allow us as good citizens to advocate for the common good in a way that does not deprive our civic and public life of the richness of religious convictions that also find their foundation in natural law and that are accessible through reason.

For example, both reason and our faith tell us that the direct, deliberate taking of human life is wrong. Thus, those motivated by both religious convictions and reason seek to propose laws that protect all of life from conception to natural death. This exercise of religious freedom must be done with civility and respect, but without it, our understanding of freedom may become shallow and may only reflect the lowest common denominators in our culture.

KentuckyOne Health leaders have said they will continue to seek ways to work with the university and the governor to assist with the issues facing University Medical Center. In doing so, CHI has assured me of its commitment to ensure that our Catholic health care remains faithful to its mission, especially as reflected in the Ethical and Religious Directives.

This has been a difficult and arduous process for all involved, but I know that the "bottom line" for Catholic Health Initiatives is commitment to the healing ministry of Jesus Christ as all involved seek a truly healthy commonwealth and better access to quality health care for the poor and vulnerable. Please continue to keep in prayer all those who exercise this vital ministry of our Church. ■

An Examination of Conscience: The Catholic Identity of Catholic Health Care

By KAMI TIMM, M.S., M.A.H.C.M., RN, C.N.S.

Lately I have spent time reflecting on what it means for our health care ministry to be Catholic and what constitutes our Catholic identity. These reflections stem in part from recent conversations with two people who, with a certain amount of pride, introduced themselves to me as "recovering Catholics." Since I didn't ask them to explain, I am left musing on the possible meaning this label has for them. Did they intend to suggest that, like recovering alcoholics, they have moved away from practices they now regard as unhealthy for them? Do they regard it as progress that they have replaced the "oughts" and "ought nots" of Catholicism with the freedom to do what they want, when they want, with whom they want? Do they mean that they have disaffiliated with a church which did not meet their needs as a modern day woman or man?

Sometimes I worry that this could be where our Catholic health care institutions and organizations are headed. Could we someday find ourselves "in recovery" from our heritage, no longer actively carrying out our mission as a ministry of the Catholic Church? Will we look for the freedom to do as we want, substituting our rigorous value-based discernment processes for strictly market-driven decisions, partnering with whom we want, offering only the most profitable services, marketing ourselves exclusively to the "desirable" patient population — those with good insurance who have all their teeth and don't smell bad?

A critical question for Catholic health care organizations: Would our staffs or our communities even notice if we decided to "recover" from our Catholic identity? For ultimately, no matter how the leaders of our organizations describe us, the day-to-day expression of our Catholic identity falls to the nurse who works night shift, the dietary aide who washes dishes, the admitting department clerk. Our organizations need to carry our identity in their core, and our staff members need to feel it so that it becomes evident in all their actions and duties.

I believe there is hope that our institutions can maintain an authentic Catholic identity in the current and future health care arena. It won't be easy, however. In my view, we have the opportunity, as institutions, to participate more fully in the sacramental aspect of our faith and to avail ourselves of the accompanying grace. As we prepare to enter the season of Lent, a time when we prayerfully reflect and prepare for Easter, we can ask ourselves some hard questions regarding our fidelity to the healing ministry of Jesus. Just as we have been taught to examine our consciences in preparation for receiving the Sacrament of Reconciliation, I propose that we examine our collective conscience to help us discover where we can focus attention in three general areas pertaining to our Catholic identity: what we say, what we do and how deeply we have integrated and are motivated by the tenets of our ministry.

CATHOLIC IDENTITY STATEMENTS

As Catholic ethicist Carol Taylor has noted, language matters. So what we put in writing regarding who we are needs to be reviewed to verify our choice of words. Is there "Jesus language" or are there references to being a ministry in our mission statement? Our individual mission statements should resonate with the Catholic Health Association's *A Shared Statement of Identity for the Catholic Health Ministry*:

"We are the people of Catholic health care, a ministry of the church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen — bringing together people of diverse faiths and backgrounds — our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

"We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, under-served, and most vulnerable. By our service, we strive to transform hurt into hope."

We also need to review our strategic plans for their alignment with our mission. We may have significant plans relative to the poor and under-served in our communities, but these programs may need supplementing during the current financial downturn, in which more people find themselves underinsured or uninsured. We also have to consider the strategic directions we are pursuing relative to market share. Do we want to venture into areas served by other Catholic hospitals and place ourselves in competition with them? As we develop new or expanded services, are we cognizant of whether these services will be used by the poor and vulnerable and not just by those who have health insurance?

When we are examining how we profess who we are, we often overlook our own marketing. In our print and other media communications, do we emphasize being Catholic or

Conscience *cont. on page 5*

Conscience *cont. from page 4*

being a provider of excellent health care services? What visual images do we use when we represent ourselves to the public?

CATHOLIC IDENTITY ACTIONS

Evaluating what we say or profess is only the beginning. Perhaps the more difficult examination will be of our actions — how we manifest our stated Catholic identity. Is there enough outward evidence to "convict" us of being Catholic? Our budget is a key document to review because it will demonstrate whether we put our money behind our words. As a Catholic ministry caring for the *anawim* — those without resources — of today, we should be able to find line-item funding for programs that target the poor and under-served, that provide resources for the dying and their loved ones, for spiritual support of patients, families, staff and physicians. Although ever harder to accomplish in this economic climate, we should see funding for initiatives or programs because they are the right thing to do or because they are our mission, even though they may be loss leaders: chronic disease case management for the uninsured or homeless, dental care for children, prenatal care for undocumented women, to name a few examples. When we examine the actualization of our budgets at the end of the year, do the financial reports show a substantial amount of charity care, care for the poor, or support of those who work with the marginalized in our community? Are we pleased when the actual charity care expenses exceed the budgeted amount?

Stewardship, human resources and staff-patient relationships are other areas in which our Catholic identity should shine.

Providing high quality care needs to be done in a way that exemplifies good use of resources. Decreasing reimbursement rates for providers, combined with increasing numbers of patients who have lost their employment-based health insurance, or who have extremely high deductibles, bring a need to re-evaluate our costs and charges. Reducing costs — for example, using performance improvement methodologies to help unearth and remove waste from systems and processes — is good stewardship that makes it possible to reduce our charges for services.

As we focus on eliminating waste and redundancy in our organizations, however, we also need to use every opportunity to hear suggestions from those who are on the front lines. This investment in our human capital is even more important than our investment in new technologies. Looking broad and deep may give us information as to the level of behavioral "evidence" supporting our claim to be Catholic.

In the area of human resource practices, do we discuss what it means to be a Catholic hospital during the interview process as well as during our orientation practices after someone is hired?

We need to also look for ways to improve our efforts to recognize and utilize the inherent gifts which staff brings to the ministry. Through a reward and recognition program focusing on and connected to our core values, we can actively look for exemplars (staff, volunteers, physicians) and celebrate them. We can tell their stories in a way that helps others see the link to our Catholic identity. Additionally, Catholic social teaching regarding human dignity and subsidiarity can guide us in the development of unit-based shared governance models. These groups help us develop and promulgate policies and procedures with significant staff involvement.

In our ministry at Queen of the Valley, we have also begun to take a more critical look at our adherence to the Ethical and Religious Directives for Catholic Health Care Services. Although our policies are in alignment, we want to be certain our practices are as well. Consequently, we now review surgical and obstetric records and billing codes to ensure our adherence. We review charts of patients who have died to ensure that we are neither hastening nor prolonging natural death.

With the advent and implementation of computerized documentation, we struggle with ensuring that a healing relationship exists between care providers and their patients. Does our technology, and our focusing on it, interfere with human interactions? If the answer is "yes," we need to figure out how to emphasize the caring, compassionate relationship within the context of our increasing dependence on technology. We base this concern on the inherent dignity of the human person, the desire to provide holistic care and the recognition that we thrive based on our relationships with others.

In our communities, when we look at our stewardship efforts, we look for evidence of collaboration in service of the common good between individuals, between hospitals within a health care system or between health care systems. Transparency and open sharing of "best practices" or the formation of coalitions can enhance care in our community, stewarding scarce resources. We also want to be careful to address gaps in service and not duplicate services already offered. Our relationships with other Catholic organizations such as Catholic Charities bear examining also: Do we actively and financially assist them to meet the community's needs? We can find synergy by working together.

SPIRITUAL CARE

Considering that we are dedicated to the provision of holistic care — encompassing the physical, emotional and spiritual needs of our patients the robustness of the spiritual care that

Conscience *cont. on page 6*

Conscience *cont. from page 5*

we provide is another area for rigorous reflection. We can examine how active we are in inviting the local priests and other religious leaders to visit their congregants to provide spiritual support.

Meeting regularly to develop relationships is vital, so that spiritual care, much like physical care, is seamless for the patient. We can support the local clergy's efforts at training people within their congregations to provide meaningful spiritual support to the elderly, shut-ins and those who are patients or residents of health care facilities.

We also need to be sensitive as to the status of the Catholic sacraments at the hospital itself. At Queen of the Valley, we televise Mass so that patients can listen in from their rooms, and we have volunteer Eucharistic ministers available almost every day during the week. For all Catholic health care institutions, the relationship with the diocesan bishop deserves reflection. Have we undertaken actions to strengthen our tie with him involving the three C's: celebration, collaboration and compliance? There is often room for improvement in this aspect of our Catholicity. We also need to examine our processes during times of difficult decisions to see if we regularly include consideration of how those decisions fit with our mission, values and Catholic identity.

INTERNALIZED CATHOLIC IDENTITY

The final area of examination will be the most difficult because it deals with how well the Catholic identity has been internalized and how thoroughly it permeates the organization. An obvious area to assess involves prayer and reflection. Christian bioethicist Corinna Delkeskamp-Hayes notes, staff must be "well embedded in a culture of prayer" or given opportunities to practice in accordance with their faith tradition. Christian philosopher and bioethicist H. Tristam Engelhardt agrees when he states, "It is those persons transformed through a life of prayer who are most able to lead the corporate life of a traditional Christian health care institution." The questions we must answer are: Do we support an active prayer life integrated with the work environment? Are there opportunities during the day for prayer or for meaningful reflection? Are employees at all levels of the organization provided a moment of reflection prior to a meeting or contentious discussion? Are they free to stop by the chapel, prayer room or serenity room before and after work to offer a word of praise or thanksgiving to God?

During this part of the examination of conscience, it will be important to note not only visible actions, but also the ways in which they contribute to perceptions of the organization. Is there a pervasive, welcoming feeling when someone enters our buildings? Do visitors have a sense of being on holy ground? This lived reality of our Catholic identity must go beyond using words or even ensuring that our actions match our words. It must go to the very core of every being involved in our ministry. Another area of examination involves the types of formation programs available for employees. For example, Queen of the Valley offers day-long retreats for staff, mission and mentoring yearlong programs for management-level staff, and we have recently developed a formation program suitable for use with an entire department over a two-year period.

Some employees recognize and use the term spirituality, but there is much room for improvement. We are blessed to have many nurses engage in spirituality discussions with patients themselves rather than reflexively referring patients to the spiritual care services department if spiritual distress arises. Yet, as with other aspects of our ministry, room for improvement remains.

TRANFORMATIONAL LEAVEN

As we look to the future, we can see committed laity and religious willing to step forward and make the hard statements (profess our identity), do the hard work (manifest our identity) and be living witnesses of the Gospel message (internalize our identity). We have the potential to stand up and unabashedly state "we are Catholic health care," but it will come only after a thorough and honest examination of conscience and an intense effort to ensure we are on the correct path in all areas. Though we acknowledge we have much work to do, I can see evidence of a Catholic culture in my ministry. We are not afraid to reflect, to speak the truth, to use the word "Catholic" (at least in many circles), and we have initiated formation programs that reach to the front-line staff. Those of us who complete the formation programs are striving to be more than spice, but rather to be transformational leaven for our hospital. If we in the ministry collectively fail, I will be in search not of a recovery program, but of a grief support group, grieving the loss of what could have been a powerful and transformative force for those in our society made vulnerable by illness.

KAMI TIMM is director of mission services and spiritual care, Queen of the Valley Medical Center,Napa, Calif. The medical center is part of the St. Joseph Health System.

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TIDINGS!

Meeting *cont. from page 1*

The keynote address came from John Allen who tackled the critical issue of religious freedom within Catholic Health Care. "Religious freedom is destined to be the premier social and political concern of the global Catholic Church in the early 21st Century," noted Allen.

Allen portrayed the Catholic Church as being increasingly concerned with its distinctive identity and more resistant to pressure from the outside world. While at the same time, the Church faces a secular culture less inclined to defer to religious authority and less inclined to protect the distinctive ethos of religious communities. As a result, religious freedom is where these two forces collide.

Examples of this battle were provided by Allen in the HHS mandate for "preventive services" (contraception, abortion and sterilization) in private insurance plans, the HHS mandate for "full range" of reproductive services in anti-trafficking and migrant care programs, the USAID mandate for contraception as part of international relief and development programs, the DOJ opposition to Defense of Marriage Act (DOMA) as form of "bias" and "prejudice, and the conscience protections at state level under gay marriage laws.

Implications for Catholic Health Care include new demands for global solidarity, tensions over Catholic identity, legal and political battles, and opportunities to recalibrate relations with both the bishops and the broader public.

COMMISSIONER JESSON WITH PAUL HARRIS OF CENTRACARE

In conclusion, Allen describes the scenario within the Church as a pattern of tribalism – with Catholics not necessarily working together (i.e. pro-life, peace and justice, liturgical traditionalists, various movements, etc.). He sees the solution being a grassroots determination to build zones of friendship across the tribal lines. ■

U.S. BISHOPS VOW TO FIGHT HHS EDICT

The Catholic bishops of the United States called "literally unconscionable" a decision by the Obama Administration to continue to demand that sterilization, abortifacients and contraception be included in virtually all health plans. This announcement means that this mandate and its very narrow exemption will not change at all; instead there will only be a delay in enforcement against some employers. "In effect, the president is saying we have a year to figure out how to violate our consciences," said Cardinal-designate Timothy M. Dolan, archbishop of New York and president of the U.S. Conference of Catholic Bishops. The cardinal-designate continued, "To force American citizens to choose between violating their consciences and forgoing their healthcare is literally unconscionable. It is as much an attack on access to health care as on religious freedom. Historically this represents a challenge and a compromise of our religious liberty."

The HHS rule requires that sterilization and contraception - including controversial abortifacients - be included among "preventive services" coverage in almost every healthcare plan available to Americans. "The government should not force Americans to act as if pregnancy is a disease to be prevented at all costs," added Cardinal-designate Dolan. At issue, the U.S. bishops and other religious leaders insist, is the survival of a cornerstone constitutionally protected freedom that ensures respect for the conscience of Catholics and all other Americans.

Sister Carol Keehan, president and chief executive officer of the Catholic Health Association of the United States, voiced disappointment with the decision. Catholic hospitals serve one out of six people who seek hospital care annually. "This was a missed opportunity to be clear on appropriate conscience protection," Sister Keehan said.

Cardinal-designate Dolan urged that the HHS mandate be overturned. "The Obama administration has now drawn an unprecedented line in the sand," he said. "The Catholic bishops are committed to working with our fellow Americans to reform the law and change this unjust regulation. We will continue to study all the implications of this troubling decision." ■

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Updates from our membership...

...What's happening in your organization. Please send your news to Toby Pearson, CHA-MN executive director. Telephone: (651) 503-2163; e-mail: tpearson@chamn.org. Ask your public relations or communications director to put us on the news release list: CHA-MN, P.O. Box 65217, St. Paul, MN 55165. ■

NEWS AND NOTES

- Villa Health Care Center, Mora, Minn., changed its name to **St. Clare Living Community of Mora** effective January 1st.
- Governor Mark Dayton signed an executive order establishing a Vision for Health Care Reform in Minnesota, creating and charging the Minnesota Health Care Reform Task Force. Included on this task force was **Dale Thompson** of the **Benedictine Health System** along with 16 other leaders from business, labor, foundations, the public sector, and health care.
- **Kathryn Correia** has started as the new President and CEO of **HealthEast Care System**. Kathryn will succeed Tim Hanson who, after 39 years with HealthEast, will be retiring in January 2012.
- **SharRay Feickert**, of **LakeWood Health Center of Baudette**, has been awarded Honorary Membership by Aging Services of Minnesota. This award is among the highest honors awarded by Aging Services in recognition of the exceptional leadership, contributions and service of retired leaders in the field of aging services.
- **Regina Medical Center** of Hastings has recently been designated as a Level IV trauma hospital by the Minnesota Department of Health. Regina received its certificate after participating in an intense process to become part of Minnesota's statewide trauma system. ■

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