Swedish Nurses Define Excellence with Experience, Education and Intuition
Maria Maxino, C.C.R.N., reviews vital patient-monitoring information in the Intensive Care Unit on Swedish’s First Hill Campus.

Like Maria, many of our more than 2,000 nurses deliver compassionate inpatient care. Others work in outpatient clinics, manage operating rooms, work directly with surgeons and other physicians, make home health visits and provide education and support to other nurses in outlying areas. Still others serve in key leadership roles throughout the organization.

At Swedish, various educational programs and scholarships help ensure that the best possible nursing care will always be available for all Swedish patients.

For information on how you can help, contact the Swedish Medical Center Foundation at 206-386-2738.
During my first few weeks as president and CEO of Swedish, I have been getting to know the organization by visiting as many different areas as I can – from our nursing units and operating rooms to our physician clinics and emergency rooms. What an amazing place. Everywhere I turn, I meet people who take pride in their work and are just as passionate as I am about delivering quality health care.

Though I have spent much of my career on the East Coast, I have admired Swedish for some time. Every day, I see more reasons why Swedish is respected nationally as a leader and innovator in health care, and I am thrilled to be a part of it.

At the core of Swedish are our nurses. Their professionalism, expertise, skill and compassion make a difference in the lives of others on a daily basis. As we celebrate National Nurses Week this May, I encourage you to read the feature article in this issue of FORUM to learn more about the contributions our nurses make.

Watching all of our employees and physicians in action and seeing our innovative treatments and technologies at work, I immediately recognize the vital role Swedish plays in the community. I am encouraged that many others recognize that as well and give so generously to support our nonprofit mission and make this important work possible.

I had an opportunity to see the generosity of our donors first hand at Celebrate Swedish – our annual gala auction, which generated a record-breaking $3.4 million. Special thanks to Bill and Cheryl Gossman who not only chaired this year’s event but made a personal gift of $1 million to help create the Gossman Center for Advanced Pediatric and Perinatal Simulation. It was fun to experience all the enthusiasm and commitment of that evening. I see tremendous potential to develop an even stronger culture of philanthropy at Swedish.

My wife Nancy and I love the Northwest and feel very fortunate to be in this beautiful area. We feel even more fortunate to be part of this impressive health-care system. I look forward to talking with you in the near future about how you can continue to support Swedish and make a difference in the lives of our patients.

All the best,

Rod Hochman, M.D.
President and Chief Executive Officer
Welcome to Swedish Medical Center’s FORUM magazine. This publication is designed to provide you with the latest information about Swedish services and events, health-care and medical topics, and the activities of the Swedish Medical Center Foundation and its supporters. FORUM is published as a community service by Swedish Medical Center. Any questions or comments may be addressed to Janet Simmelink, editor, Swedish Medical Center, 747 Broadway, Seattle, WA 98122-4307.
Work Begins on New Orthopedic Facility

Swedish’s orthopedic program is the largest in the region, with more than 50 physicians who perform more than 6,400 procedures each year. And with the population aging, the need for orthopedic care will continue to rise.

To meet this need, Swedish broke ground in January on an all-new dedicated Orthopedic Institute — a $130 million facility that will be the first of its kind in the Pacific Northwest. The 372,000-square-foot building, located on First Hill, will open in early summer 2008.

The Orthopedic Institute — which has been in planning for more than four years — was designed by a team that included orthopedic surgeons, anesthesiologists, nurses, physical therapists, administration and other staff. It will feature:

- 84 new inpatient beds (56 to start with and 28 to be added at a future date)
- 10 operating rooms
- A dedicated sterile-processing area
- A dedicated preadmission testing area
- 15 flexible preoperation/recovery beds
- 13 post-anesthesia care-unit beds
- An outpatient pharmacy
- Conference rooms
- Two floors of orthopedic medical office space
- A café

In addition to meeting the health-care needs of the community, the Orthopedic Institute will meet a need at the First Hill campus for replacement beds and operating rooms. It also allows for consolidation of orthopedic services under one roof.

“In this dedicated facility we’ll be able to consolidate our orthopedic resources in a way that is efficient for patients, physicians and staff,” said Swedish Chief Operating Officer Cal Knight, who oversees orthopedic services. “The project has also given us the ability to create a technologically advanced facility that will allow Swedish to continue to provide world-class orthopedic care well into the future.”
Cancer Care: Swedish First to Offer GPS for the Body

In January, the Swedish Cancer Institute (SCI) became the first in the world to use the Calypso® 4D Localization System — or GPS for the Body® — to treat prostate cancer. This new technology pinpoints a tumor’s exact location and continuously monitors its movement during radiation treatment, preventing damage to healthy tissue adjacent to the tumor.

How Calypso works

Tiny electromagnetic sensors, called Beacon® transponders, are implanted in the prostate prior to treatment. During radiation treatment, the Calypso System tracks the transponder positions and warns clinicians when the prostate is not properly aligned with the radiation beam. “This 4D monitoring technology is a key building block in the Swedish Cancer Institute’s commitment to provide patients access to a complementary array of leading-edge radiation therapy delivery options through the Center for Advanced Targeted Radiation Therapies,” said Albert B. Einstein Jr., M.D., executive director of the SCI. “We’re honored to be the first program in the world to offer the Calypso System to prostate cancer patients.”

The Calypso System received U.S. Food and Drug Administration approval in August 2006 and was developed through the collaborative effort of Seattle’s Calypso Medical Technologies and the SCI.

Tour the Swedish Heart & Vascular Institute Online: iheartswedish.org

Physicians and health-care consumers from the Northwest and beyond can now take a comprehensive tour of the newly remodeled and upgraded Swedish Heart & Vascular Institute (SHVI) in the comfort of their offices or homes.

iheartswedish.org is an interactive Web site featuring multiple video and audio clips of SHVI physicians, procedures, equipment and facilities. It presents an engaging overview of key services and programs at the SHVI.

“The new Microsite allows us to offer vital information about the institute to the people who use our services,” says Howard Lewis, M.D., executive director of the SHVI. “It provides easy access for physicians and the public and helps us communicate the highlights of our heart and vascular program.”

iheartswedish.org features eight sections that highlight:

- Cardiovascular Imaging
- Cardiac Surgery
- Interventional Cardiology
- Research & Education
- Cardiovascular Wellness
- Vascular & Endovascular
- Electrophysiology
- Partnerships & Affiliations

Included on the Microsite is a response system that lets physicians make direct contact with SHVI specialists. The public can also request additional information, and there is a link to the main Swedish Web site: www.swedish.org.
Swedish Neuroscience Institute Opens New Clinical Complex

Patients who come to Swedish for neurological care can rest assured they will have access to the latest in treatments and technologies. The Swedish Neuroscience Institute (SNI) has always been a leader in providing the best neurological care, and the Institute is taking this commitment to new heights with the opening of its $30 million clinical complex at the Cherry Hill campus.

The new facility features four state-of-the-art operating rooms (O.R.s) which will be used for neurosurgical and neurointerventional procedures. The O.R.s integrate sophisticated guidance and imaging systems in a way that is unique in the country. Not only are various technologies built right into the O.R., but all the information a surgeon needs is integrated and centralized from multiple sources and displayed throughout the room.

Specifically, the new integrated technologies include:

- **GPS-like guidance systems built into every O.R. that help surgeons navigate in critical areas of the brain during operations**
- **Intraoperative MRI and CT scanners and 3-D angiography that provide vital images during surgery**
- **Brain-mapping capabilities to identify areas of critical brain function through microelectrode recordings of brain tissue**
- **Systems that allow all the information available to the surgeon to be integrated and displayed on ceiling-mounted LCD screens for continuous access by the O.R. team, and transmitted outside the O.R. for teaching purposes or consultation with colleagues**

With a growing emphasis on minimally invasive approaches to treating brain tumors, head trauma, stroke, spinal disorders and chronic diseases such as Parkinson’s, these high-tech O.R.s better support physicians’ use of less-invasive technologies so that procedures can be done with less risk — and patients can go home as quickly as possible.

Providence Campus Renamed Cherry Hill

Swedish has officially renamed its Providence campus to Swedish Medical Center/Cherry Hill. The name change is part of an agreement between Swedish and Providence Health System, the organization from which Swedish acquired the hospital seven years ago.

Cherry Hill is a historic name for the neighborhood surrounding the hospital, located at 500-17th Ave. in Seattle.

The Providence campus will now be known as Swedish Medical Center/Cherry Hill.
Swedish Nurses
Define Excellence with Experience, Education and Intuition

Recently, a patient was transferred from Swedish’s Emergency Room to the Intensive Care Unit (ICU). Although the woman, who was in her forties, had a fever, she was alert and did not seem seriously ill. She said, in fact, that she’d never been sick in her life. To the casual observer, it may have seemed puzzling why she was in intensive care.

But all Maria Maxino, C.C.R.N., had to do was look at this patient to know she would soon be in a fight for her life. Other nurses on the unit agreed, as did the medical director, and together they rapidly hooked up the patient to intravenous fluids, medications and monitoring equipment.

Despite this rapid response, the woman’s vital signs soon deteriorated and her breathing became so labored she needed to be placed on a ventilator – all as Maria, 53, thought might happen. When test results arrived, they pointed to toxic shock syndrome caused by a massive bacterial infection that was rapidly overwhelming
the woman’s body. Without the quick intervention of the ICU staff, this patient would not have survived the night. Weeks later, she was still hospitalized and struggling to regain her health.

How did Maria know that the patient, who seemed only slightly ill, was as sick as she was and needed immediate help? It’s because, says Maria, “I’m a nurse.”

That simple answer – “I’m a nurse” – doesn’t begin to explain the complex ways that Maria and the more than 2,200 other nurses at Swedish Medical Center help patients each day. Being a Swedish nurse can include saving a life one day and the next making sure that same patient gets a reassuring smile.

Swedish nurses range in age from new graduates to 30-year veterans. In addition to delivering inpatient acute care, they work in outpatient clinics, manage operating rooms, work directly with surgeons and other physicians, make home health visits, and provide education and support to other nurses in outlying areas. Many Swedish nurses manage the work of other nurses and health-care providers and make sure each unit of the medical center delivers the best patient care possible on any given day.

The work of a nurse can be challenging, rewarding and exhausting. At Swedish, nurses are known for their excellence in patient care. Here are just a few of the many who provide that care every hour of the day, every day of the year at Swedish.

Knowing What to Do and When

Willem Rivera, R.N., is 38 and has been a nurse most of his adult life. On Swedish’s Cardiac Telemetry Unit, Willem cares for patients with conditions that require close monitoring. They are often hooked up to machines such the telem, which can provide continuous data on heart rhythms and rates, blood pressure and oxygen saturation. Willem has had advanced training in how to interpret all this information and adjust the patient’s care accordingly.

But Willem is like Maria — and all good nurses — in that he depends a lot on his own “sense” of how patients are responding.
to their care. It’s a combination of experience and education, he says, that tells him when a patient’s condition is about to worsen. Nurses like Willem and Maria begin a patient’s assessment as soon as they step into a room. Is there food left on the meal tray? Does she seem alert to my voice? Are his eyes focusing on me? What’s her skin tone and the color of her lips?

This kind of observation goes on throughout the days and nights of a patient’s hospitalization. These assessments and many other tasks that nurses perform are often “invisible” to most observers, notes Cathy Whitaker, R.N., M.S.N., M.S., who is Swedish’s chief nursing officer. As one of the medical center’s top administrators, Whitaker is responsible for ensuring that Swedish delivers excellence in nursing care to every one of its patients every day.

“What many people don’t understand,” says Whitaker, “is that nursing is a practice. Just as physicians have a medical practice, nurses also have a practice with its own set of standards. My job is to help ensure that nurses have the best environment and the best tools to meet those standards.”

Whitaker points out that when a patient is hospitalized, it is that patient’s nurses who have tremendous impact on the outcome of the hospitalization. If a patient’s condition is serious, it is the nursing care that may keep him or her alive. If a patient is recovering from an accident or illness, it is the nursing care that can help speed recovery and prepare the patient and his or her family for life after the incident.

In addition to their myriad other duties, nurses are also the people who help make a patient’s hospital stay more bearable. “Sometimes just helping someone take a shower can make a tremendous difference for that person,” says Willem. “Nursing is a fascinating science, but it’s also intuitively knowing what to do in the moment that will help that patient the most. When you know you’re doing something that’s making a difference in that patient’s recovery, that’s what counts for many of us.”
A Personal Experience with Recovery

One area where nurses make a difference for patients is pain relief. Whether it’s changing the position of a damaged limb or making an assessment that a medication isn’t working, nurses are often a patient’s first line of defense against pain. Heidi Jimenez, R.N., is one nurse who knows firsthand the importance of pain relief after an injury.

When she was 19 and home from college, Heidi was driving on an interstate in Connecticut. A pre-med student, Heidi was working that summer as a nanny and had just dropped off her two young charges. Suddenly, an axle broke on a tractor-trailer traveling the freeway in the opposite direction. From out of nowhere, one of the truck’s tires smashed into Heidi’s car, and she was thrown upward into the glass of her sunroof. The impact broke her neck.

Heidi, who’s now 28, says it’s a miracle she survived that day. She gives credit to two off-duty emergency medical technicians who were nearby and rendered immediate aid. For her long-term recovery, she’s grateful to the nurses who never let her give up.

For a week after the accident, Heidi lay paralyzed, and no one knew if she would ever regain the use of her limbs. As feeling returned, it was accompanied by intense pain. Every hour of every day for six months, says Heidi, she was in pain, and it was her nurses who helped her get through it. During her recovery, which took more than a year, Heidi reflected on what she wanted...
to do with her life. Partly inspired by those who took care of her, she decided to change her college major to nursing.

Today, Heidi works on Swedish’s Orthopedic Unit, where she cares for patients who are recovering from surgeries or accidents. “I hope I’m an inspiration to them,” says Heidi, “to keep going and do the work they need to do to come back from whatever brought them here in the first place.” An athlete prior to her accident, Heidi now often runs up to four hours a day training for 25K and 50K races.

And when she’s not running or caring for patients at Swedish, Heidi volunteers for a nonprofit organization that provides medical care to children in developing countries. At the beginning of the year, she spent two weeks in Honduras. Nursing, she says, is the right job for her level of energy. “It’s exciting every day,” she says, and every day at Swedish reaffirms that she made the right choice in becoming a nurse.

BUILDING A LEGACY OF NURSING EXCELLENCE

When Richard Peterson retired recently as Swedish’s president and chief executive officer, two long-time supporters of the medical center wanted to honor him and his wife, Rosemary, in a way that recognized the Petersons’ commitment to nursing at Swedish. That’s why Barbara and Joseph Buchman, M.D., set up the Rosemary and Richard Peterson Fund for Nursing Excellence.

The Peterson Fund, which will support community outreach, will be administered by Swedish’s Center for Nursing Excellence. Located on the Cherry Hill campus and under the direction of Elaine Goehner, Ph.D., R.N., C.P.H.Q., the center is already the place that Swedish nurses turn to when they have specific patient-care questions or want to review research being done in their particular specialty. And nurses need not leave their units to stay current.

“The Center for Nursing Excellence also provides access to continuing education classes, both on Swedish campuses and elsewhere, and it assists nurses who may be considering changing their specialty area.

“From recent graduates to the most experienced nurses, there’s always something new to learn, new opportunities for growth on the job and questions about particular problems in patient care,” says Goehner, who’s committed to making the center for Nursing Excellence the place Swedish nurses turn to first when they need information.

*If you would like to know more about the Peterson Fund for Nursing Excellence, or make a contribution, contact Becca Kelly in the Foundation at 206-386-2138 or becca.kelly@swedish.org.*
Long-time Nurses Find New Rewards

Nursing was not a choice that Victoria Keller, R.N., ever considered when she started college. She found out, however, that if she pursued nursing she could get a full scholarship. One day, after she’d actually become a nurse, Victoria says she “woke up and realized how proud I am of what I do.”

Victoria, 47, recently became manager of the Post-Anesthesia Care Unit (PACU), where patients recover after major and minor surgeries. The unit’s nurses, says Victoria, are skilled practitioners who are always on the alert for subtle shifts in a patient’s vital signs that could be the first indication of a life-threatening situation.

Patients on the PACU “are in such a vulnerable position,” notes Victoria. They may be scared or confused as they come into consciousness. They may have heart conditions or other medical problems that can quickly turn deadly. “Our patients need someone with both technical skills and the ability to provide comfort,” says Victoria. Not everyone has that, but the nurses I work with do.”

Since she’s become a manager, Victoria has also seen more of the complex work it takes to keep her unit and Swedish itself functioning as a first-class health-care provider. Things move quickly on units like the PACU, says Victoria, and everyone — physicians, administrators and nurses — needs to work together to get patients ready to go home or transfer to another unit.

Making sure patients are ready to return home is a major part of any nurse’s job. For Valerie Lytle, R.N., the hope is that her patients not only go home, but that they eventually take a healthy baby with them. Valerie, 47, works on the Obstetrics Unit, where patients may arrive with such conditions as pre-term labor, gestational diabetes, preeclampsia (a hypertensive disorder of pregnancy) or bleeding problems. The goal is to prolong the pregnancy as long as is safely possible to minimize complications the patient’s baby may suffer from premature birth.
Antepartum nurses like Valerie must be skilled in detecting subtle signs of labor and in interpreting data from machines such as an electronic fetal monitor. For example, says Valerie, “the interpretation of fetal heart rate tracings is different for a 25-week fetus from that of a 30-week fetus.” A small change could signal that the baby is in danger.

Like Victoria, Valerie is well aware that her patients are at a terribly vulnerable place in their lives. “Many of our families require the care of multiple practitioners,” says Valerie. Patients may need support from a nutritionist, physical therapist, spiritual advisor, social worker or childbirth educator. “The R.N. serves as the facilitator to bring the right group of care providers together for the patient at the right time,” notes Valerie.

In dealing with high-risk pregnancies, Valerie has seen her share of tragedies and triumphs. “Every day,” she says, “I learn something new about being a human being.” And after 22 years, Valerie feels “more energized and excited about my job than ever before. I think there’s a Renaissance happening in nursing. We’re becoming part of a more interdisciplinary approach to patient care. People are beginning to see that nursing is both an art and a science.”

Nurses themselves are becoming more involved in decisions regarding how care is delivered, says Valerie, and “the more responsibility nurses embrace, the better the care for patients, and that’s what we all want – the best care for the patient.”

As for Maria and the ICU patient she helped save, she’s still hoping for a good outcome. Patients who come to the ICU are sometimes so medically fragile, that no amount of care will change the negative course of an illness or injury. How do nurses like Maria deal with the fact that their patients sometimes die? “I see so many patients get better,” says Maria. “When a patient comes back after a year to see you and say ‘thanks for taking care of me,’ that’s all you need to keep going another day.”
EDUCATIONAL SUPPORT FOR NURSES MEANS THE BEST CARE FOR PATIENTS

In the United States, the current nursing shortage is expected to intensify as baby boomers age and the need for health care grows. According to a report released last year by the American Hospital Association, as many as 118,000 registered nurses are needed to fill vacant positions nationwide. In this state, there are an estimated 5,000 vacant positions.

Although enrollment in nursing schools is going up, the shortage is expected to continue as today’s nurses grow older and begin to retire. At Swedish, the average age of nurses is 46, and more than 20 percent of the nursing work force is over 55.

As part of its commitment to continuing nursing excellence at Swedish, the medical center joined forces with Seattle University (SU) in 2004 to create the Nursing Scholars Program. In this program, SU discounts selected students’ upper-division tuition by 30 percent and Swedish pays the remaining tuition for six academic quarters. Additionally, for approximately 18 months, experienced Swedish nurses provide clinical instruction and supervision for the scholars. Upon graduation, those enrolled in the Nursing Scholars Program agree to a three-year work commitment at Swedish. Because administrators assess and approve all scholarship applicants, Swedish has the benefit of knowing in advance who will be joining the work force.

Mary Walker, Ph.D., R.N., F.A.A.N., was instrumental in laying the foundation for Swedish’s participation in the Nursing Scholars Program. Dean of SU’s College of Nursing, Walker is also the first registered nurse to sit on the Swedish Board of Trustees.

One benefit of the scholars program, she says, is that it eases the transition of SU students into their work at Swedish.

“When they are ready to step onto a unit as a registered nurse, they are already familiar with how the organization works,” says Walker. “This means their orientation time is reduced and they can take on greater responsibilities sooner.”

Swedish is also exploring a partnership with the University of Washington School of Nursing that would provide career enhancement through advanced education seminars and courses. The Swedish Medical Center Foundation is now actively exploring ways to fund this program through grants and individual donations.

“We want our nurses to come in with a great education and we want them to be able to continue to learn,” says Cathy Whitaker, R.N., M.S.N., M.S. Whitaker, who is Swedish’s chief nursing officer, adds that this educational support for nurses will ensure the continuation of everyone’s top priority: the best care for all Swedish patients.
I’m sitting in a small, darkened room with my friend, Joan, while various drugs – poisons, really – drip drip drip into her body through a portacath in her chest.

It’s peaceful here in the medical treatment center at the Swedish Cancer Institute. Last year, this outpatient facility logged more than 70,000 visits. Joan, so far, has logged eight.

Seven weeks ago, this high-powered executive had her suitcase packed, ready for yet another cross-country business trip. She’s vice-president of Community Support for Wells Fargo and her passion is corporate social responsibility – building strong, safe and healthy communities.

Before leaving town, Joan stopped in to see her doctor and followup on a slight but nagging cough that wouldn’t go away. Two weeks and 22 scans, biopsies and other exploratory procedures later, she was here for round one of chemotherapy. Today, she’s here finishing up round two.

“Tell them I’ve never smoked,” she says as I pull out my laptop to take notes. “Tell them I never smoked and I never drank and I never took drugs and I’m young and I’m healthy and I have stage IV lung cancer and I’m so damned angry about it.”

She pauses as Maura Ennett, R.N., comes in and smiles at her. Maura checks the IV drip, adjusts the dials on the infusion machine. She asks Joan if there’s anything she needs, and pats her hand on the way out.

As Maura leaves the room, Joan’s eyes follow her. “She’s an angel,” she says, with reverence. “They all are. It’s amazing.”

Joan’s circle of friends has closed protectively around her, more than willing to carry the hope that she does not yet feel. Wells Fargo has been an amazingly supportive employer. And her oncologist, Dr. Saul Rivkin, is someone Joan refers to as “a saint, an absolute saint.” But day-to-day, terror-by-terror, it is the nurses of the Swedish Cancer Institute who keep her going.

“When I walked in here that first morning, I was terrified,” she recalls. “I cried for 45 minutes. Carol Moore was my nurse that first day, and she sat so patiently and held my hand and told me I have every right to feel angry and be upset. She answered my questions about the Taxol and the carboplatin and the anti-nausea meds and the side effects. And she didn’t hook me up until she’d answered every question.”

Joan has found that level of caring and commitment in all of the nurses she’s encountered at Swedish – from the nurse she may see once during a blood draw, to Peggy Mekuria, R.N., O.C.N., the oncology nurse in Dr. Rivkin’s office, who is her constant anchor.

“Every day they come here and take care of people who are sick and terrified and without hope,” Joan says. “And when you break down and cry, they put their arms around you and take care of you until you can find a way to breathe again. They really are extraordinary.”

— Janet Simmelink
Forum Editor
One Million Dollar Gift to Launch Simulation Training Center

Bill and Cheryl Gossman believe so deeply that the area’s smallest patients should receive the best possible care, the couple has donated $1 million to help make sure they get it.

Their recent gift – combined with the generosity of all who supported Swedish’s 2007 Fund-A-Need project – will soon make the Gossman Center for Advanced Pediatric and Perinatal Simulation a reality.

In the Gossman Center, teams of doctors, nurses and other medical personnel will have the unique opportunity to practice their skills in an incredibly realistic – but completely safe – environment. It will include much of the same equipment found in modern delivery and operating rooms. Three life-size mannequins of a newborn, infant and child will be programmed to simulate dozens of medical crisis situations. These small “patients” will have the “ability” to breathe, blink, drool, bleed and respond much like a human child would to more than 50 medical emergency situations.

Bill Gossman, who began his career as an engineer working with flight simulators, believes that doctors facing unexpected emergency situations should have access to the type of simulation training pilots and others have had for nearly 30 years.

“The technology is important, but there’s also a tremendous opportunity for improving the delivery of care,” he said. “For those working with newborns in urgent, time-sensitive situations, teamwork and process improvement are critical.”

Giving Back by Investing in Swedish

Swedish Medical Center has been an important part of the Gossmans’ lives since they arrived in Seattle nearly nine years ago. Because of her extensive 15 years of experience in health care, then CEO Richard Peterson hired Cheryl in 1998 as the director of physician practice management — a key position at a crucial time in the organization’s history.

Meanwhile, Bill was working as an entrepreneur launching a wireless...
Internet software and service business. It was a time when the young couple was “hustling to make ends meet,” and Cheryl’s job at Swedish kept them going.

In the Gossmans’ first few years in Seattle, their two younger children were born at Swedish. Complications following the birth of their youngest child gave them first-hand experience with how suddenly the joy of giving birth can turn into a serious situation.

“Right after her birth, Elizabeth had a high fever and was transferred in the middle of the night to pediatrics.” Cheryl said. “We were very anxious. Many tests were done over the next few days, and fortunately, we had a good outcome.”

Today, Bill is president and CEO of Revenue Science Inc. In addition to being an active community volunteer and juggling the demands of a busy family, Cheryl serves on the Foundation Board of Governors, the Board of Trustees Quality Committee, the Campaign Planning Committee and the Women & Children’s Advisory Council. Cheryl has been involved with Celebrate Swedish for five years, and this year, the Gossmans served as co-chairs.

“I believe in health-care excellence, and I have experienced the excellence at Swedish from the inside out,” Cheryl said. “By investing in this project, we can help other families receive the same level of care we would want for our own family.”

Last year, during a visit to Stanford University to observe the country’s first pediatric simulation training center, Cheryl had the opportunity to watch a simulation training session in action. It was amazing, she noted, how lifelike the situation was — the technology and the responses of the caregivers to a critical-care situation. She became convinced of the need to bring this type of training opportunity to the Northwest.

With the help of the Gossmans’ gift, this need will soon be met. The Gossman Center will be located on the third floor of the South Tower, strategically close to Swedish’s childbirth center and the pediatric and neonatal intensive care units.

“We are deeply grateful to Cheryl and Bill for their extraordinary leadership and generosity in making this opportunity possible,” said Richard Peterson. “Because teams from other hospitals will also be able to train in the Gossman Center, this gift makes an important contribution well beyond Swedish. It is a legacy for the next generation of children throughout our region.”

An artist’s rendering of the entrance to the Gossman Center for Advanced Pediatric and Perinatal Simulation. (Courtesy of NBBJ)

The Center for Advanced Pediatric Education at Stanford served as a model for the Gossman Center. (Photo courtesy of Stanford University)
Proceeds from Celebrate Swedish 2007 more than doubled last year’s totals – breaking all previous records in the 22-year history of the event.

This year’s gala, held March 24 at the Sheraton Seattle Hotel, raised approximately $3.4 million. Of that total, over $2.4 million was raised for this year’s Fund-A-Need project: The Gossman Center for Advanced Pediatric and Perinatal Simulation. The balance of the proceeds are designated to help support charity-care programs at Swedish.

By comparison, in 2006, Celebrate Swedish raised $1.4 million, with $667,000 designated for the Fund-A-Need project. Chaired by Cheryl and Bill Gossman, this year’s event hosted nearly 1,000 guests. Thanks go to the 2007 Celebrate Swedish Committee, the Gossmans, and the other committee chairs, including: Bonnie and Ron Elgin, Audience Development Chairs; Diane Edwards and Kristen Wehrman, Procurement Chairs; and Sue Lindal, Casey Sibert and Carol Sperling, Theme and Décor Chairs.

Special thanks to Wells Fargo, the presenting sponsor, and to major sponsors Sellen Construction and Cardinal Health Clinical Technologies and Services.

Guests at Celebrate Swedish 2007 enjoyed going “Around the World in One Spectacular Night.”

From left: Cheryl and Bill Gossman, Perri and Jeff Roe, and Molly and Ted Reischling.

Chuck Lytle, Nancy Hochman and Dr. Rod Hochman, Swedish’s new CEO.

Patricia True, Bill True and Sue Hovis
Wide-Spread Philanthropic Support for Gossman Center

A n outpouring of community support for the 2007 Fund-A-Need project – from individuals to volunteer groups to local foundations – will help provide a lasting legacy for the children of our region. In addition to the $1 million gift by the Gossman family for the Gossman Center for Advanced Pediatric and Perinatal Simulation, a number of other generous gifts had been made by press time – bringing the total to more than $2.4 million.

The Moyer Foundation has pledged $250,000 to help make the Gossman Center a reality. The Moyer Foundation was founded in July 2000 by Major League All-Star pitcher, Jamie Moyer and his wife, Karen. Its mission is to offer encouragement, comfort and support to children enduring a time of profound emotional, physical or financial distress and provides opportunities for enhancing overall wellness, stability and quality of life.

Leadership Gifts to Gossman Center, Celebrate Swedish’s 2007 Fund-A-Need Project

At press time, leadership gifts for the Gossman Center included:

$ 1,000,000  
Bill and Cheryl Gossman

$ 250,000  
The Moyer Foundation

$ 100,000  
Mike and Jackie Bezos  
Doug and Janet True & Family  
The Physicians of Pediatrica and Obstetric Medical Group

$ 50,000  
Boeing Employees Community Fund of Puget Sound  
Howard Maron, M.D., and  
Mary Maron  
Kirby and Diane McDonald  
The Estate of Richard Olson  
Greg Sorensen, M.D., and  
Carole Fredrickson  
Swedish Medical Center Auxiliary/First Hill

$ 35,000  
DDB Seattle

$ 25,000  
Chap and Eve Alvord  
Kimberly Krabill, M.D., and  
Kyle Dryden  
David and Sandy Sabey

$ 10,000  
John and Debra Bacon  
Dennis and Maureen Brebner  
Peter and Susan Cheney  
Glenn and Janet Edwards  
Ron and Bonnie Elgin  
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Thanks to the generosity of Celebrate Swedish guests and other philanthropists, funds for constructing and equipping the Gossman Center are now secure. In addition, $400,000 toward the $1 million goal for endowment was also raised. This endowment is designed to ensure that this important program will be self-sustaining for years to come. To find out more about how you can help, please contact Becca Kelly at 206-386-2138 or becca.kelly@swedish.org.
The wonders of neuroscience today – from mapping the brain to using GPS-like guidance systems in surgery – have evolved from the dedicated pursuits of many physicians, scientists, and innovators. And, in many cases, from the philanthropists who believed in them.

Indeed, as Sir Isaac Newton once said: If I have seen farther than others, it is because I have stood on the shoulders of giants.

Dr. Theodore Roberts, a soft spoken and modest man, doesn’t really see himself as a giant. Yet he is one of many whose careers and generosity – yesterday and today – are making possible a brighter tomorrow.

During his long career, Dr. Roberts developed new advances in neurosurgical care both in the laboratory and at the bedside. Among many other accomplishments, he pioneered the surgical separation of craniopagus (joined at the head) twins and the development of the most widely used stereotactic neurosurgery system.

He is professor emeritus at the University of Washington School of Medicine and the former Chief of Pediatric Neurosurgery at Children’s Hospital & Regional Medical Center.

During his tenure at Children’s, he developed his interests in treating malignant brain tumors in children and surgical management of epilepsy. And he became a mentor for then medical-resident Dr. Greg Foltz, a renowned neurosurgeon and researcher who joined Swedish in 2005.

In addition to his contributions as a physician, researcher and mentor, Dr. Roberts has provided important philanthropic support that has helped expand Dr. Foltz’s research endeavors. He is a member of the fund-raising Advisory Council of the Swedish Neuroscience Institute, and recently, he provided critical seed funding to launch a research study into genetic causes of amyloidosis – abnormal protein deposits associated with tissue degeneration.

“There is amyloidosis research being done at the Mayo Clinic, at Boston University, at the University of London... and I definitely think it’s important that we broaden the research being done in the Northwest as well.” Dr. Roberts said. “Due to the efforts of the Institute for Systems Biology and others in the Seattle area, this is a good time to be pushing the frontiers of protein research.”
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