Dear Colleagues: I am pleased to send you the latest edition of this newsletter for physicians in our region. Please let me or any of the editorial advisory board members know if you have any suggestions or article ideas.

PHYSICIAN PIPELINE

New requirements for flu prevention

All PeaceHealth caregivers must receive an annual vaccination for seasonal influenza or sign a declination form and wear a mask while working in patient care areas during peak flu season. The new policy, effective Oct. 1, is intended to protect the safety of PeaceHealth patients, caregivers and communities from seasonal flu, which annually causes more than 200,000 individuals to be hospitalized throughout the nation.

The PeaceHealth Board of Directors wants at least 90 percent of caregivers vaccinated. That includes employees, as well as non-employed physicians, students, volunteers, independent contractors and vendors with access to patient care areas. Caregivers who decline immunization will be required to sign a declination form and wear a mask at all times while working in patient care areas during the defined flu season. Masks will be provided at no charge to caregivers, and will be available at all patient care sites.

The PeaceHealth Infection Prevention Collaborative is responsible for establishing dates for flu season, which may vary by region, depending on the date the first laboratory-confirmed case is documented within the respective community. PeaceHealth suppliers say there will be adequate supplies of the vaccine this year, which will provide protection from Influenza A and B (including H1N1). The vaccine is free for all caregivers. Each regional Employee Health Department will hold a series of vaccination clinics at which caregivers can quickly and easily receive the flu vaccine. Should you receive the vaccine from an outside source, simply provide documentation to Employee Health.

The immunization policy is aligned with PeaceHealth's Mission, Vision, and Values, best practice clinical models, and strong recent recommendations from The Society for Healthcare Epidemiology and the Infectious Diseases Society of America, the U.S. Centers for Disease Control and Prevention's Advisory Committee on Immunization Practice, and the Hospital Infection Control Practices Advisory Committee. Regional and national data show that patient populations are particularly vulnerable and at significant risk of contracting the flu while in a health care facility during peak flu season. Historically, PeaceHealth's vaccination rates have fallen below "best in class" for protecting vulnerable patients.

Virginia Mason Medical Center in Seattle implemented a similar policy in...
2005 and boosted caregiver vaccination rates from 54 percent to nearly 100 percent. PeaceHealth President Alan Yordy announced the policy change Oct. 5, and infectious disease specialist Bob Pelz, MD, PhD, sent a letter to physicians late last month explaining the policy and seeking physician support.

First transoral robotic surgery performed at Sacred Heart

The first transoral robotic surgery (TORS) in the region has been performed at Sacred Heart Medical Center at RiverBend, and all four patients who underwent the procedure are recovering well.

TORS, a minimally invasive surgical approach, was approved in December 2009 by the Food and Drug Administration for removal of early stage tumors of the throat, tongue base, larynx and thyroid. On Oct. 2, PeaceHealth Medical Group otolaryngologists Dennis Diaz, MD, and Abraham Sorom, MD, performed four robotic-assisted throat surgeries at Sacred Heart at RiverBend using the hospital's da Vinci Si Surgical System.

About 45,000 Americans are diagnosed each year with head and neck cancers. Treatment often involves a combination of surgery, radiation therapy and chemotherapy. Because tongue-base and throat tumors are difficult to reach through the mouth with conventional surgical instruments, the most common approach has been to remove them through external incisions. This approach can require an almost ear-to-ear incision across the throat or splitting the jaw, resulting in disfigurement and speech and swallowing difficulties for patients. The minimally invasive TORS approach accesses the surgical site through the mouth and has been shown to improve long-term swallowing function and reduce risk of infection while accelerating recovery time.

Da Vinci manufactured a line of smaller instruments specifically for use in the throat. The system optics, 3D visualization and binocular view with depth perception are a vast improvement over the headlamp and hand tools surgeons used before, Dr. Diaz said. "There has never been a great way to access the throat and tongue base without serious incisions," he said. "The only way to magnify was to lean in closer. Now we can see exactly what we're operating on."

Not everyone is a candidate for TORS. Tumor size, stage and location, as well as patient anatomy, help determine eligibility. The approach has
significant benefits over traditional surgery, including less trauma to the body, reduced blood loss, less post-operative pain and discomfort, reduced infection, shorter hospital stay, faster recovery and less scarring. The technique is currently undergoing clinical trials for use in reducing tongue-base mass for treatment of sleep apnea.

**Improved experience for radial access patients**

The cardiology team at Sacred Heart Medical Center has performed thousands of radial access cardiac procedures over the past decade, with excellent outcomes and no serious complications. Now, the multidisciplinary team at the Oregon Heart & Vascular Institute offers patients a more comfortable setting in which to prepare for and recover from outpatient radial catheter procedures: a recovery "lounge" furnished with comfortable chairs where patients can watch TV, visit with family or work on laptops until discharge. Cardiologists meet with patients in the recovery area to discuss results and next steps shortly after the procedure.

Radial access is popular outside the United States due to improved safety, comfort and cost savings over traditional femoral access, and the approach is gaining ground domestically as more cardiologists master the technique. The cardiac team at OHVI is ahead of the curve. In the past five years alone, they have successfully performed 2,644 radial access procedures for cardiac patients. Procedures are initiated through a needle puncture in the radial artery in the wrist, rather than the femoral artery in the groin, the traditional access point for catheter-based procedures. Femoral access patients must lie supine for several hours, which can be difficult and uncomfortable, particularly for those with back problems, respiratory issues or obesity. Radial patients are ambulatory almost immediately. In addition, the radial approach dramatically reduces the risk of complications.

And patients prefer it. Cardiologist David Saenger, MD, recently performed a radial access angiogram on a 76-year-old man suffering from angina. The patient had a femoral cath procedure in 2007 and was reluctant to undergo another groin puncture and long recovery period. Dr. Saenger, working with the patient's wife, eventually persuaded the man to give radial access a try. During the procedure, Dr. Saenger detected critical stenosis of the ramus intermedius branch of the left coronary artery (90 percent lesion). Cardiologist Dennis Gory, MD, performed the stenting the same day through the radial access site. The patient "was completely surprised by how easy, simple and painless the radial procedure was," Dr. Saenger said. "He went from being unable to walk due to chest pain to feeling completely normal."

Most radial access patients return home within two to three hours and can resume working the next day. Should additional treatment be necessary,
the full range of procedures, from diagnostic to interventional therapies, can be performed at Sacred Heart the same day, often through the same radial access site. The heart care specialists at OHVI perform nearly 3,000 catheter-based cardiac procedures annually, so patients can have confidence in the quality of care they receive at Sacred Heart.

The emphasis on radial access procedures is the first of many innovations to come as a result of the Oct. 1 integration of Oregon Cardiology and Sacred Heart Medical Center. The long-term relationship between these two leaders in heart care has resulted in excellent outcomes for patients of the Oregon Heart & Vascular Institute, as documented in the institute's recently published 2009-2010 Quality Report. OHVI received national attention last month when the October issue of Consumer Reports Health noted that OHVI's cardiothoracic surgeons had received the highest-possible rating from the respected Society of Thoracic Surgeons. Only 11.7 percent of 960 eligible hospitals received the rating, which denotes the highest category of quality.

To refer a patient, physicians can call the front desk at the Oregon Heart & Vascular Institute at (541) 222-7218, or toll-free at (888) 240-6484.

**New treatment for post-surgical air leaks**

Interventional pulmonologist [Khuram Ameen](#), MD, became the first surgeon in Oregon to use a recently approved bronchial valve implant to treat prolonged air leaks following lobectomy in a lung cancer patient. The 63-year-old patient had been in the hospital for a month prior to the procedure. She was discharged three days later.

Cardiothoracic surgeon [Paul Koh](#), MD, of the Oregon Heart & Vascular Institute performed a lobectomy on July 29 to remove cancer from the upper lobe of the patient's right lung. Partly as a result of underlying lung disease (emphysema), several holes remained following resection of the lung, resulting in prolonged air leaks. The woman was at Sacred Heart Medical Center at RiverBend for 28 days on chest tubes, waiting for the lung to heal. (The average length of stay following lobectomy is 5.5 days.)

Dr. Ameen had undergone training to use a new device recently approved by the Food and Drug Administration to close post-surgical lung leaks. The
umbrella-shaped IBV Valve manufactured by Spiration in Redmond, Wash., has a frame made of Nitinol, a metal alloy that stiffens as it warms and can withstand large strains. The frame is covered by a polymer membrane with elastic struts that expand and contract with airway movement. Five anchors penetrate the airway wall to a controlled depth, preventing valve migration. The valve allows secretions and air to escape but prevents air from entering the affected area as the leak seals.

On Aug. 25, using a bronchoscope and balloon catheter, Dr. Ameen located the leaks and determined the appropriate size valve (5, 6, or 7 mm). He inserted three valves (the maximum allowed by the FDA) to address the most critical leaks. The patient was discharged three days later and the air leaks had resolved completely within a week. Dr. Ameen removed the valves during another bronchoscope procedure on Sept. 20. Two weeks later, the patient visited Dr. Koh and was doing well.

Given the number of leaks and the complexity of the case (earlier in the year, endovascular neurosurgeon Erik Hauck, MD, treated the patient for a brain aneurysm discovered the same day she was diagnosed with lung cancer), the procedure took about an hour, compared with 15 minutes for a regular broncoscopy. But Dr. Ameen said the valve is much more effective than glue, bone and other items used to plug leaks in the past, many of which are easily coughed up. And he plans to use the device in future cases, as appropriate.

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Medical student program thriving at Sacred Heart

The number of medical students participating in clinical rotations through the Center for Medical Education & Research at Sacred Heart Medical Center has more than quadrupled in the four years since the program began. The center was formed in August 2006 to help accommodate the growing number of Oregon Health & Science University medical students who need clinical training, and to encourage more students to consider working in rural and urban communities outside the Portland metro area following residency.

That first year, 27 third- and fourth-year medical students successfully completed clinical rotations with Sacred Heart medical staff physicians. That number will reach 120 by the end of the 2010-11 academic year.

“All accounts thus far indicate that the program has been successful,” said Ron Stock, MD, Medical Director for the Center for Medical Education & Research. “None of our earlier students have completed residency yet, so it’s too early to tell whether we’ve succeeded in attracting more physicians
to our region. However, one of our students from the 2006 rotation will be joining our PHMG hospitalist group in July 2011.

Oregon, like much of the country, is facing a significant physician shortage in the next 15 years, due to population growth, an aging population and an aging health care workforce. The Oregon Employment Department projects that the state will have nearly 58,000 health care job openings between 2008 and 2018. To maintain current levels, the state will require 329 new physicians each year, a number that does not take into account any changes that may result from health care reform, according to the Oregon Healthcare Workforce Institute.

Before Sacred Heart opened the Center for Medical Education & Research, clinical rotations were offered primarily in Portland, which meant the only students working in more rural areas of the state were completing a required third-year clerkship in Rural/Community Primary Care supported by the Area Health Education Center. Not only do these areas need more health care providers, but their economies could use the boost provided by expanding the health care community. Oregon Healthcare Workforce Institute data indicate that a single physician practicing in the state's more rural counties creates about 20 jobs and contributes about $1 million in revenue to the county's gross domestic product.

The number of local physicians serving as faculty has jumped from 25 to about 200 in the past four years. Still others are working with University of Oregon pre-med students seeking clinical exposure. "The physicians in this community love to teach and have made this program as successful as it is today," said Chris Traver, Director of the Center for Medical Education & Research. "When Ron put out the call for volunteer faculty, the response was overwhelming."

The program is funded through OHSU, the Sacred Heart Medical Center Foundation and a generous endowment from Oregon Community Credit Union.

**Case Study: Ablation of college athlete's arrhythmia**

Subject: A 21-year-old Western Oregon University student attending school on a track-and-
scholarship presented with persistent arrhythmia (120 bpm, shortness of breath) that interfered with his athletic performance and could not be controlled by medication.

**Diagnostic:** Heart tissue looked normal upon initial examination. Electrophysiologist Ramakota Reddy, MD, of Oregon Cardiology used the St. Jude EnSite System to create a 3-D electroanatomical map of the young man's heart. He identified a pea-sized focal atrial tachycardia in the right atrium that was firing more actively than the rest of the heart (red area in illustration).

**Treatment:** Dr. Reddy opted to perform a catheter ablation, a non-surgical procedure that uses a catheter inserted into the heart to direct energy to the affected area of the heart muscle. The energy disables the pathway of the abnormal rhythm and allows the heart to beat normally.

**Outcome:** The student resumed normal activity, including competitive sports, with no additional problems.

**CME Courses**

Continuing Medical Education offerings at Sacred Heart Medical Center at RiverBend

*Medicine Grand Rounds*
Sacred Heart Medical Center at RiverBend, Conference Room 200A
(1 Category 1 AMA PRA credit™)
**Nov. 12,** 12:30-1 p.m.: Khuram Ameen, MD, “Pulmonary Hypertension” (Lunch buffet)
**Dec. 10,** 7-8 a.m.: William Hills, MD, “Common Neuro-Ophthalmic Conditions” (Breakfast buffet)
**Jan. 14,** 12:30-1 p.m.: Kialing Perez, MD, “Infectious Disease Emergencies” (Lunch buffet)
**Jan. 21,** 12:30-1 p.m.: Elaine Skalabrin, MD, Neuro Hospitalist (Lunch 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™)
**Nov. 8:** Bob Nickel, MD, “Update on Infant Neuromotor Assessment”
**Nov. 29:** Bruce Boston, MD, OHSU, Doernbecher Children's Hospital, “Pediatric Diabetes: Past, Present and Future”
**Dec. 13:** Daniel Guillaume, MD, OHSU, “Management of Pediatric Hydrocephalus”
Jan. 10: Erik Hauck, MD, "Pediatric Neurosurgery: Can we have it here?"

**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 (under Schedules/Communication) for details.

Contact Treena Bell for more information.

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

- **Night Shift Radiology:** Garth H. Harley, MD, Radiology: Diagnostic.
- **PeaceHealth Medical Group:** Autumn D. Conde, DO, Urgent Care; Erin M. Crocker, MD, Behavioral Health; Margaret N. Njonjo, MD, Geriatric Medicine; Tara R. Workman, MD, Family Medicine.
- **Radiation Associates PC:** Dariusz Z. Zawierucha, MD, Radiology: Diagnostic.
- **Sacred Heart Medical Center:** Jill C. Glazewski, MD, Behavioral Health; Bryce S. Milligan, MD, Hospitalist; Elaine J. Skalabrin, MD, Neurology.
- **Willamette Valley Cancer Institute and Research Center:** Kathleen Y. Yang, MD, Gynecologic Oncology.

Send notice of new physicians to Rebecca Taylor.