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Aurora St. Luke's Medical Center

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November 2017

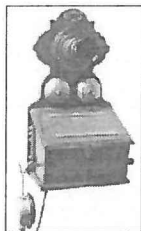
### St Luke's Cardiac History Timeline (includes Photos), 1903-2003

Advocate Aurora Health

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# 1903-1959



1903 telephone

## *America the Beautiful*

Picture it . . . America in 1903.

The west was won and the economy was flourishing.

Our nation was truly coming into its own.

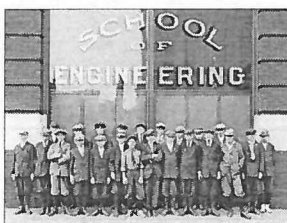


The Wright Brothers



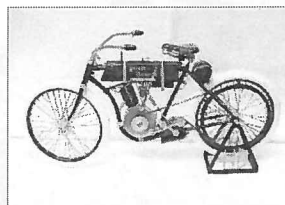
Ford Motor Company

## M i l w a u k e e M i l e s t o n e s



The first MSOE students

The nation's ingenuity, industry and wealth touched Milwaukee in 1903 and as a result, aided in building the cornerstones of legacies.



Harley-Davidson



Allen Bradley Clock Tower

St. Luke's Medical Center's story begins in 1903 with humble roots and a vision for caring for the medical needs of Milwaukee. William F. Malone, MD, added an office wing to his castle-like mansion on the corner of Madison and Hanover (now 3rd Street) and opened Malone Hospital, the first hospital on the city's south side. Dr. Malone served as the medical director and head of surgery for the next 15 years. By 1920, the facility had expanded to 40 beds and new owners changed the name to Hanover General Hospital. In 1925, a new addition added another 55 beds to Hanover Hospital. Three years later, in 1928, a group of local businessmen, called the Lutheran Hospital Association, purchased Hanover General and renamed it St. Luke's.

## A Legacy is Born



Hanover General Hospital, 1925



Dr. James B. Herrick

## First Description of Atherosclerosis

Dr. James B. Herrick, an American cardiologist, first described heart disease resulting from hardening of the arteries in 1912. This discovery lies at the root of many of the diagnostic tools and treatments used today.



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Dr. Robert Gross

### First Heart Surgery

Dr. Robert Gross, an American surgeon, made history when he performed the first heart surgery on a seven-year-old girl in August 1938. Dr. Gross successfully operated on a patent-ductus arteriosus, the blood vessel connecting the pulmonary artery to the aorta. Dr. Gross' pioneering efforts paved the way for further experimentation and use of surgical procedures to repair damaged or diseased hearts.

## Weathering the World at War

St. Luke's Hospital, 1952



Madison Street facility demolition

St. Luke's purchased land on 29th and Oklahoma in 1941 to continue expanding and meeting the needs of patients on the city's south side. Construction was delayed due to material shortages and restrictions on building during

WWII. Until construction began in 1950, the site remained an empty field, except for a sign proclaiming it the "Future Home of St. Luke's Hospital." The new hospital officially opened in 1952 and St. Luke's continued to use the Madison Street facility as a maternity unit until it was demolished in 1958.

## Cardiac Catheterization

In 1929, the first documented human heart catheterization was performed by Dr. Werner Forssmann in Germany. Dr. Forssmann performed the first catheterization on himself to prove that a catheter could safely be inserted into the human heart.



Dr. Werner Forssmann

In 1941, Drs. Andre Cournand and Dickinson Richards first used a cardiac catheter as a diagnostic tool to measure cardiac output. Today, physicians routinely use catheterization to diagnose heart disease.



Dr. Andre Cournand



Dr. Dickinson Richards at a patient's bedside



St. Luke's Cath-Lab



Merton Knisely

Merton Knisely took over management of St. Luke's Hospital in 1943 and served until his retirement in 1976. When Knisely became the first president of St. Luke's in 1943, the hospital had only 105 beds. Under Knisely's leadership, he moved St. Luke's to its current location and raised patient capacity to 503.

*"In each of our lives we meet only a very few individuals who leave their personal mark upon us. Mert Knisely is one of these. It is difficult to aptly portray his many achievements, but it can probably most simply be said that the St. Luke's we know today is the culmination of his vision, leadership and personal warmth."*

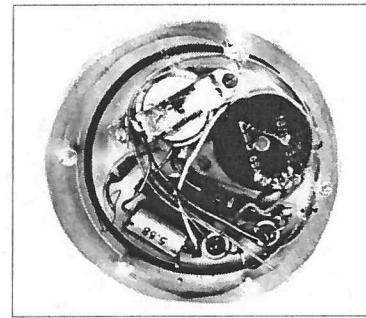
Clifford F. Messinger  
Chairman, Board of Directors,  
St. Luke's Hospital Association, Inc.

The human heart works 24-hours-a-day, seven-days-a-week to pump blood throughout the body. Before the 1950s, there was little to be done when a patient developed an irregular heartbeat. The first pacemakers that were developed in the early 1950s were large and bulky and they stimulated the heart by using electrodes placed on the chest. In 1960, the first totally implantable pacemaker was developed, giving patients liberty from the large external pacemaker units. During the mid-to-late 1960s, "demand" pacemakers were introduced, providing stimulation only when necessary. All new pacemakers today are "demand" models.

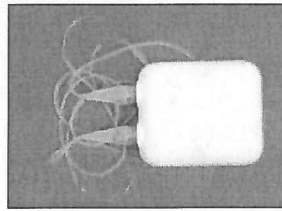
# One Pace at a Time



First patient to use Dr. Paul Zoll's pacemaker

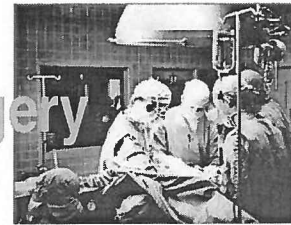


Pacemaker from 1958



Implantable Pacemaker from 1961-62

## First Successful Open Heart Surgery



In 1952, Dr. F. John Lewis, an American surgeon, performed the first successful open heart surgery in the United States on five-year-old Jacqueline Johnson.

### Aortic Valves

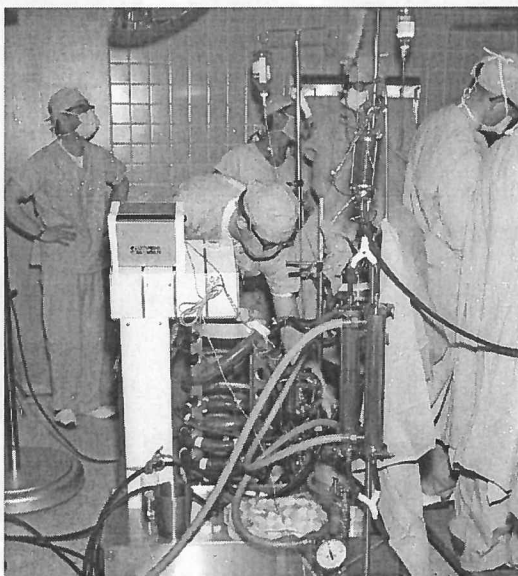
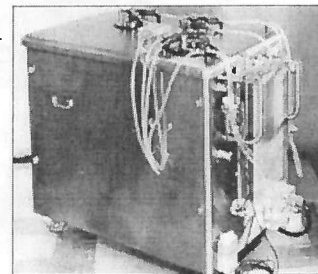
Dr. Charles Hufnagel, an American surgeon, developed a mechanical plastic valve to repair damaged aortic valves in 1951.



It demonstrated for the first time the revolutionary possibility of a functionally moving artificial body part.

Today, physicians use both mechanical valves and biological valves, such as those from pigs (porcine valve) or human organ donor hearts.

1953 marked IBM's development of the first heart-lung machine. Surgeons who were performing open heart surgeries were faced with the problem of how to stop the heart from beating, yet keep blood flowing throughout the rest of the body. The heart-lung machine solved that problem.



In December 1955, St. Luke's purchased the state's first heart pump, the precursor to the heart-lung machine. The machine was used during the first open heart procedure done in a Milwaukee-area hospital.



# 1960-1979

Some might say that 1960 was the year cardiac care was born at St. Luke's. In 1960, Dr. Derward Lepley joined St. Luke's and developed the state's first cardiac catheterization program, turning St. Luke's into one of the Midwest's top heart care centers. Dr. Lepley's primary specialty was heart valve surgery, but perhaps was most known for performing the Midwest's first heart transplant on Betty Anick in 1968.



Dr. Derward Lepley

*"A man who did much good in the world.  
He was a forward thinker in the kind  
of medicine he practiced."*

Merton Knisely



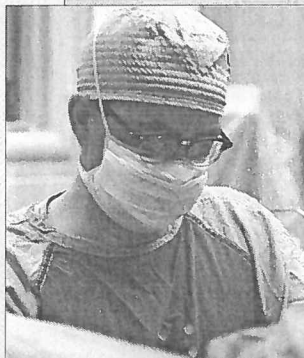
Dr. Lepley performing Betty Anick's heart transplant surgery

## Heart Care at its Finest Hour



### ***Ventricular Assist Device***

In 1965, Drs. Michael DeBakey and Adrian Kantrowitz became the first surgeons to implant a mechanical device to help a diseased heart. The device was a partial artificial heart, a left ventricular assist device, or VAD. VADs are surgically implanted mechanical pumps that help maintain the pumping ability of a heart that can't effectively work on its own. Today, VADs are typically implanted in patients who are waiting for a heart transplant and whose hearts are too weak to function independently.



Dr. Dudley Johnson

### ***It Took Two***

*During the mid-to-late 1960s, Dr. Dudley Johnson, a resident at Milwaukee's V.A. Hospital, began*

*to experiment with bypass surgery under the direction of Dr. Lepley. Dr. Johnson later joined the St. Luke's staff and teamed up with Dr. Lepley to form St. Luke's "dynamic duo" of heart care. By 1968, Drs. Johnson and Lepley had performed 290 open heart procedures. The pair also formed a corporate partnership in 1968, but parted ways in 1972.*

In 1967, a 51-year-old woman from Cleveland was the first person in the United States to undergo bypass surgery on a coronary artery. Dr. Rene Favaloro, a surgeon from Argentina, used a saphenous vein graft (a vein from the leg) in the procedure and undoubtedly changed the history of heart surgery.



Dr. Rene Favaloro



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# Heart Transplant

Louis Washkansky, a 55-year-old South African grocer, had suffered a number of heart attacks that had almost totally incapacitated his heart muscle. In December 1967, during a five-hour operation, Dr. Christiaan Barnard successfully replaced Washkansky's diseased heart with the heart of a 23-year-old woman who died in a car accident. Dr. Barnard knew the surgery was a success when he first applied electrodes and Washkansky's new heart began beating. Washkansky lived only 18 days after his transplant, dying of double pneumonia as a result of his suppressed immune system.



Dr. Barnard and Louis Washkansky

## A Family of Heart Firsts



The Anick family has a history of cardiac firsts and strong ties to St. Luke's Hospital. In 1961, Dr. Derward Lepley implanted Milwaukee's first pacemaker in John Anick of West Allis.



Just Being Home Again Is a Treat for Mrs. Anick

Milwaukee Journal

Dr. Lepley, inspired by the experiments with heart transplants around the world, began to assemble a team to perform a heart transplant at St. Luke's when a good candidate arose.

The heart of Betty Anick, John's wife, was weakened by a viral infection and a transplant was her only hope. On October 21, 1968,



Betty became the 64th patient to undergo a heart transplant in the world and only the 7th or 8th in the



Milwaukee Journal

United States. She went on to become the world's longest living female heart transplant survivor. Betty died in 1977, eight years and five months after her surgery.

In 1971, John Anick became the first patient at St. Luke's to be fitted with a device that transmitted an EKG reading via radio waves to a monitor at the nurse's station.



Elvirna Fillner was the second person to receive a heart transplant at St. Luke's. Fillner died 25 days after surgery. As a result, St. Luke's physicians suggested that an active transplant program at the hospital should be delayed because a solid research program hadn't yet been established to support it.



Elvirna Fillner's surgery

# Expanding Heart Care Horizons

Expansion in the 1970s continued to position St. Luke's at the forefront of Milwaukee heart care. A neonatal intensive care unit was added in 1970. In 1972, St. Luke's broke ground on an

addition that would be named in honor of Merton Knisely. The Knisely Building, which opened in late 1975, contained specialty intensive care units and cardiac care units. In 1978, while celebrating the 50th anniversary of the

Lutheran Hospital Association's purchase of St. Luke's, construction began on the Walter Schroeder Pavilion, which would house the emergency department, surgical care and radiation therapy.



The dedication of the new Knisely Building



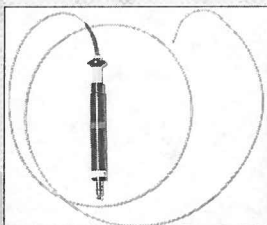
Construction of the Knisely Building

## Extending the Life of Pacemakers

The development of pacemakers took another leap forward with the development of the lithium battery in 1975. These batteries extended the life of pacemakers to 10 or more years.



# Angioplasty



Angioplasty equipment

Angioplasty is a standard therapy for people with clogged arteries. During angioplasty, a balloon catheter is inserted into the clogged artery and gently inflated, reopening the clogged passage to restore normal blood flow.



Dr. Richard Myler

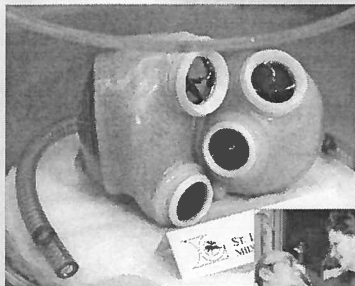
In May 1977, Drs. Andreas Gruentzig and Richard Myler performed the first human coronary balloon angioplasty during a bypass surgery in San Francisco. In September 1977, in Zurich, Dr. Gruentzig performed an angioplasty on a patient who was fully awake.



Dr. Gruentzig and patient

Eleven years after the first angioplasty was performed, a new development forever changed the procedure—coronary stents were used for the first time in 1987. A stent is a wire mesh tube used to prop open an artery that's recently been cleared using angioplasty. By the mid-to-late 1990s, stents became a commonplace part of the angioplasty procedure. By 1997, one million angioplasties had been performed worldwide.

# 1980-2003



Jarvik-7 heart and Barney Clark

## Artificial Hearts of Gold

In 1982, Dr. Willem DeVries implanted the world's first Jarvik-7 heart in 61-year-old Barney Clark. After the surgery, Clark was bed-bound and attached to a washing machine-sized air compressor that powered his artificial heart. He suffered a number of strokes before he died 112 days after his implantation.

## Heart transplant goes well at St. Luke's

In 1984, St. Luke's performed heart transplant surgery for the first time since the death of Elvira Fillner in 1970. The transplant on 38-year-old Frank Ritter was a success and once again St. Luke's was performing heart transplants.



Frank Ritter  
Milwaukee Sentinel

## Milwaukee man receives Jarvik-7 artificial heart

Squeeze of hand gladdens family



Ronald Smith  
Milwaukee Sentinel

By Robert Anderson

When a man's hand squeezes his wife's, it's a sign of life. For the Smiths, it's a sign of hope. Ronald Smith, 38, is the first Milwaukee resident to receive the Jarvik-7 artificial heart. The device, which looks like a pair of small pumps, was implanted in Smith's chest on November 26, 1986. The surgery was a success, and Smith is now home, able to walk and breathe on his own.

In April 1986, St. Luke's received approval from the Food and Drug Administration to use the Jarvik-7 artificial heart. On November 21, 1986, Drs. Alfred Tector and Terence Schmal successfully implanted the Jarvik-7 heart into Ronald Smith. The artificial heart sustained Smith's life until a donor heart was found and successfully implanted on November 26, 1986.

St. Luke's Medical Center



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### A Year of Change

In 1986, St. Luke's merged with Good Samaritan Medical Center and formed a non-profit parent corporation called St. Luke's Samaritan Corporation. St. Luke's was then renamed St. Luke's Medical Center, allowing both hospitals to operate more efficiently and effectively for their patients. Aurora Health Care was formed as a result of a merger in 1987 between St. Luke's Samaritan Corporation and Mount Sinai Medical Center.

## St. Luke's Is Among The First To Use New Heart Attack Drug

St. Luke's Medical Center of Milwaukee has become one of the first hospitals in the nation to begin extensive use of the new heart attack drug called recombinant tissue plasminogen activator, or t-TPA. Approved by the Food and Drug Administration in November, TPA can lessen the severity of a heart attack and prevent possible fatality by dissolving blood clots that block the arteries of the heart during an attack.

St. Luke's use of the drug follows the hospital's participation in a select national study of TPA begun last spring. That study indicates that timing is critical in the

administration of TPA — the sooner the clots are dissolved and the arteries are opened, the less damage to the heart.

According to Cardiologist and principal investigator in the TPA study, Gerald Dorros, M.D., more than 25 patients have been successfully treated with TPA thus far during the research at St. Luke's. "This drug appears to be more effective in reducing blockages and poses considerably less risk than the synthetic clot-dissolving agent, streptokinase," said Dorros.

With the FDA approval, TPA is now being made available to all St. Luke's cardiologists in treating heart attack

victims brought to the Emergency Department.

Director of Emergency Medicine John Whitcomb, M.D., added, "TPA allows us to take a much more aggressive approach in treating heart attack patients and will help to minimize damage to heart muscle."

Heart attacks and sudden heart deaths are considered the nation's number one killer, most often striking men at the peak of their lives. In 1987 alone, heart attacks will strike nearly 1.2 million Americans, with one-fourth of those cases resulting in fatalities.

Milwaukee Sentinel

In 1987, St. Luke's Medical Center was the first hospital in the United States to use tissue plasminogen activator, or "tPA." This drug is a thrombolytic agent that dissolves the blood clots that cause most heart attacks and strokes. Studies have shown that tPA and other clot-dissolving agents can reduce the amount of damage to the heart muscle and save lives when administered within the first few hours of symptoms.



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# Arteries unplugged with laser

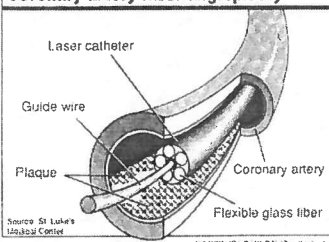
By JOE MANNING  
Sentinel staff writer

A 75-year-old retired office manager was in good condition Friday at St. Luke's Medical Center after undergoing the latest patent there to undergo a procedure using a direct laser blast fired through thin fibers to vaporize plaque blockages in arteries of the heart.

Cardiologist Frank F. Cummins and Gerald Thorne have been experimenting since early December with the so-called excimer laser to open plugged arteries. They claim remarkable success with the laser and believe it works better than other laser angioplasty techniques they have worked with.

Cummins, the principal investigator, said he and Thorne will perform about 200 laser treatments in a clinical trial at St. Luke's. The Food and Drug Administration is expected to

## Coronary artery laser angioplasty



Source: St. Luke's Medical Center

not damage the artery, he said.

The laser vaporizes plaque, a fatty buildup in atherosclerosis, into water and carbon dioxide without damaging the arteries or leaving behind bits of plaque that could cause a blood clot or heart attack.

In St. Luke's catheterization laboratory Wednesday, Cummins used the laser to open two obstructions in Rupp's coronary arteries — they arteries on the surface of the heart.

After guiding the laser to the obstruction by watching an X-ray monitor picture of the heart, one obstruction was cleared quickly by the laser. With a second obstruction, Cummins used the laser in combination with traditional balloon angioplasty to widen an artery and restore greater blood flow.

The laser follows a guide wire to make sure the laser blast is directed at the plaque and not at the sensitive

In June 1989, St. Luke's Medical Center became the first hospital in the state to perform a laser angioplasty. The heat-producing laser smoothes out and "welds" the plaque to the artery wall, resulting in a widened artery and smooth arterial walls.

St. Luke's Medical Center attracted nationwide media attention in June 1989 when surgeons performed the first artherectomy in the United States on 58-year-old

Lawrence Alfson—a procedure in which the layers of plaque that narrow a patient's arteries are "shaved" away and removed with a tiny vacuum.

# Heart Care Milestone

## Medical Center performs 100th heart transplant

MILWAUKEE — Physicians at St. Luke's Medical Center in Milwaukee performed the hospital's 100th heart transplant Sept. 12 on a 62-year-old woman from Muskego. The five-hour operation by cardiovascular surgeons Alfred J. Treese, M.D., and John D. Cronin, M.D., was the hospital's 17th heart transplant in six days.

Within 12 hours of surgery, Annette

O'Connell, the mother of four and grandmother of two, was speaking with her doctor, nurse and family. She was moved out of the intensive care unit a day and a half after she received her new heart. O'Connell said she was happy to be home and that she was looking forward to seeing her family.

The first heart transplant in the Midwest was performed at St. Luke's Oct. 22, 1964, on Betty Anick, a 40-year-old woman from West Allis. Since that time, numerous medical and technological advances have helped make the transplant procedure an accepted form of treatment around the world for obstructive heart disease patients.

During the first heart transplant operation, the body of the donor was kept in the operating room adjacent to where the transplant surgery was taking place. Today's cold preservation techniques can keep hearts viable for four hours, allowing organ procurement teams to obtain organs from virtually anywhere in the continental United States. The first for St. Luke's 100th transplant flow to Lowry Learjet, and the donor heart was transported in an organ cooler.

In 1964, no waiting list for transplant patients existed. In June 1990, 1,692 patients were listed as waiting for St. Luke's Organ Sharing Network hearts in this country. Today's waiting list is communicated nation-

wide, and hearts are also available to patients based on need and urgency of need. Length of time waiting, donor age, used to match hearts include blood type, weight. No racial class is used to match hearts. In the past, a patient used to be put on heart transplant list, but dramatic changes in surgical care have improved outcome for organ recipients.

Over anti-rejection medication has been introduced over the years. New techniques for diagnosing heart disease have been introduced. New antibiotics for infection also have improved the outlook for all organ transplant patients. While the medical community made advancements in organ procurement, nation-wide medical and patient recovery techniques of organ transplant progress, on the availability of organs. For more information on organ and tissue donation, call St. Luke's Organ Sharing Network at 1-800-472-2022.

In September 1990, St. Luke's Medical Center performed its 100th heart transplant on Annette O'Connell of Muskego. Doctors and nurses commented that the biggest advance since St. Luke's first heart transplant on Betty Anick was the development of cyclosporine, an anti-rejection medicine.



Milwaukee Sentinel

Page B2

## 100 heart transplants later, St. Luke's looks back in pride

By MARY C. HANSON  
The Sentinel

In 1964, when St. Luke's Hospital performed its very first heart transplant on Betty Anick of Milwaukee, John D. Cronin was in his high school.

On Wednesday, he was one of two heart surgeons who completed the medical center's 100th transplant on Annette O'Connell of Muskego, who was required to stay in intensive care. Cronin, now a cardiac surgeon with heart surgeon Alfred Treese.

There have been changes in heart transplant surgery since then. The biggest advancement in heart transplant has been the advent of cyclosporine, an anti-rejection medicine, and patient intensive care, he says.

and immediate patients. In 1970, Thomas Filler, the last heart transplant performed at the hospital until 1984. Cronin now is clinical transplant coordinator for the medical center.

The results with heart transplants of the early techniques used with patients after surgery.

"The patient who really suffered," she says, "it was like setting up our own one-way street in the early days. We were so afraid of infection. Only one or two patients made it to the hospital, could go near the patient."

Walls and floors were scrubbed with bleach, and patients were given a shower made of sterile water. Now patients go to the regular ward. One intensive care unit, she says.

"In fact, Annette O'Connell

is doing exceptionally well. Patients often go home in a week and a half."

And although there have been no radical changes in the basic surgical procedure, which still takes about two hours, other important transplant improvements include:

■ **Unleashing rejection:** It was much more difficult to diagnose rejection in the early transplants. Now heart biopsy techniques don't require it in other ways, when it easily can be treated. "The rejection is a minor inconvenience and takes only minutes. It's done by threading a catheter through the vein into the right side of the heart, where a little biopsy can be removed," Cronin says.

"We can also take repeat much

infections, and the major cause of death following transplants," Treese says.

■ **Prevention and preservation:** "In those days, you pretty much had to have the donor and recipient in the same hospital because we didn't have the preservation techniques that enabled the 10th heart to be sent by plane in an organ cooler from Iowa. Also there was no national computerized network to match recipients and donors," he says.

■ **Quality of life:** "More people return [after the transplant] to work or school or whatever activities they want to pursue," Treese says. "They're very active and have no trouble keeping up. They do require drugs to prevent rejection for the

would have been very rare for people to go back to full activity."

One thing that remains a problem, both Cronin and Treese say, is lack of organs.

"We did 12 transplants in 1964 and again in 1965," Cronin says. "The donor number made up in the time, although the number of hearts kept increasing. There is 1,692 patients listed as waiting for hearts nationwide. Some of the people will die waiting."

Cronin says: "I think people are becoming more aware of donor



Betty Anick

Source photo

■ Treese infection: A variety of

Milwaukee Journal



Milwaukee Journal

## THE MILWAUKEE JOURNAL

# Metro

Section B Tuesday July 31, 1990

## Device/Machine shocks heart back into rhythm

From page 1  
But Bruce Tronca is a candidate for a variety of reasons, not the least of which is that he has already had two heart attacks.

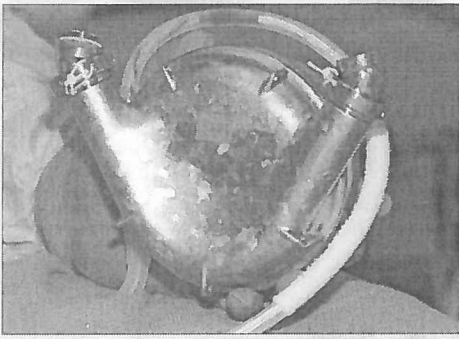
The first heart attack occurred when Tronca, 44, a business consultant, was a passenger in a car with a friend May 27. Suddenly, he gripped his chest, his head fell backward and the light went out. He had no pulse and was not

breathing, and again he was revived. He was then transferred to St. Luke's Medical Center where he had an episode of a more heart condition called tachycardia. Tachycardia is the rapid heart rate, more specifically, said Stephen T. Denker, a cardiologist at St. Luke's.

There were other signs that placed Tronca at risk of future fibrillation and sudden death as well, Denker said. The ability of his left main pumping chamber to pump

In 2001, St. Luke's became the first hospital in the nation to use microwave ablation for atrial fibrillation. Atrial fibrillation is a short circuit in the natural electrical system that makes the heart beat.

In 1991, St. Luke's Medical Center became the first hospital in the area to begin using stents during angioplasty procedures.



## Adding to heart care “firsts”

St. Luke's Medical Center was the first in the Midwest to implant Heartmate ventricular assist devices, or VADs, in 1994. VADs are surgically implanted mechanical pumps that help maintain the pumping ability of a heart that can't effectively work on its own. The Heartmate VAD was the first pneumatically driven pump.

### Blood pump user is celebrating life at home with kin

By JIM KALINOWSKI  
A heart pump user is celebrating life at home with his family after a long hospital stay. The pump, which is implanted in the chest, allows the patient to move around more freely than when in bed. The patient, who is recovering from a heart attack, is now able to walk and perform light activities. The pump is a mechanical device that takes in blood from the left ventricle and pumps it out to the aorta, bypassing the heart's natural pumping action. It is connected to the heart by two tubes. The patient is also connected to a control unit that monitors the pump's function and provides power. The patient is now able to live at home with his family, which is a significant improvement over his previous condition.

Milwaukee Sentinel



Milwaukee Journal Sentinel

In 2001, St. Luke's was first in the Midwest to do laparoscopic (“closed chest”) bypass surgery on 64-year-old Lynn VanTassel. Traditionally, open-heart surgery requires opening a patient's chest by cutting through the breastbone, leaving an 8- to 10-inch scar. In stark contrast, a closed chest procedure, which utilizes the robotic surgical system, allows a surgeon to perform the bypass through three tiny pencil-sized holes.

## National Recognition

St. Luke's Medical Center was named one of the nation's top 10 centers in heart transplant volume and has the best survival rate in 2001.

In 2001, St. Luke's Medical Center was the first hospital in Milwaukee to use intravascular brachytherapy, or IVB. During IVB, a small amount of radiation is delivered to the narrowed artery, opening it up and restoring blood flow.

# The Future of Heart Care



In 2004, St. Luke's Medical Center will open the new Heart Care Center and Patient Tower. This newest addition to St. Luke's Medical Center is designed to accommodate continually advancing medical technology and will be home to some of the most innovative cardiac care programs and treatment options in the Midwest. St. Luke's Medical Center is finding better ways to care for heart patients. This new center will allow St. Luke's to continue bringing world-class heart care to every person who needs it. All education, prevention, diagnostic and treatment services—both for inpatient and outpatient care—will be available under one roof.