



Image Courtesy of InTouch Health

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*The Allina Telehealth Network provides regional hospitals with 24-hour access to metro area stroke experts. Expansion to other clinical areas and services, including Cardiovascular, Oncology, Emergency Medicine and Mental Health is planned.*

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## Allina launches Telehealth Network

Stroke care experts at Abbott Northwestern Hospital in Minneapolis are now accessible, 24-hours a day, to patients at Buffalo Hospital and New Ulm Medical Center via the Allina Telehealth Network. The Allina Telehealth Network will also quickly expand to United Hospital in St. Paul and other regional Allina and non-Allina hospitals throughout Minnesota and Wisconsin.

It will allow neurologists to provide real-time assessments of stroke patients via telehealth equipment located in the Emergency Departments of regional hospitals. For example, a Remote Presence RP-7<sup>®</sup> Robot allows an Abbott Northwestern stroke expert to examine patients at Buffalo Hospital and New Ulm Medical Center.

This access to specialty care will enhance the availability of acute stroke treatment in regional areas. A consulting neurologist will work with regional hospital providers to develop a plan of care and will strive to keep care local when possible.

“Timeliness of care is especially important when caring for a stroke patient, since time essentially equals the amount of brain functioning that can be preserved,” said Penny Wheeler, MD, chief clinical officer, Allina Hospitals & Clinics. “Our goal is to improve patient satisfaction and outcomes by allowing patients to receive care close to home, improving quality, and assuring a well coordinated transfer when more advanced treatment is required.”

### HOW DOES TELEHEALTH WORK?

- The regional hospital Emergency Department physician reviews the patient’s status and determines the need for stroke evaluation.
- The RP-Lite telehealth unit is moved to the patient’s bedside.
- The patient and physician in the regional hospital speak directly to the remote stroke neurologist via the telehealth system.

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NORTHWESTERN  
HOSPITAL**

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To make a referral,  
or for more  
information, call  
1-800-828-8900.

## From Abbott Northwestern's vice president of Medical Affairs

Dear Colleague,

As a referring physician in Minnesota, you have many choices of where to send your patients for specialty care. We are fortunate in this state to have a number of fine tertiary hospitals to choose from. So why should you trust your patients to Abbott Northwestern Hospital?

The articles in this issue of *Physician to Physician* offer some compelling reasons. They reflect recurring themes of continuous improvement in quality and service and a commitment to providing innovative and advanced solutions to clinical challenges. For example:

- Allina's Telehealth Network adds a new dimension to our care for stroke patients. As highlighted on page one, the Telehealth Network will speed access to specialty stroke care for patients around the region.
- The expansion of the Piper Breast Center®, as described on page three, gives staff the flexibility they need to better care for patients with complex needs. It also brings online a new imaging technology that helps radiologists better assess lesions that are not clearly seen on other studies.
- The Joint Replacement Center, featured on page four, has structured its services around the needs of patients, combining comprehensive preparation and education with advanced

surgical and pain management approaches.

Its latest innovation is using a continuous enhanced circulation device to reduce the risk of thromboembolic disease.

- The article about cervical spondylotic myelopathy on page five offers a neurosurgeon's perspective on the need for early surgical intervention to treat this potentially debilitating condition. Abbott Northwestern is one of only a few hospitals in the region offering the combination of resources, specialists and technology that helps to ensure the safety and effectiveness of complex neurosurgical and spine procedures.

In addition to offering strong clinical programs, we recognize our responsibility to you, our referring physicians. When your patients return to you, we partner with you and provide information and resources for a smooth transition.

At Abbott Northwestern, we continually strive to be the best choice for you and your patients.

Sincerely,

Ben Bache-Wiig, MD  
Vice President, Medical Affairs

## Feedback from physicians guides quality improvement goals

**Wendy Miller, MD**, hospitalist medicine; member, Abbott Northwestern Clinical Council

We recently surveyed many primary care physicians who refer their patients to Abbott Northwestern Hospital. One finding was that many physicians prefer electronic forms of communication, such as staff messaging, when available. We also received useful feedback from those physicians who do not have access to their patient's information via Excellian®, our electronic medical record system. Our hospitalist group considers timely completion of discharge summaries a performance objective to ensure that primary care physicians receive their patient's information.

In addition to enhancing communication with referring physicians, our group focuses on multiple

quality improvement projects. We are working with Abbott Northwestern's transition care units to explore ways to improve patient transitions including improved communication between the hospitalist and transition care teams. There is also a focus on improving our communication with patients to enhance their overall experience. The hospitalist service will be conducting video training sessions for physicians and self-evaluations to work on this initiative.

*If any you have questions about our service, please call 612-863-7560.*

# Piper Breast Center® enhances services with recent move and expansion

*Deborah Day, MD, medical director, Piper Breast Center; and Carol Bergen, RN, manager, Piper Breast Center*

The Piper Breast Center moved into newly remodeled and expanded space in September and has enhanced its diagnostic capabilities with a new molecular breast imaging system.

The Center's new location is in the Piper Building, adjacent to the former Piper Breast Center location and in a space recently vacated by Minnesota Oncology.

Piper Breast Center is the first in Minnesota to be accredited by the National Accreditation Program for Breast Centers. It provides more than 26,000 procedures and consultations each year. In recent years, it has created new services, such as the High Risk Clinic, and has enhanced services with specialists in plastic/reconstructive surgery, rehabilitation and other areas.

## **The expansion:**

- increases the number of examination rooms from five to eight
- adds two specialty consultation rooms
- allows for more patient privacy in waiting areas
- allows for more flexibility in patient flow
- increases the number of mammography and ultrasound systems from three to four
- introduces the Lumagem® molecular breast imaging system.

The additional space will help staff better accommodate patients with complex needs who may require longer appointment times, while minimizing the impact on other patients. It also helps the Piper Breast Center maintain its commitment to providing an excellent patient experience in a supportive and calming environment.



## **ABOUT LUMAGEM MOLECULAR BREAST IMAGING**

The Lumagem molecular breast imaging system will help radiologists better assess abnormalities that are not clearly seen on mammogram or ultrasound. This highly sensitive study will be used as a problem-solving tool when other studies are inconclusive. It will be particularly helpful for women who have dense breast tissue and may also be used as an alternative to breast MRI. The Lumagem uses a lower dose of radioisotope than similar technologies, like breast-specific gamma imaging, and is significantly less expensive than breast MRI.

Call **612-863-3150** or  
visit **abbottnorthwestern.com**  
for more information.

*Piper Breast Center is the first in Minnesota to be accredited by the National Accreditation Program for Breast Centers and is also designated as a Breast Imaging Center of Excellence by the American College of Radiology.*

# Joint Replacement Center: Innovations in surgery, pain control and patient-centered care

*Scott D. Anseth, MD, medical director, Joint Replacement Center*

After 18 months of careful planning, Abbott Northwestern Hospital's Joint Replacement Center opened its doors in September 2008. The mission of the Joint Replacement Center is to provide a patient-centered experience based on preparation, education before surgery, innovation, proven surgical techniques, multimodal pain control and an accelerated post-operative recovery program, with concise and compassionate care.

Abbott Northwestern has dedicated an entire unit of its Heart Hospital to joint replacement patients. Every room is private, and there is a common area where patients can participate in physical therapy sessions as a group.

The Joint Replacement Center offers a multidisciplinary team approach to provide the highest level of care to patients. This team comprises surgeons, anesthesiologists, physician assistants, physical therapists, nurses, internists and any other staff member who contacts the patient during their stay.

The surgeons at Abbott Northwestern provide innovative implant care, such as unicompartmental knee replacement, Birmingham hip resurfacing, computer navigation and patient-specific instrumentation. Pain management is a major focus of care. Abbott Northwestern partners with Northwest Anesthesia, P.A., to provide this service to patients. The orthopedic surgeons and anesthesiologists collaborate on new and innovative ways to control patients' postoperative pain by using multimodality pain medications and innovative advances in regional anesthesia. The center develops and explores effective ways to protect patients from deep venous thromboses during the peri-operative period.



*Scott D. Anseth, MD, working with a recovering Joint Replacement Center patient.*

For example, the Joint Replacement Center is the first and only center in the Twin Cities metropolitan area using a new, continuous, enhanced circulation device to protect patients from blood clots.

Our joint care coordinator, Stephanie Eller, RN, is in charge of the day-to-day operations of the unit and oversees our pre-operative educational classes, reunion dinners, and community outreach and education programs. The program has monthly meetings in which treatment team members meet to evaluate strategies and review patient feedback and evidence-based clinical articles in an effort to improve patient care. It is the goal of Abbott Northwestern and our Medical Staff to innovate and advance orthopedic joint replacement care in our community and in our region.

*For more information, contact Stephanie Eller at 612-775-4609 or [jointreplacementcenter@allina.com](mailto:jointreplacementcenter@allina.com).*

To learn more about the Joint Replacement Center's comprehensive, patient-centered approach, read its 2009 Overview and Outcomes Report. Go to [abbottnorthwestern.com](http://abbottnorthwestern.com), click on "About Abbott Northwestern Hospital," then click on the "Reports: Quality and outcome indicators" link.

# Cervical spondylotic myelopathy: early surgical intervention may be warranted

John Mullan, MD, Neurosurgical Associates



*Ali Esmaeelzadeh, MD, a primary care physician at Allina Medical Clinic – Coon Rapids, consults with John Mullan, MD.*



*Every year, more spine surgeries are performed at Abbott Northwestern than any other hospital in the state.*

Cervical spondylotic myelopathy (CSM) is a progressive disorder resulting from age-related spinal degeneration and compromise of the cervical spinal cord. It is the most common type of spinal cord dysfunction affecting people 55 years and older.

CSM can lead to significant functional disability and, in some cases, paralysis. Without definitive surgical treatment, progressive deterioration is common and can occur gradually, in steps or suddenly. Conservative measures are generally ineffective.

Early on, patients may present with only neck pain or radicular arm pain. Later, patients may develop hand numbness, loss of dexterity or a gait disturbance. Bowel or bladder impairment can be seen in advanced cases.

Upon physical examination, patients show evidence of hand weakness and numbness. They may have a spastic gait. Upper or lower motor neurons may be affected. This may result in either increased or decreased reflexes in the extremities. A Babinski response or clonus is usually present.

Amyotrophic lateral sclerosis, vitamin B12 deficiency, multiple sclerosis and rheumatoid arthritis can mimic CSM and need to be ruled out.

Magnetic resonance imaging of the cervical spine is the study of choice to evaluate patients for CSM. Spinal cord compression can result in focal myelomalacia, which is seen as an area of increased T2 signal within the spinal cord. Patients with myelomalacia may have a poorer outcome.

Because of the progressive nature of CSM, early surgical intervention is warranted in patients who have significant spinal cord compression and either myelopathic symptoms or neurologic signs. This differs from the recommendation for patients with radicular arm symptoms and/or neck pain alone. These conditions also can result from age-related spinal degeneration and are initially treated conservatively.

A number of surgical treatments for CSM exist, including anterior decompression and fusion, laminectomy with or without fusion, laminoplasty with or without fusion, and combined posterior and anterior procedures.

Negative predictors of postoperative recovery include poor pre-operative neurologic status, long duration of symptoms and advanced patient age.

*For more information or to discuss specific cases, call 612-879-7170.*

## CONTINUING EDUCATION EVENTS

### CONTINUUM ONCOLOGY CONFERENCE

Hosted by the Virginia Piper Cancer Institute

Thursday, Feb. 24, 2011  
5:30 to 8:30 p.m.

Friday, Feb. 25, 2011  
7:30 a.m. to 4 p.m.

Midtown Exchange Building,  
Allina Commons, Pettingill Hall,  
Minneapolis

**Audience:** Primary care physicians, nurse practitioners and physician assistants

**Content:** This conference will cover the spectrum of oncology care provided by the physicians of the Virginia Piper Cancer Institute. The event will give primary care providers the information they need to support their patients through diagnosis, treatment and survivorship.

### UPDATE IN HOSPITAL MEDICINE

Hosted by Abbott Northwestern Hospitalist Service

Friday, April 29, 2011  
8 a.m. to 4:30 p.m.

Midtown Exchange Building,  
Allina Commons, Pettingill Hall,  
Minneapolis

**Audience:** Hospitalists, internal medicine specialists, family practitioners, nurse practitioners and physician assistants

**Content:** This conference will review some of the most common issues encountered in the day-to-day practice of hospital medicine and present an evidence-based approach to managing them.



For more information or to register for these events, contact [lisa.wahl@allina.com](mailto:lisa.wahl@allina.com) or 612-863-7032.

## Allina launches Telehealth Network Continued from page 1

- The neurologist conducts the patient exam via telehealth equipment and evaluates the patient's data and CT scan.
- The neurologist determines whether the patient is a candidate for IV tPA or further interventional treatment.
- Neurologist and regional hospital providers collaborate to determine the best treatment plan for the patient.
- If appropriate, the regional hospital initiates IV tPA therapy.
- If indicated, the regional hospital transfers the patient to a comprehensive stroke center for further intervention.

### BENEFITS TO PATIENTS

- 24-hour access to stroke care experts who otherwise may not be available at regional hospitals
- timely access to acute treatment that can improve stroke outcomes
- care close to home
- convenience for patients and their families.

The Allina Telehealth Network is a major component of a regional system of stroke care led by Allina's Neuroscience & Spine Clinical Service Line, and the Stroke Clinical Program. The Allina Telehealth Network will enable broader partnership with affiliated and independent hospitals and physicians,

which includes extending the reach of specialty care through clinical programs and clinical service lines.

Initially, the Allina Telehealth Network will focus on stroke care. Expansion to other clinical areas and services, including Cardiovascular, Oncology, Emergency Medicine and Mental Health is planned.

*For more information on the Allina Telehealth Network, please call Allina Hospitals & Clinics at 612-262-6164.*

# Abbott Northwestern receives recognition for care

## U.S. NEWS & WORLD REPORT'S TOP 50 HOSPITALS LIST

Abbott Northwestern ranked among the top 50 hospitals in the nation for neurology and neurosurgery, heart and heart surgery and orthopedics in U.S. News & World Report's 2010-11 Best Hospitals list published in July.

To be considered in these specialties, a hospital first has to meet at least one of these criteria: be a teaching hospital, be affiliated with a medical school, have at least 200 beds, or have 100 or more beds and the availability of four or more types of medical technology considered important in a high-quality medical facility, such as a PET/CT scanner and certain precision radiation therapies.

The rankings were also driven by data such as death rates, procedure volume, and balance of nurses and patients.

## TWO BEACON AWARDS FOR CRITICAL CARE EXCELLENCE

Abbott Northwestern's Intensive Care Unit for medical, surgical and neurology patients received the Beacon Award for Critical Care Excellence in May. In September, the hospital's Intensive Care Unit for cardiac patients received the award.

The American Association of Critical Care Nurses gives this award to the nation's top critical care units. It represents extraordinary commitment to high-quality critical care standards and recognizes dedication to the exceptional care of patients and their families.

The award recognizes individual nursing units for knowledge management and best practices, evidence-based practice and processes, patient outcomes, staff competency, effective communication, and leadership structures and systems.



# New doctors join Minnesota Perinatal Physicians

## COLE GREVES, MD, AND DALE YINGLING, DO



**Cole Greves, MD**, is a graduate of the University of Minnesota and the University of North Dakota School of Medicine and Health Sciences. He

completed his residency training in Obstetrics and Gynecology in Orlando, Fla. and then finished a three-year fellowship in Maternal-Fetal Medicine at the University of Rochester Medical Center in Rochester, NY. His special interests include: management of high-risk pregnancies, prenatal diagnosis, in utero procedures and surgical obstetrics. He is excited about the opportunities emerging with the Midwest Fetal Therapy Center.



**Dale Yingling, DO**, is a graduate of the West Virginia School of Osteopathic Medicine and, after first completing an internship at Western

Pennsylvania Hospital, did his residency at St. John Hospital & Medical Center in Detroit, Mich. His fellowship took place at the Medical College of Georgia. Yingling's special interests include thrombophilia related to fetal losses, higher order multi-gestational pregnancies, maternal critical care and thyroid dysfunctions in pregnancy.

*Minnesota Perinatal Physicians is one of the largest perinatal practices in the nation and has six locations in the Twin Cities.*

## Do you have patients with high blood pressure?

The Penny George™ Institute for Health and Healing seeks volunteers ages 50 to 75 for a stress management research study. Patients will be compensated for time and travel. Physicians or patients may call 612-863-9862 for more information.



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## Physician | to | Physician

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## ACCESSING ABBOTT NORTHWESTERN HOSPITAL

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- van service to Abbott Northwestern and affiliated physician clinics.

### EMERGENCY DEPARTMENT-TO- EMERGENCY DEPARTMENT (ED TO ED)

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- ED to ED transfers
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### MINNEAPOLIS HEART INSTITUTE® (MHI) AT ABBOTT NORTHWESTERN

**612-863-3900**

**1-800-582-5175**

- refer a patient to MHI
- make an appointment for a patient at MHI.

### FIND A PROVIDER ONLINE

- Search online for a specialist or subspecialist at **allina.com/doctors** (choose Abbott Northwestern Hospital in the Hospital affiliations field)