

# PACESETTER

Sharing ideas for healthy lifestyles

November 2003

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## Hospitalists: There's Always A Doctor in the House

Patients at Kadlec Medical Center are now being introduced to a new medical specialty — the hospitalist — whose focus is a patient's around-the-clock, seven-day-a-week care while they are patients in the Medical Center.

"The hospitalist movement began in 1993 with physicians who were focusing on adult inpatient care only," said Brooks Watson, MD, director of Kadlec's new program. "Already within the hospital setting there were geographically based specialists in the Emergency Department and intensivists in Intensive Care Units. The hospitalists became dedicated to taking care of medical patients in other parts of the hospital."

It was a natural transition as primary care physicians' practices have become busier, hospitalized patients have become sicker and technology is more sophisticated.

"The hospitalist program allows physicians as a whole to focus more on the sickest patients," said Watson. "Primary care physicians can free up more of their schedules for the patients they see in their offices, and hospitalists can provide 24-hour bedside care to patients in the hospital."

Studies have shown that a hospitalist program leads to a shorter length of stay in the hospital. Under a hospitalist's care, patients can be discharged whenever they

are ready rather than having to wait for the primary care physician's rounds — often only once a day, said Watson. "If we see a patient is ready to go home at 5:30 in the evening, we will discharge that patient rather than waiting until their primary physician makes rounds in the morning," he said.

By being onsite, the hospitalist can also respond to medical tests or changes in a patient's health more quickly, said Watson.

Kadlec's hospitalists will work closely with a patient's primary care physician. "We want to establish a good working relationship with the area's primary care physicians," said Watson. Initially, the hospitalists will work with patients who come to Kadlec "unassigned" — without a primary care

physician on the Kadlec medical staff. The program will then be phased in, with the cooperation of primary care physicians, to care for assigned patients. Participation by primary care physicians in the program is voluntary, and each physician decides to what

extent he or she will utilize the program.

Upon discharge, primary care physicians resume care for their patients.

Kadlec's hospitalist program began in mid-November with three hospitalists on staff. "We anticipate that as the program grows, we will need to have six hospitalists," said Watson. All are board certified internists who have specialized as hospitalists.

According to Suzanne Richins, Kadlec's Chief Operating Officer, "As medicine has gotten more complex, this new specialty emerged to care for the hospitalized patient. They work hand-in-hand with physicians within our community. The hospitalists will ensure a standard of treatment."

*(See Hospitalist, Page 2)*



*Kadlec's hospitalist program started with three board certified hospitalists on staff. They are Brooks Watson, MD, left; Vasanthi Gowri, MD, right, who has been in private practice in the Tri-Cities; and Sunny Park, MD, not pictured, from Vancouver, Washington.*

*All Our Best!*

**KADLEC**  
Medical Center



Rand Wortman, Kadlec President & CEO, speaks at a news conference announcing the development of a health education and training center at the Richland campus of Columbia Basin College. At left is CBC President Dr. Lee Thornton. At right, is Dr. Larry James, Chancellor at WSU Tri-Cities.

## Education Center Planned Near Kadlec Campus

A new cooperative effort between Kadlec Medical Center, Columbia Basin College and Washington State University is designed to address a number of health care issues facing our region – the shortage of nurses and other health care professionals, space to train Medical Center employees on new equipment and an opportunity to begin the process of building coordinated, four-year education in the Tri-Cities.

Kadlec has offered \$2 million toward the construction of a two-story, 36,000 square foot building on CBC's Richland campus. The building will serve as the anchor for a

proposed health education center. As a part of the plan, one of the buildings currently on the CBC site would be torn down to make room for the new building and two of the current buildings on the site would remain.

### Location benefits students and health care community

The proximity of the Richland campus to Kadlec makes it ideal for creating a health education center.

Currently, the Medical Center needs additional clinical lab space for training its employees to use new equipment. The new educational center would not only have lab space for health care students, it would also be available for staff education for Kadlec as well as the other Tri-Cities hospitals.

Students at the new center will also benefit by having access to Kadlec's cutting-edge technology.

The creation of a health education center is also designed to relieve the shortage of health care workers in the community. In 2002 alone, Kadlec spent over \$2 million for traveling nurses to meet its staffing shortage. Additional shortfalls are projected well into the future.

At the new center, CBC and WSU will collaborate on health education within the

community. Currently, CBC offers two years of nursing education to become a registered nurse, and then students are able to transfer to WSU to work toward a bachelor's degree in nursing. As proposed, the classes from both programs would take place at the new Richland center.

Other CBC health-related programs will also be moved to the new site, including its programs for paramedics, phlebotomy, radiological medicine and emergency medical technicians (EMTs).

WSU Tri-Cities plans to locate two additional new health care programs at the center – a nuclear pharmacy program and a nursing program for students who do not have an associate's degree. "Future growth and innovation in higher education is going to be closely tied with developing and maintaining mutually beneficial relationships with our community partners," said Dr. Lee Thornton, CBC President. "Kadlec's \$2 million support of the medical education center is an outstanding example of this concept. WSU-TC, CBC, Kadlec and all the hospitals and community health agencies, as well as the general public, will benefit from this partnership."

In order to complete the project, CBC and WSU will need to raise an additional \$4 million. The new building is projected to open in September 2005. ■

## Hospitalist

(From Page 1) The move to add hospitalists to a medical staff is moving quickly across the country. "It is actually the standard now in hospitals with over 200 beds to have a hospitalist program. It says a lot about Kadlec that even though it is under 200 beds it is instituting this program now," said Watson.

Last year, Kadlec became the first hospital in the area to add an intensivist program. Intensivists are available around the clock to care for the sickest of patients at Kadlec. ■

## PACESETTER

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## 11 Intermediate Care Beds Added

**A** new 11-bed Intermediate Care unit was opened in early October, bringing the total of Intermediate Care beds available at Kadlec Medical Center to 19.

The Intermediate Care unit provides care for patients who do not require the level of care provided in the Critical Care unit, but require more care than that available in medical-surgical rooms, according to Nancy Dahlberg, RN, Kadlec's Critical and Intermediate Care Manager.

"These new rooms have helped us decompress the Critical Care unit. By having more Intermediate Care beds available we, in turn, have more Critical Care beds available for those patients who really need them," she said. "Before these rooms were added, there were times when we didn't have beds available. This helps give us the space necessary to accommodate our patients."

Kadlec has averaged about 100 patients a day in 2003, up from 90 patients per day in 2002. The addition of the heart program, new catheterization procedures and a growing community are among the reasons Dahlberg attributes to the need for Critical and Intermediate Care beds. "We are also very good at what we do," she said.

Patients who benefit from intermediate care include those who have had a stroke, have pneumonia, people who underwent cardiac procedures and other surgeries. Open heart surgery patients are often able to move to the Intermediate Care unit following a day

in Critical Care. If beds in the Intermediate Care unit are not needed for these patients, surgical patients may be placed in the new unit, according to Dahlberg.

The new 11-bed unit is located on the second floor in space that, prior to the opening of the east wing, was dedicated to critical care.

### New Unit Features Telemetry System

The new Intermediate Care unit includes a telemetry system which allows nurses to monitor patients' heart rhythm continuously. The result: nurses can respond to a patient in distress much more quickly.

The new state-of-the-art medical telemetry device monitors patient heart rhythms and other important information around the clock. A telemetry technologist monitors the heart rhythms and each nurse working in the new unit carries a pager that sounds an alarm when a patient shows the first signs of heart rhythm irregularity. A small screen on the pager allows the nurse to see the heart rhythm.

"When a pager goes off, the nurse can immediately determine if the change in a patient's heart rhythm is life threatening," said Dahlberg.

Kadlec is one of the first medical centers in the state to utilize this technology.

In addition, each bed in the unit has a pressure-relief mattress and the rooms include showers, televisions, DVD and VCR players.

## Heart Program Adds Laser Surgery

The success of the Tri-Cities Heart Care program has allowed the addition of an additional procedure — transmyocardial revascularization (TMR) which uses a laser.

"This procedure is an effective option for people with severe angina who are unable to benefit from other treatments," said cardiovascular and thoracic surgeon Roberto Amado-Cattaneo, MD. "A laser is used to open channels in the wall of the heart which restores blood flow and oxygen to the heart muscle. It is for patients who have exhausted other treatment options."

In order to have the procedure, Kadlec had to acquire additional equipment.

"Not a lot of patients will need this procedure, but for those that do, it is an important addition to have it available," he said. "It shows that the Medical Center is committed to the program and having state-of-the-art heart care for its patients. We continue to look at new technology and other treatments to better serve the patients within our region."

Tri-Cities Heart Care was established in the summer of 2001, as a joint program of Kadlec Medical Center and Kennewick General Hospital.

*For more information about Tri-Cities Heart Care or to receive a brochure which outlines its services call (509) 371-TCHC. ■*



### Mark Your Calendars: Auxiliary Poinsettia Sale

Kadlec Medical Center's annual Poinsettia Sale is set for December 2 and 3 in the Cascade/Chinook Rooms on the fourth floor of the main hospital building. The sale is from 7 a.m. until 4 p.m. each day. (Enter through the South Lobby.)



*Representatives of the Kadlec board, medical staff, Intermediate Care Unit staff, and the city of Richland, join together to cut the ribbon to open Kadlec's new 11 bed Intermediate Care Unit.*

# Advances in Interventional Card

**H**ear patients in the region now have a number of new interventional cardiac catheterization procedures available to them at Kadlec Medical Center which not only can improve the outcome, but also allow patients to stay in the Tri-Cities rather than travel out of town for these treatments.

Interventional cardiac catheterization procedures remove or decrease a blockage in a coronary artery which supplies constant oxygen-rich blood flow to the heart. Blockages can develop in these arteries if plaque builds thus reducing blood flow to the heart and causing symptoms which range from mild chest pain to a heart attack which can be fatal. These procedures relieve symptoms of coronary artery disease by improving blood flow to the heart.

The new cardiac catheterization procedures now available at Kadlec include:

## **24-Hour Emergency Cardiac Catheterization and Angioplasty**

Acute myocardial infarction (heart attack) remains one of the major health care problems in the United States, with more than 1.5 million patients sustaining a myocardial infarction each year and a half million patients dying annually.

A heart attack occurs when there is a prolonged period during which the heart is starved of oxygen, either because of an abnormality of blood flow in the heart artery or when the demand of the

heart muscle of oxygen exceeds the supply. If an artery has become completely closed, the entire thickness of the heart is usually involved (called an ST Segment Elevation or acute heart attack). One third of all heart attacks are of this nature and time is of the essence. The goal is to restore normal blood flow as quickly as possible.

These types of heart attacks have been generally treated with “clot busting” drugs such as tPA.

Since early fall, Kadlec has been offering these patients another alternative — emergency cardiac catheterization and angioplasty. With a cardiac catheterization, the blockage in the artery is cleared using a balloon catheter and a stent is then usually inserted. Stents are made of stainless steel and are permanently placed into the artery;

they work by providing a scaffold which props the artery open.

“The success rate for completely opening the artery with catheterization is greater than 95 percent with fewer risks,” said Ralph Kunkel, MD, Kadlec’s catheterization lab Medical Director. “With the drug intervention, there is approximately a 70 percent chance of success with a small but significant risk of side effects and not all patients are candidates for that treatment.”

With time a critical element in treatment of these heart attacks, having a team ready is essential. Patients who arrive at Kadlec’s Emergency Department with an acute heart attack go directly to the catheterization lab; no matter what time of the day a patient arrives, Kadlec now has a cardiac catheterization team available.



*Tri-Cities cardiologist Iyad Jamali, MD, right, performs a cardiac catheterization procedure in one of Kadlec Medical Center’s catheterization labs. During the procedure, a catheter, which is usually 2 to 3 mm in diameter, is passed through the artery to the heart, and into a coronary artery. The image on the computer monitor allows Dr. Jamali to see the exact location of the catheter during the procedure. Joining Dr. Jamali is cath lab technologist Kerry Tracey.*

# Cardiac Catheterization

“If we know a patient is being brought in by helicopter or ambulance and will need to undergo this procedure, we can be ready when the patient arrives,” said Kunkel.

For one patient who recently arrived at Kadlec, “it was 19 minutes from the time he walked through the doors of the Emergency Department until he was in the cath lab,” said cardiologist Iyad Jamali, MD.

“Because of the success of the open heart surgery program, we are able to offer cardiac catheterization as a treatment for the acute heart attack,” said Kunkel. “It is important to have surgery available when you treat these patients. Before the launching of the open heart program, these patients would have been taken to Spokane.”

## Brachytherapy

When a metal stent is implanted in a blocked artery, in about 25 percent of patients there is a risk that the buildup of plaque and scar tissue will recur around or in the stent, a condition called restenosis. Restenosis requires additional procedures to reopen the artery. Brachytherapy uses radiation to inhibit scar tissue growth and prevent restenosis. When restenosis occurs, another angioplasty procedure is performed and a brachytherapy



*This is an image of an actual rotoblation procedure being performed at Kadlec. The burr is the diamond shaped piece in the center of the image.*

catheter is inserted into the artery and placed through the stent. Radiation is then delivered through the brachytherapy catheter for approximately three to four minutes. The dose of radiation to the body is minimal. When the radiation treatment is completed, the brachytherapy catheter is removed and no radiation remains in the patient’s body.

## Drug-Eluting Stents

Drug-eluting stents are a new advancement which have proven to significantly reduce the risk of restenosis among patients. These stents are coated with medication which inhibits the build-up of plaque within the stent.

## Rotoblation

Rotoblation is a procedure performed on plaque in the arteries that has hardened and become calcified. A rotational atherectomy catheter—an olive-shaped diamond burr—rotates at extremely high speed and works like a sander to pulverize the plaque or obstruction into harmless microscopic particles that are washed away by the blood.

## AngioJet

The AngioJet is used to remove blood clots from the arteries. The device disrupts clots and suctions them out.

## Filter Wire

The Filter Wire EX Embolic Protection System, recently cleared by the FDA, is designed to reduce complications during angioplasty and vascular interventions by



Kadlec Medical Center welcomes the following physicians to its Active Medical Staff.

### **Charles E. Batayola, DO**

Family Practice • (509) 628-1220  
560 Gage Blvd., Ste. 206  
Richland, WA 99352

### **Somprak Boonpongmalree, MD**

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### **Eduardo A. Gembs, MD**

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capturing embolic material dislodged during procedures done on bypass graft conduit. It uses a small, sack-like filter mounted on a guide wire that captures material that often becomes dislodged during cardiovascular interventions. This material, called emboli, could otherwise travel through the blocked coronary artery and cause a heart attack.

“With these new procedures, patients can get quality interventional cardiology care locally and not have to travel out of town,” said Kunkel. “We offer a standard of care here and we do it well.”

According to Kunkel, the number of catheterizations and interventions performed through mid-October at Kadlec had exceeded the number performed during all of 2002. ■

## Kadlec Cardiologists Performing Interventional Catheterization Procedures

Kadlec has a number of cardiologists who perform interventional cardiac catheterization procedures. They are:

- Alejandro Michel, MD
- Christopher Ravage, MD
- Venkataram Sambasivan, MD
- Ralph Kunkel, MD
- Iyad Jamali, MD

## Incontinence: There is Help Available

**T**oo often, silence surrounds people struggling with incontinence. They are afraid to talk to their doctor, embarrassed to discuss it with friends and often isolate themselves never knowing when they will experience incontinence. Often they assume it is just a part of aging. However, problems with storing or emptying urine can occur with any of the muscles or nerves within the pelvic floor. These problems often have a solution.

An estimated one of four women and one out of ten men experience involuntary loss of urine. More than 15 million people in the United States experience urinary incontinence, with half undiagnosed and untreated. Eighty percent of those who go to long term care have issues related to incontinence and cannot take care of themselves.

Starting after the first of the year, people in the Mid-Columbia region struggling with urinary or fecal incontinence will have a new resource to help: Kadlec's program for pelvic health services.

"Incontinence impacts a person's quality of life," said Kadlec's Rebecca Garcia, ARNP, manager of the new service, the first of its kind in the Tri-Cities. "What many people don't know is that there is help available to them."

Incontinence is not a disease but a symptom of an underlying condition. A broad range of conditions and disorders can cause incontinence including trauma, repetitive strain, child birth, bladder infections, drug side effects, stroke, obesity, diabetes, spinal cord injuries, certain surgeries, neurological disorders such as multiple sclerosis, dementia and even certain physical activities, especially in athletes.

"In order to treat incontinence one must determine the cause. We are fortunate to have available state of the art equipment which will allow for a full diagnostic workup. The treatment plan is then formulated by these findings which may include medication, dietary changes, devices to assist with control, or exercises to rehabilitate the pelvic floor muscles," said Garcia.

"Our goal is to help each patient to attain the driest state possible," said Garcia. "My heart goes out to people who struggle with incontinence. Depression goes hand-in-hand with incontinence. People will isolate themselves to prevent embarrassment, thus becoming very lonely. We can help."

"A referral is required to participate in this service. This is to ensure that their health care provider is aware of the situation and allows us to provide a collaborative service," said Garcia.

*For more information about this new service, call (509) 942-2835. ■*



*Members of the Kadlec Diabetes Learning Center staff are, bottom row, left to right: Gina Strothman, Vicki Buck. Second row from left: Anne Carroll, RN, CDE; Hannah Kuhn, RN, CDE; Nadine Mitchell, RD, CDE. Back row left to right, Esther Hudson; Marge Shea, RD, CDE; Jane Schubert, RN, CDE; and Peggy Kannberg, RD, CDE.*

## Diabetes Learning Center Earns Recognition, Again

The Diabetes Learning Center, an affiliate of Kadlec, has again earned education recognition by the American Diabetes Association.

The ADA Education recognition effort, is a voluntary process which assures that approved education programs have met the National Standards for Diabetes Self-Management Education Programs. Programs achieving recognition status have a staff of knowledgeable professionals who can provide state of the art information about diabetes management. In the case of the Diabetes Learning Center, it's a staff of six certified diabetes educators, with three registered nurses and three registered dietitians. The services offered include a combination of individual and group educational sessions.

Assuring high-quality education for patient self-care is a primary goal of the education recognition program. "We are very proud to have earned this recognition," said Chelene Campbell, Director, support services at Kadlec Medical Center. "This achievement is the standard used to identify quality diabetes education programs."

*To contact the Diabetes Learning Center, call (509) 942-2620. ■*

## Music to Share

Thanks to the volunteers in Kadlec's music program. It adds a beautiful and soothing touch.

We are seeking a Baby Grand Piano, either by donation or loan, for use in the lobby of the Medical Center. If you can help, call the Kadlec Foundation at (509) 942-2661.



# Thoracic Care Expanding

**T**he addition of the Tri-Cities Heart Care program has been beneficial to more patients than those with heart problems. Patients within the region requiring sophisticated lung and chest surgery are able now to have those important procedures performed at Kadlec Medical Center as well.

The heart program's two heart surgeons, Roberto Amado-Cattaneo, MD and Hugo Gomez-Engler, MD, are also board certified in thoracic surgery. Their arrival in the Tri-Cities as a part of the heart program, also brought additional expertise in thoracic surgery to the region. Prior to their arrival, some general thoracic surgery was performed at the Medical Center, but more complicated cases were sent out of town.

Thoracic surgery is the repair of organs located in the thorax — or chest. The thoracic cavity lies between the neck and the diaphragm and contains the heart and lungs (cardiopulmonary system), the esophagus, trachea, chest wall and diaphragm. Thoracic surgery repairs diseased or injured organs and tissues in the thoracic cavity.

And, according to Gomez-Engler, "We can perform lung surgeries ranging from infections — acute or chronic — to the treatment of lung cancer." Patients needing emergency thoracic surgery from trauma, for example from an automobile or other accident, now can be treated at Kadlec, rather than transported out of the area.

According to Gomez-Engler, the procedures they perform can be either diagnostic or therapeutic. "Sometimes we do biopsies to find out what is going on and sometimes the surgery is for treatment and cure," he said.

Gomez-Engler and Amado-Cattaneo work closely with other physicians in the area including experts in radiation oncology, medical oncology, pulmonary medicine, internists and other specialists. By bringing together a range of expertise, patients receive optimal care both in diagnosis and treatment.

"We are working hard as a group to create a thoracic care center at Kadlec," said Gomez-Engler. "We are pooling all our resources and coordinating care to benefit patients with lung problems." ■

# Emergency Department Introduces Wireless Charting

A new electronic, wireless charting system has replaced the paper charts, clipboards and pencils in the Emergency Department. Now, from triage to discharge, physicians and nurses can chart, communicate and assess their patients more quickly and thoroughly than ever.

Called the T-System, it includes tracking, discharge instructions, prescription writing, statistical reporting, coding and risk management components. Nurses and physicians use hand-held computers, which then integrate the information into the patient's electronic chart.

"This new system does away with handwritten charts," said Greg Brown, MD, Medical Director of Kadlec's Emergency Department.

In addition, the system can access patient information quickly. "I had a patient call me with additional questions. With the new system, I could pull up the information I needed right from my desk rather than having to track down a written chart. It was quicker and easier for the patient, too," said Brown.

"It is quite a revolution," he said. ■

## Lung Cancer: Early Diagnosis Essential

Lung cancer is one of the country's deadliest forms of cancer, with 170,000 cases diagnosed each year. Fewer than 15 percent of people survive for five years with lung cancer. One reason it is so lethal is because diagnosis and treatment typically occur too late to save the patient.

"With lung cancer, early diagnosis is essential for survival," said thoracic surgeon Hugo Gomez-Engler, MD.

If caught early, the five-year survival rate for lung cancer approaches 95 percent. Signs to watch for, according to Gomez-Engler, include:

- Persistent cough.
- Unexplained fever with cough.
- Pain in the side of the chest.

People with any of these symptoms are urged to have a physical exam without delay.

"People who are smokers are at the highest risk. They should not wait for symptoms to appear," said Gomez-Engler. "Smokers should see their physicians regularly and have periodic lung x-rays."

"Surgery for lung cancer gives a patient the best chance of cure, but it is only available if the diagnosis is made early enough, cancer has not spread or involves other parts of the chest," he said.



## Community Support, Community Asset

The Garden at Kadlec Medical Center will be open soon and offer a beautiful space for quiet mediation or just a chance to enjoy the day. This unique space would not have been possible without the support of so many who donated to the Foundation for a total amount of \$75,000 — the entire cost of creating The Garden. This list includes donations made through Oct. 10.

The Kadlec Foundation will continue to accept donations for the ongoing care and future enhancements of The Garden. *Kadlec Foundation, 888 Swift Blvd., Richland, WA 99352 or call (509) 942-2661.*

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