

Good Sam geriatric focus aims to improve care and reduce preventable harm for elderly patients over 70 who need comprehensive assessment.

—Page 5



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## Course helps prepare Portland physicians for overseas missions

*OHSU's Global Health Center provides training for doctors wanting to volunteer*

By **Cliff Collins**  
For *The Scribe*

Physicians interested in volunteering overseas have a unique resource close to home to help them achieve that objective.

**Oregon Health & Science University's Global Health Center** offers a special course for doctors and other health care professionals interested in volunteering in disadvantaged countries and disaster zones.

Established in 2007, it is designed to instruct physicians, nurses, nurse practitioners and physician assistants who seek training to prepare for medical missions and disaster relief, said **W. Andrew Harris, MD**, a retired Salem ophthalmologist who is founder and course director of the program, called **Physicians' Training in Global Health**.

Through classes, demonstrations, simulated experiences and laboratories, participants

learn about infectious diseases, public health, management of childhood illnesses, trauma care, malnutrition, dental health, obstetrics, neurology, cultural competence, dermatology, mental health, orthopedics, wound care, rehydration therapy, burn treatment and many other subjects.

Dr. Harris said the course is unique among tropical medicine clinics in that it places specialists into a primary care setting for supervised hands-on training seeing patients. "We feel that's a real critical component," he said, noting that although several other programs exist around the nation, all but OHSU's involve only didactic training in the classroom.

OHSU faculty members and local doctors, several of whom are members of the **Medical Society of Metropolitan Portland**, help in planning and teaching the course. For example, in last fall's course, family physician **John T. "Tom" Hoggard III, MD**, taught



Dr. Mal McAninch, Portland internist, is being instructed on intubation by OHSU emergency medicine physician and instructor, Dr. Amy Marr. Both doctors are physicians involved in OHSU's Global Health Center and a special course for doctors and other health care professionals interested in volunteering in disadvantaged countries and disaster zones.

"Travel: Risks and Recommendations," neuroradiologist **Mary T. Burry, MD**, taught "Field Radiology and Ultrasound," vascular surgeon **James J. Peck, MD**, taught "Surgical Triage in the Field," and obstetrician-gynecologist **Arnold L. Peterson II, MD**, instructed an obstetrics class.

Also, orthopedic surgeon **Todd W. Ulmer, MD**, instructed on orthopedics for generalists, and emergency physician **Amy L. Marr, MD**, taught an emergency procedures lab in splinting, lac-

erations and intubation.

The course is particularly appropriate for mid-career to retired physicians, according to Dr. Harris, explaining that the course's chief objective is to improve competency on a wide range of subjects needed for medical work in resource-poor areas of the world.

About 60 percent of doctors who take the course are specialists, while 40 percent are in some type of primary care. Most of the latter need to take only the didactic portion, but specialists may

need to update their primary care training, because they frequently have to apply those skills in the field, he said.

"The reality of working overseas is that even specialists are expected to know how to treat diabetes, malaria, TB and schistosomiasis," Dr. Harris said. For instance, a general surgeon who took the program was unable to do surgery in Haiti because of earthquake damage to the op-

See *Global Health/ Page 3*

### WHAT'S INSIDE THIS ISSUE

#### MMFO ensures shot givers have opportunities for training



storage and handling, and related issues.

The **Metropolitan Medical Foundation of Oregon (MMFO)**, affiliated with the **Medical Society of Metropolitan Portland**, recently played a key role in ensuring that health care professionals who give recommended shots to children and teens have up-to-date knowledge on immunizations, vaccine

—Page 3

#### Surgical oncologists named to new cancer center posts



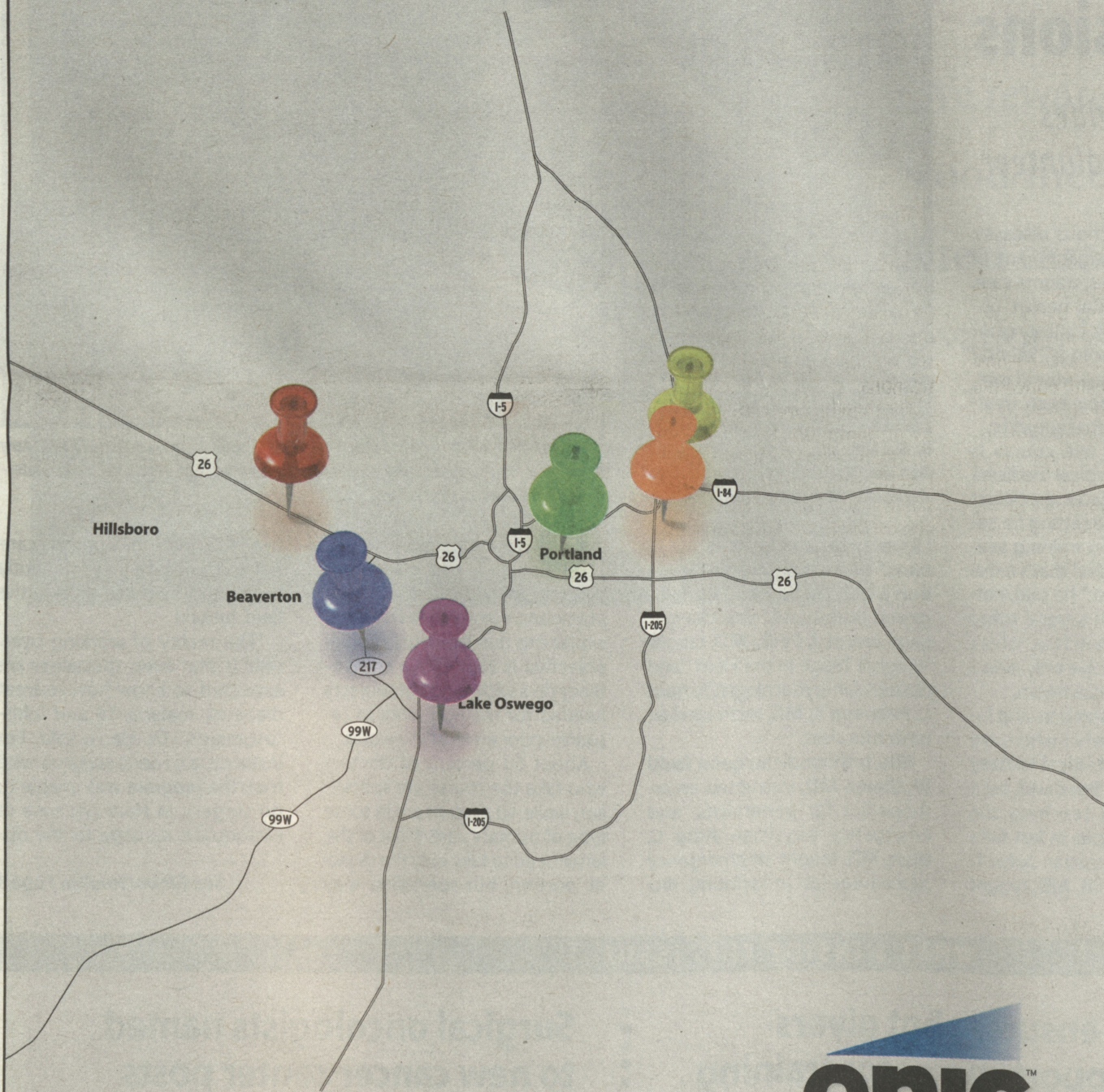
Providence Cancer Center.

Two Portland surgical oncologists have accepted newly created leadership positions with Providence Health & Services. **Paul D. Hansen, MD**, has become director of surgical oncology for **Providence Cancer Center**, and **Laurel C. Soot, MD**, has been named regional clinical director of breast health for

—Page 6



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# Global health: OHSU trains health care volunteers for service

CONTINUED FROM / Page 1

erating rooms; but thanks to the course's training, he performed tooth extractions.

For specialists, the course offers retraining in primary care, both working one-on-one with preceptors in their offices, and also practicing under the supervision of family practitioners in local free medical clinics.

After being in existence for just three years, the course already has graduates who have served on 32 overseas missions to 18 countries worldwide.

An additional bonus is that over half of graduates continue to volunteer in free medical clinics in Oregon, where they are able to

keep up their primary care skills while serving the poor and uninsured. Graduates are volunteering at free medical clinics in Portland, Gresham, Hillsboro, Tigard, Bend, Medford, Lebanon and Salem.

"That's been real exciting," said Dr. Harris. "You feel like you're making a difference in peoples' lives, whether or not you go overseas."

In addition, that aspect is "an attractive component to our funders, contributors in Oregon" who appreciate seeing a local benefit, he said.

Dr. Harris said another area course participants receive instruction in is security: how to respond when violent events occur in the field. In cooperation

with **Medical Teams International** and **Tualatin Valley Fire & Rescue**, participants are taken out in local rural areas, where actors serve as armed militia or hostages, guns are going off, and "very realistic" disaster scenarios unfold, to help prepare doctors in case they end up facing such events.

"I think that's one of the most valuable things we do," he said.

In last fall's class, the median age of participants was 57, and graduates included those practicing family medicine, general surgery, rheumatology, anesthesiology, radiology, pediatrics, pulmonary medicine and obstetrics-gynecology.

OHSU offers the course twice

a year, in the spring and autumn. The spring course is scheduled for Thursdays and Fridays, March 31 through June 3. Enrollment is limited to 12. The OHSU Global

Health Center awards graduates a Certificate of Global Health. This past fall, OHSU designated the course for a maximum of 76.0 AMA PRA Category 1 Credits.

For more information, visit [www.ohsu.edu/globalhealth/PTGH](http://www.ohsu.edu/globalhealth/PTGH) or contact Dr. Andy Harris at [andyharrismd@comcast.net](mailto:andyharrismd@comcast.net), or 503-871-2011 (long distance from the Portland area).

## MMFO ensures shot givers have local opportunities for training

The **Metropolitan Medical Foundation of Oregon (MMFO)**, affiliated with the **Medical Society of Metropolitan Portland**, recently played a key role in ensuring that health care professionals who give recommended shots to children and teens have up-to-date knowledge on immunizations, vaccine storage and handling, and related issues. MMFO provided funding to the **Oregon Partnership to Immunize Children (OPIC)** to assist in developing and implementing the Tenth Annual OPIC Roundtables, ALERT Immunization Information System (IIS) and Vaccines for Children Program Trainings held recently. MMFO has been a member of OPIC since it was established in 1992.

Under the leadership of **MMFO President Cathy Krieger**, Providence St. Vincent Infection Control Manager **Nancy Church**, and Oregon Immunization Program (OIP) Manager **Lorraine Duncan**, OPIC provided two 6.5 hour trainings at no cost to practices or participants. Church serves as the OPIC Chair, while Duncan and Krieger are members of the executive committee.

The Portland Community College-Rock Creek training in Washington County drew 140 registrants and included a visit from representatives of the National Association of Immunization Managers and the National Center for Immunization and Respiratory Diseases at CDC. Attendees were from public, private, migrant and tribal clinics, as well as from schools, school districts, hospitals and the Oregon Youth Authority. A second site at

the Tamaststlikt Cultural Institute in Pendleton drew 65 registrants, with a similar attendee profile.

Sessions in "Avoiding Revaccination Campaigns by Practicing Good Vaccine Management" were taught by Lisa Luna and Lindsay Weaver, health educators from the OIP Provider Services Team. ALERT Immunization Information System staff members Jenne McKibben and Amanda Timmons gave overviews of the new IIS system roll-out. Beaverton School District Nurse Kim Bartholomew served as a training facilitator, as did Nurse Manager Sharon Waldern from the Umatilla County Health Department. Gregg Russell, the immunization coordinator for Washington

County, managed the Q/A sessions and assisted with logistics. Local pediatrician **Dr. Jay Rosenbloom** from Pediatric Associates of the Northwest, PC, gave "Immunization Updates" tailored to the planning committee's specifications.

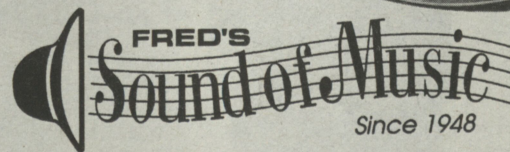
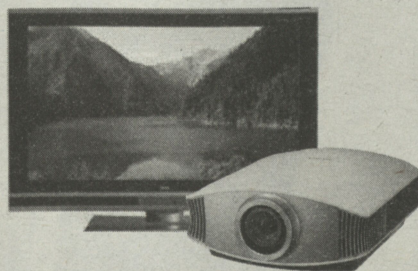
The trainings were rounded out by presentations from OIP Public Health Nurse Maria Grumm ("Achieving Clinical Competence"), and Fritz Jenkins ("Overview of Medicaid Audits and Your VFC Program"). Jenkins is from the DHS Office of Payment Accuracy and Recovery.

Clarice Charging, Immunization Coordinator for the North

See SHOTS/ Page 4

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# TRANSITIONS TRANSITIONS TRANSITIONS TRANSITION

**Announcements of hiring, appointments, movement, career and leadership changes of physicians and administrators in the Portland Metro area. Send your Transition submissions to [Scribe.Editor@commnewspapers.com](mailto:Scribe.Editor@commnewspapers.com).**

**GreenField Health** announces that **Stacie Carney, MD**, will be joining the practice as of Feb. 14. Prior to joining GreenField, Dr. Carney worked at OHSU as a practicing physician at their Internal Medicine Clinic and also served as an assistant professor in their Department of General Internal Medicine. Dr. Carney attended medical school at the University of California, San Francisco, and completed her residency in internal medicine at the Santa Clara Valley Medical Center in San Jose.

**Legacy Mount Hood Medical Center** welcomes radiologist **Steven Urman, MD** as medical director of Imaging. Dr. Urman was hired by Imaging Advantage, the nation's leading provider of comprehensive radiology practice management solutions to hospi-

tals, imaging centers and radiology groups. Dr. Urman received his medical degree and PhD from Oregon Health Sciences University and is a fellow of the American College of Radiology. He completed his residency at Oregon Health Sciences University. Dr. Urman has practiced at Legacy Emanuel Medical Center, Southwest Washington Medical Center and previously at Legacy Mount Hood Medical Center. Most recently, he was the director of diagnostic radiology with Oregon Open Advanced MRI and CT. Dr. Urman is neuro trained and specializes in body imaging.

**Rima Chamie, MD**, has joined **Providence Medical Group-Gateway**. Dr. Chamie, provides family medicine including maternity services, and is fluent in Spanish. Dr. Chamie received her

medical degree and completed her residency at Oregon Health & Science University.



**PAUL D. HANSEN, MD, FACS**

**Paul D. Hansen, MD, FACS**, has been named director of surgical oncology for **Providence Cancer Center**. The directorship is a new position within Providence, and aims to promote leadership and growth in quality and standardization of surgical practices in oncology. Through strategic outreach efforts, Dr. Hansen will establish surgical oncology multidisciplinary teams throughout Providence's regional and statewide cancer program. A practicing physician with The Oregon Clinic, Gastroin-

testinal & Minimally Invasive Surgery division, and medical director of the Providence Liver Cancer Clinic, Dr. Hansen is a board-certified surgeon with an emphasis on minimally invasive surgery techniques. He is a forerunner in the use of robotic surgery. In 2009 he performed the Pacific Northwest's first fully robotic Whipple procedure, a complicated surgery involving the pancreas, duodenum, and bile ducts. At the time this procedure had only been done in four other centers in the United States. Dr. Hansen received his undergraduate degree at the University of Washington in Seattle and earned his medical degree with honors from the University of Washington School of Medicine. He completed his residency in general surgery at University of California, San Francisco. Dr. Hansen is widely pub-

lished, has presented nationally and internationally, and has been course instructor for The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). In 2010, Dr. Hansen received an award from SAGES for Excellence in Clinical Care. The award recognizes surgical skills, patient care, contributions to the community and volunteerism.

*Transition is a regular feature of The Physician Scribe offering announcements of hiring, appointments, movement, career and leadership changes of physicians and administrators in the Portland Metropolitan area. Send all Transition submissions to [Scribe.Editor@commnewspapers.com](mailto:Scribe.Editor@commnewspapers.com).*

## Shots: MMFO ensures local inoculation training

*CONTINUED FROM / Page 3*

Portland Area Indian Health Board (NPAIHB), assisted in planning, as did clinic nurse Rita Campbell from the Yellow Hawk Tribal Health Center. Debra Crosswell, the executive director of the Confederated Tribes of the Umatilla Reservation, welcomed attendees.

Bartholomew, Charging, Rosen-

bloom and Russell are members of the OPIC executive committee. Bartholomew represents the Oregon School Nurses Association, Charging the NPAIHB, Rosenbloom the Oregon Pediatric Society and Russell the Immunization Program for Washington County Department of Health and Human Services. Planning for the October, 2011, trainings will begin in January. The trainings are

coordinated by Karen Elliott, the OPIC Coordinator.

Go to [www.mmfo.org](http://www.mmfo.org) to learn more about MMFO grant options, application information and donor opportunities.

*For more information, visit [www.oregon.gov/DHS/ph/imm/opic/index.shtml](http://www.oregon.gov/DHS/ph/imm/opic/index.shtml)*

## MSMP welcomes new member

The following physician is welcomed as a member of the Medical Society of Metropolitan Portland:

**Kent Toland, MD**  
The Center for Men's and Women's Urology  
24076 SE Stark #310  
Gresham OR 97030  
503-492-6510  
Specialty: Urology  
Graduated: OHSU 1998

*For information about the benefits of membership in the Medical Society of Metropolitan Portland, contact Amanda Borges, administrative coordinator, at 503.944.1129 or at [Amanda@msmp.org](mailto:Amanda@msmp.org).*

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# Good Sam geriatric focus aims to improve seniors' care

*Acute Care for the Elderly (ACE) reduces preventable harm for elderly patients who need comprehensive assessment*

By **Cliff Collins**  
For *The Scribe*

**Legacy Good Samaritan Medical Center** has established an interdisciplinary approach to geriatric care, based on a national model.

The approach, dubbed **Acute Care for the Elderly**, or ACE, is the first in the Portland area to follow such a model, as far as the hospital is aware, said **Mary Beth Kuebrich, RN**, case manager for the program.

The intent is to reduce preventable harm for elderly patients, and is based on **Nurses Improving Care for Healthsystem Elders** —or **NICHE**—employed by nearly 300 hospitals in North America. NICHE is a program of the Hartford Institute for Geriatric Nursing at New York University College of Nursing.

Prior to implementation, at Good Samaritan, "there wasn't really a program for identifying those risks in a systematic way," said Kuebrich, adding that the hospital generally has a high percentage of Medicare patients.

Good Sam has on staff 20 nurses who are certified geriatric resource nurses, and three outpatient geriatrician primary care doctors, as well as geriatrician hospitalist **Patricia A. Newton, MD**.

Dr. Newton obtained a grant from **Legacy Health Foundation** to hire a nurse manager —Kuebrich—to oversee the new service. The program, which launched in September 2009, has cared for nearly 450 patients. The results so far: a reduction in falls, readmissions, pressure ulcers and Foley catheter-device days of care, as well as a reduced length of stay when ACE is involved early in the admission.

The service is targeted toward patients who are 70 or older and need comprehensive assessment based on their conditions. These might include failure to thrive, altered mental status or delirium, dementia, pressure ulcers, functional decline, nutritional compromise, frequent falls, frequent hospital admissions and too many medications.

The program strives to make medical staff more aware of the special needs of seniors, said Dr. Newton. "The service has also made staff more able to attend to those needs."

An interdisciplinary team individually assesses patients' medical, psychological, social and functional needs. The team includes a geriatric specialist physician, geriatric psychiatric nurse practitioner, gerontologist, registered nurse case manager,



Members of the Legacy Good Samaritan Medical Center Acute Care for the Elderly team include, from left to right: Cindy Evans, Nurse Executive; Farida McMillan, Pharmacist; Tamara Gayheart, Speech Language Pathologist; Thayna Baker, RN 4 Center; Dr. Maggie George, Geriatrician; Miriam Parker, Social Work; Mary Beth Kuebrich, ACE RN Case Manager; Danielle Boschetto, Pharmacist; Tira Nasset, RN 4 Center; and Dr. Patricia Newton, ACE Geriatrician.

pharmacist, social worker, registered dietitian and rehabilitation therapist.

In addition to the nurse case manager, other team members have specific responsibilities:

—The geriatric medicine physician leads daily ACE team rounds and facilitates discussion among different services.

—The pharmacist reviews patient medications to ensure that the drug choices and dosages are optimal for each ACE patient. The

pharmacist also identifies potential medication interactions and side effects.

—The geriatric psychiatric nurse practitioner diagnoses and treats common psychological conditions among elderly patients, such as depression, dementia and delirium.

—The social worker assesses the living situation of a patient and available support systems to plan for a safe discharge home or to an appropriate level of care.

—The registered dietitian helps the patient set calorie and protein goals, recommends appropriate dietary supplements, and educates the patient and family on ways to improve nutrition at home.

—The rehabilitation therapist focuses on promoting the patient's functional independence and quality of life. That role may be filled by a speech-language pathologist or a physical or occupational therapist.

"I get referrals for high risk from everybody on the care team," Kuebrich explained. "Each individual assesses (each patient's) risks, and they all make recommendations for the attending physician to consider."

The team meets daily to discuss each patient's problems, goals and risks, and to make geriatric-specific recommendations to reduce complications. Team members also discuss safety and discharge planning.

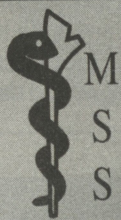
Kuebrich coordinates care and improves communication between the patient, family and care team. She tries to promote a smooth discharge and to communicate with each patient's primary care physician to provide continuity of care.

"Our goal is to give more detail-oriented attention to each patient who falls into what we consider high-risk areas," she said. "The focus is on enhancing function, nutrition and patient safety," which is consistent with Legacy's goal of reducing infections by 10 percent to 20 percent, and reducing mortality by five percent to 10 percent, Kuebrich said.

Dr. Newton hopes the service eventually will extend to other Legacy hospitals. "Results have been so positive that we'd love to see it expand throughout our communities."

Good Samaritan has been designated as an "Elder-Friendly Business" by the local nonprofit Elders in Action.

For more information about the NICHE concept, visit [www.nicheprogram.org](http://www.nicheprogram.org)



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# Oncologists named to new Providence cancer center posts

*Paul Hansen and Laurel Soot fill leadership positions with Providence Health & Services Cancer Center*

By Cliff Collins  
For The Scribe

Two Portland surgical oncologists have accepted newly created leadership positions with Providence Health & Services.

**Paul D. Hansen, MD**, has become director of surgical oncology for **Providence Cancer Center**, and **Laurel C. Soot, MD**, has been named regional clinical director of breast health for Providence Cancer Center. Both are members of the **Medical Society of Metropolitan Portland**.

The program Dr. Hansen leads will assemble a team of subspecialists such as Dr. Soot who treat various forms of cancer, and then apply a multidisciplinary approach to each cancer patient's care. National accrediting groups now consider multidisciplinary treatment through specialist conferences or clinics as a basic step to cancer care, he said.

In the past, if a patient presented with a mass in the pancreas, "doctors might use a roundabout way of finding what the problem is," Dr. Hansen said. Now all involved specialists will sit around a table and "very quickly come to a decision about the most efficient way for the patient to go through the program."

Providence also wants to create standardization of surgical practices, such as presenting concise pathology reports to



PAUL D. HANSEN, MD

doctors in the same manner each time, which has "significantly improved our pathology reporting program," Dr. Hansen said.

The cancer center first will assess what its resources are in its Portland service area, "looking to see where we can direct efficiencies of care and improve quality of care," he said. The next step will be to explore a "shared exchange of resources" for all of Providence's cancer programs statewide, and potentially to other systems' programs, he said.

"One of my big pushes is to make (our) efforts multi-institutional," Dr. Hansen said. "We're trying to reach across systems."

The cancer center already has contracted with several directors to lead specialty programs, such



LAUREL C. SOOT, MD

as for thoracic surgery, which is led by **John R. Handy Jr., MD**; oral and maxillofacial surgery and head and neck surgery, led by **R. Bryan Bell, MD, DDS**; and colorectal surgery, led by **Mark H. Whiteford, MD**. Dr. Hansen said the program is still looking for directors for specialists such as for melanoma and endocrine surgery.

"Our goal is to provide the highest quality of care we can," said Dr. Hansen. "It's a changing field right now. The economics of surgery are under more scrutiny than ever before." Technology has allowed access to hard numbers about outcomes, which lets surgeons see how they compare with their colleagues, he said.

Dr. Hansen is a member of the

gastrointestinal and minimally invasive surgery division of **The Oregon Clinic**, and medical director of the Providence liver and pancreatic cancer clinic. He will continue to lead the liver and pancreas program at Providence, which is seeing 200-250 cases annually, he said.

In 2009, he performed the Pacific Northwest's first **fully robotic Whipple surgery**, a complicated procedure involving the pancreas, duodenum and bile ducts that, at the time, had been done in only four other centers in the United States.

## Breast care leads

A multidisciplinary approach is nothing new to breast care, which "has really been the leader in that approach nationally," said Dr. Soot. "The reason is, our patients get mostly outpatient care," where five or six different doctors may be involved in a patient's care.

Dr. Soot, who helped found and is co-medical director of the **Ruth J. Spear Breast Center**, said her goal is "taking what we've learned" at **Providence St. Vincent Medical Center** since 2003 "and applying it to other hospitals in developing breast programs to care for patients, without having to reinvent the wheel."

The objective is to analyze the resources in each community to determine what is the most cost-efficient and practical way to de-

liver care so that women can stay in their community or return to it as soon as practicable, she explained.

This includes facilitating standards of care, developing protocols for breast health and cancer treatment, and overseeing data collection and analysis in Providence's breast health registry. She also will work to obtain national breast center accreditation for the **Safeway Foundation Breast Center at Providence Portland Medical Center** and for the St. Vincent Spear center.

Dr. Soot said she was attracted to the new position because it fits with her long-standing interest in health policy and health reform. "We have to talk at the state level about, how do we care for these huge patient volumes and do so efficiently?"


Dr. Soot serves on the executive committee of The Oregon Clinic and will continue her surgical practice at St. Vincent.

**Calvin Harrison**, executive director of cancer services and regional research for Providence Cancer Center, said that with the appointment of Dr. Soot, the center wants "to make breast health education and services accessible to people throughout Oregon and Southwest Washington who might not have had such services available."

## Tuality honored for quality of heart failure patient care

**Tuality Community Hospital** was honored recently by **Acumentra Health** for the quality of care it provides for inpatients diagnosed with heart failure. The award was based on data showing 95 percent of all Tuality heart failure patients treated during the second quarter of 2010 received care that incorporated four nationally recognized quality measures. The Tuality score was the second highest among 11 Oregon hospitals participating in the Acumentra Health heart failure quality initiative.


The four heart failure care measures include performing a specific evaluation of the heart's pumping efficiency, assessing and documenting potential medication needs, providing patients with detailed post-discharge instructions, and offering cessation counseling for patients who are smokers.



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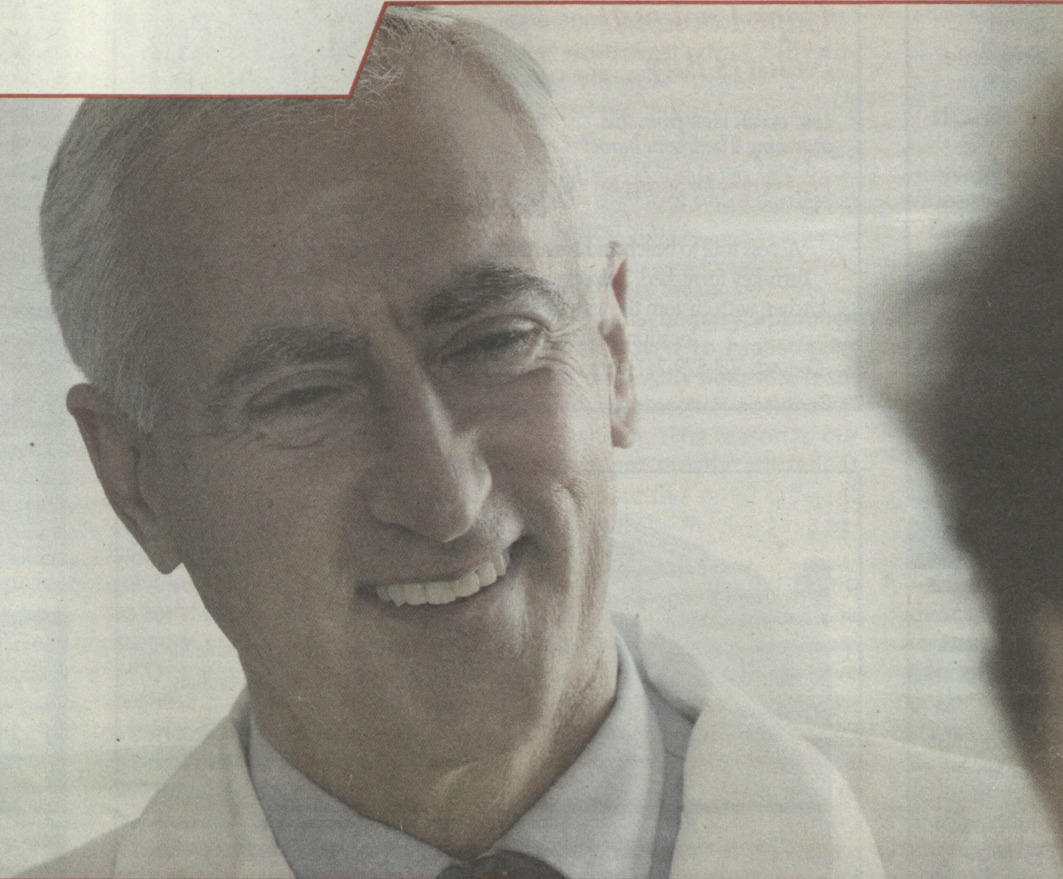
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