A Powerful New Weapon Against Cancer

TrueBeam arrives at Mary Greeley Medical Center

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How to Live When You’re Dying:
Jessica Clem’s Story
Congratulations, Dr. Fleming
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Your contributions can help us care for those who come to us at every stage
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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,
present 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.

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Individuals are encouraged to contact Mary Greeley Medical Center if they
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and e-mail complaint@jointcommission.org.

Health Connect |
Mary Greeley Medical Center

Cancer Care
One of the high points of this year’s Mary Greeley Medical
Center Annual Benefit in May was Jessica Clem. To say Jessica
is inspiring is a huge understatement. She’s facing
metastatic breast cancer with her trademark humor and
an attitude that, despite what she’s going
through, is terifically life-affirming. All of that was
on display at the annual benefit, where she spoke
openly about her condition and her appreciation
for the care she received at Mary Greeley and the
William R. Bliss Cancer Center.

But it’s the lessons Jessica is teaching all of us
that truly deserve appreciation. You can meet Jessica
in an aptly titled article, “Unforgettable,” on page 16.
Hearing Jessica and others talk about the
care they received at Mary Greeley Medical
Center makes me proud of the doctors, nurses
and other staff members who are part of our
cancer care program. Mary Greeley’s program
has been accredited by the American College of
Surgeons Commission on Cancer (CoC) since
1993. It was recently awarded three-year approval with contingency
as a Community Hospital Comprehensive Cancer Program. This
accreditation serves as confirmation that Mary Greeley provides the
high-quality, specialized cancer care we are so proud of.
Our cancer care has now been greatly enhanced with the arrival of
TrueBeam, a state-of-the-art system for radiation oncology patients.

We’re one of two hospitals in Iowa offering this amazing technology.
TrueBeam has already helped numerous central Iowans with their
cancer treatment. You can learn more about
TrueBeam on page 10. Be sure to visit our Facebook
or YouTube page to see a video about the system
and meet a lung cancer patient who experienced the benefits of TrueBeam.
Be sure to also look at the story on page 24
about the dedicated oncology floor with three new
family suites that will be part of our new patient
tower now under construction.
TrueBeam and the oncology floor will influence
patient care at Mary Greeley for many years. So
will Jessica. She helped raise money for the William
R. Bliss Cancer Center with her appearance at
the annual event. At her own celebration in April,
which she and organizers dubbed a “FUN-eral,”
she raised a remarkable amount of funds that will
benefit everyone who receives services from the
Center.

Even while facing death, her focus is on the abundant joys of being
alive. This is Jessica’s legacy. This is her lesson for us all.

BY BRIAN DIETER
MGMC PRESIDENT AND CEO

In This Issue
Ask the Nurse
What you need to know about stroke .......................... 2

New Faces
Welcome these health care professionals ..................... 4

A Healthy Chance
How several central Iowans got moving, lost weight and
changed their lives ........................................................... 5

Beam On
Amazing technology is significantly enhancing cancer care at
Mary Greeley .......................... 10

Unforgettable
An inspiring lesson on living from a woman with metastatic
breast cancer ................................................................. 16

At the Top of His Game
A popular doctor, unwavering Cyclones fan and devoted
volunteer talks about his decision to retire ..................... 19

At Our Best
Meet Mary Greeley’s Innovation and Excellence
Award Winners ............................................................... 22

Rooms Filled With Care
Get all the details on our new dedicated oncology floor ... 24

Schedule of Events, Classes and Clinics ...................... 26

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**Ask the Nurse: Stroke Awareness**

**Stroke Awareness**

Stroke is always on Sharon Ellrich’s mind. In her role as stroke program coordinator at Mary Greeley Medical Center, Ellrich ensures patients experiencing stroke receive care that is considered best practice for the disease. A nurse at Mary Greeley for 27 years, Ellrich, R.N., M.S.N., provides stroke care and stroke awareness education for hospital staff, emergency medical workers and the public. She also stays busy making sure the medical center continues to meet all the standards for stroke care established by the Brain Attack Coalition. Here, she provides information about stroke that everyone should know.

**Q: What is stroke?**

**A:** A stroke occurs when blood flow to the brain is blocked by a clot (ischemic stroke) or ruptures (hemorrhagic stroke). When this happens, part of the brain is deprived of blood and oxygen, destroying millions of valuable nerve cells within minutes. A transient ischemic attack (TIA) is a brief period of symptoms similar to those experienced in a stroke.

**Q: What are the symptoms of stroke?**

**A:** The primary symptoms include:

- Sudden numbness or weakness on one side of the face or body (F)
- Speech problems (A)
- Trouble seeing in one or both eyes (S)
- Trouble walking or balancing (T)

**Q: Why is stroke a big deal?**

**A:** Stroke is a leading cause of death and a leading cause of adult disability in the United States. On average, every 40 seconds someone in the United States has a stroke, and roughly every four minutes someone dies from a stroke.

**Q: Why is time so important in treating stroke?**

**A:** The earlier a stroke is recognized and the patient receives medical attention, the greater the chance of recovery. Once stroke is diagnosed, medical professionals can administer Alteplase, a drug that helps the body dissolve the clot and save brain cells. To be most effective, Alteplase must be given within three hours from when the symptoms began. In the last six months, only 16 percent of patients with strokes arrived at a hospital in time to be considered for treatment. By recognizing stroke symptoms and calling 911 immediately, you may be able to save a life.

**Q: What are the risk factors?**

**A:** Smoking doubles one’s risk of stroke. Other risk factors include:

- Diabetes
- Hypertension (high blood pressure)
- Hypothyroidism (high blood cholesterol levels)
- Obesity
- Heart disease
- Previous stroke or TIA
- Passive smoking (secondhand smoke)

**Q: What can I do to help someone who is having a stroke?**

**A:** It’s important to learn stroke warning signs and how to respond to them. Use the FAST acronym as a test to remember warning signs:

- Face: Ask the person to smile. Is one side of the face drooping?
- Arms: Ask the person to raise both arms. Does one arm drift downward?
- Speech: Ask the person to repeat a simple sentence. Are the words spaced? Can the person repeat the sentence correctly?
- Time: If the person shows any of these symptoms, time is important. Call 911 or get to the hospital fast. Brain cells are dying.

**Q: What can I do if a stroke patient is in my care?**

**A:** We offer services to our clients through the full spectrum of stroke care: emergency, intensive, acute and inpatient rehabilitation. Plus, we have physical therapy, occupational therapy, and speech pathology at all levels of inpatient care as well as when the patient is discharged. Social work case managers help transition patients to the most appropriate level of care. We have five board certified neurologists and a neurosurgeon on staff. We also have an active stroke support group, which provides support for both stroke survivors and caregivers.

**Q: What is stroke?**

**A:** Stroke is a big deal.

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**Q: What is the American Heart Association?**

**A:** The American Heart Association is dedicated to keeping the cardiovascular system healthy through education, research, and community outreach. The organization’s mission is to save lives by preventing and decreasing heart disease and stroke. To learn more about the American Heart Association, visit www.heart.org.

**Q: Former Iowa State University football coach Dan McCarney had a stroke early this year that generated a lot of attention on stroke impacts. What lessons can we take from his situation?**

**A:** McCarney suffered numbness on the left side of his body and called 911. He was treated quickly and is doing well. In a statement he released a few days after his stroke, he credited the minimal impact of the stroke to early recognition of the symptoms and the quick response of paramedics. His statement offered great advice for all of us: “If there is any lesson to be learned in all of this it is to make yourself aware of the signs of a stroke and act immediately when those signs become present. I’m not sure if our quick reaction saved my life, but it definitely saved the quality of my life.”

**Mary Greeley Medical Center Named a Primary Stroke Center**

Mary Greeley Medical Center has received Primary Stroke Center Certification from DNV Healthcare.

The certification recognizes that Mary Greeley Medical Center is committed to meeting all the standards for quality stroke care. It also signifies to paramedics in central Iowa that stroke victims can be transported to Mary Greeley for emergency treatment. Immediate treatment is vital to stroke survival and minimal long-term disabilities.

The certification is the result of a review process that certifies the quality and comprehensiveness of stroke services in a variety of areas, including equipment, emergency procedures and neurologic care. Neurological care is provided by five board certified neurologists with McFarland Clinic. Examiners with DNV reviewed Mary Greeley and followed the path of a stroke patient, from admission, intensive care, inpatient, physical therapy and discharge.

DNV is recognized by The Centers for Medicare and Medicaid Services as an accreditation agency for U.S. hospitals. DNV’s Primary Stroke Center Certification program incorporates requirements from the Guidelines of the Brain Attack Coalition and recommendations of the American Stroke Association.

**Mary Greeley Medical Center**

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Jeremy Fields, MD
Jeremy Fields, MD, will join the McFarland Clinic Gastroenterology Department in August. He completed an internal medicine residency and a gastroenterology and hepatology fellowship at the University of Iowa Hospitals and Clinics. Dr. Fields received a medical degree from the University of Michigan Medical School in Ann Arbor. For more information, contact the McFarland Clinic Gastroenterology Department 515-239-4450.

Jean Hermsen, DO
Jean Hermsen, DO, will join the McFarland Clinic Otolaryngology (ENT) Department in August. She completed a residency in otolaryngology/facial plastic surgery at Michigan State University in Grand Rapids, Michigan. She received subspecialty training in otology/neurotology, pediatric otolaryngology, and head and neck cancer surgery. Dr. Hermsen received a doctorate in osteopathic medicine from Des Moines University. For more information, contact the McFarland Clinic Otolaryngology (ENT) Department at 515-239-4480.

Bryan Warme, MD
Bryan Warme, MD, will join the McFarland Clinic Orthopedic Surgery Department in August. He completed a sports medicine fellowship at the Hospital for Special Surgery in New York City and an orthopedic residency at the University of Iowa in Iowa City. Dr. Warme received a medical degree from Stanford University School of Medicine in Palo Alto, California. For more information, contact the McFarland Clinic Orthopedic Surgery Department at 515-239-4475.

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

A Healthy Chance
Tales of victory from the front lines of weight loss.

There are so many ways to starting feeling and looking better. We have two stories that show how several central Iowans have done it and achieved outstanding results. They’ve lost weight—a lot of it in some cases. They’ve found regular exercise to be habit forming. They’ve been able to cut down on medications. Some have done it with a diet program developed by a Jefferson physician, while others have found success in a competition sponsored by a Story City fitness center. However you decide to do it, the stories are sure to provide inspiration for anyone who wants to look and feel better.

Stories by Kelly Roberson
A Healthy Chance

The Panakos Program

How a doctor concerned about his patients’ weight problems, as well as his own, helped one man lose 135 pounds.

I n August 2011, Jeb Ball went to see Dr. Constantine Panakos at the McFarland Clinic in Jefferson, complaining about plugged ears and a cough that wouldn’t go away. The results of other basic measures of well-being were troubling: Ball’s blood pressure was 180/110, and his weight was 375 pounds. Panakos asked Ball if he was ready to do something about his weight.

“I always knew I was overweight, but I started that day,” says Ball.

What Ball started was a life-changing, three-phase eating and exercise plan developed by Panakos. Over the years, the family practitioner had seen patients with a collection of conditions—high blood pressure, diabetes, arthritis, to name just a few—and obesity, says Panakos, is the number one cause of those conditions.

Panakos also has a personal connection to the struggles people experience with weight.

“Just about everyone in my family—including me—has struggled with weight,” he says. “Last year, I was getting close to 40, my knees and back hurt, and I had blood pressure issues. So I started researching weight loss for myself and my patients to figure out what would connect with patients.

“People like the simplicity of it,” says Panakos. “If they see a 300-page book, they get overwhelmed. We’ve made it easy to understand.

The Panakos plan is broken into three phases.

Phase 1, called rapid loss, lasts for three to seven days. It restricts sugar and increases water. Allowed foods include certain kinds of meat and nuts, no- or low-fat dairy, eggs, oat bran and fiber, among others.

Walking each day is also recommended.

Phase 2 includes alternating days of food from Phase 1 with a day that includes proteins and certain vegetables. The final phase, stabilization, allows patients to add fruit, high-fiber cereals, beans and whole grain breads back into their diet in limited quantities. There are also celebration meals and “days off.”

Panakos believes the plan is different because it includes a mental aspect that enables people to stick with the diet: “This gets rid of the guilt and shame. If you have a bad day, you start again,” says Panakos. “No one is perfect, so we give people the tools to face those things.”

Success Stories

For Panakos, the plan has worked. He has stuck with the diet for a year, losing 30 pounds and lowering his cholesterol. And the curiosity about it has increased to the point that he’s now doing group presentations and has created a Facebook page where people offer tips, recipes and support.

Ball has been on the program nine months and has lost 135 pounds.

For Panakos, the plan has worked. He has stuck with the diet for a year, losing 30 pounds and lowering his cholesterol. And the curiosity about it has increased to the point that he’s now doing group presentations and has created a Facebook page where people offer tips, recipes and support.

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A Phased Approach

Panakos dove into the research. What he found was that sugars, carbohydrates and processed foods can make it difficult to lose weight, but there are other foods that can help control hunger and increase metabolism. He doesn’t take credit for inventing anything new, but, like a cook personalizing an existing recipe, he’s tweaked what other physicians have done and made it his own. He assembled a couple of different handouts describing his plan and displayed them in his office to encourage the community.

“I enjoy getting people off medicine, and I love the success stories. I just recently had a patient come in who had been struggling with her weight, diabetes and blood pressure, and within two months we normalized her numbers,” he says. “I hear people say, ‘I’ve been big all my life, and I’m finally at a weight I feel comfortable with.’ I will keep doing this until people stop wanting to hear it.”
Three Story City residents tell how a Lifetime Fitness Center program changed their lives.

Steve Gelder

Lost 45 pounds and halved his insulin use

When Gelder was 14, he was diagnosed with Type 1 diabetes, so monitoring his insulin, and in turn his weight, has important implications for his overall health. Even so, Gelder, who is a registered nurse in the emergency department at Mary Greeley Medical Center, found himself overweight, topping 245 pounds on his 6-foot frame. “I had been wanting to lose weight for a while and started in January 2011 on my own as a New Year’s resolution,” says Gelder. “I’d lost about 20 pounds before the Weight Loss Wars was extra motivation.”

Gelder found the variety of exercise options and the personal trainer especially valuable. “I like to be able to do the classes, do things on my own, and have access to the trainer,” he says. “I ended up relying on my trainer and some of the other leaders, especially for nutrition advice, more than I thought I was going to have to.”

Gelder lost 45 pounds, ending up just below 200, which was 10 pounds lower than his goal of 210. “I told myself I wanted a ’1’ at the beginning of my weight,” says Gelder with a laugh. “I worked with the trainer and became more confident in my abilities. The trainer wanted me to try to do a pushup, and I remember getting really hot and sweaty and thinking I would pass out, but she kept saying I could do it.”

Even more importantly, his insulin use has essentially been cut in half, and he feels better. Since the competition ended in late March, he’s kept up with the exercises he’s made—both physically and mentally. “I didn’t want to work out in front of other people,” she says. “That was almost a deal breaker for me.”

Shelly Nibe

Lost 33 pounds and said goodbye to acid reflux

Like so many other people, Nibe’s weight began to affect how she led her life. “I was really hot and sweaty and thinking I would pass out, but she kept saying I could do it,” says Nibe. “I thought I could do it.”

But work out in front of people she did, going to Zumba and TRX, realizing that she could keep up just as well as everyone else. She also worked with the trainer and became more confident in her abilities.

“People at the gym who are in shape always asked how I was doing, and they still ask. The online friends I have in my fitness and food tracking encourage each other too,” Nibe says.

Nibe wanted to lose between 30 and 40 pounds. At the end of the 12 weeks, Nibe had lost 33 pounds—and since has lost seven more. For Nibe, exercise and food monitoring have turned into a habit. Her acid reflux is gone, and her mindset is different, too. “I can’t believe all the things I can do,” Nibe says. “It really was life changing.”

Paul Hauer

Lost 58 pounds but gained a trophy

Before he committed to Weight Loss Wars, Hauer did some serious thinking. At 53, he would probably be the oldest and perhaps the heaviest to enroll in the program. But he was tired of being heavy, and the whole package—fitness and nutrition— appealed to him.

So he signed up, with a goal to lose 40 pounds in 12 weeks. He had already been exercising a couple of times a week, but was a little leery of the boot camp aspect. The results surprised him. “The whole thing was custom-made for me,” says Hauer. “It pushed me to do the group stuff that I probably wouldn’t have done otherwise, and boot camp was good because I found out right away I would work out much harder in a group than I would push myself alone.”

The food tracking also helped. Hauer went down to 2,100 calories a day. He ate the same foods he normally ate, just less of them. He also received important instructions on the correct way to work out. “In my personal training sessions I found out I wasn’t exercising correctly. I was doing the same macho exercises over and over, so some of my muscles were really strong while others were too,” says Hauer.

Hauer won the program, losing a whopping 38 pounds and nearly 20 percent of his body weight. Post-program, he has maintained his commitment, with an ultimate goal of losing 70 pounds. His cholesterol screenings show improvement, and he’s dedicated to keeping up the changes he’s made. “I think I’ll always exercise a lot,” says Hauer. “I signed up with my daughter for the next boot camp, and I’m still doing yoga.”

But she kept saying I could do it,” says Nibe.

The exercise part she found more daunting—both physically and mentally. “I did not want to work out in front of other people,” she says. “That was almost a deal breaker for me.”

Steve Gelder is a Type 1 diabetic who made a New Year’s resolution to lose weight. Shelly Nibe was tired of not having anything to wear and found her joints aching more and more. Paul Hauer used the new year as a milestone for cementing his commitment to drop a few pounds.

All three participated in Weight Loss Wars, a competitive program offered at Mary Greeley’s Lifetime Fitness Center in Story City. Twelve participants received 12 weeks of classes, boot camp, small group and personal training, massages and nutrition advice. The 12 also kept food and exercise logs, tracked body fat percentage and measurements, and received wellness evaluations at Mary Greeley Medical Center. The winner—determined by percentage of total weight and body fat lost, inches lost, compliance, participation, and attitude—received a $1,000 cash prize.

Group programs such as this—with or without an end goal or a prize—serves as motivation for people to improve their health or habits. “That group mentality can be a good thing, especially if the group is small enough,” says Sarah Haveman, R.D., with Mary Greeley’s Diabetes and Nutrition Education Center. “A support system is important.”

The Weight Loss Wars focused on helping the participants make life changes rather than jumping on the bandwagon of the latest fad diet. “A lot of times, people try the latest and greatest diet, but diets never work because if it is a diet, it will end,” says Haveman. “For there to be true success in weight loss, it needs to be lifelong change, with changes you are OK with today and will be OK with in 10 to 20 years.”

Here are three stories of victory from Weight Loss Wars.

Weight Loss Warriors

A Healthy Chance
Margaret Mumma had a choice: start radiation treatment for breast cancer on April 9, or wait a week.

It was a no-brainer. She waited a week.

Here’s why: In April, the William R. Bliss Cancer Center at Mary Greeley Medical Center began offering cancer patients cutting-edge treatment with TrueBeam radiotherapy technology.

Mary Greeley is the second hospital in the state to have TrueBeam, which uses noninvasive tumor-destroying radiation to treat cancers throughout the body, while minimizing damage to surrounding healthy tissue.

On April 16, Margaret became the first patient treated with TrueBeam at Mary Greeley.

TrueBeam’s higher energy allowed Margaret to do her treatment in 20 sessions instead of the usual 33. She also suffered none of the burning or redness that can result from radiation treatment.

“Their was some trepidation at first because it was new to the staff,” says Margaret. “But the Radiation Oncology Team was wonderful to me, and once treatment began I realized everything was going to be fine.”

More Comfort for Cancer Patients

In addition to TrueBeam, the William R. Bliss Cancer Center has another powerful linear accelerator used for radiation oncology. A patient’s physician will determine which machine provides the most appropriate treatment based on the patient’s type of cancer. But, TrueBeam has clear benefits.

“With TrueBeam, we are able to deliver radiation therapy faster and more precisely,” says Shane Hopkins, M.D., a McFarland Clinic radiation oncologist who treats patients through the Bliss Center, which is jointly operated by McFarland and Mary Greeley. “This increases the options we have available in caring for our patients.”

One of the primary benefits for patients is that treatment takes less time and is, therefore, much more comfortable. Traditional radiation oncology treatments can take more than an hour to administer and sometimes require daily appointments for weeks. And because radiation therapy requires patients to remain still while treatment is being delivered, the shorter the “table time”—the amount of time the patient spends lying on the table in the treatment room—the better.

The TrueBeam can deliver radiation as much as seven times faster than conventional radiotherapy. This is particularly important for newer therapies in which fewer treatments and a larger dose are used. With the addition of the TrueBeam, the William R. Bliss Cancer Center now has two linear accelerators available.

“We have always been able to treat patients very effectively—that’s not the issue,” says Joseph Rhoades, M.D., a McFarland Clinic radiation oncologist with the Bliss Center. “This just delivers the dose of radiation so quickly that patient comfort is dramatically improved. And that comfort cannot be understated when you are providing care to cancer patients.”

Complex Care Close to Home

Margaret is from Jefferson. She does bookkeeping for her husband Michael’s law practice, and is involved with her grandchildren, her church, the PEO organization, and the U.S. Senior Challenge Golf Tournament. She’s a busy woman, so being able to have advanced treatment for breast cancer so close to home was important.
Radiation oncology

is a proven and very effective therapy,

Hopkins says.

Back in January, Margaret had a mammogram at the McFarland Clinic in Jefferson. It revealed something small but suspicious in her left breast, so she was asked to come back for another look. A tumor was found and later biopsied. It was malignant.

Margaret has a history of breast cancer in her family. "It wasn’t a matter of if I would get breast cancer, but when," she says.

She was referred to McFarland surgeon Dr. Mark Taylor, who, because of her history, ordered an MRI. That test revealed another tumor in Margaret’s right breast, which turned out to be benign. In February, Taylor performed lumpectomies on both breasts, as well as removal of the sentinel node on Margaret’s left side.

After she and her husband, Michael, enjoyed a long vacation in Hawaii, Margaret prepared for radiation treatment.

Special care is needed when treating a tumor on the left side of the body because the heart can be close to the area being treated. But with TrueBeam, imaging of the area can be done quickly and easily so you can always make sure the heart is well away from the treatment field, says Rhoades, who treated Margaret.

“This will also allow us to treat more complex cancers,” adds Rhoades, who partners to provide care with Hopkins and Gregory Yee, M.D.

’Patients may have had to refer to larger hospitals in the past can now receive leading-edge treatment here. Cutting down on travel is a huge benefit for patients and families battling cancer."

Two out of three people who are diagnosed with cancer undergo some form of radiotherapy as part of their treatment, according to the American Society for Radiation Oncology.

In simplest terms, radiotherapy uses beams of radiation to destroy cancer cells. TrueBeam offers a number of advanced functions that allow for faster, more accurate treatment, including intensity-modulated radiotherapy (IMRT) and image-guided radiotherapy (IGRT).

IMRT is a treatment technique where doctors customize the radiation dose affecting normal parts of the body by varying the amount of radiation delivered. IGRT uses advanced imaging so doctors and clinicians can visualize the tumor. This allows for verification of the exact location of the tumor so it can be precisely targeted.

Advanced Flexibility

“Radiation oncology is a proven and very effective therapy,” Hopkins says. “As a result, there has been a tremendous amount of advancement in the technology. But with that, it has been kind of disjointed. Not until the introduction of TrueBeam has there been a linear accelerator that offered hardware and software engineered hand-in-hand, digitally from beginning to end.”

That concerted development truly sets the TrueBeam apart. “Because of the way the TrueBeam is designed, we can add new treatment options to the machine as they are introduced,” says Brian MacPhail, a board-certified medical physicist at William R. Bliss Cancer Center. MacPhail works closely with the physicians and staff to determine the proper amount of radiation to deliver during treatment and is responsible for quality control with the linear accelerators.

“This flexibility,” MacPhail continues, “ensures we can offer state-of-the-art treatment for the life of the machine.”

STEP BY STEP

Follow a cancer patient’s treatment journey.

Around two-thirds of patients diagnosed with cancer will receive radiation therapy as part of their treatment. In most cases, radiation therapy is not as physically draining as therapies like chemotherapy, but the patient’s journey requires adherence to a regimen that can last weeks. While no two journeys are identical, the following steps detail what the average radiation oncology patient encounters when receiving care.

Diagnosis

The first step on the cancer journey is diagnosis. A primary care doctor or one of three cancer specialists—the surgeon, the medical oncologist or the radiation oncologist—establishes that a patient has cancer.

Consultation

In the initial consultation with the radiation oncologist, the patient and physician review the stage of the cancer, the various radiation therapy treatment options, and other treatment options including surgery and/or chemotherapy.

Case Conference

While the patient is not directly involved in this step, it is a vital part of developing and carrying out the appropriate treatment plan. During the weekly case conference, physicians from a spectrum of specialties including medical oncology, radiation oncology, pathology, surgery, radiology and more gather to discuss specific cases and provide input on best practices to treat that case. The feedback and input gathered in the case conference is key in developing the treatment plan.

Simulation

During the simulation process, 3-D images are obtained using the CT simulator, which identifies the exact location and size of the tumor. While the patient is not directly involved in this step, it is a vital part of developing and carrying out the appropriate treatment plan. During the weekly case conference, physicians from a spectrum of specialties including medical oncology, radiation oncology, pathology, surgery, radiology and more gather to discuss specific cases and provide input on best practices to treat that case. The feedback and input gathered in the case conference is key in developing the treatment plan.

During the simulation process, 3-D images are obtained using the CT simulator, which identifies the exact location and size of the tumor. This allows the physician, physicist and dosimetrist to develop the comprehensive treatment plan. This phase takes anywhere from 24 hours to five days to complete. Simulation allows for the development of devices and a setup that will ensure the patient is in the exact same position for each treatment.

Dosimetry

After the treatment plan is developed, the dosimetrist again reviews the 3-D image to assign the prescribed dose of radiation based on the treatment plan provided by the physician. During this step, the dosimetrist considers a number of factors in order to protect as much healthy tissue as possible.

Quality Assurance

Throughout the process, the physicist maintains quality assurance on all the equipment, including the linear accelerator, to ensure the correct dose is administered at all times.

Treatment

The length of the treatment phase varies widely based on the type of cancer and the impact on normal surrounding tissue. During treatment:

• The radiation therapist goes through a detailed set of steps to ensure the correct patient and location is being treated.

• The patient lays on a table in the lead-lined "vault" to receive treatment. This room includes a colorfully decorated ceiling—complete with blue sky and blooming trees—to soothe the patient and provide a diversion for longer treatments.

• Treatment is administered by the radiation therapist from outside the room. During this time, the patient must remain as still as possible. The treatment time—also known as "beam on" time—varies depending upon the type and location of the cancer.

Monitoring

The patient meets with the physician and registered nurse weekly to monitor for tolerance and side effects, to provide education and to arrange for follow-up care.

Cancer Resource Center

Throughout the process, the Cancer Resource Center provides information and support—including one-on-one consultation, group educational programming, support groups and a lending library—for patients and family members.

End of Treatment

When the prescribed treatment ends, patients establish a follow-up schedule with the physician. These appointments are typically scheduled at three weeks, three months, six months and one year post treatment.
The William R. Bliss Cancer Center radiation oncology department sees about 300 new patients and administers approximately 7000 treatments annually. A care team of 17 staff members work together to provide care for patients. The care team includes:

- 3 board certified physicians
- 6 radiation oncology therapists
- 1 board certified physicist
- 1 administrative assistant
- 2 dosimetrists
- 3 registered nurses

While many are familiar with the roles of registered nurses, therapists and administrative staff, the radiation oncology department offers a few unique staff members:

**Board Certified Physicians**

Board certified radiation oncology physicians deal with the therapeutic applications of radiation, and the study and management of disease, especially malignant tumors. These physicians have five years of training, which includes one year of clinical work followed by four years of radiation oncology training. Board certification is voluntary, but is a strong indicator of a physician’s commitment and expertise in a given specialty. To obtain board certification these physicians must pass a rigorous exam, regularly attend continuing education and adhere to a strict set of standards for care and professional behavior.

**Dosimetrists**

The medical dosimetrist is responsible for the radiation dose distributions and dose calculations used in radiation therapy, which is typically a daily regimen over the course of several weeks, depending on the type and location of the patient’s cancer. Dosimetrists must have thorough knowledge in the areas of cancer treatment and brachytherapy. The dosimetrist helps ensure radiation is delivered in precise doses necessary to treat the cancer without harming healthy tissue and organs near the tumor. Designing the treatment plan for the cancer patient is a key responsibility of the dosimetrist.

**Board Certified Physicist**

The medical physicist contributes to the effectiveness of radiological imaging procedures by assuring radiation safety and helping to develop improved imaging techniques. The medical physicist also contributes to development of therapeutic techniques, collaborates with radiation oncologists to design treatment plans, and monitors equipment and procedures to ensure cancer patients receive the prescribed dose of radiation to the correct location. The medical physicist is also responsible for comprehensive quality assurance measures in the department.

**Mary Greeley’s Radiation Oncology Team**

Here’s who delivers cancer treatments to hundreds of central Iowans.

Tour TrueBeam

Scan this QR Code to take a video tour of TrueBeam with Dr. Shane Hopkins and hear from a TrueBeam patient about her experience at the William R. Bliss Cancer Center. You can also learn more about this new technology at www.mgmc.org/truebeam.
Jessica helped the Cancer Resource Center plan the first retreat for couples facing metastatic breast cancer. She raised money for breast cancer through a "Breastfast" event. But the high point was in April when her life force shined bright. Jessica had been, in her words, "feeling like crap" when her sister-in-law suggested a party was in order.

"In my prior life I liked to socialize and have social events. This was going to be the last hurrah," she says. "And I like humor for relief, so I thought about making it like I’m throwing my own funeral. Why not be there to enjoy it? Have people say all those nice things to me, and me have an opportunity to say things to them. I don’t want people to remember me as the woman in the hospital bed. I’ve never been that way. I want life to be fun!"

And so, Jessica and her friends and family planned what they called a "FUN-eral." And it wasn’t just going to be a party. It was going to raise funds for the place where Jessica had received so much care and compassion: The William R. Bliss Cancer Center.

They expected a few hundred people to attend. Over 500 people, from seven different states, came. "It felt like a wedding," she says. "A miracle. We didn’t know if we were going to get him, but we got him, everyone around him made their entrance wearing a pink satin robe and boxing gloves. The crowd went wild. This fighter, who was bouncing on her feet with her thin arms raised high, was the reason they were all there. They’d come to tell her goodbye.

Jessica clem family at badger lake (opposite) the nevada home.

Cancer, Twice

In 2000, Jessica felt a lump in her breast and eventually was diagnosed with early stage 1 breast cancer. She had surgery, did four rounds of chemotherapy and five weeks of radiation at the William R. Bliss Cancer Center at Mary Greeley Medical Center.

Because her form of cancer grew with estrogen, she went through hormonal treatments to block production of the hormone. After she was declared cancer-free in 2006, Jessica and her husband, Patrick, decided it was time to start a family. But it was going to be a challenge because of the cancer treatments.

“I traded my oncologist for a fertility specialist,” she says, displaying her always-present sense of humor.

In 2007, Jessica gave birth to Carson. "Becoming a mom is fabulous,” she says of her son. “He’s a true miracle. We didn’t know if we were going to get him, but we got him, and he’s healthy and happy and makes you forget all about your troubles.”

But nine months after Carson’s birth, Jessica experienced shortness of breath while running. The cancer had returned and metastasized to her lungs.

"You think the first one’s bad, but that one really sucked,” she says of the second diagnosis. "The first time, the doctors told me I wasn’t going to die from it, that it was going to be a bump in the road. It was when it comes back that you need to really worry. I was very angry, more angry than the first time around.”

Unforgettable

Facing death, Jessica Clem embraces life and helps everyone around her do the same.

A ‘FUN-eral’
Anger eventually gave way to acceptance and action. "You’ve dealt your hand in life, and you’ve given choices to react poorly or react positively. I choose to be happy," she says. "Just because I have cancer doesn’t mean I can’t enjoy my life. I was born optimistic. Humor really helps. I was funny before, but I think I’m funnier now.”

At Peace
Jessica spoke at the Mary Greeley Medical Center’s Foundations Annual Benefit, and at several points she told the crowd, “I’m dying, and it’s OK.” She has ended her treatments and now receives HOMEW ARD Hospice care. She’s put herself in God’s hands and is focused on spending as much time as she can with Patrick and Carson. Her goal is to make it to the end of the year and get to see Carson start kindergarten.

Carson has only known his mom with cancer. He knows cancer is caused by bad cells in the body and that people can die from it. He knows his mom may die one day soon.

“I do scrapbooks, videos, a journal—everything so he’ll have a sense of who I am, what I was like,” Jessica says. “My biggest fear is that he wouldn’t remember me. I’m making sure he will have a memory.”

Anyone who knows Jessica knows creating memories isn’t going to be a problem.

“I’m a force,” she says. You’ll believe it after spending even just a few minutes with her.

“She’s really been the force that has helped her family and friends cope with all this,” says Otteman. “She’s an inspiration to other women, and she’s an inspiration to those of us who provide care to cancer patients.”

B Y S T E V E S U L L I V A N

Get in the Dragon Boat
Breast cancer survivors and supporters create rowing team for July event.

This summer the William R. Bliss Cancer Center will sponsor its first pink dragon boat racing team by participating in the Badger Lake Dragon Boat Bash on July 27 and 28 in Fort Dodge.

The Pink Dragon Boat Racing movement began in Canada in 1998 with a team under the guidance of a sports medicine physician who found that paddling not only provides a thorough cardio routine, but is also a great exercise for breast cancer patients. Additional studies have shown that paddling builds upper body strength, is beneficial to the recovery process and helps to prevent lymphedema, a common side effect of breast cancer treatment. Pink Dragon Boat Racing has since become a prominent sport among breast cancer survivors worldwide. This goal is to give hope and encouragement by sharing stories of physical, mental and spiritual strength and the benefits of dragon boating.

A total of 24 women representing breast cancer survivors, Mary Greeley Medical Center and McFarland Clinic staff are training on Ada Hayden in Ames and Badger Lake in Fort Dodge to compete at the summer festival.

For more information on the Badger Lake Dragon Boat Bash, go to www.badglerakedragonboating.com.
At the Top of His Game

As he heads into retirement, well-known Ames physician Jon Fleming sits down for an interview to talk about his passions: patient care, volunteering and Iowa State University.

Dr. Jon Fleming is retiring from medicine, but not volunteering.

N
ews of Jon Fleming’s retirement no doubt gave some people a stomach ache, which is ironic, since that’s the sort of ailment that has led so many people to seek help from the silver-haired gastroenterologist.

But after nearly a quarter of a century in practice at McFarland Clinic and Mary Greeley Medical Center, Fleming has more than earned it. And what better time? He’s leaving on a decidedly high note.

Fleming graduated with highest distinction from Iowa State University with an interesting pre-med major: meteorology. He attended the University of Iowa School of Medicine, completed an internship and residency in internal medicine at the University of Kansas, a fellowship at Mayo Clinic, and then came to Ames.

This spring, the Charles City native was awarded Mary Greeley Medical Center’s Innovation and Excellence in Medical Practice award, given each year to a doctor who makes a significant contribution to his practice and patients, is a leader, contributes to the community, and fosters the spread of knowledge.

Comments in the nominations letters praised his energy, diligence and professionalism. One letter noted “his thoroughness in evaluating patients and their problems is unparalleled.”

Fleming recently saw G.I. Services at Mary Greeley Medical Center receive best-in-state ratings. He is also helping to lead an ambitious $6 million capital campaign to help fund the $129 million expansion project at the medical center.

The doctor recently sat down with us to explain why he’s hanging up his white coat and what he plans to do now. Hint: It still involves giving of his time, cheering for Iowa State, and, finally, getting a pet.

Q: First, do you want to take this opportunity to urge people to get a colonoscopy?

A: Absolutely. Colonoscopy is essential in increasing the detection rate and removal of colon polyps, which are precursors to colon cancer. Numerous studies have substantiated that screening colonoscopy and removal of polyps have decreased the incidence of colon cancer.

Q: What inspired you to become a gastroenterologist?

A: I decided I wanted to be a gastroenterologist when I was in high school, and I think one of the main reasons was that I really enjoyed my first-year medicine rotation. I was seeing patients with a variety of gastrointestinal issues, and I found it fascinating. I decided that was something I wanted to specialize in.

Q: How do you prepare your patients for a colonoscopy?

A: I always explain the procedure to my patients beforehand. I tell them what to expect and how to prepare. It’s important to be clear about the process and any potential side effects.

Q: What is the most rewarding part of your job?

A: The most rewarding part of my job is helping patients feel better. When I see a patient who is suffering from a gastrointestinal issue and they come back feeling improved, it’s incredibly satisfying.

Q: What is the most challenging part of your job?

A: One of the most challenging parts of my job is managing patients with complex gastrointestinal issues. It can be difficult to manage the symptoms and prevent complications.

Q: What advice do you have for someone considering a career in gastroenterology?

A: My advice is to pursue a strong foundation in internal medicine and to develop a passion for gastrointestinal issues. It’s important to have a solid understanding of the basics before specializing in a specific area.

Q: What is something you enjoy doing outside of work?

A: I enjoy spending time with my family and friends, and I love to travel. I find that travel is a great way to recharge and unwind.

Q: What is something you’re looking forward to doing now that you’re retiring?

A: I’m excited about spending more time with my family and friends, and I’m looking forward to exploring new hobbies and interests.

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As the director of McFarland Clinic's Gastroenterology Department, you have helped hundreds of patients through their gastrointestinal challenges. Where did your interest in this field of medicine come from?

At 13, I developed an interest in liver disease during my residency days at the University of Kansas. I was inspired by my all-time favorite teacher/mentor, Dr. Norton Greenberger, who is a renowned liver and gastrointestinal specialist. I was his Chief Resident during my final year at the University of Kansas and to this day, even though he has relocated to Boston, communicate with him on a regular basis.

Considering your years of service to gastrointestinal care, it must be gratifying to see Mary Greeley’s G.I. Services receive a best-in-state rating for HealthGrades.

It’s terrific, and well deserved for many reasons. I started the program back in 1986. Over the years, we’ve been very fortunate to recruit and retain very high-quality physicians. So we have continuity of care, and the physician patient relationship. We also have a phenomenal staff at McFarland and Mary Greeley—very effective, very caring, very easy to relate. Our patients love them.

The close working relationship and geographic proximity of the clinic and hospital are ideal for providing an optimal and efficient working environment. This greatly assists in providing a high-quality of care. I feel this is a project that will position us very well for many years into the future.

You are a volunteer. What compels you to give so much of your time and talents?

I have been involved in many volunteer groups. I’m not sure I can even list them all. (Editor’s note: So let us list them! They include the Mary Greeley Medical Center Foundation, National Cyclone Club, chairing the ISU Alumni Association Board of Directors, serving as an ISU Foundation Board of Governors, being a member of the Parks Library Foundation committee, Hope 4 Africa, the Jewish Life Center, fundraising for WOI, fundraising for Ames’ youth sports complex, and the United Way. When his fraternities at ISU, Theta Chi and Alpha Phi Omega, had to get a new house rebuilt.)

I’m very passionate about them. I’m very passionate about the direction of the University. And working with Theta Chi Fraternity and assisting the undergraduate brothers is my number one priority. Nothing is more satisfying to me. If just one member each year becomes better prepared for life after graduation, it is well worth all my time and effort.

Volunteering is an obligation. It’s something everyone should do. I think there’s a need for it.

In 1995, you were named “Cy’s Favorite Alumni” by the ISU athletic department. How does one achieve that status?

At back when I was in the tenth grade, I visited my brother at Iowa State University. Fresh out of graduate school and with a full-time job, the world should have been like McKinnie Gibson’s proverbial oyster. But instead, the Waukee resident found the set of symptoms that had troubled her off and on since her teenage years getting worse and worse. “When I was about 15 years old, I had some kind of extremely painful attack and never found out what it was, but it passed after a month,” says Gibson.

Iowa’s Best

John Dasher: Dramatic Action

When It Was Needed Most

“I want my colon removed now.” Those words, uttered 10 years ago by John Dasher, stopped Dr. Jon Fleming in his tracks. Dasher was at Mary Greeley undergoing treatment for serious colon problems, and Fleming was making rounds, catching up with patients after returning from vacation. His actions after Dasher’s dramatic statement show why gastrointestinal care at Mary Greeley has been rated so highly by HealthGrades.

Fleming immediately halted his rounds, examined Dasher and sent him for an X-ray. By the time Dasher returned from X-ray, Fleming had made arrangements to get him into surgery to have his colon removed. “He told me that the surgeon there said I had four hours to live,” says Dasher.

Dasher credits Fleming with his saving his life. “He could have gone on his rounds, and I would have died. But he didn’t,” says Dasher. “Once you say something like I said to him, he goes on point.”

Dasher and his wife, Linda, have long been involved with Mary Greeley Medical Center. Linda was the volunteer gift buyer for the hospital gift shop for 38 years and is a former chair of the Mary Greeley board of trustees. The Dashers are also on board of governors for the ISU Foundation.

But being a patient and seeing the inner workings of the hospital is a doctor first hand is different—especially in a life-and-death situation like Dasher experienced. “If you have to be in the hospital, Mary Greeley is a great place to be,” says Dasher. “It is a happy hospital, and the people who work there feel good about working there and it shows. Patients feel it and sense it.”

Since his life-saving operation a decade ago, Dasher has found out that his experience with Fleming wasn’t all that unusual. “I’ve found out from many people that’s the kind of doctor he is. He’s just determined,” says Dasher. “He’s an extraordinary doctor.”
Innovation and Excellence: Nursing Award
Sara Macy, RN
Discharge Planner, Birthways

“My grandfather and my aunt were both doctors, but it was my mom’s influence that made me decide to become a nurse. She’s a nurturer—she cares about anybody and anyone.

I started in obstetrics at a little hospital in Iowa Falls. Right away, I just loved it. When my husband and I moved to Ames and I joined Mary Greeley, I felt like I was advancing in knowledge and with technology.

The staff on Birthways is intelligent and fun. What we’re doing is research-based. The leaders support your ideas.

I really want to have a positive day every day. I like to make every minute count and have fun at what I do. I like to motivate, and see moms and babies attach and then take off on their own. It’s very rewarding to see the nurturing process be successful.

And I feel like I make a difference. Health benefits of breastfeeding include decreased childhood obesity, reduced risk for chronic diseases, resistance to infections, and many more. Our breastfeeding initiation rates at Mary Greeley continue to improve. By helping babies and moms be healthier, I’m able to make a long-term impact.”

Innovation and Excellence: Service Delivery Award
Kay Pfaltzgraff, CNA
Patient Care Technician, Oncology

“I first came to Mary Greeley as a patient. Seven years ago I was diagnosed with colon cancer.

My daughter was going through nursing school at the time. I told her how much I appreciated and loved the care they gave me at Mary Greeley, and how I wished it was something I could be a part of. My daughter told me to get trained as a Certified Nursing Assistant (CNA). It took a while for me to recover first, but I did become a CNA. I started working in the nursing home where my daughter worked, and discovered that I loved caring for people.

I started working at Mary Greeley when I moved to Ames four years ago. I absolutely love it here. I have the utmost respect for the doctors, nurses and hospital staff from being a patient.

I feel like we all work together like a well-oiled machine. We each have our parts; we all have value; and we all have to work together every day to achieve the results we want. We work hand-in-hand. We’re all important.

My passion is to give the same outstanding care I received while I was in the hospital. I hope every day I can give people great service and make them feel important—make everybody feel like they’re special.”

Innovation and Excellence: Leadership Award
Jane Jackson, RN, BSN
Director, Ambulatory Care Services (Includes Ambulatory Care Services, Gastrointestinal Services, Wound Healing Clinic, Diabetes and Nutrition Education Center, Inpatient Wound/Ostomy/Continence Care, First Nurse and the Primary Stroke Center)

“It’s always humbling to know what effect a nurse has on a patient’s life. When you tell people you’re a nurse, no matter where you are or in what context, they always respond with a look of trust and a smile, and that’s rewarding.

In my role at Mary Greeley, I feel very strongly about the importance of being visible, being approachable and helping whenever I can. The care my team provides affects hundreds of lives each day. My team is so important to me, and I want them to know it. At the end of the day, I want them to go home with a smile on their face, knowing they have had a positive influence on our patients’ lives.

I love the excitement and the constant change that working in this field provides. Mary Greeley, more than any other facility I have worked for, keeps up-to-date on all new equipment and procedures. Virtually everything ‘new and improved’ that can be done to make a patient’s life better is available at Mary Greeley. Mary Greeley also has such a huge presence in the community we serve—in public health, emergency preparedness, mental health, Meals on Wheels, Special Olympics—I could go on and on. We aren’t just a hospital providing care to the patients who enter our doors—we truly care about our community, and I am so proud of what we do both inside and outside of the hospital.”

Mary Greeley Medical Center annually recognizes employees who have made outstanding contributions to the quality of our patient care. Awards are presented in three categories: Nursing Practice, Service Delivery and Leadership. This year’s honorees include a director who oversees four major departments, a technician and cancer survivor who provides support for oncology patients, and a nurse who is a leader in the promotion and practice of breastfeeding. (A Medical Service award is presented to a physician. Please see page 19 for that story.)

Exceptional patient care is what truly matters to Mary Greeley Medical Center Innovation and Excellence Award winners.
E veryone who met Alice Burke liked her.
“She had a welcoming and nurturing approach toward people,” says her daughter Kathy. “She was strong, supportive, had a wonderful sense of humor, and cherished her family. She was Dad’s life partner both at home and in the family business. She confronted her diagnosis with spirit and conviction.”

Alice’s diagnosis was cancer. She battled the disease at Mary Greeley Medical Center. The large Burke family frequently gathered in Alice’s room during her extended stay on the Oncology Unit, and on more than one occasion, Alice wished aloud that the rooms could be larger.

“When Mom died, Dad proposed the construction of a family suite, expanding the regular room size to double and adding amenities that would allow family members to stay in the room with the patient,” Kathy says. “Dad hoped that by expanding the room, the environment could become more home-like.”

In 1983, Bill Burke Jr. made his will’s wish a reality by making a gift in her memory to the Mary Greeley Medical Center Foundation to support the construction of the Burke Family Suite. Since then, countless families have experienced the benefits of the Burke family’s vision.

Today, plans for a new Oncology Unit are included in the hospital’s Extraordinary Visions building project. The new unit will incorporate three family suites, thanks to the Burke family’s generous gift in support of the construction.

A Healing Environment

The length of stay for oncology patients averages 59 days in the hospital—compared to 4.2 days for all patients—and the need to create a better healing environment is essential.

“Research shows a positive healing environment reduces stress and anxiety and promotes recovery,” says Scoles “making the direct access from the Oncology Unit to the rooftop garden ideal for our patients and their families.”

The new rooftop garden will be accessible to all patients, visitors and staff from the fifth floor of the new patient tower. The garden will not only provide accessibility to the calming and rejuvenating effects of being in nature, but also provide respite for quiet reflection and a place to gather with loved ones.

All About Oncology Care

The fifth floor of the new patient tower will be dedicated solely to oncology. In addition to providing inpatient care, the unit will also feature a four-chair outpatient suite for patients who need to come to the hospital for blood or blood-product infusions.

“Because the care we provide requires particular expertise—chemotherapy administration and delivery of care to patients with side effects of chemotherapy including low immune system functions—having a dedicated unit means our nursing and support staff can specialize to best serve the needs of patients with cancer,” says Joseph Merchant, M.D., with McFarland Clinic’s oncology and hematology department.

“Enhanced staff skill means better—and safer—care for our patients. It means better outcomes, especially in the cases where we are taking care of complex diseases such as leukemia and lymphoma. It also means we attract and build a staff with the compassion to care for cancer patients, an area of medicine that is full of emotional challenges for families and other caregivers.”

The location on the fifth floor also provides flexibility with space, allowing the medical center to change as cancer care changes and stay current with advances in care.

“Mary Greeley has made a huge investment in the long-term excellence of their cancer program,” says Merchant. “Many patients and families will benefit immensely from the thoughtful way this unit has been designed.”

The William R. Bliss Cancer Center provides patients with a full range of services, from the detection, diagnosis and treatment of cancer, to follow-up and survivorship care, at a single location. The Center’s integrated and comprehensive care is provided by a team of medical oncologists, radiation oncologists, surgeons and the Cancer Research Center. The Cancer Research Center services include a patient navigation program, cancer genetic counseling, survivorship programs, cancer support groups, clinical trials, a library of resources and a boutique offering swimwear, breast prostheses and a complimentary wig and head covering.

An architectural rendering of the dedicated oncology floors shows patient rooms (light green), family suites (dark green), the outpatient chemotherapy administration and delivery of care to patients with side effects of chemotherapy including low immune system functions—having a dedicated unit means our nursing and support staff can specialize to best serve the needs of patients with cancer,” says Joseph Merchant, M.D., with McFarland Clinic’s oncology and hematology department.

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For more information about the Extraordinary Visions building project or to take a virtual tour, visit www.mgmc.org/foundation.

INSIDE THESE WALLS

Acts of appreciation help the Extraordinary Visions campaign grow. From the top of the Mary Greeley Medical Center parking ramp you can get a wonderful view of the progress being made on the first phase of the Extraordinary Visions building project. Enormous cranes are in operation, construction crews are busy working and the foundation walls for the new six-story tower are taking shape.

While it’s exciting to see the building activity, it’s important to remember that Extraordinary Visions isn’t about just bricks and mortar. It’s about what happens inside the building.

In my role as director of the Mary Greeley Medical Center Foundation, I have the opportunity to hear firsthand from patients and families who are grateful for the care and compassion they received during their time here. So grateful, in fact, that they have chosen to make gifts to honor our exceptional physicians, nurses and other caregivers.

Mom received incredible care, and we wanted to say thank you.

People told me I should go to a bigger hospital for treatment, but I quickly discovered I was already in the best place for my care.

The staff was like a family—with us every step of the way.

These testimonials serve as a great reminder that this building project is ultimately about the comfort of our patients and the care we provide. And it’s because of people like you that our Extraordinary Visions will become a reality.

I look forward to sharing more with you in the coming months. In the meantime, I hope you will visit our website to learn more.

TOUR OUR VISUALS

Visit www.mgmc.org/foundation to view our video, take a virtual tour, see the current progress on our building or make a gift to the campaign.

$5 million raised to date
$6 million goal

Visit www.mgmc.org/foundation to view our video, take a virtual tour, see the current progress on our building or make a gift to the campaign.

BY MEGAN BLAIR REID

An architectural rendering of the dedicated oncology floors shows patient rooms (light green), family suites (dark green), the outpatient treatment suites (purple), staff areas (yellow), elevators (red), and lobby, reception and walking areas (blue).
Day Trip: Fairfield, Iowa
September Thursday, September 27
Join us on an adventure to Fairfield, Iowa, where we will visit the Maharishi University, Maharishi Vedic City; The Rat; Created Fair (water-jet fabrication flooring), Bovard Studios (stained glass), and the Harper Brush Factory. Call the Prime Time Alive office at 515-239-2423 or 800-303-9574 for space availability.

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. Don’t miss all the fun and learning! You can become a member and register for events online at www.mgmc.org or by calling 515-239-2423 or 800-303-9574. Preregistration is required.

Food or Supplements: Which to Choose?
Tuesday, July 10, 2 p.m.
Quality Inn & Suites Starlite Conference Center, 2601 E. 13th St., Ames
Presented by Damon Dyche, MD, Urology, McFarland Clinic
Urinary incontinence is a part of many people’s daily life. Both men and women can have urinary control problems, though incontinence is most prevalent in women. Understanding your symptoms can help determine the type of urinary incontinence you have and the appropriate treatment. Treatment options vary, one of the newest options available is Incontirol therapy. Join Dr. Dyche for a discussion about incontinence and the treatment options available.

Robotic Advances in Surgery
Thursday, August 9, 2 p.m.
Quality Inn & Suites Starlite Conference Center, 2601 E. 13th St., Ames
Presented by James Partridge, MD, General Surgery, McFarland Clinic
Minimally invasive surgery techniques, like laparoscopy, have helped change the surgical field for medical staff and patients. Robotic surgery using the da Vinci surgical system has further advanced the way many general surgery procedures are performed at Mary Greeley Medical Center and provide even greater benefits to patients. Join Dr. Partridge for a discussion on robotic surgical techniques.

Cooking Demonstration: Berry Delicious Dinner
Thursday, August 30, 2 p.m.
Mary Greeley Medical Center South Auditorium
Presented by Mike Lauts, Certified Executive Chef, Mary Grieeley Medical Center
Find out how to use berries to enhance every dish of a delicious dinner. This demonstration will include an entree, salad and dessert. It will be berry delicious!

Proton Therapy: How and Why it is Used
Tuesday, September 4, 2 p.m.
Quality Inn & Suites Starlite Conference Center, 2601 E. 13th St., Ames
Presented by Shane Hopkins, MD, McFarland Clinic Radiation Oncology
Proton therapy is a type of radiation therapy that uses high beam energy to treat tumors. Because doctors are better able to control where the proton therapy releases its highest concentration of energy, less damage may be done to surrounding healthy tissue, resulting in fewer side effects. Join McFarland Clinic’s Radiation Oncologist, Dr. Shane Hopkins, for a discussion on proton therapy.

Prime Time Alive Wallwalkers
No Wallwalkers program is scheduled for July. Have a happy Independence Day!

Music and Vitality: Does Playing Music Promote Good Health?
Tuesday, Aug. 7, 8 a.m.
North Grand Mall
Presented by Katy Parker & Dirk Thieben, Case Leads, Croquet’s Lively Music Center
Katy and Dirk will present an exciting musical program addressing the roles that music plays in our lives and why playing music has become a source of vitality and wellness for adults over 50.

Peripheral Neuropathy
Tuesday, Aug. 28, 7 p.m.
North Addition A & B
Presented by Joseph Mercman, MD, Oncology & Hematology, McFarland Clinic
Clinical trials are a step in medical research conducted to allow safety and efficacy data to be collected for health interventions. Clinical trials often involve patients with specific health conditions who then benefit from receiving otherwise unavailable treatments. Join Dr. Mercman in a discussion on the role and purpose of Clinical Trials. Co-sponsored by the Leukemia and Lymphoma Society.

Lilly Oncology on Canvas Exhibit
Oct. 9-12, 15-19
8 a.m. to 5 p.m.
Mary Greeley Medical Center will host a selection of artwork through Lilly Oncology On Canvas. The exhibit is presented by Lilly Oncology and the National Coalition Cancer Survivorship (NCCS). The exhibit honors the journey patterns, their family members and friends who face when confronted with a cancer diagnosis.

The Low-Down on Blood Pressure Medications
Tuesday, Sept. 4, 8 a.m.
North Grand Mall
Presented by Cheri Schmidt, Pharmacist, Medical Pharmacy
This presentation will discuss the basics of hypertension and the different classes of medications used to treat hypertension.

Peripheral Neuropathy Cause and Treatment
Nov. 6, 2 p.m.
Quality Inn and Suites
Presented by Juan Acosta, MD, Neurology, McFarland Clinic
Peripheral neuropathy is a disorder of nerves outside the brain and spinal cord. Patients with peripheral neuropathy may have tingling, numbness, unusual sensations, cramps, weakness or burning (neuropathic) pain. While diabetes is one of the most common causes of peripheral neuropathy, cancer therapy drugs such as vincristine (Oncovin and Vincasar) and other medications can also be a cause. Join Dr. Juan Acosta as he addresses the causes of and treatment for peripheral neuropathy.

When You Forget to Remember
Tuesday, Dec. 11, 7 p.m.
North Addition A & B
Presented by Larry Osterman, MD, Oncology & Hematology, McFarland Clinic
Dr. Osterman will explore how cancer treatment affects brain function and can lead to changes in memory and concentration for cancer survivors. He will also discuss strategies to manage these changes.

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Clincs

**Childhood Immunization Clinics**

HOMEWARD offers childhood immunization clinics for Story County residents on the second and fourth Tuesday of each month from 4:30 to 6:30 p.m. at the HOMEWARD office located at 104 Smith Ave. Upcoming dates include: July 30, July 24, Aug. 14, Sept. 28. All immunizations are free and no appointment is necessary. For more information, call 515-239-6780 or 800-529-4409.

**Sitting Pillow Support Group**

This group meets the third Monday of the month from 7:30 to 9 a.m.

**Blood Pressure Support Group**

This group meets the first Tuesday of every month from 1 to 3 p.m. at North Addition Room D. Call 515-239-6780 or 800-529-4409 for more information.

**Senior Health Clinics**

HOMEWARD offers Senior Health Clinics on a quarterly basis beginning the first Tuesday of each quarter. For the current schedule, call 877-469-0079.

**Diabetic Education and Management Clinic**

This group meets twice a year. For more information on grief support groups, contact HOMEWARD Hospice at 515-956-6088 or 877-469-0079.

**Cardiovascular Rehabilitation Support Group**

This group meets twice a week for a total of 12 weeks. For more information, call 515-239-6780 or 1-800-951-9222.

**Diabetes Support Group**

This group meets the first Tuesday of every month from 6 to 8 p.m. at the Meadows Apartments on South Addition D. Call 515-239-6780 for more information.

**Diabetes Support Group for Youth**

This group meets quarterly. Call 515-956-2880 for more information.

**Pilates/Sculpt**

With an emphasis on breathing, core conditioning and body awareness, Pilates creates strength, length, leaner muscles, better balance and a stronger core. It’s designed to allow a person to effectively use these core principles in everyday life. Call 515-239-6780 for more information.

**TRX Small Group Training**

The latest in total body conditioning, TRX builds strength from the core up, using straps to challenge the whole body. For more information, call 515-239-6780.

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**Zumba**

Based on the latest fitness trend, Zumba is a mixture of Latin rhythms and easy-to-follow moves to create a dynamic fitness program. Enjoy an exhilarating hour of calorie-burning, body-shaping, and fun-inspired movements meant to engage and empower.

**Body Blast**

Get your heart and muscles pumping with this novel and endurance training with cardiovascular drills. Body Blast will give you a full-body workout with a high-powered calorie burn. All fitness levels are welcome—the intensity can be eased or lowered individually.

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Thursday, September 13
5 to 8:30 p.m.
Mary Greeley Medical Center
Bessie Myers Auditorium

Featuring two-time cancer survivor Conor Cunneen, who will share his experiences as a prostate cancer patient. Born in Ireland but now a resident of Chicago, Cunneen promises his talk will leave you “with a spring in your step, a beat in your heart and a smile on your face and those of your loved ones.”

Also, Dr. Damon Dyche, a urologist, and Dr. Shane Hopkins, a radiation oncologist, will discuss the latest in prostate cancer treatment, including radiation therapies and the use of robotic surgery techniques.

Cost: $12 (includes meal)

Preregistration is required, limited to first 150 paid registrations received.
Call 515-239-2038 for more information (No phone registrations please) or visit www.mgmc.org to register and pay online.