

Trinity

SPRING 2013

matters

A PUBLICATION OF TRINITY HEALTH FOUNDATION



Premiere Issue

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Introducing Trinity Matters

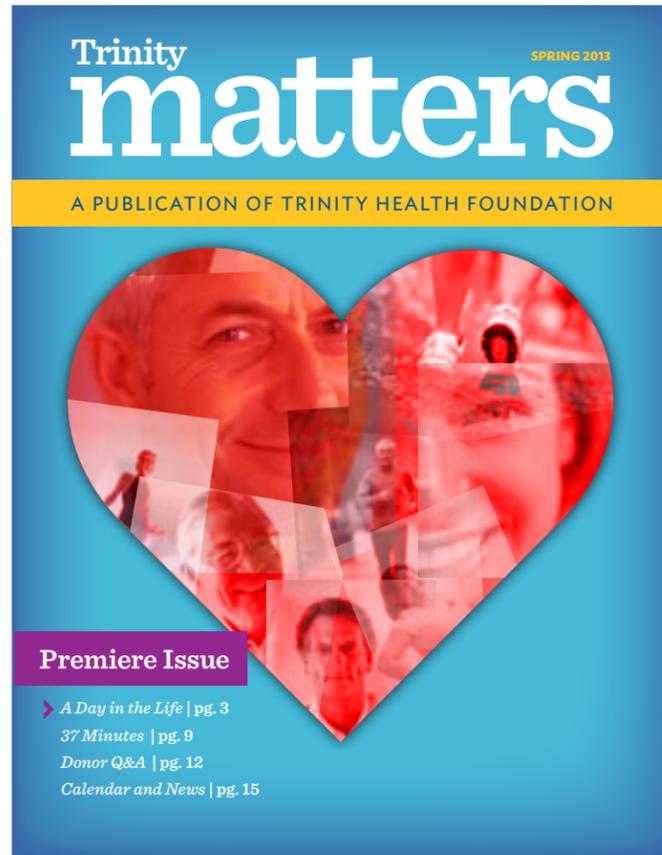
Trinity Health Foundation debuted *Works of Wonder* in 2007. Designed to share stories of inspiration and impact, the newsletter helped track how your generous donations have changed – and continue to change – lives. It offered news about Foundation events and often a photo or two. But at two pages, its scope was limited.

Your feedback helped guide us in our decision to increase the size of the publication to 16 pages and to give it a new name. *Trinity Matters* will continue to feature inspirational stories of patients whose lives have been improved, transformed and even saved **thanks to you**.

But it also will feature donor stories, stories of people, like you, who give to others because they want to help their family, friends and neighbors in their time of need, now and tomorrow.

Beginning with the next issue, *Trinity Matters* also will feature informative articles about the management of your resources. It will include articles on how to utilize tax laws in the most beneficial ways. It will focus on how you can take care of yourself and your family and the charities you love.

Finally, *Trinity Matters* will offer event reminders, photos and occasionally a place for your comments ... we'd love to hear from you. Let us know what you think! Contact us at (309) 764-7610 or Foundation@ihs.org.



In this Issue

A Day in the Life | **pg. 3**

Dr. Randall Bay lets us tag along on his busy ER shift as he diagnoses, treats and comforts a day's worth of the 35,000+ patients who will visit Trinity's Rock Island ER this year.

37 Minutes Buys Precious Years | **pg. 9**

Expert emergency cardiac response saves a clinically dead Milan man, **nine times!**

Donor Q&A | **pg. 12**

Dr. Bruce Perry and Gene Holst of the Quad City Osteopathic Foundation say their parents helped instill a commitment to give back.

Trinity Health Foundation donors | **pg. 13**

Trinity Health Foundation board members | **back cover**

A DAY IN THE *Life of an* *ER Doctor* AND HIS TEAM

Why your support is urgently needed to
continue providing great care in our backyard

>7:00 a.m.

Monitors beep, papers rustle and copiers whir as Dr. Randall Bay arrives for his 12-hour shift in the emergency room. Dr. Charles Lemon is glad to see him. For a Monday night, it was busy – one patient was flown to Iowa City with a bad abdominal bleed and another (only 17 years old) had worrisome chest pain. Dr. Lemon is eager to go home and sleep.



Dr. Randall Bay

7:03 a.m.

Dr. Bay reviews three new charts: one patient is having trouble breathing, one has pain in both his arms, one has chest pain. As per ER protocol for patients with cardiac symptoms, they will all have EKGs along with other tests. Dr. Bay will examine their medical histories online as he awaits test outcomes. No time for coffee.

7:20 a.m.

“What’s wrong today?” Dr. Bay asks Mary as he enters the room. Mary smiles back but her voice is quiet.*

“I felt like my heart was racing and I was laboring to breathe,” the 76-year-old says. “I was nauseated too. I told my husband it wasn’t an emergency, but that it felt different.”

“Okay, let’s sit up and take a listen,” Dr. Bay says, placing his arm behind Mary to help. “Deep breath.”

Dr. Bay learns Mary has been putting off mitral valve surgery and suspects the valve of beginning to fail. He orders more tests and returns to his cubicle, a closet-sized space between staff workstations that houses his computer and phone. He will spend a considerable amount of time here, researching and documenting every patient he sees.

“Jennifer, will you call this patient’s cardiologist?” he asks secretary Jennifer Antao as he hands over Mary’s file.

7:35 a.m.

“Hi, I’m Dr. Bay. What’s going on?” Dr. Bay smiles warmly at Jeff, a 34-year-old factory worker. He wants to calm the frightened patients and family members who sometimes have waited hours to see him.

“I got dizzy at work,” he says. “They said my face got all white. My chest and arms hurt too.”

Dr. Bay completes his exam and tells Jeff to sit tight until he’s seen his test results.

“I see more chest pain than I see sore throats,” Dr. Bay says as he reviews his test results. “Most of it will be benign, but it can be potentially fatal. The stakes here are incredibly high. In Jeff’s case, it looks like a little dehydration. We’ll run a repeat EKG to be sure, though.”

7:50 a.m.

Dr. Bay is with the third patient of the morning, an overweight middle-aged woman. She has a pain in her abdomen.

“Her pain is increasing and she’s thrashing around,” she says.

“Are the labs back?” Dr. Bay wonders. She shakes her head. “Call on those and repeat her EKG.”

Emily also reports that a woman with a broken ankle wants something for the pain.

“She can have two Vicodin but make sure she has a ride home,” Dr. Bay says.

8:20 a.m.

The patient in Room 7, Sheila, is 44, smokes and drives a bus for a living. She had “a lot of pressure, pain in the shoulder blades and it hurt, period.”

“The nitroglycerin in the ambulance didn’t work?” Dr. Bay asks.

“No, but this morphine’s got me flying high,” Sheila chuckles.

Quad-Citians rely on Trinity for exceptional emergency care, whether for a broken bone or a heart attack. In fact, 35,000+ patients visit Trinity Rock Island’s emergency department alone per year, and this number is forecast to continue to grow another 8 percent by 2014.

Built in 1972, it is simply no longer able to provide the space or support needed to deliver critical care into the next decade.

Today, several treatment bays have been converted into double occupancy spaces separated only by a thin curtain. There is no room for family members in these tiny spaces and no privacy. At peak times, patients awaiting treatment are sometimes parked on gurneys in hallways.

Back at his computer, Dr. Bay reviews the lab work on Mary.

“Too low blood pressure, enzymes a little high,” Dr. Bay says. “She’s my worry this morning.”

8:35 a.m.

Dr. Bay carries Andrea’s ultrasound into her room.

“It looks fine, and your EKG is normal as well,” he reports. “Are you going to allow us to do a blood test?”

“It ain’t the pain,” Andrea says. “It’s just the thought of them going into my veins.”

“Why don’t you come back if things get worse,” Dr. Bay says. >

“This has been the longest morning ever... and it’s just 9 o’clock.”

–EMILY HUGGINS, RN

“Have you ever felt this pain before?” Dr. Bay asks her.

“No! I had it all night at work,” Andrea says.

“Maybe gall bladder,” Dr. Bay muses. “We’ll get a blood sample and go from there.”

“Ahhhh, needles,” Andrea says. She is covered with tattoos.

“Freak you out, huh?” Dr. Bay asks. “It won’t be too bad. We need to do it.”

Emily Huggins, RN, catches Dr. Bay as he leaves Andrea to update him on Mary.



“No one is here to judge. We’re here to care. We treat everyone – no matter what their walk of life – with dignity, respect and regard. It takes my breath away.”

–DR. BAY

WHY TRINITY ROCK ISLAND NEEDS UPDATING

Trinity's Level II Trauma Center works miracles every day ... and thank goodness. You, your loved ones and your neighbors can count on expert help being only minutes away, no matter what the time of day or whether you can afford to pay.

But this extraordinary emergency team – staffed by board-certified physicians – needs your help to be able to continue to provide the level of critical care you rely on.

We need your help to build a new facility to accommodate ever-increasing demand, reduce operational costs and improve patient safety and privacy. We need a new facility to house critical imaging and diagnostic equipment within reach. We need a new facility to ensure patients get the best care in an environment that is conducive to healing.

"I am very proud of the work we do in the emergency department," Trinity's Director of Emergency Medicine Dr. Kevin Kurth says. "We have the best-trained staff. They are passionate about their work and love the challenge of comforting and healing patients who need emergency care. But the lack of space and poor logistics in our current emergency department do not support the high level of care we deliver. We all must work harder to compensate for this. With a new expanded emergency department, we could do so much more."

Learn how you can help build our new emergency department. Contact Foundation President Marika Jones at (309) 764-7610 or at Foundation@ihs.org.



8:55 a.m.

Emily is waiting for Dr. Bay as he returns to his cubicle. "Mary's getting sick to her stomach now."

Dr. Bay hurries across the hall.

"Still having a hard time, huh?" he asks.

"It's hard to breathe with this mask on," Mary says of the oxygen mask that covers her nose and mouth. Even with it on, her oxygen level is 10 percentage points below what it needs to be.

"You've got some fluid accumulating in your lungs," Dr. Bay explains. "We're going to give you a new medication to help with that. It will make you feel a lot better." He pats the patient's leg and returns to the nurses' station to give the new orders.

"This has been the longest morning ever," Emily says, looking at the growing patient list. "And it's just 9 o'clock."

9:15 a.m.

Dr. Bay's phone rings: it's the cardiologist. Dr. Bay reports on Mary's condition, which is deteriorating. The nurses have parked a "crash cart" outside her door.

"The cardiologist wants to send her to the cath lab," Dr. Bay says. Two members of the cath lab team appear within seconds

to help transport Mary down the hall.

Back at the white board Jennifer says, "We have a new chest pain in room number 2."

"That's four chest pains I haven't seen yet, and the board's full of other problems," Dr. Bay says.

9:35 a.m.

Nurse Manager John Carslake fills Dr. Bay in on another patient.

"He's an older man who is dizzy and weak," John says. "It's his 93rd birthday. Bummer of a birthday."

Dr. Bay glances at his chart, grabs his stethoscope and strides quickly down the hall.

"Happy birthday!" he grins as he walks in.

"Did you bring the cake?" Gene asks as his son and daughter chuckle. Their father is always light-hearted and good-humored ... even in the ER.

Gene says he simply couldn't get out of bed this morning. A pulse oxymeter shows his oxygen level is at 78 percent: alarmingly low.

Dr. Bay pats his shoulder and says, "Okay, let's do some tests!"

10:05 a.m.

"I have hives. They're itchy."

A slender, blond-haired 16-year-old boy sits on a bed with Mom nearby. Dr. Bay speaks soothingly and writes a prescription for steroids.

"You go from chest pains to hives here," he says later. "Mom's nervous about her son's hives, which can be just as nerve wracking for them as chest pains for someone else. Hives, broken legs? They're easy to fix. The vague chest pains give you sleepless nights."

10:40 a.m.

Dr. Bay ducks back in to Gene's room. "We're going to admit you to the hospital. Your enzymes are a little high. We want to keep an eye on you for a while."

"Do you allow wild parties?" Gene laughs.

11:05 a.m.

For every minute he spends with a patient, Dr. Bay must spend at least 10 minutes researching and documenting the patient's records. For many, he must also try to reach personal physicians.

"How do I decide whether to send a soft chest pain home?" he muses. "Maybe there's a 10 percent chance – maybe 5 percent – maybe 3 percent chance of an event to come."

Dr. Bay is referring specifically to Sheila, the 44-year-old bus driver. He wants to admit her and phones Sheila's doctor.

"Sheila's EKG is not diagnostic, and her chest X-ray and first set of enzymes are okay," Dr. Bay begins. "But her story is worrisome. This is the second time she has had chest pressure, pain, nausea and breathlessness. I'd like to admit her."

Sheila's doctor agrees.

About 10 percent of ED patients receive cardiac-related diagnoses. Current space constraints prevent the current Rock Island ED from having its own testing and diagnostic equipment inside the department. Patients like Sheila and Mary can lose precious time being prepared for transport, wheeled down a public corridor and transferred before imaging and treatment can begin.

12:10 p.m.

"We're on a three-hour wait," John says. "Our patient rooms are full and the waiting room is standing room only."

The white board shows two abdominal pains, a facial laceration, two difficulties breathing, one severely dizzy and three chest pains.

Dr. Bay lopes out to study the board and grab a new chart.

"I got them bad shakes," Betty says. She is described as dizzy on the board but is also shaking so badly her EKG is unreadable. "This is worse than usual."

"Did you have a drink this morning?" Dr. Bay asks.

HIS LIPS ARE PURPLE AND HIS EYES ARE CLOSED. HE IS SHAKING SO HARD THE STRETCHER IS RATTLING.

"I drank last night," Betty says.

Dr. Bay listens and pats Betty on the shoulder. "Let's get a few tests, shall we?"

12:25 p.m.

Still no lunch. Still on a three-hour wait. A new chest pain arrives: 58 years old. He will be wheeled into the cath lab immediately.

1:00 p.m.

Dr. Bay dashes into the cafeteria to grab a hot ham and cheese sandwich and a bowl of grapes to go. It will take an hour to get through the whole sandwich, and the grapes will be forgotten on a shelf above the computer.

1:20 p.m.

"I'm so cold," a 23-year-old man stutters. His lips are purple and his eyes are closed. He is shaking so hard the stretcher is rattling. A tattooed woman who says she's his mother found Tyler on the floor of the living room. Her methadone is missing.

1:30 p.m.

A 14-month-old baby has tumbled down 15 steps. She has been crying and is sporting a red cheek, but by the time Dr. Bay arrives, she is chuckling and reaching for the stethoscope. No injury.

2:45 p.m.

Tyler's toxicity report shows methadone, opiates and other substances.

"All you can do is support these patients' vital signs," Dr. Bay says. "There's no specific treatment, no antidote. We'll monitor him closely." >

Trinity's Level II Trauma Center receives some of the most seriously injured patients, from car accidents and falls to shootings and domestic violence. Each day, about 40 percent of these patients are admitted. The Rock Island ED also receives a large number of acutely ill behavioral health patients (resulting from the closing of state behavioral health hospitals). Together, these factors create congestion – and disruption – that can lead to dangerous situations.

3:00 p.m.

Back into Betty's room. "Sounds like you were going into a little alcohol withdrawal," Dr. Bay says. "We're going to admit you and see if we can get this sorted out."

3:15 p.m.

First shift nurses are grabbing their purses and backpacks to go home as second shift takes over.

Despite the high stress and chaotic feel of their cramped environment, this is a cheerful group. They are doing what they love to do: think fast, work hard, hold patients' hands.

"These are people who give their all," Dr. Bay says. "No one is here to judge. We're here to care. We treat everyone – no matter what their walk of life – with dignity, respect and regard. It takes my breath away."

5:05 p.m.

The afternoon has passed quickly and peacefully. Enough rooms have been cleared that Dr. Bay has been able to

catch up on his paperwork. Mysteriously, a crowd always seems to form again after 5. New patients include someone with cellulitis, a possible brain bleed, domestic abuse and an 81-year-old who fell while grocery shopping.

"When the day is done, the rewards outpace the downs here for all of us," Dr. Bay says. "Every day I get to see many generations of people – today we had 14 months to 93 years. When someone is aggressive or difficult, we have to pull up our professional reserves. We have to remember they are human beings. They are someone's daughter or son.

"Yes, we sometimes get hit, kicked, pushed. We see people in the throes

"Yes, we sometimes get hit, kicked, pushed."

We see people in the throes of pain, intoxication and psychiatric conditions. They're not fully in control. We have to stay level-headed."

–DR. BAY

of pain, intoxication and psychiatric conditions. They're not fully in control. We have to stay level-headed. If they are unbathed, we open a door. We deal with it.

"We try not to take any of it personally. Because if we do, we set ourselves up to make mistakes. We can't afford to disengage because we don't like someone."

Emily says it all very simply.

"I can't imagine working anywhere else. I love it."

7:00 p.m.

Dr. Pat Irving arrives. He's fresh and ready for the night shift. As for Dr. Bay, it's time to go home and collapse.

EPILOGUE

Mary was stabilized in the cath lab, loaded onto a helicopter and flown to Trinity partner Loyola Medical Center, Chicago, for emergency mitral valve replacement.

Gene was hospitalized for six days. After successful treatment for congestive heart failure, he was discharged.

Tyler was stabilized and evaluated by a Robert Young Center psychiatrist. This was his fifth overdose in five years. 

**All patients described herein are merely a composite of scenarios that represents those seen in Trinity's emergency department every day. Any resemblance to actual patients is merely coincidental.*

TRINITY CATH LAB TEAM: ALWAYS READY FOR EMERGENCIES ... DESPITE CHALLENGES.

Marty and Becky Rieker settled onto the sofa at Marty's sister's house in Milan, Ill. It was a beautiful day in late July 2009; much cooler and more comfortable, at 82 degrees, than their previous home in Louisiana. The Riekers had moved to the Quad-Cities after Hurricane Katrina and were continuing to enjoy reconnecting with local family. Today's get-together promised to be full of laughter and fun.

As it turned out, their excitement couldn't have been more ill-timed.

Marty announced he didn't feel well.

"I looked at him and saw he was breaking out in a cold sweat," Becky says. "I yelled, 'Call 911. He's having a heart attack.'" Becky knew what she was seeing: Marty had experienced a heart attack years before, back in Louisiana. On that day, as now, he had been drenched with sweat but without chest pains.

Paramedics arrived within minutes, loaded Marty and Becky into the ambulance and sped toward Trinity Rock Island. The emergency team was waiting. "They wheeled him in right away," Becky says. "I stood outside the door. I was scared to death." 



Becky and Marty Rieker

physicians, nurses, respiratory therapists, radiation techs, cath lab specialists, and laboratory technicians – defibrillated, X-rayed, pushed medications and assessed vitals. Every few seconds they shocked him with the defibrillation paddles again. No response. Nothing was working. Marty was slipping away.

Becky held her breath as she stood near the door. She could hear everything. She knew Marty was dying.

12:56 p.m. Dr. Pothula arrives. Despite Marty’s being shocked eight times and remaining unresponsive, Dr. Pothula gives the order to defibrillate again.

Incredibly, the ninth defibrillation works. Marty gasps for breath. The team lifts him onto the transport cart, wheels him down the hall and transfers him to the cath lab.

Becky stumbled after them. Although they had been in the hospital for less than 20 minutes, it felt like hours.

Through the open door, Becky could see the team working over her husband. She glimpsed his white face and thought, “What am I going to do without him?”

1:03 p.m. The angiogram begins and Marty again goes into v-fib. He responds to defibrillation and the procedure continues.

1:05 p.m. The first image shows 100 percent blockage in the left anterior descending artery.

1:06 p.m. Marty’s blood pressure drops dangerously. Nurses administer medication to raise it.

1:10 p.m. Marty goes into v-fib again, is defibrillated again and responds.

1:15 p.m. Dr. Pothula removes the blockage. Blood flow to the heart is restored.

“Our door-to-balloon (arrival at the emergency department to return of blood flow) goal is less than 90 minutes, but we usually get it done much faster,” Jennifer Carroll, RN, says. “In Marty’s case it was 37 minutes. It speaks to the incredible team we have here.”

“In heart attack treatment, time means heart muscle,” says Dr. Pothula. “The faster we can treat somebody, the better the chances are that we can save them.”

For Becky, having Marty back was a miracle, plain and simple.

After Marty is transferred to ICU, the patient he displaced is wheeled back in for the remainder of his procedure. After two days in ICU and five more in a unit room, Marty is released to begin outpatient cardiac rehab therapy.

“That team saved Marty’s life,” Becky says. “He was my best friend. My buddy. My husband. We were joined at the hip, even more so after his heart attack. He drove me to and from work every day. He made me my coffee. We went to the movies, the casino. We went antique shopping and fishing. It was precious time.”

Marty’s heart gave out for good last October. Although Becky misses him terribly, she feels blessed to have had him in her life for as long as she did.

“God gave Marty another chance,” Becky says. “Not too many people get second chances. I’m so grateful for the extra years I had with him. He was grateful, too. He loved Dr. Pothula and the whole Trinity staff. Me, too.”

“In heart attack treatment, time means heart muscle. The faster we can treat somebody, the better the chances are that we can save them.”

–DR. POTHULA

Marty’s chart tells the story:

12:38 p.m. Marty arrives by ambulance.

12:39 p.m. EKG and rapid assessment are completed; STEMI Alert is called (ST-Elevation Myocardial Infarction, a life-threatening heart attack involving blockage to the heart).

12:39 p.m. The cath lab team arrives to prepare Marty for transport to the lab. Another cath lab patient is having his procedure interrupted to make room for Marty. Scheduled procedures – and Trinity’s calendar is always fully booked – sometimes are moved off the table to accommodate emergencies like Marty’s.

Cardiologist Dr. Aswartha Pothula is consulted via phone.

12:41 p.m. Medications are given for nausea; IVs and oxygen are started. Monitors are in place; blood draws are underway.

12:48 p.m. Marty goes into v-fib, or ventricular fibrillation, a potentially deadly abnormal heart rhythm.

“I heard them call Code Blue,” Becky says. “You never saw so many people come running. I don’t know how they fit them all into that little room.”

The emergency team – now including emergency

WHY WE NEED A COMPREHENSIVE HEART CENTER

Trinity is recognized nationally for its preeminence in heart care.

Trinity recently earned a rating by Healthgrades as one of America’s “100 Best Hospitals for Cardiac Care and Coronary Intervention.”

Trinity’s rating is high in spite of serious challenges:

Space constraints result in patients being moved off procedure tables to accommodate emergencies.

Prescheduled outpatient services have the laboratories running at 80 to 90 percent capacity on any given day, so there is little room in the schedule to accommodate emergency cases like heart attacks.

Current lab rooms are small and cramped.

With sometimes up to eight health care specialists working at breakneck speed

the space is too small and cluttered for safety. The current laboratories were built before new equipment and technology, replete with cords, monitors, carts and supplies, were acquired.

Current labs offer insufficient – and insufficiently private – family waiting space.

Consultations are done in corners of public spaces. This can impede communication of information that is sometimes complicated and difficult to understand.

A dedicated Heart Center will help meet these challenges.

Based upon current and projected volumes, the new Heart Center* will include:

- Four labs. Currently there are three labs.
- 20 cardiac treatment beds. There are currently 11 beds.

- Six non-invasive diagnostic treatment rooms.

- 26 cardiac rehabilitation stations. There are currently only 13.

- A floor dedicated to follow-up education programs for heart patients staffed by dietitians and exercise specialists.

- Space to coordinate on-site care with mental health professionals from the Robert Young Center.

**The new emergency department and Heart Center expansion is subject to regulatory approval from the State of Illinois Health Facilities and Services Review Board.*

DONOR Q&A

How hard work, honesty and big heartedness is being carried forward today

► Founded in 1984 through proceeds from the sale of the old Davenport Osteopathic Hospital, Quad City Osteopathic Foundation has contributed more than \$5 million to organizations in our community, including Trinity Health Foundation, for programs ranging from physician and nursing education to the Trinity Family Practice Clinic. QCOF President Gene Holst and former Board Chair Dr. Bruce Perry recently shared stories of how their fathers helped shape their own commitment to philanthropy.

WHY IS IT IMPORTANT TO YOU TO GIVE BACK?

DR. PERRY: “My desire to help others was nurtured by my dad. He was just 18 years old when he left home, rented a room and picked up a job selling shoes in Shenandoah, Iowa. He was happy to be able to save \$1 per week.

“After a number of years, dad was able to buy a house, start a family, become a contributing member of the community. He was able to help a lot of people during the Great Depression. I’m proud of that.”

GENE HOLST: “Dad wanted to farm, but he didn’t have any money. His aunt loaned him money to lease a farm. It was hard work. He traded milk and eggs for flour and sugar in town. He limited himself to one pouch of pipe tobacco per month. Eventually, he not only paid back the loan, he was able to buy his own farm in Welton.

“My dad never forgot that loan. He helped others whenever he could. I’m grateful for that legacy.”

YOU CLEARLY HONOR YOUR FATHERS’ LEGACIES WITH YOUR OWN PHILANTHROPY. BUT WHY HEALTH CARE?

DR. PERRY: “Giving to a health organization supports what matters in life. I became a physician because I wanted to help others. Supporting the community’s health affects the most people in the most meaningful way.



Pictured L to R: Former Quad City Osteopathic Foundation Board Chair Dr. Bruce Perry, QCOF President Gene Holst and Shannon Price, D.O., a June 2012 graduate of the Trinity Osteopathic Family Practice Residency Program.

“When people say their voice isn’t being heard in Washington, I tell them to talk with their pocketbooks. I say, ‘Your taxes aren’t being spent the way you want them to be? Work with Trinity Health Foundation to designate where your money goes.’ Giving to the Foundation is a way to be heard, and to leverage your resources according to your own wishes.”

MR. HOLST: “We will all have a health problem one day and need to find help in our own backyard. We need to commit

whatever resources we have to helping maintain an excellent hospital system well into the future.

“Donations to the Foundation have never been more important. With rapidly declining Medicare and Medicaid payments and many more uninsured patients seeking care, hospitals must cover even more of the cost of a patient’s care, leaving less money for improving technology, programs and overall care.” 

Champions of Hope Annual Giving Honor Roll

Contributions received from Jan. 1 – Dec. 31, 2012

Your annual gifts provide ongoing vital philanthropic support for the many services, programs, equipment and facility needs at Trinity. They contribute greatly to the success and growth of Trinity and serve as valuable and needed resources to ensure the continued delivery of the Trinity mission.

Trinity Health Foundation is honored to recognize and thank donors who contribute generously. Thank you for being Champions of Hope for the Quad-City community.

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Due to the volume of names in these categories, we are not able to list them all here. We are in the process of recognizing you on our website. Please bear with us as we finish uploading this group.

Every effort has been made to accurately recognize our donors at the appropriate levels. However we realize that errors or omissions may occur despite our best efforts. If you notice an error in our listing, we apologize and ask that you please contact Yvette Work at (309) 764-7063.

Every gift makes a big difference. Thank you!



Calendar of Upcoming Events

UPCOMING EVENTS IN MARCH-JULY



MARCH 9-JULY 7

Bodies Revealed exhibit
Putnam Museum, Davenport
(See "Trinity News" for more information.)



APRIL 24

Stylin' Against Breast Cancer
Wine and Cheese Party
6-9:30 p.m.
The Stern Center, Rock Island



APRIL 25

Stylin' Against Breast Cancer Fashion Show
10 a.m. "Coffee with Paula Sands"
educational forum
11:30 a.m. Luncheon
Quad Cities Waterfront Convention
Center, Bettendorf

For more information about the above events, please contact the Foundation at (309) 764-7610 or Foundation@ihs.org.



MAY 4

Friends of Trinity Blossoms and Brunch
10 a.m.
CASI, Davenport



MAY 18

American Heart Association Heart Walk
presented by Trinity
8 a.m.
The District of Rock Island



JUNE 8

Race for the Cure
8 a.m.
i wireless Center, Moline



Trinity News

IMPORTANT UPDATES ON CURRENT TRINITY HAPPENINGS

➤ *Trinity joins initiative to provide colorectal screenings to the uninsured*

Trinity is among several new Illinois hospitals that have joined the American Cancer Society's statewide colorectal cancer screening initiative. Patients who meet screening guidelines established by the program will be able to schedule colonoscopies through the partnering hospitals, who will receive grant money from the ACS to cover the costs for the uninsured and underinsured whose insurance does not cover this service. For more information on this initiative, visit www.cancer.org or call (800) 227-2543.

➤ *Trinity support helps bring Bodies Revealed to Putnam*

Financial support from Trinity has helped to bring the internationally acclaimed Bodies Revealed exhibit to the Putnam Museum. Bodies Revealed displays preserved human specimens for an up-close look inside the human body and its systems. "It's a real eye-opener for people to see how complex the body is and how unhealthy habits can impact it," said Trinity President and CEO Rick Seidler. Trinity and the Putnam are planning a variety of activities during the exhibit, which runs March 9-July 7. Tickets are available at www.putnam.org or by calling (563) 324-1933.

➤ *Trinity partners with new ambulance service*

Trinity has entered into a long-term agreement with Advanced Medical Transport, a nationally recognized, accredited company that specializes in the provision of ambulance services for emergency and non-emergency patient transport. The partnership means the hospital will have access to better technology and up-to-date equipment staffed by providers with the most advanced clinical skills. The arrangement also enables AMT, which has additional resources in Peoria, Pekin, Streator, Aledo, Ill., and Iowa City, Iowa, to provide back-up coverage if more resources are needed in the Quad-Cities.



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IOWA HEALTH SYSTEM

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Introducing our Trinity Health Foundation Board

Trinity Health Foundation is pleased to announce our newly expanded Board of Directors. This esteemed group of community leaders will assist the Trinity Health Foundation in its transformation into a full-service development organization, raising critical funds to support Trinity's capital needs, community programs and services. Please join us in welcoming our 2013 Board of Directors:

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