Dear Colleagues,

As I prepare to take on a new opportunity in January, I would like to share my heartfelt appreciation for the honor of having served Stanford Health Care as President and CEO. It has been the privilege of a lifetime to work with such spectacular people dedicated to healing humanity, through science and compassion, one patient at a time. Moreover, I have been so fortunate to engage with colleagues who these past years have received Nobel prizes, top honors from U.S. News & World Report, Magnet status, and the best patient experience rankings in the Bay Area! Together, you all advanced C-I-CARE and Lean through the Stanford Operating System, and reached new heights in performance.

The stories in this issue of Stanford Health Care People illustrate the incredible commitment to care you show each and every day. For example, the opening of the new Stanford Neuroscience Health Center will bring together 21 specialties under one roof to deliver the ultimate in multidisciplinary, patient-centered care.

In my new role at UnitedHealth Group and its Optum organization, I look forward to helping people live healthier lives and helping to make the health system work better for everyone. Stanford Health Care, and particularly all of you, will continue to be my source of inspiration and guidance.

Thank you again for allowing me to be part of this amazing team. I will always cherish the friendship and camaraderie, commitment and compassion you all have shared!

Most sincerely,

AMIR DAN RUBIN
PRESIDENT & CEO

Patient transporter Trent Garrison was honored as the 2015 Thomas A. Gonda Employee of the Year, and the Award for Leadership went to Deborah Mast, manager in Solid Organ Transplant. They were recognized at the 57th annual Employee Service Awards Celebration, held recently at the Crowne Plaza Cabana in front of 600 employees and guests. Three teams were honored with Malinda Mitchell Awards for Quality and Service: Stanford Family Medicine (bottom row), Imaging Services (top row, center) and the Stanford Stroke Team (top row, left).
Unlike many medical conditions, where treatment often leads to cure, a neurologic disorder can require lifelong medical care for a long list of symptoms. When a team from Stanford Health Care set out to design a new Neuroscience Health Center, they did so with a full understanding of the special challenges faced by patients with neurological conditions. Every detail of the new center has been built in homage to the patients it will serve.

When the doors open in January, it marks the completion of the Hoover campus renovation that began in 2009. It also signals the beginning of a new era in neuroscience at Stanford Health Care.

The Stanford Neuroscience Health Center (SNHC) brings together, in one location, 21 outpatient subspecialties in neurology, neurosurgery, neuro-rehabilitation and neuro-interventional radiology. It is the first academic medical center in the nation to offer such consolidated care. Built from the ground up in just a year, the Center is a showcase for new technology.
It houses Stanford’s first PET/MRI in an outpatient clinic, features a new boarding pass system for one-time check-in and brings the medication administration record (MAR) to the ambulatory setting. The SNHC is also a testament to patient-centered design.

For Alison Kerr, Vice President, Neuroscience Service Line, Psychiatry, and Behavioral Sciences and Operations, the building exemplifies the long-term vision of neuroscience at Stanford—to lead in caring for people with neurologic disorders and translating innovations into cures. “We have been very intentional in designing this building with all of our neuroscience services, our clinical services, our supportive services, our imaging, and infusion, all under one roof,” said Kerr. “We have really tried to own the complexity of care for our patients.”

Owning the complexity for the build and the budget has been Rachel de Guzman, Senior Project Manager for Planning, Design & Construction. The ability to build from the ground up was a unique opportunity, she said. “We were able to design a floor plan that works for our clinical needs in a much more efficient way, rather than modifying an existing building.”

One-Stop Care
For patients with neurologic conditions, multiple appointments in one day are the standard. Those multiple appointments mean standing in line three to four times a day at separate locations—clinic and rehabilitation appointments at Boswell, imaging and lab appointments at the main hospital, and occasional appointments at Hoover.

“There is currently no one central location for all neurological services,” said Dana Gonzales, RN, Neurosurgery Clinic Manager.

The Neuroscience Health Center consolidates all of this care into one building, with centrally located elevators to allow quick and easy access between floors. Care was taken to reduce the number of steps patients have to take as they seek care for multiple visits.

The most physically challenged patients, those with neuromuscular and movement disorders, are seen on the first floor for clinic and rehab appointments. This level also houses a Balance and Gait Lab; speech, occupational and physical therapy; and a Wellness Center.

The second floor includes all neurodiagnostic testing, including an autonomic lab and thermoregulatory sweat testing, a new service at Stanford Health Care. There are also procedure and treatment areas, infusion stations, a pre-op clinic, and a pharmacy.

The neurology and neurosurgery clinics dominate the third floor with 30 exam rooms, grouped in pods of six to allow clinical teams to work together by specialty.

The fourth floor is home base for physician, administrative and neuropsychology evaluation, and a hub for multidisciplinary collaboration. It also provides dedicated clinical trials research space, neuropsychology testing rooms, a clinical research lab and a work area for advanced practice providers. An outdoor patio for staff completes the top floor.

All imaging services are located on the ground floor, and include positron emission tomography/magnetic resonance imaging (PET/MRI), CT, fluoroscopy, general radiography, ultrasound and regular MRI.

“We’re being very mindful of reducing delays and really showing that we value the patient’s time. We’re doing everything in our power to streamline the process!”
Designed by Patients

“Every single detail that you see in the building, from the floors to the fabrics to the chairs to our centralized check-in space, was chosen by members of our Patient/Family Advisory Council,” said Kerr. Soft, non-fluorescent lighting was chosen to accommodate the light sensitivity of headache patients. Carpeting, upholstery and wall colors are subdued to minimize seizures in epilepsy patients. Floor surfaces were selected to reduce the fall risk for movement disorder and stroke patients.

“This building represents maximizing a person’s function and potential,” said Kerr. For her, the Wellness Center, which will be used for restorative movement classes and patient education, is at the heart of accomplishing those functional goals. On the building’s grounds a mobility garden lets patients test their legs in a natural setting with gravel, tan bark and steps. A dedicated parking area nearby lets therapists work with patients to restore their driving ability or to teach them how to get in and out of their cars, a skill often affected by neurological disorders.

In the centralized check-in area on the first floor, desks are low and open so that individuals in wheelchairs can speak eye-to-eye with staff members. In this building, patients will check in only once, no matter how many appointments they have that day. They will receive boarding passes that list the time, location and name of their provider for each of their appointments. No secondary check-in is required. Instead, patients will scan their boarding pass at an arrival station on each floor—without standing in line for a check-in with staff. The scanning process automatically alerts clinic staff of their arrival.

“The boarding pass gives them guidance on how they’re going to spend their day,” said Chris Albini, Senior Project Manager for IT. “We’re being very mindful of reducing delays and really showing that we value the patient’s time. We’re doing everything in our power to streamline the process.”

Back at the main campus, in the current neuroscience clinics on the third floor of Boswell, staff members are counting the days until the big move. To ensure a smooth transition to their new home, they’re refining their processes and practicing patient care scenarios in Day in the Life exercises. “There’s excitement everywhere, from physicians, staff and patients,” said Cynthia Cabatan-Awang, RN, Clinic Manager, Neurology. “We’re so excited to be in the building.”
Patients as Partners in Care

Patients and family members have moved from the exam room to the boardroom at Stanford Health Care. They are working alongside clinical and administrative staff to re-craft the patient experience and improve patient care.

Their voices can be heard in Patient/Family Advisory Councils (PFACs) and the Patient/Family Speakers’ Bureau. They serve as Peer-2-Peer mentors. They are a crucial part of quality improvement efforts. In all, 140 patients and family members donate their time to improve care at Stanford.

“It’s a huge shift,” said Joan Forte Scott, RN, who developed the Patient/Family Partner Program seven years ago. “It takes us past asking people’s opinions to having them sit at the table. They are helping us truly understand what the problems are and the changes needed. They become our partners in the design and evaluation of the solution.”

The program was the brainchild of Forte Scott, a former pediatric nurse who started a neonatal PFAC and parent-to-parent mentoring in the NICU at Packard 20 years ago. When she came to the adult hospital, she brought her enthusiasm for patient-centered care to Vice President of Patient Care Nancy Lee, RN. Lee shared Forte Scott’s vision. Their first move was to create a Patient Advisory Council focused on the planning of the new Stanford Hospital. Along the way, the program expanded to include family members, in recognition of the important role they play in a patient’s health care experience.

Over the past seven years, the Patient/Family Partner Program has made important contributions to the transformation of

Serendipitous meeting brings designer to patient council

When Nancy Stohn moved from Boston to the Bay Area in 2011 to be closer to her children, she never imagined she’d be involved in helping to design the interior space of a new Neuroscience Health Center at Stanford.

She would have been even more surprised to know that she’d also be a patient at the building.

To meet new friends and establish herself in her new community, Stohn became an usher at the Bing Concert Hall. She also enrolled in a brain health class offered by Stanford’s Continuing Studies Program.

After her first class, she asked the instructor about her shaking left hand. He suggested she make an appointment with Helen Bronte-Stewart, MD, a professor of neurology who directs the Movement Disorders Clinic.

Stohn was shocked to learn she had Parkinson’s. A joiner by nature, she got involved in a support group for women with Parkinson’s. It was through this group that she learned about the Neuroscience Patient Family Advisory Council (PFAC). It was a group of patients, families, and clinical and administrative staff helping design the new Neuroscience Health Center so it would be sensitive to the needs of people with neurological disorders.

An interior designer by profession, and a published author on the topic of feng shui, Stohn joined the 13-member PFAC as a patient representative in September 2014. “Because of my professional background, being part of the planning committee for the building seemed right up my alley,” she said.

The PFAC focused on how to lay out the centralized check-in area to provide a seamless, efficient and harmonious experience for patients entering the building for their appointments. Stohn used her professional knowledge and patient perspective to suggest that rounded-edged desks, placed lower than is usual, would be more welcoming, especially for patients in wheelchairs.

“I am thrilled to participate in the neurology world at Stanford and to know that I have a future volunteering in areas where I can make a difference,” she said.
The program is also an important avenue for patients to give back in a meaningful way. “For many patients and family members, the program represents an opportunity to do something really productive with something that’s unexpected and not really something you want to invite into your life,” said family member Bev Anderson, chair of the Cancer Center PFAC.

Today, the Patient/Family Partner Program boasts Patient/Family Advisory Councils in 12 areas—Heart Transplant, Cystic Fibrosis, Stanford Coordinated Care Clinic, Cancer Center, South Bay Cancer Center, Neuroscience, Ortho, Intensive Care, Adolescent Young Adult Cancer, Geriatrics, Los Gatos Primary Care and Founding.

“Having the patient and family partner at the table in a focus group, advisory council or work group really allows the staff to think about the patient needs, about the patient as a whole person, about what’s going to work for the patient, not just what’s going to work for Stanford and staff,” said Laura Steuer, a patient at Stanford for more than 20 years, who is part of the Patient/Family Speaker’s Bureau.

“The patient experience is a 24/7 experience,” added Lovester Law, a heart transplant patient who donates his time to the Patient/Family Partner Program. “That’s the lens we provide.”

Stanford Health Care’s culture. It has also become a leading voice in the national initiative to develop meaningful changes in patient- and family-centered care, said Forte Scott, Administrative Director, Patient and Community Engagement and Guest Services. She is a sought-after speaker and consults regularly with health systems that want to engage patients and families in more significant ways.

Managing day-to-day operations and screening and training volunteers is Program Manager Mary Song, MPH. She receives an average of eight requests each week from departments that want the input of patients and families.

“The perspectives and stories shared by patients and family members broaden hospital leadership’s understanding of care beyond medical treatment,” said Song. “It profoundly and positively impacts improvement initiatives and efforts.”

Stanford expert brings patient-centered care to the Middle East
Joan Forte Scott has become somewhat of an evangelist. A respected expert on patient- and family-centered care, she is invited to speak six to eight times a year at national and international conferences.

It was at one of these presentations that a health care worker from Saudi Arabia first learned about patient- and family-centered care. She went back to her hospital’s leadership and persuaded them to invite Forte Scott to Saudi Arabia to help them start a program of their own.

Joining Forte Scott at the King Faisal Specialist Hospital and Research Centre in Riyadh, Saudi Arabia, were representatives from Johns Hopkins and Cleveland Clinic, the two leading patient/family partner programs in the country.

“To be included in this group was consequential,” said Forte Scott, Administrative Director, Patient and Community Engagement and Guest Services. “Then to go to a country where the concept of listening to patient voices is relatively new, to do that for the express purpose of helping them start a patient/family advisory council—that is phenomenal.”

Over her 10-day trip, she gave presentations to the leadership of the King’s Hospital, met with its board and consulted with staff on how to implement a patient/family partner program. She also squeezed in some once-in-a-lifetime sightseeing. “The Saudis were highly interested in bringing patient voices into the hospital and learning more about how to create a better patient experience,” she said. “If they’re doing this in Saudi Arabia, everyone needs to be doing this.”

That is why Forte Scott is so open to informally consulting with hospitals across the world, in addition to her formal speaking engagements.

“This program doesn’t exist in a vacuum,” she said. “It is part of a national and international effort to change the way we deliver health care.”
Neurodiagnostic Lab

One of the many beneficiaries of the Stanford Neuroscience Health Center (SNHC), which opens in January, will be the Neurodiagnostic Lab. The new facility will allow the 26-member team to perform more testing and have additional testing rooms.

“It’s beautiful and spacious,” said JoAnn Ceranski, a 35-year veteran of the lab. “We’ll be able to offer new tests that are not commonly available for our patients. We’re looking forward to this next era for the lab.”

The Neurodiagnostic Lab provides comprehensive neurological testing procedures for inpatients and outpatients. This testing evaluates how the peripheral, autonomic and central nervous systems function to aid care teams in diagnosing conditions.

Over the years, the lab has expanded both in terms of personnel and types of testing. Twenty technicians, all specialty trained, now do basic to specialized neurodiagnostic testing.

“The lab has grown into other areas like epilepsy monitoring, with specialized EEGs and video to capture seizures, as well as autonomic testing,” said lab manager Mark Burdelle. “In the SNHC, we will begin a new investigational procedure for epilepsy called transcranial magnetic stimulation. We also provide intraoperative neurophysiologic monitoring in operating rooms, where we monitor cases to protect the neurological integrity of the patient during surgery.”

Additional areas of testing include transcranial doppler, evoked potentials, high-density EEGs, botulinum toxin injections, nerve conduction studies and quantitative movement disorder evaluations.

Several members of the lab team have been at SHC for many years. Senior lab technicians Ceranski and Harinder Kaur became members of the team in 1980 and 1990, respectively. At that time, the Neurodiagnostic Lab offered basic electroencephalogram (EEG) and electromyogram (EMG) testing.

“It doesn’t feel like work to me; it feels like I’m going from one home to another. It’s so inspiring every single day and we’re always learning something new. I’ve never had a dull moment in the past 25 years. Dr. Longo, Dr. Fisher, Dr. Lopez and Dr. Jaradeh have done great work to expand the lab’s offerings,” she said.

Burdelle, who came to SHC in 1997, has also seen the lab expand and grow. “It’s been rewarding to see the growth of services toward more specialized testing procedures,” he said. “Our epilepsy monitoring service has grown from two machines to a five-bed dedicated unit. Our Autonomic Testing Laboratory is one of only two on the West Coast and among a handful of places in the country to offer thermoregulatory sweat testing … One of the best parts of my job is working with our technicians,” said Burdelle.

“We have great techs with great work ethics. A lot of our testing takes long hours. They are on call and also do studies at night and on weekends. Just interacting with the great people we have here—that’s been one of the greatest successes of our lab.”

DID YOU KNOW?

The Neurodiagnostic Lab provides testing for nearly 4,500 patients annually. The two most common tests are EEG (electroencephalogram) and EMG (electromyogram).
Outpatient Neurologic Rehabilitation Program

Pam Triano asked a simple question during her job interview at SHC: Would SHC one day have an outpatient neurologic rehabilitation program? Fifteen years later, she now has the answer.

In the new Stanford Neuroscience Health Center (SNHC), the NeuroRehab team will have enough space for its 10 therapists and a volume of patients that increased by 42 percent last year.

“We’re thrilled to be in the new building working alongside extremely supportive neuroscience physicians and care providers,” said Triano, PT, NCS, Supervisor, Outpatient NeuroRehab Program. “My mission since I arrived was to develop this outpatient program. With hard work and strong leadership support, we now have a team ready to move us forward.”

Therapists use evidence-based practice and specialty equipment to provide care, including body-weight support systems, robotic strengthening, functional electrical stimulation, radiologic swallow studies, and computerized speech programs. Physical therapists, like Triano, help patients return to their prior level of function by improving motor skills, balance and mobility.

The SNHC will have even better and more advanced equipment, including an open gym, a soundproof speech-language pathology room, a driving simulation console, and a mobility garden, where patients can practice navigating various outdoor surfaces.

Occupational therapists help improve functioning in daily life activities, said Julie Muccini, MS. “My role is to assess functional independence with tasks of daily living, self-care, home management, and their ability to do work tasks, like typing and handling objects.” The assessment can include visual perceptual function, driving readiness, and customized wheelchair and seating systems needs.

As an occupational therapist, Muccini, who has been at SHC over 15 years, facilitates a patient’s independence using creative approaches. “My favorite part of my job is to see patients’ progress and to be innovative with treatment planning so that they feel inspired to participate in their life.”

Speech-language pathologists work with patients to improve communication, cognition and swallowing function. “One of our main tasks is to provide patients with opportunities to regain confidence to ready them for going back to work. For many, their confidence and spirit has been shattered,” said Martha Hardwick, PhD.

“We help them build confidence and celebrate their new person—through giving presentations, talking about their occupation or guiding them to places where they do volunteer work, after their speech and cognitive skills have been impacted,” she said.

“I have a background in theater, speech pathology, special education, and a PhD in cognitive science and linguistics. I like to draw on all of those experiences to really help patients,” said Hardwick.
At SHC

Partners in Clinic and Life

All Jerry Manoukian wanted when he traveled to Armenia with Flying Doctors in 1991 was to be part of a team that provided free medical care to people who needed it most. But he got more. Much more.

He found Mariam, who was an assistant professor at the Post Graduate Medical Institute of Armenia. The two fell in love.

Two years later, after moving to the Bay Area and getting married, they opened the Manoukian Internal Medicine Clinic in Mountain View, and joined UHA in 2012. Today the clinic stands as a model for C-I-CARE and is always among SHC’s best in Likelihood to Recommend scores.

“The patient is our first priority,” said Jerry, “so we do everything we can to make the best use of their time.”

Achieving high marks in Likelihood to Recommend scores is not an accident for the Manoukians. It comes from very deliberate clinical practices. Patients complete two questionnaires before each appointment so their health concerns can be assessed and their visit can be efficient and meaningful.

“We take time with each and every patient because it’s the most valuable thing we can give them,” said Mariam. “We never want the patient to feel rushed. The key to success is teamwork. Every person in the office contributes to patient care.”

When the clinic first opened in 1993, Mariam worked as an assistant for Jerry while she was completing her residency. Today, the six-person clinic includes the Manoukians, a nurse practitioner, two medical assistants, and one patient service representative.

“I feel lucky that I get to work with my wife every day,” said Jerry, “She’s a laser. I’m a cloud.”

In the Community

Inspiring Latino Youth

When Assistant Principal Carmen Gomez needed a speaker for Mountain View High School’s Latino Awards Night, one name came immediately to mind—Jenny Salinas. “I wanted students to hear an inspirational and accomplished young Latina who shares their experience,” said Gomez.

Like many of the families she spoke to on Awards Night, Salinas immigrated to the United States with her family when she was just three. She started school speaking only Spanish. By first grade, she was reading fluently in English, above grade level. Today, Salinas is a college graduate, fluent in three languages, and works as Director of Patient Access Services at Stanford Health Care. She manages more than 100 staff members in 23 locations. At the awards event, Salinas shared her immigration and education journey with high school students and their families.

“I get great satisfaction from helping young people understand their options,” said Salinas. She has also shared her work experience at a Career Day at a San Jose middle school. “I want to let kids know that there are people who look like them and have careers in health care,” she said. “Many of them don’t have those role models within their families.”

Today, Salinas has turned her attention to mentoring young women. She and Stanford colleague Anna Dapelo-Garcia are the co-founders of “Lean in Latinas.” The organization supports career-oriented Latinas to achieve higher levels of performance in the workplace.

“I want to give back to people,” said Salinas. “I think that’s what we’re here to do.”
Juliet C-I-CARE Service Spotlight Award

GLADYS BALAJADIA

Gladys Balajadia, a nurse who also happens to be a gifted hairstylist, noticed that many of her unit’s patients arrived disheveled because their illness or lack of resources had made them unable to care for their physical appearance. Balajadia began with a simple haircut to one patient. Her colleagues noticed that the patient brightened immediately. Since then, Balajadia has offered similar hairstyle makeovers to other patients. The improvement in their confidence, her colleagues say, is beyond what any medications can reach.

July Patient Safety Star Award

MOMINA KHATUN

Patient safety is about paying attention—and an SHC housekeeper Momina Khatun did just that recently. She saw a visitor go into a restroom. When he didn’t come out after what seemed a reasonable time, she went to check on him and heard what she called “a heavy noise.” She quickly went for help. Her instincts were good: The visitor had fallen and injured himself. Khatun’s quick action and her dedication to the safety of our patients and visitors meant the timely help was available to the visitor.

UHA August C-I-CARE Service Spotlight Award

ESTER KWOK, MD

Ester Kwok, MD, from Kwok Pediatrics and Internal Medicine in Los Gatos, was awarded UHA’s Service Spotlight Award for an extremely compassionate deed. This past June, she donated her kidney as part of an organ donation chain—not for her child, spouse or loved one, but instead on behalf of the son of one of her patients. Read the full story on the back cover.

August Patient Safety Star Award

KAREN WOLFE

The simplest explanation is not always the right one, but Ngoc “Karen” Wolfe, RN, MSN, recently proved that it’s worth a try. A patient developed heart palpitations. EKG results were normal and a cardiology work-up was about to be initiated when Wolfe noticed something else about the patient. A chest X-ray proved her right. The patient’s PICC line, an IV that reaches into the chest very near the heart, had migrated just close enough to cause the palpitations. The fix was simple, too: The line was pulled back by the 2 cm it had migrated, and the palpitations stopped.

August C-I-CARE Service Spotlight Award

ELICIA MENDOZA

Elicia Mendoza answered a phone call from the wife of a patient newly diagnosed with acute leukemia. She heard the anxiety in the woman’s voice and offered to take her husband’s chart to the doctor and see if he could be seen any sooner. “You were nothing short of the first miracle God has in store for my dad,” the patient’s daughter wrote in a letter to Mendoza.

September C-I-CARE Service Spotlight Award

ANNA SIMOS

Anna Simos was honored with the C-I-CARE Service Spotlight Award for providing compassionate patient care. A patient from Redding, California, with Type 1 diabetes had rapidly changing insulin needs. Her doctors told her that an insulin pump would help her to avoid interruptions in dosage. She bought an insulin pump. But, there were no diabetes specialists near her, so Simos volunteered to make the 16-hour round-trip drive to Redding. Simos spent the night in Redding and trained the patient in how to use the pump.

September Patient Safety Star Award

ROSALUD SANCHEZ-LOZADA

Rosalud Sanchez-Lozada, RN, potentially saved a patient a trip to the OR. When a patient’s condition declined and required a massive transfusion of blood products, Sanchez-Lozada used her organizational skills to keep a running tally of blood products. She posted the tally on the wall to highlight the seriousness of the situation to the entire team. She also advocated for the patient in other ways, which likely prevented a return to the OR.
Giving the Ultimate Gift

By nature, physicians are life givers. They treat disease, care for the sick and support their patients during their most difficult hours. Some physicians do even more. This past June, Ester Kwok, MD, an internist at UHA in Los Gatos, donated her kidney as part of an organ donation chain. She did not give up her kidney for her child, spouse or loved one; instead, she did it for the son of one of her patients, a man whose worsening condition gave him little hope of ever finding a donor kidney that would match his very specific needs.

Until three years ago, Kwok had never considered organ donation. But a confluence of events shook her deeply held cultural and religious beliefs. When she learned that a member of her staff was in need of a kidney transplant, she started to think for the first time in her life about the possibility of organ donation. She did not give up her kidney for her child, spouse or loved one; instead, she did it for the son of one of her patients, a man whose worsening condition gave him little hope of ever finding a donor kidney that would match his very specific needs.

At the same time, the son of one of her elderly patients became too ill to accompany his mother to the doctor. He was in need of a new kidney. Coincidentally, both individuals shared Kwok’s blood type.

“I started feeling that I was supposed to donate, but I didn’t know to whom,” she recalled. When her colleague was matched with a cadaver kidney, it freed Kwok to focus on her patient’s son. As he grew more ill, Kwok decided to find out if she was a match. The process included testing for blood type and antigen levels, psychological and physical examinations, a CT scan and a stress test. In the end, she learned she was not a match. But the Stanford transplant coordinator told her about other ways for her to help—through paired donation with four different people or as a link in an organ donation chain. Because her patient’s son had been so ill and was more likely to reject a donated organ, the chance of finding the right kidney for him were less than 1 percent.

“At that time, I thought, if his chances are less than 1 percent, that’s still not zero,” she said. “I felt that if it was my destiny to donate to him, then the avenues would open, and the impossible would become possible.”

That is exactly what happened—a live donor match became available nearly three years later. During that time, however, the patient’s son had a change of heart. He felt it was too much to ask Kwok, a physician and mother of four, to donate on his behalf. He pondered removing her name from the organ donation chain. When she got the call that a match was found, she told her patient’s son that her gift was free and made out of love. He need only accept it.

After attending a prayer meeting together, they agreed to move forward with the 12-person organ donation chain.

Kwok’s kidney donation surgery was June 8, 2015. Her patient’s son received his new kidney the week before. After a six-week recovery, Kwok was back at work. She’s had time to reflect on her decision. “After seeing how organ donation changed others’ lives, my personal beliefs changed,” she said. “When I pass away, I will be an organ donor.” She hopes her story will inspire others to do the same.