Expanded neurology services available at Sacred Heart

The Oregon Neurosciences Institute at Sacred Heart Medical Center has expanded its panel of clinicians and services to offer comprehensive, compassionate, collaborative care for the entire spectrum of neurological disorders. Patients and referring physicians will benefit from recent changes, including the addition of a neurointensivist/neuro hospitalist, three new neurosurgeons (including an endovascular neurosurgeon), two fellowship-trained neuroradiologists, a neuro-ophthalmologist, and new technology, including a neuro biplane suite for endovascular interventions.

Elaine Skalabrin, MD, joined the medical staff at Sacred Heart at RiverBend this fall from the University of Utah Hospital in Salt Lake City, where she was medical director of neurocritical care. Board-certified in neurology, with a sub-specialty in vascular neurology, she completed fellowships at Stanford University School of Medicine and the University of California San Francisco School of Medicine. As neurointensivist/neuro hospitalist at Sacred Heart, Dr. Skalabrin will facilitate the expansion of acute care management of high-risk neurology patients, including stroke patients. She has already had an impact in the Emergency Department at Sacred Heart at RiverBend, where her colleagues credit her with setting a new standard for neurologic care through her responsiveness, collaboration and patient-centered approach. “The universal sentiment from our group was that if any of us had a stroke or other event, this is the care we would want. This is what a stroke center of excellence is,” Eugene Emergency Physicians wrote in a letter to hospital administrators, praising Dr. Skalabrin’s approach to critical care.

Other recent additions to the institute include three board-certified neurosurgeons – Andrea Halliday, MD; Daniel Hutton, DO; and Carmina Angeles, MD – as well as neuro-ophthalmologist William L. Hills, MD, and endovascular neurosurgeon Erik Hauck, MD, PhD. Dr. Hauck specializes in endovascular treatment of stroke, aneurysm, AVM and other complex vascular conditions. His addition to the medical staff in April completed
Sacred Heart's ability to treat the entire vascular system. And the opening last month of a neuro biplane suite (see article below) at Sacred Heart enables him to deploy the most modern therapies and interventions in the least-invasive manner possible.

"Adding three neurosurgeons to our call panel and creating the endovascular neurosurgery program has allowed us to provide expanded offerings to patients," said Jill Hoggard Green, Chief Operating Officer for PeaceHealth Oregon Region. "Having a neurointensivist has enhanced our capacity to work as a team, enabling us to offer comprehensive care to the region."

Today, the Oregon Neurosciences Institute comprises nine neurosurgeons, nine neurologists and two fellowship-trained neuroradiologists helping make Sacred Heart a Joint Commission-certified stroke center of excellence. Our certified neurology nursing staff offers healing care in a specialty 36-bed unit with telemetry, EEG and video monitoring capability. A simplified entry point via the Patient Placement Center makes patient referral easier than ever before. Referring physicians can call (541) 222-3000 or toll-free (866) 267-9680 to arrange for transfer or a telephone consultation with one of our specialists.

**Neuro biplane improves outcomes, safety**

Patients with aneurysm, arteriovenous malformation (AVM) and other vascular abnormalities can now be treated with the latest neuro imaging technology, available at Sacred Heart Medical Center and nowhere else in the region.

Sacred Heart's endovascular neurosurgeon Erik Hauck, MD, PhD, has used the biplane suite almost daily since installation. In a recent case, Dr. Hauck used the biplane to diagnose and treat a patient with a cerebral aneurysm that was leaking blood into the brain. The patient, a 56-year-old man with no comorbidities, presented at the emergency department on Dec. 20, 2010, with a severe headache and loss of balance. The man reported feeling a "pop" in the back of his neck the night before, followed by a "thunderclap" headache. He went to bed, and awoke the next morning
with acute symptoms.

A CT scan indicated bleeding in the brain and Dr. Hauck, who has treated about 80 aneurysms since joining Sacred Heart in April, suspected the same for this patient. The patient was taken to the cath lab within 30 minutes of arriving in the emergency department. Dr. Hauck used biplane imaging to direct the catheter and wire from the femoral artery to the mouth of the aneurysm, which measured 6.6 mm at its widest diameter. He packed the bulge with thin platinum coils to prevent additional leaking and potential rupture.

"Within an hour of his arrival at the hospital, we had found the aneurysm and treated it," Dr. Hauck said. "Without the biplane, these procedures would not be possible."

The patient, Springfield truck driver Arlen Sage, is expected to recover fully, with no recurrences. "I didn't feel a thing; it was smooth and easy and simple," Mr. Sage said of the procedure. "I'm thankful that RiverBend has the capability and facility to handle this kind of trauma because I don't think I would have made it to Portland."

The state-of-the-art suite includes a number of digital flat screens both inside and outside the operating area. The technology includes rotational angiography and 3D reconstruction. It is capable of producing cross-sectional images like a CT scan. The dramatically improved visualization cuts operating time, which means less radiation, fewer injections of contrast dye, and lower likelihood of complications.

Neuro biplane angiography is the latest in minimally invasive technologies available at Sacred Heart Medical Center. The addition of the biplane has expanded Sacred Heart's ability to care for patients with stroke, vascular disease, aneurysms and other complex neurological and vascular conditions.

**Hospital to open hybrid OR**

Sacred Heart Medical Center at RiverBend will soon be the first hospital in the region to offer patients the most advanced cardiac treatment in its new hybrid operating room, scheduled to open Jan. 17, 2011, at the Oregon Heart & Vascular Institute.

Sacred Heart's "hybrid OR" is a state-of-the-art surgical suite with angiography imaging equipment mounted to the ceiling, equipment traditionally exclusive to cardiac catheterization and interventional radiology labs. The new suite allows for transition from minimally invasive to open vascular or cardiothoracic procedures without transporting the patient from a procedural area like the cath lab to an operating room.
The hybrid OR contains the most sophisticated imaging technology available, which is vital when performing a highly technical procedure, such as aortic surgery or stent placement. The improved visualization allows for increased precision and accuracy when placing aortic or carotid artery stents.

"This advanced technology allows our vascular surgeons to obtain high-quality images and provide state-of-the-art, minimally invasive care for cardiovascular disease," Tony Ballenger, Senior Director of Surgical Services at Sacred Heart, said. "By merging these capabilities, the best of both worlds can be combined for improved patient outcomes in the least invasive fashion."

Initially, the hybrid OR will be the domain of vascular surgeons, including Craig S. Seidman, MD and Paul M. Schumacher, MD, who already have cases booked for Jan. 17. The 900-square-foot suite will be used primarily for minimally invasive cardiac surgical procedures, thoracic aneurysm stent grafts, diagnostic and therapeutic percutaneous vascular procedures, and combined open and endovascular procedures.

It will be the only surgical suite in the region where patients can get diagnosed and treated in one visit, for less downtime and a speedier recovery. For superior precision and control, all of the equipment in the suite can be directly controlled by the surgical team. The specialized angiography system can be used before or after an open surgical procedure, to provide diagnostic imaging during a fully interventional procedure, or to support combined open and interventional procedures. Surgeons and technicians from a variety of specialties, including vascular, cardiac and thoracic surgery, trauma and interventional radiology, will collaborate to provide top-notch, multidisciplinary care for each patient.

"It's truly a patient-centered operating room, with multiple care providers and varied expertise all in one room, surrounding the patient," Ballenger said.

**Case Study: Robotic-assisted throat surgery**

PeaceHealth Medical Group otolaryngologist Abraham Sorom, MD, performed the first robotic-assisted throat cancer procedure in Oregon outside of Portland on Nov. 4, 2010. Transoral robotic surgery, or TORS, a minimally invasive, endoscopic approach to throat and
neck surgery, was approved in December 2009 by the U.S. Food and Drug Administration for removal of tumors of the throat, tongue base, larynx and thyroid. Dr. Sorom and his colleague Dennis Diaz, MD, were the fourth and fifth otolaryngologists in Oregon to be trained in the use of the da Vinci Si Surgical System to perform such procedures. (See image above right for incision comparison.) The following is a description of the case.

**Subject:** A 54-year-old man was referred to Dr. Sorom with a right-side neck mass that had been present for several weeks. The mass was both visible and palpable. In recent days, the patient had developed a slight sore throat, but had no other symptoms.

**Diagnosis:** Neck mass is the most frequent indicator of throat cancer; such masses are often discovered incidentally during a physical examination. All firm, hard masses in the throat and neck area in adults are treated as cancer until proven otherwise. During a physical examination of the patient, Dr. Sorom identified a 4.5 cm neck mass. An initial workup including CT scan and needle biopsy identified stage 3 metastatic squamous cell carcinoma of the tonsillar region (95 percent of head and neck cancer is of this kind).

**Treatment:** Dr. Sorom biopsied the tonsil area and located the primary tumor. He used the da Vinci Si Surgical System at Sacred Heart Medical Center at RiverBend to perform a transoral robotic lateral oropharyngectomy. The patient was discharged from the hospital the next morning. Two weeks later, Dr. Sorom removed the neck mass and surrounding lymph nodes in a delayed neck dissection.

**Outcome:** The patient is eating and swallowing normally. His case is being monitored and may require follow-up radiation therapy. Without TORS, treatment options would have been chemotherapy and radiation therapy, which have serious side effects. TORS obviates the need for disfiguring mandibulotomy, which is sometimes required when the tumor site cannot be accessed through the mouth. The da Vinci system provides binocular vision with depth perception, which often enables surgeons to resect less tissue and make more precise incisions. About one in 15 throat cancer patients are candidates for the procedure. "Whenever a patient presents with an appropriate tumor, size and location, we can perform the robotic procedure," Dr. Sorom said.

**Barcode Medication Administration coming to PHOR**

After months of meticulous preparation, PeaceHealth Oregon Region is prepared to...
launch a new program to enhance patient safety by reducing medication mistakes. Called Barcode Medication Administration (BCMA), the program uses handheld scanners, computers and barcode information to ensure that the "five rights" of medication administration are observed for all patients: right patient, right drug, right dose, right time and right route.

**How it works:** A nurse responsible for giving medications uses a handheld wireless scanner to scan the barcode symbol and a patient's medication label. The nurse then scans the barcode on the patient's wristband as a safety check to verify that the right patient is receiving the right drug, right dose, at the right time, via the right route. A new screen will appear in Carecast that will present alerts any time any of the "five rights" are jeopardized.

**Significance:** Medication errors injure 1.5 million people and cost billions of dollars annually. PeaceHealth adverse drug events (ADE) data consistently demonstrate that "five rights" errors are the most prevalent cause of adverse drug effects. Health care organizations that use barcode medication administration report achieving reduction in medication errors of 70 to 85 percent without putting greater burden on nurses. This is accomplished because BCMA allows for automatic charting and recording of medications administered, eliminating the need for the nurse or caregiver to manually chart the medications given.

**Research:** A study published in 2010 in the New England Journal of Medicine found that using a barcode system to check patients' medications and dosages helped significantly reduce drug transcription and administration errors. For the study, researchers at Boston-based Brigham and Women's Hospital tracked medication administrations and order transcriptions before and after the barcode system was added to the facility's electronic health record (EHR) system in 2005. The researchers found that after barcode technology was added to EHRs throughout medical and surgical units and the ICU, patients were:

- 57 percent less likely to receive the wrong drug
- 42 percent less likely to receive the wrong dose
- 61 percent less likely to receive a drug when none had been prescribed
- 27 percent less likely to receive a drug at the wrong time

In addition, the study found that transcription errors fell from a rate of 6.1 percent to zero. The rate of potential adverse drug events also fell from 3.1 percent to 1.6 percent.

BCMA has already been successfully implemented in PeaceHealth's Southeast Alaska, Lower Columbia and Whatcom regions. Physicians with access to PHOR's Crossroads can read a continuously updated Frequently
As asked in Questions document maintained on a new BCMA site. The rolling implementation timeline for Oregon Region calls for a go-live date of March 7, 2011, for the Medicine/Oncology and Pediatrics units on the eighth floor at Sacred Heart Medical Center at RiverBend. Training and at-the-elbow support will be provided for all caregivers involved in the BCMA program.

Home Care Services to relocate

After 18 years in a leased location at 1121 Fairfield Ave. in the Gilbert Shopping Center, Sacred Heart Home Care Services will move to a new home in the Physicians and Surgeons -- North (P&SN) building on the University District campus (pictured). The move will take place from Jan. 10-12, 2011, and will involve all caregivers in Home Health, Hospice, Home Infusion and Courageous Kids. More than 200 Home Care staff members will occupy approximately 34,000 square feet on the renovated first and second floors of P&SN. That represents about 12,000 additional square feet of elbow room over the existing location on Fairfield Avenue. There will be 110 parking spaces dedicated to Home Care Services in the North Parking Garage, Lot 706, with additional short-term parking on the first floor for caregivers who need to make a quick stop at the office between patient visits.

CME Courses

Continuing Medical Education offerings at Sacred Heart Medical Center at RiverBend

Annual Primary Care Conference

Friday, March 11, 2011
8:30 a.m. to 4 p.m. (Registration begins at 8 a.m.)
Holiday Inn, 919 Kruse Way, Springfield, OR 97477

Topics include:
• Cardiology
• ECT for depression
• Neuro-ophthalmology
• Pediatric surgery
• Post-cancer breast reconstruction
• Pulmonology
• Rheumatology

Contact Treena Bell to register, or call (541) 222-2334. Or register online.

**Medicine Grand Rounds**
Sacred Heart Medical Center at RiverBend, Conference Room 200A
(1 Category 1 AMA PRA credit™)
**Jan. 14**, 12:30-1:30 p.m.: Kialing Perez, MD, “Infectious Disease Emergencies” (Lunch buffet)
**Feb. 11**, 7-8 a.m.: Jodie Mooney, Director of Risk Management (Breakfast buffet)

**Pediatric Grand Rounds**
Sacred Heart Medical Center at RiverBend, Conference Room 200A, **all sessions 7:50-8:50 a.m.**
(1 Category 1 AMA PRA credit™)
**Jan. 10**: Erik Hauck, MD, PhD, “Pediatric Neurosurgery: Can we have it here?”

**Palliative Medicine Grand Rounds**
Sacred Heart Medical Center at RiverBend, Conference Room 200A. Lunch served.
(1 Category 1 AMA PRA credit™)
**Jan. 28**: 1-2 p.m., Jeffrey Larkin, MD, Senior Health Center, “Management of Agitated Dementia”
**Feb. 25**: 1-2 p.m., John Holmes, MD, Director of Ethics, “Medically Non-Beneficial Treatment Policy/Panel Discussion”

**Tumor Boards**
Sacred Heart Medical Center at RiverBend, Conference Room 200E
One hour CME credit for all tumor board meetings, excluding lymphoma.
See [Cancer Case Conference Calendar](#) for details.

Contact Treena Bell for more information.

**People**

Please welcome the following physicians, who are new to these practices

**Night Shift Radiology:** Archana C. Lucchesi, MD, Radiology

**Telemedicine.**

**Oregon Neurology Associates:** William L. Hills, MD.

**PeaceHealth Medical Group:** Jeanette A. Ardans, MD, Behavioral Health; Seth E. Kagan, MD, Hospitalist.
Springfield Family Physicians: Orestes Gutierrez, DO, Family Medicine.

Send notice of new physicians to Rebecca Taylor.