

## New Health Reform Law: Slowness of Rollout Provides Opportunities for Shaping Implementation

Now that healthcare reform has become law, attention must turn to figuring out how to keep our ministry strong and our mission fulfilled in what is sure to be a challenging new environment. Working in our favor is a bit of time. Right now, the near-term emphasis is on reforming the insurance industry and getting uninsured folks covered. There's not a whole lot being asked of healthcare providers at this point, other than to be ready for an increase of newly insured folks in our communities, but even with that, there is no consensus on how much or how quickly the ranks of newly insured will rise.

### Effective "immediately"

Notable among the reform provisions that take effect almost immediately are programs to help early retirees and people who are uninsured due to pre-existing conditions. Both of these are to be up and running by the end of June. For the early retirees, those who are at least 55 years old, but younger than the Medicare eligibility age of 65, there will be a temporary re-insurance program, available through their employers, that will help meet their needs until the insurance exchanges are up and running in 2013.

For adults who can't find coverage because of pre-existing conditions, subsidized high-risk pools are being established to provide them with affordable insurance. Most of these pools will build on already existing state programs, and will be available until 2013, when insurance companies may no longer discriminate against adults with pre-existing conditions.

One provision we've heard a lot about, that is effective now, is partially closing the Medicare part D "donut hole." Medicare beneficiaries who surpass the prescription drug coverage limit, but haven't yet hit the catastrophic coverage threshold, are now eligible for a \$250 rebate. In 2011, there will be a 50 percent discount on brand-name drugs for people in the donut hole, and by 2020, the donut hole is to be completely closed.

Also going into effect this year, are insurance market reforms. Insurance companies can no longer set lifetime limits on coverage. They are further restricted on setting annual limits. They may not drop enrollees whose care becomes expensive. And they may no longer discriminate against kids with pre-existing conditions.

### Further down the road

For healthcare providers, the big changes are going to roll out gradually over the next few years, and many of the delivery system reforms will be based on the results of pilot programs, most of which have not yet begun. As providers, we can look forward to a new emphasis on prevention, quality, and chronic care management. Also, the use of information technology and comparative effectiveness research will be financially rewarded, to increase the reliance on evidence-based medicine.

Providers will need to find ways to coordinate care in a more team-structured way, as well as be more responsible for meeting quality and cost targets. And because of all this, physicians, hospitals, and other providers will eventually be

seeing new reimbursement and governance structures.

There is a great deal of speculation about what these new structures will look like and how they will affect—for better or worse—our ability to continue caring for people in our communities. At this point, however, nothing seems final and much of it is open to ideas, which means that over these next couple years, as various models are tested and studied, healthcare providers have a tremendous opportunity to help shape the future of healthcare delivery in this country.

We are grateful to our member organizations in Nebraska, Ohio and Wisconsin for the work they have done in anticipation of the changes that will come about through healthcare reform. These efforts will help them continue to carry out their mission in the communities that have come to expect the quality services and compassionate care that mark our ministry.

### MISSION STATEMENT

*The MISSION of the Franciscan Sisters of Christian Charity HealthCare Ministry is to carry out the commitment of the Sponsor to the healing mission of the Catholic Church through the provision of quality healthcare services. In a spirit of partnership of dedicated religious and lay caregivers, the Franciscan Sisters of Christian Charity HealthCare Ministry will strengthen the Sponsor's commitment by managing change, ensuring stewardship of resources and integrating mission and values.*

### Resources available

Visit our website, [www.fhcm.org/news](http://www.fhcm.org/news), for summaries—some simple snapshots and some extremely detailed—of the health reform law; timelines of health reform implantation; and a couple calculators for providers to estimate coverage expansion benefit and payment impact. As more resources become available, they will be added to this site.

Save the Date!  
Oct. 8-9, 2010

## Message from the President

Dear Friends,

Spring has come to Wisconsin and we are enjoying the beauty it brings—including the rains and winds! I guess the old adage “April showers bring May flowers” is true as our tulips are up and our fruit trees are blossoming. Spring is a time of New Life, New Hope and New Growth. Let us rejoice!

As you may know, on May 13 we celebrate the 25th anniversary of the opening of our system office. We will be celebrating events of importance all through the coming year, and each issue of *Ministry Report* is featuring various aspects of our history. With this issue, our focus turns to one of the strong movements in our system over the past 25 year—the movement to consolidate services within the various markets in which we serve. Back in the early days of the system, we often viewed our ministry as an institutional presence within the confines of a local civic community. We sought to preserve the buildings that we had and the services contained therein. In many ways, we were insular in our attitudes and decisions. In the first strategic plan, however, our board decided that we would focus our attention on strengthening the ministry *within each market*, rather than within a specific institution. This gave us immense freedom to respond to opportunities in each community and to bring about consolidation and expansion of services.

This edition of *Ministry Report* tells the stories of the major consolidations which have occurred. It is amazing to see how quickly we came together with our physicians and local communities to create a delivery system that serves our mission so well. It was always remarkable to me how we were able to find a unity of interests that allowed disparate groups to identify common goals. The Lord has surely blessed us.

As I reread the stories in this issue, I remembered the many hours spent in

conversations with our partners to assure congruence of purpose and values. What is so wonderful is that each of these “marriages” or “arrangements” as it were, has continued to be successful. Perhaps the most remarkable learning I can take away from these articles is that they were not part of a huge strategic initiative that put the system in the driver’s seat. Rather, each was a response to the needs of the local community. It is a mark of the Lord’s blessing on the project that we continue to be in four markets and that each continues to be a hotbed of growth and innovation.

A second theme found in this issue centers on our newly enacted health reform law. I spent some time in Washington this month and it was very interesting to see where the industry is on the new legislation. Most everyone agreed that it was long over due and a positive step forward of the United States. No one, and I am not kidding, has a clue on how this legislation will be implemented or paid for. Like the consolidation efforts we recounted from our history, it seems that we will just have to keep our ears to the ground and to continue to be the innovative, creative and committed leaders and boards that continue to reflect our heritage and respond to changes as they arise. I do not want to appear too idealistic, but I am convinced that each of you will take this moment of potential and will mold it into a product that not only makes you successful but also leads the way in creating an effective and affordable healthcare system. I know this is so because of your commitment to your mission, your communities and to the healing ministry of Jesus Christ.

God bless you all,  
Sister Laura



Sr. Laura Wolf

## Celebrating the Past, Embracing the Future 25 Years of Our HealthCare Ministry

While the Franciscan Sisters of Christian Charity have been involved in healthcare for over a century, this year marks the 25<sup>th</sup> anniversary of our various healthcare ministries coming together as the FSCC HealthCare Ministry (FHCM).

In honor of our 25<sup>th</sup> year as a system, we are planning a gala celebration and educational conference, to be held in Manitowoc, Wis., Oct. 8-9, 2010. This gathering will combine the two educational programs we usually hold separately, the Trustee Forum and the Leadership Enrichment Program.

### Conference Speakers and Topics

- Sister Louise Hembrecht, Community Director, Franciscan Sisters of Christian Charity
- Sister Laura Wolf, President, FSCC HealthCare Ministry, will offer a retrospective look at FHCM
- Sister Carol Keehan, DC, President and CEO, Catholic Health Association of the United States (CHA), will discuss the future of Catholic healthcare in the U.S.
- Tony Tersigni, President and CEO, Ascension Health, the largest Catholic and not-for-profit healthcare system in the U.S., will share his insights on American Catholic healthcare today
- Susan McDonough, Vice President, Strategy and System Development, Covenant Health Systems, will talk about new trends in senior care
- Anne Messbarger-Eguia, Senior System Director, Strategy, Research and Innovation, CHRISTUS Health, will discuss disruptive technologies in healthcare
- Julie Trocchio, Senior Director, Community Benefit and Continuing Care, CHA, will offer guidance on community benefit planning
- Dan Zismer, Ph.D., Managing Principal, Essentia Health, and Associate Professor and Director, Executive MHA Division of Health Policy and Management, School of Public Health, University of Minnesota, will talk about physician integration

A formal invitation to this event will be sent out soon.



### *An Important Merger sets the Course for Holy Family Memorial*

On November 30, 1990, the Boards of Manitowoc Memorial Hospital and Holy Family Medical Center jointly announced that they would pursue a merger of their organizations which set forth the growth of the Holy Family Memorial Network.

On March 28, 1991, the boards announced that the Federal Trade Commission and the Department of Justice of the State of Wisconsin cleared the way for the merger, which became effective on May 1, 1991. The name of the entity, Holy Family Memorial, honored the history of both institutions.

Plans to renovate the entire Reed Avenue (formerly Memorial) building were not fully realized due to cost, but other ideas developed and Reed Avenue became an outpatient facility. Throughout the 1990s, clinics, new programs, specialty services, and additional physicians were able to serve more people because of this important merger.



#### **Looking toward the future**

Harbor Town Campus was dedicated on September 15, 2005. The 88,000 square foot facility focused on providing an integrated continuum of outpatient care based on efficiency, easy access, early intervention, wellness and prevention. These were accomplished by co-locating services that often work together in addressing health and/or illness issues, and facilitating teamwork by caregivers and convenience for the patient/customer. Providing convenient care in a patient-friendly environment is a very important component in gaining patient compliance and effective treatment.

The Harbor Town Campus consists of two distinct facilities that are seamlessly integrated.

The clinic wing houses Work Health Options, Lakeshore Family Medicine, Walk-In Care, Diagnostic Services, and Lakeshore Orthopedics. The wellness wing houses Rehab Plus Therapy & Sports Medicine, and the HFM Wellness Center, which is a medically based fitness center focused on fitness and wellness for the adult population.

This campus reduced costs by combining five sites which created operating efficiencies. Patients enjoy the continuity of



care which contributes to improving the health status of the community. Local employees and employers enjoy the most comprehensive occupational health service in the county, with emphasis on wellness and prevention which also helps employers control their costs.

#### **Expansion project remains a hit**

Patients remain attracted to the new Holy Family Memorial Medical Center expansion because it continues to meet most of a person's cardiac needs with convenient, state-of-the-art cardiac care and

rehabilitation close to home. The expansion project began in 2004 and opened for business on January 16, 2006.

A drive-through covered entrance makes it convenient for patient drop-off and pick-up right to the front door. The Gift Shoppe includes magazines, cards, flowers, and gifts – a one stop shop for convenience. The Espresso Connection gives visitors and patients a place to relax and enjoy specialty coffees, teas and pastries. The wall of aquariums features three built-in saltwater fish tanks which provide relaxation for visitors.

Level one features the Diagnostic Imaging Center of Excellence and contains all aspects of imaging. The consolidation of mammography from two clinics into one location allows for increased appointment times for patients.

Whether it be the merger, growth in the community, or expanded and remodeled services at our medical center, Holy Family Memorial continues to keep the community's needs our first priority.



## Genesis Offers Much to the People It Serves

When Good Samaritan Medical Center and Bethesda Hospital joined to become Genesis HealthCare System in 1997, hopes were high that the new organization would be better able to serve the surrounding communities. It's safe to say that the union of the two healthcare organizations has surpassed those hopes and has paid many dividends to the people of southeastern Ohio.

Combining Good Samaritan and Bethesda has enabled Genesis to expand and enhance our services; people do not need to travel long distances to larger hospitals for their healthcare as often as before. Our heart program is one example; previously only diagnostic and interventional heart care was offered at the two hospitals. Now, patients can receive the full range of heart care right here at home, including open heart surgery and electrophysiology services, the most recent enhancement.

The system continues to reach for higher goals, and last year was granted national Chest Pain Center status by the Society of Chest Pain Centers. This year, one of our goals is to develop a trauma program and earn Level III trauma designation, enabling Genesis to care locally for patients who in the past needed to be transported to hospitals an hour or more away.

As two competing hospitals, Good Samaritan and Bethesda had a difficult time recruiting new physicians to the area. As Genesis, physician recruitment is at an all-time high, with 31 new physicians joining the organization in 2009 and 17 having already joined in 2010. These efforts have dramatically improved access to healthcare for the people in our area and enable Genesis to provide new services at a higher level of care.

New technology is an essential component of continuously improving the quality of healthcare, but it often has a high price tag—one that would be difficult for the two former hospitals to afford individually. Moving to an electronic medical records (EMR) system is something that Genesis is excited to be able to do, and has been in the planning phase for a year. The new EMR system, Epic, will go live in November 2010, improving patients' access to their health records and streamlining the many processes involved in managing medical records at Genesis.

Other new technologies and equipment Genesis has been able to take advantage of include the da Vinci Surgical System® (robotics); a computerized IV system; imaging technology including a new CT scanner and MRI; a new linear accelerator and the addition of Intensity Modulated Radiation Therapy (IMRT) in the radiation oncology area.

Our organization has also been able to participate in a mutually beneficial relationship with two other healthcare organizations in the region. This cooperative, called the East Ohio Hospital Alliance, enables our three hospitals to remain independent, but to leverage our joint purchasing power to acquire advanced technology and services. This improves patient care and broadens the scope of services we offer.

It's been an exciting 13 years since Genesis HealthCare System was formed, and the people of our communities have benefitted from two great hospitals becoming even better as one.



▲ New technology such as the da Vinci Surgical System® has been made possible since Good Samaritan and Bethesda combined forces as Genesis. Shown are members of the Genesis da Vinci team (left to right): Tammy Paynter, R.N.; Terry Lamp, R.N.; Leslie Woodard, R.N.; Susan Wolfe, S.T.; Greg LaNouette, M.D.; and Katrina Glaze-Hoffer, S.T.

### Genesis Develops Trauma Program

Stuart Chow, D.O., a trauma and acute care surgeon, has joined Genesis to lead the development of the Genesis trauma program. He is currently working with physicians and staff to complete an assessment of Genesis services in preparation for Level III trauma designation.

The first official step in the designation process is a consultative visit from the American College of Surgeons, which is scheduled for mid-summer. After the consultative visit, Genesis will begin to accept trauma patients as a provisional trauma center – one of the requirements in the process. Provisional status should be granted by Ohio in late summer. A verification visit must be completed within 12 months of the provisional status being granted, and then Genesis can be designated as a trauma center.

“We are excited to have Dr. Chow on board at Genesis,” said Alan Vierling, chief operating officer. “He brings a tremendous wealth of knowledge, skill and leadership ability to our efforts to become a designated trauma center, a goal that is a priority for our community. With Dr. Chow working alongside our excellent physicians and staff, we are well on our way to providing the trauma care that is much needed in Zanesville.”



Stuart Chow, D.O.

Chow is board-certified in surgical critical care and general surgery. In addition to his duties as medical director of Genesis trauma services, he also performs surgery on critically ill patients at Genesis. He most recently served as an attending trauma surgeon, intensivist and general surgeon; medical director, surgical intensive care; and associate medical director of patient care services at Grant Medical Center in Columbus, Ohio.



## *1995 was a Year of Tremendous Growth at Franciscan Care Services*

1995 was the year of mergers, expansion, acquisition and creation of Franciscan Care Services. It was also the year Ron Briggs came aboard to lead the new organization that he still serves today.

St. Joseph's Retirement Community and St. Francis Memorial Hospital were merged on May 1, 1995, into what is now Franciscan Care Services. This merger formally reunited the two organizations that were operated as one until 1949, when the new hospital opened outside the former St. Joseph's Home for the Aged. A new unified board overseeing both organizations was put in place and Briggs was hired as president/CEO. Also included in the merger were St. Francis Home Health and the West Point Medical Clinic.

Sister Laura Wolf said at the time, "We think we are going to be seen as a model of cooperation and efficiency for years to come. We (boards, community, employees and physicians) took a long, hard look at the overall picture and concluded formal cooperation and integration was the way to go. . . . We'll view this decision down the road as the right one for everyone."

Sister Laura was very prophetic. In the years since our integration, other rural Nebraska health systems have come together to better serve their communities. We've often been touted as a model of hospital/doctor integration by other rural health providers who seek to emulate our continued success.

That success can also be attributed to our service to the community. Terry Saner, vice president of the newly formed board commented on the merger, "What we're about is caring for people. There's no better way to care for people than for everyone to work together with common goals and common language. We're going to offer that very thing here. We'll be able to care for people from birth through retirement."

1995 also brought three new physicians—Dr. Eckmann, Dr. Hass and Dr. Smith—to West Point, and a fourth, Dr. Bracker, signed a contract to join Dr. Green and Dr. Sucha as employed physicians. The Elkhorn Valley Medical Clinic was also purchased, adding it to the West Point Medical Clinic under the FCS roof. At the time, newly graduated family practice residents were more interested in joining rural practices with employment opportunities rather than partnership opportunities because of concerns about the future of health care and rapidly escalating salaries. This also began the era in which FCS opened four satellite medical clinics in surrounding communities. Additionally in 1995, planning began for the present-day Dinklage Medical Clinic.

The integration of local healthcare was further enhanced when FCS purchased West Point Rehabilitation on August 1, 1995. Briggs said at the time that purchasing the rehab group "adds another piece to the puzzle." He went on to say that "we feel this adds more stability and makes us more attractive to consumers and helps

us recruit and retain qualified health professionals." At the time of the purchase, rehab saw 7,800 patients, up from 4,500 in 1989. In 2009, almost 19,000 patient visits were recorded and the facility is one of the best in Nebraska.

FCS has also been able to keep up with the latest technology. We have an ultra-modern radiology department including new MRI, CT, nuclear medicine and gamma camera. We were among the very first hospitals in Nebraska, no matter the community size, to offer digital mammography. Our medical clinic is one of the few primary care clinics in the state with digital x-ray and we have successful chronic disease management and health coaching programs in place; things that would not have been possible in the clinic without integration. We also work to use evidence-based medicine and the hospital has a physician-supported EMR with work underway to introduce one in the clinics as soon as reasonably possible.

What began as a belief in 1995 to see if we could better serve our area and strengthen our health system, has led to years of growth, service and success on many levels. In 2010, we are again visioning a better future and hope to help meet that future with our hospital expansion and remodeling. We have been very fortunate to have exemplary leaders, board members, medical staff members and staff to make this health system what it is today.

### **Construction Update**

In construction news, footings and geo piers are being formed and work has been done to shore up the basement. Erection work on steel will begin shortly with next phase of the project to begin in late summer. Our expected opening date for the new tower, expanded rehab and expanded clinic is 2012.





### From "St. Joe's Home" to St. Joseph's Retirement Community

In 1985, the state of Nebraska determined that St. Joseph's Home for the Aged (known locally as "St. Joe's Home") needed extensive remodeling of its 62-year-old building in order to meet state code. A feasibility study was conducted and showed that it would be cost-prohibitive to try to remodel the existing structure. Therefore, St. Joseph's Board of Directors voted to construct a new facility. In addition to a new building, the name was changed to St. Joseph's Retirement Community to better-reflect our new designation as a state-licensed assisted living facility.

Assisted living was a new concept in elder care when St. Joseph's Retirement Community opened its doors in August 1988, and we were one of the first assisted living facilities in Nebraska. Over the past 20 years, assisted living has become a popular choice for seniors who want to maintain their privacy and independence, but may need help with activities such as cooking, cleaning, and medication administration.

St. Joseph's Retirement Community has worked hard to keep pace with the wants and needs of the elderly we serve. One of our biggest changes was the addition of an Adult Day Center in 1998. This area provides more guidance and one-to-one care of individuals with mild to moderate memory impairment, confusion and dementia. It provides another level of care which enables these residents to live at St.



▲ The new facility was constructed directly in front of the old St. Joe's Home. Residents resided in the old facility until construction was complete.



▲ The old St. Joe's Home was demolished in 1988.



St. Joseph's Retirement Community as it stands today. ▶

Joseph's longer. We are the only assisted living facility in a 45-mile radius which provides special care and a secured area for individuals with memory impairment. In 2007, we designated a portion of our second-floor apartments as a Memory Care wing and incorporated the Adult Day Center into it.

In 1995, another transition took place when St. Joseph's Retirement Community, St. Francis Memorial

Hospital, the Elkhorn Valley Medical Clinic and the West Point Medical Clinic joined together as one local healthcare system, called Franciscan Care Services. The official joining of these entities created a healthcare system which continues to promote the healing mission of Jesus Christ and is able to address the needs of our local population from birth through old age.



### St. Paul Elder Services Grows Along with the Ministry

In the late 1980s, St. Paul Home began expanding its ministry beyond the traditional nursing home care that was provided in Kaukauna for many years. The construction of the "new" St. Paul Home in 1989 resulted in the renovation of St. Paul Manor as a community based residential facility (CBRF), as an

alternative housing option for those individuals who required less nursing care in a supervised environment. In 1996, organizational leadership was approached by Affinity Health System to explore potential joint venture relationships in the former Kaukauna Community Hospital. These discussions

led to the decision by the St. Paul Home Board of Directors to purchase the vacant hospital and then replace this facility with St. Paul Villa. Thus began a cycle of growth of facilities and the scope of services provided to the local community that continues today.

Continued on next page



## St. Paul Elder Services Continued

St. Paul Villa experienced a high level of occupancy and a consistent waiting list of prospective tenants from the start, and this demand eventually led to the addition of 55 apartments and a 67,000 square foot addition in 2003. Bishop Robert Banks dedicated the



expansion on September 6, 2003. An important dimension of services was added through the inclusion of the Life Enrichment Center and many new programs. These included Healing Waters, a warm water therapy pool; Club Gabriel adult day program; Cloud Walkers foot and nail care; ear cleaning; and massage therapy.

More recently, new services to support individuals in their homes have been initiated.

Among the new services are life line, medication management supportive home care, and adult day services for dementia clients. All of these services came into being through feedback obtained from the local community and through the Community Outreach Advisory Board, and are offered through the St. Paul At Home Program to seniors who still reside in their own homes. This new level of home and community based services extends the ministry of SPES beyond our campus walls and establishes lasting relationships with our local community.

The increased need for short-term rehabilitative services for those recovering from post-surgical hospital stays led to the development of the Center of Rehabilitation that opened in 2003. This neighborhood specializes in assisting patients to regain strength and independence through a team approach of nurses and therapists and has gained a strong reputation for quality care and services. This success led to the most recent service expansion of the Recovery Inn, scheduled to open in August 2010.

In 2008, we began our own hospice program to serve individuals with life-limiting illnesses within our campus and in our community. One of the hallmarks of the compassionate care that we provide is demonstrated in how we support the terminal resident and their family members. Our hospice program is a model program that honors the dignity and value of each person we serve.

St. Paul Elder Services is recognized as a premier provider of healthcare services to Kaukauna and the Fox River Valley. We are a Catholic-sponsored community dedicated to enriching the life experience to those whom we serve.



▲ Hospice staff, standing, from left, Paula Settle, therapeutic musician; Mellissa Hansen, volunteer coordinator; and Julie Ives, social worker. Seated, from left, Ellen Christie, manager of hospice services; Karen Gedman, hospice aide; Sandy Fenendael, nurse case manager; Sr. Dorothy Wagner, spiritual support.



Franciscan Sisters of Christian Charity  
**HealthCare Ministry, Inc.**

## Celebrating 25 Years



▲ As part of our celebration of FHCM's 25th anniversary, current and past board members, general administrations, and staff members gathered April 29 for a special reception and dinner in Manitowoc, Wis. The evening included presentations from Sister Louise Hembrecht, community director of the Franciscan Sisters; Sister Laura Wolf, FHCM president; James Vopat, FHCM senior vice president of finance; and Sister Patricia Linssen, FHCM vice president of mission. Pictured here are all current and some past members of the FHCM Board of Directors.



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## FRANCISCAN CARE SERVICES WELCOMES NEW BOARD CHAIR



*Jay Hansen*

**W**hile busy with his own dental practice, Dr. Jay Hansen decided to join the Franciscan Care Services Board of Directors because he appreciates the larger picture when it comes to healthcare. “Quality healthcare is so important to the community,” he said. “I wanted to do what I could to help. There are many

challenges to rural healthcare, and it takes a community effort to achieve the best results.” Hansen served on the FCS Board from 1993 to 1995, and then again from 2003 to now, having been appointed its chairman this past February.

Hansen, one of four children, grew up on a ranch in South Dakota. One brother remains on the ranch and his parents live in nearby Faulkton, S.D. He and his wife, Linda, have three children: Haeley, 21, Alex, 17, and Mattie, 14. Following dental college in Lincoln, Neb., which incidentally is where he met Linda, who is a native of Shelton, Neb., Hansen did his residency in Milwaukee. In 1986, they decided to move to West Point because it seemed the best fit for the dental practice and for raising a family. In his spare time,

Hansen enjoys playing golf and racquetball and working on projects around the house.

While he doesn’t have as long a history with the Franciscan Sisters as many West Point natives, Hansen said he has come to appreciate their presence in his life. “I wish to thank the Franciscan Sisters for the opportunity to take part in their service to our community. I have learned so much and have enjoyed the experience. I have especially enjoyed getting to know and work with the people of FCS and have enjoyed the sisters’ hospitality when visiting Manitowoc.”

For West Point and the surrounding community, FCS serves a vital role, Hansen said. “Most importantly, Franciscan Care Services means near and timely access to healthcare that

is not only convenient, but can be lifesaving, as the next large hospital is an hour away.” And along with continuing to provide its important service to the community, Hansen said he looks forward to being a part of FCS’s “never-ending process of improvement of the hospital facility, personnel recruitment and retention, and fulfillment of the mission of the Franciscan Sisters in an ever-changing healthcare environment.”

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