

CCP Spotlight

The American Board of Cardiovascular Perfusion



Christopher Brabant, CCP

By Caleb Varner, CCP

Chris Brabant's career has spanned most aspects of the perfusion and cardiovascular surgery spectrum. Chris discussed with us his time in the military and the work ethic it instilled, his pathway through perfusion, navigating being the parent of a child with congenital heart disease, and lastly how these experiences came together to prepare him for an eventual career shift into executive hospital administration. Chris shared his life and professional experiences and gave advice for young perfusionists and leaders.

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Chris grew up in Green Bay, Wisconsin, and joined the Air Force directly out of high school, an experience he said gave him the understanding that if he wanted something, he had to work for it, a sentiment he has carried throughout his career. During his time in the Air Force, he trained as a surgical tech where he got his first exposure to surgery and did two years of active duty before transferring to the Wisconsin Air National Guard. During his tenure with the Air National Guard, he was able to work towards an undergraduate degree in Natural Science/Psychology from St. Norbert College, and after graduation, he pursued a perfusion education at St. Louis University where he graduated in 1994. His first job was at a small center in Dubuque, Iowa before moving to Bellin Hospital in Green Bay, Wisconsin, and ultimately to Children's Hospital of Wisconsin (CHW). It was here that Chris had his first experience in healthcare leadership as well as the experience of becoming a parent of a child with congenital heart disease.

Around the time Chris was transitioning into his new role as chief perfusionist, change was also happening at home as he and his wife were expecting their fourth child. They had no signs throughout pregnancy that anything was wrong, so as Labor Day weekend rolled around and Chris' wife went into labor, they headed to the community hospital near their home to welcome their son into the world. Everything was going as planned; his son, Jack, was born, took to feeding right away, was overall appearing well, and they were even able to transfer from the birthing area to a private recovery room. During this experience, Chris kept noticing how his son's feet were staying a dusky bluish color well after birth. However, he thought since everything else was going well, it must be the dim lighting. While Chris' wife was nursing in their new room, a nurse too noticed the dusky color and asked if she could examine their son. Chris emphasized the amazing catch by this nurse who could tell that something might not be right, even in the dim lighting. While the nurse checked on their son, Chris turned his attention to his wife but could hear a pulse oximeter being connected in the background. His heart sank as he heard the tone steadily descending. The next thing he knew, a rapid response was called, and his son was whisked away towards the NICU. Chris remembered his wife saying she felt sorry for whoever's child that was, right as Chris took chase down the hallway to see what was happening. The NICU team was able to resuscitate Jack quickly as they got an umbilical line in and started prostaglandins. In hindsight, they caught the issue just as Jack's ductus arteriosus had begun to close! Shortly thereafter, Chris and his wife joined their son in the NICU.



Chris and his wife, Kathy, waiting with Jack before his BTT Shunt operation

While settling into the NICU, Chris began making phone calls to his colleagues at CHW, the first of which was to Dr. Nancy Ghanayem, the director of critical care at CHW. Chris explained to her what was happening, and she asked if the baby's saturations increased with blow-by oxygen; when Chris said no, she got quiet on the phone for a second and said "Oh, ok, don't worry, I have it from here." Shortly thereafter, their son was transferred to CHW for further care. Chris' wife discharged herself, against medical advice, 4 hours post-partum, to be with her son at the next hospital.

Once at CHW, Dr. Michelle Frommelt performed the echocardiogram that confirmed the diagnosis of Pulmonary Atresia with Intact Ventricular Septum. The positive news was that there were no other associated genetic or cardiac anatomical anomalies. On day of life four, Dr. Jim Tweddell performed a BT-shunt operation. Chris laughed as he shared how everyone wanted to help as both Dr. Bert Litwin and Dr. Jake Jaquiss, the other surgeons at CHW, offered to scrub in to make sure everything went well. Following surgery, Chris' son continued to do well after and was able to have his bi-directional Glenn surgery at four months and Fontan at two years of age. Chris was proud to share that Jack grew up having a normal life, playing basketball, running cross country, and roughhousing with his siblings! "As we know," Chris shared, "it was important to treat Jack like any other kid and to reinforce that he was special because he was our son not because he had heart disease." Today, his son is in his first year of college with plans to be a psychiatrist.



Chris and Jack after his Fontan operation following his oldest son Ryan through the hospital. Take a close look at Jack's left hip, he's wearing Chris' pager! Something he enjoyed doing whenever they walked around the hospital

While discussing his son's birth and hospital course, Chris looked back at the lessons he learned. He said it was incredible how quickly he went back and forth between being a clinician and a parent. While he felt lucky to go through this experience at CHW, an institution that was leading the way in the care of single ventricle patients, at the same time, he also felt the uncertainty of whether his son would be okay. Even in Chris' unique situation, where he had both an understanding of the disease process and an intimate knowledge of those who could best help him, it was an eye-opening experience to realize that most who are in his shoes do not have these resources. Chris realized that while he thought he had empathy for families, there is always space to do more for those we are caring for. Chris conveyed how important it is to not avoid a patient or family member and to be there even when you are exhausted, because we are integral members of the care team, and our role is as important as anyone else who's taking care of the patient.

Chris could often be heard saying "belts and suspenders", a maxim he would often use to emphasize his belief in being prepared, in perfusion, in life, and professionally. With this in mind, he thought that getting a master's degree to further his education would help future-proof his career, and thus pursued a Master of Business Administration degree with an emphasis in Healthcare Administration from the University of Wisconsin-Milwaukee. As he was completing his degree, alternating every other day with in-person classes and hospital on-call shifts, restructuring was happening at CHW that moved the administrative structure of the heart center to a service line model. During this time the cardiology ambulatory manager departed for another opportunity, and Chris' mentor, Maryanne Kessel, became the executive director of the

cardiovascular service line. She spoke to Chris about the departure of the manager and asked if he had anyone in mind that would be a good candidate for the position. Chris said he did...himself! After giving his pitch for the position and interviewing with the rest of the hospital leadership team, Chris stepped further into hospital administration by assuming both the ambulatory and diagnostic manager roles for the Herma Heart Center, all while remaining the chief perfusionist. In this role, Chris managed roughly 60 direct reports and learned valuable lessons about how to manage time and workload while ensuring taking care of himself to best serve those he worked with.

After 3 years in this role, Chris left CHW for an opportunity with Hospital Sisters Health System in Green Bay, Wisconsin, where he assumed the role of Executive Director of the Heart, Lung, and Vascular Center. This role held purview over four hospitals and 24 cost centers, including cardiovascular surgery, cath lab, sleep lab, respiratory therapy, cardiac rehab, and all other functions related to cardiovascular surgery. Some highlights in this role were building two new hybrid imaging suites (specialized cath labs) and refurbishing another! Chris also stepped into an interim Divisional Surgical Services Executive role while working his other roles. After 5 years, a CEO position at a critical access hospital in the same system opened and he was encouraged to apply. After a national search, Chris was selected for the role as President and CEO of St. Clare Memorial Hospital in Oconto Falls, Wisconsin while also holding the cardiovascular service lead role for all of northeast Wisconsin. Highlights of this role were establishing the Almost Home Swing Bed program which allowed the hospital to utilize its facilities when rehabbing patients for quicker recovery on their way to being discharged. Chris said he was blessed by an amazing team that helped turn a one-million-dollar deficit into a three-million-dollar net gain.

Chris emphasizes spending time to get to know staff and creating relationships with everyone, which has aided his knack for being prepared. Chris believes that you interview for your job every day with every action and interaction. This mindset assisted him when the hospital underwent restructuring and moved to a market-based leadership structure that eliminated CEO positions. Chris was able to lean on his relationships and have a 3-month head start finding his next, and current role, as CEO of Stoughton Health in Stoughton, Wisconsin. This new hospital is a 35-bed critical access hospital where he looks forward to working with the team to continue making impactful changes in patient's lives.

Chris has learned a lot over the trajectory of his career, and he is eager to share his experiences with others. He started by sharing lessons learned as a new chief perfusionist. One of the main things he discussed is trusting in your staff and being better at delegating. Chris shared, "It is very easy as a leader to try to do everything yourself. While it may feel like you are helping the team, you may be disengaging your staff by insinuating that they are not as capable." He shared an example of when he was very involved in a patient's care and gave them his contact info before he went on vacation so they could reach out if there was an issue. He thought he was staying involved and doing right by the patient, but to his staff and the patient's family, it could be perceived that he didn't trust his staff when he was away. An untrue misunderstanding that could have been cleared up easily if care had been delegated throughout the team. Chris also discussed the interpersonal side of the job, while programmatic change is important, a place where a lot of leaders struggle is mentoring those around them. Having the courtesy of being transparent, even when difficult, is a tough part of the job, but something everyone deserves to hear. This too, is a skill that needs to be practiced. Later in Chris' career, he had a mentor at his first CEO role who said, "be quick, be smart, be gone." To Chris this meant that you need to know how to be polite and efficient in your delivery, state your point, and then move on. Staying curious through his leadership pathway and accepting these lessons as he went is what developed him into an effective leader.

Chris also had advice for young perfusionists and future leaders; do not undervalue how important being involved in our profession on a larger scale can be. Volunteering for local and national organizations, networking with those around you, and accepting leadership roles as they come, all lead to unique growth experiences. Chris talked about the incredible opportunities he had while working with and later chairing the American Society for Extracorporeal Technology's Pediatric Planning Committee, as well as becoming a Fellow of the American College of Health Care Executives. Each of these provided unique opportunities to share knowledge and grow as a professional and helped to shape his career path. On top of this, intertwined throughout our entire conversation, two main themes became clear. The first was that leadership is like a clinical skill; it needs to be practiced! There will be days where you might do well and other days you make mistakes, but what is important is to learn from both. The second main point was that Chris' most impactful mentors not only showed him what to do but also what not to do and there should be as much learning as there is teaching in these relationships.

Chris keeps this close to heart, and when he has the opportunity to mentor, he stresses that "when you keep an open mind, you learn so much from people, even when you don't expect it. The issue we have when we become more highly trained, we also become more narrowly focused. Changing perspectives is crucial and having the expansive curiosity of a child would benefit everyone to become better clinicians and leaders. You notice so much more when you change your perspective, which takes wherewithal and emotional intelligence to see." A profound thought that he saw put into practice by leaders throughout his career, especially during his time at CHW. Chris recalled Dr. Stu Berger, a cardiologist at CHW during Chris' tenure, who shared a story at the late Dr. Tweddell's celebration of life ceremony that Chris thought aptly summarized working on a great team. Dr. Berger said "We were Camelot, we were at the round table and that's what made us great. Not only could everyone provide input, but everyone was expected to provide input." Chris works to forge working relationships where people are comfortable and expected to work together. This model has the greatest probability of creating an environment where innovation and quality care are the norm. Chris's final piece of advice and most valuable lesson learned is that you cannot give all of yourself to your work if you don't give 100% of yourself to yourself. Make sure you take care of yourself and your family first.



Chris, Dr. Tweddell, and Dr. Ruiz at Machu Picchu as part of a medical mission trip to Peru