With stories as unique as their personalities, meet two of our NICU BABIES NOW.

The numbers are in: CELEBRATE SWEDISH 2010 RESULTS.

Rivkin Center: CHALLENGE GIFT HELPS MOVE RESEARCH FORWARD.
Celebrating the past — and the future

You only turn 100 once. That’s why, instead of throwing a big party for ourselves, we wanted to celebrate with activities that are meaningful and worthwhile for the community.

One of the ways we’re doing that is by partnering with Seattle Arts & Lectures to bring critical thinkers in health care to the area. We sponsored a wonderful lecture by physician and New York Times columnist Atul Gawande earlier this spring, and we’re looking forward to hosting T.R. Reid, author of The Healing of America, on Oct. 5. We hope you’ll join us for this special event. Tickets are available at www.lectures.org.

Another way we’re commemorating Swedish’s centennial year is by hosting a national symposium on health care on Oct. 11-12. It promises to be two days of thought-provoking discussion, with dozens of the nation’s leading thinkers in health care gathering in Seattle to speak at the event.

Our list of distinguished presenters includes experts from the Mayo Clinic, Johns Hopkins, Tuck School of Business, Bill & Melinda Gates Foundation, plus many more. We’ll also hear from the private sector, with companies such as the East Coast’s Wegmans Food Markets sharing innovative ideas for managing employee-benefit plans.

If you’re a business leader faced with rising health-plan costs, a clinician on the front lines of medicine or a member of a health-related advocacy group, we invite you to join us for this symposium. Please visit www.swedish100.org to register early. Space will be limited, so we encourage you to register early.

Finally, I want to thank everyone who turned out for Celebrate Swedish, our annual fundraising gala. The generosity of our local community never ceases to amaze me, and I find it especially heartening to know there is so much compassion and support for quality health care in our community.

Thanks to all of you, we raised $2.2 million at the event, $1.2 million of which will go toward a much needed expansion of our neonatal intensive care unit (NICU). This unit meets a critical need in the region by caring for premature and sick infants. You can read more about it in this issue of IMPACT, or visit www.swedishfoundation.org/NICU.

On behalf of everyone at Swedish, thank you for supporting our non-profit mission. We couldn’t have reached this centennial milestone without you.

Warmest regards,

Rod Hochman, M.D.

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SUMMER 2010

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For additional content and information about Swedish services and events, health care and medical topics, and the activities of the Swedish Medical Center Foundation and its supporters, IMPACT is published as a community service by Swedish Medical Center. For questions or comments, or to be removed from our mailing list, please contact Lindsay Hopkins, editor, Swedish Medical Center Foundation, 747 Broadway, Seattle, WA 98122-4307.

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www.swedishfoundation.org/newsletter-signup
To receive our newsletter with information about Foundation news and events, register online at www.swedishfoundation.org/newsletter-signup.
Swedish celebrates a century
On June 1, Swedish officially turned 100 years old. As we celebrate our centennial anniversary this year, we want to thank the entire community for the privilege of serving you and being part of your lives all these years. To learn more, please visit us online at www.swedish100.org.

Swedish is incorporated
Dr. Nils Johanson recruits ten fellow Swedish immigrants to create a first-class nonprofit hospital. They each contribute $1,000 and Svenska Lasaretet, the Swedish Hospital, is incorporated.

1908

First baby is born at Swedish
Before Clara Peterson’s arrival, Dr. Johanson drives her anxious parents to the hospital in his Stutz Bearcat — it’s a rough ride down Second Avenue, because it is still a dirt road.

1910

Swedish Hospital opens
Nearly two years after incorporation, a lease is signed on a two-story apartment house at 1733 Belmont Avenue in Seattle. The 24-bed hospital is soon at capacity.

1932

Swedish Tumor Institute opens
The Tumor Institute opens as the first dedicated tumor treatment center — and the first to provide high-energy radiation therapy west of the Mississippi.

1939

Eleanor Roosevelt visits Swedish
The First Lady tours the Swedish Tumor Institute on a trip to Seattle to visit her daughter, Anna Boettiger, and her new grandson, John.

1957

Stork Club debuts
While 3,100 babies are born at Swedish during 1957, their dads sit, pace, smoke and drink coffee in the new (and now retired) Stork Club.

1963

“The Hutch” opens at Swedish

1975

Swedish and Ballard General join forces
Founded in 1928 and occupying its current site off Market Street since 1954, Ballard General Hospital becomes part of the Swedish system.

1992

Swedish and Ballard General join forces
Founded in 1928 and occupying its current site off Market Street since 1954, Ballard General Hospital becomes part of the Swedish system.

2000

Providence Seattle becomes part of Swedish
This landmark partnership with Seattle’s oldest hospital — founded in 1878 — expands Swedish’s footprint to include 1,245 beds on three campuses, with more than 7,000 employees.

2005

Swedish arrives in Issaquah
Swedish opens an emergency room and specialty clinic just off I-90, featuring an innovative patient-flow process that virtually eliminates time spent in the ER waiting room.

2009

Construction starts at Issaquah hospital
The first new hospital built in Washington state in 30 years begins to take shape in the Issaquah Highlands. The medical office building and outpatient center will open in 2011, and the full-service hospital is slated to open in 2012.

2010

Swedish hits the century mark
As Swedish turns 100, it’s the largest, most comprehensive nonprofit health-care provider in the Seattle area, with three hospitals, one freestanding emergency room, and more than 20 primary and specialty care clinics.

“I think he’d be very proud of what he started 100 years ago.”
— Dr. Rod Hochman, Chief Executive Officer Swedish Medical Center, speaking about founder, Dr. Nils Johanson

www.swedishfoundation.org
Swedish Medical Center is classified as a not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code. In accordance with this status, Swedish provides over $68 million in charity care and other benefits to the health care needs of the community.

Statement of Revenue and Expenses
(Year ending December 31, 2009)

REVENUE
Net amount received from patient care services $1,321,642,000
Other operating revenues and income 61,649,000
Unrestricted contributions 2,280,000
Total revenue and support $1,385,471,000

EXPENSES
Operating expenses $471,638,000
Salaries and benefits paid to employees 758,510,000
Depreciation, which represents the cost of use of buildings and equipment 90,985,000
Interest expense on borrowed funds 20,695,000
Total expenses $1,341,828,000
Initial funds available to be invested toward the health care needs of the community 43,743,000
Gain on investments in stocks and bonds 85,861,000
Impact to organization’s reserve funds 129,604,000
Total expenses $1,386,108,000

Funds to be invested toward the health care needs of the community $1,341,828,000

TAXES PAID
Property taxes $1,127,884
Employer’s share of payroll taxes $1,384,000
Business and occupancy taxes† $756,000
Sales and use tax – direct $1,124,776
Total taxes $6,840,000

FOUNDATION 2009 CONTRIBUTIONS FROM ALL SOURCES
Unrestricted $5,808,000
Restricted 12,178,000
Event revenue 17,538,000
Mascha Rickin donations 764,000
Auxiliary revenue, net of expenses 114,000
Total $6,840,000

Total 1 $17,094,000

COMMUNITY BENEFIT
Health-related research $5,808,000
Community health activities and non-billed services 21,139,000
Charity care 8,001,000
Medical education 29,639,000
Medicaid subsidy 7,477,000
Total $88,561,000

Total expenses $1,386,108,000

TAXABLE ITEMS

SALARIES AND BENEFITS PAID TO EMPLOYEES

By the Numbers

<table>
<thead>
<tr>
<th>Year</th>
<th>Total revenue and support</th>
<th>Unrestricted contributions</th>
<th>Expenses</th>
<th>Funds to be invested toward the health care needs of the community</th>
<th>Charity care provided</th>
<th>Inpatient admissions</th>
<th>Inpatient days</th>
<th>Surgeries</th>
<th>Babies born</th>
<th>Medical oncology and treatment center visits</th>
<th>Emergency visits</th>
<th>Swedish Visiting Nurse Services patients</th>
<th>Employees</th>
<th>Volunteer hours worked</th>
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</thead>
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<tr>
<td>2006</td>
<td>1,139,200,600</td>
<td>43,128,000</td>
<td>1,125,560,000</td>
<td>56,120,000</td>
<td>12,489,000</td>
<td>42,253</td>
<td>188,707</td>
<td>31,906</td>
<td>74,639</td>
<td>74,639</td>
<td>98,855</td>
<td>717</td>
<td>7,331</td>
<td>203,132</td>
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<tr>
<td>2007</td>
<td>1,265,470,000</td>
<td>2,280,000</td>
<td>1,245,560,000</td>
<td>64,276,900</td>
<td>15,184,000</td>
<td>43,128</td>
<td>184,624</td>
<td>31,906</td>
<td>74,639</td>
<td>80,917</td>
<td>104,048</td>
<td>925</td>
<td>4,721</td>
<td>205,049</td>
</tr>
<tr>
<td>2009</td>
<td>1,385,771,000</td>
<td>2,280,000</td>
<td>1,341,828,000</td>
<td>74,639</td>
<td>21,139,000</td>
<td>43,128</td>
<td>186,554</td>
<td>31,906</td>
<td>74,639</td>
<td>80,917</td>
<td>107,678</td>
<td>925</td>
<td>4,721</td>
<td>205,049</td>
</tr>
</tbody>
</table>

†Sales tax are also paid unless merchandise is purchased. These taxes are included with the cost of the merchandise and are not tracked separately. We estimate 2009 sales tax paid with merchandise purchases to be approximately $2,193,895. †The total figure is based on the discounted sales of long-term pledges.

Swedish Medical Center is designated a non-profit organization under Section 501(c)(3) of the Internal Revenue Code. In accordance with this status, Swedish provides over $68 million in charity care and other community benefits. Any excess revenue over expenses is reinvested into the medical center, allowing Swedish to continue providing the community the best possible health care.

Addressing the health-care needs of the underserved

New Swedish Community Specialty Clinic to open on First Hill Campus

To meet a pressing community need, Swedish Health Services will open the Swedish Community Specialty Clinic this summer, a new facility designed exclusively to treat low-income, uninsured and underinsured patients. Swedish’s Glaser Surgical Clinic on the First Hill campus and the Mother Joseph Clinic on Cherry Hill are consolidating and will operate as one integrated, expanded service.

Advanced medical care will be provided at no cost by volunteer specialists from Swedish and several other local physician groups. The 4,000-square-foot clinic, located at 801 Broadway in Suite 901, was developed in partnership with King County Project Access (KCPA), a non-profit organization that helps low-income uninsured patients get access to specialized health care services.

“The Specialty Clinic will address three very real needs,” says Rayburn Lewis, M.D., who conceived the pilot program that established the Mother Joseph Clinic.

“We have specialists who want to volunteer their time, but can’t meet the multiple requirements of some patients in their offices. We have referring primary-care physicians who are at their wit’s end trying to manage these complex cases alone. And we have patients — uninsured workers, underinsured college and high school students, the disenfranchised poor — who have no other options for care.”

“We have specialists who want to volunteer and who are at their wit’s end trying to manage these complex cases alone. And we have patients — uninsured workers, underinsured college and high school students, the disenfranchised poor — who have no other options for care.”

Physicians who are at their wit’s end try to manage these complex cases alone. And we have patients — uninsured workers, underinsured college and high school students, the disenfranchised poor — who have no other options for care. "Now, uninsured people can get the care they need, and primary-care providers can use one channel for their specialty referrals.”

Typically, KCPA enrollees are the working poor who earn below 200 percent of the federal poverty level (in 2009, about $22,050 annually for a family of four); are uninsured; and are not eligible for Medicaid or Medicare. Enrollees often get their primary care in community health centers or public health clinics.

When a primary-care physician determines someone should see a specialist, KCPA links the patient with the appropriate clinical volunteer and then provides follow-up to the management services.

This promotes wellness and preventative care, reduces unnecessary use of hospital emergency rooms and has a positive impact on overall community health.

“The need for specialty medical care far exceeds local resources,” says Jay Earle, M.D., the clinic’s medical director. “And with the state unemployment level now above 9 percent, many more people have lost employer-sponsored health coverage.”

Swedish and KCPA are in a unique position to focus their resources and expertise to fill the medical chain that has left many patients with nowhere to turn for non-urgent but serious medical conditions. There are few, if any, hospitals or clinics in Western Washington that offer the program the partners envision. This hybrid clinic will combine several existing and new services under one roof and improve care through innovations such as electronic health records.

“The Specialty Clinic is a testament to Swedish’s commitment to serve the entire community,” says Rod Hochman, M.D., chief executive officer of Swedish.

“We want to set a new standard in community health and clearly demonstrate that charity care is a core part of our nonprofit mission — which continues even in a down economy.”

Orthopedic surgeon, Dr. Divya Singh, consults with a patient at the Mother Joseph Clinic.

Editor’s Note: In the last issue of IMPACT, we presented readers with not only our donor recognition lists, but also Swedish Medical Center Foundation’s financials for 2009. In this issue, we share Swedish Medical Center’s audited financial statements for 2009 (at left). Having proudly served the region as a nonprofit since 1910, we felt it appropriate to take you beyond the numbers by highlighting one of the many charity care efforts your generosity supports, the new Swedish Community Specialty Clinic. LH
Babies are sent to the Swedish NICU at Swedish’s First Hill campus because, for a variety of reasons, they need hours, days, weeks, or even months of highly specialized care before they are healthy enough to be released to the care of their families. Some are born too early, before all of their systems and organs are functioning properly. Others are carried to term but require medical attention following their births because they have serious problems that need to be addressed. One factor is always the same: these tiny patients receive world-class care from the neonatologists, obstetric and pediatric nurses, clinical nutrition specialists, pharmacists and other staff at Swedish’s state-of-the-art NICU.

Terry Sweeney, M.D., Swedish’s Director of Neonatology, is the person at Swedish who has to try. “One of my responsibilities is to decide if we have enough beds for the day, and if we don’t, to try and move babies to other parts of the hospital where the care is perhaps less intensive, so that we have beds available for any contingency,” he says. “This isn’t always easy if we are very full.”

By operating so close to capacity, Swedish has sometimes had to send expecting moms who are likely to deliver prematurely to another hospital with room in its NICU. On other occasions, seriously ill or very premature newborns born at other hospitals who require intensive care have had to be transported as far away as Tacoma or Spokane because there was no room for them at Swedish.

“As we’ve grown over the years,” says Sweeney, “we’ve added more doctors who specialize in maternal-fetal programs. We have such a specialized program that we’re able to collect a lot of resources under one roof. Like most successful enterprises, however, we reached a bottleneck — an impasse in terms of resources where we couldn’t see more families who needed to be seen, where we might have had to turn away those families to other hospitals or even other cities in the region. And I think it’s unfair to raise expectations for families and not meet the expectations that the community now has for us.”

In August, Swedish’s NICU will open a new unit that will address this problem by adding 15 new Level III beds to the existing 61 beds at the First Hill campus. This significant addition to this vital resource was made possible by a partnership between private donors and the hospital’s own capital. While the hospital will provide funding from its capital budget for the physical space renovation, the community has stepped forward to outfit the unit with $1.5 million-worth of state-of-the-art technology and equipment. To date, $1.31 million of this funding has been pledged.

By Jennifer Schaefer
Portraits by Rosanne Olson

The birth of a baby is a special and exciting event. Most of the 7,000 babies born at Swedish each year have a routine birth and are able to go home with their moms within a few days. A growing number of newborns, however, require a stay in Swedish’s Neonatal Intensive Care Unit (NICU) — pronounced “Nickyou” — the most experienced, high-tech Level III NICU in the state.

Babies are sent to the Swedish NICU at Swedish’s First Hill campus because, for a variety of reasons, they need hours, days, weeks, or even months of highly specialized care before they are healthy enough to be released to the care of their families. Some are born too early, before all of their systems and organs are functioning properly. Others are carried to term but require medical attention following their births because they have serious problems that need to be addressed. One factor is always the same: these tiny patients receive world-class care from the neonatologists, obstetric and pediatric nurses, clinical nutrition specialists, pharmacists and other staff at Swedish’s state-of-the-art NICU.

MORE SPACE TO HELP MORE MOMS AND BABIES

Offering a superior level of care means more of these babies come to Swedish. High-risk newborns and women facing high-risk deliveries are transported to Swedish from as far away as Alaska. As a result, in 2008, the NICU operated at an average of 90 percent capacity, when the ideal ratio for such a facility is 75 percent. Having beds available at all times is essential, since no one can predict with certainty how many newborns will require specialized care on a given day.

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EXPANSION PARTIALLY FUNDED BY PRIVATE SUPPORT

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“He was a perfect baby, in miniature.
He let out a sweet little cry, as if to say, ‘Here I am!’”

April Smith, NICU mom, reflecting on the arrival of her son, Henry

www.swedishfoundation.org
When Seattle resident April Smith became pregnant in May 2008 at age 45, after three years of fertility procedures, she and her husband, Greg, were thrilled. In the first two trimesters of her pregnancy, April prepared for her February 2009 due date with activities common among expectant moms: painting the nursery the perfect shade of green, picking out names for the baby (who, at around 20 weeks, they discovered was a boy), and reading about childbirth, breastfeeding, and newborn care. But after an uneventful first 28 weeks of pregnancy, the unexpected happened. April began to experience intermittent or preterm labor and was diagnosed by her OB-GYN, Karen Bohms, M.D., of Northwest Women’s Healthcare, with placenta previa—a complication in which the placenta attaches to the lower part of the uterus wall and partially or totally covers the cervix, which can cause preterm labor.

“The bleeding was scary because I knew the baby might come early, but I had a good feeling that everything would be okay,” remembers April, who was working in magazine ad sales at the time. On the advice of her doctor, she decided to either work from home to minimize her mobility or hurry home after work to rest and put her feet up.

On Christmas morning 2008, while getting ready to celebrate the holiday with her family, April noticed her symptoms had become more severe and frequent—a possible indication of preterm labor. She also began experiencing some contractions. She called the on-call doctor at Northwest Women’s Healthcare, who asked her to go to Swedish’s First Hill campus immediately for evaluation. “The doctor did an exam and told me that he wanted to keep me at least overnight for observation, even though it was Christmas Day,” she says.

Two days after checking into Swedish’s Antepartum Unit, April’s symptoms became even more severe—a development that quickly brought a team of caregivers to her bedside. “It was scary,” remembers April. “All these lights were on. There was a monitor on my stomach to track the baby’s heart rate and my contractions to make sure he was OK.”

Using an IV, the Swedish obstetrical team administered a medication to stop preterm contractions. “It was an intense medication that made me feel like I wanted to crawl out of my skin,” she remembers. “They didn’t know how long the side effects would be going to last. For a while, I felt like the walls were closing in, and I had the worst flu-like feeling I’ve ever had.”

After an uncomfortable half hour, April’s side effects diminished and the hoped-for result was achieved: The contractions stopped. Doctors also gave her steroid shots to help the baby’s lungs develop in the event that he arrived early.

Once she was stabilized, April was kept in the Antepartum Unit on bed rest for more than two weeks. “The Antepartum Unit was wonderful,” she says. “I had my laptop, which kept me in touch with the world, and the nurses were great. They provided compassionate support and were very patient, because I had a lot of questions. They really helped me understand what was going on and explained things, so I felt more comfortable.”

During April’s stay, the antepartum team worked to delay birth for as long as possible—ideally, until she reached 33 weeks. They regularly checked her amniotic-fluid levels and contractions and conducted ultrasounds every few days. Greg was allowed to stay in her room whenever they wanted. “They were very accommodating and even brought in a bed for him,” she says.

April made it to 33 weeks, but just barely. On January 6, her doctors noticed a drop in her amniotic-fluid level, and, at around 9 a.m., she was told: “Today’s the day.” After that, it became a hustle—a scramble to beat the baby to the punch. “The contractions continued. Her husband appeared in sterile surgical wear. At 3 p.m.—just minutes after her obstetrician, Megan Smith, M.D., arrived and scrubbed up—Henry Paul Smith was born, weighing 4 pounds, 12 ounces. A team of nine Swedish obstetric caregivers, including a NICU team, was on hand to care for Henry and assess his health.

April remembers Henry’s birth. “It was a little frightening, but wonderful. I was afraid he would be so tiny, but he wasn’t—he had a nice little fullness to him. He was a perfect baby, in miniature. He let out a sweet little cry, as if to say, ‘Here I am!’”

While Dr. Smith tended to April, Greg held their newborn son and members of the NICU team examined him. They declared Henry was very healthy, given how early he had been born. He was taken upstairs to the NICU and placed in an incubator and given air support to help his lungs develop.

In the NICU, Henry did well for eight days before another unexpected event occurred: Doctors discovered that he had a perforated bowel. After unsuccessfully trying to treat the condition with antibiotics, pediatric surgeon Edwin Hatch, M.D., performed a 45-minute surgery to repair the problem. Once again, the results were good. “It’s unerving to have a baby that tiny, and scary to imagine him having surgery, but the Swedish team knew what they were doing,” says April.

After the surgery, the focus was on helping Henry gain weight and bond with his parents. Throughout his stay in the NICU, ‘the staff encouraged lots of ‘kangaroo care’—skin-to-skin contact,’ says April.

After a 35 day stay in the NICU, Henry was eating well and weighed more than five pounds and the doctors gave April and Greg the happy news that they could take him home. On February 9, he was released to his parents, who at long last were able to settle their son into his new nursery. “That was so exciting— bringing Henry home and being able to hold my warm, sweet baby while looking at the moon,” says April.

In April 2010, at 15 months, Henry was a thriving 25-pound baby who had recently taken his first steps. April, now a stay-at-home mom, says she will never forget the care she received at Swedish. “The resources are amazing,” she says. “There are so many different people available in the NICU to help you in so many different ways—from lactation consultants to social workers to ancillary support people. The staff is wonderful.”

When Jaime Schmitz gave birth to her first daughter, Grayson, in November 2005, she was three days past her due date. “Needless to say, I was feeling a little anxious to get the show on the road,” she remembers. When she went into labor, she and her husband, Peder, quickly packed some things in a bag and rushed to Swedish’s First Hill birthing center. “It has a reputation as the place to go among women my age,” she says. The nurses were welcoming and Jaime felt comfortable right away. Soon, Grayson arrived, weighing more than 8 pounds.
“She was a perfect baby with 10 fingers, 10 toes. Just everything you could want,” says Jaime.

Soon, however, the birthing center staff discovered that the baby needed a surgical procedure to correct a minor condition. The surgery was scheduled for Grayson’s third day of life, and Jaime and Peder were relieved to discover that Swedish pediatric surgeon Monja Proctor, M.D. didn’t need to use anesthesia on their newborn and that the procedure could be easily completed at the baby’s bedside. “Dr. Proctor felt more comfortable keeping Grayson at the hospital until the procedure was finished, rather than sending her home and doing it in a month or so,” remembers Jaime. The surgery went off without a hitch, and the new parents expected to take Grayson home the following day. But the extra time in the hospital led to another diagnosis that probably saved her life.

All seemed well until about 3:00 a.m. the next morning. “A nurse told me, ‘We’ve picked up a heart murmur on Grayson, so before you check out tomorrow, I’m going to have cardiology come and look at her.’” Jaime knew several children with heart murmurs who were thriving, so she wasn’t overly worried.

The next morning, after Peder had gone home to get the car seat and some supplies, Jaime walked into the NICU to pick up Grayson. “There were at least four doctors standing over her bed,” says Jaime. “They had an echocardiogram and were looking at her heart. I looked at Dr. Peter Hesslein, a pediatric cardiologist whom I hadn’t previously met. The look on his face… I knew right away that something was wrong, so I just started crying. I thought, ‘No one’s here. Peder’s gone. My mom’s gone home.’ It was terrifying.”

Grayson had a birth defect called a coarctation of the aorta, a narrowing of part of the major artery leading out of the heart. Without surgery to correct the problem, she might die. “When I was in training,” says Dr. Hesslein, “this condition was fatal in roughly 50 percent of babies, but the greatest advance has been early diagnosis. In Grayson’s case, it was fortuitous that she happened to be in the hospital when the diagnosis became apparent.”

Surgery to repair Grayson’s heart, to be performed by pediatric surgeon Ron Woods, M.D., was scheduled for three days after the diagnosis. “It was the worst three days of our lives,” remembers Jaime. “It was a very anxious and unnerving time for us, so it was nice that Grayson could stay at Swedish, a place where we had established a sense of comfort.”

The surgery was a success. “If you look at the size of the aorta that was operated on, it’s the size of a spaghetti noodle, and the doctor took it apart and stitched it back together,” says Peder. “That’s pretty incredible.”

Grayson is now a flourishing four-year old who plays with her little sister, Piper. She has her heart checked on an annual basis. “We have a happy, healthy little girl — a testimony to really great medical care,” says Jaime. She adds, “I never even thought about needing a NICU because I expected to have a healthy baby, but now it would be a top question for me. Now I realize what a stroke of luck it was that I happened to be at Swedish. We are so grateful they had room in the NICU for Grayson. She might have gone home and they would have done the surgery when she was a little stronger and bigger. This is a baby that came within one inch of dying. It really is a miracle that it worked out the way it did.”

HOPE FOR PREMATURE AND CRITICALLY ILL CHILDREN

With the addition of 15 new NICU beds, more babies will have an opportunity for best-case-scenario outcomes, like Henry’s and Grayson’s. In fact, according to a recent study by the Vermont Oxford Network, a nonprofit group dedicated to the improvement of neonatal care, Swedish’s NICU offers some of the best results for neonatal patients in the country. “Fortunately, the vast majority of our babies do well,” says Dr. Sweeney. “It is one of the most rewarding jobs I can imagine — helping families through difficult times and then having the families come back months or years later to show off their children.”

Jennifer Schaefer is a Seattle-based writer and editor. She can be reached at schaefer.jen@gmail.com.

ABOUT THE PHOTOGRAPHER: An award-winning photographer, teacher and lecturer for over 30 years, Rosanne Olson is also the author of *This is Who I Am*, a collection of images and essays on women, body image and compassion noted for its insight and power to inspire (www.bodyimagebook.com). She collaborates with her fellow humans to tell the truth, beautifully, of families, women and business professionals, in her Knowing Portraits practice (www.olsonportraits.com).

“WE HAVE A HAPPY, HEALTHY LITTLE GIRL — A TESTIMONY TO REALLY GREAT MEDICAL CARE.”

Jaime Schmitz, NICU mom, talking about her daughter, Grayson.

IMPACT SUMMER 2010
Personal experience is at the heart of Sarah and Mark Everitt’s commitment to Swedish Medical Center. On January 1, 2007, the couple welcomed a beautiful baby boy, Hugo, into their family. Shortly after his birth, an attending nurse discovered a rare and potentially fatal blood condition. The fragile infant was rushed to the neonatal intensive care unit (NICU) where he received four platelet transfusions in the first 48 hours of his life.

In gratitude for the care they received, Sarah and Mark made a gift to Swedish and directed it to the NICU. Over the past three years, Sarah and Mark have provided ongoing support as members of the Founders Circle, a group of donors who contribute $10,000 or more each year to Swedish Medical Center. These generous donors are part of the Legacy of Dr. Nils Johanson, Swedish’s founder, whose mission was to ensure that the latest advances in medicine are available to all.

“Make an impact”

Have you considered making a planned gift to Swedish? Legacy gifts can be funded with cash, securities, real estate, life insurance or other assets, and can be crafted to achieve both your charitable and financial goals. When you make a legacy gift to Swedish, you are making an investment in the future health of our community. To learn more about how you can support Swedish through a planned gift, please contact Lindsay Hopkins at (206) 386-2751 or visit us on the Web at www.swedishfoundation.org/plannedgiving.
Jankelson family turns personal loss into positive gain for fight against ovarian cancer.

In a landmark contribution to the Marsha Rivkin Center for Ovarian Cancer Research, the Wanda Jankelson Foundation for Health Care and Research has made a $500,000 “challenge” gift to help advance innovative research in ovarian cancer. The challenge gift, intended to encourage $500,000 in matching gifts from other donors during the 2010 calendar year, will be used to increase the overall volume of Pilot Study and Scholar grants made available through the Marsha Rivkin Center’s fight against ovarian cancer.

“The focus of our program is translational. In other words, we strive to jump start novel ideas that in the near term will have the likelihood of impacting the lives of ovarian cancer patients,” said Clint Burwell, executive director of the Rivkin Center. “The more promising ideas and directions that we can help to foster, the greater the potential for a breakthrough.”

Both young and established investigators struggle to find funding for innovative approaches to address scientific questions because their new ideas may not yet be in the scientific mainstream. With few options available for national pilot study funding in ovarian cancer, the Rivkin Center’s research grants provide a unique and vital source of support. Many Rivkin Center-funded studies have led to larger, federally funded research initiatives and have added seminal contributions to the growing body of knowledge about ovarian cancer.

“The Marsha Rivkin Center gives researchers the ability to jump-start novel research ideas focused on understanding ovarian cancer by providing funding to generate critical preliminary research data. Including high quality preliminary data in research grant proposals significantly increases that chance of further support. Marsha Rivkin Center provides that crucial bridge from idea to major grant funding,” says Nora Disis, M.D., Associate Dean for Translational Health Sciences in the University of Washington School of Medicine. “The Jankelson family’s commitment will be pivotal to our efforts to get the best and brightest researchers to pay even greater attention to the problem of ovarian cancer,” says Burwell. “This challenge gift will also provide a powerful incentive for greater public participation. We are all so grateful and fortunate to have this remarkable family within our community.”

To learn more about how you can support the Marsha Rivkin Center’s fight against ovarian cancer, please call (206) 215-6200 or email Ellen Kuo at ellen.kuo@swedish.org.

Collaboration within scientific community is key to Rivkin Center’s success

When Swedish Cancer Institute medical oncologist Saul Rivkin, M.D., founded the Marsha Rivkin Center for Ovarian Cancer Research after losing his wife to the devastating disease, he made it a point to reach beyond traditional institutional boundaries to achieve his goal in improving outcomes of ovarian cancer. “Collaboration is key — no single institution is capable of discovering a cure for ovarian cancer on its own,” says Dr. Rivkin. “It’s going to take the greater scientific community of exceptional researchers with diverse approaches, working interactively, to eradicate the disease.”

To support his vision, he turned to Nora Disis, M.D., an immunology researcher and oncologist at the University of Washington and Fred Hutchinson Cancer Research Center, to lead the Rivkin Center’s scientific programs. “The Rivkin Center has been a vital catalyst in the promotion and funding of new research in ovarian cancers,” says Dr. Disis, “and in the process, we’ve helped to create dynamic connections and collaborations within the national and international scientific community that have produced research results that would not have been possible otherwise.”

At the outset, a very successful and unique partnership between Swedish and Fred Hutchinson created and formally governed the Marsha Rivkin Center. After 14 years, the Rivkin Center’s scientific leadership also now includes experts whose names are well known in the ovarian cancer research community, in the United States and overseas. “It is important we continue to build on our successes in science to improve the outcomes for women facing ovarian cancer,” Dr. Disis maintains. “The Rivkin Center is a national leader in supporting ovarian cancer research.”
Celebrate Swedish raises more than $2.2 million for NICU expansion and charity care

More than 900 people attended Swedish’s annual gala dinner and auction, Celebrate Swedish, the evening of May 8th at the Sheraton Seattle hotel. The gala helped raise approximately $2.2 million — $1.2 million of which will be used to help the non-profit health provider fund an expansion of its Neonatal Intensive Care Unit (NICU) at Swedish/First Hill. The fundraising celebration also honored Swedish’s 100th anniversary, and was made even more special with the attendance of Her Royal Highness, Crown Princess Victoria of Sweden, and fellow Swede, Freddie Ljungberg. The gala helped raise more than $2.2 million — $1.2 million of which will be used to help the non-profit health provider fund an expansion of its Neonatal Intensive Care Unit (NICU) at Swedish/First Hill. The fundraising celebration also honored Swedish’s 100th anniversary, and was made even more special with the attendance of Her Royal Highness, Crown Princess Victoria of Sweden, and fellow Swede, Freddie Ljungberg. (Top left, left to right) John and Sally Nordstrom, CEO Dr. Rod Hochman and Nancy Hochman, Crown Princess Victoria of Sweden and Laurie McDonald Jonsson and Lars Jonsson. (Top right) CEO Dr. Rod Hochman (left) and David Sabey (right) flank Seattle Sounders FC star Freddie Ljungberg. (Bottom) Generous donors raise their bid numbers for the Fund-A-Need portion of the gala.

Make an impact

Swedish gratefully acknowledges the following corporate and individual donors who made 2010 leadership gifts supporting the NICU expansion project:

- Chap and Eve Alvord
- Mr. and Mrs. Elias C. Alvord II
- CeltriPathology & Laboratories
- Dr. Robin Cole and David Stonebaugh
- Dr. and Mrs. Dan D. Dixon
- Eastside Emergency Physicians
- Janet and Glenn Edwards
- Sarah and Mark Everitt
- Drs. Luba and Greg Foltz
- Wayne and Anne Gittinger
- HealthCare for Women
- Dr. and Mrs. Rod and Nancy Hochman
- Lorna and Jim kneeland
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- Chuck and Karen Lytle
- Tracy Morris and Shayne Stevenson
- John and Sally Nordstrom
- Pediatric and Obstetrics Medical Group
- Janeen Pennington-Watson and Colin Watson
- Kate Purcell
- Tomas Pussepp
- David and Sandra Sable and Family
- Schulze Family Foundation
- Charles Simonyi and Lisa Persdotter
- Swedish Medical Center/First Hill Auxiliary
- Drs. Jane Uhrig and Don Smith
- Jean Baur Vieereck and Robert Leventhal
- Wells Fargo

Unfortunately, that NICU is often full, which is why Swedish is adding 15 beds as soon as humanly possible. That’s a $3.7 million proposition, and one that will only happen with the aid of private donations.

So, if you’re a mom, dad, aunt, uncle, grandparent, or anyone else who thinks our most vulnerable patients should have the chance to begin life on a healthy note, your financial support is greatly needed.

Large or small, your contribution will make an enormous difference for the community, for Swedish, and for every newborn who needs the NICU’s kindhearted and invaluable help.

VIPS and donors at Celebrate Swedish 2010. (Top left, left to right) John and Sally Nordstrom, CEO Dr. Rod Hochman and Nancy Hochman, Crown Princess Victoria of Sweden and Laurie McDonald Jonsson and Lars Jonsson. (Top right) CEO Dr. Rod Hochman (left) and David Sabey (right) flank Seattle Sounders FC star Freddie Ljungberg. (Bottom) Generous donors raise their bid numbers for the Fund-A-Need portion of the gala. In Memoriam: Dick Frield

In January 2010, Seattle lost one of its most colorful characters — auctioneer extraordinaire Dick Frield. Dick’s ability to inspire a crowd to open their pocketbooks and give to a worthwhile cause was unsurpassed.

As a primary figure of the Celebrate Swedish events, Dick, along with his wife, Sharon, raised more than $20 million for Swedish Medical Center. Dick will long be remembered for his legendary style, his colorful and humorous speech, and his trademark stamp when an auction item was sold.

To learn how you can help, please visit swedishfoundation.org or call 206-386-2738.
Don’t miss these upcoming events:

Seattle Brain Cancer Walk
June 26, 2010

Swedish SummeRun
July 25, 2010

Fisher Family and Friends Golf Invitational
August 15, 2010

Women’s Wellness Luncheon
September 30, 2010

Ovarian Cancer Research Symposium
presented by the Marsha Rivkin Center
October 28-29, 2010

Swedish Donor Recognition Event
November 3, 2010

Fisher Family and Friends Auction
November 5, 2010

For more information about any of these events, please call (206) 386-2738.

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