The Spirit of St. Luke's

St. Luke's commits to crisis intervention
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Cover
Inset top
Marcia Williams stands outside the tent that was her office for the two weeks she
served as a Red Cross mental health worker helping hurricane victims in Florida.

Middle
A scene of devastation in the aftermath of Hurricane Andrew in Florida.

Inset bottom
Dr. Paul E. Seifert, trained to implant an experimental cardiac support system
which keeps patients alive between heart transplants, in surgery.
Winter 1992

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St. Luke’s commits to crisis intervention . . .

... in the hospital, in the community and beyond

What is a crisis? Is it an emergency room filled with distraught relatives of car crash victims? Is it the scene of a major apartment house fire where children’s bodies are being carried out? Is it the painful memory of losing a loved one? Is it the aftermath of Hurricane Andrew with thousands of people crammed together into tents after they’ve lost their homes and everything else they owned? Or is it the unforgiving mental fatigue that results from caring for others day after day with no time for yourself?

Each of these situations could be described as a crisis. Yet each one is different and affects each person involved differently. There is, however, one common denominator in all these experiences: if the people involved in a crisis do not deal with the experience adequately—whether they are victims or helpers—it is likely that they will be affected negatively in the future. Perhaps they will not sleep well. They may have nightmares or break into tears at a moment’s notice. They may withdraw or develop a variety of physical complaints. Maybe they will push themselves harder and harder until they reach a stage of near collapse. They may become irritable or less effective at their jobs. Their family relationships may suffer. They may turn to an addictive substance such as alcohol or drugs to block out memories. And when the next crisis occurs, their ability to deal with it may be compromised drastically.

All of us encounter occasional emergencies; however, how would...
"Too often people who are trained to be caregivers don't want to admit how much they've been affected by a disaster. Increasingly, evidence supports immediate intervention as an important step in modifying the final outcome for the person."

—Marcia Williams, R.N., M.S.N.

you cope if your job involved facing crises on a regular, sometimes daily, basis? How would you feel if you had to take care of disaster victims? If you always needed to be strong and efficient and knowledgeable—even in the face of the most heart-wrenching tragedies? You might be in this situation if you were an emergency room nurse or a doctor or a firefighter or a police officer or a paramedic. You would be expected to remain calm and in control. You would be expected to take care of other people, but would you take care of yourself? No matter how committed or stoic you are these experiences would take their toll.

St. Luke’s is attempting to lessen this inevitable toll—not only for its own personnel but for the “first responders” (those who encounter a critical event and must take care of victims) in this community and for victims and responders beyond our own community. Leading this effort is Marcia Williams, R.N., M.S.N., a clinical nurse specialist, who focuses on the mental health needs of both groups.

Her practice focuses approximately one-half within the hospital and one-half in the community. Within the hospital, she works with patients and their families and emergency room staff members. In the community, she works with police, firefighters, paramedics and others who look after victims at the scene of a crisis. She also works with grieving families.

She says, “My role frequently crosses over from the community to the hospital. But, whatever I do, it is from a mental health viewpoint. I go in with my team members and do a defusing or debriefing to try to help people put a crisis in perspective.”

She explains, “The goal during a debriefing process is to bring the people involved back through the event and help them look at it from a distance, help them understand what a normal response is, and very importantly, give them permission to feel what they’re feeling.”

Debriefing usually takes one to two hours and involves several key steps, including giving people the opportunity to tell their stories and share their thoughts and feelings. The goal of a debriefing is to put the incident in perspective and let the people know that their feelings are normal and shared by others involved in the incident.

Defusing is frequently a prelude to debriefing and provides a more informal opportunity immediately after an event for those involved to vent their feelings.

Marcia points out, “Too often people who are trained to be caregivers don’t want to admit how much they’ve been affected by a disaster. Increasingly, evidence supports immediate intervention as an important step in modifying the final outcome for the person. If we can get to someone within 48 to 72 hours of a traumatic event and help them deal with what has happened, we not only can change their long-term response to the event but we may be able to shorten their recovery time. Leading a person back through an event is really valuable.”

She remembers working with a woman who had witnessed the death of three people. Her own life
was also in danger. About a week after the event she began to have nightmares and disturbed sleep. She was referred to St. Luke’s and Marcia debriefed her. Later the woman told Marcia that her nightmares of a trauma taking place right in front of her changed after the debriefing to an explosion happening far away while she stood on a hill and watched. Marcia points out that the debriefing distanced her from the event.

**Hospital intervention**

Marcia’s core crisis intervention team at the hospital consists of Pat McGinnis, Patty Bowen and Bette Frangesch, all registered nurses in the Emergency Department who have been trained to identify problems and assist in the debriefing process. Pat McGinnis says, “When I see that an incident is having a profound effect on our department, I identify the need for support and set up a debriefing or defusing.”

Pat points out that needs can vary from situation to situation. Sometimes they are obvious, as in the case of extreme violence or when children are involved. Perhaps a child or other close family member has died suddenly and the family is very emotional or angry. Sometimes the situation may not seem terrible on the surface, but it may have a particularly dramatic effect on a staff member who identifies with a bad past experience.

She says, “Sometimes staff members just need to deal with the volume of crisis situations they have been facing during a particularly intense time. But, whatever the crisis, people need to talk. My role is to be continually aware of how our staff members are handling the stress they encounter every day.”

Staff members send out different signals. Pat says, “It may be a nurse saying ‘Boy, we haven’t had a day like this in a long time’ or ‘I really threw me when we had to put an IV in that injured child’ or ‘Last night I just kept waking up all night long.”’

When Pat or the other team members identify a problem, the next step is to work with Marcia to set up a debriefing to help those involved deal with the problem. Pat says, “Our efforts make a world of difference. In the three years we have been actively doing crisis intervention, we have helped many hospital staff members cope with the stresses of their jobs. Everyone agrees that their morale and ability to handle stress have improved dramatically.”
"In the three years we have been actively doing crisis intervention, we have helped many hospital staff members cope with the stresses of their jobs. Everyone agrees that their morale and ability to handle stress have improved dramatically."

—Pat McGinnis, R.N., Crisis Intervention team member

**Community intervention**

In addition to her hospital responsibilities, Marcia is currently the clinical director for the Traumatic Incident Resource Committee for the American Red Cross, providing support to first responders when a critical incident occurs in the community. A critical incident is defined as an event that is outside of the usual human experience and is emotionally difficult. The death of children in a fire may be dramatic enough for firefighters to need some intervention. Other examples might be particularly violent deaths, the sheer number of deaths or the serious injury or death of a peer.

Dan Gengler, deputy chief, the Milwaukee Fire Department, recalls that Marcia’s involvement was very important when a department recruit died accidentally in the course of her training. He says, “Within an hour after the accident, we held our first defusing with the 40 people who were involved. The next morning Marcia and other team members conducted an entire day of defusings and debriefings. The result was that instead of being in shock and numbed by the experience, they all felt a need to get on with their training. Consequently, they had a productive reaction to a tragic event.”

Dan goes on to emphasize the importance of crisis intervention for firefighters. He says, “Marcia Williams from St. Luke’s has been very instrumental in advising us on how to have a successful program. She has helped us identify areas where there were training needs and provided insights into what we should be looking for.”

Jay Wallace, director of disaster services for the American Red Cross, talks about the Traumatic Incident Resource Committee which Marcia Williams helped set up and on which she serves as a mental health professional. He says, “Almost two years ago we came together as a multi-agency group because we knew there was a lack of organized response in providing critical incident stress debriefing for emergency workers in Milwaukee County. The Red Cross became the anchor agency and since February 1992, we’ve been fully operational, providing critical incident stress debriefing to first responders. We work with the fire and police departments, private ambulance personnel, Red Cross disaster workers, Red Cross life guards, dispatchers, emergency room personnel, doctors, nurses, ambulance personnel—anyone who deals with people in crisis.

“Even though these people may be exposed to trauma on a daily basis, there’s always stress that builds up over time and needs to be addressed. The specific situations we identify as critical incidents vary greatly. It may be the death of a colleague in the line of duty. It may be...
the death of a child or multiple fatalities. It may be a situation where someone was trapped and needed to be extricated. A critical incident may result from an abundance of media attention or from other factors in a worker’s personal life. Even the most seasoned veteran emergency worker has a stress threshold. The whole idea of critical incident stress debriefing is normalizing their response.”

St. Luke’s outreach touches hurricane victims
Marcia’s involvement with the fire department and the Red Cross Traumatic Incident Resource Committee underscores St. Luke’s commitment to the Milwaukee community, but St. Luke’s has taken a step beyond this which is unusual for a local hospital—that of providing support in a community beyond Milwaukee. In mid-October, St. Luke’s sent Marcia Williams to Homestead, Florida, to work for two weeks with the victims of Hurricane Andrew.

In Florida, she spent six days a week (approximately 12 hours a day), working with both hurricane victims and Red Cross staff offering services to these victims. She was stationed in a large Red Cross tent where she worked with both groups. “It was an incredible experience,” she says. “I was horrified that the damage was still so bad. Even six weeks after the hurricane, the whole area was like a war zone. It was hot, humid, dusty, and helicopters whirred overhead.”

A major focus of her work was the staff, exhausted from an intense schedule for a long period of time. Consequently, she spent a significant amount of her time debriefing them.

She says, “The staff was fantastic and the clients were very courageous. These people had an amazing degree of strength after what they had lived through.” She said that many people lost their homes and all...
"We have always had a commitment at St. Luke's to serve the community in whatever way we can. Our work with the fire and police departments and the Red Cross is an important part of this commitment."

—Vicki George, vice president, chief nursing executive

their possessions. They were living in a temporarily constructed “tent city” for weeks with no privacy and few amenities.

Marcia has countless stories about destitute families surviving under the most trying of circumstances. She talks of families who have been too worried too long; people who have lost their jobs because they were unable to get to work or because their place of business was destroyed; people who are worried sick about how this experience is affecting their children; and people whose personal and financial problems have intensified in the hurricane’s aftermath.

She recalls several specific situations. She remembers a middle-aged mother and a particularly stoic father who came in with their young child. These people had had no privacy for six weeks. They had been sharing a tent with other families. They had no phone or car or bathrooms or jobs or home-cooked meals. The husband was the strong, silent type while his wife’s eyes brimmed with tears the whole time they talked with the intake worker.

Marcia says, “I took her aside for about an hour and let her tell her whole story from beginning to end and express the frustration she felt because she didn’t know where to turn for help and she could see no end in sight to her troubles. I tried to give her hope and discuss her options. She was typical of many, many people I saw.”

Marcia also remembers an urgent meeting with a man who was suffering from delayed post-traumatic stress symptoms. He had been in Vietnam and had been a POW for three years; yet these traumatic experiences never really hit home until he found himself on his belly in a puddle of water with mobile homes and debris flying over his head during Hurricane Andrew. Now, 15 years later, he was having terrible flashbacks.

One day Marcia and some fellow Red Cross workers went to the Everglades to visit a community that had been cut off from everyone for six weeks. No one knew about them because all lines of communication were down. Marcia says, “Our focus with these people was very basic. How did they sleep? How were the kids? Did they have enough food to get through the day? Did they know where to go for medical help?” She discovered that when people were reluctant to talk about themselves, they might be very willing to talk about their children and pets. When

(above) Tent cities such as the one pictured were constructed to provide temporary shelter for those left homeless by Hurricane Andrew.

(inset) Marcia Williams displays a T-shirt that commemorates her work as a Red Cross volunteer helping victims of Hurricane Andrew.
"A hospital does not exist in a vacuum. It exists in a community and its mission should be to help in whatever way it can. St. Luke’s commitment to the community is expressed in everything I do."

—Marcia Williams

A Red Cross “office” tent in Homestead, Florida.

The stories go on and on. Because of St. Luke’s willingness to support Marcia in this effort, many people were helped and Marcia brought back to Milwaukee a greater understanding of how to provide support to people going through this kind of a long-term crisis.

St. Luke’s commitment to crisis intervention

Why has St. Luke’s chosen to extend itself beyond the walls of its hospital into the Milwaukee community and even to those in need in a distant state? Vicki George, vice president and chief nursing executive of St. Luke’s Medical Center, says, “It is very important for a hospital to reach out to the community it serves. We have always had a commitment at St. Luke’s to serve the community in whatever way we can. Our work with the fire and police departments and the Red Cross is an important part of this commitment.”

She goes on to explain the decision to send Marcia Williams to Florida. She says, “When Marcia approached me about working with the Red Cross in Florida I knew it made a lot of sense—not just from the standpoint of our moral obligation to help those in need but from the viewpoint of the educational experience Marcia would be able to bring back to Milwaukee.”

Vicki emphasizes that St. Luke’s community outreach efforts are really a tribute to Marcia. She says, “Marcia is a truly unique individual, a nurse with expertise and training in an area where there are real needs. Having Marcia and her team members here provides an opportunity for St. Luke’s to reach out into the community and offer services at the point of crisis where hospitals typically can’t respond.”

St. Luke’s reputation as a resource for this kind of crisis intervention is spreading. The word is getting out that St. Luke’s will be there to support the community during a crisis.

Marcia Williams says, “A hospital does not exist in a vacuum. It exists in a community and its mission should be to help in whatever way it can. St. Luke’s commitment to the community is expressed in everything I do. This is a unique position for a hospital to take and I’m glad I’ve had this wonderful opportunity to help so many people who are doing so much good in our community.”
New technology at St. Luke’s keeps hearts beating

At one point, it seemed as if Debby Stivers had everything working against her. She was only 34 years old but, as a result of rheumatic fever as a child, her heart was failing rapidly. She vividly recalls the time about a year and a half ago when she started feeling worse every day. She was very weak and started to have many small strokes. Debby was being treated in Springfield, Illinois, close to her hometown of Taylorville, but she knew her condition was serious enough to warrant a second opinion. In particular, her mitral valve was not functioning properly and needed to be repaired.

Through her job in the insurance industry, she had heard of St. Luke’s Medical Center in Milwaukee and its reputation for cardiac expertise. Because Debby’s heart was so badly damaged, the valve needed to be replaced instead of repaired. This replacement effort was not successful and her heart continued to fail.

She was put temporarily on a balloon pump and was referred to Dr. Paul E. Seifert who is with Cardiac Surgery Associates at St. Luke’s. Fortunately, Dr. Seifert’s group had recently been approved by the FDA to use an experimental cardiac support system that uses a computerized, external mechanical pump to maintain the circulation. Dr. Seifert immediately implanted these pumps to support Debby Stiver’s failing heart.

St. Luke’s Medical Center through Cardiac Surgery Associates is one of only 22 centers in the United States approved by the FDA to implant the Thoratec device. This approval resulted from a rigorous evaluation and training process. Several years ago, a team of specialists from St. Luke’s, including Dr. Seifert and his partners, Dr. James Auer and Dr. Stephen Hazelrigg, went to Berkeley, California, for a training course with the company that produces the pump. The group was subsequently granted permission to implant the device.

Dr. Seifert emphasizes that several hospitals competed for approval to use the Thoratec system. He says, “St. Luke’s reputation as a high volume cardiac care center with an established transplant program played a big role in our selection. It is a real testimony to the quality of our program at St. Luke’s that we were approved for this device.”

The Thoratec Ventricular Assist Device System has some characteristics of an artificial heart because it takes over when a person’s own heart has failed; however, there are some significant differences. The device is actually an air-driven pump which operates very simply and effectively. Blood is taken out of the heart through a tube that goes through the skin and drains into a pump about the size of a human fist. The pump pushes blood back through another tube into either the aorta or the pulmonary artery. Unlike an artificial heart, which is implanted in the body as a permanent substitute for a person’s damaged heart, the Thoratec is an external device and is intended to be temporary.

The Thoratec device has been approved by the FDA for two pri-
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—Dr. Paul E. Seifert

“It’s very likely that if I had not decided to come to St. Luke’s I would have died.”

—Debby Stivers

After two transplants, Debby Stivers savors family life with her husband, Don, whom she married three months after her surgery.

mary purposes. The first is to support the heart muscle when the patient is in shock after open heart surgery. The second is to act as a bridge to keep a patient awaiting a heart transplant alive until a heart is found. The device actually served both purposes in Debby’s case; however, Dr. Seifert says, “We really didn’t have any great expectations that her heart would recover enough to operate independently. When we realized that her heart was not improving, we decided to look for a heart to transplant. The ventricular assist device had been in place for about five days when we found a heart and transplanted it. Unfortunately, that heart failed immediately and she was put back on the Thoratec pumps. The device actually saved her life. Without these pumps as backups she would have died.”

Despite the gravity of Debby’s situation, she had several key factors working in her favor, including a tremendously supportive family, her youth, her generally good health and a great will to live. She was also fortunate to have found Dr. Seifert at St. Luke’s where the Thoratec device kept her alive.

Debby says, “It’s very likely that if I had not decided to come to St. Luke’s I would have died.”

Debby emphasizes that her entire family was involved, especially her mother and her fiancée, who practically moved into the hospital. She says, “I would not have made it through this unbelievable ordeal without my family’s support. They were always there for me.”

Debby was on the ventricular assist devices for another 12 days until a second heart was found. This time the transplant proceeded without a hitch. She left the hospital about a month after the second transplant and three months later, she married the man who had supported her throughout her ordeal. She is now back at work and lives normally, despite the numerous medications she must take for the rest of her life. She exercises regularly by walking and riding her bike, and enjoys spending time with her husband, Don, and her two sons, Brandon, 17, and Bryce, 6.

Debby can’t say enough about the excellent and compassionate care she received at St. Luke’s and from Dr. Seifert. “I couldn’t have asked for a better, more supportive doctor,” Debby says. “He was and still is always available to answer my questions. He calls me at home to see how I’m doing. He was always caring and involved with my care. Actually, the entire staff was tremendously supportive and kind. I particularly appreciate the way my family was treated by everyone. It meant everything to me during this very stressful time to be treated with such concern and compassion.”

Dr. Seifert regularly puts
patients on the Thoratec pumps. He recalls that during the time Debby was on the device, two other patients were also implanted. He says, “Thoratec is especially useful in transplant situations when we are waiting for a heart. Unfortunately, this is becoming a more and more frequent occurrence because of organ shortages. We had several patients this summer who were on the device for over 60 days while awaiting a transplant.”

Though patients must be hospitalized while the pumps are implanted, they can walk around if they are well enough; however, they must remain attached to a 450-pound control unit on wheels. Last summer, a patient and his wife were able to celebrate their 25th wedding anniversary with a small cookout with good friends outside the hospital. A heart was not found soon enough and this man eventually died; however, the Thoratec device allowed him to stay alive long enough for his anniversary celebration. It also gave him hope and the chance for a transplant.

Over 400 implants of the Thoratec devices have taken place across the country and during the last three years, over 20 patients have had these implants at St. Luke’s. Ten of these people are still alive and doing well. Dr. Seifert emphasizes, “With the Thoratec we are buying precious time. You have to keep in mind that all of these patients would have died without the Thoratec system. When these devices are implanted, it is under the most desperate or difficult conditions. They are high-risk for even the most routine heart surgery. I’m happy we’ve been able to provide a better, longer life for the patients we’ve helped.”

He emphasizes that this kind of highly complex open heart surgery requires much more than a one-person effort. He says, “The key to success in this kind of venture is an excellent, fully trained team. Besides the surgeons, we need trained nurses, technicians, anesthesiologists and cardiovascular intensive care unit nurses. The people in these positions at St. Luke’s are all absolutely phenomenal—really expert at what they do and extremely dedicated.”

He points out that as impressive as the ever-improving technology may be when it comes to heart care, the factor that can make the most difference in heart care is a dramatic increase in the number of hearts

“Dr. Seifert in surgery.

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“Without the hospital’s support, the Thoratec device would not have been available to Debby and to other patients whose lives have been saved.”
—Dr. Paul E. Seifert

available for transplant. As the side bar on the following page indicates, the shortage of organs for patients in desperate need is becoming more acute. Dr. Seifert says, “It is very difficult to see patients wait for days and weeks and even months for hearts that may never come. I’ve seen a number of patients die while they were waiting for hearts. This is a very real crisis in this country.”

Dr. Seifert points out that St. Luke’s Medical Center’s administration is committed to supporting heart surgery with the most advanced technology available. Without the hospital’s support, the Thoratec device would not have been available to Debby and to other patients whose lives have been saved. He emphasizes that establishing this system at the hospital has been very expensive. The driver for the device costs more than $40,000 and each pump (which can only be used one time) is about $10,000.

The hospital now has four drivers and may be purchasing more soon. It is always necessary to have one driver as a back-up.

Dr. Seifert thoroughly enjoys the specialty he has chosen. He says, “I really like cardiac surgery and I’m very interested in doing the kind of high-tech work that the Thoratec system allows. It is tremendously satisfying to use this technology to improve the quality of a patient’s life or even save a life.”

He also admits that it is devastating when people to whom he has become attached die. He says, “When you are dealing with patients in this situation every day, you can quickly become very close. It is very hard to lose one of these patients, and it is tremendously gratifying to see the outcome of cases like Debby’s.”

Dr. Seifert and Debby Stivers in her room at St. Luke’s after her second successful heart transplant.
With the Thoratec we are buying precious time.... When these devices are implanted, it is under the most desperate or difficult conditions. They are high-risk for even the most routine heart surgery."

—Dr. Paul E. Seifert

Debby’s health continues to be excellent. Dr. Seifert says she is doing very well and Debby says she feels great. In early November, she returned to St. Luke’s for a regular check-up. A biopsy of her heart indicated no sign of rejection. Debby is a living testament to the beneficial impact modern medical technology has on so many people’s lives. Without this technology she would not be alive today, and because of it, she can look forward to a full and satisfying life.

Some facts about organ sharing:

- Nationwide more than 27,000 patients are registered on the Organ Procurement and Transplant Network awaiting a donor organ. The number of patients waiting increases by about 250 each month.

- While the costs of transplants are high—transplantation saves money because of the savings in long-term medical care costs.

- Since December 1987, there has been a 65 percent increase in the number of persons waiting for kidney transplants, 245 percent for heart transplants and 268 percent for liver transplants.

- Approximately 25 percent of all heart recipients die waiting for a transplant because organs are not available.

- Before 1980, fewer than 100 heart transplants were performed annually. In 1991, 2,125 were performed at 149 centers. The one-year survival rate for heart transplants is 82 percent.

- The average age for recipients of transplanted hearts is 47.

- Anyone over the age of 18 can indicate willingness to be an organ donor by signing a donor card. For more information about donor cards, call 1-800-24-DONOR or (1-800-243-6667).

- The best assurance that your organs will be donated is for you to tell your family members and your physician that, in the event of your death, you want to become a donor.
In the Spirit of Good Health!

Keep the traditions, lose the fat

Tradition! That one word in the month of December stirs up memories of jolly old Santa, a thousand glistening stars on a freshly-cut evergreen, snowflakes, and most of all, food. Traditional holiday fare leads to the common “December spread” at the waistline. Year after year, we glide through the festive season, watching hopelessly as the pounds pile up. This year, however, you can break the habit by following a few simple suggestions:

- Think of calories as money in the bank. Spend your “money calories” only on “special” foods served once a year—don’t waste them on ordinary fare like potato chips that can be bought all year round from a vending machine.

- Get rid of food displays around the house. Candy dishes, glass jars of assorted cookies, candy canes on your tree must all go. Replace these with non-food decorations, including flowers, wreaths, plants and crafts. If you must have treats for visitors, put them in opaque containers in less accessible kitchen cabinets.

- Maintain a regular exercise schedule. The greater your overindulgence in food, the more vigorous

Cider Cranberry Sparkle

2 cups apple cider, chilled
1 1/2 cups cranberry juice cocktail, chilled
3/4 cup lemon-lime flavored sparkling water, chilled
Fresh cranberries (optional)
Lime slices (optional)

Combine first three ingredients in a pitcher, stir well. Pour into glasses; garnish each with a cranberry and a lime slice, if desired. Serve immediately. Yield: 4 cups, serving size: 2/3 cup.

CALORIES 76 (14% from fat) ■ PROTEIN 0.1g ■ FAT 0.1g (Sat. 0g, Mono 0g, Poly 0g) ■
CARB 19.3g ■ FIBER 0.2g ■ CHOL 0mg ■ IRON 0.4mg ■ SODIUM 11 mg ■ CALCIUM 9mg
Party Spinach Dip

1 12-ounce carton 1% low-fat cottage cheese
1 10-ounce package frozen chopped spinach, thawed and drained
1/2 cup low-fat sour cream
1/4 cup dry vegetable soup mix
2 t. grated fresh onion
1 t. lemon juice
1 8-ounce can water chestnuts, drained and chopped

Process cottage cheese in food processor until smooth. Add spinach and remaining ingredients to cheese mixture, stir well. Cover and refrigerate 3 hours. Serve with unsalted crackers or raw vegetables. Yield: 3 cups (about 14 calories per tablespoon).

PROTEIN 1.2g  FAT 0.4g  CARB 1.4g  CHOL 1mg  IRON 0.1mg  SODIUM 65mg

your exercise schedule should be. Remember to exercise before a big party—don’t put it off until after the party when chances are it will be postponed forever.

- Caffeine can stimulate your appetite—so consume a minimum of caffeinated beverages. That includes colas and teas in addition to coffee.

- Watch the calories in alcohol. Limit yourself to one drink per day and choose drinks with fewer calories. Scotch and soda or wine spritzers are much lighter choices than eggnog.

- At a buffet, stand away from the food table and be the slowest eater. Take your mind off food and enjoy the music, conversation and the holiday atmosphere.

- If you are the host, keep serving sizes small, offer a choice of non-alcoholic beverages and low calorie versions of traditional foods, and serve sauces and gravies on the side so that your guests can make choices.

- Get enough rest and sleep. Exhaustion leads to stress and stress causes compulsive eating.

- Dress in well-fitting clothes—you will be less likely to overindulge in foods if you know your clothes will instantly reveal any bulges!

- If all else fails, cut portion sizes in half. A 400-calorie cheesecake will be worth only 200 calories if you eat a half portion.

Think of calories as money in the bank. Spend your “money calories” only on “special” foods served once a year—don’t waste them on ordinary fare like potato chips that can be bought all year round from a vending machine.

For more healthy recipe ideas, you may want to sign up for special nutrition classes at St. Luke’s. Call 649-6757 for more information.

—by Shashi Saxena, M.S., R.D.
St. Luke’s Nutritional Services
You can have it both ways

Make a gift to support St. Luke's Medical Center and retain income for yourself and/or a loved one. You can have it both ways if you join the other St. Luke’s supporters who participate in the Pooled Income Fund. And while you’re at it, you will receive a third benefit: an income tax deduction.

Don’t forget that if you use appreciated securities to fund this gift you will have a full deduction for the market value of the security without having to incur tax on the gain. For more information, contact: Lori Craig, director of planned giving, St. Luke’s Medical Center/Foundation at 414-649-7008.

The newest member of the St. Luke’s Medical Center Foundation staff is Lori Craig, who assumed the new position of director of planned giving in July. Lori brings a wealth of valuable experience in both finance and health care to the Foundation. Before beginning with St. Luke’s, she had worked in the banking and insurance industries for over 15 years. She was with Bank One for nine years where she served as vice-president and head of the medical banking division. After that position, she went to the Equitable Life Insurance Company to develop a professional services division.

Lori says that her goals in her new position are ambitious yet definitely achievable. In the short term, she is developing the new Planned Giving department of the Foundation which includes implementing policies and procedures and the development of a marketing plan. In the long term, the Foundation has set a goal of tripling the endowment for the hospital within the next three years.

She says, “This goal can be met because of the excellence of St. Luke’s Medical Center and the commitment of its supporters. St. Luke’s is currently a leader in technology, research and patient care throughout the country. With reimbursement schedules declining as the health care industry changes, we need to have an endowment that can support the continuation of St. Luke’s in this leadership role. I believe St. Luke’s friends and donors will support us in this effort to build the endowment.”

Lori plans to build the endowment primarily through direct meetings with friends and donors. She says, “Giving is a personal decision and should be handled on a one-on-one basis. Planned gifts are somewhat technical with their tax and legal implications and the advantages of each option need to be discussed before decisions are made. My plan is to visit personally with several prospective donors a week.

“I’m very excited to be stepping into this role at such a crucial time in the health care industry. The changes taking place in health care make this an exciting and challenging time to be working in the field. I’m looking forward to working closely with the Foundation’s clients to set up plans that meet their personal financial goals while also benefiting the hospital.”

Brad Holmes, vice president for philanthropy and director of the St. Luke’s Medical Center Foundation, says, “Lori’s broad experience in health care finance and sales makes her the ideal person to assume the position of director of planned giving. As a result of her expertise and enthusiasm, I’m confident that the St. Luke’s Planned Giving Program will take great strides in the next few years.”

Lori is a native of the Milwaukee area who has a degree in Business Administration from Cardinal Stritch College. When she’s not busy fund-raising or being a mother to her two children, she enjoys sailing and playing golf.
Does your employer have a matching gift program?

The corporations listed below and their corporate subsidiaries match their employees' gifts to hospitals. If your employer has a Matching Gift Program, please enclose a Matching Gift Form with your contribution to maximize your gift.

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The Spirit of St. Luke's

The Gift Programs of St. Luke's Medical Center/Foundation

Gifts received June through October, 1992

Congratulations and thanks are extended to those whose names follow for sharing their resources. We salute them for their compassion and sense of community.

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The commitment from corporations and foundations is integral to the excellent programs, equipment and services we provide every day to our patients at St. Luke's Medical Center. Through their contributions, we can successfully meet and anticipate the health care needs of the 23,000 inpatients and 260,000 outpatients who come to St. Luke's each year.

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“Laugh and the world laughs with you.

Weep and you weep alone;

For the sad old earth must borrow its mirth,

But has trouble enough of its own.”

—Edna Wheeler Wilcox

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We make a living by what we get, but we make a life by what we give.

—Winston Churchill
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“Not what we give, but what we share—

For the gift without the giver is bare.”

—James Russell Lowell

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“Behold, I do not give lectures or a little charity.
When I give, I give myself.”
—Walt Whitman

“The spirit of St. Luke’s

“When writing or updating your will, please remember St. Luke’s Medical Center.”

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"When writing or updating your will, please remember St. Luke’s Medical Center."
It’s good to have money and the things that money can buy, but it’s good, too, to check up once in a while and make sure that you haven’t lost the things that money can’t buy.

—George Horace Lorimer
"Give and spend
And God will send."

—Henry G. Bohn

"When writing or updating your will, please remember St. Luke's Medical Center."
"When asked by a prospective donor how much he should give, the best reply is, "Give until you are proud."."

—Paul Ireland
To memorialize or honor a loved one, the family may wish to designate St. Luke’s as the recipient of gifts. In letting friends and relatives know of your wishes, may we suggest the following wording for the newspaper:

The family requests memorials be made to St. Luke’s Medical Center/Foundation.

If you would like to receive St. Luke’s TRIBUTE FUND BOOKLET, which is a convenient and meaningful way to honor or remember friends and family members, please call the Foundation Office at 414-649-7122.

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“Charity begins at home but does not end there.”

—Thomas Fuller, M.D.
The Spirit of St. Luke's

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It is better to give than to lend, and it costs about the same. —Sir Philip Gibbs

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