



Specialized care. Personal touch.

1111 Duff Avenue, Ames, Iowa 50010

Non-Profit Org.
U.S. Postage
PAID
Mary Greeley
Medical Center

February

is American Heart Month

Who is Your Heart's Worst Enemy? What Are You Going to Do About It?

Eliz Greene was seven months pregnant with twins when she suffered a massive heart attack. Her life changed—not only did she survive a ten-minute cardiac arrest, the cesarean delivery of her daughters and open-heart surgery, all on the same day—but also she gained new perspective and passion for life.

Determined not to lose her new-found passion and to regain her health, Eliz developed strategies to fit activity and healthy habits into her life. She lost the more than 80 pounds she gained while pregnant and has since become a recreational triathlete.

Her heart attack forced her to slow down and pay attention to what was important. She has dedicated her life to helping people deal with the special challenges of modern life and heart health.

“What comes first,” she asks, “your work or your health?”

To answer, take part in our annual heart symposium on February 23 and learn how to lead a heart-healthy life. For details and to register, visit www.mgmc.org.



thehealth

Connect

Winter 2011

Mending a Broken Heart

Also Inside:

Taking on Cancer as a Team

Getting the Worst News at the Best Time

Mary Greeley Medical Center and Foundation Annual Reports



Specialized care. Personal touch.

In This Issue

From Our President

Collaborative Efforts 1

Medical Staff Spotlight

Ask the Doctor: ACL Injuries and Downhill Skiing: Prevention and Treatment 2

New Faces 3

Rehab & Wellness Department Spotlight

Delivering Drug-Free Relief 4

Heart Services Spotlight

Mending a Broken Heart 6

Volunteer and Auxiliary

Auxiliary Receives Outstanding Group Volunteer Fundraiser Award 8

Couples in Medicine

Living in Balance 10

Surgery Services Spotlight

Getting the Worst News at the Best Time 12

Oncology Services Update

Taking on Cancer as a Team 14

Foundation Update

Motivated to Give: Businesses Come Together to Support Health Care in Our Communities 16

Community Relations Update

Share a Mary Greeley Medical Center Story and Stay Healthy in the New Year 18

Classes, Clinics & Support Groups 19

Schedule of Events 21

MGMC Annual Report 23

Thank You to Our Sponsors

A big thank you to these businesses and individuals for supporting the programs and services of Mary Greeley Medical Center during 2010.

Presenting Sponsor

McFarland Clinic PC

Life Saver Sponsors

Ames National Corporation and affiliates
Boone Bank and Trust
First National Bank
Randall-Story State Bank
State Bank and Trust Company, Nevada
Sharon and Dan Krieger
Ames Tribune

Pacemaker Sponsors

Cross Wealth Management, Inc.
Gateway Insurance Services
Green Light Creative
Heuss Printing
Hy-Vee
West Ames Hy-Vee
Lincoln Center Hy-Vee
Hy-Vee Drugstore
Iowa Subway Development Inc.
Kinzler Companies
Auto/Truck Repair Center, Inc.
Kinzler Construction Services, Inc.
Rohrbach Associates PC
Sauer-Danfoss

Caretaker Sponsors

Allen L. Kockler Company
Ball Plastic Packaging Division, Americas
Caremoli USA, Inc.
Hunziker and Associates, Realtors, and HCS Builders
Jester Insurance Services
Proctor Mechanical Corporation
Story Construction Co.
Wells Fargo

Sponsors

Ace Community Credit Union
Alpha Copies & Print Center
Bankers Trust
Burke Corporation
Celebrations Party & Wedding Store
Colorfx
D.D. Pyle Company PC
First American Bank
Gateway Hotel and Conference Center
NAI Electrical Contractors
Sign Pro
Storey Kenworthy
Wandling Engineering PC
Wolfe Eye Clinic

FROM OUR PRESIDENT

Collaborative Efforts

We face challenges every day at Mary Greeley Medical Center. Many times it takes a cohesive effort to ensure we are addressing all of our patients' needs. We work hard to provide the highest quality care, and it is never a one-man show: here, we are a single team, united by the medical center's mission and vision.

At Mary Greeley Medical Center, we not only look to further our own knowledge and education, but also yours as well. In this issue of *Health Connect*, we spotlight a round table discussion among professionals in our Oncology Department. These medical professionals collaborated to discuss issues and topics related to their field in order to help patients and stay abreast of recent technology developments. As you read further, you will meet Cathy Anderson, a breast cancer survivor who would not have found out about her cancer were it not for the determination of the medical staff involved in her case.

The Oncology Department isn't the only place you'll find a multidisciplinary, unified effort among staff. Our Annual Report illustrates how well our departments are working together toward the advancement of our organization and the services we offer. Every member of our team is crucial in contributing to our success.

In this issue, you will also read about our efforts to introduce the latest in equipment and technology to advance the care of our patients. For example, in order to alleviate and prevent pregnancy and

delivery pain, our Rehab & Wellness Department is now offering a transcutaneous electrical nerve stimulation (TENS) unit. TENS units have been successful in many hospitals, and we are educating our staff on the best methods to adopt this effective technology. TENS is an alternative method of pain relief via low voltage impulses through electrodes attached to the body.

The new technology does not stop there. Dr. Imran Dotani, a board-certified cardiologist, was the first physician in the state of Iowa to use a Fortify implantable cardioverter defibrillator (ICD) for a patient. This high-tech device controls arrhythmias, which are heartbeats of an irregular rhythm or pace. Dr. Dotani elaborates on the positives this technology advancement brings to the health care field.

We are glad to spotlight once again one of Mary Greeley Medical Center's couples in medicine. You will meet Anne Snider and Chad Harswick, who have been with Mary Greeley Medical Center for five years working in the fields of dermatology and emergency medicine, respectively. Dr. Snider and Dr. Harswick talk about the love they have for each other, their professions and their community.

As you find your way through this issue of *Health Connect*, you will learn about the many collaborative ways in which we continuously blend technology and compassion. We firmly believe that the appropriate implementation of technology is nothing without the personal touch of our physicians and staff.



Brian Dieter

BY BRIAN DIETER

About This Publication

Health Connect is published four times a year for residents of central Iowa by Mary Greeley Medical Center. For more information about *Health Connect*, please contact the Mary Greeley Medical Center Community Relations Department at 515-239-2038.

Visit Us on the Internet

Learn more about Mary Greeley Medical Center's programs and services at www.mgmc.org. Visit Mary Greeley Medical Center on Facebook!

Contact Us

Individuals are encouraged to contact Mary Greeley Medical Center if they have any concerns about patient care and safety in the hospital that have not been addressed. If the concern continues, individuals may contact The Joint Commission at One Renaissance Boulevard, Oakbrook Terrace, IL 60181. You may also call 800-994-6610 or e-mail complaint@jointcommission.org.

Opportunity for Support

Your contributions can help us care for those who come to us at every stage of life. Charitable giving to support Mary Greeley Medical Center has played a significant role in shaping your medical center. To learn more, contact the Mary Greeley Medical Center Foundation at 515-239-2147 or visit our website at www.mgmc.org and click Giving to Mary Greeley Medical Center.

President and CEO

Brian Dieter

Director Community Relations

Irina Bassis

Editor

Amy Jackson

Medical Advisor

Steven Hallberg, M.D.

Design

Green Light Creative

Photography

Jim Heemstra
Ngaire Johnson West





Ask the Doctor:

ACL Injuries and Downhill Skiing: Prevention and Treatment

Q: What are the most common injuries related to skiing?

A: With the winter upon us, many of us are preparing to hit the slopes. Skiing is a great way to exercise. It combines the exhilaration of speed and movement in a spectacular mountain setting. Skiing demands aerobic conditioning, strength and balance. Ski injuries can be significant and serious. Knee ligament injuries are the most common, particularly involving the anterior cruciate ligament (ACL). Injuries of the knee account for over 45 percent of all ski-related injuries. Other common injuries include ligament injuries to the thumb; shoulder dislocations and fractures; broken legs and various contusions (bruises). While skiing presents a risk for injury, a little common sense and preparedness can greatly reduce the risks.

Q: What steps can I take to prevent ski-related injury this winter?

A: Minimizing risk for ski injury starts well in advance of hitting the slopes. Aerobic exercise, balance activities and weight training are all important. A good ski conditioning program may help keep you injury-free and increase your enjoyment on the slopes.

It is important to take into account your level of ability. Knowing what slopes work best for your level of experience will reduce your chance of injury. Remember to wear protective gear, particularly a helmet. As with any sport, a warm-up is necessary. In this case, taking several easier ski runs is an appropriate way to warm up before tackling harder terrain. Don't over-exert yourself, as many injuries occur at the end of the day when a skier is fatigued.

Peter Buck, M.D.,
Orthopedic Surgery,
McFarland Clinic

Q: What's the difference between a sprain and a strain?

A: A sprain is a stretch or tear of the ligament. Ligaments are bands of connective tissue that join the end of one bone to another. The most common sprains seen in skiing involve the knee, wrist, thumb and shoulder. Though sprains vary in severity, common symptoms include pain, swelling and bruising. A severe sprain may be associated with a feeling of a joint "pop" at the time of injury.

A strain is an injury to a muscle or tendon. Tendons are the thin fibrous cords of tissue that attach muscles to bone. Strains generally are not as serious as sprains.

Q: How can I treat my sprain or strain?

A: In very mild cases, just remember R.I.C.E. This stands for rest, ice, compression and elevation. These steps will help minimize swelling and damage. In more serious cases, it is important to have the injury evaluated by a medical professional who will help you decide what treatment options are best. At their worst, sprains and strains require surgery and rehabilitation. It is best to check with your doctor if the severity of the sprain or strain is questionable.

Q: What is "skier's thumb?"

A: "Skier's thumb" refers to an injury to a thumb ligament that is important for thumb function. A fall on an outstretched hand with a ski pole attached may create the force necessary to press the thumb backwards and stretch or tear this ligament, hence the nickname "skier's thumb." Symptoms include the inability to grasp objects between your thumb and index finger and pain with movement. If you experience these symptoms, you might have "skier's thumb" and should consult a physician.

If you want to learn more about knee and other injuries associated with downhill skiing, please join us for Dr. Peter Buck's *Speaking of Health* lecture on February 9, 2011, at 6:30 p.m. in the Bessie Myers Auditorium.

Speaking of Health is an educational series offered by Mary Greeley Medical Center that is free and open to the public. Please preregister by calling 515-239-2038 or online at www.mgmc.org.

New Faces

Mary Greeley Medical Center and McFarland Clinic welcome this new health care professional to our staff.



Daniel MacAlpine, M.D.

Daniel MacAlpine, M.D., joined the McFarland Clinic Dermatology Department in November. Dr. MacAlpine completed a family practice residency in Mason City and a dermatology residency at Lackland Air Force Base in Texas. He received his medical degree from the University of Iowa, Carver College of Medicine in Iowa City. For more information, please contact the McFarland Clinic Dermatology Department at 515-239-4492.

Delivering Drug-Free Relief

Transcutaneous Electrical Nerve Stimulation (TENS) offers a non-pharmaceutical option for pain relief from labor, delivery and cesarean section.



Anne Hilleman, P.T., D.P.T., C.C.C.E.,
Cheri Thieleke, William Thieleke

Cheri Thieleke's delivery of her first son, Christopher, wasn't exactly quick and easy. She checked into Mary Greeley Medical Center's Birthways unit around 11:30 p.m. on February 17, 2003. The next afternoon, she received Pitocin to help speed the contractions. But Christopher wasn't born until 1:04 a.m. on February 19.

Thieleke wanted "as natural an approach as possible" for delivery. Her labor pains were mostly concentrated in her lower back. Throughout her labor, her husband Jeff massaged the area with his thumbs.

"I think my husband's thumbs hurt for a month, though he never complained," Thieleke says. She also had a lay doula—a woman trained

as a labor companion—and eventually accepted a shot of Nubain® to dull the pain during the lengthy labor.

"As a physician's assistant, I had heard about transcutaneous electrical nerve stimulation (TENS), but I had never heard of it being used for labor and delivery," Thieleke says. While pregnant with her second child, Michael, she learned of this option during the Moms in Motion aquatic fitness class at Mary Greeley Medical Center. "I knew right away I would be trying TENS for our second child's delivery," she says.

Michael's delivery was quite a bit different from Christopher's. Thieleke's labor had begun around 9 p.m. the prior evening, but she was still fairly

comfortable when she arrived for a regular checkup with Carol Ellertson, C.N.M., A.R.N.P., M.S., on January 12, 2006.

"I was so much more comfortable with the TENS unit than I had been with my first delivery that I was incredulous when she told me I was already five to six centimeters dilated, and they were going to give me a wheelchair ride across the street to (the main building of) Mary Greeley Medical Center to have the baby," Thieleke says. Michael was born just two hours after the wheelchair ride.

Thieleke baby number three, William, was born on January 12, 2009—three years to the date after Michael.

"I again was very satisfied with the TENS unit for our third delivery," says Thieleke.

TENS Technology

A non-pharmaceutical method of pain management, the TENS unit is an alternative to medication. This makes it of particular interest to mothers who breastfeed as well as those who want to avoid possible drug-related side effects.

The TENS unit is a portable, battery-operated device that delivers low voltage impulses along the nerve strands through electrodes attached to the body. The strength of the current is adjustable.

According to Empi, the company that equips Mary Greeley Medical Center with TENS units, TENS is advantageous because it has no known side effects, carries no risk of overdosing and does not interfere with drugs. Additionally, it allows patients to control their own pain.

"There are a lot of pain pathways, but TENS breaks up the pain cycle," explains Anne Hilleman, P.T., D.P.T., C.C.C.E., a physical therapist at Mary Greeley Medical Center. The pain cycle involves impaired movement, metabolite accumulation, muscle guarding, inflammation and impaired circulation. Each of these components exacerbates the others, making it difficult to break free from the cycle. The TENS unit is designed to decrease muscle guarding, thereby interrupting the pain cycle. Furthermore, it can help speed the return to normal activities safely.

Post C-Section Use

TENS isn't entirely new. It is widely used for pain during labor, as in Thieleke's case, but few hospitals are using it for post C-section pain. Mary Greeley Medical Center began using TENS with a few post C-section patients in November 2009.

Hilleman hopes to educate the public about the benefits of using the TENS unit post C-section.

"I've had a lot of women who, two weeks later, are still having unbearable pain," she says. "They don't have access to a TENS unit, and they don't know what to do."

As a physical therapist whose interest is in women's health, it's not surprising that she is an advocate for TENS to alleviate post C-section pain. But Hilleman also knows from her own experience.

As a mother of three children—Alex, 6; Mia, 4; and Seth, 1—all born via C-section, her credibility is hard to dispute.

When giving birth to Alex, Hilleman's C-section was not planned, and she experienced significant incision pain following the procedure. She tried the traditional treatment of pain medication, but experienced more complications.

"I didn't do well with pain meds," Hilleman recalls. "I had a really bad reaction to them."

So Hilleman turned to TENS for relief, and was prepared with a unit for her following two C-section deliveries. When asked if it was successful at alleviating her pain, she answers without a second thought.

"Definitely," she says. "Absolutely."

page sponsored by

THE TRIBUNE

The Rehab & Wellness Department at Mary Greeley Medical Center offers a number of ways to help before and after you give birth.

Before delivery:

- TENS unit given at 35 to 36 weeks for relief of labor, delivery pain and pain following a C-section. Instruction on using ice for pain relief is also offered at this time.
- Instruction on body mechanics for nursing and holding the baby is available from a lactation consultant upon request.

Two to six weeks after delivery:

- Scar massage and desensitization after C-section.
- Electrical stimulation for relief of low back pain or incision pain.
- Ultrasound for pain relief and scar tissue reduction at C-section site.
- Gentle abdominal muscle retraining exercise.
- Body mechanics training for basic movements such as getting in and out of bed.

Six weeks after delivery:

- Progressive abdominal strengthening exercises.
- Hand therapy for persistent carpal tunnel problems.
- Physical therapy for persistent orthopedic issues such as low back pain, foot or heel pain, coccyx pain, pelvic pain and split abdominals.
- Aquatic physical therapy to assist returning to regular activity and exercise.
- Pelvic floor treatment for persistent urinary incontinence. This involves exercises, biofeedback and electrical stimulation for muscle reeducation.

For more information on any of Mary Greeley Medical Center's physical therapy services, visit www.mgmc.org and click on Our Services, Rehab and Therapy, and Physical Therapy, or go to www.mgmc.org/services/rehab-and-therapy/physical-therapy.aspx.

Mending a Broken Heart



The heart is the most important muscle in the human body. Without it, we would not live; we need it functioning at its best all the time. The mechanics of the heart are complex, detailed and masterful. The fact that this little powerhouse, no bigger than the size of two fists, gives us life each day is nothing short of amazing.

The heart has its own internal electrical system that controls the rate and rhythm of the heartbeat. With each beat, an electrical signal spreads from the top of the heart to the bottom. As the signal travels, it triggers the atria and ventricles to alternately contract and relax, pumping blood to the heart and creating a heartbeat.

Imran Dotani,
M.D., Cardiology

Heart's Little Helper

As with all other electrical devices, glitches can occur in the electrical system of the heart. One particularly common problem is an arrhythmia. During an arrhythmia, a heart can beat at an abnormal rhythm or pace. This is caused by flawed electrical signaling. Although many cases of arrhythmias prove not to be severe or dangerous, some may cause what is referred to as sudden cardiac arrest (SCA).

Fortunately, medical advancements have allowed doctors to help patients prevent such occurrences. The first pacemaker was a box placed outside of the body and was used to control the heart's rhythm and pace. Medicine has made great strides, and we now have access to a device so tiny that it's undetectable once implanted in the body. This device is called an implantable cardioverter defibrillator (ICD), and one of Mary Greeley Medical Center's own was the first physician in Iowa to use the recently developed Fortify ICD.

Imran Dotani, M.D. is a board-certified cardiologist at Mary Greeley Medical Center and McFarland Clinic. He was the first physician in Iowa to implant the Fortify, a St. Jude Medical device with advanced sensing technology, which can detect abnormal paces and rhythms in the heart and quickly convert them back to normal.

"The size of this device is one of its greater positive aspects. It is very small, but very efficient in providing a large amount of energy," Dr. Dotani says. The Fortify ICD can deliver 40 joules of energy—the highest of any ICD available today.

Who Needs One?

ICDs are often recommended for people who have survived sudden cardiac arrest. There are a number of heart conditions that can put people at high risk of sudden cardiac arrest, in which case an ICD may also be recommended. These conditions include congenital heart disease, Brugada syndrome or QT syndrome. Someone who has trouble with blocked arteries or cardiomyopathy (weakening of the heart muscle or a change in the heart muscle structure) may also be considered to receive an ICD.

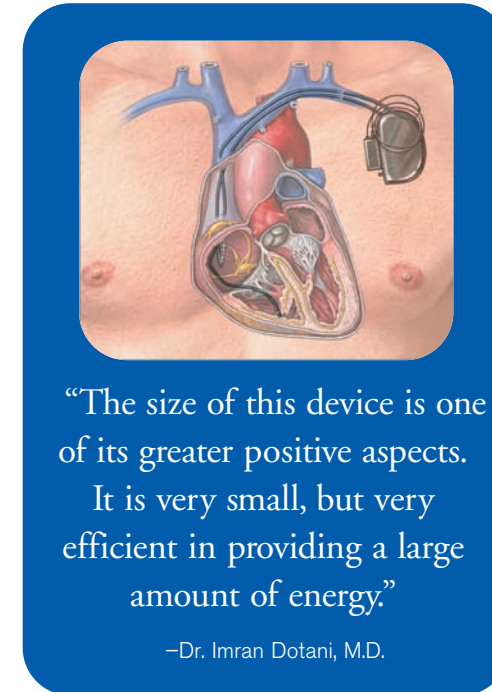
In the case of Sharon Miller, the ICD became a "one last shot" attempt at regaining comfort and good health. Miller was experiencing great difficulty breathing when her primary care physician referred her to Dr. Dotani and told her how he could help. It was found that Miller had carotid artery disease and would indeed benefit from an ICD, but would also need to have stents put in. Before the latter could happen, Dr. Dotani wanted to implant the ICD to ensure that Miller's body was as safe as possible.

Miller insists that she was never scared about what she would need to go through in order to become well. She had strong faith that

provided comfort and confidence in Dr. Dotani's knowledge and skill. She also had a loving family to encourage her through it all.

"My granddaughter told me, 'Grandma, if you feel like you can whip this, then you can,'" recalls Miller.

Miller received the ICD in 2007, and stents were placed in her arteries soon after. Unfortunately, Miller was still having trouble breathing and keeping her oxygen levels up, so Dr. Dotani ordered an angiogram for a closer look at what was happening in her heart. Upon review of the results, it was determined that Miller would need a third wire connected to the ICD to provide stronger stabilization.



"The size of this device is one of its greater positive aspects. It is very small, but very efficient in providing a large amount of energy."

—Dr. Imran Dotani, M.D.

What to Expect

The procedure for implanting an ICD is a minimally invasive surgery done in the hospital. The wires of the device are connected to the appropriate parts of the heart through a vein. Once the wires are in place, a small incision is made in either the chest or abdomen and the ICD is inserted just beneath the skin. The device contains a battery, pulse generator and computer.

Once the procedure is finished, conditions are continually monitored to ensure that everything is in the right place and working correctly. The heart muscle is measured repeatedly after therapy to monitor strength.

"It's not difficult to recover from this procedure. The only limitations are to not lift your arm fully above your head for three weeks, and don't overwork your heart. A week to ten days later, we will do an incision check. Then four

to five weeks later, we will change the ICD from factory settings to settings tailored to the patient," says Dr. Dotani. "The entire time, we can monitor the device remotely because it is wirelessly connected to a phone line. I can be in my office and tell you what it is doing while you're at home."

Miller's procedures went well, and she was able to return to daily activities fairly quickly. Previously, she'd been fatigued trying to get things done around the house, but she found herself able to do these things with more ease as time went on.

"The quality of life is just—I can't put it into words. I feel so much better and have a brighter outlook on life. I can do things I'd not been able to do without the ICD; it's such a wonderful, wonderful thing," Miller says. "I respect Dr. Dotani, and the way he cares for his patients makes a big difference."

Dr. Dotani is grateful, yet humble. "I put the ICD in, but it takes a lot of teamwork," he told Miller.

BY AMY JACKSON

page sponsored by



Auxiliary Receives Outstanding Group Volunteer Fundraiser Award



2010 Auxiliary Board Members—Row 1: Jane Milleman, Kerri Peterson, Karen Hallberg, Katie Youngberg **Row 2:** Jennifer Stark Mortimer, Amy Salama, Kim Iiams, Stacy Dreyer, Emily Hampton **Not pictured:** Diane Flummerfelt, Mary Ann Gardner, Beth Marrs, Karen Strehlow

Mary Greeley Medical Center Auxiliary was established in 1954, starting its long legacy of support of the medical center through volunteerism and event fundraising. The Auxiliary, one of the most visible outreach arms of the medical center, staffs the gift shop, coordinates special events, manages the art program, awards scholarships to future health care leaders, provides funding for special needs of patients and projects like the Guest House, and much more.

For more than 50 years, Mary Greeley Medical Center Auxiliary has exemplified dedication, leadership and generosity benefiting the medical center and the patients and families in our care. Mary Greeley Medical Center Auxiliary promotes and supports the mission of the medical center through fundraising, volunteerism and projects.

Fundraising

Over the years, the Auxiliary has held a variety of fundraisers including annual events as well as ongoing fundraisers. Each event takes

a committed group of volunteers to plan, organize and execute.

“Without the time and energy given by our volunteers, we would not be able to continue this rich legacy of giving,” says Stacy Dreyer, 2010 Auxiliary Board president. “It is this commitment that first attracted me to serving on the Auxiliary Board of Directors.”

The Auxiliary raises money in a variety of ways to support services and programs of Mary Greeley Medical Center.

- The largest source of funds for the Auxiliary is the MGMC Gift Shop, which first opened its doors in 1961.
- Since 1992 the Auxiliary has partnered with the Mary Greeley Medical Center Foundation to coordinate the annual medical center benefit event. Last year’s Kentucky Derby-themed event, planned and organized by 22 generous volunteers, raised more than \$200,000 in funding and in-kind support to benefit the William R. Bliss Cancer Center while also raising awareness for the services the center provides to the community.

- The annual Hope Run for Hospice is coordinated and executed by the Auxiliary and a team of more than 100 volunteers. With a record 469 participants, the 10th anniversary event in 2010 raised money to benefit the Israel Family Hospice House.

Volunteerism

The fundraising success of the Auxiliary is due in large part to the numerous volunteers who help make the events and programs possible. Working together to organize these fundraisers, the Auxiliary and volunteers like to have fun and get others involved. But from start to finish they focus on the good they are able to do for the medical center and its patients and visitors.

Diane Flummerfelt, 2009 and 2010 Hope Run for Hospice co-chair, recognizes the value volunteers bring to fundraising events.

“Serving as co-chair of the Hope Run for Hospice the past two years has been a truly rewarding experience,” says Flummerfelt. “The only thing better than working with a great group of volunteers to plan and run this event was the satisfaction of knowing that 100 percent of the money we raised would benefit the patients and families of the Israel Family Hospice House.”

Volunteers also contribute more than 2,000 hours each year to make the gift shop a success, serving the patients, families and staff of the medical center while providing much needed resources to support the mission of the medical center and Auxiliary. The gift shop currently has 44 volunteers to provide customer service, serve as cashiers and help stock the store.

In addition, volunteers provide support for major programs such as the Israel Family Hospice House, Cancer Resource Center and Diabetes and Nutrition Education Center.

Projects

The Auxiliary supports many projects that have a direct impact on the specialized care and personal touch patients have come to expect from Mary Greeley Medical Center, including:

- Hand-knit caps for all newborns
- Walker bags for patients

“I’ve helped with many, many fundraising events. While I was chair, we began the Fantasy of Trees and Lights, and produced a special Mary Greeley Medical Center cookbook. At that time, the auxiliary really served to help the community feel that Mary Greeley Medical Center was their hospital and that we could make a difference in making it the best it could be.” —Suzy Shierholz (past board president and annual benefit committee volunteer)

“The Auxiliary Board is a support for the hospital. In the past and present, they have implemented programs that make the hospital more user-friendly and have that extra personal touch. Now with more hospital rules, the auxiliary board moves to keep their organization vibrant by making changes in step with the hospital. The Hospital,

Foundation and Auxiliary work together to make our hospital the very best for our community and area.” —Jane Milleman (current member and past president)

“I had the wonderful experience of having my two children at Mary Greeley Medical Center and seeing firsthand what an exceptional staff and facility Mary Greeley Medical Center is and knowing how essential it is to our community. I really wanted to get more involved and give back in a significant way.” —Jennifer Mortimer (new board member)

“Auxiliary projects truly serve patients of all ages, from birth to the end of life. During my time on the board, as president and in other capacities, I was able to help develop policies and programs that touched the lives of many people in our area. Working with the Auxiliary

- Complimentary cheer cards, printed and delivered by volunteers to patient rooms
- Special Needs Fund, which provides assistance with meals, clothing, car seats, transportation and at times equipment for patients and their families in need
- Big Brother, Big Sister program, which provides classes for children who are about to welcome a new sibling into their families. More than 8,000 children have benefited from this program.
- Fifteen \$1,000 scholarships awarded annually to local high school seniors pursuing degrees in health care fields. A total of 174 scholarships totaling more than \$165,000 have been awarded since the inception of the scholarship program.

Reaping Rewards

For all their hard work and commitment, the Auxiliary has been honored by the Story County Alliance for Philanthropy with the 2010 Outstanding Group Volunteer Fundraiser award. To be nominated for this award, a group must have demonstrated exceptional skills in coordinating and motivating groups of volunteers for one or more major philanthropic projects for the benefit of a charitable institution or cause.

“Being nominated and receiving this award is a great honor,” says Dreyer. “The work we do is rewarding in itself, but it’s great to receive this type of validation from the rest of the community—what the Auxiliary does truly makes a difference.”

With gifts and in-kind support totaling more than \$1.4 million, the Auxiliary is among the largest donors to Mary Greeley Medical Center. Today’s Auxiliary is governed by a 13-member Board of Directors, led by current Auxiliary President Katie Youngberg.

“It is my hope that the Auxiliary’s support of the medical center will grow bigger and stronger each year,” Youngberg says. “I know that with a committed board and the continued support of so many wonderful volunteers, anything is possible.”

For information on becoming involved with the Auxiliary or to volunteer, contact Volunteer Services at 515-239-2210.

page sponsored by



Living in Balance

When Anne Snider and Chad Harswick met on the first day of medical school, they had no idea of the life they would come to share. Their friendship caught fire and their love blazed a path to Ames where they now practice medicine and raise their family.

Anne Snider, M.D.,
Chad Harswick, M.D.

Anne Snider and Chad Harswick met as medical students at the University of Iowa. Their friendship-turned-romance was fostered by a sequence of chance happenings and a discovery of similar interests.

Chad Harswick, M.D., has been an Emergency Department doctor at Mary Greeley Medical Center for five years. His wife, Anne Snider, D.M., has been a dermatologist at the West Ames McFarland Clinic for five years as well. They treasure each other, and both truly have a passion for what they do.

Boy Meets Girl

Anne and Chad traveled different undergraduate paths—Anne received degrees in biology and chemistry from Central College in Pella, while Chad earned a degree in biology from Illinois Wesleyan University in Bloomington. Both were college athletes; Anne played volleyball for the Central Dutch while Chad played soccer for the Illinois Wesleyan Titans. Neither decided they wanted to pursue medical school until their third years of undergraduate studies.

Fate first brought the two together as each was accepted to the University of Iowa's medical school. They met on the first day of school, as they had been placed in the same personal and professional development small group—the group designed for students to support one another through studies and becoming acclimated to their new demanding, rigorous life.

At the time, Anne and Chad were each in a relationship, but built a strong friendship that carried them through to the third year of their medical school journey. They'd been placed in several other small groups together, giving them opportunity to spend a lot of time getting to know one another.

"We found that we had a lot in common," Chad says. "We both had parents working in education and we both loved sports. You need some sort of release when you're so busy with school, so we played intramural basketball together." Taking their friendship to a romantic level was an easy decision.

Finding Their Way

When the time comes for residency placements, students in the University of Iowa's medical program undergo a process that matches the places where they have interviewed with the programs to which they are accepted. Assignments are announced in March. The students are not provided with a choice; the result of the matching process is where they go.

And of course, Anne and Chad were each matched with a program in Chicago.

"It was fate," Chad says. The couple stayed in Chicago for four years, going through separate programs, yet remaining together.

It was during Anne's two-week dermatology rotation at the end of her third year of medical school that she discovered she wanted to go into dermatology. "It had everything I enjoy about medicine—the clinic setting, procedures and working with all different ages," she says. "A lot of people might not find skin very interesting, but I love it!"

Chad, on the other hand, found that emergency medicine is his passion.

"Every day in the ER is unique. It can be difficult at times, but it is nice to be able to give back to the community," Chad says. Chad completed an Emergency Medicine Ultrasound Fellowship at Resurrection Hospital in

Chicago before joining the Emergency Department at Mary Greeley Medical Center. The group has undergone a lot of change in recent years, and Chad states: "It has been gratifying to be part of building such a wonderful team of physicians, nurses and ancillary staff."

During their second year of residency, the two made a trip to Colorado. They snow-shoed four miles up a mountain to Beaver Lake in Beaver Creek where Chad asked Anne to become his wife.

"It was so cold that I said 'yes,' put the ring on and back down we went," says Anne. They were married in October of 2003 back home in Iowa at Lake Okoboji.

Back to the Roots

Anne and Chad both have Iowa ties; Anne grew up in Osage and Chad in Urbandale. Both appreciate the values and sense of home that Iowa seems to provide.

"We looked around the radius of Des Moines, and found that McFarland Clinic had an opening for a dermatologist. We liked the college atmosphere, and since we had a four-month-old daughter, we wanted to be close to family. Ames was a happy medium, and it was just a really nice fit," Anne says. Chad adds, "We always knew we'd come back to Iowa."

The couple finds that this community could not be a better fit for them. They live in a neighborhood that is home to many young families and plenty of playmates for their children. Alexandra, a kindergartner, is involved in soccer, swimming and gymnastics, and is enjoying learning to read. Logan, 2, is involved in gymnastics as well, loves to be around other kids and wants to do whatever Alexandra is doing.

Being both medical professionals and parents to two young children makes for a very demanding day-to-day life. Fortunately, Mary Greeley Medical Center and McFarland Clinic have been very accommodating and flexible, allowing these doctors to cut back on their schedules and spend more time not only with their children but also with each other.

"Each year the Civic Center of Greater Des Moines sells a package of tickets to their shows, so we've been doing that the last few years; it makes us arrange time for just the two of us," Chad says. The two are also planning a trip to Italy in the spring.

Just being in the presence of these two doctors, one picks up on the admiration they each have for one another. When one speaks, the other not only listens, but gazes.

"The best part is being married to my best friend," says Chad. "We enjoy spending time together and with our children."

Just as many mothers would say of themselves, Anne claims to be organized and good at keeping the flow going. She says that Chad is laid-back and a big contributor.

"It's a lot of give and take. When I am at work, Chad takes care of the kids and vice versa. He is a great dad," Anne says of her husband. "The best part is having a true partner." Anne and Chad strive to find the balance between each other, their jobs and their home life, but they love it all.

BY AMY JACKSON

page sponsored by



Getting the Worst News at the Best Time

Ames woman's story exemplifies the importance of early breast cancer detection.

Makenna Anderson listened intently as a woman at the front desk of the Quality Inn and Suites in Ames shared her fears about an upcoming surgery.

The woman was from Fort Dodge and staying at the hotel prior to having a hysterectomy at Mary Greeley Medical Center. She clearly needed some comforting, and Makenna knew exactly what to do.

"Let me get my mom," she told the woman.



Makenna Anderson, Cathy Anderson

Makenna's mom, Cathy Anderson, eased the woman's concerns, letting her know that she'd be in good hands. Cathy knew what she was talking about, as she'd recently survived her own health issues with the help of medical staff at Mary Greeley Medical Center.

Sadly, her crisis is all too familiar today: breast cancer, the most common type of cancer faced by women and the second leading cause of death from cancer in women. Breast cancer mortality rates have been falling since 1990, attributed, in significant part, to advances in treatment and early detection.

That's what Cathy's story is about—early detection and the role her local medical center played in the diagnosis and treatment.

Getting the News

Quality Inn and Suites is a family affair for the Andersons. Cathy and her family have been in Ames for 20 years, but have been with the Quality Inn hotel chain for more than 30. Cathy's husband, Ken, is manager of the Ames Quality Inn and Suites. Cathy is the sales manager, and their daughter, Makenna, helps at the front desk from time to time.

"I'm a control freak. I'm worried about details all the time, and I want everything just right," Cathy says. "Getting cancer was a big deal because I felt like it was something I couldn't control."

On a Friday in May 2008, Cathy went to the Doran Clinic for Women for her annual exam and mammogram. The preliminary results of the mammogram looked good, so she went home, planted flowers and had a great weekend.

But early the next week, Nicole Singer, a physician's assistant at Doran Clinic, called Cathy to tell her something might not be quite right. Maybe she should come in for a second mammogram, Singer advised.

"You can have overlapping tissues on mammograms and that can change or distort the view of the tissue," says Singer. "So we need to do repeat viewings sometimes."

Cathy had a second mammogram and, again, preliminary results looked good. But Singer had a feeling. She called Cathy again and suggested an ultrasound.

"I was getting scared. I went in for the ultrasound—took my husband with me—and once again everything looked fine," says Cathy. "But then Nicole called again, and I started to get irritated with her. I told her to just let it go, but she wouldn't. She saved my life, and I tell her every time I see her."

The ultrasound did little to ease the concern of Singer and her colleagues, so a magnetic resonance imaging (MRI) scan was recommended. Cathy agreed on the condition it was done in Ames by Dr. Mark Taylor. Dr. Taylor had performed Ken's gallbladder surgery, thus building a good rapport with the Anderson family.

"He's known as being very straightforward and serious, which I like," says Cathy of the surgeon who this year received Mary Greeley Medical

Center's Innovation and Excellence in Medical Practice Award.

Dr. Taylor reviewed the MRI results; something was definitely there. In early June 2008, Dr. Taylor scheduled a biopsy on Cathy.

"A week later I met with him, and he handed me this paper and told me to look at the second paragraph. Then he said, 'You have cancer,'" she remembers. "I immediately thought, 'Who's going to take care of my family?' My daughter was 16 at the time."

Stages of Treatment

Cathy's reaction was understandable: cancer is terrifying. But early detection is the key to survival.

"Early detection in her case was vital," says Singer. "It was just about the earliest stage of breast cancer you can have."

The tumor, which was on Cathy's left side, was close to the chest wall. Using a dye, Dr. Taylor biopsied the sentinel lymph node, a term used for the lymph node closest to the tumor. If the sentinel lymph node is cancer-free, the chances are high that the cancer hasn't spread.

Cathy's sentinel was clean. Dr. Taylor then performed a lumpectomy.

"They got everything," she says. "I was home the same day, then back to work one day later. I like to keep moving, and I thought if I kept working, it wouldn't all seem so serious."

Dr. Taylor then sent Cathy to Dr. Debra Prow at the William R. Bliss Cancer Center for

cancer treatment. She was worried that Dr. Taylor wouldn't be the primary doctor on her case, and, "he told me not to worry, that he'd still be the captain of my breast ship," says Anderson with a laugh. "But Dr. Prow in Medical Oncology and Dr. Rhoades in Radiation Oncology were awesome too."

Staff at the William R. Bliss Cancer Center explained everything she would experience. She received radiation treatments five days a week for six weeks, working the sessions into her normal schedule.

"The Bliss Cancer Center staff was wonderful. They made me feel like we were going to beat this and then told me exactly how we were going to do it," she says. "The volunteers in Radiation Oncology make you feel so at home. There was no reason to leave Ames for this treatment, because everything I needed was right here at Mary Greeley Medical Center."

As of September 11, 2010, Cathy is a two-year cancer survivor.

"Early detection saves lives and, oh my, I'm the living proof of that," she says. "I talk to people all the time about the importance of getting proper screenings."

Everything also worked out fine for the Fort Dodge woman who Anderson consoled that day. She stopped by a few weeks after her surgery; she just wanted to say thanks and drop off some brownies.

"They got everything. I was home the same day, then back to work one day later. I like to keep moving, and I thought if I kept working it wouldn't all seem so serious."

—Cathy Anderson

BY STEVE SULLIVAN

page sponsored by

kinzler
companies

Taking on Cancer as a Team

Cancer care involves almost every department at Mary Greeley Medical Center. From the William R. Bliss Cancer Center to specialties as varied as dermatology and dietetics, treating cancer is a team effort. Recently a group of physicians from a variety of disciplines gathered for a lively, insightful discussion of cancer care at Mary Greeley Medical Center. Their conversation focused on the center's patient-focused multidisciplinary approach, advances in cancer treatment and how attitudes toward the disease have evolved.



Joseph Rhoades, M.D., Radiation Oncology



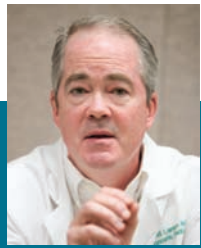
Bruce Hardy, M.D., General Surgery



Joseph Merchant, M.D., Oncology, Hematology



Jamie Weydert, M.D., Pathology



David Larson, M.D., Radiology

Multidisciplinary is a word you hear a lot when people talk about cancer care at Mary Greeley Medical Center. What does it mean?

Dr. Joseph Rhoades: When we treat a patient for breast cancer, for example, we'd have a surgeon, medical oncologist and radiation oncologist involved and working closely together. You need recommendations from all these disciplines, and others, to make a comprehensive treatment plan.

Dr. Bruce Hardy: I'll second that. It depends on the type of cancer, but most treatment of tumors involves some kind of surgeon, a radiation therapist and oncologist. In an organization like this, we coordinate care and treatment very well.

Dr. Joseph Merchant: On a single patient visit, I may talk to everyone around this table. I might talk to Dr. Hardy about a biopsy, Dr. Weydert about what I want a biopsy tested for, Dr. Larson to understand any X-rays and Dr. Rhoades before or after radiation. Any of us might make four or five phone calls while a patient is with us. It's expected here that we have that kind of access to our colleagues, to our team members. This is a multi-specialty organization.

Dr. Jamie Weydert: Mary Greeley Medical Center is well-suited to this multidisciplinary approach because this group lives here in the same building. It's a one-stop shop, which is very nice for our patients.

Has technology enhanced Mary Greeley Medical Center's multidisciplinary philosophy?

Rhoades: Electronic medical records have helped us tremendously. We're communicating better because of it, which is great. It's part of our comprehensive care because we have immediate access to patients' treatment. We know what's been said about their condition and treatment, whether they've received it here or someplace else.

Dr. David Larson: In radiology we have digital imaging, so everyone has instant access to a CT scan. It's enterprise-wide. Dr. Merchant, Dr. Hardy, everyone can see the same thing when they need it. There's no waiting for someone to bring you the copy or going to look for it yourself.

What is a Cancer Case Conference and what role does it play in cancer treatment at Mary Greeley Medical Center?

Hardy: Cancer Case Conference is an essential part to providing comprehensive cancer care. We discuss a significant number of the cases we're seeing, especially the most difficult ones. Representatives from all disciplines are at these weekly meetings, and it really improves care. A patient's primary care physician will often attend, as well as others who might be involved in the plan of care.

Rhoades: We review six to eight cases each week. Conferences are very well attended by a wide variety of health care professionals. It's one of the best cancer conferences I've worked with. We don't simply follow a checklist either. We work at these meetings—discussing individualized patient care, exchanging ideas, making sure we're all on

the same page, deciding what more we need to do, and what more we need to look at. It's all about the multidisciplinary approach and delivering the best care possible.

Merchant: These meetings also help us identify and develop our local practices for cancer care. People at the conference are bringing in new ideas and new technologies that help shape how we treat people at Mary Greeley Medical Center. For example, we were all introduced to PET scan technology at a conference, and now it's a standard part of our program.

Hardy: We've recently been reaccredited as a comprehensive community cancer center through the American College of Surgeons' Commission on Cancer. This means we've met the criteria for all the specialties we offer, including medical oncology, radiation oncology, surgery and clinical trials.

What advances are elevating cancer care at Mary Greeley Medical Center?

Larson: PET scan really is a great technology, exquisite at catching malignancies. We can monitor how successfully an individual is responding to treatment. In the old days of chemotherapy, you'd have to wait months to see if a patient was responding, but we can do that now with PET scan and determine in just a few weeks if they are responding. If not, we can change course.

Also, because of advances in radiation treatment, we can deliver high dose rate treatment to very specific parts of the body. Stereotactical brain radiation, which Dr. Rhoades uses, for example, can target a small tumor, instead of the whole brain, which can lead to serious side effects. High-dose brachytherapy allows use of a high dose of radiation while reducing the risk of damage to nearby healthy tissue and increasing the likelihood the cancer is destroyed.

Hardy: Minimally invasive surgical techniques have had an impact. This organization invests in new technology and advances, and, again, we have a strong multidisciplinary team that can more effectively decide if a patient's treatment needs to involve a surgical procedure.

Merchant: I'll talk more about electronic medical records because the difference it's making is significant. Notes are instantly available. You can search for the information you need instantly. You can review a lot of information while you're with the patient. You used to have to walk down to the basement to get X-rays, but now you have immediate, real-time access. This technology enhances communication among the health care team—both in the clinic and hospital setting.

Larson: Exactly. With a stereotactic biopsy, for example, when I know it's positive or negative, the physician knows.

Merchant: We also have staff trained in cancer genetics. We can refer people, or even families, who may be genetically predisposed to a form of cancer. We can learn family histories, do testing and appropriate screenings and, if necessary, determine any preventative measures that should be taken.

Weydert: In pathology, we're moving more and more toward approved and national guidelines for testing and reporting cancers. What this means is that the way we're doing things here is in line with the way other cancer centers are doing things. This type of evidence-based care is beneficial for the patient because there is consistency in the processes from center to center.

Cancer seems so much more public than it once was. We're even seeing signs of that in popular culture with shows like *Breaking Bad* and *The Big C*, which have central characters diagnosed with cancer. Have you seen changes in attitudes toward cancer among your patients?

Rhoades: Cancer isn't a secret anymore, and it's amazing how well patients adapt to the diagnosis.

They're worried and apprehensive about what comes next, and there is a

grieving process. But the ability to say you have cancer, do what you need to treat it and get past it is huge. We're constantly giving reassurance, letting patients know that we realize how tough it is and how we're going to help them get through it.

Merchant: Treatment isn't as hard as it used to be. You can have chemotherapy or radiation therapy without much disruption to your day-to-day schedule. Many people are able to work full time. We also have minimally invasive surgical techniques, and advances in radiology are helping us catch cancer much earlier than we used to—stage 1 instead of stage 3 or 4.

Hardy: Cancer isn't the death sentence it once might have been. People with some cancers are living many more years than they used to, and some cancers are becoming more like chronic illnesses a person can live through with proper care and treatment, like diabetes.

Larson: Patient support groups and education programs, like we have available here through the Cancer Resource Center, have played a big role too. There's a better network of patient advocacy. People are connected through local resources as well as through national organizations.



Dr. Rhoades, Dr. Hardy, Dr. Larson, Dr. Weydert, Dr. Merchant

BY STEVE SULLIVAN



Motivated to Give: Businesses Come Together to Support Health Care in Our Communities

Wilbur Morgan died of colon cancer 30 years ago, when his daughter, Yvonne, was a student at Iowa State University.

Yvonne thought about her dad when Kinzler Companies, the Ames firm she started 26 years ago with her husband, Kevin, had an opportunity to become a Mary Greeley Medical Center annual sponsor.



Kevin Kinzler,
Yvonne Kinzler,
Tanner Kinzler



Melissa Johansen,
director, External
Relations

“I was excited about getting involved because Mary Greeley Medical Center was just starting work on its Cancer Resource Center,” Yvonne says. “I remembered what we went through with my dad. When he was diagnosed with cancer, we would have loved to have had some sort of resource center where we could get answers to our questions. But we had nothing like that at the time.”

Mary Greeley Medical Center is able to offer patients and families the Cancer Resource Center, and so much more, because of the ongoing support provided by its many sponsors, like Kinzler Companies.

Last year, Mary Greeley Medical Center’s annual sponsorship program totaled \$110,500 in funds and in-kind support from 34 businesses. While our sponsorship program currently provides annual funding for three established programs, over the years we have also received tremendous support from the business community for major fundraising campaigns. For example, the counseling room at Israel Family Hospice House is named in honor of Ames National Corporation; the cancer registry office in the Cancer Resource Center is named in honor of Burke Corporation; and the library in the Diabetes and Nutrition Education Center is named for McFarland Clinic.

Among the First

Since it began in 2004, the Mary Greeley Medical Center Foundation’s annual sponsorship program has provided an avenue for businesses to support a healthy community and workforce.

Kinzler Companies was one of the first businesses to get involved. “As owners of Kinzler Companies, we believe in philanthropy,” Yvonne says. “Having a hospital providing such amazing care for patients and families is incredibly important to our community. It’s something we are committed to supporting and promoting.”

Yvonne’s involvement with the medical center has gone beyond philanthropic support. She’s been an incredible advocate, serving on the Foundation Board for six years, including one year as president. In that role, Yvonne has accompanied me on visits to engage new businesses in the annual sponsorship program.

“I tell people that Mary Greeley Medical Center is an integral part of our community and supporting it means our loved ones and neighbors have good quality care right here. They don’t have to go to Des Moines or elsewhere,” Yvonne says.

“Having a hospital providing such amazing care for patients and families is incredibly important to our community. It’s something we are committed to supporting and promoting.”

—Yvonne Kinzler

Like Kinzler Companies, First American Bank has been a sponsor since the beginning of the program. Steve Goodhue, regional president for the bank, is a member of our board and has also joined me on several sponsorship visits.

“We hear a lot of great things about Mary Greeley Medical Center on these visits,” says Steve. “The business community is very complimentary of the medical center and the quality health care it delivers. They want to know that Mary Greeley Medical Center is going to continue to reach out to the local community and to commercial entities with excellent care and services.”

A key motivator for First American Bank’s support is confidence in Mary Greeley Medical Center.

“We believe strongly in what Mary Greeley Medical Center and the Foundation are doing for health care and health education in this community, and we appreciate the opportunity to be involved,” says Steve. “I’m extremely impressed with the staff and volunteers of Mary Greeley Medical Center. They have a tremendous commitment to the medical center and to everything they do.”

Personal Motivation

As I meet with our sponsors, many share their personal motivations for supporting the medical center.

Betty Baudler Horras opened SignPro in Ames 16 years ago. A year later, Stephanie Nigh joined her as co-owner of the business. Like Kinzler Companies, a personal health crisis inspired Betty and Stephanie to support

Mary Greeley Medical Center.

“Mary Greeley Medical Center is such an important part of the community,” says Stephanie. “Betty has always been involved with the medical center, serving on the foundation board and being a private supporter. But when she was diagnosed with cancer several years ago and experienced the wonderful care Mary Greeley Medical Center offers, we decided to do more.”

“While we were motivated by Betty’s illness, we also think it’s important for small businesses to contribute to the community. We have a wonderful relationship with the hospital and see our support as a responsibility as business owners and citizens of the community.”

It’s this philosophy that motivates businesses to take an active role in supporting health care in our communities. With their support, Mary Greeley Medical Center continues to provide specialized care with a personal touch.

For more information on Mary Greeley Medical Center’s sponsorship program, contact the foundation office at 515-239-2147 or email johansen@mgmc.com.

page sponsored by



Share a Mary Greeley Medical Center Story and Stay Healthy in the New Year



Irina Bassis, director, Community Relations

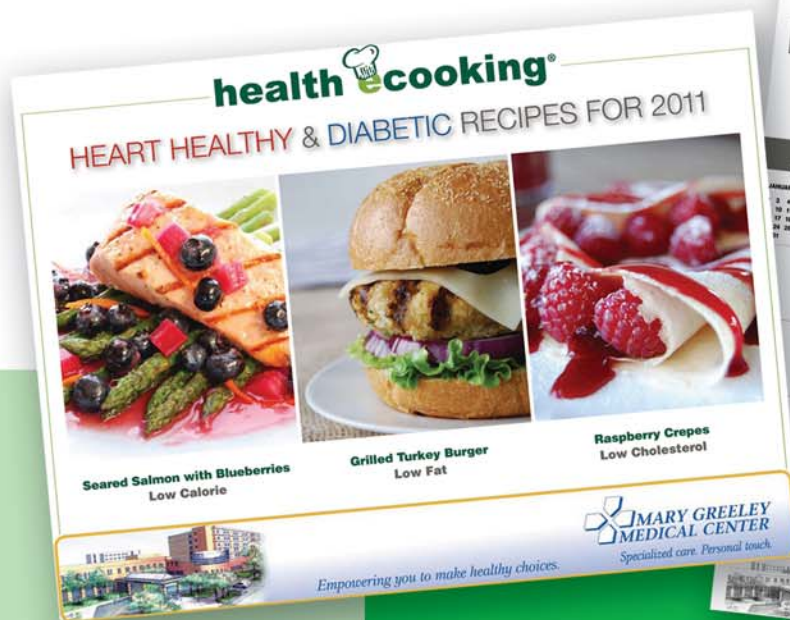
When winter comes, it frequently brings a season of celebrations and a reason to reflect together with family, loved ones, friends and relatives who live near and far. I know that many of our readers' lives—patients, family members and visitors—have been touched by someone at Mary Greeley Medical Center. Please use Mary Greeley stories to share some of the heartwarming situations you've witnessed or experienced so we may:

- Thank and recognize employees who go the extra mile.
- Keep a historical record of the great acts that occur throughout our health care organization and our community.
- Provide material for our employee reward and recognition programs and internal publications.
- Share the personal experiences of our patients to help others understand the expectations associated with Mary Greeley Medical Center's services, care and programs.

By submitting a story, you agree we may contact you for more information, if necessary. Your e-mail address and other contact information will be kept private and will not be sold, nor will you be placed on any mailing list.

We'd be honored if you'd share your story with us.

To thank you for your efforts and readership, the first 25 readers who respond by filling out an enclosed business response card in this issue, or e-mail us at bassis@mgmc.com, will receive a copy of Mary Greeley Medical Center's 2011 calendar filled with heart healthy and diabetic recipes to keep you and your family healthy and active throughout the year.



Family Birthing Classes

Register online at www.mgmc.org or call 515-239-2444 or 800-951-9222 for specific information and to register. Preregistration is required.

Big Brother, Big Sister Class

Classes are offered for ages 2 to 4, mixed ages, and ages 4 and up. See www.mgmc.org or call 515-239-2444 for a schedule. Main Lobby

Childbirth Classes

Birthways offers a one-day and Tuesday series childbirth class to help women in their seventh to eighth month of pregnancy and their support persons prepare for childbirth. \$30 donation per class.

One-Day Childbirth Class

Saturday, January 8, January 15, February 5, February 12, March 5, March 12
8:30 a.m. to 4 p.m.
South Auditorium

Childbirth Class

Tuesday, January 4, 11, 18, February 1, 8, 15, March 1, 8, 15
7 to 9 p.m.
South Auditorium

Refresher Childbirth Class (quarterly)

Saturday, February 5
9 a.m. to noon
North Addition A and B
\$10 donation

Birthways Tour

Wednesday, January 26, February 23, March 30
7 to 8 p.m.
South Auditorium
Birthways offers tours of the hospital and unit for expectant women and their support persons.

Breastfeeding Classes

Monday, January 3, January 10, February 7, February 14, March 7, March 14
6:30 to 8:30 p.m.
South Auditorium or North A, B & C
\$10 donation



Fitness Classes

Call for specific dates and times. Call 515-956-2731 for Ames classes or 515-733-4029 for Story City classes. Preregistration is required.

Story City Classes

Core Box: Punch and kick your way to a stronger core and a leaner, meaner body. Core Box mixes kickboxing combinations and high-intensity athletic drills along with high-energy music for the ultimate in kickboxing fun!

Yoga: Combine traditional yoga postures with modern fitness moves for an excellent mind/body experience—perfect for those seeking strength, flexibility, stress reduction and total relaxation. *Bring your own yoga mat.*

Cardio Power: The best of both worlds—cardio and strength! Join us for a variety of cardio conditioning options, including step, hi-lo, kickboxing and more! Finish the class with resistance training and a total body s-t-r-e-t-c-h!

Power Hour: Pump it up and join us for this total body strength training workout using free weights, bars, tubing and more. A workout appropriate for all fitness levels.

SilverSneakers: Have fun and move to the music through a variety of exercises designed to increase muscular strength, range of movement and activity for daily living skills. Weights, elastic tubing with handles and a ball are offered for resistance, and a chair is used for seated and/or standing support.

H.E.A.T. (High Energy Athletic Training)

If you want to take your fitness and fat loss to the next level without spending more time in the gym, H.E.A.T. could be exactly what you're looking for! Push yourself to YOUR limit with athletic style drills, strength training and more!

Zumba: Ditch the workout and join the party! Zumba fuses hypnotic Latin rhythms and easy to follow moves to create a dynamic fitness program. Enjoy an exhilarating hour of calorie-burning, body-energizing, awe-inspiring movements meant to engage and captivate!

Adventure Boot Camp: Start the new year right and create your best life yet! Join our eight-week program of progressive fitness instruction, nutritional coaching and motivational training—packed with fun and energizing activities designed to help you reach your fitness goals.

Other

SHIIP/Medicare Counseling

Weekdays
External Relations Office
Call 515-239-2210.

CPR for Friends and Family Anytime

Tuesday, January 11, February 8, March 8
6:30 to 8 p.m.
North Addition C
Cost is \$35 and includes CPR Anytime kit. This non-certification course may be taken in two ways: we facilitate a one-hour introductory course (including take-home kit); or, you can purchase the kit to take home and learn on your own time. Our facilitated course offers an overview of the skills (in the take-home kit) and an understanding of the local EMS system that cares for CPR patients. The take-home kit teaches people in the comfort of their own homes the core skills to perform adult/child CPR in just 22 minutes. There is a separate kit for infant CPR. The kits include a mannequin and DVD that can be reused. This program is research-proven to be equivalent to taking a traditional CPR course. For more information, call 515-956-2875 or visit www.mgmc.org.

Art Schedule

January

Marci Ferguson
Mixed media Admin. Hallway

Robert Schulte
Paintings and prints Main Hallway

Carole Osburn
Handmade paper Extended Admin. Hallway

Rachel Tone
Jewelry Display Case

February

Marci Ferguson
Mixed media Admin. Hallway

Larry Mendenhall
Photos Main Hallway

Pam Dennis & Ryk Weiss
Pottery and willow Extended Admin. Hallway

Pam Dennis & Ryk Weiss
Pottery and willow Display Case

March

Naser Shahrivar
Prints and oils Admin. Hallway

Larry Mendenhall
Photos Main Hallway

Pam Dennis & Ryk Weiss
Pottery and willow Extended Admin. Hallway

Pam Dennis & Ryk Weiss
Pottery and willow Display Case

Clinics

Senior Health Clinics

HOMEWARD Senior Health Clinics offer foot care, blood pressure screening, blood sugar testing and health education for Story County older adults. Call 515-239-6730 for more information. HOMEWARD will offer clinics at the following locations, dates and times:

Ames

Green Hills Health Care Center

Wednesday, January 5, February 2, March 2
1 to 3:30 p.m.

Heartland Senior Services

Thursday, January 6, 13, 20, 27; February 3, 10, 17;
March 3, 10, 17, 24, 31
9:30 a.m. to noon

Keystone Apartments

Thursday, January 27, February 24, March 24
1 to 2:30 p.m.

Regency V Apartments

Wednesday, January 26, February 23, March 23
9 to 11:30 a.m.

Stonehaven Apartments

Wednesday, January 12, February 9, March 9
10 to 11:30 a.m.

The Waterford at Ames

Wednesday, January 19, February 16, March 16
1 to 3:30 p.m.

Collins City Hall

Senior Meeting Room
Wednesday, January 5, February 2, March 2
9 to 10 a.m.

Colo Community Center

Tuesday, January 18, February 15, March 15
10:30 to 11:45 a.m.

Huxley

Walnut Grove Community Room

Thursday, January 6, February 3, March 3
1 to 2:30 p.m.

Maxwell Community Center

Wednesday, January 5, February 2, March 2
10:30 to 11:30 a.m.

Nevada Christian Church, Disciples of Christ

Wednesday, January 12, February 9, March 9
12:30 to 2 p.m.

The Meadows Apartments

Tuesday, January 18, February 15, March 15
1 to 3 p.m.

Story City

Story City Community Health Center

Wednesday, January 26, February 23, March 23
1 to 4 p.m.

Cedar Place

Thursday, January 13, February 10, March 10
1 to 4 p.m.

Support Groups

Alzheimer's Disease Support Group

January 4, February 1, March 2
This group meets the first Tuesday of every month from 1 to 3 p.m. in the North Addition, Room D. Call 515-239-6730 or 800-529-4610.

Bereavement Support Groups

For more information on grief support groups, contact HOMEWARD Hospice at 515-956-6038 or 877-469-0079.

Breast Cancer Support Group

This group usually meets the fourth Monday of every month at 7 p.m. in the William R. Bliss Cancer Resource Center. Call 515-239-4401 for more information.

Cardiac Rehabilitation Support Group

This group meets twice in the fall and twice in the spring. Call 515-239-6780 for meeting times and additional information.

Celiac Disease Support Group

This group meets the fourth Tuesday of every other month at 7 p.m. at the Diabetes and Nutrition Education Center. Call 515-956-2880 for more information.

Diabetes Support Group

This group meets the first Tuesday of every month at 7 p.m. Call 515-956-2881 for more information.

Diabetes Support Group for Youth

This group meets every other month. Call 515-956-2883 for more information.

Eating Disorders Support Group

This group meets the second Tuesday of every month at the Diabetes and Nutrition Education Center. The first hour, from 7 to 8 p.m., is for family members. The second hour, from 8 to 9 p.m., is for those coping with an eating disorder. For more information call 515-956-2880.

Parkinson Support Group

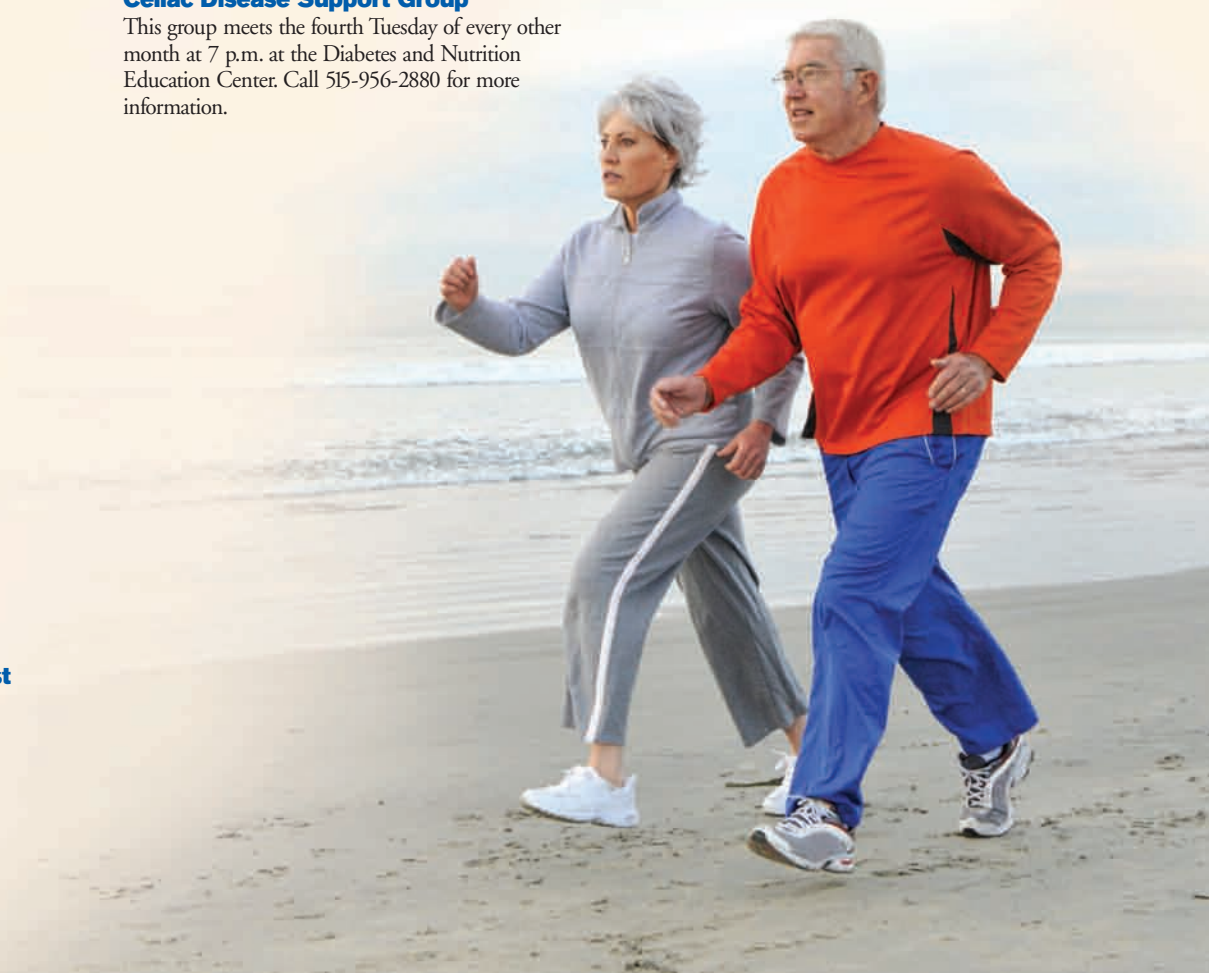
Call 515-239-2600 for more information.

Prostate Cancer Support Group

This group will meet the second Tuesday of each month from 6:30 to 8 p.m. in the Cancer Resource Center. Call 515-956-6440 for more information.

Stroke Support Group

The Stroke Support Group is free and open to the public. Call 515-239-2323 for more information.



Schedule of Events

January – March 2011

Cancer Resource Center Special Events

Mary Greeley Medical Center regularly schedules special events to promote healthy lifestyles. For more information, call Mary Greeley Medical Center's Cancer Resource Center at **515-956-6440** or **866-972-5477**.

Fighting Cancer: Finding the Right Approach

January 25, 7 p.m.
North Addition A & B

Cancer care involves a myriad of treatment options. Determining the right treatment plan is becoming more complex. With advancements in medical science we are able to identify specific biological markers on tumor cells and tailor treatment to characteristics of the cancer. Cancer treatment involves input from many experts, which includes communication between physicians, the health care team and patients. Join Dr. Swaleh Bahamadi, McFarland Clinic hematologist/oncologist, as he explores advances in medical oncology and the advantages of working with an interdisciplinary team.

Vitamin D: The Sunshine Vitamin

February 9, 2 p.m.
South Auditorium

Scientists have known for some time about vitamin D's role in helping the body absorb calcium, in maintaining bone density and in preventing osteoporosis. But new research suggests it may also help protect against chronic diseases such as cancer, type 1 diabetes, rheumatoid arthritis, multiple sclerosis and autoimmune diseases. It is well known that many adults have low blood levels of vitamin D. Join Dr. Rami Almokayyad, McFarland Clinic endocrinologist, as he addresses our concerns and discusses the latest information on vitamin D research and recommendations.

Colon Cancer Awareness Month

March 1, 7 p.m.
North Addition A & B

Colorectal cancer touches the lives of many Americans. Researchers estimate that if everyone age 50 or older received regular colorectal cancer screenings, at least one-third of the deaths would be prevented. Screening is an important tool to help detect colorectal cancer early by identifying precancerous growths or polyps, when treatment is more likely to be successful. Join Dr. Tom Johnson, McFarland Clinic gastroenterologist, as he discusses colon cancer, early detection and screening.

Auxiliary and Volunteer Services

The Mary Greeley Medical Center Auxiliary supports the medical center mission by sponsoring programs and services to assist you in living a healthy lifestyle. For more information or to register for any of the programs, please call **515-239-2210**.

MGMC Gift Shop and HCI Fundraising Sale

Friday, February 18
7:30 a.m. to 3:30 p.m.
South Auditorium

Take advantage of Mary Greeley Medical Center Gift Shop's \$6 sale! Great items provided by HCI Fundraising on sale include jewelry, purses, reading glasses, ties, clothing, children's items, scarves, wraps and more. Most items will be

priced at \$6 with a few "show specials" priced separately. Cash, credit cards, checks and payroll deduction for employees are all accepted. Profits from the sale benefit the Auxiliary.

Prime Time Alive

Prime Time Alive programs are designed to help you achieve a vital balance of the physical, financial, emotional and spiritual components in your life.

A social time with free blood pressure checks by HOMEWARD is held 30 minutes before each program. Please preregister for any of the programs by calling **515-239-2423** in Ames or **800-303-9574** from anywhere in Iowa. Online registration is available at www.mgmc.org. If you cannot attend a program for which you have registered, please call and cancel. Unless otherwise indicated, programs and events are held at Mary Greeley Medical Center.

Speak Up: Help Prevent Medical Errors

Thursday, January 20, 2 p.m.
South Auditorium

Presented by Teresa Simpson, R.N.,
Quality Improvement Education Coordinator,
McFarland Clinic.

The Joint Commission and the Centers for Medicare and Medicaid Services put forth the the Speak Up™ program to encourage patients to play an active role in helping prevent medical errors by becoming involved in their health care. Come learn how to be an active participant in your health care.

Chronic Disease Management

Thursday, January 27, 2 p.m.
South Auditorium

Presented by Donald Skinner, M.D.,
McFarland Clinic Geriatric and Family Medicine.

Managing a chronic disease can be challenging, but there are some approaches that your provider can use that may give you improved success in controlling your chronic conditions. Dr. Skinner will define what a chronic disease is and give you tips on how to better manage a chronic disease.

Vitamin D: The Sunshine Vitamin

Wednesday, February 9, 2 p.m.
South Auditorium

Presented by Rami Almokayyad, M.D.,
McFarland Clinic Endocrinology/Metabolism.

Scientists have known for some time about vitamin D's role in helping the body absorb calcium, in maintaining bone density, and in preventing osteoporosis. But new research suggests it may also help protect against chronic diseases such as cancer, type 1 diabetes, rheumatoid arthritis, multiple sclerosis, and autoimmune diseases. It is well known that many adults have low blood levels of vitamin D. Join Dr. Rami Almokayyad, McFarland Clinic

endocrinologist, as he addresses our concerns and discusses the latest information on vitamin D research and recommendations. Co-sponsored with the Cancer Resource Center.

Cooking Demonstration: Soup du Jour

Tuesday and Wednesday,
February 15 and 16, 2 to 4 p.m.
Cook's Emporium, 313 Main St., Ames

Presented by Marg Junkhan, owner,
Cook's Emporium.

Whether you enjoy cream or broth-based soups, one of these soups is sure to become your favorite.

Coronary Artery Disease

Wednesday, March 2, 2 p.m.
Bessie Myers Auditorium

Presented by Imran Dotani, M.D.,
McFarland Clinic Cardiology.

The most common cause of death in the United States is coronary artery disease (CAD). These arteries are the blood supply for the heart muscle and can cause heart attacks when blocked, thus causing muscle damage with heart failure, arrhythmias and death. We will discuss the treatment options, and when to use stents and bypasses for the treatment of CAD and the benefits and risks involved in each.

Why Am I So Dizzy?

Thursday, March 24, 2 p.m.
South Auditorium

Presented by Dana Barnard, P.T.,
Mary Greeley Medical Center Rehab & Wellness.

Dizziness is the third most common concern that physicians hear from their patients. Learn more about vestibular and balance rehabilitation, a physical therapy program that can decrease your symptoms and improve your balance so that you feel more steady and safe in your home and community.

Mallwalkers

New Year, New View: Getting Organized for Success

Tuesday, January 4, 8 a.m.
North Grand Mall

Presented by Mary Sigmann,
Certified Professional Organizer®.

The New Year is a perfect time for goals and resolutions. Getting organized is one goal that appears on every list of New Year's resolutions. Mary will offer you an overview of the ten most common resolutions, an understanding of why resolutions often don't last or work, recommendations for the successful achievement of any goal or resolution, the top ten tips for getting and staying organized, and an action plan for success.

Exercise for a Healthy Heart

Tuesday, February 1, 8 a.m.
North Grand Mall

Presented by Brenda Baker, A.C.S.M., A.C.E.,
Lifetime Fitness Center Supervisor.

Exercise has many benefits including lowering your risk of heart disease. Explore how much exercise is needed, what types are best and how to get started.

Foot Health

Tuesday, March 1, 8 a.m.
North Grand Mall

Presented by Brent Baerenwald, P.T.,
Mary Greeley Medical Center Rehab & Wellness.

Brent will discuss foot health and give advice on the best footwear for older adults.

Annual Report

2009-2010



 **MARY GREELEY
MEDICAL CENTER**

Specialized care. Personal touch.

By the Numbers

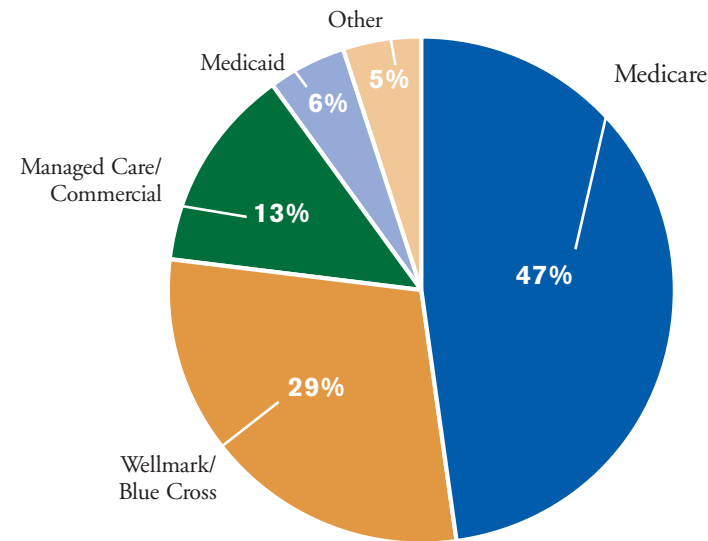
Mary Greeley Medical Center FY 2009-2010

In this section, we provide a snapshot of Mary Greeley Medical Center's financial status, patient satisfaction, quality data and community benefit figures through the year 2010.

Payor Mix

This measure indicates the sources from which Mary Greeley Medical Center receives payment for services provided. The largest source of payment for patients served at Mary Greeley Medical Center is Medicare.

Net Revenue Breakdown



Board of Trustees

Sarah Buck, Chair
Louis Banitt, M.D.
Brad Heemstra

Mary Kitchell
Ken McCuskey, Secretary

Financial Assistance and Charity Care

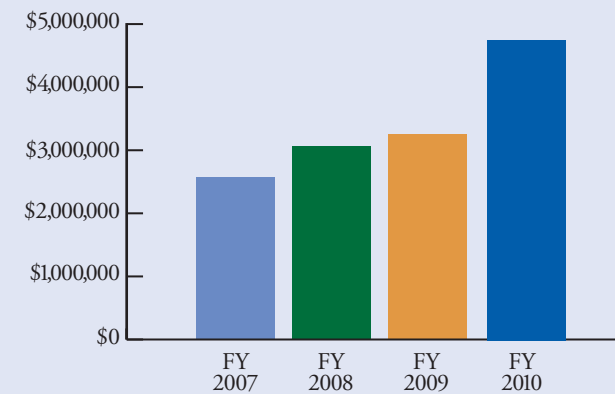
Vice President and CFO Mike Tretina reports that Mary Greeley Medical Center has continued to provide a record amount of financial assistance during fiscal year 2009-2010.

At Mary Greeley Medical Center, all patients, regardless of their ability to pay, receive the same high-quality care. Each year, the medical center board of trustees sets aside a special assistance fund to help those who need assistance in paying their health care bills. Additionally, those who are afflicted by a catastrophic health event may be eligible for assistance based on the amount of their medical center bills and their income level.

The Mary Greeley Medical Center Financial Assistance Program offers financial assistance on a sliding fee scale for those earning up to 350 percent of poverty guidelines. "We take great pride in our ability to support our community and fulfill our mission. At every level our employees are committed to ensuring that we provide the much needed services to our Central Iowa residents," Tretina said.

The employees of the medical center care about the communities we serve, and want everyone to be treated with specialized care and a personal touch.

Mary Greeley Medical Center Financial Assistance Program Payouts



FY 2007	\$2,579,800	FY 2009	\$3,263,550
FY 2008	\$3,131,046	FY 2010	\$4,722,572

Balance Sheet

	FY10*	FY09*	2010-2009 \$ change
Current & other assets	126,429	107,569	18,860
Capital assets	110,797	107,302	3,495
Total assets	237,226	214,871	22,355
Long-term debt outstanding, including current	28,445	26,647	1,798
Other liabilities	18,747	19,571	-824
Total liabilities	47,192	46,218	974
Total net assets	190,034	168,653	21,381

*In thousands of dollars

Condensed Statements of Revenues, Expenses and Changes in Net Assets

	FY10*	FY09*
Revenues		
Net patient revenue	149,872	147,134
Other operating revenue	7,070	9,035
Total operating revenue	156,942	156,169
Expenses		
Salaries, wages & benefits	73,679	78,942
Supplies & other expenses	59,772	61,825
Depreciation & amortization	12,565	12,023
Interest	794	863
Total operating expenses	146,810	153,653
Operating income	10,132	2,516
Nonoperating income (loss)	10,499	-9,957
Excess revenue over expenses before contributions	20,631	-7,441
Contributions	750	-
Changes in net assets	21,381	-7,441
Total net assets, beginning of year	168,653	176,094
Total net assets, end of year	190,034	168,653

*In thousands of dollars



Patient Satisfaction



To learn more about how our patients feel about their experiences with Mary Greeley Medical Center, we use the Press Ganey Patient Satisfaction system—a national benchmarking tool for measuring all aspects of patients' experiences.

Service	Score	Percentile Rank	Number of Hospitals
Inpatient	865	74	1,017
Outpatient	931	73	1,037
Emergency	874	83	1,046
Ambulatory	916	41	819

HCAHPS Patient Satisfaction Ratings

Hospital Consumer Assessment of Health Providers (HCAHPS) represents patients' opinions about the care they received while in the hospital, and are obtained through surveys sent to patients after they have left the hospital during the calendar year 2009.

How often did doctors communicate well with patients? ("Communicated well" means doctors "always" or "usually" explained things clearly, listened carefully and treated the patient with courtesy and respect.)

Mary Greeley	Iowa Hospitals	US Hospitals
97%	97%	94%

How often did nurses communicate well with patients? ("Communicated well" means doctors "always" or "usually" explained things clearly, listened carefully and treated the patient with courtesy and respect.)

Mary Greeley	Iowa Hospitals	US Hospitals
97%	97%	95%

“Patients’ perception of their experience is an important part of providing quality care, and our staff works hard to provide excellent care for everyone who comes through our doors. We are committed to our mission and want to bring ‘Specialized Care. Personal Touch.’ to life every day.”

— Brian Dieter, President and CEO

National Quality Measures

Fiscal Year 2009-10

(Iowa and U.S. hospital data represents January through December 2009)

At Mary Greeley Medical Center, we stress the importance of quality through the care we deliver every day. Our mission, vision, and values guide us to strive for improvement continually. No matter how far we have come, or how successful we have been in the past, our dedicated staff is always seeking innovative ways to improve the quality of care and the overall patient experience at Mary Greeley Medical Center.

Mary Greeley Medical Center participates in the National Quality Initiative developed by the U.S. Department of Health and Human Services through the collection and reporting of information regarding the quality of care at Mary Greeley Medical Center. Quality reporting upholds the integrity of our organization by providing the communities and people we serve with the tools they need to make a wise health care choice.

The information about quality measures has been gathered as part of the Centers for Medicare and Medicaid Services (CMS) project, called the Hospital Quality Alliance. As a participating hospital, Mary Greeley Medical Center voluntarily submits this information to CMS and reports additional quality information for public reporting. A website called Hospital Compare has been developed by CMS to publicly report valid, credible and user-friendly information about the quality of care delivered in the nation's hospitals. You can find it at www.hospitalcompare.hhs.gov and www.medicare.gov.

In fiscal year 2010, Mary Greeley Medical Center compared favorably with U.S. and Iowa hospitals. Following are some results:

Congestive Heart Failure—a condition in which the body doesn't get enough oxygen and nutrients from the amount of blood pumped by the heart to meet its needs.

Percent of Patients Given Assessment of Left Ventricular Function (LVF) (The left ventricular function assessment determines whether the left side of the heart is pumping properly.)

Mary Greeley	Iowa Hospitals	US Hospitals
100%	84%	89%

Percent of Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD) ACE (angiotensin converting enzyme) inhibitors and ARBs (angiotensin receptor blockers) are medicines used to treat patients with heart failure and are particularly beneficial in those patients with heart failure and decreased function of the left side of the heart.

Mary Greeley	Iowa Hospitals	US Hospitals
100%	86%	89%

Community Acquired Pneumonia—a serious lung infection that causes difficulty breathing, fever, cough and fatigue.

Percent of Patients Assessed and Given Pneumococcal Vaccination (The pneumococcal vaccine helps to prevent or lower the risk of complications of pneumonia caused by bacteria.)

Mary Greeley	Iowa Hospitals	US Hospitals
95.2%	88%	84%

Percent of Patients Given Smoking Cessation Advice/Counseling (Smoking increases chances of getting pneumonia or other chronic lung diseases like emphysema and bronchitis.)

Mary Greeley	Iowa Hospitals	US Hospitals
100%	82%	89%

Heart Attack—also called an AMI (acute myocardial infarction) happens when the arteries leading to the heart become blocked and the blood supply is slowed or stopped.

Percent of Patients Given Aspirin at Arrival (Chewing an aspirin as soon as symptoms of a heart attack begin may help reduce the severity of the attack.)

Mary Greeley	Iowa Hospitals	US Hospitals
100%	94%	94%

Percent of Heart Attack Patients Given PCI Within 90 Minutes of Arrival (Percutaneous Coronary Interventions (PCI) involve a catheter (flexible tube) that is inserted (often through the leg) and guided through the blood vessels to the blockage, and are considered the most effective ways to open blocked blood vessels and help prevent further heart muscle damage.)

Mary Greeley	Iowa Hospitals	US Hospitals
100%	93%	93%

Percent of Patients Given Beta Blocker at Discharge (Beta blockers are a type of medicine used to lower blood pressure, treat chest pain and heart failure, and to help prevent future heart attacks.)

Mary Greeley	Iowa Hospitals	US Hospitals
100%	82%	77%

Surgical Care Infection Prevention—Hospitals can reduce the risk of wound infection after surgery by making sure patients get the right medicines at the right time on the day of their surgery.

Percent of Surgery Patients Who Received Preventive Antibiotic(s) One Hour Before Incision (Antibiotics are medicines to prevent and treat infections. Receiving an antibiotic too early, or after surgery begins, is not as effective.)

Mary Greeley	Iowa Hospitals	US Hospitals
99.6%	85%	89%

Percent of Surgery Patients Whose Preventative Antibiotic(s) Were Stopped Within 24 Hours After Surgery

Mary Greeley	Iowa Hospitals	US Hospitals
98.9%	85%	87%



Mary Greeley Medical Center Highlights

(July 2009 through June 2010)

July 2009

The 2009-2012 Strategic Plan is introduced. The medical center's mission, vision and values remain the same. Service, People, Growth, Finance and Medical Staff continue to be Indicators of Excellence. Quality is transformed into Quality and Patient Safety.

Mary Greeley Medical Center successfully completes its first operation using the SILS™ procedure. The single incision cholecystectomy, or gallbladder removal, is the first of its kind to be completed at Mary Greeley Medical Center and in the state of Iowa.

Mary Greeley Medical Center's William R. Bliss Cancer Center implements a new cancer treatment called High Dose Brachytherapy (HDR), which permits the physician to deliver a very precise dose of radiation to the cancerous tumor and limit the amount of radiation reaching healthy tissues nearby.

August 2009

Mary Greeley Medical Center launches a redesigned website, www.mgmc.org, with a streamlined design, easy navigation, a wealth of information and interactive health care tools.

September 2009

The Israel Family Hospice House celebrates its 10th anniversary.

October 2009

Mary Greeley Medical Center hosts the Women's Symposium for breast cancer awareness with Lillie Shockney, author, administrative director from the Johns Hopkins Avon Foundation for Breast Cancer and breast cancer survivor. The event also includes a jeans fitting session and fashion show, lessons in bouquet design, healthy food and health care information.

Mary Greeley Medical Center Vice President and Chief Nursing Officer Neal Loes, R.N., B.S.N., M.S., receives the 2009 Outstanding Nurse Executive award from the Iowa Organization of Nurse Leaders.

January 2010

The Mary Greeley Medical Center board of directors votes to re-elect Sarah Buck as board chair and Ken McCuskey as board secretary.

February 2010

Mary Greeley Medical Center hosts its seventh annual Heart Symposium, featuring Emmy-winning actress Tracey Conway, tips on heart health from Dr. Imran Dotani, education on healthy arteries from Mary Greeley Medical Center cardiac catheterization staff, a fitness demonstration, and a heart-healthy dinner.

The final phase of the Mary Greeley Medical Center Birthways unit renovation is completed.

Mary Greeley Medical Center announces the first use of the EnSite Velocity™ Cardiac Mapping System, a new mapping technology designed to help physicians more efficiently visualize and guide treatment for abnormal heart rhythms, or cardiac arrhythmias.

Shive-Hattery, Inc. proposes a master facilities and site plan. The plan stems from the objective under the Growth Indicator of Excellence of the 2009-2012 Strategic Plan to complete a long-range facility needs assessment, and is integral in developing an environment that supports service excellence and accommodates operational efficiency and growth.

April 2010

Terri Olinger, R.N., B.S.N., is named the 2010 recipient of the Mary Greeley Medical Center Innovation and Excellence in Nursing Practice Award.

Sue Scoles, R.N., B.S.N., M.P.A., is named the 2010 recipient of the Mary Greeley Medical Center Innovation and Excellence in Leadership Award.

Melissa Peterson is named the 2010 recipient of the Mary Greeley Medical Center Innovation and Excellence in Service Delivery Award.

Board-certified general surgeon Mark Taylor, M.D., McFarland Clinic, is named the 2010 recipient of the Mary Greeley Medical Center Innovation and Excellence in Medical Practice Award.

May 2010

Mary Greeley Medical Center nurses Terry DeWald, R.N., and Bret Peyton, R.N., are honored with the 100 Great Iowa Nurses award.

June 2010

The Mary Greeley Medical Center diabetes self-management education program renews its status as an American Diabetes Association (ADA) recognized program.



Community Benefit

Mary Greeley Medical Center provided more than \$285 million in community benefits during the fiscal year 2009 to Ames and Story County residents. Community benefits are activities designed to improve health status and increase access to health care.

Mary Greeley Medical Center provided more than \$11 million worth of community benefit programming, including support of the First Nurse services, the Older Adults Services programs, community education events, the Cancer Registry and Iowa Games medical support.

Approximately \$16.85 million of the community benefit figure resulted from uncompensated care in 2009, including charity care, bad debt and underpayments from Medicare and Medicaid. This figure is a 12 percent increase from fiscal year 2008.

Mary Greeley Medical Center Statistics

Service Area Origins*	2006	2007	2008	2009
% of Inpatients from Story County	57.1%	60.5%	58.8%	59.0%
% of Inpatients from 6 County Market	88.6%	90.5%	89.6%	89.2%
% of Inpatients from 13 County Service Area	95.7%	95.4%	95.2%	95.1%

Patient Information**	2007	2008	2009	2010
Skilled Nursing Admissions	318	325	285	255
Average Skilled Nursing length of stay (in days)	9.00	8.60	9.50	8.80
Inpatient Admission (excluding newborns)	10,113	10,002	9,748	9,292
Outpatient Visits	138,028	149,828	139,990	141,773
Average acute length of stay (adult and pediatrics)	4.01	4.10	3.90	4.00
Average occupancy rate (adult and pediatrics)	56.5%	57.9%	56.9%	55.7%
Total Operating Room Procedures	13,460	13,729	12,647	13,863
Emergency Room Visits	23,350	24,864	24,585	24,313
Births	1,334	1,269	1,254	1,093

Procedures**	2007	2008	2009	2010
Total Radiology Procedures	26,558	27,330	26,065	24,960
Sleep Lab Procedures	617	680	797	841
MRIs	1,594	1,593	1,727	1,754
CT Scans	8,810	10,420	12,038	12,654
Mammographies	1,384	1,531	1,827	1,701
EKGs	11,526	11,925	11,483	11,179
GI Services Procedures	7,253	7,180	6,636	6,493

Additional Information**	2007	2008	2009	2010
Emergency Ambulance Runs	2,784	3,262	3,174	3,092
Patient Meals (including nourishment meals)	155,119	158,160	172,130	154,542
Inpatient Pharmacy Doses Administered	806,973	884,412	914,932	909,892
Outpatient Rx's Dispensed	36,902	39,835	38,836	31,698
Radiation Therapy Outpatient Procedures	24,284	27,534	30,906	27,540
Laboratory Tests	454,871	513,955	514,225	525,028
Pounds of Laundry Serviced	941,134	981,160	955,068	941,333

*Calendar Year
**Fiscal Year

