The Lytle Center
For Pregnancy &
Newborns

A UNIQUE
RESOURCE
FOR FAMILIES

2012 DONOR
RECOGNITION
ISSUE

PHILANTHROPY
ADVANCES CARDIAC
SURGERY PROGRAM
A year to remember

The most important year in Swedish Medical Center’s history was, of course, 1910, when ten members of Seattle’s Swedish-American community joined together to create the first Swedish Hospital, a 24-bed “advanced” facility on Belmont Avenue that would expand (and relocate) steadily for a century and become the Swedish we know today.

Swedish’s second most important year, however, has to be 2012, the remarkable twelve-month roller coaster ride of changes, milestones, challenges and accomplishments which we recently completed.

Early last year, as I am sure you know, we entered into an historic affiliation with Providence Health & Services. This affiliation preserved Swedish’s history, its secular identity and its brand, while also making us a key component of a much larger, multi-state organization.

Making this affiliation work has been a complicated task, but after many long hours put in by Swedish administrators and staff at every level, I believe we are much better positioned to be able to continue providing high quality, cost-effective care in a rapidly evolving health-care environment.

In addition to enabling us to benefit from economies of scale in areas like purchasing, human resources, accounting and information technology, the Providence affiliation has placed us in the heart of a network of providers that covers Western Washington. This flexible network will allow Swedish and Providence to develop innovative strategies for providing care to large, geographically dispersed patient groups defined by insurers or large employers.

This type of population-based care, which can focus on wellness and disease prevention much better than the fee-for-service model which now dominates care delivery in the U.S., is certain to become increasingly important as pressures increase to improve health and lower costs.

A quick note: all of us who work at Swedish are pleased and very proud to congratulate Rod Hochman, M.D., Swedish’s former CEO, who was recently named the new CEO of Providence Health & Services. Rod came to Swedish in 2007, and during his tenure succeeded in dramatically improving the working relationship between Swedish’s hospital leadership and its medical staff leadership. He also implemented many of the structural and organizational changes that have positioned Swedish to thrive in the demanding environment that is being created by health care reform and ongoing economic difficulties. We look forward to working closely with Rod in the years ahead.

Another thing that made 2012 memorable for Swedish was the unprecedented financial challenges we faced. A year ago, you may have read a story in your newspaper that Swedish was losing as much as $250,000 a day and facing a projected annual deficit of $90 million. This story was true, and perhaps our biggest accomplishment in 2012 involved the successful steps we took to address the national problem of declining patient volumes and revenues due to the bad economy in order to put Swedish on a sound financial footing by year’s end.

Our turnaround resulted from large and small steps that we took to lower costs and improve our financial situation. Some of these steps involved making cuts in programs and areas where patient volumes and revenues were down. We also made staffing reductions, mostly through a voluntary separation program with incentives for early retirement. These measures were difficult, but thanks to the hard work of Swedish staff and administrators at every level on every campus in our system, we finished 2012 with an operating gain of more than $30 million.

One of Swedish’s most remarkable accomplishments in 2012, and one that directly involves the readers of IMPACT, was the success of The Campaign for Swedish, which reached its initial $100 million goal last summer, 17 months before its conclusion on December 31, 2013. Philanthropic support from the community has been crucial to Swedish’s strength since its founding, and it is certain to become an increasingly important factor in our ability to provide the best possible care to our patients as financial pressures on hospitals continue to grow.

As we move forward into 2013, Swedish remains focused on becoming an even stronger resource for the communities and families we serve. I am humbled by and deeply grateful for the support we receive from you, our donors. Your generosity and your belief in Swedish will continue to be critical to our success, and they will, I am confident, help us to finish The Campaign for Swedish with a bang.

Warmest regards,

Kevin Brown
Chief Executive
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When it opens summer 2013 at the Swedish/First Hill campus, The Lytle Center for Pregnancy & Newborns will be the go-to resource for families in the community.

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Photo by Rosanne Olson
Swedish Cancer Institute appoints new executive director

Following a national search, Thomas Brown, M.D., M.B.A. will build upon SCI’s long history of providing high-quality, personalized cancer care.

After an extensive national search, the Swedish Cancer Institute (SCI) has appointed Thomas Brown, M.D., M.B.A. as its new executive director.

In his new role, Dr. Brown’s main responsibilities include overseeing the Institute’s Swedish-based program and network development; leading SCI’s vision, strategy, planning, advocacy and execution work; furthering relationship development with the Providence Health & Services network; organizing and leading efforts to reposition SCI for health-care reform; overseeing the Institute’s clinical research efforts and advanced technology initiatives; as well as championing SCI’s fund-raising efforts.

Dr. Brown comes to Swedish from the University of Arizona, where he served as professor of medicine and chief operating officer of the University of Arizona Cancer Center. Prior to that, he was a professor and vice president at The University of Texas MD Anderson Cancer Center, and while on the faculty at Duke University led development of the multi-disciplinary GI cancer program and a regional, community-based clinical trial consortium.

He holds an MBA from Rice University. A graduate of the Medical College of Virginia, Dr. Brown completed an internal medicine residency at the University of Florida and a fellowship in medical oncology at The Johns Hopkins University School of Medicine. Dr. Brown’s clinical practice and research focus has been on therapeutic development in gastrointestinal malignancies. His professional and academic interests include health-care policy and international health-care delivery systems.

“As the new executive director, Dr. Brown will focus on furthering the 81-year history and reputation of SCI as a leader in providing personalized cancer care with a research-driven, evidence-based, multidisciplinary, and disease-oriented model of patient care,” says Todd Strumwasser, M.D., Swedish senior vice president and chief operating officer.

“He will help steward the development of a world-class cancer program, that is both cost effective and quality driven, but most importantly patient-centered.”

Swedish/Edmonds cares for its community

Physicians and nurses participate in heart screening event for local high school students.

Did you know that one high school athlete will suffer a sudden cardiac arrest every three days in the United States? In February, over 450 students from Edmonds-Woodway High School were screened for possible heart conditions to help prevent sudden cardiac arrest, the leading cause of death in young athletes on the playing field. The nonprofit Nick of Time Foundation organized the event with over 100 volunteers from the community, including physicians and nurses from the Swedish/Edmonds emergency department and Heart and Vascular Institute.

“This is the kind of event I strongly support because the screenings can identify a previously undetected heart condition and help a student avoid sudden cardiac arrest,” says Gregg Miller, M.D., medical director at Swedish/Edmonds emergency department. “Most of the students I examined did not have risky heart conditions, so the athlete and parents were relieved and truly appreciated the peace of mind we were able to provide.”

Screenings consisted of a Heart Health Survey asking about possible signs and symptoms or family history of a heart condition. ECGs were performed that analyze the electrical signals of the heart. All children received limited physical exams, and in some cases underwent an echocardiogram. The results were reviewed on-site by cardiologists and sports physicians experienced in heart screenings.

As a result of the screenings, physician follow-ups were recommended for several of the children: 15 students with elevated blood pressure, 10 students with family medical history or secondary symptoms, and two students for immediate follow-up.
At the Swedish Cancer Institute (SCI), staff recognize that no two patients are alike, and that each person will face a unique set of circumstances, needs and challenges throughout their journey. In addition to providing world-class clinical care, Swedish Cancer Institute is proud to offer many integrated care options and services to patients and their families. Social Work Services is one example of this, and our dedicated team of social workers and cancer psychiatrists have created a robust support network for patients and their families facing a cancer diagnosis.

SCI social workers serve as a key conduit for helping patients access a wide variety of care and wellness options, including individual and family counseling, support groups for patients and caregivers, art therapy, cancer education, and genetic and financial counselors.

Support Group members find the services invaluable. “The caregiver support group gives me a safe place to express the rewards, frustrations and devastation of being a primary caregiver. The social workers listen without judgment, even when someone brings up something painful or challenging. This is an invaluable part of my support system and I can’t imagine being without it,” a current group member says.

The emotions surrounding every stage of cancer—from diagnosis to survivorship—can be overwhelming for everyone involved. Through one-on-one counseling, family counseling, psychiatric referrals and support groups, Swedish oncology social workers are devoted to the emotional health of each patient. They begin their work at the time of diagnosis, collaborating with the patient, caregivers and physicians to develop a treatment plan that optimizes each person’s ability to achieve the best possible outcome.

Sandi Johnson, MSW, Oncology Social Work Supervisor states, “Swedish Cancer Institute’s social work philosophy is guided by a compassionate commitment to supporting each individual, their family and their caregivers. We believe that each patient has the right to meaningful participation in decisions affecting their health care and that we have an obligation to detect and address suffering and threats to patients’ health, autonomy and integrity.”

A cancer diagnosis will often have a ripple effect on the lives of the patient and their caregivers, impacting everything from maintaining employment to the ability to care for their family. Financial concerns can often arise, and stress over navigating numerous and complicated insurance forms and payments can take a heavy toll on patients and caregivers. Social workers also play a very important role in helping patients through the countless issues of everyday life, which can feel overwhelming during a time when the cancer patient needs to focus on his or her health and wellness.

The Swedish Cancer Institute is proud of offer our patients access to critical integrated care services. Our oncology social workers consider it a privilege to serve in this unique role as consistent providers of care to patients and their families throughout the cancer journey.

Iowa farm land leaves a legacy of care

When Anne Fontaine’s parents, Cleo Wubbena and Merton Winkel, were married in the 1940s, they had no idea that their family’s Iowa farmland would eventually create an incredible legacy of care, thousands of miles away in the Pacific Northwest.

A combination of personal encounters with cancer and their own professional experiences as social workers have made Anne and her husband, Jack, great champions of social workers and the role they play to patients and families facing a cancer diagnosis. The Fontaines’ relationship with Swedish began when one of Anne’s closest friends was treated at the Swedish Cancer Institute. Anne was impressed and comforted by the level of care and support that her friend received. Several years later, Anne saw her mother’s community in rural Iowa rally around her with resources and love when she was diagnosed with pancreatic cancer. Anne and Jack were touched by the kindness their loved ones received in times of crisis, and thought often of how challenging it would have been without the vital support from social workers.

Anne inherited the family farm in Iowa after her mother’s passing in 2012. When considering their own estate plans, Jack and Anne made a decision to use a portion of the Iowa property to establish a fund at the Swedish Cancer Institute, and “The Iowa Farm Fund for Social Work Services” was thus created in honor and memory of Anne’s beloved parents.

The Fontaines’ generous future gift is a testament to the vital role that social workers play, and will ensure that SCI patients have access to these critical support services in years to come.
While the survival rates for patients with many types of cancer have improved dramatically in recent decades, the outcomes for brain cancer patients have changed little in the last century. The average survival rate for patients with glioblastoma multiforme, the most common and malignant type of brain cancer, is 18 months, and only three new treatments for glioblastoma (GBM) have been U.S. Food and Drug Administration (FDA) approved in the past 30 years.

The Ben & Catherine Ivy Center for Advanced Brain Tumor Treatment (the Ivy Center) was established at the Swedish Neuroscience Institute in 2008 to expand the range of treatments options available to patients with benign and malignant brain tumors in the Pacific Northwest, and ultimately to find a cure for brain cancer. Today, the Ivy Center offers patients some of the most advanced treatments available, including access to more than 10 clinical trials of promising new therapies.

In February 2013, the Ivy Center added an innovative new therapy to its growing list of GBM treatment options. The NovoTTF™-100A System was the first device to receive FDA approval as a treatment for brain tumors in April 2011.

The NovoTTF-100A System is a medical device that delivers intermediate-frequency, alternating electrical fields to the tumor, which may slow or stop tumor growth. The device comprises two components: a portable electrical source and four large patches, each containing nine ceramic discs called transducer arrays. The patches form a cap-like device that is affixed to the patient’s scalp with adhesive. The electrical source can be plugged into a wall outlet or can run on batteries, giving patients the freedom to go about their daily activities.

The NovoTTF-100A System offers an important alternative to traditional GBM therapies, such as surgery, radiation therapy, chemotherapy and radiosurgery, which typically control the tumor for only one to two years. Also, because there are minimal treatment-related side effects with the NovoTTF-100A System, the quality of life for patients treated with this new therapy is superior to that associated with some traditional treatments.

“We are still learning the appropriate role and timing for the NovoTTF-100A System in patients with recurrent GBM,” says John W. Henson, M.D., FAAN, a neuro-oncologist at the Ivy Center. “However, we see it as an important treatment option for patients who cannot undergo additional surgery or chemotherapy.”

The Swedish Neuroscience Institute is one of the few centers in the United States whose clinical staff has been trained and certified in the use of this new system. It is also the only study location in the Northwest participating in a related clinical trial that is evaluating the use of the NovoTTF-100A System as treatment immediately after a patient is diagnosed with GBM. In this study, the system is used in addition to radiation therapy and chemotherapy.

Patients at the Swedish Neuroscience Institute are able to benefit from some of the most advanced treatments available.
Philanthropy fuels advances in cardiac surgery

$1.5 million in support from The Campaign for Swedish

With more than 60 heart and vascular specialists collaborating at a dozen community clinics and seven regional hospital campuses, the Swedish Heart & Vascular Institute (SHVI) provides one of the most comprehensive cardiac care programs in the Northwest.

As our population ages, SHVI has a growing obligation to increase its capacity to meet the community’s need for cardiovascular care. More than $1.5 million in direct and indirect support from The Campaign for Swedish has opened a new chapter in cardiac surgery that will help make that possible.

TAVR program launched

In spring 2012, Swedish became one of only a few sites in the country to offer a revolutionary new minimally invasive procedure for transcatheter aortic valve replacement (TAVR), thanks to $250,000 in support from the fundraising Campaign.

In November 2011, the U.S. Food and Drug Administration approved the Edwards SAPIEN transcatheter heart valve for the treatment of patients with severe, symptomatic native aortic valve stenosis who are too vulnerable for open-heart surgery.

As aging baby boomers increase the population of older adults, the number of people diagnosed with severe aortic stenosis — caused by the calcification and narrowing of the valve, thereby limiting blood flow from the heart — is rising.

Severe aortic stenosis affects an estimated 5 percent of people age 75 and older. Valve replacement is the only cure for aortic stenosis; yet, for many older patients, traditional open-heart surgery may not be an option.

“It is highly fulfilling to be part of the TAVR program. Our team can offer a patient with limited surgical treatment options the opportunity for very positive outcomes. The moment of truth and recognition comes forth when the patient says, ‘Thank you for giving back my life,’” shares SHVI cardiologist O. Madalina Petrescu, M.D.

Comprised of a cardiologist and cardiac surgeon, the TAVR team uses a prosthetic valve that is delivered to the heart via a catheter-based system placed through the femoral artery in the leg. Because it is less invasive, there is a shorter procedure time and hospital stay compared to traditional open-heart surgery. The 30 TAVR procedures that have been performed to date at Swedish have yielded outstanding results. The average intervention takes about three hours, and the average length of stay is about three to five days.

“The good news for people who are high risk is that this procedure gives them a tremendous opportunity to have their valve repaired,” says cardiologist Bob Bersin, M.D. “This is a whole new multidisciplinary approach for Swedish and working as a team will only result in better outcomes. TAVR allows us to offer previously untreatable or high risk patients with aortic stenosis the hope for a longer, better-quality life.”

New hybrid operating room open

Complex, high-risk procedures like TAVR are best performed in a hybrid operating environment with cutting-edge imaging equipment, room for a large team of cardiac specialists and the capacity to switch to traditional open-heart procedures if necessary.

Approximately $1 million in support from The Campaign for Swedish was allocated to build a new hybrid operating room (OR) at the Swedish/Cherry Hill campus. Construction on the 1,200-square-foot OR was completed in fall 2012.

Hybrid ORs combine state-of-the-art surgical equipment and surgical clinicians with the advanced imaging equipment and medical providers typically found in a cath lab. They allow physicians to combine both minimally invasive techniques — such as stent placement and angioplasties — and traditional open-surgery as part of the same procedure. As traditional open-heart procedures are replaced with minimally invasive ones, such as TAVR, the hybrid cardiovascular OR’s multidisciplinary environment allows physicians to perform the ideal type of surgery for each patient.

Eric Lehr, M.D., a cardiac surgeon at Swedish, is grateful for the community partnerships that have led to enhanced patient-care options. “As physicians, we are thankful for the generosity of the donors who made it possible for Swedish to build one of the most advanced hybrid operating rooms in the country. This room combines the best imaging systems with built-in capability for robotic surgical procedures, helping us to treat challenging heart conditions through very small incisions. Procedures performed in this room allow patients to return to full activity much earlier.”

State-of-the-art imaging equipment purchased

It is essential that the TAVR team of cardiologists and surgeons get a comprehensive view of a patient’s heart and vessels prior to performing complex procedures like TAVR. More than $250,000 in philanthropic funds was used to purchase a new Siemens DynaCT imaging system for the new hybrid OR.

The DynaCT system generates high-resolution three-dimensional images of the heart using an angiographic C-arm that moves around the patient. Within a minute, physicians not only have a complete 3-D image of the patient’s unique cardiovascular system that is similar to what would be captured by a traditional CT scan, but also a live X-ray of the beating heart in one examination. This advanced technology creates a road map for physicians, allowing procedures to be completed more accurately and quickly than ever before.

“Our goal is to provide the most comprehensive, integrated and highest-quality cardiac care to even our most vulnerable patients,” says Glenn Barnhart, M.D., executive director and chief of cardiac surgery services at SHVI. “We are extremely grateful that generous support from the community is making that possible.”
The Journey Begins

The new Lytle Center will provide support to families of newborns.

When 33-year-old Seattle attorney Nicole Jabaily gave birth to her first baby – a healthy 8 pound, 4 ounce girl named Lael Margaux Jabaily Roberson – on November 5, 2012, she expected her biggest concern to be getting the hang of changing a diaper. Nicole’s pregnancy had been “very straightforward,” she says, and with the help of a doula and her husband, Jeff, she had a relatively easy labor at the Swedish/First Hill Childbirth Center. She and Jeff had taken several parenting-education classes at Swedish, such as infant CPR, to prepare for their new arrival, and “I thought we were completely covered,” remembers Nicole. “I expected nursing to be the least of my worries. I figured I’d just lay the baby on my chest, and she’d instinctively latch on.”

However, when this scenario began to play out following Lael’s birth, “nothing happened,” says Nicole. “The labor and delivery nurse put the baby on my chest, but she wasn’t eating.” The nurse provided Nicole with a nipple shield – a flexible piece of silicone that helps with breastfeeding – but, after trying for an hour, Lael still failed to latch successfully. “I was worried because I’d heard that the first feeding is really important,” says Nicole. She recalls the nurse commenting on Lael’s “cute little heart-shaped tongue,” but she didn’t think much of the remark at the time.

During Nicole’s 48-hour postpartum stay at Swedish, Lael managed to nurse a little, with the help of a lactation consultant, but “she never ate well – just a little bit here and there,” says Nicole. “She wasn’t really latching on.” By the time the family checked out, Lael’s weight had dropped to 7 pounds, 11 ounces – not unusual for a newborn, but still enough of a loss to cause concern.

Story by Jennifer Schaefer
Photos by Rosanne Olson
the new parents some concern. “I didn’t know how stressed I should be,” remembers Nicole.

Nicole and Lael continued to struggle with breastfeeding at home, and when Nicole took her daughter in for her first well-baby check two days later, on a Friday, she discovered Lael was still losing weight and had dropped to 7 pounds, 5 ounces—a little more than 11 percent below her birth weight. “The doctor was worried and I was worried, because babies are supposed to be back up to their birth weight by the time they’re a week old,” says Nicole. Mother and baby left with an appointment to return on Monday for another weight check.

Lael was eating better over the weekend, but she and Nicole were still struggling to hit their stride with nursing. “The baby was still having trouble with feeding,” recalls Nicole. Although Nicole had been encouraged while pregnant to enjoy long stretches of undisturbed sleep before the baby arrived, she wasn’t prepared for the sleep deprivation that having a new—and hungry—infant entailed. She says, “The baby needed to eat every two-to-three hours, but each feeding could take an hour or two”—so trying to get nutrition into little Lael seemed a never-ending struggle. “I felt totally overwhelmed as a new mom, but I just assumed everything would work out,” says Nicole. “The first days of our baby’s life were wonderful, except for our trouble feeding and the fact that I wasn’t sleeping.”

On the advice of Lael’s physician, Nicole began using a curved syringe to help encourage the baby to nurse—a method that worked with some success. Unfortunately, after a few days, the syringe broke. “There was no way to fix it, so I ordered more syringes online,” Nicole says, adding that her mother was visiting from Colorado at the time. Nicole’s mom suggested that she call Swedish to find out if it was possible to get more syringes right away, so Nicole called Swedish’s New Parent Information Line, (206) 386-MOMS, to inquire. “The consultant answered ‘hello’ and I just started crying,” says Nicole. “I began telling her that my baby wasn’t eating great, but I couldn’t even finish the sentence.” That lactation consultant, Emily Pease, RN, IBCLC, from Swedish Breastfeeding Center, was able to provide Nicole with a few additional syringes. With the help of the new syringes, Nicole and Lael got through the night, but “that was my darkest hour,” recalls Nicole.

The next day, Nicole brought Lael to the Swedish/Ballard campus for a one-and-a-half-hour consultation with Pease. “At our appointment, Emily focused on troubleshooting,” says Nicole. “She specifically looked at the shape of Lael’s mouth.” Pease’s conclusion was that Lael was suffering from ankyloglossia—a condition commonly known as “tongue tied,” in which an unusually short, thick lingual frenulum (the membrane that connects the underside of the tongue to the floor of the mouth) can cause decreased mobility of the tongue. In Lael’s case, her short frenulum was preventing her from nursing successfully. Pease told Nicole there was an easy fix: having Lael’s frenulum cut, or “released,” during a brief outpatient appointment. Pease provided Nicole with a list of physicians who performed the procedure, and Nicole was able to schedule an appointment for later that day. In the weeks that followed, Lael’s breastfeeding improved significantly. Though weight gain was slow at first, with the help of another lactation consultation with Pease followed by two Swedish group lactation-support sessions, Lael was soon eating like a champ, and before long the scale showed positive results.

For Nicole, the assistance she received from Swedish was a lifeline in a time of frightening uncertainty. “Emily was very comforting and calm,” she says. “She told me, ‘You’re doing this right, your milk supply is good, the baby is having wet diapers and isn’t dehydrated.’ Then we worked together to solve the puzzle.”

As Nicole’s story shows, navigating the waters of new parenthood can be tough—especially when many moms face shorter maternity stays and less access to family and community resources than they may have had in the past. Having a strong support
network to turn to for advice during the first days and weeks after a baby is born — as well as in the months leading up to the birth — can make a huge difference, both in the mother’s well-being and in the child’s.

In summer 2013, Swedish will open the new Lytle Center for Pregnancy & Newborns at the First Hill campus. This modern, 5,400-square-foot, ground-level space will be located at the campus’ south entrance, and will provide a much-needed support network — not only for new moms and babies, but for all family members and caregivers of a newborn, whether or not the baby was born at one of Swedish’s four birthing centers (located at the First Hill, Ballard, Edmonds and Issaquah campuses).

“Swedish offers the best care in pregnancy and childbirth anywhere, but there’s been a gap,” says Theresa Demeter, director of Women and Infants Services Development at Swedish. “Many new moms go home with tons of questions, like ‘Am I doing this right?’, ‘Am I healthy?’ and ‘Is my baby healthy?’. The Lytle Center will provide them with answers and services after they leave the hospital, all in one place, to help them transition from hospital to home.”

Features that new families will find at the new center include:

- A clinic for new-mother and well-baby checkups, given in the first few days after they leave the hospital, to ensure both mom and infant are doing well
- A certified lactation consultant, available to provide breastfeeding support through one-on-one appointments, and other nursing support
- Breast pump rentals and a full range of expert-recommended retail offerings, including maternity support belts, nursing bras and other breastfeeding supplies, specialty preemie and newborn items, and other essentials
- Individualized care for women experiencing symptoms of postpartum depression, including social- and psychiatry services such as screening and small group therapy
- Classroom space for Swedish support groups and childbirth- and parenting-education classes (which currently draw nearly 11,000 community members per year)
- Baby-care stations where families can weigh babies and change their diapers, with all of the needed supplies at hand
- An outside play area for toddlers and children
In addition, touchpads, high-tech kiosks and computer stations will provide easy access to information and education (for example, about kids’ wellness); fitness classes will be offered for new moms and children; and a helpful staff will be available to answer questions and provide assistance, and ensure new Swedish moms and babies are registered for their follow-up appointment at the Center.

Prior to departure, mothers who give birth at First Hill can visit the Lytle Center to have their questions answered, purchase any necessary last-minute newborn items and rent a breast pump if need be, while waiting in comfort for a member of their group to get the car.

Another important Lytle Center offering will be jaundice screening for NICU babies, as well as oximetry testing which will ensure they are ready to move from a car bed to an upright car seat.

Even with the many medically advanced functions happening within, the new Center is designed to be warm and welcoming, says Jane K. Uhlir, M.D., Swedish’s executive director for Women & Infants, Pediatric Specialty Care and Clinical Process Improvement. “It will be a lovely space, with a fireplace and comfy chairs,” says Dr. Uhlir. “We want mothers, fathers, grandparents and other family members to feel comfortable — not like they’re in a hospital — so that they can gather, get support and exchange ideas.” Community partners, such as PEPS and Conscious Fathering, will help facilitate these connections and conversations, says Dr. Uhlir.

The Center’s phone number, (206) 386-MOMS, provides information on all things infant-related at Swedish, from choosing a pediatrician to finding out when hospital tours are offered.

As its extensive list of features shows, a major goal of the Lytle Center will be promoting wellness. Two areas of focus will be postpartum mood disorders and breastfeeding, issues many new moms struggle with.

According to the National Institutes of Health, up to 15 out of every 100 women will experience postpartum mood disorders within the first three months after giving birth. About half of these women will have mild or moderate depression and around half will suffer from major depression. Any depression can be debilitating, of course, and receiving help right away is a big part of improving a new mother’s happiness and confidence in caring for her child.

At the Lytle Center, moms will be screened for postpartum mood disorders via an easy-to-answer questionnaire as part of their postpartum clinic visit. Women found to be suffering from depression can then see a social worker or psychiatrist, if needed, or will be referred to other specialists for further care. Dedicated support groups will also help put women on the road to recovery.

“Postpartum depression has a huge psychological impact on moms, babies and families, but it’s not socially acceptable to talk about,” says Dr. Uhlir. “New motherhood is supposed to be this wonderful time of life. But postpartum depression is like any other illness — if you take care of it early, it may not be such a problem. There are many different types of therapies available, and we can help get women to the proper resource.”

Another Lytle Center priority, says Theresa Demeter, is to help women successfully breastfeed and continue to do so as long as they want to. It is well known that breastfeeding is great for babies: studies show that breastfed babies enjoy a stronger immune system and lower risk of obesity, among other health benefits. But did you know that breastfeeding is also good for moms (beyond helping them shed those post-baby pounds)? By nursing her infant, a mother is thought to lower her stress level, risk of postpartum depression and risk of some types of cancer.

As Nicole Jabaily discovered, however, breastfeeding is not always simple. Women who need help will find it in the Center’s Lactation Support program.
In addition to a certified lactation consultant, the program will provide new mothers with group consultations, support groups, supplies and educational resources. “I would say that almost all patients could benefit from coming in and having a visit with the nurse consultant,” says Demeter. She adds that because the Center is a Department of Health licensed space, it’s possible for patients to bill insurance for outpatient lactation services.

SWEDISH MEDICAL CENTER FOUNDATION HAS begun raising the estimated $5 million in community support that will be needed to build the Lytle Center for Pregnancy & Newborns and to establish the many essential services it will offer. Chuck and Karen Lytle of Seattle helped turn the vision of the Center into a reality with their generous leadership gift of $1 million.

“We are very excited to be able to sponsor the new Pregnancy & Newborn Center. This will be such an amazing resource for mothers, infants and families in our community that need either a little or a lot of support pre- and postnatal,” Chuck and Karen share. “We have been very fortunate to have had five healthy grandchildren born at Swedish, and hope that many other parents and grandparents will be able to have the same great experience with all of the resources conveniently available to them.”

Because many of the Center’s services won’t be paid for by insurance or other reimbursements, ongoing community support will be needed for its programs to operate and to grow in the future. The hoped-for result, says Dr. Uhlir, is the development of a facility that is a national model for comprehensive, coordinated and accessible pregnancy and postpartum care.

“My philosophy is that the best time to treat patients is when they need it, not at a later date,” says Dr. Uhlir. “Quickly addressing routine or serious issues that new mothers and babies may experience reduces readmissions and improves patient outcomes.”

Thanks to the Lytles and other generous community members, new families in our area will soon have a much needed resource during the first days, weeks and months of their babies’ lives.

“Bringing a baby home is more challenging than you might think,” says Nicole Jabaily. “It will be wonderful to have a place to go and a friendly ear. The Lytle Center will focus on how mom is doing, and what the entire family needs to make this new life work.”

Make an impact

No matter how many times you’ve been through it, expecting, having, and raising a baby are truly some of life’s biggest challenges. Making that adventure a little less stressful is what The Lytle Center for Pregnancy & Newborns will be all about.

We need your help to get every family off to the best possible start. The Lytle Center will be funded entirely through philanthropic gifts. We’re asking you to help in any way you can. Your gifts will help buy something that’s incredibly valuable, and yet priceless, for families who have their babies at Swedish: guidance and peace of mind for the journey of a lifetime.

If you are interested in learning more about the Center or making a gift to this community resource, please contact Jennifer Blume at (206) 386-3348 or jennifer.blume@swedish.org.

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Community and business leaders support health-care excellence

Over 450 people attended the Swedish/Edmonds Imagine Gala on Friday, November 16, 2012. The annual semi-formal event held at the Lynnwood Convention Center included live music, dinner, as well as silent and live auctions. More than $550,000 was raised from generous community and business leaders in support of charity care, cardiac diagnostic care and emergency services, all of which help to ensure that the highest-quality care is available to patients in North King/South Snohomish counties.

“We are thrilled and grateful for the commitment this community has shown to their hospital,” says David Jaffe, chief executive of Swedish/Edmonds. “All gifts made to Swedish/Edmonds stay right here, and support programs and services for local patients.”

Gala attendees received a surprise announcement about a recent leadership gift from the Swedish/Edmonds emergency physicians, CEP America. Their gift of $216,010 — the largest gift in the hospital’s history — was selected based on the emergency department’s street address on 76th Ave. W.

“We are honored by the generosity of CEP America and their support of emergency services in this community,” says Jaffe. “Their donation is not only the biggest gift ever to this hospital, but the creative amount the physicians selected truly emphasizes their commitment to this hospital.”

Our special thanks also goes to our sponsors, including platinum sponsors Puget Sound Cancer Centers, Radia, and Verdant Health Commission, as well as diamond sponsors CEP America, Pacific Anesthesia - Edmonds, Skanska and Sound Women’s Care.

Swedish/Edmonds is committed to the health and well-being of its community. On behalf of the patients we serve, we gratefully acknowledge the community members, sponsors and volunteers who joined together to make the 2012 Imagine Gala a night to remember.

Swedish/Edmonds Imagine Gala raises more than $550,000 for local patients.

(Lef to right) James McCullough, M.D., Gwen Johnson, Carolyn Fennong, Molly McCullough and Steve Johnson, pictured at the 2012 Swedish/Edmonds Imagine Gala. Generous donors gathered in support of charity care, cardiac care and emergency services.

Make an impact

Swedish is a nonprofit medical center and relies on philanthropic partnerships to sustain current programs and develop new offerings to ensure the needs of the community are met. To learn more about how you can support patients at the Swedish/Edmonds campus or to make a gift, please contact Lindsay Hopkins, assistant director, major gifts, at (206) 386-2751 or lindsay.hopkins@swedish.org.
Nearly $500,000 raised to benefit Swedish’s RN Residency program.

The inaugural Destination Swedish luncheon was held at the Sheraton Seattle Hotel on Monday, February 11th. Thanks to generous giving from the 600 guests in attendance, event sponsors, and other donors, nearly $500,000 was raised to support the RN Residency program at Swedish.

The RN Residency program draws on — and, we believe, improves on — current best practices for training recent nursing school graduates. The goal of the program is to retain newly hired RNs and help them become the skilled and dedicated career nurses for which Swedish is known. It accomplishes this by providing them with mentoring and specialized training during their first two years of clinical care, much like the training physicians receive during their residencies. This program has been proven to dramatically improve nursing retention rates, helping to address the anticipated national nursing shortage.

The funds raised at Destination Swedish will help meet the estimated $1 million cost of creating a dedicated, state-of-the-art Learning Center for the program. This completely remodeled space, to be located at the Cherry Hill campus, will include classroom space and a Nursing Simulation Lab.

Destination Swedish replaces the Women’s Wellness Luncheon with the goal of creating an event with broader focus for the entire, growing Swedish community. The luncheon volunteer committee chose the name Destination Swedish as a reflection of the fact that Swedish has locations throughout the community — downtown Seattle, the north end, and on the eastside. It seemed intuitive this year to select Swedish’s innovative RN Residency program as the beneficiary of the inaugural luncheon because nurses are at the bedside caring for patients across the entire Swedish system, in every community.

Honoring a legacy, supporting caregivers

In the 1970’s, Eugene Ko, M.D., a graduate of the University of Washington School of Medicine, had a thriving community-based practice on Beacon Hill and was a member of the consulting staff at Doctors Hospital in Seattle. His wife, Norma, was a dedicated member of the Doctors Hospital Women’s Auxiliary and served as a hospital volunteer. Her son, Michael Ko remembers her fondly, stating that, “she loved volunteering and helping people, and she saw the incredible impact nurses had on their patients.”

When Norma died tragically in a car accident, her friends and fellow volunteers wanted to honor her and her incredible dedication to the hospital. They recalled Norma’s passion for nurses, and how she always championed the important role they played in the delivery of high-quality health care. To honor her memory, her community began a scholarship fund to support students pursuing a degree in nursing or those who had a desire to further build their technical skills and add to their education as nurses.

When the Doctors Hospital merged with Swedish in 1980, The Norma Ko Scholarship Fund for Nurses at Swedish Medical Center Foundation was officially created. Over the past three decades, friends and family — including Dr. Ko and his children, Grant Ko, M.D., Marcia Ko, M.D., Audrey Ko and Michael Ko, and their spouses — have continued making gifts to this very special scholarship fund.

Each year, the Ko Family graciously offers scholarships to two recipients, helping to ensure that nurses are supported while they continue their education. “As a family, we want to continue this legacy of philanthropy and ensure that nursing students have a resource to further their education,” Michael says. “I know my mother would be proud.”

We are grateful for the Ko Family’s long-standing generosity and support of the nurses at Swedish. To make a gift in support of the Ko Scholarship Fund, please contact Swedish Medical Center Foundation at (206) 386-2738.
Ensuring financial security while creating a lasting philanthropic legacy

Bob Cunnison is a savvy investor and a well-informed donor. After a successful career in the health-care industry, Bob has made it his personal mission to educate family, friends and community members about the power of making planned gifts. He recounts his early years working in nonprofit health care organizations. “When I took charge of the budget — and the fundraising — I quickly realized how important major and planned gifts could be to the financial health of an organization,” Bob says.

Bob and Jean Cunnison owned their own business for much of their working life, and they retired to Bellevue, Washington. Because of Jean’s experience with ovarian cancer, Bob decided he wanted to make a gift in her memory to the Rivkin Center. “A charitable gift annuity is my favorite way to give,” explains Bob. “These gifts are a two-way street: the organization gains a gift and the donor gains some tax advantages and an income stream for life. It’s a win-win.”

As Bob explains, “to a retiree like myself, an annuity is predictable, a sound investment, backed by the institution and has great tax advantages. It is also very personally satisfying. Gift annuities are a way to make a huge impact. You make an immediate gift and feel the partnership, and you know that you’re ensuring the future of the organization.” As he also points out, a gift annuity may reduce tax liability on the size of the donor’s estate and on future income taxes.

Bob likes the idea that he can recognize Jean through his gift. The Rivkin Center’s work to find a way to change the devastating statistics of ovarian cancer is important to Bob and his two daughters. They know that their investment helps save lives and reduce suffering through research into improved treatment, early detection and prevention of the disease.

Bob hopes he can lead by example. As he points out, “many people feel like they’d rather make a charitable gift through their will because gift annuities are too technical — but they’re not!” “Annuities — like the one established by Bob — are an incredible way to make an immediate and lasting impact on the Rivkin Center,” says Clint Burwell, executive director. “Bob is truly our partner.”

Have you considered establishing a planned gift? Legacy gifts can be funded with cash, securities, real estate, life insurance or other assets, and can be crafted to achieve both your charitable and financial goals. When you make a legacy gift, you are making an investment in the future health of our community. To learn more about planned gifts, please contact Andrea King, director, planned giving, at (206) 386-3379 or andrea.king@swedish.org.
FOR SWEDISH, 2012 WAS A TIME OF IMPORTANT TRANSITIONS, starting with the affiliation with Providence Health & Services that began the year and followed by a series of leadership changes and organizational realignments that have already begun making Swedish both more efficient and more effective at providing world-class care to patients and families from throughout the region.

One thing that didn’t change was this community’s gratifying record of philanthropic support for Swedish. On so many occasions, the generous supporters whose names appear on the following pages stepped up and contributed their time or made gifts to help ensure that this great institution will continue to provide the care and treatments needed by the people who come to Swedish for health-care excellence.

Perhaps the most exciting of last year’s philanthropy milestones came during the summer, when we reached our initial $100 million goal for The Campaign for Swedish, more than 17 months ahead of its scheduled completion.

By the end of the year, we were well into the “Homestretch” phase of this historic, multi-year effort to make Swedish stronger, with a Campaign total of $107.8 million, including more than $17 million raised in 2012. This annual total resulted from a record-breaking year in terms of number of donors (16,040, a 9% increase over 2011), new donors (9,103, a 4% increase) and gifts (20,969, a 4% increase).

Our 2012 numbers included four gifts of more than $1 million; nearly $2.2 million from planned giving donors who made bequests or life income gifts; a 21% increase, from 54 to 66, in Founders’ Circle donors who make gifts of more than $10,000 annually; a record $5.1 million in corporate gifts and $141,000 in contributions from 722 Swedish employees, many of whom are making their gifts through payroll deductions.

Some of the stories behind these gifts — both about the generous people who made them and the programs and activities at Swedish that will benefit from them — are told in this issue of IMPACT. Each of us at Swedish could relate similar stories about other gifts, large and small, that recognized extraordinary caregivers or just acknowledged the fact that, every day, people’s lives are changed for the better because we have Swedish in our community.

The generous support of our donors over the first six years of The Campaign for Swedish has built or expanded an impressive list of facilities and programs at Swedish during a time of serious economic challenges. These accomplishments include the True Family Women’s Cancer Center, the Gossman Center for Advanced Healthcare Simulation, the Swedish MS Center, the Ben and Catherine Ivy Center for Advanced Brain Tumor Treatment, and the Swedish Comprehensive Heart Failure Center, to name just a few.

This year, as the capstone project for the Campaign, we are working hard to raise the $5 million needed to build The Lytle Center for Pregnancy & Newborns to provide mothers, newborns and family members with the comprehensive outpatient care, education, emotional and psychological counseling and support services they need in the months and days before and after a baby is born.

In addition to the Lytle Center, which is described in detail in this issue of IMPACT, many other important needs and challenges at Swedish remain. I am confident, as we move toward the end of The Campaign for Swedish on December 31, that support from our generous donors will remain what it has been for over a century: a key factor in sustaining this great medical center. Speaking for everyone at Swedish, thank you for all you have done and for all you do for Swedish and our community.

Sincerely,

Don Theophilus
Executive Director, Swedish Medical Center Foundation
and Vice President, Development

On the pages that follow, we gratefully acknowledge the thousands of individual and corporate donors who gave so generously to Swedish Medical Center in 2012. 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.
2012 FOUNDATION FINANCIAL RESULTS*

Donations by source: $17,054,841

- Individual current gifts: $7,725,678
- Corporations/Organizations: $5,103,368
- Individual planned gifts: $2,188,065
- Foundations: $1,382,450
- Gifts in-kind: $655,280

*Figures include all cash and new pledges received during fiscal year 2012. NOTE: A formal audit of 2012 numbers has not yet been conducted.

Funds raised by service:

- Patient-Centered Care: $4,709,302
- Neuroscience: $2,852,246
- Cancer: $2,713,708
- Unrestricted: $2,159,959
- Marsha Rivkin Center: $1,446,505
- Women & Children: $902,155
- Community/Patient Assistance: $895,800
- Heart: $862,028
- Nursing and Medical Education: $363,470
- Art/Other: $149,668

Philanthropic revenue comparison:

- 2012: $19,805,347
- 2011: $19,381,128
- 2010: $17,474,045
- 2009: $17,054,841
- 2008: $14,678,254
- 2007: $14,032,542
- 2006: $10,122,808

*Figures include all cash and new pledges received during fiscal year 2012. NOTE: A formal audit of 2012 numbers has not yet been conducted.
Globus Medical
Beau and Julie Gould
Timmie and Jimmie Hollomon
Teressa Mayberg, M.D. and
Marc Mayberg, M.D.
The Moyer Foundation,
Karen and Jamie Moyer
MS Hub Foundation
Northwest Hope and Healing Foundation
Northwestern Mutual Foundation
The O’Dellon Foundation
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The Starfish
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TEVA Neuroscience Inc.
Tulalip Tribes Charitable Fund
Jeff and Kim Veilleux
Dr. Elizabeth Wayner
Wells Fargo
Mr. Gail A. Wyman
Christopher Yang, M.D.

Founders Circle Sponsors
$10,000 – $19,999

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Mr. Paul G. Allen
Angeion USA
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Ballard Emergency Physicians
Yvonne E. Belshaw
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Mr. and Mrs. Russell N. Benaroya
Eric and Gloria Bensussen
Michelle Sailor and Robert Bersin, M.D.
Dr. Paul Brynes and
Mrs. Inge Strarup-Brynes
Dale Chihuly and Leslie Jackson Chihuly
Joan Clarke
Core Medical Imaging
Catherine and Deane Cruze
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Byron and Alice Lockwood Foundation
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Marcel and Jane Loh
LUNA Bar
Dr. and Mrs. Harvey F. [Redacted]
First Hill
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Jennifer A. Graves
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Mary Kay McCaw
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Seattle-King County Dental Foundation
Martin Selig
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Skvelay
Snouqualmie Tribe
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Streker Chiropractic,
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Swedish Cherry Hill Emergency Physicians
Mr. Scott J. Sweerland

Founders Circle Benefactors
$20,000 – $49,999

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Estate of David E. Beutel
Estate of Helen C. Kloess
Estate of Ida Gestel
Estate of Merrill H. Gerstel
Mark and Sarah Evertt
Lina Fine, M.D., M.Phil. and
Pavel Repovic, M.D., Ph.D.
First Choice Health Network Inc.
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Drs. Luba and Greg Foltz
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Dr. Robert Green and Ms. Zan Brookshire
Ms. Deanne Hanscom
Harley Marine Services
Ms. Joyce Heier
Dr. and Mrs. Rod and Nancy Hochman
Intuitive Surgical
Glenn Kawasaki
Mr. and Mrs. Donald K. Loeb
Loeb Family Charitable Foundations
Mary Kay McCaw
Medtronic Inc.
The O.D. Fisher Charitable Foundation
PACCAR Foundation
Pacific Anesthesia - Edmonds
Pediatrisk-Obstetric Medical Group
Mr. and Mrs. Paul Pigott
The Tom and Brooke Pigott
Charitable Trust
Premier Blue Cross
Puget Sound Cancer Centers
The Scheller Family Foundation,
Mr. and Mrs. James K. Schuler
Single Emergency Physicians Services, Inc.
Seattle-King County Dental Foundation
Martin Selig
Barbara Severson
Skvelay
Snouqualmie Tribe
Sophie L. Anderson Trust
Streker Chiropractic,
Mr. and Mrs. George S. Suddick
Swedish Cherry Hill Emergency Physicians
Mr. Scott J. Sweerland

Founders Circle Partners
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Vera S. Forrino
The Foundation for Surgical Fellowships
Wanda Jankelson Foundation
for Care and Research
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Evelyn Anderson
Ms. Mary Pigott
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Kevin and Elizabeth Brown
CPE America - Emergency Physician Partners
Ms. PJ Condit
Dynacare, a LabCorp Company
Estate of Cheryl Jackson
Estate of Goldie Ericson
Mr. James L. Evans Jr.
The Guggenheimer Family
Hammes Company
The William Randolph Hearst Foundation
Richard and Betty Hedreen
Jean M. Hilton
The John C. & Karyl Kay Hughes
Foundation
Robin Erzinger Knepper
Michael Kopp and Family
Rae and Mark Lembersky
Life Support Auxiliary
Chai and Joy Mann
Microsoft Corporation
NuVasive, Inc.
In Memory of Lori Pape
Physicians Anesthesia Service Inc. PS
Radia Inc PS
Seattle Radiologists APC
Sellen Construction
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$50,000 – $99,999
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Chap and Eve Alvord
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Bensussen Deutsch & Associates Inc.
Bike the US for MS
The Abe and Sidney Block Foundation
Mr. and Mrs. Paul Brainard
Dr. Joseph and Barbara Buchman
Chenta and Sulin Chen
Estate of JoAnn Q. Anderson
Estate of Mercer Given Rhodes Jr.

The Foundation makes every effort to ensure the accuracy of its donor lists and apologizes for any discrepancies. *Indicates a donor who has passed away.
Adventurous twins off to a healthy start thanks to Swedish caregivers

A trio of beautifully-costumed ballerinas in pink, green and purple dance across a recent drawing by Adela, age 6. The freckled brunette is a prolific artist, and her twin brother, Aiden, is a football buff. He can give you a detailed commentary of the most recent Super Bowl — just ask.

In December 2006, Aiden and Adela were born at 34 weeks, and their natural eating instinct had not yet developed. After spending two days in the Swedish Neonatal Intensive Care Unit, the twins spent three weeks in the Special Care Nursery, learning how to eat and to regulate their own body temperatures.

Michael and Maureen Rimkus are the proud parents of this gregarious duo, and feel grateful for the care they received at Swedish during the months before and after their special deliveries. “The nurses were amazing,” Maureen shares. “They gave us the confidence we needed to take the twins home and care for them ourselves.”

The Rimkus family recently made a donation to Swedish in appreciation of their care, and inscribed leaves for each of the twins on the Family Tree.

“We are part of the Swedish family now, and it is special for us to see our name on the Family Tree. We thank all of our caregivers, because they helped us to get our new family off to a healthy start.”

To add a leaf to our Family Tree for your loved one, call (206) 386-2738 or visit www.swedishfoundation.org/swedish-family-tree.
Rivkin Center Family & Friends Auction raises more than $1.1 million for ovarian cancer research

The Marsha Rivkin Center for Ovarian Cancer Research held its 11th annual auction and celebration at the Bellevue Hyatt Regency. More than 500 guests attended and generously contributed $1.14 million in support of ovarian cancer research.

Chaired by Katie Van Kessel, M.D. and Derek Loeser and led by a committee of volunteers, the event was also an opportunity to celebrate the "Courage for Life Award" and the "Babs Fisher Valor Award" recipients.

The "Courage for Life Award" recognizes those who, in the face of ovarian cancer, demonstrate a profound passion for life, a generosity to others, and an important contribution to the efforts of the organization. The 2012 award went to survivor Karla Mooers, D.V.M. and the "Babs Fisher Valor Award" recognizes those who provide outstanding leadership in increasing awareness of ovarian cancer, inspire philanthropic advocacy, and help to further the mission of the Rivkin Center. The 2012 award — the inaugural award — went to Gloria and Eric Bensusen.

Proceeds from the Family & Friends Auction benefit the Marsha Rivkin Center for Ovarian Cancer Research which advances research nationwide in areas of treatment, early detection and the prevention of ovarian cancer. The Rivkin Center also provides the Northwest’s only Ovarian Cancer Early Detection Screening Program for women at high risk for the disease.
Harley Marine Services, a leading provider of marine transportation services, successfully raised over $87,000 for the Kaplan Cancer Research Fund at their first annual Fall Invitational Golf and Dinner celebration in September 2012. The Seattle-based company hosted a golf tournament and dinner to commemorate their 25th anniversary of serving the maritime community, inviting their key customers, business partners, and employees. Throughout the day, guests had the opportunity to make donations to the Kaplan Cancer Research Fund at Swedish. Harley Marine’s CFO, Todd Prophet, is a patient of Hank Kaplan, M.D., and their community has rallied together to support Todd’s battle with lung cancer. The company refers to itself as “Team Todd,” and has shown its encouragement and support in multiple ways. For example, many employees wear yellow wrist bands around the office printed with the words, “TEAM TODD — FIGHT FIGHT FIGHT.”

Harley Franco, Chairman and CEO of Harley Marine, says, “We all stand with Todd and his family and are here to provide them strength and hope.”

The 2012 tournament and dinner, held at the Glendale Golf Club in Bellevue, Washington, attracted nearly 150 participants. At the event, over $29,000 was raised from guests, which was then matched not only with a corporate gift, but also with a personal gift from Harley Franco and his wife, Lela. Since the Francos also know others who have been touched by cancer, they chose to support the Kaplan Cancer Research Fund. Thanks to their leadership and organization of this event, “Team Todd” is helping further cancer research in Seattle.

The Kaplan Cancer Research Fund focuses on advancing clinical trials and experimental therapies to ultimately improve treatment and care for people with cancer. “Philanthropy is essential to our research program, and we are honored that Harley Marine chose to support our work in this way,” says Dr. Kaplan.

Harley Marine Services plans to host the 2013 Fall Invitational on August 26 at the Glendale Golf Club in Bellevue, and will again support the Kaplan Cancer Research Fund. Swedish is very grateful for their tremendous support.
Honor / Memorial Tributes

Honor and Memorial Tributes recognize friends and loved ones during joyous occasions, and remembers those who have passed away.

Warren “Bud” Aakervik, Sr.
Paul H. Abshier
Trudy Adams
Linda Adler
Peter Albro
James Holbrook “Jim” Allendoerfer
Tom Allen
Candice L. Anderson
Clarice M. Anderson
Marilyn Anderson
Scott Andrees
Charlotte Jean Angle
Elizabeth Madden Antonoumez
Yoko Arakawa
Mary Sachiko Arai-Yoshihara
Jefferson Edward Arildson
Elosie Armen
Seth Armen
Andrew Arnold
Lauren L. Arnold
Charles M. “Chuck” Ashbaugh
Betty Lou Atkinson
Janet “Jan” Austin
Francesca Avargona
Dr. Aye
Dave Baker
Margaret “Peg” Baldwin
Sanjay-Gael Banerjee
Deborah Rose Barnes
Robert Daniell Barnes
Don Barrows
John August Barrows
Ethel Barstow
Kathy Ann Bass-Hays
Dr. Amir Bastawrous
Leah Grace Battema
Kelly Davis Beckley
Albert Behar
Betty Beller
Lenore Bemmel
Becky Benaroya
Patricia Rae Bennett
All Bergeisen
Robert Berens, M.D.
Janet Bertock
Imogene Bertram
Ivo Bezmalinovich
Eleanor “Rigby” Biddle
Ivar Birkeland Jr.
Helen Borgny Iverson Birkid
Mary Ellen White Bissell
Martha Blake
Carl E. Blakely
Maggie Blomberg
Tom Bloom
Rosemary Wagner
Mr. and Mrs. Alan Waldbaum
Susan G. Waldbaum
Michele Walker
Ms. Joan Walton
Pat Wagner
Kim and Gregg Watkins
Susan Watson
Ms. Karen A. Waxdahl
Mr. and Mrs. James M. Webb
Bill and Barbara Webb
Mr. Michael C. Weidemann
Debra Weinstein
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Ms. Katharina L. West
The West Bellevue
Carrie Whalen
Mrs. Karen White
Diane and William Whitfield
Mr. and Mrs. John F. Wiedenhoft
Jean and Paul Wiegand
Wight’s Home and Garden
Mr. Bob Wigren
Wildcat Jr. Football
John and Leslie Williams
Willows Lodge and Barking Frog
Andrew Wilson
Mr. and Mrs. Brian J. Wilson
Diane M. Wilson
DJ and Karianna Wilson
Donna and Alan Wilson
Ruth Wilson
Mrs. Peggy Wilson
Dr. Jill and Mr. Tom Wimberly
Tom and Gail Winde
Mrs. Jennifer Winters
Ms. Esla A. Wise
Benson and Terry Wong
Mrs. Jocelyn H. Wood
Ms. Ida M. Woods
Shirley L. Wooldridge and Family

Amanda “Mandy” Blue
Raymond Blue
Gerene L. Bohannon
Chester Bolen
Jack Bollerud
Dianne K. Bolt
Elise Booth
Donald Boothby
Marlene Bortleson
James D. Bowen, M.D.
Kay Bowman
Ronald Boyle
Gary Bracken
Opal Marie Bradley
Susan Brewer
Linda K. Brezninak
Herbert A. Briggs
Diane Delores Bronndello
La Juan Brook
Janet Brown
Elizabeth Bryer
Dr. Claire Buchanan
Pearl Bucklin
Linda Lee Burich
Elaine Marie Burkhead
Jo Burns
Beverly Jean Call
Bette Callan
Rose Callero
John Calliham
Margaret Campbell
Patricia Cantor
Charles C. Carey Jr.
Donna Carlbeg
Dr. Cary
Carlyn Temple Casey
Dr. F. Ann Cerf
Kathleen Chan
Nancy Claire Chapman
Anner Charrier and Aaron Barr
Cherry Hill Staff
“Grandma” Chow
Christos Christake
Josephine “Jo” Ciucci
Patrick John Clancy
Juniper Amelia Clark
Lillian Amber Clark
Al Clark
Paul Cloud
Edina Cole
Eva Cohanim
Dr. Cohen
Harvey Cohen
Joy Cole
Clark Coler, M.D.

Ann Collins
Michelle Combellick
Bill Cook
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Stirling Cook
Shirley Copp
Anne W. Courage
Heidi Craemer
Tracy Craig
Ann and Sid Cramer
Diane Crandon
Mabel E. Crawford
William S. Croft
Jean Cromwell
Susan Cronin
Yvonne Crosby
Catherine Cruze
Steve Cunetta
David Cunningham
Jean Cunnison
Walden Dameshon
Per Danielson, M.D.
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Annabel Davies
Beverly Davies
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Annette Denis
Paige Judith DeVita
George Dickerson
Brian Dickey
Elaine Dickson
Bea Dierks
Ashley and Heath Dixon
Elizabeth Ann Dolowy
Nancy Dorn
Maggie Dorsey
Jenny P. Douglas
Jeri Lynne Dowidar
Kyle Frederickson Driver
C. Dub
Daniel Duens
Emma Dufour
Carol Ann Duncan
Rande Duran
Shannon Duty
Cathy Dwyer
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Haakon Edwards
Oren and Meg Esner
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Martha Ellis
Beverly W. Ellis
Helen Ellsworth
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The 2013 Fund-A-Need will support the Lytle Center for Pregnancy & Newborns, a unique community resource soon to be located at Swedish/First Hill. It will provide an array of clinical care and support services for newborns and their families during the months before and after a baby is born, serving as a warm and welcoming community gathering place, offering educational programs, fitness activities and support groups to our families.

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