

Health

CONNECT



FACING COVID

Respiratory therapists explain ventilators and more, p2

Behind the mask: Our inspiring virus expert, p4



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Calendar

COVID-19 has resulted in many Mary Greeley-sponsored meetings and events being cancelled, postponed or delivered remotely. For status on an event, please visit our website, www.mgmc.org/classes.

PRESIDENT'S LETTER

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

Prepared

On a morning in late May, a COVID-19 patient in our Intensive Care Unit was taken off the ventilator that had been helping him breathe for the past 17 days. The event was met with celebration and a few laughs as the patient uttered some of his first words in weeks: "I'm starving."

In our Q & A section, a respiratory therapist describes her response to a similar event: "The smile on the patient's face was all we needed. It was one of those days in my RT career I'll always remember."

There have been many powerful and moving moments at Mary Greeley Medical Center during this unimaginable health crisis.

2020 had started on an exciting note for Mary Greeley as we were deep into the planning for the Malcolm Baldrige National Quality Award conference slated for March in Washington D.C.

We would be there proudly telling the Mary Greeley story and receiving the Baldrige Quality Award, the nation's top presidential-level honor for quality improvement and innovation. Mary Greeley is the first organization in Iowa to achieve it.

Then COVID-19 hit and the conference, not surprisingly, was cancelled. We had been discussing the growing concerns about the virus since early January. Those early talks involved the idea of the virus being a good motivation to do some clinical drills at the hospital. Things quickly evolved from drills to focused preparation for COVID-19's inevitable arrival on our doorstep.

Instead of attending the Baldrige conference, we were here doing what we do best: ensuring that even in times wracked with uncertainty we are providing safe, outstanding care for our patients and our communities. In our COVID-19 response, we have been diligently creating effective plans and processes, following them consistently, and adapting them as needed. In other words, we have been doing what captured the attention of Baldrige evaluators.

The issues surrounding COVID-19 have been vast and ever-evolving:

- Where should we treat COVID-19 patients? What if we have a surge that exceeds our capabilities?
- How do we ensure the safety of our staff, providers, patients and visitors?



Visit us on the internet

Learn more about Mary Greeley's programs and services at www.mgmc.org.

Contact us

Individuals are encouraged to contact Mary Greeley Medical Center if they have any concerns about patient care and safety in the hospital that have not been addressed. If the concern continues, individuals may contact the Iowa Department of Inspections and Appeals, 321 E. 12th St., Des Moines, IA 53119. You may also call 515-281-7102 or e-mail webmaster@dia.aow.gov.

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CONNECT WITH US!    

NEW Faces

- How should we screen staff, patients and visitors? What should be asked? How should we ask it?
- Do we have enough supplies, particularly personal protective equipment (PPE)? Where do we find more?
- How do we keep our staff working, even when the virus causes significant decreases in the number of patients we're seeing?
- How do we keep our staff informed? How do we ease anxiety in the communities we serve?
- How can we make greater use of telehealth?
- How do we suspend elective surgeries and other procedures, and then, weeks later, bring them back on line safely?

COVID-19 has dominated our attention every day for months. At the same time, we've been busy helping moms welcome new lives into the world, and providing care for patients with other serious illnesses, such as the young cancer patient you can read about on page 7.

Responding to COVID-19 has involved a massive team effort. Everyone from nurses to physicians, environmental services staff to respiratory therapists, infectious disease specialists to valet attendants have been involved. I have never been more proud of Mary Greeley staff and our partners, particularly McFarland Clinic.

Everyone at Mary Greeley will have a COVID-19 moment that stays with them forever. From the joy of seeing a COVID-19 patient go home to the heartbreak of telling a new grandmother that because of our visitor policy they can't visit their newest family member, we've experienced a roller coaster of emotions during this challenging time.

What's kept us going is knowing that we are helping people at a time they need it the most. What's also kept us going is the inspiring outpouring of support provided by the communities we serve.

There have been food donations from local restaurants and others for our hardworking healthcare staff. More than 300 people have sewn an estimated 6,000 masks for staff and visitors. Local manufacturers have redirected their capacity, coming up with creative ways to fabricate new PPE.

We received more than \$200,000 in philanthropic contributions through the Mary Greeley Foundation to support our COVID-19 response. These much-appreciated gifts helped fund telehealth equipment, blood pressure cuffs for cardiac rehab patients who were seen remotely, PPE purchases, and so much more.

Let me take this opportunity to say thank you for thinking of us. It can't be said enough that we truly are all in this together.



Sreenath Kodali, MD

Sreenath Kodali, MD, joined McFarland Clinic's Oncology & Hematology department in September 2019. Dr. Kodali received his Bachelor of Medicine, Bachelor of Surgery degree at Guntur Medical College in India. He completed an Internal Medicine residency at the Nassau University Medical Center in New York after a transitional year residency at St. John Providence Medical Center. He went on to complete his hematology and oncology fellowship at Brookdale University Hospital and Medical Center.



Claire Stefl, MD

Claire Stefl, MD, joined McFarland Clinic's Hospitalist department in September 2019. Dr. Stefl received her B.S. in Nutrition Science at the University of Nebraska Lincoln. She received her medical degree at the University of Iowa. She went on to complete her family medicine residency at Ventura County Medical Center.



Michael Stefl, MD

Michael Stefl, MD, joined McFarland Clinic's Orthopedic Surgery department for Adult Reconstruction in September 2019. Dr. Stefl is an Iowa native. He received his B.S. in Biology from the University of Iowa. He completed his medical degree at the University of Iowa College of Medicine. His residency took place at the University of Southern California Department of Orthopedic Surgery. Dr. Stefl completed an adult reconstruction fellowship at the University of Indiana Department of Orthopedic Surgery.



Mattea Otten, CNM

Mattea Otten, CNM, joined McFarland Clinic's Obstetrics and Gynecology department in February 2020. She earned her B.S. in Nursing from Allen College. She went on to receive her M.S. in Nurse-Midwifery from Bethel University. She is Neonatal Resuscitation Program certified by the American Academy of Pediatrics and Electronic Fetal Monitoring certified by the National Certification Corporation.



Emily Zoulek, DO

Emily Zoulek, DO, will join McFarland Clinic's Obstetrics and Gynecology department in July 2020. Dr. Zoulek received her B.S. from Grand Valley State University. She earned her Doctorate of Osteopathic Medicine from Lake Erie College of Osteopathic Medicine. She completed her internship and residency of obstetrics and gynecology from Mercy Health Partners in Michigan.

Q&A

ON THE COVID-19 FRONTLINES WITH RESPIRATORY THERAPY

COVID-19 is primarily a respiratory illness and it put respiratory therapists with Mary Greeley's Cardiopulmonary department on full-alert. The specially trained therapists are responsible for providing life-saving breathing treatments and maintaining respiratory treatment tools, such as ventilators, which have never been as treasured than they are now.

Mary Greeley's respiratory therapists have spent many hours treating COVID-19 patients, including those on ventilators in the Intensive Care Unit. Here, Sally Balvanz, RRT, and Kristin Hofland, RRT, Mary Greeley respiratory therapists, share their experiences during COVID-19.

Let's talk about ventilators to start with, since there have been lots of questions and discussion about them during this pandemic. What is a ventilator?

Kristin: A ventilator is a medical device that assists a patient's breathing. In basic terms, it delivers oxygen into the lungs and removes carbon dioxide when a patient is unable to breath on their own. A tube is inserted into a patient's windpipe (trachea) and the ventilator circuit is attached to this tube, called an endotracheal tube. This process is called "intubation." A ventilator can either be set to assist a patient's breathing or totally take over their breathing, depending on the patient's condition. There are many types of ventilators with various modes to decrease the patient's work of breathing to ensure the body receives adequate oxygen and that carbon dioxide is removed. A ventilator does not heal the patient, it supports the patient while other therapies and medications are administered to treat the patient.

We should note that a ventilator is just one tool we have to treat respiratory illness. Not all COVID-19 patients need a ventilator.

Were there concerns about having enough ventilators?

Kristin: Respiratory has a limited number of ventilators – adequate for normal situations, but limited for a crisis like this. We had additional resources in Anesthesia and Patient Transport. We had great coordination in the region and acquired additional ventilators from area hospitals.

Treating patients with respiratory distress is what you've been trained to do, but did you have to do anything different when dealing with COVID-19?

Kristin: We did a lot of training to refresh skills. We trained on proper methods to put on and take off PPE. Something we call 'donning and doffing.' PPE protects us and everyone around us.

Sally: We also trained on using an intubation box, which uses suction to create a negative airflow during intubation and extubation. This prevents aerosolizing, or dispersing, the virus. Training also involved transporting patients throughout the hospital with a hood to prevent spread of the virus. We did training on anesthesia ventilators in the event that we need to utilize these ventilators, as well.

COVID 19 is obviously a severe respiratory illness. What has it been like for you and your colleagues during this pandemic?

Sally: Before we saw our first positive COVID-19 patient, we were fortunate enough to have the time to have mock codes so that we could run through

different scenarios. Having the time to prepare, since there are multiple steps involved, made our process more efficient and our staff more confident when we did have our first positive COVID patient.

Kristin: We're used to treating critical patients with chronic and acute respiratory failure. With this virus, we had to assess, adapt, and train for almost everything we do. There was a lot of unknowns and it was scary at first. Staff stayed in one patient's room for extended times. This was done to preserve PPE (personal protective equipment). Another therapist was assigned as their "buddy" to assist them by acquiring items they needed, taking a blood sample or relieving them for a break.

Sally: A lot of great teamwork was involved, including physicians, respiratory therapists, nurses, Lab, Radiology, PCTs (patient care technicians), PTs (physical therapists), and many others. This was key to providing safe, quality care to these patients.

You've seen COVID-19 patients being treated with ventilators. What's it like for you to see a patient taken off a ventilator? It must provide a great sense of relief and satisfaction in the level of treatment you've provided.

Kristin: As soon as a patient gets intubated and placed on a ventilator, we think of ways to extubate the patient. We draw ABG's (arterial blood gases) to see what adjustments could be made to the ventilator, trying different lung recruitment maneuvers (a method to open collapsed airways), placing the patient in prone position (on their stomach), and giving inhaler treatments to help dilate the airways. When the patient



Respiratory therapists Sally Balvanz and Kristin Hofland with a ventilator used in the Intensive Care Unit during the COVID-19 crisis.

has improved, and is stable enough to breathe on their own, we can pull the tube from their airway. It is so rewarding to see the techniques that we've used have worked. Hearing the patient speak for the first time after having the tube removed from their airway is one of the highlights of my job.

Sally: I have been an RT for more than 20 years and have extubated many patients ranging in age from one to 100 years old, and in both happy and sad circumstances. I was fortunate enough to extubate a COVID-19 patient and be a part of the celebration outside the room with staff who have worked so hard and tirelessly throughout this pandemic. The smile on the patient's face was all we needed. It was one of those days in

my RT career I'll always remember. It is a wonderful feeling to get them one step closer to being back home with their families.

You are part of a team that works closely with COVID-19 patients. Were you worried about your exposure? Did you do anything special before heading home at the end of the day?

Kristin: At the end of each shift, I change out of my scrubs to reduce the potential exposure of COVID-19 to my family. I also wipe off my stethoscope, ID badge, watch and anything else that may have been exposed during my shift with disinfectant wipes. When I return home from work, my family understands they need to keep their distance until I have put my scrubs in the washer and

have taken a shower. We are at high risk for exposure but we do this willingly because if the patient isn't breathing then very few things matter. In the end, it is more about the care that we are providing for the patients and easing their concerns and fears.

▶ VIDEO

"Here Comes the Sun"
The Beatles classic plays through the medical center to celebrate a patient coming off a ventilator after battling COVID-19. See the celebration at www.mgmc.org/Health-Connect/Q&A

MASKED CRUSADER



On the frontlines of Mary Greeley's COVID-19 response, Dr. Dan Fulton has been a calming, inspiring force for patients and healthcare staff. **BY STEVE SULLIVAN**

Don't Panic.

Be Positive.

Kindness Counts.

Wash your hands, wear protective gear and stay home if you're sick.

At this point, just about everyone at Mary Greeley knows these words by heart. They've been intoned almost daily as staff have prepared for and responded to the COVID-19 crisis.

They were prescribed early on by Dr. Dan Fulton.

An infectious disease specialist with McFarland Clinic, Fulton himself is one of the most panic-free, positive and kindest people you are likely to meet – even when he's juggling the tsunami of issues that come with a pandemic. These traits have served him and his colleagues well during this unimaginable moment in patient care.

They also contributed to his being named the recipient of Mary Greeley's 2020 Innovation & Excellence Award for Medical Practice.

"As an organization, we are so blessed to have Dr. Fulton," said LeAnn Hillier, infection control coordinator with Mary Greeley. "He has a calm and can-do attitude, with just a touch of practical realism thrown in for good measure. Throughout the pandemic he has been an outspoken proponent of patient and staff safety while engaging with us in difficult policy decisions. We all rely on him for his knowledge and guidance."

As an infectious disease specialist, there was naturally a bit of excitement early on as officials were watching the COVID-19 situation abroad and preparing for its arrival closer to home.

"It was very clear that we needed to be ready to care for really sick people in a safe way," he said. "From the beginning this has been a team effort with the infection prevention team, nurses on the frontlines, primary care doctors, frontline doctors in the ER – all trying to find out the best way to care for people. How to sift through all the information we are getting nationally and internationally, and ultimately make some real-world decisions about how we're going to do it here. The enormity of that work and team effort can't be overstated."

PANDEMIC PREPARED

In times of uncertainty, someone with the right expertise and demeanor is necessary to help people to make sense of things, ease anxiety and provide good advice on what to expect and how to react to it. For many people at Mary Greeley, McFarland Clinic and the patients and communities both organizations serve, that person has been Fulton.

"Dr. Fulton has been a rock for all of us," said Amber Deardorff, vice president for clinical and support services, who spearheaded Mary Greeley's COVID-19 response. "We look to him for guidance and his expertise. He has such a calming effect on people and we all feel better after hearing from him. He has been a department of one through all of this,

and we truly appreciate his efforts."

Fulton is a constant presence at COVID-19 planning meetings, and regularly rounds on patients being treated for the virus at Mary Greeley. He's done a series of videos addressing various aspects of the pandemic that have garnered tens of thousands of views.

"COVID-19 is a devastating disease with never before seen effects on society and the world, but it's not our first pandemic. People with HIV have been understanding what a pandemic is for 40 years now, often with a sense of fear and uncertainty," he said. "COVID-19 is a very different disease, of course, but it does remind us that what you do first is care about people, even if you don't know what to do. In time, the science catches up."

He adds, "My training has prepared me to at least be the person who has to or gets to make decisions during times like this. I try to make pragmatic decisions – what makes the most sense, particularly for staff and to make sure they are protected," he said. "Protecting other patients and our healthcare workers – I felt that weight more than anything. How do we make sure our workers are as protected as they can be? We had real limitations on our protective gear early on."

Fulton admits that it takes a lot of energy and focus to remain calm through the pandemic storm, especially during the most challenging times of the pandemic. Those have been many, from PPE shortage concerns to difficult decisions on visitor restrictions, concerns



Dr. Dan Fulton, infectious disease specialist, visits with a COVID-19 patient at Mary Greeley. In addition to working with patients, Fulton has been a vital resource for healthcare staff as we've responded to the pandemic.

about testing availability to constant adjustments to screening protocols.

“As a physician my job is to focus on what we can do medically and what we know medically about this disease – how to take care of it, how it spreads. There are so many other questions about, for example, social distancing, that are not strictly medical,” he said. “The catastrophic downside of what had to be done to control this infection saved hundreds of thousands of lives. It’s hard to prepare for a disaster when there’s only so much you can control. But to let ourselves get angry is a dead end. You have to try to avoid that even when things are frustrating.”

AMES TIES

Fulton already had deep connections in Ames prior to joining McFarland Clinic in 2015.

His grandfather studied forestry at Iowa State, and his father was born at Mary Greeley. The family moved to Minnesota, but Fulton’s dad returned to Iowa State as a student and a member of the Cyclone gymnastics team under legendary coach Ed Gagnier. Fulton’s mother is from Marshalltown and also an Iowa State graduate. Fulton, himself, attended Iowa State, where he met his wife, Lois, now a physical therapist at Mary Greeley. He earned his medical degree from the University of Minnesota Medical School, and did his residency at Hennepin County Medical Center, a public hospital in Minnesota. While he did an infectious disease fellowship at the University of Iowa, Ames was the college town where he and Lois dreamed of raising a family.

He remembers a day when they were driving back to Iowa City after visiting

his family in Minnesota. They both talked about how great it would be if they could just head south on I-35 to Ames. The next day he got a recruitment notice for a position in a Big 12 college town. The recruiters told him it was the fastest response they’d ever seen.

Fulton took a year off after medical school, and he and Lois went to Guatemala to do volunteer work. That experience further connected Fulton to his chosen specialty.

“Infectious disease lends itself to taking care of people on the margins, whether its people with HIV, or a neglected tropical disease like malaria or tuberculosis,” he said. “It’s also a field where you really look at the whole person because infections can impact any part of the body or the entire body. You follow the disease from start to finish and I love being part of that

▶ VIDEO

View several videos featuring Dr. Dan Fulton speaking on COVID-19 at mcfarlandclinic.com/fultonvideo

process – meeting someone when things are at their worst and helping them through the process of resolution, or caring for them the best way possible at the end of their life.”

FOLLOWING HIS OWN ADVICE

At one point in April, Fulton had a cough and fever. Given that his job requires him to interact with patients with COVID-19, there was a very real chance he, like so many in healthcare, had contracted the virus. A particularly worrisome situation for a man with three young children and a wife, who at the time was pregnant with twins.

“My experience was like so many people’s -- caring about who is around them and not wanting to get anyone else sick first and foremost,” he said.

He had a test but then had to wait for several days. His test results came back negative, which, surprisingly, was a little disappointing. He already felt better and couldn’t help but think that as a frontline healthcare professional, “maybe I already had it and maybe I’m immune.”

While waiting for those results, he quarantined at home, in a guest room. His safety routine was already established -- the regular hand-washing, consistently wearing a mask, donning scrubs and protective equipment at work, showering and changing clothes the first thing when he got home. He kept up with the job, though, having Zoom meetings with patients and colleagues.

“There was still work to be done,” he said.

There still is, as Fulton is so very aware.

“A hard thing for me is the realization that this is going to stick around for a while,” he said. “We may not have any patients intubated in the ICU today, but we could easily have more tonight or tomorrow.”

As we continue to see COVID-19 patients in Mary Greeley, some attached to ventilators ... as we continue to monitor supplies and availability of precious PPE ... as we hope for more testing ... as we wait to see whether ominous predictions for COVID-19 surges in the fall come true ... it seems appropriate to close this story the way it began, with Fulton’s encouraging, and slightly updated, words:

Don’t Panic.

Be Positive.

Kindness Counts.

Wash your hands, wear protective gear and, as we reopen, take it slow.

FULTON ON ...

WEARING A MASK

“I think masks are here to stay for a while. Wearing a mask out in public seems like a wise thing to do. We will learn more over time as we open up more: Does the virus flare up again or does it not? Meanwhile, wearing a mask for me seems like an easy enough intervention, especially with everything we’ve done to decrease the potential risk.

It is important though that we extend to each other a certain amount of grace with these issues, in both directions. Wearing a mask seems like a political decision sometimes, but maybe someone chooses not to wear it because they have a lung condition and it makes it hard for them to breathe.”

PROSPECTS FOR A VACCINE

“Without a broader sense of protection provided by a vaccine, it is going to be difficult for people to feel comfortable in group settings – unless they’ve decided not to worry about it. And I hope they don’t get sick and, if they do and end up in the hospital, that they don’t make a nurse sick.

But I think we will have a vaccine sometime next year. We need one so badly and we have brilliant people all over the world working together in unprecedented ways to figure this out. I think they will do it and I think it will work and it will be safe.

In the 1980s, we talked about HIV in the same way and we are still waiting for a vaccine. But HIV is a different illness with a long latency period (the time between exposure and symptoms). COVID-19 has a short latency period which should make studying it and finding a vaccine easier.”

OPENING UP

“It was absolutely important that we closed down. It bought us time. It helped testing catch up, helped the supply chains stabilize, helped us have time to protect workers. The flip side is that we can all agree that we can’t do this forever. The question is how to undo what we’ve done in a safe and thoughtful way. That involves pragmatic decision making. What is essential and what matters most to us? We will benefit from all of that. Continue to make changes that seem appropriate for our communities. We can learn as we go. Different places will do it different ways. Different people will have different priorities. We need to extend each other grace.

Given how profoundly this disease has affected the community and the country, it seems wise to go slow. This virus taught us all to be more conscious of ourselves, of doing what we can to not get other people sick. It’s a profound change in how people think about illness. It is typically, “how to I keep myself well?” The nature of this disease has flipped that equation for many people. Now it’s, “what can I do to protect other people from getting sick. It means wearing a mask and staying at home.”



The Foster family – Roseann, Brittany and Sean – on Mary Greeley’s rooftop garden. The garden, just off Mary Greeley’s oncology floor, provided a comforting oasis during Brittany’s many weeks as a cancer patient at Mary Greeley.

Love IN THE TIME OF COVID

A Colorado family faces cancer and the realities of a pandemic.

BY STEVE SULLIVAN

For weeks, every story at Mary Greeley Medical Center has been a COVID-19 story. That’s been true even when the story is about a young woman facing cancer.

In February, Brittany Foster, an Iowa State student from Colorado, started feeling ill. She spent several days at Mary Greeley being treated for mononucleosis.

She continued to feel bad days after getting out of the hospital. At her mother’s urging, she returned back to Mary Greeley’s Emergency Department and was admitted to the hospital. In mid-March she had a bone marrow biopsy. Her parents came back from Colorado with plans to be in Ames a few days and then take their daughter back home.

“

Everyone's been awesome. Always asking if there was anything else they can do for us. We've been truly impressed by the kindness and how gracious everyone is.”

Then, on March 20, came the diagnosis. Brittany and her parents gathered with Dr. Venkatesh Rudrapatna, a McFarland Clinic oncologist, who delivered the news: acute myeloid leukemia.

“It was a shock to everyone,” said Brittany’s mom, Roseann. “A nuclear bomb,” added her dad, Sean.

Despite the shock, the Foster’s praise Rudrapatna for giving them an immediate sense of optimism and confidence.

“The way he presented the news to Brittany was phenomenal. He was encouraging. He told Brittany that she was a fighter and that we’d start treatment tomorrow,” said Roseann. “We were going to fight it and we were going to beat it. As a mom, it helped me not let my mind go to a really dark place.”

INESCAPABLE

Brittany took a medical leave from Iowa State, which ultimately shifted to online courses because of COVID-19. She would have to give up her job at Aunt Maude’s, a popular Ames restaurant which would close because of COVID-19. When it came to deciding whether the Fosters would stay in Ames for Brittany’s treatment or go home, the pandemic was the decider.

Sean looked at COVID-19 cases in Colorado, which at that time were higher than in Iowa. They opted to stay at Mary Greeley.

Brittany couldn’t escape the impact of COVID-19. But that wasn’t her main

concern, of course. She was facing a life-threatening illness, with her parents at her side, though that too would be complicated by COVID-19.

AN EXCEPTION

Because of the COVID-19 crisis, Mary Greeley had to institute visitor restrictions.

On March 18, visitors were restricted to 2 people – the same 2 for the duration of a patient’s stay. Then, on April 7, due to increasing virus concerns, a no visitor policy was announced.

For the first 14 days of Brittany’s time at Mary Greeley, her dad self-quarantined at a local hotel. He’d visit the hospital, connecting with his wife and daughter via cell phone while standing in the parking lot.

He was eventually able to join Brittany and Roseann in a Burke Family Suite on Mary Greeley’s oncology unit. But this arrangement was in jeopardy when the no visitor policy went into place.

Exceptions to policies are sometimes called for ... times when pure humanity rules the moment, times when Mary Greeley’s philosophy of ‘doing what’s right’ rings loudest. Such was the case when, due to Brittany’s precarious health condition, a decision was made to allow both parents to continue to stay in the Burke Family Suite during the course of their daughter’s cancer treatment. They were there through all the ups and downs. The chemo. The nausea. The hair loss.

The anxiousness that comes with waiting for results from the latest tests.

Being able to be with their daughter during it all meant “everything,” said Roseann.

SUITE LIFE

The Burke Family Suite provided a comfortable home away from home week after week. The hospital’s garden on the fifth floor of Mary Greeley’s west tower offered a soothing place to take a break, get some air and do a little exercise. Sean kept busy working remotely. Roseann, along with Brittany’s older sister Bethany, who was in Colorado, managed the 24-hour care of her elderly parents long distance, a task made all the more challenging due to their frailty and pandemic concerns.

“We were extremely impressed with the hospital staff, from the nurses to the doctors, to those delivering meals and cleaning the rooms,” said Sean. “Everyone’s been awesome. Always asking if there was anything else they can do for us. We’ve been truly impressed by the kindness and how gracious everyone is.”

After several courses of treatment and 59 days in the hospital, Brittany was in remission and in good enough shape for the journey home to Colorado. At home, she will continue chemo treatments and likely have a bone marrow transplant, with her older sister, Bethany, as a donor.

The relief that came with finally getting out of the hospital was still clouded by COVID-19. At Mary Greeley, Brittany was in a controlled, regularly cleaned environment, surrounded by people wearing masks. Now, with a weakened immune system, she’d be getting back out in the world. Sheltered from COVID-19, she and her family would now have to navigate a pandemic world.

They are happy to be home though and ready to see Brittany continue to make progress. Sean is confident his daughter will get good care in Colorado, but after weeks at Mary Greeley, he’s “seen how high the bar is set.” ■

COVID-19

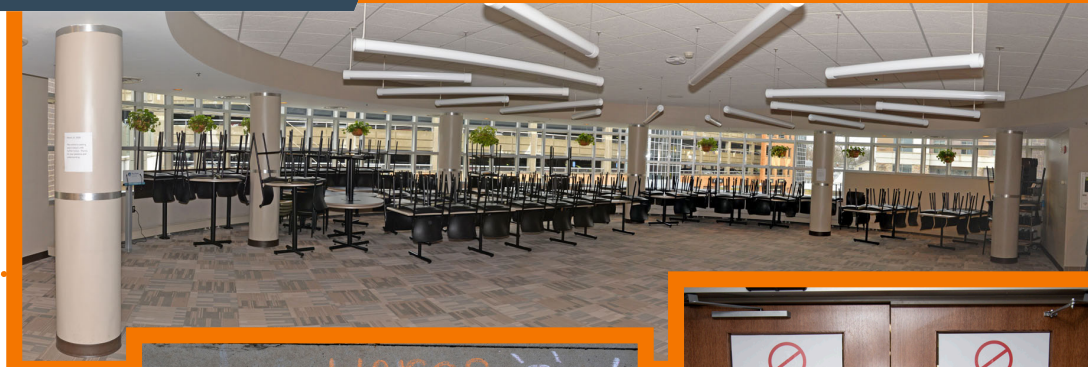
▶ VIDEO

Hear Mary Greeley staff talk about what it's like to work at a hospital during a pandemic. View the video at www.mgmc.org/Health-Connect

PHOTO ALBUM

SIGNS OF THE TIMES

Tables are pushed aside and chairs stacked in the dining area of Mary Greeley's cafeteria. The dining area was closed due to COVID-19 regulations issued by the state. The pandemic also prompted all sorts of signage. Some came in the form of positive messages for healthcare staff written in sidewalk chalk, while others made people aware of the latest visitor restrictions and screening processes.



FROM A DISTANCE

During the COVID-19 pandemic, some sights have been as heartwarming as they are heartbreaking. Case in point: Steve and Janet Drake visiting Steve's brother, David, a patient at Mary Greeley. Because of visitor restrictions put in place to ensure everyone's safety, the visit took place via cell phone, with Steve and Janet in the parking lot looking up at David as he stood at the window of his 5th floor hospital room with his wife, Diane. "The love and support they showed by driving in from out of town was heartwarming. Spending day after day cooped up in here is very difficult," said David. The experience "was not as good as face to face but since we obviously could not do that it was good to connect by cellphone and be able to see David, wave at him and hear his voice. It is always good to have a visual and hear the voice of people you love and be able to connect with them as they go through hard times," Janet said.



COVID-19

PHOTO ALBUM



PPE

Personal protective equipment, or PPE, has been a valued commodity during COVID-19. For the safety of patients and staff, Mary Greeley started building up supplies early in the crisis. There is a safe way to put on and take

off PPE and Mary Greeley put together a team of PPE experts to help staff. In the photo at the lower left, Deb Beelner, a PPE pro and Wound Clinic nurse, helps Maggie Zimmerman, a nurse who worked with COVID-19 patients, with her PPE. Several organizations, including Iowa State University CIRAS and John Deere, fabricated face shields for the hospital. In the photo at the upper left, nurses Shannon King and Monica Bohnert put on face shields created by John Deere. Preserving PPE was also important. One way Mary Greeley did this, was to minimize the number of people going in and out of patient rooms. In the image above, a masked team of nurses and therapists stands outside an ICU room, providing support for the nurses inside the room assisting a patient.



DONATIONS & SUPPLIES

Where do we start? The outpouring of support for healthcare workers was amazing. Many local restaurants contributed food, including Hungry Boys whose taco truck cuisine is about to be enjoyed by supply distribution tech Meesha Oxley.

That National Guard truck at our loading dock brought a pallet of supplies that was distributed by Story County Public Health. There have been donuts, pizza, barbeque, tacos, smoothies and so many Girl Scout cookies. Mask makers made many masks. More than 300 people created an estimated 6,000 masks for staff and visitors. Much needed supplies also were provided, including this load from Ames Community Schools. (See the back cover to learn more.)



DRIVE-THRU TESTING

In May, Mary Greeley began a drive-thru COVID-19 testing service for people scheduled for procedures at the hospital. This was put in place when elective surgeries and procedures started up after being postponed for several weeks. The tests were done in advance of the procedures so results would be back in time. Here, Lorene Grandgeorge, gets a quick swab from nurse Karen Brenner.



WE'RE ALL IN THIS TOGETHER

There were inspiring, light-hearted moments during COVID-19. One came when a rainbow appeared near the hospital, providing nature's exclamation point to the new sign on windows of our Birthways unit: We Will Push Through This. Clorinda Gaston, a valet attendant who switched to working a screening table when valet service was suspended, made a mask for big enough for our Cy statue.



TECH & TELEHEALTH

Those eyeball-looking things? Those are baby monitors, which were used to keep watch on COVID-19 patients. Celeste Small, a physical therapist with Rehab & Wellness, conducts a remote therapy session. Telehealth was an important tool to provide patient care when people couldn't come to the medical center. Support for the baby monitors and telehealth expenses were provided by contributions made to the Mary Greeley Foundation specifically to support our COVID-19 response.



COVID-19 AT MARY GREELEY

First admitted patient: **March 22, 2020**

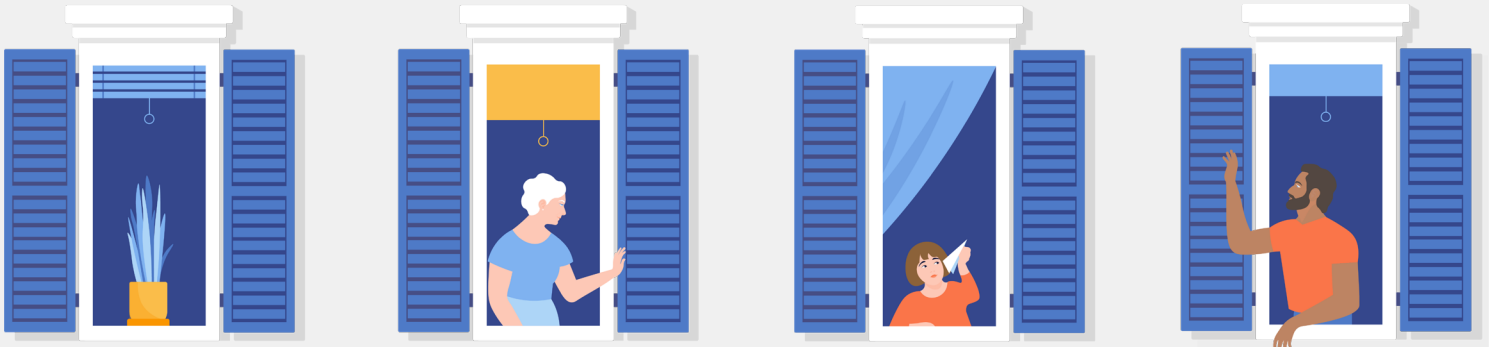
52 Total Admissions

22 Admitted to ICCU

11 Intubated

3 Deaths

* Numbers as of June 15, 2020



COVID Coping

Some simple strategies for emotional wellness during a pandemic. **BY DR. GENE GLASS**



Dr. Gene Glass is the clinical psychologist at Mary Greeley's Cancer Resource Center. He has been a practicing psychologist in Ames, Carroll and surrounding areas in Iowa for many years. He has led workshops and seminars on Relaxation, Stress Management, and Assertiveness. His services at Mary Greeley are supported by the Mary Greeley Medical Center Foundation.

Coronavirus. COVID-19. 100,000+ deaths in the U.S. These are some of the terms and numbers that are everywhere right now and that have been every day for the past several months. All media – television, radio, internet and newspapers – are saturated with these terms and the truly horrible consequences related to them. We are living in a pandemic, and at times, it can feel as if we can't escape the fear and anxiety associated with this reality and its consequences. So, what can we do to manage our own feelings of dread, anxiety, and for some, depression and hopelessness?

In my role at Mary Greeley Medical Center, I serve as a clinical psychologist for patients in the hospital's Cancer Resource Center. I have also provided a trained, sympathetic ear for Mary Greeley staff who are experiencing stress during this challenging time. My work has provided a window to the feelings people are having as we all face the impact of COVID-19.

I have provided many of my clients some simple steps to help them cope with the impact of the crisis. I appreciate the opportunity to share some of them with Health Connect readers.

BREATH

First, take a deep breath or two. We need to interrupt the cycle of bad news, bad

thoughts and bad feelings, only to return to the bad news that started it all within us. Taking long, deliberate breaths, even one or two, interrupts that cycle and allows us to relax. Hence, the phrase, "I'm going to take a breather." The best part of taking a few deep breaths is it's easy to do. For most of us, there will be instant benefits. Our body slows down, our mind slows down, and our thoughts/feelings focus on these phenomena rather than the vast and

news with anxiety and worry of your own, limit your exposure to this kind of information. Decide to receive whatever news and information you think you need for a limited time each day. An example is to read, watch or listen to the news for 10-20 minutes in the morning and the same each evening. Also, feel free to focus your attention on the good news out there. It's not sugarcoating to acknowledge the generous, and sometimes heroic, actions

When you feel dread or anxiety, know that there is nothing wrong with you and you are not alone. Our survival instincts, our "fight or flight" response to danger, is built in. It's biological so it is likely that everyone around you is feeling the same things you are feeling.

overwhelming world out there. And, you can take deep breaths any time and any place. Try it now. If you feel good as a result and want to feel even better, do it again.

MODERATE

Another suggestion: Take control of what you can control. You control the source and amount of information you are exposed to all day, every day. If you know you will react to bad and/or worrisome

this pandemic has produced. You decide the amount of exposure and length of time you want to be informed, but not overwhelmed by it all.

You can also control the immediate environment around you. If you know that listening to music and the fresh air of open windows is relaxing, make a deliberate choice to include these in your day. This is especially important if you are staying home to stay safe most or all of your days

right now. Maybe keeping your personal space neat and tidy helps you relax, and cleaning itself can be a relaxing activity for some.

MOVE

This leads me to a third suggestion: Plan to be active each day. Like the breathing and defining your environment, this is easy to do and free of charge. The length and level of your activity depends upon your comfort level and your physical limitations. Many recent studies on activity/exercise have confirmed that just 10-20 minutes of walking or stretching or doing active chores each day contributes significantly to your physical and emotional well-being. Try it out. Research shows that if you choose an activity and length that are enjoyable, you will follow through with great consistency.

CONNECT

Safe social contact with friends and family is very helpful, and some would say, necessary. You may have read or heard the statement, "Human beings are social animals by nature." Again, there are many recent studies that confirm this. I have heard people saying we are distancing physically but active socially. So, you can stay safe and still have good times with friends and family using the internet and telephone. When we are connecting with others, the warmth and humor we generate takes the place of the fears and anxiety associated with these strange times in which we are living.

My professional (and personal) experiences with the suggestions I've listed have been consistently positive. You will feel better when you follow through with some or all of the items I have described. Each one of us has been stressed out, worried, and even depressed during this difficult time. When you feel dread or anxiety, know that there is nothing wrong with you and you are not alone. Our survival instincts, our "fight or flight" response to danger, is built in. It's biological so it is likely that everyone around you is feeling the same things you are feeling.

If you want help, reach out and ask for it. That is what I think and feel when I hear the now familiar phrase, "We are all in this together." ■

Mental Health Matters

Mary Greeley Foundation raises funds for much-needed mental health services.

This year's Hope Gala, an annual fundraising event of the Mary Greeley Foundation, would have raised funds and awareness for mental health services. Although the event was cancelled, serving the mental health needs of our community remains a priority, especially in these uncertain times.

We are fortunate to have generous people in our community willing to share their own very personal stories to help bring attention to mental illness and inspire support. People like Allie Wulfekuhle and her husband Brian who share their family's mental health journey. And people like Pam and Dan Sargent who, after learning that recruiting and retaining mental health providers is one of our greatest challenges, made a significant gift to establish a fund to support those efforts.

The Wulfekuhles and the Sargents are featured in a special video originally produced for the gala. Please take a few minutes to view this moving video at mgmc.org/foundation/mentalhealth



The Mary Greeley Foundation would like to thank and recognize these business partners who provide annual support for the highest priorities of the medical center.



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To learn more about supporting the priorities of Mary Greeley, contact the Mary Greeley Foundation at 515- 239-2147 or visit www.mgmc.org/foundation.



Mary Greeley

MEDICAL CENTER

Doing what's right.

1111 Duff Avenue, Ames, Iowa 50010

A BIG
thank
you


During the COVID-19 crisis, many area organizations and businesses, and a few individuals, stepped up to support Mary Greeley Medical Center staff by donating food, providing much needed PPE, and offering discounts. Additionally, hundreds of people created more than 6,000 facemasks, while others made financial contributions to the hospital. These acts of generosity and thoughtfulness touched everyone at Mary Greeley.

Ames Community School District
Ames Girl Scouts
Barilla
Big Al's BBQ
Jessica Borman and Family
Burger King
Cabin Coffee
Café Diem
Champion Seed of Iowa
Chick-Fil-A
Chipotle
Coca-Cola
Cookies, etc.
Culvers
CVS Pharmacy
Cyclone Sports Properties
Dairy Queen
Danfoss Power Solutions
Domino's Pizza
Dunkin' Donuts

Ellen and Jack Duysen
EatStreet
Great Plains Sauce & Dough
Gilbert Community School District
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