

SPRING/SUMMER 2023



Mary Greeley  
MEDICAL CENTER

# Health

## CONNECT



# STEADY

## PLAYER ONE

How virtual reality helps physical therapy patients at Mary Greeley.

- ▶ Payton's Miracle: A Team Pulls Together to Save a Young Woman's Life
- ▶ A Gift for the Future

# Contents

SPRING/SUMMER 2023

## 1 Q&A

Mary Greeley now has a Vascular Access Team. Learn why that's important for patients.

## 2 Team Payton

Every second mattered when a young art teacher faced a life-threatening health crisis. Spoiler alert: This dramatic story has a happy ending.



## 6 Steady Player One

Discover how virtual reality is helping Mary Greeley patients with balance issues and other conditions.

**Plus:** Recovering head and neck cancer patients turn to speech therapy for help. Anti-gravity lifts injured runners.

## 12 Recruiting the Best

A major gift to the Mary Greeley Foundation from Richard and Joan Stark promises to impact Mary Greeley for years to come.

## PRESIDENT'S LETTER

By **Brian Dieter**  
Mary Greeley President and CEO

### This Is Only A Test... This Time

If you were at Mary Greeley on April 19, you might have thought something absolutely horrible happened. The main lobby and Emergency waiting room were filled with bruised, bloodied, and disoriented people.

Fortunately, it was all a part of an exercise. We occasionally test our emergency response skills, and this particular event was one of the most complex we've ever done. The scenario was an explosion on the Iowa State campus, which inundated Mary Greeley with waves of injured people portrayed by volunteer "actors." (Thank you again to our volunteers, as well as the "makeup" people who bloodied them up.)

We not only tested our ability to care for those injured, but also how we keep people informed when so much is unknown; how to manage access to the hospital in such an extreme situation; how we monitor the social media rumor mill; and how to take care of family who might rush to the hospital in search of information on loved ones.

We had observers from emergency response teams from Iowa State and other organizations.

So, how'd we do? We failed ... well, not entirely; but the main reason we do these exercises is not to score 100 percent. You're looking for gaps in your processes, areas you need to improve. The main improvement areas that came out of this drill were tracking and recording the constant situational changes and how we manage loved ones.

On one level, this was all theater, but we take it seriously because when it is real, we want to make sure we will be ready.



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#### President and CEO

Brian Dieter

#### Director of Marketing & Community Relations

Steve Sullivan

#### Medical Advisor

Steven Hallberg, MD

#### Design

Jessica Carter

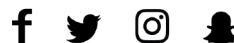
#### Photography

Josh Helmick

#### Video Content

Josh Helmick

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# Q&A

## WHAT'S VAT?

Mary Greeley recently formed a Vascular Access Team (VAT), to ensure we had staff highly skilled at accessing veins, particularly for patients who have difficult veins. Here Kristen Stump, a radiology nurse with extensive VAT experience, explains the purpose of the team and what it means for patients. (Katrina Remes, a radiology nurse who is part of the VAT, also contributed.)

### What is a vascular access team?

A vascular access team is a group of individuals with education and training specific to vascular access devices. This includes training on the insertion, care, and maintenance of these devices.

### What are the benefits?

Having a vascular access team gives the patients access to someone who has had additional instruction and hands-on training. Vascular access team members approach the patients' needs for IV access from multiple angles, including chart reviews of patient medical histories, labs, physician notes, plans of care, and previous documentation of IV access and attempts. IV access is the most performed invasive procedure and patients generally have quite a bit of anxiety about getting an IV. Our goal is to provide the right type of vascular access device in the best location the first time.

### What is your role with the team?

Kristen: I am currently the vascular access team lead nurse. I help coordinate staff education and training regarding insertion and maintenance of ultrasound-guided IVs, midlines, PICC lines, and port access as well as central lines care and maintenance. I have been a registered nurse for 12 years and have worked in EMS, emergency department, critical care, and the inpatient float team. I always took an interest in difficult IV insertion and vascular access. I became board certified in vascular access about a year and a half ago to further my education in this area.

Katrina: I have been a vascular access nurse in the Radiology Department at Mary Greeley for 7 years. In addition to inserting various vascular access devices, I educate and train staff on the insertion and maintenance of ultrasound-guided IVs, midlines, and PICC lines. I also train staff on care and maintenance for central lines and ports. Furthermore, I create and update policies and procedures related

to vascular access and serve on multidisciplinary committees to ensure that our patients are receiving the most up-to-date evidence-based care. I became board certified in vascular access in 2019.

### Are you training other staff? How extensive does that training go?

We are training other staff in the hospital on ultrasound guided IV placement. Ultrasound-guided IV training consists of a 4-hour instructional class, after which individuals need to have a minimum number of successful insertions with a preceptor before they are allowed to perform the skill on their own. PICC line and midline insertions continue to be led only by radiology nurses because the procedures can be quite complex.

We have staff trained in ultrasound-guided IVs in different areas of the hospital. Trained staff can float when needed to assist other units with IV insertions on patients with difficult vascular access.

### What did we do before having a vascular access team?

Difficult IV insertions were mostly managed by the nurses from the radiology department and by critical care and emergency department nurses. This was due to these nurses inserting more IVs on a regular basis and inserting them on patients with more complicated illnesses. The radiology nurses also inserted midlines and PICC lines. But in recent years, we have seen an increase in emergency department and ICU patient volumes, especially during the COVID-19 pandemic, which led to the nurses having a harder time leaving their units.



Kristen Stump, radiology nurse, teaches vascular access techniques to Jillian Merritt, a CT-MRI tech.

### Why do some people have veins with access issues?

Certain disease processes damage vessels over time and this makes it more difficult to find a vein that will accommodate a vascular access device. This can be due to either the disease itself or the treatments that are used to manage it. Some diseases that can damage vessels include diabetes, chronic kidney disease, cancer, and autoimmune diseases. Genetic factors also play a role as does age—the very young and the very old are at higher risk for access issues.

### Can you walk me through the general process you follow when accessing challenging veins.

We receive a phone call from a nurse or provider stating that a patient needs vascular access or we receive an order from a provider for a midline or PICC line. As a vascular access team RN, we review the patient's chart. This includes looking at the patient's history, current diagnosis, laboratory values, length of treatment, and type of treatment. Then an ultrasound assessment of the patient's arm is performed. The results of that assessment and chart review determines what vascular access device is the most appropriate and what member of the team is trained to insert it.



Payton Shaw, flanked by her parents, Amy and Terry, poses with some of the people who were part of her care team. (Back row, l to r) Tim Davis, Cardiac Cath Lab nurse; Crystal Kemmer, patient care tech; Zack Pearce, Eldora EMT; Tanner Wolken, Eldora critical care paramedic. (Middle row, l to r) Wei-Hsun Yeh, Medical Telemetry nurse; Jaiden Huseman, ICU nurse; Randi Stephens, Cardiac Cath Lab radiology technologist; Julie Scebold, ICU manager. (Front row, l to r); Chantelle Schrader, Medical Telemetry nurse; Dr. Jeffrey Drawbond, McFarland Clinic anesthesiologist; Jeanette Morris, Cardiac Cath Lab nurse; Dr. Nima Golchin, McFarland Clinic interventional radiologist; Hayley Martens, ICU nurse; Dr. Snehitha Vijaykumar, McFarland Clinic cardiologist.

BY STEVE SULLIVAN

How a team at Mary Greeley came together and pulled off a miracle.

# SAVING PAYTON

**P**ayton Shaw rests peacefully in a Mary Greeley hospital bed, gazing out the window on a Thursday afternoon in March as snow gently falls outside.

Just three days ago, she was looking out the window from the back of an ambulance, trying not to panic, trying to stay calm and just keep breathing.

Payton was in a life-or-death situation, one which would bring together an incredible team at Mary Greeley all working to save this young woman's life. But before that team could do its work, Payton had to draw on every ounce of strength and courage she had to make it to the hospital.

"Everything lined up. One step out of sequence and she wouldn't be here," said Payton's mom, Amy. "Words can't express how thankful we are to everyone who helped with Payton's care and recovery."

"I've been doing this for a long time and there are cases you know you will remember for the rest of your life. This is most definitely one of them," said Tim Davis, Mary Greeley Cardiac Cath Lab nurse.

### 'PLEASE HELP ME'

Payton, 24, teaches art at BCLUW Middle School in Union, which is about an hour from Ames. On Monday, March 6, at around 3:40 p.m., she left work and headed to her car. She tossed her bags in the backseat, and then felt a sharp pain in her chest and passed out.

"I don't know how long I was out, but I woke up wondering 'Why am I on the ground?'" she said. "I got up and got into my car. I knew something was wrong and I needed to get

*"This all came out of nowhere. They were taking her to surgery right away and she may not survive. I leaned over and told her I loved her. It was all I had time to do."*

somewhere safe so I didn't pass out again and fall on the ground."

She managed to get into her car, and then she passed out a second time.

"I came to again and felt like I was in a trance, but my instinct was to do something fast. I called my dad and he picked up, thank goodness," she said. "I told him, 'I'm in trouble. Please help me, please help me; help me, Dad.'"

Payton was struggling to breathe and thought she could be having a serious asthma attack. It was far worse.

Her dad, Terry, called Amy, who alerted the school principal. He rushed to the parking lot and was able to get Payton her emergency inhaler, which was in the backseat.

"I used it, but deep down I knew it was not going to help. I knew it was something other than asthma, but I hoped it would help me calm down and help me collect myself," she said.

### AMBULANCE LIGHTS

An ambulance crew from Eldora arrived at 4:08 p.m.

"Upon arrival at the scene, we immediately recognized the gravity of Payton's condition," said Tanner Wolken, an Eldora critical care paramedic. "We promptly initiated advanced life support measures and employed advanced interventions, working tirelessly to stabilize her for transport to Mary Greeley. I am proud of our team's dedication to providing the highest level of care to our patients."

A decision was made to take Payton to Mary Greeley, which was the closest hospital with critical care capabilities. Wolken told Payton that they would get to Ames as fast as they could but probably wouldn't need to use the lights and siren. Payton's mom and dad would follow in their respective vehicles.

The ambulance left Union at 4:22 p.m. Paramedics kept close watch on Payton's condition, which was deteriorating. She was put on a CPAP machine to help her breath. She was watching for her dad's car out the back window, fighting for air and counting down the minutes as the ambulance sped toward Ames.

Then the ambulance lights came on, and an EMT started telling Payton that she needed to be strong and fight.

"I thought we didn't need the lights," she remembers thinking.

They arrived at Mary Greeley at 4:58 p.m., and Payton was rushed into a trauma room in the Emergency Department. Her parents were still thinking their daughter was having an asthma attack.

"I had pain everywhere from breathing so hard," Payton said. "I kept telling myself that I needed to keep going, keep breathing. If you stop, you won't be able to get started again."

She was immediately sent for a CT scan. That's when the potentially deadly problem was discovered: a pulmonary embolism.

A pulmonary embolism (PE) is a blockage in an artery of the lungs. It results when a blood clot in a leg travels to the heart. A PE can block blood flow to the lungs, resulting in breathing

difficulty, chest pains, and other serious symptoms. Payton had a saddle pulmonary embolism, which occurs when a large clot gets stuck where the main pulmonary artery branches off into a Y-shape that goes into each lung. Saddle PEs are rare, making up 2 to 5 percent of all PE cases. A saddle PE is particularly dangerous because it can block blood flow to the lungs, which can lead to heart failure and death.

## CARDIAC ARRESTS

A call was made to Dr. Nima Golchin, an interventional radiologist with McFarland Clinic who is based at Mary Greeley. Golchin was on vacation and preparing to leave town with his family. He dropped everything and rushed to the hospital.

“That’s when things really ramped up fast,” said Amy. “We knew it was very serious.”

Payton was extremely sick, Golchin said, and “looked like she was dying.” He quickly met with Payton’s parents to deliver heartbreaking news.

“I told them her condition has a high mortality rate. There was a 50 percent chance she would survive,” he said.

“That was really hard,” said Amy. “This all came out of nowhere. They were taking her to surgery right away and she may not survive. I leaned over and told her I loved her. It was all I had time to do.”

Payton was taken to Mary Greeley’s Cardiac Cath Lab, where a team got her ready for Golchin. He had to insert a catheter into a femoral vein in her right leg. He then had to navigate the catheter through the artery, into her heart’s right ventricle and then to the pulmonary arteries where the clot was. It is a procedure that requires intense focus and precision.

“My goal is to get there and break up the clot or suck it out,” Golchin said.

The procedure started at about 6:45 p.m. and at about 6:50 p.m., Payton suffered cardiac arrest. CPR was immediately administered to get her heart started again.

Payton’s parents were in a nearby waiting room and heard the code announced over the intercom.

“I thought we had lost her,” Amy said.

Crystal Kemmer, a patient care technician, had just arrived at work when she walked by the waiting area and saw the Shaws.

# CONGRATS DR. GOLCHIN!

Dr. Nima Golchin, the McFarland Clinic interventional radiologist who played a central role in saving Payton Shaw’s life, has been named the recipient of Mary Greeley’s 2023 Innovation & Excellence in Medical Practice Award.

Golchin was selected for the honor on the basis of nominations submitted by his colleagues.

Here are excerpts from two of those nominations:

“We nominate innovative physicians for this award. After watching him practice, he’s done more than innovate. He offers patients and physicians fearless service.” – Dr. Doug Lake, McFarland Clinic radiologist

“Besides being able to thread a catheter into any location in the body, he is kind and compassionate with patients! He is always available, even on his days off, to discuss a patient or even come in and do an emergency procedure.” – Dr. Jacob Alexander, McFarland Clinic nephrologist and winner of the 2021 Innovation & Excellence in Medical Practice Award



“I saw the parents completely distraught and in tears trying to comprehend what was happening to their daughter. I decided to stop and see if I could help console them or sit with them,” she said. “Amy was in tears when I approached her and her husband was making phone calls. I asked what was going on and Amy proceeded to tell me the situation. She said she was told her daughter had a 50/50 chance of surviving the procedure that she was enduring. Amy just kept saying she couldn’t lose her daughter. I asked them if it was ok to pray with them and they were more than ecstatic that I had asked that. So we prayed for her daughter, the care team and the parents.”

The code brought a team of people racing to the Cath Lab. At one time, there were upward of 20 people in the room, taking turns administering CPR, watching her vitals, delivering medication. The Mary Greeley team was doing everything to make sure Payton lived.

Dr. Jeffrey Drawbond, a McFarland Clinic anesthesiologist, intubated Payton. Her heartbeat returned, and Golchin continued with the procedure. He reached the clot and was able to suction some out when Payton arrested again. By this time, Dr. Snehitha Vijaykumar, a McFarland Clinic cardiologist, had joined the team. She was leaving for the day when the first code was announced. She immediately returned to the Cath Lab to help. Once Payton’s heart started up again, Golchin was able to suction out most of the embolism.

“There were so many people in the room with the same goal. It was a great example of our team running like a well-oiled machine,” said Randi Stephens, Cath Lab radiology technologist. “Everyone knew what to do, where to go, and what to grab. It was so busy at one point that Dr. Vijaykumar scrubbed in to assist me so we could work faster for Payton because every second counted.”

## ALIVE

The successful procedure took about 90 minutes.

“She seems to have made a miraculous recovery,” said Golchin.

Payton later woke up in the ICU, where she was greeted by her parents and her beloved younger brother, Jackson.

“That is what really got me awake, even though there was a tube down my throat,” she said.

“I am always so proud of our team in these situations; it makes me happy to come to work every day. Visiting Payton in the ICU the next morning and seeing her sitting up and talking was a wonderful feeling and very emotional as well,” said Stephens.

Payton is now back at work. She’s keeping an eye on her condition, and when she’s strong enough she will need to be



Payton Shaw, with her mom, Amy, recovering on Mary Greeley’s Medical Telemetry floor.

treated for an aneurysm in an artery near her spleen that was found during the CT.

“It’s difficult to explain but it doesn’t feel like it happened,” she said. “I know it did and that it was a big deal, and I almost didn’t make it. But right now, I’m happy to be here.” ■

# VR + PT

How virtual reality helps Mary Greeley patients with balance issues and other conditions.

BY STEVE SULLIVAN

**A**fter being seriously injured in a car accident in March 2022, Stan Peterson suffered vertigo so severe he was hospitalized twice at Mary Greeley.

He ultimately ended up at Mary Greeley Rehab & Wellness, where he was able to address his severe balance issues with the aid of a surprising therapy tool that is often associated with video games: virtual reality (VR).

Lisa Haggas, a physical therapist who specializes in balance and vestibular therapy, had seen Peterson earlier in his treatment, and on a subsequent visit she sensed a significant decline in his balance. She opted to evaluate him using a VR device called a Virtualis. Using a Virtualis Sensory Organization Test, she was able to quantify how much decline Peterson had experienced.

“I was surprised to find that he was not only showing deficit in his vestibular system, but all three balance systems—visual, somatosensory, and vestibular. In fact, he performed below age and gender norms in all parts of the tests and his composite score was very low,” she said. “This made me rethink my treatment approach. Stan improved at what was probably a faster rate than if we hadn’t been able to use this technology to assess him. We got Stan better faster, saving time and resources. When I retested Stan before discharging him, he scored above age and gender norms in all parts of the test and had improved his composite score from 18 to 82 percent.”

Peterson said his injuries made him “a totally different

man. I was unable to function as a person.” The therapy program Haggas put together with information gathered from the Virtualis device changed that.

“I was struggling for months and then Lisa recommended virtual reality. I was naturally nervous at first, but then I had the opportunity to use the Virtualis and I experienced a miracle,” Peterson said. “I highly recommend it to anyone who is having these issues to get on that machine. It changed my life.”

## SWITCH TO VR

For years, Rehab & Wellness used a Balance Master, which was a state-of-the-art therapy tool once used by astronauts. Suitable for basic testing, it had a platform with forward and backward movement surrounded by three walls. The Balance Master was becoming obsolete, however, so Rehab & Wellness switched to the Virtualis in 2022.

“Virtual reality is the best new thing,” said Haggas. “We have so much more flexibility to look at things in a more three-dimensional environment. As a clinician, it’s really helpful to test with this system because it helps me identify more quickly what I need to focus on in a patient’s therapy session.”

## VIRTUAL WORLD

Before putting the VR headset on the patient, Haggas explains everything that is going to happen. There is a bar that goes around the platform that the patient can hold





A headset worn by Mary Greeley patients who do virtual reality therapy.

onto if necessary. Haggas is right there, as well, providing another level of safety. After the patient is on the platform, they put on the VR visor, which has already been adjusted to fit them.

When the device is activated, the patient sees a virtual world.

“If we’re doing the most common balance test site, they would see a room with four walls. They can look down, and they’ll see a floor. They look up, they see a glass ceiling,” she said.

She’s seeing what the patient is seeing, but on a computer screen. This allows her to make adjustments as needed. Since the first time can be a disorienting experience for some, Haggas encourages patients to take breaks if they need to.

“The important part is talking them through and reassuring them that we’re right here even though they can’t see us. We talk through what they’re doing and a lot of tactile,” she said.

The Virtualis platform can provide the sensation of standing on a firm surface or on a surface that has movement, like being on a beach.

“I can control the variable of the floor as well as how much that will move. We can change the activity of the floor, too. Does it move with them or does it move them and they have to react to it?” she said.

The device can be used to see how well a patient’s ability is to use their inner ear for balance or help a patient find their sense of center or sense of vertical again.

“It also gives me the ability to look at other tests that I couldn’t do with the Balance Master system,” she said. “Some people aren’t even aware of where center is or where their head is

moving. They don’t know where center is anymore, and we can do testing and training to address that and track their progress.”

Phyllis Rodgers suffers from a vestibular condition that impacts her balance. She sought treatment because, like many older adults, she was afraid of falling. She was referred to Mary Greeley Rehab & Wellness by the Iowa Ear Center. Haggas suggested a session on the Virtualis, which contributed significantly to Rodgers’ treatment.

“Lisa could evaluate me going up and down, and it showed exactly where I had trouble because as soon as I went to a certain point, then I had to reach for things,” she said. “You couldn’t tell that if I hadn’t been in virtual reality because as soon as I got to one angle, then it told me exactly what I had to do. It’s valuable for Lisa, and she knows what exercise I need to do.”

While the system provides extensive data about how a patient responds to various situations, it’s still up to the clinician to do all the interpretation.

“It makes it a lot easier for the clinician to do that because it’s a lot less subjective. We have actual numbers to look at to say, ‘Oh, this is where the problem is,’ as opposed to subjectively having to go, ‘Well, that looked like that was hard, and that looked like that was harder, so maybe we’ll try this next,’” she said.

After the initial testing, the patient’s data is displayed on a computer screen that Haggas will use to “develop a program for not only here in the clinic, but also for what they can be working on safely at home. I like having the home component

7

Brynn Wilson, a Ballard High School student and cross-country and track athlete, uses an anti-gravity treadmill at Mary Greeley Rehab & Wellness. The treadmill was part of Wilson's therapy when recovering from an injury.



## THE PROS OF ANTI-GRAVITY

How a Mary Greeley Rehab & Wellness therapy tool gets injured runners and others back on track.

Prior to her injury, Brynn Wilson had never heard of the AlterG.

After her injury, it quickly became her best running partner.

The AlterG is an antigravity treadmill offered at Mary Greeley Rehab & Wellness. It has helped many people, including a lot of young runners, overcome serious injuries more quickly than they might have without it. The advanced therapy tool has applications for all ages and a variety of injuries, whether they come from athletic endeavors or slipping on the ice.

"Without the AlterG you might be in a boot and not weight-bear run or walk at all for twelve weeks," said Anne Hilleman, Mary Greeley Rehab & Wellness physical therapist and a triathlete. "Now we can start at seven or eight weeks."

Wilson is a sophomore at Ballard High School and a member of the school's track and cross-country teams.

"Running has become really important, especially when I made varsity," she said. "I love the feeling when you've finished, knowing the hard work has paid off. It is really amazing."

In September 2021, she was about halfway through a cross-country event at the University of Minnesota when her right foot started to hurt. She finished the race but was in a lot of pain. A few days later she saw Hilleman, who sent her to Dr. Sarah Bancroft, McFarland Clinic sports medicine specialist. Bancroft ordered an MRI, which revealed that Wilson was on the verge of a stress fracture.

Wilson had to boot-up, effectively sidelining her running. While she couldn't compete, she'd still go to meets to support her team.

"It was hard to watch, knowing that I could have been running," she said.

Hilleman started her on a therapy program, which involved specific foot strengthening exercises and weight-bearing exercises such as hopping and jumping, as well as counseling on nutrition needed to maintain calories. She also incorporated the AlterG into Wilson's program.

"Anne was a blast to work with," Wilson said. "She was motivating and encouraging through the whole process."

To use the AlterG, the patient gets into a pair of shorts made of wetsuit-like material and then zips themselves into a cockpit. The device fills with air to calibrate the patient's weight. This allows Hilleman to "take off" specific amounts of weight from the patient. Then the patient will work on walking or a return-to-run program at a lower weight and slowly add weight back on based on what the injury can tolerate.

"With a patient who has a stress fracture, I want them to get to where they can walk pain free on the AlterG, and then we can move on to the running phase of rehab," Hilleman said. "It's all about gradually increasing weight bearing and running time."

After several weeks of therapy, Wilson was able to strengthen her injured foot, while keeping up her training to a certain level, thanks to the AlterG. She's back to her athletic pursuits and already beat her cross-country times from her freshman year. Even better, this year the Ballard cross-country team came in second at the state tournament.

so that they are working on some lower-level challenges that will help them get better, and then that allows me more time in the clinic to do the more challenging things.”

After a few weeks of clinic and at-home therapy, the patient can get back on the Virtualis and measure their progress. This data can be helpful when a patient is seeking insurance coverage for ongoing therapy.

## APPLICATIONS

While Haggas uses the Virtualis primarily to help patients with balance issues, it has a variety of opportunities for both assessment and treatment for a range of conditions, including orthopedic and neurological.

“I’ve worked with concussion patients who don’t have a sense of vertical anymore and worked on finding vertical again,” she said. “I’ve also had a stroke patient who had a very difficult time finding the ability to weight-shift to one side or the other.”

There are future plans to use the VR for mirror therapy for amputees or stroke victims who have a diminished use of an upper or lower limb. Mirror therapy is where you use the reflection of a functioning limb in a mirror to give the illusion of two functioning limbs. This can sort of reprogram your brain, and a patient can experience some carryover of function to that nonfunctioning limb. It’s like a bit of an optical illusion.

Virtual reality with the Virtualis allows us to do mirror therapy with the upper and lower limbs.

“Let’s say the left hand is impaired. The patient is wearing the headset and we have

their hands on a table. When they look, all of the motion that they’re seeing in their left hand is actually coming from their right hand. So, anything the right hand is doing is being reflected to the left hand,” she said. “They get that carryover by seeing both functioning hands. They do get enough carryover that you will see recovery at some level in that side, if that is a therapy that works for them.

There also are assessment and treatment programs on the Virtualis that can be used for occupational and speech therapy as well. Mary Greeley therapists received training with this new technology and are able to use it to work with patients on cognition—including attention, memory, orientation, and problem solving—and hemineglect, including visual neglect.

## OLDER PATIENTS

Many of Haggas’ older patients have embraced the new technology. A patient’s family members sometimes come to watch and take pictures to share later with friends and family, she said.

“There’s a wide array of responses, but the one I get the most is, ‘Oh yeah, my grandkid does that,’” she said. “There’s a bit of excitement because they get to connect with this younger generation just doing their therapy.”

Rodgers found that her family was interested in the treatment.

“I talked to my sisters about it. They thought it was really cool,” said Rodgers. “And my kids. And they were really, really interested in what we did. And I thought it was really neat when the floor went out from under me and that I went up and down. And my son-in-law is a big video gamer, and he asked me a lot of questions about it.” ■

## ▶ VIDEO

Want to hear more from Lisa Haggas and Phyllis Rodgers about the experience of using Virtual Reality to treat vertigo? Visit [www.mgmc.org/VR](http://www.mgmc.org/VR).



Lisa Haggas, physical therapist, helps Stan Peterson get ready for a virtual reality therapy session. Inset: An example of a virtual scene that a patient might view while working on balance.

# THE TURNAROUND

How Mary Greeley Rehab & Wellness helps people eat, drink, and speak more easily after head and neck cancer treatment.

A cancer patient once told Emily Fecht that speech therapy was “the tunnel at the end of the light.”

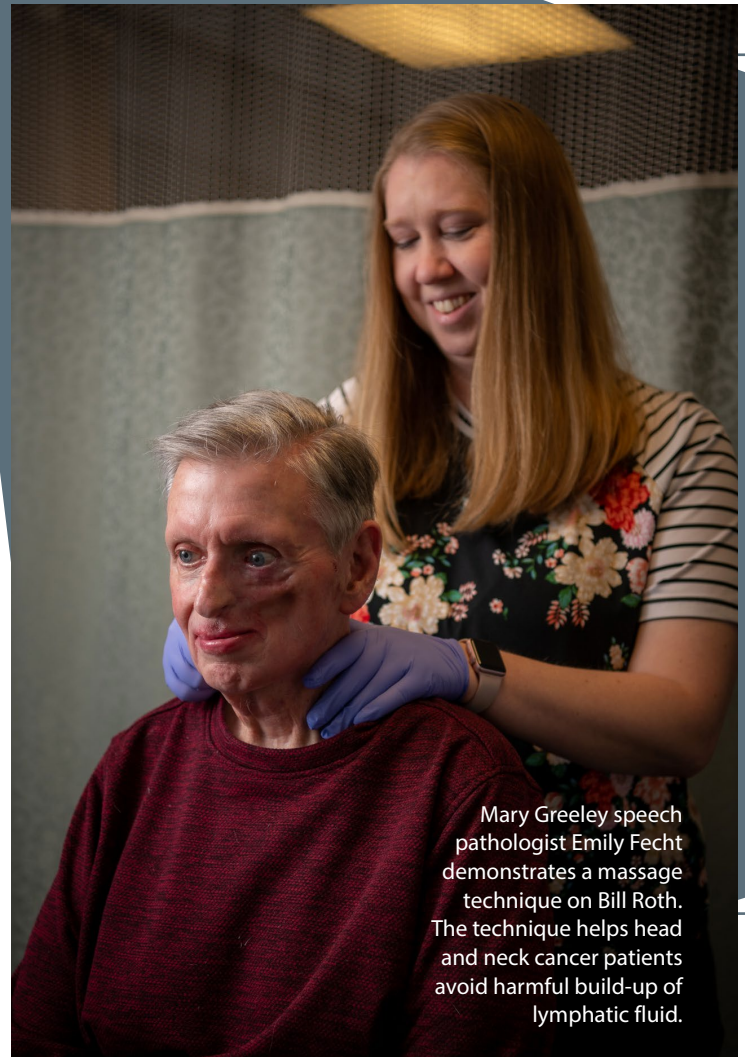
It was a comment colored with the hopelessness that can come when facing a serious illness. Fortunately, after a few sessions with Fecht, a speech pathologist with Mary Greeley Rehab & Wellness, the patient’s attitude completely turned around. He was talking better, his voice was stronger, and he was starting to be able to swallow with less discomfort. He had hope again.

“Cancer takes a toll, and some people are at rock bottom when they come to see me,” she said. “I tell my patients that all you can do is move up from here. Bear with me, keep coming back, and we’ll help you get better.”

Fecht works with people being treated for head and neck cancers and dealing with serious issues related to speech, voice, and swallowing that can result from surgery, chemotherapy, and radiation treatments. This therapy can help patients get back to regular foods with slight modifications, speak clearer, breathe better, avoid long-term use of feeding tubes, and retain flexibility in their head and neck, she said.

Bill Roth is one example. In December 2020, he was diagnosed with squamous cell carcinoma in his upper left jaw. This resulted in the removal of multiple teeth and surgery to remove the cancer and rebuild his palate.

He began his treatment with Fecht just prior to chemo and radiation, which began in April 2021. The cancer treatments caused hardening of his neck, dry mouth, and difficulty chewing and swallowing. He and Fecht started doing swallowing exercises, manual lymphatic drainage massage,



Mary Greeley speech pathologist Emily Fecht demonstrates a massage technique on Bill Roth. The technique helps head and neck cancer patients avoid harmful build-up of lymphatic fluid.

and the McNeil Dysphagia Therapy Program. Fecht is certified in the McNeil program, which helps patients work their way through food trials, starting with dry swallows and graduating to solid foods.

## BLISS EARNS BREAST CENTER ACCREDITATION FOR THIRD TIME

The William R. Bliss Cancer Center’s breast cancer program has been awarded accreditation by the National Accreditation Program for Breast Centers (NAPBC).

It was named an NAPBC accredited breast center in 2016 and earned reaccreditation in 2019 and 2023.

“Consistently earning accreditation from NAPBC is an honor and it lets our patients know that they are receiving comprehensive, coordinated care from an outstanding breast cancer program,” Dr. Debra Prow, recently retired McFarland Clinic oncologist and breast program director.

The organization praised the Bliss Cancer Center’s breast cancer team as a “very cohesive group that works well together taking care of patients, families and making improvements.” They also cited the guidance and support provided to breast cancer patients, the availability of genetic counseling, and the large percentage of nurses that have oncology certification. “Overall, a very strong, high-quality breast program,” the evaluators wrote in their final report.

The Bliss Cancer Center is a service of Mary Greeley Medical Center and McFarland Clinic.

The massage techniques are valuable because they help move lymphatic fluid that can build up following cancer treatment and cause lymphedema and eventual fibrosis.

"There are lymph nodes in that area of the head and neck, and they can be damaged by radiation and no longer automatically move lymphatic fluid throughout the body. That fluid can accumulate, which can lead to lymphedema as well as difficulties with breathing and talking," Fecht said.

Working with Fecht was "an immense benefit," said Roth.

Getting the treatment going early was important, too, said Roth's wife, Sandy.

"We didn't realize that as a speech pathologist Emily would be able to help Bill learn how to eat and swallow safely. Knowing she was helping us through his recovery made a huge difference," she said.

Ideally, a head and neck cancer patient will be referred to Fecht prior to treatment. A few years ago, she put a team together including oncologists, radiation oncologists, cancer navigators, dietitians, speech therapists, ENTs, and others from the William R. Bliss Cancer Center and the Bliss Cancer

Resource Center. The team meets periodically to review patient cases and discuss therapy options. The team is always looking for ways to improve patient outcomes and make the whole process easier for patients to navigate while dealing with this new diagnosis. This has also helped build awareness of the value of early speech therapy, Fecht said.

"We want them to come before treatment starts so we can decrease the risk of them having swallowing problems," she said. "I will also measure their neck circumference and mouth opening to get baseline measurements that can be tracked for changes as the patient goes through treatment."

Roth admits that he misses hamburgers and French fries with ketchup and mustard (the acidity of condiments can cause him problems). Still, he is now able to eat some favorites: oatmeal with cream, pasta with meat sauce, mac and cheese, ham salad, and pasta salad. If food is sufficiently moistened for ease of swallowing, he doesn't need to alternate with applesauce.

He and his wife can also go out to dinner with friends, with Roth sometimes opting for just a salad with extra dressing. He may not be eating like everyone else, but he is a full participant in the occasion.

## Bliss Cancer Resource Center Receives \$10,000 Transportation Grant

To alleviate the financial burden of cancer treatment, the American Cancer Society (ACS) recently awarded the William R. Bliss Cancer Resource Center a \$10,000 transportation grant to the Mary Greeley Foundation's Dr. Joe Rhoades Cancer Compassion Fund.

The grant will be used to help patients cover the cost of getting to their scheduled treatment. The Bliss Cancer Resource Center is based at Mary Greeley Medical Center and is a service of Mary Greeley and McFarland Clinic. In 2022, the Cancer Resource Center received a \$5,000 grant that provided 660 one-way rides and served 185 cancer patients.

"Because we cover such a wide area of central Iowa, many of our patients drive several miles for treatment," said Sarah Heikens, BSN, director of Oncology Services at Mary Greeley. "This generous support from the American Cancer Society is such a help to these patients, providing not only financial assistance but peace of mind as well."

In a study presented at the 2022 American Society of Clinical Oncology (ASCO) Quality Care Symposium, American Cancer Society researchers found that nearly

3 percent of cancer survivors reported delays in care due to transportation barriers. Cancer survivors who delayed care due to lack of transportation were more likely to use the emergency room and had the highest risk of all-cause and cancer-specific mortality.

Also, according to the American Cancer Society's Cancer Treatment and Survivorship Facts & Figures 2022-2024, cancer survivors experience greater financial hardship than the general population for many reasons including the inability to work.

Cancer survivors also have higher out of pocket medical costs compared to people without a history of cancer. The economic burden of cancer is more profound in survivors who are younger or were diagnosed in childhood, underinsured or uninsured, and have lower incomes.

Last year, more than \$20,000 in support was provided to patients through the Dr. Joe Rhoades Cancer Compassion Fund. For information on how to support this fund, please visit [www.mgmc.org/Rhoades](http://www.mgmc.org/Rhoades).

Richard and Joan Stark at  
their farm near Webster City.  
(Photo by Dan McClanahan,  
McClanahan Studio.)



# Recruiting the Best

Generous support from Richard & Joan Stark provides  
a competitive edge for attracting providers.

BY STEVE SULLIVAN

**R**ichard and Joan Stark are a generous pair. They love supporting causes and organizations that are meaningful to them. They do not necessarily love the attention that can accompany their philanthropic acts, though. They are as humble as they are generous.

A comment Richard made after receiving an honor from Iowa State sums up his and Joan's approach to life and philanthropy: "It's the doing and not the recognition that is exciting in one's life. I believe that giving is spiritual in that it is uplifting. Giving is the fun part—you are helping a cause that you think is important."

Now in their 70s, the Starks are starting to think that it might be okay to enjoy the spotlight a little bit more. The motivation is not their own gratification. The hope, rather, is to inspire others to perform similar acts of gratitude.

This is the motivation behind a gift the Starks have made to Mary Greeley to establish the Stark Provider Excellence Fund, which will help the hospital recruit physicians, nurse practitioners, and physician assistants with skills and specialties necessary to continue to provide outstanding care to patients at Mary Greeley.

"The Starks have made one of the most significant gifts Mary Greeley has ever received," said Brian Dieter, president and CEO of Mary Greeley. "We have a vision to be the best hospital for receiving care and working, and the Starks' generosity will help us achieve this vision. Its impact, and, most importantly, the benefits it will provide to our patients, will be felt for a long time."

The Starks hope others will follow their example and extend that impact by making contributions to the fund.

"We have strong feelings about Mary Greeley and we want to thank those who have provided both care and kindness," said Richard. "Mary Greeley and McFarland Clinic have done an extraordinary job. Ames being a college town makes it a good draw, of course, but you still need to keep recruiting outstanding talent all the time."

## RELATIONSHIPS

This is not the first time the Starks have supported Mary Greeley. They contributed to the Extraordinary Visions Campaign and the Birthways/Pediatrics capital project, and they recently made a gift to establish the Mary Greeley Compassion Fund in honor of Dr. Dan Fulton, the McFarland Clinic infection prevention specialist who was at the forefront of the local response to COVID-19.

Provider recruitment is a complex process. The physician recruitment process, for example, can start with candidates who are still completing their training. A successful hire can often mean waiting a year or more before the person actually starts. Also, with many specialties experiencing a shortage of providers, competition for qualified candidates can be intense and expensive. Their most recent gift to Mary Greeley "is a strategic investment in the future of the hospital and the high-quality healthcare we provide to residents of central Iowa," said Dieter. "In a real sense it echoes Captain Wallace Greeley's

gift of the hospital to the community. At the dedication in 1916, he talked about his hope that Mary Greeley would be here to help people well into the future. The Starks' gift is similarly focused on the future and the welfare of people."

The Starks warmly talk about the relationships they've had with many McFarland Clinic physicians who have practiced at Mary Greeley, including Dr. Leo Milleman, urologist; the late Dr. Robert Gitchell, an orthopedic surgeon; and Dr. Jon Fleming, a gastroenterologist.

The Starks met Fleming 35 years ago, when he was at Mayo Clinic during his gastroenterology fellowship and was called in to consult on a case involving a family member.

Fleming described his friends as "very down-to-earth native Iowans with that Iowa work ethic. They are dedicated to their causes, one of which is healthcare."

The Stark Provider Excellence Fund is going to help strengthen healthcare in central Iowa, he said.

"Recruitment in healthcare is extremely competitive. Resident and fellowship physicians are graduating with a range of good opportunities," said Fleming. "I see this fund as a wonderful way to give us a competitive edge as we continue to recruit outstanding providers."

## BUSINESS SUCCESS

The Starks have found success in farming and finance. They have several farms, and Richard still runs Iowa Commodities, Ltd., which he started in 1979. He has been chairman of First American Bank, a multibank holding company based in Fort Dodge, since 1986. He also has been a member of the Chicago Board of Trade for more than 50 years and served as its director and chairman of public relations from 1982 to 1985.

Organizations the Starks have supported over the years include Mayo Clinic, Youth and Shelter Services, St. Thomas Aquinas Church in Ames, and Iowa State University. Richard is a 1971 graduate of Iowa State, and three of their five daughters have degrees from the university. (One of their daughters, Jennifer Stark Mortimer, has also served on Mary Greeley's Foundation Board.)

In 2021, ISU opened the Stark Performance Center, a state-of-the-art facility for student-athletes. This year, Joan received an honorary degree from Iowa State.

"It really is a special honor to even have been considered for it," she said.

Richard and Joan have been married for 52 years, and he credits her with running the family (and cutting their hair, as she's a trained cosmetologist) while he has pursued business opportunities.

"Without her, I couldn't accomplish anything," he said.

### Interested in supporting the Stark Provider Excellence Fund?

Please visit [www.mgmc.org/donate](http://www.mgmc.org/donate) or contact Melissa McGarry at [mcgarry@mgmc.com](mailto:mcgarry@mgmc.com) or 515-239-2147.



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**Mary Greeley Medical Center will open a new adult inpatient Behavioral Health unit this year. Watch for details in the next issue of Health Connect, or keep up with the progress at [www.mgmc.org/BehavioralHealth](http://www.mgmc.org/BehavioralHealth)**