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Spirit of St. Luke's, Spring/Summer 2004

Aurora Health Care
Joy and Tragedy Mix for Kidney Recipient Page 10
One sister’s tragedy delivers a much needed kidney to transplant survivor Jo Ann Morgan

Video Surgery: Minimal Scarring, Discomfort for Living Donors Page 14
Dr. Theresa Quinn is a pioneering leader in laparoscopic and minimally invasive surgery for living kidney donors

Kidney Transplant: A Son’s Strength Brings Father New Life Page 16
A stubborn son’s love results in a wonderful gift — and a grateful father gets a second chance at life

Wisconsin Tissue Bank: The Gift of Life... Pass it On Page 18
Helping Wisconsin families make positive, life-affirming choices when a loved one is lost

Ventricular Assist Device (VAD): High-tech Pump Puts Coach Back in the Game Page 20
Coach Mark Zehren gets a new heart and a new lease on life

Lung Transplant: Medicine’s Most Challenging Accomplishment Page 22
The rarest transplant procedure is finding success at St. Luke’s

Liver Transplant: Life After Liver Disease Page 24
Liver transplant recipient Jim Connors says goodbye to nursing home care and hello to a new life with his children and grandchildren

Bone Marrow Transplants: Immune to Donor Difficulties Page 26
Patients become both the donor and recipient of this life-saving procedure

In Every Issue
Your Gift: Choosing a Direction Page 13
Staff Profiles Pages 12 & 21
The Gift Programs of St. Luke’s Medical Center Pages 28-59
I cannot help but think about miracles. Although organ and tissue transplantation is a fairly common procedure in today's world, it still seems miraculous to me. As a young nursing student at University Hospital in Madison, Wisconsin, I had the privilege of working on the hospital's kidney transplantation unit. These were the early days in transplantation's history, and we spent far more time mourning our failures than celebrating our successes. Yet I experienced the joy of seeing patients leave the hospital the healthiest they had been in months or years. We witnessed a new life begin.

In a far less dramatic way, I am currently in the midst of change. I am beginning a new phase of my professional life as a Wisconsin resident once again, with a new position as Vice President of Philanthropy for Aurora Health Care. I am thrilled to be part of a health care system that is constantly innovating — seeking cutting edge, better ways to improve health and health care. In addition to the treatment breakthroughs chronicled in this issue of the Spirit, St. Luke's pioneers in so many areas of health care provision. I am impressed by the outstanding efforts of the Karen Yontz Center to educate women about heart disease. Heart disease is the #1 killer of women nationwide, yet it is recognized as such by only 13% of us. I am equally impressed by the Cancer Counseling Center's efforts to reach out and heal the emotional wounds cancer inflicts on patients and families. Each time I see people from all walks of life using these services, I am reminded that each of us can make a difference. I want to begin my tenure here by thanking you for making miracles happen every day at St. Luke's. Together we will continue the legacy of caring, volunteer action and financial support that makes it possible to offer state-of-the-art programs like the Karen Yontz and Cancer Counseling Centers. It is my hope that I will be able to play a part in continuing this legacy, to benefit St. Luke's patients and our families of the future.

Nancy Kaufman
Vice President of Philanthropy
Aurora Health Care
St. Luke’s Heart Care Center and Patient Tower

Raising standards in care and comfort

On May 3 of this year, the doors opened on the future of Wisconsin health care with the grand opening of the brand new St. Luke’s Heart Care Center and Patient Tower. In addition to adding seven full floors of space for patient care, the new facility represents a state-of-the-art balance between sophisticated medical technology and the needs of patients and families for comfort and healing.

With 192 private, spacious patient rooms and 78 intensive care unit beds, the facility also represents an opportunity to significantly expand the space available for some of the hospital’s most in-demand medical specialties.

New Inpatient Oncology Unit

With 48 private patient rooms dedicated to cancer care, the Patient Tower offers a setting focused on healing and quick recovery. A family-centered approach encourages loved ones to stay close to the patient, allowing more involvement in their care and recovery. Each patient room includes a full bath, reclining sleeper for overnight guests, a television with a DVD/VCR, and a desk area with an Internet connection to allow loved ones a chance to connect with work and distant family members.

Rooms were added especially for patients undergoing bone marrow transplants and radiation implant treatments. Features of the special suites offer improved infection control and enhanced safety, without compromising comfort.

Heart Care Center and Other Specialty Care

St. Luke’s reputation for excellence in heart care will be further enhanced by the new Tower’s eight dedicated cardiovascular operating rooms, along with new cardiovascular and cardiac ICUs and inpatient cardiac care units staffed by experienced heart care nurses and clinicians. In its new home, St. Luke’s Heart Care Center will continue to lead the way in heart care firsts, such as the recent robotic-assisted surgery and bi-ventricular pacing to treat congestive heart failure. The Tower also will house a medical respiratory ICU and a surgical unit with 48 beds dedicated to general surgery patients.

Inside the Patient Tower

In addition to supporting specialty care, the new Tower was designed with innovative features that promote efficient patient care delivery while enhancing a healing environment:

- Decentralized nurse stations offer more face-to-face interaction with patients and their families.
- Private, spacious rooms allow loved ones to remain in the room, staying involved with the patient’s care and recovery.
- Computerized patient charting provides quick access to information.
- Lab and radiology services located on each floor provide critical information about a patient’s status quickly to expedite diagnosis and treatment.
- Dedicated patient elevators offer quick transport and privacy.
- Bedside registration, meaning patients who are being admitted can go directly to their rooms.
- Large, comfortable family lounges with kitchenettes provide a place for visitors to store and prepare snacks and special meals brought from home.
- Individual temperature controls in each room, as well as patient-controlled lighting options.

If you’d like to tour the new St. Luke’s Heart Care Center and Patient Tower, please contact Damon Lodge in the St. Luke’s Office of Philanthropy at (414) 649-7122.

The Multi-Organ Transplant Program at St. Luke’s Medical Center

If you ask the people at St. Luke’s Medical Center who specialize in transplant medicine about what they do, their talk quickly goes beyond organs and tissues. In their view, the St. Luke’s story is less about transplant surgery and more about transforming lives.

The first thing you’ll learn at St. Luke’s is that some of the traditional rules for assessing a medical specialty don’t fully apply to a transplant program. Transplant programs aren’t about surgical specialists or one-of-a-kind medical technology. Successful transplant teams are the ones that excel at every step of the process, from comforting the family of an organ donor to making sure patient medications stay up-to-date for decades after a successful transplant takes place.

“The quality of every accredited transplant program is a given, at least as far as the basics are concerned,” said Ralph B. Fairchild, MD, a transplant surgeon and Director of St. Luke’s abdominal transplant program. “No group of specialties is more highly scrutinized than transplant surgeons. The difference between programs can be seen in the way they do surgery and all the things that surround the surgical event.”

A prestigious heart history

This history of St. Luke’s transplant program stretches back to 1960, when Dr. Derward Lepley joined St. Luke’s and developed the state’s first cardiac catheterization program, turning St. Luke’s into one of the Midwest’s top heart care centers. Dr. Lepley’s primary specialty was heart valve surgery, but perhaps he was best known for performing the Midwest’s first heart transplant, with Dr. W. Dudley Johnson, on October 21, 1968, on Betty Anick of West Allis. Betty became the 64th patient to undergo a heart transplant in the world and only the 7th or 8th in the United States. She went on to become the world’s longest living female heart transplant survivor. Betty died in 1977, eight years and five months after her surgery.

Elvina Fillner was the second person to receive a heart transplant at St. Luke’s. Fillner died 25 days after surgery. As a result, St. Luke’s physicians suggested that an active transplant program at the hospital should be delayed because a solid research program had not been established to support it.

With the introduction of promising new anti-rejection drugs in the early 1980s, organ transplant programs were jumpstarted again. The new generation of medications significantly improved patients’ chances of surviving long-term with a new heart, lung or liver. “It was really dramatic,” recalled David H. Van Thiel, MD, who was a transplant physician at the time and today serves as the primary transplant hepatologist for the liver transplant program at St. Luke’s. “Before then, liver transplants were a cottage industry at best,” he said. “Then suddenly survival rates shot up from 30% to 75%. Today they’re at 90%-95%.”

The multi-disciplinary team that performs kidney, liver and pancreas transplants includes (from left) Theresa M. Quinn, MD, Ralph B. Fairchild, MD, Anil S. Paramesh, MD, and David H. Van Thiel, MD.

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A transplant is always a team effort, and our focus has been on finding people who won’t settle for anything less than the best outcome, and who are willing to work 24 hours a day, seven days a week to achieve it.

In 1984, Alfred J. Tector, MD, one of the nation’s leading thoracic surgeons and a major contributor to St. Luke’s world-renowned reputation for excellence in heart care, took the lead in establishing a heart transplant program here. “I believe St. Luke’s has a transplant program today because of the vision and foresight of Dr. Tector,” said Cindy Hoyt-Harvey, RN, Manager of St. Luke’s Transplant Services. “He had the passion and dedication to put together a superior team of experts that has been able to accomplish it.”

Dr. Tector traces his interest in transplantation to his earlier experiences as a surgical resident, in the days when the technique was pioneered. “I remember doing my first transplant . . . how exciting it was, and how interesting,” Dr. Tector recalled. “It’s still exciting to me when I’m able to take a desperately ill person and do something that can literally turn their life around.”

Now Director of St. Luke’s entire multi-organ transplant program, Dr. Tector oversees the unique collaboration of medical specialties that is critical to a successful transplant program. “Everyone must do their job to the Nth degree,” he stated. “A transplant is always a team effort, and our focus has been on finding people who won’t settle for anything less than the best outcome, and who are willing to work 24 hours a day, seven days a week to achieve it.”

Multiple organs with equal excellence

After establishing a nationally recognized program in heart transplantation, the team at St. Luke’s began expanding its scope of care to other transplant organs. Growing the program required the recruitment of additional transplant surgeons, a task made more challenging by the fact that world-class expertise in this area is possessed by relatively few physicians. “Not just any surgeon can transplant a heart, a lung or a liver,” said Dr. Fairchild. “A procedure this complex takes a special kind of skill, and you only find that in a physician with an extraordinarily high level of commitment.”

Fortunately for St. Luke’s, the distinguished reputation of Dr. Tector and his first-rate heart transplant team make it possible to continually recruit other high-caliber doctors to Milwaukee, such as world-renowned transplant hepatologist David H. Van Thiel, MD. A hepatologist is a physician with special training in the treatment and management of liver diseases. Dr. Van Thiel now leads the liver disease program at St. Luke’s, working with surgeons to manage a patient’s care before and after the operation. He helped pioneer many of the techniques of liver medicine over the course of 20 years at the University of Pittsburgh Medical Center, long known as the nation’s leading liver transplant hospital.

Dr. Van Thiel was recently drawn to St. Luke’s by the same spirit of innovation he enjoyed in Pittsburgh. “When I looked around, I saw the opportunity to truly create something excellent here with Dr. Tector and Dr. Fairchild,” he said. “From our very first conversation, Dr. Fairchild’s and my vision were identical . . . it’s uncanny.”

Over the years, the program has continued to attract top physicians from across the nation. Among them is transplant pulmonologist Theodore J. Gronski, MD, from Washington University in St. Louis, the nation’s leading lung transplant center, and Francis X. Downey, MD, who brought with him extensive experience in lung transplant surgery from Loyola University Medical Center in Chicago, where he was part of a team that performed over 50 of these relatively rare operations in a single year.

Dr. Fairchild joined the St. Luke’s staff from Tufts-New England Medical Center, where he was recognized as both a noted transplant surgeon and an internationally renowned clinical educator. “It’s important that we bring a wide range of experience from different centers,” said abdominal transplant surgeon Anil Paramesh, MD, who recently came to St. Luke’s from Mount Sinai Hospital in New York City. “It’s the combination of people from outstanding backgrounds that gives us our strength and successful patient outcomes.”

The best medicine: long-term relationships

In addition to practiced among some of the most skilled transplant surgeons in a state-of-the-art medical center, many St. Luke’s physicians were also attracted to the hospital’s unique approach toward the transplant patient as an individual.

Building a close relationship does more than merely make a patient feel comfortable, the doctors said. The quality of interaction also plays a critical role in the long-term health of transplant patients; since the body’s immune system never fully accepts a transplanted organ, a regimen of rejection-fighting drugs is a lifelong necessity. Patients form a close personal attachment to the physicians, nurses and technologists on their transplant team. “Our patients really become our families,” said program manager Hoyt-Harvey. “That’s an important part of the healing process, and our environment makes that happen. You really are connected to the transplant center for life.”

The personal connection between a patient and the transplant team is particularly acute in the intense days and weeks immediately following a transplant. The schedule tapers over the months following transplant.

Coordinators make a difference

A key component of St. Luke’s transplant program is the presence of a Transplant Coordinator — a nursing professional who follows each transplant patient beginning with the first office visit, through their surgery, and continuing throughout the subsequent years of follow-up care. “Our patients really prefer it that way,” stated Paulieto Schauer, RN, a thoracic transplant coordinator who works with lung transplant patients. “Some other transplant programs have separate coordinators for each phase of the process. That may make it easier for the program, but it doesn’t necessarily make it better for the patient.” By providing

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One contact person to turn to over the life-long plan of treatment, St. Luke’s patients find the resources and support they need all in one transplant coordinator who knows their history and can act on their behalf.

Transplant coordinators quickly become a part of their patients’ families. They are particularly important to candidates as they await anxiously for a suitable organ.

“You get to know the husbands, wives and children really well,” said Cindy Hoyt-Harvey. “You celebrate with patients when they get their transplant, and you comfort the loved ones who sometimes have to endure a lengthy wait.”

Heart recipients are commonly on a waiting list for 12-18 months, and kidney patients may be on dialysis for up to 4-5 years before an organ arrives.

“Let’s say you don’t get a liver transplant, you are comforted. It’s especially difficult with a liver patient because there is no such thing as liver dialysis. A timely donor organ – either from a living person or the deceased donor list – is all they can hope for. That’s when we need to become their cheerleader.”

The emotional rollercoaster doesn’t stop after a transplant is complete. “Receiving another person’s organ has a big effect on people,” said Paulette Schauer. “Many patients experience feelings of guilt because someone has been removed from life support in order to donate organs. It’s our job to help them through the overwhelming ups and downs of the transplant process.”

While the challenges are great, abdominal transplant coordinator Ann Wade, RN, considers the rewards of her job more than fair compensation. “The coordinator gets to call the patient with the news that there’s a healthy organ waiting for them. That’s the fun part,” said Wade. She recalled the day a patient stopped in with the news that he and his wife were soon to have a baby. “It’s moments like those that make my job really rewarding,” she said.

“I’ve had people tell me that they would never have seen their first grandchild if it wasn’t for us,” added Contreras. “I feel like we’re able to give these people a future.”

Tomorrow in transplantation
Advancing the success of organ transplant medicine is always top of mind for the physicians who guide St. Luke’s transplant program. In the coming years, an aging baby boom generation will create a significant increase in the number of people needing transplants. Baby boomers are also concerned with the quality of life they can expect after transplant surgery.

The St. Luke’s program is responding by conducting research on the long-term welfare of transplant patients, a topic many physicians feel is long overdue. “Outcomes have been measured in imprecise terms for too long,” observed Dr. Fairchild. “If we hope to respond to the expectations of a new generation, we need to measure more than simply whether the organ is still working and that the patient is still alive.”

Through the newly created Donald W. & Rosemary Tendick, Sr. Center for the Surgical Treatment of Heart Failure, St. Luke’s is finding ways to develop new methods for the treatment of heart failure. Established in 2001, the Tendick Center is aimed at providing state-of-the-art surgical management of heart failure to maximize the ability of each person affected with this disease to improve the length and quality of their life.

Dr. Van Thiel is currently designing research projects aimed at creating more meaningful benchmarks for success. “We’re doing pioneering work in assessing the quality of life, not just the quality of survival,” he said. “Our target for success is getting people back to work, and the everyday activities they enjoyed before they got sick, not simply keeping them alive.”

St. Luke’s has also emerged as a leader in the management of immune suppression drugs. “We’ve been at the forefront of a movement to dramatically reduce the amount of immune suppression drugs patients take,” said Dr. Van Thiel. “I’m expecting that we’ll be able to play a role in making further strides in the years to come.”

Dr. Fairchild shares his colleague’s vision for better patient outcomes. “I entered this field because it had the most promising future,” he said. “And I came to St. Luke’s because the environment uniquely fosters all aspects of transplantation, including treating the patient and family as a whole, and pursuing cutting-edge therapy through research.”

Added Dr. Van Thiel, “One of the things that characterizes a program as excellent is its ability to transfer knowledge that moves the field forward. I think we’re doing that at St. Luke’s, and I believe we’ll be able to make even more of a contribution in the future. That’s what makes it exciting for me,” he said.

The Organ Donation Process

Today there are over 84,900 Americans awaiting an organ transplant. St. Luke’s Medical Center has more than 150 patients waiting.

When a patient is accepted for placement on the transplant program’s waiting list, they are registered with the Organ Procurement and Transplant Network’s centralized computer network which links all the organ procurement organizations and transplant centers. When a donor organ becomes available, the computer generates a list of potential recipients ranked according to objective medical criteria:

- Blood type
- Tissue type
- Size of the organ
- Medical urgency of patient
- Time patient has spent on waiting list
- Distance between donor and recipient

We often hear of the wonderful results of organ transplantation, but what many people don’t realize is that even before the recipient is taken to the operating room to receive his or her gift of life, there have been people working behind the scenes to make certain that everything goes smoothly. The St. Luke’s Organ Sharing Network (OSN) coordinator is just that person. The process begins when a donor is identified as a potential match for a person waiting for a transplant — that’s when the OSN coordinator goes to work. The OSN coordinator plays a key role in the process – organizing everything from the donor evaluation, to communicating with the transplant surgeon and arranging for the organ recovery and transporting it its final destination. The individual waiting for a second chance at life.

Each person who chooses to donate organs and tissues has the power to save or improve 60 lives.