Swedish Neuroscience Institute

PATIENTS

FINISH FIRST

2009 DONOR RECOGNITION ISSUE

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SAVING LIVES

Winter 2010

impact
advancing health care through philanthropy

Swedish

Neuroscience

Institute
A century of caring

Every nonprofit organization can trace its roots back to two things: a need and a passion. For Swedish, the passion came from Dr. Nils Johanson, a surgeon who emigrated from Sweden more than a century ago. Though there were other hospitals in Seattle at the time, Dr. Johanson believed strongly that the community needed cleaner, more sterile facilities to perform surgery safely and protect patients from the spread of infection. Recognizing that need, he opened Swedish Hospital in 1910.

Dr. Johanson managed the hospital with an uncompromisingly high standard for the practice of medicine and patient care, and was committed to making sure the latest advances in health care were available to the people of this community. As we celebrate the 100th anniversary of Swedish this year, I am proud to report that his legacy and commitment to excellence remain at the core of our organization today.

Following in his footsteps, we continue to seek ways to improve the delivery of health care. For example, we are using electronic health records to improve quality and safety for our patients. Thanks to the generosity of our donors, we are using “telemedicine” technology to make it possible for specialists at Swedish to consult remotely with doctors in rural hospitals and underserved communities throughout the state. Philanthropic support has also allowed us to bring robotic-assisted technology into our operating rooms to ensure greater precision during surgery and faster recovery for patients.

The Greater Seattle region has grown tremendously over the last 100 years and Swedish has grown with it. As a nonprofit, we are committed to meeting the growing health care-needs of the region and are working hard to make health care closer and more convenient to where people live and work. That’s why we’re partnering with community hospitals, such as Stevens in Edmonds, expanding to highly populated suburbs in need of medical facilities, such as Mill Creek and Issaquah; and recruiting community hospitals, such as Stevens in Edmonds; expanding to highly populated suburbs in need of medical facilities, such as Mill Creek and Issaquah; and recruiting more primary-care physicians to serve in neighborhoods throughout the region.

Meanwhile, our commitment to the underserved remains stronger than ever. Swedish provides more than $71 million in community services and activities, including $21 million in charity care, $39 million in Medicaid subsidies, and $11 million in health screenings, education, research and other community-benefit activities. We have also implemented new models for delivering care to the uninsured and underserved, including our Mother Joseph Clinic for specialty care and our Community Medical Home in Ballard for primary care.

Dr. Johanson would be proud knowing that today Swedish remains at the forefront of many medical specialties, including the neurosciences. At the Swedish Neuroscience Institute our team is making a meaningful difference in the lives of many patients struggling with serious conditions, such as brain cancer, the effects of stroke and multiple sclerosis. I encourage you to read the feature story in this issue of IMPACT to learn more about this important work.

Reaching the 100-year milestone is something we are very proud of, and it would not have been possible without generous support from the community. Thank you for sharing our passion for making quality health care available in our region. It has been a privilege to have your support, and we look forward to the next 100 years.

Warmest regards,

Rod Hochman, M.D.
The future of Swedish/Ballard takes shape

The Swedish/Ballard campus celebrated a major milestone in mid-January when the final steel beam of its new medical building was lifted into place. The “topping off” ceremony was attended by hospital officials, project staff and construction crews, who each took part in the tradition of signing the beam before it was set into place in the southwest corner of the structure.

As the final beam is lifted into place, Swedish solidifies its commitment to community-based health care.

The Swedish/Ballard campus will be the first in the greater Ballard area to be designed primarily as an outpatient facility, with an emphasis on preventive care. Swedish already operates a nearby facility that serves as a walk-in clinic for Ballard and other surrounding neighborhoods.

“This new plan allows us to deliver the services people most frequently need close to home, while still supporting them with the vast resources and expertise of the Swedish system,” said Kevin Brown, senior vice president and chief administrative officer for Swedish/Ballard.

The new five-story outpatient center will house:
- A new, state-of-the-art emergency department
- An expanded medical-imaging center
- A primary-care clinic and offices
- Specialty physician offices
- Construction on the new five-story outpatient center and medical-office building started in September 2009. When complete in October of this year, the new building will house a new, state-of-the-art emergency department and an expanded medical-imaging center.

For more information on the Ballard campus redevelopment project, visit www.swedish.org/ballard.

In real life, when things go right in the ER, they win one of these.

On TV, when things go wrong in the ER, they win an Emmy.

You’re looking at the 2009 Press Ganey Summit Award. And, while you’ve probably never heard of it, if you run a hospital you certainly would.

That’s because the Press Ganey organization studies more than 10,000 healthcare facilities in the U.S. The 74 that delivered exceptional patient satisfaction scores three years in a row won the award — and that’s exactly what the Swedish/Issaquah ER did.

Swedish proudly acknowledged their award-winning Issaquah ER staff with color newspaper ads that ran in several local publications. You’re looking at the Swedish/Issaquah ER staff as they were selected as a 2009 Summit Award Winner by Press Ganey Associates. The ER received this award by achieving and maintaining patient satisfaction scores in the 95th percentile or above for at least three years. The Press Ganey Summit Award, bestowed annually, is the health-care-satisfaction industry’s most coveted symbol of achievement. Press Ganey currently partners with more than 10,000 healthcare facilities — including over 40 percent of U.S. hospitals — to measure and improve the quality of their care.

“We are proud partners of the Swedish/Issaquah ER, which has maintained a very high level of patient satisfaction over the past three years,” said Richard B. Siegrist, Jr., president and CEO of Press Ganey. “Their efforts benefit the Greater Issaquah community and lead to improved delivery of health care.”

Keep updated on construction of the new Swedish/Issaquah campus in the Issaquah Highlands by visiting us anytime on the Web at www.swedishissaquah.org or www.swedish.org/issaquah. Be sure to check out our Web cam which provides frequent visual construction updates.

Swedish/Issaquah emergency department staff ranked in the top 5%.

When you think of emergency rooms, “patient satisfaction” probably isn’t the first phrase that comes to mind. At the Swedish/Issaquah ER, however, patient satisfaction is a top priority — and now the ER is being recognized for it.

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Swedish/Issaquah ER wins national top performer award

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ovarian cancer at an early stage.
The program can be especially comforting and empowering to participants who have a family history of two or more blood relatives with breast or ovarian cancers. One such participant is Rachel Prouser Marenstein. “My maternal grandfather was diagnosed with breast cancer, and my mother tested positive for the BRCA2 mutation, so I knew how important it was for me and my brother to be tested. When I turned 30, I was tested and discovered I was positive,” she says.

“This program is so important not only because it gives me the opportunity to provide researchers with information and tools that they need to further their research in early detection, but because it offers me a ‘safety net’ for my own health. I had no second thoughts about participating — the choice was obvious.”

Early detection research provides hope for women at high risk

The Rivkin Center teams with Swedish and the Hutchinson Center in screening for ovarian cancer.

T

his past summer, the Marsha Rivkin Center for Ovarian Cancer Research, in collaboration with Swedish Medical Center and the Fred Hutchinson Cancer Research Center, opened enrollment to the Ovarian Cancer Early Detection Screening Program. The program, formerly administered by the Hutchinson Center, is now administered by Swedish’s Cancer Institute Research Center. The purpose of this screening program is to test whether CA-125 blood tests and annual ovarian ultrasounds help detect ovarian cancer early in women at increased risk. Participation in this program is free and is funded by the Rivkin Center. The screening program also provides information and resources to assist researchers in finding additional blood markers that might complement the CA-125 blood test in diagnosing ovarian cancer at an early stage.

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New Web site reflects the Rivkin Center’s growing program

The Marsha Rivkin Center for Ovarian Cancer Research Web site has a new look — it now features the latest news on ovarian cancer research, expanded information on Rivkin Center researchers, special events listings and much more.

“We are very excited to introduce our new Web site. It has been redesigned to better reflect the growth of our organization as a nationally recognized funding leader for novel ovarian cancer research,” says Clint Burwell, executive director. “As our program continues to grow, we want to provide greater resources for the community.”

Visit the newly enhanced marsharivkin.org site for links to resources, events and research information.

Rachel Prouser Marenstein, Ovarian Cancer Early Detection Program participant, with her husband, Bryan, and infant daughter, Mia.

Pamela Paley, M.D., Ovarian Cancer Early Detection Program principal investigator.

www.marsharivkin.org

www.swedishfoundation.org
The Swedish Neuroscience Institute sets the pace for patient care nationwide

Michelangelo is said to have remarked, “A man paints with his brains, and not with his hands.” The words of the Renaissance-era master emphasize the importance of our brains to our quality of life and to the lives of our communities and society as a whole. In the Northwest, we have a unique assortment of resources to draw from — partly thanks to Seattle’s forward-thinking biomedical-engineering community — to make a difference in the lives of the estimated 50 million Americans a year suffering from neurological disorders. In fall 2004, Swedish Medical Center put into action a plan to do just that, when it set out to establish the Swedish Neuroscience Institute, now a recognized world-class center for neurological health.

Swedish recruited two experts in the field to head up this effort: Marc Mayberg, M.D., previously chairman of neurological surgery at The Cleveland Clinic in Cleveland, Ohio, and David Newell, M.D., previously professor of neurological surgery at UW and chief of neurosurgery at Harborview Medical Center. Their objective was to create a multidisciplinary center for neurological disorders: a facility where several specialists would take care of one patient and provide a seamless continuum of care. A little more than five years later, the Swedish Neuroscience Institute is an award-winning facility, combining a $30 million, state-of-the-art center — which includes four operating suites featuring the most advanced minimally invasive, computer-as-operating suites featuring the most advanced technology and scientific advancements — located on Swedish’s Cherry Hill campus, with more than 30 of the best and brightest minds in neurological medicine.

“When a patient comes to our Institute, they can see all of the doctors they need to — including neurosurgeons, neurologists and other physician specialists — in one appointment,” says Mayberg. “Our offices and clinics are grouped together, and our research programs and initiatives are coordinated. This means the patient leaves with a consolidated treatment plan — a much better method than having to make several appointments with different specialists.”

The Institute’s multidisciplinary approach benefits future neurological patients as well as current patients, as research is a key component. “In addition to giving patients the opportunity to receive state-of-the-art care in one ultra-modern setting, we have 40 to 50 active research programs that enable patients in our region, as well as nationally and internationally, to have access to promising treatments and be among the first to benefit from emerging medical breakthroughs,” says Newell. He adds that patients have come to SNI not only from Washington, Alaska, Montana and Idaho, but also from the East Coast, Hawaii, Saud Arabia, Turkey, England and Cyprus. “Because we are so involved in high-level research, we are on the cutting edge of technology and scientific advancements in clinical care,” says Mayberg. “We’re bringing in new clinical trials, new devices and new treatment protocols to offer greater hope and better outcomes for patients.”

Future goals for the Institute, in addition to growing the staff, investing in the latest technologies and tools, expanding clinical research, and continuing to provide fellowships and educational opportunities, target the following three areas:

– Expansion of the 10 current multidisciplinary programs (brain tumors, stroke, multiple sclerosis, movement disorders, epilepsy, neuro-endocrine, neuro-ophthalmology, spine, brain hemorrhage and pediatric neuroscience) and the addition of programs the Institute doesn’t currently offer, including cognitive disorders and neurobehavioral science

– Expansion of the telemedicine program, which utilizes closed-circuit television to allow patients suffering from conditions such as stroke to access the Institute’s top neurological experts

– Expansion of the Institute’s wellness programs, which, in the case of MS, currently provides patients with advice on lifestyle factors such as nutrition and exercise

The goal of these efforts is to offer increasingly personalized and high-quality care to neurological patients, say the Institute’s founders — a goal everyone associated with the Swedish Neuroscience Institute is completely focused on. “The group working with us has exceeded all expectations,” remarks Newell. “There is an esprit de corps among the people who work here, centered around a desire to give patients the best care we can.”

by Jennifer Schaefer
Maria Coté received an unwelcome surprise around the time of her 40th birthday in 2001: After visiting her primary-care physician with what she thought might be two sprained ankles, which were giving her trouble walking, she was diagnosed with multiple sclerosis (MS), a chronic disease of the central nervous system that can cause disabling symptoms, including impaired vision, fatigue, muscle spasms and mental impairment.

“When my primary-care doctor referred me to a neurologist, I was surprised,” remembers Coté. “I asked, ‘Isn’t a neurologist for the head?’”

The neurologist she was referred to, Lily Jung, M.D., of Swedish’s Multiple Sclerosis Center, concluded that Coté was suffering from MS after conducting numerous tests. “I didn’t want to give Maria that diagnosis,” says Jung. “She is such an energetic and passionate person, and it’s always difficult to give someone that kind of news.”

“My first question after finding out was, ‘Is it fatal?’” recalls Coté. “I had no idea what this disease was. When I was diagnosed, my three kids started doing school reports on MS to help themselves learn about it. Now they are pros.”

More than 400,000 people in the United States are battling MS — a high percentage of whom live in the northern states (including Washington). Researchers aren’t sure what causes the disease, or why more of its sufferers hail from the northern latitudes. As a national leader in the care of patients with MS, the Swedish Multiple Sclerosis Center is seeking answers, as well as more-effective treatments, through 16 ongoing research studies, while helping to make life more comfortable for patients living with MS through a host of support services.

“If you’re going to be the best neurology institute, you need a strong MS center,” says former UW faculty member James Bowen, M.D., who has been medical director of the Swedish Multiple Sclerosis Center since 2008. Since his arrival at Swedish, Bowen and his team have seen significant growth in the number of patients receiving care there. “In 2008, we had 460 returning patients and 235 new patients. In 2009, we had 1,129 returning patients and 673 new patients,” says Bowen. He adds that the Center currently receives about 5,500 patient visits each year.

One of the reasons for the increase in patients is the Swedish MS Wellness Center, which opened in March 2009 at Swedish’s Cherry Hill campus. The Center offers a full range of customized care and services, such as:

- Medical treatments, including clinical trials, to alleviate symptoms
- Nutrition consultations that teach patients how to eat for optimal health
- Physical therapy, including assessment of each patient’s functional abilities and recommendation of an appropriate therapy program
- Ongoing exercise classes, as well as a smoking-cessation program, to encourage health and physical fitness
- Occupational therapy to support patients’ efforts to remain in the workforce or to help smooth their transition out of it
- Counseling to help patients and their families deal with depression, stress and emotional issues related to MS
- Educational opportunities for patients and their families, including an MS Wellness Lecture Series and MS support group

“Providing comprehensive care and services to patients is important,” says Bowen. “Being in good physical and mental shape can help patients weather future problems. I tell patients, if you’re physically fit and have an attack that makes you weak, you could still be in reasonable shape. But if you’re a couch potato, you could end up in really bad shape.

“MS is a very complicated disease and a difficult one to treat, because the distribution of symptoms is random and every patient is affected differently,” continues Bowen. “The disease has so many symptoms and challenges that patients are a moving target. It’s not like being in a car wreck, where if you have disabilities, it’s a one-time deal and you can adjust. With MS, people can continue to have attacks and get worse, and we have to adjust their therapy accordingly.”

Maria Coté is one of the Center’s success stories. After battling depression for two years following her diagnosis, she decided she wasn’t going to let MS control her life. Since the MS Wellness Center opened, she has taken advantage of many of its services, including a nutrition consultation, exercise classes and physical therapy, in addition to running the MS support group.

“I can do things like exercise and eat well, but it helps to have guidance and motivation,” says Coté, who works part-time in IT for the City of Seattle and runs a nonprofit dog rescue, FurKids 911 Connection.

Another source of motivation is the Swedish Smyrnel Babes bike team. As an active member, Maria participates in the annual Bike MS Ride — a two-day tour through Skagit, Whatcom and Island counties sponsored by the Greater Northwest chapter of the National Multiple Sclerosis Society, during which cyclists ride courses ranging from 22 to 92 miles. (The 2010 ride will take place on September 11 and 12.) Participants raise money to support MS research, programs and services. Jung started the Swedish team in 2005 with a patient who liked to cycle and four other friends; by 2009’s race, the team had grown to 80 people, including Coté and 17 other MS patients and many Swedish staff members. The team raised an impressive $80,000 dollars for the National MS Society. “The ride is really awe inspiring,” says Jung.

Jung adds: “Maria works despite the fact that she suffers from symptoms, including dizziness and vertigo, on top of being a mom. She gives her all to every- thing she’s involved in. Maria is an example of someone who has reached deep inside herself and figured out how to cope with this disease.”

Maria Coté received a surprising diagnosis of multiple sclerosis in 2001. Despite the obstacles, Maria is healthy and active, refusing to let MS slow her down.
The words “You have brain cancer” are usually followed by a grave prognosis for patients with glioblastoma, the most common form of the disease, which took the life of Senator Edward Kennedy in 2009. Few patients survive more than three years. The newly named Ben and Catherine Ivy Center for Advanced Brain Tumor Treatment offers new hope. As the first multi-disciplinary community-based treatment and research center in the Pacific Northwest dedicated entirely to treating brain tumors, it offers some of the nearly 17,000 Americans per year diagnosed with glioblastoma (as well as patients with other types of brain tumors) access to promising new therapies through groundbreaking clinical trials and research projects.

“In the world of all cancers, brain cancers account for just a few percentage points, so those patients tend not to be the focus of most community-based hospitals,” says Greg Foltz, M.D., who in 2005 was recruited by Drs. Mayberg and Newell from the University of Iowa College of Medicine to form a new center focusing on the treatment of brain tumors (originally called The Center for Advanced Brain Tumor Treatment). “Typically, a neurosurgeon in a community hospital might operate on 300 cases a year, 10 to 20 of which, at most, are brain cancer. It’s difficult for doctors in these settings to put a lot of energy toward addressing brain cancer patients’ unique needs.”

Rather than relying on existing brain-tumor treatments, which have limited success for glioblastoma patients, Swedish’s brain-tumor center was designed to pioneer new, personalized treatments that hope to discover something that can help our patients within the next two to three years.” A focus of the Center that has received national attention is the Ivy Glioblastoma Atlas Project (Ivy GAP). The Ivy GAP, launched in October 2009 in collaboration with the Allen Institute for Brain Science, is supported by funding from The Ben and Catherine Ivy Foundation. This unique project, slated for completion in 2013, will survey more than 1,000 genes in 64 glioblastoma patients with the hope of compiling the data to create a comprehensive “gene atlas” of a brain tumor. The goal: to improve the understanding of the differences in brain tumors, allowing doctors to research where abnormal gene activity has taken place within different patients’ tumors and to match patients with the most-effective treatments. The ultimate aim is to provide a free public resource to scientists so they can develop new, more effective drugs and treatments for patients for whom time is critical.

“The Ivy GAP will accelerate our discovery of new brain cancer treatments and allow scientists around the world to positively impact the future for these patients. Discoveries can come from the most surprising places, and if we’re not completely focused, we might miss an opportunity. When I meet a patient who potentially has a two- to three-year chance of survival, I tell that patient, ‘We have two to three years to find solutions.’”

The Ivy Foundation honors the memory of Ben Ivy.

One patient who would have been extremely interested in the Atlas Project is the Center’s namesake, Ben Ivy, who succumbed to glioblastoma on Thanksgiving Day 2005. By all accounts, Ben Ivy was an exceptional man. The Everett High School graduate excelled at both academics and business, earning a B.S. in mechanical engineering from Cornell and an M.B.A. from Stanford before becoming a successful financial planner in Palo Alto, California. In 2000, he wed Catherine, also a financial planner. Ben’s first symptom of his illness was a numb thumb; four months later, he lost his battle with glioblastoma, leaving his wife with a mission to help others diagnosed with the same tragic disease. Catherine soon founded The Ben and Catherine Ivy Foundation — the largest private brain-tumor foundation in the United States — and in 2008 contributed a $4.4-million research grant that made the Ivy GAP project possible.

“For the Ivy Foundation, patients are at the center of all the research we support,” says Catherine Ivy. “To be meaningful, the ultimate goal of all research must be to impact the clinical care of patients by improving diagnostics and treatment. We hope the Ivy Glioblastoma Atlas Project will do just that. Information from the project will be made publicly available to researchers throughout the world so they can use it freely in their own studies. This project honors the memory of my late husband and our dedication to doing everything we can to reduce the suffering of patients diagnosed with a brain tumor.”

Reflecting on his first meeting with Catherine Ivy in 2007, Dr. Foltz says, “When I read the Ivy Foundation’s mission, I realized it was a perfect marriage with our own. Ben Ivy is a great example of why we need to do something for this disease. He was a terrific, accomplished man who lost his battle with glioblastoma very quickly and would have benefited from all the things we’re doing.” He adds, “Everyone involved with the Center is totally focused on how we can positively impact the future for these patients. Discoveries can come from the most surprising places, and if we’re not completely focused, we might miss an opportunity. When I meet a patient who potentially has a two- to three-year chance of survival, I tell that patient, ‘We have two to three years to find solutions.’”

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The Swedish Neuroscience Institute attracts the best and brightest in the field of neurological medicine. Here, surgeons assess a patient’s brain tumor.
The day before Thanksgiving 2009 began as an ordinary one for James Howard, a 56-year-old resident of Wenatchee, Washington. But in the early afternoon, while he was in the shower, the unexpected happened: First Howard felt his face begin to tingle, followed by a numb sensation in his left arm and leg and a feeling of weakness. Alarmed, Howard rushed out of the shower and asked his wife, Carla, to take him to the emergency room at Wenatchee’s Central Washington Hospital.

“At first I didn’t know what the symptoms were, but when my arm and leg went numb on the left side, I figured out I was probably having a stroke,” recalls Howard.

Scott Stroming, M.D., the attending ER physician at Central Washington Hospital, evaluated Howard and, after ascertaining a stroke was in progress and potentially reversible, made a crucial decision: Consult the stroke experts at Swedish Medical Center’s Neuroscience Institute (SNI). Many hospitals may not have a stroke specialist on staff or available during off hours. Videoconferencing technology enables the Swedish team to provide immediate diagnosis and treatment suggestions to physicians caring for such patients. In this case, immediate access to specialty care was available because Central Washington Hospital is one of a growing number of institutions participating in SNI’s Acute Stroke Telemedicine Program, which connects Swedish physicians with facilities in outlying areas of the Northwest through a live, secure videoconferencing connection, augmented by high-bandwidth computer connections that also permit the Swedish physician to view the brain images to further assist in the diagnosis.

In the case of stroke — which affects approximately 700,000 Americans a year and is the leading cause of adult disability in the United States — immediate consultation with a stroke expert can significantly improve a patient’s functional outcome. Stroke experts, such as the team at Swedish, work with referring physicians collaboratively to provide a “rescue treatment,” a drug called alteplase (or a “clot-buster” drug). Alteplase can improve a stroke patient’s recovery by 30 percent — but only if it is administered within the first 4.5 hours after a stroke occurs.

James Howard was one of the lucky ones: Dr. Stroming, in consultation with members of Swedish’s Acute Stroke Telestroke Team — William Likosky, M.D. (medical director of the Swedish Stroke/Telestroke programs), and Michael Fruin, ARNP — decided that Howard was a good candidate for this drug treatment, and he is expected to make a full recovery. Without treatment, many persons in a similar situation may have long-term neurological problems such as weakness, paralysis or speech problems, which may prevent them from working or living independently.

“I had no idea this resource was available in Washington state,” says Howard. “In years past, I probably would have been transferred to a hospital across the state, and it might have been too late.” But now, stroke patients can use technology to get help from an expert during the 4.5-hour treatment window.

The idea for expanding the Swedish Stroke Program into a Telestroke Program dates to 2004, when Swedish housed a patient-education seminar on the emerging field of comprehensive stroke care. “This seminar included discussions about why a stroke patient needs to know the symptoms of a stroke and subsequently needs to get to an emergency room which has the capability to offer this treatment, as soon as they recognize the symptoms,” says Sherene Schlegel, RN, Swedish manager of Stroke/Telestroke programs, adding that all four Swedish campuses — First Hill, Cherry Hill, Ballard and Issaquah — are certified as Primary Stroke Centers by the Joint Commission. “At one point, a resident of one of Washington’s islands asked what her options were since she didn’t have ready access to such an ER. We didn’t have an answer for her at the time, but we were poised to respond when we were exposed to the telestroke program at Massachusetts General Hospital in 2006.”

In search of solutions for patients in outlying areas, in 2006 Swedish signed a partnership agreement with Massachusetts General, a pioneer and national leader in the use of stroke telemedicine. With the generous support of the philanthropic community, Swedish committed to learning best practices from Massachusetts General and launched its Acute Telestroke Program, the first in this region.

“Massachusetts General had a lot of expertise to share with Swedish. They advised us on the ways to execute telemedicine, including the infrastructure, processes and technology involved, allowing us to develop a unique program for our region,” says Tammy Cress, RN, Swedish director of Telehealth. Cress adds that the program has also received major support from Swedish’s Information Systems, Information Technology and Radiology departments, as well as from GCI ConnectMD, an Alaska-based company that provides health-care organizations with connectivity and communication tools for exchanging information.

Currently, Swedish’s stroke telemedicine program is operating at the hospital’s Issaquah and Ballard campus ERs and at four additional Washington hospitals: Central Washington Hospital in Wenatchee, Skagit Valley Hospital in Mount Vernon, Jefferson Healthcare in Port Townsend and Lake Chelan Community Hospital in Chelan. “Our relationship with these hospitals is to be on-call round the clock and to provide telemedicine support for patients who come into their emergency rooms with acute stroke symptoms. We also provide telephone support to them on stroke cases in which they wish to discuss medical management, specifically sorting through whether select cases would benefit from transfer to Swedish for specialty care,” says Cress.

Dr. William Likosky says his team is eager to share its expertise beyond the walls of its own hospital for the benefit of patients in other communities. “Swedish has invested a great deal to build a distinguished stroke center, and we have a well-trained and caring group of people,” says Dr. Likosky. “Studies have demonstrated that you can evaluate an acute stroke patient via teleconferencing virtually as well as being there. The participating ER doctors are receptive to the advice and insight offered by our providers. We play a consultative role.

According to Dr. Likosky, telemedicine programs like the one at Swedish are crucial if doctors are to provide timely and comprehensive care to patients when time is of the essence, or when travel may not be possible. “Physicians in specialties which are not well represented throughout our region are now able to extend their care to patients in outlying facilities. The benefits into the future are enormous as we create a Washington community in which expectations for sophisticated treatments become a reality irrespective of where one chooses to live.”

“The technology is complex, but with the collaboration with experts in Information Technology, we are able to provide access to advanced technological platforms enabling physicians to provide appropriate advice to facilitate treatments,” says Jamile Mack, SNI senior program manager/technology.

This groundbreaking program continues to grow as Swedish speaks to other hospitals in the region that are interested in partnering in telemedicine relationships to bring specialty care that otherwise might not be available to their communities, says Cress.

Jennifer Schafer is a Seattle-based writer and editor. She can be reached at schafer.jen@gmail.com.
Two grateful patients honor thoracic surgery at Swedish

Legacies continue through generous estate gifts.

Alan Crowe’s interactions with Swedish began when he was diagnosed with mesothelioma. Friend Joe Saldin often accompanied Alan to his appointments and said that before he came to Swedish, Alan was given little hope. “Thanks to the doctors and staff at Swedish, Alan was given optimism. While he knew there wasn’t a cure, Alan was made to feel like the remainder of his life could be high-quality, productive, and most important, happy.” To show his gratitude, Alan included a generous charitable bequest for the Swedish Division of Thoracic Surgery in his estate plans.

Swedish Medical Center was where Shirley Miner’s children and two of her grandchildren were born — but Swedish became even more important to Shirley when she was diagnosed with mesothelioma. Grateful for the care she received at Swedish, Shirley made a gift of stock through her IRA and included a bequest to Swedish in her will. Her gifts were made in honor of the doctors who cared for her and were directed to the Thoracic Surgery Education & Research Fund.

Swedish is grateful to Alan, Shirley, and the many other generous supporters of the Division of Thoracic Surgery. “Community partnerships are vital to the success and growth of our program, and the fact that these gifts were made in gratitude for the care they each received makes them incredibly meaningful to us,” says Dr. Eric Vallières, surgeon in the Swedish Division of Thoracic Surgery. “These gifts will help us continue to develop our research efforts and improve thoracic surgery for future patients.”

To support Swedish’s Division of Thoracic Surgery, contact Kate Purcell at (206) 386-3194 or kate.purcell@swedish.org.

Swedish says thank you with a night at The Triple Door

On January 12th, 125 guests gathered at The Triple Door in downtown Seattle for the annual Swedish Founders Circle Recognition Event. Members of the Founders Circle, generous donors who contribute $10,000 or more annually, play an essential role in supporting Swedish and its commitment to improving the health of our community.

The celebration began with a festive cocktail hour as donors and their guests mingled and enjoyed the award-winning flavors of Wild Ginger’s cuisine. Dinner in the Mainstage Theatre was accompanied by a brief presentation, featuring remarks by Swedish CEO Rod Hochman, M.D., who described recent advances at Swedish made possible by philanthropy and shared his vision for the future of health care in our region. Cal Knight, Swedish president and COO, thanked donors for helping the Foundation achieve a record-breaking year and highlighted the increasingly important role that philanthropy will play in the rapidly changing health-care environment.

Immediately following the program, three talented instrumentalists took the stage. Seattle’s heralded rock-and-roll string band, The Senate, entertained guests with its eclectic fusion of jazz, classic rock and Afro-pop rhythms. The band’s catchy melodies and bold acoustic rhythms provided a high-energy conclusion to a very special celebration. To take part in future Founders Circle celebrations, become a member today. To learn more about membership and benefits, please contact Jane Becker Nelson at janebecker.nelson@swedish.org or visit www.swedishfoundation.org/giftclubs.
Goertzen donation brings new life to First Hill lobby

Cascading purple forms in Carmine Seaf orm with Persians and Windsor Emerald Lip Wraps, by Seattle artist Dale Chihuly, greet visitors in the First Hill lobby, thanks to a generous donation from Dr. Eugene and Sue Goertzen.

Chihuly work latest addition to Swedish’s comprehensive collection.

As a mid-career plastic surgeon practicing at Swedish, Eugene Goertzen began visiting the studio of a local artist whose star was just beginning to rise. Eugene’s wife, Sue, a former student of art history at the University of Washington, shared her husband’s enthusiasm for the innovative work Dale Chihuly was producing at his early hot-shop studio in the Van de Kamp Building near Lake Union.

The Goertzens began collecting Chihuly’s artwork with patients and families in mind. In 1987 they commissioned him to create a large work, adding his bold contemporary forms to their extensive glass collection. In 1987, Goertzen had his first major exhibition at his studio in Seattle. The exhibition was organized by the University of Washington Art Museum and the Studio Museum of Contemporary Craft in Portland, Oregon. The exhibition traveled to several other museums around the country. In 1989, Goertzen was invited to participate in the prestigious Venice Biennale. And in 1994, Goertzen was awarded the first annual National Medal of Arts by President Bill Clinton.

In December 2009, Carmine Seaf orm with Persians and Windsor Emerald Lip Wraps, by Seattle artist Dale Chihuly, became the centerpiece of the lobby, delighting patients and staff alike. When Eugene retired 10 years ago after 35 years of practicing medicine, he closed the PARIS space on the 12th floor of the Nordstrom Tower. Inspired by Dr. Allan Lobb, Swedish’s first executive director (and a talented sculptor), the Goertzens decided to donate Carmine to the Swedish art collection. Like Dr. Lobb, Eugene and Sue believe there is great value in sharing artwork with patients and families in a healing environment.

In December 2009, Carmine was installed in the Swedish First Hill lobby, joining over 1,500 works of art that comprise the collection at Swedish Medical Center’s campuses at First Hill, Cherry Hill, Ballard and Issaquah. The diverse art collection includes works by accomplished artists from the Pacific Northwest and the entire Pacific Rim, as well as works by emerging regional artists. Carmine’s intertwined plum-colored forms cascade along a narrow path, greeting patients and capturing the imagination of all who visit and work at Swedish.

If you would like to contribute to the Swedish Art Fund, please contact Becca Kelly at becca.kelly@swedish.org or call (206) 386-2138.

On the pages that follow, we gratefully acknowledge the thousands of corporate and individual donors who gave so generously to Swedish Medical Center in 2009. Thanks to each of you, we are able to continue the goal of making Swedish the leading health care delivery system in the region.

Our heartfelt thanks to you, our partners.

This year, 2010, is an important and historic one for Swedish Medical Center, as we celebrate the June day, 100 years ago, when Swedish began providing high-quality health care to people in the Puget Sound region. There is much to be proud of in this century of growth and service, and some of Swedish’s accomplishments and milestones are described in this issue of IMPACT.

In the years since Dr. Nils Johanson and 10 other Swedish-American Seattle residents opened the 24-bed nonprofit Swedish Hospital, a key factor in Swedish’s steady growth has been the willingness of people from the community to give both their time and money to support activities, improvements and enhancements that allow Swedish to care for our community.

Through the decades, our supporters have helped us to continually renew Swedish so that it has remained a place where people from our region who face serious medical problems know they will find the finest facilities, the latest medical technologies, and the highly skilled, dedicated, and humane caregivers that have made Swedish a national leader in delivering world-class, patient-centered care.

This tradition of philanthropic support for Swedish reached a new and inspiring level in the year that just ended. Total contributions to Swedish Medical Center Foundation for 2009 were almost $17.5 million, exceeding our previous high by close to 20 percent. To date, we have received more than $8 million in gifts and pledges toward our $30 million goal for the True Family Women’s Cancer Center and nearly $7 million for The Ben and Catherine Ivy Center for Advanced Brain Tumor Treatment at the Swedish Neuroscience Institute.

This unprecedented level of generosity has occurred during challenging economic times for our country, for Swedish, for our patients and for many of our donors. We have been humbled by this outpouring of support and sacrifice. Swedish, like many of you, has had to tighten its belt since the economic downturn began. The pattern of reduced revenues and rising medical costs that is being felt throughout our national health-care system has forced people at every level at Swedish to find ways to do more with less in order to remain true to our tradition of providing exceptional care to our patients on a daily basis.

I am proud to report that both Swedish and our Foundation are succeeding in meeting these challenges, and that we are both hopeful and optimistic about Swedish’s future as it enters its second century of service.

Some of the major improvements we have accomplished or are planning for Swedish are described in these pages, and I can’t emphasize enough how much of the optimism and excitement that underlie these stories is attributable to the enthusiasm and generosity of you, our donors and volunteers. To each of you, at every level of support, please accept our thanks for all that you do and have done on behalf of Swedish.

In the coming months, we will be holding events to celebrate Swedish’s centennial. I hope that each of you will find the time to be a part of this celebration and that, as you celebrate, you will realize you are also honoring yourselves. Each of you is a vital part of Swedish and of the long tradition of generosity and philanthropy that has kept this great medical center growing for 100 years. Because of you, and with your continued support, we look forward to sustaining Swedish Medical Center as a vital health-care delivery resource for our children and grandchildren well into the future.

Sincerely,

Don Theophilus
Executive Director, Swedish Medical Center Foundation and Vice President, Development
## Philanthropic revenue comparison

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<td></td>
<td>Fundraising</td>
<td>19,081,733</td>
<td>17,443,000</td>
<td>14,678,254</td>
<td>14,032,542</td>
<td>11,122,808</td>
<td>11,146,872</td>
<td>9,646,000</td>
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<td>Philanthropy</td>
<td>31,295,166</td>
<td>23,908,138</td>
<td>21,372,176</td>
<td>19,809,884</td>
<td>16,450,755</td>
<td>15,940,858</td>
<td>12,500,000</td>
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<td>Total</td>
<td>50,376,899</td>
<td>41,351,138</td>
<td>34,051,220</td>
<td>33,842,426</td>
<td>27,573,563</td>
<td>27,087,730</td>
<td>22,146,000</td>
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### Our Donors

#### Distinguished Visionaries

- $3,000,000+
- The Ben and Catherine Ivy Foundation

#### Foundation Ambassadors

- $1,000,000+
- The True Family Foundation
  - Mrs. Patricia J. True
  - Janet and Doug True
  - Ron and William True

#### Foundation Circle Visionaries

- $1,000,000+
- Dr. Nancy Auer
- David and Sandra Sabye and Family
- Seattle Radiology APC
- Sellin Construction
- Estate of Coleman P. Tierney

#### Foundation Circle Leaders

- $500,000+
- Chap and Eve Alvord
- Estate of Walter Alm Crowe

#### Foundation Circle Partners

- $250,000+
- Chris Elliott Fund for Glialblastoma Brain Cancer Research
  - Peter E. Johnson
  - Jer and Mary Joyce Jones
  - John L. Locke Jr. Charitable Trust

#### Foundation Circle Fellows

- $100,000+
- Anonymous (1)
  - Mr. and Mrs. Elia C. Alford II
  - Boston Scientific Corporation
- Bredolzer Group
- Estate of Arnold (Annie) Bueland
- Mylo and Marion Charlston
- Coven
- Dynacare, a LabCorp Company
- Craig Eckland
- Wayne and Anne Gittinger
- Lars Jonsson and
  - Laurie McDonald Jonsson
  - GVA Skudder Mathews
- Estate of Gretchen A Mathers
- Kaber and Diane McDonald
- Stanley and Barbara McDonald
- M. J. M. Burdick Charitable Trust
- Estate of Rebecca Telfer Palmer
- Martin Selig
- Wanda Jankelson Foundation for Healthcare and Research

#### Foundation Circle Ambassadors

- $50,000+
- Estate of Ford M. Basel
- Donna R. Renzetti

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- Stanley and Barbara McDonald
- M. J. M. Burdick Charitable Trust
- Estate of Rebecca Telfer Palmer
- Martin Selig
- Wanda Jankelson Foundation for Healthcare and Research

### Funds raised by service

- Cancer: $2,294,151
- Neuroscience: $4,124,495
- Unrestricted: $2,279,680
- Comm. Support/Private Assist.: $1,080,421
- Other: $1,000,000
- Heart: $817,657
- Marsha Rivkin Center: $764,026
- Patient Care Services: $719,500
- Medical and Nursing Education: $321,745
- Women’s and Children’s: $72,370

### 2009 FOUNDATION FINANCIAL RESULTS

- **Total Donations Raised**: $17,474,045

- **2009 Donors**: 1,968

- **2009 Gifts Raised**: 5,056

- **2009 Individual Gifts**: 4,162

- **2009 Corporate/Organization Gifts**: 894

- **2009 Gifts In Kind**: 331

- **2009 Foundation Gifts**: 34

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<td></td>
<td>Monthly giving</td>
<td>17,474,045</td>
<td>14,678,254</td>
<td>14,032,542</td>
<td>11,122,808</td>
<td>11,146,872</td>
<td>9,646,000</td>
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*Figures include all cash and new pledges received during fiscal year 2009. NOTA: A formal audit of 2009 numbers has not yet been conducted.*
Swedish Medical Center Foundation 2009 Donor Recognition Awards

Each year, Swedish Medical Center has the privilege of honoring individuals and organizations for their contributions to Swedish Medical Center through the Foundation. This year’s event was held on November 9, 2009 at the Seattle Tennis Club. We are proud to showcase our honorees here.

Sellen Construction: Swedish Community Impact Award

Sellen Construction has been an anchor in our community since its founding in 1944. With strong leadership and over 750 employees, the company is committed to the people of the Puget Sound region. Sellen has been a consistent supporter of Swedish events and programs for more than 40 years, and in 2009 pledged $1 million in support of the True Family Women’s Cancer Center.

Martha E. Harris: The Elmer J. Nordstrom Distinguished Service Award

Martha Harris has a favorite saying: “Giving is the most fun of all!” These words are reflected in her life’s work. Martha is one of Swedish Medical Center Foundation’s most energetic and passionate advocates. She is a long-time member of the Celebrate Swedish planning committee, the Women’s Cancer Center Advisory Board, and the Cancer Center Foundation Board. Martha has served most recently as the Women’s Wellness Luncheon event chair.

Janet and Doug True: The John A. Soderberg Sr. Lifetime Achievement Award

Janet and Doug True, and the entire True family, are philanthropic pillars of the community. In May 2009, their leadership gift of $2 million in support of the True Family Women’s Cancer Center established a single, comprehensive portfolio for patients affected by breast and gynecologic cancers.
Chris Elliott lost his battle against glioblastoma brain cancer in 2002, but his legacy continues through the Chris Elliott Fund for Glioblastoma Brain Cancer Research.

The Chris Elliott Fund (CEF) for Glioblastoma Brain Cancer Research is a 501(c)3 non-profit organization founded in 2002 by Chris and Dellana Elliott who focus on raising awareness through education, advocacy and research.

Today, CEF provides resources, information and support for people living with brain cancer. Specifically, CEF funds groundbreaking research in the Christopher S. Elliott Neuro-ontology Lab for Glioblastoma Brain Research and Applied Cancer Science Center at the Dana-Farber Cancer Institute in Boston, Mass.

In 2009, the Chris Elliott Fund launched their Integrated Patient Support Program at the Swedish Neuroscience Institute where they provide a multitude of services and outreach for the brain cancer patient. In addition, CEF made a $300,000 pledge to support the Chris Elliott Fund Patient Support Specialist at The Ben and Catherine Ivy Center for Advanced Brain Tumor Treatment at Seattle’s Swedish Neuroscience Institute. The Patient Support Specialist is dedicated to easing the stress upon patients and their families following a brain cancer diagnosis, and Dellana has helped the Specialist locate patient support groups to help brain tumor patients understand there is now hope for a cure to this disease and to talk about the advancements available at the Ivy Center. For more information, visit www.chriselliottfund.org.
Swedish Heart & Vascular Institute

Swedish Heart & Vascular Institute supports of more than 4.25 million area’s premier commercial managed some of the Seattle Foundation’s work to help launch the Center for Swedish Heart & Vascular Institute. After a short stay at the Swedish Heart & Vascular Institute, after full operational, the Center will offer patients a multidisciplinary hybrid procedural suite, an integrative care coordinator and access to innovative clinical trials in honor of Dr. Peter Demos and Adam Zvirin.

Swedish Heart & Vascular Institute has experienced firsthand the great care provided by the nation’s premier physicians at the Swedish Heart & Vascular Institute. After a short stay at the Swedish Heart & Vascular Institute, after full operational, the Center will offer patients a multidisciplinary hybrid procedural suite, an integrative care coordinator and access to innovative clinical trials in honor of Dr. Peter Demos and Adam Zvirin.
In 2009 the Marsha Rivkin Center for Ovarian Cancer Research distributed $63,000 in grants to ovarian cancer researchers across the United States and Australia to explore new, innovative approaches to understanding, detecting and treating ovarian cancer.
If any of the 8,000 babies born at Swedish each year need extra help in the days after their birth, Swedish has the technology and expertise right down the hall at the most experienced Level III neonatal intensive care unit (NICU) in the state.

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.

How do you tell a two-pound preemie, “Sorry, we’re out of room”?
SAVE THE DATE

Celebrate Swedish
THE FIRST 100 YEARS

A gala dinner and auction
to support Swedish Medical Center
and celebrate its 100th anniversary.

MAY 8, 2010

Funds raised at Celebrate Swedish
will support charity care. The 2010
Fund-A-Need will help expand the
neonatal intensive care unit at Swedish.

John and Sally Nordstrom
Honorary Chairs

Sheraton Seattle Hotel

For more information, contact
the Swedish Medical Center Foundation
at (206) 386-2738 or visit
www.swedishfoundation.org/celebrateswedish

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