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Atrial Fibrillation Awareness

Atrial fibrillation, or a-fib, is an abnormal heart rhythm characterized by rapid and irregular beating of the atria, the heart's upper chambers. The normal range for a heart rate is 60-100 beats a minute; with a-fib, it can range from 100 to 175 beats per minute.



Valentine Chikwendu, MD



Samir Turk, MD



Natasha Shipman, AGPCNP-C



Amanda Weidler, FNP-C

disorder. If you have chest pain, seek emergency medical assistance immediately, as chest pain could signal a heart attack.



A-fib can sometimes lead to stroke or heart failure. During a-fib, the rhythm may cause blood to pool in the atrial appendage and form clots. If a blood clot forms, it could dislodge and travel to the brain; there, it may block blood flow, causing a stroke. A-fib, if not controlled, can weaken the heart and lead to heart failure.

Risk factors for a-fib include:

- **Age.** The older you are, the greater your risk of developing a-fib.
- **Heart disease.** Anyone with heart disease, such as heart valve problems, congenital heart disease, congestive heart failure, coronary artery disease, or a history of heart attack or heart surgery, has an increased risk of a-fib.

- **High blood pressure.** Having high blood pressure, especially if it is not well-controlled with lifestyle changes or medications, can increase your risk of a-fib.
- **Other chronic conditions.** People with certain chronic conditions, such as thyroid problems, sleep apnea, metabolic syndrome, diabetes, chronic kidney disease, or lung disease, have an increased risk of a-fib.
- **Drinking alcohol.** For some people, drinking alcohol can trigger an episode of a-fib. Binge

drinking may put you at an even higher risk.

- **Family history.** An increased risk of a-fib is present in some families.
- **Obesity.** People who are obese are at higher risk of developing a-fib.
- **Smoking.** A study published in the *European Journal of Preventive Cardiology* in July stated that the more you smoke, the greater your chances are of developing a-fib. The study included 29 studies focusing on 678,000 people in

North America, Europe, Australia, and Japan. With every 10 "pack-years" (the number of packs of cigarettes smoked per day multiplied by the number of years a person has smoked) of smoking, there was an associated 16 percent increase in the risk of developing a-fib. According to the study, the risk of developing a-fib was 32 percent higher among current smokers, 21 percent higher among current and former smokers combined, and 9 percent higher among former smokers.

Symptoms of a-fib include:

- Palpitations, which are sensations of a racing, uncomfortable, irregular heartbeat, or a flopping in your chest
- Decreased blood pressure
- Weakness
- Lightheadedness
- Confusion
- Shortness of breath
- Chest pain

If you show any symptoms of a-fib, make an appointment with your provider. An electrocardiogram may then be ordered to determine if your symptoms are related to a-fib or arrhythmia, another heart rhythm

Treatment options for a-fib can vary.

- **Lifestyle change.** This can include eating a heart-healthy diet; increasing your physical activity; avoiding smoking; maintaining a healthy weight; limiting or avoiding caffeine and alcohol; reducing stress, as intense stress and anger can cause heart rhythm problems; or using over-the-counter medications with caution, as some cold and cough medications contain stimulants that may trigger a rapid heartbeat.

- Anticoagulant drugs
- Electrical devices, such as pacemaker or ICD
- Electrical energy directed to the trouble point (ablation)

Trinity Health's cardiology team includes Valentine Chikwendu, MD; Samir Turk, MD; Natasha Shipman, AGPCNP-C; and Amanda Weidler, FNP-C. Their offices are located at Health Center – Medical Arts, 400 Burdick Expressway East, Minot. For appointments or consultations, please call 857-7388.

An estimated 2.7 to 6.1 million people in the United States have a-fib. With the aging of the U.S. population, this number is expected to increase.

—Centers for Disease Control and Prevention

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TeleSitter® System Enhances Patient Safety

A video system that can monitor patients at risk of falling is having a positive impact on patient safety at Trinity Hospital.

To help prevent patient falls and injuries, the hospital installed a new technology, the AvaSys® TeleSitter® system, in June of last year to provide nursing staff the ability to monitor and converse remotely with patients who are at high risk of falls or other safety monitoring needs. Nearly 1,000,000 hospitalized patients in the U.S. experience a fall each year, according to the U.S. Department of Health and Human Services.

Danaka Walz, RN, BSN, Director of Clinical Excellence and Patient Safety, says data from the first year of usage at Trinity Hospital show that the TeleSitter system has been a key factor in achieving 97 fewer patient falls – a reduction of 46 percent.

“These results are encouraging and we look forward to continued improvements in the future,” Walz said. “Patient falls are among the highest safety concerns for any hospital. This new system underscores our commitment to patient safety and gives us an added measure of protection for patients by giving staff the ability to intervene immediately if a patient is at risk of harm.”

Each patient admitted to Trinity Hospital receives an assessment, and those considered to be at risk for falls are provided with a number of safety measures, including gripper slippers, bed alarms, and, in some cases, placing a staff member in the patient’s room as a sitter. TeleSitter doesn’t replace these protections but enables the hospital to use staff resources more effectively. The decision to

use a TeleSitter for any given patient is made by the unit charge nurse and a trained staff member, called a TeleSitter tech.

Jodi Wiersch, RN, BSN, Surgical Unit Assistant Manager, has tracked the hospital’s TeleSitter usage and notes that utilization has steadily climbed.

“Initially, 34 percent of the units were in use; now it’s up to 84 percent, which indicates nursing staff view this as an important tool in cases where they’d like to have an extra set of eyes on their patient.”

Trinity Hospital began its TeleSitter program with 13 units. It now has 16, thanks to funding from Trinity Health Foundation. Each unit consists of a portable cart with two-way audio and a camera that pans, tilts, and zooms to monitor an entire patient room. The TeleSitter Tech observes multiple patients from a central station and can intervene by using the two-way audio to speak with the patient in the room.

For example, if a patient is attempting to get out of bed, the monitor tech can ask the patient to wait for assistance or sound an alarm for immediate staff attention.

“Our response time averages 15.1 seconds,” Wiersch noted.



Walz emphasizes that the cameras don’t record any images and each is equipped with a virtual curtain that can be activated to protect patient privacy.

So far, the system has been useful in monitoring patients with delirium, seizures, and confusion; it’s also been helpful in maintaining the safety of lines and tubes. But most of the patients being monitored are at risk of falling.

Medical Unit Assistant Manager Jessica Kornkven, RN, BSN, who chairs the Falls Committee, says response among families has been positive. “It’s hugely popular,” she said. “In some cases, families of at-risk patients have felt the need to be with their loved one almost all the time. This gives them a little more freedom and peace of mind. They can step out and know that their loved one is safe in the hospital.”

Glasses • Contacts • Frames

VISION
Galleria
Affiliated with Trinity Health

Plaza 16
2815 16th St. SW
Minot, ND
857-7440

Trinity Health – Western Dakota
1321 West Dakota Parkway
Williston, ND
774-8785

Klein Receives Eagle Award

Laureen Klein, RN, BSN, a nurse in Trinity Health’s Neonatal Intensive Care Unit (NICU), received the Minot Area Chamber of Commerce’s Eagle Award for Excellence in August.

Klein was nominated by a mother who faced “a very scary time” when her daughter was born early and admitted into the NICU.

“The first time we met Laureen, a few days after our daughter’s birth, she went above and beyond to make us feel welcome,” the mother wrote. “I immediately felt a sense of relief as I realized we could trust her with our daughter. She answered all our questions and even if we didn’t know what questions to ask, she just started explaining things to us. She understood we had questions but didn’t know how or what to ask, being new parents and going through such an experience.”

Receiving the Eagle Award is validation of the pursuit of the mission of Trinity Health, which values exceeding professional quality standards. If you would like to nominate a Trinity Health employee for an Eagle Award, you can do so by visiting www.minotchamber.org/about/chamberawards.



Laureen Klein, RN, BSN

Nurturing Parenting Education Begins



Trinity Behavioral Health Services is accepting registrations for its next series of Nurturing Parenting Education classes.

Nurturing Parenting offers guidance and support for parents and children seeking to improve communication, control stress and anger, develop effective discipline techniques, and promote warm interaction and family fun.

The free sessions, for families with children 0-12 years of age, will be held Tuesdays September 4 through December 18 at Health Center-Riverside, 1900 8th Avenue SE. Each class begins with a free supper at 5:30 p.m. and concludes at 8 p.m. Childcare is provided. To register or for more information, call 857-3622.

The Nurturing Parenting Program is funded by the North Dakota Department of Human Services in partnership with the North Dakota Parent Education Network.

Out of the Darkness: Suicide Awareness and Prevention

A recent study from the Centers for Disease Control and Prevention (CDC) says that suicide rates have increased nationally over the past 20 years.

Every state in the country has seen an increase of at least 30 percent since 1999, with North Dakota reporting the highest increase: 57.6 percent.

The topic of suicide has been in the news lately, with the celebrity deaths of designer Kate Spade and television personality Anthony Bourdain — their deaths, both reportedly from suicide, occurred within a three-day period in June — and actress Margot Kidder, whose May death was recently deemed suicide.

Each year, 44,965 Americans die by suicide, making it the 10th leading cause of death in the United States, the American Foundation for Suicide Prevention states. In North Dakota, specifically, it is the ninth leading cause of death.

“It’s pretty predominant, especially among depressed patients,” said Lea Johnson, LICSW, a therapist with Trinity Health’s Behavioral Health Services, noting that thoughts of suicide are one of the nine criteria for screening for depression.

Suicide ideation – the thoughts of suicide – can come from many sources: “If people have chronic pain, they may think of suicide,” Johnson said. “If they are younger and they have some undiagnosed mental health condition or an adjustment – like a breakup – there could be a suicidal thought.” The frequency of suicide ideation “depends on the person,” Johnson added.

A study from the Center for Rural Health – University of North Dakota School of Medicine & Health Sciences, cites several factors related to suicide. They include:

- Mental illnesses such as depression and Post Traumatic Stress Disorder (PTSD)



- Barriers to get help
- Alcohol and other drug abuse
- Rural isolation and loneliness
- Mental health treatment stigma
- Bullying, harassment, and violence
- Historical trauma/cultural “numbing”

The North Dakota Suicide Prevention Program lists the following as suicide warning signs:

- Appearing depressed or sad most of the time
- Talking or writing about death or suicide
- Withdrawing from family and friends
- Feeling hopeless
- Feeling helpless
- Feeling strong anger or rage
- Experiencing dramatic mood changes
- Abusing drugs or alcohol
- Exhibiting a change in personality
- Acting impulsively
- Losing interest in most activities
- Experiencing a change in sleeping habits
- Experiencing a change in eating habits
- Losing interest in most activities
- Performing poorly at work or in school
- Giving away prized possessions
- Writing a will
- Feeling excessive guilt or shame
- Looking for a way to kill oneself, such as searching online or buying a gun

Walking Out of the Darkness

The Out of the Darkness Walk, which will be held at Roosevelt Park on September 15, helps to raise funds and awareness for the American Foundation for Suicide Prevention. Trinity Health is a partner. More than 82 cents of every dollar raised is used to:

- Educate the public about mental disorders and suicide prevention
- Fund scientific research
- Promote policies and legislation that impact suicide and prevention
- Provide programs and resources for survivors of suicide loss and people at risk, and involve them in the work of the Foundation
- Offer educational programs for professionals

“When you’re there, you’re with people who have either been directly affected by suicide or who know someone who has, or they truly want to help with the cause,” explained Heather Sys, RN, BSN, MBA, director of Behavioral Health Services at Trinity Health. “There is so much emotional support, whether it’s your first year or your fourth year participating.”

Lea Johnson, LICSW, a therapist with Trinity Health’s Behavioral Health services, added that the purpose of the walk is “to reduce the stigma and have people feel they can talk about it. People who are depressed or have thoughts of suicide may be afraid to talk about it. The walk also provides support to people who are survivors of suicide.”

Out of the Darkness will be held on Saturday, September 15, with registration beginning at 11:30 a.m., and the walk starting at 1 p.m. For more information, visit www.outofthedarkness.org.

- Talking about having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Acting anxious or agitated; behaving recklessly
- Withdrawing or feeling isolated

“There is no single factor that could influence one to have suicidal thoughts,” explained Heather Sys, RN, BSN, MBA, Director of Behavioral Health Services at Trinity Health. “All of the factors that are cited could influence one to feel this way.”

In addition, Johnson said there are signs that can “be vague and people may not see it until the suicide is completed.”

At Trinity Health, inpatient and outpatient services are available for those suffering from depression or suicidal ideation. Services are provided by psychiatrists, psychologists,

licensed independent clinical social workers, licensed professional clinical counselors, nurse practitioners, and clinical nurse specialists. Outpatient services, such as crisis counseling and individual, family and group counseling, are available at Health Center – Riverside, 1900 8th Avenue SE, Minot. At Trinity Hospital – St. Joseph’s, located at 407-3rd Street SE, Minot, inpatient services such as crisis stabilization are available.

The American Foundation for Suicide Prevention also provides opportunities for survivors of suicide loss to get involved through a wide variety of educational, outreach, awareness, advocacy, and fundraising programs.

If you or someone you know is suicidal, please call 2-1-1 or 1-800-472-2911, the Mental Health Association in North Dakota.

New Family Medicine Provider in Williston

Trinity Health is pleased to announce the addition of Dustin Tolman, MD, to our team of Family Medicine specialists at Trinity Community Clinic – Western Dakota, in Williston.

Dr. Tolman provides the full spectrum of family medicine services, from preventive care and health screenings to diagnosis and treatment of complex health conditions. He has been trained and is able to perform numerous in-office procedures such as large and small joint injections, skin biopsies, circumcisions, suturing of lacerations, toenail removal, incision and drainage of abscesses, and more. He earned his medical degree from American University of Integrative Sciences School of Medicine, St. Maarten,



Dustin Tolman, MD

Netherlands, and completed his Family Medicine residency through the University of North Dakota School of Medicine's residency program in Minot and Williston, where he was elected Chief Resident his final year. A member of the American and North Dakota academies of family physicians, his experience includes caring for underserved and uninsured patients at Minot's former free clinic.

Dr. Tolman is an avid sports fan and participant. He also enjoys architecture and taking part in outdoor activities with his wife and five children. Dr. Tolman grew up in southern Alberta in Canada but has lived the majority of his married life within the United States while he completed his schooling.

Trinity Community Clinic –Western Dakota is located at 1321 West Dakota Parkway, Williston. For appointments or consultations, please call 572-7711.

Nipping Childhood Obesity in the bud

The average age for heart attacks is decreasing and, although rare, children are included among those statistics.

The cause, outside of genetic or birth defects of the heart, is childhood obesity. Diana Peterson, MD, a pediatrician with Trinity Health, believes this is a huge problem.

According to the Centers for Disease Control and Prevention (CDC), nearly 1 in 5 school age children and young people (6 to 19 years) in the United States is obese.

The Texas Heart Institute has stated that due to the growing percentage of children and teenagers who are obese, obesity-related problems such as type 2 diabetes, are becoming a problem.

“It’s getting more prominent,” Peterson said, noting that during her training (1989 to 1992), childhood obesity was never discussed.

“We didn’t even talk about it, because we didn’t see it much. It couldn’t have been much,” she said. Now, especially over the past five to 10 years, it is an issue at the forefront of pediatrics.

“I’m seeing children with type 2 diabetes, hypertension, lipid problems, sleep apnea — all because of obesity, and it’s just sad,” Peterson said.

In addition to the physical aspects to a child’s health, their mental health is also affected with the stigmatism of being an overweight child, which includes being bullied, Peterson pointed out. “It’s a nasty problem.”

What qualifies as obese?

Peterson also noted that one in three children and adolescents are overweight. But what is the difference between being obese and being overweight?

The CDC has defined being overweight as possessing a Body Mass Index (BMI) at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex; obesity is defined as having a BMI at or above the 95th percentile.

“BMI is calculated by dividing a person’s weight in kilograms by the square of height in meters,” the CDC says on their website. “For children and teens, BMI is age- and sex-specific and is often referred to as BMI-for-age. A child’s weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults. This is because children’s body composition varies as they age and varies between boys and girls. Therefore, BMI levels

among children and teens need to be expressed relative to other children of the same age and sex.

For example, a 10-year-old boy of average height (56 inches) who weighs 102 pounds would have a BMI of 22.9 kg/m². This would place the boy in the 95th percentile for BMI and would be considered obese.



Obesity can begin at any age, Peterson said. While the BMI tables start at age two, this doesn’t mean that obesity can’t happen before — especially as Peterson said she has seen children under the age of two who would be considered obese.

“I don’t usually start talking to parents about it until they are around two, but if there are children who are really high risk, I’ll talk about it sooner,” she said.

According to *The State of Obesity: Better Policies for a Healthier America*, which was released in August 2017, North Dakota had the 15th highest adult obesity rate. The study states that North Dakota’s adult obesity rate is 31.9 percent, up from 20.5 percent in 2000 and 11.6 percent in 1990. It also states that in 2016, 37.1 percent of 10- to 17-year-olds in the state were overweight or obese.

Despite the severity of childhood obesity, Peterson said that sometimes, parents don’t see it as a health problem and that obesity is something their children will outgrow.

Childhood obesity, though, isn’t a phase.

“Statistics are showing that they aren’t outgrowing it,” and that if you are obese as a child, more than likely it will carry over to adulthood, Peterson said.

The CDC has stated on its website that children and adolescents who are obese are likely to be obese as adults “and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.”

How to fight obesity?

In Peterson’s opinion, lifestyle choices such as not engaging in physical activity or having a less-than-healthy diet have contributed to childhood obesity rates.

“Kids don’t go outside and play anymore. Nobody walks to school anymore,” she said. “A lot of extra calories and not

For children, jazzing up fruits and vegetables by making them bite-sized finger foods can help introduce them into a child’s diet, Fundingsland said, speaking from personal experience with her children. “I find that if I cut them smaller, they can eat them with their fingers or easier to eat with silverware. A big chunk of broccoli might be a bit

overwhelming for them.”

Fundingsland added that increasing physical activity can help.

“We have a problem because we tend to shut down for the wintertime and say, ‘I’m going to wait until the spring.’ We can’t do that,” Fundingsland said, noting that while being cooped up on the days when it’s just too cold to be

doing a lot seems to be the problem.”

When speaking to parents about their child’s health, weight-wise, Peterson encourages them to “get rid of all the junk food — all those empty calories.”

She also encourages them to follow the 5-2-1-0 rule:

- 5 — five or more servings of fruits or vegetables a day;
- 2 — limit screen time to two hours a day (for preschoolers, this would be one hour);
- 1 — one hour of physical activity every day;
- 0 — zero sugar sweetened drinks or beverages. (“This includes juice. Parents think juice is OK and give kids lots of it,” Peterson said. “We’re pushing for milk or water only; juice, pop, Kool-Aid should all be treats and very limited.”)

Making lifestyle changes can combat obesity, said Michelle Fundingsland, RD, LRD, a

outside, “we have to be more creative with finding things around the house to keep us active. Make it fun, make it a game.”

If you are concerned about childhood obesity and feel your child’s health may be affected, contact a pediatrician.

Trinity Health pediatricians Kathryn Burgardt, FNP-C; Ann Cadwalader, MD; Melissa Messerly, MD; Diana Peterson, MD; and Anthony Udekwe, MD, are based at Health Center – Medical Arts, 400 Burdick Expressway East, Minot; for appointments or consultations, please call 857-5413. Heather Davis, MD; Michael Holland, MD; Frederick Jones, MD; Kathryn Obregon, MD; and Friday Osuala, MD, are also based at Health Center – Medical Arts; for appointments or consultations, please call 857-5413. Thomas Carver, DO, and Allison Lesmann, FNP-C, are based at Health Center – West, Suite 204, 101 3rd

Nearly 1 in 5 school age children and young people (6 to 19 years) in the United States has obesity.

—Centers for Disease Control and Prevention

clinical dietitian with Trinity Health. “Start with diet modifications: eating more nutrient-rich foods, such as fruits, vegetables, whole grains, low-fat dairy products, lean meat, poultry, and fish, and limiting foods that are less nutritious. We also need to move more and be less sedentary.”

Avenue SW; for appointments or consultations, please call 857-3133. Steve Mattson, MD, is based at Trinity Health South Ridge, Suite 103, 1500 24th Avenue SW, Minot; for appointments or consultations, please call 857-5343.

Gynecological Cancer: What You Need to Know

It can strike the lives of any women, and as a woman ages, her risk of developing it increases.

The 'it' is gynecological cancer, which includes cancer of the cervix, ovaries, uterus, vagina, or vulva – the female reproductive organs. Of these, endometrial, ovarian, and cervical are the most common.

The important thing to know about these cancers is to know your risks, look for the signs, be seen by a provider if you see any signs, and get treated, said Margaret Nordell, MD, an OB/GYN with Trinity Health.

Uterine (endometrial) cancer
Uterine (endometrial) cancer, which affects the uterus, is the most common cancer of the female reproductive organs.

About 63,230 new cases of uterine cancer will be diagnosed in 2018, the American Cancer Society (ACS) estimates, and about 11,350 women will die from it.

Symptoms of endometrial cancer include postmenopausal bleeding, spotting, or cramping or persistent irregular bleeding at any age. As these symptoms are investigated early, high survival rates occur. Other symptoms can include abnormal, non-bloody vaginal discharge, pelvic pain, painful intercourse (dyspareunia), or unintended weight loss.

"Surgery is the best option," Nordell said. It is also the most common initial treatment. Surgery would include a hysterectomy, the removal of the uterus.

Ovarian cancer
Ovarian cancer ranks fifth in cancer deaths among women, accounting for more deaths than any other cancer of the female reproductive system. According to the ACS, a woman's risk of getting ovarian cancer during her lifetime is 1 in 78; her lifetime chance of dying from it is about 1 in 108.

The ACS estimates that in 2018, about 22,240 women will receive a new diagnosis of ovarian cancer, and that about 14,070 women will die from it.

"Women with a grandmother, mother, daughter, or sister with ovarian cancer but no known genetic mutation still has an increased risk of developing ovarian cancer," the Ovarian Cancer Research Fund Alliance (OCRFA) states on their website. "The lifetime risk of a woman who has a first degree relative with ovarian cancer is five percent. The average woman's lifetime risk is 1.4 percent."

Symptoms are nonspecific and often mimic those of other more common conditions. It can often be misdiagnosed as irritable bowel syndrome, gall

bladder disease, stress, or symptoms attributed to menopausal changes. Signs of ovarian cancer can be identified by persistent and/or worsening signs and symptoms, such as abdominal pressure, fullness, bloating,



Margaret Nordell, MD

ing, urinary urgency, or pelvic discomfort or pain. Treatment options for ovarian cancer include surgery, which could be the removal of both ovaries, fallopian tubes, and the uterus, as well as nearby lymph nodes. This is followed by chemotherapy or radiation.

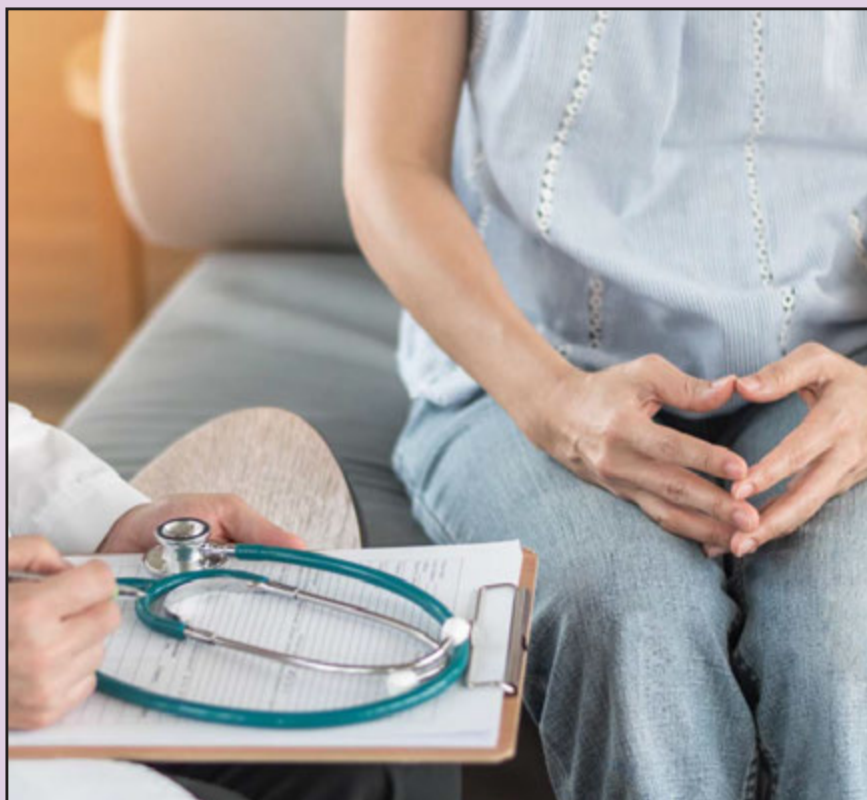
Cervical cancer

Cervical cancer, a specific form of uterine cancer, is the third most common of the gynecologic cancer. Its commonality is chiefly due to the effective and improving cancer screenings and technology.

The ACS estimates that in 2018, about 13,240 new cases of invasive cervical cancer will be diagnosed; about 4,170 women will also die from it.

The Papanicolaou test, colloquially known as a Pap smear, is a method of cervical screening used to detect potentially pre-cancerous and cancerous processes in the cervix. The Foundation for Women's Cancer states that since its conception in the 1940s, the Pap smear has reduced deaths from cervical cancer by more than 70 percent. "It is hoped with wide-spread vaccination and improved screening strategies, fewer and fewer women will be affected by cervical cancer and pre-cancers in the future," the organization stated on its website. (The ACS adds, on their website, that cervical cancer "was once one of the most common causes of cancer death for American women.")

According to the Foundation for Women's Cancer, early vaccination along with regular Pap tests and HPV testing when recommended is now the best way to prevent cervical cancer. The vaccination referred to is a human papillomavirus (HPV) vaccine called Gardasil. The Centers for Disease Control and Prevention (CDC), the Advisory



As cervical cancer progresses, symptoms can include vaginal bleeding after intercourse, between periods, or after menopause; watery, bloody vaginal discharge; and pelvic pain or painful intercourse (dyspareunia).

Depending on its stage, treatment for cervical cancer can vary.

Risk factors for gynecological cancer

According to the

Betty Allen Gynecologic Cancer Foundation, cancer can be acquired or inherited. "If the changes are acquired, they are caused by environmental factors and things people do, such as smoking," the foundation says on their website.

"Smoking is the worst thing anyone can do," Nordell added.

Knowing your family's medical history is also important. To help determine familial risk, patients complete a Risk Assessment for Lynch Syndrome and Hereditary Breast and Ovarian Cancer Syndrome, which asks if the patient and/or a family member has been diagnosed with colon, uterine, breast, and/or ovarian cancer, is completed by patients.

If you show any of the symptoms related to a gynecological cancer, or are concerned about the possibility of gynecological cancer, you can contact the OB/GYN team at Trinity Health.

OB/GYNs Margaret Nordell, MD; Jessie Fauntleroy, MD; Carol Schaffner, MD; and midwife Gloria Berg, CNM, are based at Health Center – Town & Country, Suite 102, 831 South Broadway, Minot. For an appointment, call 857-5703. David Billings, MD, is also located at that location; for an appointment, call 857-7394.

OB/GYNs Heather Bedell, MD; Tim Bedell, MD; Lori Dockter, PA-C; and Jennifer Johnson, MD, are based at Health Center – Medical Arts, 400 Burdick Expressway East, Minot. For an appointment, call 857-7397. OB/GYN J. David Amsbury, DO; and midwives Erica Riordan, CNM, and Kerena Saltzgeber, CNM, are also located at that location; for an appointment, call 857-7385.

Committee on Immunization Practices, and the North Dakota Department of Health recommend routine HPV vaccination for all 11- to 12-year-old girls. Catch-up vaccination is also recommended for females ages 13 to 18, and for adults 19 to 26 who were not previously vaccinated.

Since 2012, the ACS recommends that cervical cancer screenings, such as Pap smears, should first be performed at the age of 21 years old. The previous guideline was 18 years of age but, as Nordell noted, young women who were still going through the maturation process would be tested and given false positives, leading to unnecessary surgeries.

After the first Pap smear, women are encouraged to get one every three years between the ages of 21 to 29, unless recommended otherwise. From the ages of 30 to 65, the testing would be done every three years or every five years if combined with HPV testing. From the age of 65, recommendations suggest against screening for those women who are not at a high risk for cervical cancer.

Regardless of the three-year guideline, Nordell says that a lot of women aren't comfortable "waiting that long," especially as women are generally conditioned, given the previous guidelines, to get one annually.

According to the CDC risk factors for cervical cancer include smoking, having HIV or another condition that makes it hard for your body to fight off health problems, using birth control pills for a long time (five or more years), having given birth to three or more children, or having several sexual partners.

"HPV virus causes most of these cervical problems," Nordell said. It wasn't until the 1980s that HPV was identified in cervical cancer tissue, implicating it in virtually all cervical cancers. "We don't know how the HPV virus is out there, but the way to take care of cervical cancer is to get a Pap smear and treat it accordingly."

Trinity Health Speaker's Bureau

Call Trinity Health's Community Education Department at 857-5099 to check for available dates and topics.

In Recognition and Thanks...

Trinity Health Foundation is proud to list the names of individuals, organizations, and businesses whose gifts were received from May 1–July 31, 2018. These contributions illustrate a generous and caring community, striving to bring the highest quality care to those we serve. We want to thank these contributors for their generous support of Trinity Health's mission: "To excel at meeting the needs of the whole person through the provision of quality healthcare and health related services." For more information on honoring the memory of a loved one through philanthropic giving, contact Trinity Health Foundation at 857-5432.

BUILDING HOPE GOLF TOURNAMENT

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Lora Bendickson
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Susan & Gerald Simonson
Thomas & Jacqueline Slagle
Trappers Cove Homeowners Association
William & Cindy Ruelle

In memory of Curt Currie
Lila & Chet Reich

In memory of Darlene Bergman
Anonymous Contributions

In memory of
Dene & Pearl Karna
Darlah & Michael Rensch

In memory of Harry Rollman

Sharon Rollman

In memory of Larry Hubbard, Sr.
Mike & Pam Hemquist

In memory of Ralph Groth
Miguel Gomez

In memory of Robert Nelson
Karen & Hjalmer Carlson

CANCERCARE CENTER ENDOWMENT
In memory of Curt Currie
Jerry & Sherry Whitted
Thomas & Jacqueline Slagle
Jane & James Jundt

CANCERCARE COTTAGE
Eunice Wunderlich
Gideon's Trumpet
Marlene Marquardt
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Matthew & Fredelvinda Wuster
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Kevin Franks, MD & Marie Franks
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Fay Langseth
Cassandra Harmon
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In memory of
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In memory of Pauline Kimmel
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In memory of
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John & Cheryl Wallen

In memory of
Tilfred Christianson
Blake & Shelly Carlson

CANCERCARE PATIENT ASSISTANCE
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Maria Zietz
Dakota Square Tesoro

In memory of Arlene Olson
George Bakke

In memory of George Kupsor
Jeffrey Verhey, MD & Janelle Verhey

In memory of Iene McGhan
George Bakke

In memory of Kerry Bacon
Jeffrey Verhey, MD & Janelle Verhey

In memory of Paul Brady
George Bakke

In memory of Ralph Groth
Ardien & Carolyn Tandberg
Miguel Gomez
Merry & Gary Green
Lola Gay Hetland

CARDIOPULMONARY
David & April Demaree

In memory of Leonard Bubach
Jeffrey Verhey, MD & Janelle Verhey

CHILDREN'S FUND
Starlight Children's Foundation
Allie's Friends Foundation
Preferred Restaurant Group, Inc.

COMMUNITY AMBULANCE SERVICE
Julie & Mark Passaglia

In memory of Elizabeth May
Priscilla May

COMPASSIONATE FRIENDS
Thomas Family Funeral Home

In memory of Chantz Ramberg
Charles & Roberta Ramberg
Bernice Feiring

In memory of Jessica Baglien
Carlene & Loren Baglien

In memory of Justin Knebel
Janet Olson

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Mary Ann & Marvin Michelson
Nanni Bremer
Stephen Larson
Lois Hanson
Gerald Sennett
Wendell & Arvella White
Georgi Ann & Eugene Desilets
Keeler & Associates Inc.
Sarah Warren
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Gate City Bank
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In memory of
Chief Michael Williams
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In memory of Georgia Schubert
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In memory of Gordy
Lezlie Beuchler

In Honor of Craig Morris
Cody Moerer
Colleen Greer
Diana Ocampo
Kelly Barnett
Victoria Gipson

In memory of Karen Smette
Johnson Eyecare & Eyewear

In memory of Kristi Robinson
Christine Kenworthy

In memory of
My Aunt Lucille Gabol
Michelle & David Phillips

In memory of My Dad, Elroy
Lisa Hoffer

In memory of My Mom, My Aunt Mary & My Niece Donna
Louis Milano

In memory of Tim Thorp
Tess Jarmin

GENEROSITY CARD
Charette & Philip Crabb

Ordean & Judy Huus
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Virginia Anderson

In memory of
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Albert & Helen Klein

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Bremer Bank
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Cassandra Harmon
Charlene Mardock
Claudia Klein
James Charnholm
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Jennie Knoshaug
Jeraldine Thompson
Jerome & Carol Henricks
Kathy Gumeringer
Laurie & Lee Garbel
Marian & Michael Nerpel
Nancy Wright
Prudence Kersten
Stephen & Donna McIntyre
Terry Frazier
Tom & Patty Cihowiak
Virginia Anderson

In memory of Bud Fletcher
Tom & Mary Probst

In memory of Elizabeth May
Priscilla May

In memory of
Mary Ann Lizakowski
Lynnette Greicar

HOME HEALTH & HOSPICE
Darryl & Sharon Strube
Western ND Golf, Inc.

In memory of Alice Johnson
Sandra & Paul Nelson

In memory of Arlis Fritsvold
Archie & Elaine Kress

In memory of Bernice Schaefer
Karen & Hjalmer Carlson

In memory of Carole Berg
Cindy Jenson
Darald & Joyce Nielsen
Kenneth & Catherine Martin
L. Jean Berland
Lora Bendickson
Jenelle & Dennis Krueger
Dennis & Wendy Beeter

In memory of
Chandra Hanson-Behm
Kyle & Celeste Hanson

In memory of Cheryl Eshenko
Liz & Michael Bakk

Community Happenings



A Day at the Fair

At the North Dakota State Fair, Trinity Health presented architectural renderings of the new hospital and medical district, as well as information about youth and smoking.



National Night Out

The NorthStar Criticair helicopter made an appearance at National Night Out on August 7 at Minot High School-Magic City Campus. Trinity Health also had an informational booth about playground safety, which was included to help educate the public on services available to them in the community.

MyTrinity Health eConnect

Sign up for our online Patient Portal

- Access your health information
- Request appointments
- View your test results
- And more

To sign-up for MyTrinity Health eConnect, stop by any Trinity registration desk or your physician's office. (ID verification required).

For more information call: (701) 857-3471



857-DR4U

Physician Referral Service

Let our staff help you select a health care provider right for you.

Please feel free to leave a message after hours and your call will be returned the next regular business day, or email us anytime at DR4U@trinityhealth.org.

In Recognition and Thanks

continued from page 6

In memory of Curt Currie

Jeffrey Verhey, MD &
Janelle Verhey
Linda & Bruce Rostad
Steve & Phyllis Eldevik
Opal Thompson

In memory of Danny Jarmin

Anonymous Contributions

In memory of Duaine Fugere

Diane Fugere

In memory of Eleanor Vise

Geri & Joe Olson

In memory of George Kupsor

LeRoy & Yvonne Bursau

In memory of

Hugo Fursteneau

Archie & Elaine Kress

In memory of James Zaback

Beverly Zaback
Lila & Chet Reich

In memory of

Jerome Grondahl

Opal Thompson

In memory of Joan Blesener

Theresa Gruenberg

In memory of Leroy Hedberg

Helen Hedberg
Patricia & Maynard Anderson

In memory of Liz Gange

Genevieve Gates
Jeffrey Verhey, MD &
Janelle Verhey
Lila & Chet Reich

In memory of Nancy Bursau

Jeffrey Verhey, MD &
Janelle Verhey

In memory of Robert Esterby

Lowell & Rita Larson

In memory of Robert Nelson

Cheryl Fredenburg
Dale & Kay Mattern
David & Myrna DeMers
James & Eileen Kraft
Jan Lien
Robert & Jo Ann Skabo
Wade Davick

In memory of Rosella Knoepfle

Alvin Finneseth
Bob Osmack
Brad & Tina Limke
Carol Martin
Claude & Patricia Sem
Dennis & Lois Schott
Dennis & Nancy Ostrom
Donna Stuck
Doug Finneseth
Gary & Gloria Lenton
Jane Finneseth
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John & Lillian Volochenko
Judy Hanson
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Kent & Coleen Speed
Kim Hagen
Lana & Mark Gilberts
Michael & Tanya Couture
Philip & Karol Lowe
Sarah & Kent Huss
Steven & Kari Lysne
Teresa & Richard Kjellberg
William Ongstad

In memory of

Tilfred Christianson
Opal Thompson

KENMARE COMMUNITY HOSPITAL & CLINIC

Computershare Trust Company of Canada
Petro-Hunt, L.L.C.

KIDNEY DIALYSIS UNIT

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Lola Foster

MOHALL COMMUNITY CLINIC

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NEW TOWN COMMUNITY CLINIC

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Dorsey & Whitney LLP
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Mike Deserly
Richard & Michelle Galster
Robert Durkin, DO
Sharon Rollman
Stephen Larson
Unsong Assisted Living, LLC
Verla Hodgson

In memory of Bob Smestad

Ann Welch

In memory of Frances Tank

Donald Tank

In memory of G.G. Henne

Ann Welch

In memory of Grace Olesen

Brenda Lokken

In memory of Jean Patch

Norma Anfinson

In memory of Kerry Bacon

Danny & Debora Seright

In memory of Lando Vix

Brenda Lokken

In memory of Selmer Sartwell

Ann Welch

In memory of Stan Buschta

Brenda Lokken

In memory of Sylvia Kickert

Arlan & Lisa Krebsbach

In memory of Thelma Narum

Lillian Dagner

In memory of Wes Norton

Norma Anfinson

PALLIATIVE CARE

In memory of Carole Sather

Alexandre Kindy, MD &
Evelyne Kindy, MD

Greg Anderson

Lynn & Grace Watne

Tami Petersen

PASTORAL CARE

In memory of Weston Hove
Linda Ruud

TRINITY HEALTH FOUNDATION FUND

Robert Barfield
Smith Farms LTD
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In memory of

Gerald Florence, MD
Geraldine Florence

In memory of Lando Vix

Maynard Kuebler

In memory of Leon Enget

Linda & Al Vosberg

In memory of Ralph Groth

American Century Investments

TRINITY HOMES

Gaurav Bansode, MD &
Purwa Joshi, MD

In memory of Harley Brandt

Agnes Brandt
The Family of Harley Brandt

In memory of LaVerne Tweten

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In memory of Sarah Jensen

Trinity Homes Resident Trust Fund

TRINITY REGIONAL EYECARE

Abner Tufto
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David & April Demaree
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Phyllis Lufkin
Russell & Rietta Iversen

WESTERN DAKOTA COMMUNITY CLINIC

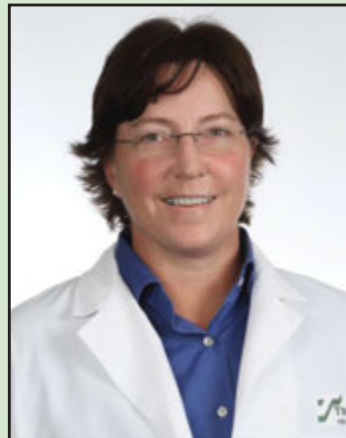
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Trinity Health Physicians Receive Awards

Several Trinity Health physicians have been recognized for excellence by Trinity Health and the University of North Dakota School of Medicine and Health Sciences in Grand Forks.



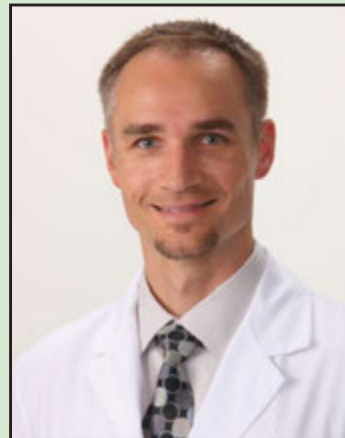
David
Billings, MD



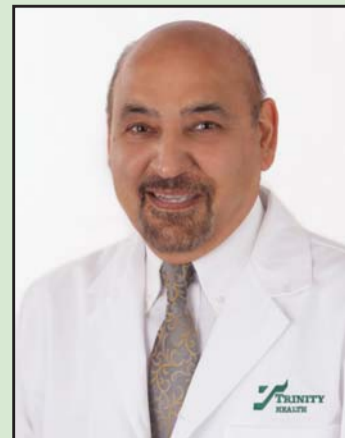
Dawn
Mattern, MD



Bahram
Nico, MD



Mark
Noel, DO



Nasser
Saffarian, MD

Bahram Nico, MD, and Mark Noel, DO, were named Trinity Health Physician of the Year and Humanitarian of the Year, respectively. Both awards are given annually to doctors who best exemplify Trinity's values based on nominations by peers and staff members.

A board-certified neurologist, Dr. Nico joined Trinity Health in 2009 after completing his residency and fellowship training in clinical neurophysiology and sleep medicine. He was praised for always going the extra mile on behalf of patients. "He never acts too busy or uninterested; he always has the patient's best interests in mind. If not for his expertise there are many people who be severely impaired or worse," the nomination stated.

A board-certified otolaryngologist, Dr. Noel joined Trinity Health in 2011 after completing a four-year residency in Otolaryngology and Facial Plastic Surgery. He was cited for his excellent skills and for embodying the qualities that patients look for in a physician. "He comes to work with great spirits and makes our working place a fun place to be," the citation read. "When he walks in to work, even when he may be having a rough day, he never shows it."

The UND School of Medicine and Health Sciences named Dawn Mattern, MD, one of five North Dakota physicians to receive the Dean's Special Recognition Award for Outstanding Volunteer Faculty. The award is given to medical school faculty who go "above and beyond the call of duty in giving medical students the benefit of their time, experience, knowledge, and wisdom."

In addition, the medical school's Northwest Campus in Minot singled out two doctors for recognition by residents and medical students. David Billings, MD, an obstetrician/gynecologist, received the Fourth-Year Medical Student Preceptor of the Year Award, and nephrologist Nasser Saffarian, MD, was named UND Family Medicine Residency Preceptor of the Year for 2018.

"It's an honor to congratulate these physicians," said John M. Kutch, President and CEO of Trinity Health. "They've all earned the respect and admiration of the patients, staff, and students who work with them on a daily basis. They define what we mean when we talk about medical excellence."

FirstCare Walk-In Clinic

Monday – Friday 8 am – 8 pm • Weekends & Holidays 9 am – 5 pm
No Appointments Necessary • Health Center – Medical Arts, Minot

C O M M U N I T Y C A L E N D A R

For the latest updates, check online at trinityhealth.org

Calendar of Events

September 6 — Tough Enough to Wear Pink radio remote, 11 a.m. to 1 p.m. TETWP merchandise will be available for sale during this time on the Trinity Hospital Skyway.

September 11 — Kayla Cole, clinical dietitian, will present "Cooking with Spices" in the Trinity Health Community Conference Room, Town & Country Center, from 2 to 3 p.m. Cost is \$10. To sign up for this class, please call the Trinity Center for Diabetes Education at 857-5268.

September 15 — A car seat checkup will be held in the underground parking lot of Health Center – Medical Arts, 400 Burdick Expressway East, from 12 to 3 p.m., weather permitting.

September 16 — Trinity Hospice will hold a Celebration of Life Tree Planting, at 2 p.m., in the Trinity Homes Northwest Garden, in honor of loved ones who passed in the last year. Family and friends are encouraged to write their loved one's name along with a special memory on a piece of paper to be planted with the tree. To RSVP, call 857-5082.

September 17-18 — The Trinity Health Auxiliary will hold a Masquerade Jewelry sale in the Trinity Hospital Skyway on September 17, from 12 to 5:30 p.m., and on September 18, from 7:30 a.m. to 3 p.m.

September 18 — Keys to Diabetes Success will meet at 5:30 p.m., in the Trinity Health Community Conference Room, located at Town & Country Center. The topic will be "The Importance of Diabetes Medications."

September 19 — The Stroke Support Group will meet at Health Center-Riverside, 1900 8th Avenue SE, at 7 p.m. The support group meets the third Wednesday of each month. For more information, call Jerilyn Alexander, Stroke/STEMI coordinator, at 857-2449.

September 26-29 — Each year, Trinity Health has a booth at the Norsk Hostfest, held at the North Dakota State Fairgrounds, where we offer free ear plugs, as well as information about the Hostfest. Feel free to stop on by and see us as you feast upon lutefisk!

Want to make a difference? Become a volunteer.

As a Trinity Health volunteer, you are a vital link in the chain of service and caring. Not only will you have a positive impact on our patients and/or residents, you will be part of a dedicated team that is known for delivering the best healthcare available. For more information, call our Volunteer Services office at Trinity Hospital at 857-5221 or 857-5959 at Trinity Homes.

Mobile Mammogram Schedule

September 4Trinity Community Clinic – Mohall, 756-6841
September 5Premier HealthCare – Devils Lake, 662-8662
September 11Northland Community Health Center – Turtle Lake, 448-9225
September 13Trinity Community Clinic – Velva, 338-2066
September 18Mountrail County Medical Center-Stanley 628-2505
September 19Trinity Community Clinic – New Town 627-2990
September 20Tioga Clinic, 664-3368

Prepared Childbirth Classes

Learn about exercise and breathing techniques, labor/delivery, newborn care, newborn feedings, etc. Enrollment is limited.

SATURDAYS

September 8, October 6, and December 1
9 a.m.-4 p.m., in the Prepared Childbirth Classroom, Health Center – Riverside Education Center, 1900 8th Avenue SE, Minot.

Breastfeeding Basics

September 12, October 10, and November 14
Offered by Laureen Klein, RN, BSN. Meets from 7-9 p.m., Health Center – Riverside Education Center, 1900 8th Avenue SE, Minot.

These classes are offered free of charge as part of Trinity's community benefit mission, but registration is typically required. To sign up for classes, go online at http://trinityhealth.org/familybirth_registration or call 857-5640.

Family Birth Center Tours

Expectant mothers are invited to attend a formal group tour/education/Q&A session at Trinity Hospital's Family Birth Center. This opportunity allows every expectant mother to hear and see valuable information in a relaxed environment. We will also provide information on self-care, infant safety, and what to expect during your delivery. See trinityhealth.org/familybirth_SVS or call 857-5380 for a detailed schedule.