



Mercy Ministries of Laredo Celebrates Five Years of Service

"In Mercy, we welcome those the world has left rejected."
– "Circle of Mercy," by Sister Jeannette Goglia, RSM



Msgr. James Harris presided at the Mercy Ministries of Laredo fifth anniversary Mass on October 10, 2008.

These lyrics, which were joyfully sung in early October as Mercy Ministries of Laredo (MML) celebrated its fifth anniversary as a Strategic Service Unit of the Sisters of Mercy Health System (Mercy), powerfully echo MML's mission.

What began as an outreach ministry at a former Mercy hospital is today the only source of healthcare for many economically poor, uninsured and underserved people in Laredo, Texas, and surrounding communities. Over the years, the focus of the ministry has evolved to meet their needs, expanding from prenatal care, obstetrics and abuse services for women, to include general medicine, disease management and preventive education for entire families.

"Our ability to meet the changing needs of the community is our greatest strength," said Martha Martinez, director of MML's Primary Healthcare Services clinic. "Our ministry is ever-evolving. We try not to duplicate services or compete with other providers in the area; our only goal is to give the community the services they need."

Promoting Healthy Communities

MML can best be understood as one ministry with three interconnected forms of service: primary healthcare, a nutrition program and a domestic violence shelter.

Mercy Primary Healthcare Services clinic provides access to general healthcare, healthcare education and social services to financially-disadvantaged people in the Laredo community. In 2007, Mercy Primary Healthcare Services provided 25,000 individual encounters to more than 10,000 people via its clinic location and mobile van. General medicine, diabetes management, medication assistance and preventive dental care are its most popular services. The clinic also works with at-risk residents on early disease detection and preventive education for diabetes, heart disease and hypertension.

However, many of the community's poorest citizens have little or no access to transportation. So, like the first Sisters of Mercy, community outreach workers – known in Spanish as "promotoras" – bring follow-up care to them. They walk through impoverished areas along the U.S.-Mexico border, checking on patients to ensure they are following the instructions they were given to maintain their health. In addition, they observe patients' homes for other needs, such as food or medication, or for signs of abuse.

"The purpose of our presence is not just to care for physical needs, but to help raise patients' self-esteem, to help them take responsibility for their health and learn to take care of themselves," said Mirtha Trejo, one of the promotoras.

The biggest challenge the promotoras face is encouraging patients to maintain their disease management instructions. The patients usually want to, but a lot of factors determine how well they comply. "The main one is money," explained Promotora Blastia Esparza. "Even medications that would seem low-cost to most people are the equivalent of a meal or a gallon of gas for them. They have to make a choice."

This is where another aspect of MML's ministry can help: the Sister de Lellis Nutrition Program. Program leaders teach clinic patients and shelter residents how to shop wisely by buying generic brands, reading food labels correctly and eating proper serving sizes. If patients don't have transportation, the promotoras shop for them, using the items they bring back to teach them how buy healthy food on a budget.

"The promotoras are the hands, eyes, feet and heart of the Sisters of Mercy in the homes and community. They are the heart of our ministry," said Sister Rosemary Welsh, RSM, director of outreach services at Mercy Primary Healthcare Services and executive director of Casa de Misericordia.

Hope for a Brighter Future

The third part of MML's ministry is Casa de Misericordia, the only domestic violence shelter in Webb County, Texas. Casa provides comprehensive services to abused women and their children, including temporary shelter, a 24-hour crisis telephone line, counseling services,

legal assistance, weekly support groups and tutoring for children. In addition, Casa co-workers help women who qualify obtain a United States work permit through the Violence Against Women Act, which enables abused women to legally hold a job even if they are not yet legal residents. In 2007, more than 700 people found shelter and hope for a better life at Casa.

Another part of Casa's services is the Lamar Bruni Vergara Education Center, a place where current and former shelter residents and community members can take classes to prepare them for work or additional education. The Education Center opened in 2004 with only four class offerings; today, classes include four levels of English-as-a-second language, two levels of computer skills, sewing, cosmetology and pre-GED courses. Nearly 1,200 students have graduated from the Education Center since it opened.

One Interconnected Model

MML's divisions work together to provide the most comprehensive care possible to their clients. If individuals are in need of a service MML cannot provide internally, they are referred to an outside agency. Because of the success of this model, MML's leaders are optimistic about the future of their ministry.



Sister Olivia Obregon, RSM (left), entertains the baby while mommy takes part in the baby shower activities at Mercy Primary Healthcare Services clinic.



MESSAGE FROM THE PRESIDENT

Innovation, Collaboration Benefits Stroke Patients

One of the distinguishing features of the Sisters of Mercy Health System (Mercy) is our ability to collaborate across the System in identifying and addressing common needs. By drawing on the diversity of experience and talent that exists within an organization as large as Mercy, we have the opportunity to apply innovative and proven approaches that allow us to serve our communities in the best way possible.

An exciting example of this collaboration is in the area of stroke management. Every year, about 700,000 Americans will have a stroke and 168,000 will die as a result. A well-known best practice in stroke management is the use of tissue plasminogen activator (tPA), a medication that dissolves the blood clots that often cause a stroke. One of the drawbacks of traditional tPA administration, which is usually administered through a peripheral vein, is that it must be administered within the first three hours of the onset of symptoms.

Two of our hospitals – St. John's Hospital in Springfield, Mo., and Mercy Health Center in Oklahoma City – are among the early adopters of a relatively new way to administer tPA. This approach, known as inter-arterial (IA) tPA, extends the window of time in which tPA can be administered to six hours and allows a much smaller, more localized amount of the medication to be used. These Mercy facilities are seeing excellent results with the use of IA tPA, which means that more stroke patients are returning to active, productive lives



Tim Tyle, MD, (left) and Vance McCollom, MD, interventional radiologists at Mercy Health Center in Oklahoma City, treat a stroke patient.

faster than ever before.

Dr. Raymond Scott, a retired school superintendent from Stockton, Mo., was one of 25 stroke patients at St. John's Hospital in Springfield to receive IA tPA last year. Dr. Scott's symptoms began one afternoon last September, and by the time he arrived by ambulance at St. John's, he was unable to speak. The

severity of his symptoms made IA tPA the protocol of choice, allowing more targeted stroke treatment. His recovery has been remarkable, an outcome that might not have been possible without the use of this new treatment approach.

While it's not feasible to have the specialists who perform IA tPA procedures available at every Mercy hospital, because of our collective capabilities it is possible to provide an advanced level of stroke care to all Mercy patients. Over the next year, we will be working toward implementing a comprehensive stroke management plan across Mercy, inclusive of the following components: developing well-trained stroke teams in each hospital, providing the ability to consult with specialists through telemedicine technologies similar to those used in our Mercy SafeWatch electronic ICU program, and transferring patients as needed to our facilities with the most advanced capabilities. Through this type of program, stroke patients can be assured they will receive exceptional care at any Mercy hospital.

In support of this plan, three Mercy hospitals are preparing to serve as regional stroke referral centers, providing expertise to other Mercy hospitals as well as non-Mercy facilities in their service areas. Our hospitals in Springfield and Oklahoma City have already achieved formal certification through the Joint Commission on Accreditation of Hospitals, and St. John's Mercy Medical Center in St. Louis is in the process of applying for certification.

I'm pleased that Mercy is at the forefront of providing innovative treatment options and using new technology to support healthy outcomes for those we serve. Our ability to make these advancements is strengthened by our shared resources and collaborative culture. And in today's demanding environment, that's the upside for Mercy and our patients. •



Sincerely,

John Sullivan
President and Chief Executive Officer
Sisters of Mercy Health System

"I see MML becoming a center of excellence for public health. We are a strong example for the provision of healthcare to financially disadvantaged residents who have multiple, complex issues. We have a viable model of healthcare delivery that is worthy of replication in other places," Martinez said.

This imitation has already begun within Mercy. When St. John's Health System in Springfield, Mo., began research for a project to help the uninsured and underinsured who use the hospital's emergency room for basic medical care, their executives visited MML to observe the care model and learn how connecting with other community resources could benefit their patients. The result was a program that is now serving more than 100 people.

No matter what the future holds, MML President and CEO Sister Maria Luisa Vera, RSM, is certain the core purpose of the ministry will remain the same. "We continue to look for those who are left behind, those who are not being served elsewhere. Our goal is to find any resources we can to assist them; we are their advocates. This is and always will be our mission, because it goes to the heart of Catherine McAuley's vision to help those in need," she said. •