impact
advancing health care through philanthropy

Summer 2013

THE FUTURE OF NEUROSCIENCE AT SWEDISH

Cutting-edge research and treatment options give patients new hope

REMEMBERING GREG FOLTZ, M.D.
Extraordinary physician, advocate and friend
A time to reflect

It is with great sadness that we include a story in this issue of IMPACT concerning the recent passing of Greg Foltz, M.D., the founder and medical director of Swedish’s Ben & Catherine Ivy Center for Advanced Brain Tumor Treatment. Greg’s death was a tragic loss for all of us, especially his wife Luba, and their two young children; but also for his many patients, for the entire Swedish family, and for our community. It is also a loss for medical science in that Greg dedicated his work to finding a cure for brain cancer; if not for his life being cut short, he would have found that cure. Nothing can ease the pain of the loss of this great father, husband, physician, scientist and human being. In respect, we dedicate this issue of IMPACT in his memory.

One of the best things about serving as Swedish Health Services Interim Chief Executive has been the opportunity to enhance my understanding of why Swedish is such an important part of our community. Again and again, I have met people who tell me how this institution has had a profound impact on their lives. These often spontaneous expressions of respect for Swedish take many forms, but most are based on two common themes: recognition of the high-quality and safe care that our patients receive, and deep gratitude to the people throughout our system who work so tirelessly to provide that care.

This issue of IMPACT features stories about a few of our dedicated Swedish caregivers — two of the physicians at the Swedish Neuroscience Institute, who are national leaders and innovators in their fields, while also working long hours to heal patients; our team of medical oncologists, who are providing advanced therapies at the recently-built Swedish Cancer Institute at Edmonds; and Saul Rivkin, M.D., who, although he is retiring, will long serve as a model of how Swedish-style, patient-centered care is delivered.

Also in this issue is an exciting story about a new way for our patients to express their gratitude when they encounter this type of care: Swedish Medical Center Foundation’s Honor Your Caregiver program. All of us who work or volunteer at Swedish help our patients and families in many ways; we are all caregivers. This innovative program allows patients and families to thank doctors, nurses, volunteers, nutrition workers, environmental service workers, and the many others on our team who, while doing their work, have exemplified the kind of extraordinary personalized care and support that Dr. Foltz, Dr. Rivkin, and others like them have provided, and that Swedish has always stood for. I hope that many of you will take advantage of this program and honor one of our caregivers. This recognition will be deeply appreciated.

Thanks to each of you for your generous support for Swedish. Have a happy, healthy and safe summer.

Warmest regards,

Marcel Loh
Interim Chief Executive
Celebrate Swedish 2013
Event inspires generous support for The Lytle Center for Pregnancy & Newborns

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MRI-guided focused ultrasound is the latest technology the Swedish Neuroscience Institute is using to treat neurological disorders.
Greg Foltz, M.D., director of the Ben & Catherine Ivy Center for Advanced Brain Tumor Treatment (the Ivy Center) at the Swedish Neuroscience Institute, and co-founder of the Seattle Brain Cancer Walk, succumbed to his battle with advanced pancreatic cancer on June 27, 2013. He was 50 years old.

During his eight years as a neurosurgeon at Swedish, and as the Ivy Center’s inaugural director since 2008, Dr. Foltz inspired countless brain tumor patients and colleagues with his unique blend of skill, dedication and compassion. Rod Hochman, M.D., CEO of Providence Health & Services and former Swedish CEO, credited Dr. Foltz in a recent Seattle Times article as, “a doctor's doctor...he was completely focused on serving patients and was driven by his quest to cure brain cancer.”

As a young man, Greg played piano for the St. Louis Opera and planned to attend The Juilliard School until the untimely death of a friend’s daughter shifted his focus from music to medicine. He applied the same passion and vigorous discipline that he had once directed to the piano to patient care and research. He was undaunted by the dismal survival rates and lack of historic progress made for people living with brain cancer, particularly those with glioblastoma, its most common and aggressive form. This courage and determination led Dr. Foltz and his team at the Ivy Center to make tremendous strides for patients in the Pacific Northwest living with what has long been thought of as an orphan disease.

At the Ivy Center, Dr. Foltz developed innovative personalized treatments for his patients and created powerful alliances between many premier research and biotech institutions. He also devoted much of his time to raise critical awareness and nearly $14 million in community support through The Campaign for Swedish and the Seattle Brain Cancer Walk.

He will be greatly missed by his family, including his wife, Luba Foltz, M.D., and their two young children, and the countless patients, colleagues and friends who he inspired.
Swedish is committed to providing seamless, personalized care close to home. In response to a growing need from the community, Swedish/Edmonds proudly opened a new two-story, 17,100-square-foot outpatient cancer center on April 1st, offering patients in the south Snohomish and north King County areas increased access to medical oncology and infusion (chemotherapy) services.

The new Center, located on the southeast end of the Swedish/Edmonds campus, offers patients high-quality and comprehensive medical oncology services through an expanded infusion unit, laboratory, pharmacy, and access to EPIC, Swedish’s electronic medical record system. As a hospital-based department, patients also have access to social work services, support groups, American Cancer Society navigation and resources, financial counseling, genetic counseling, cancer-specific patient education classes, an education/resource wall, and an enhanced ability to participate in clinical trials.

The Swedish Cancer Institute has a long-standing history of bringing high-quality treatments, services and expertise closer to home for people affected by cancer. The facility at Swedish/Edmonds is the newest addition to the Institute’s comprehensive network of community-based cancer centers located throughout the Puget Sound area. Other SCI sites include downtown Seattle (First Hill and Cherry Hill), Ballard, Bellevue, Issaquah and Burien.

“Providing excellent care starts with improving access,” says Thomas D. Brown, M.D., MBA, executive director of Swedish Cancer Institute. “New centers such as this one at Swedish/Edmonds will help ensure that patients in our communities have continued convenient access to the highest-quality cancer care available.”

As a nonprofit health-care provider, Swedish has deeply appreciated support from the community to help fund a portion of the $10.9 million Center. Many generous community and business leaders have united to expand cancer services at Swedish/Edmonds, raising $220,000 for the project. Philanthropy will continue to play a key role in helping ensure local patients facing a cancer diagnosis have access to the highest quality of care, the best technologies, and a broad spectrum of support services.
Swedish/Issaquah is moving forward with plans to add a Level II Nursery at the campus, a critical project that will enhance the care and services available to premature babies and their families.

“It really surprised us that we met the state’s required 1,000 deliveries within our first year of operation,” says Wendy Colgan, R.N., manager of Women & Infants and Pediatrics at Swedish/Issaquah. “But we quickly realized that there was a need in this community that had to be filled.”

Currently, babies born prematurely (less than 37 weeks gestational age) at Swedish/Issaquah are transferred to other area hospitals to receive specialized neonatal care.

“Since opening, we’ve had to transfer nearly 30 premature or ill babies so they could have access to dedicated neonatal care,” says neonatologist Eric Demers, M.D. “Now that we’re adding this special-care nursery, a baby born as early as 32 weeks can remain at Swedish/Issaquah with his or her mom, and be provided with expert, specialized neonatal care.”

The first phase of the expansion began with the opening of eight temporary rooms in July. Construction on the permanent space will begin this fall, and will include 15 private and semi-private rooms on the second floor of the hospital. The project will be complete in summer of 2014.

With an estimated cost of $3.4 million for construction, equipment and additional resources, the Foundation has committed to raise $1 million in support of the project.

“This community is clearly growing and thriving,” says Don Theophilus, executive director of Swedish Medical Center Foundation. “As capital budgets become tighter, Swedish will need to rely more and more on philanthropic gifts to help enhance patient care and treatment options. This Level II Nursery will be the first major fundraising campaign for this campus, and I can’t think of a better project than this to ensure that newborns and their families receive the support they need and deserve.”

“We have a responsibility to care for patients of all ages, and we take this responsibility very seriously,” says Colgan. “Parents and these precious babies deserve access to this level of care in their community. Parents can have peace of mind knowing that should their new bundle of joy enter the world earlier than expected, we now offer this important care close to home.”

For more information on how you can support the new Level II Nursery at Swedish/Issaquah, please contact Ellen Kuo at (206) 386-6928 or ellen.kuo@swedish.org.
Breakthrough brain pacemaker helps to control seizures

Swedish Neuroscience Institute first to implant device into humans.

A nacortes resident Kaetlin Barrett, 23, has become a true pioneer in the treatment of one of the most common neurological disorders affecting young adults: epilepsy. Kaetlin is one of the more than two million Americans suffering from epilepsy, a debilitating medical condition that causes repetitive seizures. Her family learned she had epilepsy soon after her first seizure at just three years of age. “My mom rushed me to the ER because she didn’t know what was going on,” shares Kaetlin. After seeing several doctors, including a neurologist, little Kaetlin was diagnosed with epilepsy, and “the whole world changed,” she says.

Although the seizures stopped for a brief period between the ages of five and seven, from that point until age 18, Kaetlin experienced up to six complex partial seizures a day. “I’d be frozen — my motor functions would be gone, and I wouldn’t be able to swallow. All I could do was hear. I'd follow sounds to find my mom so she could help,” she says. Under the guidance of her doctor, Kaetlin tried treating the condition with medication over the years, with limited success. “Some of the medications made me feel horrible — like there was a stabbing or a hammering in my head,” she says. “Nothing really worked.”

In middle school, the seizures got so bad that Kaetlin had to quit the volleyball team and other favorite activities. “It was really hard and embarrassing,” she recalls. “I could have a seizure at any time, and it was difficult to know when one was coming on.”

Kaetlin received new hope when she began seeing the Swedish Neuroscience Institute’s Ryder Gwinn, M.D., when she was 13. “Dr. Gwinn first recommended that I have intracranial surgery,” she says. Unfortunately, her EEGs, a measurement of brainwave patterns, showed that the seizures were originating from the motor strip of her brain — the area that controls muscle movement — making the surgery impossible.

Fortunately, the Swedish Neuroscience Institute was playing a key role in the development of a new form of therapy for seizures at that time. It involves the use of a new intelligent form of brain stimulation with a device made in Northern California by a company called NeuroPace. The Swedish Neuroscience Institute was one of 32 centers that participated in a double-blind, randomized clinical trial to determine whether the implanted NeuroPace RNS System device could reduce seizure frequency in adult patients with epilepsy. The responsive neurostimulator is implanted underneath the scalp, and is connected to electrodes placed over the area of the brain where the patient’s seizures originate. By continuously monitoring brain activity with the electrodes, the neurostimulator is able to identify the electrical signs of a seizure when it barely starts. It then sends a mild electrical stimulation to that area of the brain to suppress the seizure before any symptoms occur. It can also save seizure data to the memory chip for later review by physicians. This is the most sophisticated device ever implanted, and has enabled very precise, non-destructive treatment for seizures arising from critical brain regions for the very first time. Swedish was the first site to implant this device into humans, and during the trial no center has had more experience with the technology than Dr. Gwinn, Michael Doherty, M.D. and Lisa Caylor, M.D. at the Swedish Epilepsy Center.

After an extensive review of Kaetlin’s records, the multidisciplinary team at the Swedish Epilepsy Center recommended she participate in the trial. Although she had to wait until she turned 18, Kaetlin agreed. After Dr. Gwinn performed the surgery, which went off without a hitch, she experienced an immediate and dramatic improvement in her seizures. “I now only experience one or two seizures a month,” says Kaetlin, who is studying child development and psychology at Skagit Valley College in Mount Vernon. “I’m able to participate in groups, I have more friends and school is much easier. I also feel much less tired, and my mom has noticed that I’m less moody.”

Kaetlin’s progress was monitored by Dr. Gwinn every two weeks for the first six months following the surgery, and now she is followed by Dr. Caylor, who performs programming changes on the device. Every 16-18 months, Dr. Gwinn changes the neurostimulator’s battery by way of a 40 minute outpatient procedure. The trial has finished, and the primary goals for safety and effectiveness have been achieved. Earlier this year, an expert panel convened by the FDA overwhelmingly recommended the NeuroPace RNS System for FDA approval, and the epilepsy community now awaits final word from the FDA. If the device is released for use, it will represent the first significant non-drug treatment for epilepsy since 1997.

“I hope more people can have this, because it’s changed my life,” says Kaetlin.
TOP OF MIND

Cutting-edge ultrasound research and treatments give neurological patients new hope

STORY BY
Jennifer Schaefer

PHOTOS BY
Rosanne Olson
hearing the story of his stroke, some might call 42-year-old Ray Blackwell — a Port of Seattle police officer, youth football coach, husband to Michelle, and father of three boys — a medical miracle. But in actuality, it was technology in the hands of skilled doctors, coupled with a tenacious wife who wouldn’t give up hope, that saved his life.

On July 10, 2009, Ray was attending a department event when he noticed that a mild headache he’d been experiencing was getting worse. As the pain increased, he began having difficulty speaking coherently, as well as understanding what others were saying. On his way home to Gig Harbor, Ray called Michelle, who grew concerned by her fiancé’s garbled speech and decided to take him to their local hospital in Tacoma. There, doctors discovered that Ray was having a hemorrhagic stroke — a condition that occurs when there is bleeding into brain tissue that kills brain cells. A neurologist told them that the bleeding was occurring in an inoperable area of the brain — the one that controls the ability to communicate and comprehend — and there was nothing they could do but hope the bleeding stopped and Ray’s body absorbed the clot. Even more terrifying, they were informed that Ray only had a 80-90 percent chance of surviving longer than 30 days, and that if he did survive, he would have significant brain damage and be unable to return to his police post.

A friend of Michelle’s suggested that she contact David Newell, M.D., chief of neuroscience at the Swedish Neuroscience Institute (SNI), to seek advice. Devastated by Ray’s prognosis, Michelle did so, subsequently learning from Dr. Newell about a then-ongoing study called SLEUTH (Safety of Lysis With EKOS Ultrasound in the Treatment of ICH and IVH), which had promising results for patients like Ray. The study was meant to evaluate the safety and efficacy of a new system being developed by Bothell-based EKOS Corporation, which combines ultrasound with clot-busting thrombolytic drug therapy (tPA), delivered through a microcatheter directly into a stroke patient’s clot, to help in the evacuation of a hemorrhage.

“Dr. Newell was so encouraging and felt that Ray would be a perfect candidate,” remembers Michelle. Dr. Newell arranged to have Ray transferred from the Tacoma hospital to Swedish early the next morning, taking time to explain to Michelle the experimental process involving the microcatheter that he would perform, with the intention of helping to dissolve the clot in Ray’s brain.

Three days following the surgery, Ray woke up with the ability to speak clearly. After spending five days in the ICU, he was moved to the physical therapy floor, and within two weeks he was discharged. “Mentally he was still recovering, but physically he had no loss of function,” says Michelle. Two months of outpatient physical, occupational and speech therapy — and a lot of determination on Ray’s part — saw him back in his patrol car.

“I know that Ray is alive today because he was given the gift of being part of the SLEUTH study,” says Michelle. “Statistics showed that Ray shouldn’t be here today, and that if he did survive, he would have significant brain damage. But thanks to Dr. Newell and SLEUTH, Ray is not a statistic.”

Since its establishment in 2004, the Swedish Neuroscience Institute, under the leadership of Dr. Newell and Marc Mayberg, M.D., has become a national leader in utilizing advanced technology to help diagnose and treat a wide array of neurological conditions. As the Baby Boomer generation continues to age and diseases of the brain and nervous system affect a growing population, SNI’s skilled team of...
neurologists and neurosurgeons is more focused than ever on pursuing the latest treatment breakthroughs. One of these breakthroughs is the use of low-frequency, low-intensity ultrasound as a therapeutic treatment for brain disorders — a departure from the typical use of ultrasound as a diagnostic tool.

“The field of ultrasonography for brain disorders is a rapidly-expanding area of medical science that has the potential to improve the treatment of several serious neurological conditions — from stroke to brain tumors,” says Dr. Newell.

Dr. Newell and his colleagues have done important research in the field of ultrasonography and are committed to increasing the number of ultrasound applications available at SNI that offer noninvasive therapeutic alternatives to traditional treatment. Active participation in clinical trials of these life-saving applications, like the SLEUTH study, is key to making them available to patients like Ray Blackwell.

In spring 2013, SNI became one of just a few sites in the nation to offer three emerging ultrasound technologies: sonothrombolysis for intracerebral hemorrhage, sonothrombolysis for acute ischemic stroke and MRI-focused ultrasound for the treatment of brain lesions under research protocols — each of which has great potential to improve the quality of life of neurological patients in our community.

**SONOTHROMBOLYSIS FOR HEMORRHAGIC STROKES**

Stroke is the fourth leading cause of death in America, and can be characterized in one of two ways: intracerebral hemorrhagic (ICH) or acute ischemic stroke. Sonothrombolysis, a new non-invasive treatment in which ultrasound pressure waves travel through tissue and induce a mechanical force that causes tissues to displace or strain, shows great promise for the treatment of both types.

The first type of stroke, which Ray Blackwell suffered, occurs when there is bleeding into brain tissue that kills brain cells. ICH is a devastating condition that affects more than 100,000 Americans each year, and is fatal about 50 percent of the time. In approximately 40 percent of ICH cases, bleeding extends into the brain ventricles, causing intraventricular hemorrhage (IVH) and increasing mortality to 80 percent.

There wasn’t hope for an effective medical therapy for treating ICH and IVH until the EKOS Corporation came along. As a result of the success of the 2008-2009 SLEUTH study, EKOS received a $2.7 million grant from the National Institutes of Health in 2010 to further develop its microcatheter system. This minimally-invasive treatment option, which will be studied further, provides hope that stroke survivors return home and resume their normal activities more quickly than ever before.

“With the EKOS ultrasound, tPA can dissolve and drain out clots up to three times faster than when tPA was used alone in experimental protocols,” says Dr. Newell. He adds that a new, more efficient microcatheter design is ongoing and a safety trial, in which SNI will participate, is planned for early 2014.

**SONOTHROMBOLYSIS FOR ACUTE ISCHEMIC STROKE**

Acute Ischemic Stroke occurs when the blood supply to part of the brain is obstructed due to atherosclerosis — a disease of the arteries characterized by fatty deposits on their inner walls — or a blood clot that has blocked a blood vessel. In the case of ischemic stroke, clinical studies have shown a dramatic improvement in the ability to dissolve blood clots and restore blood flow in the brain utilizing sonothrombolysis. In these instances, ultrasound energy is applied during conventional tPA thrombolytic therapy, during which tPA is administered intravenously within three hours of the stroke.

Redmond-based Cerevast Therapeutics has made important contributions to this emerging technology by developing an innovative ultrasound device for the treatment of ischemic stroke, called the Clotbust-ER. The device is a sonothrombolysis headframe system that delivers low-level transcranial ultrasound to increase the effectiveness

“The field of ultrasonography for brain disorders is a rapidly-expanding area of medical science that has the potential to improve the treatment of several serious neurological conditions — from stroke to brain tumors.”

David Newell, M.D.
Chief of Neuroscience
Swedish Neuroscience Institute
of tPA in breaking down blood clots and reducing the effects of ischemic stroke.

The device features multiple ultrasound transducers incorporated into a battery-operated headband, which are designed to self-align based on common landmarks on the skull. The ultrasound parameters are controlled by software, which allows the device to deliver the consistent therapeutic levels of ultrasound energy necessary to improve a stroke patient’s outcome, without the need for a sonographer or vascular technician. Since timeliness is an essential factor when treating stroke, this represents a major advancement. The device can be rapidly and easily deployed by virtually any emergency room staff member to safely administer the ultrasound energy for sonothrombolysis therapy.

Currently, Cerevast is preparing to further test the Clotbust-ER through the launch of a Phase III Acute Stroke Study — up to a 60-center, 14-country trial, in which SNI will be a participant. William Likosky, M.D., director of the Swedish Stroke Center, will serve as the principal investigator of the study. “The study will prove or disprove the effectiveness of the Clotbust-ER to see if it will become a standard of care for stroke,” says Dr. Newell.

Another exciting treatment breakthrough is Focused Ultrasound (FUS), which is described by the Focused Ultrasound Foundation in the following way: Imagine turning up the volume on your stereo and nearby objects starting to vibrate. If an object can’t vibrate freely, it transforms the sound-wave energy into heat. That’s the basic principle behind FUS.

Normally the amount of heat produced by ultrasound is insignificant, but when a series of narrow ultrasound beams is focused together on a single point within the body — “picture 1,000 spotlights focused on someone standing on stage,” describes Dr. Newell — that spot will heat up, just as if you were using a magnifying glass to burn a hole in a piece of paper by harnessing the sun’s rays. FUS gives physicians the ability to target precise amounts of heat and vibration at a minute spot within the body or the brain, with pinpoint accuracy. The heat and vibration can be used to destroy or break up diseased or damaged tissue or to release a drug at a specific location, without invasive surgery or radiation.

For maximum accuracy, FUS is combined with another longstanding technique — Magnetic Resonance Imaging (MRI). Using MRI, a clinical team can create a detailed image of the targeted area, which they can then use to plan the FUS procedure in great detail, precisely identifying tissues to be treated and areas to be avoided. During the treatment, the MRI provides real-time guidance, allowing the team to monitor tissue temperature and to adjust treatment as necessary. Once the procedure is completed, the MRI can be used to confirm its effectiveness and to determine if re-treatment is necessary. Together, the two technologies have exciting potential for treating a wide variety of brain disorders.

Swedish is preparing to become a major clinical force in MRI-guided FUS brain research, thanks in part to a new state-of-the-art, $1.5 million system called the InSightec ExAblate Neuro. The device was installed in the Radiology department at the Cherry Hill campus this spring, after being purchased with $740,000 in gifts from the community, including a $375,000 gift from Seattle developers David and Sandy Sabey and the Sabey Corporation.

“The ExAblate Neuro integrates high-intensity FUS surgery with continuous MRI to enable physicians to treat neurological disorders through an intact skull,” says Dr. Newell. Patients are treated on an outpatient basis, with a low rate of complications in those treated so far, and are expected to return to normal activity within a day or two.

According to Israel-based InSightec — which developed the ExAblate Neuro — clinical studies to date using the system show that patients, many of whom suffered for years from neurological disorders including tremor, experienced immediate symptom improvement. These patients are now better able to conduct their daily activities and are also less dependent on caregiver support.

Currently, SNI is gearing up to add to these promising research findings by launching patient studies for essential tremor — a neurological condition that
causes rhythmic shaking in areas of the body including the hands and head — using the ExAblate Neuro.

“In the next several months, we will be one of five national clinical testing sites to participate in a Phase III multicenter randomized trial of focused ultrasound for essential tremor,” says Dr. Newell. He notes that Swedish is a natural fit for conducting the trial and for taking a leadership role in this research: “We are already the most experienced and busiest site in the world for treating patients with essential tremor with minimally-invasive Gamma Knife radiosurgery under Dr. Ron Young, and we also have an active Deep Brain Stimulation program and medical movement disorders program for treating these patients.”

Patient response to the trial is expected to be strong, according to the Swedish Neuroscience Institute’s Ryder Gwinn, M.D., an epilepsy and movement disorder neurosurgeon and principal investigator for the study. “We believe that there will be a large patient population who will be interested in pursuing focused ultrasound treatment for this condition,” he says.

Dr. Gwinn adds that SNI is also in the planning stages of trials for Parkinson’s tremor, epilepsy, metastatic tumor and intracerebral hemorrhage using MRI-guided FUS.

To add to SNI’s capabilities and expertise, the Institute recently welcomed a new neurosurgeon, Stephen Monteith, M.D., an expert in MRI-guided FUS. Dr. Monteith, together with Dr. Newell, oversees coordination of SNI’s ultrasound research and clinical treatment programs, as well as hospital planning and development.

**CREATING A CENTER FOR ULTRASOUND RESEARCH AND TREATMENT**

The expertise and involvement of SNI physicians in the area of ultrasound treatment for brain disorders, and the location of SNI in a city that is regarded as a national leader in ultrasound technology, makes Swedish an ideal site for continued participation in clinical studies, like those described above.

Dr. Newell and the SNI team plan to establish a Center for Ultrasound Research and Treatment for Brain Disorders at Swedish that will make SNI one of few sites in the country where patients will have access to emerging minimally-invasive ultrasound therapies at an early stage in their development. And continued donations from generous community members will make this possible.

The Swedish Medical Center Foundation is seeking community support to create the new Center for Ultrasound Research and Treatment for Brain Disorders at Swedish. Financial gifts will be used for important functions such as establishing ultrasound research and treatment fellowships to train the best and brightest neurosurgeons, hiring a comprehensive team of research staff to support a high volume of clinical trials, and purchasing ultrasound technology equipment needed for clinical trials. Ongoing community support will help ensure not only that the Center runs smoothly, but also that Swedish remains at the forefront of the rapid progress being made in the field of ultrasound treatment for the brain. More importantly, it will improve the treatment options available to neurological patients throughout the Pacific Northwest and beyond.

“We are pioneering these treatments at Swedish, which is a huge deal worldwide,” says Dr. Newell. “There is an opportunity to help support this research and take it to a point where the treatments are approved and can save lives and decrease disability. And philanthropy will accelerate this process.”

“The new Center represents an opportunity for Seattle and SNI to make medical history,” Dr. Newell continues. “Our hope is that SNI becomes known as a destination for the most advanced neuroscience treatments.”

For more information about making a gift to support the creation of a Center for Ultrasound Research and Treatment for Brain Disorders at Swedish, please contact Colleen Bromen, assistant director, major gifts, at (206) 386-3327 or colleen.bromen@swedish.org.

Writer Jennifer Schaefer is a frequent contributor to Impact. She can be reached at schaefer.jen@gmail.com. Rosanne Olson is an award-winning photographer and published author. To learn more, visit rosanneolson.com.
Statement of Revenue and Expenses
(Year ending December 31, 2012)

REVENUE
Net amount received from patient care services $1,828,703,000
Other operating revenues and income $67,726,000
Unrestricted contributions 2,213,000
Total revenue and support $1,898,642,000

EXPENSES
Operating expenses $653,782,000
Salaries and benefits paid to employees $1,018,673,000
Depreciation, which represents the cost of use of buildings and equipment 151,303,000
Interest expense on borrowed funds 37,050,000
Total expenses $1,860,808,000

Initial funds available to be invested toward the health care needs of the community 37,834,000
Gain on investments in stocks and bonds 306,311,000
Impact to organization’s reserve funds 344,145,000

TAXES PAID
Property taxes $446,000
Employer’s share of payroll taxes 53,091,000
Business and occupancy taxes¹ 25,429,000
Sales and use tax – direct 49,721,000
Total taxes $128,687,000

COMMUNITY BENEFIT
Health-related research $10,473,121
Community health activities and non-billed services 4,818,785
Charity care 35,919,842
Medical education 11,144,508
Medicaid subsidy 61,390,940
Total $123,747,196

FOUNDATION 2012 CONTRIBUTIONS FROM ALL SOURCES
Unrestricted $2,213,000
Restricted 11,557,000
Event revenue 1,679,000
Marsha Rivkin donations 1,681,000
Total ¹⁰ $17,130,000

¹Sales tax are also paid when merchandise is purchased. These taxes are included with the cost of the merchandise and are not tracked separately. We estimate 2012 sales tax paid with merchandise purchases to be approximately $6,000,000.
¹⁰The total figure is based on the discounted value of long-term pledges.

Swedish Medical Center is classified as a not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code. In accordance with this status, Swedish provides more than $123 million in charity care and other community benefits. Any excess revenue over expenses is reinvested into the medical center, allowing Swedish to continue providing the community the best possible health care.

By the Numbers

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28th Annual Celebrate Swedish raises more than $3.3 million

Donors show major support for The Lytle Center and charity care.

On April 27th, more than 900 guests and volunteers joined together at the stunningly-decorated Grand Ballroom of the Sheraton Seattle Hotel for Celebrate Swedish 2013. Chaired by Sarah Everitt, Tracy Morris and Jessica Hughes, guests enjoyed an evening of silent and live auctions, dinner, dancing and entertainment in support of Swedish’s charity care program and the 2013 Fund-A-Need project, the Lytle Center for Pregnancy & Newborns.

The Lytle Center, which opened on July 31st, is a new, unique community resource that provides comprehensive care to families and newborns during pregnancy, and through the first days and months of a new baby’s life.

The Center serves as a warm and welcoming gathering place, offering services and support in three main areas: parent education, breastfeeding, and postpartum mood disorders. It is located at the south entrance of the hospital with a convenient drop off and pick up area for new mothers. In addition, the Center also features a retail area for maternity and newborn necessities, an inviting living room space for families and support groups, and a fun and colorful outdoor children’s playground space.

Former patient Tracy Morris spoke at the event, describing her life-changing experiences of delivering her babies at Swedish. “We could never repay the debt we owe to the doctors and nurses at Swedish. How do you put a value on your child’s life? Alexandra starts kindergarten next year and she is one of the happiest five-year-olds I’ve ever known. She is alive because of this Swedish village.”

Thanks to generous support from corporate and community donors, Celebrate Swedish raised $2.6 million for The Lytle Center for Pregnancy & Newborns, and $700,000 to support the charity care program at Swedish. Since its founding in 1910, Swedish has committed to providing care to all patients in need, regardless of their ability to pay. This program is an important resource for supporting the uninsured and underinsured patients in our community.

Swedish would like to thank Chuck and Karen Lytle, Dr. Charles and Lisa Simonyi, Pediatrix/Obstetrix, and Mark and Sarah Everitt, whose generous leadership gifts helped make The Lytle Center a reality. Swedish also appreciates the support of Wells Fargo, the gala’s lead sponsor for the 16th consecutive year, and platinum sponsors CellNetix Pathology & Laboratories, FirstChoice Health, Physicians Anesthesia Service, Seattle Radiologists and Sellen Construction.

Celebrate Swedish 2014 is scheduled for April 26th and will be held at the Sheraton Seattle Hotel. To learn more about sponsorship opportunities, please contact Karen Chan at (206) 215-2235 or email karen.chan@swedish.org. To learn more about The Lytle Center, please contact Jennifer Blume at (206) 386-3348 or email jennifer.blume@swedish.org. You may also visit the Foundation’s web site at www.swedishfoundation.org/lytle-center.
Foundation launches
Honor Your Caregiver program

Swedish patients celebrate the compassion and commitment of our caregivers.

At Swedish Medical Center, health and safety are at the center of everything we do. Each day, our physicians, nurses — in fact all of our staff, from our shuttle drivers to our facilities team — strive to do their part to provide our patients with the very best possible experience when they visit.

In celebration of the caregivers who make a life-saving difference every day, the Swedish Foundation has launched a program for patients to directly thank their caregiver by making a gift in his/her honor. Since launching this program in January, we’ve heard amazing stories from all Swedish campuses. At right are just a few messages from some of those grateful patients.

Perhaps you have someone in mind who positively impacted your care experience. A nurse? A physician? The best way to thank your caregiver, or Swedish as an institution, is to make a gift to the Swedish Medical Center Foundation. Caregivers will be recognized among their peers for the important role they played in making our patients’ experiences better.

To honor your caregiver, please contact Ashley Petty at ashley.petty@swedish.org or (206) 215-2217.

New web site enables donors to honor loved ones or caregivers with personal pages

Would you like to celebrate the life of a loved one and enable others to make gifts to Swedish in their honor or memory? Or maybe there’s someone special at Swedish — a talented and skilled physician, a dedicated nurse or therapist — who made a difference in your care, or that of a loved one, when it was needed most?

Launched this June, a new web site, swedishtributegifts.org, enables people to create personal web pages to honor loved ones or to show appreciation for Swedish caregivers, recognizing those who exemplify kindness, compassion and a commitment to patient health.

Personal pages are easy to create. After a simple registration process, users can create a page by adding a photo and personal story. Users will be able to edit their page, and email the link to friends and family.

Donations of all sizes make an incredible impact on Swedish programs and services. When donations in honor of a loved one reach $5,000, the honoree’s name is commemorated in a special section of the “Walls of Honor” located at each Swedish campus.

Caregivers will be notified and given special recognition when gifts are received in their honor. They will also be listed on the Swedish Caregiver Honor Roll page on the web site.

For questions about how to create your page, or specific projects your page can support, please contact Ashley Petty, assistant director of annual giving, at (206) 215-2217 or ashley.petty@swedish.org.
alk to any retired person these days and they will say they are busier than ever. Michael Hart, M.D. and Terry Hart, Ph.D., are no exceptions. These Swedish Legacy Partners are making the most out of retirement by staying active and healthy, stimulating their intellects and staying engaged with Swedish Medical Center.

During his 34-year surgical career at Swedish, Mike spent long hours in the operating room, taking call, and developing Swedish’s renowned surgery residency program. He served on the boards of several national surgical associations, as well as internal committees at Swedish. His wife, Terry, raised their three kids and earned both Master’s and Ph.D. degrees in psychology. As she puts it, “a surgeon’s wife has to become an independent person and school was my outlet.” She continues to work three days a week as the pre-school psychologist/coordinator for the Mercer Island School District.

Retired since last June, Mike says the biggest surprise is how much he enjoys “the little things, like drinking coffee and reading The Seattle Times and The New York Times every morning.” He estimates he’s read at least 20 books since retiring and enjoys having time to exercise daily.

Although Terry doesn’t plan to retire for a few more years, her part-time schedule and summers off allow them to enjoy more time together. “When Mike retired, I didn’t think we should ‘go gently into that good night,’ so to speak,” she says.

She decided that trying something completely new as a couple would be fun, so she signed them up for a summer course on “The Aging Mind and Body” at Harvard University. Although they audited the course, both wrote lengthy research papers to challenge themselves. They also enjoyed the experience of living in a high-rise apartment for the first time and commuting via the “T.”

More travel is also on their agenda. Last fall’s trip to Paris was a highlight and they’ll celebrate their 45th anniversary with a cruise in Norway this summer. They enjoy spending more time with their six grandkids, ages two months to nine years. “It seems we spend all our free time at little league games,” they joke. To keep connected to the medical community, Mike joined the Swedish Community Board, serves on the search committee for the new chief executive of Swedish, and is the board representative to the Medical Executive Committee.

Mike and Terry made a bequest commitment to Swedish during The Campaign for Swedish that will support the surgery residency program, providing “extras” such as international experiences and an annual retreat. Terry recalls their own struggles during Mike’s residency at Yale. At that time, all residents had to participate in a three-month international experience at the Hôpital Albert Schweitzer in Haiti. But they had to pay for their travel and accommodations not only for themselves, but their children as well. “On top of his 80 hour week as a resident, Mike had to moonlight at an emergency room on his free weekends to save up so we could all go to Haiti,” Terry remembers.

Mike and Terry agree that this life-changing experience left a lasting impression, and they want their gift to allow future residents to have similar experiences without struggling financially. Mike adds that their bequest also resulted because “I’m grateful for my career at Swedish. I had the opportunity to really achieve more than I thought possible professionally, and I wanted to give back.”

Does he miss the challenge and adrenaline rush of the operating room? “Not really, especially not being on call,” he says with a laugh. Mike and Terry hope that this next chapter will be an especially satisfying one for them.

A special invitation for Summit Club members and Swedish Legacy Partners

Michael Hart, M.D. and Terry Hart, Ph.D. will present an interactive lecture for Summit Club members and Swedish Legacy Partners on “The Aging Mind and Body” on Tuesday, October 22, 2013. The Summit Club recognizes donors who contribute $1,500 or more per year to Swedish Medical Center; Swedish Legacy Partners include individuals who have made provisions to Swedish in their estate plans. For event information, please contact Jennifer Nolte at (206) 386-2711 or jennifer.nolte@swedish.org.
Saul Rivkin, M.D. retires after 42 years at Swedish.

Following a 48-year career in medicine, Saul Rivkin, M.D. officially retired from his clinical practice at Swedish in July 2013. Dr. Rivkin joined Swedish in 1971 as one of the hospital’s first medical oncologists. He received his doctorate from the University of Washington School of Medicine in 1964.

In the 1970’s, Dr. Rivkin was a leading force behind the establishment of a clinical research program at the Swedish Cancer Institute. During his 42-year career at Swedish, his clinical research accomplishments have been considerable. He has been repeatedly and nationally recognized for his landmark work in adjuvant treatment for early-stage breast cancer. In addition, he has been responsible for the clinical introduction and adoption of several important investigational cancer drugs.

“Saul’s influence in developing the fundamental, ongoing philosophy of personalized cancer care at Swedish is profound,” says Thomas Brown, M.D., executive director of the Swedish Cancer Institute. “For Saul, and everyone at Swedish, involvement with leading-edge clinical research is synonymous with the best possible care delivery. Dr. Rivkin leaves a legacy of compassionate and dedicated care for his patients; a legacy that will continue to inspire all of us at the Swedish Cancer Institute.”

In 1989, Saul’s wife, Marsha, was diagnosed with late-stage ovarian cancer. Marsha passed away in 1993, and Saul recommitted his work to encourage development of new treatments, early detection, and prevention of ovarian cancer. In partnership with Swedish and the Fred Hutchinson Cancer Research Center, he established the Marsha Rivkin Center for Ovarian Cancer Research in 1996. With his guidance, the Rivkin Center grew to become a catalyst for national and international efforts in all fields of ovarian cancer research. In partnership with Swedish, the Rivkin Center has raised and invested nearly $14 million in research to date.

Dr. Rivkin’s greatest achievement might be best expressed by the continual accolades and outpouring of gratitude given by his patients, their friends, and families. He was known for his selflessness, dedication, and compassion. Stories abound of his stamina, his aggressive “never give up” style of fighting cancer, his accessibility (he gave every patient his cell phone number), and his very personal connection with his patients. His fans are many, they are passionate, and they are thankful.

While Dr. Rivkin might be retiring from Swedish, he will remain an essential part of the Rivkin Center team, providing critical guidance as the Center continues its mission to save lives and reduce suffering through improved treatment, early detection, and prevention of ovarian cancer.

To honor his remarkable clinical career and help fulfill his great ambition to grow and prioritize the national research focus on ovarian cancer, the Rivkin Center has announced the creation of the Saul Rivkin Innovation Fund. With an initial goal to raise $1 million, this new fund aims to provide the Center the flexibility to rapidly support emerging research projects, quickly develop opportunities, and support other essential projects that lie outside the scope of the Center's traditional, long-term grant-making programs.

“My life’s work has been committed to healing and helping people with cancer, and Swedish has supported me in every step,” says Dr. Rivkin. “Finding a cure for ovarian cancer is my dream and I will continue to work towards that goal for as long as I am on this earth. I am forever grateful to those who have supported me on this journey.”

To learn more about the Saul Rivkin Innovation Fund, contact Gaynor Hills at (206) 215-2204 or gaynor.hills@swedish.org.
Planning

your legacy gift can benefit you and the health of our community.

When you make a legacy commitment to Swedish Medical Center Foundation, you are making a commitment to benefit the health and well-being of our community for years to come. Did you know that your legacy gift could also benefit you and your family?

A Charitable Gift Annuity not only provides a future gift to Swedish Medical Center, but also pays you and/or your spouse a fixed income for life! Gift annuities are simple to establish and benefits include:

- Fixed income for life for you and/or your spouse based on your age
- Partially tax-free income
- A charitable income tax deduction when you set up the annuity
- A future gift to benefit Swedish Medical Center

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To request a free, no-obligation, personalized gift annuity calculation, please contact Andrea King, director of planned giving, at (206) 386-3379 or andrea.king@swedish.org.

You may also create your own calculation on the planned giving web site: www.swedishfoundation.org/planned-giving.

*Rates for single-life annuity as of January 1, 2013. Rates may be subject to change.
Proceeds from this year’s Imagine Gala will be used to support the construction of a new, advanced emergency department at Swedish/Edmonds. This project is part of a larger campus expansion initiative that will significantly enhance the services and comfort available to local patients. The new emergency department will have a substantial impact on the health of our community by providing ready access to state-of-the-art emergency care to all patients, regardless of their ability to pay, just minutes from home.