

Patricia August-Slawnikowski receives treatment in her home from physical therapist Barb Hickey.



# “ANGELS OF MERCY”

MERCY DOCTORS AND THERAPISTS HELP STROKE PATIENT RECOVER

Patricia August-Slawnikowski is a feisty redhead with an appealing smile and a lively wit. Sitting in her Milton living room on a bright, late-spring day, this grandmother of five laughs when she describes herself as one of the most stubborn people she knows. But her mood turns somber when she talks about the tragic events that changed her life last Thanksgiving.

Her husband, Stanley, died suddenly of a heart attack while raking wet leaves the weekend before the holiday. Then, only two days later, Pat suffered a devastating stroke.

“I remember I tried to get out of bed in the morning and ended up on the floor,” she says. Fortunately, her three sons were at her house and they called 911.

The stroke had paralyzed the entire left side of her body and slurred her speech. Every second mattered. Pat, who had only begun to grieve for her husband, now faced a fight for her own life.

Looking back, she says her inborn tenacity alone would not have gotten her through the ordeal. Instead, Pat believes that being rushed to nearby

Mercy Hospital and Trauma Center in Janesville—home to a unique coordinated-care stroke program—made the difference. She’s quick to credit the program’s doctors and therapists for saving her life and helping her recover.

“They’re definitely angels of mercy,” she says. “Everybody who took care of me and helped me—they were wonderful. We don’t know how lucky we are to have a hospital of this caliber in our area.”

## A COMPREHENSIVE STROKE PROGRAM

Before losing Stanley and before the stroke, Pat was a busy real estate agent who had run her own agency for 22 years. (She merged her business with The Morse Company in April 2010.) But for a while after those terrible days of last November, time blurred into a series of lost moments.

“The ambulance came right away and wheeled me out and then I was in the emergency room,” she recalls. “My sons were basically letting everyone know I was diabetic, and they told doctors I had just lost my husband. That’s all I remember for a little while. And then I woke up, but I don’t know how many days (later) that was. I had lost track of time.”

Initially, Pat’s condition was assessed, treated and stabilized by a Mercy medical team that included

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**—PATRICIA AUGUST-SLAWNIKOWSKI OF MERCY HOSPITAL AND TRAUMA CENTER**

Physical therapist Barb Hickey is one of the many therapists at Mercy Hospital and Trauma Center who has helped Pat August-Slawnikowski regain her strength.



a neurologist, a cardiologist, a neuroradiologist and an endocrinologist. Then she moved into Mercy’s on-site Comprehensive Inpatient Rehabilitation Center (CIR), where her doctors and therapists devised a rehabilitation plan to support her unique recovery needs.

“There really isn’t anything we can’t do here in terms of stroke rehabilitation,” says Kristin Lelvis, MD, director of inpatient rehabilitation for Mercy Hospital and Trauma Center. “We’ve got all the therapy in every possible discipline to help the patient. We have advanced technological and electronic equipment that can assist the patient in moving if a limb isn’t strong enough. And we meet as a team twice a week to sit down and talk about

every patient. People who have had strokes have a spectrum of needs, so we provide a spectrum of services.”

Lori McKibben, RN, MBA, coordinator of Mercy’s stroke program, says keeping life-saving emergency stroke treatment and rehabilitation under one roof was a deliberate decision. It fosters teamwork throughout the provider network, she says, and makes life much easier for patients and families. But building the program took more than two years of effort, collaboration and coordination.

“It involved bringing specialists on board, bringing in state-of-the-art equipment and giving all staff stroke-specific training and education,” she explains. “In the emergency room, we have the ability to treat patients with



thrombolytics, which are the so-called clot-buster drugs, and to use imaging such as computed tomography (CT) and magnetic resonance imaging (MRI) so that we can identify the correct opportunities for treatment. We also have our inpatient and outpatient stroke care and on-site stroke rehabilitation here, for all-in-one comprehensive treatment close to home.”

McKibben notes that before Mercy began providing such comprehensive stroke treatment, local patients sometimes had to be treated in Madison or Milwaukee. “That’s a really long time in an ambulance, when time is of the essence for stroke care,” she says.

## PAT’S JOURNEY BACK

Pat spent Thanksgiving, Christmas and New Year’s Day at Mercy. Her sons visited often and even took her on a jaunt for Christmas dinner to a local restaurant.

From the beginning, she says, she felt cared for as a whole person and not just a patient. “It was like being cradled in the arms of your mother,” she says.

But Pat’s doctors, nurses and therapists also prodded her for every step and every improvement, no matter how small. This was especially true, she recalls, of Dr. Lelvis.

“Dr. Lelvis is remarkable,” Pat says. “She doesn’t let anybody quit. She encourages you. I never had patience, but she made me learn patience and helped me believe that things I had lost would come back.”

Pat met with a Mercy psychiatrist, who helped her mourn the loss of her husband, and she underwent speech and occupational therapy. Her intensive physical therapy featured everything from bowling via the unit’s Wii video game to using high-tech assistive machines to build strength through passive range-of-motion therapies. The CIR used the Ness H200™ to help Pat regain dexterity in her left

hand. A prosthesis-like machine, the NESS fits over the hand and forearm and uses electrode stimulation to painlessly build control of the muscles needed, for example, to grasp objects.

As she progressed, Pat moved into an apartment-like setting at the CIR so she could practice walking on carpeting and getting in and out of a bathtub, just like she would be doing at home.



Pat August-Slawnikowski suffered a stroke just two days after her husband, Stanley, died suddenly.

“We strive to make patients’ routines as homelike as possible,” says Dr. Lelvis. “They’re up every day and dressed in their regular clothes. Our own dining room provides normalcy at mealtime and opportunities for socialization, and a lot of patients have made good friends here.”

After 56 days as an inpatient, Pat returned home. A home health nurse still visits twice a week to help her practice walking and climbing stairs, and her doctor still carefully monitors her medications. But to talk with Pat today is to be amazed at her resilience and zest for life. She is eagerly anticipating the summer arrival of her first great-grandchild and is grateful for how far she has come. And none of it would have been possible, she says, without the expert care she received—so close to friends and family—at Mercy.

**“WE STRIVE TO MAKE PATIENTS’ ROUTINES AS HOMELIKE AS POSSIBLE.”**

**—KRISTIN LELVIS, MD, DIRECTOR OF INPATIENT REHABILITATION FOR MERCY HOSPITAL AND TRAUMA CENTER.**

Earlier this year she took a few dozen chocolate cupcakes to the nurses and therapists at the CIR. “They were so glad to see me walking in,” she says. “It was a treat for them, but I like to cook, so it was a treat for me to be able to do it again, too.”

## HOW DO YOU REDUCE YOUR RISK FOR STROKE?

The bad news is that some factors can’t be controlled, including age and a family history of cardiovascular disease. However, some of the most serious factors that will raise your risk of a stroke can be controlled, such as diabetes, high blood pressure, high cholesterol and smoking.

Having a stroke or a heart attack also automatically increases your risk of having a subsequent stroke. “Once a stroke happens, unless it is treated within the first three to four and a half hours, the treatment includes rehabilitation and controlling risk factors,” says Dr. Sany Khabbaz, a neurologist with Mercy Health System.

Dr. Khabbaz recommends two courses of action to reduce your risk of stroke. If you have experienced a stroke or symptoms of a stroke, he says, “the most important thing is to make sure you are being evaluated for risk factors that may have contributed to your stroke and that may contribute to future strokes.” And everyone, he says, should be trying to live a healthy lifestyle. Maintaining a healthy diet, exercising to improve heart health and prevent weight gain and not smoking are three important ways to significantly lower the risk of a stroke.

## WARNING SIGNS OF STROKE

Here’s an easy-to-remember acronym for the key warning signs of a stroke:

- F** is for “face.” Is the person’s face drooping or lopsided?
- A** is for “arm.” Is one arm weaker than the other?
- S** is for “speech.” Is it slurred or garbled?
- T** is for “time.” If you answer Yes to any of the above questions, don’t hesitate to call 911. Time is brain!