

# Be well

SPRING 2018

Our humankindness  
in action  
p6

Volunteer singing  
group uplifts  
our patients  
p18



Dignity Health™

Mercy Medical Center Redding  
St. Elizabeth Community Hospital  
Mercy Medical Center Mt. Shasta

[mercy.org](http://mercy.org)



# Helping you to *Be Well*

Dear North State Community Members:



Here at Dignity Health North State, we understand the needs of our community. And we understand that much of what goes on here and elsewhere in the state, the nation, and even the world, are often intertwined. Sometimes there is angst, but there is also great joy. There remains an uplifting spirit in our citizens that reflects positivity and a can-do attitude. After all, we're neighbors. What affects one often affects all.

With this in mind, we believe we should always seek to be well—mentally, physically, and emotionally. This is also what we strive to do with *Be Well*. In our minds, this is both a promise and an aspiration. In our Dignity Health hospitals, clinics, and medical groups, we work to deliver better health and well-being to our communities while also delivering advanced care for a wide range of issues.

Each time we sit down to write our latest edition, we showcase a variety of different stories. In this issue, you'll find information on Dignity Health Connected Living, leadership changes, a new biplane suite for stroke patients at Mercy Medical Center Redding, a visiting music program for Mercy Hospice Mt. Shasta, and more. Perhaps one of our most important stories is our showcase of acts of humankindness. Our hospital, clinic, and medical group employees continue to do more than their jobs—they also go above and beyond to help others achieve greater health and happiness.

Every day brings new challenges—new hopes and possibilities and, yes, sometimes sorrow. That's why it's important to always look out for one another, to be kind, and to *Be Well*.

Sincerely,

Mark D. Korth  
Chief Transformation Officer/SVP Operations  
Dignity Health and North State Service Area



**Connect with us**  
on social media and on the web!

FIND US ON FACEBOOK AT:



Dignity Health in North State



CHECK OUT OUR INTERACTIVE WEBSITE:  
**mercy.org**

Our website is the perfect place to:

- Find a physician
- Log on to the patient portal
- Register for classes and events

**Mark D. Korth**

*Chief Transformation Officer/SVP Operations  
Dignity Health and North State Service Area*

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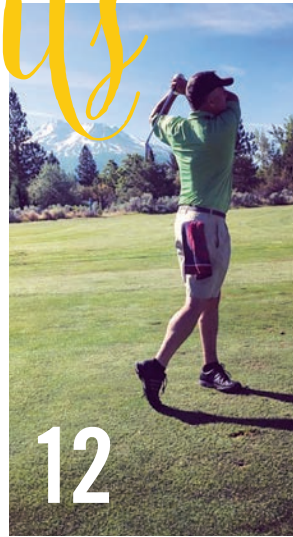
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# Contents

SPRING 2018



Calendar  
of events  
4



## **Community**

### **Get involved**

Join a class or support group!

4

## **Features**

### **Leading the way**

Three North State hospitals  
welcome new presidents.

5

### **Advanced imaging**

Mercy Mt. Shasta upgrades to  
state-of-the-art technology.

8

### **Surviving a stroke**

Biplane tech saves local  
artist's life.

16

## **Department**

### **Healthy, active and independent**

That's what Connected  
Living for seniors is all about.

20

### **No place like home**

Helping seniors maintain  
their independence longer.

21



# Calendar of events

## Find a clinic near you

For walk-in and primary care in Shasta, Siskiyou, and Tehama counties, visit the Dignity Health Community Clinic nearest you. **All our clinics are open Monday through Friday, 8 am to 5 pm.**

- **Solano Street Clinic**  
2126 Solano St., Corning  
**530.824.4002**
- **Dignity Health Pine Street Clinic**  
408 Pine St., Mt. Shasta  
**530.926.7196**
- **Mt. Shasta Community Clinic**  
912 Pine St., Mt. Shasta  
**530.926.7131**
- **Lake Shastina Community Clinic**  
16337 Everhart Drive, Lake Shastina  
**530.938.2297**
- **Mercy Family Health Center**  
2480 Sonoma St., Redding  
**530.225.7800**
- **Dignity Health Medical Group—North State Care Centers**
  - ▶ 2510 Airpark Drive, Suite 301, Redding  
**530.242.3500**
  - ▶ 1755 Court St., Redding  
**530.247.8800**
  - ▶ Orthopaedic Clinic  
2528 Sister Mary Columba Drive, Red Bluff  
**530.528.6100**
  - ▶ Specialty Clinic  
2526 Sister Mary Columba Drive, Red Bluff  
**530.528.6150**
  - ▶ OB-GYN Clinic  
2430 Sister Mary Columba Drive, Red Bluff  
**530.528.6170**

## Dignity Health North State Classes and Support Groups

Call **888.628.1948** to register for classes and support groups offered at Mercy Medical Center Redding, St. Elizabeth Community Hospital, or Mercy Medical Center Mt. Shasta. Seating is limited, and registration is strongly encouraged. Classes and support groups are FREE unless otherwise noted. For a complete list of classes and support groups offered by Dignity Health North State, please visit our website at [mercy.org](http://mercy.org).

### Mercy Medical Center Redding



#### Bereavement

Education and support for anyone who has suffered a loss

Closed group; eight-week sessions  
Tuesdays, 10 to 11:30 am

Mercy Hospice, 1544 Market St., Redding

Information: **530.245.4070**

#### Spousal Loss Grief Support

Four-week sessions  
Every Tuesday (except the fifth Tuesday of the month),  
1 to 2:30 pm

Mercy Hospice, 1544 Market St., Redding

Information: **530.245.4070**

#### Spine and Joint Replacement Patient Education Class

Twice monthly, Noon to 2 pm and/or 5 to 7 pm

Mercy Medical Center Redding, Auditoriums C and D

Information: **888.628.1948**

#### Childbirth Preparation and Breastfeeding Class

Classes are held monthly.  
Days and times vary.

Information: **888.628.1948**

### St. Elizabeth Community Hospital



#### Bereavement

Education and support for anyone who has suffered a loss

Thursdays, 3 to 4:30 pm

Coyne Center

Information: **530.528.4207**

#### Childbirth Preparation

Six-week series of two-hour classes helps prepare you and your partner for the labor and birth experience

Thursdays, 6 to 9 pm

Coyne Center, Columba Room

Please call **888.628.1948** for upcoming class dates.

### Mercy Medical Center Mt. Shasta



#### Grief and Loss Support Groups

Good Grief, Growing Through Grief, Hope and Healing

Fall and spring sessions  
Shasta Conference Room

For specific class offerings, please call **530.926.6111, ext. 455.**

#### Orthopaedic Perioperative Class

Thursdays, 9 to 11 am

Castle Lake Conference Room

Information: **530.926.5211**

#### Childbirth Preparation Class

Six-week series of two-hour classes helps prepare you and your partner for the labor and birth experience

Tuesdays, 6 to 9 pm

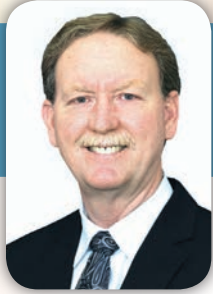
Mt. Eddy Conference Room

Information: **530.926.6111, ext. 331**





# New leaders step up at Three North State hospitals



**Todd Smith**  
President  
Mercy Medical  
Center Redding

Todd Smith has a very personal connection to his

new workplace, Mercy Medical Center Redding (MMCR).

“I was born at this hospital,” says Smith, who graduated from Anderson Union High School.

Smith took over as MMCR’s president last March, filling a vacancy created when former president Mark Korth became chief transformation officer for Dignity Health. In his previous role, Smith was president of St. Elizabeth Community Hospital (SECH) in Red Bluff. He started his career there 31 years ago as a weekend radiologic technologist and worked his way up through several management positions.

He says one of his goals is to strengthen partnerships with doctors in the community. And he wants to find new ways to make sure patients and employees have a good experience at MMCR. He is also committed to supporting key services, such as the hospital’s level 2 trauma center, which serves the entire region.

Smith and his wife, Fran, have two adult children. Outside of work, he enjoys traveling by RV, being with his grandson, and riding all-terrain vehicles on the Oregon coast.

“I miss and love my Red Bluff family, but I really enjoy being at Mercy,” he says. “I just feel like I belong.”



**Jordan Wright**  
President  
St. Elizabeth  
Community Hospital

Just down the road at Red Bluff, Jordan Wright became

president of St. Elizabeth Community Hospital (SECH) last April. Wright grew up in Utah, at the foot of the Rockies, but he prefers his current view. “I get more inspired seeing Mt. Shasta.”

Since 2013, Wright served as chief strategy officer for the Dignity Health North State Service Area. In that role, he worked on several projects, including the Solano Street Clinic and the Lassen Medical Clinic.

“This hospital is a special place,” Wright says. “The leadership team is phenomenal.”

He’s eager to support the outpatient clinic network the hospital has developed over the past four years. And one of his goals is to help the hospital offer services such as cancer care and more general surgery options. “We’re committed to this community,” he says.

Wright and his wife, Anne, live in the Redding area and have two daughters and one son.

An avid skier, hiker, and angler, Wright also enjoys riding off-road motorcycles and mountaineering. He’s climbed Mt. Shasta several times and summited Mt. Kilimanjaro with his son last year.

“The North State is a good fit for me.”



**Rodger Page**  
President  
Mercy Medical  
Center Mt. Shasta

After serving as interim president at Mercy Medical Center

Mt. Shasta (MMCMS) for several months, Rodger Page recently accepted the position permanently.

“I grew up in the North State and enjoy the beauty of the area,” says Page. “I am excited to be part of providing great health care with our Mt. Shasta team in this amazing community.”

A Redding native, Page has most recently served as chief operating officer at Mercy Redding Medical Center. He started his career at Mercy Redding in 1988 as a supervisor in the nutrition services department.

Page is impressed with the scope of services provided at Mercy Mt. Shasta and its highly trained and skilled medical staff. “The team in Mt. Shasta is awesome; all their efforts are focused on patient care and providing this community with high-quality medical services. Our main goal is to be able to care for our patients at home,” says Page. With several major projects on the horizon, Page is eager to contribute to the growth opportunities.

Page and his wife, Valorie, have been married for 26 years and have two children who are both pursuing careers in the medical field. Page has a love of all things outdoors, including hiking, skiing and hunting. “Being able to live and work in the North State is truly a blessing.”

# A celebration of humankindness

**Every day**, the employees, doctors, and volunteers at our three Dignity Health North State hospitals practice acts of humankindness—usually when no one is looking and without expecting anything in return.

Some of these acts are small. A nurse might hold the hand of an anxious patient. A volunteer might approach a visitor who seems lost and offer to help. Other acts are so generous they might take your breath away.

No matter the size, every act of kindness is important. That's why for the second year in a row, Dignity Health set aside the third week of October as Acts of Humankindness Week. It's a special opportunity to celebrate acts of kindness that make all our lives better.

As part of this celebration, we honored more than 250 employees, doctors, and volunteers who went out of their way last year to show kindness. All were nominated by their peers.

We wish we could share all their stories, but here are just a few that touched us. We hope their example will inspire you to spread a little kindness yourself.

## Watching out for a four-legged friend

If you've ever loved a pet, you'll be especially touched by one nurse's act of kindness.



**Adina Henderson, RN**

A woman was rushed to the St. Elizabeth Community Hospital (SECH) emergency room after a multiple-vehicle car crash. Jean Bunt, RN, noticed that the patient's dog—also hurt in the accident—wasn't doing well.

While the trauma team tended to the woman, Bunt found a vet who agreed to treat the dog. And police transported the injured animal. Later in the intensive care unit, the woman learned that her dog had survived. She was thrilled.

"When I hear stories like Jean's, I'm reminded of just how often our employees go beyond their regular duties to see that our patients are cared for," says Denise Little, Human Resources Director at SECH. "Whenever they see a need, they jump and rally the resources that are required."

**TUNE IN TO KINDNESS**  
Brighten your day with playlists that bring us together.  
[hellohumankindness.org/sessions](http://hellohumankindness.org/sessions)

## Making a priceless memory

Because of another nurse's compassion, a young boy was able to celebrate his birthday with his mother, a cancer patient close to death.

Adina Henderson, RN, an oncology nurse at Mercy Medical Center Redding (MMCR), helped arrange a birthday party—complete with presents and cupcakes—for the little boy with his two brothers.

She also made sure that a family tradition continued. This mom had always made birthday T-shirts for her children. So Henderson set up a craft project at the party for all three boys to make special T-shirts.

"Adina gave three children—and their mother—such a priceless gift," says Christy Brock, Human Resources Consultant at MMCR. "And her kindness is a powerful reminder of the difference all of us can make in people's lives."

## Taking a stand against human trafficking

As a social worker at Mercy Hospice Mt. Shasta, Hannah Helms shows kindness every day, helping people navigate their last days or the loss of a loved one. She is also part of an effort by Dignity Health to help victims of human trafficking. (See page 14.)

Since human trafficking is often a hidden crime, Helms organized a series of hospital and community meetings where survivors spoke out about how to spot people being trafficked—and get them the help they need.

“Inside and outside the hospital, Hannah has raised crucial awareness about human trafficking and how to stop it,” says Michele Michl, Human Resources Director at Mercy Medical Center Mt. Shasta. “She’s proof that our employees’ acts of kindness don’t stop inside this hospital.”

## Kindness, kindness everywhere

Throughout Acts of Humankindness Week, Oct. 23 to 27, Dignity Health North State employees, doctors, and volunteers took part in special activities designed to spread compassion:

- At Mercy Medical Center Redding, they donated blood, surprised visitors and patients with carnations, and participated in a weeklong donation drive for local charities. Furry therapy pets also cheered up patients.
- At Mercy Medical Center Mt. Shasta, they gave out flowers. And they donated warm socks, winter scarves, and personal hygiene items to fill “kindness bags” for people experiencing homelessness this winter.
- At St. Elizabeth Community Hospital, they distributed kindness bags to visitors, showed up with pet-therapy dogs to comfort patients, and hand-delivered pizza to the local police department.

# Acts of Humankindness Week 2017 Filling bags with care

During Acts of Humankindness Week, we asked employees to bring in the following items to create “kindness bags” for those in need:

- Baby wipes
- Water bottle
- Disposable poncho
- Pair of socks
- Chapstick
- Beanie hat
- Toothpaste
- Skin lotion
- Band-Aids
- Toothbrush
- Pair of gloves
- Granola bars
- Hand sanitizer

These items were largely distributed to our homeless patients in need.





# The better to

# SEE YOU WITH



## Imaging technology gets a crucial upgrade at Mercy Mt. Shasta

**Our doctors** depend on imaging technology to diagnose a whole host of health problems—from tumors and strokes to sports injuries and infections. That's why Mercy Medical Center Mt. Shasta (MMCMS) has made it a priority to give people in our community access to state-of-the-art technology.

The resulting upgrade is a major one. "It will ensure that our technology is as advanced as that at many major academic centers," says Dave Hinojosa, CRT(R)(F), Imaging Supervisor at MMCMS.

And that means you can be confident in the care you're getting close

to home. Here's a look at what's new—or coming soon.

### Here now: A better, safer CT

Installed last fall, our new 64-slice CT scanner provides incredibly detailed images of the body's bones, organs, and tissues.

The scanner has many uses. But it's especially suited for examining anyone who might have had a stroke or has internal injuries from a car crash or other type of trauma.

It's also an important hometown resource for people with cancer. The scanner helps doctors monitor tumors and the progress of cancer

treatment. "So if you've been treated for cancer elsewhere, you can have follow-up imaging here," Hinojosa says.

Every CT scan briefly exposes you to low-dose radiation. But the new, speedier scanner minimizes that small dose. "And it reduces radiation without compromising the quality of its images," Hinojosa says. This makes CT imaging much safer for anyone who needs repeat scans.

### On its way: A roomier, quieter MRI

This summer, MMCMS will also have a new MRI machine. It too delivers faster imaging, which can help speed up diagnosis.

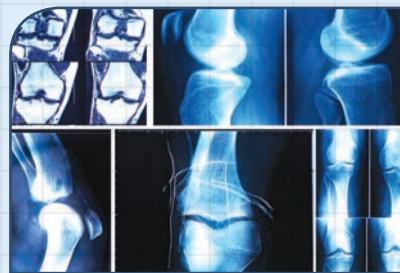


## Now see this: How each test works



**CT scans** use X-rays taken from different angles to create detailed images of a cross-section of the body.

**Ideal for: bones, organs, tissue, blood vessels**



**MRI scans** use a strong magnet and radio waves to create detailed images of nearly any internal body structure.

**Ideal for: joints, brain, spinal cord**



**3-D mammograms** use low-dose X-rays taken from different angles to create a three-dimensional image of the breast.

**Ideal for: breast cancer screening**

The new scanner can also be used to screen for breast cancer if needed. For women at high risk, doctors often advise a yearly breast MRI and mammogram. “So this capability is a real advantage for area women,” Hinojosa says.

If you get uneasy in confined spaces, there’s another plus: The new scanner is roomier and can accommodate bigger patients. And it will be much quieter than older scanners.

### With your help: 3-D mammograms

With funds from a \$140,000 fund-raising campaign currently underway, we’re hoping to convert all of

our mammography equipment to have 3-D capability by this May. It’s a crucial goal. Compared to standard mammograms, 3-D images give doctors a clearer view of breast tissue. “This means they can reduce the number of callbacks,” Hinojosa says. Avoiding these false alarms can help prevent unnecessary testing and worry.

In addition, 3-D mammograms may help catch more cancers, Hinojosa says. And it may catch them earlier, when they’re often easier to treat.

Three-dimensional mammograms are appropriate for any woman, says Hinojosa. But they may be especially good for women with dense breasts,



**I WANT TO HELP!**  
Donate to our 3-D mammogram campaign. **530.926.9318**

whose mammograms are sometimes difficult to read.

Insurance coverage varies, so it’s a good idea to check with your health plan to find out if 3-D mammograms are covered under your plan.

“We are so thankful for those who have donated to this important project,” says Alisa Johnson, Development Officer for Mercy Foundation North. “Because of our donors, this state-of-the-art equipment will be available to our community very soon.”

# A real-world experience

Summer Volunteen Program introduces teens to health care careers



**INTERESTED IN  
VOLUNTEEN 2018?**  
Call for details on how to apply.  
530.529.8269

**At 18 years old,** when many college students are still trying to figure out a clear career path, Angela Diaz already knows exactly where she’s headed. A freshman in the pre-nursing program at California State University, Chico, Diaz is intent on becoming a labor and delivery nurse.

How did she get so focused at such a young age? Diaz credits the Summer Volunteen Program at St. Elizabeth Community Hospital (SECH). “I always knew I wanted to be a nurse,” Diaz says. “But I didn’t know what kind. The Volunteen Program gave me a head start, career-wise.”

## An insider’s view

Kicked off this past June, the Summer Volunteen Program is a partnership between SECH and Corning Union High School.

“The goal of the program is to open young people’s eyes to the potential of health care careers,” says Phillip

Moller, Volunteer Coordinator at SECH. He launched the program after learning about a similar one at a sister Dignity Health hospital in Arizona.

Every morning for eight weeks during the summer, students rotate through a mix of volunteer jobs at the hospital. Last summer, they helped out everywhere from the Family Birth Center and the emergency department to the front desk and the Imaging Center.

They also attend one-hour lectures by a different SECH professional every week—and not just health care providers. Volunteens are also introduced to areas like hospital marketing and strategic planning.

“Students learn about a hospital from top to bottom,” Moller says. “And they get an insider’s view. With this program, we’re helping grow a wide range of future professionals in health care.”

This kind of recruitment is crucial in rural areas, where health care professionals are often in short supply. “There are lots of winners with a program like this—for both the students and our community,” Moller says.

## Great expectations

All told, 10 teens interviewed for the program’s first year, and five were selected. All had grade point averages of at least 3.5 and high school resumes brimming with accomplishments. “They blew me away—they had so much going for them,” Moller says. Some were only freshmen. Teens as young as 14 can apply.

Moller has high expectations for all the Volunteen students.





They can only miss one lecture. And they hand over their cell-phones at the start of each day to avoid distractions.

“They have to come here really wanting to learn,” he says.

### Not as seen on TV

Though she began the program with a strong interest in nursing, Diaz admits—a little sheepishly—that her impression of what goes on in hospitals was pretty much formed by watching TV shows.

But at SECH, she shadowed a nurse in the emergency department and got a realistic look at hospital life. “Whenever the nurse saw a patient, ran a test, or filled out a chart, I was at her side, watching and learning,” she says.

At the Family Birth Center, Diaz peppered the nurses with every question she could think of. *What is it like to help deliver a baby?*

*How do you help a new mother breastfeed? How do you cope if a baby is very sick?*

And while she had butterflies at first, the program confirmed that nursing truly was the right choice for her. It also showed her what a “really big responsibility” it is to work in a hospital. “You have people’s lives in your hands, so you really have to love what you do,” she says.

Diaz also discovered that being a future labor and delivery room nurse is the best fit for her professionally. That gives her a big head start on many of her fellow freshmen in the nursing program. She’s yet to meet anyone who’s gotten such a realistic, behind-the-scenes look at a hospital.

“I grew inside,” she says, looking back on her time in the program. “Volunteer gave me the confidence to take on challenges and seek opportunities.”

## Volunteer at a glance

### What:

An eight-week summer volunteer program

### Who:

Teens 14 to 18 years old at Corning Union High School with a GPA of 3.5 or higher

### Where:

St. Elizabeth Community Hospital in Red Bluff

### When:

Summer 2018

### Why:

- Get an inside view of how a hospital works
- Explore potential health care careers
- Get a certificate of completion at the end of the program

# PAIN RELIEF without pills

The ON-Q system is a smart alternative to narcotics after surgery

## When Greg Eastman

needed his left knee joint replaced, he learned his medical team at Mercy Medical Center Mt. Shasta (MMCMS) could treat his post-op pain without relying on strong narcotic drugs.

That sounded good to Greg, a high school music teacher who injured his knee 40 years ago playing high school football. He'd had unpleasant reactions to narcotic painkillers after previous knee surgeries. This time he hoped to avoid the nausea and foggy feeling.

To do that, Greg would use the ON-Q Pain Relief System. During surgery, a small tube was inserted into the thigh above his knee. It was attached to a lightweight pump that could release numbing medicine directly to the area around his knee after surgery and in the days that followed.

“What the ON-Q provided me was that really positive, pain-free start so that I knew it was going to be OK,” Greg says. “I was going to get through this and be better than I had been for several years.”

## Targeted relief, fast recovery

MMCMS recently began using ON-Q for many types of surgery. Unlike narcotic pain relief, which

affects the whole body and the brain, ON-Q targets only the surgical site. It's similar to the kind of numbing shot you might get at a dentist's office—only it's capable of delivering continuous pain relief.

Nursing Director Elizabeth Pulatie, CRNA, first became familiar with this type of pain relief while serving in the U.S. Army in Iraq. With ON-Q, pain is better controlled, Pulatie says. So patients often need less narcotic medicines, such as opioids, after surgery. Among the benefits:

**A smoother re-entry.** “By and large, people aren't waking up from surgery all groggy and out of sorts,” Pulatie says.

**A quicker recovery.** Because they wake up alert, many people go home earlier. “And they're able to perform physical therapy exercises a lot sooner because they're not overly sedated,” Pulatie adds.

**Fewer side effects.** Because narcotics affect the whole body, they can cause problems such as nausea, constipation, itching, and breathing trouble.

**Less risk of addiction.** ON-Q's targeted nerve block doesn't provide any kind of high that might lead to addiction.

## Stopping opioid overuse

Since using ON-Q, MMCMS has significantly reduced the need for narcotics in the operating and



FORE! Greg Eastman is back to the life he loves, pain-free.

recovery rooms, Pulatie says. It's in part a response to the nation's deadly opioid epidemic.

“We're doing this because we feel like it's the best thing for our patients,” Pulatie says. “This is one of the ways we're trying to prevent opioid abuse and addiction issues.”

ON-Q may not entirely eliminate the need for other pain medicines. But you may need less of them to control your pain. That appealed to Mt. Shasta resident Robin Winters, who used the ON-Q pump after hip surgery at MMCMS last spring. Robin—an avid runner



and soccer player before arthritis limited the use of his joint—says he “likes to be pretty healthy and do healthy things.”

“Taking a bunch of narcotics is not really conducive to that,” he says. “So if I could avoid them, I would.”

For the most part, he was able to manage his post-op pain with ON-Q and over-the-counter medicines, like ibuprofen.

### ‘Super easy’ to use

The ON-Q system consists of a small pump in a satchel that can be worn at the hip or on a shoulder. The pump contains a ball of medicine that slowly gets smaller as it’s released.

A dial is used to adjust the medicine’s flow rate. Feeling too numb? Turn it down. If you’re hurting more, turn it up. “It was

super easy to use,” Robin says.

When the medicine runs out after about two to five days, the tube and pump are simply removed and discarded.

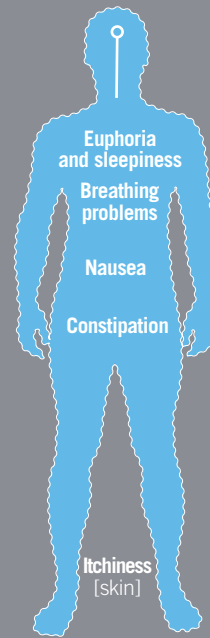
“It was bulletproof,” says Troy Wood. He used the ON-Q pump after shoulder surgery to repair a torn rotator cuff. “You can dial it from 2 to 14 depending on the pain level. I didn’t have to go over 4 at all.”

Troy says he didn’t need to use prescription painkillers either. “I basically had zero pain,” he says.

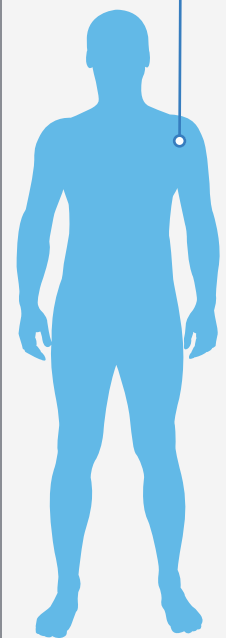
In fact, he was surprised by how well the system worked. “It gives your body a chance to come back from the shock of surgery,” he says. “The pump is working before you leave the hospital.”

## Sidestep side effects

Narcotics affect the whole body. Possible side effects:



ON-Q numbs only a specific body part:



**ASK FOR ON-Q**  
Ask your surgeon if non-narcotic pain relief is an option for you.

### Humankindness in action.

## CRNAs, surgeons, and MMCMS respond to the opioid crisis.

The certified registered nurse anesthetist (CRNA) team, surgeons, and Dignity Health Mercy Medical Center Mt. Shasta collaborated to achieve four objectives:

- ① Enhance recovery after surgery (ERAS)
- ② Reduce in-house opioid use
- ③ Decrease average length of hospital stay
- ④ Increase patient satisfaction

By reviewing ERAS criteria and brainstorming, the team found ways to use continuous regional anesthesia to help patients achieve early ambulation, early nutrition, and early discharge. A plan of care was created for patients meeting ERAS criteria.



**25%**  
Increased risk for opioid addiction if on a prescription opioid for 11 days.



**45%**  
Increased risk for opioid addiction if on a prescription opioid for 30 days.

Source: Modern Medicine Network; Voice of the Pharmacist “Addiction Risks Rise after Day Three of an Opioid Prescription”

# No one is INVISIBLE



**NEED HELP?**

National Human Trafficking Hotline

**888.373.7888**

[humantraffickinghotline.org](http://humantraffickinghotline.org)

Dignity Health reaches out to stop human trafficking

**Human trafficking—**

for both sex and labor—is not a new problem. “It’s been happening for a very long time,” says Hannah Helms, the Human Trafficking Task Force lead at Mercy Medical Center Mt. Shasta.

That’s true even in rural Siskiyou County.





What is new is Dignity Health's focus on educating health care workers, first responders, and the community on how to recognize the signs and offer victims a way out.



Hannah Helms

### Why it's a health matter

"An article in the journal *Annals of Health Law* found that nearly 88 percent of trafficking victims reported some contact with the health industry during the time they were being exploited," Helms says.

Hospital emergency departments (EDs) may be one of the few places a person who is being trafficked has contact with the community. But hospital workers weren't routinely trained to identify people in need of help. The chance to intervene was being missed.

So the same year the *Annals of Health Law* study came out, Dignity Health launched the Human Trafficking Response (HTR) program. Our goal: to ensure that people being trafficked are identified in the health care setting and assisted with care and services.

### Building bridges in the community

It was important to Dignity Health that our program be led by those most familiar with the world of human exploitation: the survivors. So our HTR program is headed up

by Holly Austin Gibbs, a survivor of child sex trafficking and a national expert on human trafficking.

"There really wasn't a road map for educating staff and introducing protocols for identifying victims of human trafficking," Helms says. So Dignity Health developed much of our program from the ground up.

Every hospital in the Dignity Health system has its own task force. And each one adapts protocols to fit their community—be it a big city or a rural county. "In larger metro areas, it's assumed trafficking already is an issue," Helms says. "Their community partners are more aware of it. In a rural community, it's a little different."

Helms' task force has spent time building key partnerships with local agencies, including the Office of the District Attorney, Child Protective Services, and the Siskiyou Domestic Violence and Crisis Center.

"We can do what we can in the context of our rural hospital, but if we don't have wraparound support from the community, it's going to be challenging," Helms says. "So it's not just about us. It's about the community as well."

### Recognizing and reaching out

What alerts hospital staff that a victim of human trafficking is in their ED?

"Some of the signs we look for are someone whose companion answers all their questions for them," says Helms. "A companion who is domineering or won't leave the patient alone. A person without any ID or paperwork. If it's a female and we suspect sex trafficking, someone with reproductive health issues. If it's labor trafficking, we look for fatigue, malnourishment, heat exhaustion, or dehydration."

They also look for tattoo "branding"—"anything that refers to money or possession," Helms adds.

If the person is a minor, Child Protective Services is called. If the patient is an adult, staff gently offers information about area resources and offers to put them in touch with the National Human Trafficking Hotline.

"We let them know we're worried their situation is unsafe. We give them opportunities to get out," Helms says. But staff members don't push or force. "We trust that they know the safety level of their situation better than we do."

Mercy Medical Center Mt. Shasta has used the HTR protocol more than once, says Helms. It's an ongoing learning process.

But Dignity Health is working to make sure that no one who's being trafficked goes unnoticed.



WHAT MORE CAN YOU DO?

[dignityhealth.org/hello-humankindness/human-trafficking](https://dignityhealth.org/hello-humankindness/human-trafficking)

# 'A stroke of luck'

**Melanie Hirdler** will never forget last Mother's Day. "I had a really close call," she says.

Suddenly and without warning, a stroke sent the Douglas City resident slumping to her kitchen floor, unable to speak or move her entire right side.

She was rushed to Mercy Medical Center Redding (MMCR), where she benefited from a new treatment that, a year or two earlier, would not have been available locally. It saved her life.

"I'm still here, and I'm able to think and love and talk and create and have friendships—all the things we kind of take for granted," says Melanie, a mother, wife, and talented landscape painter. "And that was very much in jeopardy."

## Navigating the brain

Over 80 percent of strokes occur when a clot blocks a blood vessel, cutting off the supply of blood to the brain. Every minute the stroke lasts,

millions of brain cells die, increasing the risk of permanent damage to the brain. There are medications that can help restore blood flow. But they don't always work if the clot lodges in one of the brain's larger blood vessels.

That's what happened to Melanie—and why MMCR's new biplane angiography suite was so crucial to her recovery.



**Ereik Helseth, MD**

that we can go and do treatments inside the brain," explains Ereik Helseth, MD, a neurointerventional radiologist at MMCR. During the procedure, he uses a miniature tube with a tiny basket at one end to snare the clot, remove it, and

restore blood flow to the brain.

"Blood vessels inside the brain are very small and twisty and delicate," Dr. Helseth explains. "To safely and effectively navigate the brain, you really need to see on both planes." With the biplane equipment, Dr. Helseth can watch the delicate blood vessels on a large video screen while he works.

"The strokes we are treating with the biplane are some of the most devastating and disabling," Dr. Helseth says. "But with this development in the last couple of years, we're essentially undoing the effects of the worst kinds of stroke."

## Saving time and tissue

The biplane means MMCR can treat stroke patients like Melanie locally. They don't have to be transported to Sacramento, which saves valuable time. The less time it takes to treat a stroke, the less likely it is to result in disability or death.

"There are a lot of people in the





**MORE THAN WORDS:** The landscape Melanie Hirdler is painting holds a special meaning for this stroke survivor.

North State today who have returned home and are independently living their lives,” Dr. Helseth says. “If their strokes had occurred two years ago, there’s a chance they wouldn’t be at home.”

And it’s not just making a difference in Redding. Dr. Helseth has used the technology to treat stroke patients from Modoc County to the coast.

While stroke is the main focus, a lot of other treatments can be done with the biplane equipment, he adds. For instance, the biplane suite makes it possible to treat an aneurysm—a dangerous bulge in a blood vessel—much faster and without open surgery.

### **Built with your support**

“Our community played a big role

in helping to fund the nearly \$10 million project,” says Mercy Foundation North President Maggie Redmon.

Donors contributed more than \$1 million for the Stroke and Vascular Advancement and Services Project, which includes stroke care and future heart-related treatments. Some donors gave large gifts of \$100,000 and \$250,000.

“It shows that people really care about health care in our community,” Redmon says. “And they understood the difference this technology would make.”

### **Back to brushstrokes**

Melanie doesn’t recall much about her treatment—just that a lot of

## When a stroke strikes, act **F.A.S.T.**

- F** Face—has their face fallen on one side? Can they smile?
- A** Arms—can they raise both arms and keep them there?
- S** Speech—is their speech slurred?
- T** Time to call 911—if you spot any single one of these signs.



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people were working quickly to help her. At one point in the biplane suite, Dr. Helseth asked if she could move, and she gave the thumbs up. “My most vivid memory is how happy everybody in that room was,” she says.

Before her stroke, Melanie had no idea that such technology even existed. She also wasn’t aware of a heart condition that likely caused her stroke. She says MMCR restored what the stroke had begun to take away. “You might call it a stroke of luck,” she says.

Thanks to her quick treatment, she’s been able to continue her love of landscape painting. But these days Melanie is working on a self-portrait, a painting she says she feels compelled to do.

“I want to say something about my stroke,” Melanie says. That she’s still able to paint it says enough for us.

# MUSIC

*is powerful  
medicine*



**If music has** ever soothed you when you're anxious or grieving, you know its healing power. Now a local volunteer singing group is putting that power to use at Mercy Medical Center Mt. Shasta (MMCMS).

For roughly a year now, the dozen or so singers have shared their talent and compassion with patients and families who want the comfort of a favorite and familiar hymn during a hospital stay.

They sing at the hospital at least once a month around patients' bedsides. And they harmonize beautifully. So if you hear the sweet sounds of "Amazing Grace" or "Swing Low,

Sweet Chariot" coming from a hospital room, you're not imagining it.

They also sing for patients being cared for at home by our Mercy Hospice Mt. Shasta team.

"Music has a way of healing people's spirits, even those who are dying," says MMCMS Chaplain Rosana Slezeviciute. She helps arrange the group's visits—and often sings too.

And indeed, studies suggest that listening to music may not only ease levels of the stress hormone cortisol but also help curb pain.

## **Tuned in to a need**

Though the members now come

from varied faiths, they started as a church group that sang for residents at Mt. Shasta's only nursing home.

Listen carefully and you'll hear the rich baritone of Todd Guthrie, MD, an MMCMS orthopaedic surgeon, and the lovely alto of his wife, Patti. It was Patti Guthrie who felt that our patients might also be comforted by live music. And with the help of her husband and the nursing staff, the group made its first visit to the hospital last February.

By luck, Slezeviciute was at the hospital that day and heard the singing. She knew what a need it filled. The hospital and hospice patients she ministers to had often expressed a





“Music has a way of healing people’s spirits, even those who are dying.” —Rosana Slezeviciute, MMCMS Chaplain

desire to hear their favorite hymns. “But all I could do was search YouTube for the songs and play them on my smartphone,” she says. Now she has a far better alternative.

### Spreading comfort

While the group sings hymns exclusively, “we’re not trying to teach or preach,” Patti Guthrie says. “We’re just trying to offer comfort.”

Clearly, they’re successful. “Often when we enter a room or home, there are tears on people’s faces,” she says. “But when we sing, it just brings people together, and those tears can turn into smiles.”

“This music is such a wonderful

gift,” confirms one 80-year-old area resident. Her husband, a Mercy Hospice patient, is terminally ill with Alzheimer’s disease. The group has sung for them twice—and like many of our patients and families, they join in.

Though they can no longer sing together in church, they have the next best thing. “Singing together truly lifts our spirits,” she says.



### LIFT YOUR VOICE

To join the singing group, call Rosana Slezeviciute at 530.926.6111, ext. 614, or Patti Guthrie at 530.925.4329.



## How hospice helps

We believe that people near the end of life are often most comfortable at home. That’s why our Mercy Hospice team provides a range of home-based services, including nursing care, physical therapy, spiritual care, and family support.



**TO LEARN MORE** about how hospice can help, call 855.401.2285.

# Connected Living: A better way to serve seniors

**If you** or a senior you know has ever needed home-delivered meals, a ride to a doctor's office, or information about volunteer opportunities, you may have come in contact with Shasta Senior Nutrition Program (SSNP) or Golden Umbrella.

For decades, those two nonprofit organizations provided essential services to seniors and people with disabilities in the North State. Then last year, it became clear that it was time to rethink how they could work together to better serve our area. In July 2017, the two


groups merged to become a new nonprofit agency: Connected Living.

Bringing SSNP and Golden Umbrella together made sense, says Jennifer Powell, Executive Director of Connected Living. They often served the same people at different life stages. Plus, merging allowed their vital services to reach even more people in need.

## What is Connected Living?

"Everything we do is ultimately to help seniors stay healthy and in their homes for as long as possible," Powell says. "It's the right thing to do."

Some core services include:

 **HAVE QUESTIONS? WE HAVE ANSWERS.**  
530.223.6034 | [connectedlivingnorthstate.org](http://connectedlivingnorthstate.org)



### Meal assistance

Seniors can enjoy meals in a social setting at Connected Living's senior dining centers. For others, home-delivered meals and food bank assistance are available.



### Financial management

Power to Seniors and Representative Payee programs offer help with bill-paying tasks so that seniors can avoid late fees and other consequences of missed payments.



### Adult Day Program

This nonmedical program provides assistance with daily living and respite care when family caregivers need a break.



### Health and wellness classes

Free fitness programs are available at centers in Redding and Burney. Seniors can use the exercise equipment, take a class, or join a walking group.



### Help around the house

Connected Living keeps a registry of trustworthy people who provide home repair or yard work services.



### Volunteer opportunities

Senior Corps connects healthy adults 55 and older with volunteer needs in their community. For instance, volunteers might make home visits to other seniors or mentor a child in a classroom.



### Transportation services

Wheelchair-accessible buses provide low-cost door-to-door rides for seniors or adults with disabilities who aren't able to use traditional public transit.



### Adult Day Health Care

Those with dementia, stroke, or other conditions can receive medical therapies to help them relearn or maintain daily living skills.

Connected Living's goal is to be the place you call when you need any senior-related service in the North State. Whatever your need, "we can help point you in the right direction," Powell says.



# Where the heart is

Connected Living helps seniors live well at home

**Independence.** For many of us, it's the hallmark of aging well: staying in your own home—comfortably and safely—for as long as you possibly can.

Age-related health conditions and loss of mobility can put that dream at risk for some seniors. But with a little help, they may be able to maintain their independence longer.

Connected Living helps seniors who want assistance find the care and services they need to live on their own.

“Whatever it is we can do to help them stay in their home, that's what we do,” says Alan Masden, Senior Director of Connected Living.

The service is known as the Multipurpose Senior Services Program. It starts with a simple phone call to a Connected Living advocate, who can help determine if the program is right for you.

Next, a case manager and a licensed nurse may visit you in your home to see what types of services you may need.

“We talk about your goals and what's important to you,” Masden says. “We make sure you have those needs met so you can stay healthy and safe in the community.”

For each client, we create a custom care plan that connects you with resources in the community.

This could mean getting:

- Help with dressing, bathing, toileting, shopping, cooking, or housekeeping
- Emergency alert devices
- Nursing care
- Home-delivered meals
- Help with insurance forms

And over time, the team continues to check in to make sure your ongoing needs are being met.

## The big picture

The Multipurpose Senior Services Program is just one part of Connected Living's suite of services that help seniors live in their own homes for as long as possible.

For instance, there are programs that help seniors manage finances, enjoy social opportunities, and provide medical therapies to help them stay healthy.

For Masden, it all comes down to compassion for people in need of a vital connection. “They deserve our help,” he says.



**DECLARE YOUR INDEPENDENCE**  
Ask how Connected Living can help. **530.223.6034**

# NO ONE

## Dies Alone at Mercy Medical Center Redding

### **The No One Dies Alone** (NODA)

volunteers keep vigil at the bedsides of patients who are dying at Mercy Medical Center Redding. These patients have no family members, friends, or caregivers who are able to do so. Because of NODA, they don't die alone. They are assured of loving spiritual and emotional support during their transition from life to death.

Twenty-four people have received 550 hours of support from volunteers who are not paid for their caring ministry. One NODA volunteer described her compensation as "funds deposited into a heart bank account that gets larger with each sacred encounter ... I am a millionaire."



**Sister Brenda  
O'Keeffe**

### **A sacred spark**

This program all began when energetic, passionate, and organized Evelyn Peterson walked into the office of Sister Brenda O'Keeffe, Vice President of Mission Integration and Spiritual Care Services at Dignity Health North State. She wanted to share her enthusiasm for the idea of a NODA program. Sister



Brenda describes Peterson as a "gift from God."

Dignity Health Mercy Medical Center Redding had been actively pursuing the establishment of NODA for some time. But due to limited resources to implement the program and uncertainty about its sustainability, the process was slow.

Peterson was the fuel that lit the fire. All hesitation to implement the program dissipated. The NODA program, infused with Peterson's vivacious and can-do personality, took form at Mercy Medical Center Redding.

### **Keeping vigil**

The warm thread of deep-rooted compassion for people that connects Peterson and Sister Brenda can be traced back to the tradition of keeping vigil. It follows in the footsteps of Catherine McAuley, the foundress of the





A hand held. A gentle touch.  
A prayer spoken. A song sung.  
A known or felt quiet presence.  
.....



Twenty-four people have received  
550 hours of support from volunteers who  
are not paid for their caring ministry.  
.....



**I WANT TO VOLUNTEER!**

Evelyn Peterson: 530.276.1076

[eviepeterson@gmail.com](mailto:eviepeterson@gmail.com)

remembers what her aging mother confided to her decades ago: "I'm not afraid of dying. I know I'll go to God. But I am afraid of dying alone, without my family surrounding me." It was a similar experience of not being present with a patient at the time of their death that prompted Sandra Clarke, a nurse at PeaceHealth in Oregon, to create No One Dies Alone in 2001.

To develop this program at Mercy Medical Center Redding, Sister Brenda and Peterson received a grant from Mercy Foundation North. These funds provided support for a part-time leader of the volunteers and for the purchase of NODA training manuals, facilitator guides, and other materials from PeaceHealth.

To date, Sister Brenda and Peterson have completed three successful volunteer training and orientation sessions. At the end of each, there is a ceremony in which the NODA volunteers receive a blessing. They are commissioned to provide the important ministry of keeping vigil with those who would face death alone. These volunteers continue to ensure that patients make a peaceful transition from life to death.

A hand held. A gentle touch. A prayer spoken. A song sung. A known or felt quiet presence. These are at the core of what a volunteer commits to providing so that no one dies alone at Mercy Medical Center Redding. "For Evelyn, sharing someone's final hours is a 'true blessing,'" says Sister Brenda. "Ultimately, NODA is about letting people have a peaceful death, and it fulfills the healing ministry of Jesus entrusted to us."

Sisters of Mercy in Dublin, Ireland, in 1831. Catherine and the sisters often kept vigil with people who were dying in their homes or in the hospitals in Dublin.

When Catherine herself was dying, the sisters accompanied her on her sacred journey, praying with her or simply being quietly present. This tradition of keeping company continues today when any Sister of Mercy is dying.

Sister Brenda has this concept built into her moral fiber. "The ministry of keeping vigil is no less true when patients are dying in our hospitals," she says. "Because nurses need to attend to other patients, they cannot always guarantee presence at the time of death."

**A simple kindness**

The fear of dying alone is deeply human. Sister Brenda



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