

The Health Connect

GEORGE HEGSTROM ANNUAL DIABETES SYMPOSIUM

The Happy Diabetic



Motivated by his type 2 diabetes diagnosis, Chef Robert Lewis, the Happy Diabetic, was determined to create easy, great tasting dishes. Lewis is the author of two best-selling cookbooks and a frequent guest on Quad City TV's "Paula Sand Live" as well as a featured chef on WGN Chicago's "Turkey Talk." He has worked with prominent figures such as Al Roker, Richard Simmons and Ann Curry to name a few. Graduating from the Culinary Institute of America in 1976, Lewis has worked with a variety of restaurants and organizations including Cracker Barrel Restaurants, Happy Joe's Pizza, American Diabetes Association, Genesis Hospitals and Hy-Vee.

Given his obvious expertise and passion, you won't want to miss his interactive food demonstration that will teach you how to be a happy diabetic, too.



Temporary Home Sweet Home

Also Inside:
Healthy Chaos
Opposites Attract
The Blossom Project

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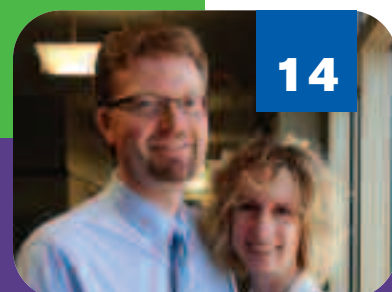
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FROM OUR PRESIDENT

Expanding Opportunities

Every day at Mary Greeley Medical Center, our staff works diligently to expand health care opportunities for patients. We strive to provide cutting-edge care while maintaining the personal touch that our patients expect when choosing us for treatment.

In this issue of *Health Connect*, you'll notice that we're contributing to the growing world of health care. Teaming up with Iowa State University's Nutrition Department, our Birthways Unit is helping researchers to determine the nutritional needs of expectant mothers. The Blossom Project tracks the Omega-3 fatty acid consumption and activity levels of women with the goal of improving the overall health of mothers and babies while preventing chronic diseases in both.

At Mary Greeley Medical Center, we're always incorporating new technology into our current practices. We recently acquired the EnSite Velocity™ Cardiac Mapping System, which tracks physicians' progress as they find and treat cardiac arrhythmias using three-dimensional imaging. Because the mapping system contains such advanced technology, our physicians are able to treat patients with debilitating arrhythmias that previously were left untreated.

But our technology is only as good as the professionals who utilize it. In this issue of *Health Connect*, you'll meet another one of Mary Greeley Medical Center's couples in medicine. Stu and Leslie Christenson's journey took them from Iowa State University to a large research hospital in Minnesota. But the couple returned to Ames in 2007 to reconnect with the community. While Leslie

Christenson, M.D., devotes her time to dermatological surgery with special interest in research, Stu Christenson, M.D., focuses on cardiology.

At Mary Greeley Medical Center, we also look for ways to expand on the education patients receive during treatment. Our health professionals at Mary Greeley Medical Center have come together to offer the Total Joint Preoperative Class for knee and hip replacement patients. The comprehensive class helps patients understand what to plan for before surgery, what to expect during their stays and how to deal with recovery and rehabilitation.

But quality care doesn't end when patients leave Mary Greeley Medical Center. Our Transitional Care Program helps patients who have been diagnosed with congestive heart failure, pneumonia or chronic obstructive pulmonary disease. With the help of an at-home Health Buddy®, Mary Greeley Medical Center nurses and physicians monitor a patient's health status after discharge. The service is provided free of charge for 30 days to help patients acclimate back into the home setting.

As you turn the pages of the fall issue of *Health Connect*, you'll notice the expanding health care opportunities offered at Mary Greeley Medical Center. From updated medical equipment that improves procedure time and patient recovery to classes that forecast what to expect throughout life-changing procedures, we strive to give patients specialized care with a personal touch.



Brian Dieter

BY BRIAN DIETER

About This Publication

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

Visit Us on the Internet

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

Contact Us

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

Opportunity for Support

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

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Ask the Doctor:

Varicose Veins: Symptoms, Causes and Treatment Overview



Firas Salti, M.D.
Adult Medicine,
McFarland Clinic

Q: What causes varicose veins?

A: Chronic venous insufficiency is a genetic and progressive disease that affects millions of Americans—both men and women. Having high progesterone levels and working in professions that require frequent standing can accelerate the disease. The underlying cause of this condition is a defect in the valves of the superficial venous system of the lower extremities causing venous congestion—an increase in pressure which ultimately leads to bulging varicose veins. When smaller veins are affected, patients develop spider veins. The increased pressure in those veins can compromise the nutrition of the skin leading to changes such as ulceration and infection that can be difficult to heal.

Q: What are some of the symptoms and signs of venous insufficiency?

A: Symptoms include itching, restlessness, cramping and skin changes like dark discoloration. Spontaneous bleeding or bleeding with minimal injury may lead to significant bleeding. In advanced cases, patients develop skin infection and ulceration that is difficult to heal and leaves scars. Some cases result in thrombophlebitis—when clotting and inflammation affect the vein. This painful complication can be life-threatening.

Q: Can I prevent varicose veins?

A: While gender, age, pregnancy and heredity cannot be changed, some lifestyle factors that contribute to varicose veins can be monitored. Exercising regularly and maintaining an ideal body weight will improve circulation and decrease pressure on veins. People who are standing frequently at work should avoid standing in one place for extended periods of time and consider wearing non-restrictive clothing and mild compression hose. Uncrossing the legs and stretching during long periods of sitting can help prevent varicose veins as well.

Q: What are my treatment options?

A: Recent advances in ultrasound and laser technology allow phlebologists to more efficiently evaluate and treat patients affected by this disease. This minimally invasive approach has replaced traditional surgical stripping, which was associated with higher rates of recurrence and complications.

There are a variety of procedures done in the office under local anesthesia. Endovenous laser ablation, the most common treatment, identifies the affected veins using ultrasound and then permanently closes those veins with a laser fiber that is inserted under local anesthesia. Sclerotherapy is used for smaller and more superficial veins, where a hardening agent is injected to achieve closure. This allows the blood to return to the heart using healthy veins. Patients go back to their normal activity within a day or two. With ambulatory phlebectomy, small incisions are made under local anesthesia to remove sections of veins. Patients resume normal activities within several days, and scars are usually not visible after a few months.

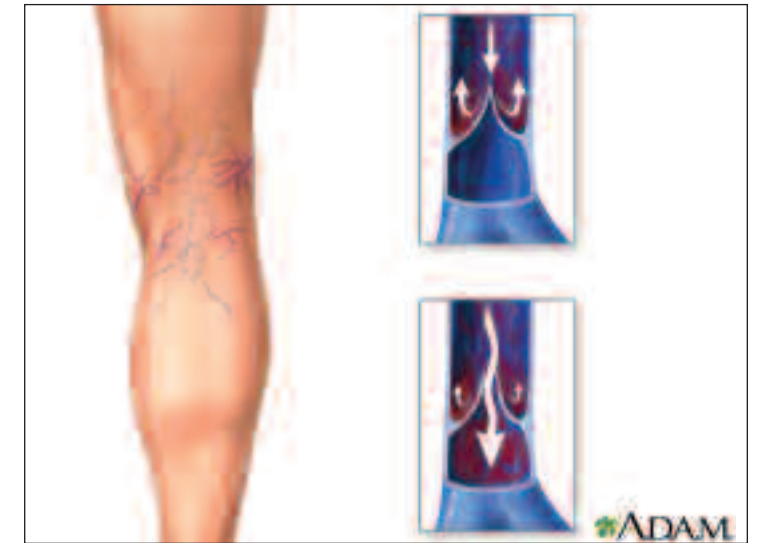
Most patients require a combination of those procedures depending on the extent of the disease and the desired results. To reap the best results, consult with a physician at the McFarland Clinic's Vein Center to individualize a treatment plan.

Q: Is it necessary to seek treatment?

A: I recommend treatment for venous insufficiency as symptoms will not get better spontaneously but most likely will worsen. Patients who choose not to treat it report increased use of analgesics and absence from work. Patients who are treated, on the other hand, tend to feel better, look better and avoid potentially serious complications. Most major health insurance companies realize the implication of this chronic disease and cover the expense of treatment.

For more information on varicose veins, their symptoms, causes and treatments, sign up to attend the *New Treatment Options for Varicose Veins* presentation by Dr. Salti on Tuesday, Nov. 9, at 2 p.m. in Mary Greeley Medical Center's South Auditorium. Dr. Salti will also be a featured speaker for our November *Speaking of Health* lecture

on Nov. 10, at 6:30 p.m. in Bessie Myers Auditorium. For more information about this and other events at Mary Greeley Medical Center, visit our website at www.mgmc.org.



New Faces

Mary Greeley Medical Center and McFarland Clinic welcome these new health care professionals to our staff.

Suman Nalluri, M.D., M.P.H.

Suman Nalluri, M.D., M.P.H., will join the McFarland Clinic Neurology Department in October. Dr. Nalluri completed a fellowship in neurocritical care at Washington University School of Medicine in St. Louis, Mo. He completed his graduate medical education at Georgia Southern University in Statesboro, Ga. Dr. Nalluri received his medical degree from Guntur Medical College in India. For more information, please contact the McFarland Clinic Neurology Department at 515-239-4435.

Matthew Peterson, M.D.



Matthew Peterson, M.D., will join the McFarland Clinic Radiology Department in October. Dr. Peterson completed his diagnostic neuroradiology fellowship and residency at the University of Iowa Hospitals and Clinics. He received his medical degree from the University of Iowa Carver College of Medicine. For more information, please contact the McFarland Clinic Radiology Department at 515-239-4456.

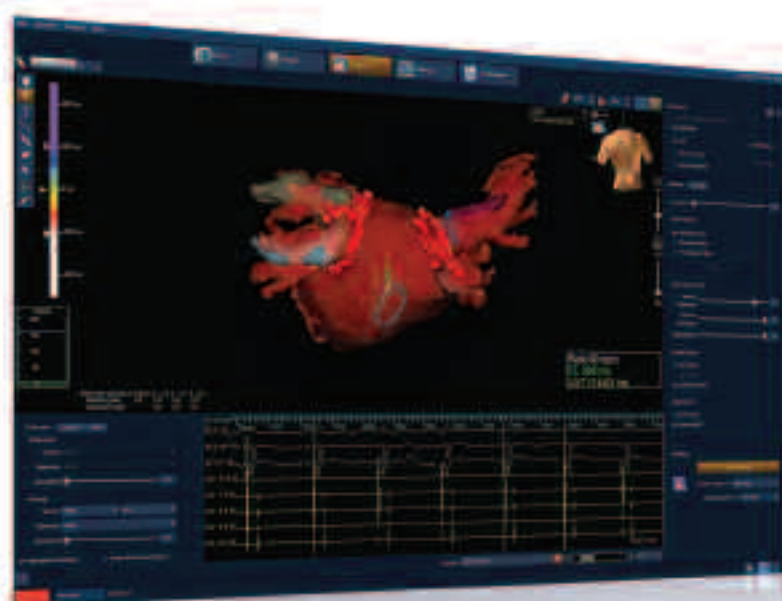
Nita Parekh, M.D.



Nita Parekh, M.D., will join the McFarland Clinic Radiology Department in October. Dr. Parekh completed her diagnostic neuroradiology fellowship and residency at the University of Iowa Hospitals and Clinics. She received her medical degree from the University of Michigan Medical School in Ann Arbor, Mich. For more information, please contact the McFarland Clinic Radiology Department at 515-239-4456.

Getting to the Heart of the Matter

A new cardiac mapping system at Mary Greeley Medical Center is changing lives. With real-time anatomical imaging and an intuitive user interface, the EnSite Velocity™ brings the treatment of cardiac arrhythmia into the space age.



EnSite Velocity™

When Cardiac Catheterization Laboratory nurse Hiram Philo, R.N., demonstrates the capabilities of Mary Greeley Medical Center's newest cardiac mapping system, the 3-D image on his computer screen looks as though it belongs at CIA headquarters or NASA mission control. But inside the Cardiac

Catheterization Laboratory, Philo maneuvers the EnSite Velocity™ Cardiac Mapping System with ease.

"This system is faster and holds more information than any cardiac mapping system we used previously," Philo says. "Its location techniques are more precise, which improves accuracy and lowers the chances of complications."

The EnSite Velocity™ System was developed by St. Jude Medical to display real-time, anatomical and electrical information more efficiently. Mary Greeley Medical Center has utilized St. Jude Medical's 3-D mapping system for several years, but recent upgrades allow for better planning and execution of cardiac procedures by physicians.

"With this system, we can localize and destroy abnormal circuits with greater success," Denise Sorrentino, M.D., board-certified cardiologist and electrophysiologist at Iowa Heart Center, says. "It's a great bonus that we have this technology at Mary Greeley Medical Center. The staff here is motivated, knowledgeable and dedicated to helping patients."

"X" Marks the Spot

Before a patient undergoes cardiac catheterization, he or she is diagnosed with an arrhythmia. Symptoms include heart palpitations, chest pounding or discomfort, shortness of breath, dizziness or general weakness and fatigue. The patient may wear a portable Holter monitor or undergo tests to confirm an arrhythmia.

"Many times, people are told that if their heart is racing, it must be a panic attack or anxiety," Sorrentino says. "They're given medication, but their conditions don't improve. Once they're properly diagnosed, they realize there are treatment options, that their condition is curable."

Arrhythmia patients have hearts that beat irregularly due to an extra circuit or bad cells, which take over the pacing of the electrical signals, resulting in an arrhythmia. The ultimate goal is to identify the arrhythmia source and disconnect its pathway.

"Once we find the arrhythmia's cause, we either burn or freeze that spot using cardiac ablation," Philo says. "By creating scar tissue in that area, we prevent electrical activity from passing through."

When a patient comes to the Cardiac Catheterization Laboratory, approximately 15 four-by-six-inch patches are placed on the body. Along with 12 pairs of electronic sensors that are placed in the heart, the patches measure the electricity running on the outside and inside of the body. Because the patient lies on a table during the procedure, he or she may be administered a dose of adrenaline to encourage arrhythmic activity.

During the diagnostic process, the EnSite Velocity™ System hooks up to a catheter with 64 electrodes. The physician watches for changes in the electrodes to deduce the location of the arrhythmia's origin. This process can take up to two hours.

"When I'm tracking the heart, I may find a spot, but I'm not sure if it's perfect, so I'll search other areas," Sorrentino says. "This system allows me to mark potential points and continue searching, with the ability to return to an exact spot at any time."

A study published in the *European Heart Journal* found that using the EnSite Velocity™ System resulted in a reduced risk of patient exposure to fluoroscopy, an imaging technique which poses a potential health risk because of the use of X-ray-associated radiation. The article concluded that the reduction may provide long-term benefits to patients as well as lab staff.

Back to Normal

After finding the arrhythmia's source, the physician either burns (radiofrequency ablation) or freezes (cryoablation) the affected tissue, preventing irregular activity in that area. Burning is more powerful and usually more painful but also increases the chance of damage to

nodes or pacemakers. For arrhythmias near these areas, freezing is a common alternative.

"With burning, we can be more certain that the arrhythmia won't return," Philo says. "Freezing is more forgiving, but we have to make sure to freeze it enough to destroy the bad tissue."

To ensure that tissue has been destroyed, the physician ablates the area multiple times. The EnSite Velocity™ System provides side-by-

side views of the live and previously recorded portions of the procedure for a quick and easy comparison of events throughout the procedure without losing the ability to navigate catheters.

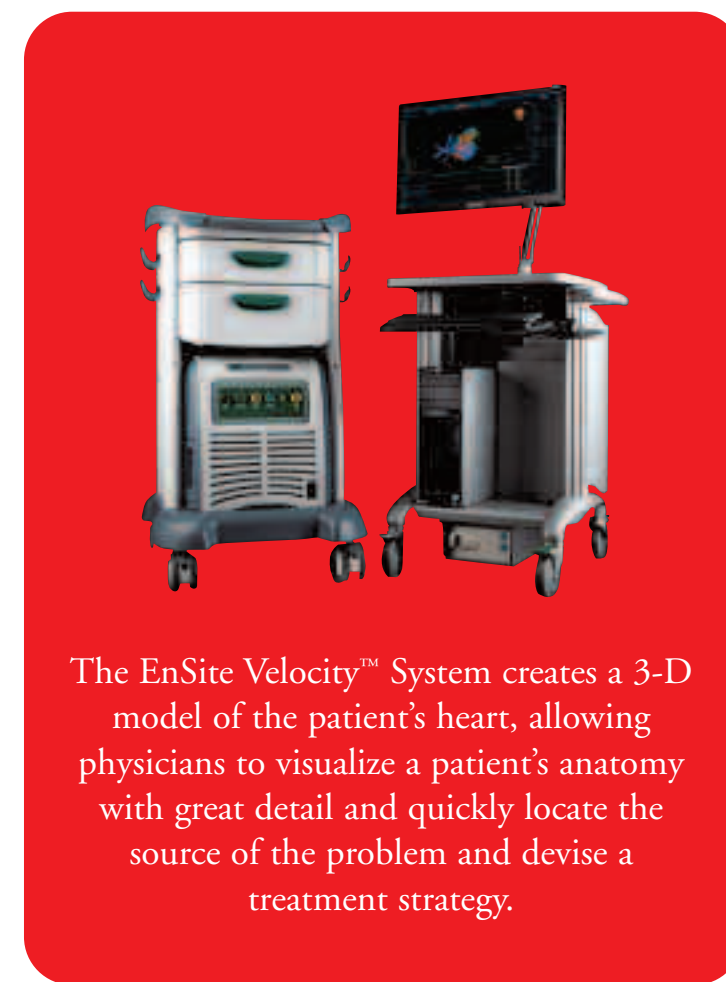
"The EnSite Velocity™ System helps the physician find bad cells and get the catheter to that spot, then keeps track of where she's ablated," Philo says. "It helps the physician by mapping out all progress."

If cardiac catheterization and ablation takes place on the heart's right side, the patient usually returns home later that day. If the procedure takes place on the left side, however, the patient may need to stay in the hospital for additional care.

"The right side of the heart pumps blood to the lungs, which have natural clot filters," Philo says. "The left side pumps blood to the rest of the body; it's not as equipped for stress. That makes patients more prone to complications."

Most patients, however, are able to return to normal activity almost immediately.

"Before the ablation, arrhythmia patients lead lives with limited activity, whether it's from symptoms or from the fear of experiencing them at inconvenient times, like while driving," Sorrentino says. "I've seen patients from children to 90-year-old adults. After the procedure, they're completely cured and can lead normal lives."



The EnSite Velocity™ System creates a 3-D model of the patient's heart, allowing physicians to visualize a patient's anatomy with great detail and quickly locate the source of the problem and devise a treatment strategy.

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THE TRIBUNE

BY MADELINE CRAWFORD

Healthy Chaos

Mileage Club has school kids on the run—and loving it.



Lucas Bleyle is the first one out of the gate.

He blasts through the doors of Sawyer Elementary in Ames and heads straight for the quarter-mile track that rings the school's playground area. A mob of other fleet-footed youngsters soon follows him.

The reason for this impressive display of energy? It's Mileage Club, the hugely popular Mary Greeley Medical Center-sponsored program that promotes health and physical activity at area elementary schools.

An eight-week program offered during the spring semester, Mileage Club gives hoards of loud, boisterous elementary school kids the opportunity to run or walk around a track and earn coveted rewards for their efforts. They do it three times a week during recess and receive a mark on their Mileage Club card for every lap they complete. As anyone who has seen Mileage Club in action can tell you, it can be a frenzied event, but it's healthy chaos.

Kindergartners receive a certificate for completing a mile. All students earn plastic toe tokens for every five miles they complete. The tokens come in a variety of colors, from hot pink to cool camouflage, and most kids proudly display them on chains they wear around their necks each Mileage Club day. Special prizes are rewarded in recognition of reaching 10, 15, 20 and 25 miles.

More than 4,200 students at Ames public elementary schools, St. Cecilia's in Ames, Ballard West, Ballard East, Gilbert, Nevada, Colo-Nesco and Roland-Story participate in Mileage Club programs. The Iowa State University Campus Community Partnership for Health (www.ccp.h.iastate.edu) hopes to create Mileage Club programs at schools outside of Story County.

Keeping It Running

Mileage Club was launched five years ago with a Harkin Community Wellness Grant.

The grant only lasted two years, but the program was so well-liked that Mary Greeley Medical Center opted to take it over.

This year the program found a new home in Mary Greeley Medical Center's Diabetes and Nutrition Education Center, which is a perfect place for it given the center's focus on issues related to childhood nutrition and obesity.

Christy Lively, R.N., coordinates the program. She's the center's diabetes and nutrition liaison, a position created last year with funds from a gift to the center by late Ames businessman William Burke.

"We really felt it was worth continuing this great program because everyone just loves it. It's easy to take over something everyone already loves," says Lively. "Having Mileage Club based in the Diabetes and Nutrition Education Center is a good fit, too. This is really what Bill Burke wanted us to emphasize – getting out there in the community with programs that help kids, parents and teachers."

Lively plans to incorporate a nutritional component into the program next year.

Filling a Need

Programs like Mileage Club are more important than ever. Concerns about childhood obesity and diabetes are increasing. It's estimated that



"As a pediatrician, it does my heart good to see so many kids being physically active."

—Dr. Jill Alexander, a pediatrician with McFarland Clinic who volunteers for Mileage Club

nearly one-third of American children are overweight or obese. It's also estimated that one-third of people born in the year 2000 or later will eventually suffer from diabetes or face chronic obesity-related health problems, such as heart disease, high blood pressure, cancer and asthma. First Lady Michelle Obama has recently taken on the challenge of raising awareness of the problem. Meanwhile, faced with the one-two punch of tight budgets and strict education standards, many schools are cutting back on the amount of time

schoolchildren have for recess and other physical activities.

"As a pediatrician, it does my heart good to see so many kids being physically active," says Dr. Jill Alexander, a pediatrician with McFarland Clinic who volunteers for Mileage Club. "As a mom, I'm thrilled at how much they all seem to enjoy doing this. The enthusiasm is incredible."

It takes a team of volunteers to make Mileage Club work. There are usually a few parents stationed around the Mileage Club track, making sure everything goes smoothly, and another

group frantically marking off laps on Mileage Club cards.

"Each school has a volunteer coordinator, usually a parent, who oversees the program. It's a big, important responsibility and we truly appreciate everything they do," says Lively, who is also a Mileage Club volunteer at Roland-

Story Elementary. "Other parents, teachers, school administrators and school aides also provide invaluable support."

Flying Around the Track

That Lucas is usually the first one on the track on Mileage Club day doesn't surprise anyone at Sawyer. After all, the third-grader was the Mileage Club champ last year, running 70 miles during the eight-week program.

Ask him why he likes Mileage Club or why he likes running and Lucas will likely tell you, "I don't know." He's a quiet kid who lets his legs do the talking. In fact, Mileage Club made such an impression on him last year that he's now running in 5K races.

That's the kind of impact this program has.

But Lucas had some stiff competition this year. There's a kindergartner who is matching him mile for mile.

It's his little brother, Gray. Mileage Club, it appears, runs in the family.

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BY STEVE SULLIVAN

Temporary Home Sweet Home

During a 91-day stay on Mary Greeley's Oncology Unit, Kaitlyn Gull found an extended family among her nurses and physicians.

Kaitlyn Gull sits at a table, diligently working on a 1,000-piece puzzle. She quickly snaps yellow pieces together to form a sailboat's mast. She looks up, flashing an animated smile and holding a light blue piece. It snaps in perfectly to create the puzzle's blue-sky background.

"I have a photographic memory," Kaitlyn says. "I love puzzles, Sudoku, anything like that."

She also loves Pizza Hut, her Mal-Shih puppy, Maggie, and joking with the Mary Greeley Medical Center nurses, with whom she spent 91 days while battling Acute Lymphoblastic Leukemia (ALL).

Cancer Care, Close to Home

Kaitlyn, a 16-year-old from Nevada, began feeling sick in early February. Her parents brought her to see Thomas Zimmerman, M.D., family practice physician at McFarland Clinic. He ran tests, from labs to X-rays, and noticed that she was slightly anemic. Two days and a few doses of medication later, Kaitlyn wasn't feeling better, so she was referred to oncologist/hematologist Debra Prow, M.D.

"I saw Dr. Prow on Feb. 18, and I was admitted to the hospital that night," Kaitlyn says. "It was my mom's birthday, so that stunk pretty bad."

Kaitlyn's mother, Dawn, works at McFarland Clinic; her father, Jerry, also works in Ames; and her sister, Cassie, works at Mary Greeley Medical Center, so the family chose to pursue cancer care for Kaitlyn at Mary Greeley Medical Center. Dr. Prow assured the family that Kaitlyn would receive the highest quality care possible.

"We were offered alternatives for Kaitlyn's treatment, but we felt comfortable with the staff at Mary Greeley Medical Center," Jerry says. "People don't think about having high-level care locally, but we found it here. We were blessed to have it close to home."

Kaitlyn began chemotherapy, administered every Monday. A typical day included waking up at 4 a.m. for blood work, then sleeping until Dr. Prow came in to assess her health and map out daily treatment plans.

Following chemotherapy, Kaitlyn felt nauseous and experienced a metallic taste while eating. Luckily, she found a cure for the metallic taste in Pizza Hut's pepperoni pizza, one of the few foods that tasted normal throughout treatment.

"I ate hospital food, but it's tough to eat the same thing every day. Sometimes we would order in," Kaitlyn says. "Sometimes my mom would bring a crock pot and cook in my room."

A Prescription for Fun

Friends and family visited Kaitlyn frequently. After three weeks in a single room, she was transferred to a suite with two rooms, two bathrooms, a couch, two televisions and a kitchenette. The suite was provided by the generosity of family and friends in memory of Alice Burke.

"Friends were stopping by, so it was so nice to have extra space,"

Dawn says. "We brought in our own towels and sheets to make it more like home."

Walls were decorated with cards, balloons and drawings, and the bed sheets were tie-dyed. Kaitlyn used ribbons to decorate her IV pole, which she nicknamed her "dancing partner." She also received a colorful fleece blanket, donated by the William R. Bliss Cancer Center and The Joy Project.

Many family birthdays passed during Kaitlyn's stay at the medical center. To celebrate, she made trips with a nurse to the gift shop to pick out cards and gifts.

"For birthdays, we made hats out of cups and ribbon," Dawn says. "We decorated them with stickers and Sharpies. The staff was helpful, too. They really made tough times easier."

To help the 16-year-old cope with her extended stay, Dr. Prow prescribed a slumber party for Kaitlyn and a few friends.

"Dr. Prow ordered a slumber party as part of my treatment," Kaitlyn says. "My friends came, and we ate Applebee's and watched movies. It was awesome."

The Oncology nurses also helped the teenager cope with her unfamiliar surroundings. Kaitlyn recalls late-night talks with her favorite nurse, Jenni Erickson, R.N., vending machine trips and playing pranks on nurses as her favorite activities.

"Alisha Dickson (Oncology Unit Secretary) and I would take the elevator to the vending machines and walk back up the stairs for exercise," Kaitlyn says. "One time my Gatorade got stuck, so Alisha bought other things to get it unstuck. We ended up with four Gatorades, two pops and a bottled water."

Kaitlyn's parents felt at ease leaving her at Mary Greeley Medical Center, reassured that she felt comfortable with the staff.

"They treated more than her disease; they treated her as a little sister," Jerry says. "But they were also professional. They knew when it was time to be friends and when to be nurses."

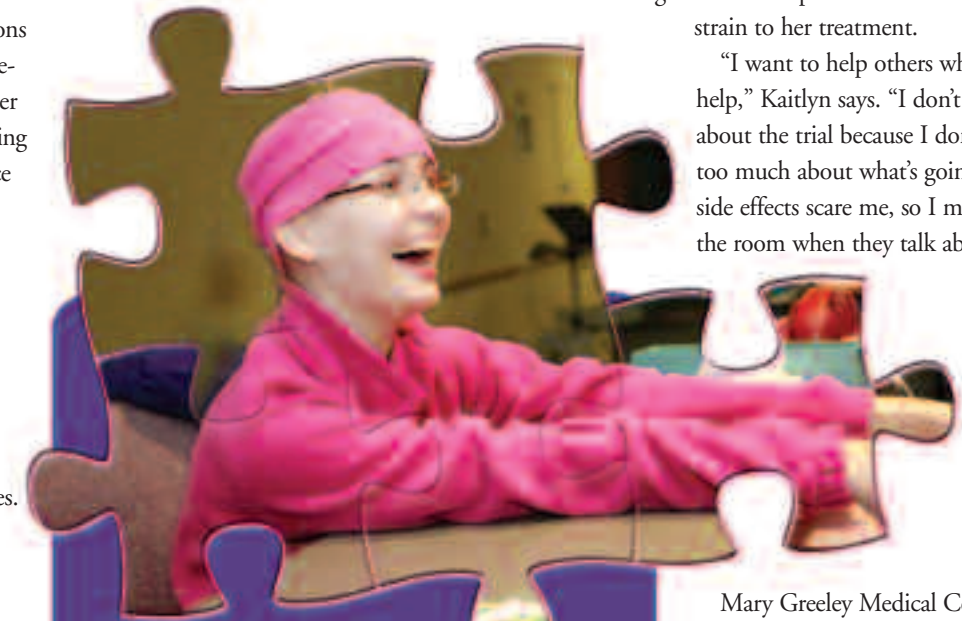
After completing her first chemo cycle, Kaitlyn was allowed to leave Mary Greeley Medical Center for a few hours. She spent the day doing some of her favorite activities she missed out on while in the hospital.

"We went house hunting with Cassie and her boyfriend," Kaitlyn says. "I saw my puppy, Maggie, and we saw *Diary of a Wimpy Kid*. We went to Outback Steakhouse and I had macaroni and cheese, Aussie cheese fries and pink lemonade—my favorite."

Kaitlyn enjoyed the escape, but returned that evening, exhausted. More treatment awaited her, which varied daily.

During her treatment, Kaitlyn volunteered for a clinical cancer trial. The trial involved having extra lab samples drawn but didn't add extra strain to her treatment.

"I want to help others while I'm getting help," Kaitlyn says. "I don't know much about the trial because I don't like to know too much about what's going on. Some of the side effects scare me, so I make people leave the room when they talk about it."



"Dr. Prow ordered a slumber party as part of my treatment. My friends came, and we ate Applebee's and watched movies. It was awesome."

—Kaitlyn Gull

Mary Greeley Medical Center's clinical research program allows patients access to the latest trials without the need to travel. Kaitlyn's participation assists in finding new, safe and effective ways to treat cancer.

A Newfound Family

Kaitlyn was released from Mary Greeley Medical Center at the end of May but

continues to come in for treatment.

"The best parts about being home are sleeping in my bed and doing my own thing, like riding my dad's motorcycle," Kaitlyn says. "People aren't waking me up early in the morning, and I don't have to drag my dance partner everywhere."

Kaitlyn's release from Mary Greeley Medical Center meant she was responding well to treatment, and she could return to life as a typical teenager. She and her family, however, look back positively on the three months spent at the medical center.

"That first night on the Oncology unit, we didn't know anyone, and they didn't know us," Dawn says. "The day we left, they knew everything about us, and we knew so much about them. They were the people we laughed and cried with for 91 days."

Kaitlyn agrees. "I know it sounds cliché," she says. "But I really came in as a stranger, and I left as family."

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BY MADELINE CRAWFORD



Weight Management: A Heavy Issue

Two-thirds of U.S. adults are overweight or obese. Since obesity is such a prevalent issue, we are bombarded with weight loss tricks, plans and “magical” pills. But what really works?

The answer hasn't changed. Diet and exercise are still the key. Losing weight the old fashioned way isn't quick or easy, so when choosing a weight loss plan, think of it in terms of developing healthy habits. It's a lifestyle, so crash diets that you start and stop frequently won't work for long-term weight maintenance.

Eating Healthy: The Basics

If you're not used to making healthy food choices, changing your eating habits can be difficult. Start with the basics. Think of your body as a car that needs fuel, and with the proper fuel, everything will run smoothly. Remember, however, that the fuel is necessary—you can't lose weight or be healthy by skipping meals.

“People who skip meals are more likely to overeat later in the day,” says Amy Clark, R.D., L.D., dietician at Hy-Vee. “Start the day with breakfast, and refuel every three hours.”

According to mypyramid.gov, a healthy diet focuses on fruits, vegetables, whole grains and fat-free or low-fat milk and milk products. In addition, it includes lean meats, poultry, fish, beans, eggs and nuts. It must be low in saturated fats, trans fats, cholesterol, salt and added sugars as well.

This may be old news, but it can still be daunting, so here are some tips on how to change to a healthier diet:

- Make half your grains whole. Swap whole-wheat bread for white. Eat brown rice or whole-wheat pasta rather than the white flour versions. Most people should eat at least 3 ounces of grains each day.
- Vary your veggies. You don't want to get bored, so eat a variety of colors (more dark greens, oranges and dry beans/peas). Buy what is in season, so its taste is at its best. Focus on fruit. Keep visible reminders, such as a bowl of whole fruit, on the table or counter. Vary it (fresh, dried, frozen or canned). Go easy on the fruit juices—whole or cut up fruits have more fiber.
- Eat calcium-rich foods to keep your bones and teeth strong.
- Go lean with protein. Too much saturated fat and cholesterol can increase the risk for coronary heart disease. Also include more fish, beans, peas, nuts and seeds, which contain healthy oils.
- Watch your portion size. Portions in the U.S. are often huge, so cut back. Using smaller bowls, plates and utensils can help.
- Track what you eat. Writing or using a website to track your food intake makes it easier to visualize and know what you are consuming.



“Journaling is one of the strategies of people who are successful in losing weight and eating healthy long-term,” Clark says. “Write down everything you eat and drink. This helps identify areas that need improvement and keeps people accountable.”

The actual amount of calories you need depends on a variety of factors, including your age, weight/body composition, sex and activity level. It also varies based on whether you want to lose, gain or maintain your current weight. Consulting with a dietician may be helpful in calculating your needs.

Get Up and Get Moving

Beyond eating healthy, you have to be physically active to stay fit. For many, exercising seems overwhelming and tiresome, but it is an unavoidable necessity when it comes to health.

Mypyramid.gov recommends 60 minutes of moderate to vigorous exercise almost every day in order to reach a healthier weight or prevent weight gain. Healthy eating will lower the number of calories you consume, while physical activity will increase the calories burned, which creates a caloric deficit for weight loss.

“It is important to exercise consistently,” says Brenda Baker, supervisor of the Lifetime Fitness Center in Story City. “You need cardiovascular exercise four to six times a week, strength training, including core work, two or three times a week, and stretching five or six times a week after working out.”

The sooner you start making exercise a habit, the easier it is to maintain. As you get older, different stressors enter your life—career, family and other responsibilities—but working out should still top your list of priorities.

“With age, muscle mass diminishes as does metabolic rate,” Baker says. “The less muscle you have, the fewer calories you burn. If you never challenge your muscles with strength training moves, you'll lose up to five pounds of muscle each decade. That is why it is important to always exercise and especially strength train as you age.”

Benefits of physical activity include improving self-esteem and feelings of well-being; increasing fitness level; helping to build and maintain bones, muscles and joints; building endurance and muscle strength; enhancing flexibility and posture; helping manage weight; lowering the risk of heart disease, colon cancer and type 2 diabetes; helping control blood pressure and reducing feelings of depression and anxiety.

Working out doesn't have to be a dreaded activity. You can do things you enjoy such as dancing, gardening, walking, bicycling, swimming or playing sports. The bottom line is you have to get up and get moving. Split up the time, if necessary, by doing 10 minutes in the morning, at lunch and again at night. Remember, however, to vary your workouts.

“It is important to change your routine and not get stuck doing the same thing over and over because your muscles will adapt, and it will become easier and easier to do the same thing,” Baker says. “Therefore, you will expend less energy (calories) to perform the same activity. This is when people experience a plateau. Change up your routine every six to eight weeks with different types of cardiovascular exercise, and do different strength training exercises.”

Day by Day

Being aware of your weight is helpful in maintaining it, so you know to make changes if you are gaining.

If you slip up, there's no need to give up. Don't let small mishaps turn into a bigger problem by letting them lead to regaining weight.

Keep in mind that you didn't put the weight on overnight, so it won't come off that quickly either.

“Set realistic goals,” Clark says.

“Smaller goals are often better than a large, unrealistic goal. Those who make gradual changes in diet and exercise are more likely to successfully manage their weight in the long run than those who make dramatic changes all at once.”

You're working toward a healthier lifestyle—take it day by day to ensure success. For more information about nutrition and weight management, visit www.mypyramid.gov.

“If you never challenge your muscles with strength training moves, you'll lose up to five pounds of muscle each decade. That is why it is important to always exercise and especially strength train as you age.”

— Brenda Baker, supervisor of Lifetime Fitness Center, A.C.S.M., certified Health/Fitness Specialist, A.C.E., certified Personal Trainer

BY MALLORIE ROONEY



A Smooth Transition

Established in the fall of 2009, Mary Greeley Medical Center's Transitional Care Program ensures that patients' health will continue to be monitored and cared for as they transition from the hospital to their home.

Leo Kinyon and his wife Norah have been living in their house, located along the outskirts of Ames, since 1952. The Kinyons have a cozy home, plenty of farmland and a large guard dog, Simba. Although the 86-year-old suffers from diabetes, chronic obstructive pulmonary disease (COPD), cancer and congestive heart failure, Leo isn't ready to leave his home for long-term nursing care just yet.



Leo and Norah Kinyon

"In August 2008, I had a heart attack, then I had another one last April," Leo says. "I was in the ICCU at Mary Greeley Medical Center for 14 days. The nurses there were wonderful and the food was great, but I was glad to come back home to my wife."

Leo's care didn't end when he was discharged from the medical center. With the help of Mary Greeley Medical Center's Transitional Care Program, Leo was able to monitor and track his health progress from his own living room.

The Transitional Care Program, supported by Quality Management, Cardiopulmonary Services and HOMEWARD, aims to reduce the number of patients' rehospitalizations by monitoring their statuses remotely after they are discharged. The program was initiated in November 2009, and has helped reduce the number of patients who are readmitted to the hospital within 30 days of discharge.

"The program really promotes self-care for patients," says Les White, R.N., B.S.N, M.P.A., HOMEWARD Systems Coordinator. "It's an extension of the care they received while recovering in the hospital. It's an excellent opportunity for patients to take advantage of because they receive professional oversight, free of charge, for 30 days."

When a patient is about to be discharged, an attending physician writes an order for the Transitional Care Program. Once the patient is discharged, a HOMEWARD nurse goes to the home and installs a Health Buddy®, a device that relays health information from the patient's home to the medical center, where nurses and physicians review results. After installing the Health Buddy®, the nurse performs medication reconciliation with the patient, who will self-manage medications. "The nurse came in and set up the Health Buddy® in less than an hour," Leo says. "It plugs into the wall and uses a telephone line to send my results directly to the hospital. She showed me how to use the machine and what steps to go through each day. It was very easy."

For the first 30 days after his discharge, Leo would wake up each morning and weigh himself on the Health Buddy® scale before getting dressed. After dressing, he would take his blood pressure and pulse, and then send his information to HOMEWARD of the medical center.

"This machine was so simple for me to use," Leo says. "I can just hit a few buttons, weigh myself and take my blood pressure, and that's about it. It's so easy, and the great thing is it doesn't take too much of my energy to use it."

Along with collecting blood pressure, pulse and weight, the Health Buddy® asks a series of questions about symptoms and general health education.

"The Health Buddy® also monitors how patients are feeling by asking symptom-related questions," Angela Doran, R.N., HOMEWARD clinical services manager, says. "Each day there's also a teaching segment to ensure compliance in managing a patient's disease. There are simple educational questions like 'which food is higher in salt?'"

Patients are expected to complete their session each day prior to 11 a.m. If the results are missing, or if they are received but do not appear to be within normal limits, a health professional calls the patient and contacts other health care providers involved in the patient's care.

A nurse performs patient monitoring Monday through Friday, excluding holidays. A patient trend report is sent to the physician on a weekly basis or as

needed, depending on the patient's condition and reported results.

"I didn't hear from them during my 30 days because my results were always within normal range," Leo says. "But it was nice to know somebody was looking at my results to check on my health each day."

The Transitional Care Program is currently offered to patients who have been diagnosed with congestive heart failure, pneumonia or COPD and have been discharged from Mary Greeley Medical Center.

"We've seen great success with the Transitional Care Program so far," White says. "As the field continues to grow and we see a greater need for it among patients with other conditions, we expect to expand the program for other diagnoses."

"The nurse came in and set up the Health Buddy® in less than an hour. It plugs into the wall and uses a telephone line to send my results directly to the hospital."

—Leo Kinyon

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BY MADELINE CRAWFORD

Opposites Attract

Their personalities are far from similar, but Stu and Leslie Christenson take advantage of their differences to complement each other, at work and at home.

Stu and Leslie Christenson both grew up on Iowa farms and attended Iowa State University. They share deep faith and a passion for medicine and family, but for this happily married couple, it was the opposites that attracted them to one another.

Leslie Christenson, M.D., who is outgoing and emotional and enjoys research, chose dermatological surgery as her specialty. Stu Christenson, M.D., who is considered more reserved and is interested more in one-on-one patient care, chose to pursue cardiology. They each appreciate the other's strengths and rely on their differences to help them succeed as physicians, parents and spouses.



Working Separately, Together

Stu and Leslie began dating during college, and both shared similar goals to become physicians. After graduating from Iowa State, Stu was accepted to attend University of Iowa Medical School, and Leslie, a year behind him in school, was accepted to the same school a year later.

"I'd love to say that it was love that made my decision to go to Iowa," Leslie says. "But I had interviewed at a few other places, and the in-state tuition was just too appealing. Stu and I had started dating, but our main focus was really our careers."

Throughout medical school, the two supported each other through rigorous coursework and found time to spend together while studying.

"Sometimes we'd go to this room and sit at opposite ends of this long table to study," Leslie says. "We'd take five-minute breaks and go on walks. I was a year behind Stu in school, so he let me use his notes, which was very nice."

But according to Stu, she never needed his notes, and he says that sometimes Leslie was the one teaching him. As the couple continued their medical school education, they consulted one another as they chose very different career paths.

"We supported each other, but we knew we were going in opposite directions," Stu says. "We have very different personalities, and we both based our specialties on that."

The Christensons completed their residencies at the University of Iowa, then headed to the Mayo Clinic in Rochester, Minn., where Leslie completed fellowships in skin cancer research, Mohs micrographic surgery and cutaneous oncology, while Stu completed a cardiology fellowship and practiced medicine.

Dermatological surgery and cardiology rarely overlap, but Stu and Leslie found an opportunity to collaborate on an article about the management of pacemakers in outpatient surgery, which was published in the *Annals of Internal Medicine*.

"We had so much fun working together," Leslie says. "I love the research aspect of it, and Stu is always thinking about patient care, so we also work well together."

The couple practiced medicine at the Mayo Clinic for about four years and bought their dream home during the process. While Leslie was thriving on dermatological research and Stu was working on a variety of cardiology cases, something was missing from both their professional and personal lives.

"Many people who come to the Mayo Clinic fly in from all over the country," Leslie says. "Stu wanted to contribute to a community where he could have a continual relationship with patients."

Stu agrees. "I wanted to be able to walk into the grocery store and know my patients, to see how they're doing on a more frequent basis. I also wanted to be closer to my family—ideally to be back in Iowa."

Coming Home

Although moving back to Iowa meant giving up their dream home in Minnesota and prestigious careers at the Mayo Clinic, the Christensons were pleasantly surprised at how quickly they were accepted as part of the Mary Greeley Medical Center community.

"There was an influx of new physicians at the medical center around the same time that we moved to Ames," Leslie says. "It seemed like we all ended up in the same neighborhood, which has provided a great support system for the physicians."

The Christensons, who have three children under the age of 10, say that the community of physicians and families support each other, whether they're supervising each other's kids while the others are on call, or simply socializing with one another outside the workplace.

"Our neighbors understand the stress that we're under," Stu says. "They know that we can be called away for work or that we may be stressing over a difficult case."

Although they appreciate the support system of their physician network, Stu and Leslie also value the relationships they've built through Bible studies and with the families of their children's friends.

"We constantly rely on our faith," Leslie says. "We pray about work and family constantly, and that's something that we share with one another."



"We had so much fun working together. I love the research aspect of it, and Stu is always thinking about patient care, so we also work well together."

—Leslie Christenson, M.D.,

Work, Family and Faith

Both Christensons practice medical specialties that require an incredible amount of time, energy and research. Though much of their time is spent working with patients, they both cherish the moments they spend together with their children.

"Sometimes the kids will hop into my bed in the morning while I'm getting ready for work," Leslie says. "I'll hear the kids reading stories to each other, and that just makes life so much more worth it."

The Christensons also enjoy family outings to Iowa State University athletic events and attending country concerts together. For them, finding fulfillment means attaining a balance between work, family and faith.

"Some people tell us we must be so crazy busy as two physicians who work demanding jobs with three kids," Stu says. "But I think about other families, and I know there are people out there swinging two jobs to cover their bills. We are very fortunate to be doing what we do, and I think that keeps us very humble."

BY MADELINE CRAWFORD

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A European Education/Vacation

A Mary Greeley Medical Center couple are student tourists on a health-focused adventure.

Jake and Carrie Adams have lots of photos and souvenirs from their first trip to Europe. But when these two Mary Greeley Medical Center staff members talk about the most memorable moments of their journey, they go to their notebooks.



Mary Greeley Medical Center employees routinely participate in educational programs that expand and update their knowledge and skills. All individuals complete mandatory education, but many employees take advantage of optional in-services, classes and education outside of mandated Mary Greeley Medical Center curriculum.

“Employees take advantage of a variety of opportunities,” says Education Coordinator Ginny Koch, R.N., B.S.N., M.Ed. “They enroll in basic and advanced cardiac life support, annual care environment and patient safety computer-based learning, new equipment in-services, procedure updates and formal programs which meet the continuing education requirements for professional licensure.”

Activities like these help maintain a level of professionalism, knowledge and service that patients expect from Mary Greeley Medical Center. But the experience Carrie and Jake had was definitely unique.

The couple took part in a 19-day adventure sponsored by the Drake University College of Business and Public Administration’s Sustainability, Management, Reinvention and Technology (SMART) program. Though they aren’t Drake students, the Adamses have family who are and urged them to take advantage of this opportunity.

And it’s easy to see why. The trip, themed “The Children Are Our Future,” focused on children’s health and welfare issues. It provided the Adamses their first European vacation while broadening their understanding of the issues and concerns that impact their health care careers. Both work in the Cardiac Catheterization Laboratory, where Carrie is a nurse and Jake is a diagnostic radiographer.

“The trip exceeded our expectations, and it couldn’t help but make us think more globally,” says Carrie. “There are so many different factors involved in these issues, including politics and culture. There are so many ways to make things work if we work together at the global level as well as the community level.”

SMART visited Copenhagen, Denmark; Geneva, Switzerland; Paris, France; London, England; Dublin, Ireland; Hamburg, Heidelberg and several other cities in Germany. For the Adamses, the most memorable interactions were with officials from the World Health Organization (WHO) and SOS International Villages in Geneva, and the Organization for Economic and Community Development (OECD) in Paris.

“This trip changes how students look at the world,” says C. Kenneth Meyer, Drake’s Thomas F. Sheehan distinguished professor of public administration. “It widens their perspective on civic

“The trip exceeded our expectations, and it couldn’t help but make us think more globally.”

—Carrie Adams

engagement and civic enhancement, breaking down ethnocentrism and encouraging global understanding and citizenship.”

Diverse Perspectives

The group sometimes heard comments and statistics that weren’t always flattering to the United States. This was particularly true at the OECD, which works on solutions to global economic, social and governance issues. Speaker Dominic Richardson noted troubling statistics about obesity in American children. Richardson also discussed that a recent study showed even though the U.S. spends more on maternal health than any other country in the world, deaths in childbirth among U.S. women are on the rise. Statistics show that deaths from pregnancy and childbirth in the U.S. have doubled in the past 20 years (6.6 per 100,000 live births in 1987 to 13.3 deaths per 100,000 live births in 2006), and that American women are now at greater risk of dying from pregnancy-related causes than women in 40 other countries.

“Some people in the group questioned the statistics we heard, which made for some interesting discussions,” says Jake. “But all the presentations were fascinating, and we heard about approaches to promoting health that you don’t see in the United States. It was eye-opening. But, still,” he says, “the impression I was left with was how lucky we are to live in a country as advanced as we are.”

SOS Villages International advocates for orphaned and abandoned children, or children who can’t stay with their biological families. SOS tries to keep siblings together and emphasizes keeping family structures intact whenever possible. For every child SOS places in foster care, nine children stay at home. At the WHO, a variety of health topics were discussed, including immunization and environmental factors in children’s health. One of the topics was measles, an illness that causes little concern in the U.S., but which killed 450 people every day in 2008.

WHO speakers also noted that 24 percent of global disease stems from environmental factors, including those related to rapid globalization and new industrialization. Children can be at particular risk because their immune systems may not be as sturdy as adults, and they also have a tendency to experience their environments through tactile interaction. In other words, hand to mouth.

Child Friendly

Stuttgart, Germany, another stop, is trying to become the most child-friendly place on earth. After years with low birthrates, city officials are trying to reverse the trend by making housing more affordable for families, enhancing children’s play spaces, and enacting comprehensive health and safety measures for children and parents alike. It’s apparently working. Stuttgart’s child population in 2010 is 21 percent higher than projected estimates made in 2004.

The city is also trying to embrace its diverse culture (22 percent of its population are non-Germans and 40 percent have immigrant backgrounds) by having schools focus on teaching German to non-speakers, as well as promoting native languages of foreigners who live in the city.

The group may have felt a little bit guilty driving into Copenhagen, which is the world’s top bicycling city. Nearly 40 percent of the city’s population considers cycling its major form of transportation, outranking public transit, cars and walking.

“Can you imagine that happening anywhere in the United States?” says Jake.

What’s behind all the pedaling? Not health or green behavior. For Copenhagen-ites, it’s simply the most convenient way to get around the city.

While most stops emphasized efforts to improve the quality of life for people everywhere, a somber visit to Neuengamme, a Nazi concentration camp, served as a reminder of humanity’s dark side, including its ability to harm children.

As professionally fulfilling as the trip was, it also had personal significance. Carrie was able to see Hamburg, Germany, where her great-great-grandfather boarded a boat to come to the United States. For Jake, it was seeing historic World War II sites. His grandfather, who served under Gen. George Patton, fought in the Battle of the Bulge and the liberation of Dachau Concentration Camp.

Next year’s SMART program will focus on food and nutrition. For more information, visit www.drakesmart.com.

BY STEVE SULLIVAN

From Tragedy to Triumph

After losing his hand in a farming accident, Austin Meyers did more than move on with life. He teamed up with his wife, Stephanie, to help create a support system for central Iowans affected by amputation.

Austin Meyers works full time in Environmental Services at Mary Greeley Medical Center. He tends to a 2,700 square-foot garden, where he grows a laundry list of vegetables. He and his wife, Stephanie, chase around two toddlers, Hallie and Janae, while caring for newborn twins. And he does it all with just one hand.

Adapting to Amputation

On May 16, 2006, Austin said goodbye to his seven-month-pregnant wife and drove to work on a farm near State Center. He was grinding hay bales when loose hay began building up on the machine's fork lift. As Austin pushed away loose hay, the bale's plastic wrap wound around a hammer bar and yanked his right hand into the machine.

"I was lucky that a coworker was on site," Austin says. "I wasn't on the main farm, and usually I'd be out there by myself."

Austin was rushed to Story County Medical Center and then life-flighted to Iowa Methodist Medical Center, where he underwent four surgeries in just 10 days, resulting in the amputation of his right hand. Two days after returning home, Austin was back in the hospital for an emergency appendectomy.

"Initially, Austin had a positive attitude," Stephanie says. "He said, 'That's the way it is, I'll make things work.' In reality, though, people looked at him differently, and there were things he couldn't do."

A few months after the accident, Austin eased back into his job, where post-traumatic stress settled in. He had a hard time focusing, and his prosthetic hand was not conducive to the manual labor, so he quit his job.

"I was a new mom when he quit," Stephanie says. "We went from two incomes to none, which added stress to the changes already going on. I loved having him at home, but I pushed him to find a regular job."

Because his work experience was all hands-on, Austin started the job search from scratch. He previously wrote right-handed so he relied on Stephanie to help him. Together, they completed an application for a valet position at Mary Greeley Medical Center. Soon after, Austin was employed with steady hours and a stable paycheck.

Finding the Perfect Fit

Austin equates medical center valets to soldiers on the front lines of battle. They are the first staff to come in contact with patients and visitors.

"I connected with people as they entered the hospital," Austin says. "They saw I was an amputee and naturally connected with my situation. I talked to them about what they were going through, too."

He enjoyed swapping stories with patients and visitors, but valet work was far from the manual labor he was accustomed to. Each vehicle takes approximately three minutes to park or retrieve, and valet staff tracks the drop-off and pick-up time of each vehicle.

"My job required me to constantly look at the clock, so time crawled by, even if we were getting a steady flow of cars," Austin says. "It just wasn't as challenging as the hands-on work I was used to."

When a position with Mary Greeley Medical Center's Environmental Services opened up, Austin immediately applied. Similar to farm work, Environmental Services duties vary daily. There are no restrictions on Austin's tasks, but some present challenges.

"Working in Environmental Services is similar to the farm, so I'm comfortable with the manual work," Austin says. "The challenge is I have just one hand to hold on to a rag or mop. We're working with a prosthetist to custom-make a prosthesis to accommodate my job."

The majority of amputations involve lower limbs (due to diabetes and other vascular diseases), and those involving upper extremities usually occur above or below the wrist. Austin's situation is unique because his thumb was salvaged during amputation. Although insurance supports the cost of a new prosthesis every three years, Austin's high level of activity causes him to wear through one every two years.

"The guy who custom-fits my prosthesis is very inventive," Austin says. "My situation may be unique, but this guy is up for the challenge."

Everyday Adventures

Four years after the amputation, the family continues to cope with their changed lives. "Losing a limb is like losing a family member, but instead of burying it, I have a constant reminder of my loss," Austin says. "It's with me every morning when I crawl out of bed."

Stephanie agrees. "Even after four years, I'll go to grab his hand and it's just not there anymore," she says.

But Austin and Stephanie know they're not the only ones experiencing these life changes, which is why they helped to start the Central Iowa Amputee Support Group. The group provides networking, education and advocacy for people who have experienced amputations and their supporters.

"The first year after amputation, it's hard to talk about it," Austin says. "But sharing stories and connecting with other amputees relieves a huge burden."

Networking benefits supporters, too. "We're changed by the circumstances, but not in the physical way they are," Stephanie says. "We need to be willing to be patient, listen and advocate."

The support group provides an opportunity for them to create a community in a world where people often give them a second, and sometimes, a third look.

"People stare, sometimes too long," Stephanie says. "We were out one night and Austin's prosthesis was hurting him, so he took it off and I carried it. People stared, but we're at a point where that's part of life. We just laugh about it."

They may be accustomed to the extra stares, but each day presents new challenges and obstacles. "Every day is an adventure and a learning experience," Stephanie says. "Austin's finding new ways to do normal activities, whether it's mopping the floors or changing diapers."

Austin laughs, "Not even this can get me out of changing diapers."

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BY MADELINE CRAWFORD

Central Iowa Amputee Support Group

When Austin and Stephanie approached Mary Greeley Medical Center Rehabilitation and Wellness Director Kevin Rippey about creating an amputee support group, he recognized the need for networking among people who have experienced amputation.

"There's a huge need for support for people who undergo the trauma of amputation. It is very important for their spouses and children as well," Rippey says. "I admire the tenacity I see in these people who have had such a major life event. They just want to get back to a fairly normal life. This group gives them a chance to meet with people who have had similar experiences, get support and share stories."

With Rippey volunteering as the support group's facilitator, Austin and Stephanie helped to start the Central Iowa Amputee Support Group, which meets at 6 p.m. on the third Monday of every month at the Northwest Community Center in Des Moines. The first half of each meeting features a structured program, with the second half open for socializing and networking. Program topics vary from phantom limb pain treatment to prosthesis maintenance to insurance reimbursement to peer mentoring.

"Our speakers include physicians, occupational therapists, prosthetists, psychologists and more," Rippey says. "Sometimes we have an amputee who shares their story with the rest of the group. Our mission is to provide networking, education and advocacy."

Group members vary from those who have recently undergone amputation to people who had the procedure more than 30 years ago. Some are seeking support, while others hope to offer stories of struggle and success. Spouses and supporters are encouraged to attend as well.

For more information visit Central Iowa Amputee Support Group's website, www.orgsites.com/ia/ciasg, or call 641-864-2257.

The first year after amputation, it's hard to talk about it. But sharing stories and connecting with other amputees relieves a huge burden."

—Austin Meyers



Total Joint Class: Distinct Benefit to Patients

Because he was younger than the average joint replacement patient, Jim Pease had been putting off total knee replacement for more than four years when he finally decided to have the surgery.

“I tore up my knee during high school football more than thirty years ago,” Pease says. “Since then, my tibia’s been wearing away to the point that there was barely any bone left.”



With an active lifestyle that included skiing, biking, climbing and wilderness hiking, Pease wasn’t worried about recovering after his knee replacement. Although he was confident his rehabilitation process would be easy, he decided to attend the Total Joint Preoperative Class suggested by his orthopedic surgeon, Peter Buck, M.D.

The 90-minute class prepares total knee and hip replacement patients for their procedures at Mary Greeley Medical Center. Patients learn about their procedures and what to expect during their stays, as well as post-surgery equipment and assistance needs.

“Once I attended the class, I realized there was a lot more to the process of knee replacement than I thought,” Pease says. “The class really helped me understand the full range of what I would be going through, from pre-surgery to physical therapy.”

Led by Mary Greeley Medical Center staff, including Michelle Hofbauer, R.N., B.S.N., C.M.S.R.N., Clinical Resource Nurse; Robin Jaquis, B.S.W., Social Work Case Manager; and Matt Petersen, P.T., M.S.P.T., M.P.A., Rehabilitation and Wellness Outpatient Services Supervisor, the class includes important information for patients, from exercises to strengthen muscles before the procedure to post-procedure activity guidelines and pain management.

“So much goes on before, during and after a total joint replacement that there’s too much information for a patient to absorb in a single office visit,” Dr. Buck says. “By bringing health professionals together into an organized class, we offer a one-stop, collaborative setting for patients to learn about the process.”

“The most beneficial aspect of the Total Joint Preoperative Class is that it provides patients with realistic expectations throughout the entire joint replacement process,” Dr. Buck says.

“Providing them information in a group setting usually makes patients feel more comfortable,” Dr. Buck says. “Another patient may ask a question that the others didn’t think about or were afraid to ask themselves. Some have already been through the process and can share their past experiences.”

To help patients prepare for the long haul of post-procedure physical therapy and rehabilitation, a physical therapist provides patients with a list of exercises to strengthen muscles before joint replacement.



“They showed us what machinery was available for rehabilitation and some exercises that we’d be doing before and after surgery,” Pease says. “The exercises seemed so simple before I had my knee replaced, but afterward, I couldn’t even lift my leg. That made me realize just how long a process it would be to get back to normal.”

Patients who attend the 90-minute class not only get a jumpstart on preoperative exercises, but also they learn how to preorder postoperative equipment, like wheelchairs or crutches. Health professionals also help patients plan for assisted care.

“What patients need to realize is that recuperation takes a lot of hard work,” says Brent Baerenwald, P.T., M.S.P.T. “They have to rebuild strength and range of motion, but they also have to relearn how to do a lot of things, so they’ll need a lot of help from others.”

Patients who undergo total joint replacement require a short-term caretaker to assist them with everyday tasks for the first month after surgery. Patients are encouraged to bring spouses and other caretakers to the Total Joint Preoperative Class.

“During the class, we also discuss the expectations of the caretaker, who’s usually a spouse,” Baerenwald says. “Some have never made meals, vacuumed or done laundry before. The patient will be incapacitated for awhile, so the caretaker will be expected to take over many duties, including light housekeeping.”

The Total Joint Preoperative Class is offered to patients at no cost. Anyone scheduled for a total joint replacement at Mary Greeley Medical Center is welcome to attend. For more information, contact 515-239-6770.

“The point of the program is to make the joint replacement process easier for the patients before, during and after their procedures,” Baerenwald says. “We don’t want them going into the procedure with any outlying questions. This provides a great tool for patients to understand the entire process, from start to finish.”

BY MADELINE CRAWFORD

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Blue Distinction Designation

Mary Greeley Medical Center is one of two Central Iowa hospitals that have been awarded a Blue Distinction designation for knee and hip replacement by Blue Cross and Blue Shield.

According to Blue Cross and Blue Shield’s website, “The designation is based on rigorous, evidence-based, objective selection criteria... Its goal is to help consumers find quality specialty care

on a consistent basis, while enabling and encouraging health care professionals to improve the overall quality and delivery of care nationwide.”

Qualified medical centers undergo a rigorous selection process before being awarded the Blue Distinction designation. They are judged on a variety of criteria including patient outcomes, treatment expertise, procedure volume, structure and

process. Details like physician credentials, supporting departments and complication rates weigh heavily on the decision process.

Mary Greeley Medical Center also boasts Blue Distinction designation in spine surgery. For more information about Blue Distinction designation, visit Blue Cross and Blue Shield’s website, www.bcbs.com.

The Blossom Project

With the help of Mary Greeley Medical Center, Iowa State University's Christina Campbell is paving the way for mothers and babies to lead healthy lives.

When Christina Campbell, Ph.D., R.D., Iowa State University associate professor of nutrition, was expecting her first child more than 10 years ago, she had many of the same questions common among first-time mothers. She wanted to know what nutrients are important and what type of physical activities result in a healthy pregnancy.



"We named the project after my first child. When I was pregnant, my mom went into a quilt store and found some fabric with orange blossoms in full bloom. Since we didn't know the sex of the baby, we called it Blossom until the baby was born."

—Christina Campbell, Ph.D., R.D.,
Iowa State University



"I researched the activity guidelines for pregnant women, but at the time, I could only find two papers pertaining to it," Campbell says. "Both papers suggested very minimal activity, like 15 minutes while maintaining a heart rate under 140 beats per minute."

But Campbell wasn't satisfied with the guidelines she found. Her pregnancy sparked an interest in the exercise and diet of pregnant women. She wanted to know how they contributed to the health of mothers and babies. With that, Campbell formed the Blossom Project.

"We named the project after my first child," Campbell says. "When I was pregnant, my mom went into a quilt store and found some fabric with orange blossoms in full bloom. Since we didn't know the sex of the baby, we called it Blossom until the baby was born."

The initial goal of the project was to assess the Omega-3 fatty acid consumption among pregnant women. When the project began,

Campbell was working at Montana State University. Because of her location, she was curious to study the effects of non-coastal living on the Omega-3 consumption among the expectant mothers.

"Even though Montana isn't coastal, the attitude among the people was similar to a coastal community," Campbell says. "The expectant mothers were, for the most part, getting their fulfillment of Omega-3 fatty acids."

But when she moved to Ames to work at ISU, Campbell discovered that expectant mothers in the Ames area had very low levels of docosahexaenoic acid (DHA), indicating that they weren't absorbing enough Omega-3 fatty acids.

With the help of Mary Greeley Medical Center, McFarland Clinic and the Doran Clinic for Women, Campbell recruited women between the 18th and 35th week of pregnancy to participate in the Blossom

Project. Women must be non-smokers free of chronic disease. The project requires women to wear an armband for seven days, tracking their physical activity levels. Women also track their nutritional intake, and a core blood sample is taken after birth to measure nutrition levels of the mother and baby.

"Getting the blood sample after birth is really non-invasive," says Candace Flakoll, R.N.C.-O.B., B.S.N., C.C.E. "After the umbilical cord is cut, we fill two tubes with blood from the cord. Nobody loses any blood in the process."

Flakoll says the Blossom Project is a great way for Mary Greeley Medical Center to be involved in nutrition education among expectant mothers. "We're not considered to be a research hospital, so for us to partner with Iowa State University provides a great opportunity to contribute to life-changing research."

Maternal Child Services Director Nyla Carswell, R.N., B.S.N., M.P.A., works with Campbell to ensure that researchers have all necessary patient information, while maintaining patient privacy in line with HIPAA guidelines. Mary Greeley Medical Center staff assists in recruiting patients and collecting blood samples at birth.

"A couple of months prior to due dates, we receive a list of participants," Carswell says. "We make a note on their prenatal records, so we're aware when they come in for delivery. The patients bring in the collection supplies, and we call someone to pick up the sample, which goes back to Iowa State for research."

Campbell says the staff at Mary Greeley Medical Center has played a key role in helping the Iowa State University Nutrition Department improve the health of the community, one pregnancy at a time.

"The staff's willingness to collaborate and connect with individuals has been incredible," Campbell says. "Mary Greeley Medical Center, McFarland Clinic and the Doran Clinic for

Women have been crucial in helping us find potential candidates and draw cord samples. They provide us with everything we need while making sure we stay within HIPAA guidelines."

After receiving the samples, Campbell records the Omega-3 fatty acid levels and compiles them with activity level information of expectant mothers. "We're getting a good idea of the activity levels in this community, and like the Omega-3 levels, there is room for improvement in increasing activity."

Campbell chose to study the nutritional and activity-level effects on pregnancies because disease prevention starts in utero. For example, gestational diabetes can lead to type 2 diabetes in the mother or baby later in life.

"If a mother starts and ends her pregnancy in the obesity category, she sets the stage for both her and her baby to be obese later in life," Campbell says. "The way the mom handles her pregnancy physiologically, like with preeclampsia or hypertension, provides a good indicator to future disease patterns."

Campbell plans for the next phase of the Blossom Project to include intervention. Instead of simply measuring activity and nutritional levels, expectant mothers will be assigned to groups measuring either activity or DHA levels, or both. With the help of Mary Greeley Medical Center, the upcoming research will help test markers related to gestational diabetes and prevention.

"We're a part of the Blossom Project because we're interested in helping research that will improve the outcome of the babies and mothers," Carswell says. "We're excited to be a resource for their research and that they can utilize us for data that will improve those outcomes."

BY MADELINE CRAWFORD



Specialized Care. Personal Touch. More Than a Tagline



Melissa Johansen, director, External Relations

This summer we welcomed our newest members to the Mary Greeley Medical Center Foundation Board of Directors. As I prepared for the orientation of these new members, I thought about the mission of the Foundation and its role at the medical center and in our communities. I visited with current members of the board to learn more about their motivation for taking on a leadership role at the medical center. I soon found that our mission to

assist the medical center to provide specialized care with a personal touch resonates with many.

Scott Saienga, from Story City, joined the Mary Greeley Medical Center Foundation board in July 2009. Scott and his wife, Vicki, have been longtime supporters of Mary Greeley Medical Center, where Vicki has worked for 25 years. It wasn't until Scott's father became ill last fall, however, that they experienced firsthand the benefits of the Mary Greeley Medical Center Foundation. After transferring his father to the Israel Family Hospice House, where he would spend his last hours of life, the Saienga family was comforted by the special care and support of the hospice staff and volunteers. Scott believes that the compassion and personalized care provided, not only for the patient but also for the family, was the key to helping his family cope with their impending loss.

Scott's story reminds me of the important role the foundation plays at Mary Greeley Medical Center. The foundation not only enhances the medical center's ability to provide healing and compassionate health care, but also allows us to provide additional comforts and care that can make all the difference when faced with a health care need. Scott commented that the commitment to the care of the patient as well as the family makes Mary Greeley Medical Center stand apart from the rest.

The foundation has been supporting the medical center for many years, helping to provide the extra touches that enhance our quality of care and service. Funds from the foundation, for example, allowed us to respond to the needs of our communities and establish the Israel Family Hospice House and Cancer Resource Center. We've also provided the funds to purchase special equipment such as the SimNewB™ training system for the Birthways unit and the warm-water therapy pool for our physical therapy patients.

The foundation's support enhances the quality and availability of health care in our communities. For instance, the Diabetes and Nutrition Education Center helps those with diabetes and nutritional disorders manage their disease, reaches out to those at risk, and promotes healthy and active lifestyles. The foundation is also committed to investing in education, including scholarships for current and future health care providers, specialty nursing certifications and outreach to the community with programs like the upcoming George Hegstrom Annual Diabetes Symposium in November.

As I shared with our newest members of the board at their orientation, the Mary Greeley Medical Center Foundation is committed to enhancing the services and care provided by the medical center. We are working hard to ensure that "Specialized care. Personal touch." is more than a tagline—it's a promise to our communities. As representatives of the medical center, we can be proud of the good work currently being done and look forward to the possibilities on the horizon.

2010-2011 Mary Greeley Medical Center Foundation Board of Directors

- | | |
|--|-------------------------|
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- Melissa Johansen, *director, External Relations*
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*Denotes new board member

Live Well, Age Well



Yearly physicals and routine wellness screenings, paired with a healthy lifestyle, can reduce the risk of serious health issues in patients ages 50 and older.

While everyone should be cognizant of personal health and disease management, it is especially important for those ages 50 and older to actively take steps to maintain healthy lifestyles.

"Research has shown that many disease processes can show up around age 50," says McFarland Clinic family practice physician Donald Skinner, M.D. "Disease incidences increase at that point in life, so it's important to go in and see a provider for a yearly physical."

Dr. Skinner says a yearly physical should be seen as routine, preventive maintenance. Identifying health issues before symptoms surface allows for more aggressive and effective treatment options.

Yearly physicals vary according to a patient's medical history, family history and lifestyle factors. While individual factors vary, the U.S. Preventive Services Task Force sets general wellness screening regulations that physicians use to determine what tests patients should undergo.

"The best way to do it is to have patients come in, fasting the day of the physical, so we can order some wellness screenings during their appointment," Dr. Skinner says. "We also discuss other time-consuming screenings and make arrangements for those in the near future."

Some of the more time-consuming wellness screenings include mammograms for women and prostate-specific antigen (PSA) tests for men. Women between the ages of 50 and 65 should receive annual mammograms and men above the age of 50 should receive PSAs at their physician's discretion.

"There's some debate as to whether a PSA can help increase the longevity of life," Dr. Skinner says. "So the approach to testing varies with each patient. We give them informed consent, so that the benefits include finding cancer sooner, but it may not affect outcome. There are also a few risks involved, so you weigh those as well."

Colonoscopy screenings can be done every 10 years, or every two to five years if previous tests revealed polyps or family history revealed colon cancer. If previous pap smears and family history have shown normal results, then those can be done every three years.

"For colonoscopies and pap smears, some research shows that they aren't beneficial after the age of 65," Dr. Skinner says. "But all decisions and testing should be done on an individual basis, so it's important to keep the line of communication open."

Other common wellness screenings that are important to the overall health of people ages 50 and older include vision and hearing screenings.

"Vision screenings can catch glaucoma, which can lead to blindness, in the early stages," Dr. Skinner says. "With testing we can

adequately treat problems and maintain vision. A lot of things are silent without symptoms, so routine screenings are essential."

Screening for hypertension, or high blood pressure, is also routine and can be done on a more frequent basis. Free blood pressure screenings are available at most Prime Time Alive events.

"One of the goals of the Prime Time Alive program is to stress the importance of and provide information about wellness screenings," says Vickie Newell, Volunteer and Older Adult Services manager. "These screenings can either give patients peace of mind knowing their test results are within a healthy range or help them identify health concerns at an earlier, more treatable stage."

Prime Time Alive events focus on health and wellness education and helping members understand medical conditions they may encounter. Programs target specific wellness subjects and navigate members through the treatment process of a variety of health issues.

By increasing knowledge of health issues and testing for them early, patients have a better chance at increasing their quality of life later.

"If test results are unfavorable, there are steps we can take, like making lifestyle choices, to improve those numbers," Dr. Skinner says. But once you've had a heart attack, you've had it. It becomes more difficult to recover from that."

Dr. Skinner suggests patients pay attention to their body mass index (BMI) to help curb weight issues that can lead to more significant health issues like heart disease and diabetes.

"Individual BMIs help us determine who we should screen for diabetes, as well as what modifications to exercise and diet we can make to help with disease prevention," Dr. Skinner says. "We also encourage behavioral health and depression screenings, as those symptoms often contribute to diabetes and weight issues."

While wellness screenings can catch diseases in their early stages, Dr. Skinner encourages patients to maintain a healthy lifestyle and set goals to improve personal health. For all disease management, lifestyle factors provide the basic foundation for managing health-related issues.

"Medicine is changing from reacting to preventing illness before it becomes a problem," Dr. Skinner says. "Prevention needs to become a focus for a patient, to own personal health and become accountable. As physicians, we want patients to be our partners in health care."

BY MADELINE CRAWFORD

Summer Volunteer Efforts: Working to Benefit Our Community



Irina Bassis, director,
Community Relations

Mary Greeley Medical Center takes pride in its efforts to help the community, and this summer has been no different.

Starting in June, Mary Greeley Medical Center kicked off its volunteer efforts with Mary Greeley Fest and the Hope Run. With 104 volunteers, the paired events raised awareness of Mary Greeley Medical Center's services while providing a fun, family-friendly atmosphere for locals.

Volunteers arrived bright and early on their Saturday to help set up the event and get participants ready for their run. They also braved the heat and sun to help clean up after the excitement died off and families headed home.

The Hope Run boomed with success with 469 participants and over \$37,000 raised in financial and in-kind support for the Israel Family Hospice House. Neither event would have been successful without the help of its generous volunteers.

July brought the Iowa Games, which had a turnout of around 140 volunteers. From covering the volunteer check-in tent to being on the field to help with first aid, volunteers kept things running smoothly. Seeing minor to more serious injuries didn't discourage their efforts in the least bit.

All of us at Mary Greeley Medical Center are excited about the success of our summer efforts and look forward to future opportunities to lend a helping hand in the communities we serve.



Family Birthing Classes

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

Big Brother, Big Sister Class

Classes are offered for ages 2 to 4, mixed ages, and ages 4 and up.
Ages 2 to 4: October 7, November 4, December 6.
Mixed ages: October 21, November 11, December 13.
Ages 4 and up: October 28, November 22, December 27.
Main Lobby

Childbirth Classes

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

One-Day Childbirth Class

Saturday, October 2, October 9, November 6, November 13, December 4, December 11.
8:30 a.m. to 4 p.m.
South Auditorium

Childbirth Class

Tuesday, October 5, 12, 19; November 2, 9, 16; December 7, 14 (December will be two three-hour classes)
7 to 9 p.m.
South Auditorium

Refresher Childbirth Class (quarterly)

Saturday, November 6.
9 a.m. to noon
North Addition A and B
Donation \$10

Birthways Tour

Wednesday, October 27, November 17, December 29.
7 to 8 p.m.
South Auditorium
Birthways offers tours of the hospital and unit for expectant women and their support persons.

Breast Feeding Classes

Monday, October 4, October 11, November 1, November 8, December 6, December 13.
6:30 to 8:30 p.m.
South Auditorium
Donation \$10

HOMEWARD Expectant Parent Class

October 6, 13, 20; November 3, 10, 17.
7 to 9 p.m.
North Addition A and B

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

Moms in Motion: Designed for prenatal women, this 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

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

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

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

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

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

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

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

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

Other

CPR for Friends and Family Anytime

Wednesday, September 8, October 13, November 10, December 8.
6:30 to 8 p.m.
South Auditorium
Cost is \$35 and includes CPR Anytime kit. This non-certification course may be taken in two ways: we facilitate a one-hour introductory course (including take-home kit); or, you can purchase the kit to take home and learn on your own time. Our facilitated course offers an overview of the skills (in the take-home kit) and an understanding of the local EMS system that cares for CPR patients. The take-home kit teaches people in the comfort of their own homes the core skills to perform adult/child CPR in just 22 minutes. There is a separate kit for infant CPR. The kits include a mannequin and DVD that can be reused. This program is research-proven to be equivalent to taking a traditional CPR course. For more information, call 515-956-2875 or visit www.mgmc.org.

SHIIP/Medicare Counseling

Weekdays
External Relations Office
Call 515-239-2210.

Art Schedule

October

Barb Gronstal
Water-based painting media Admin. Hallway

Marion Smith
Oils Main Hallway

Kristi Anderson
Photographs Extended Admin. Hallway

Marilyn Anderson
Wool/fiber hats, scarves, mittens Display Case

November

Joel Lueck
Barns Admin. Hallway

Marion Smith
Oils Main Hallway

Kristi Anderson
Photographs Extended Admin. Hallway

Marilyn Anderson
Wool/fiber hats, scarves, mittens Display Case

December

Joel Lueck
Barns Admin. Hallway

Robert Schulte
Paintings and prints Main Hallway

Carole Osburn
Handmade paper Extended Admin. Hallway

Rachel Tone
Jewelry Display Case

Clinics

Childhood Immunization Clinics

Second and fourth Tuesday of every month, 4:30 to 6:30 p.m.

HOMEWARD, 1114 Duff Ave.

Third Monday of every month, noon to 2 p.m.

Human Services Building

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. HOMEWARD offers immunization clinics for Story County residents at these times and locations:

Ames

2nd Tuesday: October 12, November 9, December 14

Ames

4th Tuesday: October 26, November 23, December 28

Ames

3rd Monday: October 18, November 15, December 20

Ames

4th Tuesday: October 26, November 23, December 28

Ames

3rd Monday: October 18, November 15, December 20

Ames

4th Tuesday: October 26, November 23, December 28

Ames

3rd Monday: October 18, November 15, December 20

Ames

4th Tuesday: October 26, November 23, December 28

Ames

3rd Monday: October 18, November 15, December 20

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4th Tuesday: October 26, November 23, December 28

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3rd Monday: October 18, November 15, December 20

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4th Tuesday: October 26, November 23, December 28

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3rd Monday: October 18, November 15, December 20

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4th Tuesday: October 26, November 23, December 28

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3rd Monday: October 18, November 15, December 20

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4th Tuesday: October 26, November 23, December 28

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3rd Monday: October 18, November 15, December 20

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4th Tuesday: October 26, November 23, December 28

Ames

3rd Monday: October 18, November 15, December 20

Ames

4th Tuesday: October 26, November 23, December 28

Ames

3rd Monday: October 18, November 15, December 20

Ames

4th Tuesday: October 26, November 23, December 28

Ames

3rd Monday: October 18, November 15, December 20

Ames

Collins

City Hall

Senior Meeting Room

Wednesday, October 6, November 3, December 1 9 to 10:30 a.m.

Colo

Community Center

Tuesday, October 19, November 16, December 21 10:30 to 11:45 a.m.

Huxley

Walnut Grove Community Room

Thursday, October 7, November 4, December 2 1 to 2:30 p.m.

Maxwell

Community Center

Wednesday, October 6, November 3, December 1 10:30 to 11:30 a.m.

Nevada

Christian Church, Disciples of Christ

Wednesday, October 13, November 10, December 8 12:30 to 2 p.m.

The Meadows Apartments

Tuesday, October 19, November 16, December 21 1 to 3 p.m.

Story City

Story City Community Health Center

Wednesday, October 27, November 24, December 22 1 to 4 p.m.

Cedar Place

Thursday, October 14, November 11, December 8 1 to 4 p.m.

Support Groups

Alzheimer's Disease Support Group

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

October 5, November 2, December 7

Bereavement Support Groups

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

Breast Cancer Support Group

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

Cardiac Rehabilitation Support Group

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

Celiac Disease Support Group

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

Diabetes Support Group

This group meets the first Tuesday of every month at 7 p.m. Call 515-232-1653 for more information.

Diabetes Support Group for Youth

This group meets every other month. Call 515-956-2880 for more information.

Eating Disorders Support Group

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

Parkinson Support Group

Call 515-239-2600 for more information.

Prostate Cancer Support Group

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

Stroke Support Group

The Stroke Support Group is free and open to the public. Call 515-239-2690 for more information.



Favorite Fall Recipes

Cooler temperatures make the fall season perfect for football games and tailgating with friends. Mary Greeley Medical Center's Executive Chef Mike Leach, C.E.C., shares his favorite fall recipes—sure to unite even the most loyal Cyclone and Hawkeye fans!

Turkey Chili

Prep Time: 45 minutes **Yields:** 10 servings

Ingredients

- 2 tsp Olive Oil
- 1 1/2 lb Ground Turkey
- 1 large Onion—chopped
- 3 cup Water
- 8 ea Roma Tomatoes—roughly diced
- 2 ea Kidney Beans—16 oz. can, rinsed and mashed
- 1 tsp Garlic—minced
- 3 tsp Chili Powder
- 3/4 tsp Paprika, Oregano and Cumin
- 1 ea Salt and Pepper—to taste

Method

1. In a large pan on medium heat, add olive oil, turkey and garlic. Cook until turkey is done.
2. Add the rest of the ingredients to pan. Stir occasionally to keep from sticking to pan. Simmer for roughly 45 minutes.
3. Serve hot.



Flank Steak Po' Boy with Pineapple Salsa

Prep Time: 35 minutes **Yields:** 10 servings

Nutritional Information

Calories: 283 Fat: 8 grams Carbs: 30 grams

Ingredients

- 1 lb Flank Steak—sliced thin
- 1 tsp Olive Oil
- 1 tsp Powdered Chipotle
- 1 ea Fresh Pineapple—peeled and cored
- 1 ea Fresh Red Pepper—cleaned
- 1 ea Medium Red Onion—peeled and cut in half
- 1/4 cup Fresh Cilantro—roughly diced
- 2 T Red Wine Vinegar
- 1 ea Salt and Pepper—to taste
- 10 ea Hoagie Roll

Method

1. Set grill on high. Place onion halves, red pepper and pineapple on grill. Seer until charred. Set aside.
2. After charred items have cooled: dice pineapple, onion, red pepper and cilantro. In medium mixing bowl, add together all ingredients except flank steak. Mix well and set aside.
3. Set grill to a high heat. Place flank on grill until desired doneness is reached. This should not take long due to thickness of steak.
4. Place steak on a hoagie roll and spoon on about a half-cup of salsa.
5. Serve warm and enjoy!



Reuben Dip

Prep Time: 10 minutes **Cook Time:** 25 minutes **Yields:** 12 servings

Nutritional Information

Calories: 225 Fat: 15 grams Carbs: 22 grams

Ingredients

- 1 cup Mayonnaise (fat free can be used)
- 1 cup Thousand Island Dressing (fat free can be used)
- 1 lb Sauerkraut—drained and pressed dry
- 1 lb Corned Beef—shredded
- 1 lb Swiss Cheese—shredded
- 1 ea 12-inch Round Rye Loaf

Method

1. Pre-heat oven to 350 degrees.
2. Mix mayonnaise and dressing together in a small bowl for later use.
3. In a medium sized bowl, mix the remaining ingredients together. Stir in mayonnaise-and-dressing mix until everything is well blended.
4. Pour mix into a 9-inch by 13-inch baking dish and cook for 25 minutes.
5. While dip is cooking, hollow out the rye bread bowl.
6. When dip is hot from oven, spoon into bread bowl and enjoy!

Chef's Tips

1. If you can't find a 12-inch round rye loaf, use sliced rye cut into 1-inch by 1-inch squares.
2. If you want more texture, toast the rye loaf in the oven for 10 minutes.

Auxiliary and Volunteer Services

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

HOMEWARD Hospice New Volunteer Training

**Saturday, October 16,
and Saturday, October 23,
8 a.m. to 4 p.m.
South Auditorium**

Have you ever considered volunteering with hospice? Trained volunteers may work with patients and families in their homes, at nursing facilities or at the Israel Family Hospice House. To be a hospice volunteer you must be at least 18 years of age and pass a criminal background check. Attendance on both days is mandatory. Lunch is provided. Family members who have recently experienced a loss are encouraged to wait a year before volunteering. For more information call 515-956-6043.

Tree of Love Memorial Service

**Sunday, November 14, 2 p.m.
North Addition A, B & C**

The Tree of Love is a symbol of remembrance and is sponsored by Mary Greeley Medical Center's HOMEWARD Hospice. By purchasing a beautiful limited edition ornament for the Tree of Love, you have an opportunity to remember a loved one or honor a special family member or friend. Each ornament is \$20. The ornaments with the names of the remembered persons will be displayed on the Tree of Love in the lobby of the medical center through the holiday season. The memorial service for the Tree of Love begins with a time of remembrance followed by decorating of the tree. Ornaments not picked up by January 5, 2011, will be mailed. To print an order form, go to www.mgmc.org/services/home-health/homeward-hospice.aspx; or pick up a copy in the medical center's External Relations office. Call HOMEWARD Hospice at 515-956-6000 if you have questions.



MGMC Gift Shop Pre-Thanksgiving Sale

**Thursday, November, 18
8:30 a.m. to 8 p.m. and
Friday, November, 19
8:30 a.m. to 4:30 p.m.**

Come enjoy great discounts in the Mary Greeley Medical Center Gift Shop during a two-day sale. Receive 20 percent off clothing, jewelry, decorations, greeting cards and more just before the Thanksgiving holiday. Cash, credit card, checks and payroll deduction are all accepted.

Schedule of Events

Fall 2010

Cancer Resource Center Special Events

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

Navigating Breast Cancer

**Thursday, October 21, 7 p.m.,
North Addition A & B**

"Patient navigation" refers to the assistance offered to the newly-diagnosed cancer patient to help them plan a smooth treatment course to improve quality care. The patient navigator is a registered nurse who guides, educates and supports patients and their families through the complex health care system. The patient navigator works with patients and health care providers to coordinate the patient's care, assessing the physical, psychological and social needs of the patient. Learn about the implementation of this new program at the William R. Bliss Cancer Center.

Radiation Treatment Safety Measures

**Tuesday, November 2, 7 p.m.,
North Addition A & B**

The goal of radiation therapy is to kill cancer cells without harming healthy tissue. Radiation oncology uses high radiation levels to kill abnormal cells or keep them from growing and dividing. Radiation safety quality assurance is top of mind for hospitals. Rigorous equipment testing, treatment monitoring, and independent reviewing ensures the safety of patients receiving radiation therapy. These checks assure radiation therapy treatments are appropriate and customized for each patient. Brian MacPhail, physicist, will provide an educational program to help us understand the safety measures that the William R. Bliss Cancer Center implements for cancer treatment.

Prime Time Alive

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

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

AARP Driver Safety Program

**Wednesday, October 6,
8 a.m. to 4:30 p.m.
North Addition C**

*Presented by Gene Lavender,
AARP Driver Safety instructor.*

This one-day presentation covers driver's safety. Learn about the normal changes of aging and the effects it may have on driving. Cost is \$12 for AARP members and \$14 for all others (make checks payable to AARP) and may entitle participants to an insurance premium discount.

Supporting Others During a Time of Loss

**Thursday, October 14, 2 p.m.
South Auditorium**

*Presented by Henrietta Klarenbeek,
M.Div., B.C.C., Chaplain,
Mary Greeley Medical Center.*

Loss comes in many forms. This program will focus on loss due to death and divorce and give you some tools to support family and friends.

Flu Shot Clinics

Do not miss the upcoming flu shot clinics provided by HOMEWARD Home Health Services. Flu shots will be offered to Prime Time Alive members at the times listed below. Bring your Medicare Part B card with you; if you do not have Medicare Part B, the regular seasonal flu shots are \$25.

Mallwalkers:

Update on Flu and Pneumonia,
8 a.m.; Flu shots 7:30-9 a.m.

**Health Care Reform:
What It Means to You,**
2 p.m.; Flu shots 1-2 p.m.

Cooking Demonstration: Hors d'oeuvres for the Holidays

**Tuesday and Wednesday,
November 2 and 3, 2 to 4 p.m.
Cook's Emporium,
313 Main St., Ames**

*Presented by Marg Junkhan, Owner,
Cook's Emporium.*

Wow your guests with these attractive and delicious hors d'oeuvres that can be used individually or together as a light lunch or dinner.

New Treatment Options for Varicose Veins

**Tuesday, November 9, 2 p.m.
South Auditorium**

*Presented by Firas Salti, M.D.
McFarland Vein Clinic.*

This program will cover the anatomy, physiology, symptoms, prevention and therapeutic treatment for varicose veins.

Health Care Reform: What It Means to You

**Wednesday, November 17, 2 p.m.
South Auditorium**

*Presented by Brian Dieter, president and
CEO, and Mike Tretina, vice president
and CFO, Mary Greeley Medical Center.*

There is no person in America who will not be affected by the revolutionary changes legislated for the provision of health care. Join Brian Dieter, president and CEO, and Mike Tretina, vice president and CFO, for a discussion on health care reform.

Holiday Gathering

**Wednesday, December 1, 1 to 4 p.m.
Gateway Hotel & Conference Center**

Join your Prime Time Alive friends for holiday fun. There will be holiday treats, entertainment, door prizes, and an abundance of holiday cheer at the annual holiday gathering. Don't forget you need to be an active Prime Time Alive member to attend. If you have not renewed your membership for this year or if you are not a Prime Time Alive member and would like to join us at the Holiday Gathering, call 515-239-2423 or 800-303-9574 to request a registration form. Pre-registration is required by calling the phone numbers listed above. Watch the mail for a flyer with more information.

Aging with Style: Improving Your Aging IQ

**Wednesday, December 15, 2 p.m.
South Auditorium**

*Presented by Jennifer A. Margrett,
Ph.D., Assistant Professor Department
of Human Development and Family
Studies & the Gerontology Program,
Iowa State University.*

This presentation will highlight links between lifestyle and aging and ways in which we can all develop and age with style. We will discuss aging myths and distinguish between normal age-related changes and non-normative changes such as dementia and depression.

Mallwalkers

What is Pet-Enhanced Treatment?

**Tuesday, October 5, 8 a.m.
North Grand Mall**

*Presented by Susan Trevillyan,
C.T.R.S., M.P.A.*

Mary Greeley Medical Center uses certified therapy dogs as an alternative form of therapy. This program will cover who the volunteers are, how the dogs receive certification and benefits the program provides our patients.

Update on Flu and Pneumonia

**Tuesday, November 2, 8 a.m.
North Grand Mall**

*Presented by Terri Olinger R.N.,
B.S.N., Story County Public
Health Nurse, HOMEWARD
of Mary Greeley Medical Center.*

Learn the current information on flu and vaccinations for flu and pneumonia. Flu and pneumonia shots will be available. Bring your Medicare B card. Flu shots available from 7:30 to 9 a.m.

Healthy Eating During the Holidays

**Tuesday, December 7, 8 a.m.
North Grand Mall**

*Presented by Laura Elliott, M.P.H.,
R.D., C.S.O., L.D. clinical dietitian,
Mary Greeley Medical Center
Dietetic Services.*

Do you need some tips for avoiding diet sabotage this holiday season? Join us and learn how to eat reasonably while enjoying the season!