

The Meaning of Care[®] magazine

Winter 2015

Mary Robinson
A Face of Hope

Page 4


METHODIST





John M. Fraser
President and CEO
Methodist Health System

President’s Letter

Life comes with abundant joys — and hard realities.

Sometimes babies are born too early. Sometimes deadly cancers strike people in their prime. Sometimes chronic illness threatens to destroy quality of life.


At Methodist, we work to protect life, health and our patients’ wishes with compassion, medical expertise and innovation.

For our smallest patients, we have installed a new lifesaving technology in our Methodist Women’s Hospital Neonatal Intensive Care Unit, where more babies receive NICU care than any other hospital in Nebraska and southwest Iowa. The HeRO surveillance system, a first for Nebraska and in place at only 29 NICUs worldwide, translates a baby’s heart rate variability into an early warning of a developing infection.

For our cancer patients, we have expert care teams and specialized treatments in place to help ease difficult journeys, including the battle Mary Robinson, a young mother and educator, fought against acute myeloid leukemia with great hope, humor and faith.

For adults of all ages struggling with chronic illness and difficult medical decisions, we have a patient- and family-centered palliative care program. We work to maximize comfort and quality of life for people like 93-year-old Dorothy Hoffmann, giving her more activity-filled days and good times with loved ones, with the minimal medical interventions of her choosing.

Every day, at every Methodist Health System facility, we are honored to help with the hard realities facing our patients and families — one more way we live the Meaning of Care.

Sincerely,




Regional Provider Network Now Enhance Health Network

The Regional Provider Network (RPN) is now the Enhance Health Network, an alliance of independent healthcare providers working to enhance health at the community level.

In 2013, the Regional Provider Network was formed. Today, the organization consists of nine founding healthcare systems and 57 healthcare organizations and physicians, all of which work together to facilitate high-quality, affordable care through innovation, collaboration and education.

- The nine entities involved with the network are:
- Methodist Health System
 - Nebraska Medicine
 - Bryan Health (Lincoln)
 - Fremont Health (Fremont)
 - Columbus Community Hospital (Columbus)
 - Faith Regional Health Services (Norfolk)
 - Mary Lanning Healthcare (Hastings)
 - Great Plains Health (North Platte)
 - Regional West Medical Center (Scottsbluff)



Combining efforts, the network is focused on clinical integration and shared services to successfully prepare individual healthcare systems for the transition to value-based

care. The network is a for-profit partnership that delivers health care through shared services and clinical integration.

“Our purpose is to enhance health at the community level,” stated Dr. Michael Hein, president and CEO, Enhance Health Network. “Through this alliance, we highlight opportunities and deliver solutions that help independent healthcare providers thrive today and well into the future.”

John Fraser Makes Becker’s Hospital Review List

Becker’s Hospital Review has published the 2015 edition of its list of “130 Nonprofit Hospital and Health System CEOs to Know” and John Fraser, Methodist Health System CEO, made the list.



John M. Fraser

Fraser is joined by some of the most impressive presidents and CEOs in the healthcare nonprofit sector.

Fraser was one of two CEOs from Nebraska to make the list.

The men and women on this list lead some of the largest, most successful and prominent nonprofit healthcare organizations in the country. They have overseen financial turnarounds, shown commitment to their community through memberships and governance involvement with various organizations, and helped advance the healthcare industry as a whole through their advocacy and professional efforts.

John Fraser joined Methodist Health System as executive vice president and chief operating officer of Methodist Hospital in 1991. He was named president and CEO of the hospital in 1997.

Fraser remained at the helm of Methodist Hospital until 2007, when he was appointed president and CEO of Methodist Health System.



Women’s Hospital Announces NICU Expansion Project

The demand and the desire to offer high-quality neonatal care to more families ignited an effort several months ago to expand the current Methodist Women’s Hospital Neonatal Intensive Care Unit space to 51 private beds. The expansion will also provide a private family lounge for parents to relax and rest during their baby’s stay.

The recent announcement of the \$19.3 million expansion project was made by Methodist Health System leadership, physicians, medical staff and NICU families.

The expansion will add 13 single rooms and five rooms for twins or triplets. All babies in the new expanded space will be closely watched with the HeRO monitoring system, which has already been implemented in the existing NICU. (See our story on the HeRO System on page 8.)

Construction on the NICU expansion will begin in December, with an 18-month construction timeline. Throughout the construction special precautions will be taken to reduce noise and vibration, as the NICU will remain fully operational, and our patients are extremely sensitive to those issues.

A FACE OF *Hope* IN THE FIGHT OF HER LIFE

Cancer survivor Mary Robinson shares stories and laughter with oncology nurse Charlie Maguire.

The Robinson family, back row: Brody, Tim, Mary, Holly. Front: Colby, Shaylee.

Mary fought so bravely that she became "G.I. Mary Jane" to her Methodist care team.

At 38, Mary Robinson had it all.

She had her rock-solid faith and unstoppable zest for life. She had a community, friends and family she loved, most of all her husband and their four children. She had the teaching career and students she adored.

As one of the nation's most highly trained teachers of the blind and visually impaired, she had a dream she was about to bring to life: a place of hands-on educational wonders to stimulate the senses as no traditional classroom can. The world-class Sensory Courtyard at Fremont Public Schools was nearing completion thanks to Mary's vision, leadership and years of hard work.

Mary had a long to-do list for the fall 2014 grand opening. Suddenly, Mary also had cancer.

"It was like being in a car crash," her husband, Tim, explained. "We didn't see it coming."

Too Busy to Be Sick

"I have never thought of myself as ill," said Mary, a lifelong fan of fitness and healthy eating.

In spring 2014, fatigue seemed a normal consequence of Mary's too-busy life, and she made light of odd symptoms: body aches, bleeding gums, a slow-to-heal sore, low-grade fevers and night sweats.

"I saw my doctor in early August thinking I might have a virus," Mary said.

Her blood counts were extremely low, but why? Mary was surprised at the urgency of a next-day appointment at Methodist Estabrook Cancer Center with oncologist/hematologist Timothy Huyck, MD.

Dr. Huyck was struck by Mary's can-do personality despite the seriousness of her condition, saying, "Mary was too sick and too tired to walk across a room."

Devastating Diagnosis

A bone marrow biopsy confirmed that Mary had acute myeloid leukemia, or AML, a cancer of the blood and bone marrow. AML, which can strike at any age, is the most aggressive leukemia with the lowest odds of survival. Dr. Huyck explained that Mary's best chance would begin with admission to Methodist Hospital the next morning for an initial four to six weeks of intensive inpatient chemotherapy.

"If we had done nothing, Mary would have been dead in three to four months."

— Timothy Huyck, MD

"I can't. I have to work," Mary said, thinking first of her students, courtyard project and school year ahead.

Gently but firmly, Dr. Huyck said, "No. You don't."

Mary faced a long haul and uncertain outcome. Specialized treatment and the

advantage of youth gave her perhaps a 50/50 chance.

"If we had done nothing, Mary would have been dead in three to four months," Dr. Huyck said.

Mary saw her life flash before her eyes, unable to imagine leaving her children motherless, Tim a widower and so much work undone.

"I don't want to miss out on anything!" Mary cried. "This isn't fair!"

"The diagnosis was devastating, and I get emotional just talking about it," Tim said. "But Mary is such a fighter, with such drive, spirit and spirituality. I knew if anyone could beat it, she could."

Oncologist-hematologist
Timothy Huyck, MD

By rolling a large color-coded cube, Mary and student Joey Bixby, 15, change the colors of the bubble light tubes in the Sensory Courtyard's Snoezelen Room.



As Mary later explained in her online journal, “I wiped away my tears and made a decision right then to fight with all my might and make it to the final round as the winner.”

Seeing the CAN in CANcer

That night, Mary and Tim broke the news to the kids — Shaylee, Colby, Holly and Brody — then ages 6 to 13.

“Tomorrow, Mommy’s going into the hospital,” Mary told them. “I’m going to fight, and I have God in the ring with me ready to take swings anytime I don’t have the strength to do it on my own.”

Vowing not to let the disease define her or get her down, Mary committed to seeing only the CAN in CANcer.

“I believe a positive attitude is half the battle,” Mary said. “I was going to get the best treatment and kick cancer’s butt!”

“Belief in oneself is invaluable, especially with aggressive cancer,” Dr. Huyck said. “If you’re sitting at the bottom of a mountain certain you can’t make it to the top, you won’t. If you believe you can, you have a better chance.”

After a whirlwind stop to put her classroom in order, Mary arrived at the Methodist Hospital oncology unit ready to make the most of her time there. She would stay connected to her supportive family, friends, school and faith community through social media. She brought along hand weights and jogging shoes to stay in shape.

“I quickly learned I wouldn’t be running marathons and had Tim take my exercise equipment home,” Mary said.

Sickest of the Sick

Dr. Huyck explained that Mary’s initial treatment phase, called induction, requires

strong chemotherapy to kill as many leukemia cells as possible. Healthy cells die too, generating unpleasant side effects to be managed: crushing fatigue, nausea, vomiting, diarrhea, nerve and muscle pain, skin rashes, dry eyes and other discomforts.

As Katie Holling, BSN, RN, OCN, one of Mary’s oncology nurses, explained, “Leukemia patients are among the sickest of the sick.”

“Induction takes the immune system to zero, putting the patient at high risk of infection,” Dr. Huyck said. “That’s why we have our infection control team on the case from day one.”

Infectious disease specialist Robert Penn, MD, is the medical director of infection prevention at Methodist Hospital. He oversaw Mary’s prophylactic antibiotic and antifungal therapies, her special diet, the care team’s vigilant monitoring of her vital signs and other essential protocols.

“We’re always watchful for and ready to treat infection,” Dr. Penn said, “while working as a team to provide truly holistic care for our patients’ needs — physical, mental, emotional, intellectual, social, environmental, nutritional and spiritual.”

Reverend Melissa Strong, chaplain team leader for Methodist Hospital, grew close to Mary, connected first through faith, then by a deepening admiration and friendship.



Aurora Seip, 5, touches this interactive floor to catch butterflies and make flowers bloom.



Orion Seip, 3, hops out a tune on musical stepping stones.

“Even in the midst of illness, Mary possessed a rare and infectious positivity,” Rev. Strong said. “She genuinely cares for others and eagerly shared her positive energy with patients and staff.”

“The hope, cheer and spirit Mary has,” Dr. Huyck said, “is second to none.”

G.I. Mary Jane

Mary was upbeat even when chemo caused her to lose her hair, often an especially hard part of a woman’s cancer journey.

“I felt so liberated when those amazing cosmetologists from Methodist Estabrook Cancer Center’s Inner Beauty salon shaved my head, and Tim and I laughed our way through wig fittings,” Mary said. “He called it his date with 10 different women.”

“We find the fun in life,” Tim explained. “Mary is a happy person, and happiness is contagious.”

Another of Mary’s nurses, Charlie Maguire, BSN, RN, described Mary as “someone who makes every day a better day.”

Inspired by Mary’s resemblance to the bold, beautiful, newly bald Demi Moore in the movie “G.I. Jane,” Charlie and the night shift nurses surprised Mary with banners that read: “G.I. Mary Jane: Kickin’ cancer’s butt one day at a time. Failure is not an option.”

“I almost cried tears of joy,” Mary said. “My nurses were so awesome! They will always hold a special place in my heart.”

“There is a lot more to giving care than administering chemo,” Tim said. “We could not have had a better experience than we had at Methodist, and all the little things went miles.”

In God’s Hands

Mary and Tim firmly believe there are both medical and spiritual sides to cancer.

“At times we were so scared, wondering: Will we beat this? Will Mary’s energy return?” Tim said. “We put it in God’s hands, and God gave Mary’s caregivers the talents to care for her.”

A turning point came one particularly difficult evening while Mary was deep in prayer.

“I felt the movement of a divine breath of healing into me,” Mary said. “I told Dr. Huyck I knew then that my cancer was in remission — and it was.”

“The biggest weight in the world was lifted off our shoulders. Mary is jaw-droppingly healthy now.”

— Tim Robinson

Induction was successful, as was the second treatment phase, called consolidation, to prevent recurrence. By mid-January 2015, Mary had completed 24 rounds of chemotherapy and won her battle.

“The biggest weight in the world was lifted off our shoulders,” Tim said. “Mary is jaw-droppingly healthy now.”

“I am grateful for every day God gives me on this earth,” Mary said, “and I will continue making every moment count.”

A Dream Made Real

On August 10, 2015, after a yearlong postponement, the Sensory Courtyard opened to rave reviews from students, parents and educators.

“This phenomenal sensory experience, something never before attempted, shows what a strong and caring person Mary is,” said Mark Shepard, superintendent of Fremont Public Schools. “She created a shared vision, working with others and always going the extra mile to bring this to fruition for our students.”

Jennifer Bixby, mother of two of Mary’s students and chairperson of the major fundraising event for the courtyard, will never forget Mary’s words to her years ago: “I have this crazy idea. . . .”

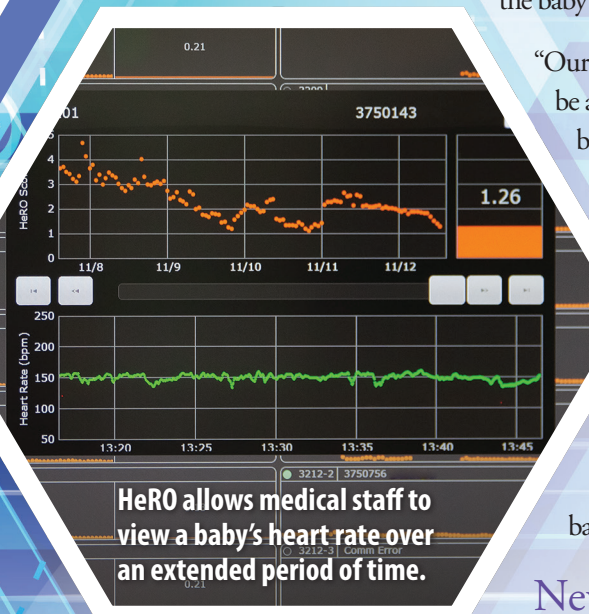
“Ninety-nine percent of us wouldn’t have the guts to take on a project like this,” Jennifer said, “yet Mary overcame every barrier — including cancer.”

 Story by Julie Cerney

Mary Robinson is one of more than two dozen “Faces of Hope,” courageous people whose inspirational cancer stories are displayed at Methodist Estabrook Cancer Center and harpershope.org/Faces-of-Hope.



David Minderman, MD, and Brady Kerr, MD, examine historical data from babies in the NICU to identify potentially life-threatening illnesses before symptoms appear.



HeRO allows medical staff to view a baby's heart rate over an extended period of time.

a neonatologist at Methodist Women's Hospital. "It's one more piece of data that helps us make important decisions regarding care. It can prompt us to do further tests or do antibiotic therapy, but it may also reassure us to sit back and just monitor the baby more closely."

"Our hope for this system is that we'll be able to see changes and get sick babies on antibiotics sooner," said Cindy Mirfield, service leader for the NICU. "The statistics show that for every 48 very low birthweight babies (less than 3 pounds) on HeRO, one life was saved. For extremely low birth weight babies (less than 2 pounds), one of every 22 babies was saved."

New Technology

The HeRO system is installed in every bed in the Methodist Women's Hospital NICU, which will soon be expanding to accommodate more babies. Donors to the Methodist Volunteers In Partnership guild made it possible to launch the system ahead of the NICU expansion to ensure the health of tiny babies.

"We're excited to have the technology," said Dr. Minderman. "We think it's going to be very beneficial to all of our patients. We're really

"HeRO helps us recognize babies who may be getting sick – babies we maybe wouldn't have thought were getting ill."

– David Minderman, MD

happy for the generosity of the folks who made this available. It's a luxury, but it's an important luxury that's really going to help us make a difference for the babies in our care."

Story by Katina Granger

What Is HeRO?

HeRO is a noninvasive, continuous risk assessment for infection that has been proven to reduce mortality rate by 20 percent in very low birth weight babies.

The system interprets data being collected by the baby's heart rate monitors. It analyzes the data over time to see if the baby is at risk for infection.

When babies are healthy, the heart rates rise and fall – just as they do for adults over the normal course of the day. If that variability stops, and the baby's heart rate remains relatively the same over time, it shows that the baby may be becoming ill. The lower the baby's heart rate variability, the greater the risk of infection.

HeRO measures the number of changes in the baby's heart rate pattern and gives physicians a five-day trending line they can watch. The data is then shown as a score that can be an early warning for sepsis and other life-threatening infections.

HeRO is currently available in only 29 NICUs in the world. Methodist Women's Hospital is proud to be among them.



New technology and a personal touch allow NICU staff to provide high-quality care.

For Every Tiny Baby... A HeRO

Every tiny heartbeat in the Methodist Women's Hospital Neonatal Intensive Care Unit (NICU) tells a story.

Now, thanks to a highly advanced new tool, the story behind those heartbeats can be heard and help save babies' lives.

"Methodist Women's Hospital has always been at the forefront of medical innovation, and this technology is groundbreaking in our region," said Sue Korth, vice president and COO of Methodist Women's Hospital. "There are no states touching ours that have this technology."

The tool is called HeRO. It's a surveillance system that connects with NICU babies' heart monitors and helps the medical team watch for signs of disease or infection long before typical outward symptoms appear.

Early Detection

"HeRO helps us recognize babies who may be getting sick – babies we maybe wouldn't have thought were getting ill," said David

Minderman, MD, a neonatologist and NICU medical director at Methodist Women's Hospital. "NICUs that have used this technology found they were able to recognize these babies early enough to make a significant difference in their survival."

HeRO works by collecting and then analyzing the information from the baby's heart monitor. It keeps track of that information over an extended period of time and looks for changes and trends. The information is then converted into a health score physicians can use to help determine if a baby is developing a troubling infection, such as sepsis.

"The score may help us detect an infection earlier and initiate treatment earlier, or if the score is good it may give us confidence to just continue to observe," said Brady Kerr, MD,

Elaine McCord looks back at a scrapbook of photos and memories of her mother, Dorothy.

Dorothy Hoffmann receives kisses from one of her 34 great-grandchildren.

From left: Rita, Dorothy and Elaine

Palliative Care

MAKES LIFE ABOUT LIVING

Inside a small suitcase, a stack of wooden Scrabble® letters spells out the words, “I love you.”

A pill bottle is filled with dimes and nickels for a quick game of cards. A rosary, cards, family photos and a harmonica are also packed neatly inside.

Although Dorothy Hoffmann battled with chronic illness on a daily basis, she lived life to

the fullest, right up until the end. Her family packed her “suitcase for Heaven” with a few of the many things she enjoyed in life.

“Mom was so involved in the activities in her assisted living community, they gave her an award for attending more events than anyone,” said Elaine McCord, one of Dorothy’s nine children. “And that was just months before she passed.”

At the age of 92, Dorothy had her share of medical issues: congestive heart failure, a chronic nerve condition, chronic kidney failure and anemia. Instead of participating in craft projects, puzzles, games of cards and bingo, her life became a revolving door of hospital stays and recovery at the nursing home. It was becoming an emotional roller coaster of health crises for Dorothy and her family.

“It just kept happening over and over,” said Elaine. “She had so many doctors. A doctor for her heart, a doctor for her kidneys. I brought

her to Methodist because I wanted somebody to look at the big picture and tell us in simple terms what Mom’s future looked like. That’s when palliative care stepped in.”

Putting Quality First

Palliative care is a relatively new service at Methodist Hospital, and one that has been very successful when it comes to giving patients a fresh look at preserving quality of life.

“Managing symptoms, communicating and working effectively with families is what we do,” said Todd Sauer, MD, medical director of the palliative care program at

“We’re here to help patients and families at a time of crisis – not just to help get through this hospitalization.”

– Howard Edwards, MD

Methodist. “We are symptom management experts, and we also help families make big decisions about goals of care.”

The palliative care program began at Methodist in 2012 and has grown every year since. To date, the program has helped approximately 2,300 patients and their families – including Dorothy.

“They did a physical assessment, looked at her charts and set up a family phone conference so all nine of us children could be together on the phone,” said Elaine, who says many of her siblings lived too far away to help with day-to-day decision-making and care. “The doctor explained Mom’s condition, what the treatment options were, and looked at preserving her quality of life. It was an opportunity for everyone to ask questions and hear the answers straight from one doctor. They felt they had some input, and it got everybody on the same page.”

That coordination of care is what palliative medicine is all about.

“We’re here to help patients and families at a time of crisis – not just to help get through this hospitalization, but to look out to the future to help them in the long term,” said Howard Edwards, MD, a palliative care physician at Methodist. “We empower patients and families



Mariah Selby, RN, and Jackie Thielen, APRN, program director for palliative care at Methodist Hospital, discuss a patient's overall care plan.



From left: Todd Sauer, MD, and Howard Edwards, MD



Dorothy celebrates her 93rd birthday surrounded by family and friends.

Celebrating 93

For Dorothy, palliative care meant a focus on quality over quantity, putting an end to the constant stream of hospital visits and the pokes and prods of needles. She and her children wanted to focus on making the most of the time she had left. Her 93rd birthday was spent surrounded by family and friends, complete with pizza and a carrot cake. Echoes of “happy birthday” filled the assisted living residence she called home.

“Our family was content knowing Mom’s wishes were being followed,” said Elaine. “In those nine months following her stay at Methodist, Mom was able to participate in social activities and had daily visits from our family. We all enjoyed and cherished that time we had together.”

Four days after her birthday, Dorothy passed away. For Elaine and her family – all of Dorothy’s nine children, 20 grandchildren, 34 great-grandchildren and eight great-great-grandchildren – allowing her to live life to the fullest up until the end made saying goodbye so much easier.

“Palliative care looks at quality of life and gets everybody on the same page whether you are close to end of life or not,” said Elaine. “I feel like ours was a very positive experience and any time we can improve that understanding of what palliative care is all about, it’s a good thing.”

 *Story by Katina Granger*



Dorothy Hoffmann's children and family.

to get a good understanding of their illness and also rally families behind patients to help get them where they need to be.”

Knowledge Is Power

Palliative care patients are often like Dorothy, facing chronic illness or conditions for which there is no cure. Many only know they want to “get better,” but don’t have a good definition of what that means.

“I think we all want our illnesses to go away,” said Dr. Edwards. “I think it’s empowering to understand the illness and then move forward to having the best quality of life.”

“Sometimes what patients and families need is someone to cut through all that medical speak to bring the whole picture together for them,” said Jackie Thielen, APRN, program director for palliative care at Methodist Hospital.

“We ask patients to tell us what they’re dealing with or what they understand,

and from there, what’s important to them. Then we move toward that goal.”

Some of the conditions they see in their patients include COPD, heart failure, cancer, lung disease, shortness of breath, nausea, delirium, anxiety, insomnia, depression or weakness.

“Our family was content knowing Mom’s wishes were being followed.”

– Elaine McCord

They work with any patient facing a long-term battle with illness.

“Our medical expertise is in managing symptoms,” said Dr. Sauer. “If they have a symptom that is impacting their quality of life

and their doctors are struggling to give them the quality of life that they want, they can ask for our expertise in managing symptoms to match the level of comfort they want for themselves.”

Treating the Patient, Not Just the Illness

Mariah Selby, RN, often sees the difference palliative care can make. She works alongside physicians and nurse practitioners who have meaningful conversations with patients to dig deeper into their true health goals. It’s up to palliative care professionals to make sure everyone stays on track.

“Palliative care physicians are so much more focused on the patient’s goals and what they want in life,” said Mariah. “Whether it’s to improve functioning or manage their pain, palliative care physicians are the best at doing it. The patient is also so much more confident in the care they receive because they have more control of what’s going on.”

“Patients are very grateful. Being a palliative care physician is the most rewarding thing I could possibly do,” said Dr. Sauer. “My interactions are much deeper with families. They are very grateful and it makes the hard part of my job bearable because it’s so rewarding.”

Not the End, but a Beginning

Unfortunately, for some patients, a transition to palliative care also creates some confusion and fear.

“So many people don’t understand that there’s a difference between palliative care and hospice care,” said Mariah. “Although both palliative and hospice are about quality of life, palliative is more focused on achieving patient goals.”

Palliative care and hospice care are two very similar services – ones that often parallel and intersect with one another – with a very distinct difference. While both focus on quality of life, control of symptoms and putting the patient’s

wishes first, hospice is intended for patients who have six months or less to live if the disease runs its natural course. Palliative care is for any patient living with a chronic and potentially life-limiting disease. They are not necessarily at end of life.

“We can help people at any point in their illness,” said Dr. Sauer. “Studies show us that the earlier someone gets engaged with a palliative care team, their quality of life and, in some studies, length of life improve.”

“Back in 2010, researchers looked at patients who had lung cancer,” said Dr. Edwards, “and with early palliative care, patients actually lived longer, happier lives than those who went without. So there’s also a mortality benefit with palliative care for patients with illnesses such as cancer.”



A Special Birthday Request: *Help Save Lives*

Spencer celebrates his first birthday
with laughter and good health.



Spencer was born weighing
1 pound, 13 ounces.



Spencer enjoys his first birthday cake.

Picking out the perfect present was easy for friends and family attending Spencer's first birthday.

His parents asked them to skip the traditional gifts of toys and clothes. Instead they wanted their guests to consider donating to Methodist Women's Hospital Neonatal Intensive Care Unit (NICU).

"We were touched by the care we received there and wanted to show our appreciation," said Stacey, Spencer's mom.

Spencer started his young life 14 weeks early. Like many of the babies in the NICU, he still had a lot of growing to do. At just under 2 pounds, he fought hard for every ounce.

"This was a frightening time," said Stacey. "You can't prepare for something like this, and the staff at Methodist was able to turn it into a positive experience."

Even while Spencer was still in the hospital, Stacey and her husband Matt started thinking about ways they could give back.

"We realized right away how fortunate we were to be in this special place," said Matt. "We wanted to ensure that others could have the same level of care we received."

Spencer's gifts will be used to help with the NICU expansion effort. It's a project that will nearly double the number of beds, add more lifesaving technology and include additional family space.

"It is very therapeutic to give back," added Stacey. "We all have hard things that happen to us. It's helpful to widen your lens and think of others."

Spencer wasn't the only one celebrating on June 7. He was born on his mother's birthday.

"I got the best gift that day," said Stacey. "He's a true miracle."

For other NICU success stories and to see the expansion plans, go to MethodistHospitalFoundation.org.

The 1891 Society

Named for the year in which Methodist Hospital was established, the 1891 Society recognizes the current giving of loyal donors who support the programs and projects of Methodist Hospital Foundation. We thank the following friends who have made a gift between **July 1, 2015, and September 30, 2015.**

Founders

Gifts and pledges \$100,000 and greater

Marjorie Hood
The Lozier Foundation
Tom & Cindy McGowan
William & Ruth Scott Family Foundation

Leaders

Gifts and pledges \$50,000 to \$99,999

Adam & Kathryn Koslosky

Guardians

Gifts and pledges \$10,000 to \$49,999

The Baer Foundation
Birdean J. Christoffersen
Leslie C. Hellbusch, MD
Methodist Physicians Clinic Women's Center
Craig Bassett, MD
Paige Berryman, MD
Julia Bishop, MD
Jessica Bracken, MD
Mark Carlson, MD
Amber Cohn, MD
Sarah Gernhart, MD
Lanette Guthmann, MD
Kristen Hoffman, MD
Rebecca Jacobi, MD
Carolee Jones, MD
Brian Karre, MD
Brianne Kling, MD
Michelle Knolla, MD

Abby Lankhorst, MD
Thomas Martin, MD
Nancy Mathews, MD
Mia Nagy, MD
Allison Phillips, MD
Megan Prickett, MD
Aimee Probasco, MD
Judith Scott, DO
Tiffany Somer-Shely, MD
William Weidner, MD
Susan Westcott, MD
Mid-Continent Irrigation, Inc.
Neonatal Care, PC
Khalid A. Awad, MD
Brady A. Kerr, MD
David W. Minderman, MD
Chinyere Oarhe, MD
Lynn D. O'Hanlon, MD
Thomas W. Seidel, MD
Shared Service Systems

Protectors

Gifts and pledges \$5,000 to \$9,999

Dr. Tyron Alli & Dr. Patricia Seivert
American National Bank
Bridges Investment Counsel, Inc.
Nancy Graham Cagle & Brad Cagle
Scott & Traci Damrow
HDR
Head for the Cure Foundation
Johnson Controls, Inc.
Kiewit Building Group
Perinatal Associates, PC
Robert Bonebrake, MD
Brendan D. Connealy, MD
Joshua D. Dahlke, MD
Neil Hamill, MD
Michael Levine, MD
Todd Lovgren, MD
Andrew Robertson, MD
Hemant Satpathy, MD
Dr. & Mrs. Harry P. Pocras
Drs. James & Rebecca Reilly
Margaret E. Sterling
Robert & Nancy Stoll

Friends

Gifts and pledges \$1,000 to \$4,999

Baird Holm
Banyan Medical Systems
Stephanie Bess & Keith Green
Blackman & Associates
Blue Cross Blue Shield of Nebraska
Ronald & Connie Brasel
Art & Jan Burtscher
CBSHOME Real Estate
Centris Cruisin' for a Cure Car Show
Charley's Angels Photography
Darmco Corporation
Dr. & Mrs. Dennis DeRoin
Dr. & Mrs. John J. Edney
Tom & Sue Eiserman
Electric Company of Omaha
Thomas Elser & Stephen Hug
Marshall & Mona Faith
Falewitch Construction Services
John & Debbie Fraser
GIKK Ortho Specialists
Steve & Brenda Goesser
Michele & Doug Grewcock
Dr. & Mrs. John A. Haggstrom
Neil Hamill, MD
Lee Harlan
Helomics Corporation
Hillcrest Health Services
Drs. Ajoy & Laura Jana
Nancy E. Koehler
Sue & Kelly Korth
Dr. & Mrs. Richard A. Kutilek
Thomas & Angy Malicki
Marco, Inc.
Tim McGee with Catalyst Real Estate
Methodist Hospital Administration
Methodist Jennie Edmundson Hospital
Methodist Physicians Clinic Administration
Methodist Volunteers In Partnership
MMC Mechanical Contractors
Nebraska Business Aviation Association
Nebraska Furniture Mart
William J. Neff

Dr. & Mrs. Stephen M. Nielsen
Ralph & Paulette Palmer
Dr. & Mrs. Jeffrey A. Passer
Cyndy Peacock
Dr. & Mrs. Scott G. Rose
Rotella's Italian Bakery
The Scoular Foundation
Seline Family Foundation
Dr. & Mrs. William A. Shiffermiller
Thomas & Jean Sitzman
Betsy J. Stephenson, MD
Stryker Sustainability Solutions
Tailored Lawns
Melodee & Tommie Thompson
Del & Phyllis Toebben
Dr. & Mrs. John S. Treves
UNMC - High School Alliance
US Foods
Vetter Health Services
Vintage Financial Group
Dr. & Mrs. Eugene A. Waltke
Drs. Susan & Michael Westcott

Our friends who wish to
remain anonymous.



From left: Stacey, Matt, Spencer
and his big brother, Carter.



An Affiliate of Methodist Health System

8303 Dodge Street
Omaha, NE 68114

Nonprofit
U.S. Postage
PAID
Omaha, NE
Permit No. 563

Winter 2015

Volume 5 – Issue 3

The Meaning of Care magazine is published by Methodist Health System Marketing & Public Relations. Free subscriptions are available by emailing your request to bestcare@nmhs.org.

Chief Marketing Officer
Director of Public Relations
Writer/Associate Editor
Writer/Associate Editor
Art Director/Photographer

Stephen Zubrod
Claudia Bohn
Julie Cerney
Katina Granger
Chris Thompson



METHODIST

The meaning of care.®



Our baby
had a tough start,
but we had an
**INCREDIBLE
TEAM!**

A regional leader in birth services, Methodist Women's Hospital is expanding our newborn intensive care unit as part of our promise to give you and your family peace of mind as you bring new life into the world. Explore your birth options at MethodistWomensHospital.com



©2015 Methodist Health System

