

Lange NICU projects aim to help 1,200 babies in need



The Blanche Swanzy Lange Neonatal Intensive Care Unit at Baylor University Medical Center at Dallas serves 1,200 premature and seriously ill infants every year. The Lange Neonatal Intensive Care Unit (NICU) is staffed by board-certified neonatologists, neonatal nurse practitioners, and other professionals who have the advanced clinical skills required to care for high-risk infants. Two high-priority projects for the Lange NICU are the installation of “smart” infusion pumps for the administration of continuous IV medications and the Mothers Milk Bank.

SMART PUMPS

A top priority for the Lange NICU is to replace its current pumps with “smart pumps” to administer continuous intravenous (IV) medications to newborns.

Many medications that are administered to

newborns through a continuous IV are considered “high alert” drugs. This means they can lead to significant complications if used in error. Smart pumps reduce the potential for error because they have sophisticated computer technology for storing drug information. They recognize prescription errors, misinterpretations of dosage amounts and keypad programming errors. The result is safer medication use for NICU patients.

The Lange NICU has used the same infusion pumps for many years. However, the older pumps lack the drug library and other safety features available on the newer models. The Lange NICU plans to replace all 75 infusion pumps, at \$3,000 each, by 2009.

Gifts from the Lange Endowment and Disbursement Fund at Communities Foundation of Texas, and from an anonymous donor in

honor of a new granddaughter, have funded 18 new infusion pumps in the Lange NICU.

MOTHERS MILK BANK

When a mother cannot breast feed her infant, a NICU physician may prescribe banked donor milk for the baby. Human milk is the best option for helping premature babies fight disease.

Breast milk contains the appropriate amounts of carbohydrates, protein and fat, and provides the minerals, vitamins and hormones that infants require. Breast milk also contains antibodies that can help babies resist infections. Research has shown that breast fed babies have lower rates of ear infections, pneumonia and stomach flu, and have greater protection against immune system cancers, juvenile rheumatoid arthritis, allergies, asthma, eczema, and even life-threatening infections and other complications.

The Lange NICU needs funds to meet a growing need for pasteurized donor milk for low-birthweight babies.

This year, the Lange NICU will care for about 325 premature and critically ill infants who need prescribed human milk. This increasing number of infants, representing about one-quarter of the total patients seen each year, is placing a growing demand on the Milk Bank program.

A strong Milk Bank program is fundamentally cost effective for the Lange NICU. For example, about 10 to 17 percent of formula-fed premature infants contract necrotizing enterocolitis (NEC), a serious and often fatal intestinal disease. Many infants with NEC will need emergency surgery, and all who survive this serious disease will spend an additional two weeks in the NICU. The cost of caring for each baby with NEC is an additional \$138,000 to \$238,000. One study found that for every dollar spent on donor human milk, a hospital saves between \$11 and \$37 in the cost of care for babies who have NEC.

For information on how you can support vital women's and children's services at Baylor, contact Ellen Dearman at 214.820.3136 or EllenD@BaylorHealth.edu.



Tricia Barnett, Vice President, Development

Tricia Barnett was born in California in the city that is home to MGM Studios. She was adopted at age seven by foster parents who had kept her since she was 18 months old.

Barnett went to grammar school in California, until her parents, both southerners, moved back to a very small Texas town. Her family didn't have much money for her education, so Barnett pieced together the funding for college through loans, scholarships, and jobs working at an ice cream parlor and as a tour guide at the state capitol in Austin, where she wore double-knit uniforms made by prisoners. She earned her master's degree from Southern Methodist University taking one class each semester for six years.

Barnett began her career as a public relations professional. She has worked at the White House with President Ronald Reagan as the director of communications for the Office of Private Sector Initiatives, which promoted volunteerism and charitable giving. She also has worked at United Way of America as director of public affairs. Most recently, she spent almost 13 years at SMU working in development.

Barnett has an art studio in her house for bookbinding, sewing, and other creative endeavors. She has visited many enclaves of historic homes across the U.S., including Natchez, Biltmore, Newport, Galveston, Savannah, Charleston and the Hudson River Valley, and would love to have a big historic home of her own someday. Her favorite snack foods are popcorn and dark chocolate with nuts.

To contact Tricia Barnett, call 214.820.3136 or e-mail TriciaBa@BaylorHealth.edu.

Quality, safe patient care—supported by medical education and scientific research—defines Baylor Health Care System. The System's 17,000 employees deliver quality care from more than 146 North Texas locations.

The Foundation helps fund general operations, advanced research, innovative technology and equipment, and new construction to better serve the citizens of North Texas.

For more information, please call 214.820.3136 or e-mail Foundation@BaylorHealth.edu.

the torch

for the common good

BAYLOR HEALTH CARE SYSTEM FOUNDATION

FALL 2007

Foundation launches initiative for prostate cancer research and technology

DOCTORS FOCUS ON PROSTATE CANCER

Steven Frost, M.D., and Matthew Shuford, M.D., are urologists practicing at Baylor University Medical Center at Dallas. They specialize in prostate health and have completed many prostatectomies using Baylor's minimally invasive *da Vinci*® robotic surgical system.



STEVEN FROST, M.D.



MATTHEW SHUFORD, M.D.

Q: Why did you decide to practice at Baylor?
A: Because of its size and resources, Baylor is one of the best hospitals for graduate medical training.
Q: What do you like best about working at Baylor?
A: Its national reputation brings people with prostate cancer here for treatment. Baylor's size and commitment to being the best allow us to work with robotic surgical technologies.
Q: What new efforts would you like to see in the fight against prostate cancer?
A: I often wonder what the response would be to mobile prostate screening vans. We always have a screening event in September, but guys have to come out to do it. What if we could come to them?
Q: What is the most important thing men need to know about prostate health?
A: Early detection is key, and that they need to come in and get checked.

Q: What do you like best about Baylor?
A: The ability to work with individuals who are at the top of their profession. Also, robotic surgical technology allows us to deliver quality patient care.
Q: What is your biggest challenge in prostate cancer care right now?
A: Reducing the side effects of treatment. Making the side effects not worse than the disease.
Q: Does the use of robotic surgical technology help reduce side effects?
A: The technology is definitely improving the outcomes, but we still have work to do.
Q: What new efforts would you like to see in the fight against prostate cancer?
A: Better marketing to men that Baylor has innovative treatments.

“By helping to fund the research and technology efforts, we hope to advance our knowledge in this vital area of men's health.”

the body, or a radioactive seed can be inserted into the prostate to deliver a higher dose of radiation at the cancer site.

Baylor University Medical Center at Dallas and Baylor Regional Medical Center at Plano now offer minimally invasive, robotic-assisted prostatectomy with the *da Vinci*® Surgical System. [See full *da Vinci* Surgical System story on page 5]

Prostate cancer research needs more support and funding. While breast cancer, the most common cancer found in women, will receive approximately \$870 million in federal funds for research each year, prostate cancer only receives \$485 million. Baylor Health Care System Foundation recently began raising funds for research and technology to fight prostate cancer.

“Despite the advances that have been made, there is still no gold standard for the treatment of prostate cancer,” Baylor Health Care System Foundation president Rowland K. Robinson said. “By helping fund the research and technology efforts of prostate experts at Baylor, we hope to move the bar and advance our knowledge in this vital area of men's health.”

For more information on the Baylor Foundation's campaign to fight prostate cancer, contact Debbie Shtofman at 214.820.3136 or DebShrof@BaylorHealth.edu.

what's inside

Departments

President's Letter	3
Focus on New Research	4
Chair's Letter	7

Projects and Campaigns

Prostate Cancer	1
Campaign for Garland	2
OCH and “Courageous Kids”	5
Kitchens' Cardiovascular Fund	6
Nursing Program	6
Lange NICU	8

Events

October Events	2
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Profiles

Steven Frost, M.D.	1
Matthew Shuford, M.D.	1
Harold Cheek, M.D.	3
Alan Menter, M.D.	4
<i>da Vinci</i> ® Surgical System	5
David Shanahan	5
Rosemary Luquire, R.N., Ph.D.	7
Tricia Barnett	8

Baylor Health Care System Foundation 3600 Gaston Avenue, Suite 100
 Dallas, Texas 75246 214.820.3136 Foundation@BaylorHealth.edu

A Clear Image of Community: Baylor kicks off its campaign for Garland



Joel Allison (President & CEO, Baylor Health Care System), Kim McMillin, M.D., and James Miller (Campaign Co-Chairs).



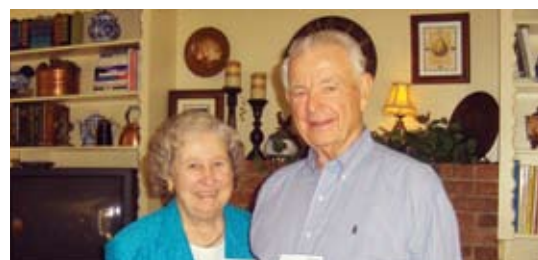
Jo Anna and Carl Couch, M.D.

Campaign steering committee members joined Baylor Health Care System executives to kick off the 2007 Campaign for Garland Sunday, June 2, with a reception at the home of **James and Kathy Miller**. Chaired by **Kim McMillin, M.D.**, and **James Miller**, the \$2 million campaign is raising money to support the Baylor Garland Women's Imaging Center and Heart and Vascular Center.

Saving Lives Through Digital Imaging
Baylor Health Care System is converting to digital mammography at all of its imaging



Joel Allison (President & CEO, Baylor Health Care System), Max Chennault, M.D., Lynn Chennault and Lynda Dyer



Ruth and Don Buchholz

centers. Baylor Garland recently replaced one of its standard mammogram machines with digital equipment. However, there is still a need for a second machine to serve the growing demand for breast screening services in the Garland area. Digital mammograms save lives because they are able to detect cancers earlier.

Comprehensive Cardiovascular Care
In the region served by Baylor Garland, 40 percent of all deaths among people age 65 and older are attributed to cardiovascular disease.



Kathy Miller, Dallas County Commissioner Mike Cantrell, Lorrie Cantrell and Kim McMillin, M.D. (Campaign Co-Chair)

While the Baylor Garland Heart and Vascular Center is relatively new, there already is a need for technology and reallocated space to provide a full spectrum of heart care. The Campaign for Garland will also fund an electrophysiology lab, new ultrasound units and cardiac rehabilitation. The Baylor Garland Heart and Vascular Center serves more than 12,000 patients annually.

"Patients facing cardiovascular disease look for the ability to remain in one place for complete care," said Dr. McMillin. "Delivering treatment in a dedicated, appropriately equipped space, and using the most current technology can result in better patient care."

For more information, or if you would like to be involved in the 2007 Campaign for Garland, please contact Shanon Patrick at 214.820.3136 or ShanonP@BaylorHealth.edu.

Corporate philanthropy teams up in October to support Baylor events



Celebrating Women, presented by **Tom Thumb**, educates women about the threat of breast cancer and raises funds for clinical research, up-to-date mammogram technology, and high-quality care for women regardless of their ability to pay.

The eighth annual Celebrating Women Luncheon will be held on **Tuesday, October 16 at the Hilton Anatole Hotel in Dallas**. Award-winning actress, playwright and published author **Lynn Redgrave**, will be the keynote speaker. A survivor of breast cancer, Lynn's story is inspiring for those fighting this insidious disease. The Circle of Care Award, honoring community leaders committed to this worthy cause, will be presented to this year's honorees: **Tucean Webb, Tucean Franks and the Julie and Jim Turner family**.

The 2007 Celebrating Women Co-Chairs are **Sharon McCullough** and **Tincy Miller**. The Honorary Chair is **Mary Anne Cree**.



Good Day Sunshine, presented by **Sewell Cadillac**, is a pro-am tennis tournament benefiting breast cancer research, community outreach and expanded technology at Baylor. The 2007 tournament is chaired by **Terry McCullough** and **Sue Kourim**.

Join former No. 1 world-ranked doubles player **Alex O'Brien** on **Saturday, October 20 at the Dallas Country Club** for this good day celebrating a good cause.

Like Celebrating Women, support for the Good Day Sunshine Tennis Tournament helps us raise money to fund basic and clinical research, upgrade diagnostic technology, and provide treatment options for uninsured women in our community. With greater access to care, we can reduce the disproportionate number of deaths from breast cancer among low-income, minority and immigrant women in our community.



The Sixth Annual Grand Rounds Golf Tournament, presented by **First Horizon**, will be held on **Monday, October 8 at Royal Oaks Country Club in Dallas**. Proceeds from the Grand Rounds Golf Tournament benefit graduate medical education, a cornerstone of the Baylor community commitment.

Baylor has served as a teaching hospital since it was founded in 1903, and today is recognized as a leader in the training of medical professionals. Baylor's graduate medical education program brings some of the nation's best physicians to North Texas, with more than 200 residents and fellows training at Baylor and its affiliated hospitals every year. Support for Grand Rounds allows Baylor to subsidize residents' salaries and fellowship stipends.



For more information about how you or your business can partner with the 2007 Celebrating Women, Good Day Sunshine or Grand Rounds programs, learn more about sponsorship and underwriting opportunities, or to participate and purchase tickets, please call 214.820.3136 or e-mail Foundation@BaylorHealth.edu.

Celebrating a breast cancer pioneer: Dr. Harold Cheek turns 90



Harold Cheek, M.D., and Joel Allison (President & CEO, Baylor Health Care System)

In the 1950s, it was almost unheard of for a physician to specialize in breast surgery. **Harold Cheek, M.D.**, was the first surgeon in North Texas to limit his practice to this specific study, and he made it his life's work at Baylor.

On Friday, June 8, a small group of friends gathered to share stories about Dr. Cheek and his many years at Baylor. Dr. Cheek was given a proclamation by Joel Allison, president and CEO, Baylor Health Care System. Rowland K. Robinson, president, Baylor Health Care System Foundation, announced that a plaque would be placed in the new Breast Imaging Center in his honor.

"Harold Cheek epitomizes the finest in American medicine," Allison said. "His dedication to the fight against breast cancer has been evident in his professional, personal and financial commitments to the cause over the past 50 years. Baylor would not be what it is today without him."

Dr. Cheek was born in Eldorado, Oklahoma, in 1917. The depression in the 1930s made life difficult for him and his family. His mother encouraged him to enter Montezuma Baptist College in New Mexico in 1934. A year later he transferred to Texas Technological College in Lubbock, where he graduated in 1941. He then came to Baylor University College of Medicine in Dallas, finishing his last two years of medical school at the Southwestern Medical School in December 1944. His postgraduate training in general surgery was entirely at Baylor Hospital. It was interrupted by service in the army from 1946 to 1948. In 1951 he opened his private practice, using primarily Baylor Hospital, and subsequently limited his practice to the care of patients with breast conditions. He practiced until 1996.

Dr. Cheek has been a major figure at Baylor University Medical Center at Dallas for 51 years, advising and befriending the Baylor administration. He was president of the Baylor Dallas medical staff in 1979, president of the Dallas County unit of the American Cancer Society from 1969 to 1970, president of the Texas Division of the American Cancer Society from 1977 to 1978, and was active on the teaching staffs of both Baylor Dallas and Parkland

Memorial Hospital from 1952 to 1996. A clinical professor of surgery at the University of Texas Southwestern Medical School since 1974, Dr. Cheek has published 23 articles in peer-reviewed medical journals; since 1956 they have focused entirely on diseases of the breast. For his contributions he received the Sword of Hope Award from the American Cancer Society in 1970, the Certificate of Merit Award from the American Cancer Society in 1972, the Taittinger Award of Distinction from the Susan G. Komen Foundation in 1985, and the Wings of Eagles award from Baylor Health Care System Foundation in 1999. He and his wife of more than 50 years have four daughters. Dr. Cheek is a devoted physician, a friend and wise counselor to many, and a warm and wonderful guy.

"Continuing the legacy started by Dr. Cheek, Baylor has been a leader in breast surgery in the Dallas area for more than 20 years," Robinson said.



Harold Cheek, M.D., at Montezuma College, 1934-1935



Walk Tall, Dream Loud.

I heard an old Julie Gold song this morning on the radio. Even though you probably haven't heard of her, you've heard her songs. "From A Distance," her best-known composition, remains one of the most memorable hits of the early 1990s.

Walk Tall, Dream Loud.

The lyrics have special resonance at this moment in time for the Baylor Health Care System Foundation.

Thanks to your support, we are "Walking Tall." Your generosity and commitment have ensured that Baylor's vision becomes a reality—from innovative research, to capital initiatives like our extraordinary new Emergency Department, to advanced equipment and technology that allows us to provide patients with the very best in safe, quality, compassionate care.

But, despite our successes, we are determined to also "Dream Loud." That's why, over the past few months, the Foundation has undertaken a vigorous exploration of where we're going and how we can do an even better job of representing and responding to you. Our shared goal of sustaining and growing this great hospital system demands that we never become complacent, that we seek every opportunity to improve our processes, our people and our performance.

What are the concrete results of this effort? We've articulated our vision, developed new communication tools, and created a revitalized look and feel for the Foundation.

We worked hard on our brand. A brand is a promise. It builds trust; it endears. Our brand will stand for values and priorities. For integrity. For excellence. Our brand will deliver.

During the month of October, we'd like to share our work with you. As always, we welcome your valuable input and feedback—we recognize and appreciate our role as stewards of your goals and expectations.

The trust you place in those of us here at the Foundation is the engine that keeps us moving forward. Together, we can be certain that Baylor continues ahead on the right track: for progress and for patients.

Sincerely,

Rowland K. Robinson
President

Baylor Health Care System Foundation
Robinson@BaylorHealth.edu

Renowned dermatologist returns full-time to Baylor



Alan Menter, M.D., and Joel Allison (President & CEO, Baylor Health Care System)



David Shuttee, Alan Menter, M.D., and Bill Kramer

Psoriasis doesn't sound like a big deal. That is, unless you have it.

Psoriasis is a disease of the immune system that produces red, scaly, thickened patches of skin on the scalp, elbows and knees, or other parts of the body. The disease affects about two percent of the population in this country—almost five million people. Two-thirds of psoriasis patients develop symptoms before the age of 35.

The Baylor Psoriasis Research Center is often referred to as a center of excellence, indicating

extensive knowledge and experience in the research, diagnosis and treatment of psoriasis.

Alan Menter, M.D., directs the Baylor Psoriasis Research Center, which he established in 1979. Since that time he has conducted more than 100 clinical research studies into the cause and treatment of psoriasis, including the understanding of the genetics of psoriasis. Dr. Menter and the psoriasis research and treatment protocols conducted at Baylor University Medical Center at Dallas are recognized worldwide by researchers, physicians and pharmaceutical companies.

Dr. Menter serves as chief of the Division of Dermatology at Baylor Dallas. In addition, he is president of the International Psoriasis Council, a non-profit organization of worldwide specialty dermatologists dedicated to advancing psoriasis research and treatment by providing a forum for education, collaboration, and innovation among physicians, researchers and others interested in psoriasis.

For many patients, psoriasis affects more than the skin. Many of its worst effects can come from psoriatic arthritis, a condition that usually develops 8 to 10 years after the onset of the skin disease. It causes stiffness, pain and swelling in the joints, and if left untreated, can lead to bone loss and permanent deformities. In addition, psoriasis produces severe quality of life issues equal to or exceeding those of other debilitating diseases such as depression, arthritis and heart failure. More recently, research has suggested that psoriasis patients may also be at higher risk for coronary artery disease.

Psoriasis is actually a genetic systemic inflammatory disease that also may be related to

the Metabolic Syndrome in patients with more extensive disease. This group of patients may thus be at higher risk for coronary artery disease, hypertension, and diabetes. Dr. Menter has played a major role in developing this theory and also has served as principal investigator in multiple studies that have resulted in FDA approval for new systemic biologic psoriasis drugs.

Since playing a key role in the discovery of the first gene for psoriasis in 1994, published in the prestigious journal *Science*, clinicians and researchers at Baylor, under the direction of Dr. Menter, have helped Baylor remain a pioneer in the field of psoriasis research.

“Our objectives are to further understand the various trigger factors for psoriasis. From there, we can determine which drug will help which patient the most—and hopefully develop others that target specific subsets of psoriasis and psoriatic arthritis more effectively,” Dr. Menter said. “Despite the phenomenal advancements in the treatment of psoriasis made over the last two decades, a large percentage of people suffering from severe psoriasis have either not sought, or dropped out of treatment. Far too often, they have undergone years of unsuccessful therapy using creams or ointments only and simply have lost hope.”

Currently, the Baylor Health Care System Foundation is raising money to fund a Psoriasis Research Chair, held by Dr. Menter. For more information, please contact Tricia Barnett at 214.820.3136 or TriciaBa@BaylorHealth.edu.

focus on research

BAYLOR'S COLON CANCER EXPERTS ASSESS HEREDITARY RISK THROUGH GENETIC TESTING



Each year, about 156,000 Americans are diagnosed with colon cancer, and about 50,000 will die from the disease or its complications. It is the second-leading cause of death from cancer in the United States.

C. Richard Boland, M.D., an internationally recognized expert in the genetics of colon cancer, is working to reduce these statistics. Dr. Boland is chief of gastroenterology at Baylor University Medical Center at Dallas, leads the Hereditary Gastrointestinal Cancer Risk Program and oversees the Gastrointestinal Cancer Research Lab.

Under Dr. Boland's leadership, physicians on the medical staff of Baylor Dallas are carrying out clinical trials on preventing polyps—often a precursor to colon cancer—as well as examining the impact of heredity in colon cancer.

In about 4 percent of patients with colon cancer, the disease can be linked to an inherited genetic mutation. Dr. Boland has developed a hereditary risk assessment program that provides extensive counseling and genetic testing for colon cancer. Baylor Dallas is one of only a few medical centers in the Southwest to offer such a program.

With the hereditary risk assessment program, a team of specialists, led by Dr. Boland, conducts a complete family history, screening and evaluation. The team also discusses with patients the positive and negative factors in determining whether a gene mutation is present.

“Once we identify that someone is at higher risk, there are screening methods that can greatly reduce the risk of dying from colon cancer,” said Dr. Boland. “We may recommend earlier and more frequent colonoscopies.”

Dr. Boland also is investigating the role that the JC virus—a commonly carried virus—has in causing the disease.

The JC virus is caught in childhood and carried in the colon of most healthy people with no obvious ill effects. At least 80 percent of people carry the JC virus, and it is held in check by a healthy immune system. But when the virus becomes active and multiplies, it is capable of causing some of the same abnormalities found in colon cancer. Because of the findings in the laboratory, together with the fact that 89 percent of all colon cancers contain JC virus in their DNA, it is probably the best explanation for causing the abnormal number of chromosomes in colon cancer.

Dr. Boland seeks to learn what causes the virus to become active since it is believed to exist in a dormant state in most people. If the JC virus is a necessary stop in developing a cancerous tumor, it might be possible to develop vaccines. And if people could be immunized against the virus, it may be possible to eliminate a large proportion of cancer throughout the gut.

“The goal is to vaccinate patients against the JC virus and, ultimately, we would like to eliminate the threat of colon cancer,” Dr. Boland said.

For more information, contact Debbie Shofman at 214.820.3136 or DebShof@BaylorHealth.edu.

da Vinci® Surgical System offers new tactics to fight prostate cancer



The da Vinci® Surgical System.

Whether at the point of diagnosis or at a later stage in dealing with prostate cancer, men have gained more convenient and life-prolonging options thanks to medical innovations practiced at Baylor University Medical Center at Dallas and Baylor Regional Medical Center at Plano.

A routine physical exam and clear thinking may have saved Steve Schmidt's life. Schmidt, of Lantana, Texas, expressed surprise when his primary care physician detected a suspicious prostate lump and referred him to a urologist.

When a biopsy revealed cancer, the urologist recommended a traditional open surgery. With the cancer confined to his prostate, Schmidt's prognosis looked good. Yet he took the time to research his options.

“When you hear the results of the biopsy and you are told it's cancer, it is the individual's responsibility to learn as much as you can,” Schmidt said. “That's the key to making a decision you are most comfortable with.”

Schmidt read about robotic surgeries performed at Baylor Dallas. The technology allows surgeons greater visibility and dexterity during surgery. One meeting with Matthew Shuford, M.D., a urologist on the medical staff at Baylor Dallas, persuaded Schmidt to proceed. He has no regrets and remains cancer-free.

“It gave me the opportunity to have the most advanced equipment and technology currently available,” Schmidt said of the robotic approach.

ROBOTIC SURGERY

Like Schmidt, many patients newly diagnosed with prostate cancer choose surgery to remove the gland. Robotic-assisted prostatectomy helps them avoid a lengthy recovery period. Physicians, using the *da Vinci*® Surgical System, make several half-inch-long incisions in the abdomen. They insert a camera and small instruments to carry out the procedure.

“The goal is to achieve the same results in treating the cancer, but with a lower risk of complications,” Dr. Shuford said. “It's a tool that lets us perform standard prostate removal surgery without a large incision. It has advantages in terms of short-term outcomes. It is less invasive, allowing shorter hospital stays, fewer days with a catheter and earlier return to normal activity.”

The *da Vinci* camera magnifies and produces a three-dimensional image, making the internal

organs, nerves and blood vessels appear 10 times larger than normal. The instruments also provide greater range of motion than a human wrist, Shuford said. These two features offer surgeons better control and allow more precise tissue removal.

With a few exceptions, any patient who is a candidate for an open procedure could have the surgery done with robotic assistance, according to physicians. Prior abdominal surgeries may preclude use of the *da Vinci* technology. But Shuford says there are no absolute restrictions.

Patients normally spend one night in the hospital and typically return to regular activities faster than with the traditional surgery, which is usually a few days in the hospital and several weeks until full recovery after an open procedure.

Schmidt spent two nights at Baylor. And just five days after his postoperative visit with Shuford, he was feeling well enough to train for a prostate cancer 5K fundraising run.

The *da Vinci* technology was purchased through grants from individuals and several private foundations as part of the Jack and Jane Hamilton Heart Hospital fundraising campaign. It was initially purchased for heart procedures, with the intent of expanding use for other procedures. It is now approved for use to treat general laparoscopies, cardiac and thoracoscopic surgeries, and prostatectomies.

OCH patients “humming” right along



In May, Our Children's House at Baylor received two child-size mini-HUMMERS from **Sewell HUMMER**. The HUMMERS were a gracious donation to OCH as part of Sewell's “Courageous Kids” program, an initiative created by General Motors to provide children's hospitals with kid-friendly transportation. OCH patients will use the HUMMERS to travel to and from therapy sessions, surgical procedures and other appointments within the hospital.

ON THE BOARD

David Shanahan



David Shanahan has been a member of the Baylor Health Care System Foundation Board of Directors since 2002. He is the president of the Mary Crowley Medical Research Center, an organization dedicated to expanding treatment options for cancer patients through the exploration of investigational gene and cellular therapies.

Q: Describe your family.

A: I am blessed with a wonderful wife, Salli, and four children: Luke (9), Mary (7), Shelby (3) and Priscilla (18 months).

Q: Where did you grow up?

A: I grew up in Florham Park, New Jersey.

Q: What was your first job?

A: Busboy at Western Sizzler.

Q: What is the highlight of your career?

A: Providing hope to hundreds of cancer patients each year.

Q: To what do you attribute your success?

A: My faith in Jesus.

Q: Describe your leadership style.

A: Intense. I have a wide area of interests.

Q: What are your goals in life?

A: Shepherd my children, cure cancer, honor my parents.

Q: Why did you choose to come to the Foundation Board?

A: We can make a difference.

Q: What do you like most about Baylor?

A: Its distinguished history of first-class physicians, and the awesome house staff.

Q: What are your hobbies?

A: Wing shooting and fly-fishing with my son.

Q: Who are your heroes?

A: Mary Crowley, Billy Graham, James Dobson and Ronald Reagan.

Q: What inspires you?

A: Mike Lavigna, a patient of ours.

Q: Tell us about your dream vacation.

A: Two months in Hawaii with Salli.

Q: What historical figure do you most identify with and why?

A: Benjamin Franklin, because I'm always innovating.

Q: Is there a book that changed your perspective on life?

A: “The Good Life” by Chuck Colson.

Q: My worst vice is...

A: Marble Slab ice cream.

Q: The one thing that really gets me angry is...

A: Speeders on my street.

Q: The world would be a better place if...

A: We all took time to help those less fortunate.

Baylor nursing program gets a little tender loving care

When you ask people who have been hospitalized what made the biggest difference in their stay, caring nurses consistently tops the list. It's how you're treated—the TLC, the little comforts—that sets a hospital apart. Today more than ever, nurses are in high demand, so attracting and retaining professionals is a priority.

Baylor has more than 4,700 registered nurses on staff in its hospitals and specialty care centers. It has a tenured nursing staff with lower than average turnover rates, anchored by an active Nursing Education Council, solid performance assessments, robust accreditation and good financial support.

In fact, Baylor University Medical Center and the Baylor Hamilton Heart and Vascular Hospital have achieved "Nursing Magnet" status by the American Nurse Credentialing Center, a designation that less than 5 percent of hospitals in the U.S. have achieved. But it is not enough.

"Hospitals like Baylor that invest in recruiting, training and keeping registered nurses save lives through quality patient care, and they can save money by helping patients avoid unnecessarily long hospital stays and avoidable complications."

Baylor needs to fill 500 registered nursing positions. This shortfall mirrors the situation across the state. Ten percent of the registered nursing positions in Texas hospitals are unfilled. The Health Resources and Services Administration projects that by 2020, the U.S. will be short 1 million registered nurses. Without immediate intervention, the demand for registered nurses will change from a chronic shortage into a nationwide healthcare crisis.

"Nursing agencies fill some of the gap with temporary workers; however, research shows that in hospitals where registered nurses are full-time employees of the hospital, care is superior and mortality rates lower than in those where temporary employees are helping to fill the gap," Baylor Health Care System senior vice president and chief nursing officer Rosemary Luquire, R.N., Ph.D., said. "Hospitals like Baylor that

invest in recruiting, training and keeping registered nurses save lives through quality patient care, and they can save money by helping patients avoid unnecessarily long hospital stays and avoidable complications."

What is causing this lack of nurses? Last year, 11,000 qualified applicants were turned away from Texas nursing schools because of a shortage of faculty or clinical training sites. The average age of a nurse faculty member in Texas is 54. Within 10 years, almost 57 percent of all nursing faculty will be eligible for retirement.

At the same time, the population is growing. Today, about 5.5 million people live in the area served by Baylor Health Care System. By 2040, the area will be home to almost 12 million people. The percentage of the population over the age of 65 is also growing. By 2040, both Baby Boomers and Generation X will be over 65 and will need more health care.

That is why the Baylor Health Care System Foundation is raising funds to provide Baylor staff, who want to become registered nurses, with two-year scholarships that will cover all required school expenses and allow the student to work half-time and get paid a full-time salary. Baylor Health Care System would provide tuition reimbursement and donor funds would provide the salary stipend. To launch this effort, Baylor is seeking sponsorships for 26 nurse scholars. Sponsoring a nurse scholar costs \$35,000 each year of the two-year program.

"Baylor's nursing staff has always been second to none," Baylor Health Care System Foundation president Rowland K. Robinson said. "Baylor's nursing initiative is designed to build our educated nursing staff and respected nursing leadership so that we can continue giving the same care that Baylor is renowned for."

BAYLOR EMPHASIZES TRAINING FOR ITS NURSING PROFESSIONALS



Gary Hamrick, M.S., R.N., CNA, CPHQ, chief nursing officer at Baylor Medical Center at Irving and Dana Roper-Effinger, R.N., B.S.N., M.B.A., CNA, BC, CPAN, vice president/chief nursing officer at Baylor All Saints Medical Center at Fort Worth, were among 39 senior nurse executives selected to participate in the prestigious Wharton Fellows Program in Management for Nurse Executives. The intensive management education program is held at The Wharton School of the University of Pennsylvania.

The Wharton School, in conjunction with the University of Pennsylvania's Leonard Davis Institute of Health Economics, competitively selects nurse executives to the three-week program. During the program's Executive Forum, nurse executives collaborate with their health care institutions' chief executive officers to analyze the role of nursing in hospital management and strategic planning.

For more information, or if you would like to support Baylor's nursing initiatives, please contact Ellen Dearman at 214.820.3136 or EllenD@BaylorHealth.edu.

PLANNED GIVING

Serving up a double helping of cardiovascular support



Jim and Kathy Kitchens

Baylor employee Kathy Kitchens, certified public accountant (CPA), an employee in Baylor Financial Services at Bryan Tower, has established a \$200,000 Charitable Remainder Trust funded with highly appreciated stock from her former employer.

As a CPA, Kitchens knows the value of a good deal. She selected heart research as the area to benefit because of a current \$5 million matching grant from **Ray and Bea Wallace** benefiting the Baylor Heart and Vascular Institute. Every dollar Ms. Kitchens donated allows the Foundation to receive a matching dollar for heart and vascular research.

"I was going to use the money for another area, like cancer," Kitchens said. "But when they told me about the Wallace match, I knew it would be a great way to double my impact on Baylor."

Kitchens' son Jim, who works at an income tax advisory firm, assisted her in the decision. Their goals in establishing the gift were

diversification of the stock, income during retirement, tax savings today because her income is higher, and providing a solid financial plan for passing future assets on to her son while also helping Baylor, her favorite charity. All of this was accomplished.

In several years the trust will provide additional retirement income to Kathy for her lifetime. Afterward, Baylor will receive the funds.

For more information on planned giving at Baylor, please contact Tricia Barnett at 214.820.3136 or TriciaBa@BaylorHealth.edu.

NURSING PROFILE

Rosemary Luquire, R.N., Ph.D., CNA, FAAN



Senior Vice President and Chief Nursing Officer Rosemary Luquire, R.N., Ph.D., is responsible for planning and operations for nursing practice across the Baylor Health Care System. She also supports patient safety and quality initiatives including Clinical Transformation. Dr. Luquire joined Baylor in January 2007.

Dr. Luquire is a fellow in the American Academy of Nursing; a commissioner for the Magnet Commission in Washington, D.C.; and is a member of the American Nurses Association, American Association of Critical-Care Nurses and the national and local chapters of the American College of Healthcare Executives.

Q: Describe your family.

A: I've been married to my husband for 35 years. I have two sons. My 28-year-old is an electrical engineer in Plano and my 32-year-old works in the IT department at Christus Health System in Houston. I come from a family of health care providers. My mother was a registered nurse who became a chief nursing officer. My aunt, once a lieutenant colonel in the Army, also became a chief nursing officer.

Q: Where did you grow up?

A: Bessemer, Alabama.

Q: Tell us about your education.

A: I must have changed majors five times, and each time I changed my major, I changed schools. I started at Auburn University and then moved to Birmingham Southern where I majored in music. I earned my bachelor of science in nursing at Emory University. I earned my M.S. in nursing at the University of Texas in Houston after living with my husband for a short time in Singapore and then earned my Ph.D. from Texas Woman's University. I've also had the good fortune to go to the Wharton School of Business.

Q: What are your hobbies?

A: I think maybe work is a hobby, since it takes up most of my free time. I also enjoy reading and gardening. I recently bought a baby grand piano and am getting back into playing the piano.

Q: What was your first job?

A: My first full-time job was as a staff nurse working the night shift at Lee County Hospital in Alabama. At the time, I was the only registered nurse for 42 patients. I also taught nursing at Tuskegee University.

Q: Why did you come to Baylor?

A: Because of its focus on quality. Baylor has built the infrastructure and is focused on improving patient care.

Q: What do you like most about Baylor?

A: The culture. And the focus on quality.

Q: What is the highlight of your career?

A: When tropical storm Allison hit Houston in 2001, 36 inches of rain fell in 24 hours. The Texas Medical Center was surrounded by a moat. We had 600 patients, with 100 on ventilators, when the building lost power, and I was the only executive in the building. I had to make the order to evacuate portions of the hospital and get our patients to safety. That time of crisis showed the heart and soul of the institution, and how we were able to pull together for our patients. I remember it like it was yesterday.

Q: What are your goals in life?

A: For the nursing profession to be developed and respected like it should be. To establish a work-life balance for myself, and take the time to focus on my family.

Q: What inspires you?

A: Understanding what the possibilities are and what we can do for patients and the nursing profession.

Q: If you had to choose another career, what would it be?

A: I changed majors so many times in school that once I decided to be a nurse, I didn't want to do anything else.

Q: Tell us about your dream vacation.

A: It would be a mixture of mountains and beaches. My sister has a house at Fort Walton Beach in Florida. Every year I spend a week there just floating on the water.

Q: What do you sing or hum when you're alone?

A: "Zip-a-Dee-Do-Dah" or "Amazing Grace."

Q: Is there a book that changed your perspective on life?

A: *Managing the Unexpected, Chapters*, and *How to Get Past 'No'*.

Q: What lesson did you have to learn the hard way?

A: I tend to be pretty direct. Sometimes I have to think about how I deliver a message.

Q: The best idea I ever had was...

A: Starting the outcomes management program at St. Luke's. We saw such wonderful results for our patients.

Q: The world would be a better place if...

A: We had a better understanding of each other on an international basis, and we didn't automatically assume things about other cultures.

Q: Most would be surprised to know that...

A: I can be pretty goofy around my kids.

Q: When I meet someone, the first thing I notice is...

A: How they present themselves in terms of professional demeanor, how well they articulate themselves and if they're engaged.

Q: The one thing that really gets me angry is...

A: When people choose not to do things the right way.

Q: My worst vice is...

A: Peanut butter. I have it every day.

Q: The best day I ever had was...

A: My best days are family vacations—when everybody has a chance to get together.



FROM THE CHAIR

You might have seen the story in *The New York Times* on May 28, 2007 regarding strokes.* An emergency physician friend of mine, Diana Fite, M.D., had a stroke while she was driving her car one day recently in Houston. Even though her speech was slurred, Dr. Fite directed the paramedics to take her across Houston to the accredited stroke center at Memorial Hermann.

This story illustrates an important truth. Not all hospitals have the same capabilities for dealing with strokes. A stroke could happen to anyone at any time, and when it does, time is crucial. There is only one stroke center in Dallas certified by the Joint Commission on Accredited Healthcare Organizations (JCAHO) and it is the Baylor University Medical Center at Dallas and its emergency department.

Being a designated stroke center means Baylor Dallas has several things that other hospitals in the area may not be able to offer. Not only is the emergency department trained and equipped to deal with stroke cases rapidly, but neurologists and neuro-radiologists are always on-call and readily available. Radiology departments and highly specialized equipment and technicians are available around the clock. Neurosurgeons, intensivists and intensive care units (ICUs) are available for possible complications and recovery. And of course, Baylor has one of the most recognized rehabilitation hospitals in the country, the Baylor Institute for Rehabilitation.

A stroke is an interruption of the blood supply to any part of the brain and can happen when a blood vessel carrying blood to the brain is blocked by a blood clot, or a blood vessel breaks open, causing blood to leak into the brain. If blood flow is stopped for longer than a few seconds, the brain cannot get blood and oxygen.

Strokes are generally considered to only happen to older people, but we have all heard of much younger people being affected, especially those with high blood pressure problems. Preparing yourself by knowing what to do and where to go is a good idea. It is also helpful for family members to be aware of the options when something unexpected happens.

We are blessed in this community to have high-quality options in our choices of health care, but not everyone knows that Baylor stands out in stroke care.

Leonard Riggs Jr MD

Leonard M. Riggs, Jr., M.D.
Chair

Baylor Health Care System Foundation

*To read more about my friend Dr. Fite, go to www.nytimes.com, register and search for the May 28, 2007 stories.