

SUMMER 2019

# Health

## CONNECT

### Caring for Kids

HEALTHY ADVICE FROM  
MARY GREELEY PROS

▶ Dry Needling Muscle Pain ▶ A Menu of Comforts for Mom



**On the cover:**  
Four-year-old Charlie Carter enjoys Mary Greeley's rooftop playground.



## 2 Q&A

Get the inside scoop on new developments at Mary Greeley, including important changes in store for our building.

## 4 The Kids Are Alright

Mary Greeley staff share their experiences treating children, and helpful tips on how to make sure our youngest patients have a safe and comforting experience when they are here. A mother of one of our patients also shares her family's story.

## 11 Stick it to Pain

Getting stuck with a needle can ease muscle pain? Yes it can, especially when the needle is in the hands of a trained Mary Greeley Rehab & Wellness physical therapist. Discover dry needling and meet two patients it has helped.

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**About this publication**  
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Learn more about Mary Greeley Medical Center's programs and services at [www.mgmc.org](http://www.mgmc.org).

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## PRESIDENT'S LETTER

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



Mary Greeley's Birthways staff and the Finch family (right) gather at the blessing of the CuddleCot.

## Precious Time

Losing a child – no matter their age – is devastating. Experiencing a stillbirth is particularly traumatic. This is what makes the recent gift of a CuddleCot to Mary Greeley's Birthways unit so meaningful.

Rebecca Finch, an Ames mom partnered with Loving Tanner, an Iowa nonprofit organization, to purchase the CuddleCot. A cooled bassinet, it slows the natural changes that happen after death. Most importantly, the CuddleCot provides parents, siblings and other family members time. Precious time to be with their infant in the privacy of a hospital room. Precious time to touch, hold, whisper and do those things that parents and families do to connect with a new life.

Finch was inspired to make this gift after her daughter, Eleanor, was stillborn

at Birthways in June 2018. She used memorial gifts from friends and family, and raised additional money through a campaign to purchase the \$3,000 CuddleCot.

The benefit of the CuddleCot goes beyond helping grieving families. Mary Greeley staff build connections with patients, and that is especially true on Birthways. We get to know expectant parents and their family members. We are there for the good times and rough times. We share in the joy of a new birth. We share in the grief of a loss. Knowing that we can offer the comfort of the CuddleCot means so much to our Birthways staff.

In July, we had a ceremony to commemorate the gift of the CuddleCot. It was held in our Birthways unit, and attended by the Finch family and many

members of our staff. It was a moving, emotional moment, especially when Mary Greeley chaplain Katherine Werner, shared these words of blessing.

"May this CuddleCot be a gentle, healing space for families at Mary Greeley experiencing the pain and sadness that comes with loss of young life; life that held many hopes and dreams for them, that are left unrealized and who now experience an emptiness as their family unit must begin the process of reshaping."

## Thank you to our Mary Greeley Foundation Sponsors .....



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# THE FUTURE

An organization's strategic plan doesn't generally make for compelling reading ... unless it's your local hospital's strategic plan. This plan has the potential to significantly impact your healthcare. Mary Greeley's new strategic plan covers the next three years and provides a working blueprint for many aspects of the medical center's future. It addresses patient safety, partner relationships and community health. Brian Dieter, president and CEO, explains the key details of the plan and why it matters to the communities we serve. We also offer a glimpse of upcoming changes to the medical center's main facility.

## Briefly explain the process of developing the medical center's strategic plan?

The simplest answer is collaboration – both with internal and external stakeholders. We use a consultant to help guide the discussions, which involve Mary Greeley leadership, employees, our board of trustees and members of the community. We look at statistics, such as inpatient and outpatient trends. We look at what's happening with peer organizations and our key competitors. We look at the needs of the communities we serve. We digest a huge amount of information and boil it down to key, manageable areas of focus. It's an intense, vital process that takes months.

## What are the new plan's areas of focus?

We have four: Quality and Safety, Operational Performance, Community Health, and Partner Relationships.

## What do we want to accomplish in these areas, starting with Quality and Safety?

We keep detailed statistics of what we call "patient harm," which

refers to patient falls, pressure ulcers, surgical site infections and other types of events that might happen during or in the aftermath of a hospital stay. We track all of our incidents of patient harm, so not just falls with injuries but falls of any kind. This enables us to spot trends that we can address and make improvements. Our strategic goal is ambitious: We want to eliminate all patient harm.

How do we do this? You hear the term "patient-centered care" a lot in this field and it's most definitely our driving philosophy. We put a lot of energy into ensuring the quality of our care. We have a very strong organization-wide process improvement effort. We created a Performance Improvement Department, which works with multi-disciplinary teams to do deep dives into patient care and patient safety issues to determine how we improve our processes and make them more efficient and effective.

We hold daily safety huddles, where patient safety issues are regularly reviewed.

We're making very good progress. We've had greater than a 50 percent reduction in the number of serious safety events this year alone, yet our work is not done as our goal is zero.

We also look at the safety of our employees. We track staff injuries,

just as we do patient injuries, looking for trends that may need to be addressed through education or facility changes.

## And Operational Performance?

Our vision is "To Be the Best." That means we want to be the best place to receive care, work and practice medicine. Patients randomly get surveys after receiving care at Mary Greeley. We encourage people to fill out these surveys honestly and completely. Yes, we want to know when you've had a great experience. We also want to know any concerns or criticisms you might have. These comments are always reviewed and, if necessary, acted upon.

We measure our performance based on these survey results and track them on a monthly basis. In terms of patient experience, we typically score in the 80th percentile or better. That's not bad but we strive to get better. Our goal is to improve and maintain those high levels of patient experience.

The surveys provide individual departments with statistics and patient comments which they can also immediately act upon. We have typically put more emphasis

on inpatient results, and now will be placing increasing focus on outpatient.

We've also seen improvements in how engaged our employees are through an annual survey. We want this to be a great place to work and are always looking at efficient staffing levels, competitive benefits and salaries. For example, we recently increased our starting base salary to \$12 an hour. We are also conducting focus groups to give employees the chance to share their ideas and concerns with administrators.

## What's happening in Community Health?

We have always played an important role in community health. We have Mileage Clubs in area schools, for example. We have a strong diabetes prevention program and health education programs serving audiences from prenatal to Prime Time Alive. We provide financial support for a variety of health and wellness initiatives.

There are a lot of individual efforts but we need to create a more coordinated community health approach. We recently worked with a number of partner organizations to discuss mental health needs of our communities. It was a remarkable experience which resulted in the creation of our new Crisis Stabilization-Transitional Living Center. It also drove our efforts to improve access to outpatient behavioral health treatment.

We want to build on this experience to create coordinated care models that support community health and provide a seamless continuum of care for the people we serve. We are still in the early stage of discussions for what this will look like.

## And finally, Partner Relationships.

Health care in central Iowa is defined, in large part, by the relationship between McFarland Clinic and Mary Greeley. We need to continue to build and nurture this relationship. We also know central Iowans access healthcare in many locations – and in order to support a seamless continuum of care for our patients, we need to continue to support and build upon our relationships with other regional healthcare providers. ■

## FACILITY UPDATE

### Changes are coming to Mary Greeley.

When Mary Greeley's west patient tower opened in 2014, shell space was incorporated on the sixth floor. This was to accommodate future growth or other needs. That has proven to be a wise move, as several changes to the building are now planned.

First, Birthways, including the Neonatal Intensive Care Unit (NICU), and Pediatrics will move to the third floor of the west tower. All three of these units are now in the medical center's south tower, though on different floors. The third floor of the west tower has the space needed to have these three services on the same floor.

The current Birthways unit has Labor-Deliver-Recovery-Postpartum (LDRP) rooms. The new unit will also have these, but the LDRP rooms will also include NICU space, instead of having a separate NICU. It's an innovative approach to an obstetrics unit.

This will put the majority of inpatient care in the west patient tower. The surgical unit is currently on the third floor of the west patient tower. It will be moved to renovated space on the sixth floor. We have fewer surgical inpatients because more and more surgical cases are being treated on an outpatient basis. This trend is happening throughout the industry.

Work has started and is expected to be completed in the summer/fall of 2021.

We also plan to move our Behavioral Health Unit to the fourth floor of the south tower, which will expand the inpatient capacity of this unit. Our Acute Rehab Unit will move to the third floor. These moves will require extensive work to the south tower, with expected completion in 2023.



# the Kids are Alright

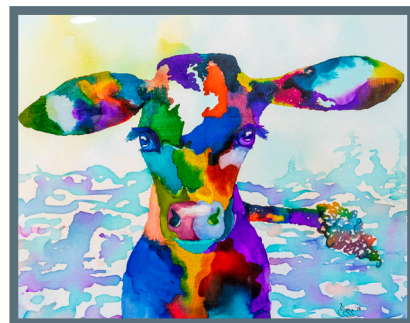
## IN A SERIES OF PERSONAL ESSAYS, MARY GREELEY STAFF AND A PARENT EXPLAIN WHY PEOPLE, PLACES AND THINGS ALL NEED CAREFUL CONSIDERATION WHEN PEDIATRIC PATIENTS ARE INVOLVED.

Every time they pulled into the medical center parking lot, two-year-old Henry Johnsen asked his mom, 'Just listening today?' Henry's cancer had triggered a constant threat of devastating infection. Frequent blood draws were necessary, but never easy. And they were always anxiety provoking.

Henry's story – as told by his mom, Julie – is one of six articles in this issue of Health Connect that provide helpful insights into how kids should be cared for while in the hospital. Several of these articles have been written by the people who provide that care at Mary Greeley Medical Center.

After all, as Mary Greeley paramedic Adam Dunlap points out, children are not just "little adults." They have their own physical, emotional and psychological needs. They cannot always understand the purpose of or need for a procedure. That alone can spike their fear.

Calming the little ones – and their parents – goes a long way toward creating positive medical experiences whenever possible. Whether you're a parent, grandparent, or caregiver, we hope the wisdom shared here will be useful.



Design for this article was inspired by Pediatrics treatment room artwork created by Ames artist Jorja Kemp.

## How to Create a Comforting Environment For Kids

**HINT: IT INVOLVES TOYS, FAMILY & HONESTY.**

By Dr. Laura Hufford, McFarland Clinic Pediatric Hospitalist

Having your child admitted to the hospital can be a frightening experience for both parents and children. However, there are several things that can be done to make the hospital visit more comfortable and to aid in the healing process.

### Their Room

The environment of the hospital is completely foreign to children. Beds seem large and the bedding can feel more like that of a hotel than their own room. Because the child will be spending so much time in these unfamiliar beds while in the hospital, it's important to make him or her feel as safe and comfortable as possible.

Painful procedures should be done outside of the patient room in a space designated specifically for procedures. This way the child does not associate the pain or scary experience with the space they are to be healing in, their room.

Families should feel comfortable bringing in the child's own pillow as well as favorite blankets and stuffed animals. If the child sleeps with a nightlight or listens to music or white noise at night, bring them from home!

Once the room and bed feel more like home, they can begin to heal.

### Distracting from Fear, Pain

Unfortunately, painful procedures such as IV placements and blood draws must take place sometimes to allow for healing. I find that during these painful times one of the most powerful tools to counteract the fear and pain is distraction.

While I am generally an advocate for limiting the amount of television and screen time in the lives of youth, the hospital is a special situation. I think it is appropriate to utilize the electronic devices to help distract children from pain. For instance, one of the procedure rooms on the Pediatric Unit has an iPad that is used to play music or videos appropriate for the child during potentially painful procedures.

The room also has artwork created by local high school students painted on the ceiling. This too serves as an interesting focal point for the child who may be trying to avoid the fear of the procedure.

### Toys from Home

Favorite toys should also be brought into the hospital. Toys that are appropriate are those which can be played with while sitting in a chair or lying in bed. Legos, cars, Play-dough or modeling clay, and coloring or drawing supplies are all excellent things to provide the child. These allow for some



Dr. Laura Hufford, pediatric hospitalist, shows Charlie how to use the iPad in the Pediatrics treatment room.

creative play but also do not require a lot of physical activity. Some older children have told me they do their best artistic work while healing!

### Friends, Family

Finally, the most important thing the child can have to comfort them while he or she is hospitalized are friends and family supporting them while they are there. Sometimes people are afraid to be around the child because they do not want the child to see how frightened and worried they are about them. I find that children are incredibly intuitive about their illnesses, much more so than we often give them credit for.

Children who are hospitalized know they are sick. Many of them are unsure if they will get better and some of them worry they will die. I believe it is important to allow children to see adults express their emotions and discuss what the medical team is doing to help make them better.

The child's pediatrician will help guide some of these conversations, but ultimately the child will likely be most comfortable discussing how they will get better with a friend or family member with whom they are close. The discussions do not need to be long but should be done.

## PALS SAVES LIVES

Mary Greeley staff who provide direct acute care to pediatric patients are required to get Pediatric Advanced Life Support (PALS) certification.

Approximately 50 nurses at Mary Greeley have this certification, as do most paramedics. PALS helps pediatric healthcare providers develop the knowledge and skills necessary to evaluate and manage seriously ill children and infants, particularly in emergencies involving respiratory or cardiac distress. Training is based on American Heart Association curriculum.



# Kids In The Operating Room

## WHEN SCENTED LIP GLOSS IS AN ANESTHESIOLOGIST'S BEST TOOL.

By Dr. Gregory Utesch,  
McFarland Clinic Anesthesiologist

The day of surgery is a stressful time for all patients, but even more so for children. Our youngest patients suddenly find themselves in unfamiliar and intimidating circumstances. It's scary!

First and foremost, we – anesthesia provider, nurses and patient care staff – try to connect with children to help them get as comfortable with the environment as possible.

We show them some examples of the equipment they may see, most commonly a mask used for the anesthesia. Regardless of the surgery, children are nearly always put to sleep by breathing anesthetic gasses. This is done by holding a mask near their face as the gasses blow by.

### Lip Gloss

Scented lip gloss is applied to the mask to make it more appealing. We let the children choose the flavor of lip gloss, to give them an element of control in the process. This is a fun moment!

We assure them that there will be no shots or pokes while they are awake. We explain that there will be a piece of plastic (an IV) taped to their hand when they wake up, so they don't have to get any shots then either. We give them a surgical hat to wear so they look like every else.

The hospital frequently has small gifts available, like stuffed animals and/or stickers. This gives the youngsters something else to focus on at the moment of separation from their parents.

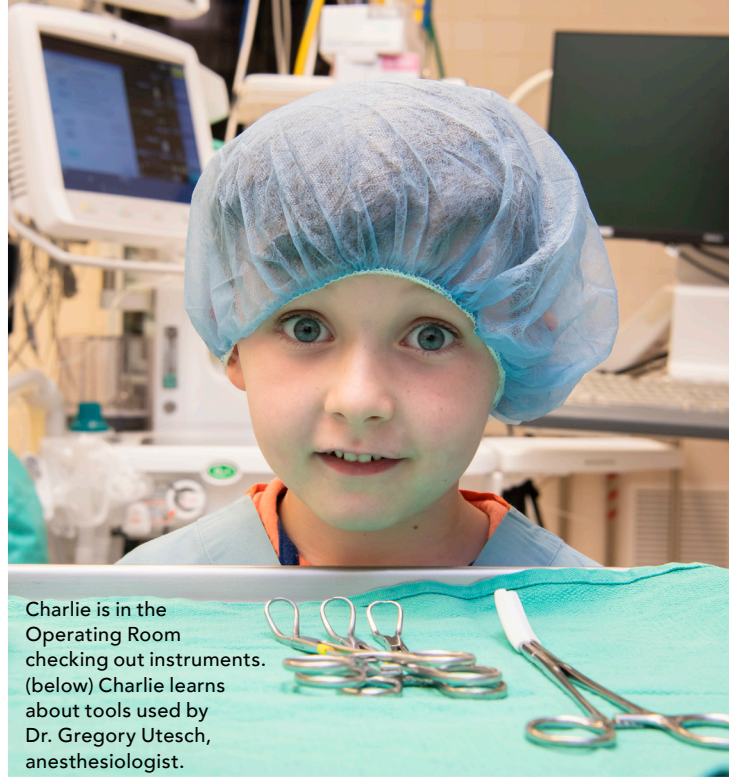
### Electric Ambulance

When it's time to go back to the operating room, nurses accompany the children. They can choose how they want to get there: They can be carried by the nurse, wheeled back while in their bed, walk next to the nurse, be pulled in a wagon, or go by the deluxe and preferred method, by driving our electric ambulance.

In cases where the patient remains extremely anxious, despite our best efforts, we will resort to oral sedation medication. This, however, is usually a last resort and infrequently utilized.

### OR and Recovery

Once in the operating room, efficiency is our best friend.



Charlie is in the Operating Room checking out instruments. (below) Charlie learns about tools used by Dr. Gregory Utesch, anesthesiologist.



Even the best-prepared child will start getting a little anxious at this point. We quickly get them checked in, apply appropriate monitors and get them to sleep as fast as possible. Patients are usually asleep less than a minute after they arrive in the operating room!

Efficiency is key in recovery, too. We will usually keep kids in recovery just long enough to assess that they are waking up adequately and have good pain control. We want to get them back to familiar faces as quickly as possible.

In recovery, the average time for an adult is one hour. For children, depending on the type of surgery, that average is closer to 10 or 15 minutes.

Once back with their family, it's our hope that the child can finally relax, knowing that the stressful event is behind them!

### VIDEO

We took our mini ambulance to a local daycare. See what happened at [mgmc.org/miniambulance](http://mgmc.org/miniambulance)

## Paramedics, Kids and

# Ducks



### IN AN EMERGENCY, LOOKING CALM IS KEY.

By Adam Dunlap, Mary Greeley Medical Center Paramedic

A paramedic's encounter with pediatric patients can range from simple scrapes and cuts to cardiac arrest and severe trauma.

Dealing with sick kids never gets easier over time. It's tough to see a child in pain, experiencing a severe medical illness or trauma. This is compounded for EMS providers when they have children of their own.

### 'Be a Duck'

I've found the best technique to deal with this patient population – and their parents – is to be prepared, be competent, and stay calm. We try to "Be a Duck." That is, under the surface of the water we can be nervous and scared, but on top of the surface we show a calm demeanor.

Our calmness cascades down to the patient and especially to the parents.

The parents actually become like a second patient in most instances, as we have to attend to their needs and questions as well.

### Not Just Little Adults

Even the most experienced providers need tools to take care of pediatric patients. We use the Broselow Tape system, which is basically a long paper used to measure the child from head to toe. It provides the appropriate dose of medications and the size of needles and other equipment.

Children are not just little adults. They have their own unique needs and anatomy.

We stay up to date with the latest Pediatric Emergency standards. We are required to complete a "Pediatric Advanced Life Support" course annually, which is scenario-based and very challenging.

### 'Paw Patrol' and Other Distractions

On the scene, we employ a few strategies for keeping children calm. For older children, we explain everything that we are going to do before we do it. With smaller children, we use distraction. We might talk about their cool shoes or their "Frozen" or "Paw Patrol" T-shirt or pajamas. We give them stickers and let them hold our penlight or touch the stethoscope.

We ask them questions to constantly keep them talking about something other than their injury. How many brothers and sisters do you have? What's your favorite food? Have you been to Hawaii? How many quarters are in a \$1.50?

If the child is afraid of needles, we can use intranasal devices to administer pain medication and anti-seizure meds up their noses.

On transfers, we will play their favorite music on a phone. We also can have mom or dad ride along with us.

### Before the Emergency

Community relations play a big part in making kids comfortable with us. We want them to look to us as trusted friends when they need us.

We routinely host "Peds Tours" in which second graders take a tour of our hospital pediatric department. They get to meet us and see the inside of our ambulances. We share the message of calling 911 in an emergency, and help them know what to expect when we arrive. It's not like what you see on TV!

As for advice to parents, just be a duck.

Your child will respond to the level of stress you are showing or not showing.



Adam Dunlap, Mary Greeley paramedic, gives Charlie an entertaining tour of a Mary Greeley ambulance.



Henry Johnsen and Jason Bell, a CT and MRI coordinator with Mary Greeley's Radiology department, sit on a CT scanner. Bell treated the five-year-old, who was diagnosed with cancer when he was a 1-year-old.

## Henry & Jason



### A MOM'S TOUCHING STORY OF HER CHILD'S CANCER, AND THE TREATMENT HE RECEIVED AT MARY GREELEY. | By Julie Johnsen, Mom

Henry is our youngest child. He was born April 24, 2014. One year later, on his 1st birthday, instead of introducing him to the joys of cake, we were processing his pediatrician's words: Henry has cancer.

To say my husband Ryan and I were stunned would be an understatement. We were the parents of two older boys, and Henry had fit right in. On top of that, I've been an X-ray technologist for 12 years. Why didn't I notice something?

Well, no one noticed it. We had taken him to all of his Well Baby checkups, where his tummy and abdomen were always checked out. At his one-year appointment, though, the pediatrician felt a neuroblastoma suddenly big enough it could be palpated. The best guess is that Henry was born with it.

For the next year, Henry was always in the hospital, getting chemo, having surgery, fighting some horrible illness. Ryan and I tag-teamed with him during every stay, while the older boys – they were 6 and 8 – were cared for by family and friends. After a year and a half, Henry was declared cancer-free. But that was not the end of the story.

#### Life without a Spleen

One of the most devastating complications of the tumor was that it destroyed Henry's spleen. That makes

him much more susceptible to illness. He seems to pick up every single germ that's within a two-mile radius. His doctor told us a bacterial infection could "ravage" him.

So every time he gets a fever over 100 degrees, we have to rush him to the clinic or ER. And every time he goes, he gets poked and prodded and scanned. Sometimes he ends up being admitted to the hospital.

At 5 years old, he's had more procedures than most of us will have in our lifetimes. Some of his first words were, "Just listening today?" He was already hopeful – at two years of age – that a stethoscope would be the only piece of equipment used on him.

#### A Trip to Radiology

Last winter, Henry had swelling around his eye. We took him to Mary Greeley where he tested positive for an infection. They started him on IV antibiotics and admitted him, but after two days, the fever and swelling hadn't responded. They decided to scan his head, to make sure something else wasn't going on.

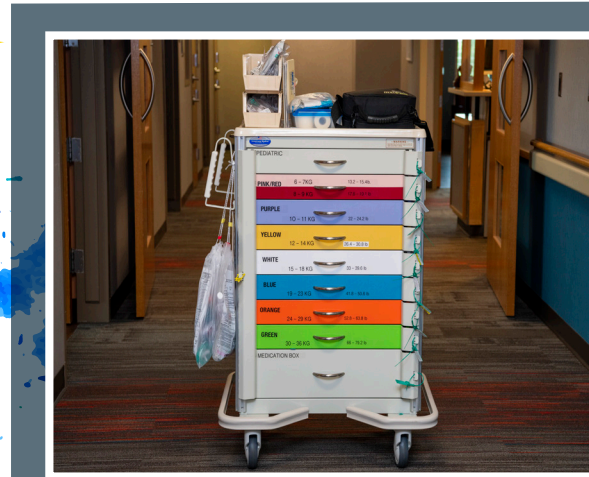
Henry has had many, many scans. They make him very anxious. He has always had to be sedated for them. This time turned out to be different.

The CT technologist, Jason Bell, directed his attention to Henry, treating

our 4-year-old like he was a big boy. It made a huge difference.

Sometimes kids are talked to like they are babies, or can't hear. Jason talked to Henry like he was one of the guys. As I was watching Henry, I could see he was relaxing. It was the first time Henry didn't have to be sedated for a 5-minute scan. Ryan and I were actually able to step out of the room for it. Absolutely amazing.

The swelling in Henry's eye turned out to be another virus that eventually went away. But thanks to the respectful, child-oriented perspective that Jason brought to that scan, our big boy no longer needs to be put out for a simple scan. We are beyond grateful for that.



Lauren Bumpus, RN, shows Charlie how a stethoscope works. They are in an Emergency Department room designed for pediatric patients. Mary Greeley provides care for more than 5,700 pediatric patients each year. Nearly half of these come through the Emergency Department.

# A Trip to the Emergency Room

By Lauren Bumpus, Emergency Department RN



Emergency nurses at Mary Greeley work with children daily. We see many different ages of children, as well as a variety of situations that bring them into our department.

Age is one of the first things to note when working with a pediatric patient. It is helpful to know how to communicate both verbally and non-verbally with each age group.

In my experience, it is helpful to get on eye level with children ages one year and up. If the patient is able to communicate verbally, I try to introduce myself to them, let them play with my stethoscope, and give them stickers to distract them. This is all while I am talking to the parents, and also observing/assessing how the child breathes, watching their behavior, and looking for any obvious injury or point of pain on the child.

#### "Owies"

I almost always use the Faces scale to ask a child about their pain, and use terms like "ouchies/owies."

When I have to do invasive tests and procedures, I try to explain them first in children's terms. I tell the child what we will do and how long it will take. Sometimes I can show them.

When starting an IV, for example, I try to first demonstrate on a stuffed animal. I take an IV out of the cabinet and show it to them before treating the toy. I explain that they will feel a poke at first, something like a quick pinch or shot. When the "hub" is positioned, I tell them the needle goes away and throw it into the "sharps" container. I then tape the blue hub to the arm of the stuffed animal and let them hold it.

Most children do best with a parent or loved one right next to them, holding their hand and comforting them throughout the procedure. Kids also respond well to the promise of ice cream!

#### When the Parent is the Patient

Children need attention even when they are not the direct patient, but are at the hospital for a family member. They can suffer from mental and/or emotional trauma. It is important to remember that the situation, no matter how big or small, needs to be talked about with the child and their family and/or close friends.

Little gifts of toys, stickers, coloring books and stuffed animals can help distract children, whether they are the patient or related to the patient.

Unfortunately, we see death in the Emergency Department. And, sometimes, it is unexpected. Children grieve too. They need support, and they need to talk and express their grief in different ways, just like adults do.

A trip to the Emergency Department is not usually in the plans for any given family's day. But, we hope to make the experience as smooth and helpful as possible here at Mary Greeley.

### GET THE CRASH CART!

This equipment is vital when responding to pediatric emergencies.

Crash carts are used when responding to a medical emergency in the hospital. They contain equipment and medications that might be needed, depending on the patient's condition.

Mary Greeley has specialized crash carts for pediatric patients. These patients are treated differently than adults because of their size. When it comes to emergencies with pediatric patients, size is key.

The carts are typically used when a patient's vital signs are unstable, which can lead to a medical emergency. A Broselow emergency tape is used to measure a pediatric patient's length. This information provides a guide as to the patient's weight, and, subsequently, the appropriate dosages of potentially life-saving medications and fluids.

The patient's size is color coded, based on the Broselow tape, which tells responders which color-coded drawer in the crash cart to access. Each drawer is stocked with size-appropriate equipment and medicines prepared at the appropriate dosages. Each drawer is sealed, and the seal is broken when a drawer is opened. A sealed drawer indicates that it is properly stocked.

Mary Greeley has pediatric crash carts on Birthways, Pediatrics, Intensive Cardiac Care Unit, Operating Room, and the Emergency Department. There is also one that is always on standby, ready to take the place of a cart that has been used and in need of restocking. Each cart goes through regular quality checks to ensure that everything is in working order, and that no medications have reached an expiration date.





Pamela Davidson, phlebotomist, shows Charlie how blood is drawn from patients.

# Blood From the **Tiniest** Veins

**NO MATTER THE AGE, SPECIAL CARE IS NEEDED WITH YOUNG PATIENTS.** | By Pamela Davidson, Phlebotomist

Pediatric patients present a particularly difficult challenge for clinicians responsible for drawing blood. The reality is that no matter how you phrase it, there will be at least some pain for the patient during our interaction. The parents' anxiety is also a huge factor!

Our goal is to get a high quality sample that will provide practitioners with accurate results. When the patient can cooperate with us, it affects our ability to succeed. So when it comes to children, we utilize special techniques and supplies.

### Infants

You might think getting blood from a baby would be easy. It's not. Obtaining a venous sample from infants is tricky, because of their small veins. They are also too young to cooperate with the procedure. Furthermore, some babies are stronger than you might expect, meaning a skilled holder is just as essential as a skilled clinician. There is no substitute for a stationary target.

### Toddlers, Elementary Age Kids

When it comes to toddlers and elementary age children, there is a great deal of variability in how the encounter can go. Most appreciate the variety of stickers that we dole out freely. We also have bandages of popular cartoons, animal prints and glittery patterns.

Many phlebotomists at Mary Greeley find that explaining the process at length, and allowing the patient to interact with the pieces that will be used during the procedure, can help reduce fear and anxiety. This helps with their cooperation with the actual venipuncture.

### Tweens, Teens

Tweens and teens are unpredictable. Some revert to infantile behavior, while others try to show how grown up they are. Judging which type of child you have in front of you is a skill that is developed with time. In the end, the conversation the phlebotomist has with the patient can be the deciding factor on how well the interaction goes.

### A Child-Friendly Environment

Pediatric décor and supplies help distract young children and make them feel more at ease. We have ceiling tiles with clownfish in our outpatient blood drawing room. Posters, stickers, adhesive bandages, bright scrub top prints, colorful tables and chairs, and many other products help make the environment child-friendly.

### Parents, Guardians

Finally, parents and guardians also play an important role in the collection of blood samples from children. A cool, calm, quiet demeanor is often mimicked in young children. Likewise, a child of stressed parents is usually anxious as well.

Older children often respond to a seasoned phlebotomist's explanation and instruction. Tweens and teens tend to be more independent of their parents, making their behavior less predictable. As they age, they usually become more cooperative and tend toward adult behavior.

## Familiar Faces

Mary Greeley's youngest patients and their families are supported by a robust Pediatric Hospitalist program.

Mary Greeley is fortunate to have three highly experienced pediatric hospitalists, who focus on providing general care to hospitalized patients.

Our pediatric hospitalists are Dr. Laura Hufford, Dr. Mara Syring and Dr. Alia Thomas. All are affiliated with McFarland Clinic.

Mary Greeley has a pediatric-focused physician in the building 24/7, which is hugely beneficial for when emergencies or changes in a patient's condition occur. Pediatric hospitalists provide consistent practices that are up to date and evidence based. They also have connections to specialists in Des Moines and Iowa City whom they can reach by phone when unusual cases arise.

While they work primarily in Pediatrics, Birthways and our Neo-natal Intensive

Care Unit, pediatric hospitalists are a great resource for other areas in the hospital, including the Emergency Department, Outpatient Surgery, Radiology, Operating Room, Home Health and our Lactation Clinic.

For patients and families admitted to Pediatrics, their pediatric hospitalist is often the same physician who cared for them on Birthways, which reduces anxiety for those parents to see a familiar face.



Dr. Laura Hufford



Dr. Mara Syring



Dr. Alia Thomas



# STICK IT TO PAIN

*Dry needling, a new service of Mary Greeley Rehab & Wellness, relieves pain for athletes and others.*

**BY STEVE SULLIVAN**

**A**fter suffering an injury, Amber VanLoo feared she would have to give up her passion for running.

Then she discovered the needle.

Emily Paulson was starting a new job that would require her to be on her feet a lot. She was worried that she wouldn't be able to do it because of her intense knee pain.

Then she discovered the needle.

Amber and Emily are just two people finding much sought-after pain relief from dry needling, a new treatment offered by Mary Greeley Rehab & Wellness. (See sidebars for Amber's and Emily's stories.)

### Not a Shot

Dry needling isn't a shot. Nothing is being injected. The procedure involves a thin filiform needle to treat myofascial pain and dysfunction. Myofascial pain is a clinical term for muscle pain. The needle penetrates the skin and enters the areas

of muscle and connective tissue where trigger points for the pain exist.

Physical therapist Crystal Savage has been certified in dry needling since 2015 and has performed dry needling on hundreds of patients, including Olympic athletes. Her Rehab & Wellness colleague, Anne Hilleman was certified in 2019. People who seek help from Savage and Hilleman are suffering from pain in their hips, knees, joints, and other areas.

"Dry needling interrupts the incorrect messages that a part of the body is getting from the brain," said Savage. "It retrains the muscle, or resets things, loosening up a restriction that could be affecting proper function of the muscle."

Think of it as when your computer freezes, so you do a restart.

Mary Greeley offers drying needling as part of a physical rehab treatment program. While a treatment program is generally covered, at least in part, by insurance, dry needling is not. Rehab & Wellness charges \$25 per treatment.



Anne Hilleman, a physical therapist in Mary Greeley's Rehab & Wellness, performs a dry needling procedure on Amber VanLoo.



### Triggered

Dry needling will not work for everyone. A therapist will first determine if a patient is a viable candidate for dry needling. Some conditions, such as a pregnancy or the severity of the pain, may prohibit use of treatment.

An evaluation is done to determine a patient's pain pattern and assess where the trigger points are.

"We're considering a lot of factors. We're looking for tightness and tenderness, for lack of strength and lack of range of motion. Assessment is an important part of the success of the treatment," said Savage. "You have to identify the area to needle to get the result you want. There's a precision to this."

Some people are initially skeptical of the treatment, while others jump at the opportunity. Savage and Hilleman have performed the procedures on their respective spouses. It turned them from skeptics to fans.

"Some people are gung-ho and want to go ahead and do it," said Hilleman. "Others think about it a little bit, do a bit of their own research."

### Procedure

During a dry needling procedure, a therapist may place one or more needles in the identified area. Let's take hamstrings, which is a group of muscles and tendons at the rear of the upper leg. To treat pain in this region, Hilleman may start with four to six needles. Those needles would remain there for 10 minutes or so. During this time, Hilleman may gently manipulate the needles, which, in turn, stimulates the tissues into which they are inserted. Depending on the patient's trigger points and pain levels, Hilleman may remove the first set of needles and insert new ones in a different section of the area.

Another approach is to use fewer needles and electrical stimulation. Savage, for example, might treat knee pain by inserting a needle into a trigger point in the back, hip, or thigh. She would then touch the needle with a device that sends a slight electrical stimulation through the needle. This method only takes a minute or two, depending on how the muscle responds to the electrical stimulation.

The treatment can bring immediate relief or require repeated treatments to completely ease the pain. *(Writer's note: I was suffering severe knee pain that caused me to limp. I did one dry needling treatment with the electrical stimulus. The pain and limping were completely gone the next day and as of publication had not reoccurred.)*

The therapist will review procedure benefits and risks with the patient. The procedure is only done with the patient's expressed approval. The trigger point areas have already been determined through an examination of the area where the pain is located. The therapist will wear gloves, and clean the area to be needled with isopropyl alcohol.

The insertion of the needle only takes a second. Some people might feel mild pain. There is sometimes some minor bleeding when the needle is removed.

## EMILY PAULSON: INSTRIDE

### Dry needling cures a high schooler's 'weird' walk.

Emily Paulson, an Ogden high school student, has patellar tendonitis, which is caused by inflammation of the tendon that connects the kneecap to the shinbone. Pain can be mild or, as in Emily's case, severe. The pain had already caused her to give up high school track.

"I was a runner and think that's where all my pain was starting to come from," she said. "It was preventing me from running like I normally would."

Walking was also painful, so much so that Paulson altered her stride to compensate for the discomfort.

"I walked on it wrong for so long," she said. "I just got used to walking weird."

Her doctor referred Paulson to Mary Greeley Rehab & Wellness for physical therapy, where she met physical therapist Crystal Savage.

"She could tell right away how much pain I was in," Paulson said. "She explained that the condition of my knee was causing

me to lose some muscle mass, which could cause me to not walk as well."

During a therapy session, Savage talked about dry needling.

Paulson admitted to being a little "iffy" about the procedure at first. After Savage showed her the equipment used, and after doing some of her own research, Emily decided, "let's give it a shot." She was motivated to try anything for relief since her new job was going to require a lot of moving around. She didn't want her knee troubles to disrupt her performance.

Savage dry needled a few trigger points in her knee, using electrical stimulus. Paulson said she was a little sore afterwards and "the next day I felt great walking, nothing hurt. I was walking perfect and doing everything I wanted to do."

She has done a few other treatments, with Savage doing dry needling on her hip and back.

Paulson reports that the new job is going great and she's hoping to do high school track again.

Dry needling can work on almost any area of the body, including legs, back, hips, and shoulders. It can also be used on the face for the treatment of TMJ (temporomandibular joint), headaches, or sinus problems.

"People want whatever it will take to get better," said Savage.

### Popular with athletes

Hilleman is wired into the athletic community and knew a lot of peers who were getting dry needling treatments at other clinics. She wanted them to be able to get it at Mary Greeley. She gets a lot of inquiries from people she competes with.

"I knew people in the running and triathlete communities who were going elsewhere for needling. I was seeing positive results and wanted to be able to do it here," said Hilleman. "I get asked about it a lot by my patients and by people I do races with." ■

The thin filiform needle is "tapped" into areas of muscle pain called trigger points.







Amber VanLoo runs with her dog, Bow. An injury sidelined her running passion, but physical therapy and dry needling have helped get her back on the road. (inset) VanLoo is treated with several needles, which Hilleman moves slightly to provide stimulation to trigger points.

## AMBER VANLOO: HAMSTRUNG

**An injury derails a passion for running. A needle gets it back on track.**

"I've always been a runner. I ran in high school and then started running marathons after high school averaging a marathon a year," said Amber VanLoo, an athletic mother of five from Huxley. "Running is my quiet time, my destresser. I love running."

That love led to VanLoo turning in such a strong performance in the 2016 Des Moines Marathon that she qualified for the 2018 Boston Marathon. Unfortunately, an injury derailed that dream.

She had been doing trail marathons, and after running a 26-mile event, her hamstrings felt "super tight." Soon, she was in excruciating pain. She did physical therapy for several months with no relief. She was diagnosed with a stress fracture in the pelvic area and ordered to rest and essentially do nothing. In other words, no running.

Months went by without much relief. She got another opinion from a doctor in Iowa City who specialized in running. She was diagnosed with hamstring tendinopathy, which can cause deep pain.

It was a particularly disturbing diagnosis for VanLoo, who is a hamstring dominate runner. Intense physical therapy was recommended. Dry needling was also suggested.

She was already working with Anne Hilleman, a physical therapist at Mary Greeley Rehab & Wellness. Hilleman herself is a triathlete and a certified triathlon coach. She's also trained in dry needling.

"I was getting really cranky. I was doing yoga, which was the only thing gentle enough," VanLoo said. "I thought I was never going to run again. I was getting older and I would have to give it up. Anne was like, 'Nope, you are going to run again.' She's good at encouraging you. She gets it."

VanLoo has been doing dry needling for a few months now as part of her on-going program with Hilleman. The program also involves the Alter-G, which is an anti-gravity treadmill that helps people recover mobility and enhance their physical performance.

"She puts the needles in, leaves them for 10 minutes, and then stimulates them, moves them around a bit," VanLoo said. "I can feel it when she's hitting the spot where the pain is, but right now I'm to the point where I don't have daily pain anymore. I had stabbing pain all day a dull ache all the time. I don't have it anymore."

Her tight hamstring began to loosen up over time, and she experienced less and less pain. After a month of dry needling treatment, VanLoo decided to try running again, and she has been gradually increasing her distance and how often she runs. She hopes to be able to do marathons again in the future.

No surprise she's now a big proponent of dry needling.

"I definitely promote it," VanLoo said. "I'm a runner and everyone who knows me knows that I was injured. They are now seeing me running again and asking me what I did. After listening to doctors and resting and everything suggested, Anne is the one who fixed me."

# I'll have the...

*How a simple menu is helping expectant moms manage pain ... and impacting care across Mary Greeley.*

BY STEPHANIE MARSAU

Kirstie Hassebrock scanned the menu and decided the peanut ball sounded good.

No, that is not a dessert, and Hassebrock was not looking at any ordinary menu.

The expectant mom on Mary Greeley's Birthways obstetrics unit was looking at a "comfort menu," which provides patients with a big list of items they can select to help manage pain and make their hospital visit more comfortable.



Comfort Menu

Peanut Ball

Aromatherapy





Photo provided by Bella Baby Photography

Kirstie Hassebrock with her newborn son, Grayson. She made use of a new comfort menu while in labor on Birthways.

<b>Comfort</b>	<b>Personal Care</b>	<b>Comfort Actions</b>	<b>Relaxation</b>	<b>Medication</b>
<ul style="list-style-type: none"> <li>• Extra pillow</li> <li>• Fan</li> <li>• Cold pack</li> <li>• Warm pack</li> <li>• Lip balm</li> <li>• Pillow under your knees/ankles</li> <li>• Warm blanket</li> <li>• Warm washcloth</li> <li>• Cool washcloth</li> <li>• Lotion</li> <li>• Nutrition</li> <li>• Non-skid socks</li> </ul>	<ul style="list-style-type: none"> <li>• Comb</li> <li>• Brush</li> <li>• Deodorant</li> <li>• Lotion</li> <li>• Nail file</li> <li>• Shaver</li> <li>• Shampoo</li> <li>• Conditioner</li> <li>• Toothbrush</li> <li>• Toothpaste</li> </ul>	<ul style="list-style-type: none"> <li>• Shower</li> <li>• Whirlpool</li> <li>• Gentle stretching</li> <li>• Walk in the hall</li> <li>• Birthing ball</li> <li>• Peanut ball</li> <li>• Slow dance</li> </ul>	<ul style="list-style-type: none"> <li>• Massage</li> <li>• Music therapy</li> <li>• Chaplain visit</li> <li>• Visitors</li> <li>• Quiet, uninterrupted time with your nurse</li> <li>• Aromatherapy</li> <li>• Window shade down</li> <li>• Lights out</li> <li>• Door closed</li> <li>• Breathing techniques</li> </ul>	<ul style="list-style-type: none"> <li>• Oral pain medicine</li> <li>• IV pain medicine</li> <li>• Epidural</li> <li>• Discuss the realistic comfort goals you have w/your healthcare team</li> <li>• Discuss allergies, side effects and current medication combinations to ensure the medications you will be receiving are safe and effective for you.</li> <li>• While opioids have their place, they should be stopped ASAP</li> </ul>

### Patient Input

Amy Dagestad, MSN, RN, director of Maternal and Child Services at Mary Greeley, learned about a concept similar to comfort menus at a 2018 Iowa Healthcare Collaborative conference and wanted to try it on Birthways. Coincidentally, Alison Sebbag, BSN, RN, a nurse on Mary Greeley's Birthways unit, approached Dagestad about this same idea not knowing that Dagestad was already on the same page. The two set out to create something that would significantly enhance the patient experience on Birthways and beyond.

To develop the Birthways comfort menu, Dagestad and Sebbag wanted to survey 50 random patients about how their pain had been managed during their stay. The pair had to go before Mary Greeley's Institutional Review Board and present their idea. The board has the authority to approve, reject, or require modifications to research proposals. Permission to do the patient surveys was granted. Using patient

insights, Mary Greeley's comfort menu began to take shape.

### Birth of the Comfort Menu

In February 2019, the comfort menu was launched on Birthways.

"What we really wanted to achieve through the use of the comfort menu was to give patients more control regarding how to manage their pain," said Dagestad. "We deliver more than 1,100 babies a year, and a lot of those mothers don't want to rely on pain medication to help them through the birthing process."

When a patient is admitted to Birthways, the comfort menu is awaiting them in their room. Similar to a restaurant, a patient can look over the menu and let their nurse know what items they would like to try.

The menu has four main categories: comfort, personal care, comfort actions, and relaxation. Each category serves its own unique purpose depending on how

the mother is feeling and where she is in the birthing process (see graphic on page 19.)

### A Comfortable Mom

Hassebrock, mom of one with another on the way, had been a little bit in labor for weeks. At her 38-week appointment, her obstetrician decided that she would be induced the following week.

Having already had one child, she knew what to expect but this was the first child she was having at Mary Greeley.

Induced shortly before 8 a.m., the morning went slow; but around 1:30 p.m., contractions started to intensify. Acting on the nurse's suggestion, Hassebrock decided to look at the comfort menu.

"My eye was immediately drawn to the Comfort Actions section," Hassebrock recalled. "I was trying to manage some serious contractions, and I knew that I needed something that would help alleviate some of that pain."

Hassebrock chose to try the peanut ball, which was listed under the Comfort Actions section. The ball, shaped like a peanut, can be used by a laboring mother to help the birthing process. The ball is placed between her legs, which helps keep the hips in an optimal position. This position helps widen the pelvis, which helps the baby descend, thus speeding up delivery.

By the time she received the peanut ball, Hassebrock had been laboring for almost seven hours. Approximately an hour and a half later, she gave birth to a healthy baby boy named Grayson.

"I never would've thought about asking for the peanut ball if it hadn't been on the comfort menu," said Hassebrock. "I wasn't sure what to expect since our first child wasn't born at Mary Greeley but I cannot recommend Birthways enough. Just being able to see a list of things available to help me in the process, put me at ease. It was an added bonus that the item I chose seemed to speed up Grayson's delivery."

### Popular

The comfort menu has been so well received on the Birthways unit, that different versions have been implemented on three of Mary Greeley's other inpatient units: Medical Telemetry, Medical-Surgical, and Oncology (see sidebar).

"We know that pain management is a pivotal part of an obstetric patient's experience both during and after delivery," said Dagestad. "We also know that obstetric patients are obviously not the only ones who experience pain while in the hospital. Rolling those out to more inpatient units allows patients outside of Birthways to choose their own personal comfort methods to help alleviate their pain."

## SPREADING THE MENU

Popular Birthways service embraced by other inpatient units.

With its success on Birthways, comfort menus have found a patient care role on other inpatient units at Mary Greeley.

The concept was readily embraced by Mary Greeley's Nursing Practice Council. There are some minor differences between the Birthways comfort menu and those on other inpatient units. Patients can ask for a heating pad, to be repositioned or for a fan. To help them relax, they want to take advantage of an inpatient massage, have their lights dimmed or visit the rooftop garden.

The menu for patients on the Oncology Unit has also been designed with that specific patient population in mind. Oncology patients will find items that can help with chemo-associated nausea.

Sarah Heikens, director of Mary Greeley's Oncology Unit and ICCU, thinks the comfort menu is an excellent way to better care for patients and reduce any anxiety they may have.

"The comfort menu is nice in that it lists all of the different options for patients in one place," Heikens said. "Staff may not think of a visit to the rooftop garden, or a diffuser, as ways to reduce patient anxiety. Every patient is different though, so if a patient sees something on the comfort menu that might help them, it allows us get them what they need to help them feel better."



## 2019 Mary Greeley Medical Center Volunteers of the Year

### Auxiliary Recognition: **KEN DUNKER**

Volunteer Since: 2015  
Volunteer Hours: 1,557



Ken Dunker is committed and passionate about his volunteer work at the Intensive Care and Coronary Unit (ICCU) Information Desk. From the beginning, he has made it his mission to provide the best service to our patients, visitors and staff. Ken not only shows up faithfully for his Monday morning shift, he also regularly fills in for open shifts, trains new volunteers, and take steps to enhance the patient and visitor experience. Each year Ken has increased the number of hours he volunteers at the ICCU and in 2018 he averaged 10 hours per week. "Ken is such a great asset to the ICCU team. He always keeps an eye out for ways he can help and then either notifies me or just takes care of it. His willingness to substitute last minute is greatly appreciated. Ken always goes above and beyond," said Julie Scebold, ICCU supervisor.

### Commitment: **LARRY NORTHUP**

Volunteer Since: 2007  
Volunteer Hours: 1,591



Larry Northup started volunteering at Mary Greeley as a Lifeline installation volunteer. In 2016, he switched his volunteer efforts to be in the hospital. He started volunteering at the North and Radiation Oncology Information Desks, in part, to continue his close relationship to the staff he became so fond of during his cancer treatment. In 2018, he started volunteering at the Front Information Desk. From the beginning he took on additional responsibilities and volunteered for open shifts. He many times is our go-to guy for training new volunteers, substituting for open shifts, and volunteering for back-to-back shifts to ensure coverage. "Larry demonstrates a giving heart and easily shares our PRIDE values with patients, visitors and staff. Anytime he volunteers he displays a calm, very helpful and friendly presence," says Wendy DeMatto, Volunteer Services Administrative Assistant.

### Leadership: **FRANKEE OLESON**

Foundation Board: 2012 – 2018



Frankee Oleson is that special volunteer every non-profit dreams to have. During her six years of service on the Foundation board, she worked in a variety of roles including chair of the Board and member of the Executive Committee. She helped to establish the Governance Committee, worked on strategic planning, supported donor relations and happily spent countless hours revamping the Foundation's bylaws. In all of her roles, Frankee always provided thoughtful leadership and offered great insight, helping to guide the board and advance its initiatives. Melissa McGarry, Foundation executive director, shared, "I'm grateful to have had the opportunity to work so closely with Frankee and learn from her. Her leadership, advocacy and endless support for the medical center is appreciated by Mary Greeley leadership and those she has worked with over the years." Frankee and her husband Jim have also been longtime donors to the Foundation and are members of the Greeley Society. Although her service on the Foundation board is complete, Frankee remains committed to the mission of the Foundation and Mary Greeley.

### Hospice: **JOY LANG**

Volunteer Since: 1977  
Volunteer Hours: 2,851



Joy Lang's volunteer service at Mary Greeley dates back to 1977. In addition to her hospice volunteer work, which she started in 2001, Joy has volunteered or currently volunteers for Raising Readers, Hope Run, NICU Cuddler Program, and the Art Committee. She is a former Auxiliary Board president. As part of the Art Committee, Joy ensured that the artwork at the Israel Family Hospice House provided a healing environment for its patients, visitors and staff. Joy's years of dedication to both hospice and its patients has enhanced many lives. She has helped many patients enjoy fresh air outside the confines of spending days indoors due to limitations to enjoy the garden, fresh air and conversation. "Joy has always seen the person within when interacting with patients and families. Her interaction with each person is always without judgment and she finds the simplest gestures to make every person feel special," said Evonne Fitzgerald, medical social worker with hospice house.

## Volunteer Service Milestones

More than 40,000 hours of volunteer service were provided in 2018.

### 100 Hours

Joyce Bannantine	109
Jane Baty	106
Neena Bentley	141
Helen Brennan	101
Tom Brennan	100
Joan Dubberke	102
Marti Elston	142
Becky Fritzsche	160
Joan Grabenstetter	174
Marlys Grant	156
Janice Hagan	197
Ann Hein	230
Kyle Jackson	143
Becky Jackson	303
Jane Jorgensen	111
Michelle Lang	108
Joanna Muggli	102
Jody Overland	127
Bev Reilly	164
Alan Schwendinger	109
Carol Spencer	266
John Tamashunas	208
Madeleine Walker	154
Maggie White	108
David Williams	123
Sue Wuhs	104

### 500 Hours

Bob Bergmann	504
Inez Carlson	516
Al Day	515
Roger Hermanson	742
Bruce Johnson	572
Mary Mechaelsen	532
Marty Miller	599
Marilyn Nervig	519
Dennis Owings	546
Ellen Sander	540
Diana Schwendinger	563
Harris Seidel	543
Zoe Sirotiak	517
Mark Widrechner	558

### 1,000 Hours

Roberta Abraham	1003
Georgia Bluhm	1033
Peggy Carr	1447
Trudy Dirks	1041
Ken Dunker	1464
Ann Espinosa	1104
Terri Hasselman	1034
Joan Long	1002
Cindy Lubinus	1100
Gwen Mitzel	1143

Larry Northup	1478
Glenda Okland	1007
Dean Sampson	1010
Sam Smith	1064

### 1,500 Hours

Dan Carter	1539
Wanda Button	1549
Sue Frette	1574
Janice Hove	1778
Judy Whitney	1577

### 2,000 Hours

Sylva Williams	2073
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### 2,500 Hours

Judy Chance	2527
Doris Classon	2636

### 3,000 Hours

Glendora Clark	3123
Bob Cole	3048
Mary Wirth	3156

### 3,500 Hours

Jean Carey	3561
Vivian Nelson	3597

### 4,000 Hours

Nancy Fausch	4060
Paul Dasher	4152
Mary Ann Gardner	4075
Claretta Whitlatch	4138

### 4,500 Hours

Linda Vogtlin	4955
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### 5,000 Hours

Garry Alexander	5049
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### 6,000 Hours

Jane Frerichs	6268
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### 6,500 Hours

Betty Netcott	6869
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### 9,000 Hours

Pat Frette	9,344
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### 10,000 Hours

Betty Jackson	10,345
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### 14,000 Hours

Mary Engstrom	14,018
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## Mary Greeley Volunteer 2018 Stats

**40,182**

TOTAL VOLUNTEER HOURS IN 2018

**96**  
(male)

**99**  
(female)

Oldest  
Volunteers

**12**

Youngest  
Volunteer

**485**

Total  
Volunteers

**800+**

Families Assisted  
By Surgical Unit  
Family Escorts

**364**

2<sup>nd</sup> Graders  
Taken On  
Tours By  
Volunteers

**Interested in becoming a Mary Greeley volunteer?**

Learn more about our volunteer program and its many benefits at [mgmc.org/volunteer](http://mgmc.org/volunteer).



# When Distraction is a Gift

A Cyclone family's gratitude creates a more comforting space for pediatric patients.

BY DEBRA GIBSON

Tara Webber needed to start an IV on a 5-month-old baby who, no surprise, was really not into the whole IV thing.

Webber, supervisor of Mary Greeley's Pediatrics Unit, and her little patient were in a pediatric treatment room that had been livened up with colorful art and outfitted with an iPad. She decided to play the infectious "Baby Shark" video on it, which immediately relaxed the anxiety-ridden infant. The procedure then went fine.

You can just imagine Webber whispering, "Thanks, Coach."

That would be in reference to Iowa State Cyclones football coach Matt Campbell. His family's act of gratitude for care received at Mary Greeley helped create that space where pediatric patients can be wonderfully distracted while getting the care they need.

## Ailing Child

By late afternoon on Saturday, September 2, 2017, the Campbell family was flying high. Coach Campbell had just led his team to a season-opener victory over the University of Northern Iowa, winning 42-24. His wife, Erica, with some of their four children in tow as well as her dad and Matt's parents, drove to the Campbells' Ames home to continue basking in the team's success.

The euphoria was short-lived. Izzy Campbell, two weeks shy of her 8th birthday, was at home writhing in pain, having spent the day with Erica's mother. Stomachaches had plagued her for several days, but then eased the day before the game. Periodic phone calls between Erica and medical professionals suggested she'd picked up the stomach bug plaguing her elementary school. But amid the post-game revelry, Erica and her mother bundled up Izzy and drove her to Mary Greeley Medical Center's Emergency Department.



The Campbell Family Foundation provided support to enhance Mary Greeley's Pediatrics treatment room. The Campbells are shown here in Jack Trice Stadium, where they obviously spend a lot of time. (right) A pediatric patient relaxes in the procedure room while watching a cartoon on an iPad, which is cradled in a specially designed arm.

One push on the girl's lower right side and a subsequent ultrasound determined Izzy's appendix had burst the day before. By Sunday morning, McFarland Clinic surgeon Dr. Greg Sachs had removed the appendix remnants in a race to beat the spreading infection. The typically spunky second-grader spent the next seven days fighting severe pain from the infection as well as near-constant intestinal distress.

While grandparents and then sitters shepherded the remaining three Campbell kids during Izzy's hospitalization and Matt's grueling schedule, Erica remained at her daughter's bedside, grateful for the constant presence of medical professionals who made their lives easier. McFarland Clinic pediatric hospitalists Dr. Kathleen Foster-Wendel and Dr. Laura Hufford, McFarland Clinic pediatric hospitalist, soothed Izzy, eventually ordering her a pain medication pump she could control.

When the nauseous girl wouldn't eat for her mom, Hufford fed Izzy. Nurses kept her stocked in DVDs and gifts like a handmade blanket and pillowcase and a purple teddy bear, items donated to all pediatric patients. One nurse sat with Izzy to calm her in the evenings when the pain was at its worst.

By the following Saturday, Izzy was released and angling to attend that day's home football game against Iowa. Though the Campbells "had to beef her back up" after Izzy's significant weight loss, her recovery was soon complete. But the experience stayed with Matt and Erica, and they knew they wanted to share their gratitude for their daughter's exceptional care.

## A Better Healing Space

A gift to the Mary Greeley Foundation from Campbell's Kids, the Matt and Erica Campbell Family Foundation, which provides needed dollars to support children in the areas of education, community, health, and quality of life was used to enhance the pediatric procedure room. The room now boasts colorful walls decked out in whimsical animal prints and an iPad cradled in an extended arm that is attached to the bed.

"Once you come here, and you see how it all works, you feel a part of it," Erica said. "Even when you're in that vulnerable position, you want to give back."

Erica will now continue to give back as a member of Mary Greeley's new Maternal/Child Patient and Family Advisory Council, which provides input on the hospital's new Birthways/NICU/pediatrics floor.

*The Campbells' story of gratitude is just one of many at Mary Greeley. For more information on how you can share your story with the Foundation or how you can make a gift, please call 515-239-2147 or visit [www.mgmc.org/grateful](http://www.mgmc.org/grateful).*



## IPADS TO THE RESCUE

Acting on a mom's advice, Mary Greeley provides young patients with a more comforting space.

When her 4-year-old daughter was admitted to Mary Greeley's Pediatrics Unit, Allie Wulfekuhle saw an opportunity. The youngster was taken to the Pediatrics treatment room for tests, and Wulfekuhle was underwhelmed by the atmosphere.

"It was a stark white room with nothing on the walls," said the Ames mom of four and part-time faculty member in ISU's kinesiology department. "We knew from visiting other hospitals with our daughter that using iPads with her while she was having procedures served as a great distraction for her."

So Wulfekuhle shared those suggestions for distraction therapy during a pediatrics outtake interview. (Wulfekuhle is a member of Mary Greeley's Patient and Family Advisory Council, and Maternal/Child Patient and Family Advisory Council.)

Wulfekuhle's feedback resulted in the purchase of two iPads with a grant funded by the Mary Greeley Auxiliary. The iPads are available for patients to use while staying on the Pediatrics floor.

Recently, Wulfekuhle was able to experience the treatment room after all the special touches were added thanks to a gift from Campbell's Kids, the Matt and Erica Campbell Family Foundation. Her son was bitten by a dog while visiting grandparents, and was whisked into the treatment room for IV insertion. The iPad attached to a swing arm was positioned above the boy's head, providing access to attention-diverting Lego cartoons.

"That procedure would not have been successful without the iPad," a grateful Wulfekuhle said.



# Prime Time Alive & More

## PRIME TIME ALIVE

Created specifically for those age 50 and better, Prime Time Alive is a membership program (just \$15 a year) that helps people live and age well. Learn about member benefits and how to join at [www.mgmc.org/pta](http://www.mgmc.org/pta).

Prime Time Alive programs are designed to help you achieve a vital balance of the physical, financial, emotional, and spiritual components in your life. Don't miss all the fun and learning! You can become a member and register for events online at [www.mgmc.org/pta](http://www.mgmc.org/pta) or by calling 515-239-2423 or 800-303-9574. **Preregistration is required for all Prime Time Alive programs.**

► **Fall Brunch**  
Sunday, Oct. 6, 11 a.m. to 1:30 p.m.  
Mary Greeley Cafeteria

Join your fellow Prime Time Alive friends for our fall brunch. The cost is only \$12.50 with your Prime Time Alive card. Watch the mail for a flyer with more information.

► **Warm Your Heart & Home This Holiday Season**  
Wednesday, Oct. 23, 2 p.m.  
Mary Greeley Myers Auditorium  
Presented by Jennifer Bahlmann-Ballantine, manager, Mary Greeley Auxiliary Gift Shop, and Peggy Carr, merchandising volunteer, Mary Greeley Auxiliary Gift Shop.

Learn how to create the perfect "Porch Pot" this season and "spruce-up" your dining room with a lovely tablescape for entertaining guests. Jennifer and Peggy will share easy decorating tips and trends to bring the spirit of the holiday season into your home! Stop by the Gift Shop after the seminar and receive 20% off your purchase that day.

► **Diagnosis and Treatment of Age Related Macular Degeneration**  
Tuesday, Oct. 29, 2 p.m.  
Mary Greeley Atrium A  
Presented by Tracy Kangas, MD, PhD,  
McFarland Clinic Ophthalmology.

Age-Related Macular Degeneration (AMD) is the most common cause of visual loss in patients over 60 years old. Most patients

get the "dry" form of AMD, which is treated with AREDS 2 vitamins. However, those patients with the "wet" form of AMD can be treated with injectable medications to preserve vision. The diagnosis, treatment and future of AMD will be discussed.

► **The Art of Falling & Preventing Falls**  
Thursday, Nov. 7, 2 p.m.  
Mary Greeley Atrium A  
Presented by Celeste Small, physical therapist, Mary Greeley Rehab & Wellness.

A discussion of safe ways to fall and exploration of evidence-based fall prevention strategies that include a review of medications, doing prescribed exercises/maintaining well-being, and environmental changes. Education and awareness of fall risk will also be presented.

► **Anxiety and Aging**  
Wednesday, Nov. 20, 2 p.m.  
Mary Greeley Atrium A  
Presented by Bonnie Riphagen, LMSW, mental health therapist, Mary Greeley Medical Center Behavioral Health.

Sometimes a little anxiety can be a good thing. If you have a project to finish or are having a large get-together, feeling a bit worried about getting everything done on time can help you focus and finish the job. This kind of anxiety is a normal response to stress. But too much anxiety is another thing. It's not normal and it's not helpful. Anxiety disorders are serious medical illnesses that affect approximately 40 million American adults. In later life, people may develop anxiety disorders during stressful events such as a serious illness, financial problems, or the loss of a spouse or other close relative or friend. Anxiety experienced by older adults may be frightening but there are various treatments and approaches that have proven to be effective.

## Auxiliary Gift Shop

Proceeds from the Gift Shop support Auxiliary scholarships, programs, and services of Mary Greeley Medical Center. For more information, call the Gift Shop at 515-239-2190.

► **Fall Open House**  
Thursday, Sept. 12, 8:30 a.m. to 6 p.m.  
Friday, Sept. 13, 8:30 a.m. to 4:30 p.m.  
MGMC Auxiliary Gift Shop

The Gift Shop will be decorated for the colorful fall season when you join us for the Fall Open House featuring home décor, candles, diffusers, floral stems, Thanksgiving decorations, seasonal greeting cards, special occasion napkins and other items. Receive 20% off your purchases during the event. On Thursday, Sept. 12, enjoy a sample of fresh-baked apple or cherry crisp while you shop. These frozen fruit crisps will be for sale from 10 a.m. to 4 p.m. for just \$16 a box. A delicious orchard recipe, easy to bake, and the perfect dessert for a cold weather day.

► **HCI Fundraising \$6 Sale**  
Thursday, Sept. 26, 7:30 p.m. to 5 p.m.  
Friday, Sept. 27, 7:30 a.m. to 2 p.m.  
Atrium A & B

Start your holiday shopping early at the semi-annual HCI Fundraising \$6 Sale. Perfect stocking stuffer items for every family member including LED flashlights, watches, reading glasses, scarves, gloves, wallets, ISU and U of I collegiate items, CDs and much, much more. Almost every item is priced at \$6.

# Art Schedule

**AUGUST**  
Regina Reddy  
Photography  
Main entrance,  
west hallway

Diane and Kendall Kunzler  
Paintings and prints  
Main entrance,  
west extended hallway

Damon Layne  
Woodworking  
Main lobby display case

**SEPTEMBER**  
Mary Jo Hinds  
Paintings  
Main entrance,  
west hallway

Diane and Kendall Kunzler  
Paintings and prints  
Main entrance,  
west extended hallway

Damon Layne  
Woodworking  
Main lobby display case

**OCTOBER**  
Mary Jo Hinds  
Paintings  
Main entrance,  
west hallway

Joel Lueck  
Pen and ink  
Main entrance,  
west extended hallway

Reiko Uchytel  
Ceramics  
Main lobby display case

**NOVEMBER**  
Debbie Poland  
Quilted landscapes  
Main entrance,  
west hallway

Joel Lueck  
Pen and ink  
Main entrance,  
west extended hallway

Reiko Uchytel  
Ceramics  
Main lobby display case

EXCLUSIVELY FOR PRIME TIME ALIVE MEMBERS

## Health Literacy: The Secret to Being a Power Patient!

Tuesday, Sept. 17, 9 to 11:30 a.m.  
Bertha Bartlett Public Library  
503 Broad St., Story City

Presented by Jo Kline, attorney and author of "The 60-Minute Guide to Health Literacy" and The Des Moines Register's 12-week series, "Health Literacy 101."

Do you sometimes wish you had superpowers when it comes to healthcare? Join attorney and author Jo Kline for a first-of-its kind seminar on becoming a "power patient." Health literacy is knowing when, how and where to access the resources needed to make informed choices as patients and caregivers, and having the decision-making tools for every healthcare situation. Which healthcare websites can I rely on? Am I taking my meds correctly? How do I choose the right treatment option? What vaccinations and preventive care do I need? How can I be the best advocate for myself or someone else?

With lively PowerPoint presentations, Jo will cover the history of medical decision making in America and modern challenges to managing healthcare. Then she'll share the real nuts-and-bolts of being a power patient: the "Top Ten Fundamentals of Health Literacy." Bring your questions for the Q&A. No note-taking needed as each attendee will get handouts with all the key messages and a lot more, as well as a copy of Jo's book.

This program supported by gifts to the Mary Greeley Foundation.

## FAMILY & FRIENDS



Saturday, September 14  
or Saturday, October 19

9:00 - 10:30am in Atrium A at  
Mary Greeley Medical Center

Cost: \$25 per person

Register at [www.mgmc.org/classes](http://www.mgmc.org/classes)



## Heartsaver® CPR AED

Wednesday, September 11  
or Wednesday, October 2

4:00 - 7:30pm in Atrium A at  
Mary Greeley Medical Center

This course is for those who are seeking a course completion card (AHA certification card) for a job, regulatory (e.g., OSHA), or other requirements.

Cost: \$60 per person

Register at [www.mgmc.org/classes](http://www.mgmc.org/classes)



# Clinics & Classes

## Clinics

### ► Childhood Immunization Clinics

Mary Greeley Medical Center offers childhood immunization clinics for Story County residents on the second and fourth Tuesday of every month from 4:30 to 6:30 p.m. at the Mary Greeley's Home Health Care office located at 1114 Duff Avenue. Upcoming dates include Sept. 10, Sept. 24, Oct. 8, Oct. 22, Nov. 12 and Nov. 26. Parents of children receiving immunizations are asked to bring previous immunization records with them. Even if a child has never received an immunization, he or she may start a program at any time. Call 515-539-6730 for more information.

### ► Adult Immunization Clinics

Mary Greeley Medical Center offers adult immunization clinics for Story County residents every week at Mary Greeley's Home Health Care office located at 1114 Duff Avenue. The clinics are held Monday and Wednesday from 8 a.m. to 12:30 p.m. and Friday from 10 a.m. to 2 p.m.

## Senior Health Clinics

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

### Ames

**Green Hills Health Care Center**  
Tuesday, Sept. 3, Oct. 1, Nov. 5  
1 to 3:30 p.m.

### Heartland Senior Services

Thursday, Sept. 5, 12, 19, 26;  
Oct. 3, 10, 17, 24, 31  
9:30 a.m. to noon

### Keystone Apartments

Thursday, Sept. 26, Oct. 24,  
no clinic in November  
1 to 2:30 p.m.

### Northridge Village

Wednesday, Sept. 4, Oct. 2, Nov. 6  
1 to 2:30 p.m.

### Regency V Apartments

Tuesday, Sept. 3, Oct. 1, Nov. 5  
10 to 11:30 a.m.

### Stonehaven Apartments

Tuesday, Sept. 24, Oct. 22, Nov. 26  
10 to 11:30 a.m.

### The Waterford at Ames (Assisted Living)

1200 Coconino Rd.  
Wednesday, Sept. 18, Oct. 16, Nov. 20  
1 to 3 p.m.

### Windsor Oaks Apartments

1100 Adams St.  
Thursday, Sept. 19, Oct. 17, Nov. 21  
1 to 2:30 p.m.

### Collins

#### City Hall

Senior Meeting Room  
Tuesday, Sept. 17, Oct. 15, Nov. 19  
9 to 10 a.m.

### Colo

#### Community Center

Tuesday, Sept. 17, Oct. 15, Nov. 19  
10:30 to 11:45 a.m.

### Huxley

#### Nord-Kalsem Community Center

Thursday, Sept. 5, Oct. 3, Nov. 7  
1 to 2:30 p.m.

### Nevada

#### Senior Center

Tuesday, Sept. 10, Oct. 8, Nov. 12  
12:30 to 2 p.m.

### The Meadows Apartments

Tuesday, Sept. 17, Oct. 15, Nov. 19  
1 to 3 p.m.

### Story City

#### Cedar Place

Thursday, Sept. 12, Oct. 10, Nov. 14  
1 to 4 p.m.

### Story City Community Health Center

Wednesday, Sept. 25, Oct. 23, Nov. 27  
1 to 4 p.m.

## Support Groups

### ► Alzheimer's Caregiver Support Group

The Alzheimer's Caregiver Support Group is free and open to the public. The group meets the second Thursday of the month from 6:30 to 8:00 p.m. in Atrium B at Mary Greeley Medical Center. Call 515-239-2502 or 515-239-6862 for more information.

### ► Courage in Motion

This fitness program is for people who are undergoing cancer treatment or have gone through treatment in the past year. The patient's caregiver is also eligible. There is no charge for this program, which is cosponsored by the William R. Bliss Cancer Center Cancer Resource Center and Ames Racquet and Fitness Club (ARFC). The program begins with a 6-week course of exercise at Mary Greeley Medical Center. Participants can then choose to continue with a 12-week program at ARFC. Contact the Cancer Resource Center at 515-956-6440 for information.

### ► Grief Support Groups

There are two grief support groups at Israel Family Hospice House, 400 S. Dakota, Ames. Understanding Your Grief meets on Tuesdays until Sept. 24, 10 a.m. to 11:30 a.m. Mourning Coffee is 10 a.m. each Friday. The annual Tree of Love event will be Nov. 10 at 2 p.m. at Mary Greeley Medical Center, Atrium A & B. For more information, contact Mike Willer, Bereavement Coordinator, 515-956-6038 or willer@mgmc.com.

### ► Living with Cancer Support Group

For information, contact the William R. Bliss Cancer Resource Center, 515-956-6440.

### ► Stroke Support Group

The Stroke Support Group is free and open to the public. Meeting times vary, depending on interest. Call 515-956-2774 for more information.

### ► Breastfeeding Support Group

Sept. 5  
10 to 11:30 a.m.

## Family Birthing Classes

Register online @mgmc.org/classes 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.  
**Ages 2 to 4:** Sept. 9, Oct. 7, Nov. 11  
**Mixed ages:** Sept. 19, Oct. 17, Nov. 18  
**Ages 4 and up:** Sept. 30, Oct. 24, Nov. 21, Dec 16  
Main Lobby

## Childbirth Classes

Birthways offers a one-day and Tuesday series (two classes) childbirth class to help women in their seventh to eighth month of pregnancy and their support persons prepare for childbirth. **A tour is included with the classes.** \$30 donation per class.

### ► One-Day Childbirth Class

**Saturday:** Sept. 7, Sept. 14, Oct. 5, Oct. 12, Nov. 2, Nov. 9

### ► Childbirth Class – Tuesday Class

**Tuesdays:** Sept. 3 & 10, Oct. 1 & 8, Nov. 5 & 12  
6:30 to 9 p.m.  
Atrium A

### ► Birthways Tour

**Wednesday:** Sept. 25, North A & B; Oct. 30, Atrium A, Nov. 20, Atrium A 7 to 8 p.m.  
Birthways offers tours of the hospital and unit for expectant women and their support persons.

### ► Breastfeeding Classes

Sept. 9, Sept. 19, Oct. 7, Oct. 17, Nov. 4, Nov. 14  
Atrium A or North A & B  
Donation \$10

### ► Baby Basics Class

Sept. 21, Oct. 19, Nov. 16  
North A & B  
9 a.m. to 1 p.m.  
Donation \$5

## 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.**

### Ames Classes

#### ► Joints in Motion

This 45-minute aqua class is designed for individuals with arthritis, fibromyalgia, and other related conditions. Using a wide variety of gentle exercises, the focus is on improving flexibility and range of motion, plus enhancing cardiovascular and muscular endurance.

#### ► Moms in Motion

Designed for prenatal women, this aqua class includes gentle stretching, strengthening, and mild cardiovascular exercises. Following guidelines from the American College of Obstetrics and Gynecologists, Moms in Motion prepares women for the physiological changes associated with pregnancy and develops stamina and strength for labor and delivery. Class participants enjoy a unique bond exercising with other moms-to-be.

### Story City Classes

#### ► 50/50 Fit

This class incorporates functional moves using a variety of equipment. Mix in some low-intensity cardio moves and you have a workout that improves your muscular strength and heart at the same time.

#### ► Boot Camp

Our boot camps provide you with the latest tools and strategies to take your fitness to the next level. Join us for fun and games as you rev up your metabolism and greet the day energized, ready to burn calories all day long.

#### ► Core Blitz

Focus in on your core strength and stability in this 45-minute total core workout!

#### ► Power Hour

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

#### ► Power Sculpt

Challenging but easy to follow, this class combines light hand weights with yoga flow to work muscle groups that will enhance your yoga practice. We add core exercises, stretching, and fun music. Great for all ages!

#### ► 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 or standing support.

#### ► Strength and Core Circuit

Enjoy 45-minutes of non-stop fun. This class will vary each week as different types of equipment are used for heart-pumping intervals of strength, power and core. For all fitness levels.

#### ► TBW (Total Body Workout)

The TOTAL package—cardio, strength, and interval training. Build metabolism-boosting muscle and improve cardiovascular endurance in this fun, fast-paced, hour-long workout.

#### ► TRX

This small group specialty class uses the TRX suspension system to create unique exercises challenging your core, strength, stamina, and cardiovascular system. Class is limited to 10 participants. Please preregister at the front desk for each class you attend.

#### ► 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.





**Mary Greeley**

MEDICAL CENTER

Doing what's right.

1111 Duff Avenue, Ames, Iowa 50010

BE BE  
*Brave. Kind.*  
BE  
*You.*

*Evening of Bliss*

Thursday, October 10

ISU Alumni Center

Doors open @ 5:30 p.m.



Featuring breast  
cancer survivor  
and author,  
Nicole J. Phillips



Mary Greeley  
MEDICAL CENTER

Attendees will receive a  
goodie bag that will include  
a copy of Nicole's book,  
*Kindness is Courageous!*

*Tickets are \$10 and seating is limited!*

*Register today at [www.mgmc.org/eveningofbliss](http://www.mgmc.org/eveningofbliss)*

*This event is supported in part by gifts to the Mary Greeley Foundation.*