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Two Years In...

We're coming to an anniversary none of us expected: Two years of a pandemic, and it isn't over yet.

COVID has been unlike any healthcare threat that any of us has experienced in our lifetimes. This can be hard to reconcile with the way we think about our personal health decisions.

We all have the same goal: to be safe and healthy. We all have the same challenge: virus.



Steve Underdahl

Viruses only look for opportunities to reproduce and evolve. Viruses don't care about our politics or our philosophies. Waves of people sick with COVID have stressed hospitals and clinics around the country. That also creates more risk for everyone who needs medical care when our systems are stretched so thin.

The fatigue we all feel is part of the challenge. Healthcare workers are doing exhausting work, compounded by the stress of so much human suffering. Meanwhile, the constantly changing rules and guidance, along with the fatigue of long-term vigilance, is taking a toll on everyone.

Many times, people feel powerless and discouraged. But there are things that we can do to help ourselves and each other:

- Get vaccinated and get boosted. It's not too late, and it's still the best tool we have.
- Take precautions when in public, and test for COVID if you think you have been exposed or if you feel sick.
- Get the care that you need for your general health. Many of us have postponed health screenings or skipped care for chronic conditions. These are important to keep you healthy.

Pandemic or not, our focus is to take care of you and your family. NH+C takes every step we can to keep you safe when you come to us for care.

It is my sincere hope that 2022 is a much better year for us all. However it unfolds, we are committed to partnering with you and your family to keep you healthy and provide safe, reliable care.

Steve Underdahl
CEO and President
Northfield Hospital + Clinics



Omicron keeps te

Omicron is the most contagious version of COVID-19.

That makes it especially important to watch for COVID-19 symptoms – and limit spread of virus even if you don't have symptoms. Here's when and how to get tested.

The two most important times to test are after you may have been exposed to the virus, or before you spend time with medically vulnerable people (like grandparents).

Some COVID-19 symptoms can seem like a cold, flu or even allergies. Don't dismiss them. Anyone experiencing any COVID symptom, whether vaccinated or not, should get tested.

No symptoms? Get tested when you:

- Plan to spend time with people outside your household
- Are traveling (coming + going)
- Attended a high-risk event (sporting event, concert, indoor gathering)
- Have close contact with someone who tested positive for COVID-19
- Aren't fully vaccinated and work in close contact with a lot of people
- Aren't fully vaccinated and go to childcare, school, sports or extracurricular activities
- Have an immunocompromising condition (even if fully vaccinated)



Recommendations current as of January 2022. Check for updates at [cdc.gov](https://www.cdc.gov/covid) and [mn.gov/covid](https://www.mn.gov/covid)

Testing Minnesota

- Were asked to, by a health care provider or health department
- Think or worry that you might have COVID-19

Got more people than test kits? Prioritize those who aren't fully vaccinated (like kids), and those who may have spent more time in settings where they might have been exposed (like work).

How to test

Testing in a clinic, pharmacy or community center usually uses a PCR test, the most accurate method to detect any amount of COVID virus. A nasal swab, throat swab or saliva sample are processed in a lab. Results are back in about 72 hours, depending on how busy the lab is. Employers or schools may require a negative PCR test before you can return.

Rapid testing and at-home kits use antigen tests to tell if you're infectious and prevent you from unknowingly spreading virus to others. Antigen tests are less accurate than PCR tests – yet accurate enough to show if you're infectious, so you can take precautions right away. Believe a positive test; be wary that a negative test may be false. If it's positive, quarantine – and confirm with a PCR test or second rapid test from a different brand. If it's negative but you have symptoms, have been in a high-risk situation or had a known exposure, follow up with a PCR test. Rapid tests at community sites have results in about 1-3 hours. At-home kits give results in 15 minutes.

- **DO NOT** go to the Emergency Department for a COVID-19 test if you don't have severe symptoms.
- **Clinic:** Schedule an appointment. Clinics prioritize testing for patients who have COVID symptoms or need a test before surgery or a medical

procedure. No cost. (Fees are covered by insurance or government funding.)

- **Pharmacy:** Schedule an appointment. Some will test via drive-through. Free.
- **Community site:** Search Minnesota's database of testing sites at mn.gov/covid19 for rapid and PCR options. Free.
- **At home:** Buy a test kit online or at a pharmacy. Follow test kit instructions exactly. Cost is \$14-\$24 for two tests. (Insurance will reimburse this.)
- **COVIDtests.gov:** Four free at-home test kits mailed to your home.

While waiting for results:

- Stay away from others if you have any symptoms, even if you're vaccinated.
- Wear a mask when not at home.
- Make a plan in case you test positive. You'll have to isolate for at least 5 days, even if you don't feel sick.
- Tell people you've been near that you may have COVID-19. If they're not fully vaccinated, they should stay away from others until they hear from you.

Being vaccinated – and boosted – is your best protection against getting or spreading COVID. Schedule your vaccination or booster. It's free.



Pam Bergee discovered family in her cancer

Pam Bergee was moving back to Northfield when she got the phone call: That lump in her breast was cancer.

Her doctor at Allina Clinic felt the lump during a regular checkup. A mammogram and ultrasound at Allina raised concerns. A biopsy by NH+C radiologist David Morrell, MD confirmed the diagnosis.

"I was thrown for a loop. But it was actually great timing," says Pam, who was moving back into her family's home with her two teens while their father deployed for a year overseas. "Everything fell into place" as NH+C coordinated Pam's care with partners Allina and Mayo Clinic. "**They coordinated my appointments so seamlessly that I never had to worry about my next steps.**" It was the last thing I needed to think about, and it was all managed so well. There were four organizations involved in my care, and the communication between them was fantastic."

NH+C's breast care navigator "coordinated everything and held my hand through it all," Pam says. "I don't know what I would have done without her."

Pam went through two rounds of chemotherapy over three months at Northfield Hospital's Cancer Care & Infusion Center, with medical oncologist Jasmine Kamboj, MD of Allina. Later, NH+C surgeon Ashley Marek, MD performed a double mastectomy at

Northfield Hospital. "Dr. Marek was fantastic," Pam says. "She explained things as they were happening and answered all my questions."

Then, Pam underwent daily radiation treatments for five weeks at Mayo Clinic's Radiation Oncology Clinic across the street from Northfield Hospital. Lastly, Pam had reconstruction surgery with plastic surgeon Valerie LeMaine, MD – a partner of NH+C.

"**Having everything right here in Northfield was such a godsend,**" Pam says. "I was a single mom coping with pandemic. I lived 10 minutes from the hospital. To get my care here, and not have to go to Rochester – it was a game changer."

Pam's positive attitude kept her son and daughter calm, too. "They helped me smile throughout it all, and they stepped up when I needed them," Pam recalls. Midway through chemo, Pam was sicker than usual. "That's the only time I could tell that they were scared," she says. "We just tried not to focus on the bad that could happen. It brought us closer together."

Work colleagues felt like family: "Everyone was so supportive. They rallied around me for whatever I needed – time for rest, help with work, some uplifting words."



Learn more:
northfieldhospital.org/breast-care

Pam's care team at the Cancer Care & Infusion Center became like family, too: "I still carry a group picture of them in my car," Pam smiles. She brought support for her first chemotherapy treatment; then the pandemic hit, and visitors were no longer allowed. "That sucked, but I never felt alone," Pam says. "The staff did everything they could. They'd chat with me for as long as I needed. All the nurses would stop by and check on me. Everyone was so kind."

Pam has been cancer-free for over a year...and counting.

Her advice for others facing cancer: "Take it one day at a time. Your world is rocked, and you're shocked, angry, sad, scared. Allow yourself to feel the feels and then when it's time, take charge of it."

A positive mindset helps, Pam says. "I fed myself with positive ideas and daily devotions, and blocked negative things on social media and news. I focused on anything I could do to laugh and smile."

That includes "surrounding yourself with people like Northfield Hospital has," she adds. "You're in charge of your care and if you're not comfortable, you have to say so. Smile, laugh when you can, be genuine, have faith and everything else falls into place."

Seamlessly.





NH+C, Mayo Clinic, Allina Health

When Pam Bergee was diagnosed with breast cancer, her care team stepped in... from all across the region.

"They coordinated my appointments so seamlessly I never had to worry about my next steps," Pam says.

NH+C, Mayo Clinic and Allina Health collaborate to bring a full range of cancer care to Northfield, for seamless care close to home.

"There are wonderful cancer specialists in the Twin Cities and Rochester. But it can be a burden if patients have to drive far for every appointment, or to multiple locations to see different specialists," says Jodi Wieczorek, Director of the Cancer Care

& Infusion Center at Northfield Hospital. "We can make it work better for patients by having their care happen here."

Medical oncologists from Mayo Clinic and Allina Health come to Northfield to treat patients at the Cancer Care & Infusion Center. (Patients can choose between Mayo or Allina providers.) Patients who need radiation are referred to Mayo Clinic's Radiation Oncology Clinic across the street from Northfield Hospital – even if their oncologist is from Allina. "It's more convenient for patients than traveling to Minneapolis or St. Paul to another Allina facility," Jodi says. "Allina collaborates with Mayo Clinic to make it work best for patients."

The three partners tap the expertise of each



Jodi Wieczorek, APRN, AGCNS-BC, ACHPN, OCN
Cancer Care & Infusion Center Director



Jasmine Kamboj, MD
Medical Oncology – Allina Health



Stephan Thome, MD
Medical Oncology – Mayo Clinic



Scott Okuno, MD
Medical Oncology – Mayo Clinic



Paula Gill, MD
Medical Oncology – Mayo Clinic

MANY EXPERTS. ONE TEAM.



Juliana Sayner, MA, BSN, OCN
Cancer Care Navigator – NH+C



Anya Sibunka, RN, BSN, OCN
Breast Care Navigator – NH+C



Katya Ericson, MD
Surgeon – NH+C



Ashley Marek, MD
Surgeon – NH+C

alth team up for cancer care

organization to bundle the best in surgery, chemotherapy, radiation therapy, and clinical care. Patients get seamless care from top experts, coordinated by nursing staff, including cancer care navigators.

Patients benefit from continuity of care, convenience for multiple appointments, and communication between all their specialists for truly person-centered care.

For some cases, experts from all three organizations meet for a "cancer care conference" (also called a "tumor board") to review diagnostic data and share ideas for the managing care team to help tailor the best treatment plan for that patient. Nurses, social workers and pharmacists join doctors to consider personal and family circumstances that could affect

how the patient manages their treatment – from consults with specialists, rides to the hospital and making meals at home, to managing medication and emotional support.

"We share a common goal: Make cancer treatment as successful as possible for each patient," Jodi says. "We're glad to have such a broad, talented team to give each patient the combination of resources that's just right for them."

 [Learn more: northfieldhospital.org/cancercare](https://northfieldhospital.org/cancercare)

RANGE OF SERVICES

- Diagnostic Imaging and Radiology (all three organizations)
- Allina Medical Oncology
- Allina Health Cancer Institute
- Mayo Clinic Medical Oncology
- Mayo Clinic Radiation Oncology
- NH+C Cancer Care & Infusion Center
- NH+C Surgery Department (surgeons see patients at NH+C clinics and Allina clinics)
- NH+C Laboratory (pathology)
- NH+C Rehabilitation Services (cancer rehabilitation)
- NH+C Nutrition & Dietetics
- NH+C Medical Social Work Department



Henry Pitot, MD
Medical Oncology – Mayo Clinic



Tami O'Brien, APRN, CNP
Medical Oncology – Mayo Clinic



Yolanda "Nina" Garces
Radiation Oncology – Mayo Clinic



Ellie Cohen, MD
Surgeon – NH+C



James Leenstra, MD
Radiation Oncology – Mayo Clinic



Valerie Lemaine, MD
Plastic Surgeon – Plastic Surgery Consultants



Teri Knight is back in top gear

Teri Knight is happiest outside, and in motion – gardening, hiking, riding her Harley.

But hip pain was curbing Teri's active life. She walked crooked. She felt unstable on her feet, and especially on her bike. "I didn't ride at all last year and I love to ride," Teri says. Even strolling around Bridge Square hurt. Worst of all, gardening felt like a chore.

Teri knew it was arthritis. A cortisone shot helped for a few months, but not enough.

Orthopedic surgeon Clinton Muench, MD ordered x-rays. Turns out Teri had significantly more arthritis than suspected, plus two bone spurs on her hip.

"Surgery was an easy decision," Teri says. She chose anterior joint replacement – incision in the front of the body – because it's less invasive and recovery is easier. "My mom had hip surgery decades ago and couldn't walk for three months. That was unacceptable to me." Plus, the joint design "looked really sturdy" with the rod inserting far into the femur. "This joint will last 25 years or more, so I'm good," Teri smiles.

Choosing Dr. Muench was an easy decision, too. "I like his manner: **He's forthright and helpful, encouraging and realistic,**" Teri says. "I wanted to know what to expect, to go into it knowing the challenges and how we would work through them"

for recovery and physical therapy. Plus, "other patients I talked with were thrilled with his work."

Teri's experience at Northfield Hospital was "fabulous, all the way around. Everyone treated me so kindly and were so encouraging. I can't say enough how wonderful all the staff was."

Teri stayed one night in the hospital after surgery, walking well and even climbing a step. "They called me a rock star," she laughs.

Once home, Teri's physical therapist Katie Olson, DPT tailored Teri's PT regimen to her fitness level and range of motion. "She was very good at telling when I was on the brink of too much," Teri recalls. "She encouraged me to push it just enough and then rest a bit, to know my limitations." Katie set up an app for home exercises on Teri's phone, adjusting the workout as Teri progressed.

Teri's back in action, walking the greenhouses at Gerten's, snowshoeing – and planning her garden, summer hikes, and motorcycle adventures.

"I'm looking forward to getting back out there, feeling stable," she says. "When you start to get a little



Clinton Muench, MD



Katie Olson, DPT



Learn more:
northfieldhospital.org/orthopedics

“I’m looking forward to getting back out there, feeling stable.”

Teri Knight, Northfield

older, you get a little more concerned about falling. **This makes me a lot more confident.”**

Teri’s advice? “You know your body. If you feel unstable or have pain, if you feel or look to others like you’re walking crooked – get checked out. An x-ray can give you a baseline, and then you can go from there.”

And go far.



FIVE STARS
FOR PATIENTS’ HOSPITAL EXPERIENCE...AND HIP CARE

Northfield Hospital gets the highest marks (5 out of 5 stars) from patients for their hospital experience in *U.S. News & World Report’s* rating of hospitals nationwide. Measure include “willingness to recommend” and satisfaction with: the hospital overall, doctors’ communications, nurses’ communications, staff responsiveness, discharge information.

NH+C also earned 5 stars for hip fracture care, *U.S. News* reports. (To be nationally ranked in a specialty, a hospital must excel in caring for the sickest, most medically complex patients.)

U.S. News evaluates data on nearly 5,000 hospitals.





Yes, you: Colon cancer scre

A much joked-about, often dreaded rite of middle age is a colonoscopy, but the disease it detects – colon cancer – is no laughing matter.

Colorectal cancer is the second-highest cause of cancer death in the U.S., reports the CDC. Colorectal cancer is most frequently diagnosed between the ages of 65-74. **But colon cancer in people aged 40-49 has increased significantly over the past 20 years,** now accounting for more than 10% of new cases.

Screening

Colon cancer screening should begin at age 45, recommends the U.S. Preventive Services Task Force, an independent panel of experts in disease prevention and evidence-based medicine. The task force recently updated its screening guidelines to include ages 45-49.

“Early discovery of cancer is the key to successful treatment and long-term survival,” says surgeon Ashley Marek, MD, who performs endoscopy and colon cancer surgery at NH+C. Age-related screenings are key. Plus, “symptoms like blood in your stool, sudden changes in bowel habits or anemia should trigger a conversation with your medical provider” at any age.

“The best screening test is the one that gets done.”

A standard colonoscopy is recommended for most people. Your provider can help you determine whether you would benefit instead from a stool-based test like Cologuard, a fecal occult blood test (gFOBT), or fecal immunochemical test (FIT); or a visual test like a CT colonography scan.



Ashley Marek, MD



Randolph Reister, MD

“Colonoscopy is the best screening tool. It is a very low-risk procedure with the advantage of allowing us to remove polyps for pathological examination,” says Dr. Randolph Reister, an internal medicine specialist who performs as many as 400 colonoscopies each year. “A positive test result with one of the other methods will almost always lead to a colonoscopy as the follow-up. Ultimately, the best screening test is the one that gets done.”

More than 40% of people age 50+ have pre-cancerous polyps in the colon, reports the American Society for Gastrointestinal Endoscopy (ASGE).

A minority of polyps removed during colonoscopy are found to be cancerous. The benefit of removing polyps is to prevent them from becoming cancerous.

“Any polyps or other material we remove during a

ening and prevention

colonoscopy is sent to the lab for biopsy," says Dr. Marek. "We usually know what we are dealing with very quickly."

Steps to lower your risk of developing colon cancer

There are some risk factors you can't control: heredity, family history, personal history of polyps, and conditions like inflammatory bowel disease. These factors are used to determine the frequency of screening, so any cancer is caught early.

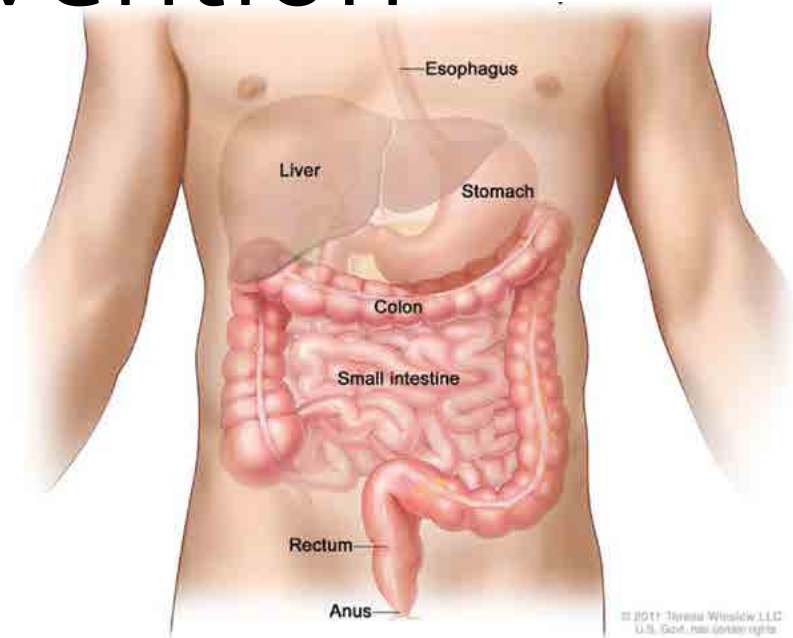
Risk factors you can control include obesity, diabetes, diet (especially over-consumption of red meat and processed meats), smoking, and excessive alcohol use.

"The key is moderation," notes Dr. Marek. "The elements of a healthy lifestyle – a balanced diet, physical activity, not smoking, and moderate alcohol consumption if you drink – are also good building blocks for lowering your risk of colon cancer."

The best colon cancer screening begins early and is repeated at regular intervals. The main thing to remember is that early colon cancer screening – particularly colonoscopy – has a strong ratio of risk to reward: early detection and treatment, and a much better chance of survival and good health.

"If you put off your colonoscopy because of the COVID-19 pandemic, now is the time to get back on track," says Dr. Reister.

> *Schedule your colonoscopy: (507) 646-1201*



COLONOSCOPY: FINDINGS DURING TESTING

The results of a colonoscopy generally fall into three categories:

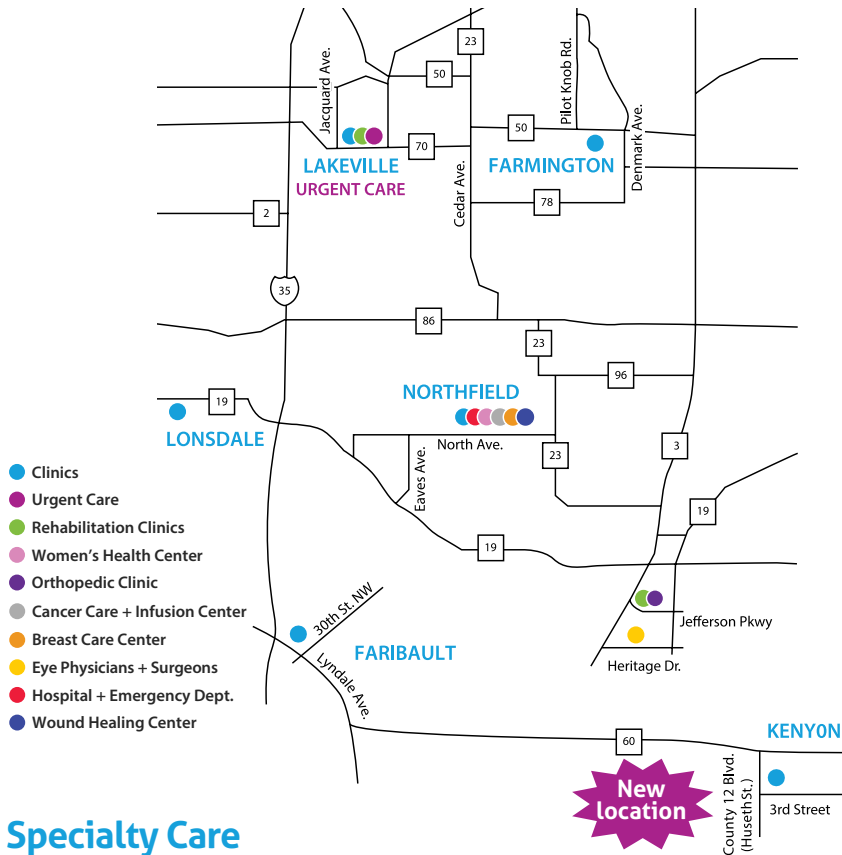
- Normal, or with a benign finding such as hemorrhoids or diverticular disease: 10 year follow up
- Small polyps left in place (found 25-30% of the time): depending on size and number of polyps, 3-7 year follow up
- Cancerous mass detected (found 1-2% of the time): to be discussed with your provider for immediate follow-up treatment



Learn more:
northfieldhospital.org/endoscopy

2000 North Avenue
Northfield, MN 55057

Clinics, Hospital + Specialty Care close to you



Hospital + Emergency

Northfield Hospital + Emergency

2000 North Avenue, Tel: 507-646-1000

Clinics + Urgent Care

Faribault Clinic

1980 30th St. NW (at Lyndale Ave.), Tel: 507-334-1601

Farmington Clinic

4645 Knutsen Drive, Tel: 651-460-2300

Kenyon Clinic

225 Huseeth Street, Tel: 507-623-0123

Lakeville Clinic + URGENT CARE

9974 214th Street W., Tel: 952-469-0500

Lonsdale Clinic

103 15th Avenue SE, Tel: 507-744-3245

Northfield Clinic

2000 North Avenue, Tel: 507-646-1494

Specialty care available at multiple clinic locations

Specialty Care

Breast Care Center – Northfield
2000 North Avenue, Tel: 507-646-1143

Cancer Care & Infusion Center – Northfield
2000 North Avenue, Tel: 507-646-6979

Endoscopy – Northfield
2000 North Avenue, Tel: 507-646-1201

Northfield Eye Physicians + Surgeons
2019 Jefferson Road, Tel: 507-645-9202

Orthopedics Clinic – Northfield
1381 Jefferson Road, Tel: 507-646-8900

Rehabilitation Clinics
Northfield: 1381 Jefferson Road
Tel: 507-646-8800
Lakeville: 9913 – 214th Street West
Tel: 952-985-2020

Sleep Center – Northfield
2000 North Avenue, Tel: 507-646-1099

Women's Health Center – Northfield
2000 North Avenue, Tel: 507-646-1478

Wound Healing Center – Northfield
2000 North Avenue, Tel: 507-646-6900



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WE'RE ONLINE

