QUALITY CARE, CLOSE TO HOME

Big changes coming to Swedish/Edmonds

Swedish welcomes new chief executive

ANTHONY A. ARMADA, FACHE
A greeting from Tony Armada, Swedish’s new chief executive

It is a pleasure and an honor to introduce myself to the readers of IMPACT. I have only been at Swedish for a few weeks, and I am already impressed by so much about this great institution: the skill and dedication of the caregivers who work here, the quality of the care they provide and — perhaps most of all — the tremendous respect and loyalty that the people in this beautiful region have for Swedish.

IMPACT tells the stories of some of the remarkable things that have been made possible because of donor support. I am learning how the generosity of people living in and around Seattle has made Swedish strong for over a hundred years. As someone who has been actively involved in running hospital systems for decades, I am both gratified and excited to discover how special and unique the connection is between Swedish and its supporters. As I begin my tenure, I promise you that I will be committed to strengthening that bond and building on the successes of the leaders who came before me to sustain the proud tradition that is Swedish.

This issue of IMPACT will be the last one to come out during the seven-year Campaign for Swedish, which officially ends on the last day of 2013. The Campaign has already exceeded its initial goal of $100 million and, when last I checked, had raised more than $116 million for programs and projects at Swedish. I wasn’t here seven years ago when the Campaign started, but with you, I will celebrate this milestone with awe and deep gratitude for the sustained outpouring of community support that has made it such a tremendous success.

As I read the stories in these pages, I get a sense of why people care so much about Swedish. It isn’t just the world-class medicine provided here — although each of our 11,000 caregivers works hard to continue that tradition. It is also the way those caregivers go the extra mile for their patients.

Two articles, one about this year’s SummeRun & Walk, and one about the Seattle Brain Cancer Walk, exemplify this side of Swedish. Thousands of people, many of them Swedish employees, take the time on a (hopefully sunny) weekend day to walk, run or volunteer at these events. They do it because they want to help find a cure for ovarian or brain cancer. Both of these events were started by Swedish physicians who worked tirelessly to find a cure for the cancers they treated. One of them, Saul Rivkin, M.D., has recently retired from his practice after decades of service. The other, Greg Foltz, M.D., passed away tragically last spring, before his work was completed. I am sorry that I will not get to work beside these two great men, but like so many caregivers at Swedish who did, my work will be inspired every day by their example and their legacies.

To all of you, Swedish’s generous donors, some of whose stories are featured in this issue of IMPACT, thank you for your support. My wife, Racelle, and I look forward to meeting as many of you as we can in the months and years ahead. Our national health care system faces serious challenges and there is much work to be done here at Swedish, but I am confident that together, along with the dedicated people who work at each of our hospitals and clinics, we will be able to write a new chapter in the proud story of Swedish’s service to this community.

Warmest regards,

Tony A. Armada, FACHE
Chief Executive
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Photo by Rosanne Olson

An accomplished senior athlete and avid gardener, Jerry Spoonemore was in excellent physical condition. But when a fall left him in need of urgent medical care, Swedish/Edmonds was there to help.

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Anthony A. Armada, FACHE named new chief executive for Swedish Health Services

After conducting an extensive national search, Swedish Health Services is pleased to announce Anthony (Tony) A. Armada, FACHE, as its new chief executive.

Armada most recently served as president of Advocate Lutheran General Hospital, an academic and research hospital that operates the only Level I trauma center in the northwest Chicago region. The hospital is part of Advocate Health Care, the largest health provider in Illinois, and one of the nation’s top health systems.

Prior to joining Advocate, Armada served as president and chief executive officer of the Henry Ford Hospital and Health Network in Detroit, Michigan from 2004-2009. Armada also served as senior vice president and area manager for Kaiser Permanente’s Metropolitan Los Angeles Service Area in California from 2000-2004.

Throughout Armada’s career, he has exhibited a track record of outstanding employee engagement, maximizing patient satisfaction, improving access to care and achieving challenging financial goals.

“Tony Armada brings an impressive record of leading large, diverse and innovative health-care systems focused on patient safety and care quality,” says Nancy Auer, M.D., chair of the Swedish Community Board. “We are excited to partner with him in service to our patients and communities.”

Armada succeeds Swedish interim chief executive Marcel Loh, who was named to his role in April 2013 following the departure of Kevin Brown, who is now chief executive of Piedmont Healthcare in Atlanta.

Armada will lead Swedish during a continued period of significant change in health care. The implementation of the Affordable Care Act is expected to generate new patient populations for Swedish and other hospitals to serve, while the industry shifts toward a greater emphasis on helping patients maintain good health while minimizing hospital admissions.

Armada is a Fellow of the American College of Healthcare Executives (FACHE) and past chairman of the American Hospital Association’s Institute for Diversity in Healthcare Management Board of Directors. In 2007, he was appointed the inaugural chairman of the Asian Healthcare Leaders Association. In 2012, he was appointed president of the Healthcare Executive Study Society.

Tony Armada, who began his role on October 29th, will lead Swedish through a continued period of change in health care.
Ensuring high-quality care for our most vulnerable

Swedish develops innovative approaches to health-care access.

Improving the health and well-being of each person we care for, regardless of their ability to pay, is an important responsibility for Swedish as a nonprofit health-care provider. And it’s a responsibility that we take seriously. In 2012 alone, Swedish devoted more than $130 million to charity and uncompensated care, health research, and community health education.

While access to medical care will improve, in part, as health care reform is implemented in 2014 and beyond, the need for Swedish to lead the way in providing access to high-quality care for our community’s most vulnerable populations will continue. With this in mind, Swedish is developing innovative approaches that leverage unique partnerships with other leading organizations to improve health-care access for the medically underserved, benefitting the health and well-being of our entire region.

One of these approaches starts with some of the youngest members of our community. The Ballard Teen Health Center, established in 2003 in collaboration with the Seattle Public Schools and the City of Seattle, is a comprehensive primary care clinic serving nearly 850 Ballard High School students annually. Located within Ballard High, the Center targets adolescents who are uninsured, underinsured, and those who have no other options for medical care and mental health counseling. Through this collaboration, Swedish is helping to ensure that local teens get a healthy start that will help prevent early crises that can have life-long implications.

Another innovative Swedish approach is the Family Medicine Residency program. A longtime leader in addressing the national shortage of family practice and primary care physicians, the Family Medicine Residency program, based at the First Hill and Cherry Hill campuses, trains top medical graduates from around the country in this increasingly important area of medicine. The program provides medical care to low-income individuals and families at residency clinics at the two downtown Seattle campuses, as well as at a variety of free and low-cost clinics throughout the region, such as SeaMar Community Health Clinic, the Seattle Indian Health Board, Carolyn Downs Family Health Center and the Downtown Family Medicine Clinic.

A third example of an innovative Swedish approach to high-quality medical care for the underserved is the Swedish Community Specialty Clinic (SCSC). Since it opened in 2010, the SCSC has become a national model for effectively addressing the often unmet need for high-quality specialty medical and dental care for underinsured patients. Through a partnership with Project Access Northwest, the clinic is staffed by a team of more than 300 physicians who volunteer their time to provide specialty care ranging from an orthopedic procedure that could help someone get back to work, to cardiac surgery that could save a patient’s life. Without the SCSC, these patients might otherwise end up without care or seeking treatment in the emergency department.

Innovative Swedish solutions like these that improve access to medical care for the underserved members of our community will increase patient wellness, provide early intervention before medical problems become severe, and decrease the cost of health care by reducing the number of patients receiving care in emergency departments. And philanthropy will continue to play a critical role in their success.

Make an impact

The Ballard Teen Center, the Family Medicine Residency program and the Swedish Community Specialty Clinic will be the funding focus of the next Destination Swedish luncheon on February 11, 2014 at the Sheraton Seattle Hotel.

Please mark your calendar now to make an impact on innovative Swedish programs like these that improve access to high-quality medical care for our region’s underserved residents.

A patient is examined by orthopedic surgeon John A. Miyano, M.D.
Most people would not consider six weeks of cancer radiation treatment to be much of a vacation. But Diane and Tom Martin of Olympia were able to make the process as vacation-like as possible.

After being diagnosed with early-stage breast cancer, Diane came north to Seattle to have her lumpectomy at Swedish. She wanted, she said, to get the best care she possibly could — and Swedish was the place for her. Following surgery, the couple wanted to remain in Seattle to have Diane’s radiation treatment at Swedish. But six weeks felt like a long time to stay in a motel.

The Martins were pleased to learn about the Swedish Cancer Institute’s Radiation Treatment Center at the Ballard campus. The adventurous couple, who have been married for 45 years, moored their boat at nearby Shilshole Bay Marina and settled into a surprisingly pleasant routine. Five mornings a week they traveled eight minutes to the Ballard campus for Diane’s 20-minute treatment. Then, they would have the rest of the day to explore.

“I had never really spent any time in Ballard,” Diane says. “I was pleasantly surprised to find all the little shops, the neat restaurants and the farmer’s market. We were close to Golden Gardens Park, and I would walk down there and back every other day or so. Sometimes, especially when the weather was nice, I’d almost forget I had cancer.”

While the Ballard location was perfect for the Martins, the biggest benefit was the highly-sophisticated cancer radiation treatment available at Swedish/Ballard. Its Radiation Treatment Center is home to Seattle’s first TomoTherapy® Hi-Art® radiation treatment unit.

TomoTherapy is a cutting-edge radiation treatment system that combines 3-D imaging with helical delivery of intensity-modulated radiation therapy (IMRT). As Daniel Landis, M.D., Ph.D, director of Ballard’s Radiation Treatment Center, explains, “it allows the shape and radiation intensity of each beam to be personalized and individually controlled. As a result, the therapy is highly-focused and extremely accurate.” TomoTherapy, coupled with MimVista — a new software package that is designed to enhance the capabilities of TomoTherapy — enables physicians to evaluate motion and changes in tissues over the often multiple-week course of the radiation delivery. This is especially important in the treatment of very complex tumors, tumors that move with respiration, and in patients who have already received radiation.

The MimVista software was purchased thanks to a Philanthropy at Work grant from the Swedish Medical Center Foundation. This program is possible thanks to donors who make unrestricted gifts to the Foundation, which Swedish uses to meet its highest-priority needs.

Four weeks into her treatment regimen, Diane was still feeling good and able to keep up (most of the time) when any of her four grandchildren came to visit on the boat.

“All things considered, it’s been a pretty pleasant experience,” Diane says. “The facilities at Swedish are great and the people are wonderful. They made it so much easier for me than I would have ever expected.”

Olympia residents Diane and Tom Martin docked their boat at Shilshole Bay Marina for six weeks while Diane received treatment at Swedish/Ballard.
At Swedish, we believe that art fundamentally contributes to a healing environment. That is why our campuses are filled with works of art that convey the beauty of nature and the power of the human spirit. When patients and their families are going through their most trying times, the art surrounding them can provide a respite, a welcome distraction, and even hope.

Hiroko Dennis agrees. That is why she and her family recently donated seven paintings to Swedish created by her late husband, Lockwood Dennis. For Hiroko, she gave because she believes in “the positive impact of what art can do for patients and those caring for them.”

The Swedish Art Collection began 50 years ago thanks to the efforts of Allan Lobb, M.D., a surgeon and the executive director of Swedish from 1961 to 1988. Dr. Lobb was also an artist, and had a unique understanding of how the arts could contribute to a healing environment. This visionary approach has since been supported by numerous studies.

Today, the art collection is managed by curator Nancy Stoaks and a volunteer Art Committee, who work to create a welcoming and comforting atmosphere in the hallways, waiting areas, and offices throughout the many medical center facilities.

Art Committee member Janette Turner shares why they do this important work: “Artwork can motivate a patient after a hip replacement to walk a hallway. Art can also comfort a woman in labor, help visitors find offices, and nurture staff. We expect the artwork to do triple-duty: nurturing, motivating and providing way-finding.”

Community support helps make this work possible. In addition to the recent donation by Hiroko Dennis, generous gifts from the past year include David Bennett’s Green Dragon at the entrance to Ballard’s Tallman Building, donated by Jonathan Chinn, M.D. and Carol A. Chinn, R.N.; Ray-Paul Nielsen’s Wild Flowers 2 at the Swedish Cancer Institute at Edmonds, donated by the artist; and 16 paintings by John Franklin Koenig, donated by Claire and John C. Koenig. The impact that these and other donations have had is recounted again and again by both patients and staff.

Donations, gifts to the Art Endowment Fund, and a small percentage of the construction budgets of new projects and remodels have allowed the collection to grow and reflect the community, as Swedish has grown. Today, the collection includes more than 2,500 pieces across seven campuses, by established and emerging artists from throughout the Pacific Northwest.

The Swedish Art Collection is always in need of new additions, especially as the medical center opens new facilities for its patients. By earmarking a contribution for the Art Endowment Fund or donating a specific artwork, you can foster the arts and support excellent patient care in one generous gesture. If you would like to contribute, please contact Nancy Stoaks at nancy.stoaks@swedish.org or call (206) 215-3256.

Lockwood Dennis, Mt. Erie, Winter, 1978, donated by Hiroko Dennis.
Jerry Spoonmore, pictured with the infamous weather station he received as a Christmas gift.
Few people expect to end up in the emergency department. This was true of 73-year-old Jerry Spoonemore, a retired physicist and lawyer who shares an Edmonds home with his wife of 50 years, Norma. It’s precisely this unpredictability — the need for immediate medical attention when you least expect it — that makes convenient access to quality emergency services so vital to a community.

For Jerry, the chain of events that led to his being rushed by ambulance to the ER at Swedish/Edmonds began on Christmas Day 2012, when he received a sophisticated weather station as a gift. Designed to be mounted in a location outside the home, once installed, the weather station would show real-time data — including the temperature, humidity and amount of rainfall — on a small console.

“I wanted to install the station before January 1st in order to have a full year of data,” remembers Jerry. So on December 30th, he got out his extension ladder, placed it on his deck and — with Norma securing it — climbed approximately 10 feet up to the roof of his two-story home, where he planned to attach the station to a preexisting mast.

Upon discovering that the mast was a fraction of an inch too wide for the unit, Jerry climbed back down in search of a solution. His idea was to attach a new section (cont.)
of pipe of the correct size to the mast, which involved a trip to the store, followed by some doctoring of the new pipe in his shop to ensure a precise fit.

“By the time I was done with the new piece, it was too late to set up the weather station that day,” says Jerry. He figured he’d have time to finish the job the next day, before the arrival of the four couples he and Norma had invited over for a party to celebrate New Year’s Eve.

On the afternoon of December 31st, Jerry had already climbed up and down the ladder, with Norma holding it, several times to check the fit of the pipe, without incident. “I thought there was no need for Norma to keep holding the ladder, because it seemed stable,” he says.

It was while descending the ladder to make one final adjustment that the “fateful event” happened, recalls Jerry. “I stepped onto the ladder, and all of a sudden the ladder and I started falling backwards. It was a terrible feeling, because there was nothing I could do.” As the ladder clattered down with Jerry on it, the back of his head hit the deck, resulting in a 2-inch-long gash that began bleeding profusely.

“It was a frightful sight to see Jerry lying there with a large pool of blood forming around his head,” remembers Norma, who was in the kitchen and witnessed the fall through the sliding-glass doors. “My first feeling was fear about how seriously he might be injured.”

The Spoonemores’ next-door neighbor, a retired doctor, heard Norma’s screams and ran over to help, grabbing a kitchen towel to stanch the flow of blood while Norma called 911. “I lost consciousness for a short period of time and was a little out of it,” says Jerry. “I remember the neighbor applying the compress and seeing the puddle of blood getting bigger and bigger. I had some pain on my back, and of course my head hurt, but I didn’t think I was injured that badly.”

Speed is essential in most cases of emergency medical care, and Snohomish County Fire delivered. The EMS team arrived within just four minutes of Norma’s call, quickly assessed Jerry’s condition and bandaged his head wound, and loaded him onto a stretcher. The ambulance was on the way to the hospital 13 minutes after it arrived, pulling up at Swedish/Edmonds nine minutes after that.

“When I was wheeled in, the ER staff immediately went to work,” says Jerry, who was treated by Eric Harrington, D.O., Swedish/Edmond’s ER trauma director. Dr. Harrington ordered a CT scan of Jerry’s head — at that time, the primary area of concern — as well as an x-ray of his chest area. The chest images revealed that Jerry had a fractured scapula and four broken ribs low in his ribcage — but his injuries didn’t end there, as Dr. Harrington discovered.

“While palpating along the area where the broken ribs were, Dr. Harrington suddenly said, ‘you’ve got a collapsed lung,’ and the whole place sprang into action,” says Jerry. “I was very surprised, because the collapsed lung didn’t show up on the x-ray.”

After Dr. Harrington confirmed the diagnosis with a CT scan, he made an incision between two ribs above Jerry’s broken ones and inserted a chest tube into the pleural cavity to allow the lung to re-expand. “I suspected that Jerry might have a collapsed lung when he came in and was having pain in his chest, as well as in his back,” says Dr. Harrington. “He’d fallen quite a way. The CT scan confirmed what I thought, and we were able to treat the condition.”

Once the chest tube was in place, Jerry was admitted to intensive care so breathing devices could ensure that his lung began working properly again. He spent one night in the ICU, followed by two more nights on a regu-
lar floor, before the chest tube was removed and he was discharged on January 3rd.

Jerry spent the next month and a half taking it easy — and trying to avoid coughing or sneezing because of the pain these actions caused — but “after about six weeks, it was like a switch was thrown,” he says. “I felt normal again and could resume doing the things I enjoy.” In early March, this included returning to playing basketball with his senior age-group team, which travels all over the west, as well as to occasional national tournaments — a pastime to which he attributes his relatively easy recovery. “Because I was in good shape, I was predisposed to recover faster than a lot of peers my age,” he says.

“When Jerry told me how fast he got back to playing competitive basketball, I was flabbergasted,” remarks Dr. Harrington. “It was huge for me to have been a part of that.”

Other favorite hobbies Jerry was able to return to post-recovery included doing activities with his grown son and daughter and four grandchildren, backpacking with a cousin, vegetable gardening, playing the cornet in the Seattle Civic Band and traveling the world. His accident forced him and Norma to cancel a planned trip to Cuba last January, but a replacement trip is in the works.

Jerry didn’t even let his fall stop his New Year’s Eve celebration. Though the Spoonemores’ original party was cancelled when Jerry was admitted to the ER, they rescheduled the party for January 31st, during which they celebrated the new year with friends, fondue and decorations, as planned.

As for the weather station, it’s still not up, reveals Jerry, “but I plan to have it installed, even thought I’m not going up on the roof again.”

While Jerry’s peak physical condition for his age was undoubtedly a huge factor in his positive outcome, the fast, expert emergency medical care he received at Swedish/Edmonds was another essential component. “The whole ER team was very experienced and knew what they were doing,” says Jerry. “They went about their tasks effectively, but were also very personable, which I appreciated.”

He adds, “It’s extremely important to have quality care close and readily available in your community when you need it. Swedish is a trusted name in our household.”

FROM STEVENS TO SWEDISH/EDMONDS

Of course, the Spoonemores aren’t alone in their trust in Swedish: As the largest nonprofit health-care provider in the region, it is a trusted name in households all over the Northwest. Families throughout South Snohomish county were enthusiastic when, in 2010, Swedish took over the former Stevens Hospital, a now 217-bed facility built in the early 1960s and governed for many years by Public Hospital District No. 2 of Snohomish County.

From the outset, Swedish’s goal in overseeing the daily operations of the aging hospital was to create an innovative regional health-care center that provides more local services, while giving residents greater access to the latest medical treatments and comprehensive services of the Swedish system. Swedish made a commitment to the community to make significant investments in advanced medical services, (cont.)
technology and infrastructure, and is making good on that promise. Improvements to date include technology upgrades to the hospital’s Cardiovascular Diagnostic Imaging Center, the addition of robotic-assisted surgery, and the implementation of an electronic health-record system. In addition, earlier this year, Swedish/Edmonds opened a new two-story, 17,000-square-foot outpatient cancer center, providing medical oncology and chemotherapy services.

Swedish’s holistic approach to improving the health care available to local residents is already winning accolades. For the past two years, Swedish/Edmonds has been named a recipient of the Distinguished Hospitals for Clinical Excellence Award — received by only 5 percent of hospitals in the country — from HealthGrades, a leading independent company that rates health-care providers. And in July, US News & World Report released its 2013 Best Hospitals annual rankings comparing U.S. health-care facilities — including 107 hospitals in the State of Washington — on criteria including patient safety scores and survival rates. Swedish/Edmonds emerged as number seven in the state, up from 11 last year, and as number five in the Puget Sound region. But the improvements are far from over.

**A NEW AMBULATORY CARE CENTER**

Not content to rest on its laurels, Swedish/Edmonds continues to look for ways to better meet the needs of the community. To that end, this summer, the hospital announced plans to build a $63.5 million Ambulatory Care Center on the east side of its main building — the most ambitious expansion since the hospital’s nine-story patient tower was built in 1972.

“While we’ve made improvements in the equipment and technology, the physical surroundings have not been updated in decades,” says David Jaffe, chief executive of Swedish/Edmonds. “We are looking to become not only a place to go for medical concerns, but also a community resource where people can come for reliable, expert information on a range of topics to keep themselves healthy.” Jaffe adds that plans for the Center were shaped in part by input from the community via verbal feedback and questionnaires, as well as input from physicians and other caregivers.

A cornerstone of the Center will be a new 23,400-square-foot emergency department with 28 exam rooms, which will double the size of the existing ER. Construction is expected to begin in spring 2014, with an anticipated completion date of fall 2015. The new emergency department will build on the success of the existing one: As the only trauma-designated facility in the Swedish system, the ER offers highly skilled, 24/7 diagnostic and treatment services for all types of serious illnesses and injuries.

The new ER will be made more efficient through its modern design, which was carefully planned to reduce wait times, improve flow and enhance patient privacy, drawing on best practices from Swedish’s seven highly rated emergency departments. “They do a marvelous job in the existing ER, but the facility is designed for 25,000 patient visits per year and we are seeing in excess of 43,000 visits. Therefore, it isn’t optimal in terms of efficiency and the overall patient experience,” says Jaffe.

“Ambulatory Care Center is a new ambulatory care center

Jerry and Norma Spoonemore, married for 50 years, are grateful that Swedish/Edmonds is part of their community.
physical environment,” agrees Gregg Miller, M.D., medical director of the Swedish/Edmonds emergency department. “The physicians and nurses are segregated behind a wall. In the new ER, caregivers will be in the middle, surrounded by patient rooms. Patients will be able to see the providers and vice versa.” He adds that patient rooms will have sliding-glass doors, rather than curtains, offering their occupants more acoustic privacy.

Additionally, new specialty units within the Ambulatory Care Center will allow emergency-care physicians, nurses and staff to focus their attention solely on patients who are facing more acute, time-sensitive medical issues. These new units will include:

**A BEHAVIORAL HEALTH UNIT.** Patients who come to the ER with psychological, emotional or behavioral issues will be seen and cared for in a designated area staffed by caregivers with experience in these specialties. “The unit will be separate from the ER so that patients can receive appropriate assessments and treatments without disturbing or disrupting ER operations or patients,” says Miller.

**AN URGENT CARE CLINIC.** With eight exam rooms adjacent to the ER and its own waiting area, the clinic will offer more-affordable care to patients with medical needs that don’t require the resources of an ER. It will be open for extended hours during evenings and weekends to serve drop-in patients, including pediatric patients, with non-emergent medical issues or concerns.

**AN OBSERVATION UNIT.** This 10-bed unit will free up rooms currently used by patients who have already been treated by the ER or the Urgent Care Clinic but require observation and monitoring before being released or admitted to the hospital. “The unit will be the first of its type within Swedish and is part of a nationwide trend,” says Miller.

“The new units will provide patients with health-care options not currently available to them,” says Jaffe. “The new addition is all about putting the patient first, providing the right level of care in the right setting, and giving patients more affordable options that fit their individual needs.”

The new Ambulatory Care Center will also feature:

**AN OUTPATIENT DIAGNOSTIC IMAGING CENTER.** The Center will consolidate imaging equipment used for outpatient diagnostic purposes in one place, accessible through a single, private waiting area.

**NEW IMAGING EQUIPMENT.** Patients will benefit from the purchase of a new CT scanner, two new digital X-ray machines and new ultrasound equipment. Dedicated space will allow for the addition of a new MRI in the future.

**A NEW PUBLIC ENTRANCE, LOBBY AND FAÇADE.** The new entrance on the Center’s north side will lead to an atrium lobby with a 25-foot ceiling, a fireplace and plenty of seating. Modest retail, a Pilates studio, a bistro area and a space for wellness classes will make the new lobby an “inviting front door to the hospital and a place for the community to gather,” says Jaffe. “There will be things the community can really partake in, not involving their coming in just for medical treatment, but to learn about their health and staying healthy.” Inspired by the spirit of Edmonds, the lobby and façade will incorporate materials such as natural rock, reclaimed wood, native plants and local art.

**A NEW THREE-AND-A-HALF STORY PARKING STRUCTURE with 378 spaces that is more easily accessible than the current parking.**

To accommodate future needs and growth, the Ambulatory Care Center will include a 37,000-square-foot shelled second-floor space. “This will provide us with flexibility in meeting future needs, whatever they may be,” says Jaffe.

**COMMUNITY SUPPORT**

Philanthropic gifts from the community will play an important role in making the new Ambulatory Care Center — and its vital impact on local patients like Jerry Spoonemore — a reality. A $1.5 million goal in philanthropic support is currently being raised for the project, which will help give the community a feeling of ownership in the hospital, says Jaffe.

“We’re building a facility which will belong to the community,” he says. “We want the people who live here to feel ownership in their hospital, and philanthropy is very much a part of that.” Jaffe adds, “It’s not about how much you give, but rather about building bridges between the hospital and the community. We want people to say, ‘that’s my hospital.’”

Writer Jennifer Schaefer is a frequent contributor to IMPACT. She can be reached at schaefer.jen@gmail.com. Contact award-winning photographer and published author Rosanne Olson at rosanneolson.com.
The 2013 SummeRun & Walk makes a move to end ovarian cancer

Thousands gather for annual event to raise funds and celebrate survivors.

A spirited crowd of more than 3,000 participants took part in the 19th annual SummeRun & Walk for Ovarian Cancer on July 21st. More than 150 teams joined this year’s effort, and to date more than $590,000 has been raised for ovarian cancer research, with donations being accepted through year-end.

With 100 percent underwriting by Swedish, all event proceeds directly benefit the Marsha Rivkin Center for Ovarian Cancer Research and its mission to save lives and reduce suffering through improved treatment, early detection, and prevention of ovarian cancer.

This 5K walk and run through the First Hill neighborhood is both an event to raise awareness for ovarian cancer, as well as honor the many women and families who are impacted by the disease. Sadly, the standard treatment and mortality rate for ovarian cancer has remained essentially unchanged in the past 50 years, and a truly effective and inexpensive early-detection test (comparable to mammography for breast cancer or the Pap smear for cervical cancer) has yet to be developed. Awareness of this disease is tremendously important because when caught in its earliest stages, survival rates can be as high as 90 percent.

A special tribute for the ovarian cancer survivors followed the run and walk. At the ceremony, Susun Hosford, a 12-year survivor, was recognized as the 2013 SummeRun & Walk Survivor Honoree. Saul Rivkin, M.D., founder of the Marsha Rivkin Center for Ovarian Cancer Research and the SummeRun & Walk, was honored for 42 years of service as a highly-respected medical oncologist at the Swedish Cancer Institute. In addition, the Carol’s Cause team was recognized as the highest fundraising team for the second year in a row, raising more than $46,000. Team Mehta/Team Swedish earned the largest team award for having more than 160 registered participants.

Special thanks to presenting sponsor BDA and all the other event sponsors including Aquafina, Click 98.9, Free Road Films, glassybaby, HCP, King 5, 1150 AM KKNW, Local Health Guide/Seattle, Pacific Gynecology Specialists, Seattle Nuclear Medicine, Skacel Collection, the Swedish Medical Center Auxiliary/First Hill, and The Walking Company.
On September 21st, more than 2,800 patients, survivors, their families and supporters gathered at Seattle Center’s Next 50 Plaza to participate in a very special event: the Seattle Brain Cancer Walk.

The Walk — now in its sixth year — brings together the brain cancer community to honor and support those who have been impacted by the disease. The walking path around the International Fountain is a rewarding journey for those who want to make a personal difference in the quest to find a cure.

This year’s event was particularly impactful and poignant because of the recent passing of Greg Foltz, M.D., the first director of The Ben & Catherine Ivy Center for Advanced Brain Tumor Treatment. Dr. Foltz co-founded the Seattle Brain Cancer Walk in 2008 to bring inspiration and support to patients and their families.

From its humble beginning of just a few hundred participants that walked around Mercer Island High School, the Seattle Brain Cancer Walk has become one of the most important days of the year for brain cancer patients — a day filled with hope and inspiration.

This year’s event signified a passing of the torch to Charles Cobbs, M.D., who was hand-selected by Dr. Foltz to be his successor as director of The Ivy Center.

“I am humbled and honored to be part of this event that plays a significant role in the lives of those committed to the fight against brain cancer,” says Dr. Cobbs. “It was a pleasure to meet and talk with so many who devote their time, energy and financial resources to this cause.”

Proceeds from this year’s event have surpassed $530,000 to date, and gifts are still coming in. Since its inception, the Seattle Brain Cancer Walk has raised more than $2.9 million, with 100 percent of proceeds supporting medical research, clinical trials, advocacy and comprehensive care for brain cancer patients.

Make an impact

There is still time to support the Seattle Brain Cancer Walk and its important mission in support of patient care, advocacy and research. Gifts can be made through the end of 2013 by visiting www.braincancerwalk.org or sending a check directly to Swedish Medical Center Foundation.
2013 Donor Recognition Awards

Every autumn, Swedish Medical Center Foundation has the privilege of honoring a select group of special individuals and organizations for their contributions to the hospital. This year’s Donor Recognition Event was held on September 19th at the Seattle Tennis Club, and was attended by more than 140 friends of Swedish.

The featured speaker of the evening was Thomas Brown, M.D., executive director of the Swedish Cancer Institute (SCI). In his remarks, Dr. Brown thanked the many past and current donors to Swedish and to SCI for their generosity. He also shared his vision and goals for the Cancer Institute, which will build upon the success of the True Family Women’s Cancer Center. It was a wonderful celebration of our donors and the impact of their philanthropic support on the health of our community. Swedish Medical Center Foundation is proud to recognize the following 2013 award recipients:

Rae Lembersky, for the John A. Soderberg Sr. Lifetime Achievement Award, which recognizes individuals for their outstanding leadership, community advocacy, and sustaining financial support of Swedish.

Rae joined the Swedish Foundation Board of Governors in May 2008. Over the years she and her husband, Mark, have supported a variety of programs across Swedish, often with a request to be anonymous, seeking no recognition for their generous leadership support.

Scott Harrison, for the coveted Elmer J. Nordstrom Distinguished Service Award, which recognizes outstanding volunteers for their contributions to Swedish.

Scott is the current vice chair of the Swedish Foundation Board of Governors. He has a long history of service to the organization, having been an active member of the Board since 2000, when Providence Seattle Medical Center merged with Swedish.

The Wanda Jankelson Foundation for Healthcare and Research, for the Swedish Community Impact Award, which recognizes a foundation or corporation whose ongoing support of Swedish has made an important impact on the health of the people and community we serve.

In memory of his late wife’s eleven-year battle with ovarian cancer, Roland Jankelson, along with his son Michael and daughter Kimberly, established the Wanda Jankelson Foundation to help advance the treatment and early detection of ovarian cancer. In just the past three years, the Jankelsons have provided $1.5 million in support of the Rivkin Center’s efforts.

Rayburn S. Lewis, M.D. and John H. Vassall II, M.D., for the Clinician Leadership Award, which recognizes a Swedish physician who demonstrates continued and dedicated support of the Foundation, a commitment to personal giving and philanthropic advocacy.

Dr. Lewis is currently the senior vice president and chief operating officer of Swedish/Cherry Hill. Through his 29-year career at Swedish, Dr. Lewis has been an inspiration through his leadership as a physician, mentor and philanthropist.

Dr. Vassall is the chief medical officer at Swedish. He has served on the Foundation Board of Governors since 2007, and has been a member of the Swedish Campaign Leadership Council, a group of community volunteers responsible for implementation — and ultimate success — of the $100 million Campaign for Swedish.

Established in 2012, the Turner Society recognizes longstanding, annual donors who have demonstrated their commitment to Swedish and the health of our community through 25 consecutive years of giving. This society is named in honor of Ned and Joyce Turner, whose support of Swedish over consecutive years is unparalleled.

We congratulate these 2013 Turner Society inductees:

| Thomas and Ann Gores          |
| Setsuko Harada                |
| Kirby and Diane McDonald      |
| Lena R. Morel                 |
| Sally A. Nordstrom            |
| Julius Orsucci                |
| El Vera Rodewald              |
Jules Orsucci celebrates his 95th birthday and 25 years of selfless volunteerism and philanthropy.

Celebrating dedication

Julius “Jules” Orsucci always seems to know when a child needs a cookie. With a twinkle in his eye, the 95 year-old Swedish/Cherry Hill volunteer reaches in to the drawer at the Information Desk and gives a small treat to a passing child. “I have a huge level of support for people visiting the hospital. I understand that each person who passes this desk is under a certain amount of stress and I just want to be a friendly face.”

Twenty-five years ago, Jules’ wife, Margaret, was diagnosed with cancer and received intensive treatment at Swedish Medical Center. When she passed away, Jules decided that he would volunteer at the hospital where she received excellent care. “The staff took such good care of her,” Jules says. “I wanted to do something to give back, and certainly didn’t want to just sit at home!”

Since then, Jules has been a dedicated member of the volunteer team, and he understands the significance of his role. “Everyone at Swedish does their part to make the patient experience better, more personal,” he says. “I want to do what I can to help every day.”

Over the years, Jules has given almost 18,500 volunteer hours to the Swedish community, welcoming and directing patients and their families. “Jules is a friend to everyone he meets,” says John W. Henson, M.D., director of Neuro-Oncology at the Swedish Neuroscience Institute. “Jules likes people, and it is difficult to imagine a better individual to help our patients and their families.”

On September 5th, Jules celebrated his 95th birthday with a party in the Cherry Hill dining room. That same month, he was also welcomed into Swedish Medical Center Foundation’s Turner Society, which recognizes long-standing, annual donors who have demonstrated their commitment to Swedish and the health of our community through 25 consecutive years of giving. “I’m on a fixed income these days, but whenever I get a little extra, I give. Every little bit helps,” adds Jules.

Undaunted by two open-heart procedures, Jules is not about to retire from his volunteer post. He continues to volunteer several days a week. “Volunteering is the most satisfying experience to get involved in. I intend to be here when I am 100, and I can’t wait for the party!”

If you are interested in learning more about the Turner Society or to make a gift, contact Ashley Petty, assistant director, annual giving, at (206) 215-2217 or ashley.petty@swedish.org.
Swedish Legacy Partners spotlight: Ralph and Gail Hendrickson

Deep ties to the Northwest inspire legacy giving.

Ralph and Gail Hendrickson’s Northwest roots run deep. A “Swedish baby,” Gail was born and raised in Seattle’s Capitol Hill neighborhood and attended the University of Washington. Ralph, a Portland native, graduated with an engineering degree from Oregon State University and moved to Seattle in 1963 to start his first job at Boeing. Away from his family and new to the city, Ralph joined Gethsemane Lutheran Church in downtown Seattle, where he eventually met his future wife, Gail. They were married in 1972.

The Hendricksons formed lasting bonds together over the years in the Seattle community. Ralph spent his entire career at the Boeing Company, focused almost exclusively on the Minuteman missile program. As he comments, “I worked at Boeing for 32 years, but only worked the last three on an airplane.”

Gail started her career at another Seattle institution, Frederick & Nelson department store. She worked her way up to become a buyer and enjoyed traveling to New York, Chicago and Los Angeles. After leaving that job, she focused her time and energy on volunteering in the local community, as well as becoming very active with the national Lutheran women’s organization.

Ralph and Gail’s ties to Swedish Medical Center, and health care in general, also run deep. Gail recalls first becoming aware of Swedish when she heard the story of her grandfather’s terrible accident in the early 1930’s: he was working on his car, which was parked on a steep hill, when the brakes gave out and ran him over. He was rushed to Swedish and treated by Donovan Kraabel, M.D. Her grandfather eventually recovered from his serious injuries, and Dr. Kraabel became their family’s doctor, also caring for Gail’s grandmother and mother.

Having dealt with her own recent health challenges, Gail notes that, “you could call us a third-generation Swedish family now!” In fact, Ralph and Gail estimate that she has had more than 29 hospital stays over the years. Ralph, on the other hand, has never been admitted to the hospital. Both Ralph and Gail are grateful for the outstanding nursing care and high quality of both primary and specialty physicians associated with Swedish.

In gratitude for Gail’s care, and as a reflection of their commitment to the health of the Seattle community, the couple has included a gift in their will for Swedish Medical Center. As Ralph says, “we don’t have children, so we wanted to leave our estate to organizations that have meant a lot to us. Plus, it’s worthwhile to help others who might not be able to afford health care and to improve the health of our community by making sure Swedish can keep performing at a high level.”

Swedish is grateful for the generous support of Ralph and Gail, which will help to ensure that Swedish remains a strong resource for the community long into the future.

For more information about Swedish Legacy Partners or how to include Swedish in your estate plans, contact Andrea King, director of planned giving, at (206) 386-3379 or andrea.king@swedish.org.
Take advantage of the IRA charitable rollover in 2013 to help Swedish Medical Center.

If you are age 70½ or older, you may take advantage of a special gifting opportunity this year: the IRA charitable rollover. You can contribute up to $100,000 from your IRA directly to Swedish Medical Center before December 31, 2013.

Direct IRA rollovers may be used to satisfy your required minimum distribution without impacting your taxable income. Here are a few things to keep in mind about IRA charitable rollovers:

- You must be at least 70½ years of age when the gift is made
- The transfer must be made directly from the IRA administrator to Swedish
- The gifts from the IRA cannot exceed $100,000 per person (or $200,000 for a couple) in a given year
- They can only be outright gifts (cannot fund a charitable gift annuity or charitable trust)

To make an IRA charitable rollover benefiting Swedish Medical Center, simply contact your IRA plan administrator for transfer instructions. For more information, contact Andrea King, director of planned giving, at (206) 386-3379 or andrea.king@swedish.org.

“I made a gift by IRA rollover last year and it was so easy! I used it to satisfy my mandatory distribution, so that way I didn’t get taxed on it. It makes you feel so good; you want to do it again and again!”

Jean Baur Viereck, Swedish Foundation board member

SWEDISH MEDICAL CENTER FOUNDATION
A nonprofit organization
Sellen Construction Presents

Destination Swedish

A fundraising luncheon in support of Swedish Medical Center

Tuesday February 11, 2014
Sheraton Seattle Hotel

Co-Chairs:
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