

THE **MERCY**

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SPRING 2015

touch MAGAZINE

BEATING
NATIONAL
STANDARDS FOR
HEART CARE
p.9



MOM APPROVED

Thankful for Specialized Pediatric Care p. 12

A HUSKY DOSE

Lucky Dog Gets The Mercy Touch p. 26

HERE'S TO **GOOD HEALTH!**
CELEBRATING THE END OF
CANCER TREATMENT



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If you would like to be a Silver Spoons volunteer, please complete our volunteer application at mercyare.org/volunteerapplication. For more information, call (319) 398-6035.

CINDY BARRIOS WAS ONE OF THE FIRST VOLUNTEERS FOR THE SILVER SPOONS PROGRAM AT HALLMAR, MERCY'S NURSING CARE FACILITY. SEE HER SPOTLIGHT AS A KGAN-TV NEWS CBS 2HERO AT WWW.MERCYARE.ORG/SILVERSPoons.



SERVING UP SPECIAL CARE

With a little help from the Silver Spoons, mealtime for Mercy's Hallmar residents has become a special time to enjoy their food and a dash of good conversation.

The Silver Spoons are trained volunteers who assist residents who are unable or have difficulty feeding themselves.

For many of the residents, the social interaction component is almost as important as the help with eating. Overall patient satisfaction, one of Mercy's goals as a patient-centered Planetree-affiliated hospital, has risen at Hallmar since the onset of the program June 1.

"There also are medical benefits to the program," says Emily Reddish, Nurse Manager, Hallmar. "Increased meal intake helps with wound healing and proper nutritional intake."

This program is one of only a few Silver Spoons programs in the Midwest.

"IT IS A WONDERFUL OPPORTUNITY TO HELP IMPROVE THE QUALITY OF LIFE FOR THE RESIDENTS."

*Cindy Barrios
Volunteer for the
Silver Spoons Program*

Three to four volunteers are needed for each meal every day.

"I was affiliated with Hallmar for many years, performing evaluations with the residents as a part of my duties as a speech language pathologist at Mercy Medical Center," says volunteer Cindy Barrios. "The implementation of the Silver Spoons Program coincided with my retirement. I had a strong appreciation for both the need and benefits of this type of volunteer feeding program. It is a wonderful opportunity to continue my affiliation with Hallmar and, hopefully, help improve the quality of life for its residents."

The Mercy Touch® magazine is published as a community service for the friends and patrons of Mercy Medical Center, 701 10th St. SE, Cedar Rapids, IA (319) 398-6011.

Mercy Medical Center provides healthcare services 24 hours a day, seven days a week, regardless of race, creed, sex, national origin, disability, age or ability to pay.

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KEEP IN touch

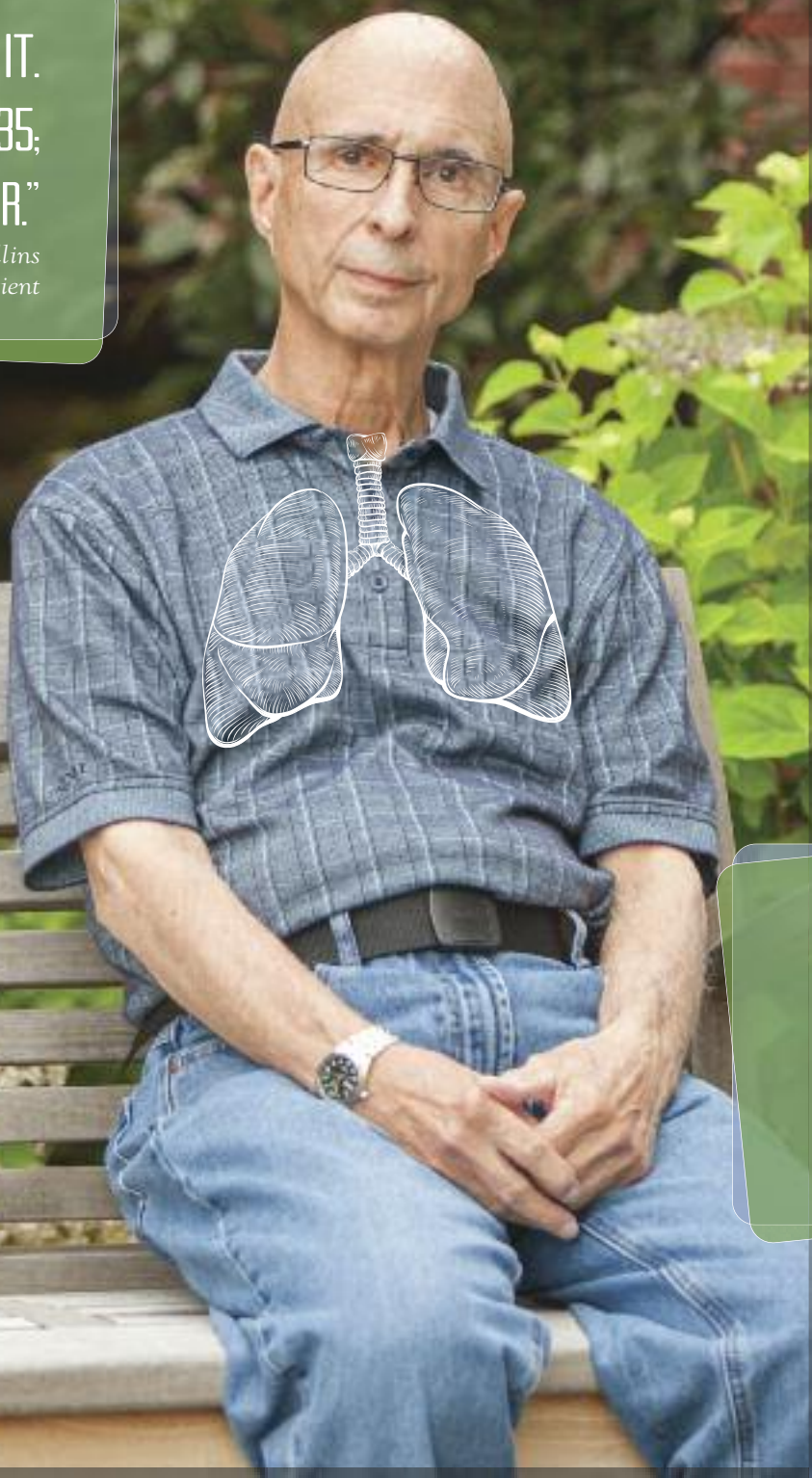
The Mercy Touch® magazine features insightful and practical medical information, warm human interest stories, medical triumphs, medical breakthroughs and new technologies at Mercy Medical Center.

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“THAT’S WHAT SOLD ME ON IT.
FIVE TREATMENTS RATHER THAN 35;
IT SOUNDED A LOT BETTER.”

*Jim Rollins
Cancer Patient*



Wook Lee, MD
Radiation Oncologist
Mercy’s Hall-Perrine Cancer Center

~~35~~
5

*Less time.
Fewer treatments.*

FIGHTING CANCER WITH SBRT

Jim Rollins is no stranger to cancer. In late 2011 he was diagnosed with pancreatic cancer. His prognosis wasn’t good, but in an effort to defy the odds Jim went through chemotherapy, 31 rounds of radiation treatments and surgery.

A follow-up CAT scan showed the pancreatic cancer had responded well to treatment. Unfortunately, the scan also revealed something new — a cancerous spot on his lungs. In effect, Jim was back to square one with a new cancer treatment regimen ahead of him.

Doctors advised Jim against having additional surgery due to weakness and significant weight loss associated with his first round of cancer treatment. Together, they determined radiation would likely offer the best outcome.

Fortunately for Jim, Mercy had recently invested in a TrueBeam™ advanced radiotherapy system. TrueBeam gives Mercy the capability to offer Stereotactic Body Radiation Therapy (SBRT). This technology delivers a high dose of radiation to a very small area, allowing the tumor to be treated in just a few sessions.

SBRT can fight cancers throughout the body, such as lung, pancreas and liver, as well as tumors that have invaded the liver and spinal cord from distant organs. It is a well-established approach for treatment of certain cancers and is supported by numerous research trials.

Jim was one of Mercy’s first patients to be treated with SBRT on TrueBeam.

“TrueBeam allows us to really maximize our technical ability to treat cancer patients,” said Dr. Wook Lee, Radiation Oncologist at Mercy’s Hall-Perrine Cancer Center. “Plus, with SBRT, the treatment time is much quicker. Studies show it is as effective as surgery, so it gives us an added option to surgery.”

Thanks to TrueBeam, Jim’s treatments were completed in two weeks rather than six or seven.

“That’s what sold me on it,” said Jim. “Five treatments rather than 35; it sounded a lot better.”

In addition to fewer treatments overall, each takes less time. Jim’s radiation treatments took just 2 ½ minutes each compared to 30 minutes with a more standard approach.

“The shorter the time, the better for the patient; some have arthritis or other conditions and can’t lie still for long periods of time. It’s a helpful tool to have to shorten the treatment time,” said Dr. Lee.

To learn more about TrueBeam, visit hallperrinecancercenter.org/TrueBeam.

JIM ROLLINS COMPLETED TREATMENT FOR LUNG CANCER ON MERCY’S TRUEBEAM™ ADVANCED RADIOTHERAPY SYSTEM WHICH OFFERS STEREOTACTIC BODY RADIATION THERAPY (SBRT).



“IT FELT LIKE SOMEONE WAS SITTING ON MY CHEST.”

*Bill Elkington
Mercy Patient*

BILL ELKINGTON, SENIOR DIRECTOR OF INTELLECTUAL PROPERTY MANAGEMENT AT ROCKWELL COLLINS, IS BACK AT WORK AFTER HAVING A HEART ATTACK LAST JUNE. HE'S SHOWN HERE WITH THE CONCEPT FLIGHT DECK, A SIMULATOR USED FOR TESTING NEW FLIGHT DECK INNOVATIONS.



Cam Campbell, MD
Medical Director
Mercy Cardiovascular Services

SAVING TIME, SAVING LIVES

The first symptoms didn't fit the stereotypical heart attack. Instead of the distinct chest pain often associated with heart attacks, Bill Elkington's first sign that something wasn't right began in his arms.

“They began to ache,” he recalls, “and I started feeling odd—slightly nauseated, but not really sick.”

It was June 2. Bill, then 63, was at work at Rockwell Collins.

“I felt like I needed to lie down,” he remembers, “but I thought it would just pass.”

Instead, the aching deepened “until I felt like my arms would explode,” Bill says. He went home and called his wife, Pat, a registered nurse at Mercy.

“She said, ‘I think you’re having a heart attack,’” Bill says. She told him to take an aspirin, open the garage door and put his feet up while she called an ambulance.

“In about 10 minutes, the living room was

full of people,” Bill says. Emergency medical technicians (EMTs) asked questions, started an IV and quickly got him into the ambulance.

“All of a sudden, it felt like someone was sitting on my chest,” Bill recalls. “There was no angina leading up to it; it was very peculiar. It was hard to breathe.”

Minutes later, the ambulance doors opened at Mercy's Emergency Department (ED). Bill was greeted by Dr. Cam Campbell, Medical Director of Mercy's Cardiovascular Services and Director of the Mercy Cardiology Clinic.

The Mercy ED and cardiac team worked quickly and efficiently. Catheterization showed three blocked arteries in Bill's heart. Dr. Campbell inserted two stents into one completely blocked

artery. The others, about 95 percent blocked, would require bypass surgery.

From the ambulance's arrival at Mercy until the stents were inserted, only 22 minutes had passed. Bill remained in ICU for two days, then went home and began cardiac rehabilitation.

"It was extraordinary how quickly the team got those stents in," Bill now says. "Just remarkable. Everyone knew exactly what to do."

That critical coordinated system of care for heart attack patients is part of Mercy's outstanding, integrated teamwork. Mercy's response times have beaten the national benchmark of 90 minutes for more than five years — something no other hospital can claim.

"Mercy has been able to beat the national standard with every patient 100 percent of the time, from the time they arrive

Ironically, Bill had stopped his usual exercise regimen about six months before his heart attack "because it was getting harder. I figured I must just be getting old, so I quit."

In Bill's family, only his mother had cardiac trouble—a heart attack when she was in her 50s. She took medication after that, dying in her mid-80s of congestive heart failure.

Genetics plays a large part in heart disease, Dr. Campbell says, so Bill may have been predisposed to heart attack. And his initial symptoms of aching shoulders and arms and mild nausea are not unusual for heart attacks, Dr. Campbell adds. Fortunately, Bill is a nonsmoker, is not diabetic, and has stayed healthy and active.

Dr. Campbell stresses the importance of calling an ambulance for help during a heart attack. That team immediately assesses the patient and notifies Mercy's team.

"MERCY HAS BEEN ABLE TO BEAT THE NATIONAL STANDARD WITH EVERY PATIENT 100 PERCENT OF THE TIME, FROM THE TIME THEY ARRIVE TO THE TIME WE INSERT THE STENTS."

Dr. Cam Campbell, Medical Director, Mercy Cardiovascular Services

to the time we insert the stents," Dr. Campbell notes. "It's one thing to achieve perfection. It's another to maintain that perfection."

Patients do better, live longer and stay out of emergency rooms more often if that response is well-honed. "That process is very well hardwired into Mercy's protocol," Campbell adds.

In Bill's case, "our concern was to take care of the artery causing the heart attack," Campbell explains. "We needed to allow the heart muscle to recover, which takes about a month to regain normal heart function."

A five-hour bypass surgery on July 9 opened up the other two blocked arteries. Bill remained hospitalized for nine days — longer than usual because fluid build-up around his lungs required additional care. His cardiac rehabilitation, resumed after surgery, continued until early October.

"I still don't have my wind and stamina I used to have," he said in mid-October, "but I can hit my heart rate right on and I exercise regularly."

"Half of the people who have heart attacks die before they get to the hospital," he says. "That can be a 10- to 15-minute heads-up that we have a heart attack patient coming in. The sooner we open the artery, the better things are going to be."

Mercy's performance has won state and national recognition; it's among the top 100 nationally and #1 in Linn County for cardiac care, and #1 in Iowa for heart attack treatment.

"The system works consistently," Dr. Campbell says. "It's due to Mercy's 'double D' — dedication and discipline."

To learn more about Mercy's cardiovascular services, visit mercy.org/heart.

If you're interested in learning more about the Concept Flight Deck at Rockwell Collins, check out this CNN story at cnn.com/2014/10/31/travel/future-of-travel-cockpit-technology/index.html.



WINNING THE RACE OF HIS LIFE

Don Kearney has an impressive athletic resume. He's run six marathons, six half-marathons, four triathlons, plays on an adult hockey league and works out several times a week.





Dr. Cam Campbell, MD
Medical Director
Mercy Cardiovascular Services

"I JUST FELT LIKE I WAS IN THE RIGHT PLACE AND THEY WERE GOING TO TAKE CARE OF ME. AND THEY DID."

Don Kearney, Heart patient

From all appearances he's the picture of health. But, in early 2014, his family history caught up with him.

"Both my brother and my dad have had heart attacks. I knew because of my family history I was going to be hit sometime; I just didn't really know when," says Don.

"When" came on January 21 after his morning workout at the Rockwell Rec Center.

"As I was in the showers, I started to feel a burning sensation in center of my chest. I didn't think much about it; I thought maybe it was heartburn."

It wasn't heartburn. Don collapsed in the foyer as he was leaving the gym.

"As I walked out the door, I thought I was passing out. The next thing I knew I was waking up with Rockwell's Emergency Response Team standing over the top of me and explaining that I just had a heart attack."

Rockwell's team called 911 and used an on-site defibrillator to shock Don's heart while they waited for an ambulance. At the same time, Mercy's heart team quickly assembled in anticipation of Don's arrival, setting into action a seamless and well-coordinated treatment plan for cardiac emergencies. That plan starts in the field, when ambulance crews relay critical information such as EKG results back to the hospital.

Mercy's team was able to assess Don's condition even before he arrived at the Emergency Department. They had a plan in place when he came through the door.

"I remember distinctly one of the nurses saying to my wife, 'Try to keep up with us because we are on our way to the cath lab.' I just remember seeing the ceiling tiles blowing by as we were going down the hallway," Don recalls.

Once in the cath lab doctors placed a stent to open Don's blocked artery.

Don's is a case in point for Mercy's exemplary care of heart attack patients. In fact, Mercy is the area's only hospital, and perhaps the only in the nation, to treat 100 percent of its cardiac patients with 'Door-to-Balloon' times of less than the national standard of 90 minutes for more than five consecutive years.

Dr. Cam Campbell, Medical Director of Cardiovascular Services at Mercy, explains, "Door-to-Balloon time is measured from the time a patient comes through the doors of the ER until there's a balloon inside the heart artery to open it up. I'm not aware of any other hospital that can claim that type of success for five years now. We've been successful 100 percent of the time in getting those arteries open in less than 90 minutes."

Don says he's thankful to have benefitted from the expertise of Mercy's heart team. "I just felt like I was in the right place and they were going to take care of me. And they did."

"In order to make the process work and make it work day after day, night after night, five years in a row, it takes dedication and it takes discipline. That's what we've been able to achieve," said Campbell.

100%

of the time less than the national average

90

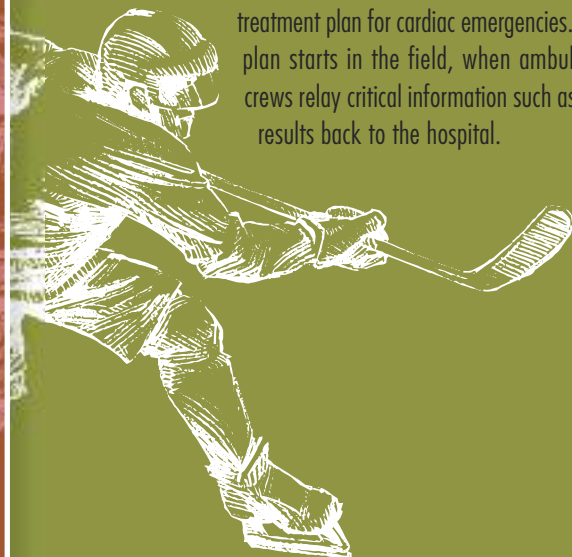
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"IN ORDER TO MAKE THE PROCESS WORK AND MAKE IT WORK DAY AFTER DAY, NIGHT AFTER NIGHT, FIVE YEARS IN A ROW, IT TAKES DEDICATION AND IT TAKES DISCIPLINE."

*Dr. Cam Campbell, Medical Director,
Mercy Cardiovascular Services*

DON KEARNEY IS BACK TO HIS WORK-OUTS AT ROCKWELL REC CENTER AFTER HAVING A HEART ATTACK IN JANUARY 2014.

To hear more about Don's story, watch the video, "Patient Experiences Mercy's Fast Response to Heart Attack," at mercy.org/services/heart.





SPECIALIZED PEDIATRIC CARE

DAWN SANCHEZ WAS THANKFUL FOR THE EXPERT CARE HER THREE-YEAR-OLD DAUGHTER, ISABELLA, RECEIVED FROM PEDIATRIC SPECIALIST WES MACHNOWSKI, MD, FAAP, AT MERCY PEDIATRIC CLINIC.

DR. WES MACHNOWSKI'S WARM AND REASSURING MANNER EASED THE FAMILY'S ANXIETY.



Wes Machnowski, MD, FAAP
Mercy Pediatric Clinic

Dawn and Everett Sanchez were concerned when they noticed their three-year-old daughter, Isabella, had blood in her stool.

At first, they misidentified the red as part of a fruit snack. The next time, they knew it was blood and called their family doctor, Dr. Jill Flory at Family Medicine Specialists, PC.

Once Dr. Flory determined the blood was coming from little Isabella's rectum, she recommended they take Isabella to pediatric specialist Wes Machnowski, MD, FAAP, at Mercy Pediatric Clinic, located in Mercy Medical Center.

Dr. Machnowski's warm and reassuring manner eased the Sanchezes' anxiety as he explained he would first do a digital (finger) exam of the lower rectum. During the exam, he felt something that warranted further investigation.

Now, he explained, he would investigate further with a flexible sigmoidoscopy under general anesthesia in Mercy's OR to see inside the large intestine, from the rectum through the last part of the colon (called the sigmoid). The procedure involves guiding a short, flexible, lighted tube into the rectum. Dr. Machnowski frequently does this procedure, as well as colonoscopies and EGDs (an endoscopy that also includes the esophagus, stomach and part of the small intestine), on children. Isabella was in expert hands.

Mercy staff added a little lightheartedness to the event by wheeling her back to surgery in a red wagon. While the 3-year-

old was too young to really understand what was going on, Dawn and Everett were worried about what he might find.

"We were very scared," says Dawn. "We were nervous — she's our youngest."

An hour later, Dr. Machnowski was showing them "before" pictures and "after" pictures, following the removal of the polyp that had caused bleeding.

The polyp was sent to pathology with good results — no cancer.

Dawn can't say enough good things about her experience with Dr. Machnowski at Mercy Pediatric Clinic. She'll return to Dr. Flory as their regular family physician, but feels reassured knowing specialized pediatric care at Mercy is available if they need it.

Dr. Mersch receives national recognition

Mercy Pediatric Clinic's Rick Mersch, MD, FAAP, was one of seven pediatricians nationally recognized as *Parents* magazine's 2014 "Our Favorite Pediatricians." He was featured in the magazine's November issue and on its social media sites. *Parents* magazine chose Dr. Mersch for the award after receiving nine nominations on his behalf from patients during the nomination period last spring.



Rick Mersch, MD, FAAP
Mercy Pediatric Clinic

To learn more about Mercy's specialized pediatric care, call Mercy Pediatric Clinic at
(319) 861-7900

CELEBRATING LIFE CANCER-FREE



Vincent Reid, MD
Oncologic Surgeon
Hall-Perrine Cancer Center

Kevin Boge, 32, attributed his sporadic stomach pain to his cheeseburger-and-fries lifestyle.

The pain wasn't always in the same place and fluctuated in intensity. But one night, the pain was so bad he woke his wife, Martha. A registered nurse, she put her foot down and said it was time to call the doctor. Kevin also had occasional night sweats and blood in his stool once.

Kevin didn't know who to call, since he hadn't established a medical home with a primary care provider. A

followed by a CT scan of the abdomen and pelvis. After consulting with the radiologist, Dr. Fox immediately sent Kevin to meet with fellowship-trained oncologic surgeon, Vincent Reid, MD, at Mercy's Hall-Perrine Cancer Center.

"Kevin's symptoms, along with his CT results, indicated he needed quick and efficient access to specialty care. Navigating the healthcare system quickly was imperative,"

"HE NEEDED QUICK AND EFFICIENT ACCESS TO SPECIALTY CARE.
NAVIGATING THE HEALTHCARE SYSTEM QUICKLY WAS IMPERATIVE."

Matthew Fox, MD, MercyCare Marion



Matthew Fox, MD
MercyCare Marion

healthy, carefree guy, Kevin says he'd only been to the doctor a time or two as an adult for minor illnesses. So, he called his sister, Renee Casey, who works as a Patient Service Liaison for Matthew Fox, MD, at MercyCare Marion. She got him in to see Dr. Fox that week, on April 4, 2014.

Dr. Fox evaluated Kevin and then ordered an X-ray,

says Dr. Fox. "When I called Dr. Reid, he said to send Kevin over. That kind of communication between a specialist and a primary care doctor is huge."

Kevin says, "Dr. Fox was fantastic in how he was able to kick off everything, right away!" It's a story of streamlined, coordinated care right from the start.





Dr. Reid reviewed Kevin's CT scan with him. The news wasn't good: there was a "concerning" growth on the lower right bowel section, called the cecum. No one was saying "cancer" yet, but Dr. Reid wanted Kevin to have a colonoscopy. Pavan Chepyala, MD, with Gastroenterologists, PC, performed the colonoscopy at Mercy. A tumor was identified in the cecum, as shown on the CT.

That's when Dr. Reid told Kevin, "It's coming out!" Dr. Reid removed a large mass that seemed to be attached to his pelvic wall, along with 31 nodes from Kevin's colon.

"This was an extremely large mass in such a young patient," says Dr. Reid. "I was concerned for extension outside of the colon, which would significantly impact his outcome."

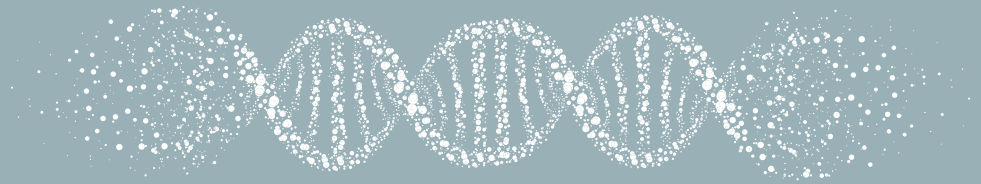
Martha's previous nursing experience included oncology

and she, along with Kevin and his family, was on pins and needles as they waited several days for pathology results.

When the report came in, they learned Kevin had Stage 3 colon cancer. The tumor was malignant and cancer was found in two of the 31 nodes. The news was devastating for the young, active couple. But they took it in stride—the fight was on!

The day of the diagnosis, Dr. Reid walked them down the hall to meet medical oncologist Jasmine Nabi, MD.

"Dr. Nabi was very thorough, explaining the guidelines and what the course of action would be. She said she couldn't offer promises, but that this was a curable disease," says Kevin. His treatment regimen included 12 chemotherapy treatments (his last one was Oct. 22, 2014), every two weeks



For more information about Hall-Perrine Cancer Center's services, visit hallperrinecancercenter.org.



Jasmine Nabi, MD
Medical Oncologist
Hall-Perrine Cancer Center



Pavan Chepyala, MD
Gastroenterologists, PC

at Hall-Perrine Cancer Center. As treatments progressed, he sought physical therapy at Mercy Health Plaza to combat neuropathy, a side effect from chemotherapy.

During his first chemotherapy treatment, Kevin met a nutritionist and a social worker as part of Mercy's full spectrum of cancer care. He also met with a genetic counselor who recommended genetic testing.

Almost 90 percent of cancers can be attributed to environmental factors, lifestyle choices or a combination of reasons. However, due to Kevin's young age, genetic testing was recommended.

Kevin agreed to the test, but didn't expect to learn anything since he didn't know of anyone in his family with cancer. When the tests came back several months later, he discovered he has Lynch Syndrome, a condition that increases the risk of colon cancer and other cancers, particularly in the gastrointestinal tract. It also increases the likelihood of having cancer at a young age. That means Kevin will require continued surveillance, with an annual

colonoscopy and a CT scan of his abdomen.

Learning he has Lynch Syndrome opened the door to the possibility of genetic testing for his three sisters, his parents or even other family members. The test has sparked a lot of conversation and concern in his family.

"I was relieved, because I learned why I got cancer. Knowledge is power, so other people in my family can decide if they want to have the test done and be more aware and proactive about their health," says Kevin.

Although genetic testing is a helpful tool in determining cancer treatment options, Mercy's cancer experts may also recommend additional cancer surveillance options based on an individual's symptoms and personal and/or family history of cancer. By recognizing which patients are at high risk for developing cancer, medical professionals can adapt their approach in caring for those individuals in order to help prevent the occurrence of cancer. Regular, frequent screening for high risk patients allows for earlier detection of cancer and a better outcome.

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THEIR HEALTH,"**

*Kevin Boge
Cancer Patient*



LISA MAXWELL HAD HER FIRST DRINK AT 13 AND BEGAN A ROLLERCOASTER RELATIONSHIP WITH PRESCRIPTION PAIN MEDICATIONS AT 16.

A LONG AND WINDING ROAD

Secret. Shame. Guilt.

These are the “friends” that have surrounded Laura Elizabeth (Lisa) Maxwell, 53, for 40 years. She had her first drink at 13 and began a rollercoaster relationship with prescription pain medications at 16. She’s had a lifetime of hiding her addictions, and feeling guilty and ashamed about her behavior.

Now, with the support of Kelly Marsengill, MA, Clinical Coordinator at Mercy’s Sedlacek Treatment Center, Lisa’s been drug-free since May 6, 2014. She’s also marking eight years without a drink (with help from Alcoholics’ Anonymous). It hasn’t been easy. Lisa shares her story in the hopes that others with similar addictions might seek help from the outpatient treatment program that has saved her life.

She discovered pain medication in high school, after three surgeries for endometriosis-related issues. With each surgery came

a prescription for pain medication. Lisa remembers, “The medication gave me energy and made me more talkative instead of tired, like most people.” And she liked it.

After high school, Lisa became a dental assistant in an office with easy access to hydrocodone samples from pharmaceutical representatives.

Stealing from work

“One Saturday, I took all of them (the samples). But I didn’t admit I did it and they couldn’t prove I did it. The bad behavior started then, even though I loved my job and the dentist I worked for,” says Lisa. She began taking one to two pills each day. But then she ran out.

“I felt so guilty about my actions that I didn’t steal any more. And, the office became more careful with them then, too,” she

says. Lisa remained drug-free for the next couple years, but then her addiction flared again.

“I started writing my own prescriptions,” Lisa says, calling them in to different pharmacies. “I knew how to do that because I called them in for patients. I also used the prescription pads in the office to write one- to two-week prescriptions, just as a dentist would typically prescribe for pain after a dental procedure.”

She tore out the phone book pharmacy listing page and highlighted those she’d already used. Her abuse escalated. “I’d take eight at a time because my tolerance had built up. I became so addicted I’d sleep with a bottle under my pillow and water next to the bed,” she remembers. Plus, she was drinking.

“Mentally, I wanted and depended on drugs,” Lisa says.

The secret is out

It caught up with her in 1989 when one of the pharmacies questioned a prescription and called her employer. The police were brought in. Lisa lost her job and her fiancé discovered her secret. To get her life back on track, Lisa began a 90-day outpatient treatment program at Sedlacek Treatment Center.

She responded well to treatment and began exercising, eating right and quit smoking. Lisa attended AA meetings and stayed drug-free from 1989 to 1993. In 1995, her fiancé of 13 years passed away, and she started drinking and using drugs again every day.

Things began looking up again in 1999, when she fell in love, got married and had a son (now 15). She kept the same job for 13 years.

Then Lisa’s husband left and she became depressed. The cycle of drinking and drugs returned. This time, she was getting prescriptions from several physicians for

“LISA’S LIFE WAS THE PERFECT STORM. SHE HAD CHRONIC MEDICAL CONDITIONS, A GENETIC PREDISPOSITION AND AVAILABILITY OF DRUGS.”

*Kelly Marsengill, MA
Clinical Coordinator
Mercy’s Sedlacek
Treatment Center*

relief from various pain-related conditions, such as fibromyalgia and rheumatoid arthritis. But she abused the drugs, causing her to fall hard several times, chipping her teeth and knocking her head. When she blacked out and fell while holding her young son, she knew she needed help. She moved home and went back to treatment.

But the stress of caring for her son and her father (who had dementia and later died), plus her own physical ailments became too much; she began skipping treatment sessions.

The cycle begins again

Lisa began seeing a new doctor. “The doctor didn’t know my history. I wasn’t honest with him,” she says. And the cycle of pain medications and drinking returned. She was diagnosed with Gitleman Syndrome, a kidney disorder that causes an imbalance of potassium, magnesium and calcium. The genetic abnormality can cause painful muscle spasms, cramping, weakness, dizziness and more. The diagnosis helped explain Lisa’s constant battle with pain and could have contributed to her falls.

Kelly explains, “She didn’t develop healthy coping skills, so she turned to drugs and alcohol to mask emotional and physical pain.”

He notes the importance of “having a qualified doctor who



"I COULDN'T TAKE THE RESPONSIBILITY ANYMORE.
I WAS TIRED OF FIGHTING THE ADDICTION AND THE SHAME
THAT GOES WITH IT."

Lisa Maxwell
Patient, Sedlacek Treatment Center



1st
drink at
13

AFTER A LIFETIME OF HIDING HER ADDICTIONS, LISA HAS BEEN DRUG-FREE SINCE MAY 6, 2014, WITH THE SUPPORT OF KELLY MARSENGILL, MA, CLINICAL COORDINATOR AT MERCY'S SEDLACEK TREATMENT CENTER.

listens and explains and looks for family history. Doctors really have to know the patient's history, especially when it involves pain medications." The value of a medical home, where a patient communicates and develops a relationship with a provider, is important, he adds.

Today, with the prevalence of electronic record management systems, like Mercy's Epic, there is much more transparency of information. Epic gives Mercy providers access to their patient's care and medication history.

Couldn't take it anymore

Lisa says she was popping pills like candy, while caring for her 14-year-old son and her mom, who was in poor health. She suffered three cardiac arrests during this time period. In May 2013, Lisa overdosed on sleeping pills.

"I couldn't take the responsibility anymore. I was tired of fighting the addiction and the shame that goes with it. I was drinking at night, losing my friends and not paying bills," she says. The hospital alerted her family doctor about the overdose and he stopped seeing her, shutting down her source for drugs.

Lisa wanted pain pills so badly she went to a dentist, supposedly seeking care for her chipped teeth.

"I knew if I got them (my teeth) pulled I'd get narcotics," says Lisa. "So I called a dentist who didn't know me and had a full mouth extraction."

The dentist refilled her pain medication twice, but refused more. With no source for drugs, Lisa went through withdrawal. She called Sedlacek for intensive outpatient therapy. Kelly became her counselor and life started looking brighter.

Lisa says she felt like using every day for the first 60 days. "I was really hurting with all the cravings," she adds, but once she turned the corner they lessened.

Drug-free!

Kelly says Lisa's relying on a different approach to treatment now — for the first time, she is being completely honest.

"She's putting stuff on the table she never put out before. She was in a vortex where she saw herself as sick," he says. "We had to get her to step outside of that."

Lisa agrees: "I had to step out of the negative thinking and 'Oh, woe is me.'" She's getting parenting help from a community agency and making strides to improve life for herself and her son.

"I'm learning to push away negativity — that was a learned pattern," she says. Kelly is helping Lisa with cognitive behavior therapy, encouraging her to replace negative thoughts with positive self-talk. He also is helping her to use mindfulness and meditation tools to combat her negative thoughts.

"I have totally surrendered to God. Now I'm ready," Lisa says. "I'm tired of being sick."

Kelly says, "Lisa's life was the perfect storm. She had chronic medical conditions, a genetic predisposition and availability of drugs. By the time she realized she was addicted, she was so deep into it that she couldn't control it on her own. She had become more and more withdrawn and isolated."

Now, she's back home caring for her mom and son. She attends AA meetings and continues treatment at Sedlacek. And she writes in a journal to express her feelings, something she has always struggled with.

"She's a fighter. She has been through treatment four times! I applaud her for coming back," Kelly says. "Guilt and remorse often keep people from getting the help they need."

"I HAVE TOTALLY
SURRENDERED TO GOD.
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OF BEING SICK."

Lisa Maxwell
Patient, Sedlacek
Treatment Center

Need help?

Call Mercy's Sedlacek Treatment Center at (319) 398-6226.

Want to learn more?

Watch *Help for Prescription Drug Abuse* as Kelly Marsengill, Clinical Coordinator at Mercy's Sedlacek Treatment Center, talks about which drugs are commonly abused and how the abuse of these drugs affects minds, bodies, lives and families. Learn about resources available to treat prescription drug abuse. Watch it on demand at www.mercycare.org/webinar.

PEACEFUL ENDINGS TAKE PLANNING



Ken Cearlock, MD
Medical Director
Mercy Palliative Care

There's no time like the present to plan for the future, especially when it comes to healthcare decisions. Just ask Sheila Cronbaugh, who has been at the bedside of several dying relatives, from grandparents to her father and father-in-law.

On Dec. 4, 2014, she lost her brother, Greg, and experienced the peace that comes with having specific advance directives despite the pain of losing him.

"The death of a loved one is such a traumatic time that no one is thinking clearly," says Sheila, who passionately advocated for an Iowa healthcare directive known as Iowa Physician Orders for Scope of Treatment (IPOST). The IPOST law went into effect July 1, 2012. Having discussions and making decisions ahead of time offers the comfort of having a plan and communicating it to those you care about—before you need it.

Mercy's Medical Director of Hospice, Amanda Sommerfeldt, MD, and Palliative Care Medical Director Ken Cearlock, MD, both regularly experience the benefits of advance care planning in the lives of their patients and their families.

Dr. Cearlock says, "Attention to care goals is important as early as possible when a patient and family are confronting complex acute disease or chronic health problems. A candid, compassionate

discussion is essential to recognize and affirm the personality, values and care preferences of the patient at a time the individual has capacity to express wishes, rather than at a time of crisis."

"All too frequently," says Dr. Sommerfeldt, "people experience a sudden event or illness and there isn't time to have a conversation about treatment goals before difficult decisions need to be made. I see many families struggle with making decisions on behalf of loved ones who never talked about their preferences before illness or injury struck."

Formally establishing directives is important before the worst happens (such as an accident, life-threatening diagnosis or sudden decline in health status). Advance directives help facilitate a more peaceful end-of-life experience for the patient and family members since everyone is informed about what will or will not be done in honor of the loved one's wishes. They help smooth conflicting emotions, prevent undesired medical interventions, outline clear expectations and diminish rivalries due to differences of opinion.



"A CANDID, COMPASSIONATE DISCUSSION IS ESSENTIAL TO RECOGNIZE AND AFFIRM THE PERSONALITY, VALUES AND CARE PREFERENCES OF THE PATIENT AT A TIME THE INDIVIDUAL HAS CAPACITY TO EXPRESS WISHES, RATHER THAN AT A TIME OF CRISIS."

*Ken Cearlock, MD
Medical Director, Mercy Palliative Care*

THIS PHOTO WAS TAKEN TWO WEEKS BEFORE THE DEATH OF SHEILA CRONBAUGH'S BROTHER, GREG MCMANN, WHO HAD DOWN SYNDROME. SHEILA HAD GUARDIANSHIP, IPOST DOCUMENTS FILED AND A DECLARATION RELATING TO USE OF LIFE-SUSTAINING PROCEDURES IN PLACE FOR GREG. HAVING ADVANCE DIRECTIVES FOR HIS HEALTHCARE BROUGHT HER A SENSE OF PEACE AT A DIFFICULT TIME.





Amanda Sommerfeldt, MD
Medical Director
Hospice of Mercy



“LIFE IS A ROLLERCOASTER. YOU KNOW YOU WON’T LIVE FOREVER, SO IT MAKES SENSE TO DO WHATEVER YOU CAN TO MAKE THE ENDING LESS TRAUMATIC.”

Sheila Cronbaugh

“I believe everyone should be offered the opportunity to discuss their treatment goals and end-of-life wishes, because dying is a part of life,” says Sheila. “Choosing these options when you have a clear mind and are not in a traumatic situation allows the person to make end-of-life healthcare choices that are consistent with their values.”

Sheila has IPOST documents filed for her mother, who has dementia (her father passed away nine years ago). She also had guardianship, IPOST documents filed and a declaration relating to use of life-sustaining procedures in place for her brother, Greg, who had Down Syndrome and a history of heart-related emergencies. When Greg passed away, these advance directives were put into place, allowing Sheila to focus on dealing with her grief.

“As a child, you have to respect what a parent wants,” she

says. “In my brother’s case, he always had health issues and we never knew when one of his health emergencies

would be his last. My brother frequently went from feeling OK to sick fast! In that moment, you’re not in a clear state of mind to make decisions. It was a relief not to worry about being asked a lot of questions about his care and rely on the IPOST to ensure all our planning was followed.

“An IPOST is a document that complements the advance directive and is a more specific explanation of choices (than as possible in a living will) and is prepared with the help of a doctor. It really helps to have a great relationship with your doctor, one who really knows you,” she says. An IPOST is not just about what you don’t want, but also about what you do want.

For example, she says, “I used to think I would never want



to live hooked up to a machine. But, if you’re a younger, healthy person who gets in an accident, you may need those tools for a period of time to overcome it and have a good, quality life,” she adds. The IPOST allows for directives to change depending on circumstances.

Advance directives and a Durable Power of Attorney for Healthcare should be added by your physician to your EPIC electronic medical record for immediate reference by providers and family members.

“I have grown up with death as a part of life,” says Sheila.

TERMS TO KNOW:

ADVANCE DIRECTIVE — a document signed by a competent person giving direction to healthcare providers about treatment choices in certain circumstances. There are two types of advance directives:

DURABLE POWER OF ATTORNEY FOR HEALTHCARE (DPOAHC) — a legal document that appoints a specific person (usually a relative) to act for you and carry out your wishes any time you are unconscious (not able to know what’s going on) or unable to make medical decisions.

IOWA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (IPOST) — an order set signed by a medical provider that details an individual’s treatment preferences for life-

“Life is a rollercoaster. You know you won’t live forever, so it makes sense to do whatever you can to make the ending less traumatic.”

Upon request, Mercy’s Pastoral Care department is available to help with advance directives. To learn more about hospice and palliative care, you can view our archived webinars at mercy.org/archivedwebinars/. An Advance Directive form may be downloaded at www.mercy.org/advanceddirective. If you would like more information or have questions, please contact our Mercy Pastoral Care office at (319) 398-6106.

sustaining interventions (anything from a DNR order to other wishes, such as feeding tubes or intubation). Generally, this is for the elderly or for individuals who are frail or have chronic or serious illnesses.

LIVING WILL (or Declaration) — a legal document that outlines the kind of medical treatment you do or do not want in certain medical situations, but does not name a patient advocate.

DO NOT RESUSCITATE (DNR) — a medical order that informs emergency medical personnel and other healthcare providers about whether someone should be artificially resuscitated in a medical emergency if his/her breathing and heart beat stops.



A HUSKY DOSE OF THE MERCY TOUCH



Merrilee Ramsey, ARNP
MercyCare Second Avenue

Everywhere that Heather Woodhouse goes, Sabrina is sure to go, too. Trained to detect when Heather's blood sugar levels are too high or too low (Heather has diabetes), the cinnamon-and-white therapy dog is her constant companion.

So, it was natural for Sabrina to accompany Heather to a Sept. 26 pre-surgery physical with Merrilee Ramsey, ARNP, at MercyCare Second Avenue. The clinic is one of the 14 MercyCare clinics recognized as medical homes by the National Committee for Quality Assurance.

Merrilee helps Heather manage her diabetes, which was particularly important before her surgery scheduled for the next day. During the appointment, Merrilee asked Heather who would be watching Sabrina while she was having surgery. Heather said she wasn't sure yet and expressed concern over finalizing that detail.



MERCYCARE SECOND AVENUE IS ONE OF THE 14 MERCYCARE CLINICS RECOGNIZED AS MEDICAL HOMES BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE.

SABRINA IS A THERAPY DOG WHO BRIGHTENS UP THE DAY FOR MERRILEE RAMSEY, ARNP, (LEFT) AND RENAE WADE, CMA, (TOP, CENTER) WHEN SHE ACCOMPANIES HEATHER WOODHOUSE (RIGHT) TO HER APPOINTMENTS AT MERCYCARE SECOND AVENUE.

Merrilee gave *The Mercy Touch* new meaning by volunteering herself and her staff to keep an eye on the husky while Heather was away having surgery.

"We all love Sabrina," says Certified Medical Assistant Renae Wade, who works at MercyCare Second Avenue. In fact, Renae loves her so much that she took the dog home while Heather recovered overnight in the hospital. Her daughters, ages 8 and 15, were thrilled with their temporary new family member!

"They just fell in love with her. She's an awesome dog and so well-behaved," says Renae.

Renae brought her back to the office the next day, where the dog "passed out on the couch in my office," says Merrilee. No doubt she was exhausted from all the love and many walks she

went on with her daughters, says Renae.

"We just did a nice thing for a patient who needed a little extra help," says Merrilee. But—she's quick to say—this was a one-time special case since Sabrina is a therapy dog and they knew how well she behaved.

Call our Find-a-Doc line at (319) 369-4444 to establish your medical home with a MercyCare provider.



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BUILDING RELATIONSHIPS TO BETTER HEALTH

