

SPRING/SUMMER 2021



Mary Greeley
MEDICAL CENTER

Health

CONNECT



ONE BRAVE GRANDMA

Seriously injured protecting a child, a new Mary Greeley service helped save her arm.

- ▶ From COVID-19 To Diabetes: A Patient's Journey
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- ▶ A Young Student's Mental Health Crisis

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She shielded her great-granddaughter from a dog attack, but suffered horrific injuries. Learn more about her heroic act, and how hyperbaric oxygen therapy and a team at Mary Greeley helped save her arm.

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He was admitted to the hospital with serious virus symptoms, only to then learn he had diabetes. Discover how he faced one illness while learning to manage another with help from our Diabetes and Nutrition Education inpatient and outpatient services.

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An Iowa State University student with a suicide plan calls a hotline instead and gets the help she needs from Mary Greeley, and loving support from her stunned parents.

Calendar

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

PRESIDENT'S LETTER

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

Telling the Story

H *healthcare Hero*. That phrase has been used throughout the COVID-19 pandemic. Yet in most cases, the witnesses to the heroics were the heroes themselves. With strict limitations on visitors, very few people have had direct knowledge of what was happening inside our hospital.

In November 2020, Mary Greeley Medical Center was presented with an opportunity to show the world what was happening. We were asked to allow a *Des Moines Register* reporter and photojournalist to embed on units where we were treating COVID-19 patients.

To our knowledge, no other hospital in the state had done anything like this. It was a situation that needed careful consideration. Would staff in these units feel comfortable with a reporter and photographer observing them, following them around for hours at a time? Would patients and families be comfortable? How would we handle privacy issues? The *Register* team would be on COVID-19 units; how would we protect them? Did we have enough PPE?

We thought through all these issues. We met with the reporter, who assured us they would respect privacy policies. Most importantly, we surveyed staff, who enthusiastically embraced this opportunity. Nurses, doctors, and others involved in caring for COVID-19 patients wanted this story to be told. They wanted the public to understand the seriousness of this pandemic. They wanted the public to understand what frontline healthcare workers were experiencing, and what it was like for patients and families.

We opted to allow reporter Courtney Crowder and photojournalist Zach Boyden-Holmes to spend a week at Mary Greeley, primarily in the ICU and on our 6th-floor COVID-19 unit. We introduced them to key staff and physicians, and we suggested several story angles. Then we essentially got out of their way and let them do their thing.

Courtney and Zach developed trusting relationships with our staff and the physicians who were on the frontlines of our COVID-19 response. They bonded with COVID-19 patients and family members who wanted the story told as much as hospital staff did.

The result was a thoughtfully written, beautifully photographed, and deeply moving seven-part series called "Inside COVID's Siege." The series ran from January through early March and each story was based at Mary Greeley. The stories went nationwide, published in other newspapers in the *Register's* corporate family. (You can find each story in the series on our website at www.mgmc.org/COVID-Series.)

I have read this series with incredible pride in our staff and the level of care we are providing our patients during an incredibly challenging time. I was forever



Visit us on the internet
Learn more about Mary Greeley's programs and services at www.mgmc.org.

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

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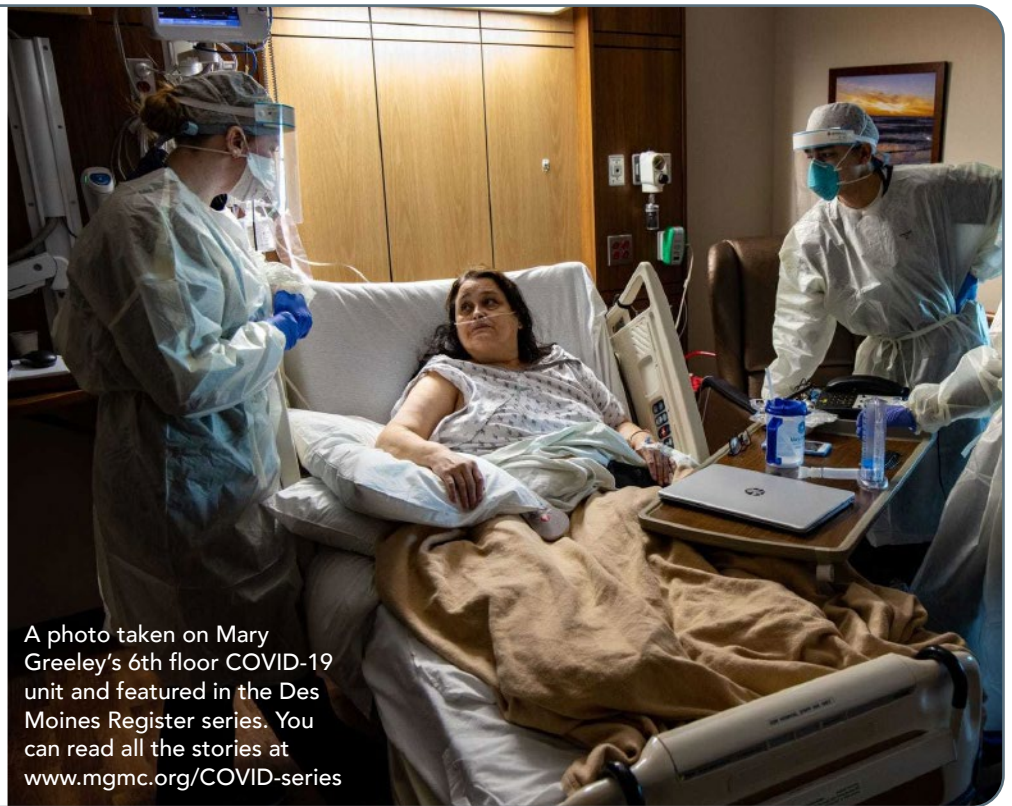
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CONNECT WITH US!    

touched by the personal stories shared by patients and families.

I also read this series knowing that we had contributed a vital chapter to the history of COVID-19 in the state and in the country.

The *Register* series chronicled unforgettable moments—some touched by joy, some by sorrow. As our COVID-19 numbers stabilize, as more and more people get vaccinated, as warmer days arrive, this series serves as a reminder of what we've all been through. It is a testament to the value of compassion, the strength of families, and the power of resilience.



A photo taken on Mary Greeley's 6th floor COVID-19 unit and featured in the Des Moines Register series. You can read all the stories at www.mgmc.org/COVID-series

NEW Faces



Lindsey Rearigh, DO

Infectious Diseases

Joined McFarland Clinic: November 2020

Dr. Rearigh received her Doctor of Osteopathic Medicine degree from Edward Via College of Osteopathic Medicine, Blacksburg, VA. She did an internal medicine internship and residency at Mercy Medical Center in Des Moines, and an infectious disease fellowship at the University of Nebraska Medical Center.

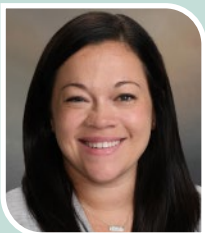


Hannah Sheridan, PA

Oncology & Hematology

Joined McFarland Clinic: March 2021

Sheridan received her B.S. in Integrative Physiology from the University of Iowa and Master's in Healthcare Administration from Kaplan University in Urbandale. She completed her Master's of Physician Assistant Studies at St. Ambrose University in Davenport.



Jessica Kruckenberg, ARNP

Oncology & Hematology

Joined McFarland Clinic: October 2020

Kruckenberg received her B.S. in Nursing from Allen College. She completed her M.S. in Nursing, Family Nurse Practitioner at Clarkson College.



Anna Statz, DO

Psychiatry

Joins Mary Greeley: August 2021

Dr. Statz will treat patients in Mary Greeley's Outpatient Behavioral Health Clinic. She received her Doctor of Osteopathic Medicine from Des Moines University College of Osteopathic Medicine. She is currently finishing up psychiatry residency at the University of South Dakota.



Aubree Rensburg, CNM

Obstetrics & Gynecology

Joined McFarland Clinic: February 2021

Rensburg received her B.S. in Nursing from Missouri Southern State University in Joplin, MO. She completed her M.S. in Nursing, Nurse-Midwifery at Frontier Nursing University in Hyden, KY.



Julie Trout DNP, PMHNP-BC

Psychiatry

Joined Mary Greeley: July 2020

Julie Trout treats patients in Mary Greeley's Behavioral Health Unit. She received her B.S.N. and D.N.P. with specialty in psychiatry/mental health from the University of Iowa.

Q&A

HYPERBARIC OXYGEN THERAPY

Mary Greeley's Wound Healing Clinic now has two hyperbaric oxygen (HBO) therapy chambers, which significantly expands the clinic's ability to do what it does best: heal wounds. But how does it work? Who is it for? What does it have to do with diving? To learn more, we turned to Mary Lynn Papin, family nurse practitioner with the Wound Healing Clinic.

How does HBO work?

Hyperbaric oxygen therapy has been used for decades to treat chronic wounds. The patient lies comfortably in the chamber, which is then pressurized to allow the patient to breathe 100 percent oxygen—compared to normal room air containing only 21 percent oxygen. This oxygen-rich environment allows the lungs to absorb greater amounts of oxygen, which is delivered by the blood to the wound or injured area, promoting stronger healing.

What are the benefits of the therapy?

Many people can benefit from HBO therapy, especially those living with slow-healing wounds. Hyperbaric oxygen therapy allows your blood to carry more oxygen to your organs and tissues to promote wound healing by stimulating the growth of new blood vessels, tissue, and skin. It also activates the white blood cells to fight infection and works with antibiotics to make them more effective.

What types of wounds or injuries can it typically treat?

HBO therapy is used along with other medical treatments for slow-healing wounds, diabetic foot ulcers, chronic bone infection, nonhealing surgical skin grafts and flaps, crush injuries, sudden loss of blood flow to an arm or leg, injury caused by radiation therapy such as pain, wounds, dental problems, rectal bleeding or blood in the urine, certain types of sudden hearing loss, sudden vision loss, and even frostbite.

How many sessions might a person need and how long do they last?

Most treatments last about two hours and are repeated daily (M-F) for 30 or more sessions. It depends on what type of wound or injury is being treated.

Some patients are going to be wary of therapy. After all, you are putting them in a chamber. How do you alleviate those fears?

We start with communication and walking patients through the journey before they are ever placed into the chamber. The chambers have clear acrylic walls, so they feel more open and comfortable. Our hyperbaric nurse and/or medical technologist are always close by and monitor the entire process. The staff communicates with the patient through a microphone, and the patient can relax and watch TV or movies or listen to music. It is not uncommon for patients to sleep throughout the procedure.

Mary Greeley has two chambers. How will that benefit our program?

The Mary Greeley Wound Healing Clinic is already an established clinic that has been providing excellent wound care. With the addition of the two HBO chambers, our patients can now receive the care they need without the time and expense to drive elsewhere. With two chambers, we can treat up to eight patients a day with HBO therapy.

What kind of training did our staff get/ need to work with HBO? What is your background with the therapy?

The medical staff completed a 40-hour training program, which is recognized by the top two HBO research and membership organizations—the Undersea and Hyperbaric Medical Society and the National Board of Diving

and Hyperbaric Medical Technology. I have three years of experience and 80+ hours of training in HBO therapy. It is a privilege to work with HBO therapy patients and watch them heal.

What is the basis for some of the terminology like "dive"?

When a patient goes into the chamber, we call it "diving," and when they are done, we call it "bringing them up." There is a historic reason for this. The United States Navy first used HBO therapy in the 1940s to treat deep-sea divers with decompression sickness. The pressures reached in the chamber are generally between one and a half and three times greater than normal air pressure, which simulates hyperbaric conditions under the sea—thus the term "diving."

Is the service primarily for outpatient scenarios? Can it be used for emergency situations?

Mary Greeley's HBO therapy is an outpatient service. Our clinic operates Monday through Friday and is not set up for 24/7 emergency treatment.

Is the treatment covered by insurance?

Medicare has approved HBO therapy for many types of chronic nonhealing wounds or injuries. Most private insurance companies also approve HBO therapy when indicated.

▶ VIDEO

Learn more about hyperbaric oxygen therapy and see it in action at www.mgmc.org/HBOT.



the Protector

Vilma Pankey and her great-granddaughter Cheyera.

BY STEVE SULLIVAN

After a dog attack, a team at Mary Greeley helps save the arm of a heroic grandmother.

Hearing that low growl got Vilma Pankey's attention. Hearing a little girl's scream got her running.

The growl was coming from Pankey's dog, Thurston, and the scream from her three-year-old great-granddaughter, Cheyera.

Pankey, a small woman in her 70s, immediately put herself between Thurston and the girl. What happened next would land Pankey in Mary Greeley Medical Center, where a team of people worked to save her limbs. Part of that collaborative effort involved Pankey being the first person at the medical center to receive hyperbaric oxygen (HBO) therapy, a highly specialized treatment for wounds.

ATTACK

Pit bulls have been popular with the Pankey family for a long time, and Pankey herself had even taken training for pit owners. There are stereotypes about the breed, though none of Pankey's dogs had ever given her a problem until now.

Thurston, who had been a part of the family for six years, usually spent his day staring out a picture window at the rabbits bouncing around the yard of Pankey's rural Ames home. So, it was a surprise when Thurston started acting aggressive toward Cheyera that January day. Thurston had been around the child before. He was protective of her and even slept on the floor with her.

“She loved him, and I think he loved her,” said Pankey.

Cheyera had just sat down in the living room with a lunch of apple slices and a turkey sandwich. Maybe it was the food that provoked the dog—who knows? When Pankey heard Cheyera’s scream and ran from the kitchen into the living room, she found Thurston threateningly standing in front of the terrified girl.

She called out for her husband, who had just returned home from a medical procedure. She then got in between Thurston and Cheyera, grabbing the girl by her arm and moving her to safety behind a chair.

That’s when Thurston leapt at her. Pankey instinctively raised her arm to protect herself and Thurston locked his jaws around her right arm.

“I was calm,” she said. “I never screamed. I just kept talking to him quietly, telling him ‘Thurston let go.’ He looked in my eyes as if asking me, ‘What am I doing? I’m biting my master.’ He knew he had screwed up.”

Her husband grabbed the dog, which pulled Pankey down to the floor—Thurston between them. She remained calm and told her granddaughter, Cheyera’s mom, to get a broomstick. Years ago, Pankey had taken a training class for pit bull owners. She learned to pry the mouth open, to literally unlock a dog’s jaw with a stick.

She pried Thurston off her arm and began to move away, but the frightened, confused dog clamped down on Pankey’s right leg. He eventually let go but not before doing more damage to his master. Pankey’s husband quickly pulled the dog into the garage and then released him into the fenced-in backyard. (Thurston, not surprisingly, had to be put down.)

Though bleeding, Pankey kept her cool while the ambulance arrived. A recent snow made her driveway impassable for the ambulance and she had to be carried out of her home in a blanket.

SAVING VILMA’S ARM

Pankey was brought to Mary Greeley’s Emergency Department with puncture wounds, skin tears, and broken bones in her right arm and leg. These were potentially limb-threatening injuries. In other words, due to the extent of the damage, amputation of her severely injured arm and leg was a real possibility.



Members of our Wound Healing Clinic’s hyperbaric oxygen (HBO) therapy team with the clinic’s two HBO chambers: from right, Mary Lynn Papin, family nurse practitioner; Jake Engelken, EMT, HBO technician; and Donette Tilley, RN, BSN.

Not long after arriving at Mary Greeley, she was in surgery.

Her right arm had clinical compartment syndrome, the result of the “crush injury” caused by the intense pressure from the dog’s jaws.

“This means there is bleeding inside the muscle compartment,” said Dr. Bryan Warme, McFarland Clinic orthopedic surgeon. “The bleeding can’t get out and that acts as a tourniquet on the arm, cutting off blood flow. She had really bad crush injuries and I had to go in and release the compartment to allow it to get blood flowing again.”

Warme performed a fasciotomy, which involves making an incision that cuts open the skin and fascia, the membrane that covers muscles, nerves, and blood vessels. Pankey had open compound fractures of both leg and arm and Warme had to extensively wash and debride the injuries to reduce the risk of catastrophic infection. He also splinted the broken bones in Pankey’s arm and leg.

Because of the extent and the cause of her injuries, as well as her age, infection was of significant concern.

Fortunately, Mary Greeley had recently expanded its Wound Healing Clinic services with the addition of two hyperbaric oxygen chambers. (Read more about HBO therapy on page 2.) Typically, this is an outpatient treatment, but given the seriousness of the situation, the care team decided to use it for Pankey, an inpatient.

“The timing of the arrival of the chambers and the recognition of it being the appropriate treatment for her injuries was significant,” said Mary Lynn Papin, family nurse practitioner with the Wound Healing Clinic. “I thought about that every day we were treating her. Mary Greeley did the right thing.”

HERO

Pankey had wound vacuums, or wound vacs, placed on her arm and leg injuries. A wound vac covers and protects the wound. It removes air pressure from the wound, assisting in healing. It has several other benefits, including drawing fluid from the wound, reducing swelling, and helping pull edges of the wound together.

Injury to her arteries made Pankey a prime candidate for HBO therapy. Crush injuries are not unusual in Iowa, and it can take a long time for them to heal—many end up with amputation. HBO can provide immediate treatment that can help save a limb, such as in the case of Pankey.

To do the therapy, Pankey would have to spend extended periods of time in a large, clear chamber. The treatments are called “dives,” a reference to HBO as a long-standing treatment for decompression sickness that some people can suffer from scuba diving.

Pankey admits to being nervous about the treatment initially. She’d never heard of it before and she was concerned about feeling claustrophobic. Staff informed

her that there would always be someone in the room with her, and that she would be able to communicate with people when inside the chamber. Her family urged her to try it.

“It was an emotional moment with her family,” said Papin, a certified wound ostomy continence nurse practitioner who has extensive experience with HBO therapy. “Her two sons were at her side telling her that she’s here at Mary Greeley and that there’s this new therapy.”

After displaying all that calm while under immense stress, Pankey was now feeling the pain of her injuries, and feeling afraid.

“I told her in that moment that she might have post-traumatic stress and that heroes always have it,” Papin said. “I really felt and reminded her often that we were treating a hero. Remember, she put herself in harm’s way to save her great-granddaughter.”

INTO THE CHAMBER

“When you are in the HBO chamber, you are in an oxygen-rich setting. There is no other environment like it,” said Papin. “It’s a pressurized, 100-percent oxygen environment, so your body is pretty much saturated with oxygen.”

This was just what Pankey needed. With a crush injury and compartment syndrome, HBO supplements oxygen availability to tissue that has been deprived of oxygen.

HBO also helped the wound fight infection prior to the skin graft surgery on Pankey’s arm, which was performed by Dr. James Partridge, a McFarland Clinic surgeon. He executed a split-thickness graft, which involves epidermis (skin) and a portion of dermis (the material just under the skin).

HBO therapy also reduces the risk of a reperfusion injury, which can happen post-surgery when blood flow is restored and tissues swell, potentially crushing damaged blood vessels again.

Pankey ultimately did five HBO dives, including one after the skin graft. She spent an average of two hours in the chamber for each treatment and was typically at what is called 2.4 ATA, or atmosphere absolute, which refers to the amount of pressure one would undergo at certain depths. A 2.4 ATA is the equivalent of being down approximately 40 feet in seawater.



Vilma Pankey gets ready to go into the hyperbaric oxygen chamber with help from Donette Tilley, RN, BSN, Wound Healing Clinic nurse.

“They told me they have this new machine, hyperbaric something, and it looks like a chamber and it will help heal your wounds,” said Pankey, who was an IT tech for the Iowa DOT for 30 years. “It sounded interesting to me, but I’d never seen it before. It was an experience I could never imagine. It made me feel really relaxed. The longer I was in it the warmer I felt. I fell asleep.”

Pankey spent almost two weeks at Mary Greeley and will make return visits to ensure her wounds are healing appropriately. Once healed, she may need Warme’s skill again to put in plates and screws on those broken bones.

Partridge and Warme are believers in HBO treatment. Pankey “is doing better than I ever expected,” said Partridge.

Warme is a believer in HBO treatment. He experienced it himself after a scuba-diving incident where his depth gauge broke and he needed to take steps to prevent decompression sickness.

“I believe in the science. It’s a good therapy,” he said. “We were doing everything we could for her, and HBO was part of it.” ■

Thanks COVID

BY
STEVE SULLIVAN

After being hospitalized with the virus, Matt Femrite learned he was facing another equally serious health issue.

Matt Femrite knew he had COVID-19. It was when his symptoms landed him in Mary Greeley's Emergency Department that he received a diagnosis that would change his life. "How are you managing your diabetes?" asked Dr. Andrew Boyko, the McFarland Clinic emergency medicine physician who treated him.

"What?" thought Femrite. "Diabetes?"

Dealing with a severe case of COVID-19 was tough enough, and now Femrite had to face managing life with diabetes. Mary Greeley's highly skilled and coordinated inpatient and outpatient diabetes care team was ready to help.

A POSSIBILITY

The news wasn't a total surprise, Femrite admits. Two decades earlier, his father had been diagnosed with diabetes, and he recently learned that the disease has been present in several generations of his family.

"I'm a poster child for bad genetics," said Femrite, who was diagnosed with type 2 diabetes, meaning his body doesn't produce enough insulin to manage the glucose in his bloodstream.

"There were things that made me wonder, but at the same time, ignorance is bliss," he added. "If I don't have a diagnosis, I don't have to deal with it. How bad could it be? Dealing with it has made all the difference."

Femrite had been living with what Sarah Haveman calls "deniabetes." A registered dietitian and diabetes educator with Mary

Greeley's Diabetes and Nutrition Education Center, Haveman has seen a lot of this.

"Deniabetes refers to someone choosing to deny they have diabetes rather than face the diagnosis and make changes to manage it," she said. "Matt had been living with deniabetes, but since getting an actual diagnosis, he has worked hard and so far successfully to turn things around."

"We took all the precautions," he said. "When I run errands, I wear a mask and social distance. My wife attends classes on campus, but she had never been contacted by a contact tracer."

Not long after the initial diagnosis, his symptoms got worse.

"The first time we went to the hospital, his oxygen levels weren't low enough to keep him, so they gave him a list of symptoms to watch for in case he needed to come back. He had been feeling better for a couple of days, and then on that Friday he got worse," said Stephanie. "Toward the end of the day, Matt was trying to talk to me about something and he couldn't say more than a few words at a time without needing to breathe. The hospital said to bring him back if he couldn't say more than four words together."

Femrite was admitted to Mary Greeley's COVID-19 unit. He spent five days in the hospital, including several on oxygen. Because of visitor policies related to COVID-19, Stephanie couldn't visit her husband.

"We did video calls, which was helpful. The sense of isolation was hard, though. Even when people came in, they wore masks and face shields," Femrite said. "I remember

joking that my wife has COVID anyway, why can't she visit? I'm already paying for the room. She could sleep on the couch."

"These tools I use to manage my diabetes allow me to have more control over it with greater precision, convenience, and safety," Matt said.



COVID

Femrite came down with COVID-19 symptoms—fever, cough, fatigue—in early September. Both he and his wife ended up testing positive for the virus. A legal analyst for the state of Iowa, Femrite works from home. His wife, Stephanie, is an Iowa State student.

Matt and Stephanie Femrite enjoy a healthy walk at Ada Hayden Park in Ames. Both experienced COVID-19 and both have been diagnosed with diabetes.



While he was able to joke at times, Femrite was dealing with a lot of emotions. He was in the hospital with COVID-19. He was worried about Stephanie, who was home alone, coping with the virus herself and keeping up with school.

“It was a nightmare scenario,” he said. “We were both sick and I wasn’t there with her.”

And then there was that question that still needed attention: “How are you managing your diabetes?”

COORDINATED DIABETES CARE

On an average day, Mary Greeley has 100–105 admitted patients. Typically, 30–35 of these patients have a diabetes diagnosis. This creates a significant need for inpatient diabetes care services. Enter Kimberly Case, a family care nurse practitioner who collaborates with doctors and hospital staff on inpatient diabetes care.

Case met with Femrite while he was in the hospital—via iPad due to COVID-19 safety measures.

“Each patient is individual, but he was very motivated to get his diabetes under control,” she said.

“He needed basic education on his new diagnosis, as well as education on insulin administration and insulin adjustment,” she said. “We want them to be successful when they go home, so helping with these topics while they are an inpatient is very beneficial.”

Case made sure he knew how to give himself an insulin shot. COVID-19 treatment ironically provided an opportunity to educate about insulin adjustment. Steroids used to treat virus symptoms can cause higher levels of glucose in the blood. This meant adjustments were needed for his insulin dosage while on virus-fighting steroids.

To further ensure Femrite’s post-discharge success, Case connected him with Haveman (who also met with Femrite via iPad), helping him understand diabetes management, including insulin administration and checking blood sugars. He continued to have meetings

with Haveman as an outpatient, covering such topics as good nutrition and tracking grams of carbohydrates per meal.

GADGETS

Femrite went home, checking his glucose levels four times a day with a glucose monitor and giving himself insulin injections four times a day. He did some research on insulin pumps and opted to get one not long after his discharge.

An admitted tech nerd, Femrite did a deep diabetes dive and has embraced all the diabetes management tools now available. He even made a spreadsheet of diabetes symptoms, tracking when he first recalled experiencing them over the years. Frequent urination? Check. Slow healing? Check. Hunger? Check. Sticky urine? Check. (That’s because of the sugar in the urine. An early test for diabetes, dating back to ancient times, involved tasting urine for sweetness. Medicine has come a long way since then.)

“He likes the toys, the technology,” said Haveman.

Femrite now uses a glucose monitor that sends glucose data to his insulin pump and can increase or decrease the drip of insulin as needed. An app enables Femrite to view his data on his phone. The app also uploads Femrite's stats to his MyChart records, where Haveman can review them if needed.

"These tools I use to manage my diabetes allow me to have more control over it with greater precision, convenience, and safety," he said. "For example, my CGM (continuous glucose monitor) allows me to see if I'm experiencing an unexpected high or low. This allows me to treat blood glucose variations as they happen, which helps me keep my blood glucose within a tighter range. Similarly, my insulin pump lets me directly manage my glucose levels in real time. However, my pump also automatically varies my basal insulin based on my glucose levels. This feature has all but eliminated episodes of hypoglycemia and hyperglycemia with less intervention on my part."

His enthusiasm and commitment have paid off. When diagnosed, his A1C (a measurement of glucose in the bloodstream) was 12.6 percent. Three months later, it was 6.3 percent. The normal range is just under 7 percent.

"That is a crazy good drop. It indicates huge glucose management improvement," said Haveman.

"I feel better than I have in a long time," he said.

DIABETES FOR 2

Femrite is eating better these days and paying particular attention to portions. It's all about moderation, more than denial. Still, he admits to missing those beloved hungry-man helpings of macaroni and cheese.

He also plans to get back on his bike. He was an avid cyclist, but law school derailed that pastime. He plans to get back on the bike now, knowing that exercise is also a key element of diabetes management.

Remember how Femrite and his wife both had COVID? They both now have diabetes as well. She was diagnosed early last year with type 2 diabetes and manages it with medication, diet, and exercise. But sharing a similar diagnosis has brought them closer together.

"Obviously, neither of us being diabetic would be optimal, but it's less lonely that we both share the same condition. We get to act as each other's support system. It's much easier to plan meals since we have the same restrictions. It's easier to stay on track both with diet and exercise when there's someone else who understands the temptations to just let things go. It's great to have that extra level of both support and accountability." ■



Kimberly Case, family nurse practitioner, and Sarah Haveman, diabetes educator, review patient records. The two often collaborate when someone with diabetes transitions from inpatient to outpatient care.



NOURISHED

A new Diabetes & Nutrition Education Center program provides patients with access to healthier foods.

For years, Mary Greeley's Diabetes and Nutrition Education Center has helped patients change their lifestyles to better manage their diabetes. One of the most common things to change is a patient's diet, but what does that look like when a patient doesn't have access to the right kinds of foods?

A new program called Nourish has been created to answer that question. That looks like a large brown grocery sack emblazoned with the medical center's logo and filled with food.

In 2011, Sarah Haveman, a certified diabetes educator, became involved with the Story County Hunger Collaboration, a community organization formed to help resolve hunger and food insecurity issues in Story County.

"Helping with hunger and food insecurity is really a passion of mine," said Haveman. "As a diabetes educator I see people from all different walks of life. I try to teach them about their blood sugar and insulin, but at the end of the day, some of these people don't even have food at home."

Over the course of the last year, partially due to COVID and the havoc it wreaked in some homes, food insecurity has become much more prevalent.

The program, Nourish, provides shelf stable food items for both cardiac and diabetes patients who indicate via paperwork filled out at the beginning of their appointment that they may need help with food. The program is funded by gifts to the Mary Greeley Foundation.

"We had started asking two food insecurity questions at the beginning of appointments and more often times than not, the patient doesn't allude to having an issue," said Haveman. "In conjunction with the Nourish program though, we now print the two questions and ask the patient to circle 'often true,' 'sometimes true,' or 'never true.' We've found people are more likely to indicate they need help if they can circle the answer instead of verbalizing it."

The two questions are:

1. In the past 12 months, I/we worried about whether our food would run out.
2. In the past 12 months, the food I/we bought didn't last and I/we had no money to buy more.



Sarah Haveman, diabetes educator, loads a bag with healthy foods for a Nourish client. The program is supported by the Mary Greeley Foundation.

If a patient indicates help is needed, at the end of their appointment they are given a brown paper grocery sack full of not only food items, but also recipes for the items inside, as well as information about community food sites that can assist them should they need it.

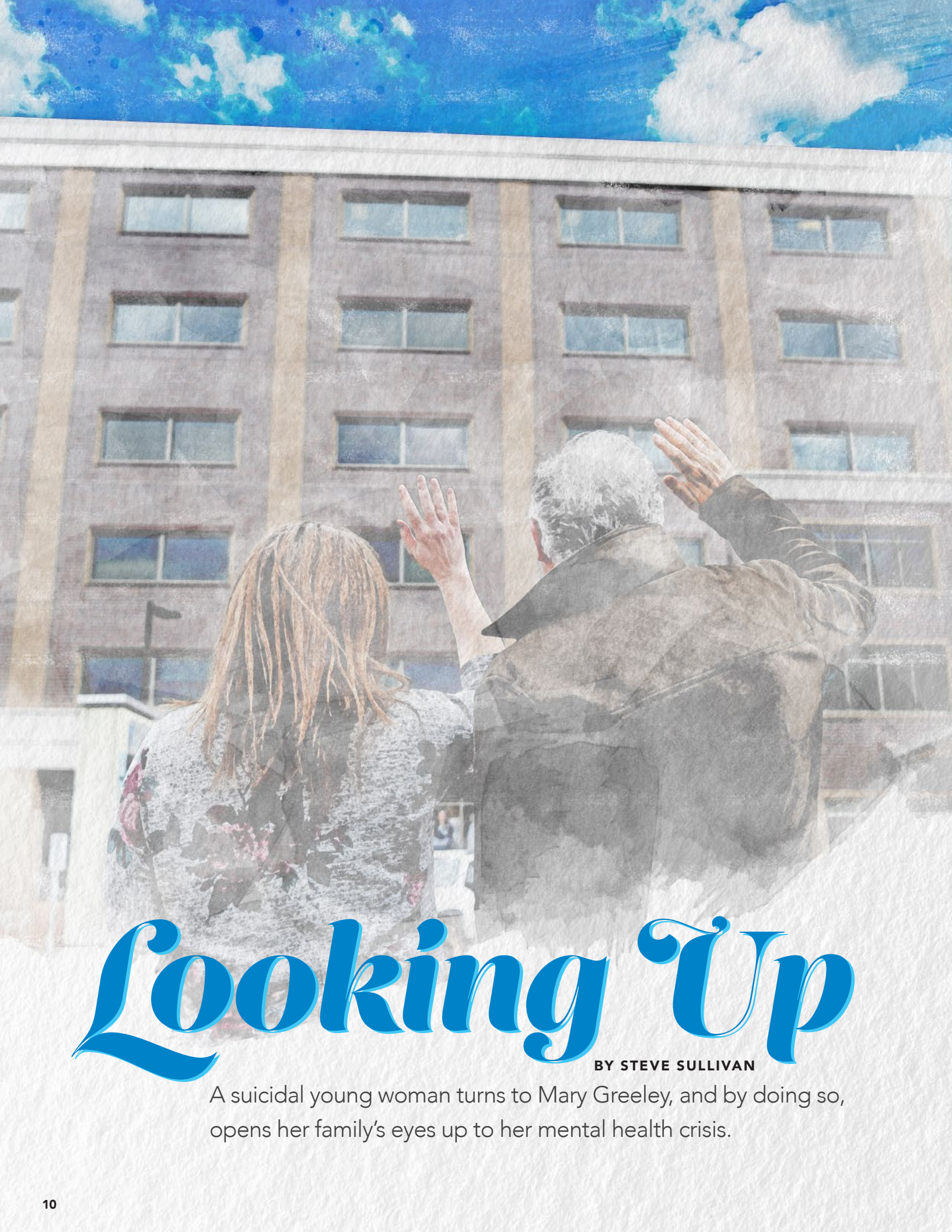
"We encourage our patients to follow a Mediterranean-based diet," Haveman said. "So, while the bags do include some canned fruits and vegetables, patients will also find spices, olive oil, almonds, oats and raisins inside."

Haveman said that some patients feel guilty because their food insecurity is situational, brought on by unemployment, having to take care of elderly parents or having kids home full-time.

"Our patients are unbelievably grateful for the assistance and often tell us about how helpful having all that food is," said Haveman. "They are also very quick to point out that surely there is someone else that needs it more than them."

When that happens, Haveman is quick to reassure those patients that it's not a matter of who needs help more, it's about helping as many people as they can.

"That's what we're here for," Haveman says. "To set our patients up for success so that they can live the healthiest lives possible, and if that means providing food for those who are struggling, then that's what we'll do."



Looking Up

BY STEVE SULLIVAN

A suicidal young woman turns to Mary Greeley, and by doing so, opens her family's eyes up to her mental health crisis.



he was a silhouette in a window.

They couldn't be with her. They couldn't tell her face-to-face how much they cared. They couldn't take her in their arms and comfort her.

But they were there, standing outside on cold November days, looking up at that silhouette in the 6th-floor window of Mary Greeley Medical Center.

Looking up at their daughter, their only child, who just hours ago was contemplating carrying out a suicide plan she'd had for years.

They looked up with concern. They looked up with hope. They looked up with love.

THE PLAN

For much of her young life, Rachel had measured her self-worth in terms of her accomplishments. In high school she was an academic high performer and had a schedule packed with sports, school clubs, and work.

"The busier I was, the more I accomplished, the better person I was," she said.

On the surface, she seemed fine, though for years she'd been silently struggling with stress and anxiety. While in high school, she saw a therapist under the guise of getting help with time management, but it was really the only step she'd taken to get mental health support. Nobody knew she had thoughts of suicide. Not her parents. Not her friends.

In fact, she had a plan to end her life since she was 15. She had the method, the place, and the time all sketched out. Early morning. A highway interchange in her hometown that wouldn't be busy at that time of day. A swerve into a guardrail. Done. Everyone would suspect she fell asleep behind the wheel. They'd never know the truth.

"A car accident," she said. "It was nobody's fault. That was my plan."

When Rachel came to Iowa State, the plan came with her. An engineering student with a double major, she had a solid freshman year. Sophomore year was different. She was struggling in some classes, something she'd never experienced before. She also was in an increasingly controlling, toxic relationship. Between classes, clubs, and work, not to mention boyfriend troubles, she was spread thin, barely eating or sleeping.

"I didn't understand it—all of a sudden I just can't handle everything I'm going through," she said.

Still, she told nobody about what she was feeling.

"I'm the mom of my group of friends. I am the person everyone comes to when they have problems. I'm the one who has everything together. I didn't want to ruin that image," she said.

This behavior isn't unusual, said Jody Robinson, a mental health nurse practitioner with Mary Greeley's Behavioral Health Unit who worked with Rachel.

"In my experience, especially in high performers, they do not notice the level of anxiety that they are tolerating," she said. "It is also often managed by those activities that they are participating in. In those types of patients, it is often felt that asking for help or admitting they are not feeling well is a failure. They often hide it from others."

One night in November, Rachel decided to carry out her plan. Unlike back home, though, the interstate was too busy at night.

"I couldn't find a place in Ames without property damage, without putting people into danger," she said. "I pulled over, sobbing."

Rachel brought more than the plan with her to college. She also brought something her therapist from back home had given her: a phone number for a suicide hotline. She looked it up on her phone and called. A person on the other line told her to call an ambulance and get to a hospital. Instead, she drove herself to Mary Greeley. She knew the way because, ever the mom of

WHERE TO GET HELP

Rachel, the subject of this story, experienced mental health issues for years before reaching out for help. Fortunately, she had a hotline number in her phone contacts.

There are many services available for people who are experiencing a mental health crisis.

CICS has a 24-hour crisis hotline: 855-581-8111.

CICS also offers online chat service that is staffed Monday-Friday at www.yourlifeiowa.org or by texting 855-895-8398. These services are free and confidential.

NAMI Central Iowa also offers a variety of services. NAMI can be reached at 515-292-9400. The NAMI website provides an extensive list of hotlines for people in crisis: <https://namicentraliowa.org/crisis-info/>.

The National Suicide Prevention Lifeline number is 800-272-8255.

"It is so important that young people understand that there is help available to them," said Jody Robinson, mental health nurse practitioner with Mary Greeley's Behavioral Health Unit. "This does not make them weak or a failure. It shows strength that they are willing to seek help and become more successful. Iowa State University is very helpful for students that are struggling with mental health issues, and we work closely with them when we have students in the hospital."

Mary Greeley has an outpatient mental health clinic that provides medication management. The number for the clinic is 515-239-6888.

her peer group, she'd brought friends here, including some who needed mental health help.

Calling a hotline in times like these is a vital—potentially lifesaving—step because it connects a person experiencing trauma with “a human who can listen and help advise the next steps to safety,” said Robinson.

HOSPITAL

Rachel was placed in a special area of the Emergency Department where behavioral health patients are safe while being evaluated. Gus Hocker, the crisis nurse on duty, encouraged her to call her parents. She had texted them earlier to ask if their insurance was up to date, not explaining the reason for the question. She called home from the ED, but Gus ended up doing most of the talking.

“He talked to my parents for quite a while,” she said. “It was too much for me to handle. It was the first time they heard I was having suicidal thoughts.”

Getting the call “was a shock,” said Rachel’s mom, Anne. “We sensed something was brewing though. She had been acting out of character, a little mean and overwhelmed.” The call, she said, “woke us up about the state of her mental health.”

Gus explained to Rachel’s dad, Jim, that they wouldn’t be able to visit her due to COVID-19 visitor restrictions, so it was best if they came the next morning. They drove in from out of state, checked into a local hotel, and came straight to the hospital.

“It was heartbreaking that we couldn’t see her,” Anne said. “It was my husband’s idea to find a window where we could catch a glimpse of her.”

For several days, all of them cold and some wet and windy, they stood outside of Mary Greeley looking up at Rachel’s silhouette in the window. Rachel had cell phone privileges periodically during the day. When she did, her parents would be outside, but connected to her over the cell phone. They’d talk about what she was going through and reaffirm, “that she was important to us and that we were going to get through this together, that she wasn’t alone,” said Anne.

Anne and Jim went to a local store and bought art supplies. They made signs that read “We Love You” and “You Are Our Sunshine” and held them up so she could see them from the window.

“She’s our only child and obviously everything revolves around her,” said Anne. “She’s always been independent and didn’t talk about things bothering her. We trusted her and didn’t always bring up personal things. We’re talking more now and being more involved in each other’s lives. It’s a work in progress.”

Personally, Robinson was touched by Anne and Jim’s actions. Professionally, she saw the benefit of it.

“It has been increasingly more difficult with COVID for families to be supportive to loved ones when they are hospitalized on the

Behavioral Health Unit,” said Robinson. “Families’ and loved ones’ support is so critical in the healing process, and the fact that this family was present and willing to take the time to travel to Ames and show up outside each day to have a ‘distance’ call with her was so helpful in her care.”

BETTER

Rachel spent five days on the Behavioral Health Unit. The first night was tough, but a group of nurses helped get her settled in.

“All the nurses nurturing me made me really comfortable,” she said. “I could trust them and could tell they were looking out for me.”

The staff “were very good. They took great care of her,” said Anne. “They also did a good job of keeping us informed. We’d call in to talk to the nurse who would give us their take on how she was doing.”

Rachel did group sessions and met one-on-one with Robinson—“I love Jody,” she said. Ever the high-performing student, she insisted on doing homework though wasn’t allowed a calculator.

“I gave the nurses hell because I wasn’t allowed to have a laptop or calculator and was doing calculus homework by hand,” she said.

Behavioral Health staff helped connect her to university officials so she could work out school matters. They referred her to an outpatient therapy service that she can use at home, on campus, and this summer when she does an internship out west. They also connected her with a nutritionist at Iowa State.

At school, she worked with her advisor to reduce her class load. It’s still challenging, but she has more time and energy to meet it. She quit some of her student clubs, and that boyfriend is history. She’s “super-stressed” sometimes and those dark thoughts still appear—just not as frequently. She’s got the coping skills and works on positive self-reinforcement to handle it now.

She admits that by not alerting her parents to her feelings, she never really gave them a chance to help her. Now, though, she feels validated and understood and supported.

“We communicate a lot better now than we used to. Our conversations are a lot calmer. They have a better understanding of what I was going through,” she said. “Our relationship is exponentially better, and our communication style is exponentially better.”

Rachel still thinks about her parents outside of the hospital, looking up at her in that 6th-floor window. She remembers fondly those messages they made for her. She doesn’t hesitate to talk about how that made her feel.

“Loved.” ■

Editor’s Note: Names have been changed for the purpose of this article.

NEW BEHAVIORAL HEALTH UNIT PLANNED

Mary Greeley is planning a new and expanded Behavioral Health Unit.

The current unit is housed on a section of the 6th floor of the medical center's south tower. The new unit will take the 4th floor of the tower, which has been home to Birthways, Mary Greeley's obstetrics unit. Birthways and Pediatrics are moving to the 3rd floor of the hospital's west tower this summer.

The 4th floor of the south tower will undergo a complete renovation to house the new Behavioral Health Unit. The work is scheduled to start this fall with completion in early 2023.

Currently, Behavioral Health is an 18-bed inpatient unit. Recent research suggests that smaller living groups reduce stress and stress-related behavior. The new design concept focuses on three inpatient subclusters: a 6-bed high-acuity subcluster; a 6-bed moderate-acuity subcluster; and a 12-bed low-acuity subcluster. Most of the rooms will be private, with some semi-private rooms in the low-acuity subcluster. The unit will also have specific areas for staff and day treatment space.

The new unit has been designed to provide patients, families, and staff a calming, comforting, and safe environment, with particular emphasis on suicide, violence, and fall prevention.



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