

Power of giving

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Winter 2021

First Heart Transplant

Tom didn't expect to spend his birthday in the hospital. He wasn't sure he would leave the hospital alive.

But, 16 days later, he had a new heart and new hope for life.

Tom Hatch was the first heart transplant recipient under the revitalized program at Providence St. Vincent Medical Center. A former arson investigator for Oregon State Police, Tom's heart started failing in 2006. By 2020, putting on his socks exhausted him – he could no longer do the physical activities he had pursued most of his life. "I never expected to be in this position. I had always been active. I thought if you take care of yourself, you'll be fine."

Tom retired in 2015 after 26 years with OSP. He began to feel a decrease in his health and, while doctors were able to stabilize him for a bit, the decline slowly continued. In late 2019, his doctor told him he'd need a new heart. Fortunately he had most of the required tests for a transplant done before COVID-19 hit so Tom and wife Denise were prepared to travel wherever a heart was available.

He checked into Providence St. Vincent on July 6 after tests revealed that his heart condition had worsened, and he spent the next two weeks in cardiac intensive care. On July 21, his doctor told him a heart was available and, on July 22, he received his new heart.

"We are very grateful and blessed," said Denise. "Never in our lives have we received such excellent and consistent care."

Today Tom is able to walk up his stairs carrying bags of groceries. "I was very fortunate," he said. "These doctors are nothing short of amazing." ■



Tom Hatch received the first heart under the restarted Providence heart transplant program. As of January 22, eight transplants have been successfully completed.

Barbara Spencer/COVID-19



Barbara Spencer leaves Providence St. Vincent a month after being admitted for COVID-19.

Providence Center for Cardiovascular Analytics, Research + Data Science (CARDS) investigates the treatments, technologies and processes that lead to the best patient outcomes and create the highest value cardiovascular care.

CARDS researchers are studying predictors of outcomes for COVID-19 patients in intensive care units. According to statistics, Barbara Spencer should not have left the ICU alive.

“If we can better understand why patients like Barbara survive, we may be able to help many more patients.”

– Dr. Gluckman

The 77-year-old cancer survivor spent nearly a month in the ICU at Providence St. Vincent, including 16 days on a ventilator.

With her condition deteriorating rapidly, doctors immediately moved her to the ICU and placed her on a ventilator. Despite her age and risk factors, Barbara went home after 29 days in the hospital. Providence’s physicians and nurses never gave up on Barbara. Why she survived while others with fewer complications haven’t remains a mystery.

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her age and risk factors, Barbara went home after 29 days in the hospital. Providence’s physicians and nurses never gave up on Barbara. Why she survived while others with fewer complications haven’t remains a mystery. “Even with an effective vaccine, COVID-19 will be with us for a long time,” said Ty Gluckman, M.D., CARDS medical director. “If we can better understand why patients like Barbara survive, we may be able to help many more patients.” ■

Glidescope

Surfactant is a chemical our lungs make to help them function normally. However, premature infants don’t make enough surfactant, which can be life threatening. A standard technique used to give babies surfactant involves placing a large breathing tube through their vocal cords. This procedure requires sometimes sedating the baby and then hyperextending the baby’s neck and placing the baby on a ventilator. It’s incredibly invasive.

Thanks to donor support a new glidescope was purchased for the NICU. Using the glidescope and a less invasive delivery method, we can guide a small, soft, flexible catheter through the baby’s vocal cords without painful neck positioning or the trauma of a ventilator. ■



African-American Multiple Sclerosis Registry

After 3½ years of development, the African-American Multiple Sclerosis Registry opened in September. The registry is the first of its kind and is meant to address some of the disparities in care of Black patients with MS.

Stanley Cohan, M.D., Ph.D., medical director, Providence Multiple Sclerosis Center, developed the registry. He will work with three highly regarded MS neurologists – Annette Howard, M.D., Houston, Texas; Annette Okai, M.D., Dallas, Texas; and Mitzi Williams, M.D., Atlanta, Georgia – to direct the registry’s activity.

Multiple sclerosis is an autoimmune disease that can damage the brain, optic nerves and spinal cord. The registry will be used to estimate the number and geographic distribution of Black patients with MS. This will provide important clinical and demographic information to neurologists as they work to improve care for these patients. [To learn more go to https://www.naamsr.org](https://www.naamsr.org) ■



Dr. Stanley Cohan evaluates patient Anita Wells who was diagnosed with MS 20 years ago.

Ethics in the time of COVID-19



COVID-19 was killing Robert. Already frail before he contracted the virus, he struggled to breathe. His caregivers knew that his heart would probably stop beating soon. Even if caregivers successfully re-started Robert’s heart, his attending physician knew that the quality of his remaining life would probably be very poor. The physician recommended changing Robert’s code status to “Do Not Resuscitate,” but his family objected.

Providence Center for Health Care Ethics has been a leading force in guiding Providence through difficult decisions for 20 years. The COVID-19 pandemic aggravated longstanding health care inequities and brought new life-and-death choices and bewildering uncertainties. The center is 100% supported by donors.

At Providence, our leaders and caregivers regularly confront ethical issues as they seek what is best for patients, especially the poor and vulnerable.

Consulting with the physician, the care team and the family, the Providence ethicist was able to advise an outcome for Robert’s care that honored everyone’s best intentions in a difficult situation. ■

New ICU beds

The COVID-19 outbreak highlighted the need for expanded critical care space at Providence St. Vincent Medical Center. Thanks to generous donors, a brand new intensive care unit on the lower level of Providence St. Vincent opened in December. This timely addition increases our critical care bed capacity by 16 beds.

Traditionally patients in our critical care unit have needed expert, intensive care for heart attacks, heart failure, strokes and respiratory or renal failure. The recent pandemic, our increasing provision of acute heart services and population growth in our community heightened the need for critical care space.

Caregivers were involved in development of the new space to ensure it worked well for their needs as well as for patients. "Caregivers are feeling really confident about their ability to provide the best possible care," said Laura Lightner, RN, ICU operations manager.

Each spacious room provides state-of-the-art monitoring equipment and features a movable console that improves the patient's ability to engage directly with family or other visitors. In addition to housing standard equipment, such as IV, suction and oxygen, the 360-degree console holds patient comfort items, including the call light and telephone. ■



Laura Lightner, RN, ICU operations manager, said caregivers had input into the design of the new ICU space and everyone is pleased with the results.

Our Mission

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Values

Compassion, Dignity, Justice, Excellence, Integrity

Inspiring Generosity ♥

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