Beating the odds and saving women’s lives

The protocol created by Dr. Dianne Zwicke that kept Monique and baby DeMarcus alive
Dear Friends,

As our exciting year of transformation continues, with the creation of Advocate Aurora Health, I want to introduce you to Randy Varju, President of Advocate Charitable Foundation. As we move forward with the merger into one innovative health care provider, Randy will now also serve as President of Aurora Health Care Foundation. Randy is an excellent leader who will help us continue to expand our impact and enhance care in the communities we serve.

I have taken on an expanded role as Chief Experience Officer and will continue to work closely with Randy on all Aurora Health Care Foundation priorities. Please welcome Randy to this new role. I hope you enjoy learning why he is so passionate about giving back, and what he’s looking forward to at this year’s Aurora Gala, Dream. Discover. Transform.

Cristy: What does the act of giving mean to you?

Randy: Health is personal and individual, an intimate part of who we are. So is charitable giving. In a health care setting, a charitable gift is the ultimate expression of partnership. Whether expressing gratitude for a meaningful care experience or wanting to ensure the best possible health care and services for our family, friends and neighbors, every donor can make a difference in the lives of others.

Cristy: This year’s gala will celebrate Aurora’s innovators who go above and beyond to make life better for their patients. Why is this something worth celebrating?

Randy: It’s not only an acknowledgement of the innovator’s pioneering spirit, but in many cases, a celebration of the role philanthropy plays in encouraging or enabling their efforts. Philanthropic gestures have and will continue to shape new approaches that transform care. While we look forward to recognizing the ways Aurora’s innovators have redefined care, the funds we raise through this event will allow for even more inspiring efforts.

Sincerely,

Cristy Garcia-Thomas
Chief External Affairs Officer, Advocate Aurora Health

How Judy Gardetto left her mark on innovation at Aurora Health Care

The 2018 Aurora Gala will honor longtime donor, Mrs. Judy Gardetto, and the Gardetto family for their continued investment in Aurora Health Care and for supporting areas that have advanced care and treatment options for so many in our community.

“It’s the people who make Aurora Health Care, particularly Aurora St. Luke’s, so special,” Judy shared. “The nurses, doctors, everyone who is working on the floor is proficient at what they do and is so compassionate. They truly care for the people they serve, and you really feel that when you’re there.”

Judy’s late husband, John, and other loved ones have received care at Aurora St. Luke’s, including cancer care. In 2006, the Gardettos made a significant gift to bring one of the first Cyberknife® technologies to Wisconsin. The John and Judy Gardetto Radiosurgery Center, where this technology is housed, was renamed in their honor.

And today, Aurora Health Care is a true family affair for the Gardettos. Judy has six close family members who work for Aurora, spread out at several hospitals and clinics throughout the system.
It was fall of 2017 and Monique Groce and her husband, DeMarcus, were overjoyed to learn they were going to be parents again. Already mom to a 4-year-old girl, Monique and DeMarcus’s baby boy was scheduled to arrive on May 22, 2018.

But not long after she became pregnant, Monique started having coughing spells and a hard time breathing. Her primary doctor treated her for asthma. But as the weeks and even months went on, basic tasks became nearly impossible.

“I could barely walk. I felt like I couldn’t get any air and was passing out,” Monique shared.

Finally, in February of 2018, emergency physicians at Aurora Medical Center in Grafton did a CT scan and saw fluid around her heart. Monique’s heart was collapsing, putting her and her unborn baby’s life at risk. She was taken by ambulance to Aurora Sinai Medical Center where experts are prepared to deliver high-risk babies.

“I could have dropped dead at any second,” Monique explained. “I wanted them to do whatever they could to save my son. That was a conversation my husband and I had to have. If it’s me or the baby, I’d rather they give my baby a chance. It was so emotional.”

But thankfully for the Groces, they soon met Dianne Zwicke, MD, a cardiologist based at Aurora St. Luke’s Medical Center. Choosing between her own life and her unborn baby boy was a horrible decision they would never have to make. Dr. Zwicke recognized right away that Monique had pulmonary arterial hypertension, a condition that kills 57 percent of pregnant women who are diagnosed. Because of the extreme risk of heart failure and death, very often when pregnant women are diagnosed with pulmonary arterial hypertension they are told the risk of carrying the child is too high.

“I felt sorry for these women who just weren’t being given options,” Dr. Zwicke shared. “As a physician, our job is to diagnose you, treat you and educate you on the disease, treatment and risks. But the decision about whether or not to maintain the pregnancy should be theirs.”

So in 2003, Dr. Zwicke created a protocol that involves a multi-disciplinary team of nurses, respiratory therapists, anesthesiologists, high-risk OB doctors, critical care doctors and herself. The woman is strictly monitored, treated with medications and admitted to the Intensive Care Unit by 36 weeks to deliver the baby. Mothers stay there for at least four days after delivery and close follow-up continues for the next six weeks.

In the last 15 years, 100 percent of the women under Dr. Zwicke’s care or consultation have survived their pregnancies. She has provided care for 170 women and assisted with the deliveries of 186 babies. One of the 186 was DeMarcus Groce II, who was born on May 1.

“I feel like he and I have been through war together,” Monique said about her baby boy. “And Dr. Zwicke is the angel that literally got us through it. She gave us hope and she saved my life.”

Dr. Zwicke now presents her findings all over the world and was recently honored as Clinical Researcher of the Year at the Cardiac Problems in Pregnancy conference in Italy.
We are honored to announce that Dan and Susie Minahan of Milwaukee will serve as chairs of the 2018 Aurora Gala.

“What impresses us about Aurora and this event is how every year, we learn something new, something incredible that Aurora is leading that really impacts health care in our communities,” said Dan. “We are thrilled to help celebrate some of Aurora’s top innovators as a part of this year’s event.”

Dan served on the Aurora Health Care Board of Directors for 12 years and as its Board Chairman for three years. He has been a leader through the health care system’s transformation to incorporate new technologies and care models in order to create and maintain an integrated health system. He currently serves as Chairman of the new Aurora Community Board. Dan is President and Chief Operating Officer of Continental Properties in Milwaukee.

There is still time to join us at this year’s Aurora Gala. Visit give.aurora.org/gala for tickets and sponsorship information.

Thank you to our 2018 Aurora Gala chairs

Dan and Susie Minahan

Thank you to our 2018 Aurora Gala chairs

The power of Precision Medicine

Michael Michalkiewicz, PhD, with Aurora Research Institute, developed a tool that helps physicians prescribe the most effective heart attack and stroke prevention medications based on the patient’s genotype. Thanks to grants from the National Institutes of Health and donors, this innovative tool is one of the first of its kind to be used in the Midwest, and the first in Wisconsin, starting at Aurora St. Luke’s Medical Center.

“This is a game-changer in how we can help people who are resistant to often-prescribed medications and may not even know it,” Dr. Michalkiewicz explained.

Much of Dr. Michalkiewicz’s research is focused on the drug clopidogrel, the most commonly prescribed antiplatelet drug used to reduce the risk of heart disease and stroke. Some patients do not respond well to treatment with clopidogrel because of a genetic mutation.

“If a person is resistant and takes the drug, they could experience a heart attack or stroke,” Dr. Michalkiewicz said.

To combat this, Dr. Michalkiewicz developed a protocol, similar to one designed at Vanderbilt University, that streamlines orders for genetic testing and automates results. Those results run through an algorithm within the electronic health record which provides physicians with a prescription tailored to the patient.

“This protocol has been welcomed by physicians because of its efficiency and accuracy, and elevates the impact precision medicine can have on our patients,” said Dr. Tanvir Bajwa, one of the Aurora cardiologists collaborating on this project.

The tool was launched in late March, 2018, at Aurora St. Luke’s. To date, 302 patients have been tested and 61 of them have shown they could benefit from an alternative to clopidogrel.

If successful, this tool could be expanded to find genetic pairings for a number of other drugs, including painkillers, antidepressants and many anticancer drugs.

“If we can save one person who wouldn’t have known they were resistant to this medication, we’ve done our job,” said Dr. Michalkiewicz.
What inspires these innovators

**Jasbir Sra, MD**, electrophysiologist. Dr. Sra enlisted a team of medical and technology experts to create the first cardiac mapping system that uses imaging systems already existing in most hospital labs around the world. The system, called “Navik 3D,” was launched this year at Aurora St. Luke’s Medical Center. This digital solution can be scaled to radically improve the treatment of complex diseases such as atrial fibrillation, stroke and percutaneous valve replacement.

“I hope to make this procedure more widely available in the U.S. and in developing countries which currently do not have access to mapping. This will mean more people will have the opportunity to receive the very best care possible.”

**Mike Rodgers**, vice president of strategic innovation. Mike ensures Aurora is always looking at the best and most innovative way to deliver care that leads to the best outcomes for our patients. Aurora’s groundbreaking innovations are some of the most advanced in the area and are backed by world-renowned medical experts. Better and more innovative techniques often mean less recovery time for patients, which also means less time in the hospital.

“I love that I get to challenge the status quo and that Aurora also encourages it. I’m always looking for new businesses and services that will transform the organization’s position in the marketplace, produce value for our patients and position Aurora to have a sustainable future.”

**Judy A. Tjoe, MD, FACS**, (right) breast oncology surgeon, Aurora Cancer Care, Aurora Health Care Medical Director, TORQUE, Aurora Research Institute, **Leslie J. Waltke, PT, DPT**, (left) cancer rehabilitation specialist, Aurora Physical Therapy. In 2011, Dr. Tjoe and Dr. Waltke launched “Team Phoenix,” an innovative fitness and research program to assist cancer survivors to regain wellness after treatment by training them to complete a sprint distance triathlon. Team Phoenix also seeks to better understand the effects of group led goal-oriented exercise and psychological well-being after cancer treatment.

Dr. Tjoe shared, “We want to empower cancer survivors to improve their well-being by removing physical and psychological barriers to maintaining exercise routines. Additionally, their health information is now helping the next generation of survivors by providing data about the impact of exercise on certain health metrics which may be adversely affected by cancer treatments.”

**Steven Zils, MD**, Aurora out-of-hospital medical director for Ozaukee and Sheboygan counties. Dr. Zils helped lead a multi-year fundraising effort to expand emergency medical care, training and resources in Ozaukee and Sheboygan counties. Because of his leadership and donor support, the community has more lifesaving tools to empower them to act in emergency situations.

“In King County, Washington, through the development of a comprehensive program, they improved their rate of cardiac arrest survival from 26 percent to 57 percent over a 10-year period. We have aimed to improve patient outcomes not only for cardiac arrest, but for many other emergency conditions where quality pre-hospital care is critical.”
Saving patients before they know they need saving

For decades, Ken Usky knew he had hepatitis C. He likely contracted it through a blood transfusion in the 1970s but never developed symptoms. It wasn’t really something he or his care team thought much about. But then in 2015, an alert went off through his electronic medical record at Aurora that would completely change his life.

“New hepatitis C medications hit the market in 2014 that were extremely effective,” explained Ajay Sahajpal, MD, director of transplant services at Aurora Health Care. “So all of a sudden, a disease that was a chronic illness and could kill you became something that was curable in eight to 12 weeks.”

Not long after the new medications came out, Dr. Sahajpal saw a patient who had hepatitis C but never knew it. By the time the patient got treatment, it had developed into inoperable liver cancer, and the patient died. Dr. Sahajpal couldn’t help but think, “How could we have gotten to him sooner?”

“He had just retired and was ready to live out the rest of his life,” Dr. Sahajpal shared. “But his first presentation to us was for unresectable cancer of the liver. It was too late.”

So Dr. Sahajpal created a protocol that starts with a “Best Practice Alert” through a patient’s electronic medical record. All of Aurora’s primary care doctors who treat patients who are at risk for hepatitis C should see it. Those considered most at-risk are the baby boomer generation, or people around Ken’s age.

“The alert is designed to find patients who are asymptomatic and get them in for screening,” explained Dr. Sahajpal. “Then if they’re positive, they get referred to us for management and a cure.”

Because Ken knew he already had Hepatitis C, the alert triggered him to see a liver specialist and Dr. Sahajpal’s team.

“When I saw Dr. Sahajpal, he discovered I already had a small tumor on my liver,” Ken shared. “Over the next two years, they would find six tumors. But because of the alert going off and I got referred in, they caught all of them early and I’m alive today.”

Not only did Dr. Sahajpal and his transplant team catch Ken’s liver cancer early and cure his hepatitis C, Ken eventually had a liver transplant and now feels better than he has felt in years.

“I did my research and I know this guy is an innovator,” Ken said about Dr. Sahajpal. “I’d do anything for these guys. They’re doing what’s best for their patients.”

Thanks to the alert and protocol created by Dr. Sahajpal, his team has now treated and cured more than 1,000 people who were asymptomatic with hepatitis C.

Each year, the Aurora Transplant Program honors the gift of life at the “Celebration of Life” dinner event featuring organ recipients, like Ken, and their donor families. This event is made possible thanks to philanthropic support, especially our presenting sponsor, the Bartolotta Restaurant Group. This year’s event is on Tuesday, September 25. To learn more, please contact Michelle Schuerman at michelle.schuerman@aurora.org.
Why doctors travel from all over the country to see this innovative surgeon work

Watching William Tisol, MD, in the operating room is like watching something out of the future. While the patient lies on a table in the middle of the room, Dr. Tisol sits in the corner at a large console, using his hands and feet to control huge robotic arms and perform complex surgery—all while never touching the patient himself.

Dr. Tisol is a thoracic surgeon at Aurora Medical Center in Grafton, and he specializes in the da Vinci Robotics System.

“The da Vinci Robotics System is unique because it allows us to have three-dimensional vision, wristed motion of our instruments and 10 times magnification,” he explained. “It really allows us to see very accurately what we’re working on and allows us to work very precisely on the tissue we need to work on.”

Dr. Tisol has performed nearly 1,000 robotic thoracic surgeries, and in 2017 he performed more than any other thoracic surgeon in the country. Doctors from all over the country travel to Grafton to watch him and his team in action, so they can learn and help people in their own communities.

“The benefit for patients is they have less post-operative pain. And when you have less pain, you have a faster recovery and you get back to doing the things you want to do,” Dr. Tisol said. “That’s the whole point of it, getting people back to doing what they want to do, professionally and recreationally.”

National model, personalized care: Aurora’s Acute Care for Elders program

In 1999, while caring for an older patient with an acute injury, Michael Malone, MD, noticed that a particular treatment created a new symptom. That new symptom required a new treatment that created a new symptom... and so on.

“I knew we had to do better,” Dr. Malone stated. “We had to learn how to provide the best care for older adults specifically.”

That episode led Dr. Malone to develop Acute Care for Elders, or ACE, a model that’s on the national vanguard of elder care. ACE is based on the knowledge that conditions common in older adults, like difficulty swallowing or the fear of falling, will frame how they respond to their illness—as well as their treatment.

“If we don’t bear this in mind,” Dr. Malone said, “the treatment we provide to older adults can become more difficult than it should be.”

The ACE model includes best practices tested by Dr. Malone’s ACE research team, including a questionnaire embedded in the electronic health record that prompts truly individualized care. The key to the program’s success has been the collaboration and continuous improvement between health care and the community. That’s because even with the immeasurable good the program has done for older adults, ACE is not a reimbursable service.

“Almost all ACE research and implementation has been funded by donations of time and money,” said Dr. Malone. “This generosity has made better care for older adults possible.”
The information presented in this magazine is intended for general information and educational purposes. It is not intended to replace the advice of your own physician. Contact your physician if you believe you have a health problem. If you would like to be removed from our mailing list, please call Aurora Health Care Foundation at 877-460-8730.

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**What your support of innovation can do**

Your gift to Aurora’s innovation efforts makes tomorrow’s treatments possible, today! Proceeds from this year’s Aurora Gala will support clinical innovation, led by our team members, and new care models that help transform lives through Aurora’s Well Community programs. There’s still time to attend or make a gift! Learn more at [give.aurora.org/gala](http://give.aurora.org/gala).