I want to take this opportunity to let you know about some of the encouraging developments at Beth Israel Deaconess Medical Center in Fiscal Year 2004. The medical center ended the year with an operating surplus of more than $37 million, the first time BIDMC has finished in the black since the merger. So far, the medical center is continuing its financial success: the first quarter of FY’05 showed the hospital to be running substantially ahead of budget and prior year totals, and our patient satisfaction ratings have never been higher.

Since the approval of Beth Israel Deaconess’s strategic plan just one year ago, we have seen tremendous advances in the high-priority programs highlighted in the plan, such as cardiac services, surgery, orthopedics, and oncology, to name a few. The Department of Surgery experienced especially impressive growth, with surgical volume increasing 7 percent over FY’03. Overall inpatient discharges also increased, and outpatient visits grew 12.6 percent. We’re starting to feel almost as popular as the World Champion Boston Red Sox and New England Patriots.

BIDMC’s growth also reflects our success in expanding our clinical, research, and academic enterprises, as well as the generous support we have received from you and many other members of our community. The medical center would not be in the excellent position it is today without your devotion and generosity. Thank you.

Sincerely,

Carl S. Sloane
At first glance, the articles in the 2004 Annual Giving Report have little in common. After all, the medical needs of a premature infant, a woman with breast cancer, and an elderly candidate for hip replacement are dramatically different. But in reading about the approaches to care at Beth Israel Deaconess Medical Center, a common theme becomes apparent in all the pieces: collaboration within and between departments flourishes throughout BIDMC. The medical center’s BreastCare Center has a unique multidisciplinary approach to treating a patient’s disease, bringing together a team of specialists to create personalized treatment plans for each of their patients. The Division of Gerontology has implemented a collaboration with the Department of Orthopedics to better treat surgical and recovery complications faced by elderly patients. And the Department of Obstetrics and Gynecology’s focus on teamwork has dramatically reduced potential adverse outcomes in high-risk obstetric patients.

As you will see in our articles highlighting philanthropy at Beth Israel Deaconess, this cooperative spirit extends beyond the boundaries of medical care. Be it Ted Cutler founding the President’s Society, Carol Goldberg continuing her family’s tradition of involvement with the medical center, or young Jennifer Kaufman donating her birthday money to Windows of Hope, our donors are essential to all of the medical center’s success, past, present, and future. I am deeply grateful for the time, energy, and dedication of our wonderful benefactors.

This collaborative, generous spirit infuses every patient/caregiver interaction at Beth Israel Deaconess. I am honored to lead such a caring and skilled group of medical staff, and I hope you will feel equally proud of your involvement with the medical center after reading about the kindness of your fellow donors and the incredible care provided here.

Sincerely,

Paul F. Levy
It was all a matter of balance, recalls DeWayne Pursley, M.D., chief of neonatology at Beth Israel Deaconess. More than a decade ago, the opening of the state-of-the-art Klarman Family Neonatal Intensive Care Unit at the medical center closed the divide between a labor and delivery department that brings more than 5000 babies into the world each year and a newborn department that was, until then, unable to provide the most sophisticated care for the most fragile of infants. "It was such a large delivery service and, with large services, just about anything can pop out of a delivery room,” smiles Pursley. Today, with a unique blend of technology and tenderness, BIDMC’s Department of Neonatology can handle almost everything L&D sends its way, from the precarious preemie to the healthy full-term newborn.

You’ve Come a Long Way, Babies
The knowledge that their infants will get the finest care, regardless of the prognosis, has drawn women with high-risk pregnancies to the medical center like a magnet. "Labor and delivery is a very different place from when I came here," says BIDMC obstetrician Hope Ricciotti, M.D., noting that the volume of high-risk patients she and her colleagues see has soared. "And yet somehow we still deliver that same brand of care despite those high-tech interventions."

Indeed, the Beth Israel Deaconess trademark of delivering world-class care — with a hometown touch is particularly appealing to soon-to-be moms, from the woman with type I diabetes who never thought she’d have children to the older obstetrics patient who needs a bit more attention. It’s also why they tend to return to BIDMC. "We are acutely aware in our department that for most women having a baby is their first entrance into the health care system," says Ricciotti, "and so it's very important for us to make it an experience that they remember fondly so that when they have heart disease or cancer they know they can feel comfortable here."

Feeling comfortable with your caregivers is often a by-product of those same caregivers feeling comfortable with each other and the atmosphere in which they work. "I think people find it’s a very supportive environment," says Benjamin Sachs, M.D., chief of obstetrics and gynecology of his department, "and the team approach has certainly relieved a lot of people of the feeling that they’re the only person around in stressful situations."

This team approach Sachs describes is more than just informal collegiality. Sachs has been leading an initiative at 15 hospitals nationwide to study the role of team training in obstetrics to reduce medical errors. Based on safety techniques designed by the U.S. Department of Defense and the commercial airline industry, the project centers around sharing workloads and cross-monitoring among all staff to avoid one person going down a path that might lead to a life-altering error in judgment. “It takes away the traditional hierarchical model of medicine,” notes Ricciotti, who adds with a mock gasp, “A nurse question me! Gosh, I hope so, because when it’s three o’clock in the morning and I’m tired, I want a second pair of eyes looking over at that fetal monitor strip.”

At Beth Israel Deaconess, the team-approach effort has been a remarkable success with a 53 percent reduction in potential adverse outcomes in high-risk obstetric patients, dramatically better than the study's national results. Sachs and Ricciotti attribute this achievement to the fact that they were all team players from the start, a positive influence of the BIDMC culture. But even the best team players need practice. "It’s like turning medicine on its head," says Sachs. "It’s not a high-tech approach, and that’s why it’s hard. It’s not just a simple computer that you program. You have to change human behavior."

Pursley, too, says that the most exciting advances in the Department of Neonatology are not technology based, citing patient safety and family support as two of their hottest areas of focus today. "Oh, we have all that," he notes casually of the most cutting-edge neonatal paraphernalia like high-frequency ventilation and nitric oxide therapy for high-risk premature babies. "I think that neonatology is at the point where rather than looking at the latest ventilator or the latest medication, what we really need to focus on is how to deliver the package of care."

Ironically, the BIDMC focus on teamwork, relationship building, and care delivery may be just the reason it’s been involved with some of the most spectacular advances in the care of mothers and babies. With experts who aren’t afraid to collaborate across disciplines and across the boundaries of clinical medicine and scientific research, the medical center has created an environment where ideas are allowed to take seed and grow. A recent breakthrough in the etiology of pre-eclampsia provides one of the more dramatic examples, where in the course of their work two BIDMC cancer researchers in nephrology, Vikas Sukhatme, M.D., and Ananth Karumanchi, M.D., happened upon a protein that may predict this life-threatening pregnancy complication. One of the leading causes of infant and maternal mortality worldwide, pre-eclampsia is characterized by dangerously high blood pressure and edema and remains one of the biggest hurdles in modern obstetrics. Only by their willingness to collaborate and think beyond their field of interest...
“I think that neonatology is at the point where rather than looking at the latest ventilator or the latest medication, what we really need to focus on is how to deliver the package of care.”

– Dwayne Pursley, M.D.

(continued from page 7)

would Sukhatme and Karumanchi begin a process that has paved the way for a potential urine screening test and prospective treatment, which clinicians will begin testing in patients in 2005. “I think for Beth Israel Deaconess to be the first institution in the world to have a clinical trial on a potential therapy for pre-eclampsia—that’s a privilege,” says Sachs. “That’s why you go into academic medicine.”

While pre-eclampsia may be the most compelling example of late, these kinds of cooperative efforts go on at BIDMC every day. In the relatively small neonatology division, all the practicing clinicians seem to have their hands in some kind of research or another and rely on many different partners to accomplish their goals, from the neonatologist next door to the international neonatal think tank. Clinical trials to determine the optimal amount of oxygen for babies, studies evaluating the economic aspects of neonatal intensive care, and the development of a first-of-its-kind lactation curriculum are just a few of the research activities that keep the department buzzing. “I don’t think there’s any one project that involves just one person here,” says Pursley.

That BIDMC has been recognized as one of the best hospitals in the country for communications technology certainly doesn’t hurt these collaborative efforts. “But some of it’s just culture,” notes Ricciotti. “It’s just how we’ve always been—we always have talked to each other and there isn’t this sort of negative interaction with those outside our department. In fact, we relish that kind of interaction.” She adds laughing, “Why some of my best friends are surgeons!” Pursley points out that even the most instinctive of partnerships—that between obstetrics and neonatology—doesn’t come naturally at all hospitals. He recalls the first BIDMC chief in maternal-fetal medicine upon leaving the medical center saying that he had thought the new neonatal program would succeed but never dreamed that obstetricians and neonatologists could ever work so well together.

“That’s one of the greatest things about Beth Israel Deaconess,” agrees Sachs. “I wouldn’t be so arrogant or bold to say that other institutions aren’t like that nationally, but I think it’s one of our strengths. And there are institutions where it doesn’t happen as part of their daily functioning, and in the end the patients suffer.”

And ultimately it’s all about the patients—the babies and their parents. They are the fundamental partners in the collaborative work of both obstetrics and neonatology, and all the clinical, research, and teaching efforts of these two departments would mean little without their active involvement. Luckily, the staff embraces that fact. “I think we are especially good at working with families,” asserts Pursley, “and what we want to do is put it right over the top, distinguish ourselves from the pack, and make this place exceptional in terms of family experiences.”

The Young and the Generous

Many children spend the weeks leading up their birthday with visions of the latest toys and video games dancing in their heads. But Jennifer Kaufman’s vision for her ninth birthday was a bit more inspired. On her invitation, Jennifer asked her friends and family to donate the money they would have spent on a present to Windows of Hope, a retail store for cancer patients at Beth Israel Deaconess Medical Center.

“I wanted to donate it somewhere that it was going to be useful,” says Jennifer, who was already familiar with Windows of Hope’s good work. The shop was founded by Jennifer’s grandparents, Carol and Robert Mayer, longtime patients and supporters of BIDMC, who saw the need for providing specialty cancer products and services in a convenient and reassuring environment.

Carol Mayer volunteers weekly on the hematology/oncology floor of the hospital, where Windows of Hope is located, so Jennifer has been a frequent visitor to the store. “We tried on all the wigs, and the hats were really cute,” she says of her most recent trip. But no visit could have been more meaningful than the one last May, when Jennifer passed along the $500 that she raised through her birthday efforts.

“For me to receive, but to know that this at such an early age is extraordinary!” says Linda Myers, manager of Windows of Hope. “At Windows of Hope, we make sure no one leaves the shop without what they need. Donations such as Jen’s make it possible for our mission to continue.”

Ensuring patients get everything they need is also Vamsy Bobba’s way of giving to Beth Israel Deaconess. The 17-year-old Lexington High School student volunteers every Sunday in the Emergency Department, providing patients there with comfort and conversation as they wait for treatment and test results.

Vamsy began volunteering in the ED a year and a half ago because he was considering medical school after college and wanted to see firsthand the interactions between doctors and patients. He says his time at BIDMC has made him even more certain that medicine is the path for him.

In April 2004, Vamsy was honored at the BIDMC volunteer awards ceremony with the first annual Youth Leadership Award, given to a young volunteer whose work inspires others to give back to the community. Julia Dunbar, director of volunteer services at Beth Israel Deaconess says, “He’s every-thing you want in a volunteer. He’s a model of compassion and reliability.”

But Vamsy says that he gets back just as much as he gives. “Every time I go to the Emergency Department, I see some patients who are sad, some who are angry, but after you talk to them for even just ten or fifteen minutes, they’ll smile, and they’re a lot more friendly. And then when they come to thank you when they’re leaving—that’s the best feeling.”
With innovations in diagnosis and treatment (below, right), more women are surviving breast cancer than ever before. BIDMC Oncology Social Work Chief Hester Hill Schnipper (below, left) and her colleagues help patients deal with the complex psychosocial issues that overcoming the disease often brings. “It’s a whole new field,” she says. “And much more interesting and absolutely wonderful because of all these people who might not otherwise be alive.”

Mom. Perhaps nothing evokes the warmth and security of family more than that one word. And perhaps nothing can expose the vulnerability of that safe haven more than the human frailty of mom herself. “I think they hadn’t come face to face with the finiteness of one’s own existence—theirs and mine,” recalls Barbara Sydney of her children’s reaction to her breast cancer diagnosis in 1999. “I think they have had a particularly nice childhood, not in terms of possessions or material things, but they’ve had a pretty secure life and this was the first insecure thing that happened to them.”
At the heart of this approach is coordinated multidisciplinary clinical care. At BIDMC, a woman newly diagnosed with breast cancer is not only evaluated by an oncologist but a whole range of breast care specialists in surgery, radiation therapy, radiology, and pathology. Together, all the care providers determine the exact nature of the disease and come up with the best treatment plan for that particular patient—usually within just one afternoon. This seamless integration of services continues throughout the course of treatment, managed by a nurse coordinator, who guides the patient through the process. Schnipper notes that although it requires physicians to be generous with their time, the approach really puts the patient first and may be the reason cancer patients come to Beth Israel Deaconess for their care. Indeed, Barbara Sydney had comparison-shopped breast cancer programs after a routine mammogram revealed she had invasive ductal carcinoma (the most common form of breast cancer), but she ended up at BIDMC as one of Schnipper’s patients. “It’s a choice she’s never regretted.”

“I think there was a sense of feeling very safe and very secure in that environment,” she says, “that you were being treated and treated by the best, that they had seen all this before, that they knew what they were doing.”

Sydney’s sense that BIDMC has a wealth of experience when it comes to breast cancer was more than just woman’s intuition. The medical center has a long history of excellence in treating the disease. Beth Israel Deaconess was a pioneer in the use of radiation therapy for breast cancer and was the first hospital in the New England region to embrace breast conserving treatment over a radical mastectomy more than two decades ago. That a woman would benefit physically and psychologically from a treatment that saves the breast seems obvious now, but the idea was revolutionary at the time. Today, the medical center continues to make its objective not just to treat the disease but to treat the patient, incorporating her overall well-being into the diverse array of new approaches to breast cancer. BIDMC is currently one of the few places in New England that offers a DIEP flap: a new, less-invasive operation for reconstructing the breast after a mastectomy. It has also been at the center of numerous clinical trials for breast cancer: some for hormone-based therapies and chemotherapy regimens that have proven more effective and less debilitating; others for preventive medicines that have offered women genetically predisposed to breast cancer a way to circumvent their DNA. “What we’ve done for years,” says Schnipper, “is use these clinical trials as a way of giving our patients what might be tomorrow’s best therapies today.”

Although these innovations offer new hope to women with breast cancer and their families, they can also be a source of even more complex challenges. “So many women are staying well and going on to have a normal life expectancy post—breast cancer,” notes Hester Hill Schnipper, chief of oncology social work at Beth Israel Deaconess and author of After Breast Cancer, “but we certainly are finding the experience of going through intense chemotherapy and radiation does leave people with physical, not to mention psychological, changes. If everybody was going to be dead within a year, it didn’t matter much, but if you’re going to live for another 30 years, these changes matter.” Even patients with metastatic breast cancer, which is ultimately fatal, are surviving longer than ever before. The pressures that come with these extra months and years can be overwhelming. “Knowing that she has an illness that will eventually cause her death, how can a woman keep life as full and normal as possible for herself and her family?” reflects Hill Schnipper.
“I think there was a sense of feeling very safe and very secure in that environment.”
– Barbara Sydney

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The secret often lies in sharing the burden. One of the leading programs in the country, BIDMC’s oncology social work department offers cancer patients the help of specialized clinicians—most of whom have decades of cancer social work experience—in coping with the distinctive challenges of their illness and its treatment. Over the past 25 years, Hill Schnipper, whose life’s work focuses specifically on women’s cancers, has watched the department grow from a modest part-time clinic to a bustling full-blown program that conducts tens of thousands of patient visits each year. Here, women with breast cancer, through individualized treatment and support groups, can gain invaluable resources, sound advice, and a sympathetic ear. Says Hill Schnipper, who by a twist of fate is a breast cancer survivor herself, “Even if it’s been a bad day and, of course, there are bad days, I never go home without knowing that I did something which made somebody else’s life a little bit better.” While Sydney was fortunate enough to have a very encouraging, close-knit family, she still found the additional support of both one-on-one talks with Hill Schnipper and group sessions with fellow patients to be a saving grace. “I mean my husband was great,” she says with a smile, “except that he didn’t have breasts. He’s a great guy, but he’d never been there.”

Group therapy gave Sydney access to plenty of patients who had been there, and she says she found her sessions a particularly eye-opening and humbling experience. To her surprise, the women in her group, with little in common except a disease, became something of a second family to her. “You think, I’m 51 years old and I have two children and I don’t know everything. In fact, I realized that I knew nothing. And there were just these wonderful, wonderful women that I got to talk to and get a kind of insight into their lives. And I really feel that it has made a big difference.”

So much of a difference that Sydney now volunteers for Patient-to-Patient, Heart-to-Heart, a landmark BIDMC program in which cancer survivors offer oncology patients with the same type of cancer advice and encouragement during their often-grueling treatments. Sydney says she was surprised to be drawn back to a place where she had spent such a harrowing period in her life but finds it so gratifying to help others like herself. “You feel like saying, ‘Hey, look at me. I’m funny. I’m having a good time. And you’re going to laugh again one day too.’ It feels good. People really appreciate it, I think they really do,” she declares, adding with a grin: “And besides, you feel, especially once your kids are grown up, who appreciates you like that anymore?”

Breast cancer patients and their families need all the support and advice they can get. The authors of these three books bring their BIDMC-related experience with breast cancer to a wider audience through their writing and offer encouragement through humor, understanding, and expertise.

After Breast Cancer
A Common-Sense Guide to Life After Treatment
Hester Hill Schnipper, LICSW

Women who have had breast cancer know that the post-treatment phase in coping with their disease can be one of the most difficult. In this book, Hill Schnipper, a breast cancer survivor and chief of oncology social work at Beth Israel Deaconess, helps prepare women for life after breast cancer by imparting information and advice with intimacy and honesty. Readers will find a guide that will help them and their families better understand the physically and emotionally demanding circumstances that accompany survival of a life-threatening illness.

The Courage Muscle
A Chicken’s Guide to Living with Breast Cancer
Monique Doyle Spencer

Endorsing the notion that laughter is the best medicine, Spencer, a breast cancer survivor, has written a practical and irreverent guide to dealing with this daunting illness. Filled with personal anecdotes and thoughtful advice, this book brings not only hope and reassurance to breast cancer patients and their loved ones, but also a touch of much-needed, laugh-out-loud humor. All proceeds from sales of The Courage Muscle go to support Windows of Hope, a specialty shop for cancer-related products, at Beth Israel Deaconess.
The Generous Gene

In the world of philanthropy, inheritance is as much about giving as receiving. While we often think of inheriting our mother's eyes or our grandfather's watch, the inclination to give to others in need is just as likely to make its way down through the generations. "I think it's in your DNA," says Ted Cutler, president of CWV Vacations and renowned Boston philanthropist, of the charitable instinct. "I think either you get it or you don't get it. There's no question in our family it passed right down." It's little surprise that many Beth Israel Deaconess donors, like Cutler, find charitable giving to be a family affair. Cutler, who is a member of the BIDMC Board of Directors and founder of the medical center's President's Society, says that nothing pleases him more than seeing his children and grandchildren embrace the value of philanthropy. "We're trying to teach people to live better, learn better. What's better than that?"

Parental encouragement to support important causes is a running theme among many donors. "We've all done reasonably well business-wise and my father always taught us that we had to give back to the community to achieve something, to give them something that most donors hope to pass on to future generations. It is that sense of obligation that most donors hope to pass along to future generations. Famous or anonymous, what this tradition of giving comes down to is making the world a better place. "Somewhere along the line, a human being's sense of accomplishment comes from making whatever our engagement is about improving life for someone else rather than ourselves," says Goldberg. She points out that there is no shortage of excellent causes to choose from or ways to get involved. Cutler remarks that everywhere you go the need is so compelling—"healing the sick, feeding the hungry—"that being a part of satisfying that need becomes not something special to do, but something you're supposed to do. "I don't think I could live my life the way I want to enjoy it the way I want to and watch that go on without thinking that at least we as a family made an effort to better the world," he asserts.

allowed his family to accomplish a great deal while fulfilling the commitment to the community espoused by his parents. "My father was not one to give advice," Rabb recalls, "and he said to me, 'You know, Irving, when I came to this country I had just a couple of pennies to rub together. This community has been very good to us and you don't ever forget it.' It's the only advice he ever gave me."

"We're trying to teach people to live better, learn better. What's better than that?"
golden years

ACOVE patient Thomas Des Fosses (above, right) chats with Theresa Trahan, R.N., one of his nurses, during a course of inpatient treatment. “The nurses here are fabulous. Everybody’s fabulous,” he exclaims.

ACOVE medical director, Dr. Kathryn Agarwal, walks through the busy unit, which on an average day buzzes with the activity of doctors, nurses, residents, and patients. Agarwal’s hope is that ACOVE will become a hub of geriatrics best practices for the whole medical center.

Lewis Lipsitz, M.D., chief of gerontology at Beth Israel Deaconess Medical Center, and his colleagues know that their work is something special. It’s not just that the medical center’s Division of Gerontology has been one of the nation’s leaders in caring for seniors since its creation more than 25 years ago. Or that its Acute Care of Vulnerable Elderly (ACOVE) unit offers elderly hospitalized patients a one-of-a-kind environment for care and recovery from acute illness. These experts know that because their field relates to an increasingly larger segment of the population and touches all aspects of our well-being, it is changing the face of clinical care.
“It’s standard to do everything that you can to help keep these people healthy and out of the hospital and going about their lives. You do everything you can to try to keep them where they want to be.”

– Kathryn Agarwal, M.D.

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“The approach that makes geriatrics very different is that it doesn’t focus on one organ system or disease,” says Lipsitz. “It’s multidimensional, it’s multidisciplinary, and it crosses horizontally across all of the different disciplines of medicine.” Because of these unique features, specialists in the BIDMC Division of Gerontology are using their field to teach the next generation of physicians, regardless of their specialty, valuable skills that will improve the care of elders throughout the medical center. They are also collaborating with other departments on programs to provide insight into how we all can age healthily and happily.

Geriatrics—the discipline specializing in the care of people over age 65—is a rapidly growing field. Currently, one in every eight Americans falls into this age group. By the year 2050, estimates predict that the older segment of the population will have doubled to more than 70 million people. Approximately 64 percent of people over age 65 have more than one chronic medical condition. Because of their unique medical needs, the aging patient population is a source of great concern for physicians.

That’s where ACOVE comes in. The ACOVE unit at Beth Israel Deaconess is a patient floor that focuses on helping older patients with a wide array of illnesses to avoid inhospital complications, shorten their hospital stays, and obtain appropriate rehabilitation so they can remain as functional as possible when they leave. Many older patients hospitalized with conditions like pneumonia or heart disease lose at least part of their prior capacity to function in daily life, such as the ability to regulate their medication or get around on their own. Because their goal is to treat the primary disease that required treatment, hospitals all too often release patients before they have regained full functionality. ACOVE seeks to ensure its older patients are functioning at 100 percent when they return home by providing a unique brand of care that makes hospitalization more comfortable and less disorienting.

Kathryn Agarwal, M.D., medical director of the ACOVE unit, proudly notes that her staff lives up to Beth Israel Deaconess’s reputation of compassionate care. “There’s a genuine concern for patients and for doing a lot more than would be considered the norm for an average patient visit or a problem that arises,” she says. “It’s standard to do everything that you can to help keep these people healthy and out of the hospital and going about their lives. You do everything you can to try to keep them where they want to be.” In that vein, ACOVE offers amenities like hearing aids for patients who might have forgotten theirs and an on-site physical therapy assistant to help patients start movement therapy in a timely manner at the floor’s gym. The unit, whenever possible, also allows patient’s families to sleep overnight to avoid the agitation some patients experience from disorientation with the unfamiliar environment.

Lipsitz believes that the key to the ACOVE unit’s success is its inclusion of a diverse workforce trained in the care of geriatric patients. “We have a great staff,” he says. “We developed multidisciplinary rounds, where every day the house staff and the nurses and therapists meet for half an hour. They review every case, not just for the patient’s disease, but for all of the social and psychological and medical problems that together impact on the patient’s quality of life and care.”

One of the most important contributions of ACOVE is that its new approaches to treating elderly patients are being adopted by the rest of the medical center. “Our big goal in teaching residents, nurses, and students geriatrics is to have the unit be a center for best practices in taking care of elders,” says Agarwal. “We want to be a place that disseminates these best practices to the rest of the hospital.” By exposing students who will be going into a variety of specialties to the differing needs of seniors, Agarwal sees doctors and nurses in all disciplines being better able to care for their elderly patients.

This cooperative spirit extends past teaching and into partnerships with other departments at the medical center. Suzanne Salamon, M.D., associate chief for clinical geriatrics, says, “We are starting a collaboration with orthopedics so that patients who are admitted for procedures like joint replacements or broken hips will be followed by geriatricians, as well as orthopedists, to try to avoid some of the common medical problems that confront elderly patients in the hospital.”
The most common of these complications is delirium, a persistent mental confusion often brought on by a change of daily routine or new medications during hospitalization. Aside from being frightening for the patient and their family, delirium can have serious side effects, often lengthening patients’ hospital stays and slowing their recovery. Orthopedics and geriatrics have created a program where older patients are monitored before and after their surgery by geriatricians on alert for problems that may lead to delirium. Their goal is to decrease the incidence of delirium and associated complications like infections and falls, enabling patients to return home sooner and regain independence.

Beth Israel Deaconess remains committed to the highest quality of care for its older patient population, recently making geriatrics one of the focus areas of its Heart & Soul programs, outlined in the medical center’s strategic plan. Fundraising for the Heart & Soul programs in Fiscal Year 2004 allowed the ACOVE unit to dramatically augment its specialized staff. Thanks to generosity of the hospital’s donors, ACOVE was able to add an on site physical therapy assistant and other occupational therapy personnel, who help to speed up patient recovery, and a geriatric hospitalist, who works to improve direct patient care and teaching to the internal medicine housestaff. The “Heart and Soul” fund has also supported increased case management staffing and a geriatric clinical nurse specialist to provide hands-on teaching and guidance in gerontological nursing and wound care. For all the gerontology staff at Beth Israel Deaconess, it was a gratifying reminder that others believe their work is something special too.

Throughout his life, Allen “Jack” Latham, Jr. was committed to helping his fellow man. He is perhaps best known for inventing the “Latham bowl,” a blood processing device that played a key role in advancing blood transfusion technology. “He was a humanitarian,” says his son, Nick. “He took great pride in inventing a device that saved many lives.”

Today, Allen Latham is still saving lives—through a legacy of generosity. A devoted philanthropist, Latham maintained a long association with Deaconess Hospital, and when he passed away in 2004, he bequeathed more than $1.2 million to Beth Israel Deaconess Medical Center. It was a gift inspired by his appreciation of the medical center as a longtime patient and friend. “I think he cared about the hospital for the professionalism he experienced,” says Roger Perry, a former senior vice president at Deaconess Hospital. “And the attention and caring he was shown by the nurses, the doctors, and the staff.”

Latham believed that he was ensuring the future of superior clinical care by including Beth Israel Deaconess in his will. “He is an example I think of a really kindly, caring person who appreciated what was done for him,” notes Perry. “If he could give something back to the institution, to further the institution, he did.”

One glance at the list of Mary E. Lunn Heritage Society members—those who have made planned giving a part of their BIDMC philanthropy—shows that he was far from alone (see page 43). But Latham’s gift is unusual in that it is unrestricted, meaning the medical center can apply the funds where they are needed most. Nick Latham says this approach was typical of his father’s altruism. While others were intent on erecting elaborate buildings, he wanted his giving to go to the backbone of an organization: its people. “Get the very best people and support them,” Nick Latham recalls his father as saying. “The buildings will take care of themselves.”

Begun largely by chance based on its “reputation,” Philip Lerer’s close relationship with Beth Israel Deaconess was also sealed by the hospital’s staff, who took exceptional care of his late mother, Ida. “I was extremely grateful for the kindness and care my mother received from everyone we encountered,” says Lerer, an only-child, recalls. Through his generous support of area hospitals, Lerer has been recognized by the Jewish community as having committed himself to the “Mitzvah of Bikur Cholim—the healing of the sick.”

“I’m fortunate to be able to give back,” says Lerer. “It makes me happy to know that I could do something to make sure that the medical center continues to be a leading medical institution in the future.”

To that end, Lerer, a retired grocery business owner, has made numerous direct and planned gifts to BIDMC over the years and, like Latham before him, has made plans for a bequest to the medical center, knowing the two seem to be cut from the same philanthropic cloth. “I’m fortunate to be able to give back,” says Lerer. “It makes me happy to know that I could do something to make sure that the medical center continues to be a leading medical institution in the future.”

“...I was shown by the nurses, the doctors, and the staff.”

—Roger Perry

“The buildings will take care of themselves.”

—Nick Latham