

A remarkable recovery

Cass Regional's physical therapy staff helps young patient get back to normal

In early summer 2013, 7-year-old Desarae Baker, of Harrisonville, visited her doctor for her regularly scheduled immunizations. Two days after the visit, she started having pain in her legs. Her parents, Dwan and Ron, weren't too alarmed, but noticed that Desarae was not walking as usual.

The next day, her pain continued to worsen, so Dwan and Ron dropped their sons off at Sunday school and took Desarae to an area urgent care, thinking they'd be back to church by the time Sunday school ended. During the exam, the doctor discovered that Desarae had no reflexes in her knees and suspected she might have meningitis. The urgent care staff instructed the Bakers to take Desarae to Children's Mercy Hospital in Kansas City for further evaluation.

By Sunday night, Desarae was admitted to Children's Mercy, where she underwent a barrage of tests to determine the cause of her symptoms. By that time, the pain and weakness were moving up Desarae's legs to her torso. After two days of tests, doctors arrived at a diagnosis—Guillain-Barré syndrome.

"The entire neurology team was just as relieved as we were to have a diagnosis," Dwan says. "But they warned us that she was going to get a lot worse before she got better."

Struggling to survive

Over the next five days, Desarae's symptoms worsened. Her hands curled up,



Desarae Baker, now age 8, worked with therapist John Hoffman, PT, to regain full use of her limbs after she was diagnosed with Guillain-Barré syndrome.

and she lay in her hospital bed in a fetal position, unable to straighten her legs. Her lung function deteriorated, and she was unable to eat. Doctors cautioned Dwan and Ron that Desarae would likely have to be transferred to the intensive care unit (ICU).

At the worst point of Desarae's battle, the clinical staff attempted to insert a

feeding tube, since she was unable to eat. The procedure caused Desarae to cry out in pain, which was too much for her dad to take.

"I had to leave the room and went down the hall, praying that she would calm down, and as I prayed, she got quieter," says Ron. "I went back into the room and

Continued on page 4

wellness Calendar Spring 2015



SEARCHING FOR DR. RIGHT?

Try our physician directory at
www.cassregional.org.

Alzheimer's Support Group

Tuesdays, April 14, May 12, June 9, July 14,
6:30 p.m.

Conference Room 1

Email Jeanne Reeder at jeanne.reeder@alz.org
or call 800-272-3900.

COPD Support Group

Wednesdays, April 8, June 10, 11:30 a.m.

Conference Rooms 1, 2 and 3

Contact Gary Skiles, RRT, at
816-380-5888, ext. 4160, or at
gskiles@cassregional.org.

Diabetes Support Group

Thursdays, April 16, May 21, June 18,
July 16, 6:30 p.m.

Conference Rooms 2 and 3

Join us in May for the A1C Champions
program, a motivational presentation by a
national speaker. Call Liz Whelan, RN, MSN,
CDE, at 816-380-5888, ext. 6010, or email
lwhelan@cassregional.org.

Free Screening Fridays

Take advantage of free blood pressure,
blood oxygen and blood sugar
screenings, and obtain a free total
lipid profile, which measures total
cholesterol, HDL, LDL and triglycerides.
Screenings are held on Fridays from
9 to 11:30 a.m. in a different Cass
County community each week. For
the most accurate results, screening
participants are asked to fast for at least
12 hours prior to the screening and take
medications as usual (with water only).
No appointments are necessary.

For more information, visit the
Classes and Events calendar at
www.cassregional.org or contact Erin
Newport, MA, at 816-619-3000 or at
enewport@cassregional.org.

Community Blood Center Blood Drive

Monday, July 6, 2 to 5 p.m.

Conference Rooms 1, 2 and 3

Appointments welcome but not necessary.
Go to www.savealifenow.org.

Weight Loss and Bariatric Surgery Seminar

Tuesdays, April 14, July 14, 6 p.m.

Conference Rooms 2 and 3

Call Heather Danforth, MA, at
816-380-5888, ext. 5610, or email
hdanforth@cassregional.org.

Weight Loss Support Group

Monday, April 6; Wednesday, April 15,
6:30 p.m.

Conference Room 1

Call Heather Danforth, MA, at
816-380-5888, ext. 5610, or email
hdanforth@cassregional.org.

Free Community Health Screening

Fridays, 9 to 11:30 a.m.

Rotating locations around Cass

County, including Archie, Garden City,
Harrisonville, Peculiar and Raymore

Blood sugar, cholesterol and blood
pressure screening. Call Erin Newport, MA,
at 816-619-3000 or email enewport@cassregional.org.

Free High School Sports Physicals

Garden City Medical Clinic, Wednesday,
April 8

Drexel Medical Clinic, Wednesday, April 22
Archie Medical Clinic, Tuesday, April 28
4 to 6 p.m.

Call John Hoffman, PT, at 816-380-5888,
ext. 4230, or email jhoffman@cassregional.org.

Know your numbers

Unsure what cholesterol numbers you
should be aiming for to stay heart-healthy?

The ranges shown here are general
guidelines. Talk to your doctor about
what's right for you.

Total cholesterol

- ▶ Desirable: Less than 200 mg/dL.
- ▶ Borderline high: 200 to 239 mg/dL.
- ▶ High: 240 mg/dL and above.

HDL (good cholesterol)

- ▶ Protective against heart disease:
60 mg/dL and above.
- ▶ At risk for heart disease: Less than
40 mg/dL for men, less than 50 mg/dL
for women.

LDL (bad cholesterol)

- ▶ Optimal: Less than 100 mg/dL.
- ▶ Near-optimal: 100 to 129 mg/dL.
- ▶ Borderline high: 130 to 159 mg/dL.
- ▶ High: 160 to 189 mg/dL.
- ▶ Very high: 190 mg/dL and above.

Triglycerides

- ▶ Normal: Less than 150 mg/dL.
- ▶ Borderline high: 150 to 199 mg/dL.
- ▶ High: 200 to 499 mg/dL
- ▶ Very high: 500 mg/dL and above.

Sources: American Heart Association; National Heart, Lung, and
Blood Institute

wellnessmatters

Information in WELLNESS MATTERS comes
from a wide range of medical experts. If
you have any concerns or questions about
specific content that may affect your health,
please contact your health care provider.

Models may be used in photos
and illustrations.

Copyright © 2015 Coffey Communications

CMM31135

**TO MAKE AN APPOINTMENT**

for 3-D mammography at Cass Regional, call 816-380-5888, ext. 7880.

Mammography in 3-D comes to Cass Regional

Cass Regional is pleased to announce the addition of breast tomosynthesis, also known as 3-D mammography, to its available services beginning this spring. Recent studies have suggested that 3-D mammography, when used in conjunction with traditional 2-D digital mammograms, leads to higher rates of cancer detection and reduces false alarms for patients. Cass Regional is the first hospital in Cass County to offer 3-D mammography, which was approved by the U.S. Food and Drug Administration in 2011.

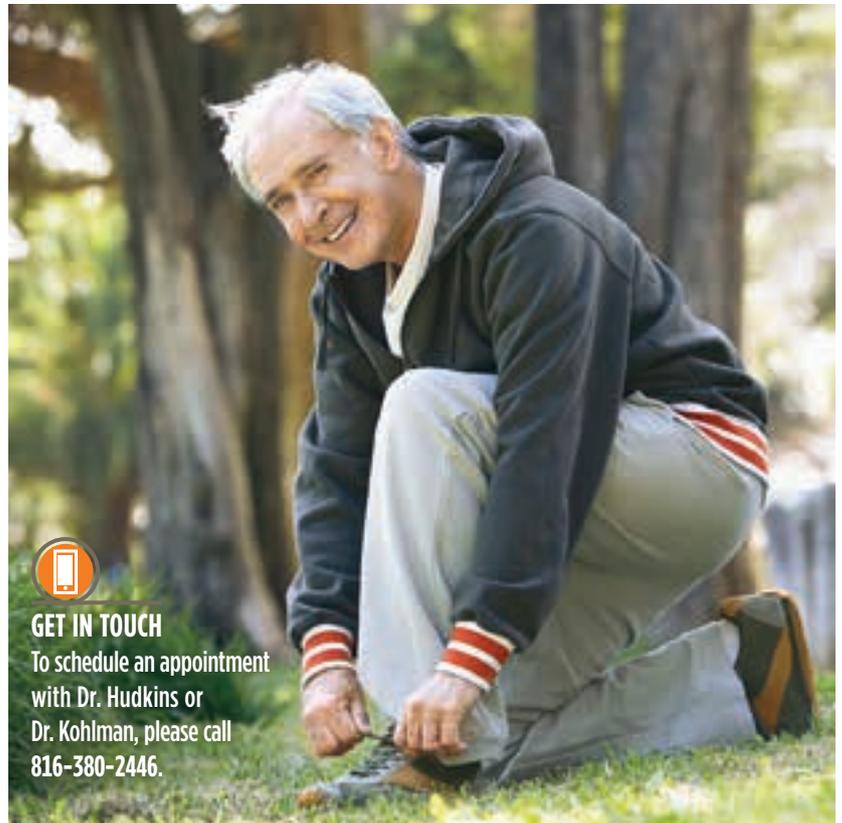
"3-D mammography is especially beneficial for the 25 percent of women who have dense breasts," explains radiologist Aaron Lewis, MD. "Greater tissue density decreases the sensitivity of traditional 2-D mammograms, because the overlapping structures can hide a tiny cancer or create something that looks like a mass but is not. With 3-D mammography, we can potentially find smaller cancers earlier and reduce the number of callbacks for additional testing."

1000

Of every 1,000 mammograms, only 2 to 4 lead to a diagnosis of cancer.

**GET IN TOUCH**

To schedule an appointment with Dr. Hudkins or Dr. Kohlman, please call 816-380-2446.



Vein treatment offers less pain, faster recovery

General surgeons Jack Hudkins, MD, FACS, and Michael Kohlman, MD, are using a minimally invasive procedure called endovenous radiofrequency ablation (RFA) to treat patients with varicose veins or chronic venous insufficiency (CVI).

CVI is a progressive medical condition in which the valves that carry blood from the legs to the heart no longer function, causing blood to pool in the legs and veins to swell. The incorrect blood flow, or reflux, causes veins to expand, lose form and protrude beneath the skin. Common symptoms include pain, leg swelling, leg heaviness and fatigue, as well as skin changes and ulcers in more severe cases.

Varicose veins are often thick, bulging veins that can protrude well beyond the skin's surface. Often misunderstood as a cosmetic issue, varicose veins can progress to CVI, which is a more serious condition.

Since the valves in the legs cannot be repaired, the only alternative is to re-route blood flow from diseased veins to healthy veins. Endovenous RFA involves the insertion of a catheter into a diseased vein to provide consistent, uniform heat to contract the collagen in the vein walls, causing them to gently collapse and close. After the vein is sealed shut, blood is then naturally redirected to healthy veins.

Most patients report less pain and faster recovery with RFA than with laser ablation and a noticeable improvement in their symptoms within one to two weeks following the procedure.

The endovenous RFA procedure is covered by many insurance plans.

A remarkable *recovery*

Continued from front page

Ron and Dwan Baker and their children pause for a photo with John Hoffman, PT, on a recent visit to Cass Regional. The Bakers chose Cass Regional for their daughter's rehabilitation as she recovered from Guillain-Barré syndrome.

asked the staff to remove the tube, which they did.”

Fortunately, Desarae's condition reached a plateau, and she did not need to be transferred to the ICU.

Nerves under attack

During Desarae's hospitalization, her treatment included medicine to relieve her pain and intravenous immunoglobulin, a drug used for patients with severe autoimmune disease. In Guillain-Barré syndrome, the body's immune system attacks the nerves, damaging the myelin sheath that protects them. The damage prevents the nerves from transmitting signals to the brain, causing weakness, numbness and/or paralysis.





FIND OUT MORE

For a physical therapy brochure, go to www.cassregional.org, click "Services" and then click "Physical/Occupational Therapy."

The exact cause of the disorder is not known, but it usually appears shortly after a respiratory illness or digestive tract infection. In rare cases, such as Desarae's, it can be triggered by surgery or a recent immunization. Most people with Guillain-Barré syndrome experience their worst symptoms within two to four weeks after they start, and recovery begins two to four weeks after the symptoms level off.

On the road to recovery

After two weeks in the neurology unit, Desarae was transferred to the rehabilitation unit, where she continued her recovery for another two weeks. She still wasn't eating well, and Ron felt the best next step would be to take her home. Against the advice of doctors, the Bakers arranged for Desarae's discharge and brought her home on July 3.

"Bringing her home did wonders," says Ron. "She started to eat again and gradually regained her strength."

Though Desarae was now out of the hospital, she still needed rehabilitation therapy, and the Bakers wanted to remain close to home for the treatment. They brought Desarae to Cass Regional, where she was evaluated by physical therapist John Hoffman.

"I could immediately tell when I met Desarae that she did not like therapy," says Hoffman.

To fight the spasticity of the leg and foot muscles caused by her condition, Desarae had been fitted with knee and foot braces while in the hospital. The braces were uncomfortable to the point of being painful, but necessary to her rehabilitation. At her first visit to Cass Regional, Hoffman had Desarae use her walker without the knee braces.

"As she walked, she was able to lock her

knees in place, so I looked at her parents and said, 'You can get rid of these now.'"

This was welcome news, and Dwan confesses, "We hated the knee braces as much as she did!"

The goal: To walk unaided

Hoffman discussed Desarae's therapy goals with her and her parents.

"Our goal was to have her ready to go back to school in August without any braces, wheelchair or walker," says Ron. By then it was early July, and Desarae had been diagnosed about 40 days prior.

"I didn't believe the goal was impossible," says Hoffman, "but I knew it was very ambitious. Most Guillain-Barré patients take 6 to 12 months to recover. However, I knew we would do our best and that Desarae would do hers, and that together we had a shot of reaching it."

By the end of her first therapy visit, Desarae's parents were confident they had made the right treatment decision for their daughter.

Desarae's determination was a key factor in her recovery. "She's a fighter," says Dwan. "She has always been strong-willed and has always had the attitude of 'I can do it myself.'"

A week after she came home from the hospital, Desarae attended a week-long Vacation Bible School (VBS) at her church. At that point, she was still using a wheelchair when she went out in public.

"She wanted to walk for everyone at the end of VBS," says Ron. And on the last day, with help from her dad's steadying hand, Desarae walked 40 feet in front of her VBS classmates and teachers.

"That moment was an answer to a lot of prayers," says Ron.

Desarae continued to come to Cass Regional for therapy twice a week, and



Desarae developed a close bond with physical therapy assistant Tonya Preston during her rehabilitation sessions in the therapy pool.

she diligently completed her prescribed exercises at home. During several of her visits, she worked with physical therapy assistant Tonya Preston in the SwimEx therapy pool as part of her treatment plan. "Desarae loved Tonya," says Dwan. "She's very genuine, and Desarae felt that."

A rewarding success

Desarae's recovery progressed rapidly, and she reached her goal of being able to start school on time a little over a month after her first visit to Cass Regional. She was released from care six months after her initial diagnosis, and today she has mild residual symptoms in her hands. To keep her fingers from curling, she has to regularly stretch her fingers, which she demonstrated for Hoffman on a recent follow-up visit.

As Desarae danced around the rehab waiting area and played with her brothers, Hoffman marveled at his young patient's recovery.

"I've treated three Guillain-Barré syndrome patients in my 39 years as a therapist, and Desarae is by far the youngest," he says. "To be a part of her recovery journey has been very rewarding for me and my staff."



At left: The Memorial Garden at Cass Regional

2014 Community Benefit

This Community Benefit Report highlights some of the advancements Cass Regional made last year under our five operational Pillars of Success: People, Quality, Customer Service, Growth and Financial Strength.

People

- ▶ We employed more than 460 people, the majority of whom live in Cass County. These jobs result in approximately \$25 million in salaries and benefits that are re-invested locally through the residents who live and shop in our area communities.
- ▶ We celebrated the selection of Melinda Lacy, RN, FNP-BC, as one of *Ingram's* magazine's 2014 Heroes in Healthcare. Lacy was previously the manager of Case Management at Cass Regional and now serves as a family nurse practitioner

at Harrisonville Medical Clinic.

- ▶ We improved employee engagement scores across the organization, placing us in the top 10 percent within our benchmarking group.

Quality

- ▶ We attained Level III Trauma Center designation from the state of Missouri.
- ▶ We experienced very successful regulatory surveys of our mammography and nuclear medicine services and of our family practice clinics in Archie, Garden City, Kingsville and Pleasant Hill.
- ▶ We implemented a new hospital-based electronic medical record system that enables the hospital to improve the delivery and coordination of care and meet Stage 2 Meaningful Use Standards as outlined in the Affordable Care Act.

Customer Service

- ▶ We improved patient satisfaction scores in our family practice clinics, Emergency Department, and test and treatment services compared to the previous year and our benchmarking groups.
- ▶ We experienced significant improvement in our Surgery Department's patient satisfaction scores, which are currently trending among the top 25 percent of participating hospitals in the nation.

Growth

- ▶ We opened Rock Haven Specialty Clinic in the adjoining medical mall on the hospital campus. The clinic houses physicians in nine different specialty areas, and it is also home to The Wound Center. The center provides comprehensive treatment (including

Wind sculptures donated in honor, memory of loved ones

Two additional kinetic wind sculptures were recently placed in the Healing Garden at Cass Regional Medical Center, thanks to generous donations to Cass Regional Medical Center Foundation.

The sculptures are the work of Lyman Whitaker, a Utah-based artist, and were installed by Leopold Gallery of Kansas City.

“Desert Lily” (at left, above) was placed in honor of Dr. Robert Wheeler upon his retirement, and the sculpture was purchased with donations made by his friends, colleagues and patients.

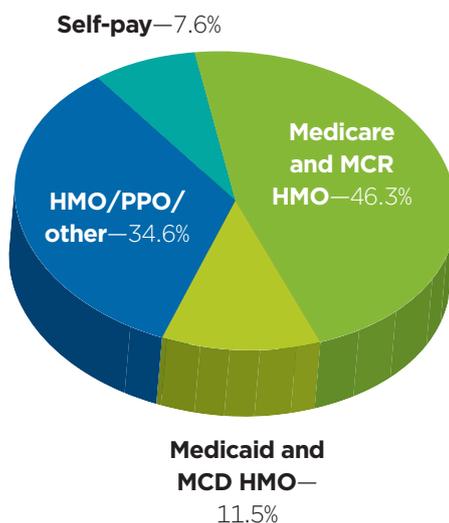
“Fleur-de-lis” (at left, below) was donated by Holley and Ed Brundick in memory of Holley’s parents, Buster and Zelma James, and her brother, Bill James.

For more information, call the foundation office at **816-380-5888, ext. 4810**.

Cass Regional Medical Center key operating statistics

	2012	2013	2014
Inpatient admissions	3,004	3,169	2,974
Outpatient visits	22,832	22,193	22,680
Emergency Department visits	14,915	14,596	14,604
Family Practice Clinic/ General Surgery Clinic visits	51,998	50,820	51,935

Payer mix



Report

hyperbaric oxygen therapy) for chronic, slow-to-heal and serious wounds.

- ▶ We established Cass Regional Orthopedics, which is the practice of orthopedic surgeon Ken Petersen, DO, located on the hospital campus in Rock Haven Medical Mall.
- ▶ We welcomed family nurse practitioner Melinda Lacy, RN, FNP-BC, to the staff of Harrisonville Medical Clinic.

Financial Strength (see chart at right)

- ▶ We exceeded our expectations related to our operating margin and days of cash on-hand.
- ▶ We were recognized for overall excellence in financial stability by iVantage Health Analytics, placing us in the top 25 percent in performance among all acute care hospitals in the nation.

Balance sheet

(consolidated with Cass Regional Medical Center Foundation and Cass Medical Center Improvement Corporation)

	2012	2013	2014*
Assets	\$103,396,617	\$107,985,577	\$110,428,670
Liabilities	\$55,068,627	\$54,960,141	\$52,910,281
Fund balance	\$48,327,990	\$53,025,436	\$57,518,389



**County Maintenance
Tax appropriation
received—2014**
\$2,106,078

Bad debt expense—2013	\$11,186,879*
Charity care—2013	\$1,489,857*
Total 2013 charity care and bad debt expense	\$12,676,736*

*Unaudited figures

Coming to your
community: free blood
pressure, blood oxygen
and blood sugar
screenings, as well as a
free total lipid profile.



See page 2 for more details.



White bean salad with asparagus

Makes 5 servings.

Ingredients

- 5 stalks green asparagus, tough ends removed
- 1 can (15 ounces) white beans, rinsed and drained
- 1 orange bell pepper, seeded and chopped
- ½ cup finely chopped red onion
- 2 tablespoons extra-virgin olive oil
- 2 tablespoons freshly squeezed lemon juice
- 1 teaspoon Dijon mustard
- Salt and pepper, to taste
- 1 cup leafy salad greens, loosely packed

Directions

- ▶ Cut asparagus into 1-inch pieces. In vegetable steamer, set into large saucepan; lightly steam for 2 to 3 minutes. Set aside to cool.
- ▶ In large bowl, combine white beans, orange pepper and red onion. Gently toss in asparagus.
- ▶ In separate bowl, whisk together olive oil, lemon juice, mustard, salt and pepper. Gently toss dressing into salad. Adjust seasonings to taste.
- ▶ Line salad bowl with leafy greens. Top greens with white bean salad. Serve with hearty whole-grain bread.

Nutrition information

Amount per serving: 134 calories, 6g total fat, <1g saturated fat, 16g carbohydrates, 4g protein, 5g dietary fiber, 156mg sodium

Source: American Institute for Cancer Research

FEATURING

Asparagus

It's a high-fiber food. And one cup of asparagus has just 27 calories and lots of nutrients that support the eyes, skin, immune system and bones.

Choosing. Select bright green (or purple or white) spears that are straight and firm with dry, tight tips. Thick or thin? Thin stalks are tender and great for eating raw, steaming or microwaving. Choose thicker ones for grilling, casseroles, soups and wrapping.

Storing. Wrap ends with moist paper towels, then put whole stalks in a plastic bag. Refrigerate for up to four days.

Trimming. Forget the knife! Hold the tip and the base with both hands. Bend. The stalk will snap in exactly the right spot to remove the woody bottom.

So good on or in: pizza, wraps, stir-fry, pasta, egg dishes, salads, soup, crackers with cheese, rice.

Asparagus three ways:

As nature! Dip thin, raw stalks in a favorite dip or salad dressing.

Roasted: Put fresh asparagus in a plastic bag with olive oil, salt, pepper and seasonings. Shake to coat. Spread spears on baking sheet; bake at 400 degrees until crisp.

Grilled: Coat grill with olive oil; grill spears 5 to 8 minutes. Drizzle with balsamic vinegar.

Really? In days of yore, people thought asparagus cured toothaches.

Sources: Produce for Better Health Foundation;
U.S. Department of Agriculture

