

THE TRIBUNE



Summer 2010

# medical checkup

A look at the past, present and future of medicine in Mid-Iowa



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AMES BUSINESS  
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ON THE COVER

Mary Greeley Medical Center is planning a six-year, four-phase program of new construction, new equipment and technology, and remodeling of existing space at the 220-bed hospital. By Ronnie Miller, The Tribune.

CONTACT US

Ames Business Quarterly is a publication of The Tribune, 317 Fifth St., Ames, IA, 50010; (515) 232-2160.

WELCOME TO THE ISSUE



**Michelle Champlin**, a physical therapy assistant, helps Patricia Thompson, of Ames, do leg extensions during a session at Green Hills in Ames.

BY RONNIE MILLER/  
THE TRIBUNE

# Ames thrives in good health

**H**ealth care. Unfortunately, it's rare these days to see the term used without a negative connotation, largely because of the nationwide debate over what should or shouldn't be interpreted from new legislation. But while the deliberating may continue indefinitely on state and federal levels, people are still requiring health care solutions right now.

Fortunately, in Ames, you're in good medical hands.

This issue of the Ames Business Quarterly highlights the availability of top-quality health care providers and services in the Ames and Story County area, as well as indirect benefits to our community because of the presence of outstanding medical resources.

When you consider that health is one of our most basic needs, it's more than reassuring to live in an area where what's accessible to maintain this need is a superior product.

Ames is home to Mary Greeley Medical Center and McFarland Clinic. While separate institutions, the two facilities have a unique cooperation that not only helps expand their respective services, but provides huge benefits for the Ames community and surrounding towns. In fact,



**DAN CULHANE**  
president and CEO, Ames Chamber of Commerce and Ames Economic Development Commission

McFarland Clinic has a network of branches in 11 Iowa communities (from Ames to Webster City), and Mary Greeley Medical Center routinely draws from a 13-county region in Central Iowa.

McFarland Clinic is, in fact, Central Iowa's largest physician-owned multispecialty clinic, and Mary Greeley's 220-bed center boasts more than 35 specialties and sub-specialties, while still providing among the best nurse-to-patient ration in Iowa and the country.

But excellence in area health care goes beyond Ames city limits. Just east of Ames in the county seat of Nevada resides the new, state-of-the-art facility for Story County Medical Center. This full-service, primary care hospital offers inpatient and outpatient services along with a full emergency department and senior care unit.

Reading through this issue of the Ames Business Quarterly, it's obvious why Iowa is consistently rated highest in the nation for health care efficiency, child health care and overall health care when there are strong contributors like the resources we have in Story County.

And, with health care services like these, perhaps it's also no coincidence that Ames has secured recognitions as "One of the Best Places to Raise Your Kids" (BusinessWeek), "Top 10 Places to Live a Long Life" (CNNMoney.com) and "One of the Best Places to Live," (Money Magazine), or that Iowa State University was ranked the third most fit student body in the nation (Muscle & Fitness).

It's yet another reason why so many people choose to live, work and thrive in Ames. Here's to your health.

■ MID-IOWA ECONOMIC DATA

# Economy pinched, but weathering recession

BY BOB ZIENTARA  
Staff Writer

Story County's resilient economy, fueled in part by a wide range of government employment, is withstanding the negative effects of the nearly two-year-old recession, according to statistics gathered from local, state and federal sources.

The downturn is being reflected in terms of lowered retail sales, sales and room tax receipts, and a stubborn unemployment rate.

Overall taxable retail sales fell slightly in calendar year 2009 when compared to the previous year. Hotel-motel room tax receipts were strong in the first quarter of 2010, but will need to stay that way for Story County to catch up with its fiscal 2009 receipts.

The jobless rate in Ames and Story County increased from February to March, and then went down fractionally. The local jobless rate stayed at least 2 points lower than the state of Iowa as a whole, throughout the three months that ended on May 31.

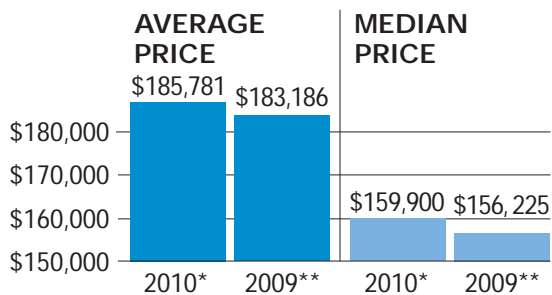
A survey of a dozen local lenders appeared to show a slight retreat in both loans and deposits.

However, there were two changes in the local lending community since February, which included a merger by Ames Community Bank with an affiliate, and the acquisition of F&M Bank by Great Western Bank. In the former case, portions of loan balances were changed to the town affiliate, according to Ames Community Bank President and CEO Kurt Kuta. In the latter, the change resulted in a more focused look at the local office figures, according to Ames branch manager Adam Steil.

Ames loan and deposit figures are actually higher because company policy prevents U.S. Bank and Wells Fargo Bank from sharing local figures.

## HOUSING MARKET

### 12-month home sales for Ames and adjoining rural subdivisions



### SALE PRICE TO LIST PRICE RATIO

2010*	2009**
95.4%	95%

### AVERAGE DAYS ON MARKET

2010*	2009**
84	97

### HOMES SOLD

2010*	2009***
588	552

\*12 months ending June 1, 2010

\*\*12 months ending June 1, 2009

\*\*\*12 months ending May 3, 2009

Sources: City of Ames, Story County, Ames Multiple Listing Service, Hunziker & Associates Realtors

## RETAIL

### Story County taxable sales fourth quarter

	2009	2008
Retail sales	\$121,600,000	\$124,500,000
Manufacturing sales	\$4,324,000	\$3,959,000
Total taxable sales	\$221,500,000	\$223,600,000

### Ames hotel/motel room tax quarterly receipts

	First quarter	Monthly average
2010	\$278,055	\$93,544
2009	\$245,560	\$153,287

Source: Iowa Department of Revenue

There are positive signs in the local economy. Sauer-Danfoss, makers of hydraulic equipment for off-road vehicles and one of the county's largest private employers, posted a profit in the first quarter of 2010 and has hired more than 100 workers after shedding some 450 jobs in 2009.

In addition, the Ames real

estate market is showing resilience in terms of listings, average sale price and its inventory of available existing homes. The average sale price of an Ames home rose between May 2009 and May 2010.

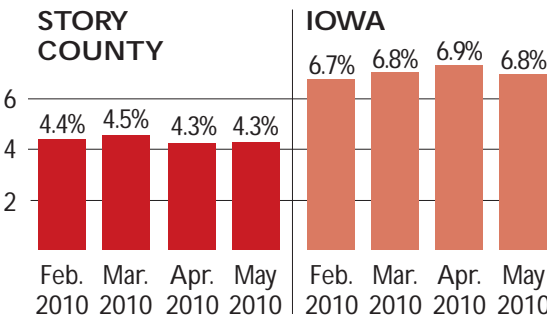
The median sale price rose by \$3,600. Area government and real estate sources attribute

the modest increase to the entry of more people into the housing market, using federal stimulus tax credits for first-time and existing home purchases.

After climbing for two years in a row, the rate of bankruptcies in Story County has leveled off, signaling a possible improvement in personal finance.

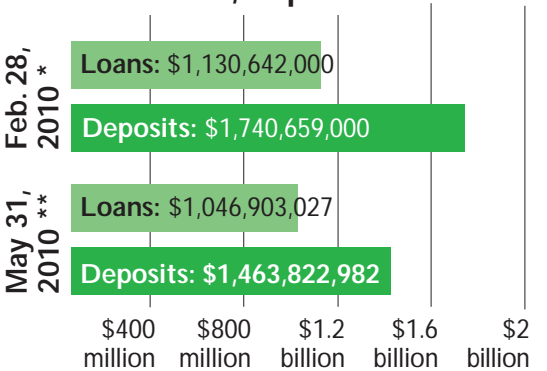
## WORKFORCE

### Unemployment



## FINANCE

### Ames lenders, deposits and loans



Source:

\*Participating lenders (11): ACE Community Credit Union, Ames Community Bank, Bankers Trust, F&M Bank, First American Bank, First Federal Savings Bank, First National Bank, Greater Iowa Credit Union, Midwest Heritage Bank, River Valley Credit Union and Valley Bank.

\*\* Participating lenders (11): ACE Community Credit Union, Ames Community Bank, Bankers Trust, Greater Iowa Credit Union, Great Western Bank (formerly F&M), First American Bank, First Federal Savings Bank, First National Bank, Midwest Heritage Bank, River Valley Credit Union and Valley Bank.

### Bankruptcies

- Story County as of June 22, 2010: 90, or 15 per month.
- 2009 calendar year total: 209, or 17 per month.

Source: U.S. Bankruptcy Court, Des Moines

■ ECONOMIC IMPACT

# Medicine and money

Medical sector has large impact on Mid-Iowa economy

BY BOB ZIENTARA  
Staff Writer

**A** January 2010 study by the Iowa Hospital Association notes that the more than 4,000 people in the Story County medical economy earn an estimated \$230 million and account for more than \$90 million in retail sales.

The study used statistics from 2008 and tracked wages and spending for workers in five major sectors:

- Hospitals.
- Doctors, dentists and “other health practitioners.”
- Nursing homes and residential care.
- Other health services, including home and county health, hospice, medical equipment, ambulatory health care, dental labs and related services.
- Pharmacies, including all pharmacy workers.

According to the study, the average Story County medical worker earned nearly \$55,000, made retail purchases of nearly \$22,000 and paid sales taxes amounting to about \$1,300.

According to individual categories, the study ranks the average numbers as follows (total jobs in parentheses):

- Hospital worker (1,543), \$56,280, average retail spending of \$21,533 and an average of \$1,291 in sales tax.
- Doctor, dentist and/or health practitioner (1,420): \$82,714, average retail spending of just over \$30,000 and an average of \$1,800 in sales tax.
- Nursing & residential care (1,001): \$25,173, average retail spending of \$11,395 and average sales tax of \$684.
- Pharmacy (111): \$27,126,

average retail spending of \$12,079 and average sales tax of \$725.

• Other (118): \$32,016, average retail spending of



IMAGE BY COMSTOCK

## By the numbers

Employer	Workforce	Income	Retail sales	Sales tax
Mary Greeley Medical Center	1,366	\$78,812,685	\$29,925,496	\$1,795,530
Story County Medical Center	177	\$8,029,244	\$3,299,962	\$197,998
Doctors/dentists/other	1,420	\$117,454,000	\$42,618,996	\$2,557,140
Nursing/residential care	1,001	\$25,199,000	\$11,406,666	\$684,400
Pharmacies	111	\$3,011,000	\$1,340,863	\$80,452
Other	118	\$3,778,000	\$1,736,149	\$104,169
<b>Total</b>	<b>4,193</b>	<b>\$230,283,929</b>	<b>\$90,328,132</b>	<b>\$5,419,689</b>

Source: Iowa Hospital Association

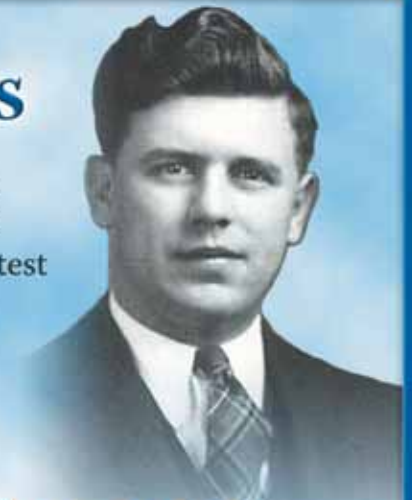
\$14,713 and average sales tax of \$882.

Data for the study came from the American Hospital Association, which does an

annual study for the nation’s hospitals, the Iowa Department of Revenue, the U.S. Census Bureau and the federal Bureau of Economic Analysis.

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## ■ MCFARLAND CLINIC AND MARY GREELEY MEDICAL CENTER

# Community medicine

## Clinic, hospital execs see value in cooperation

BY BOB ZIENTARA  
Staff Writer

**T**he working relationship between McFarland Clinic and Mary Greeley Medical Center is a unique asset to the Mid-Iowa medical community and the patients it serves, according to Mary Greeley President and CEO Brian Dieter and McFarland Clinic CEO Steve Koger.

“It’s a relationship that predates my arrival,” Dieter said. “I got here in 1999, and one of the stories being told at the time was how the clinic and hospital (decided that they) could be more successful if they worked together.

“Whenever that began, it became part of the rules of engagement, the operating agreements, that the two entities would work together where there were opportunities.”

While the hospital and clinic do have competing departments and equipment, the relationship works, Koger said.

“Providing patients with the types of care and outcomes they hope for is very complex,” he said. “This relationship succeeds because it is a case of not being preoccupied with events and jealousies that are outside the focus of the care of the patient. It’s what we try to accomplish with all our (clinic/hospital) relationships throughout Iowa. This is an example of how that achievement produces strong outcomes for patients.”

### Outreach to business

Employers in the Ames and Mid-Iowa markets can derive benefits not just from the presence of Mary Greeley Medical Center and McFarland Clinic, but in the ways the two institutions engage both employers



BY RONNIE MILLER/THE TRIBUNE

**Steve Koger**, the CEO of McFarland Clinic, shares his thoughts about the future of the clinic and hospital as **Brian Dieter**, the CEO and president of Mary Greeley Medical Center, listens during an interview at the hospital in Ames.

and employees, Dieter and Koger said.

“The clinic has taken the lead in terms of outreach to employers, and Mary Greeley supports that initiative,” Dieter said.

He said Mary Greeley has chosen to complement McFarland’s efforts.

“We are there to help if (an employer needs assistance to hold) an on-site wellness day or other activity,” Dieter said.

Koger said, “There is a second, more generic factor involved, and that is how (the clinic and hospital) contribute to employers in this market, and how the market contributes to the success of the medical community. For example, it is nice to have (the Ames economy) in our back pocket when we are recruiting individuals to work here.

“(By the same token, it’s nice that) any number (of employers) can point to the strong medical community that exists when they are seeking employees.”

As both institutions convert to digital medical records, the benefits become even more pronounced, Koger said.

“You can’t emphasize enough (the value of) a whole new level of integration with electronic records,” he said. “The entire (patient) story line is there at the snap of a finger.”

Dieter said, “With the integration (of electronic records) in a large group (that is already) used to this level of collaboration, conferring with and consulting with one another on the most difficult and challenging cases, (you get a level of information exchange) that the either group couldn’t make happen on its own.”

### The best and brightest

Iowa’s health care industry has a proven track record of extracting the best from its available Medicare and Medicaid dollars.

“The most measured (patient) population is the one served by Medicare, and we realize our Medicare reimbursements are extraordinarily low compared to other states,” Dieter said.

“(It is) our history of cooperation and working together (that enables us to) succeed. For both of us to maintain strength, we need to understand each other’s unique characteristics, problems and issues.”

The presence of both corporate headquarters in Ames is another strength, Dieter said.

“You’re here, and you own it, and that’s an advantage,” Koger said. “Look at our mission state-

ments. For Mary Greeley, it's 'specialized care with a personal touch.' For the clinic, it's 'a trusted choice.' Both of those fit what it is we want to do."

### Health care reform

Dieter and Koger believe there may be opportunities for them to thrive as the federal health care reforms take effect over the next several years.

"(In the federal bill) there is a reference to funding, studying and redistributing dollars to higher value organizations," Dieter said. "It's hard to forecast what that will look like. But with organizations that work well together, because we can demonstrate the value (that the government is looking for), we will be able to respond (to those changes) in short-term fashion."

Koger agreed.

"It's a question of paying for outcomes instead of paying for

volume," he said. "Instead of saying that I operated on 25 patients today, it's a situation where I made 25 people better today and got paid for the quality of their health. That approach would, indeed, favor states like Iowa, states that can demonstrate that the quality of care is a measurable, valuable accomplishment."

### Corporate citizenship

Philanthropy is a theme within the cultures of both the clinic and hospital.

"Over the last 10 years, the clinic and its staff have become better corporate citizens and neighbors with organized volunteering, in all the communities we serve," Koger said.

A major United Way participant, the clinic organizes its giving to agencies and associations in its home communities, he said.

With its not-for-profit founda-

tion, Mary Greeley has been able to enhance the patient experience on its campus and to reach out to the community as well.

"Clearly, philanthropy is an important part of what we do," Dieter said. "We believe the Mary Greeley Medical Center Foundation allows us to do those things, Israel Family Hospice being one of them."

Dieter said the foundation had the vision that helped make the hospice a reality.

"And I am grateful for the incredible foresight (of the people who created the foundation) to provide an endowment that supports the hospice operating expenses," he said.

Dieter said the William R. Bliss Cancer Center, "provides meaningful, accurate cancer information,"

"People who use the service know that the information is valuable, peer reviewed and credible," he said.

### Growing with the times

Unlike the depopulation and aging seen in many parts of rural Iowa, Ames and Story County continue to grow and present diversified needs that a vibrant medical community can and should meet, Koger said.

"But even if growth diminishes or is neutral, the population will present different and increased episodes of care," he said. "We see growth in demand for our services, and we anticipate different services, more doctors and more ancillary facilities. I don't see that changing."

Dieter said, "The economic viability of the central-Iowa economy is important, and we continue to see Ames positioned well. With the presence of Iowa State University, with technology and ag-related industries, this community continues to show value."

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## ■ GREEN HILLS

# Medicare certification enhances Green Hills Retirement Community

BY BOB ZIENTARA  
Staff Writer

**P**atricia Thompson underwent hip replacement surgery in April at Green Hills Retirement Community in Ames.

Thanks to the fact the 24-bed Green Hills facility is now certified by Medicare, Thompson, 73, a resident at the community, was able to participate in several weeks of physical and occupational therapy in the same development where she lives.

The certification process lasted through parts of four years, according to Green Hills General Manager Ron Copple.

Anyone eligible to receive Medicare benefits can use the facility, and that includes a large population in Story County, he said.

"We are another alternative to local residents," Copple said. "One of our first patients had been in Huxley (10 miles south of Ames), but came here because it was more convenient for her family."

Riverside Manor and Abington on Grand are among other locations in Ames and Mid-Iowa that are Medicare-certified, Copple said.

Kari Matheason, director of nursing at Bethany Manor, in Story City, said 165 of its beds have been Medicare certified since 2000. She said the facility recently renovated an area set aside strictly for skilled care for specialized patient needs.

With a workforce of some 230 full- and part-time employees, Bethany is equipped to serve needs in its hometown, as well as patients who come from throughout Mid-Iowa and the Des Moines metro area.

Adding Medicare certification to Green Hills is "a huge benefit for our residents and other patients living nearby," Copple said.



BY RONNIE MILLER/THE TRIBUNE

**Barbara Fleege**, an occupational therapist and therapy program director, and Michelle Champlin, a physical therapy assistant, help Patricia Thompson, of Ames, during a therapy session at Green Hills in Ames. Green Hills has recently become Medicare certified.

Rian Jones, a registered nurse and data coordinator, and Lynne Mitchell, director of nursing, played key roles in the Medicare application process at Green Hills. Mitchell said the staff was trained about the kinds of paperwork and accountability that are required.

"It was more than we've ever done before, and we didn't think that was possible," she said. "The care doesn't change, but the procedures do."

Jones said it's her job to make sure the forms are correctly filled out for Medicare reimbursement.

Medicare has changed the way Green Hills staff members communicate with one another, Mitchell and Jones said.

Because federal help is geared to patient outcomes, "our morning meetings are very important," said Jill Fagerlund, an administrator in training who is completing a year-long internship at Green Hills.

She said Jones brings up each patient and talks about "goals, discharge plans, how they're doing, and what our

nursing staff can do to support their therapy."

More input comes from "the activities department head, the billing people, dietician, charge nurse, administration — everyone throws out ideas and discusses them," Fagerlund said.

Since the Medicare certification became official at the beginning of 2010, Green Hills has averaged about four Medicare patients in its population, and as many as six. As of May, the facility had treated 38 patients for the year, with an average stay of 21 days.

"We have a good rapport with Mary Greeley Medical Center," Mitchell said. "They couldn't wait until we got (Medicare) certification."

Green Hills also has connections with hospitals in nearby Boone and Nevada, which also refer patients to the Ames location.

## Expert care on site

Meanwhile, Thompson's recovery continues, according to Fleege.

She said Thompson "is right on track with where you would

expect someone to be with an elective joint replacement."

Thompson said she had to deal with swelling and skin irritation when her therapy began. For awhile, she was unable to wear a shoe on her left foot.

"But, we got creative and used a surgical bootie to start the therapy," Fleege said. "We had to keep an eye on the left foot all the time and to be careful how much weight Pat put on that foot."

The therapy began with getting in and out of bed, achieving balance and learning to stand and sit. Thompson started out with a walker but made enough progress that she now uses a cane and can walk short distances without that assistance.

Bending too much and too soon presents risks of dislocating the new hip, Fleege said. So, the occupational therapy re-trains the patient in common chores, such as washing dishes and laundry, and getting into and out of chairs.

"Or dropping keys in the garage, which I just did this morning," Thompson said. She used a hand-held "picker-upper" to retrieve the keys.

Besides teaching the patient those precautions, the goal of the therapy is "getting the patient to achieve the same level of independence she had before the surgery," Fleege said.

Thompson has made steady progress.

"Your body lets you know what it's ready to do," she said. "I'm aware that something different is in there — something that doesn't belong to me. You don't ever lose that. But you deal with it."

**Bob Zientara** can be reached at (515) 663-6961 or [rzientara@amestrib.com](mailto:rzientara@amestrib.com).

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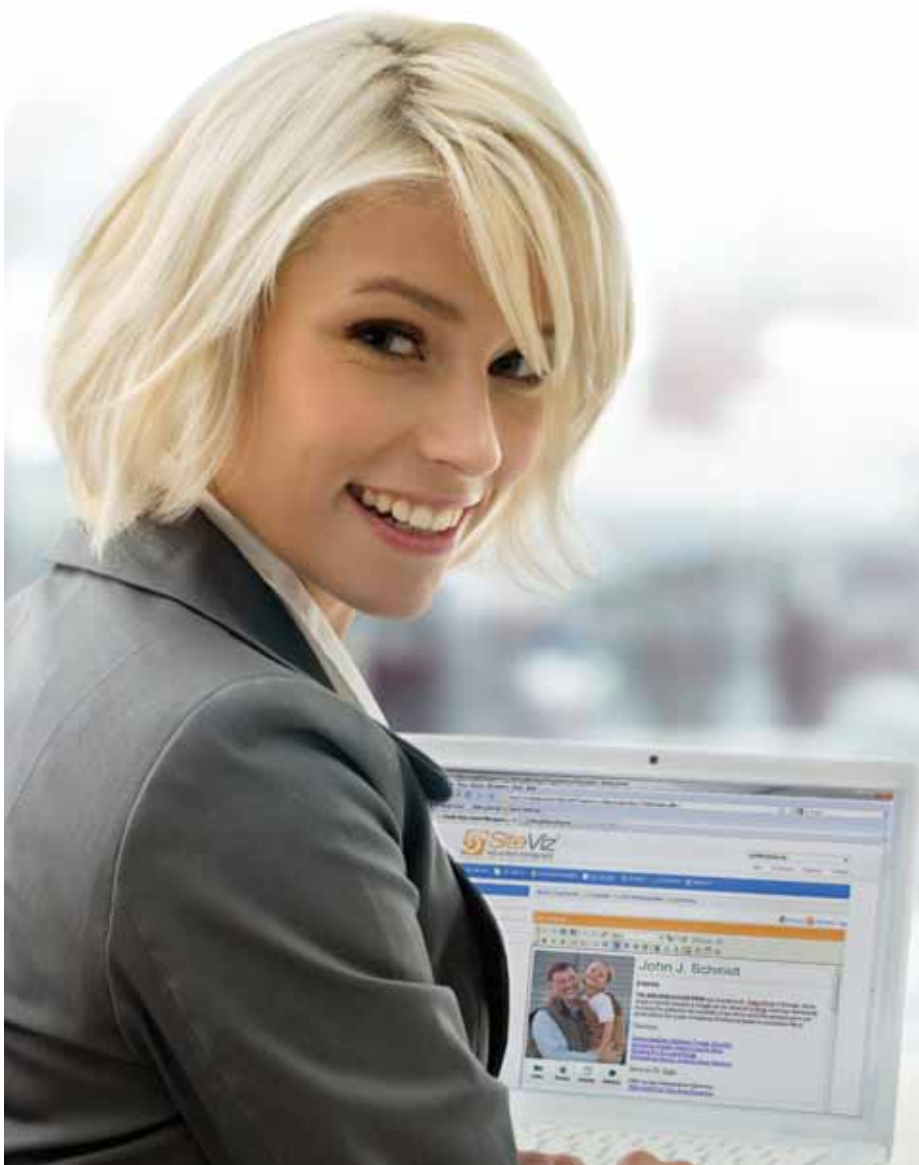
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## ■ MARY GREELEY MEDICAL CENTER

# Hospital envisions future

BY BOB ZIENTARA  
Staff Writer

It was a happy day for 84-year-old Nevada resident Dorthea Ridgway one recent afternoon at Mary Greeley Medical Center.

She was on her way home after a week of treatment related to cancer.

"I never thought I would hear the doctor say that you no longer have cancer," Ridgway said as floor supervisor Matt Aitchison helped her. "I've had real good treatment here, but I'm ready to go home."

Ridgway's room showed the early signs of what will become a multiyear, four-phase program of new construction, new equipment and technology, and remodeling of existing space at the 220-bed hospital.

Cost estimates are in the beginning stages, but the program will carry a price tag of at least \$100 million, according to Irina Bassis, the hospital's director of community relations.

"Little things will begin to show up in the patient rooms as plans move forward," Aitchison said.

When electronic records become available, there will be a computer in each room, Aitchison said.

"I want my nurses to be able to interact with the patients, so we had to figure out a way to position the computer so that the nurse can be face to face with the patient even while working with the records," he said.

An extendable arm that will serve as a mount for the computer will allow a seated nurse to read the charts and speak to the patient at the same time, or do so while the patient sleeps without disturbing him or her, Aitchison said.

Irina Bassis, director of community relations, said the hospital planned to "go live" with an

electronic patient record system on July 10.

And the challenges of new technology will only continue to grow, Aitchison said.

"Our patient rooms are getting more crowded with new technology," he said.

Even before the electronic record system comes into play, a variety of other monitoring devices are in the rooms, some of them unknown at the time that the hospital's older rooms were designed nearly 40 years ago, he said.

## Bigger ER, better traffic

Making sense of all the plans for expansion is the responsibility of Lynn Whisler, vice president of the medical center.

"We have a handful of main drivers that are behind our attempt to take a comprehensive look at our campus," Whisler said. "One of the goals is a correct patient room size."

Another is to meet the increasing demands of emergency patients.

"Our emergency department sees 25 percent more people than it did before the last expansion," Whisler said.

"We also have invisible infrastructure needs, mechanical, electrical, heating, ventilation and air conditioning."

Improving the main entrance to the campus (on Duff Avenue) and the lobby area to make it easier for patients and visitors to navigate the halls and other public areas is a priority, too.

West Des Moines-based Shive-Hattery, a full-service design and architectural firm, has been hired to help with the design phase of the project.

"They have generated preliminary drawings, which, so far, are programs and big blocks of space," Whisler said.

Succeeding phases will include a support services build-



BY RONNIE MILLER/THE TRIBUNE

Mary Greeley Medical Center is planning a six-year, four-phase program of new construction, new equipment and technology, and remodeling of existing space at the 220-bed hospital.

ing, a six-story patient tower covering about 185,000 square feet, and a remodeled main entrance, which will "involve moving the emergency department to a larger space for its facilities and the ambulance garage," she said.

"Since we just finished a 'Birthways' (obstetrics) renovation, it will stay in its current location at least five or six years," Whisler said. "But we

will create enough space in the new tower to eventually move all patient rooms there."

Whisler said the hospital will finance its expansion project by using available cash and issuing some debt.

## Vision for the future

Mary Greeley CEO Brian Dieter said the project will enable the hospital to meet challenges in a changing market.

# re with expansion plan



By RONNIE MILLER/THE TRIBUNE

**Matt Aitchison**, a clinical supervisor at Mary Greeley Medical Center, talks with patient Dorthea Ridgway, of Nevada, in her room in Ames. Ridgway's room shows the early signs of what will become a six-year, four-phase program of new construction, new equipment and technology, and remodeling of existing space at the 220-bed hospital.

“It allows us to stay in our current campus,” he said. “We’ll be able to stay within the city’s zoning constraints. It allows us to focus on issues to improve access for the patient, especially in the emergency department. And, it will change our inpatient rooms and improve a lot of behind-the-scenes infrastructure that we don’t think about until they don’t work.”

In some respects, the

redesign process is being driven by the size of both Mary Greeley and McFarland Clinic, Dieter said.

“When I look at facilities like McFarland’s neurology department, I see a set of services that is extraordinarily deep, a niche where the clinic has done an outstanding job and has developed quite a reputation, and its reach (into the Iowa market) is significant,” he said. “People

travel from three area codes to come here.”

McFarland Clinic CEO Steve Koger said there are about 1,000 clinics in the United States that have 180 or more practitioners.”

“But when you take a facility like (McFarland), you find that most of the clinics with that many practitioners are in large metro areas,” he said. “We’re unusual in that respect.”

With the exception of the

University of Iowa, there is no clinic in the state larger than McFarland in a single location, Koger said.

Ninety percent of McFarland patient referrals go to Mary Greeley Medical Center, and because McFarland’s specialties cover the medical care waterfront, that “puts expectations and demands on MGMC’s facilities and services,” Koger said.

## ■ MARY GREELEY MEDICAL CENTER

# Hospital grows alongside Ames

BY BOB ZIENTARA  
Staff Writer

**W**oodrow Wilson was president, and the United States was still a year away from entering World War I when some 2,000 people attended the dedication of Mary Greeley Memorial Hospital on Sept. 24, 1916.

The newly finished hospital, built at a cost of \$80,000, was presented to the city as a gift by Ames businessman and former mayor Wallace Greeley. A former officer in the Union Army during the Civil War, Greeley conceived the hospital as a tribute to the memory of his



Mary Greeley

late wife, and he wrote a check for \$3,000 to help furnish and equip the new facility.

“When you consider the fact that Ames’ total population was only 5,000, the attendance at the dedication is remarkable,” said Irina Bassis, director of community relations for Mary Greeley Medical Center.

Ames’ population is now more than 10 times larger than it was when the original hospital was dedicated, and Mary Greeley has grown along with the city.

Over the years, the hospital campus has remained at its existing location between 11th and 13th streets along Duff Avenue.

But in that time, it has undergone 15 expansions and now includes nearly 600,000 square feet on its main campus and nearly 500,000 square feet of off-site facilities.

Mary Greeley employs between 1,300 and 1,400 full- and part-time people, including 176 doctors in some 36 specialties and sub-specialties.

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PHOTOS CONTRIBUTED BY MARY GREELEY MEDICAL CENTER

Since its dedication in 1916, when it was known as Mary Greeley Memorial Hospital, Mary Greeley Medical Center has always had the same Ames location, including this view taken shortly after the facility opened.



Period vehicles from the 1920s sit in front of a Mary Greeley Memorial Hospital. Changes apparent in the building include newer windows with overhanging awnings.



A more contemporary view of Mary Greeley Medical Center. There are plans to enlarge the emergency area in the hospital’s new expansion plan, approved earlier in 2010.

## Public access clinic would serve poor and uninsured

BY BOB ZIENTARA  
Staff Writer

**I**n a changing economy, Story County health care providers will be challenged to provide medical care for the region’s poor, uninsured and/or underinsured residents.

To address that goal, area medical care providers and human service agencies have formed the Mid Iowa Quality of Life Alliance Committee, a group seeking to establish a public access clinic in Ames.

Joining forces in the effort are:

- Mary Greeley Medical Center.
- Story County Medical Center.
- Youth and Shelter Services
- McFarland Clinic.

• Primary Health Care, an Urbandale-based agency that delivers medical services to poor, uninsured and/or underinsured patients.

- United Way of Story County.

- Mid-Iowa Community Action, a nonprofit agency that delivers a variety of human services to Story County’s underprivileged populations.

- Story County Community Health Services.

- Richmond Center, a nonprofit that delivers, among others, mental health services to poor, uninsured and underinsured patients.

According to Lynn Whisler, vice president of Mary Greeley Medical Center, the alliance committee is working with Primary Health Care and other partners to submit an application for a grant that would fund the opening of the community health center.

The facility “will be a satellite of Primary Health Care,” Whisler said.

The center “will offer primary health care services to the uninsured and underinsured, and must also provide mental health and dental services as part of the clinic, or in cooperation with other local providers,” she said.

Whisler said the committee has completed a needs assessment and should be submitting the application for a funding grant in fall 2010.


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## ■ MCFARLAND CLINIC

# McFarland building new clinic

BY BOB ZIENTARA  
Staff Writer

**M**cFarland Clinic will expand its services to Ames patients later this year with the opening of a new 16,500-square-foot satellite clinic near Bloomington and Stange roads on the northwest side of Ames.

Steve Koger, chief executive officer, and Roger Kluesner, chief operating officer, for McFarland Clinic, said the building should be ready to move in to sometime in August or September.

McFarland has another facility in the nearby Somerset area. Kluesner said part of the physical therapy staff housed there will move to the new building, but the second facility will continue to serve the public.

“We also have a sizable sports medicine facility there along with a hydro-therapy pool, which is a busy destination for sports medicine patients,” he said.

Once occupied, the clinic will house two doctors, one certified nurse practitioner, six physical therapists and about 15 to 20 additional staff members.

This is the first clinic McFarland has built that will not have a room for patient file folders, Koger said.



BY RONNIE MILLER/THE TRIBUNE

**Rodger Barney**, with Build It Right Drywall in Des Moines, works on the roof of the new McFarland Clinic in March. The new 16,500-square-foot satellite clinic near Bloomington and Stange roads is scheduled to open this year.

McFarland is completing a three-year conversion to all electronic records for its patients.

Fully electronic patient records are already available at some McFarland locations.

Dr. Jim Partridge, surgeon

and head of the clinic’s electronic medical record doctors’ steering committee, said McFarland selected Epic Systems Inc. to store the clinic’s records.

“When you come here, you might see any number of different providers in any number of

places,” Koger said. “We should be able to tell you that no matter where you are, your records are complete and online.

“Coordination of care, accurate information and having immediate access to it is an incredible leap forward for us.”

## McFarland Clinic celebrates 65th year

**M**cFarland Clinic, Iowa’s largest physician-owned clinic, celebrated the beginnings of its 65th year by honoring founders led by Dr. G. E. McFarland Sr., who began the group practice in an office on Fifth Street in Ames in 1946.

McFarland Clinic hosted a Founders’ Dedication Day in April in honor of its more than six decades of providing health care to Mid-Iowa.

After World War II, Iowans still received their health care much like they always had, from physicians who practiced individually out of their homes or offices. Group practice at the time was a new and progressive idea in health care. McFarland Sr., together with his sons Dr. G.E. McFarland Jr., and Dr. Julian McFarland, with Dr. David Wall and Dr. O.L. Thornburn, incorporated McFarland Clinic and provided specialties

such as surgery, pediatrics and obstetrics and gynecology.

In the early days, family members recall, the clinic was busy, and the physicians there worked long hours.

“They felt it was a real duty to be there,” said Dave McFarland, son of Dr. G.E. McFarland Jr. “Even when folks didn’t have an appointment, no one was ever sent away. They may have had to wait, but they would be seen. All of the physicians had a real sense

of dedication and looked at providing care as a calling.”

Since then, the clinic has grown to 11 clinics in communities around the state, with 1,200 employees, 166 medical staff and offering 34 medical specialties. McFarland is completing work on a new north Ames clinic at Bloomington and Stange roads.

— Laura Millsaps  
and McFarland Clinic

## ■ DR. MOM

# Meet McFarland's present and future

## Dr. Clewell juggles nights in emergency room, days as parent

By LAURA MILLSAPS  
Special to The Tribune

While McFarland Clinic took time to honor founders and retired physicians at the Founders' Dedication Day in April, the future of the clinic is tied to the new physicians that join the practice, broadening the number of specialties offered or providing more service to patients in existing departments.

One of the newer faces at McFarland Clinic is Dr. Sherri Clewell, board certified in emergency medicine and the director of emergency services for Mary Greeley Medical Center. She has been with McFarland Clinic for four years, and she recently spoke with The Tribune about being a physician and a mom, and the balancing act between the two.

### What does a typical day look like for you?

I work nights, from 9 p.m. to 6 a.m. Most days I get home in the morning and go to bed, wake up around 2 in time to pick up the boys (ages 8, 7, and 5) from school and then it's sports — swimming, golf, whatever we're doing — supper, bath and stories until the sitter arrives. I leave for work around 8:30 p.m.

### What kind of mom does an emergency room doctor make?

I'm the "no fun" mom in some ways. We don't have a trampoline. We don't have a pool. We don't have an ATV. I see too much in the ER. But it keeps you more even when your kids are injured. We've had a broken femur, and I've stitched up the youngest one's lip. My kids don't freak out



CONTRIBUTED PHOTO

Dr. Sherri Clewell has worked for McFarland Clinic for four years.

### Sheri Clewell, D.O.

**Age:** 34

**Family:** husband, Tom Clewell, officer, Ames Police Department; three sons, Ethan, 8, Austin, 7, and Nolan, 5

**Certifications:** American Board of Emergency Medicine, 2007

**Scholastics:** bachelor of arts, Wartburg College, Waverly, 1993-97; doctorate of osteopathy, Des Moines University, Des Moines, 1997-2001

**Internship:** St. John Westshore Hospital, Westlake, Ohio, 2001-02

**Residency:** Emergency medicine, St. John Westshore Hospital, Westlake, Ohio, 2002-05

**Professional societies:** Iowa Medical Society, Story County Medical Society

when they get hurt, because Mom doesn't freak out.

### What kind of an emergency room physician does a mom make?

It's easier talking to parents being a parent. It makes you more sensitive to their stress

dealing with an injured child. It also gives you a connection, and you can share little tricks you have as a mom that might work for them. It can make your job more emotional for you as well, seeing pediatric deaths, or parents who neglect or abuse their kids. You just

can't imagine parents treating their children that way.

### How does it all affect family life?

My husband is an officer with the Ames Police Department. We've never had 9-to-5 jobs, and we've always worked nights, holidays and weekends. It also gives us a little bit of a warped view of the community, I admit. We'll both work football games and compare notes on how many drunk college kids we dealt with that day. On the other hand, we are raising our kids here, spending time in the community away from our jobs, too. We see both the worst and the best.

### People view obstetrics and pediatrics as being more traditional choices for female physicians. Why emergency medicine?

More and more women are choosing emergency medicine as a specialty, and our newest physician here, Anna Ostrander, is one of them. I chose emergency medicine because there are fewer hours on call than in, say, obstetrics or peds, and I gravitated toward nights when I realized I could have a reliable schedule that way. No one is going to fight me for night shifts, and having a consistent schedule is so important when you're raising a family.

### How do your kids view your job?

My job isn't that interesting to them. Dad's job is way cooler because he has a uniform, gun, and a siren and flashing lights. Scrubs and a stethoscope aren't so interesting to little kids, especially when Dad is a policeman.

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## ■ STORY COUNTY MEDICAL CENTER

# Story County Medical Center growing

BY LAURA MILLSAPS  
Special to The Tribune

It's been almost a year since Story County Medical Center opened its new south campus facility on 19th Street in Nevada.

Since then, the change has been phenomenal, said Todd Willert, the medical center's administrator.

"Our visibility is increased, quite obviously so," he said. "I can't tell you the number of times before (the south campus) was built I heard people say, 'I didn't know there was a hospital in Nevada.'

"By almost every metric, we've increased volume, in emergency room visits, in number of patients served. It's a beautiful facility and is doing its job serving the county."

Though the newness of the building and clock tower has barely worn off, the best indicator of growth for Story County Medical Center may not be the building itself but the real estate, a 20-acre campus with room to grow.

### Meeting needs of an aging population

Story County Medical Center announced in March a partnership with HR Greene Company to build a Windsor Manor assisted living facility, with 30 units on 5.6 acres purchased from the medical center. An additional 10 rooms would comprise a "memory unit" for residents suffering from Alzheimer's or other types of memory loss. The project is due to break ground in August and is expected to open in the spring of 2011.

"Story County has a huge need for assisted living and a huge need for Alzheimer's care" said Willert, who believes the facility is a necessary part of one of Story County Medical Center's main



"Our visibility is increased, quite obviously so. I can't tell you the number of times before (the south campus) was built I heard people say, 'I didn't know there was a hospital in Nevada.' By almost every metric, we've increased volume, in emergency room visits, in number of patients served. It's a beautiful facility and is doing its job serving the county."

**Todd Willert,**  
Story County  
Medical Center  
administrator

services, senior care.

"Instead of going into nursing home care, seniors want an apartment or condo that provides some services, but not total care. This is having an affect on nursing home numbers, and we are tracking that."

Willert said over the last 18 months, he has seen nursing home needs decline, but there has been a slight increase recently. He believes that as assisted living units fill and as seniors in them age to the point of needing more care, "the market is starting to right itself."

In a phased building plan designed to gradually move services to the new campus from the medical center's historic location on Sixth Street, Story County Medical Center will move monitored exercise therapy and outpatient physical therapy to the new campus next. Five to seven years from now, nursing home care will be moved to the new campus as well.

"We know at that time we need to right size our nursing care facility. We are at 80 beds now. Does it need to be 65? We are looking at that as we plan for our future facilities at this location," said Willert, who said a Story County needs assessment for services would guide many of the decisions.

### Partnerships that work for patients

While Story County Medical Center is a Mercy Hospital affiliate, Willert said there were various partnerships designed to fill the needs of patient care.

"There is a tremendous amount of misconception about this affiliation," he said. "We are Mercy affiliated, but the Board of Trustees that govern this medical center are officials locally elected in Story County. They make the

decisions that are best for this facility, and what's best for patients in Story County."

Willert said Mercy has assisted Story County Medical Center in level one heart attack protocols and stroke protocols. They are looking into tying into the Mercy system for electronic medical records and will pilot a telemental health program.

But partnerships with other institutions also are in the mix.

Last winter, the medical center worked with public health officials through McFarland Clinic and Mary Greeley Medical Center to host H1N1 flu immunizations.

"I'm glad we had the opportunity to work together, and I think we should be doing more with our health care neighbors," Willert said.

A tele-radiology program, allowing X-rays to be interpreted through the Internet, is being coordinated with Iowa Health Systems.

"We'll go with the partnerships that work best for us."

### Goals for rural care

"Our goal is to be an outstanding rural primary care hospital," Willert said. "But the standard of rural care, the expectation, is always evolving."

Willert said the recent purchase of a new CT scanner, a "quantum leap" forward technologically, is part of that kind of evolving expectation.

Adding locations over the years in Maxwell, Zearing, Slater and Ames was part of that response as well, as is planning of future expanded specialties, such as a pain and urology clinic.

"Expanding where appropriate is key," he said. "Part of that is being good at identifying the needs of Story County residents. We think we do a great job at that, and our goal is to continue."

## ■ STORY COUNTY MEDICAL CENTER

# Emphasis on the personal

Candy Schainker reflects on three decades at medical center

By LAURA MILLSAPS  
Special to *The Tribune*

**W**hen Candy Schainker, senior activities director at Story County Medical Center Senior Care, sits down for a moment to talk, it's in a nursing home atmosphere with houseplants, comfortable armchairs and a cage of parakeets. A house cat makes the rounds of resident rooms.

It might seem like nothing noteworthy, but the backdrop for Schainker's conversation reflects the major shift in nursing home care philosophy she's seen since she started this job in 1979.

"When I first started here, the whole emphasis on senior care was much more the medical model, just like it was everywhere. It was about treating illnesses," she said.

Since then, the turnabout has been to an environment where residents' lives resemble as much as possible one they might have at home, with the benefit of an activities schedule that engages them socially.

"Now we concentrate on the quality of their life," she said. "That is a huge cultural change. You don't come here to die; you come here to live."

Schainker came to Story County Medical Center as a 22-year-old when her husband, Steve Schainker, took a management position with the city of Ames. Her background in education was parks and recreation and therapeutic recreation, and she had worked previously in pediatric oncology before the move.

"My career here has had wonderful support, both personally and professionally," she said. "The administration has always valued our programs, has always provided ample



By RONNIE MILLER/THE TRIBUNE

**Candy Schainker** has been the senior activities coordinator at Story County Medical Center for 28 years.

budget, and the nursing staff is wonderful.

"I love the relationships you make here. In many ways, you spend more time with these people than you do with your own family. Everything else that you do in this job you do to make those relationships stronger."

Schainker said working in a nursing home associated with a medical center has been a professional blessing and advantage to the residents.

music, theatre and dining out, as well as social events at the nursing home.

"We really try to push the limit of where we take our residents," she said. "And we also include them in the decision-making and planning."

For instance, one of the new events added to the calendar is a happy hour two Fridays a month.

"It's like normal life," Schainker said. "Like they were living at home, and might want to enjoy a cocktail at the end of the week."

That resident-driven model shows up in everything the nursing home now does, even to offering choices of when to dine and bathe.

"We've been into this mode long enough to see the positive results," she said. "People are happier. The staff is happier. The families of our residents are happier, too."

Schainker said current trends toward assisted living care means staff will see more nursing home residents that are older, frailer and at times sicker.

"But we have adapted to the needs of Story County over time, and we'll continue to do that," she said.

The nursing home care facility remains in the north campus buildings in Nevada after Story County Medical Center moved to its new clinic facilities in August 2009. Relocating nursing home facilities is part of a third phase planned tentatively for five to seven years from now. In the meantime, the north campus will undergo room renovations. Schainker is philosophical about the wait and optimistic for the future.

"I've been a part of this for so long," she said. "It's exciting to see where we are now and where we're going in the future. I feel privileged to work here."

"I consult regularly with the medical staff here, from physical therapy to the lab," she said. "That makes for better care for our residents."

When Schainker started her career, an activities schedule didn't really exist in the way we might think of it now.

"People would hardly ever come out of their rooms," she said. "There just wasn't any reason for that."

Now, a monthly activities schedule includes outings for

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