In 2004, a foursome of physicians from the Tomsk Cardiology Institute, led by cardiac surgeon Evgeny Krivoshchekov (Dr. K.), travelled 2,250 miles to Heart to Heart’s flagship site in St. Petersburg to observe Russia’s most advanced pediatric cardiac team. The St. Petersburg team was led by Dr. Vadim Lubomudrov, widely considered the best children’s heart surgeon in the country. From 1990 – 1998, Dr. Lubomudrov had been mentored by Heart to Heart Founder & Medical Director Dr. Nilas Young. (Heart to Heart’s program in St. Petersburg reached self-sustainability in 1998.)

Eight months later, Dr. K and four colleagues from Tomsk travelled to observe a Heart to Heart surgical-educational team in action in Samara (Volga Federal District) during our third mission there. (Heart to Heart’s program in Samara reached self-sustainability in 2009.) While in Samara, the physicians from Tomsk discussed with Heart to Heart medical volunteers and staff their strong desire to be able to save the lives of babies and children born with heart defects in the Siberian Federal District. They were eager to learn about Heart to Heart’s methodology. Their dream was a perfect match with the mission of our Into the Heartland Campaign (2002 – 2022).

In the Spring of 2005, Heart to Heart Executive Director Josie Everett travelled to Siberia for an initial site assessment with Dr. David Teitel, Medical Director, UC San Francisco Pediatric Heart Center. Their visit affirmed that the requisite basic infrastructure and personnel were in place. Later that same year, Ms. Everett returned to the Tomsk Cardiology Institute with Dr. Young. They agreed that Dr. K’s vision and passion were shared by his pediatric team and fully supported at the highest levels institution- and region-wide.

ADVANCED PEDIATRIC HEART CARE NOW AN EVERYDAY REALITY IN TOMSK, SIBERIA

April 2012, Tomsk Cardiology Institute: The Tomsk pediatric cardiac team is made up of over 50 specialists. These physicians and nurses have been trained to diagnose, perform open heart surgery and catheter-based interventions, and provide intensive care to babies born with congenital heart defects. Each year, the Tomsk team now successfully treats nearly 500 children of all ages, including newborns.

**HEART TO HEART 2012 TOMSK TEAM:**
- Children’s Healthcare of Atlanta: Brenda Jarvis, senior PCICU nurse; Lisa Poppell, PCICU nurse
- Children’s Hospital of Wisconsin: Dr. Stuart Berger, pediatric cardiologist and co-director, Herma Heart Center; Dr. Julie Biller, pulmonologist; Dr. Girija G. Konduri, neonatologist
- Loyola University Medical Center: Lynn Graham, clinical nurse
- Mayo Clinic: Dr. Frank Cetta, pediatric cardiologist; Dr. Nathan Taggart*, cardiology fellow
- Heart to Heart: Josie Everett*, executive director; Rose Glickman*, PhD, writer and interpreter; Lena Traer*, assistant to the executive director.

*fluent speaker of Russian
They recommended to the Heart to Heart Board of Directors that our organization enter into a collaboration with Tomsk. The next steps were to negotiate a protocol agreement and secure long-term funding to launch our third pediatric site.

Fast-forward seven remarkable years, and the pediatric cardiac program at the Tomsk Cardiology Institute is widely acknowledged throughout the Russian Federation for providing the most advanced pediatric cardiac surgery available in the country. In this report, we share with you their path to self-sustainability and the ways Heart to Heart measured their progress and success.

The Tomsk Cardiology Institute is widely acknowledged throughout the Russian Federation for providing the most advanced pediatric cardiac surgery available in the country.

Data Collection & Analysis

To evaluate progress and help determine annual training objectives for the Tomsk team, Heart to Heart’s cardiac experts used three key metrics: patient volume; patient age at time of surgery; and complexity of surgical procedures performed.

A pediatric cardiac program, regardless of its location in the world, is judged by its surgical outcomes. To evaluate surgical outcomes, Heart to Heart closely reviewed data for each patient on an individual (per case) basis, as well as collectively, as part of the annual case mix. Complications and mortalities were also continuously reviewed.

No more backlog: Heart to Heart’s teaching methodology ensured that the Tomsk team mastered the fundamentals of pediatric cardiology, cardiac surgery, and post-op care. This enabled them, relatively quickly, to dramatically increase their ability to save the majority of children born with life-threatening heart defects. Today, Tomsk no longer has a backlog of waiting children. Shown here: In 2006, Dr. Janet Simsic examines eleven-year-old Yuri K. after his long-awaited open heart surgery.

In 2011, nearly three times as many children were able to undergo open heart surgery in Tomsk, compared to 2005.

**TOMSK: SURGICAL PROCEDURES PERFORMED, by year and patient age at time of surgery**

![Graph showing surgical procedures performed by year and patient age at time of surgery]

Fig. 1: A comparison of 2011 to 2005 demonstrates an increase of more than 2.5 times in annual patient volume. The number of patients in the two youngest categories – 11 months or younger, and newborns – steadily increased. Surgery before the age of three years is recommended for most children born with serious heart defects. Shown here: open heart and open chest procedures; interventional procedures not included.
By conducting these reviews, experts from Heart to Heart’s Medical Advisory Council were able to identify patterns and trends reflecting programmatic strengths and weaknesses. Annual analyses were instrumental in validating program progress and developing educational next steps.

Feedback relevant to the Tomsk team’s learning curve was routinely provided to them by members of Heart to Heart’s Medical Advisory Council and staff both verbally (in small groups and conferences) and in written form (via email correspondence and annual reporting). Some of these communications were in English, some in Russian, and many in both languages. Most of the Heart to Heart specialists involved in the feedback loop also travelled to Tomsk to participate on annual surgical-educational missions.

**Strategic Guidance**

To determine our educational objectives from year to year, Heart to Heart used the Risk Adjustment for Congenital Heart Surgery index (RACHS-1 method, referred to herein as RACHS) as a guide. This internationally-recognized evaluative tool categorizes each pediatric open heart procedure according to its complexity and associated risk for mortality. Using RACHS to inform our annual educational focus, Heart to Heart was able to build the local team’s knowledge base and skill set in a stepwise fashion.

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**Annual review of several hundred individual data profiles painted a picture — year by year — of the Tomsk team’s evolving level of proficiency.**

**TOMSK: SURGICAL PROCEDURES PERFORMED, by year and surgical complexity (RACHS-1 method)**

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Fig. 2: A comparison of 2011 to 2005 demonstrates an increase in the complexity of surgical procedures. By 2011, 34% of the Tomsk team’s case mix was comprised of RACHS 3-6 cases; in 2005, such cases made up only 14%. Worldwide, the most prevalent congenital heart defects fall into categories 1-4. Shown here: open heart and open chest procedures; interventional procedures not included. Not all procedures could be assigned RACHS scores.
Heart to Heart-Tomsk Team’s Fab 14: Fourteen dedicated medical volunteers collectively travelled to Tomsk, Siberia 51 times in the course of our collaboration to provide direct patient care and to teach. They are shown here in their Russian visa photos. (Top row) Stuart Berger MD, Julie Biller MD, Frank Cetta MD, Kimberly Crews, Lynn Graham RN, Brenda Jarvis RN, Maryanne Kessel RN, MBA (Bottom row) Paul Kirshbom MD, Bert Litwin MD, Ann Marie McGoldrick, Lisa Poppell RN, Janet Simsic MD, Nathan Taggart MD, Elizabeth Wilson MD.

TOMSK CARDIOLOGY INSTITUTE INITIATIVES AND MILESTONES

Our local partners – the Tomsk Cardiology Institute, the Tomsk Oblast governor’s office, and the Ministry of Public Health – made considerable investments in equipment and plant, greatly facilitating all aspects of program development. Their commitment, coupled with the Tomsk team’s dedication to the pursuit of excellence, has created an invaluable new resource for children in Siberia and for pediatric cardiac specialists throughout Russia.

2005 State-of-the-art pediatric cardiac intensive care unit installed
2006 Heart to Heart-Tomsk seven-year collaboration launched
2007 Pediatric cardiac operating room undergoes complete renovation
2008 Purchase of transesophageal echocardiographic probe
2009 Biplane catheterization laboratory installed
2010 Pediatric Heart Center officially established within the Tomsk Cardiology Institute – 1,000 children already saved by the Tomsk team
2011 Pediatric cardiac step-down unit installed
2012 Pediatric cardiac program reaches self-sustainability

“Today in Tomsk, they have the skill to perform all congenital heart operations on newborns, infants, and children. Their surgical outcomes rank them equal to the best congenital heart centers in the East and West. The Russian medical establishment can be proud of the superb outcomes from Tomsk.”

DR. S. BERT LITWIN, PEDIATRIC CARDIAC SURGEON
FOUNDER, CARDIAC SURGERY PROGRAM &
CHIEF EMERITUS PEDIATRIC CARDIAC SURGERY
CHILDREN’S HOSPITAL OF WISCONSIN
A total of 28 U.S. pediatric cardiac specialists worked as Heart to Heart medical volunteers in Tomsk. Fourteen of them participated on multiple surgical-educational missions. Their efforts accounted for 75% of the teaching required to develop the Tomsk pediatric cardiac center of excellence using Heart to Heart’s program model.

HEART TO HEART-TOMSK MISSION TEAM MEMBERS 2005–2012

<table>
<thead>
<tr>
<th>NAME</th>
<th>TEAM ROLE</th>
<th>INSTITUTION</th>
<th>TOTAL TOMSK TRIPS</th>
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<tr>
<td>Josie Everett*メディカル</td>
<td>Team Leader, Senior Interpreter</td>
<td>Heart to Heart (Exec. Director)</td>
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<td>Frank Cetta MDメディカル</td>
<td>Team Leader, Pediatric Cardiologist</td>
<td>Mayo Clinic</td>
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<td>Rose Glickman PhD*</td>
<td>Writer, Interpreter</td>
<td>Heart to Heart (Volunteer)</td>
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<td>Brenda Jarvis RN</td>
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<td>Lynn Graham RN</td>
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<td>Lisa Poppell RN</td>
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<td>Janet Simsic MDメディカル</td>
<td>Team Leader, Pediatric Cardiac Intensivist</td>
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<td>Maryanne Kessel RN, MBA*</td>
<td>Program Development Consultant</td>
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<tr>
<td>Stuart Berger MD</td>
<td>Pediatric Cardiologist</td>
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<td>Kimberly Crews</td>
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<td>Lena Traer*</td>
<td>Coordinator, Interpreter</td>
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<td>Elizabeth Wilson MDメディカル</td>
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<td>Julie Biller MD</td>
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<td>Paul Kirsbohm MD</td>
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<tr>
<td>Joyce Leventhal</td>
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<tr>
<td>Bert Litwin MDメディカル</td>
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<td>Ann Marie McGoldrick*</td>
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<tr>
<td>Nathan Taggart MD*</td>
<td>Pediatric Cardiologist</td>
<td>Mayo Clinic</td>
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</tr>
</tbody>
</table>

Additionally, sixteen pediatric cardiac specialists each participated on one Heart to Heart mission to Tomsk between 2005 and 2012: Peter Bartz MD, Melinda Blackwell, Matt Brown MD, Nigel Cross, Laura Diaz MD, Talya Ebel, Gail Keyser RN, Girija Koduri MD, Andrew Pelech MD, Lyndsey Piland RN, Gary Raff MDメディカル, David Teitel MDメディカル, Leslie Thomas, Todd Troshynski MD, James Tweddell MD, Nilas Young MDメディカル

* Fluent speaker of Russian  
* Medi-Cal: Heart to Heart Medical Advisory Council member
Annual surgical-educational missions

Heart to Heart provided year-round assistance to advance program development in Tomsk. Everyone – on both sides of the Atlantic – agrees that the highlight of each year was Heart to Heart’s annual mission to Tomsk. For seven consecutive years, for two weeks on the ground, Heart to Heart moved forward using a two-pronged educational approach: (1) patient-centered experiential learning gained by U.S. and Tomsk specialists working side-by-side to provide direct patient care to children – diagnosing, performing open heart surgery, and providing post-op care; and (2) didactic learning, knowledge imparted through Heart to Heart presentations – in case conferences, lectures, and workshops – on topics tailored to match the Tomsk team’s place along the learning curve as they moved toward self-sustainability.

Extended experiential learning in the U.S.

In addition to patient-centered experiential learning during annual missions, several of our colleagues from Tomsk had the opportunity to travel to leading pediatric cardiac centers in the U.S. They were invited by Heart to Heart medical colleagues – with whom they had already worked side-by-side at the Tomsk Cardiology Institute – to experience “behind the scenes,” day-to-day interactions at high-volume, well-established pediatric cardiac programs. Physicians from Tomsk observed best practices of advanced teams at four centers in the U.S. – paying special attention to the roles of communication and teamwork. They were able to job-shadow their Heart to Heart colleagues, joining specific working groups and attending morning rounds as well as the full range of daily and weekly conferences. Heart to Heart medical volunteers opened their homes, providing food and lodging – as well as the unique opportunity to discuss concrete ideas for integrating U.S. best practices in Tomsk.

Dr. K, head of Tomsk’s pediatric cardiac team, benefited from a total of six months of experiential learning through Heart to Heart: 13 weeks in Tomsk; 3 weeks in St. Petersburg and Samara; and 9 weeks in the U.S. at three different hospitals.

Strong working relationships

The continuity and consistency of Heart to Heart’s medical volunteers greatly facilitated building trusting relationships between the U.S. and Russian teams. Consequently, it was easier to ascertain and address the Tomsk team’s knowledge gaps. Heart to Heart customized its surgical focus and didactic material to capitalize on strengths and overcome systemic weaknesses. As patient age (at time of surgery) decreased, and surgery became increasingly complex, the working relationships between Heart to Heart volunteers and their Tomsk colleagues grew stronger and stronger.
Timely treatment now available in Tomsk: For a child born with a serious heart defect, timely treatment is literally a matter of life and death. Heart to Heart develops teams of local specialists skilled at determining the right time and the right procedure to treat each individual child. The Tomsk team is now capable of treating any baby or child within his “window of opportunity.”

For the Tomsk team, the most tangible symbol of their achievement is the official recognition of their program as its own entity within the Tomsk Cardiology Institute. At this year’s press conference, Dr. Rostislav Karpov, Director of the Tomsk Cardiology Institute, and Dr. Vladimir Shipulin, Chief of Cardiac Surgery, publicly acknowledged Heart to Heart’s contributions to this accomplishment over the past seven years.

New national leaders in the Russian Federation
The Tomsk team’s leaders place enormous value on education, not only for their team members and local colleagues, but for all pediatric cardiac specialists striving to provide advanced care for children with congenital heart defects. Their commitment and organizational strengths enabled them to host, during Heart to Heart’s 2011 surgical-educational mission, 35 visiting specialists from across Russia. The schedule they orchestrated amounted to a nationwide 10-day meeting, complete with high-level case reviews and live video streaming of advanced open heart procedures. Daily case conferences ran smoothly; professionally-coordinated top-notch medical interpreting made for an extremely efficient use of time and maximum learning opportunities.

Word has spread throughout Russia’s cardiac community about the remarkable knowledge-sharing the Tomsk team and institutional management are enthusiastically offering. During Heart to Heart’s 2012 mission, we were not surprised to meet even more pediatric cardiac physicians from different programs throughout the Russian Federation. Heart to Heart is immensely gratified that in addition to becoming a true center of excellence, the Tomsk Pediatric Heart Center has essentially become a national training site – a valuable resource serving all of Russia.

With financial help from RGOL between 2006-2012, 1,775 children were given the gift of life at the Tomsk Pediatric Heart Center.

TOMSK PEDIATRIC HEART CENTER, OFFICIALLY ESTABLISHED 2010

RGOL, USA contributed over half of the financial support for Heart to Heart to develop the children’s heart program in Tomsk. The Tomsk team can now perform open heart surgery on children of all ages, including newborns.

RGOL also sponsored airfare for six children to travel to the Mayo Clinic for life-saving surgery not available in Tomsk at the time, and co-sponsored several physicians to visit leading U.S. children’s heart programs.

Now that the Tomsk team has achieved self-sustainability, RGOL’s investment in our program model creates a “gift of life” legacy: Each year the lives of hundreds of children will continue to be saved in perpetuity.
HEART TO HEART–TOMSK COLLABORATION 2006–2012: TOTAL PROGRAM VALUE $3,348,308

**Efficacious and cost effective program model**

Twenty-five years ago, Heart to Heart pioneered a model for international humanitarian aid focused on pediatric cardiac care. Our program model is based on the transfer of medical knowledge: how to save children born with heart defects. The program in Tomsk is our third sponsored site to achieve self-sustainability.

Now that the Tomsk program is self-sustaining, Heart to Heart’s investment at this site is complete. Figures on this page demonstrate both the relatively modest cash investment to reach self-sustainability in Tomsk and our organization’s ability to leverage dollars donated to Heart to Heart.

Heart to Heart’s patient-centered teaching and training in Tomsk is now complete. Moving forward, 500 children every year will have the benefit of modern heart care — in perpetuity — at this self-sustaining site.

**MAJOR CONTRIBUTORS**

![Image](Design: Joey's Corner | www.joeyscorner.org)

**TOTAL PROGRAM VALUE**

From 2006-2012, 77% of Tomsk program value consisted of services donated to Heart to Heart

<table>
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<tr>
<th>Year</th>
<th>Heart to Heart cash investment</th>
<th>Russian non-medical in-kind</th>
<th>Heart to Heart medical in-kind</th>
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